

Barnet Clinical Commissioning Group

Strategic Framework for Primary Care

Delivering accessible, proactive and coordinated high quality primary care services for the people of Barnet

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1. Executive summary

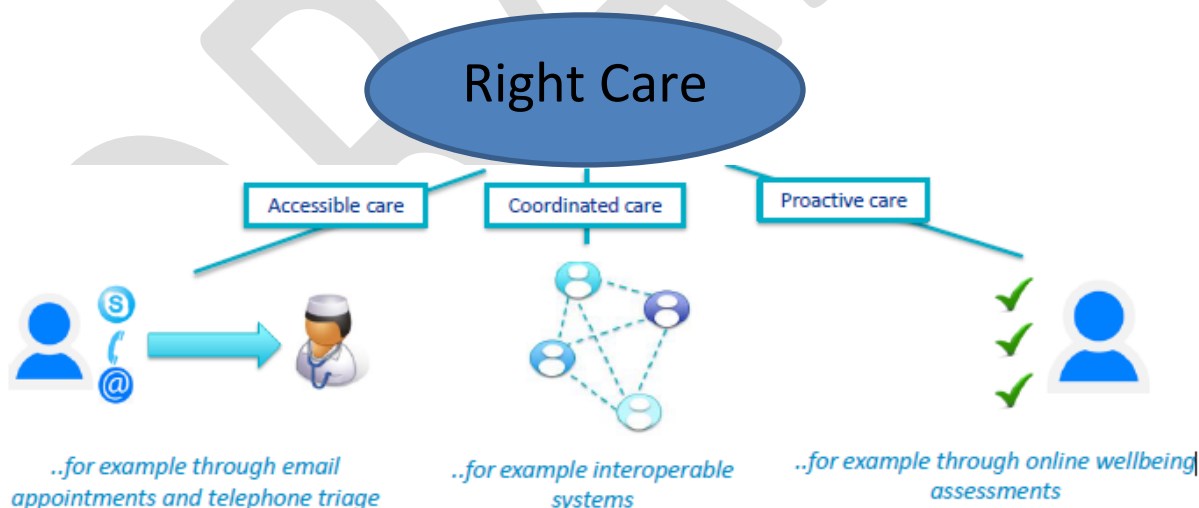
As outlined in the North Central London vision for primary care we wish to build on the local priorities already established from the *Transforming Primary Care in London* regional primary care strategy. These priorities developed from regional and local consultation have helped shape the primary care work programme for Barnet for the next three years, namely:

Accessible care - Better access to primary care professionals, at a time and through a method that is convenient and with a professional of choice.

Co-ordinated care - Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.

Proactive Care - More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the borough. Treating the causes, not just the symptoms.

As an umbrella to these three strands Barnet CCG has signed up to the “*Right Care*” programme¹ which ensures our focus remains on addressing those areas that provide the greatest opportunities for increased value across the system in Barnet; improving the quality of services to patients as well as reducing waste through improved medicines optimisation, self-care and quicker access.



In order to achieve the three aims above we will work through five workstreams of:

- New Delivery Models
- Patient and Professional Engagement
- Workforce
- Estates

¹ <https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/>
and <http://www.rightcare.nhs.uk/>

- IM&T

This strategic plan will be underpinned by a delivery plan, in partnership with NCL, member practices and the public to ensure we achieve a sustainable transformation programme that provides better outcomes for the resident population. We will ensure our delivery plan uses relevant data from public health to help narrow the gap between populations in terms of Quality Adjusted Life Years (QALYs) and life expectancy. Improving the quality of care provided will ensure better clinical outcomes for local residents, and we will work with regulators and commissioners such as the Care Quality Commission and NHS England in identifying areas for improvement and providing tailored support where required.

This plan will be a challenge as we face significant financial pressures across the system. With professional partners we aim to shift specific clinical activity out of acute care with a corresponding flow of resources. Expanding the workforce and improving access to existing workers will release experts to take a more proactive role in managing complex cases. We will also complete the GP contract (PMS) review to equalise the financial allocation per patient with practices and commission specific local schemes that have a high impact on outcomes. There are some things that we cannot change quickly, and we will continue to work with national policy and within the constraints that the wider system has in place, but wherever possible we will be innovative, open to ideas and criticism on shaping a better local health economy and taking pride in our achievements.

2. Introduction

A Case for Change

This framework for primary care aims to address a number of underlying issues that affect the effective delivery of services. Many of these issues are present nationally, which we have recognised locally and requires us to develop a robust work programme to secure change for commissioning and developing services fit for the future.

In listening to patients and practices it is clear that current provision does not always meet expectations of both parties. Patients report difficulty in obtaining a suitable appointment to see a health care practitioner, especially where they feel that need is more urgent. They report having to attend a number of appointments before a diagnosis or treatment helps them, and especially those with complex conditions feel holistically their needs are not always met quickly enough. Patients and carers report that if rapid access to services had been available, conditions could have been prevented from worsening. The changing demographics of our local population, both in terms of significant areas of growth as well as an aging population, places pressure on traditional GP delivery models. More patients are wanting to be seen outside standard opening hours and do not mind seeing a different GP for their needs when urgent. But patients with complex needs welcome the continuity of a named GP.

Whilst many practices now have a Patient Participation Group (PPG), some of these meet infrequently and are not always effective in providing a reflective view of the practice and improvements needed – with many patients reporting a lack of awareness of such groups. The annual patient survey has shown a small decrease in satisfaction levels by local patients.

Healthwatch Barnet is very active locally and has engaged very positively with the CCG and organisations that deliver care, but is not fully representative of the whole local population.

GPs report increasing demands by patients to be seen quickly and frequently, when clinically they do not always need to be seen by a doctor. Some patients are reluctant to be seen by a nurse or another health care worker as they place a high degree of trust in their GP. The changes to referral pathways means GPs struggle to always refer appropriately especially where clinical symptoms or conditions may present less frequently.

Pressure on GPs in managing the financial sustainability of a practice is growing and recruiting suitable staff to deliver essential care is difficult. Barnet CCG has a higher than average number of single and double-handed partner practices, with 40% of the GP workforce aged over 50 years – factors that exasperate the challenges around recruitment and sustainability.

Whilst practices have established a common IT system under EMIS Web, frustrations remain at the lack of integration with acute provider data and social care records, so that the bigger picture can be seen for complex patients.

A number of practices have particular challenges in the condition and maintenance of premises and others who need additional clinical space are unable to extend placing pressure on existing space.

The strategic context

The Barnet local health economy has striven to be innovative, benchmarking well against key measures such as prescribing, Quality Outcome Framework (QoF) and non-elective admission rates. Nationally the Five Year Forward View challenges providers to look to new models of care, creating accountable care systems (ACS) where commissioners and providers come together to determine priorities and assess local need.

The Strategic Framework for Primary Care will be constantly evolving – but to shape the current content we have actively engaged with NHS England, our constituent GP members, patient and public representation, CCG lay members, key service providers and colleagues from the wider health and social care system. Contributors to the framework are listed in Appendix 4. This document will also inform the internal resources required to deliver transformational change and priorities for service redesign.

The deliverables identified within the plan will be implemented via a substantive primary care team within the CCG, overseen by the CCG primary care working group, the Joint Primary Care Commissioning Committee² (in collaboration with NHS England) and where financial investment is required, the CCG primary care procurement committee or the joint commissioning board to ensure any conflicts of interest are addressed.

A sustainability and transformation plan (STP) will be delivered for primary care both on an individual CCG basis and NCL wide. Ambitions for the plan will be funded through the three year financial allocations some of which will be redirected to primary care. The CCG will undertake both financial modelling and a baseline survey to complete the plan – the Strategic Framework for Primary Care will form a key part of the process as will the detail of how the CCG has responded to the opportunities presented with co-commissioning.

² <https://www.england.nhs.uk/commissioning/pc-co-comms>

3. Our population and local health needs

The Joint Strategic Needs Assessment (JSNA) creates a collaborative hub of evidence which informs the case for change for health, social care, public and preventative health, prioritisation for the voluntary sector and provides a platform of information which can enable service providers to identify areas of business development³. The latest JSNA⁴ states that Barnet is the largest Borough in London and is continuing to grow rapidly with large areas of regeneration especially in the West of the Borough. The population of Barnet is, like most of the UK, ageing with the proportion of people aged over 65 forecast to grow up to three times as fast as the overall Barnet population.

Primary care will continue its work to develop services that meets the specific health challenges of Black, Asian and Minority Ethnic (BAME) backgrounds,

The NCL transformation plan shows that young people across North Central London are the second fastest growing population after the over 65s. Prevention of ill health starts in primary care through effective immunisation programme and education around self-care.

Information from public health colleagues (appendix 8) has provided focus for a range of improvement activities including cardiovascular disease (CVD), diabetes and mental health. Ensuring the most needy groups of residents have access to the right services that prevents ill health and minimises the impact on quality of life is essential if we are to narrow the health gap across the local population.

4. Current primary care provision

We have 244 (204 wte) registered doctors and approximately 110 practice nurses in 62 GP practices. Core contracts require practices to deliver care from 8.00 am until 6.30 pm from Monday to Friday (excluding bank holidays). Some GP practices also deliver additional extended hours meaning they open on Saturday mornings or evenings.

For the most part, patients must book an appointment to see a GP or practice nurse, although the process for managing appointments differs across practices and there is no national requirement to standardise this. However in Barnet all practices are now on the same clinical system and have adopted data sharing agreements to enable clinical records to be shared across the borough and with other service providers such as community services.

All our GP practices are constituent members of the CCG and the CCG is working to strengthen membership engagement whilst addressing any conflicts of interest that may arise. Our GP practices elect GP representatives who sit on the governing body or provide clinical expertise to service redesign and clinical priorities. During 2015 all 62 practices came together to form a federation through which they would be able to formally share best practice, resources such as specialised staff and hold NHS contracts outside their immediate core GP contracts.

³ Barnet Joint Strategic Needs Assessment 2015-2020 <https://www.barnet.gov.uk/citizen-home/council-and-democracy/council-and-community/maps-statistics-and-census-information/JSNA.html>

⁴ JSNA summary <https://www.barnet.gov.uk/citizen-home/council-and-democracy/council-and-community/maps-statistics-and-census-information/JSNA.htm>

The CCG will be working actively with the GP federation in Barnet, our localities, out of hour's provider and urgent care team to fully understand the levels of demand and capacity to inform future commissioning intentions as demand continues to grow. The CCG has commissioned, as a pilot scheme, additional access through the GP federation which sees practices working at scale from locality hubs to increase capacity during the evenings and over the weekend. We will evaluate this pilot before deciding on a longer term view on such additional capacity.

I have 3 children and I work part time. After collecting them from the child minder I noticed that one of them was unwell. I was really pleased that when I rang the practice after 5pm they could still offer me an appointment. It wasn't at my usual practice or with my usual doctor but instead at a practice down the road and at least it was with a professional who was able to prescribe medication. Later in the night she got worse so I called the Out of Hours team who could see my child's record on line. It turned out to be something more serious and arranged for her to be admitted. It took 10 days for her to be well again – so glad that staff acted quickly.

One of the priorities for the CCG in the coming year is to undertake a risk mapping exercise assessing the sustainability of practices and work with them, NHS England and the LMC to identify how we can address identified risks and avoid untoward pressures on practices and the resilience across the network. The CCG will also be supporting the development of the Pan-Barnet GP Federation who will be actively promoting working at scale, facilitating joint back office functions and developing their role to support sustainable primary care.

A number of primary care providers in the west locality have been involved with joint working arrangements with LBB social care and CLCH community providers (BILT). Following positive evaluation showing that through increased coordination, patients felt better supported and accessed secondary care less frequently, the scheme is being expanded to include the whole CCG area with identified patients at risk of hospitalisation being supported in a holistically to prevent their admission to hospital.

5. Patient and public engagement in shaping primary care

“Our primary care vision is to have a high quality, primary care system that provides out of hospital care with clear coordinated care which links

seamlessly to social care, public health and the voluntary sector”.

The CCGs engagement with patients, carers and the wider public regarding our primary care plans began with the collaborative CCG NCL engagement events in 2014 which are outlined in detail in the main *Transforming Primary Care in London: A Strategic Commissioning framework*⁵ which set the accessible care, proactive intervention and coordinated delivery of services as priorities for the region. We have built on that with a number of sessions and other contributors (appendix 4). Subsequent engagement is being undertaken as part of the CCGs overall communications and engagement strategy including the publication of a patient facing version. We have recognised the value in patient feedback and have built in the key elements from the most recent 2015 GP patient survey findings (appendix 6) into our primary care planning process. Whilst this is a small sample compared to the volume of activity undertaken in primary care, it nevertheless serves as a useful indicator on progress in improving patient satisfaction.

We asked patients, carers and public representatives what building blocks they feel support a high quality primary care service. Those priorities were shared with the quality team at the CCG and will shape the quality framework that the CCG develops in collaboration with NHS England:-

Our vision - (Summary of key themes taken from consultation with Barnet Healthwatch, Barnet Youth Council and service providers)

There should be joined up culture a mutual respect for different skills, strengths and expertise	Primary care will address health prevention not just medical care	Primary care will proactively support patients in managing long term conditions	Access to primary care will be bespoke, based around local needs – at weekends and evenings as well
Primary care will contribute to a health system where the GP together with the wider primary care family plays a central role	We will change from just face to face consultations to using modern technology improving patient choice	Primary care will meet the needs of all patients, carers, service providers, commissioners, and public	Primary care needs to focus on functions rather than professions with a more seamless multidisciplinary team

Building blocks to making a quality primary care service:-

Access to complete patient records	Strong communication	All the services are joined up	Prompt and appropriate treatment	Demonstrate good active listening skills	Welcoming and friendly GP practice team
Provides a wide range of services	Demonstrate kindness, respect and empathy	Responsive to all patients and carers	Good access and excellent clinical skills	Efficient and friendly practice teams	The service sees all tasks through to the end

Our patient and public representatives were asked how they think primary care services will change in the next five to 10 years. We asked this question to help the CCG as it develops a broader vision for primary care in five to ten years’ time:-

⁵ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

We will see more private entities and private services	There will be more active patient participation	GPs will be providing seven day services	GP teams will be more specialised and case management focused
We may see payment for some appointments, or at least charging for non-attendance	GPs will be starting to merge into larger GP practice hubs with more skill mix	We will see pharmacists working directly from practices	Patient education will be more common with a focus on self-management
There may well be more rationing – with exception treatment panels the norm	GPs will be in A&E departments to prevent non-urgent/non-emergency patients entering hospital	There will be care in the community – with out of hospital services working in collaboration with other agencies (i.e. voluntary sector)	There will be technological improvements – where skype consultations, on line bookings, telephone consultations and on line self-care will be the norm

Building on the key themes outlined above, and our board, constituent GP and wider patient engagement, by 2020 our CCG aims for primary care to be:-

Proactive, co-ordinated and accessible	Using technology to maximum effect	Offering defined levels of care through varying models of care	Providing care from fit for purpose estate
Working actively with public health to deliver the prevention agenda	Providing easy access for patients offering appointments according to need seven days a week	An exciting, rewarding, valued place to work – where people are working in supportive teams	Valued and accessed appropriately by patients who have better information and signposting to services
GPs having time to focus the most complex patients	Cost effective delivering high quality health outcomes	Central, sustainable part of the urgent care system	Supporting patients to manage self-care of long term conditions

Engaging with patients and the public through the GP patient survey

For Barnet CCG, **23,562** questionnaires were sent out, and **7,380** were returned completed. This represents a response rate of **31%**.

Information obtained focusses on the four following domains:-

- Accessing GP services
- Making an appointment
- Opening hours
- Overall experience

The latest outcomes are contained in Appendix 5 and have been summarised in respect of actions the CCG will take. This summary will be used to inform our wider primary care commissioning intentions for 2016/17 – working with any practices who are outliers to support improvement.

Supporting primary care through working towards a community programme

The Community-centred Practice pilot which Barnet CCG is actively supporting is a national and regional programme focusing on finding, developing and supporting Practice Champions to work in primary care and the community. The programme invites groups of champions to work closely with the GP surgeries in Barnet in different ways starting with introducing Practice Champions, recruited and supported as a group to work closely with their practice creating new ways for patients to access non-clinical support

The CCG will actively work with Practice Champions to promote their work in primary care to provide additional active patient and health care champion voices to support the development and transformation of primary care.

After being diagnosed with diabetes I felt alone. The practice organised a local support group and I could see that there were others with the same condition. We now support each other now, with some of us becoming practice champions helping people in our community understand how to look after ourselves better.

6. Understanding the clinical priorities for primary care in Barnet

Implementing key clinical priorities “Transforming Primary Care in London”

The following action plan, themed against the three key areas of the London-wide strategy outlined above will be monitored by the CCGs Primary Care Working Group and shared with our constituent member practices and other key stakeholders. This will feed into our regular review by NHS London against the targets set and form a central part of Barnet’s Sustainability Transformation Plan (STP).

Clinical priorities from the 2016 Commissioning for Value Pack

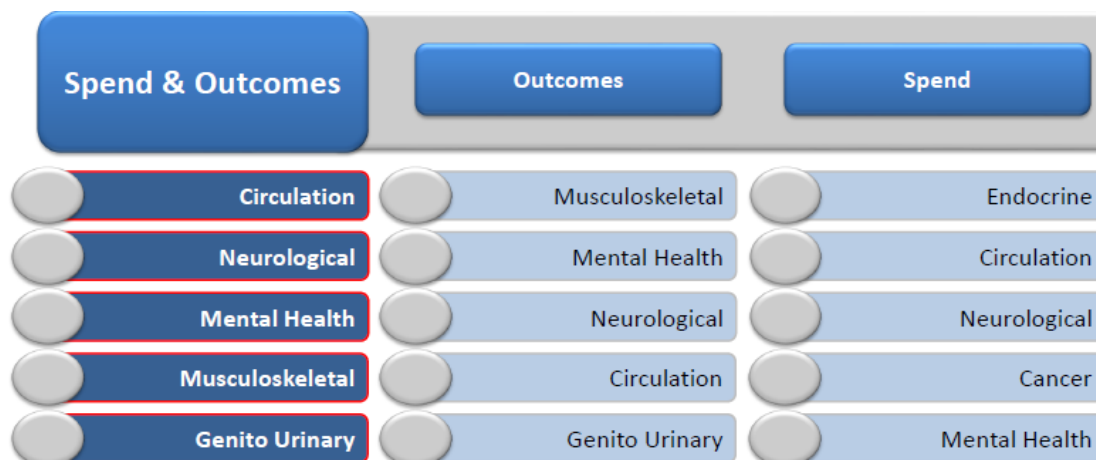
Barnet CCG were successful in becoming a First Wave Right Care Programme together with Enfield and Haringey CCGs in NCL. The Right Care Programme not only supports our 2016/17 QIPP ambitions and quality agenda but also aligns to our transformational work around accessible, proactive and coordinated care working to reduce unwarranted variation, improve health outcomes and realise increased value.

The Commissioning for Value approach begins with a review of indicative data across the 10 highest spending programmes of care to highlight the top priorities (opportunities) for transformation and improvement.

The table below identifies areas of potential focus:

- those areas with relative high spend and poor outcomes are far left,
- clinical areas with poorer outcomes are in the middle,
- high spending areas which may have average or good outcomes are far right.

The CCG focus will target areas on the left with initial specific Primary Care focus across CVD and mental health.



A note on the methodology used to calculate your headline opportunities is available on our website: <https://www.england.nhs.uk/comm-for-value/>

Cancer opportunities in primary care will be managed through the transformation of cancer in primary care programme at NCL level. A summary of savings opportunities as identified through Commissioning for Value are in appendix 3.

Prescribing

In our Barnet CCG Commissioning Intentions we committed to ensuring that medicines optimisation is both clinically appropriate and cost effective as well as reflecting national and local advice. This is being achieved by ensuring GP Practices are given full information and are supported to make prescribing decisions based on balancing cost efficiency and improving clinical outcomes for patients.

Medicines optimisation can be broadly defined as the approach by which the NHS uses medicines and ensures evidence based medication prescribing protocols based on shared decision making, informed consent, and the principle of 'do no harm.' in all care settings. Self-care must be at the heart of the approach and decisions about medicines should be made jointly with patients and carers.

My dad has COPD and gets very anxious when the weather turns cold and damp. The Barnet Integrated care team are great at offering a direct dial number where he can get reassurance. His named worker knows him well and can tell quickly when his breathing is affected. He has a "steroid rescue pack" in the bathroom which means he can stay safe over the weekend.

Whilst this framework... general practice, it recognises the need to engage and develop new ways of working with a variety of professionals and providers such as local community pharmacies. Many patients seek advice and reassurance from their GP, when in fact their local pharmacist is equally placed to offer such reassurance and support. This fact about the work that pharmacists do is largely under-

recognised within primary care and the wider public at large⁶ and is an intangible asset to the NHS. Improving self-care and proactive care models should further utilise the highly skilled and locally accessible workforce within community pharmacy who have the expertise to participate in medication reviews and Medicine Use Reviews with high-risk patients and provide information and advice for managing complex care through MDT's. Some 22 Healthy Living Pharmacies have been established where pharmacies have taken up a role supporting patients as a first line intervention, signposting and acting as an advice centre. Barnet CCG piloted a Minor Ailments scheme in 2013/14 with a small number of pharmacies and GP practices. The small scale of the pilot meant limited data was available to support further implementation.

How risk stratification will contribute to our primary care clinical objectives

Pro-active care management or risk stratification is a system which supports GPs to help their patients manage their health. In primary care this involves using a secure NHS computer system to look at selected information from the patient care record, reviewing existing health conditions alongside any recent treatments to provide an alert to the likelihood of any possible deterioration in a patient's health. This will inform prompt action or referral expediting care and targeting clinical intervention where it is needed. The Strategic Framework for Primary Care recognises the need to do more engagement with vulnerable patients to explain this shift of care and how a care team operates differently to prevent admissions to hospital.

In order to improve co-ordinated care it is essential that we develop the use of risk stratification as a way of targeting specific patients using a wrapped around package of care that promotes self-care and independence, with a defined care plan for when problems occur using a multi-disciplinary approach. The successes of the BILT scheme is being expanded from the West Locality to serve the whole borough. This will allow us to fully evaluate the initial positive effects seen in the pilot "...fewer anxious calls to the GP from carers and next of kin; relatives and next of kin are able to be more proactive in caring for patients".

Primary care collaboration with our community mental health provider

We recognise that mental health issues affect a significant number of patients, and primary care has significant pressure placed upon it as a result. We will work with local providers to explore the range and breadth of current services and to find new ways of maximising delivery of good mental health support with the creation of a 'Single Strategic Vision' for future service delivery.

The Reimagining Mental Health programme has developed through an iterative approach to programme planning, allowing flexibility for organisations, individuals and the wider community to take part in early co-production of the high level principles governing the approach through workshop-style collaboration. This collaborative style promotes the principles of partnership working in creating a clear strategy and understanding for new ways of working and service delivery.

The expected benefits of this approach will result in cashable and non-cashable elements including closer working partnerships between statutory and non-statutory organisations, agreed care pathways and ease of access to primary care facing mental health services. Future service developments will align with other strategies ensuring services are based on prevention, early detection, enablement and integration, ensuring ease of access and a menu of 'choice' for both

⁶ <https://www.barnet.gov.uk/citizen-home/public-health/pharmaceutical-needs-assessment.html>

clinical and non-clinical interventions. Traditional primary care teams will need to change to encompass these new teams as part and parcel of everyday delivery of care.

I get a text to remind me that I have an appointment with my counsellor. If I can't make it I can send a reply meaning they can offer that slot to someone else. It also means if I'm very anxious they will often have a slot for me quickly. I'm seen at my usual practice rather than the hospital, which is great as that way others don't know why I'm there if I see someone I know.

Transforming care for people with learning disabilities and/or autism

The restructure of LD services away from hospital based assessment and treatment to services within communities is underway. BCCG is part of the North Central London Transforming Care Partnership which has developed a joint transformation plan to deliver this change for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. The plan will deliver a change of care and culture working towards a life course approach with locals services built around the individual.

Other overarching aims of the plan (which link closely to the Strategic Framework for Primary Care) include:

- Reducing inpatient and specialist commissioning activity by 50% (by March 2019)
- Eliminating out of area placements
- Shifting investment to community services including crises intervention, respite and family support
- Eliminating health inequalities

The integrated learning disabilities service will be re-designed by February 2018 to fulfil the plan and the National Model for community learning disabilities services (described in Building the Right Support).⁷ The numbers of people with complex and challenging needs being supported by the service will increase, the shift of the resources within the system will enable development of community provision including primary care services for people with learning disability and autism with lower needs.

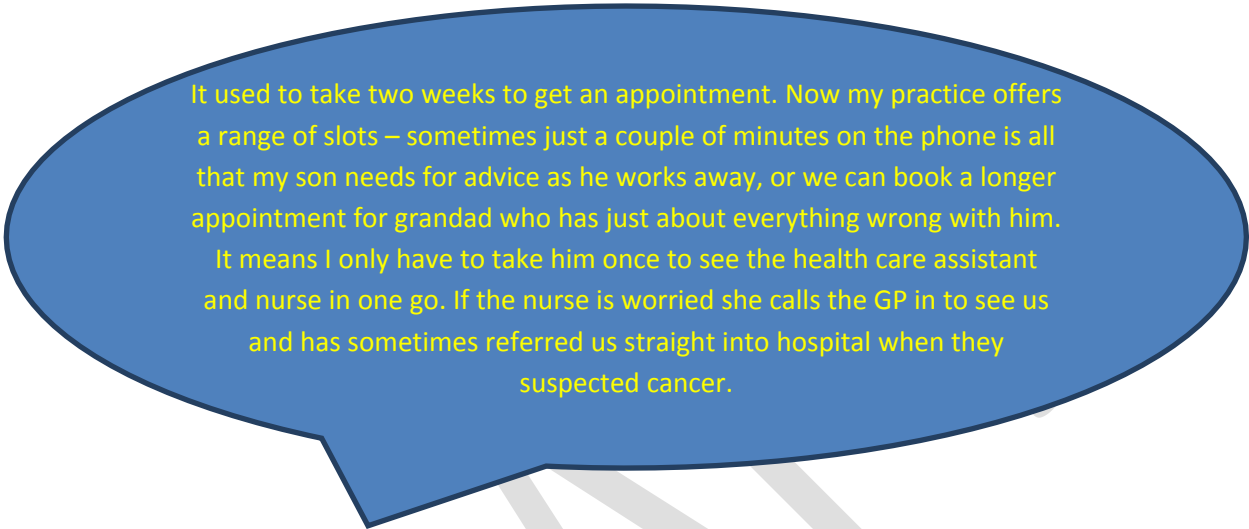
7. Delivering primary care improvement through collaboration

To help NCL CCGs to navigate the challenges ahead NHS England in London have released a programme of support to enable us to deliver improvements to primary medical care. The *Strategic Commissioning Framework Primary Care Transformation for London*⁸ approach is

⁷ The National Plan to develop community services and close inpatient facilities (NHSE, LGA, ADASS - 2015)

⁸ <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/lndn-prim-care-doc.pdf>

providing a road map for London CCGs to develop primary care strategic plans working to improve the competence of primary care service providers while continuing to realise improved health outcomes and service experience for patients. The strategic framework lists 17 specifications under three key areas (appendix 7) – accessible, proactive and coordinated care and Barnet CCG is working closely with the NCL collaboration to deliver against these key areas, embedding them in our local primary care work programme.



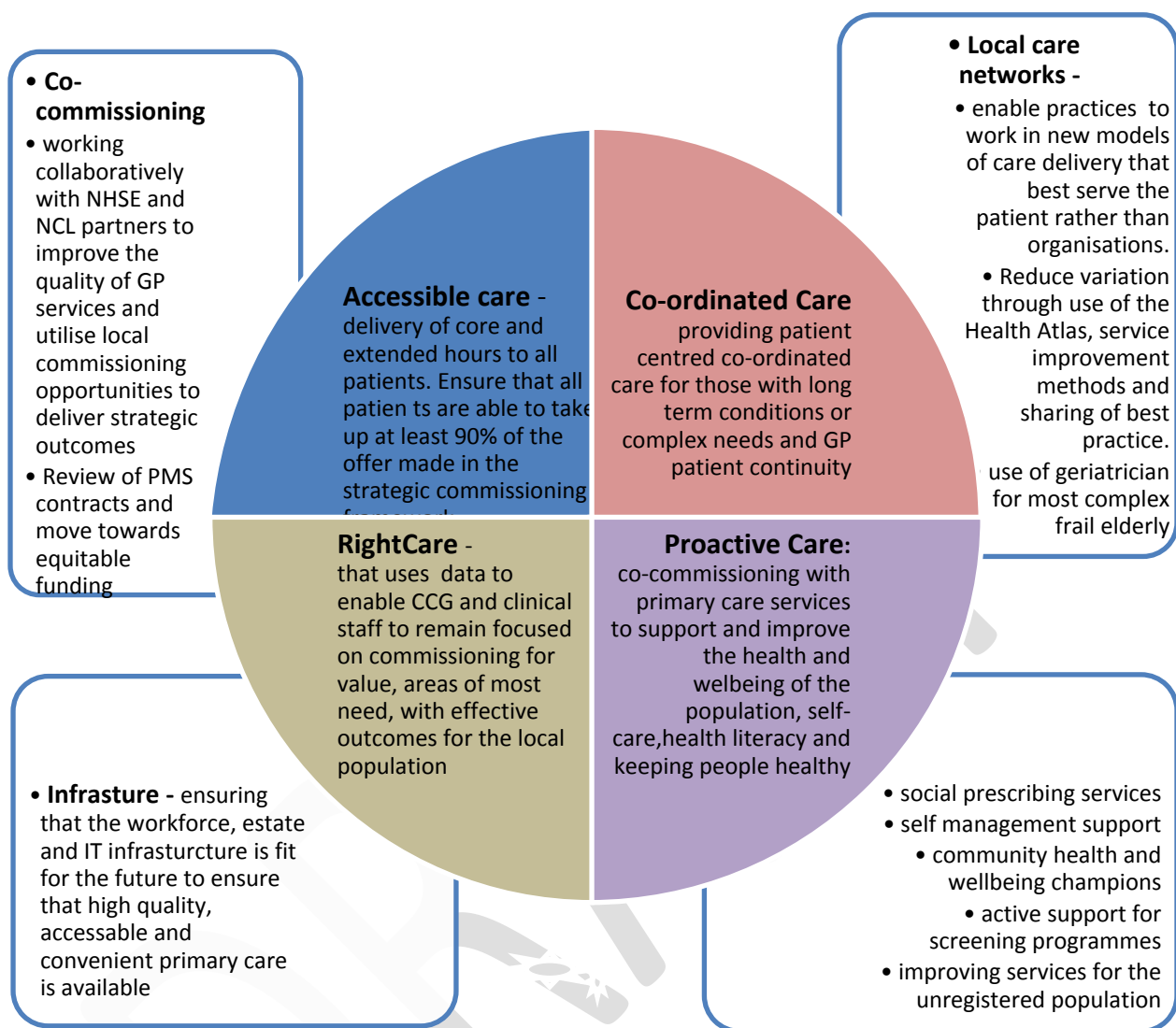
It used to take two weeks to get an appointment. Now my practice offers a range of slots – sometimes just a couple of minutes on the phone is all that my son needs for advice as he works away, or we can book a longer appointment for grandad who has just about everything wrong with him. It means I only have to take him once to see the health care assistant and nurse in one go. If the nurse is worried she calls the GP in to see us and has sometimes referred us straight into hospital when they suspected cancer.

NHS England approved the council and BCCG joint Better Care Fund bid in January 2015 which laid out how we plan to better care for people with complex needs. Barnet's Better Care Fund represented a single pooled budget of £23,312,000 for 2015/16, to support health and social care services to work more closely together. The council and BCCG are working together, within the Health and Social Care Integration model, to deliver a robust programme of work including Healthy Living Pharmacies and Barnet's Integrated Locality Team (BILT).⁹

There are a number of other national, regional and local strategies impacting on primary care and these are summarised in Appendix 2.

Primary Care co-commissioning with NHS England (London) is currently at level 2 and has given Barnet CCG the opportunity to realise objectives in a new way as clinical commissioners of both primary and secondary care. The move towards full delegation during 2016 (level 3) of primary care commissioning, will allow services and contracts to be shaped to reduce variation and promote consistency of care, improve quality, align primary care services to the wider CCG commissioning intentions and ensure value for money.

⁹ <https://engage.barnet.gov.uk/commissioning-group/joint-hwb-strategy-2016-2020/results/joint-health-and-wellbeing-strategy-2015---2020-booklet.pdf>



Our Strategic Framework for Primary Care seeks to place General Practice at the heart of health and social care services by:

- The active integration of multidisciplinary teams ensuring seamless services and strengthening the clinical workforce across all networks.
- Fully integrating clinical pathways of care across primary care, mental health, learning disabilities and autism, social care and the third sector - Referral forms will be developed aligned to pathways ensuring that they are easily followed by GPs, highlighting what diagnostics or previous work up should have been done before a patient is referred.
- GP IT systems will be aligned to these pathways for example “bundles” of diagnostic tests directly related to pathways available through “one click” on the tquest system, and the EMIS web system will also be populated with the library of pathways making them easily accessible. This will support our aim to provide evidence based care, by ensuring that diagnostic bundles reflect best practice.
- Improving access and continuity of care for patients seven days a week across primary, secondary and out of hours services
- Placing a greater focus on prevention and managing self-care.

Supporting the collaborative approach through new models of care

One of the key challenges to primary care in the Five Year Forward View was for local health economies to establish a vision for delivering new models of care for patients, especially those with long term conditions – seeing the division between secondary care, community services, mental health services and primary care reducing – actively encouraging collaboration between service providers in an attempt to deliver personal, coordinated and seamless care. But this vision presents us with challenges, not least the requirement to invest in prevention, facilitate collaboration and invest where needed whilst avoiding conflicts of interest.

The challenges, and potential solutions, of how we approach developing new care models as a CCG are summarised below:-

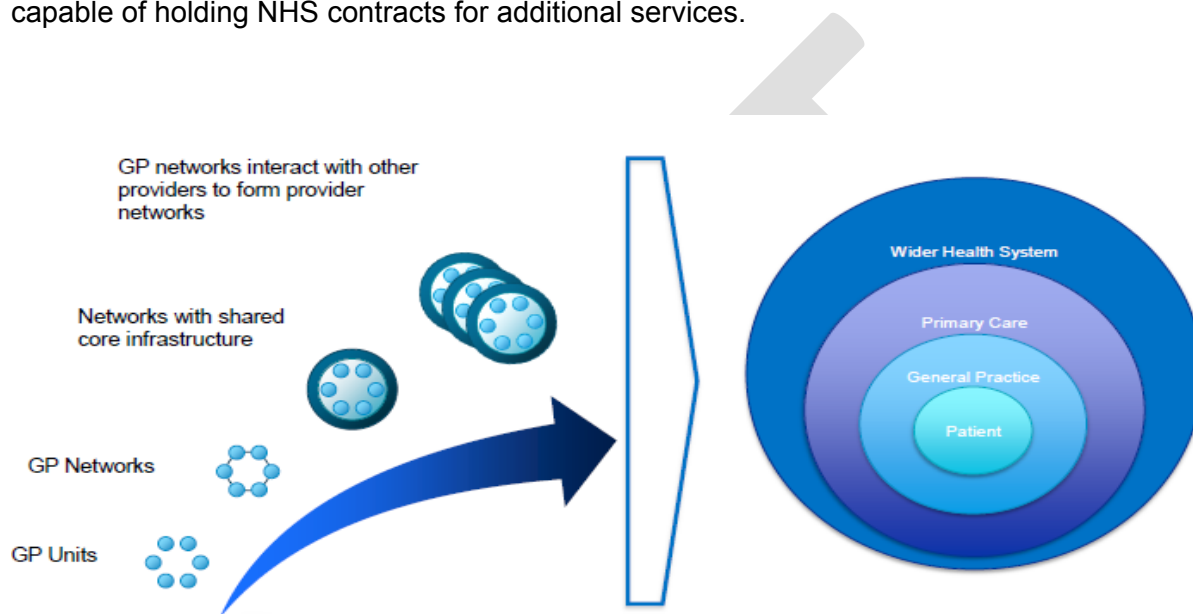
To challenge the health and wellbeing gap	In our Borough we need to see a radical upgrade in prevention – working in collaboration with the Health and Wellbeing Board and Public Health	We need to back national action to combat the major health risks Need to align targeted prevention initiatives (eg diabetes and CVD) Need to develop greater patient control Need to harness the renewable energy of our localities and communities
Need to address the care and quality gap	New models of care can deliver this by working at scale and in collaboration	In Barnet one size doesn't fit all but equally 62 individual units can't demonstrate real value in terms of quality, health outcomes and money Once clinical models agreed, locally can determine the best provider delivery model The health and social care systems need to provide investment and flexibility to support new care models
Need to address the funding gap	Efficiency and investment	Implementation of these care models and other actions could deliver significant efficiency gain There is the need for upfront, pump-priming investment to support providers to develop the vision and infrastructure

The above challenges can be met by:

- Managing systematic networks of care, not just organisations
- Ensuring out of hospital care is a much larger part of NHS commissioning locally
- Integrating services around the needs of the patient – for example patients with mental health conditions need their physical health addressed at the same time. Already in Barnet we have introduced innovative multidisciplinary team pilot *Barnet Integrated Locality Team* programme (BILT) deliver this vision and are developing a primary care mental health strategy to ensure mental health and primary care priorities are aligned.
- Learning from the best examples around us – collaboration at NCL level will help Barnet CCG learn best practice from neighbouring CCGs – we are actively working with our neighbouring CCGs to identify transformation opportunities in primary care
- We need to evaluate which new care models locally, regionally, nationally and internationally deliver the best experience and health outcomes for patients and deliver the best value for money. Already the CCG have networked and reviewed some of the innovations currently developing nationally – but all successful exemplars say that additional investment of time, resource and funding is key

It is crucial that the CCG uses its leverage as a membership organisation to encourage GPs to work innovatively, at scale and in new organisational forms to develop the capacity to deliver primary care services that meet not only the current but future needs of Barnet. The [Five Year Forward View](#) reinforces the need to look beyond the single operating model for primary care commissioning.

To realise the above challenges Barnet CCG appreciates that we need to invest in, expand and strengthen the role of primary/out of hospital care. There are 62 practices providing services across Barnet CCG, 3 provider networks and one GP federation as discrete legal entities capable of holding NHS contracts for additional services.



The CCG aim to support and encourage partnerships in order to provide a stable platform to deliver sustained transformation. Due to conflict of interest issues this is unlikely to be via direct funding. There are a number of different models that other CCGs across England have adapted including:

- Super-partnerships
- GP Federations
- Multi-speciality Community Providers
- Primary and Acute Care System

It should be stressed that there is no “one size fits all” model, nor is the CCG dictating in any way the precise model that could be adopted in Barnet. There are a number of options, and it will be important that local providers are given the opportunity to see for themselves what will work best for their patients within our health economy. The CCG will help to facilitate such discussions and support organisational development where appropriate to achieve these goals once the clinical models for services are agreed.

Super-partnerships

Models such as those in Birmingham under the Modality brand appear to have had success in establishing groups of like-minded practices, working together offering as a single partnership a

wide range of services from specific locations. There is one contract holder covering a discrete geographic area, although there are some such groups that are not limited by location.

General Practice federations

There are a small number of GP federations established across the UK, and local GPs across Barnet have formed their own. Individual practices retain their business model and partners, but work together, using individual strengths and expertise in offering a wider range of services, or utilising premises more efficiently at quieter times. They are able to work together to deliver core GP contract services through sharing premises, staff and resources to agreed standards.

Multi-speciality Community Providers (MCPs)

Some areas are moving to establish federative working (the Pan-Barnet GP federation has already been established) which pave the way for multi-speciality community providers (MCPs). This means that in the future we could see a wider range of care being offered within primary care. The table below summarises what a MCP can look like:-

What they are	How they could work
<ul style="list-style-type: none"> • Greater scale and scope of services that dissolve traditional boundaries between primary and secondary care • Targeted services for registered patients with complex ongoing needs (e.g. the frail elderly or those with chronic conditions) • Expanded primary care leadership and new ways of offering care • Making the most of digital technologies, new skills and roles • Greater convenience for patients 	<ul style="list-style-type: none"> • Larger GP practices bring in a wider range of skills – including hospital consultants, nurses, therapists and community Pharmacy employed or as partners • Shifting outpatient consultations and ambulatory care out of hospital • Potential to own or run community hospitals • Delegated capitated budgets – including for health and social care • By addressing the barriers to change, enabling access to funding and maximising use of technology

Primary and Acute Care Systems (PACS)

Other new models of care include integrated primary and acute systems – joining up general practice, acute hospital, community and mental health services which are already being delivered in more than 12 areas across the country. The CCG will work to raise awareness locally of the outcomes from these pilots and to explore how we can facilitate the development of the range of contracting and organisational forms encouraging the establishment of prime providers and collaborative ventures for Barnet.

The Five Year Forward View does highlight that establishing PAC models will be complicated and challenging to establish and as such NHS England will continue to evaluate early pilots and our CCG will share learning across our own Borough as this becomes available through training sessions and provider engagement.

8. Quality and safety

The quality of primary care provision is generally high with the average Quality Outcome Framework (QoF) achievement exceeding the England average. The CCG is working with NHS England to further develop a quality scorecard which will help identify exemplar practices and provide support to practices with identified areas of weakness. We will continue to work with NHS England to support practices through the Care Quality Commission (CQC) inspection process – to date 18 (28%) of Barnet’s practices have been visited with a number being either good or outstanding. Four practices are seen as requiring support and the CCG will be working with NHS England and our development partner, Primary Care Commissioning (PCC), to support them to make the necessary improvements.

Throughout our transformation work across primary care we will remain committed to ensuring commissioned services deliver a high quality and safe service to patients. We will develop monitoring schemes across our services that reflect real time activity and situations and where possible communicate these to patients, for example current waiting times in a local urgent care centre.

We will intervene quickly where a provider appears to be delivering a service of poor quality, but also share the success and learning where providers carry out best practice or go above and beyond what would be expected of them. For practices where indicators show weaker performance a range of interventions may take place, including peer and local team support, education and learning, involvement in regional or national schemes to improve leadership or provide clear organisation or skills or improve partnerships or estates.

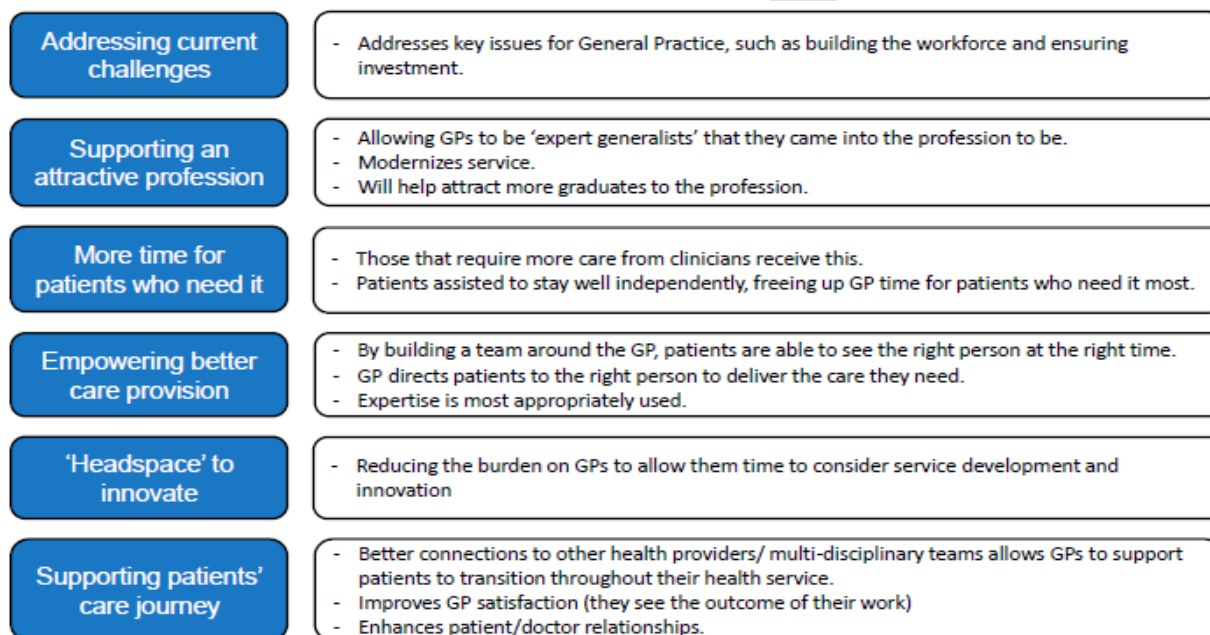
9. Supporting and developing the primary care workforce

Barnet has an aging workforce with 75 doctors (30%) over 55 years of age. Practices across Barnet are reporting challenges in recruitment, with the CCG working closely with Community Education Provider Network (CEPN) and the Deanery to provide additional local placements for both GPs and practice nurses to encourage opportunities within the Borough. The CCG recognise and welcome the need to diversify the workforce away from a predominately GP-only model and utilise a range of staff with varied clinical expertise This ambition is outlined in six steps in the Royal College of General Practice paper - “2022 GP – A vision for Primary Care in the future NHS”.¹⁰

Promote a greater understanding of generalist care and demonstrate its value to the health service	Develop new generalist-led integrated services to deliver personalised, cost-effective care
Expand the capacity of the general practice workforce to meet population and service needs	Enhance the skills and flexibility of the general practice workforce to provide complex care
Support the organisational development of community-based practices, teams and networks to support flexible models of care	Increase community-based academic activity to improve effectiveness, research and quality.

¹⁰ <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z-policy/The-2022-GP-A-Vision-for-General-Practice-in-the-Future-NHS.ashx>

CEPN will assist with training Emergency Care Practitioners and other staff that will work in primary care. Practices need to recognise the value in continuing CPD across a range of clinical and non-clinical fields that result in improved care and effective and efficient management of services. The CCG will support that process with a series of development days and processes such as utilising community pharmacy workforce and upskilling through independent prescribing qualifications. National evidence indicates that practices that lack leadership or good management show an increased level of concern in terms of service quality delivery. We will target practice managers and leaders to ensure good quality education and development is made available, with sharing of best practice and support that uses the skills and experiences available locally and regionally.



Clinical leaders within the CCG, GP, practice nurse and management representatives across Barnet have expressed the need to more effectively engage as a CCG with the primary care workforce. Currently there is only limited engagement with our GP practices. Some of the 62 Barnet practices reporting, through 360 degree feedback, state that they feel isolated and excluded from service redesign plans and commissioning intentions although they are constituent members of the CCG. There appears to be a lack of understanding as to what the CCG represents, how we can support GP practices and what we are trying to achieve through our operational plan, commissioning intentions and strategy for the next five to ten years. This is a priority issue and will be addressed through more active engagement, improved communications processes and practice visits by the primary care development team.

The announcement made on 21st April 2016 that the NHS will fund 5,000 additional GPs through an increased budget of £2.4bn is welcome news, and we will be working with education providers locally to ensure Barnet obtains a fair share of that commitment in improving our workforce capacity.

10. Developing the primary care infrastructure – estates

Our NHS Estate in Barnet is currently undertaking a full review and an overarching Estates Strategy is in the process of being completed, incorporating primary care, to enable the delivery of clinical and financial benefits for the CCG. The recently announced Prime Ministers Access Fund (also known as the Primary Care Transformational Fund – PCTF) will be supporting transformational development of primary care estate over the next five years – and the CCG will work alongside groups of practices in submitting appropriate schemes that transform the way in which services are delivered. The CCG, in line with NHS E, will reduce their support for small-scale remedial schemes that have in the past been funded via the Primary Care Improvement Grant (PCIG) funds.

PCTF has been introduced to enable CCGs to realise the priorities set out in the Five Year Forward View. Barnet CCG has developed selection criteria which are overseen by the Primary Care Procurement Committee – making recommendation to the Governing Body about estate. This includes not only new buildings, but improvements to existing primary care premises to enable improved access – with particular focus on access for the increasing frail elderly population, access to general medical services over seven days and in the evening, and improving IT systems to allow for seamless transfer of records.

Whilst on the whole deprivation levels across Barnet are not high, there are specific areas, notably in the west, where we must ensure good access to primary care facilities for those in greatest need. We will complete feasibility studies in three areas – East Finchley, Barnet Town with East Barnet and Hendon/Cricklewood/Golders Green to identify areas of potential collaboration and estate solutions. Such solutions will involve wider group of providers including community and mental health services, social care and the voluntary sector. We are actively involved in the Colindale/Graeme Park redevelopment in perhaps the second largest regeneration scheme in London. Lessons learned from previous projects across London will be incorporated into a truly unique and exciting development of shared primary, community and social care space for local residents.

Finchley Memorial Hospital transformation project

The Finchley Memorial (FMH) project has been designed to make better use of the excellent new building to deliver a range of primary care and community health services targeted at the CCG's areas of greatest commissioning priorities. The CCG's clinical cabinet has identified four priorities for new services to be developed in Finchley Memorial Hospital:

- An Older People's Assessment Service (OPAS) to help keep patients independent in the community for longer and prevent avoidable A & E attendances
- A new GP practice focused on the needs of the frail elderly and care home patients – more closely integrated with the existing Walk in Centre
- Increased inpatient activity (empty 17 bed ward) and reviewing the service model
- Establishing a permanent Breast Screening service

The CCG is currently developing service specifications for each of these services and preparing commissioning business cases to be reviewed by the Clinical Cabinet and then the Primary Care Procurement Committee.

11. Investing in information technology

For the CCG to be effective in delivering its primary care ambitions, we need to embrace the goals of the new national information framework which supports the effective delivery of technology enabled, personalised and seamless care.

The priorities of the digital roadmap for primary care includes the following:

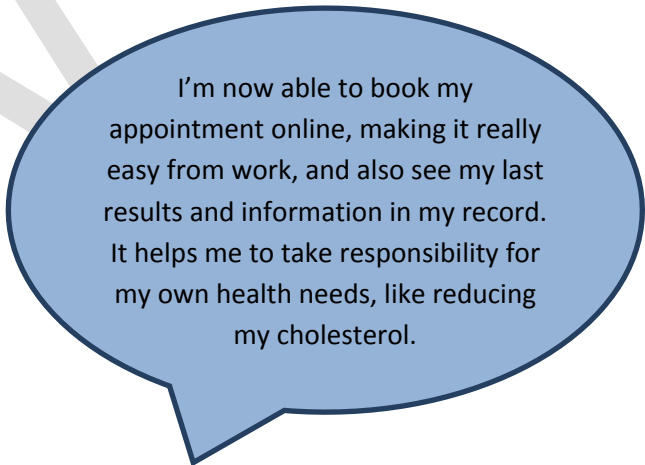
- To enable patients to make the right health and care choices by supporting digital services for patients and the wider public
- To transform general practice and its IT capability
- To support care out of hospital which is fully integrated with community, mental health and social care
- To ensure acute services are aligned to the IT solution
- To develop a paperless healthcare system
- To produce effective data and information which can effectively measure health outcomes and inform local research into establishing best practice

The focus on all of the above is the effective integration of systems and information with the extension of patient records to make them accessible wherever needed, subject to patient consent. We will ensure that there are optimised clinical systems in all the constituent member practices which support the appropriate sharing of information and the development of clinical pathways, allowing patients and their carers to become partners in their own care. We aim to have real time quality information available to all healthcare professionals in all care settings.

Barnet CCG's IMT Strategy focuses on nine themes with a stated vision to position the CCG "to better exploit information and technology both within the CCG and across the whole of Health and social care, to achieve strategic objectives and to work with local people to develop seamless accessible care for a healthier Barnet"

Barnet CCG nine delivery themes are:

- IT management and Governance
- Information Governance and Security
- Digital by 2018
- Information knowledge management
- Service Management
- Infrastructure
- Shared Care Records
- Patient Access and Enablement
- Referral Management



The next 3-5 years will see the increased use of information technology benefiting both patients and practices in BCCG. The emphasis will continue to be on reducing the paper processes within practices and putting in place systems and procedures that will speed up services whilst at the same time improving data quality and data capture.

The IT strategy for primary care seeks to build on the following priority areas:

- Integrated Digital Care Records (IDCR) to enable practices to share their data with each other to support the advent of seven day working, the integrated care agenda and able to securely share and exchange agreed information across the healthcare community.

- Video consulting - to reduce travel time between practices but to also support the opportunity to provide additional methods of communication and access to patients.
- Social prescribing – providing the technology and access to our GPs and voluntary sector providers to support patients in the community within appropriate governance framework.
- Implementation of text messaging offering texting appointment reminders and cancellations integrating directly into practice systems, ensuring that released appointments can be seen in real time as well as reducing their DNA rates.
- Implementation of the text based system for collecting friends and family responses enabling practices to eliminate the administrative burden of collating paper returns.
- Introducing a Patient Held Record (PHR). Allowing patients to view an electronic summary of their basic health and social care record which will include information on appointments, care pathway, medications, allergies and adverse reactions.
- Make effective use of online tools and software integrated into practice systems to help improve practices efficiency. This includes DXS, e-referrals, GP to GP, Admissions, the online appointment booking system and online ordering of repeat prescriptions.
- Introducing flexible IT solutions to support mobile working, enabling full access to EMIS Web for GPs during home/care home visits and case conferencing between multi-agency professionals supporting inter-agency multi-disciplinary team meetings.

12. Governance priorities for primary care

In primary care, not only must the CCG and service providers work collaboratively to improve the quality of the care residents receive but we must be able to show that we are accountable through clinical and corporate governance to demonstrate clear and measurable outcomes. Accountability is not new – clinicians are accountable to their professional regulatory bodies – but confidence in the existing system of peer-led self-regulation has raised concerns about accountability and how as a CCG we manage conflicts of interest.

At the heart of our Strategic Framework for Primary Care is the CCGs commitment to strengthen both clinical and corporate governance in the areas of primary care – to give service users, primary care colleagues and the wider public confidence in the way we commission, provide, assure and measure the impact of primary care services. The value of clinical commissioning is that clinicians are accountable to their clinical colleagues, and working at scale – collaborative and multidisciplinary team working will strengthen this. To ensure transparency and fairness primary care is now assessed and assured by the Care Quality Commission and the CCG will be working both with the CQC and NHS England to support practices – developing a framework of support and improvement where this is required.

The CCGs commitment to clinical governance extends primary health care professionals' accountability beyond current forms of legal and professional accountability. This involves increasing the accountability of primary care professionals to local communities, to the joint commissioners of their services (London Borough of Barnet, BCCG and NHS E) and to their peers (through collaborative and federated working models). As a CCG we appreciate that this will require both clinical and financial investment and as such we have appointed two clinical leads to oversee primary care and aligned primary care to our Quality and Assurance committee who will review areas of concern in collaboration with the primary care development team.

The role of the Health and Wellbeing Committee and the London Borough of Barnet's Overview and Scrutiny Committee further assures the governance process – as does the presence of Lay Members on the Joint Primary Care Committee, Primary Care Working Group and Primary Care Procurement Committee.

Ensuring conflicts of interest are effectively managed with our constituent GP practices and clinical leaders is also a key priority of the CCG and this is regularly reviewed by our lay members, NHS England and patient representatives.

13. Next Steps

Implementation and delivery of the Strategic Framework for Primary Care will be managed by the Joint Primary Care Commissioning Committee for NCL and the Primary Care Working Group for Barnet CCG. The working group will develop a work programme which will identify and work to mitigate risks as appropriate. It will also link with the CCG's other committees and programme boards for specific work streams. The final document will be reviewed and approved by the CCG Executive and Governing Body and published on the CCG website.

Financial investment is key to delivering effective, efficient and accessible primary care. Our 2016/17 CCG investment plan has prioritised the following key areas of spend to support the delivery of our primary care commissioning ambitions:-

Barnet CCG Primary Care Investment Priorities 2016/17
<ul style="list-style-type: none">• Roll out of Community Education Provider training programme to support ECPS• Full review of Personal Medical Services contracts (PMS) with plans for reinvestment across all practices to ensure equity of primary care investment• GP Federation workforce development to support targeted clinical training for GPs and practice nurses• EMIS (patient record system) community for integrated care to support effective sharing of patient records• Pan-Barnet GP Federation development• Development of primary care services at scale including extended access leading to seven day working• Review and further development of locally commissioned services using RightCare and Public Health data for high impact• Development of a substantive primary care development team• Roll out of Barnet Integrated Locality Teams with a new Risk Stratification tool

Appendix 1 - Constituent GP Practice Members – Barnet CCG

North locality

Practice and Address	Practice Partners	Practice Manager
Oakleigh Road Health Centre 280 Oakleigh Road North Whetstone N20 0HD 020 8446 0171	Dr Kim Lumley Dr Jane Howells Dr Dan Free Dr Claire Hassan Dr Kiran Nakrani Dr Zvi Morris Dr Anisha Divani	Kate Johnson
Lichfield Grove Surgery 64 Lichfield Grove Finchley N3 2JP 020 8346 3123	Dr Anne Arnold Dr Alena Chong Dr Philomena Dardis	Neelam Christie
Ballards Lane Surgery 209 Ballards Lane Finchley N3 1LY 020 8346 0726	Dr Su Thwe Dr Remin Mathews	Soo Koh
Cornwall House Surgery Cornwall Avenue Finchley N3 1LD 020 8346 1976	Dr Amelia Chan Dr Adam Townley Dr Zareena Cuddis Dr Vicek Sekhawat	Maria Evangelou
Derwent Medical Centre 20 Derwent Crescent Whetstone N20 0QQ 020 8446 0171	Dr Jonathan Lubin Dr Katherine Boodle Dr Irene Liu Dr Laila Abdullah	Tariq Minhas
Dr David Monkman East Barnet Health Centre 149 East Barnet Road New Barnet EN4 8QZ 020 8440 7417	Dr David Monkman	Katherine Herzmark
Drs Peskin & Hussain East Barnet Health Centre 149 East Barnet Road New Barnet EN4 8QZ 020 8440 7417	Dr Colin Peskin Dr S F Hussain	Katherine Herzmark
Drs Weston & Helbitz East Barnet Health Centre 149 East Barnet Road New Barnet EN4 8QZ 020 8440 7417	Dr Penny Weston Dr Tal Helbitz	Katherine Herzmark
East Finchley Medical Practice 39 Baronsmere Road Finchley N2 9QD	Dr Diane Twena Dr Sanchita Sen Dr Sharon Lawrence	Rachel Evans

020 8883 1458		
Friern Barnet Medical Centre 16 St Johns Villas Friern Barnet Road N11 3BH 020 8368 1707	Dr Sneha Patel Dr Hitesh Shah Dr Anjali Bajekal Dr Rasha Gadeirab Dr Kartik Modha Dr Lesley Perkins	Virginia Saldanha
Gloucester Road Surgery 1B Gloucester Road New Barnet EN5 1RS 020 8449 7677	Dr Patrick Laichungfong	Joyce Lai
Holly Park Clinic Holly Park Road Friern Barnet N11 3HB 020 8368 7626	Dr Raju Raithatha Dr Priti Patel	Virginia Saldan
Brunswick Park Health Centre Brunswick Park Road New Southgate N11 1EY 020 8368 1568	Dr Oge Ilozue Dr Nitin Lakhani Dr Stella Okonkwo Dr Keiran Sneath	Jacqui Perfect
Longrove Surgery 70 Union Street Barnet EN5 4HT 020 8370 6660	Dr Steven Livingston Dr R S Naidoo Dr Michelle Amos Dr Carole Solomons Dr Roselyn Aldeman Dr Nufar Wetterhahn Dr Arani Ananda	Claire Shea
Mountfield Surgery 55 Mountfield Road Finchley N3 3NR 020 8346 4271	Dr Patrick Keane Dr Ann C Robinson Dr Carmel T Mond	Lisa Clark
Rosemary Medical Centre 2 Rosemary Avenue Finchley N3 2QN 020 8346 1997	Dr Sudama Prasad Dr Ritu Prasad Dr Nitu Jones Dr Madhvi Shah	Manish Prasad
Squires Lane Medical Centre 2 Squires Lane Finchley N3 2AU 020 8346 1516	Dr Elizabeth Barthes-Wilson Dr Geeta Thawani	Michaela Mydlova
St Andrews Medical Centre 50 Oakleigh Road Whetstone N20 9EX 020 8445 0475	Dr Anita Patel Dr Sandeep Tanna Dr Alex Whiter Dr Wan Nei Ng Dr Latha Reddy Dr Nicole Hutter Dr Heather Ward Dr Nick Mistry Dr Varuna Ayaru Dr Rakhee Shah (GP Reg) Dr Saleh Ahmed (GP Reg)	Michelle Eshmene
Station Road Surgery 33B Station Road		

EN5 1JJ 020 8440 2912	Dr R Moman	Mahmood Dharas
Dr Isaacson & Partners 192 Colney Hatch Lane Muswell Hill N10 1ET 020 8883 5555	Dr H Mulkis Dr Victoria Knock	Malvi Shah
The Addington Medical Centre 46 Station Road New Barnet EN5 1QH 020 8441 4425	Dr Andrew Painter Dr Minoti Patel Dr Gareth Dee Dr Ayodele Awe	Annie Jones
The Old Courthouse Surgery 27 Wood Street New Barnet EN5 1RS 020 8449 2388	Dr Prashant Desai Dr Susan Lowe Dr Ahmer Farooqi Dr Sumi Sukumar	Tracey Rudge
The Speedwell Practice The Health Centre Torrington Park N12 9SS 020 8445 7261	Dr Stephen Corcoran Dr Clare Stephens Dr Uzma Ali Dr Gumeek Nagra	Alison Vint
Dr Ranasinghe Vale Drive Medical Practice Vale Drive High Barnet EN5 2ED 020 8447 3566	Dr Nalini Ranasinghe Dr Raju Raithatha	Dr Ranasinghe
The Village Surgery 113 East Barnet Road New Barnet EN4 8RF 020 8449 6443	Dr Jerry McElligott Dr Anna Turner Dr Elissa Musetti	Lynn Armstrong
Torrington Park Group Practice 16 Torrington Park North Finchley N12 9SS 0844 477 8736	Dr Allan Diatz Dr Peter Bezuidenhout Dr Tessa Buckman Dr Nevil Vallyll Dr Simon Kohll Dr Sarah Showman Dr Vivek Sekhawat Dr Hannah Bartlett	Amanda Reilly
Wentworth Medical Centre 38 Wentworth Avenue Finchley Central N3 1YL 020 8346 1242	Dr Surendra Patel Dr Anuj Patel Dr Sam Peston Dr Saumya Jha Dr Giovanna Russo Dr Sabina Kazi	Margaret Scott Jignasha Patel
Woodlands Medical Centre 54 Leopold Road Finchley N2 8BG 020 8442 2339	Dr Paul Dakin Dr Alexis Ingram Dr Natalie Green	Lynn Rafferty

Drs Adler & Rosenberg The Surgery 682 Finchley Road NW11 7NP 020 8455 9994	Dr Joseph Adler Dr Frazer Rosenberg Dr Walter Ableman Dr Sylvia Abramov Dr Andrew Wilfin	Aviva Adler
Phoenix Practice 7 Brampton Grove Hendon NW4 4AE 020 8202 9030	Dr Anthony Uzoka Dr Cristina Davis Dr Gaby Stein Dr Afshin Kahen	Lhahir Ismail
Cherry Tree Surgery 26 Southern Road N2 9JG 020 8444 7478	Dr Sergio Decesare	Manish Prasad
Greenfield Health Centre 143-145 Cricklewood Lane NW2 1HS 020 8450 5454	Dr K Mehta Dr A Briffa Dr H Dunseath Dr Deepa Kothari Dr Laily Pourghomi	Jacqui Tonge
BARNDOC Healthcare Ltd Britannia Business Suite Cricklewood NW2 1DZ 03000 334 335	Dr Justin Peter Dr Ujjal Sarkar Dr Sant Ghosh Dr Anthony Uzoka	COO – Alan Levett
Heathfielde Medical Centre Lyttelton Road N2 0EQ 020 8458 9262	Dr S Gibeon Dr L Anderson Dr R Mellins Dr J A Goldin Dr L Cullen Dr Jack Menashy	Chamila Perera
Hillview Surgery 114 Finchley Lane NW4 1BG 020 8203 0546	Dr S Samuel	Cara Garney
Pennine Drive Surgery 8 Pennine Drive NW2 1PA 020 8455 9977	Dr Cerian Choi Dr Barbara Frosh Dr Clare Halsted Dr Deborah Bentley Dr Umar Rashid Dr Peter Rudge	Sunita Miles
Ravenscroft Medical Centre 166-168 Golders Green Road NW11 8BB 020 8455 2477 020 8455 9530	Dr Paul Blom Dr Stuart Wolfman Dr Barry Subel Dr Liam Chapman Dr Dina Kaufman Dr Andrew Frankl	Jane Elliott
St Georges Medical Centre 7 Sunningfields Road NW4 4QR 020 8202 6232	Dr J S Schwartz Dr R J Mailoo Dr C R Hoffbrand Dr C A Benjamin Dr R Maria-Shah Dr A Alakakone Dr Belinda Magnus	Riz Husain
Supreme Medical Centre 300 Regents Park Road N3 2JX 020 8346 3291	Dr Judith Cavendish Dr Roma Fernandez	Jaydev Vyas

Temple Fortune Health Centre Temple Fortune Lane NW11 7TE 020 8209 2401	Dr Lawrence Buckman Dr Martin Harris Dr Serena Leader Dr Sherry Taylor Dr Natalie Woodward Dr Rosenfelder Dr J Kapoor	Christina Brown
PHGH Doctors Temple Fortune HC 23 Temple Fortune Lane NW11 7TE 020 8209 2400	Dr Leora Harverd Dr Karen Grossmark Dr Peter Herbert Dr Saul Kaufman Dr Sharon Roback Dr Farzana Vanat Dr Rasha Gadelrab Dr Abirame Sambasivan	Karen Coughlan
The Hodford Rd Surgery 73 Hodford Road NW11 8NH 020 8905 5234	Dr Michael Cavendish Dr David Suppree	Carole Carlton
The Practice @188 118 Golders Green Road NW11 9AY 020 8298 6498	Dr Tina Grimble Dr John Bentley Dr Alka Meta Dr Intkhab Raja	Julia Hynes
Hendon Way Surgery 67 Elliot Rd Hendon NW4 3EB 020 81029830	Dr Sanaria Abdulla Dr Douglas Baldy-Gray Dr Sadoon Fathi Dr Shireen Ismail	Bina Pandya
Dr Azim & Partners 67 Elliot Rd Hendon NW4 3EB 020 8457 3950	Dr Aimal Azim Dr Nayeem Azim Dr Sevim Bozok Dr Natalie Craven Dr Salima Tariq Dr Mansi Gandhi	Sabreen Hanif

West locality

Dr Sirisena & Partners Deans Lane Medical Centre 156 Deans Lane Edgware HA8 9NT 020 8906 3337	Dr Nihal Sirisena	Samadara Wijemanne
The Surgery 1 Wakemans Hill Avenue Colindale NW9 0TA 020 8205 2336	Dr I Ukachukwu Dr O Bamgbose Dr A Dufu	Nazma Ansari
Penshurst Gardens 39 Penshurst Gardens Edgware HA8 9TN 020 8958 3141	Dr Zoe Pinto Dr Joseph Jones Dr Joanna Yong Dr Katherine Breckon	Kyra Rowlatt
Colindale Medical Centre 61 Colindeep Lane Colindale NW9 6DJ 020 8205 6798	Dr Manu Lamba Dr Amrit Lamba Dr Vasantha Param	Pushpa Lamba

Boyne Avenue Surgery 57 Boyne Avenue Hendon NW4 2JL 020 8457 1540	Dr L Miller Dr H Dimson	Frances Coleman
Jai Medical Centre 114 Edgwarebury Lane Edgware HA8 8NB 0300 033 7860 / 1	Dr Vidya Patel Dr Leena Mistry Dr Rosemary Alexander Dr Swati Dholakia Dr Barsha Jabbar Dr Fayaz Hasham Dr Siva Sundar	Suresh Vaghela
Lane End Medical Centre 2 Penshurst Gardens Edgware HA8 9GJ 020 8958 4233	Dr Penny Cox Dr Michelle Ferris Dr Amit Majevalia Dr Michelle Newman Dr Lyndon Wagman Dr Rebecca Chalk Dr Christina Papadopoulos Dr Simone Shelley Dr Vimal Vyas	Barbara Fortune
Millway Medical Practice 2 Hartley Avenue Mill Hill NW7 2HX 020 8959 0888	Dr Debbie Frost Dr Simon Figa Dr Stephanie Hall Dr Justin Peter Dr Daniela Amasanti-DeBono Dr Thivyan Thiruudaian Dr Kavel Patel Associates Dr Franklyn Harris Dr Adowoa Dufu Dr Sarah Shelley Dr Nick Dattani Dr Amanda Grattan Dr Jenny Noimark	Krishna Moorthy
Mulberry Medical Practice 3 Sefton Avenue Mill Hill NW7 3QB 020 8959 1868	Dr M Gomes Dr A Tobias Dr Rao Petite Dr Jeremy Nathan Dr Leonie Miller Dr Devi Moodaley	Angeline Scully (Woodcroft)
Oak Lodge Medical Centre 234 Burnt Oak Broadway Edgware HA8 0AP 020 8951 6303	Dr Lauren Stephenson Dr Narishta Sebastianpillai Dr Kaksha Shah Dr Siva Ramanathan Dr Hayley Dawson Dr Chuin Kee Dr Sheryl Kaplan Dr Jenny Noimark Dr Sherry Taylor Dr Niamh White	Caroline Peters-O'Dwyer
Park View Surgery 36 Cressingham Road Edgware HA8 0RW 020 8906 7980	Dr T Ganesh Dr S Shanmugaratnam	Susan Murphy
The Everglade Medical	Dr Ila Thakkar	

Practice Grahame Park Health Centre The Concourse Colindale NW9 5XT 020 8432 8641	Dr Heather Hills Dr Sukhjit Sangha Dr Aashish Bansal Dr Hina Taylor Dr Kavita Gopaldas Dr Bryony Moore	Faiyaz Bobat
Langstone Way 28 Langstone Way Mill Hill NW7 3QB 020 8343 2401	Dr Yew Tang Dr David Ruben Dr Gillian Frost Dr Maralyn Pampel Dr Joanna Seres Dr Philippa Kaye	Sanda Handerek
The Raleigh Surgery 4 Raleigh Close Hendon NW4 2TA 020 8202 8302	Dr Victoria Aziz	Maureen Dryer
Watford Way Surgery 278 Watford Way Hendon NW4 4UR 020 8203 1166	Dr S L Dattoo	Neeta Mathur
Watling Medical Centre 108 Watling Avenue Edgware HA8 0NR 020 8906 1711	Dr Yvette Saldanha Dr Anup Patel Dr Sanjiv Ahluwalia Dr Murtaza Khanbhai Dr Lauren Goldschmidt Dr James Rusius	Kiran Bakhshi
Dr Makanji Woodcroft Medical Centre Gervase Road Edgware HA8 8NB 020 8906 0500	Dr Hazmukh H Makanji	

Appendix 2 – Strategies influencing primary care

Strategy	National/Regional/Local	Implications for primary care in Barnet
Transforming Primary Care in London: A Strategic Commissioning Framework	Regional - London	Framework for primary care commissioning across London – promoting CCG collaboration to identify key opportunities for transformation with a focus on accessible, proactive and co-ordinated primary care
Five Year Forward View	National	National road map for delivering effective, sustainable accessible and high quality healthcare in England – with a focus on avoiding variation and enabling new models of care
Better Care for London	London	Promotes primary care as the enabler for realising transformational change across the regional health system – encouraging GP working at scale through federative models to improve quality and improved health outcomes
The Future of Primary Care – creating teams for tomorrow	National – the Primary Care Workforce Commission	Focus on the workforce issues facing primary care and how these can be effectively managed locally
Barnet Health and Wellbeing Strategy	Barnet (Borough)	Defines the health and social care priorities for Barnet and the local route map for collaboration between health and social care services with a focus on engagement
Barnet Joint Strategic Needs Assessment	Barnet (Borough)	Provides public health intelligence and expert information on the demographic population of Barnet and the health and social care needs this presents.
Pharmaceutical Needs Assessment (PNA).	Barnet (Borough)	Pharmaceutical services provided, together with when and where these are available Details of planned or likely changes which may affect the future provision Any current or future gaps taking into account the needs of the population
Barnet CCG – IM&T Strategy	Barnet (Borough)	CCG strategy setting out the IM&T priorities for Barnet as we seek to adopt the key elements of the digital road map and movement to a single patient health record.
Barnet CCG – Estates Strategy	Barnet (Borough)	CCG strategy aligned to the wider NCL estates vision – highlighting estate investment priorities for Barnet to enable primary care transformation.
Barnet CCG Quality Strategy www.barnetccg.nhs.uk/Downloads/Publications/Strategies/NHS-Barnet-CCG-Quality-Strategy-2015-18-final.pdf	Barnet(Borough)	Strategy outlining the key quality priorities for the CCG and its service providers – linking to primary care and ensuring quality standards are maintained across the whole of the health and social care system.
Developing sustainability plans- Gateway reference: 04820 Feb 2016	National - NHS England	Local health and care systems will come together in STP ‘footprints’. The health and care organisations will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances.
The 2022 GP – A vision for general practice in the future NHS	Royal College of General Practice	A view of health care in the next decade and plan to help GP profession evolve to meet the challenges of this new era: an era in which our population will face more complexity, more choice and more uncertainty and will rely on the expertise, skill and compassion of their GP like never before.

Appendix 3 Right Care Improvement and Savings

This table presents opportunities for quality improvement and financial savings for a range of programme areas. These are based on comparing NHS Barnet CCG to the average of the best 5 amongst a peer group of 10. It should be noted that the opportunities highlighted are what Barnet would realize if it achieved the performance of the average of CCG comparators. The potential opportunities to deliver optimal pathways would result in greater value.

Disease area	spend	£000	Quality	Patient s
Cancer and tumours	Spend on elective and daycase admissions	722	Females aged 50-70 screened for breast cancer in last 36 months Receiving 1 st definitive treatment within 2 months of urgent GP referral Successful quitters, 16+ Bowel cancer screening	2,486 35 87 2,268
Circulation problems (CVD)	Spend on non-elective admissions Spend on primary care prescribing	420 1,143	Stroke patients spending 90% of their time on stroke unit Patients with CHD whose last blood pressure reading is 150/90 or less Patients with CHD whose last measured cholesterol is 5mmol/l or less % hypertension patients whose BP<150/90 % stroke/TIA patients on anti-platelet agent % AF patients with stroke risk assessment on ASA therapy Emergency readmissions within 28 days % patients returning home after treatment	36 135 91 756 51 34 12 131
Endocrine, nutritional and metabolic problems	Spend on elective and daycase admissions Spend on non-elective admissions Spend on primary care prescribing	110 164 1,702	% diabetes patients whose BP <150/90 % patients receiving care processes Retinal screening	153 181 755
Gastrointestinal	Spend on primary care prescribing	627		
Genitourinary	Spend on non-elective admissions Spend on primary care prescribing	264 238	Patients on CKD register with a BP of 140/85 or less Patients on CKD register with an ACE-I or ARB Reported to estimated prevalence of CKD	237 15 1
Maternity and reproductive health			Live and still births <2500grams Flu vaccine take-up by pregnant women Breastfeeding at age 6-8 weeks % receiving 3 doses of 5-in-1 vaccine by	45 217 6 822

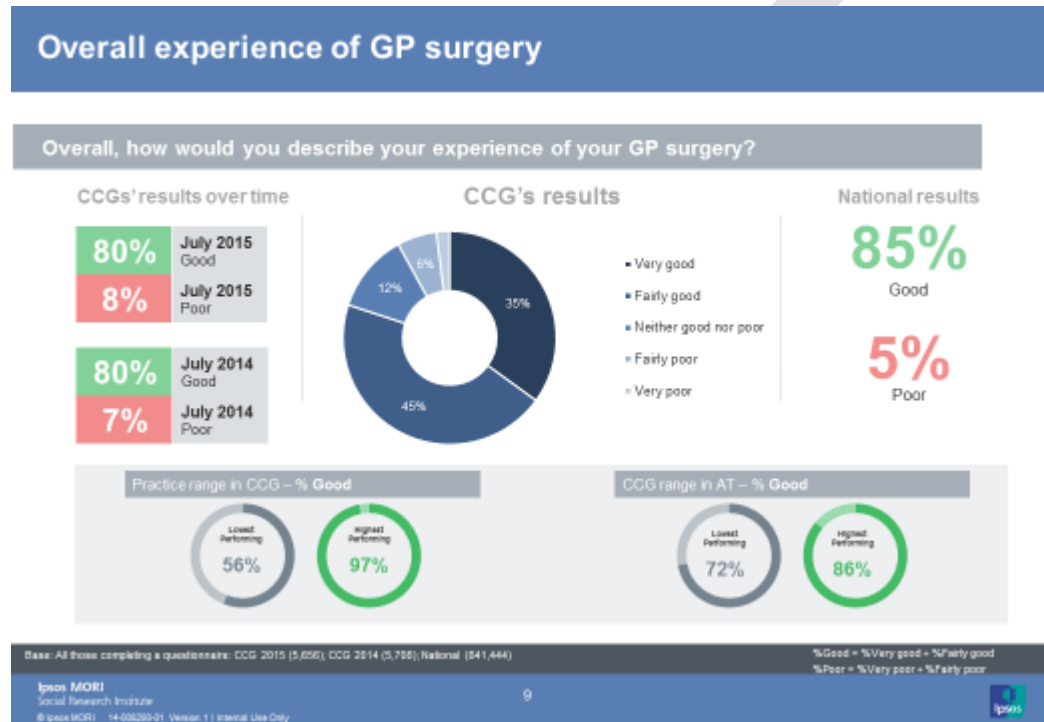
			age 2 % of children aged 4-5 who are overweight or obese % receiving 2 doses of MMR vaccine by age 5 Mean number of decayed, filled or missing teeth in children aged 5 years	64 976 96
Mental health problems	Spend on primary prescribing	665	People with mental illness and or disability in settled accommodation Assessment of severity of depression at outset Access to IAPT services IAPT referrals with a wait, 28 days Completion of IAPT treatment IAPT % patients receiving treatment IAPT % patients with provisional diagnosis IAPT % referrals with outcome measured IAPT % moving to recovery rate IAPT % achieving reliable improvement Service users on CPA Mental health admissions People subject to mental health act People on CPA in employment	125 205 3,267 645 822 230 934 23 25 57 277 72 66 35
Musculoskeletal System Problems (excluding trauma)	Spend on primary prescribing	40	Knee replacement, EQ-5D index, average health gain % osteoporosis patients 50-74 treated with Bone Sparing Agent % patients 75+ years with fragility fracture treated with BSA Hip replacement emergency readmissions 28 days	6 17 21 4
Neurological system problems	Spend on non-elective admissions Spend on primary prescribing	767 96	Mortality from epilepsy under 75 years	3
Respiratory system problems	Spend on primary prescribing	44		
Trauma and injuries	Spend on elective/daycase admissions Spend on primary prescribing	120 81	Injuries due to falls in people aged 65+ % fractured femur patients returning home within 28 days	138 17
Total saving		7,203	Total patients with improved quality	16,679

Appendix 4 - Contributors to the Strategic Framework for Primary Care

Gerald Alexander	Local Pharmacy Committee
Barnet Youth Council	Working Group
Dr Charlotte Benjamin	Governing Body Member and GP Representative, Barnet CCG
Dr John Bentley	Governing Body Member and GP Representative, Barnet CCG
Sue Blain	Co-chair Healthwatch Barnet Primary Care Group
Stewart Block	Co-chair Healthwatch Barnet Primary Care Group
Sarah Brown	Healthwatch Barnet Primary Care Group
Teresa Callum	Demand and Capacity Lead, Barnet CCG
Christa Caton	Joint Health Commissioner Barnet CCG
Mandy Claret	Barnet CEPN Project Manager
Bernadette Conroy	Governing Body Member and Lay Representative, Barnet CCG
Colin Daff	Senior Pharmacist, Medicines Management Team, Barnet CCG
Dr Swati Dholakia	Governing Body Member and GP Representative, Barnet CCG
Helen Donovan	Governing Body Member and Nurse Representative, Barnet CCG
Michelle Eshmene	Practice Manager, St Andrews Medical Centre
Dr Ahmer Farooqi	Governing Body Member and GP Representative, Barnet CCG
Dr Debbie Frost	Clinical Chair, Barnet CCG
Zoe Garbett	Commissioner, London Borough of Barnet
Melvin Gamp	Healthwatch Barnet Primary Care Group
Alan Gavurin	Estates Project Director FMH, Barnet CCG
Jackie Green	Engagement and Communications lead, Barnet CCG
Dr Tal Helbitz	GP, East Barnet Health Centre, and Primary Care Working Group
Roger Hammond	Director of Finance, Barnet CCG
Valerie Harrison	Governing Body Member and GP Representative, Barnet CCG
Health and Wellbeing Board	London Borough of Barnet
Linda Jackson	Healthwatch Barnet Primary Care Group
Elizabeth James	Joint Chief Operating Officer, Barnet CCG
Seher Kayikci	Senior Health Improvement Specialist, Public Health
Raksha Kukadia	Programme Manager, Primary Care, Barnet CCG
Jeff Lake	Consultant in Public Health, Borough of Barnet
Dr Jonathan Lubin	Governing Body Member and GP Representative, Barnet CCG
Dr Rohan Mailoo	St Georges Medical centre
Chris Munday	Director of Children and Young People's Services, LBB.
Dr Michelle Newman	Governing Body Member, BCCG and Clinical Lead for Primary Care
Mary O'Brien	Delivery Partner, Right Care Programme, NHS England
Maria O'Dwyer	Director of Integrated Commissioning, Barnet CCG
Matthew Powls	Joint Chief Operating Officer, Barnet CCG
Kyra Railata	Practice Manager, Penhurst Gardens Surgery
Robert Reed	Public Health Consultant, LBB
William Redlin	Director of Operations and Delivery, Barnet CCG
Asmina Remtulla	Healthwatch Barnet Primary Care Group
Lisa Robbins	Volunteer and Projects Officer, Healthwatch Barnet
Monica Shackman	Healthwatch Barnet Primary Care Group
Amita Shah	Nurse Development Lead Barnet CCG)
Dr Milen Shah	Watling Medical Centre
Regina Shakespeare	Chief Operating Officer, Barnet CCG (to December 2015)
Margaret Singer	Healthwatch Barnet Primary Care Group
Dr Clare Stephens	Governing Body Member and GP Representative, Barnet CCG
Dr Barry Subel	Governing Body Member, BCCG and Clinical Lead for Urgent Care
Janice Tausig	Healthwatch Barnet Primary Care Group
Sue Tomlin	Joint Commissioning Manager - Learning Disabilities BCCG/LBB
Garrett Turbett	Senior Business Planning & Commissioning Manager Barnet CCG
Beverley Wilding	Head of Primary Care, Barnet CCG

Appendix 5 – Key outcomes from the GP Patient Survey

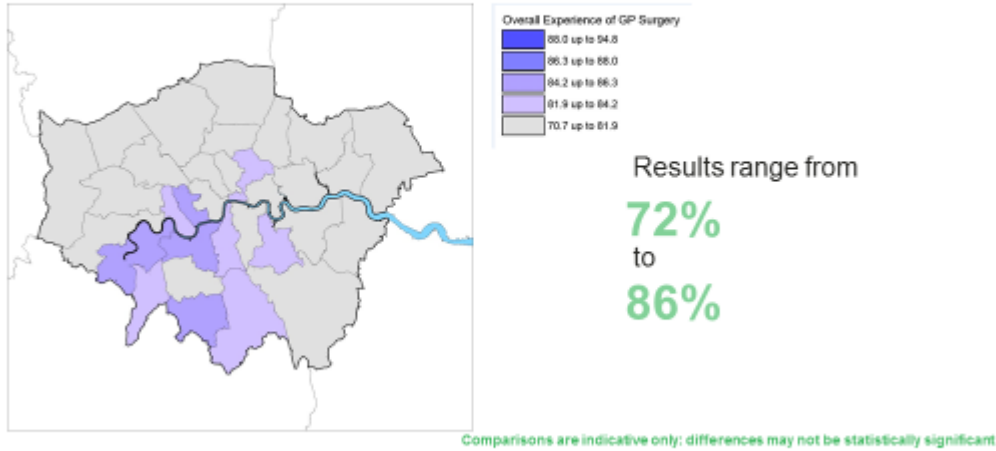
Below are the findings from the 2015 GP patient survey for Barnet – they highlight the CCG specific results and will be used to further inform primary care commissioning intentions moving forwards. The CCG can also review results at practice level and will work with any practices who have identified challenges from the survey with support provided to any particular outliers in terms of performance. This information will also be shared with the CCG quality team and will inform the evolving primary care performance dashboard.



Overall experience: how the CCG's results compare to other CCGs within the Area Team

Overall, how would you describe your experience of your GP surgery?

Percentage of patients saying very/fairly good



Base: All those completing a questionnaire. CCG bases range from 2,735 to 6,829

%Good + %Very good + %Fairly good

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Overall experience – how the CCG's practices compare

Overall, how would you describe your experience of your GP surgery?

Percentage of patients saying very/fairly good



Base: All those completing a questionnaire. Practice bases range from 16 to 253

%Good + %Very good + %Fairly good

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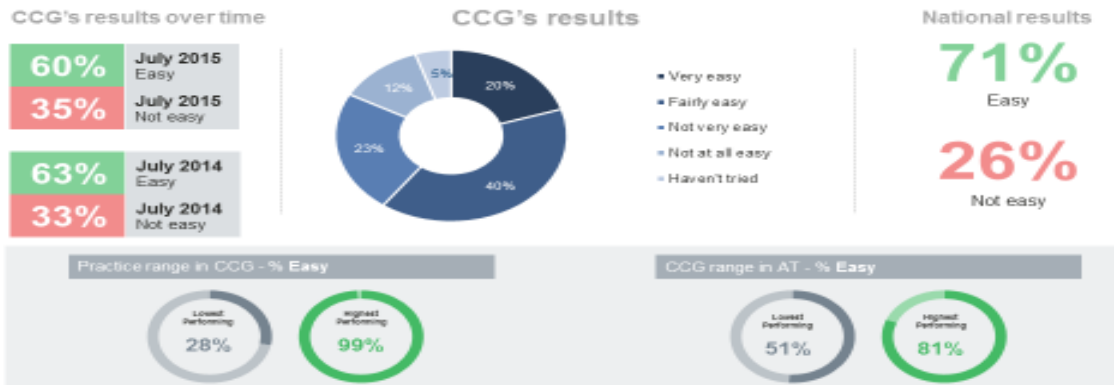
11



Access - In terms of access, patients appear to be having more difficulty getting through on the telephone with 60% (from 63%) stating easy access. There is concern for the 35% of patients saying it is not easy and here the CCG is below the national average. More discussion with practices on how this can be improved will be undertaken working with exemplar practices achieving 99% to demonstrate how those practices below 30% can be best supported as well as working closely with PPGs and Barnet Healthwatch to realise improvement.

Ease of getting through to GP surgery on the phone

Generally, how easy is it to get through to someone at your GP surgery on the phone?



Base: All those completing a questionnaire: CCG 2015 (5,757); CCG 2014 (5,807); National (854,581)

%Easy = %Very easy + %Fairly easy
%Not easy = %Not very easy + %Not at all easy

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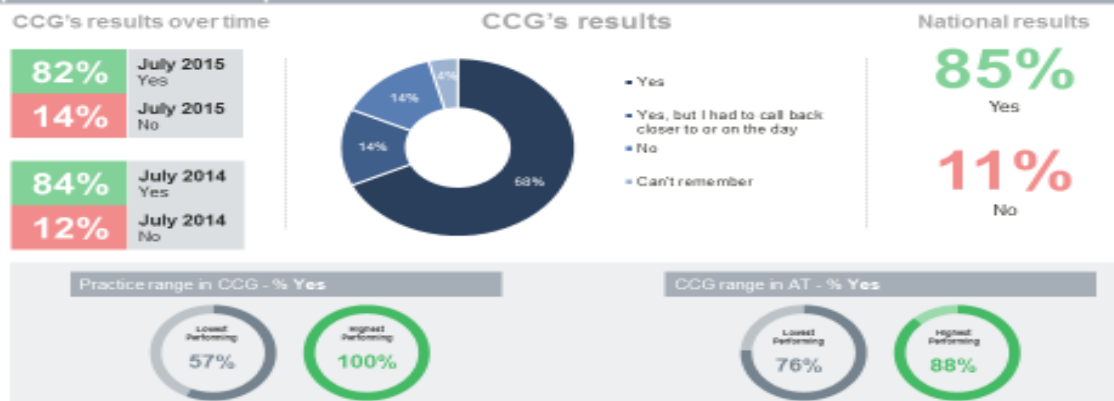
15



Making an appointment - patients are reporting quite good rates of success in getting an appointment although results are slightly down on rates from 2014. Again some practices have achieved 100% and the CCG will again explore with those high achieving practices how learning can be shared with practices below 60% which give concern.

Success in getting an appointment

The last time you wanted to see or speak to a GP or nurse, were you able to get an appointment to see or speak to someone?



Base: All those completing a questionnaire: CCG 2015 (5,551); CCG 2014 (5,628); National (838,142)

%Yes = %Yes + %Yes, but I had to call back closer to or on the day

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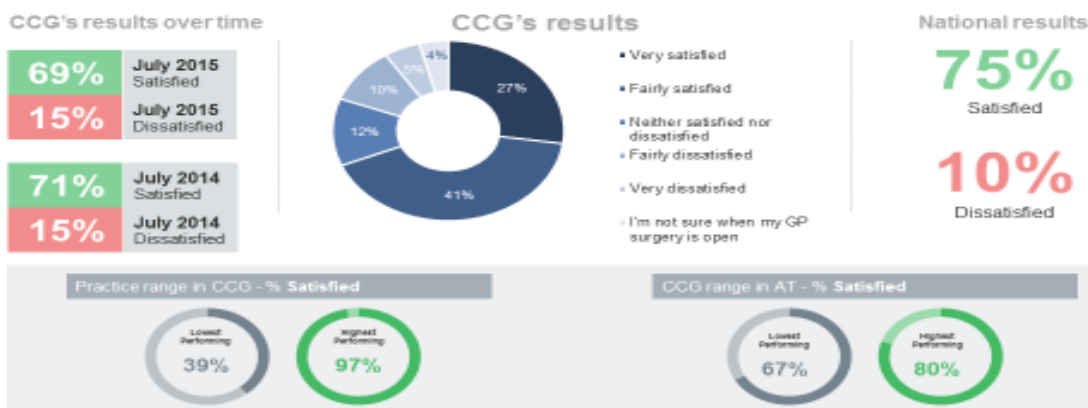
24



Opening Hours – satisfaction with opening hours has fallen slightly from the previous year. Higher national figures may well be as a result of the PMAF which has seen additional access pilots developed across the country. Barnet have introduced a pilot to provide additional appointments over the weekend which should improve satisfaction rates which are being actively monitored as part of the service specification.

Satisfaction with opening hours

How satisfied are you with the hours that your GP surgery is open?



Base: All those completing a questionnaire: CCG 2015 (5,679); CCG 2014 (5,701); National (842,965)

%Satisfied = %Very satisfied + %Fairly satisfied
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied

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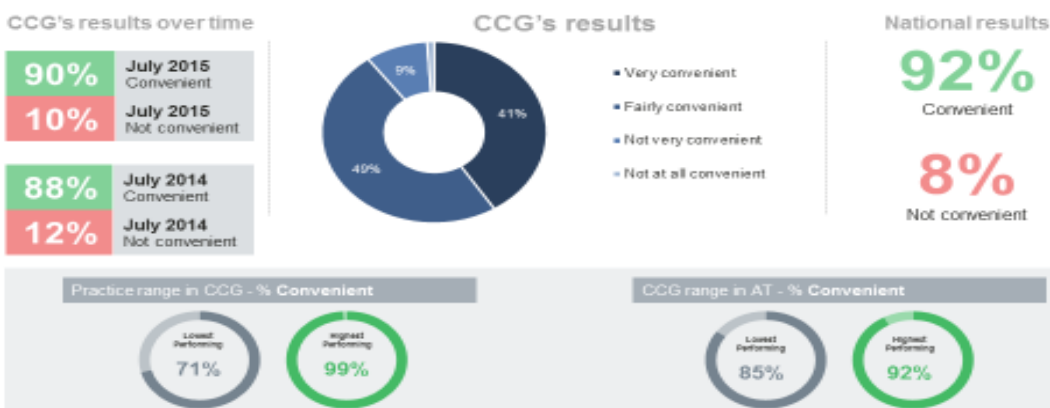
50



Results have improved from 2014 in terms of convenience of appointment. GP practices and CCG have created more convenient appointments especially through the winter and pilots looking at additional appointment provision at evenings and weekends should improve further.

Convenience of appointment

How convenient was the appointment you were able to get?



Base: All those completing a questionnaire: CCG 2015 (4,502); CCG 2014 (4,647); National (899,152)

%Convenient = %Very convenient + %Fairly convenient
%Not convenient = %Not very convenient + Not at all convenient

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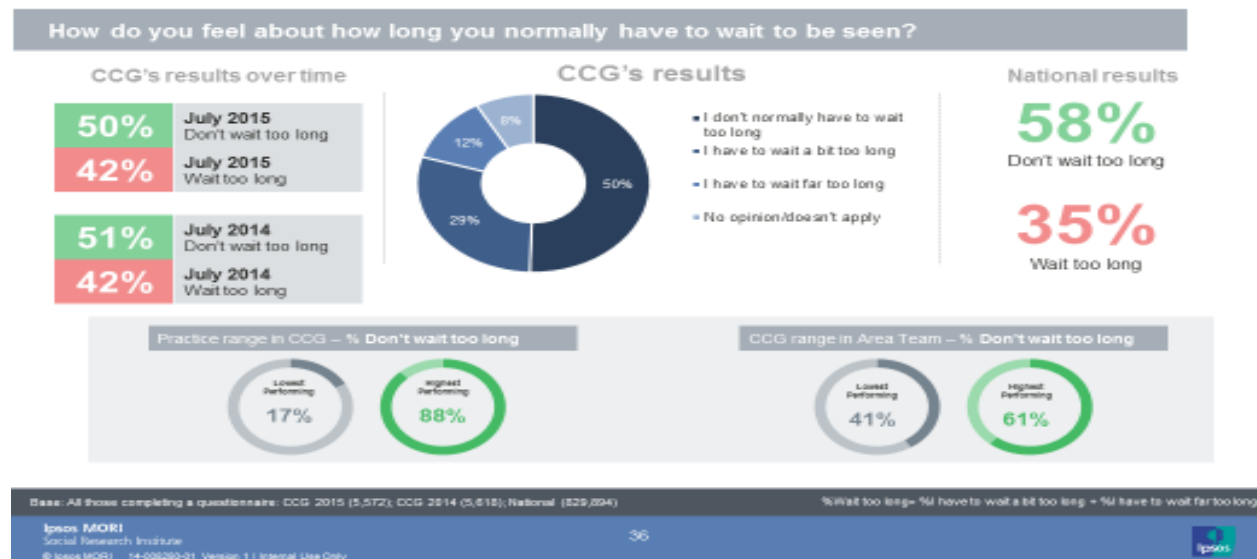
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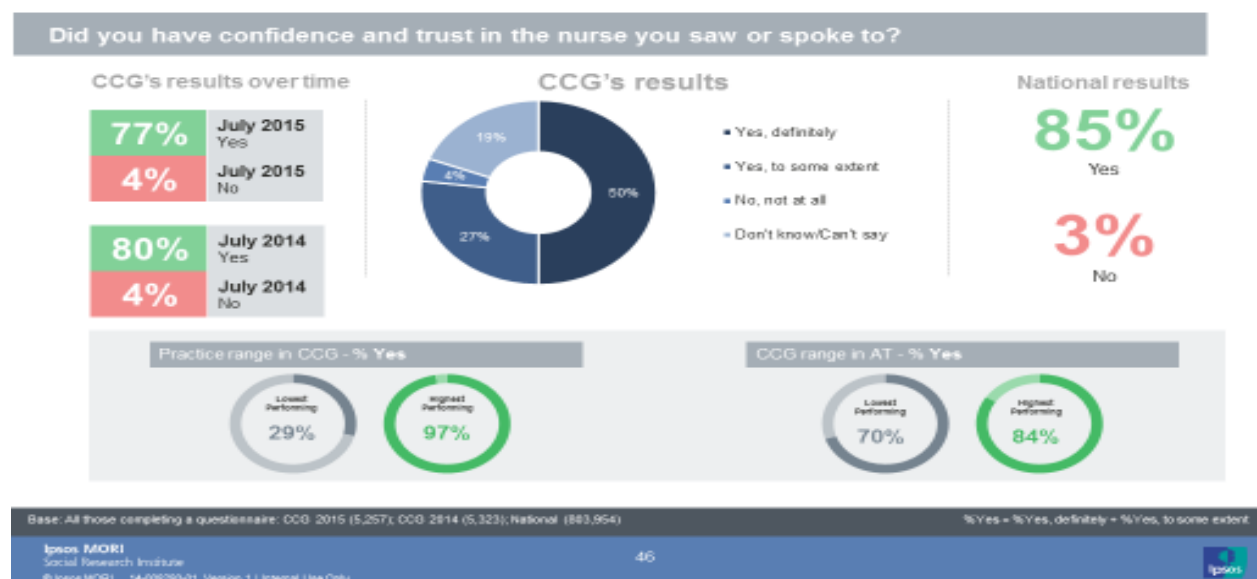
Waiting times would appear to have increased very slightly whilst at the GP surgery – on line booking and telephone consultations moving forward should support improvement.

Waiting times at the GP surgery

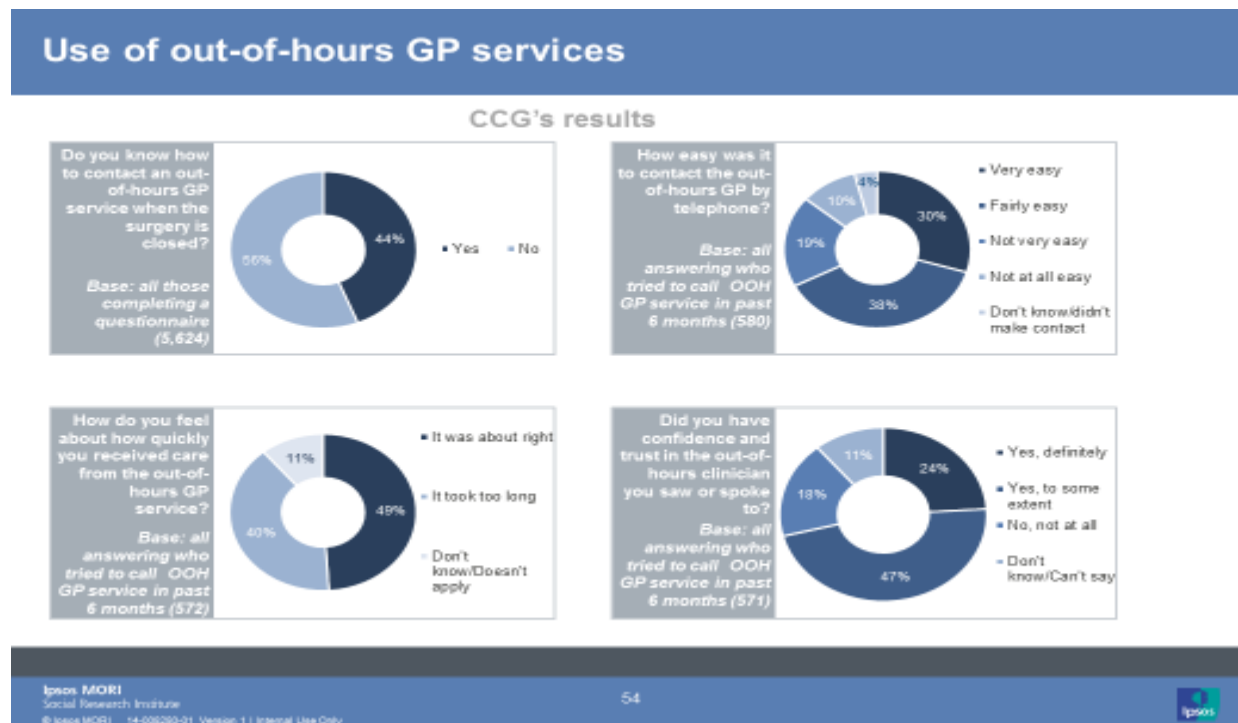


Patient experience - confidence and trust in practice nurses has fallen slightly since 2014 although the poor experience percentage is unchanged. Pressures on nursing workforce has been challenging but work with CEPN in developing additional nursing capacity and training for new professional entrants should address some of these challenges. The CCG are progressing a practice nurse network where the issue of confidence and trust from patients will be explored.

Confidence and trust in the nurse



Experience of GP out of hours is also captured as part of the survey and this shows slightly improved results from the previous year. The emergence of the single patient record and additional primary care appointments created to support access should also have a positive impact on out of hours experience but there is still work to be done with practices and patient representative groups to ensure that out of hour's services meet the needs of all of the Barnet population.



The CCG will continue to work closely with individual practices who have lower percentage survey results to look at ways of supporting improvement whilst working with the GP networks to build on the experience of high achieving practices. Results are also given at practice level which supports this process. In addition the CCG will also work with NHS England, Barnet Healthwatch and individual practice Patient Participation Groups (PPGs) to address areas where there are significant challenges to access, opening hours, making an appointment and overall patient experience. We will also triangulate information to align to individual practice Friends and Family Test (FFT) outcomes and individual practice compliments and complaints procedures.

Appendix 6: Public engagement work and CCG response summary.

Key themes identified through patient and public representation – what do patients and the public want to see from primary care now?	How the CCG is responding to this key theme
<p>Accessible Care</p> <p>As can be seen from the GP survey results and in feedback from discussions, while satisfaction with opening hours is generally good, patients would like to see their GP practice open in the evenings and at weekends – although going to another practice in their locality would be acceptable. Good access during key opening times is also seen as a priority and there is a desire to see their own named GP more easily.</p> <p>Adopting new ways of access – telephone consultations, email and even digital communication (eg skype) would be welcomed but it does not replace a direct face to face consultation and must be with patient consent.</p> <p>This is a particular priority with the Barnet Youth Council representatives.</p> <p>Patients also stated that they would like to see better use of the ten minute appointment – with the introduction of surgery PODs where blood pressure, results and a summary of the problem are all captured prior to seeing the doctor or specialist health care practitioner</p>	<p>Barnet CCG is committed to extending access and has raised contracts for an additional 15,000 appointments during evenings and at the weekends from locality hubs which all Barnet patients can access. We will look to improve access taking lessons from the PMAF. Maintaining and expanding capacity in hours is also a priority together with trialling the capacity needed for Saturday and Sunday working.</p> <p>The CCG has invested in IM&T, introducing one clinical system to all practices and information sharing agreements, meaning records, with patient consent, can be shared.</p> <p>The CCG is also working with the practice managers and GP federation to see how working at scale can help support access with sharing resources.</p> <p>All practices are required to provide a named GP for co-ordinating their care –now applying to all patients.</p> <p>Pre-assessment work prior to the GP consultation is now possible with the introduction of physicians’ assistants, Nurse practitioners and more integrated care practitioners. The CCG is working with our localities to look at new health care models allowing GPs to concentrate on the more complex patients, long term conditions and out of hospital services.</p>
<p>Coordinated Care</p> <ul style="list-style-type: none"> • <i>Holistic seamless care leading to complete wellness</i> • <i>Clear signposting to other services</i> • <i>Safe and efficient referrals with clear communication about outcomes</i> • <i>Continuity of care for long term conditions – seamless care between the different agencies</i> 	<p>The CCG has invested in one single clinical system to enable communication between practices and other agencies in developing a single patient record.</p> <p>The Barnet Integrated Locality Teams (BILT) ensure seamless transfer of care between primary and community teams which will develop into wider multidisciplinary team</p>

<ul style="list-style-type: none"> • <i>Clear signposting to other services</i> • <i>Dynamic district nursing service that feels part of the practice team (supporting continuity of care)</i> • <i>Need to promote self-care and ensure patients access services appropriately.</i> • <i>Patients see the value of out of hours and 111 services</i> <p>Patient representatives state that they want to see services that are joined up in terms of communication, service pathways and management of care with timely, high quality, accurate referrals and a movement to more care out of hospital.</p>	<p>working based around the locality hubs and community hospitals</p> <p>E-referral is being implemented for all practices with a requirement to oversee referrals made by junior doctors and locums ensuring quality and clear communication.</p> <p>Effective case management and care planning being developed by the CCG in partnership with our community service providers and district nursing teams with a focus on long term conditions and frail elderly care, agreeing joint care pathways which ensure seamless care and improved health outcomes.</p> <p>The CCG will work to deploy new technology to support self-care as a key part of the service for patients with long term conditions. Our communications plan will ensure we provide more information about self-care.</p> <p>The CCG will work with NHS England and other NCL CCGs and the urgent care team to consider the future delivery of NHS 111 and how this works seamlessly with primary care.</p>
<p>Proactive Care</p> <p><i>Close working with social care and the voluntary sector (eg supporting patients in sheltered accommodation)</i></p> <p><i>Active patient participation groups who can in turn lead patient self-help groups</i></p> <p><i>Patient representatives would like to see more evidence of preventative medicine in areas like smoking, obesity etc</i></p> <p>Patient groups state they want to see more preventative medicine in practices, better information, better signposting to the voluntary sector etc. Also the value of self-help needs actively promoting by patient participation groups and Health Champions.</p>	<p>The CCG will be working closely with Health Champions, PPGs and primary care providers to ensure that self-care is actively promoted – linking this with the voluntary sector, promoting the use of care navigation etc.</p> <p>The CCG will work closely with public health and the Health and Wellbeing Board to ensure that prevention is a priority for primary care as well as reactive care. Our patient engagement strategy will work closely with public health to include health promotion alongside service pathway development especially with work being undertaken with children and young people.</p>
<p>Patient Choice</p> <ul style="list-style-type: none"> • <i>Choice of practitioner, eg nurses physiotherapists pharmacists not just GPs)</i> • <i>Choice of clinics and services in house (eg phlebotomy, blood pressure clinics, physiotherapy,</i> 	<p>The CCG will be working with the GP federation, other service providers and educational leads to look at developing new models of care that enable wider choice of service providers whilst supporting primary care delivery.</p> <p>The workforce section of the strategy</p>

<p><i>gynaecology, palliative care)</i></p> <p>Patient representatives report that they would like to see wider choice about the services they can access, the practitioners who provide them, improved access to services out of hospital and the ability to go to other primary care centres for services where their own GP cannot deliver them.</p>	<p>describes how different professionals such as pharmacists, physician’s assistants, practice nurses and emergency care practitioners may become increasingly involved in the delivery of primary care services. The CCG will support practices to diversify their teams and work with them to ensure the value of these specialists is communicated to service users.</p> <p>Developing more services out of hospital will be a key part of the CCGs primary care ambitions for the next three years, reducing the number of outpatient clinics in an acute setting, developing more appropriate locally commissioned services and redesigning care pathways so that there are more outreach clinics requiring less acute service access.</p>
<p>Quality</p> <p><i>Clean and efficient practices</i> <i>Clear understanding communicated to patients of how the practice works – including details about telephone access (not just speaking to a machine), how to make appointments etc</i> <i>User friendly practice websites</i></p> <p>Patient representatives report that they would like to see equitable standards of quality in practices – most in Barnet are of a good quality but where there are issues Barnet Healthwatch is keen to work with PPGs. The representatives are also keen to hear what outcomes CQC determine from the visits and what plans are in place where there are issues raised.</p>	<p>The CCG has developed a quality strategy and the primary care team are working closely with the quality team, NHS England and the Care Quality Commission to ensure that practices are supported where there are challenges in delivering quality of care.</p> <p>Primary care estate is a key focus for the CCG and we are working with NHS England to ensure that we have a robust prioritisation process for developing and supporting the improvement of primary care estate – accessing national, regional and local funding to resource developments as needed.</p> <p>The CCG, in partnership with NHS E and our development partners, Primary Care Commissioning will be working with our constituent practice managers to support them in developing their practice teams to meet patient needs, with focus on effective and efficient practices and buddying systems whereby successful practice managers can work closely in supporting new managers.</p> <p>It is a contractual requirement for all practices to have an effective practice website. The CCG will work with Barnet Healthwatch and NHS England to ensure all is in place and our primary care engagement lead will work with PPGs to ensure that practice websites are kept up to date and are responsive to patient needs.</p>

Appendix 7: Action Plan for Barnet – implementing the priorities locally from the Standard Commissioning Framework (SCF) aligning to Transforming Primary Care in London.

Proactive Care P1	
Primary care teams will work with communities, patients, their families, charities and voluntary sector organisations to co-design approaches to improve the health and wellbeing of the local population	<p>The CCG's Patient Reference Group is a group of local people and local organisations representing the interests of the different groups in our local community. We have set up the PRG to:</p> <p>Create a two-way communication channel between patients, carers, local residents, and the CCG</p> <p>Create a forum where the CCG can engage with patients and the public in the planning, co-design of health services.</p> <p>Specific events organised for providers and service users to allow to help the CCG to identify what our commissioning priorities should be and to develop commissioning intentions for 2016/17</p> <p>The CCG Continuing Health Care team are working case by case, engaging patients, carers and families to profile support for End Of Life to ensure more people live and die in their preferred choice.</p> <p>Existing Support Services commissioned from voluntary sector such as Alzheimer's Society: "Singing for the Brain"; "Day Service"; "Dementia Advisers"; "Dementia Cafes"; "Altogether Better"; "Later Life Planning".</p> <p>The demographics of Barnet is such that we do not have many hard to reach groups in the same way as populations of other London CCGs, however we have one small initiative where doctors from local practices provide regular sessions at a Homelessness centre</p>
Proactive Care P2	
Primary care teams will work with others to develop and map the local social capital and resources that could empower people to remain healthy; and to feel connected to others and to support in their local community	<p>Re-imagining Mental Health Programme - to develop hubs in Primary Care with a vision to support Mental Health Patients at all levels, signposting them to the right health and social service/organisations to live a healthy and independent life, offering them a full package.</p> <p>This will be co-designed with Service users, carers and ex-users of service.</p> <p>Initiatives already in place are the Twining project - providing employment support to MH patients; the Eclipse project - linking with Job Centre Plus and voluntary organisations.</p>
Proactive Care P3	
Where appropriate, people will be asked about their wellbeing, capacity for improving their own health and their health improvement goals	<p>The priorities for the Public Health team is mainly on preventive care and health and wellbeing. Health Checks for patients and carers taking place in practices; pharmacies and many local authority buildings across Barnet. Care Planning for the Frail & Elderly under the AUA DES and the over 75s national directive.</p>
Proactive Care P4	
Primary care teams will enable and assist people to access information, advice and connections that will allow them to achieve better health and wellbeing. This liaison function will extend into schools, workplaces and other community settings	<p>BILT (Barnet Integrated Locality Team) is a Pilot programme which aim to support the vision of the MDT programme (below) and it includes therapeutic intervention and services. The positive evaluation means that this will now be rolled out across Barnet.</p> <p>Barnet Frail and elderly MDT is a Pan-Barnet initiative - referrals from primary care and acute sector seeing coordinated care plans being put in place to reduce the risk of unplanned admissions and premature placement into nursing or care homes</p>
Proactive Care P5	

Primary care teams will design ways to reach people who do not routinely access services and who may be at higher risk of ill health	Barnet CCG commission sessions from GPs in homelessness project which includes GPs providing locally commissioned services for entrenched and transient homeless.
Proactive Care P6	
Case finding and review service for the top 2% of complex patients	The CCG will be working as a first wave pilot for Right Care to identify the top 2% complex patients to ensure case finding and management can improve their health outcomes and support efficiency. From 3 February 2016 onwards for the duration of the 12 month first wave Right Care pilot.
Proactive Care P7	
Case finding and review for the top 2% of complex patients	The CCG has deployed a risk stratification tool in GP practices. Each patient list has been stratified, with high risk patients being classified using the defined algorithm. Clinical judgement also plays a part in confirming/identifying high risers (who have not been picked up in between system data refreshes). Currently GPs are asked to review the top 2% of the identified high risk patient (level 3) as part of the admissions avoidance work. The work is taken through the CCG's integrated Care programme.
Accessible Care A1	
Patients will be given a choice of access options and should be able to decide on the consultation most appropriate to their needs.	<p>With the systems resilience funding the CCG has actively provided additional primary care access in order to reduce on A&E and the WIC (1 million). Additional GP and Nurse sessions for Winter Pressures 2014/15 and April 15.</p> <p>Practices participating in the AUA DES will already have for call & recall systems in place for vulnerable patients. CCG are developing a wider Frail and Elderly strategy.</p> <p>Direct Urgent booking into GP appointments by 111. Patients are signposted to appropriate clinical needs and patients have a choice of services that are available.</p> <p>Barnet has 3 Walk In Centres providing urgent primary care access from 8 to 8 and weekends. Additional to this the CCG is developing 7 day access to GMS services (pre bookable appointments) as per the Five Year Forward View challenge, the NHSE Transforming Primary Care in London A Strategic Commissioning Framework. Learning is being applied from the PMCF application process and working with neighbouring CCGs to develop a system wide solution. The plan is to commission this service at scale and get local providers (OOH; WICs; and networks) to collaborate in provision. The high level proposal has been approved.</p> <p>Submission has been made as part of the Systems Resilience funding for 2015/16. This funding if made available will be invested to extend The primary care access scheme - two hubs initially with a wider extension of this should central funding be confirmed.</p>
Accessible Care A2	
Patients will be required to only make one call, click or contact in order to make an appointment. Primary care teams will maximize the use of technology and actively promote online services to patients including appointment booking,	Data Sharing project - Initial plan is to enable practices to share patient records, and second stage to connect provider organisations to GP systems with the use of MIG to ensure enhanced and seamless service. The community license agreements have been agreed by the LMC and will be rolled out for sign up Sep 15.

prescription ordering, viewing medical records and email consultations.	
Accessible Care A3	
Email consultations (A2)	The CCG supports support the implementation of electronic consultations across all our practices, planning work at NCL to support the development of a joint bid for e-consult to facilitate the rollout of electronic consultations to be put into place for 2016/17.
Accessible Care A4	
Patients will be able to access pre-bookable routine appointments with a primary health care professional (see 'workforce implications' for the proposed primary care team) at all practices 8am – 6.30pm Monday to Friday and 8am to 12 noon on Saturdays. An alternative equivalent patient offer may be provided where there is a clear, evidenced local need.	As A1 above
Accessible Care A5	
Routine opening hours	The pilot for the delivery of this service which is accessible by all GP practices in Barnet, through shared access to records and appointment book commenced in December 2015, it will be evaluated to assess the effectiveness, and patient experience. On the day booking arrangements, currently directed through 111, looking into the ability for A&E to book direct. Recurrent funding is required to take forward the pilot (dependent on the evaluation) from May 2016. Pilot – December 2015 to April 2016. Recurrent funding applied for
Accessible Care A6	
Extended opening hours	There are three WICs in the Barnet area that see in excess of 125,000 patients per year in three convenient locations within the Borough. Opening hours of two WIC until 10pm 7 days a week. Looking at the potential for the Barnet Federation to locate a GP at the front door of the A&E to prevent unwarranted admissions.
Accessible Care A7	
Extended opening hours	In addition to Saturday morning extended appointment, the Barnet Federation is also providing additional appointments on a Friday and Monday evening and Sunday morning. Discussions are on-going about the ability to extend additional access to weekdays. The pilot will be evaluated, see A3 above. We are engaging with Barnet Healthwatch regarding patient need for additional hours – initial feedback is a preference for more weekday appointments rather than weekend appointments. 6 month contract with an option to extend for a further 12 months prior to sustainable service procurement.
Coordinated Care C1	
Practices will identify patients who would benefit from coordinated care and continuity with a named clinician, and will proactively review those	BILT (Barnet Integrated Locality Team) is a Pilot programme which aim to support the vision of the MDT programme (below) and it includes therapeutic intervention and services. Following positive evaluation this pilot will now be rolled out across Barnet Barnet Frail and elderly MDT is a Pan-Barnet initiative - referrals from primary care and acute sector seeing coordinated care plans being

that are identified on a regular basis.	put in place to reduce the risk of unplanned admissions and premature placement into nursing or care homes. This provides intensive support to patients at risk. A weekly meeting of senior level MDT takes place to provide case by case review. Practices participating in the AUA DES will already have for call & recall systems in place for vulnerable patients. CCG are developing a wider Frail and Elderly strategy.
Coordinated Care C2	
Patients identified as needing coordinated care will have a named professional who oversees their care and ensures continuity.	As above – this is part of the BILT programme across Barnet
Coordinated Care C3	
Continuity of Care – patient having a named GP	It is a contractual requirement that every patient has a named GP. Capital IT bid submitted to implement the digital shared record in 2016/17.

DRAFT

Appendix 8: Public Health input for Strategic Framework for Primary Care

Public Health Priorities:

Better CVD management	Improve diabetes management
Mental Wellbeing	Greater focus on latent TB programme
Wider tobacco control such as shisha	Obesity - particularly children and pregnant women and commissioning of tier 3 services
	Linking into early years services

[Better CVD management \(greater focus on prevention & address variation in primary care \(diagnosis, management and early intervention\)\)](#)

In the London Borough of Barnet (LBB), CVD is the top cause of premature mortality, especially among the population under 75 years of age. Data for 2012-2014 show that the Barnet death rate due to preventable CVD in those aged less than 75 years was 39.3 per 100,000 and was higher in males (57.1) compared to females (23.5).

Barnet spends too much on acute hospital care for CVD. Primary care can help reduce the need for this. Making Every Contact Count (MECC) could prove very useful. MECC is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change. To do this, organisations need to build a culture and operating environment that supports continuous health improvement through the contacts it has with individuals.

MECC involves:

- systematically promoting the benefits of healthy living across the organisation
- asking individuals about their lifestyle and changes they may wish to make, when there is an appropriate opportunity to do so
- responding appropriately to the lifestyle issue/s once raised
- taking the appropriate action to either give information, signpost or refer individuals to the support they need.

[Commissioning for value focus pack Clinical commissioning group: CVD pathway - NHS BARNET CCG, December 2014](#)

This focus pack or deep dive looked at an agreed programme area (CVD) to understand variation and improve the value of commissioned services across the pathway.

Overarching messages for the CCG

- Significant benefit to patients if improvement to primary care management indicators were made
- High cost for stroke emergency admissions

- High number of admissions for: CHD emergency admissions (male), stroke emergency admissions (male), heart failure emergency admissions (female)
- High length of stay for: CHD elective admissions (male), angiography procedures (female)
- Low percentage of stroke patients discharged to usual place of residence

Summary - Primary care

- 19 out of 27 primary care indicators are worse than the benchmark.
- QOF indicators have been used but exceptions have been included in the denominator.
- The following 5 indicators are in the worst quintile, the potential benefits based on achieving the benchmark are shown in brackets:
 - o AF & CHADS2 score >1, % anti-coagulation drug therapy (182 more people)
 - o % stroke patients referred for further investigation (105 more people)
 - o % MI patients treated with ACE-I, Anti-platelet, BB, statin (47 more people)
 - o AF & CHADS2 score of 1, % anti-coag/platelet drug therapy (29 more people)
 - o % HF patients due to LVSD treated with ACE-I or ARB (20 more people).

Number of Indicators where CCG has room for improvement

Prevention

1/5 prevention indicators worse than England benchmark:

- Percentage of adults with low levels of physical activity = 5,451 people

Prevalence

2/3 of the observed to expected prevalence ratios are worse than the England benchmark:

- Hypertension observed to expected prevalence ratio = 3,834 people
- Stroke observed to expected prevalence ratio = 326 people
- CHD observed to expected prevalence ratio = N/A (not below benchmark)

7/7 disease groups had a higher prevalence than the England benchmark:

- CVD prevention register = 1,589 people
- Atrial fibrillation = 182 people
- Peripheral arterial disease = 35 people
- Heart Failure = 127 people
- Hypertension = 610 people
- Stroke = 504 people
- CHD = 938 people

[Improve diabetes management](#)

With the present levels of obesity and the estimated increases in the size of the population, the number of cases of diabetes is set to rise dramatically. Increasing prevalence of long term conditions, particularly diabetes, chronic cardiac conditions and dementia will severely stretch the emergency and hospital services unless better management in the community is achieved.

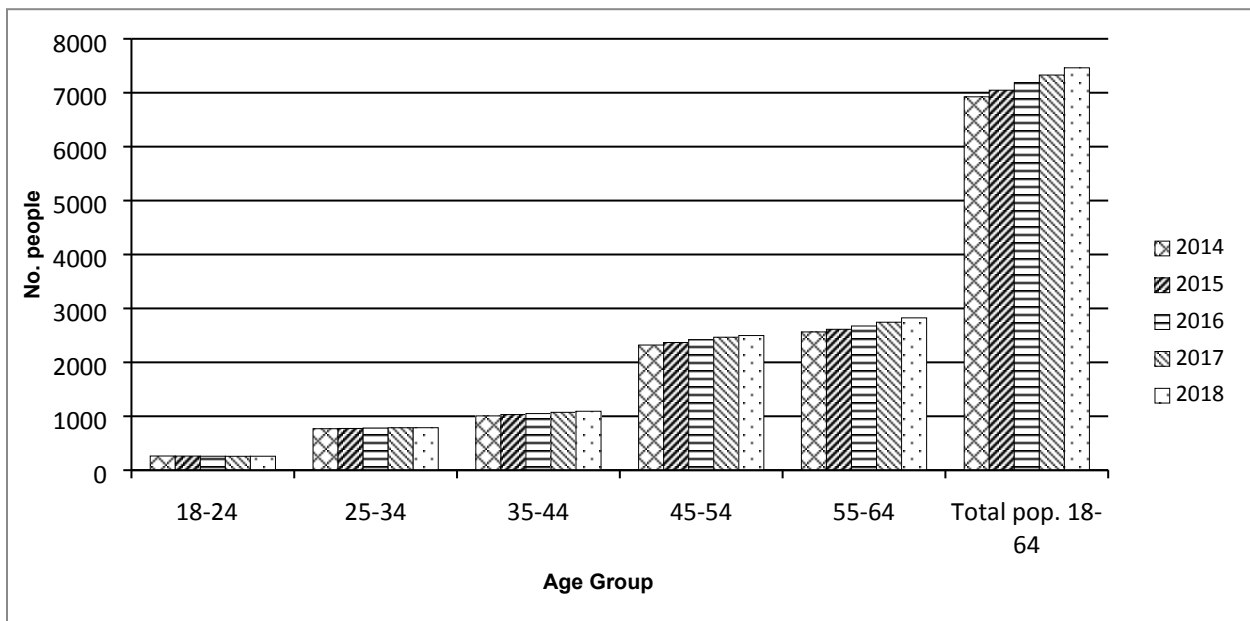


Figure 1. People aged 18-64 predicted to have either Type 1 or Type 2 diabetes, by age and gender, projected to 2018.

Source: Projecting Adult Needs and Service Information System.

According to 2014/15 QOF data, the prevalence of diabetes in Barnet (amongst people aged 17 and above) is 6.0% and significantly lower than the level in both England and London. Estimated total (diagnosed and undiagnosed) prevalence of diabetes in 2015 in Barnet adults (8.3%)¹¹

However, the National Diabetes Audit 2012-2013 recommended that the Barnet CCG should review its diabetes care providers to reduce the risks associated with diabetes and use different approaches including exercise, diet composition, weight management, smoking, glucose control, blood pressure control and cholesterol control. These recommendations should be taken seriously and

North Central London Transformation Plan - CVD

Recommendations

- Patient and community participation in healthy lifestyle and self-management
- Scale up secondary prevention and early detection initiatives.

Outcomes

- Earlier diagnosis
- An additional 85,000 cases of high blood pressure detected and controlled
- Improved self-management.

Impact

- 900 fewer strokes over 5 year period after we reach Canadian levels of BP control
- 400 fewer heart attacks over 5 year period
- Over £18million saving to NHS over 5 year period
- 5000 fewer patients with diabetes with poorly controlled BP
- 10,000 fewer people with diabetes with high cholesterol levels
- Increased number of newly diagnosed diabetes cases receiving structured patient education

¹¹ Public Health England. [Diabetes Prevalence Model for Local Authorities and CCGs](#).

- Reduction in undermanaged AF
- Reduction in early deaths
- Reduced health costs.

North Central London Transformation Plan -Mental Wellbeing

Recommendations

- Better diagnosis and early identification
- Timely access to effective treatment services – CAHMS, IAPT
- Systematic scaling up of effective employment and support programmes
- Addressing stigma and discrimination.

Outcomes

- Earlier diagnosis and treatment
- Increase in employment for people with mental health

Impact

- Reduction in health costs
- Reduce morbidity, deaths and inequality gaps

Greater focus on latent TB programme

TB in Barnet is more common in men in all age groups but it involves more females in the 20-29 years age group. The majority of TB patients were born abroad and about 28 % came to the UK within the previous 4 years. In Barnet, the most common ethnic group having TB is people of Indian origin (35%), which is followed by mixed / other ethnic background (26%) and black Africans (20%). In addition, Barnet has a higher number of drug resistant TB cases than the average number of these cases in London¹²

Evidence shows that involvement of local communities helps in creating awareness and successful completion of treatment of latent TB¹³. To raise TB awareness in local communities identified as being most likely to be affected by TB, Barnet and Harrow public health commissioned a number of TB awareness training sessions during January – March 2015. The training sessions were attended by more than 60 local community groups, service managers and interested individuals. In addition, TB workshops and a seminar on the world TB day (24th March) were organised that brought together local advocacy and community groups, national TB and local clinical and public health expertise to discuss TB related issues and local needs. A local TB grant scheme has been developed and opportunities for local community groups and organisations to bid for small sums to support local TB advocacy awareness are now being rolled out.

¹² Public Health England. (2013) [Local authority TB profiles \(2012 data\)](#).

¹³ Gupta et al. (2015) [Tuberculosis among the Homeless — Preventing another Outbreak through Community Action](#). *N. Engl. J. Med.* 372 (16):1483-1485.