

NHS North Cumbria CCG Governing Body	Agenda Item
2 August 2017	

Title: General Practice Update Report August 2017

Purpose of the Report								
This is the first report on General Practice since the CCG boundary changes. The report sets out some contextual information on General Practice in North Cumbria in addition to providing an update on key issues and progress with the General Practice Development Plan for North Cumbria CCG								
Outcome Required:	Approve		Ratify		For Discussion		For Information	X
Assurance Framework Reference:								

Recommendation(s):
The Governing Body is asked to: Discuss and note this report

Executive Summary:
It is the intention to bring regular reports to the Governing Body on General Practice, highlighting issues and developments in primary care. This is important both because General Practice is a very significant provider of healthcare for the population of North Cumbria and because of the significance of both the services provided and the role that primary care plays in the wider health and care system within North Cumbria.
Implications/Actions for Public and Patient Engagement:
Public engagement is undertaken as part of the broader work programme and activities described in the report
Financial Impact on the CCG: No financial impact arising from the report

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	X
Commission a range of health services appropriate to Cumbria's Needs	X
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	The report includes no service changes
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	No conflicts of interest anticipated as the report does not make any recommendations for decision making
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North Cumbria
Clinical Commissioning Group

General Practice Update Report August 2017

1. Introduction

It is the intention to bring regular reports to the Governing Body on General Practice, highlighting issues and developments in primary care. This is important both because General Practice is a very significant provider of healthcare for the population of North Cumbria and because of the significance of both the services provided and the role that primary care plays in the wider health and care system within North Cumbria.

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2. Context

North Cumbria CCG has forty General Practices, ranging in size from serving from 700 patients to 36,000. The average list size is 7850. Twenty practices are approved training practices and fifteen practices are dispensing practices.

There is one out of hours GP provider (CHOC) that operates on a county wide basis.

Following the change of CCG boundaries the Local Medical Committee (N.E.W Cumbria LMC) was re constituted to match the CCG boundary and is an important partner in the development of General Practice.

The formal assessment of quality of General Practice is made by the Care Quality Commission (CQC). Of the thirty four practices reviewed by CQC five have been rated outstanding and the overall performance of practices is the highest performance in Cumbria and the North East. CHOC have also been rated as outstanding.

Patient experience including access to services is assessed through the National Patients Survey. The latest survey results published in the last month show that North Cumbria practices consistently rate for patient experience higher than the national average.

General Practice in North Cumbria has historically been of high quality and continues to perform well. There exists however variation between practices, in part caused by the pressures outlined below and in part by unexplained clinical variation. Reducing unwarranted variation and addressing the areas where quality can be improved is a focus both for individual practices and the CCG.

In common with national experience there is considerable pressure on General Practice which has three underlying causes. The first pressure is workforce. Recruitment of GPs in particular and some other roles within the primary care team is difficult. Nationally the vacancy rate for GPs is 8%. In parts of North Cumbria, most particularly West Cumbria the vacancy rate is 25%. Additionally there is a

move away from GP's who want to adopt the traditional partnership model in General Practice towards different approaches to employment which is placing a severe strain on the established General Practice organizational model.

The second area of pressure is workload. Approximately 1.6 million appointments are provided in General Practice in North Cumbria in a year (excluding CHOC). A combination of demographic pressures, patient expectation and more care being provided in the community has seen a rise in demand of approximately 33% in five years.

The third pressure area is finance, with the cost of meeting growing demand and the increasing use of locum staff in particular placing pressure on funding levels which have remained largely constant over several years.

From April this year the CCG assumed delegated responsibility for the commissioning of General Practice. This enables the CCG to make decisions on the local commissioning of services, within the national frameworks and contracts operated by NHSE, in addition to its existing responsibilities for General Practice development.

3. General Practice Development Plan

The CCG developed with its practices a local development plan over a six month engagement period. The plan is now in its second year of implementation, having been revised to incorporate opportunities and requirements through the General Practice Forward View (GPFV). Its implementation is integrated with the Primary and Community services programme within the STP, ensuring that developments are aligned for maximum effect.

The General Practice Development Plan (GPDP) sets out initiatives in the following areas: Developing new models of care, Quality, Workforce, Workload, Finance, Premises, IT, Engagement.

3.1 New Models of Care

The identification of new models of care as a core theme of the GPDP is in recognition of the significant changes facing General Practice and the pace and scope of the change facing General Practice being the most significant possibly since the inception of the NHS. With the development of integrated health and care across North Cumbria, there are opportunities for General Practice to work differently with other NHS providers as well as General Practices working more collaboratively (at scale) to deliver care in the future.

General Practice has an important role to play in the leadership of the health system in West North and East Cumbria. We have now appointed eight GP Integrated Care Communities (ICCs) leads. Together they are taking the primary care provider leadership role within the local health system. They are partners in the System Leadership Board and Provider Alliance Group as well as leaders within the CCG for General Practice development and engagement. The GP leadership group now meets monthly, supported by the Director of Primary Care.

ICCs and General Practice

General Practices and GPs have a key role in ICCs. Each ICC is formed around groups of practices. Without this active engagement the benefits of integrated working will not be achieved. ICCs offer for General Practice an opportunity to work with a wider clinical team and infrastructure increasing sustainability and the opportunity to develop new ways of working across the wider team. As the teams develop and implement multi-disciplinary team working and local hub arrangements smoother operating procedures will reduce some demand for GP referrals and appointments. With ICCs working to appropriately care for people in the community where secondary care may not be required or required for a shorter time activity will however, increase for the primary and community services teams. A wider part of the development is also the introduction of new pathways in line with best practice and evidence that will reduce activity in primary care, for example the persistent pain service that is currently being implemented.

The CCG is taking forward many of its activities to support practices working together. Examples include the 'gain share', protected learning time and the implementation of overseas recruitment.

General Practice at Scale

General Practices work collaboratively with each other as well as with the other services within their ICC. Practices are being supported to develop General Practice 'at scale', to provide consistent services and to assist in managing workload.

'At scale' developments are being taken forward in four ways:

i). Alliance practices. A small number of practices are exploring forming new partnerships with other local NHS providers to deliver care. This is a priority for development in 2017/18.

ii). Collaborative working. Many practices are exploring new models of service delivery across practices areas that do not require formal organizational change. Examples of services introduced in the last eighteen months include:

- acute visiting services provided collaboratively across a range of practices
- care home services with a single dedicated team supporting patients in care homes with practices supporting designated care homes
- shared approaches to long term condition management making best use of expertise across practices
- MDTs within ICCs that bring both practices and health and care partners together

iii). Mergers

A number of practices are choosing the option to merge to create larger more sustainable practices. In the last year this has reduced the number of practices in North Cumbria from 44 to 40.

iv). CHOC

CHOC is the out of hour's service provider for Cumbria which is highly valued by the population, GP practices and other partners in the health and care system. With a rural and dispersed county many of the opportunities for providing General Practice at scale are best facilitated by CHOC developments working closely with practices. CHOC is developing its service offer to meet the needs of the system moving forwards and currently is providing in addition to the core out of hours model: primary care streaming in A/E out of hours, coordination of day time pathfinder service with NWAS and 40 GP practices and delivery of pathfinder service out of hours, virtual clinical hub for 111 triaging green ambulance and A/E dispositions including 999 green ambulance calls, management of a small rural GP practice, training and development service for practices

[Access to General Practice](#)

Most practices across west, north and east Cumbria operate extended weekday access to services as part of the national enhanced service. In Workington through the Primary Care Access Fund there is 7 day urgent on the day primary care services. Patients report good levels of satisfaction with access to GP services, although this can be variable across practices.

[Priorities in 2017/18](#)

Services will continue to develop in 2017/18 to include:

- Primary care streaming in A/E. the proposed model in collaboration with local practices and CHOC will seek to integrate urgent on the day demand for primary care and A/E streaming wherever possible to offer coordinated care to patients , maximize the use of scarce GP resource and not to stimulate additional demand on A/E from those seeking primary care services
- ICCs will operate services seven days a week with GP input from practices and CHOC
- Practices are being supported through the GPDG to develop new ways of working , for example signposting and triage, demand and capacity management and changing the skill mix of the clinical team to provide good access to care within available resources
- Access to seven day bookable appointments is a commitment through the GPFV from April 2019.
- Support for those practices where access needs to be improved

3.2 Quality

The CCG inherited an approach to managing unwarranted variation that no longer had practice engagement and was also concerned to improve outcomes for patients in key clinical areas. Although the CCG performs well in many areas, NHS Outcomes data and Rightcare identified a number of areas where the CCG did not perform as well as we aspired to. The level of unwarranted clinical variation between practices was also highlighted as an area for improvement. With a large number of practices spread over a very wide geography we wanted to gain a collective focus on agreed clinical priorities

Through the GPDP a new approach based on commissioning for outcomes was developed, supported by the LMC. This initiative formed the basis of the quality element of the GPDP in its first year.

The Quality Improvement Scheme (QIS) was designed as a two year scheme to address a set of 12 quality indicators. Three existing local schemes were reformed to create the funding for the QIS. The CCG manage the scheme and support practices to achieve. The emphasis is on the responsibility resting with individual practices.

The CCG wanted to move away from paying for 'process', e.g. undertaking audits, to payment for outcomes. Practices are paid 70% of funding for active participation and 30% based on achievement of targets, in year 1 changing to 60:40 in year 2.

All of the North Cumbria practices are participating in the scheme and the scheme is continuing in South Cumbria for the full two years.

In the first year of the QIS there have been significant improvements in the majority of the indicators included within the scheme, summarised in the table below. The level of variation between practices has reduced significantly. Practice engagement remains high. All practices are still involved and participate actively in the scheme. The improvements below are from the CCG baseline performance in North Cumbria in 2014/5. Indicators all focus on quality care. The Long Term Condition (LTC) indicators are a 'basket' of indicators for each condition based on evidence of best practice rather than one or two specific areas such as HbA1C. Therefore for practices to improve by 14% they have to ensure they improve performance for each different LTC area and across several clinical indicators within each clinical area.

Metric	Improvement 2016/7 (from 2014/5 baseline)
% of registered patients AF, CHD, HF, stroke, diabetes, asthma, hypertension and COPD	4%
% MH patients with an annual physical health check	115%
Long Term conditions composite scores – CHD, diabetes, asthma, COPD, stroke, HF, AF.	14%
% QOF exception rates	TBA
National Prescribing indicator scores	9%
Presc QIPP indicator scores	39%
Cancer prevalence	21%
Unplanned hospitalisations for CASC	24%
Emergency admissions for acute conditions that should not normally require hospital admissions.	Not achieved
Procedures of Limited Clinical Value	14%
Outpatient first attendance	17%
% patients who died who had an advanced care plan	39%

A modified QIS has also been introduced with CHOC.

In June 2017 the QIS received the CCG Innovation of the year award at the North East, Cumbria, Yorkshire and Humber Commissioning Awards.

[Priorities in 2017/18](#)

In 2017/18 the QIS continues in its second year with minor modifications to the clinical indicators and revised improvement targets. In addition to practice level reporting the wider impact on the CCG/population improvement levels will also be reported.

The main focus for this year is the development and implementation of a primary care quality and performance framework. This is based on the NHSE framework which the CCG are required to adopt as part of delegated commissioning. We have taken the opportunity to extend the number of indicators that will be regularly monitored, to both include indicators such as those monitored in the QIS and those that we think give us an indication of future quality issues such as GP vacancy rates within a practice. A quality dashboard has been established and a new CCG quality group commences in September which will have the responsibility for regularly monitoring the data, identifying practices who may need support for improvement or who are vulnerable, putting support mechanisms in place and monitoring improvement, escalating if required.

3.3 Workforce

The consensus of practices through the GDPD was that redesigning how care is provided will have the biggest impact on the workforce issues that need to be addressed, including recruitment, retention and development. Specific work has included:

- The CCG continues to support a number of training and development initiatives including the nurse education rolling programme and the Protected Learning Time (PLT) for practices. In 2017/18 PLTs are being organised differently, with ICCs leading on four of the sessions. In 2016/7 and 2017/8 the CCG has received funding from the GPFV for training for non-clinical staff and has established a programme of training with practices prioritising their needs.
- Extending the clinical workforce. Many practices already have clinical teams that include GPs, nurses, and pharmacists. Not all practices benefit from this skill mix which will be enabled by practices working at scale. Practices are being supported to extend the range and capacity of the clinical team, including capitalising on GPFV initiatives for pharmacists and mental health therapists. During 2016/7 practices have been supported to train physicians' associates as part of a North Cumbria programme. In addition the CCG has invested in physiotherapists for practices which will be extended by the implementation of the new MSK pathway, and psychological therapies that will be extended by the implementation of the persistent symptoms service.
- Recruitment of GPs. There is a programme of activities across primary care to recruit and retain GPs. This year for the first time in several years it is expected that all the places on the GP training scheme in Cumbria will be filled. This has followed the introduction by HEE of a bursary for training in Cumbria and local initiatives to make the Cumbrian training scheme more attractive. The CCG has held a Cumbria recruitment fair and attended GP recruitment fairs outside Cumbria and in partnership with other local NHS providers supported practices to improve recruitment processes. The CCG has also been awarded funding through the GPFV for overseas recruitment of 25 GP's. North Cumbria was one of only 3 areas in the country to successfully apply to take part in this initiative.

Priorities in 2017/18

- Overseas recruitment. We are on target to welcome the first 10 GPs from overseas to work in North Cumbria from September and 25 in total this year. A multi-agency steering group is in place which has developed the detail of the Cumbria programme and working to support practices to provide the training required as part of the

extensive development programme. The programme has both a clinical and non-clinical support package. Clinically there are explicit educational and performance targets to be addressed before overseas GPs will be eligible to join the GP performers' lists with this training being delivered in North Cumbria largely through GP practices. Non clinical support includes support for individuals and their families to settle in Cumbria.

- Workforce and activity modelling. Development of a tool to both provide information on activity and workforce in General Practice for the ICC modelling assuring that full activity and workforce modelling can be undertaken. The tool will also support individual and groups of practices model alternative ways of working and skill mix to provide patient services.
- Recruitment support. Building on the successful work of health and other organisations across Cumbria to promote and support individuals to work and relocate to Cumbria is the development of a NHS website to support the promotion of the local NHS and to facilitate recruitment, making it easier for practices to advertise vacancies and a 'one stop shop' for individuals looking for a role in healthcare in North Cumbria. This will include the facility for individuals to tell us what kind of roles they are looking for with a commitment from partners to build roles to meet individual needs, e.g. joint appointments between practices and other organisations.

3.4 Workload

Both locally and nationally the increasing workload for General Practice is recognised as a key issue to be addressed. The GPFV identified ten high impact changes to support practices to work differently to help. A number of these initiatives had previously been developed in Cumbria but the GPFV provides an opportunity to review and refresh these in support of practices.

Many of these initiatives are linked to the developments in workforce (skill mix) and IT but in addition focus on different ways of operating by practices including different types of appointment systems and supporting those patients who wish to take more control of managing their own health. These continue to be supported and developed.

The management of workload is also linked both to the development of ICCS and new pathways of care. In 2016/7 the CCG primed a new pathway for Musculo Skeletal patients by introducing physiotherapists into practices, which is to be extended in 2017/18. Similarly a new service for the management of persistent symptoms has had a positive impact. These evidence based pathway developments provide improved patient experience as well as assisting in reducing workload in General Practice. In 2017/18 a priority is being placed on ICC based Mental Health services which GPs feel will have the most significant impact as well as full implementation of piloted pathways.

Work has been led by the CCG Medical Director on recognising the care provided in General Practice on behalf of secondary care where it is in the patient's best interest.

A new agreement with the secondary care colleagues and the LMC is being finalised with a proposed commencement of October 2017.

3.5 Funding

The CCG has maintained its existing level of funding for General Practice however General Practice is still experiencing significant financial challenges, which is linked to meeting the workload issues discussed above.

Additional investment into General Practice in 2016/17 has concentrated on ensuring that additional funding is attracted into North Cumbria to support General Practice. In addition to the overseas recruitment funding the CCG has attracted training monies for General Practice and supported a number of practices to successfully apply for resilience funding (GPFV), proportionately attracting more funding into Cumbria

The CCG also successfully applied to NHSE to use non recurrent funding in the NHSE GP budgets to support the development of collaborative schemes in Carlisle and Copeland. In addition PMS funds made available to the CCG were used to pump prime the availability of physiotherapists in General Practice which is being extended in 2017/18.

During 2015/16 through two specific initiatives General Practice has delivered significant savings whilst maintaining the quality focus through the QIS (e.g. addressing quality improvement targets in prescribing)

Gain Share

Cumbria CCG developed and operated a 'gain share' scheme during 2016/17 across all practices. This scheme provides funding in 2017/18 for groups of practices as ICCs based upon 40% of savings generated in 2016/17 by underspending on their combined prescribing, pathology and radiology budgets. Six of the seven ICCs successfully underspent, releasing funds of £504,000 to be invested in local services.

Prescribing

Prescribing spend per capita (cost per ASTRO-PU) continues to be the lowest across North East CCGs and less than the England average. In 2016/7 the CCG achieved prescribing savings of £4.2m (Cumbria wide) cost growth (-2.5%) and continues to run at significantly less than the North East and Cumbria CCGs (-0.3%) and England averages (-0.8%). In 2017/18 the target is to reduce prescribing spending further by £1.4m

In 2017/18 the priority is to maintain the investment levels being attracted into North Cumbria CCG and to maximise the opportunities within the newly delegated budget for General Practice. In addition the proposed investment funding for ICC development includes recognition of the need to invest further in General Practice

3.6 Premises

Premises for General Practice are a mix of practice owned and leased premises, both NHS and non NHS. During 2016/17 the CCG worked with practices to:

- Apply for Estates and Technology Transformation funding to significantly redevelop practice premises. All of the CCG supported schemes were supported by NHSE for further development and are now at different stages of applications for funding, based on solutions that incur no additional revenue funding
- Apply for improvement grants to upgrade facilities to address issues such as disabled access and increase clinical space
- Support practices who wished to explore the sale and lease back of premises.

This work will continue in 2017/18.

3.7 IT

The CCG has made significant investment in primary care IT, with all practices enjoying a strong IT infrastructure. The priority for 2016/7 and for 2107/18 is to support practices and patients to make the best use of the technology that is available both to improve the quality of care provided and to improve efficiency

In 2016/17 the CCG introduced Map of Medicine as a tool for practices and to support the work on unwarranted clinical variation. In 2017/18 it is planned to extend the use of this system to the NHS Trusts in North Cumbria so that common pathways are easily supported across primary, community and secondary care. All practices now use the same GP system which is enabling the development of common templates and processes and the potential to support practices who are working collaboratively together.

In 2017/18 the CCG will receive GPFV funding to support practices to extend the use of text based systems for patients and for those patients who wish to take more control of monitoring their own care. As part of the implementation practices will be supported by a facilitator to help them maximise the benefit from the development. The GPFV will also be providing funds for WiFi in practices. As part of the planned ICC developments practices will have IT support for 'agile working' enabling practice staff to have access to patient records outside the GP practice.

3.8 Engagement

Working closely and engaging practices is important both for the successful development of primary care services and for the design and implementation of new integrated models of working across the health system. During 2016/7 the CCG undertook a series of developments, which continue, to improve the engagement with practices. These include two GP conferences, fortnightly newsletters, coordinated PLTs, Council of Members meetings and numerous practice visits and group meetings on specific issues.

A third conference is planned for October this year. As part of the work of the new North Cumbria CCG we have redesigned our GP leadership based on ICCs and with GP leads now responsible for GP development and engagement. Council of Members meetings have increased and have a change in focus to developmental workshops to take and receive feedback and give time for discussion on key issues for the CCG.

Specifically in 2017/18 it is intended to work to increase public engagement in primary care development. The CCG engagement officer has now become a member of the primary care team and will be leading work both to engage patients in developments in General Practice, such as access to services, as well working with local communities in the wider development of ICCs (co-production).

4. Conclusion

The CCG has an active programme of work to support and develop General Practice aligned to North Cumbria wide system developments. Pressures exist within General Practice but the commitment of those that work in General Practice and the quality of care delivered remains high

The Governing Body are asked to discuss and note this report.

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24 July 2017.