

Handling Failing GP Practices



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Outline of Presentation

- Background Information
- How a failing practice might be identified
- Some numbers for context
- Process
- Discussion

Background

- GPs are independent contractors, not employees of the NHS
- They must be included in the Performers' List to deliver services
- Performer List Regulations set out a regulatory framework for applying conditions to a GP's inclusion or continued inclusion
- NHSE decisions can be appealed via the First Tier Tribunal
- Important to differentiate practice Vs individual, but these can be blurred

GP Contracts in this part of NCEL

CCG Area	No GP Contracts	Contract Value £000
Barnet	68	41,858
Camden	39	31,929
Enfield	52	36,025
Haringey	54	32,008
Islington	39	26,625
	252	168,445

Across the entirety of NCEL, there are 582 GP contracts, with a value of c£402m

Managing GP Performance

There will continue to be two aspects of **performance management** in primary care for which NHS England is responsible:

- Contractual – managed by the Head of Primary Care
- Individual Performer – managed by the Medical Director The two will often overlap and so close working relationships are essential

CCGs are responsible for **performance improvement** of primary care with NHS England and the Area Team will hold CCGs to account for delivery of this function

How do we identify poor performance?

We continue to make use of a range of information from different sources:

- National, London and local data to inform, compare and challenge
- Local intelligence from peers, other contractors/performers
- Information from Regulators, Regulatory Bodies and other statutory/non statutory organisations
- Information from complaints, other providers, surveys, press/TV
- Direct patient feedback
- Whistleblowers
- Commissioned reviews

- ...and we consider matters via a performance “Decision Making Group” (DMG)

New national arrangements being developed ...

Contractual –

- The range of national standards practices will be expected to meet ✓
- The weighting/tolerances/triggers etc to be applied ✓
- The national process for handling poor contractual performance

Individual performer –

- The new National Performer List and associated regulations ✓
- The national process for handling poor individual performance, including arrangements for Panel consideration etc

✓ = produced and in use

Position from GPOS Summary (Dec 12 data)

	No practices (2012)	Higher Achieving	Achieving	Approaching review	Review Identified
Camden	40	0	9	15	16
Islington	38	0	14	13	11
Barnet	69	1	17	31	20
Enfield	63	1	20	19	23
Haringey	56	3	6	13	34
Totals	266	5	66	91	104

GP Live Performance Cases Summary (July 2013)

	RED	AMBER	GREEN	TOTAL
BARNET	1	7	4	12
CAMDEN	0	4	2	6
ENFIELD	2	5	11	18
HARINGEY	3	6	4	13
ISLINGTON	0	3	1	4
TOTALS	6	25	22	53
ALL NCEL	17	37	41	95

Individual Performance

- Issue identified – serious case, could consider suspension
- Referred to DMG for next steps
- Raise matter with the practitioner
- External review (for some cases)
- Practitioner responds
- Back to DMG for next steps which could include:
- Practitioner referred to Panel for Performer List action
- Practitioner sends development plan
- DMG keeps watching brief

Contractual or practice matter

- Issue raised
- Consider significance and share with CCG re improvement
- Practitioner responds / Practice provides development/improvement plan to CCG if requested
- CCG/NHSE monitor practice remediation
- NHSE prepare and issue contract breach notice and remediation
- Repeat “offences” could lead to repeat breach

Absolute failure of a practice

- (Say) contract handed back; end date known
- NHSE may need to make temporary arrangements
- NHSE consults on how to dispose of the practice – may be quick and may be limited
- NHSE decides how to dispose of the practice
- Procurement undertaken if decided to replace

Changes between old and new systems

- Processes essentially the same
- Different people operating them
- Still the split between performer and contract
- Needing to develop and ensure linkages between NHSE and LAs, CCGs and Public Health England so that concerns they have in their commissioning of primary care services can be shared and locked into NHSE processes

Discussion