



Haringey
Clinical Commissioning Group

MEETING:	Haringey Clinical Commissioning Group Governing Body
DATE:	Thursday, 26 May 2016
TITLE:	Primary Care Update
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SUMMARY:

This report provides the Governing Body with an update on the work of the Primary Care Team during 2015-16 and the proposed focus of work for 2016-17.

Particular areas of progress include:

- The new stroke prevention local incentive scheme
- Extending access work
- Development of estates transformation bids
- The development of the Haringey CEPN.

A key focus for 2016-17 will be to develop a Haringey strategy which supports the delivery of the Strategic Commissioning Framework and to progress the use of intelligence to support primary care commissioning.

SUPPORTING PAPERS:

None

RECOMMENDED ACTION:

The Governing Body is asked to **NOTE** this report.

Objective(s) / Plans supported by this paper: A redefined model for Primary Care providing proactive and holistic services for local communities supporting 'healthier Haringey as a whole'.

Audit Trail: A version of this paper has been received by the Primary Care Steering Group, SMT and the Quality Committee.

Patient & Public Involvement (PPI): There was no patient involvement in this paper.

Equality Analysis: N/A

Risks: A lack of clarity in funding and the PMS review prevent further progress.

1. PRIMARY CARE VISION AND STRATEGY

The Governing Body will be aware that the refreshed North Central London (NCL) primary care strategy (2015) has formed the basis of work streams implemented within Haringey during 2015/16.

Primary care teams within NCL CCGs are currently in the process of producing a primary care 'chapter' for the NCL Sustainability and Transformation Plan (STP). This work will be informed by the outcome of two workshops during May 2016 which bring stakeholders together to articulate a shared vision for a transformed Primary Care in NCL.

In June, the Haringey primary care team will work with GP colleagues to develop a Haringey-specific vision which is aligned to the NCL model while also describing a vision of primary care that particularly meets the need of our local population.

2. IMPROVING QUALITY

During 2015/16 the primary care team has progressed work in each of the three quality domains: patient experience, patient safety and clinical effectiveness.

2.1 Patient experience

- Three complaints workshops were delivered for approximately 50 practice staff, which were positively received.
- The National GP Patient Survey was summarised into a dashboard and produced on a 6-monthly basis.
- Practices were supported in responding to feedback posted by patients on the NHS Choices website.

2.2 Patient safety

- Practices were encouraged to use the national GP incident reporting tool. Whilst there is not yet sufficient data to identify broader trends, this work continues to be monitored at both a Haringey and London level.
- Information and advice were provided through the collaboratives and via the GP website on various topics, including pressure ulcer prevention, infection control and female genital mutilation.

2.3 Clinical effectiveness

- The development of primary care and community dashboards has continued. Although the distribution and frequency of these dashboards has not been completely regular, the dashboards have been used in practice visits and collaborative meetings.
- Innovation awards held in February 2016 promoted best practice in the borough. Some of the innovations will be rolled out across Haringey in 2016/17.
- In 2015-16 the new GP portal was established and the bulletin became a weekly communication route with practices. In addition, every practice received a governing body practice visit. These were positively received by member practices.

2.4 Improving quality – focus for 2016/17

The 2016-17 Quality Premium has various areas which focus on Primary Care, including:

- Improvement in the percentage of patients having a positive experience of making an appointment
- Increasing the percentage of patients identified with cancer at stage 1 and 2 and improvement in the utilisation of e-referrals.

The primary care team are in the process of developing programmes of work to support these quality improvements.

Discussions between public health and primary care have considered the best evidence based ways to make improvements in quality and drive better population health. During 2016-17 the CCG aims to use a range of data tools (EMIS's Search and Report) to provide data on cerebral vascular disease (CVD), diabetes, chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), cancer and mental health to inform the development of local incentive schemes, including within Primary Medical Services (PMS). This model has been used to good effect in areas such as Tower Hamlets and Greenwich.

During 2016/17 the primary care dashboard will be provided to every practice and collaborative meetings on a bi-monthly basis. The community service dashboard will be provided on a six-monthly basis.

3. ACCESSIBLE CARE

Throughout 2015/16 Saturday clinics were offered in West and Central hubs. In the first six months of the financial year hub-based evening phone appointments were also provided in the South East and telephone triage in the North-east. This work provided 11,809 additional appointments across Haringey.

Practices were also encouraged to consider the benefits of making online appointments available to patients, with some practices making significant progress in this area during 2015/16. On average 20% of appointments are now available online, with some practices offering over 50%.

3.1 Accessible care – focus for 2016/17

From April 2016 new hubs will provide Saturday appointments with GPs, nurses and Health Care Assistants (HCAs) in the east of the borough, with Saturday appointments available across the whole borough by the end of 2016/17. The aim is for the CCG to support the federation to develop this service at a pan-Haringey level from quarter 2 in 2016/17. It was initially intended to include bank holiday access and evening appointments between 6.30-8pm - however, this will be dependent on funding, as explained in section 10 of this report.

At the time of writing, the Primary Care Steering Group is reviewing progress in promoting best practice around extending access and how best to improve patient experience in this area.

4. PROACTIVE CARE

In 2015-16 a new local incentive scheme was initiated, seeking to improve stroke prevention in Haringey. This focused on case finding of people with atrial fibrillation (AF) and hypertension. The scheme was taken up by 71% of practices and covered 83% of the population. A total of 15,197 blood pressure screens and 9959 AF screens were conducted resulting in 425 new AF diagnoses and 2764 hypertension diagnoses. The impact on prevalence will be established when the new Quality and Outcomes Framework (QOF) figures are made available in October 2016.

Work was also undertaken through the Identification and Referral to Improve Safety (IRIS) project to assist practices in identifying and supporting those at risk of domestic violence. A provider was identified and practices have signed up to be part of the programme.

4.1 Proactive care - focus for 2016/17

The stroke prevention local incentive scheme (LIS) is continuing in the first part of the new financial year, with the intention to include this within the Primary Medical Services (PMS) premium from quarter 3 (assuming PMS is initiated in that quarter). When the PMS premium is initiated the CCG intends to extend the programme to support case management, including using motivational interviewing. This plan is dependent on primary care funding from NHS England and is yet to be approved as described below.

The CCG also submitted a proposal to NHS England to initiate a new COPD case finding and management LIS to be included after the PMS review is initiated. There is also an opportunity to include other priority areas to support secondary prevention, such as CKD or diabetes in PMS in the first instance. Significant work will be needed, however, to achieve this by the deadline of the end of June 2016.

Clinical leadership has recently been identified to support the IRIS project.

5. CO-ORDINATED CARE

The primary care team has supported work through the Better Care Fund to enable Locality Teams and MDT teleconferences to progress. Work was also initiated to consider the value of a care homes local incentive scheme which would support better engagement of GPs with care homes, in the form of a 'ward round'. This work has now broadened to consider a more integrated approach with potential involvement from consultant geriatricians and community nursing.

5.1 Coordinated care - focus for 2016/17

Whilst specific goals are yet to be identified for 2016/17, the primary care team will continue to promote ongoing work through the Better Care Fund. The primary care team will also engage in developing the social prescribing work stream and support any opportunities for its further development in General Practice.

6. WORKFORCE AND EDUCATION

In 2015-16, the Haringey Community Education Providers Network (CEPN) was initiated and priorities set. These included community nursing, care certificate, patient experience and

workforce development. In year one over 109 HCAs/ Social Work assistants were given the basic care certificate training and 62 assessors were trained, 14 new apprentices were recruited into various health settings, 2 nurses were brought into general practice nursing and over 15 Turkish/Kurdish people were trained to be community champions. Over 350 people from that community have already been engaged to consider how they interact with healthcare.

In addition to this a nurse forum was re-established and a participant was established as chair, two nurses started training as Advanced Nurse Practitioners (Masters level) and one as a non-medical prescriber. A wide variety of training workshops have been delivered using HENCEL funding.

6.1 Workforce and education – focus for 2016/17

The Workforce and Education Strategy is in the process of being developed by the Lead Nurse Quality and Workforce Manager. The focus will be aligned to the London Workforce Strategic Framework (March 2016). The emphasis will be on recruitment and retention, collaborative working, leadership development, responding to change, strengthening health systems and improved value, quality and productivity through the workforce.

7. GP INFORMATION TECHNOLOGY

The key focus of this enabler is to support increased interoperability between practices and with other professions to support co-ordinated care. The MIG viewed licence¹ was renewed in November 2015 and 3 of the practices continuing to use Vision switched to EMIS (6 remain).

Two systems, Search and Report and Global Libraries, were also initiated. Search and Report enables the CCG (with consent) to run searches on practices' EMIS systems which supports management of local incentive schemes. The majority of practices signed up as part of the Stroke Prevention LIS. Global Libraries provide the opportunity to put every referral form onto the practice system and maintain them so that they are always up to date.

In addition an NCL GPIT group chaired by the Assistant Director of Primary Care Quality and Development, HCCG was established to support more co-ordinated work across NCL.

7.1 GP information technology - focus for 2016/17

In 2016-2017, further work will take place to encourage practices to move to EMIS. Bids will be submitted in collaboration with the other NCL CCGs for:

- A fully interoperable solution for patient records.
- A system for e-consultations (an online means of patients contacting their surgeries and receiving advice such as Ask my GP).
- The digitisation of past records.

Global Libraries will be extended to hold all the referral forms currently available on the intranet and the CCG will progress the work to determine if Search and Report can provide practices with more sophisticated and near-time intelligence around prevalence, immunisation and vaccination requirements etc.

¹ Medical Interoperability Gateway

8. ESTATES

In 2015-16, work progressed to develop a clear strategy for estates and to open the new Tottenham Hale practice. The demountable (portkabin) is now on site and due to open in June 2016. Various bids have been developed for the Primary Care Transformation Fund these focus on the areas previously identified as of highest need through the 2015 Estates plan. Feasibility studies were undertaken in 2015-16 which will support the bids. The reports are due in early 2016-17.

8.1 Estates - focus for 2016-17

The submission deadline for the Transformation Fund bids has been further delayed and they are now due to be submitted between 1– 20 June 2016. Whilst the guidance has not yet been issued, it is likely that the submission process will be time-consuming and require significant information. It is hoped that the preparatory work undertaken in 2015/16 will place Haringey in a strong position to bid for funds for around 10 projects (for estates and IT). It will be necessary to prioritise bids, which will be completed through the Primary Care Transformation Group (PCTG).

9. FEDERATION DEVELOPMENT

In 2015-16, the emerging pan-Haringey federation held elections following agreement from every practice that was willing to join a borough-wide organisation. There is now a leadership team in place and the federation has started to meet regularly and is in the process of developing the vision and values. The federation successfully fulfilled the first element of the federation development LIS and as a result accessed £60,000 in September 2015. A new monthly assurance meeting with the federation will monitor outcomes and any new areas of work for which the federation bid. This group will report to the PCTG.

9.1 Federation development - focus for 2016-17

The federation is due to be fully established by the end of quarter 1 in 2016/17 and has the potential to receive the remaining £140,000, following successful completion of specific key performance indicators (KPIs). It is anticipated that the Federation will be able to provide pan-Haringey extended access services by quarter 2 in 2016/17.

10. FINANCIAL POSITION AND QIPP IN 2016-17

As the Governing Body is aware, the five CCGs in NCL (Barnet, Camden, Enfield, Haringey and Islington) took on formal joint commissioning responsibilities for GP services in partnership with NHS England in October 2015. The role of the Joint Committee is to carry out the functions relating to the commissioning of primary medical services under Section 83 of the NHS Act except those relating to individual GP performance Management and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the Joint Committee. This includes the following activities:

- Oversight of GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, sharing contract monitoring information);

- Development of newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Informing decision making on whether to establish new GP practices in an area;
- Informing decision making on approving of practice mergers, retirements, resignations etc; and
- Ratifying of decisions made by the NHS England Central Contracting Team with regards to ‘discretionary’ payment (e.g. returner/retainer schemes)

As detailed in the Chief Officer’s report, the Committee has recently agreed that further consideration should be given to requesting delegated commissioning in north central London and the Chairs and Chief Officers of NCL CCGs have agreed to support further work on this over the next few months.

At the time of writing, NHS England has provisionally reported that, on the basis of the £2.6m uplift in allocation, potentially £775,000 remains unallocated for use in Haringey. This figure should be regarded as indicative as further work is needed to finalise 2016/17 budgets. Haringey CCG submitted a report to the Joint Co Commissioning Committee on 17 May 2016 proposing to use this money on the extending access from quarter 2 and stroke prevention priorities as follows:

Scheme	Funding level
Extended Access	£600,000
Stroke Prevention	£175,000

Whilst the Joint Commissioning Committee endorsed the proposed priorities, NHSE will not be in a position to formally agree the schemes until the full budget position for CCGs in 2016/17 is known. In the meantime NHSE has indicated that a process to approve schemes funded from unallocated growth will be developed and shared with CCGs.

10.1 Quality Innovation Productivity and Prevention

Haringey CCG has a requirement in this financial year to achieve a Quality Innovation Productivity and Prevention (QIPP) target of £10m .The Primary Care team is responsible for the following schemes:

Name	Scheme	Value
Stroke Prevention	To reduce the prevalence of strokes through case finding and management	£70,000
Extended Access	To reduce attendances to A&E by improving urgent access to extended access clinics	£50,000
Demand Management	To use dashboards to reduce the level of unnecessary referrals to Secondary Care by 2%	£205,000
T Quest	To use T-Quest to bundle tests so that only those which are necessary are ordered for patients	£130,000
Care Homes	To provide more intensive support to care homes to reduce unnecessary admissions to hospital	£128,000

These schemes were presented to the Clinical Cabinet on 7 January 2016 for discussion and to receive clinical input and support. The plans were further discussed and formulated with the input of GPs at all Collaborative Meetings in January 2016. A Quality and Equality Impact Assessment was also completed at this stage. The schemes will be reviewed on a monthly basis and presented to both the Finance and Performance Committee and the QIPP Delivery Group who are jointly charged with their oversight.

Whilst it is recognised that each of the above schemes present challenges to delivery, the Primary Care team will need to give significant focus to ensuring the QIPP target is met.

End of report