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Meeting	Health and Well-Being Board
Date	23 <sup>rd</sup> January 2014
<b>Subject</b>	<b>Barnet Clinical Commissioning Group (CCG) Primary Care Strategy</b>
Report of	Barnet CCG Chief Officer
Summary of item and decision being sought	This paper presents to Board members, a summary of the progression of the Barnet CCG Primary Care Strategy and implementation. The Board is asked to note the areas of work being progressed within primary care within the borough of Barnet and comment on the way in which the Board would wish to further support implementation within Barnet. The paper also highlights the implications for strategic implementation of primary care, arising from the NHS England document ' <i>Transforming Primary Care in London: General Practice – A Call to Action</i> '. Consultation on this document ends on 31 <sup>st</sup> March 2014 and will be the subject of a separate response.

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Officer Contributors	Anthony Davis, Emma Hay, Amol Joshi, Jeff Lake (Public Health in respect of s.11.3-11.6)
Reason for Report	To share the progression of implementation of the Barnet Primary Care Strategy
Partnership flexibility being exercised	Not applicable
Wards Affected	All
Status (public or exempt)	Public
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## 1 RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board notes the current update on the implementation of the primary care strategy and comment on the way in which the Board can support implementation in Barnet.
- 1.2 That the Health and Well-Being Board notes issues arising from the NHSE consultation document '*Transforming Primary Care in London: General Practice – A Call to Action*'.

## 2 RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 The Primary Care Strategy was agreed in July 2013 and the network plans were signed off by the Board in October 2013
- 2.2 Meetings of the Primary Care Strategy Implementation Group within the CCG on a bi-monthly basis

## 3 LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS

### Link to Commissioning Strategies

- 3.1 As signed off by the Barnet CCG, the key overarching goals of the strategy that links with partnership goals are:
  - **clinical and cost effectiveness**, by supporting a re-profiling of investment in healthcare between acute, and community and primary care to rebalance the health economy;
  - **prevention**, by supporting a reduction in the gap between diagnosed long term conditions, and expected prevalence, and by supporting healthy lifestyles; and
  - **integrated care**, by supporting closer working between health and social care professionals in a range of settings.

### Link to Health and Well-Being Strategy

- 3.2 The Health and Well-Being Strategy sets out the aspirations of the Health and Well-Being Board and its member organisations. Particular health outcomes are identified as local priorities for improvement and these will inform the focus of the local Primary Care Strategy implementation plan.

### Link to Sustainable Community Strategy

- 3.3 The Primary Care Strategy describes a vision for primary care that will support these objectives through greater integration between primary care practices and local health and social care providers; easier transfer, with patient permission, of patient information through web-based systems to ensure providers have timely access to information about the patient's needs; a greater role for primary care in supporting improvements in the health of the population; improvements to access to primary care; and support to patients to take responsibility for their own health.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 As noted above, the focus for implementation of the primary care strategy in Barnet is informed by the Health and Well-Being Strategy, which has in turn been informed by the Joint Strategic Needs Assessment.
- 4.2 An equality impact analysis was undertaken in January 2012. This indicated that: “the EQIA demonstrates the policy / change is robust and there is no potential for discrimination or adverse impact”<sup>1</sup>.

## **5 RISK MANAGEMENT**

- 5.1 Risks to the success of the strategy have been identified as<sup>1</sup>:
  - 5.1.1 that GPs may not engage with the implementation of the strategy, thus preventing anticipated improvements in patient access and safety, clinical effectiveness and the patient experience. This risk has being mitigated through a focus on engagement of GPs in the development and implementation of the strategy and through a mutually beneficial investment in primary care which will support practices to achieve explicit quality standards, which is clinically led and informed by the patient experience of current service provision;
  - 5.1.2 a financial risk that the time-limited investment in primary care does not deliver the required rebalancing of the health system to enable continued investment beyond the initial three year period. This risk is mitigated by embedding within the local implementation, a robust process for allocating the available investment to initiatives with demonstrable potential to support the desired transformational change, based on best practice and patient experience.
  - 5.1.3 General Medical Service contracts within primary care are held and managed by NHS England. The risk is maintenance of a relationship between NHS England and Barnet CCG that is cogniscent of the support needed within the wider system to achieve the local primary care strategy.

## **6 LEGAL POWERS AND IMPLICATIONS**

- 6.1 The passing of the Health and Social Care Bill, resulted from 1 April 2013, in the commissioning functions of NHS North Central London passing to a number of organisations, primarily: Clinical Commissioning Groups (CCG); the NHS Commissioning Board; Local Authorities; and NHS Property Services Ltd. Responsibility for implementation of the primary care strategy is divided between these organisations. Barnet CCG will take responsibility within Barnet for: securing continuous improvements in the quality of services commissioned; reducing inequalities; enabling choice and promoting patient involvement; securing integration; and promoting innovation and research, the NHS Commissioning Board, through NHS England is responsible for managing the contracts and performance of primary care contractors

## **7 USE OF RESOURCES IMPLICATIONS**

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<sup>1</sup> Cover paper to the North Central London Primary Care Strategy 2012/16, Meeting of the Joint Boards of NHS North Central London, Thursday, 26 January 2012.

7.1 It is expected that time-limited investment in primary care will support reductions in the use of secondary care, thus reducing costs by more than the total initial investment.

## **8 COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

8.1 During the original process of development, the primary care strategy was shared with Local Involvement Networks (LINK) and the Joint Health Overview and Scrutiny Committee.

8.2 A Barnet Primary Care Strategy Implementation Group (BPCSIG) has been formed and is chaired by a Barnet CCG Board member to:

- Champion the opportunities provided by the strategy to:
  - Improve the quality of primary care as a major part of the overall health system; and
  - Improve health outcomes for the population of Barnet;
- Support development and delivery of an implementation plan that builds on the particular strengths, and addresses the particular challenges, of primary care in Barnet

## **9 ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

9.1 The Primary Care Strategy signals a potentially transformational change for practices in Barnet. Building local momentum is vital and therefore it is important to provide opportunities throughout implementation, for practices and local 'champions' to become engaged. This has been achieved through the Primary Care network meetings, the Primary Care Locality meetings, practice visit programme, Local Medical Committee (LMC) Liaison meetings. The Local Medical Committee remains an important partner in engaging practices.

9.2 The primary care strategy, through network development aims to present opportunities for primary care to engage with a range of stakeholders within health and social care, based around improving access to health and social care provision and centred on patient need.

9.3 It is anticipated that the voluntary sector and other provider organisations will have an important role in defining the integrated care networks.

9.4 It will therefore be vital to provide opportunities for the Local Authority, and NHS and voluntary sector providers to support the implementation plan in its early stages; in this way we will gain maximum benefit from the knowledge and wide range of perspectives of our partners.

## **10 DETAILS**

10.1 Networks within primary care have developed with the purpose of enabling service development to meet the needs of patients that goes beyond the core service provision within primary care. In doing so, the networks aspire to act as catalysts to enable and promote integrated working across primary care practices and eventually across community, social, primary and secondary care. This development would be supported by strengthening workforce development through targeted investment in multidisciplinary training as funding permits. These changes are necessitated by the need for primary

care to tackle the increasingly complex needs of older patients and patients with long term conditions, and the expectation of delivering healthcare 7 days a week, which is the challenge being proposed by the NHS England document : ' Transforming Primary Care in London: General Practice – A Call to Action'

10.2 Barnet Clinical Commissioning Group, while not responsible for commissioning primary care services, is committed to working, with NHS England, to improve the quality of primary care. We recognise this as a key enabler of our four strategic objectives:

- Improve inequalities in health;
- Prepare children and young people for a healthy life;
- Provide the right care at the right time, in the right place; and
- Develop an integrated care system across health and social care.

10.3 The aim of primary care development is therefore to support achievement of these strategic objectives, by supporting primary care to:

1. Be a valued first point of contact for the population, for the majority of healthcare needs;
2. Support patients with more complex needs, so that care for these patients is well planned, proactive, and managed.

Achievement of these objectives will require different ways of working in primary care, with greater collaboration between general practices, other health providers, Barnet Local Authority and third sector organisations, informed by the needs of patients. The aim of this collaboration is to provide an integrated experience of care for the patient, provision of the right care at the right time and in the right place, greater use of technology to support integrated ways of working with the patient at the centre, the achievement of the improved productivity across agencies, and greater empowerment of patients and carers to be active participants in their care and decisions about their care.

## **Progress to date**

10.4 Key themes of the Primary Care Strategy are:

### **Primary Care Network Development:**

Five network proposals were received from Primary Care in 2013/14. The networks were approved. There has been GP involvement in the Better Care design group and the following is a summary of what the networks have developed:

- West Barnet Network (4 General Practices – total list size 40,700 people)  
Proposed provision of a dedicated Monday – Friday afternoon GP and Nurse Practitioner triage and consultation service (different practice location each day on rotation) to offer urgent triage and consultation across the collective practice population.
- Burnt Oak/Colindale, West Barnet Network (5 General Practices – total list size 46,000 people)  
Proposed provision of a phlebotomy service, a wound dressings service, minor illness service and wellness service to patients of the network practices.

- North Barnet Network (32 General Practices – total list size 168,910 people)  
Proposed provision of ambulatory 24 hour blood pressure monitoring measurement, to confirm a diagnosis of hypertension and monitoring; spirometry with reversibility testing; provide access for 24 hour ambulatory ECG measurement and therefore reduce the number of people who require care in a hospital setting.
- South Barnet Network (19 General Practices – total list size 101,452 people)  
Proposed pilot service – integrated primary care mental health service model to improve patient recovery and improve independence, and increase capability and capacity in general practice to manage a range of mental health presentations. This proposal for a pilot is about to progress to procurement by the network.
- West 1 Barnet Network (7 General Practices – total list size 26,370 people)  
This network is currently identifying a proposal for service provision, based on analysis of what would benefit patients within the network.

### **Information Technology to support clinical practice:**

Poor use of technology in primary care has been highlighted. The position has been improved in the following ways:

- 57 General Practice sites are 'live' with EMIS web, the web based clinical system within which patient's clinical record is maintained. All practices are on a trajectory to be on EMIS web by April 2014. This will facilitate improved access to patient data from (for example), a domiciliary setting or nursing/residential home setting, with further investment in remote access devices.
- 18 practices are to start piloting a clinical decision support tool DXS, to support clinical decision making in assessment and treatment of patients
- 9 practices have gone live with electronic prescribing, which enables the electronic requesting of repeat prescriptions by patients and electronic transfer to pharmacists. A further 14 practices are committed to further roll out.
- Text messaging by General Practices is widely used across Barnet. These messages are used to promote health campaigns e.g. flu vaccination availability, and also to remind patients of their appointments (with the option of returning the text if they no longer need or cannot make the appointment) – In the period April-November 2013, 293,463 text messages were sent, with some 5,572 appointments subsequently freed up by patients who might otherwise have not attended on the day of the appointment. This recovered appointment capacity was available to other patients requiring an appointment.

### **Minor Ailments Scheme:**

Primary Care in addition to General Practice includes a range of other provision, for example pharmacists, which is recognised within the strategy:

- This scheme enables patients to access minor ailment advice and treatment from pharmacies. Eight pharmacies are part of the scheme. Between January-December 2013, some 542 consultations have taken place with the participating community pharmacists across Barnet. The three most common reasons for people attending the

minor ailments scheme in the 8 pharmacies were: Hay Fever, Threadworm and Fever. The pilot is to be extended to the 3 local hospital sites, with the aim of providing a viable alternative for minor ailment advice/treatment to attending the walk-in-centre or Urgent Care Centre.

### **Medicines Management:**

The strategy recognises the importance for patients of effective and safe management of medication:

- The CCG has supported the improved optimisation of medication prescribing within General Practice, in respect to choice and monitoring of a range of conditions
- The CCG has implemented a local enhanced scheme aimed at ensuring that there is the appropriate level of monitoring associated with the repeat prescribing of methotrexate, to monitor the impact of this cytotoxic medication.
- The CCG has supported the provision of the National Enhanced Service for anticoagulation within primary care.
- The CCG has implemented a locally enhanced service to improve access to primary care for people who are homeless.

### **Looked After Children:**

- General Medical Practitioners perform a medical assessment on children who have become looked after by social care. The CCG has in place a local enhanced service to two general practices in the borough that can perform these assessments. The specification for the provision of this service has been reviewed with the local authority, in line with national guidance and the nature of the tariff, and will be presented as a Local Improvement Scheme (LIS) from April 2014

### **Palliative Care:**

- The CCG have in place a local enhanced service associated with provision of end of life care to patients who are nearing the end of life. This is aimed at supporting the choice of patients to die at home (including care homes), through the provision of appropriate medical care within the context of the multidisciplinary team that will provide palliative care. In addition a Palliative Care GP facilitator works with GP practices in Barnet.

### **Learning by Peer review and practice development:**

- 49 GP Practice Development Visits have taken place so far and 6 clinical specialities have been reviewed as part of the Learning Through Peer Review programme in 2013/14. The Learning through Peer review programme focuses on a number of clinical conditions that are seen frequently in General Practice. The Peer review meetings are clinically led and facilitate the review by GP's, of the diagnosis, management and appropriate referral criteria before a referral to secondary care. Clinical specialties that have been reviewed through the LPR programme are Urology, Mental Health, Gynaecology, Diagnostics- MRI, and Dermatology. It has led to improvement in the confidence of GP's managing a range of conditions within the specialities reviewed and a reduction in referrals of 7.6%. The LPR programme will help inform patient pathway and service redesign in these areas. The practice

development visits have also been used to promote the national screening programmes.

- All GP practices have also audited their referrals and existing pathways in chronic heart failure, and male-female incontinence pathways as a part of QOF reviews. They have also reviewed existing rapid response pathways, palliative care pathways and urgent care pathways for children and older and frail patients.

#### 10.5 **NHS England Consultation: 'Transforming Primary Care in London: General Practice – A Call to Action':**

10.6 The Transforming Primary Care in London document has been published by NHS England. The commentary in this present update report to the Health and Well-being Board is not intended to represent the formal response that the CCG and Local Authority would wish to make to the document by the closing date of 31<sup>st</sup> March 2014, but rather to indicate some of the issues that need to be appraised within the context of the Barnet Primary Care Strategy and developing a Barnet Primary Care response to the challenges the document present.

10.7 The document recognises that 'the model of General Practice that has served Londoners well in the past is now under unprecedented strain'. In particular 'population growth' and the 'complexity of serving larger numbers of patients with long term conditions are driving up demand and general practice is struggling to respond effectively'. It is the intention of NHS England to publish a 'service offer' in January 2014 that it believes 'all practices would like to provide and that all Londoners should have access to'. 'The service offer will focus on three aspects of care: accessible care, proactive care and coordinated care'. NHS England intend to 'undergo extensive engagement with practices, patients and other stakeholders.'

#### 10.8 **Aspects of general practice that are highly valued and clinically important to safeguard?**

- Continuity of care provision
- Accessibility
- The opportunity afforded by the longer-term relationship that develops with patients, to provide proactive individualised care for vulnerable and high risk patients, particularly with long term physical and mental health issues
- The opportunity to develop individualised care planning around the patient, based on the more holistic view of the patient developed through better knowledge of the individual patient, their social circumstances and support networks
- The opportunity to promote self-management by patients, based on deeper knowledge and experience of the individual patient and supported and maintained by the opportunity to establish a longer term doctor-patient relationship
- The opportunity arising from patients seeing their GP or Practice Nurse as their 'key contact' in matters relating to their health

#### 10.9 **How the general practice service model should develop in the future to deliver more?**

- Develop network access solutions to respond to fluctuations in on day demand as well as increases in demand and complexity for management of long term conditions



- To support the above, review how community care long term condition and rapid response services can be re-designed and re-specified, to enable development of a primary and community care platform that can provide more of the patient pathway within this setting.
- In respect of the above point, to move to a more integrative and coordinated range of services, through better integration of primary care, community and social care teams, with an emphasis on developing the requisite specialised knowledge and experience within the service to support vulnerable patients and those with long term conditions closer to home
- Support for the role of care coordination within primary care
- Resource reallocation and investment following the patient demand movements within the health and social care system
- Pathway commissioning of services across the range of providers, with the emphasis being on reproducibility and dependability in the way patients are managed clinically and in the way the patient accesses and experiences their care.
- Improved workforce development within primary care, to capitalise on the contribution that the various team members and professional groups make to the quality of the care provided and the quality of the patient experience.
- Consistent with the above point, the support of an educational programme and multidisciplinary training that focuses on, and is measured by, outcomes in patient care and disease management that is achieved as a result, and is focused on the multidisciplinary team.
- Investment in nursing and non-clinical staff training to realise the leadership needed in all parts of the organisation of primary care to meet the challenges currently faced by general practice
- Improved use of information technology in the provision of care. For example the use of telehealth and telecare in respect of higher risk patients, working with the local authority to deliver telecare solutions
- Extended hours of provision on a network basis
- Ensuring availability of primary care to areas of rapidly expanding population growth in regeneration areas.
- Provision of easier access to social care services within primary care
- Investment in IT solutions that support integrated provision of care between primary care, social care, community and hospital service provision

#### 10.10 Implications for how general practice infrastructure should evolve?

- Ensuring that premises are suitable for a wider range of service provision, are in the right geographical location within Barnet to ensure ease of access and have ease of access to diagnostic procedures that is required to deliver a wider range and depth of service provision
- Increased use of a network approach to provide a range of specialised services within primary care, with ease of access to consultant specialist input to service provision within primary care
- Having an IT strategy that is matched to and can support the range of service development and support the provision of integrated care and better care coordination and proactive management
- Integration of health and social care provision around the individual

- Improved rapid response service (health and social care) capability and capacity to respond to the need for urgent assessment and care planning for vulnerable individuals, at any time.
- Development of a single point of access to services.
- There is frustration within primary care in Barnet, concerning the change in arrangements surrounding estate and premises development, which hinders the progression of developing primary care and future service provision.

#### 10.11 What we need to concentrate on to enable general practice to develop?

- Investment shift
- Workforce development
- Increased workforce capacity and support
- Incentivise solutions that make a real step change in demand management, clinical outcomes, cost effectiveness of care
- IT investment
- Estate development

Within Barnet, the Primary Care Strategy, supported by networks of GP practices is a way to take this forward.

## 11 BACKGROUND PAPERS

### 11.1 Transforming Primary Care in London: General Practice – A Call to Action (Published by NHS England on 28<sup>th</sup> November 2013)

Links to the document (1<sup>st</sup> link) and the relevant section of the NHS website (2<sup>nd</sup> link) are as follows:

<http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/12/london-call-to-action.pdf>

<http://www.england.nhs.uk/london/london-2/ldn-call-to-action/gp-cta/>