

Primary Care Commissioning Committee 2018/19

Date of Meeting:	25 May 2018
Agenda Item:	3.9
Subject:	Primary Care Team Highlights 2017/18
Reporting Officer:	Kate Hudson
Aim of Paper:	To provide an update to the Committee on the primary care projects delivered in 2017/18.

Governance route prior to Primary Care Commissioning Committee	Meeting Date	Objective/Outcome
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Primary Care Commissioning Committee Resolution Required:	For Information Only
Recommendation	The Committee are asked to note the Primary Care Projects undertaken and delivered in 2017/18.

Link to Strategic Objectives		Contributes to: (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3:	To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7:	To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	All risks had been managed within the individual projects and its associated risk levels and governance.

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Joint Director of Integrated Commissioning, Sally McIvor
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

The Primary Care Commissioning Committee is asked to note the following projects which have either been developed (through the primary care subcommittees) or delivered in 2017/18.

GM Primary Care Reform

An Investment Agreement was developed and agreed between HMR CCG, Rochdale Local Authority, Rochdale Health Alliance, Local Medical Committee and GM Health & Social Care Partnership (H&SCP). The Partnership approved £3.1m share of the Greater Manchester Locality Transformation Fund. The funding will be provided over four years (2017-2021) to support delivery of 7 Day GP access, online consultation, correspondence management and training for Care Navigators and Medical Assistants. As part of delivering Primary Care Reform, HMR practices will have access to GM Resilience Programme and funding direct to Rochdale Health Alliance deliver the NHS England Clinical Pharmacists Pilot.

Rochdale Health Alliance: HMR Federation for General Practice

The CCG has supported HMR GP practices to participate and deliver primary care at scale to drive the Health and social care integration agenda, represent and coordinate 36 GP practices and deliver workflow efficiencies. This was achieved utilising GM H&SCP and HMR CCG funding to support the set-up of Rochdale Health Alliance (RHA), the new GP federation which will aim to improve and increase capability and resilience for all HMR GP practices with the ability to also hold and deliver NHS contracts on behalf of all HMR GPs. As a result of this support and investment, RHA has been trading for over a year now and has demonstrated its ability to deliver primary care at scale and support the delivery of new place based integrated working through CORE+ and other smaller commissions to support the out of hospital agenda. The federation is well placed to represent primary care in the newly formed Local Care Organisation.

Core+ Pilot (Improving Access in Primary Care)

Introduced CORE+ (pilot) outcomes based commissioning framework to reduce GP access variation, support new ways of working and primary care at scale. Core+ pilot was an innovative approach to commissioning GP practices with a single contract covering all 36 HMR GP practices to improve boroughwide access into GP services. The outcomes achieved from the pilot include increased GP opening hours, introduced a clinical triage system supported by active signposting to wider primary care services, increased take up of patient online services and reducing missed appointments. The pilot enabled patients a greater opportunity to feedback and for GP practices to implement suggestive changes.

Core+ Phase 2

Following Core+ pilot going live, the primary care team started developing the specification for Core+ and to build upon the deliverables required for 2018/19. This development would see

redesign of existing Primary Care and Public Health Locally Commissioned Services and Quality Standards into a single outcomes based framework and contract for the Local Care Organisations, which will be delivered in part by HMR GP practices working collaboratively with Rochdale Health Alliance. Through primary care subcommittees, patient, clinical and practice engagement a new outcomes based commissioning framework has been developed to support place based integration and primary care support for key deflection targets within the Rochdale Locality Plan starting from 2018/19.

Primary Care Workforce Strategy

Primary Care Commissioning Committee approved the Primary Care Workforce Strategy in August 2017. The Strategy demonstrates the CCGs commitment to create the right environment for workforce integration, investment and sustainable growth of primary care and the out of hospital services ensuring a sustainable workforce to deliver future care in Heywood, Middleton and Rochdale. The Strategy is underpinned by a comprehensive work programme which will deliver on the strategic objectives:

1. Making primary care attractive including 'Growing our own';
2. Support GPs, nurses and clinicians for education and training;
3. Introduce new roles in primary care; and
4. Support new ways of working which includes collective leadership culture, teaching and research.

The development of the strategy set the CCG vision and aspiration for our future workforce and further fostered new relationships between the CCG, Health Education England and the University of Manchester Medical School. These new relationship has already supported new development in primary care workforce including Enhanced Training practice and Widening Participation programme for under 18s through RHA which will support the outputs expected from Primary Care Academy.

Primary Care Academy

Born out of the HMR Primary Care Workforce Strategy, the Primary Care Academy, a unique concept for the advancement of primary care workforce has been developed into a specification and included as a key intervention for delivery within the Local Care Organisation. The new initiative for HMR and commitment led by the Pennine GP Training Director will ensure that the local conurbation will receive high quality care at the right time, in the right place and from those that possess the right skills. The Primary Care Academy will be committed to providing exceptional standards of education and training, and ensuring that all learning opportunities for HMR staff are focused around placing the patient at the heart of everything they do, whatever their role. The Academy will work with schools, colleges, universities, Health Education England and acute providers. The Academy will also expand and introduce new roles in primary care such Advanced Practitioners, Paramedics and Clinical Pharmacists.

International GP Recruitment

HMR has been successful to recruit International GP via the NHS England national programme. The CCG together with Rochdale Health Alliance had submitted a bid for 15 international GPs. Whilst the national team are addressing issues around visas, language entry tests and validating training, the programme has now started and it is expected that the first of the 15 will arrive in HMR around December 2018.

Focused Care

Focused Care is a model of providing additional capacity into general practice in the most deprived areas. The aim is to make invisible patients the most visible and unpick the complex situations so that patients can transition into a more sustainable, less chaotic and healthier life. The model from the HMR pilot has now been expanded to provide full boroughwide coverage by April 2019, which has shown strong results for patient outcomes and also staff satisfaction, retention and clinical attitudinal behaviour change. Since Dec 2017 to date, over 175 patients and their families have benefited from Focused care in HMR producing positive case studies.

Nurse Mentorship

CCG has supported HMR practice nurses with backfill funding support for training and development. The Nurse Audit commissioned by the CCG to Rochdale Health Alliance identified an aging nursing workforce with potential for many nurses to retire in the next few years, with gaps in replacing and recruiting new nurses in HMR GP practices. The audit also identified variation of practice nurse skills competencies across individual practices with a high number of nurses wanting further training and the opportunities to progress. To begin addressing these issues, key development areas were targeted such as nurse mentorship development and access to a number of CPD Apply courses to support the infrastructure for nurse training and development. Whilst the CCG funding was offered, uptake from practices nurse was low due to existing workload, timing and commitment. The Primary Care Academy will look to revisit and enhance the offer to support the learning and development infrastructure and culture the CCG is keen to establish in HMR practices.

Clinical Pharmacists

Rochdale Health Alliance (RHA) with CCG support was successful in the NHS England Clinical Pharmacist Wave 2 programme. The scheme is now live recruited 5 clinical pharmacists and 1 senior clinical pharmacist over a three year period. The CCG has also invested transformation funding to enhance this workforce with additional leadership level clinical pharmacists to support locality plan outcomes and deflections. Specification is expected to be agreed in June and included within the LCO contract during 2018/19.

Data Quality Audit

Excellent Data Quality is a corner stone of providing excellent health care to HMR patients. It allows accurate reporting for various standards such as QOF, CQC, Quality Standards and Core+, often with financial rewards or consequences for GP practices. It also reduces the risk of serious incidents at practices as incorrect coding could result in patients being prescribed medication incorrectly, referred unnecessarily and generally hamper the delivery of high quality health care across the borough. The audit made a reduction in 16,323 data quality anomalies between July and November 2017 with a further 35 of 36 practices that signed up to the Enhanced Data Collection to validate against those anomalies. Future audit work is included within Core+2 and learning taken from the audits completed within 2017/18 will assist the CCG in defining the audit work that should be undertaken as part of this contract.

Online Consultation

As part of delivering Primary Care Reform, introducing online consultations in GP practices opens up another channel of communications for patient and GP interactions to take place. HMR CCG implemented a 3 month pilot at 4 practices across the borough using Engage Consult software. An evaluation framework has been developed to monitor patient usage and benefits. A successful pilot would see hundreds of patients benefiting from a convenient form of access to the GP Practices, signposting to alternative health care professionals, earlier intervention and reduced practice pressures. The pilot would also aim to encourage patients to self-care for their own health conditions. The pilot currently in progress with outcomes expected be reported in August 2018 and shared with LCO to support the delivery of Core+ 2 contract.

GP Practice Websites

Patients across HMR GP Practices did not have access to consistent information regarding their GP services. Not all GP practices offered an up to date practice website for patient use. Using non-recurrent primary care budgets a project was delivered to support practices implement and develop their practice website to give patients access to information including 7 day access, Patient Online, NHS Choices, Friends and Family Tests. Practices were given financial support to ensure they achieved a minimum standard website specification. As a result of this piece of work patients can now expect to benefit from new up to date websites that are clear and concise and easy to navigate. The websites will improve access from mobile devices and encourage patients to self-care.

Estates Capital Programme

The CCG has supported HMR GP practices invest nearly £969k with £672k capital funding (66%) from NHS England Primary Care Capital Programme in 2017/18. The funding has supported the receiving practice make improvements to be Disability Discrimination Act compliant, Infection Prevention Compliant and remodelling or expansion to accommodate for additional patient growth to existing list sizes. This is believed to be the greatest amount of investment in Primary Care Estates within GM for 2017/18.

ETTF Milnrow New Build Colocation Scheme

A practice led scheme to collocate two GP practices into a single building using existing CCG notional rents and NHS England Estates Technology and Transformation Fund (ETTF) to bridge the gap. Using NHE England ETTF development funds, the CCG has supported both practices with input from the District Valuation Services to run the Pre-Qualification Questionnaire for the practices to select a preferred developer to work up the business cases required for NHS England submission.

Kirkholt New Build Health Centre

The CCG has worked with AA Projects to develop the new build Business Case following the Treasury's 5 case model through the three stages: Strategic Outline Case, Outline Business Case and Full Business Case. The third party development (3PD) scheme is expected to deliver new modern premises for the patients of the Kirkholt area, reduce the annual CCG revenue costs from the existing premises and support the wider regeneration of the area.

GP Practice Quality Programme and Dashboard

The CCG has delegated authority for contracting with GP services and the monitoring of quality within these services. Whilst practices as providers are accountable for the quality of services and are required to have their own quality monitoring processes in place, NHS England and CCGs as commissioners have a shared responsibility for quality assurance. As such, the Primary Care Quality Monitoring Programme has been developed to support all 36 HMR GP practices to deliver excellent quality patient care. All practices will receive a support visit over a rolling programme identifying areas of successes and suggested improvements to ensure practices continue to deliver quality services. A key part of the Primary Care Quality Monitoring Programme is the Primary Care Quality Indicators Dashboard which is used to determine the monitoring level for each practice and provides a systematic process for managing unwarranted variation and tracking of practice progress.

Datix Risk Management - The CCG supports a culture that identifies risks and lessons learnt arising from incidents, which can be shared to promote continuous improvements within Primary Care. To enable this, the CCG has invested in Datix to allow all data to be collated into one place. Reporting will be more accurate and themes/trends can be identified to highlight areas for discussion with practices and other commissioned services to help with improvement of the services. Teams from across the CCG have started to consider implementation risk management using Datix as the tool to record, monitor and manage risks.

Minor Surgery Re-design

The Commissioned services were incrementally costing the CCG on an annual basis which led to the Minor Surgery Locally Commissioned Service (LCS) being redesigned. The new services was commissioned to Rochdale Health Alliance with the aim to reduce the use for cosmetic procedures through tightening the criteria, offer a point of referral for practices who did not offer the LCS through a borough wide service improving equity and ensuring practices were utilising their Direct Enhanced Service caps before accessing the LCS. Between 2016/17-2017/18, a financial saving of £107,380 has been achieved.

Dermatoscope in General Practice

The sub-committee agreed to fund £37k for one Dermatoscope per practice (a light source and magnification lens of x10) and associated training delivered by Salford Royal NHS with the aim

of the initiative to improve the appropriateness of referrals into dermatology services for skin lesions and to reduce avoidable referrals. Training for GP practices will commence from Autumn 2018.

Rochdale Homeless Alliance Response Team (HART)

The primary care committee approved RHAs HART project using non-recurrent funding to support its set up. The HART project aims to provide immediate access to healthcare to the homeless population within HMR. The outcomes include improved health and wellbeing of individuals, management of low level mental health, increased health protection, and reduced inappropriate attendance at A&E, health service contribution to the voluntary community services and system understanding of the scope and demand for services. The project started off with Flu vaccinations which were donated by GP Practices and delivered by local GPs. Take-up was positive with around 20 vaccinations given. The local commissioner for dental services also worked with HART to carry out surveys for a GM wide review of need and access to urgent dental care. The service has gone live since 10th April with volunteer GPs, nurses and admin staff providing care at the Champness Hall Soup Kitchen on a weekly basis (Tuesdays and Thursdays).

PMS Reviews conclusion

NHS England was mandated to undertake reviews of all PMS contracts as there was large variation both nationally and locally, between what a GMS practice receives for the provision of 'core' services and what a PMS contractor receives. NHS England issued variations to all PMS practices with a view to the revised arrangements being implemented from April 2016. This was undertaken and PCCC were kept updated. However HMR had one practice that was unable to complete this process due to on-going legal reasons. The CCG Primary Care Team and the LMC worked with the practice and the new PMS agreement was signed in 2017, drawing this piece of work to a conclusion. There were initially 20 practices identified for review, during this process 4 took up their right to return to a GMS contract and the remaining 16 signed the new PMS variation and revised transitional funding arrangements are in place.

Treatment and Prophylaxis of Influenza in Care Homes

A process was needed to be identified for the residents in care homes who contract influenza. Due to the greater risk to other residents, prophylaxis treatment is advised for some patients. As care homes typically have registered patients from a number of local surgeries, an agreed process was required in order that several GPs are not called out to provide treatment and assessment of close contacts. The primary Care sub-committee approved £3,500 of funding to support a Service Level Agreement allowing BARDOC to undertake assessment and treatment with therapeutic/prophylaxis doses where there is an in hours care home outbreak of influenza during the flu season for 17/18, thus relieving the pressure on GPs.

C-Reactive Protein (CRP) Testing – Reduce inappropriate antibiotics prescribing

CRP testing was introduced across HMR practices to reduce inappropriate use of antibiotics, thereby reducing the risks of developing antimicrobial resistance in the medium / longer term, which will have major implications for us all. The Subcommittee agreed to approve funding for all HMR practices and 7 day access hubs to have CRP testing equipment and strips to support full boroughwide coverage.

Redesigned Quality Standards

The Quality Standards went through a significant re-design from 2016/2017 into 2017/2018. In previous years the Quality Standards were split into three levels of achievement however at the end of 2016/2017, 29 of the 36 practices were achieving the highest level of performance possible. Therefore the standards were redesigned to focus on the higher standards and expectations at level 3 with. As such the standards were streamlined from 86 standards down to 38 to represent this new focus.

Homely Remedies in Care Homes

A list of medicines and process for Homely remedies in Care Homes was agreed. Funding to support training for care home staff administrating homely remedies was also agreed to support the initiation led my Medicines Management. This initiative will be cost effective, supporting earlier symptom management and be beneficial in the care of residents in care homes. It should also reduce the number of GP visits requested by care home staff and reduce the prescribing costs.