

NHS Southwark Clinical Commissioning Group (CCG) – General Practice (GP) Services

Overview Scrutiny Committee –
21 February 2017



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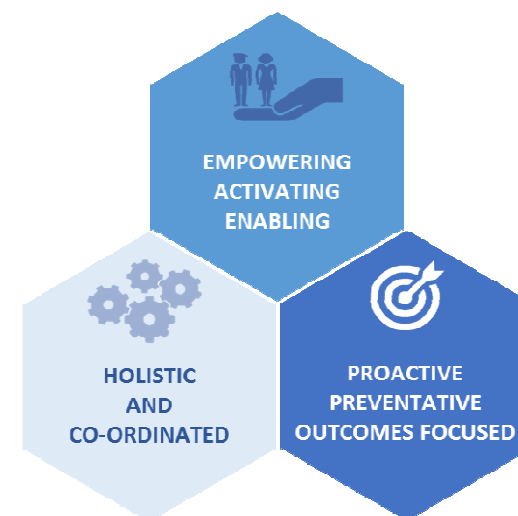
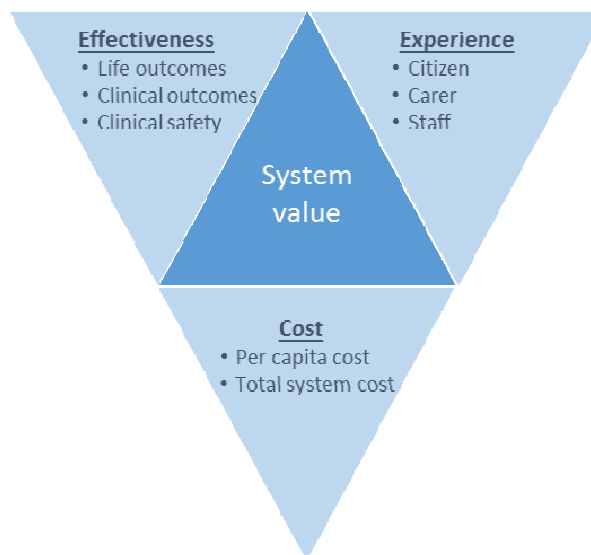
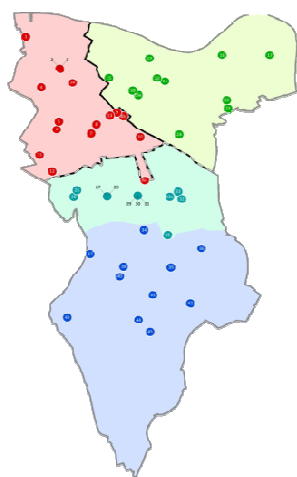
Our strategy is to maximize the value of health and care for Southwark people, ensuring our services exhibit positive attributes of care

We are changing the way we work and the ways that we commission services so that we:

Emphasize populations rather than providers

Focus on total system value rather than individual contract prices

Focus on the 'how' as well as the 'what'



Arranging networks of **services around geographically coherent local communities**

Moving away from lots of separate contracts and **towards population-based contracts that maximize quality outcomes** (effectiveness and experience) for the available resources

Focusing on commissioning services that are characterized by these attributes of care, **taking into account people's hierarchy of needs**

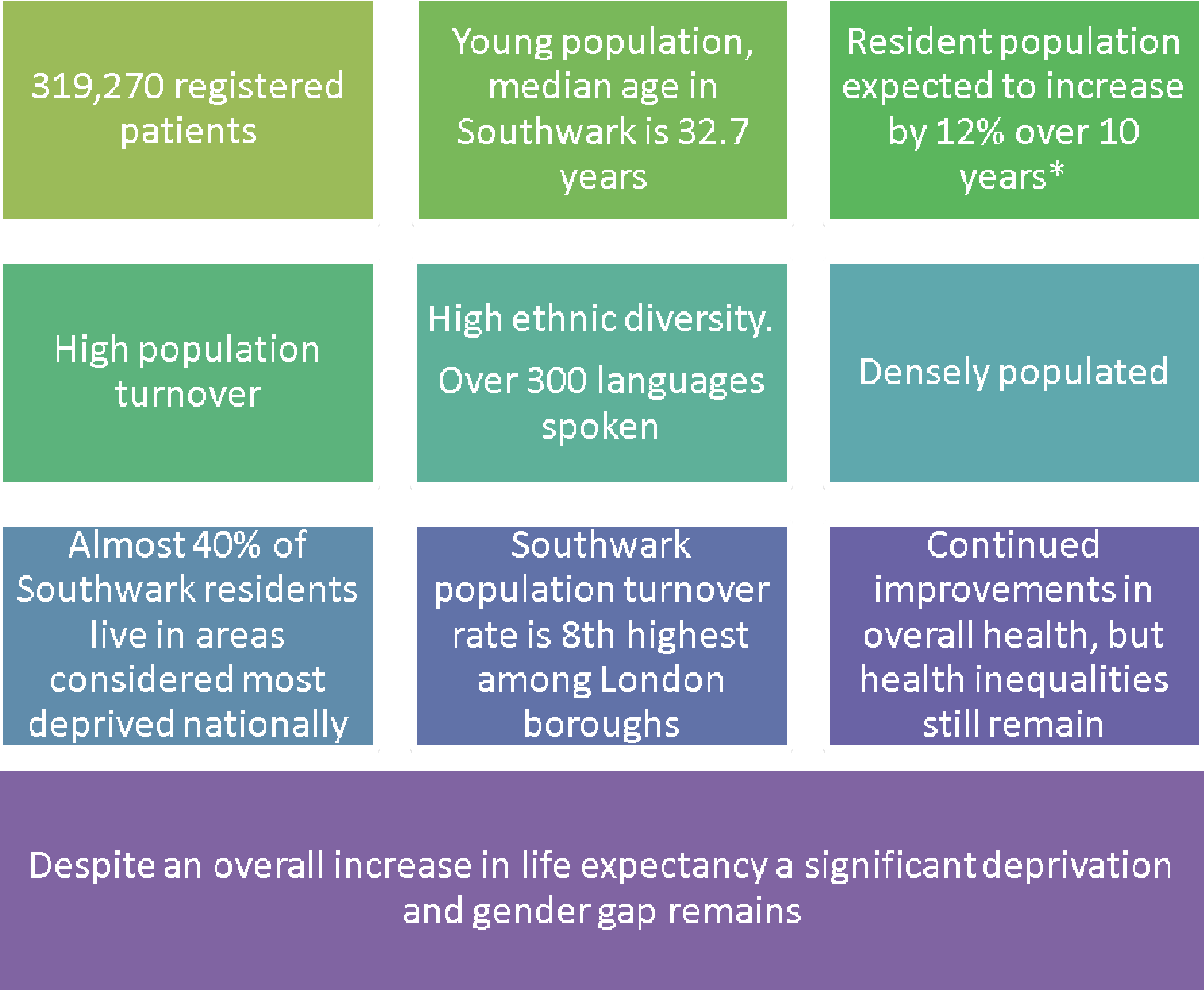
What are our ambitions for Southwark General Practice?

- Our CCG is focused on delivering the best possible outcomes for Southwark people. To achieve this we recognise that general practice, and the registered list, is the best foundation for effective population-based primary and community care, now and in the future.
- Sustaining this approach requires us to value and utilise the strengths of general practice - the personal response to a dedicated patient list. And it also requires us to address some of the pressures and weaknesses in the existing model. As the GP Forward View states clearly, our system needs a “triple reinvention” of the business model, the clinical model and the career model in general practice.
- It is therefore vital that we invest to nurture general practice (and the people who work in it), whilst also broadening the workforce, encouraging collaborative working, and establishing the consistent systems and processes that free up time and resources to devote to improving care for patients. Increasingly this will see local general practices operating together and with other partners (like social worker, the VCS and community care teams) as members of place-based Local Care Networks.
- Our commissioning intentions for general practice seek to create the clarity, investment and practical support so that all Southwark residents benefit from high quality, equitable and sustainable health and care services. Currently there is too much variation in practice, and too little collaboration between practices to serve our local residents in the way that we should.
 - In part this is about simplifying existing contracts and incentives so that practices can focus more time and resources on delivering fewer but more important priorities, such as: improved access; improved prevention; and improved care coordination. This approach will enable our residents to experience less variation and higher quality care.
 - This is also about investing in and ‘pump-priming’ new ways for GP practices to collaborate and share good practice, for example by continuing to invest in the federations that GP practices have setup to help them deliver at-scale and collaborative working, and by supporting the emergence of place-based Local Care Networks.

What is the local situation for General Practice?

Southwark's Population

Information Source: Annual Report of the Director of Public Health 2016 statistical bulletin. Southwark Council: London, 2017



* Does not include recent planning proposals

Challenges for our local population

Information Source: Annual Report of the Director of Public Health 2016 statistical bulletin. Southwark Council:
London, 2017

Rates of preventable mortality are higher in Southwark than the national average

Around 66% of all deaths in Southwark are due to cancer, cardiovascular and respiratory diseases

Prevalence of diagnosed long-term conditions in Southwark is similar or lower than in England

Self-harm admission rates among 10-24 year olds, although lower than London and England rates, are also increasing

1206 alcohol related ambulance call-outs in 1 year costing £480k

Cancer was the most common cause of death, around a third of all deaths in Southwark, significantly worse than London and England averages

There is a 7 year gap in life expectancy between more affluent and deprived areas in Southwark

There are over 2000 adults with dementia in Southwark (4.5% of those over the age of 65)

On average males and females in Southwark are predicted to spend around a quarter of their life with a long-term condition or a disability

Mortality rates for liver disease were significantly worse than the London average

42.1% of 10/11 year-olds in Southwark suffer from unhealthy weight

Prevalence of mental health conditions was 30% and 12% higher compared to England and London prevalence respectively

Southwark GP Services Profile

GP PRACTICES IN SOUTHWARK



-41 GP practice contracts over 42 sites

-3 sites with multiple practices:

- Borough Medical Centre
- Lister Primary Care Centre, Peckham
- St Giles Surgery, Camberwell

-The largest GP practices, Nexus, covers the north of the borough (mainly Borough and Walworth locality with 7 branch sites) and has 58,000 registered patients. The average Southwark practice size is 8,000 registered patients, the smallest is 2,300

-In Southwark there is 1 GP per 1000 registered patients which is comparable to Lambeth (0.95) and South East London average (0.96)

-2 GP federations

- North Southwark Quay Health Solutions (QHS) 21 Member Practices
- South Southwark Improving Health Limited (IHL) 20 Member Practices

What is a GP practice contract and what is the CCG's role?

- We have a mixture of **38 Personal Medical Service (PMS)** - locally agreed contracts - and **3 General Medical Service (GMS)** - nationally agreed contracts (see Appendix 1 for further information)
- NHS England is the responsible GP practice contract holder
- NHS Southwark CCG role regarding GP practices is:
 - co-commissioner of GP service which means we make joint decision with NHS England
 - responsible for improving GP service quality
 - will have full delegated responsibility for commissioning GP services from 1 April 2017
- Primary Care Joint Committee is the current responsible governance structure for GP practice contracts, this includes membership from a local Councillor as well as NHS England, Southwark CCG, Healthwatch and Local Medical Committee (LMC)
- We value and want to utilise the strengths of general practice - the personal response to a dedicated patient list - and address some of the weaknesses and pressures in the existing model
- We have variable quality of service delivering and experience for our patients
- We have an estates strategy that recognises significant investment in premises is needed to deliver both the current and future population requirements
- We have a Digital Roadmap that sets out how we will enable technology and systems to support improved access and use of services for health outcomes
- Our practices report problems recruiting and retaining medical and clinical staff, this is a national issue, the CCG has a workforce plan
- Each GP practice has a Patient Participation Group (PPG) and we have a north and south locality PPG which the CCG supports and meets monthly, enabling direct patient feedback

We monitor local GP practice service issues such as unwarranted variation and quality outcomes via:

- Care Quality Commission Inspections
- Read coded care received by Southwark registered patient lists, monitored by the CCG and NHS England
- Clinically led practice visits including patient experience

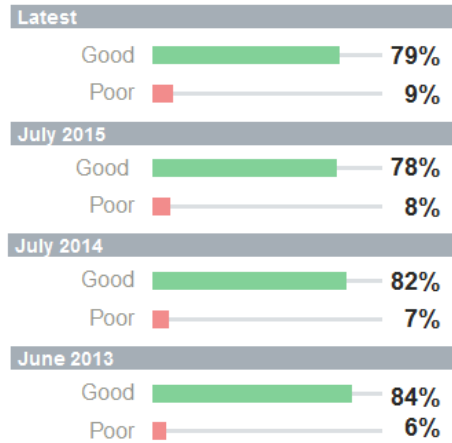
- CQC is an independent regulation of health and social care in England and this is the first time all Southwark practices have received an inspection, this is a national programme
- [CQC](#) began inspecting GP practices in Southwark from April 2015 and will complete all inspections by spring 2017 (see Appendix 2 for further information)
- To date **40 GP practices** have been inspected
- The CCG meets with the CQC and NHS England regularly to discuss the progress of the inspection visits
- The CCG held a Learning Event for practices before the visits commenced which gave information about the CQC inspection process and how the CCG could support practices. The LMC also support this event and support their member practices
- The CCG and NHS England offer continued support to GP practices and follow up with all those in special measures and requires improvements to ensure they develop and deliver their action plan to improve care for their patients
- The CCG has reviewed every report to date and inspection key 'themes' are:
 - Out of date staff training
 - Staff inductions / training not in place
 - HR recruitment processes
 - Medicines management processes
 - Business continuity plans not in place
 - Lack of clinical audit
 - Lack of incident reporting or system in place for learning from incidents
 - Infection control – audit actions not addressed

Outcomes

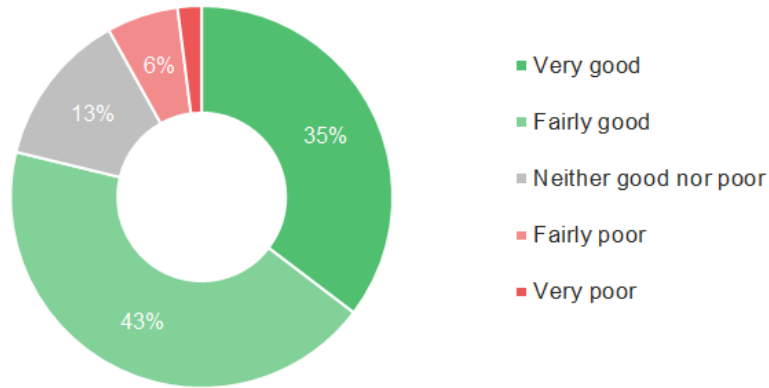
- 37 practices site reports have had their reports published
- 21 practices have been rated as '**Good**' following inspections.
- 7 practices have been placed in '**special measures**' following their inspections, one of which had services suspended for 3 months and has now reopened with CQC approval
 - 5 practices in the north
 - 2 practices in the south
- 1 practice has closed in the north
- 3 practices are currently being managed by a caretaker practice, all in the north of the borough
 - Caretaking arrangements means that the CQC report outcome and improvement actions will still be addressed, some issues relating directly to the previous partners e.g. leadership will have been removed
- NHS England performance manage the outcome of these reports and pending action plans alongside the CCG
- Contractual action i.e. breach and remedial notices will be issued for all practices in special measures and for those practices in '**requires improvement**' as applicable

Q28. Overall, how would you describe your experience of your GP surgery?

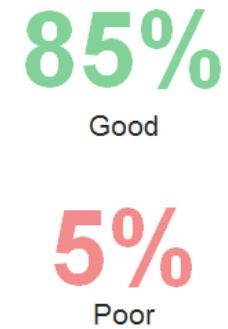
CCG's results over time



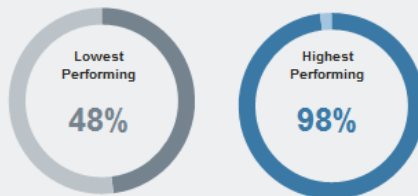
CCG's results



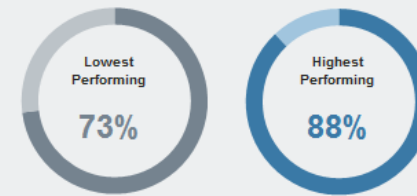
National results



Practice range in CCG – % Good

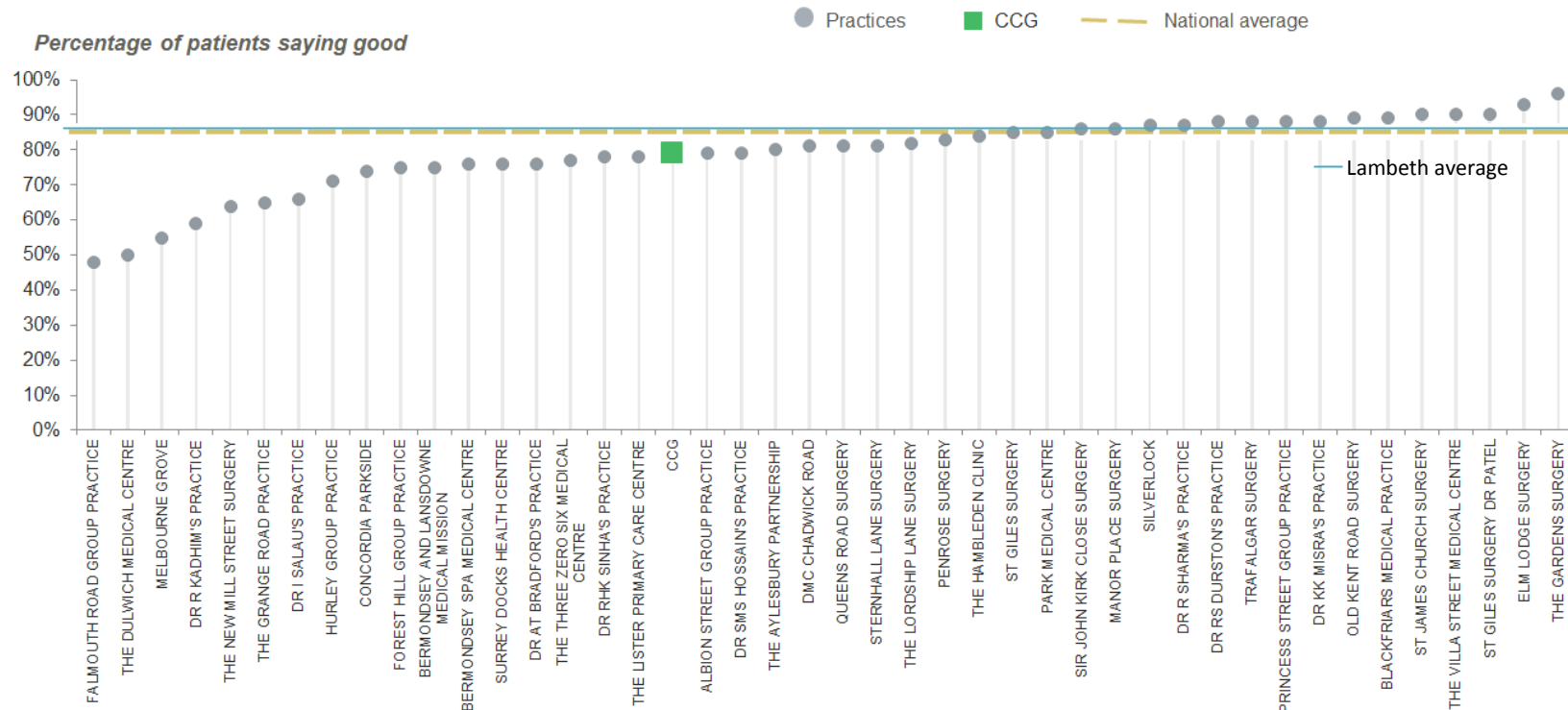


Local CCG range – % Good



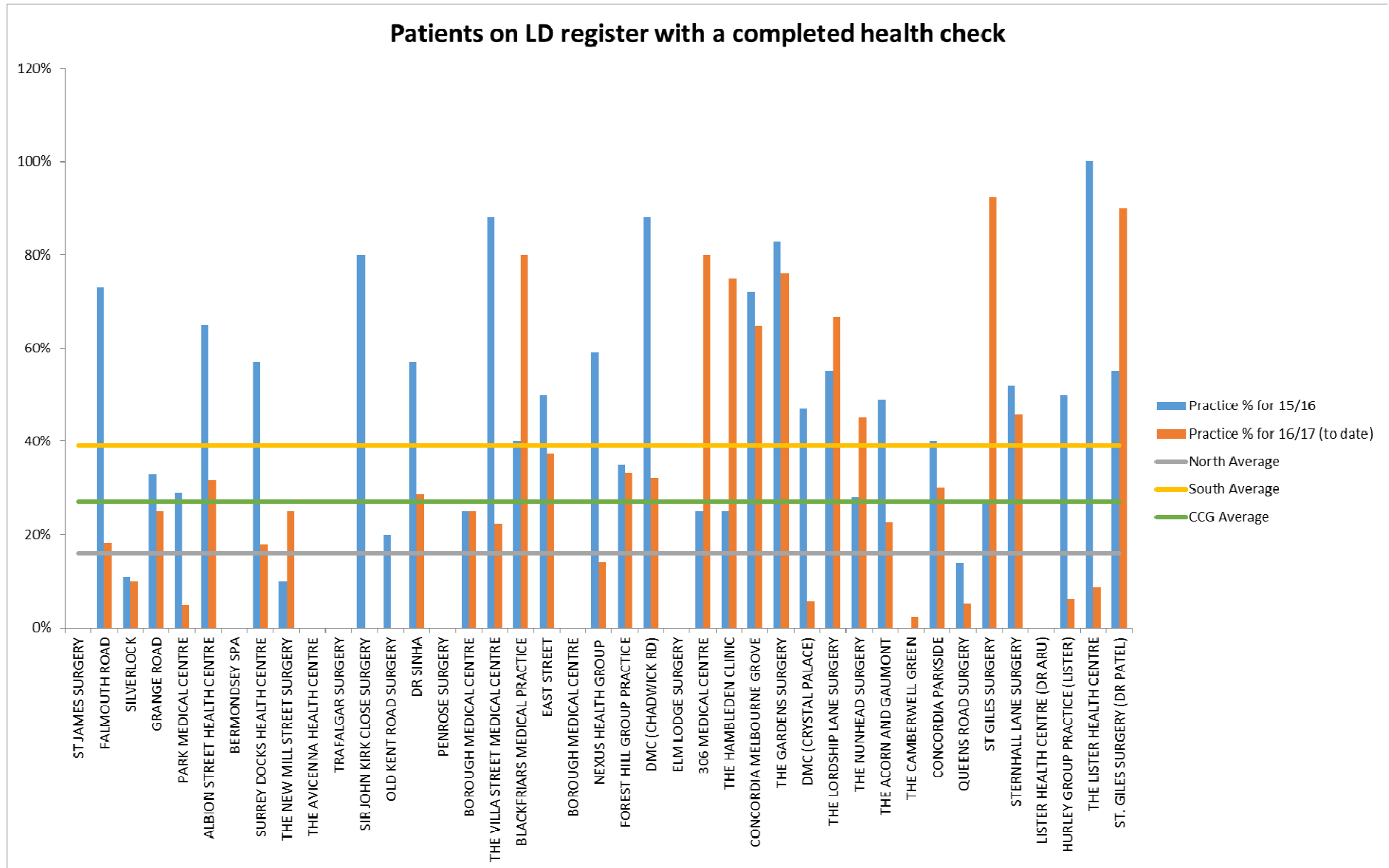
By GP Practice

Q28. Overall, how would you describe your experience of your GP surgery?



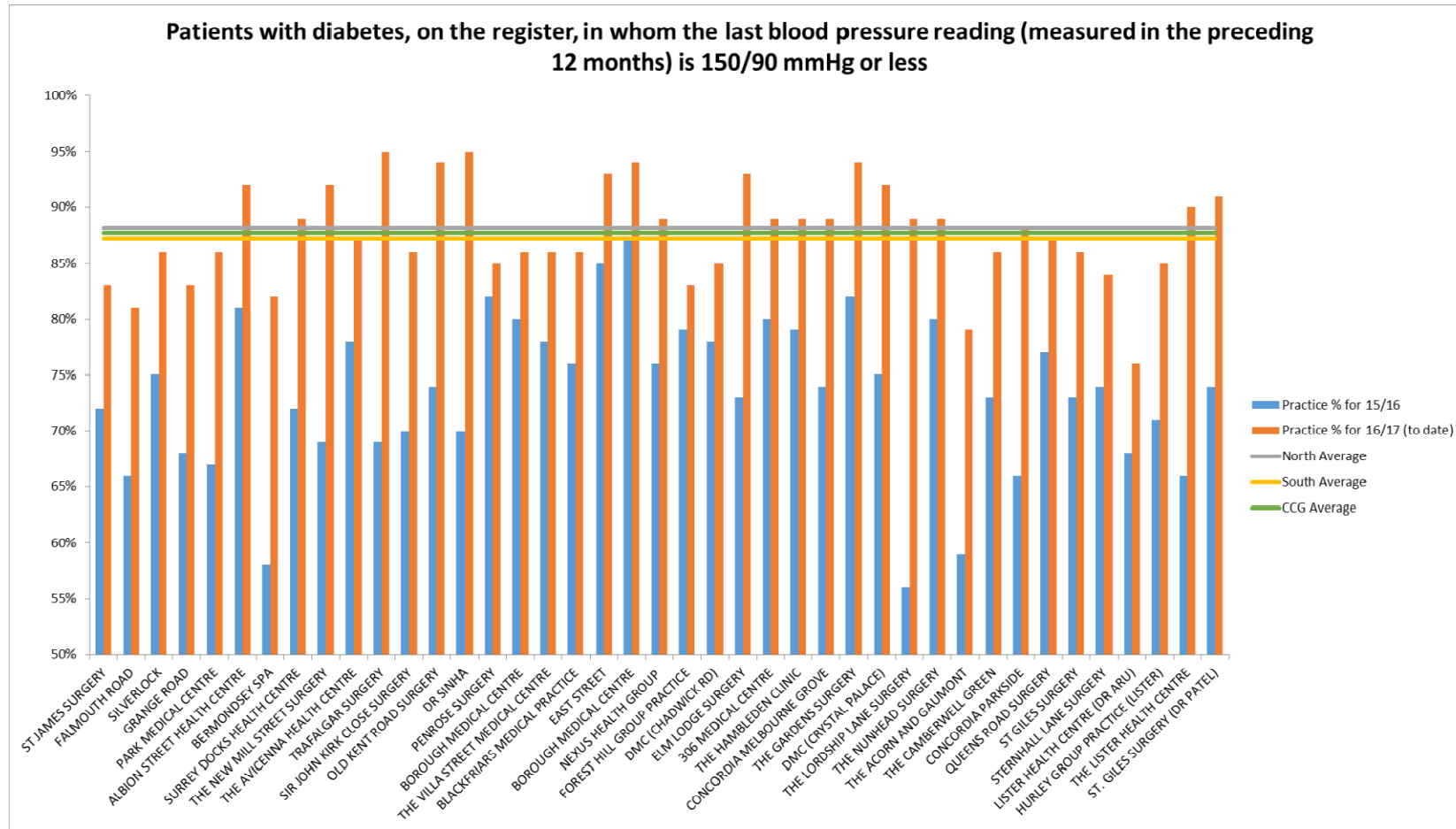
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Patients who have a Learning Disability who have received and have record of a health check



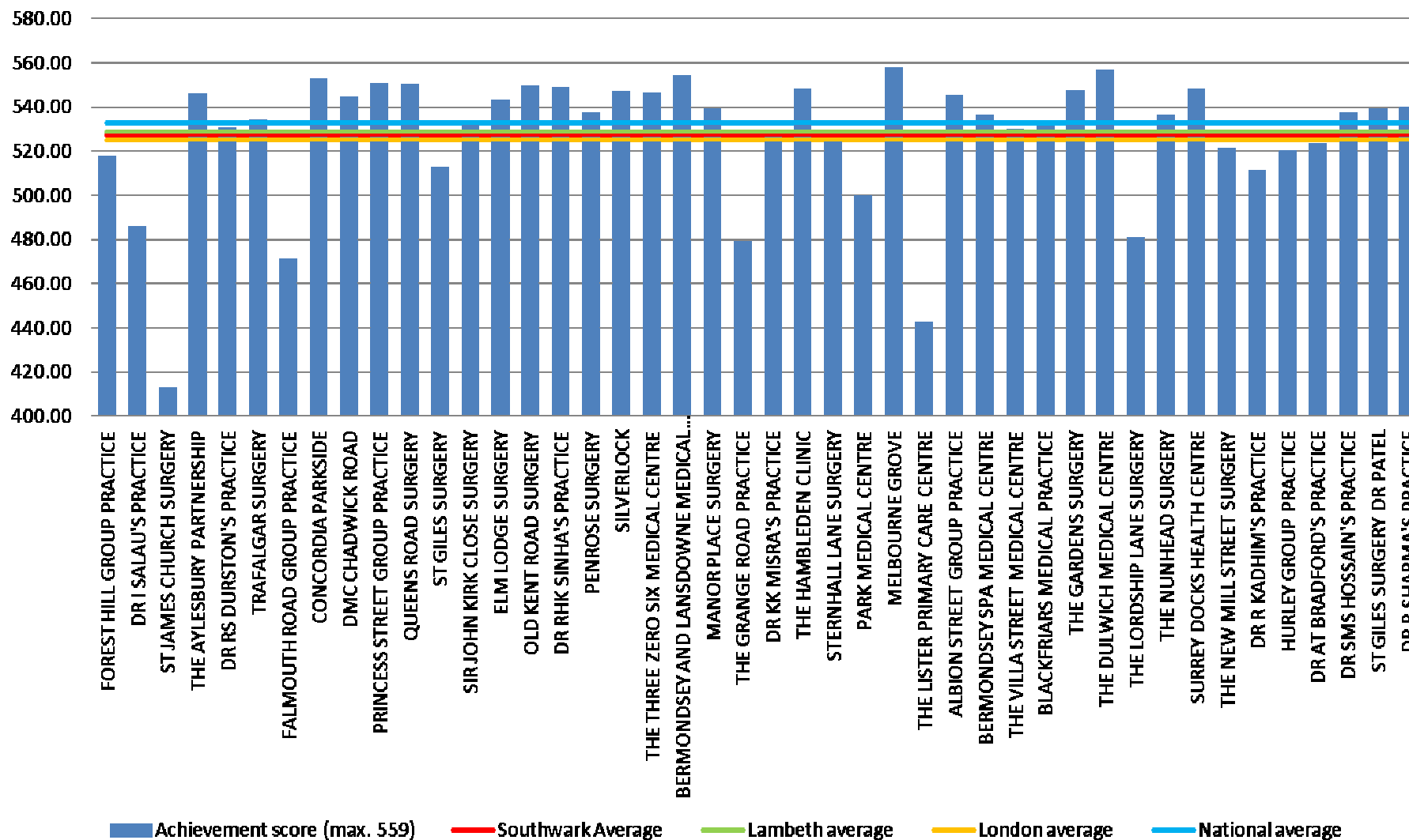
Patients with Diabetes in whom the last blood pressure reading is 150/90 mmHg or less

This is a biological measure which is a good indicator that patients have controlled diabetes and are less likely to suffer complications from diabetes

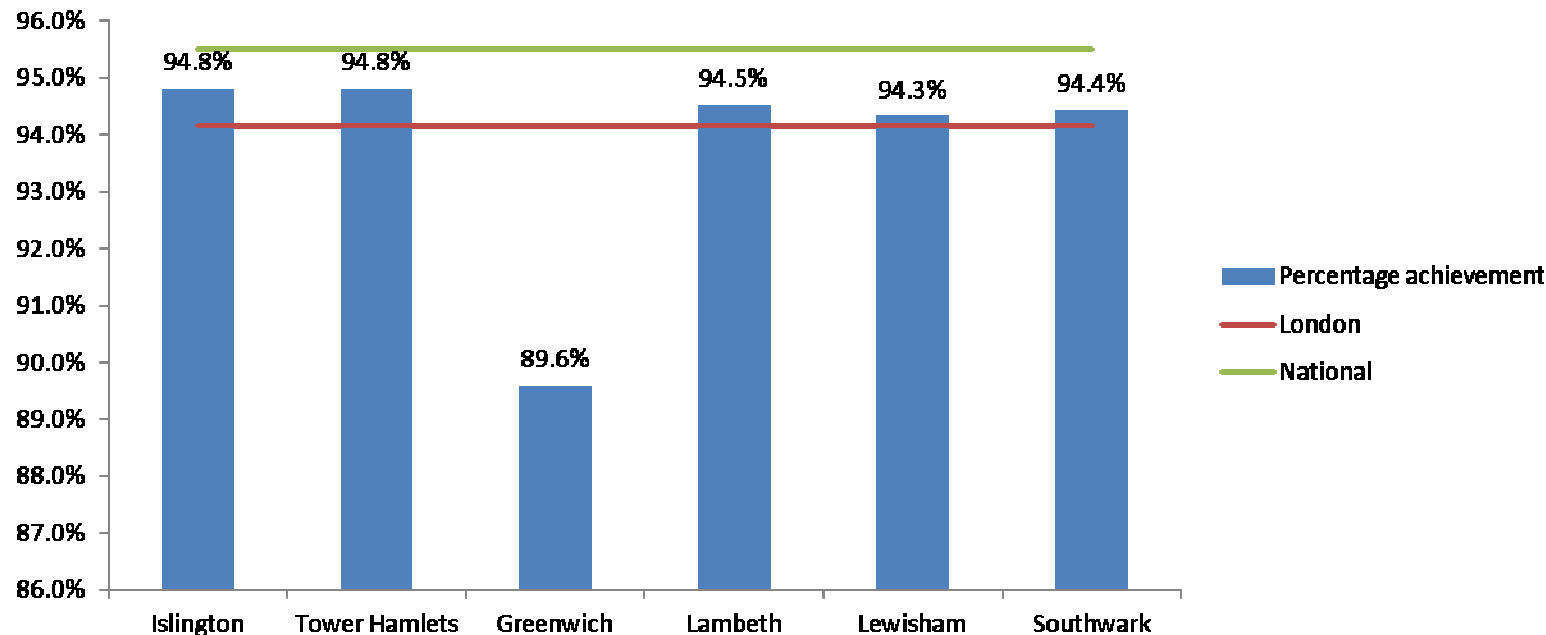


2015/2016 Quality Outcome Framework (QOF) Achievement (National Indicators) practice comparison

QoF 2015/16 Achievement Score (max. 559)



2015/2016 Quality Outcome Framework (QOF) Achievement (National Indicators) - Southwark against comparable boroughs



QOF are national clinical indicators delivered by GP practices. The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results (see Appendix 3 for further information). It is not about performance management but resourcing and then rewarding good practice. These include the management of:

- some of the most common chronic diseases, e.g. asthma, diabetes
- major public health concerns, e.g. smoking, obesity
- implementing preventative measures e.g. regular blood pressure checks
- Southwark 2015/2016 average achievement was 94.4%
- London average achievement was 94.2%

What are we doing?

- Quality Improvement
- Local improvement/development support
- General Practice Forward View
- Primary Care Commissioning Intentions
- Estates strategy and digital roadmap

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

NHS Southwark Quality Assurance Framework

- Supporting federations to improve quality of their member practices through:
 - Neighbourhood development plan
 - Federation business development plan investment
- Commissioning for populations through federations - population health and additional access through Extended Primary Care Service
- Creating a transparent and open learning culture
 - Protected learning time (PLT) events
 - Quality alert process
 - Patient experience
 - Locality and Practice Patient Participation Groups (PPGs)
 - Practice visits with Governing Body clinical leadership
- Clinical Effectiveness Group (CEG)
- Access to data and systems

Extended Access

- Southwark has commissioned GP services **7 days a week from 8am to 8pm** since April 2015
- Two stand-alone extended primary care service (EPCS) hubs providing additional pre-bookable and on the day urgent access to GP practice appointments 8am-8pm, 7 days a week for Southwark's registered population
- Based at
 - Lister Primary Care Centre in Peckham
 - Spa Medical Centre in Bermondsey
- CCG is working with the GP federation and GP practices to further improve access to online services including patient online medical records

NHS Southwark CCG – what are we doing to improve and sustain quality in GP practices?

Provider Development

- Invested in GP federations since 2014 through GP federation business plans
- Supports the resilience of general practice including:
 - development and testing of a centralised call and recall system for general practices in Southwark
 - a practice nurse training and development programme to support recruitment and retention
 - scoping and implementation of consistent processes across a federation e.g. HR processes
 - development of a clinical staff bank
 - supporting the roll out of 'making time in general practice' and 'productive general practice' through the national quality improvement programmes and the sharing of this learning
 - resources will be utilised to support general practice in 3 areas:
 - sustainable practice programme
 - merger support for practices who wish to consider this
 - quality improvement initiative

Workforce

- Guidance for workforce
- Training practices
- Development of pre-registration nurse placements and mentoring
- Supporting different ways of working i.e. primary care pharmacist, medical assistants
- Training care navigators – the GP federations have partnered with Age UK to employ 3 Safe and Independent Living (SAIL) navigators that are embedded within general practice and provide support to practices for those patients with more socially oriented needs
- Exploring a development programme for community leaders to enhance awareness and understanding of NHS services, and equip community leaders with signposting and navigation skills so that they can activate their local communities and ensure patients are aware of the services they can access and when it's appropriate to access them

General Practice Forward View (GPFV)

- NHS England published the General Practice Forward View (GPFV) in April 2016 which commits an extra £2.4 billion to support and improve general practice to 2020/21
- The aim of this funding is to improve patient care and access, and invest in new ways of providing primary care - £500 million of which is allocated to sustainability and transformation funding to support GP practices.
- CCG committing £3 per patient in total over 2017/18 and 2018/19 to support the delivery of primary care services at scale
- Local areas of implementation of areas not already addressed through the CCG's local provider development

Southwark GPFV Implementation in addition to local development plans

Practice Infrastructure

- Estates and Technology Transformation Fund (ETTF) applications
- Estates development and premises improvement
- Online consultation development
- Virtual Community of Interest Network (CoIN) for practice mergers (locally funded)
- Implementation of Wi-Fi in Southwark practices (locally funded)

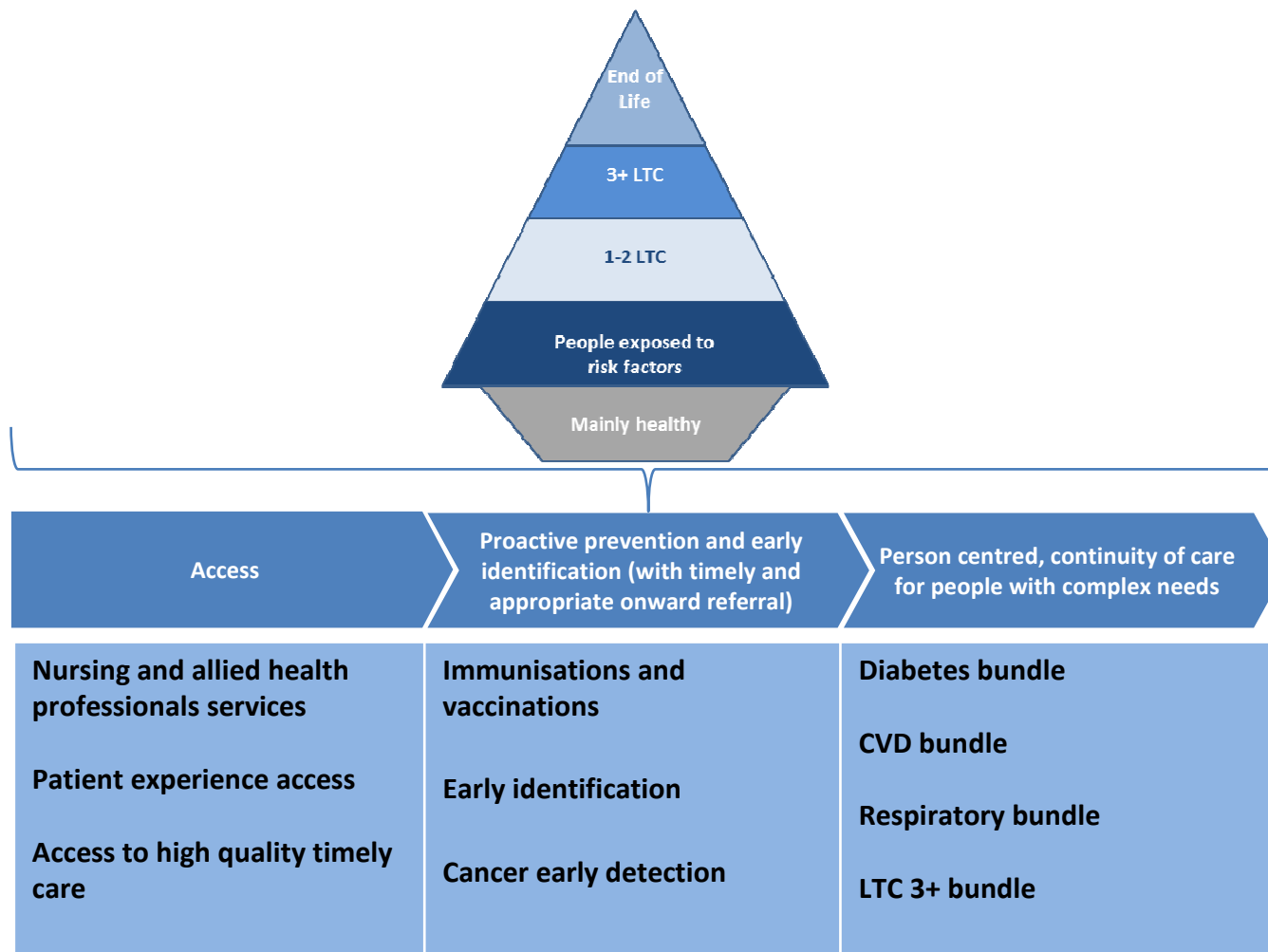
Primary care commissioning intentions

- Developing our providers to deliver **high quality sustainable general practice services and the registered list** is at the heart of:
 - Southwark Five Year Forward View
 - Transforming Primary Care in London: Strategic Commissioning Framework
 - STP Community Based Care plan (SEL approach)
 - General Practice Forward View – access and provider resilience plans
- Value and utilise the strengths of general practice** - the personal response to a dedicated patient list - and address some of the weaknesses and pressures in the existing model.
- Investment in general practice (and the people who work in it) **encouraging collaborative and collective working** with consistent systems and processes freeing up time and resources to devote to improving care for patients
- In line with the Transforming Primary Care Strategic Commissioning Framework, our commissioning intentions focus on the three specific areas of: **improved access; improved prevention; and improved care coordination.**
- Over time we will use these three priorities to **simplify and consolidate** the existing fragmented contracts and incentives. This will enable practices to more confidently focus on fewer, more relevant and more valuable indicators of quality and outcomes
- Combination and phasing of individual and collective incentives

Primary care commissioning intentions

- **Simplified, coherent, focused care** aligned with **Southwark patient's** needs
- **Collective incentives** so providers can come together and share workforce; training and retaining staff, clinical expertise, leadership, resources, and processes - 'let go' of providing the same services 41 times in different ways with increasing pressure thereby optimising resources going to primary care providers
- **Improve patient experience, their independence and enable providers** to be able to deliver clinical care
- Every pound of contract income that is lost to individual practices because of underperformance would be **reinvested to support performance improvement** across general practice in Southwark
- Support practices to **focus on the things that really count** for our population
- We will **co-develop a local outcomes framework** that retains all of the existing funding for incentive schemes but use that total amount to fund fewer but larger incentives
- Recognising that this is a change in the current way of working, we will invest significant non-recurrent funding support practices to **develop more effective collective models**

Which population groups are we commissioning for?



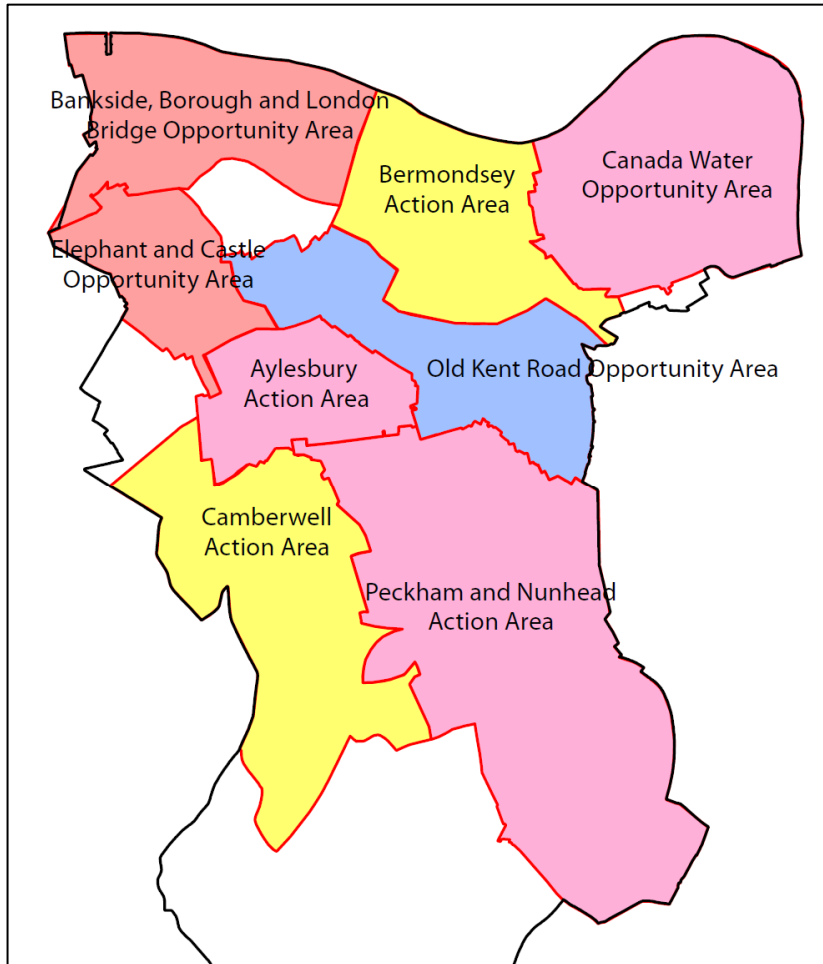
Primary and Community Health Estates in Southwark

How the strategy was developed

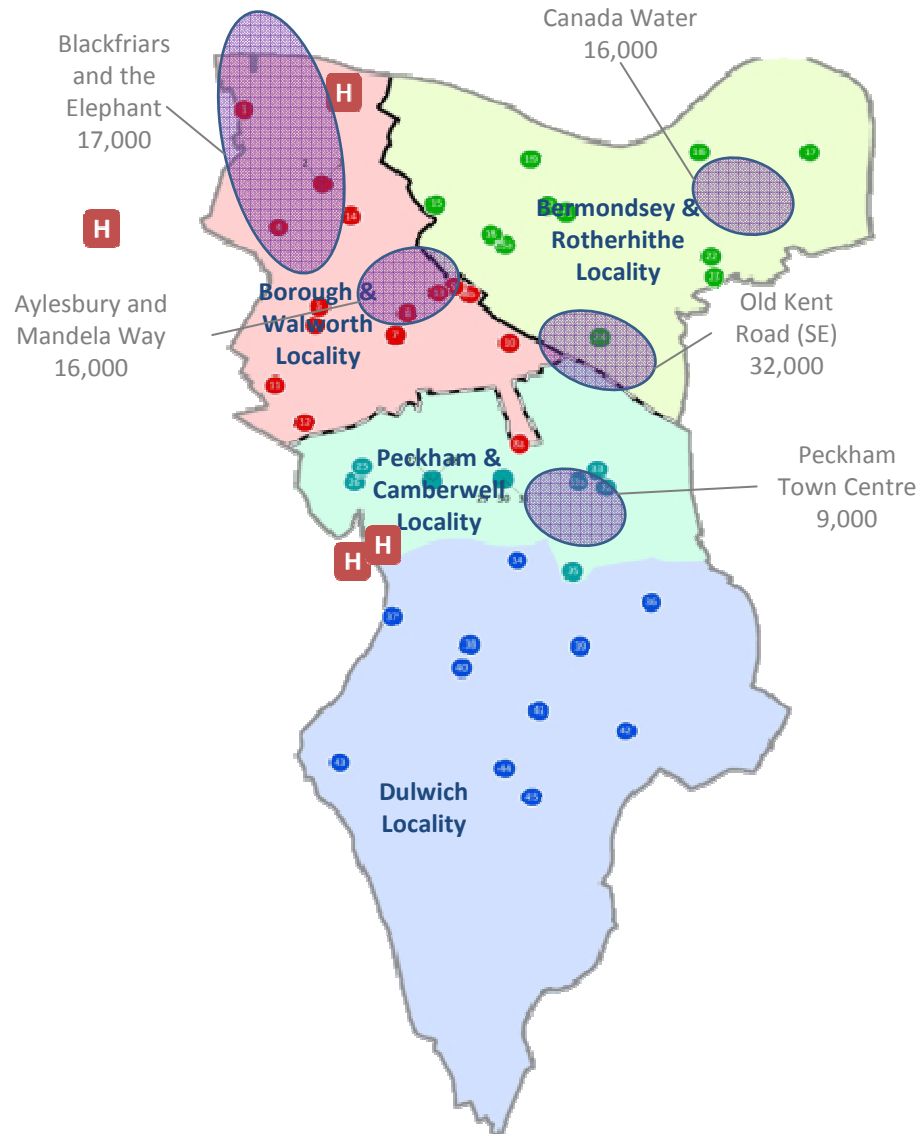
- Series of multi-agency workshops from December 2015 – March 2016
- Included representatives from the CCG, all provider trusts, local general practice and local authority
- Developed a set of principles for the estate of the future and where we should be investing
- Looked at what the existing capacity was, and where
- Looked at future demand – generated by both the increasing population and the expectation that more services will be provided in a community/primary care setting
- Pooled local knowledge on a locality by locality basis
- Proposed a future configuration of community health hubs and community health support hubs

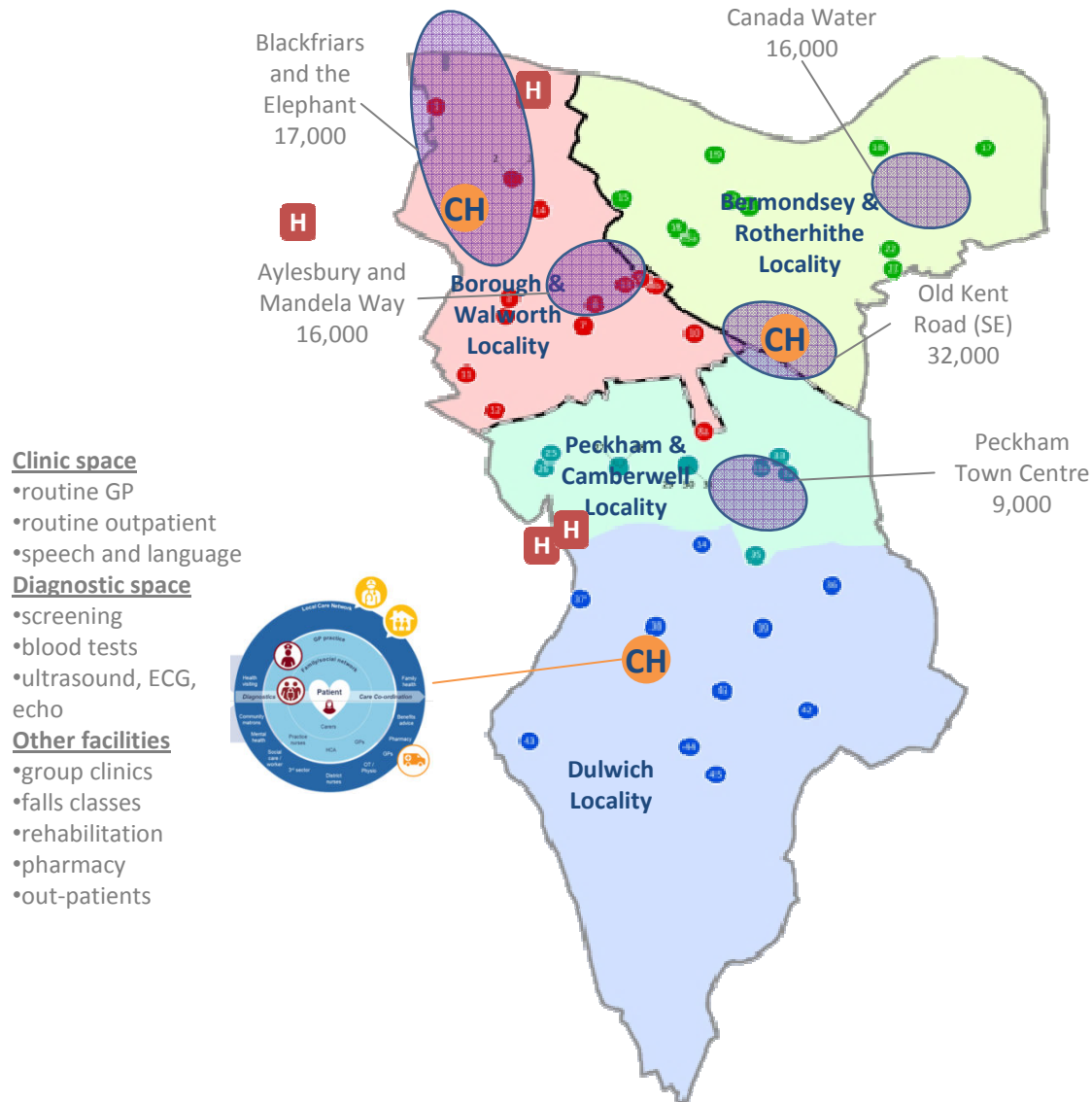
Principles of the Southwark estates strategy

- Maximise the utilisation of existing clinical space through extending hours of operation where possible, and providing alternative spaces for non-face-to-face clinical activity
- Develop technological solutions that support a greater degree of service integration and offer alternatives to face-to-face consultations
- Support the development of up to three Community Hubs, which can accommodate increased primary care activity, services provided by Local Care Networks (LCNs) and the wider out-of-hospital services requires across a locality
- Identify other 'support hub' facilities which can also accommodate locality services provided by Local Care Networks
- Support the development of modern, fit for purpose primary care premises where they can contribute effectively to the provision of consistent high quality care to the local population
- Focus investment in areas where the population increase is greatest.



Population changes and regeneration opportunities





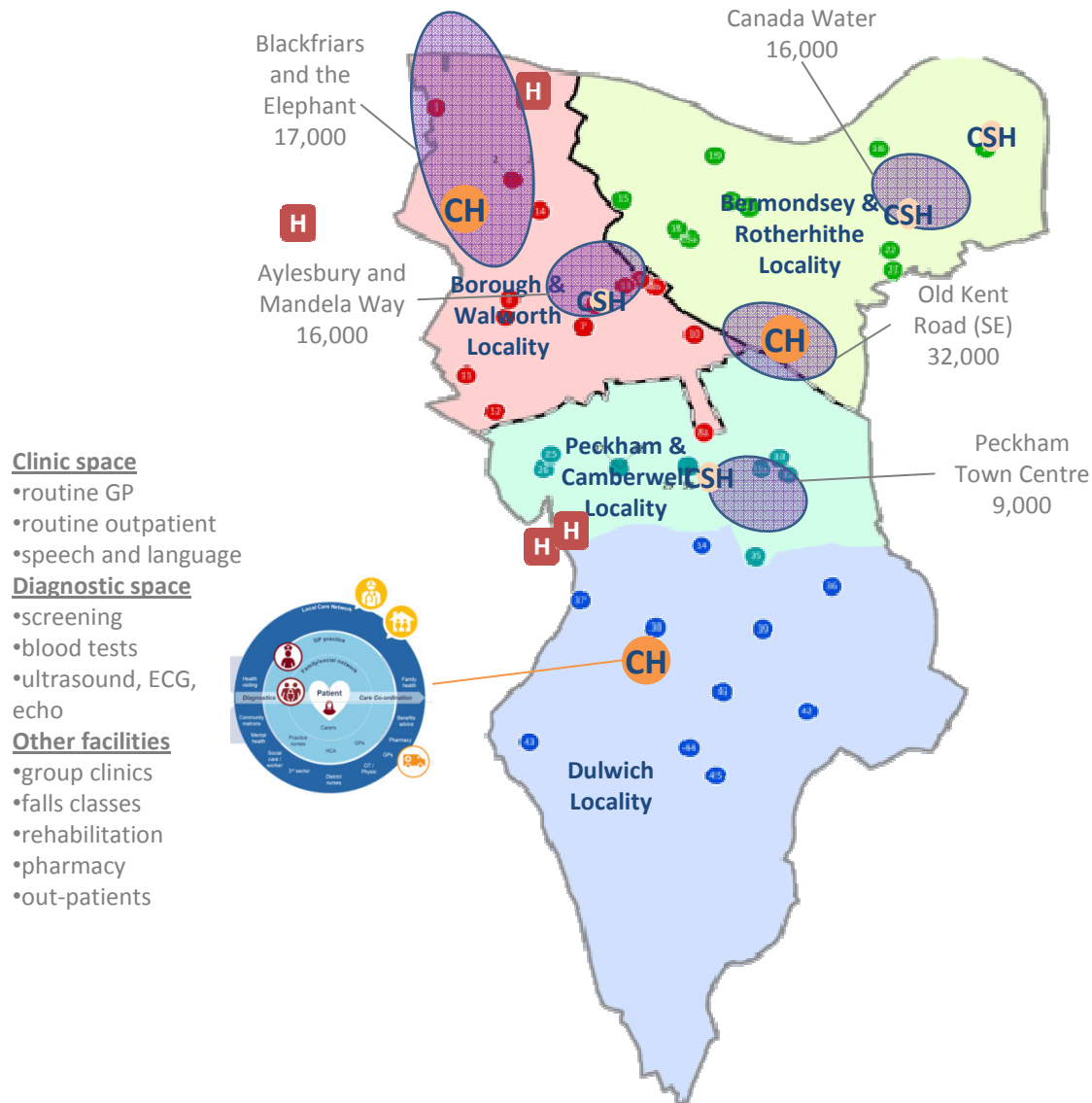
- Clinic space**
- routine GP
 - routine outpatient
 - speech and language
- Diagnostic space**
- screening
 - blood tests
 - ultrasound, ECG, echo
- Other facilities**
- group clinics
 - falls classes
 - rehabilitation
 - pharmacy
 - out-patients

Local estates strategy plan proposals:

3 Community health hubs:

- Elephant and Castle
- Old Kent Road
- Dulwich

and....



Local estates strategy plan proposals:

3 Community health hubs:

- Elephant and Castle
- Old Kent Road
- Dulwich

4 Community health support hubs:

- Aylesbury
- Canada Water
- Surrey Docks
- Lister

Appendices

Appendix 1 – How is GP practice funded?

Individual practices for their registered GP list

1. Global sum – total related to registered list size per person per year payment based on demographics, level of morbidity and mortality. This includes funding to pay for out of hours care (opted in practices) or goes to CCG to commission on their behalf (opted out practices). Locally Southwark GP Practices and the CCG commissions SELDOC which is a local cooperative of GP practices
2. Quality and Outcomes Framework – voluntary framework which offers practices funding for points achieved to demonstrate quality interventions. These vary from having registers of patients with certain conditions which demonstrates patients have been diagnosed to completing health checks on patients who are carers
3. Enhanced Services – nationally directed services which are voluntary signed up to by practices to deliver and be paid for additional services including childhood immunisations, flu vaccinations and health checks for patients with learning disabilities
4. Seniority payments – reward GPs based on experiences = number of years experience
5. Premises – this is a pass through payment but NHS England currently funds this assessed on District Valuer recommendation
6. Information Technology – the CCG funds the GP services and computers procurement and operation costs
7. Dispensing payments (applicable to dispensing GP practice) normally in rural areas

How are GP practices funded - locally agreed funding

8. PMS premium

- Local additional funding which is approximately £5m per year for local commissioning intentions
- Focus on care that is demonstrable and reduces variability in care considered above core general practice care

9. Substance misuse service

- Commissioned on behalf of Southwark Council
- Funds GP practices to provide additional care for patients with substance misuse issues
- Under review in partnership with Council colleagues

Population based services

10. MSK services offered to population includes NICE recommended osteopathy

11. Population Health Management Contract

- Paid to the **GP federations** commissioned by Southwark CCG
- Includes services commissioned on behalf of Southwark Council i.e. health checks and stop smoking services
- Focus on early intervention, health promotion and coordinated care for frail vulnerable patients
- Delivered on a hub basis and/or at practice level for the population
- Funding therefore may be paid to practices to delivering service for the population including their own registered patients

Appendix 2 – Role of the CQC

- CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care
- CQC set out what good and outstanding care looks like and make sure services meet fundamental standards below which care must never fall.
- Where they find poor care, CQC use their powers [to take action](#)
- CQC took responsibility for regulating GP practices on 1 April 2013. They undertook to carry out a ‘baseline’ initial inspection and rating of all GP practices in England which were registered with CQC on 1 October 2014. This programme completes on 31 March 2017. As of January 2017 they will have completed all visits to these practices. This is the first full assessment of GP services in any country.
- Where a practice started up or underwent a significant change (in location or ownership) after 1 October 2014, these do not fall into that programme. Some were visited in the last two years because CQC had resources or because CWC had concerns raised to them. CQC are aiming to visit all of the remaining practices over the 12-18 months from 1 April 2017, while also undertaking an ongoing inspection revisit programme.
- CQC are currently consulting on the future strategy for the revisit programme (the consultation closes on 14 February), to identify an appropriate re-inspection period going forward. The consultation is primarily focused on how we re-inspect “Good” and “Outstanding” practices, both the focus and the timescales. Since the rating programme began we have aimed to revisit any practices with an “Inadequate” rating within 6 months of publication of the report and any practice rated “Requires Improvement” overall within 12 months of publication of the report. This principle continues to apply.
- All of inspection reports are available through the CQC website. The names practices register with do not always correspond with how they are known locally, the local name may work and sometimes you may need to use postcodes. You can see many of the Southwark GPs by going to the publication page (<http://www.cqc.org.uk/content/publications>) and searching Southwark.

Appendix 3 – Example QoF Indicators

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis
- The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age
- The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥ 30 in the preceding 12 months
- The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months
- The percentage of patients with a history of stroke or transient ischaemic attack (TIA) in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
- The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register