

Havering Clinical Commissioning Group

Havering Health Scrutiny Committee Wednesday 26 September 2018

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Primary Care Update



- GP practices CQC inspections across Havering
- Primary care at scale
- Personal Medical Services (PMS) review what this means for Havering practices
- GP recruitment seven new GPs across BHR
- Rolling out e-Referral moving from paper to an electronic system
- Diabetes improving care for patents with diabetes
- Stroke prevention scheme to be rolled out in Havering



Care Quality Commission Havering (CQC) Inspections

Results as of September 2018

CCG	Total no. of practices	% of visits with published reports	No. rated 'inadequate'	% rated 'inadequate'	No. rated 'requires improvement'	% rated 'requires improvement'	No. rated 'Good'	% rated 'Good'
B&D	35	100.00	0	0.00	5	14.29	30	85.71
Havering	44	100.00	1	2.27%	6	13.64	38	86.36
Redbridge	42	100.00	0	0.00	5	11.90	37	88.10
Total	121	100.00	0	2.27%	16	13.22	105	86.78



Primary care at scale



- Additional funding has been allocated to support the development and maturity of the Havering GP Federation to work with practices to improve health outcomes and support the primary care transformation agenda, and to become an integral member of the BHR Provider Alliance
- Mergers and collaborations being worked up in Havering to level up performance and ensure GP services are provided, where possible, from fit for purpose buildings
- CCG will commission in a way to encourage practices to work together
- Future proofing practices in terms of workforce, estates and new ways of working



Personal Medical Services



In 2014, NHSE issued national guidance that all Personal Medical Services (PMS) contracts must be reviewed.

PMS contracts allow GPs to receive extra payments for providing enhanced services to meet local needs – however this has meant a great variation in payments between practices.

The review aimed to create a consistent approach, and ensure GPs are paid equally for providing the same services.

CCGs were asked to come up with "commissioning intentions" to form the basis of their local PMS offer.

In 2016, NHSE agreed a "one size fits all" approach will not work and asked CCGs to progress the review at a local level.

Local Review



Havering CCG reviewed all PMS GP contracts to ensure they receive the same basic funding for providing core services. This new approach is based on the principles:

- fairer system by paying all practices the same amount per patient
- release PMS funding and reinvest back into general practice

As a result of the review, around a third of practices in Havering will see their funding reduced and practices have voiced concerns as to the impact this could have on them.

To this end we have secured additional funding of £2.4 million from our North East London (NEL) CCG partners to provide a minimum offer to all Havering practices over the next three years. Practices will be required to use funding to provide a minimum number of appointments, ensuring a consistent level of service for all patients across BHR.

Practices have up to three months statutory time before they are required to decide on accepting the offer.

Workforce





Seven new GPs across BHR **Clinical Commissioning Group**

Along with many other parts of the country, retaining and recruiting GPs has been an issue across BHR where the GP to patient ratio is among the highest in England.

To address this, the CCG successfully recruited newly trained doctors under a recruitment initiative that will allow them to develop specialist skills and work at BHR practices.

Seven new GPs have accepted offers and started in August at local practices, where they are working between four and seven sessions a week. By taking on part of the workload, they are relieving pressure on existing GPs and cutting waiting lists.



Havering

The scheme was developed by BHR CCGs with Health Education England, BHRUT, NELFT, BHR Community Education Provider Network, Barts and The London School of Medicine and Dentistry, and a number of local GP practices.

Other Workforce Initiatives



- IGPR
- Physician Associates
- Clinical Pharmacists
- Nurse Leadership and Nurse Associates



e-Referral Service (e-RS)



NHS England and NHS Digital established a national programme to switch Referrals from paper to electronic from 1 October 2018. BHR CCGs and Barts Health NHS Trust have now switched over, and local GP practices are no longer able to make paper referrals.

The new e-Referral Service (previously known as Choose and Book) combines electronic booking with a choice of place, date and time for first hospital or clinic appointments.

Patients now have more choice and control over their care, and can choose:

- initial hospital or clinic appointment
- book it in the GP surgery at the point of referral
- or later at home on the phone or online

The new service is safe to use, and includes data encryption for sending and receiving information.

Patients are only able to book/change appointments using a unique booking reference number and a password.

Benefits to Local GPs



Technology is playing a greater role than ever in how health services are provided, and the e-Referral Service benefits GP practices:

- fewer 'did not attend' appointments
- reduced admin overheads
- easier referral tracking therefore reducing patient and clinician enquires
- saving of circa £500m per annum nationally (assuming full use of the system)

Nationally e-Referral Service is currently used for 62% of all referrals by GP practices into consultant-led first outpatient appointments.

NHSE requirement is to hit the 80% utilisation target by 1 October 2018.

BHR CCGs utilisation June 2018

- Havering CCG: 85%
- Barking & Dagenham CCG: 89%
- Redbridge CCG: 85%

Improving care for patents Havering Clinical Commissioning Group with diabetes

The National Diabetes Audit measures what percentage of patients with type 2 diabetes on a practices' diabetic register have an annual diabetic Health check. There has been a significant improvement in the percentage of patients who have had these checks in Havering - up by almost 20 percentage points each to just under the England average.

The CCG Diabetes Care Improvement scheme (15 months) achieved:

Annual checks

- 1,425 more completed annual checks. CCG average now 45%
- Anticipate higher in 2018-19 as quality improvement issues are further addressed

Treatment targets

42% diabetic patients in controlled range for blood pressure, Cholesterol

Prevention

- Established at-risk of diabetes registers (6,000+ patients)
- patients now being referred on to National Diabetes Prevention Programme

Stroke Prevention



A stroke prevention scheme has achieved success in Redbridge, and as a result will be rolled out in Havering. Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. Screening improves detection and management for patients.

The scheme comprised of:

- Case finding: screening of older patients for pulse checks
- Implementation: working with clinical pharmacist on joint reviews
- Education: education sessions with GPs (43 practices identified a lead GP who, at the end of the scheme, felt their ability to manage and treat patients with AF had improved)

At the end of scheme, results showed:

- **79%** practices had achieved the 15% increase in number of patients aged 65 and over that had pulse checks for patients without long-term conditions
- **95%** practices had achieved the 15% increase in number of patients aged 65 and over that have pulse checks for patients with long-term conditions.

The team will now work with Havering practices to ensure a uniform approach to Atrial Fibrillation and achieve similar successes that have been achieved in Redbridge.

Other practice support



- Resilience monies
- Improvement grants
- Voice recognition software
- Two way text messaging
- IT Platform
- Jayex
- e-consult



Questions?

