

## Developing primary care in Barnet

### Introduction

In January 2012, the Joint Boards of NHS North Central London (NCL) approved a NCL Primary Care Strategy, which describes development of the primary care sector over three years. The strategy has acted as a catalyst for change, and is supported by three years of additional investment in primary care, in particular general practice, to achieve sustained improvements in quality and outcomes for patients, and a sustained reduction in reliance on acute hospital care.

This report describes the initial approach that will be taken in Barnet, to developing primary care up until March 2015, and progress made between approval of the Barnet implementation plan in June 2012, and August 2012. The planned approach to implementation will be built on as work with practices commences and as groups of practices, with health and social care partners, begin to drive and shape progress.

### Leadership for implementation

Barnet CCG will lead all aspects of implementation that do not relate to primary care contract management; this will include provider development i.e. support with productivity, workforce development, engagement with patients, and relationships between practices and with other providers; and commissioning of enhanced services where they are best provided in a primary care setting.

The management of primary care contracts remains a function of NHS North Central London that will pass to the National Commissioning Board in April 2013. This plan looks beyond the requirements of the national primary care contracts, to develop the primary care sector to:

- support achievement of the vision of Barnet Clinical Commissioning Group (CCG) – currently set out by the Board of Barnet CCG and to be further developed through engagement by the Board with the wider CCG;
- support the health and wellbeing of the population of Barnet; and
- move away from the current reliance on acute hospital-based care.

A Barnet Primary Care Strategy Implementation Group has been put in place to drive progress with implementation. The group includes membership from GP Clinical Commissioning Group (CCG) Board members – representing each of the three CCG Localities, the Local Involvement Network, the Barnet Practice Managers Group, the Local Medical Committee, community pharmacy, the London Borough of Barnet and the NHS North Central London (NCL) Barnet borough team. The Board members representing each CCG Locality are responsible for liaising with their locality colleagues to ensure their views are represented on this group.

The local professional committees (Local Medical Committee, Local Pharmaceutical Committee, Local Optometric Committee and Local Dental Committee) will provide the formal forums for consultation with the professional groups. Practices in Barnet have indicated enthusiasm for leaders for particular pieces of work to be drawn from among practices, with dedicated time to work with practices and develop proposals for new ways of working.

### Investment in primary care

£11.7m will be invested in primary care and community services in Barnet over three years; £2.9m in 2012/13. This investment has been approved by NHS London and is allocated from the 2 per

## Appendix B

cent of recurrent funding that has been set aside for non-recurrent expenditure purposes<sup>1</sup>. This will include investment in IT infrastructure, workforce development and support to primary care to work in an integrated way. The change achieved during this period is intended to lead to improved quality and experience for patients and a sustained rebalancing of the health system, allowing continued investment in primary care.

### Approach to implementation

Development of integrated care networks – groups of practices working together with community health, social care, and other Local Authority services, and with closer links to hospital specialists – is at the core of this implementation plan. Integrated care networks will enable provision of a greater range of services in a primary or community setting, improve access to primary care, and allow greater focus on the needs of local communities.

Practices will be supported through this process in two ways:

- **A focus on selected clinical priorities, identified from the Barnet Joint Strategic Needs Assessment (JSNA), practice public health profiles (once available), and the Quality, Innovation, Productivity and Prevention (QIPP) plan** – initially, care for the frail elderly, primary care mental health, and urgent and unscheduled care, plus the topics that the groups of practices meeting for ‘learning through peer review’ will be working through. This will provide groups of practices with the opportunity to support the design of, and take on local enhanced services as a group, to support joint work to improve outcomes and patient experience in the selected area<sup>2</sup>. Prioritisation of focus areas will be based on the needs of the Barnet population and the extent to which service changes support the QIPP plan; in this way the Primary Care Strategy will support development of a financially sustainable health system;
- **Support to practices to understand the implications of formalising network arrangements** – groups of practices may wish to work towards a more formal network arrangement to support changes to practice processes and structures, for example sharing staff and taking collective responsibility for outcomes.

### Programme work streams:

The programme has been structured into a number of initial work streams. These are described in Table 1 below with a summary of progress to date.

### What does this mean for patients in Barnet?

Delivery of this implementation plan is intended to result in tangible changes to the patient’s experience of primary care, for example, through the initial steps outlined in this plan, and subject to further planning with practices and development of business cases where required:

- Patients with long term conditions will receive a greater proportion of their care in primary care, and an improved quality of care. This may include lifestyle sessions;
- Frail elderly patients will receive more integrated care focused on supporting them to maintain independence;
- Patients who no longer need secondary mental health care will be supported in primary care by their GP and mental health professionals working together;
- Patients who do not pay for their prescriptions will be able to go direct to the pharmacy for particular medicines;
- Patients will be supported to access health information in different ways;
- Patients will receive text message reminders of their doctors appointment if they wish;
- Subject to the evaluation of the Doctor First pilot, patients will be able to access same-day telephone advice from a doctor;

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<sup>1</sup> Department of Health (2011) The Operating Framework for the NHS in England 2012/13

<sup>2</sup> NHS North Central London is currently exploring contractual and payment mechanisms, however it is likely that payment will be split between an aspiration payment to individual practices, and an additional payment based on collective achievement of outcomes across the group. Targets set for achievement of outcomes will be deliberately challenging to drive identification of new ways of working across practices. It is anticipated that groups of practices will wish to use part of the available payment to access additional staffing or put in place new schemes (for example lifestyle clinics for those with diabetes).

**Appendix B**

- Practices will make some appointments available for booking on line for patients who have access to the internet.

## Appendix B

| Work stream                     | Description of work stream                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Achieved to date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Current priorities                                                                                                                                                                                                                                                              | Current risks / issues                                                                                                                                                                                                                                      |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stakeholder engagement          | <ul style="list-style-type: none"> <li>Practice engagement;</li> <li>Primary care and community provider representation in implementation;</li> <li>Patient / public involvement</li> <li>Patient / public involvement by primary care providers</li> <li>Identification of partnership opportunities with the Local Authority.</li> </ul>                                                                                                                                                       | <ul style="list-style-type: none"> <li>Events with practice staff in each CCG locality to discuss areas for development in primary care, and how practices can be supported to lead implementation.</li> <li>Blog on primary care strategy published<sup>3</sup></li> <li>Initial planning with communications team regarding support to practice patient participation groups.</li> </ul>                                                                                                                                    | <ul style="list-style-type: none"> <li>Identify options for supporting patient participation groups and discuss with practices.</li> </ul>                                                                                                                                      | <ul style="list-style-type: none"> <li>Recruitment of CCG communications lead underway but delay until start date – limits capacity to progress public / patient involvement.</li> </ul>                                                                    |
| Patient information / education | <p><b>Scope to be agreed with practices. Likely to include:</b></p> <ul style="list-style-type: none"> <li>Information display in primary care</li> <li>Practice websites</li> <li>information, advice and advocacy</li> </ul> <p><b>Could also include:</b></p> <ul style="list-style-type: none"> <li>Social marketing: use of NHS services;</li> <li>Peer education – e.g. peer educators about end of life / health champions;</li> <li>Lifestyle sessions for particular cohorts</li> </ul> | <ul style="list-style-type: none"> <li>Clear indication from practices that this is seen as a high priority.</li> <li>Agreement to identify and fund leads from among practices to take forward this piece of work (invitation issued for expressions of interest).</li> <li>Initial meeting with Local Authority regarding join work on information, advice and advocacy.</li> </ul>                                                                                                                                         | <ul style="list-style-type: none"> <li>Develop opportunity with Local Authority for information, advice and advocacy based in practice / within network</li> </ul>                                                                                                              | <ul style="list-style-type: none"> <li>Requires project management support - recruitment underway.</li> <li>Once scoped, may require specialist expertise</li> <li>NB Must look wider than general practice – pharmacy in particular has a role.</li> </ul> |
| Networks                        | <ul style="list-style-type: none"> <li>Development of networks of general practices – support with the process of integration</li> <li>Development of integrated care networks (community services linked to general practice)</li> </ul>                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Practices have formed into 11 groups that meet monthly for 'learning through peer review' (LPR)</li> <li>Expressions of interest have been sought from the LPR groups or other groups that would like to work on the NHS Institute Productive General Practice Programme. 12 practices have expressed an interest.</li> <li>Invitation issued to practices that have expressed an interest in networks, to attend an event focused on the practicalities of closer working.</li> </ul> | <ul style="list-style-type: none"> <li>Describe key milestones that would support a move toward a network model.</li> <li>Identify speakers from other areas to share experiences.</li> </ul>                                                                                   | <ul style="list-style-type: none"> <li>Need to keep up pace with supporting networks to emerge</li> <li>Dependent on clarity with regard to preferred model for primary care in priority clinical areas.</li> </ul>                                         |
| Improving access / productivity | <ul style="list-style-type: none"> <li>Practice / patient communication about care (telephone system &amp; first point of contact, email consultations with self-monitoring tools, web-cam / skype, access to test results with GP comments, online appt. booking &amp; text messaging)</li> <li>NHS Institute for Innovation and Improvement Productive general practice</li> </ul>                                                                                                             | <ul style="list-style-type: none"> <li>Twelve practices have expressed interest in PGP; two signed up.</li> <li>Fifteen practices have asked to sign up to patient text messaging.</li> <li>Previous work on minor ailments scheme obtained – invitation issued to practices / pharmacists to form a small working group to take forward. Clear support from</li> </ul>                                                                                                                                                       | <ul style="list-style-type: none"> <li>Identify practices / groups of practices wanting to test different approaches to communicating with patients.</li> <li>Develop proposal for Minor Ailments Scheme (N.B. may need to seek consistency across NCL in advance of</li> </ul> | <ul style="list-style-type: none"> <li>Minor ailments scheme &amp; practices testing new ways of communicating with patients require project management support - recruitment underway.</li> </ul>                                                          |

<sup>3</sup> See <http://barnetgps.wordpress.com/2012/07/12/getting-excited-about-the-future/>

## Appendix B

| Work stream                                | Description of work stream                                                                                                                                                                                                                                                                  | Achieved to date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Current priorities                                                                                                                                                                                                                                                                                                                                                                                                                                   | Current risks / issues                                                                                                                                                         |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | <p>programme (PGP)</p> <ul style="list-style-type: none"> <li>• Development of a scheme for pharmacies to issue patients exempt from prescription charges with medicines for minor ailments free of charge</li> <li>• Joint work between general practice and community pharmacy</li> </ul> | <p>practices at Locality events.</p> <ul style="list-style-type: none"> <li>• Invitation issued to form task and finish group to look at use of technology to improve communications.</li> </ul>                                                                                                                                                                                                                                                                                                                    | <p>passing management to National Commissioning Board).</p>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |
| Clinical services                          | <ul style="list-style-type: none"> <li>• Expanding range of services available in primary care</li> <li>• Respecification of LESs to operate on a network basis (super LES)</li> <li>• Long term development of agreed list of primary care services</li> </ul>                             | <ul style="list-style-type: none"> <li>• Frail elderly, mental health and urgent care confirmed priorities.</li> <li>• Locality events have signalled clear next steps.</li> <li>• Commissioning leads and clinical leads asked to formulate proposals to present to QIPP, for use of primary care strategy money this financial year.</li> <li>• Invitation issued for unscheduled care working group to look at models of clinical triage, and shared resources to cope with unscheduled appointments.</li> </ul> | <ul style="list-style-type: none"> <li>• Agree timeline for completion of design of frail elderly and mental health primary care models.</li> </ul>                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Need to ramp up pace of some existing programmes</li> <li>• Need to maintain focus on a small number of agreed priorities.</li> </ul> |
| Public health                              | <ul style="list-style-type: none"> <li>• Provision of public health information to practices</li> </ul>                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• Job description for fixed-term (to March 2013) Primary Care Health Intelligence Facilitator agreed with clinical leads.</li> <li>• Exploring direct recruitment and option of working with University College London Partners (UCLP) on similar piece of work.</li> </ul>                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Recruitment to Primary Care Health Intelligence Facilitator post to work with practices / agreement of a project with UCLP.</li> </ul>                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Need for rapid progress to achieve impact in this financial year.</li> </ul>                                                          |
| Workforce, leadership and team development | <ul style="list-style-type: none"> <li>• For all practice staff</li> <li>• Clinical and process (e.g. telephone consultation) skills</li> <li>• Scope to be determined</li> </ul>                                                                                                           | <ul style="list-style-type: none"> <li>• First meeting of NCL task and finish group to scope work and provide support for assessing development needs – indicates potential for joint work with Deanery / UCL partners.</li> <li>• Workforce development needs highlighted at locality events.</li> <li>• Barnet practice nurses took up a number of development opportunities made available across NCL.</li> </ul>                                                                                                | <ul style="list-style-type: none"> <li>• Complete recruitment of Borough Practice Nursing lead.</li> <li>• Recruit practice manager to lead workforce development approach for non-clinical practice staff; Consider similar approach with pharmacy;</li> <li>• Online survey for GPs of workforce development needs, drawing on proposals for urgent care, mental health and frail elderly.</li> <li>• Meet with Deanery / UCL partners.</li> </ul> | <ul style="list-style-type: none"> <li>• Risk of both setting scope to wide (focus on strategy over action), or too narrow (ad hoc training)</li> </ul>                        |

## Appendix B

### NCL-wide work streams – for information

| Work stream            | Description                                                                                                                                                                                                           | Achieved in reporting period                                                                                                                                                                    | Current priorities                                                                                                                                                                                                   | Immediate risks / issues                                                                               |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Information technology | <ul style="list-style-type: none"> <li>• Installation of web-based GP information systems</li> <li>• On-line appointment booking</li> <li>• Text messaging to patients</li> </ul>                                     | <ul style="list-style-type: none"> <li>• Text messaging offered to practices; 15 interested.</li> <li>• Continued installation of web-based information systems</li> </ul>                      | <ul style="list-style-type: none"> <li>• Information governance arrangements for practices with web-based GP IT</li> <li>• Development of local web system user group to advise practices yet to transfer</li> </ul> | <ul style="list-style-type: none"> <li>• Local IT project manager to be recruited.</li> </ul>          |
| Premises               | <ul style="list-style-type: none"> <li>• Ensuring compliance with minimum premises standards (via contract team)</li> <li>• Supporting practices to identify third party developers to enable developments</li> </ul> | <ul style="list-style-type: none"> <li>• Procurement of premises audits complete – supplier and start date for Barnet to be confirmed</li> <li>• Improvement grants process launched</li> </ul> | <ul style="list-style-type: none"> <li>• Initiation of premises audits to support review of bids for improvement grants</li> </ul>                                                                                   | <ul style="list-style-type: none"> <li>• Lack of clarity with process has been highlighted.</li> </ul> |