

	Health and Wellbeing Board 15th September 2016
Title	NHS Barnet Clinical Commissioning Group – Primary Care Progress Report
Report of	Director of Strategic Development
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Risk stratification – patient leaflet – please note that the content will broadly be the same, but with the Barnet CCG logo to be completed when staff member returns from annual leave Appendix 2 – Risk stratification – implementation with practices – as shared with the Local Medical Committee
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<h2>Summary</h2>
<p>Barnet CCG agreed and published its Strategic Framework for Primary care ¹ at the CCG Governing Body meeting on 26th May 2016. This has three broad workstreams of: Accessible Care, Proactive Care and Co-ordinated Care. These workstreams are underpinned through three enablers of: Information management and technology (IM&T), estates and Workforce.</p> <p>Once published it was agreed that the CCG would engage further with GP member practices to ascertain priorities for the framework and commence an implementation plan during 2016/2017.</p>

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<http://www.barnetccg.nhs.uk/Downloads/boardpapers/20160526/Paper%2015.0%20Barnet%20CCG%20-%20Strategic%20Framework%20for%20Primary%20Care%20FINAL%20DRAFT%20-%20V8.4%2020%2005%202016.pdf>

This report outlines activities that have taken place since formal approval of the framework and begins to articulate the messages coming out of the engagement work to develop the strategy and its implementation.

Recommendations

- 1. That the Health and Wellbeing Board notes the progress made by Barnet CCG on Primary Care issues related to the Strategic Framework.**
- 2. That the Health and Wellbeing Board notes the planned programme for delivery on future aspects of the Strategic Framework for Primary Care, including the initial considerations for reducing acute activity and re-provision within the community.**
- 3. That the Health and Wellbeing Board notes the additional activity related to the Sustainability and Transformation Plan across North Central London CCGs.**

1. BARNET CCG PROGRESS REPORT – PRIMARY CARE

BACKGROUND

- 1.1 Barnet CCG formally approved the Strategic Framework for Primary Care at its meeting on 26th May 2016 following comments and changes made at the Health and Wellbeing Board when presented with the final draft paper on 12 May 2016.
- 1.2 This report shows some of the activities that have taken place since then and plans for future delivery.
- 1.3 High-level work continues across Barnet CCG along with the other four CCGs making up the North Central London approach towards the Sustainability and Transformation Plans (STP). These plans include wide-ranging transformation plans to deliver care in fewer, larger centres, with a range of services, some of which may have traditionally been provided in secondary care settings.²

Technology

- 1.4 One important aspect of the Primary Care Strategy, and identified as an urgent work piece is the commissioning and deployment of a new Risk Stratification Tool – which straddles all three workstreams of Proactive, Accessible and Co-ordinated Care. Further draft information can be found at appendix 1 and 2.
- 1.5 Risk stratification or case finding is a process GPs use to help them to identify and support patients with long-term conditions and to help prevent un-planned hospital admissions or reduce the risk of certain diseases developing such as

² <http://www.barnetccg.nhs.uk/Downloads/News%20items/NCL-STP-progress-update-30-June-2016.pdf>

type 2 diabetes.

- 1.6 The CCG also uses risk stratified data to understand the health needs of the local population in order to plan and commission the right services. The CCG does not have access to personal data. The information is de-identified or pseudonymised before being received by the CCG.
- 1.7 Pseudonymisation is a technical process that replaces identifiable information such as a NHS number, postcode, date of birth with a unique identifier, which obscures the 'real world' identity of the individual patient to those working with the data. It is used to preserve the patient's privacy and data confidentiality. It allows records for the same patient from different sources to be linked to create a complete longitudinal record which is comprehensive clinical summary of that patient's condition, history and care. We use a system from NHS Arden to undertake this process.
- 1.8 Linkage of data from different health is undertaken enabling the processing of data and provision of appropriate analytical support for GP's and CCG's whilst protecting the privacy and confidentiality of the patient(s).
- 1.9 Technical and organisational measures are in place to ensure the security and protection of personal confidential data. Robust access controls are in place to ensure only GPs are able to re-identify information about their individual patients with their consent when it is necessary for the provision of their care.
- 1.10 NHS England have recently allowed initial phase 1 approval for our central primary care bid for £1.5m towards a fully integrated digital shared care record system. This will allow clinical staff in primary, acute and community services to see and write back essential clinical information – removing duplication and allowing faster decision making to take place.
- 1.11 The CCG, together with others in NCL are developing a new specification for supporting practices with developments and use of IM&T, especially with regards upgrade of equipment, sharing data and working in integrated teams. This revised support contract aims to be ready by April 2017.

Engagement

- 1.12 The CCG has completed initial engagement with all 62 member practices through a series of workshop events attended by General Practitioners (GPs), practice managers, nurses, health care assistants and pharmacists. The CCG also received a 360 degree feedback report from member practices which clearly showed an urgent need for the CCG to engage more proactively with practices. As a result we have re-invigorated the locality meetings (three for Barnet) where members can meet to discuss strategic and operational aspects of running and commissioning services.
- 1.13 Healthwatch remain a valuable resource and partner in understanding patient/community needs and feedback on specific services – both positive and negative. A CCG officer is attending sessions with Healthwatch to further

help explain the role and processes undertaken across the CCG for volunteer members so that they are better informed and feel able to comment on our strategic vision and plans further as they develop.

Estates

- 1.14 NHS England have also approved the initial assessment phase for 8 estate schemes to significantly expand and modernise primary care estates especially at Colindale and Grahame Park, but if approved will also allow work to start in other areas of Barnet seeing significant pressure on the physical locations of our practices.
- 1.15 Further estate improvements have been approved by the CCG for local (smaller scale) Improvement Grants. Final decision on these will be made by NHS England shortly, but will help address some aspects of poor quality within buildings of specific GP practices locally including providing additional rooms – and in turn additional appointment slots for patients.
- 1.16 BCCG are in the process of approving and publishing a revised Strategic Estates Plan. This plan takes the estates elements of the General Practice Forward View publication³ to ensure that we gain maximum advantage of available funding and plan for an estates profile that delivers the improvements to health care. We aim to share the approved plan by September 2016.

Decision Making

- 1.17 The CCG recognised that some of our internal processes and systems were dis-jointed resulting in delayed decision making and lack of clarity on our direction. The CCG commissioned the Good Governance Institute to review our processes and has just released to us a report with a number of recommendations. These will impact on primary care in terms of helping to ensure decision making is clear and robust, with a clear plan for delivery and accountability. The board are considering that report and actions that we should undertake in coming weeks. This report will also have an impact on the way we work with the other 4 CCGs in NCL, so we are moving carefully together in consideration of the wider timetable for commissioning intentions.

Quality

- 1.18 We continue to work with NHS England (London) on improving quality across Primary Care. A newly devised quality report which brings together patient survey data, complaints, CQC reports and contractual reporting will now be received on a regular basis to the CCG Clinical Quality Team. NHS E have also revised their support package for practices struggling to meet certain contractual aspects so that they can find the time for clinical staff to improve the running of practices and improve clinical care.

³ <https://www.england.nhs.uk/ourwork/gpfv/>

1.19 BCCG are pleased to report that a total of 45 practices (73%) have now been inspected by the Care Quality Commission (CQC)⁴

38 were rated as Good (61% of practices or 84% of inspected practices)

None of our practices have been graded as Outstanding. We have 7 practices that we are supporting alongside NHS E:

4 are rated as Requires Improvement (6% of practices or 9% of inspected practices):

- Dr Isaacson and Partners,
- The Village Surgery,
- Lane End Medical Group,
- Bicknoller Surgery

3 have been rated as Inadequate (5% of practices or 7% of inspected practices)

- Boyne Avenue Surgery
- Watford Way Medical Centre
- Woodcroft Medical Centre

BCCG together with NHSE and the Local Medical Committee are assisting the 7 practices above with regards clinical leadership, operational changes, training and, where required, physical improvements to practices.

1.20 For the last two years most general practices in Barnet CCG have not participated in the National Diabetes survey. This year, following active intervention by the CCG team, over 50% of practices have submitted data. Once analysed, the data will give us a much more accurate picture of the state of diabetes care in primary care and we can then agree a plan to improve care further and share best practice. This is one example of how we aim to improve clinical quality through delivery of better services, and using data to focus on aspects that make the most difference to outcomes for patients.

1.21 All locally commissioned schemes to improve clinical outcomes, such as anticoagulation, are under review with a plan to group together a number of small schemes into one Long Term Conditions scheme that can be deployed across the whole of Barnet and delivered to a uniform standard in April 2017. This work is being clinically led in partnership with other CCGs in NCL to understand our data, agree costs and improve clinical performance further.

⁴ <http://www.cqc.org.uk/search/services/doctors-gps?location=Barnet%2C%20United%20Kingdom&latitude=&longitude=&sort=distance&la=&distance=5&mode=html>

Users can search by postcode or practice name within the CQC website which is publically available. The link above shows all facilities within 5miles of "Barnet", including some in neighbouring CCGs.

General Practice Federation

- 1.22 BCCG have been working closely with the newly established pan-Barnet Federation of GPs since its inception in 2015. The federation is composed of all 62 member practices and is being seen as a potential vehicle for delivery of services closer to patients' home, out of hospital and for primary care services that traditionally have been difficult to provide out of small practices. The federation are seen as being able to work at scale across the borough, supporting practices with new innovative approaches to healthcare, economies of scale in day to day operations and future-proofing the system during a rapid period of change.
- 1.23 It is widely recognised that a significant amount of clinical activity that takes place in acute hospitals could be safely and effectively undertaken in primary and community settings. We have established a Care Closer to Home group chaired by Dr Ahmer Farooq to look closely and work in partnership with current providers in seeing what can transition out of secondary care. This may mean changing the skill mix of staff within practices and consultant and other hospital staff running sessions in the community.
- 1.24 The GP Federation were initially awarded the pilot to deliver the GP Access (GP Hub) Scheme in December 2015. The CCG team are reviewing the GP Access service which remains a pilot scheme at present, providing some 250 weekly appointments in evenings and weekends across 16 different locations for primary care. We are working closely with NHSE to ensure the additional funding required of c£1m is secured to provide this on a contractual basis for the next three years. Some 10,000 additional appointments have already been provided with very good patient satisfaction survey scores. We have also asked Healthwatch to undertake a Survey Monkey across its members as part of that evaluation. The final report is planned for the September 2016 meeting of the Primary care Working Group within BCCG.

Commissioning Intentions

- 1.25 Commissioning Intentions is the part of the CCG announces what activity it intends to commission or decommission in future years. This work has only just started for 2017/18, but our initial thoughts are:
- a) NCL-wide review of the end to end stroke services pathway and a focus on enhanced community capacity (Early Supported Discharge) with an increased skill base. This will include a reduction in Level 3 inpatients, some of which is already taking place at Edgware Community Hospital, where bed capacity is being used for general rehabilitation.
 - b) A review of the current wound care pathway has identified some gaps in primary care provision. Planned new model will support the delivery of care in a community setting and enable the reduction of unscheduled

attendances to A&E due to wound care breakdown. The model will introduce chronic wound care hubs bridging the gap in service provision between primary, community and acute care.

- c) Improve the Service Specification for Looked After Children (LAC) to reflect new assessment criteria. The nurse establishment needs to be increased to achieve recommended caseload levels for WTE nurse. Further work is also required to improve the quality of reporting under the current Locally Commissioned Service agreement with primary care. Current service specification with RF(L) is out of date and needs reviewing in the light of new legislation for SEND. The new timeframes in particular, will put pressure on the community paediatrics pathway.
- d) The CCG seeks to develop a fully integrated model of care with dedicated Multi-Disciplinary Teams (MDT) working as a system, in community settings, to deliver a responsive and tailored health care service to people with neurological conditions across Barnet. Thus ensuring that NHS resources are directed towards investing in quality and not paying for the costs of failure, as has happened in the past. The aim would be to reduce unplanned and avoidable admissions to hospital and to improve medicine's management through changes to prescribing practice. The objective will be to ensure the onward care of a patient is prioritised by moving patients out of an acute bed and moved on to the patients most suited onward care journey in a reasonable timeframe. Important features include the trusted assessment between health and social care, in-house reablement and rehabilitation, and care co-ordinators to support patients and their families throughout the discharge process
- e) Decommission routine follow ups from secondary care, and re-commission from community/primary care providers. This will be across a number of clinical specialities, identified in partnership with RightCare (NHS E) and the current providers with local GPs where it is safe and suitable to do so.
- f) Review of Walk In Centre commissioning arrangements as part of the wider urgent care review and Finchley Memorial Hospital development to enhance primary care service

Workforce

- 1.26 One key enabler is our workforce. BCCG are pleased to have recommissioned CEPN – Community Educators Provider Network - across Barnet to deliver another 12 month programme. In primary care this includes supporting trainee GPs, providing additional clinical training opportunities for GPs and Nurses and a new course for health care practitioners in primary care. We will also continue to support clinical staff wishing to return to practice with catch up courses and training.

CEPN have also agreed to continue the multi-disciplinary training sessions with practice staff and local pharmacists planning on how together, they can help deliver more effective healthcare.

- 1.27 In 2015 we held a very successful Practice Nurse development day. We are repeating that day in November 2016 with new items to allow discussion and sharing of best practice at a local level within practices.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board are asked to note the progress made to the wider work programme for Primary Care in the local NHS.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not relevant to the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 The work programme will consist of:
- Developing the detailed Implementation Plan following the receipt of the practice engagement sessions
 - Providing details of the commissioning intentions affecting primary care
 - Publishing the revised Estates Plan
 - Sharing the results of the ETTF bids in IM&T and estates
 - Commissioning a revised GP Access Scheme for evening and weekend GP appointments
 - If known, sharing details of the new commissioning arrangements for primary care if devolution goes ahead.
- 4.2 The CCG will provide a further update on progress of Primary Care matters in 6 months time – March 2017.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Monitoring reports of service developments will be available via the governing body reports and progress on delivering the framework approaches reported back to HWBB in March 2017.
- 5.1.2 The Joint Health and Wellbeing Strategy 2015-2020 has been referenced in the development of the CCG's primary care strategy and approaches to improving health outcomes.⁵ The Strategy supports the overarching aims of the Council's Corporate Plan 2015-2020.
- 5.1.3 The CCG continue to build good working relationships with Healthwatch for example through consultation work on Level 3 Commissioning in primary care.

⁵ <https://barnet.gov.uk/citizen-home/public-health/Joint-Health-and-Wellbeing-Strategy-2015-2020.html>

The CCG continue excellent relationships with the planning team around major residential developments and future provision of clinical services locally.

5.1.4 The report helps to assure the Health and Wellbeing Board that good progress has been made, and programme plans are in place to continue at pace the transformation of primary care locally, alongside partners.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 This report does not require any additional financial resourcing at this time, all resourcing is either from the BCCG budget or NHS E. Some £1.8m funding under section 106 for estates at Colindale and Grahame Park have already been agreed.

5.2.2 The IM&T project has applied for £1.5m of NHS funds to deliver locally in partnership with Camden a digital shared care record.

5.2.3 The Risk Stratification Tool has been procured at a cost of approx. £120,000 from NHS funds.

5.2.4 BCCG have requested some £4m from the Estates and Technology Transformation Fund (ETTF)(NHS) for 8 schemes across Barnet, and whilst we do not expect to be awarded money for all schemes, all 8 have progressed to phase 2 evaluation with NHS England.

5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 The CCG is aware that in order to engage more widely a greater degree of stakeholder involvement in designing services is required. We intend to achieve this through greater participation through Healthwatch and GP Practice patient groups. Some of these are performing well, with some GPs still to establish groups. We are working with the GP Federation across Barnet to see how we can support such groups and chairs to provider a more holistic feedback and input with service changes and improvements.

5.3.3 The GP Access service carried out a full survey of all patients attending the service which is being evaluated before changes are made to a longer term contract once the pilot scheme stops.

5.4 **Legal and Constitutional References**

5.4.1 The CCG's duties to provide, commission and arrange primary care services are given under the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

5.4.2 The terms of reference of the Health and Wellbeing Board is set out in the Council's Constitution Responsibility for Functions (Annex A) and includes the following responsibilities:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 The programme of delivery is managed through a Project Management Office (PMO) at the CCG. This office logs and tracks all risks and issues that arise during the project deployment.

5.5.2 Risk 1: Project delays caused by staff changes. The CCG has experienced a high turnover of management and project staff in the last 24 months. Whilst this has stabilised in recent months following the arrival of a new, permanent Accountable Officer, the potential for re-organisation remains across NCL. The project plans are shared across the organisation, using a team matrix

delivery approach, with monthly Primary care Working Group meetings taking place. All staff who leave the organisation provide a full written handover plan detailing work aspects completed and planned. The PMO team track all elements of the delivery plan.

- 5.5.3 Risk 2: Funding from the ETTF fails to be granted in part or in full. There is a real risk due to over subscription of the funding allocation across London that we will not realise the whole funding requested. The CCG has recognised the importance of all of the schemes submitted for funding and will prioritise from other budget allocations the IM&T bid above all others. It will also support the Colindale and Grahame Park bids as it recognises the strategic importance of these schemes. Other estates schemes will be placed on hold whilst different funding streams are found.

5.6 Equalities and Diversity

- 5.6.1 All senior management staff have completed Equality and Diversity training to ensure that the team are fully aware of their obligations.
- 5.6.2 Data extract reports are being examined to see what the CCG can do to ensure good access of services for patients from protected characteristic groups. Written reports from all providers are provided on an annual basis to ensure those that we commission to provide services complete their obligations too.
- 5.6.3 The Equality Act 2010 outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 Consultation and Engagement

- 5.7.1 The CCG recognises that it is important that we improve engagement with member practices. During June and July we held nine workshop events attended by over 100 clinical and operational staff in primary care including GPs, nurse, managers and pharmacists. These sessions are being evaluated to help us prioritise the elements in the strategic framework for delivery during this and subsequent years.
- 5.7.2 BCCG welcomes further input and discussion with key stakeholders and thanks Healthwatch, the Young Peoples forum and input commissioners and groups for their participation in writing and developing the strategic framework to date.
- 5.7.3 Healthwatch have conducted a Survey Monkey of its members relating to the GP Access scheme

- 5.7.4 Healthwatch are due to attend a workshop on level 3 commissioning on 16th August
- 5.7.5 A drop-in session will be held for primary care staff to discuss level 3 commissioning
- 5.7.6 The CCG has strengthened the 3 locality groups for meaningful engagement with GP practice members
- 5.7.7 CCG have met with LBB planning officers John Allen and Adam Driscoll to share strategic direction and request co-operation and involvement as stakeholder when planning applications considered relating to health needs.

5.8 **Insight**

- 5.7.8 The Strategic Framework acknowledged the information and important aspects of the JSNA in tackling health inequalities. The programme of works aims to ensure that these are further reduced and quality aspects are improved.

6. **BACKGROUND PAPERS**

- 6.1 Strategic Framework for Primary Care, Health and Wellbeing Board, 12 May 2016, item 6:
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8712&Ver=4>