NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Primary Care Transformation update

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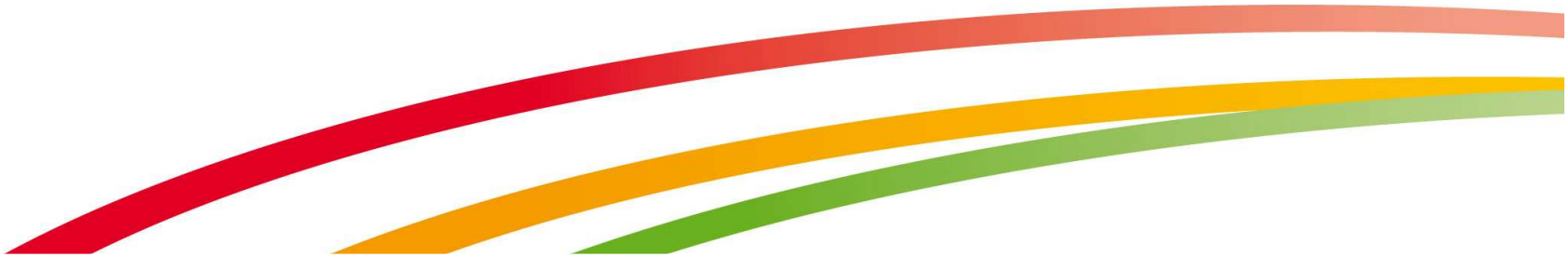
25 September 2019



Introduction

This pack provides an update on a number of key developments for Primary Care Transformation including:

1. **Primary Care Transformation Board Refresh:**
   - North East London Primary Care Strategy
   - Barking and Dagenham, Havering and Redbridge Primary Care Plan
2. **Primary Care Network development**
3. **Key Primary Care Performance updates**

1 Update: Primary Care Transformation Board Refresh

Background:

- BHR CCGs approved the three respective Primary Care Strategies for Barking and Dagenham, Redbridge and Havering in May 2016; the BHR Primary Care Transformation Programme Board (PCTPB) was established to oversee implementation of the strategy. Good progress was achieved, for example, ongoing maturity of the GP Federations, delivery of Primary Care Diabetes and AF LIS schemes and design and implementation of workforce initiatives such as GP SPIN etc.

- With the coming together of the seven North East London CCGs to form the North East London Commissioning Alliance (NELCA) the system has now moved to a single Primary Care Strategy, which was approved by the BHR CCGs Joint Committee and the BHR Health & Care Cabinet in June 2019. This Strategy 'Strengthening Primary Care across North East London' has been developed in accordance with National Strategies namely the Long Term Plan, GP Contract Reform and the regional strategy – the 'Next Steps: Strategic Commissioning Framework for London'.

Refresh of the BHR Transformation Programme plan:

- To realign the BHR Transformation Programme a PCTPB workshop was held in March 2019. As well as feeding into the NEL Primary Care Strategy, this workshop was used to review and refresh the BHR Transformation Programme for 2019/20.

- This document, which reframes the BHR Transformation Programme in the context of the North East London approach, includes the vision, objectives, programme scope, priorities, metrics, workstream framework, governance and risks and sets out the key delivery priorities for 2019/20

- The following slides summarise the key elements of the NEL Primary Care Strategy and set out the draft refreshed BHR Transformation Programme Plan

1 Primary Care Transformation Board Scope

The Primary Care Transformation Programme is the delivery vehicle that brings together requirements and support for the development of primary care

Drivers

National,

Long Term Plan and new GP Contract Reform 2019/20

Regional

Strategic Commissioning Framework

NELCA Primary Care Strategy

NHS
North East London Commissioning Alliance

Delivery Via

borough level

NHS
Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

BHR ICS

Local challenges:

- Health and wellbeing
- Quality and Care
- Workforce
- Finance and Productivity

Requirements

NHS Long Term Plan

GPFV: 10 High Impact Actions

Local solutions:

- New models of Care: Primary Care Networks and GP Federations
- Integrated Care System Clinical Strategy
- Development of Localities/ Primary Care Networks via Primary Care at Scale
- Financial Recovery Plan
- Collective Workforce Development
- Delivery of Transformation Programmes e.g. Planned care (including IRT, RTT recovery plan)
- Constitutional and IAF targets

Resources

- GP Forward View monies
- Delegated Commissioning
- BHR CCGs Primary Care Funds
- ETTF (estates & technology)
- Health Education England funded programmes (e.g. CEPN)
- NHS England Programme Funding (e.g. International GP Recruitment, Social Prescribing, LTBI)

Implementation of Primary Care Transformation for BHR

Delivery

Programme:

Primary Care Transformation Programme Board

As part of the wider transformation policy

Delivery Model:

Federations with Primary Care Networks, in localities, working as part of wider Integrated Care System

VISION

'Person-centered, integrated and comprehensive care delivered by sustainable general practice that forms the corner stone of our integrated care system'
(North East London Primary Care Strategy, 2019)

BHR workstream	BHR key objectives	By
Quality and Efficiency	We will strengthen primary care by embedding a Quality Improvement culture across BHR	▪ Strengthen primary care by embedding a quality improvement culture across NEL-practices to undertake formal QI Programmes ▪ Supporting practices with workload by delivering the 10 High Impact Actions ▪ Access hubs and practices linking into new integrated urgent care services
Recruit and Retain Workforce	We will make BHR a desirable place to work and train in primary care	▪ Local initiatives to support recruitment and retention ▪ Make BHR a really desirable place to train and work in primary care ▪ Workforce modelling- developing new roles across at scale primary care teams e.g. physicians assistants, clinical pharmacists, portfolio careers for GPs
New Models ▪ **provider development** ▪ **digital innovation**	We will develop new models, optimising digital innovations, at-scale working and learnings from new developments to deliver population based comprehensive care.	▪ Developing at scale providers for key roles in Integrated Care Systems ▪ Developing primary care networks for population health approaches ▪ Delivering extended access and digital solutions ▪ Maximising existing estates in line with developing models and expanding the East London patient record to all BHR practices
Enablers	▪ New ways of commissioning-ensuring best value for money ▪ Estates - ensuring there is sufficient capacity within primary care estates ▪ Communications-ensuring robust local BHR comms to facilitate dialogue ▪ Working with BHR transformation programmes to ensure system readiness at all levels	

Provide accessible, coordinated and proactive care

Quality and Efficiency	**5 Quality aspirations to be delivered by 2021:** • We will aim to achieve a CQC rating of good or outstanding for 95% of practices in each borough • We will aim to have at least one Quality Improvement expert per network • We will ensure workflow optimisation is embedded in each practice across BHR • We will develop a NEL-wide QI methodology to ensure consistent quality across the STP • We will aim to standardise at least 5 care pathways across NEL to ensure consistent access and quality of services
Recruit and retain workforce	**5 Workforce aspirations to be delivered by 2021:** • We will aim to implement a local salaried portfolio scheme for new and existing GPs across all boroughs • We will ensure continuous professional development opportunities for each professional category across NEL • HEE and local CEPNs will develop an STP primary care workforce training hub at locality level to support the development and realisation of educational programmes for primary and community care workforce at scale • We will model our future primary care workforce requirement to ensure proactive recruitment. • We will develop innovative primary care employment models via workforce modelling tool.
New Models; at scale working	**5 New Models aspirations to be delivered by 2021:** • We will have mature federations in each borough delivering population based outcomes via primary care networks • Each network will have at least two domains based on their population needs and analysis • We will have an effective, inclusive, vibrant primary care network development programme across BHR • Network Clinical Directors will be represented at appropriate system levels to reduce unwarranted inequalities • We will have standard policies and procedures for all federations so that all staff are treated and supported equally • In addition to online consultations, we will have at least one more digital tool (e.g. online referrals) in each practice • Our primary care networks will have effective ways of working with local residents

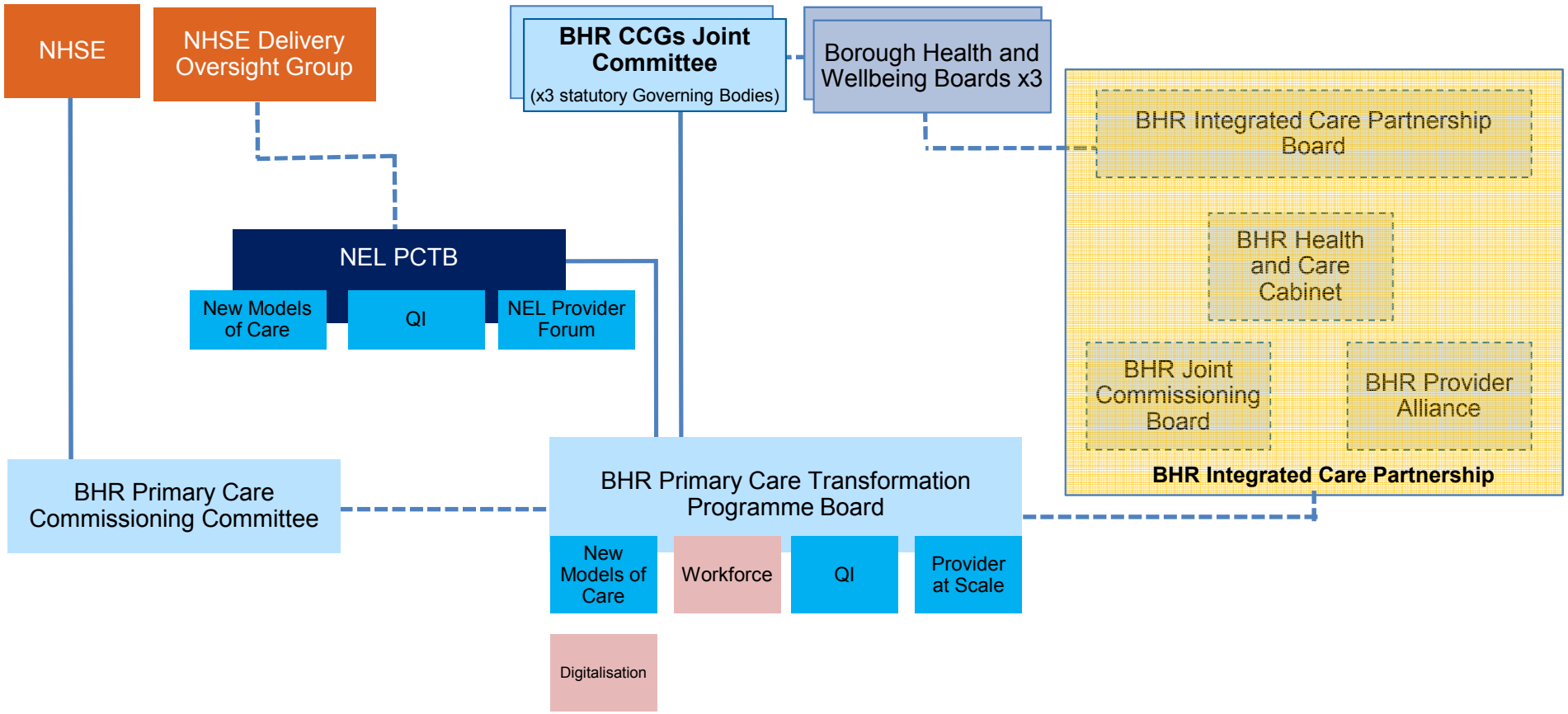
1 BHR Priorities and Activities 2019/20

BHR Corporate Objective: Establish our integrated care system, with **primary care as the foundation** of a system delivering **improved health and wellbeing**, through our strong health and care partnerships (BHR 2019)

Quality and Efficiency	**Priority: Embed a culture of quality and efficiency** **Activities will include:** • Practice resilience – ongoing programme of training to support CQC registration and practice viability • PCNs to identify at least one QI expert within each PCN by 2019/20 • Work with Care City (Innovation Partner) to scope and test options for increasing 'front line' staff efficiency through the use of technology • Work with PCNs as part of the QOF Quality Improvement programmes around End of Life and Medication Reviews • GP Federations to increase the utilisation of QI Life amongst General Practice • Each practice to have at least two trained roles which embed Workforce Optimisation and Care Navigation • Embed the use of Dragon technology across primary care to reduce the administrative burden of clinicians • Working with the digital team, roll out the NEL solution to sharing records and data between providers to ensure coordinated proactive care
Recruit and retain workforce	**Priority: Introduce new roles within a primary care settling and continue recruitment and retention plans for General Practice** **Activities will include:** • All PCNs to recruit a Clinical Director – complete May 2019 • Undertake baseline workforce assessment – complete June 2019 • PCNs to recruit Social Prescribers and Clinical Pharmacists in 2019/20 • PCNs to prepare for new roles in the pipeline from 2020/21: Physicians Associates, Enhanced Physios • Recruit second cohort under GP SPIN and develop a similar scheme for GPs mid-career • Recruit to the posts within the General Practice Nurse Leadership Programme • PCN Leaders to engage in a Clinical Leadership programme • Explore continuous professional development opportunities for each profession including HCAs • Understand locality workforce modelling to support new pathways and MDT working; translate this into a proactive recruitment programme • Create and test the model for training hubs and develop innovative employment models with Integrated Care Partners
New Models; at scale working	**Priority: Ongoing development of Federations and Primary Care Networks (PCNs) and to extend the digital offer to all practices across BHR** **Activities will include**: • Establish Primary Care Networks (PCNs) – achieved July 2019 • PCNs to undertake a development programme, in conjunction with other system providers, working to the eight modules within the National Specification • PCNs to be 'DES ready' by April 2020 • PCNs to undertake self-assessment in context of maturity framework • All PCNs to provide the 'Extended Hours DES' 2019/20 • Each PCN to publish a Development Plan and Network Profile (including their localised priorities) • GP Federations to achieve 'good' in each of the five Domains in the 'At Scale Provider Maturity Framework' • GP Federations to deliver a range services within a primary care setting and/ or Local Enhanced Services, sub contracting via the PCNs where appropriate e.g. IRM and LTC • Continue to reduce DNAs through text messaging and GP Online • PCNs to work with wider locality teams to embed MDT working and embed social prescribing/active signposting through a new model of integrated working • Every practice, as a minimum should have 30% of their registered practice list registered with GP Online – with the ambition to stretch further for those already achieving this standard • 75% of the registered population within BHR should have access to online GP consultations • Good working relationship between respective Federations and PCNs, with a shared vision / priorities

1 Governance and Delivery Arrangements

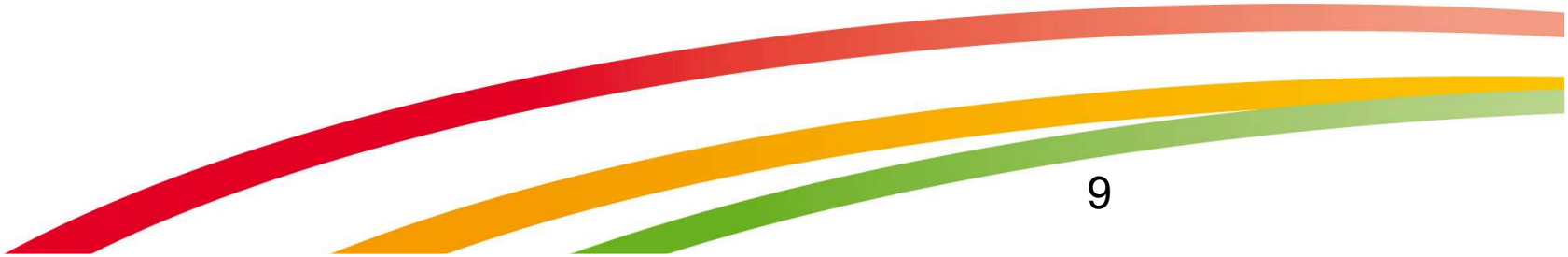
Overseeing delivery of primary care transformation and delegated commissioning



General Practice Providers

Havering	B&D	Redbridge
GP Federation / PCNs x4	GP Federation / PCNs x6	GP Federation / PCNs x5

The new General Practice landscape; update on the establishment of Primary Care Networks



2 What are Primary Care Networks

- PCNs are the key building block of the NHS Long Term Plan.

- ‘At scale’ general practice has been a policy priority for a number of years, alongside the aspiration to create more integrated health and care systems where services are aligned around the needs of local people.

General Practice is currently experiencing pressure in relation to:
- Workforce; recruitment and retention
- Workload; significant workload pressure
- Quality and variation
- Increasing demand in relation to leading change / transformation

- There are a number of benefits to primary care at scale, both to GPs (improved ability to recruit and retain staff, management of financial and estates pressures), and to the wider system / range of services (ability to more easily integrated primary care at scale with the wider health and care system).

- Whilst GP practices have been finding different ways of working together – e.g. in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new GP contract (April 2019), puts a more formal structure around this way of working, without creating new statutory bodies

2 Emerging Primary Care Networks in BHR

The BHR Primary Care team and colleagues have been working closely with practices across Barking and Dagenham, Havering and Redbridge to form into Primary Care Networks.

All GP practices were asked to come together in geographical networks covering populations of approximately **30–50,000** patients (can be larger than 50k, but not smaller than 30k) by June 2019 if they are to take advantage of additional funding attached to the GP contract.

There are now 15 Primary Care Networks across BHR, and three GP Federations:

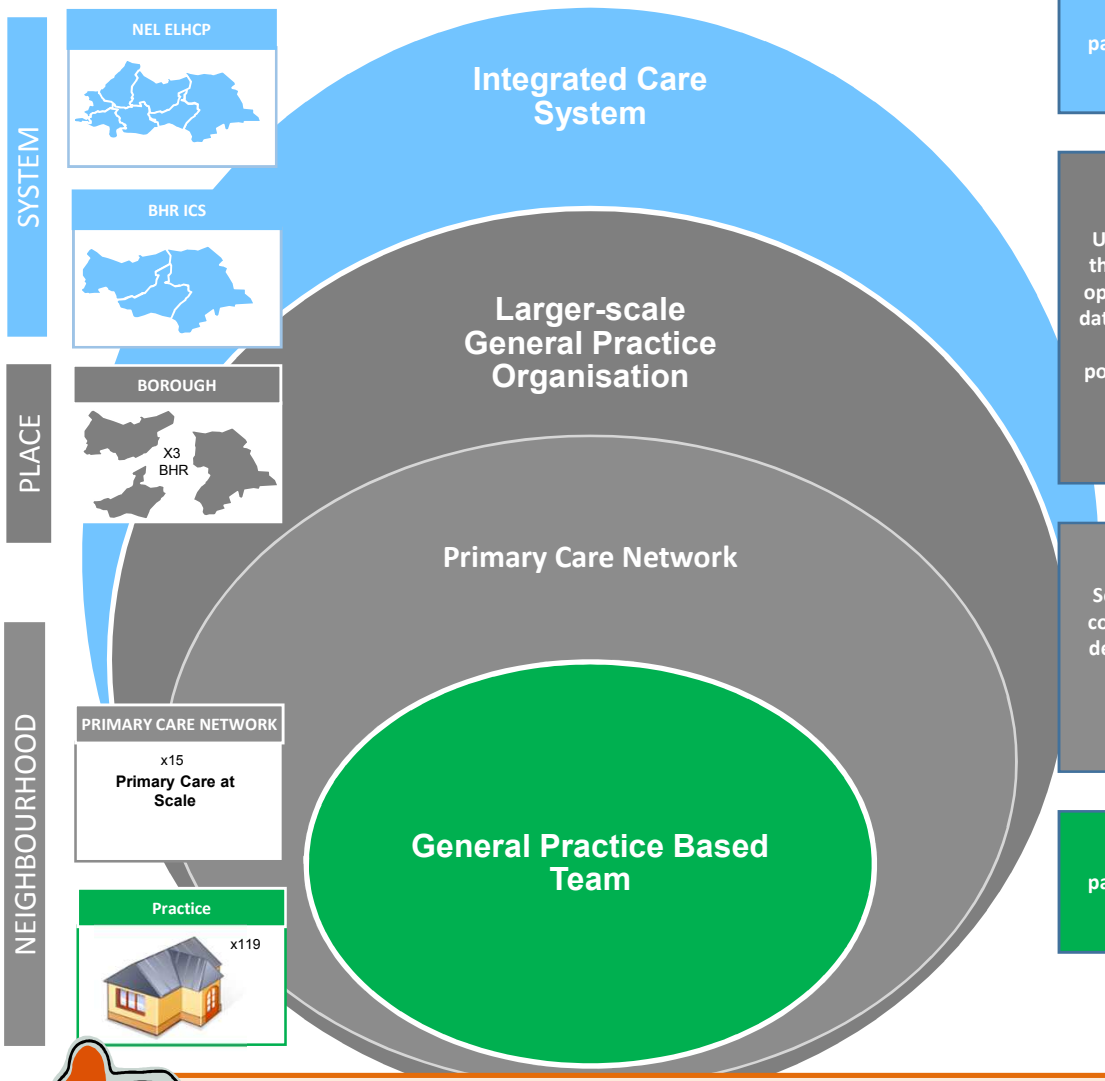
B&D – 6 PCNs
Hav – 4 PCNs
Red – 5 PCNs

PCNs are distinct from the GP Federations, although in many cases will work closely alongside the Feds to deliver primary care at scale.

As part of the requirements of the Extended Hours DES to be delivered at PCN level, all practices within a PCN must be open during core hours. In BHR all practices have now confirmed their intention to open during core hours by October 2019.

The following diagram / maps illustrate BHR practices aligned to their respective Networks, within the context of the health and care Localities agreed through the BHR Integrated Care Partnership work.

2 BHR Integrated Care System in Context



General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

Usually at a borough level and often a single formal organisation e.g. Federation, this is the platform to provide the scale to develop and train a broad workforce, create shared operational systems and quality improvement approaches including use of locally owned data, support the delivery of collective back office functions to reduce waste and enhance efficiency, develop integrated unscheduled and elective care services for the whole population, and provide professional leadership and the 'voice for general practice in the local health economy

Serving populations of 30,000 – 50,000, bringing together groups of practices and other community providers around a natural geography. Support multi disciplinary working to deliver joined up, local and holistic care for patients. Key scale to integrated community based services around patients' needs who require collaboration between service providers and long-term care coordination

General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

The **Primary Care Network** model is at the core of both the development of General Practice in its own right, and as the foundation of place-based, integrated care. The **GP Federations** are a key platform to expand on the benefits of PCNs and enable further commissioning and to achieve economies of scale at both a borough (single GP Federation) and multi borough (e.g. three BHR Federations working together) level

Federations

- Hold contracts to be delivered through primary care at scale
- Provide infrastructure to achieve economies of scale
- Represents primary care at the BHR Provider Alliance

GP Networks

- Work with member practices to reduce variation in quality
- Work with network member practices and federation leads to ensure the network has the capacity and capability to deliver key services

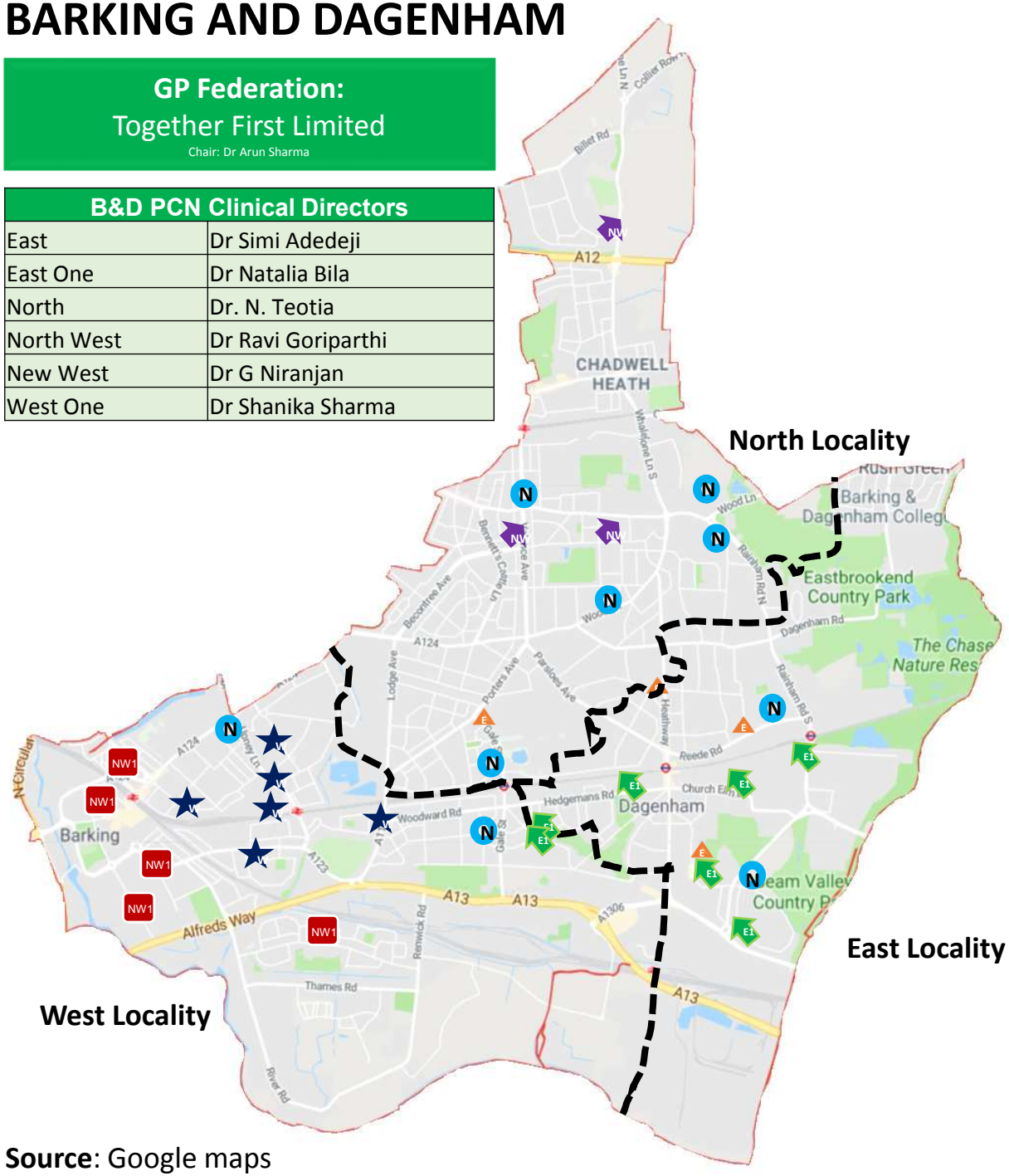
Localities

- Primary Care is the core
- Drives delivery of integrated care commissioned by the CCGs and in some cases by the Local Authority as well
- Identifies and implements approaches to streamline processes between different providers within the localities i.e. looks to remove avoidable bureaucracy

BARKING AND DAGENHAM

GP Federation:
Together First Limited
Chair: Dr Arun Sharma

B&D PCN Clinical Directors	
East	Dr Simi Adedeji
East One	Dr Natalia Bila
North	Dr. N. Teotia
North West	Dr Ravi Goriparthi
New West	Dr G Niranjan
West One	Dr Shanika Sharma



Source: Google maps

North Primary Care Network; 8 practices List size 45,669	
Green Lane Surgery	3740
Dr S Z Haider & Partners	5704
Dr A K Sharma	9872
Dr A Arif	4533
Five Elms Medical Practice	4057
Gables Surgery	6876
Dr M Ehsan	3042
Dr B K Jaiswal	5415
Dr Prasad (Faircross Health Centre)	2430
	45,669

North West PCN; 3 practices List size 32,637	
Marks Gate Health Centre	4943
Tulasi Medical Centre	21062
Becontree Medical Centre	6632
	32,637

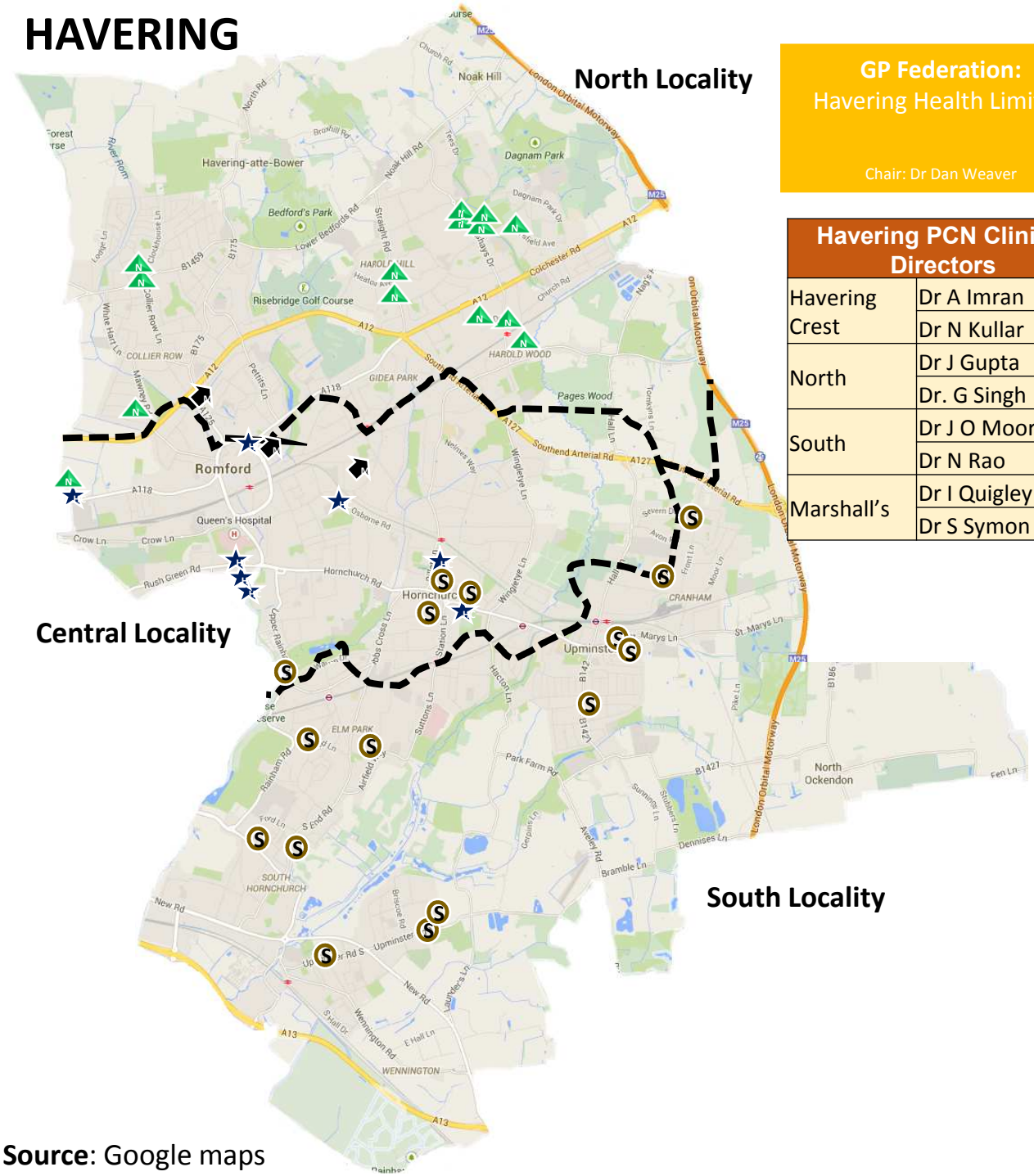
West One Primary Care Network; 6 practices list size 40,489	
Drs Chibber & Gupta	4465
Drs Sharma & Rai	5492
Highgrove Surgery	7961
Dr Ansari & Ansari	8270
The Barking Medical Group Practice	11348
The John Smith Medical Centre	2953
	40,489

New West PCN: 5 practices List size 30,973	
Abbey Medical Centre	6949
Dr G. Kalkat	8538
Dr N. Niranjan	4869
Drs John & John	8415
Shifa Medical Practice	2202
	30,973

East Primary Care Network; 4 Practices List size: 39,458	
Broad Street Medical Centre	6553
Porters Avenue *(merged 01.04.2019 with Child & Family)*	8898
Church Elm	6204
Halbutt Street Surgery	6779
Child and Family Health	11,024
	39,458

East ONE Primary Care Network; 7 Practices List size: 37,134	
Dr Alkaisy Surgery	4682
First Avenue Surgery	5401
Heathway Medical Centre	4895
Hedgemans rd	5717
Parkview	4598
St Albans Surgery	8076
The Surgery (Dr Ola)	3765
	37,134

HAVERING



Source: Google maps

GP Federation:
Havering Health Limited

Chair: Dr Dan Weaver

Havering PCN Clinical Directors	
Havering Crest	Dr A Imran
	Dr N Kullar
North	Dr J Gupta
	Dr. G Singh
South	Dr J O Moore
	Dr N Rao
Marshall's	Dr I Quigley
	Dr S Symon

Havering Crest Primary Care Network: 8 practices
List size 42,663

F82031	Rush Green Medical centre , Dr Samoni	4838
F82675	Billet Lane Surgery	3831
F82039	Dr Poolo	3502
F82638	Modern Medical Surgery	5830
F82011	St. Edwards Surgery (formally mawney medical)	10856
F82019	The Upstairs Surgery (Dr Imran)	6902
F82023	Dr Pervez High Street Surgery	3333
F82663	Dr Marks	3571
		42,663

North Primary Care Network: 15 Practices
List size 82,231

F82671	Dr J Gupta & Dr Prasad Straight Rd Surgery	2762
F82007	Greenwood Surgery	11732
F82010	Petersfield Surgery	7428
F82045	Dr Choudhury	3335
F82610	Dr N Gupta	2969
F82014	Harold Hill H/C Dr Kucchai	7178
Y02973	Kings Park Surgery	7812
F82670	Harold Hill H/C Dr Jabbar	2660
Y00312	Robins Surgery	4729
F82016	Central Park	7457
F82030	Lynwood Medical Centre	12141
F82630	Chase Cross Surgery	5933
F82648	Ingrebourne Surgery	3007
F82686	Dr A Patel	3088
		82,231

South Primary Care Network: 17 Practices
List size: 106,280

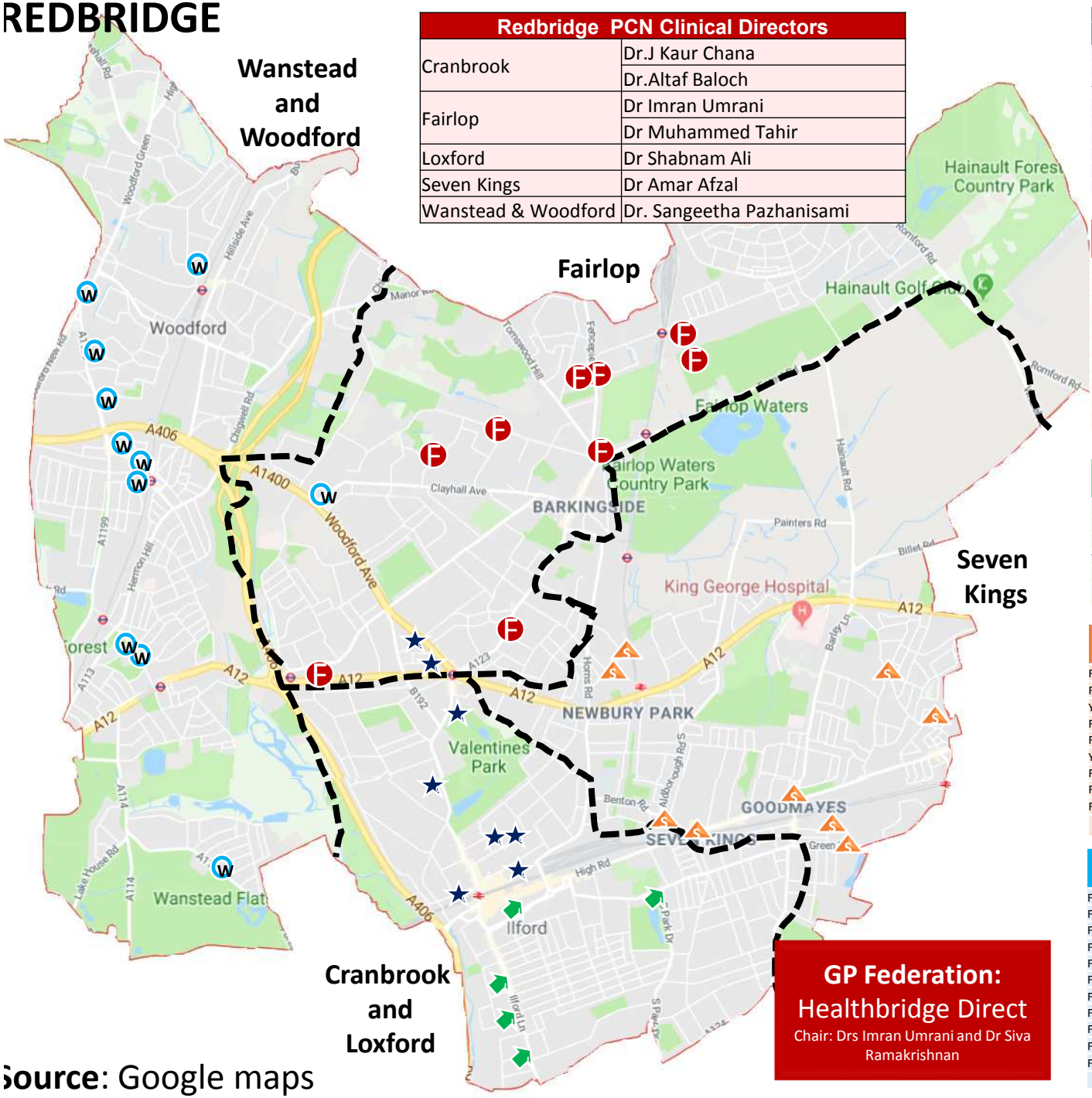
F82008	Maylands Health Care	14549
F82624	Upminster Medical Centre (Dr O'Moore)	3798
F82614	South Hornchurch Clinic	3190
F82619	Harlow road Surgery	2001
F82002	Haiderian Medical Centre	6288
F82028	Wood Lane Surgery	8448
F82006	Dr Dhas and Humberston	11824
F82033	Dr V M Patel	3776
F82609	Dr P Patel	4522
F82055	Hornchurch Healthcare	6909
F82607	Spring Farm	5058
F82627	Dr Abdullah	5191
F82666	Dr Rahman and Tsoi	4264
F82674	Avon Rd Cranham H/C	5155
F82649	Berwick Surgery	4653
F82053	Upminster Medical Surgery Dr Baig	4230
F82022	Rosewood Surgery	12424
		106,280

Marshall's Primary Care Networks: 3 Practices
List size 47,990

F82013	Western Road Surgery	17129
F82009	North Street Medical Centre	18457
F82021	The New Medical (Dr M Edison)	9747
F82639	Dr Joseph Surgery list has been taken on by North Street practice Romford	2657
		47,990

REDBRIDGE

Redbridge PCN Clinical Directors	
Cranbrook	Dr.J Kaur Chana
	Dr.Altaf Baloch
Fairlop	Dr Imran Umrani
	Dr Muhammed Tahir
Loxford	Dr Shabnam Ali
Seven Kings	Dr Amar Afzal
Wanstead & Woodford	Dr. Sangeetha Pazhanisami



GP Federation:
Healthbridge Direct
Chair: Drs Imran Umrani and Dr Siva Ramakrishnan

Source: Google maps

Cranbrook Primary Care Network: 8 Practices list size 49218

F86698	Cranbrook Surgery	4454
F86657	York Road Surgery	8245
Y00918	Granville Medical Centre	6456
F86042	Balfour Road Surgery	6209
F86652	The Drive Surgery	6305
F86702	St.Clements Surgery	4714
F86008	Gants Hill Medical Centre	9192
F86703	The Redbridge Surgery	3643
		49218

Fairlop Primary Care Network: 9practices list size 61,649

F86010	Fullwell Cross Medical Centre	13586
F86007	The Forest Edge Practice	12390
F86083	The Eastern Avenue Medical Centre	7192
F86707	Fencepiece Road Medical Centre	6543
F86057	The Willows Practice	6489
F86081	Kenwood Medical Centre	5931
F86612	The Fullwell Avenue Surgery	3514
F86624	The Heathcote Primary Care Centre	3246
F86085	Hainault Surgery	2758
		61649

Loxford Primary Care Network: 5 practices list size 61,649

F86022	Ilford Medical Centre	13639
F86692	Mathukia's Surgery	10362
F86082	Ilford Lane Surgery	5684
Y02987	AT Medics	16892
F86025	Oak Tree Medical Centre	15072
		61649

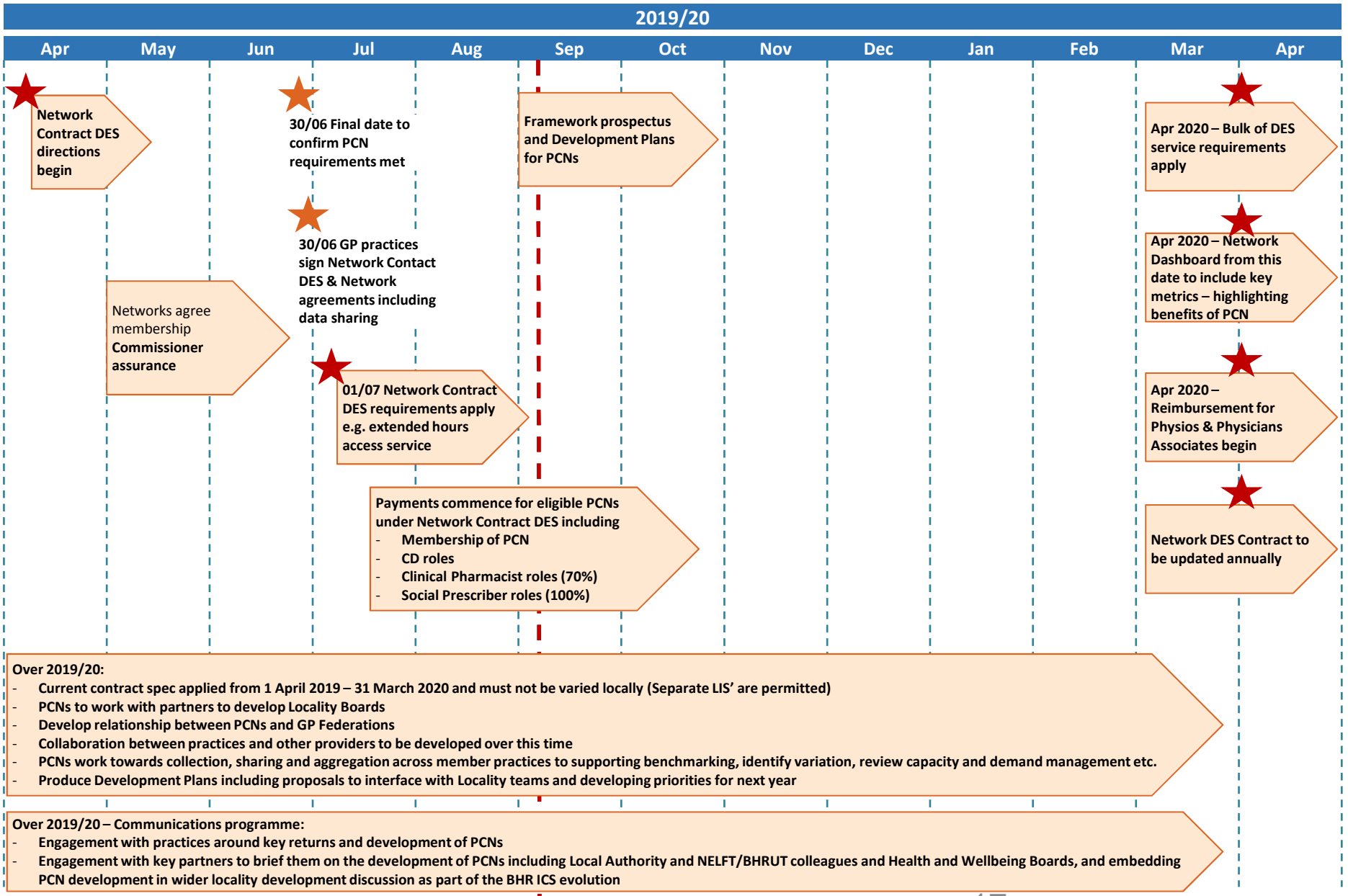
Seven Kings Primary Care Network: 9 practices list size 73,215

F86642	Castleton Road	4637
F86028	Chadwell Heath Surgery	10057
Y00090	Doctors House	8661
F86087	Goodmayes Medical Centre	7177
F86034	Goodmayes Medical Practice	5640
Y00155	Grove Surgery	8815
F86060	Newbury Group Practice	15159
F86009	Palms Medical Centre	7731
F86637	Seven Kings	5338
		73215

Wanstead & Woodford PCN: 11 practices list size 80,295

F86064	Elmhurst Practice	4923
F86731	Aldersbrook Practice	3768
F86066	Southdene Surgery	7858
F86641	Shruberries Medical Centre	7235
F86020	Glebelands Practice	5989
F86023	Evergreen Practice	9068
F86013	Broadway Surgery	6383
F86012	Rydal Group Practice	10897
F86032	Wanstead Place Surgery	9230
F86658	Queen Mary practice	4581
F86691	Clayhall Group Practice	10363
		80295

2 Key milestones



2 Funding to support Primary Care Networks

PCN Network	Extended Hours £1.099 per registered patient to cover period July 2019 to March 2020	Clinical Director £0.514 per registered patient to cover July 2019 to March 2020	Social Prescriber 100% band 5 salary x 1 per PCN up to 100,000 population	Clinical Pharmacist 70% band 7 salary x 1 per PCN up to 100,000 population	PCN Support £1.50 per registered patient per year	Practice Participation Payment £1.761 per registered patient per year	
Cranbrook	54,375.22	25,431.18	34,113.00	48,231	74,215.50	74,847.08	
Fairlop	68,207.24	31,900.38	34,113.00	48,231	93,094.50	100,575.09	
Loxford	68,013.81	31,809.92	34,113.00	48,231	92,830.50	94,411.03	
Seven Kings	80,534.72	37,665.92	34,113.00	48,231	109,920.00	111,302.90	
Wanstead & Woodford	88,501.37	41,391.91	34,113.00	48,231	120,793.50	127,316.39	
Redbridge Total	**£359,632.36**	**£168,199.30**	**£170,565.00**	**£241,153.50**	**£490,854.00**	**£508,452.49**	**£1,938,856.65**
East	43,885.27	20,525.05	34,113.00	48,231	59,898.00	63,515.47	
East One	40,953.14	19,153.70	34,113.00	48,231	55,896.00	63,165.74	
New West	34,427.27	16,101.56	34,113.00	48,231	46,989.00	49,684.49	
North	47,491.09	22,211.48	34,113.00	48,231	64,819.50	73,685.22	
North West	36,052.70	16,861.77	34,113.00	48,231	49,207.50	54,315.00	
West	47,585.60	22,255.69	34,113.00	48,231	64,948.50	69,479.92	
B&D Total	**£250,395.06**	**£117,109.25**	**£204,678.00**	**£289,384.20**	**£341,758.50**	**£373,845.84**	**£1,577,170.85**
Havering Crest	46,849.27	21,911.31	34,113.00	48,231	63,943.50	73,487.11	
Marshall's	53,017.96	24,796.39	34,113.00	48,231	72,363.00	81,337.88	
North	91,430.21	42,761.72	34,113.00	48,231	124,791.00	143,958.31	
South	117,267.70	54,845.86	68,226.00	96,461	160,056.00	181,727.94	
Havering Total	**£308,565.14**	**£144,315.28**	**£170,565.00**	**£241,153.50**	**£421,153.50**	**£480,511.24**	**£1,766,263.66**

* Social Prescriber Based on Band 5 19/20 Salary (Note South Network has over 100k registered population)
* Clinical Pharmacist based on 70% reimbursement (Note South Network has over 100k registered population)

CAVEATS: There will be changes to the B&D figures to reflect the move of Dr Prasad's practice (Faircross) to another Network. Reconciliation of the Extended Hours DES payments also need to take place to take into account the time it will take some practices within the Networks to comply with core hours opening times

PCNs will begin to receive their 'staff reimbursements' once the new staff are in post – the figure noted is the maximum available based on the staff being in post from July 2019 – March 2020

2 PCN focus from April 2020 to April 2021

DES: A 'DES', or Direct Enhanced Service is a primary medical service other than essential services, additional services or out-of-hours services.

DES	What is it?	Go Live date	New workforce roles in PCNs to support	Linked to Transformation Programme/s
Structured Medication Reviews	▪ aims to optimise use of medicines for some people (such as those who have LTCs or who take multiple medicines) ▪ can identify medicines that could be stopped or need a dosage change, or new medicines that are needed. ▪ can lead to a reduction in adverse events.	April 2020	▪ Clinical Pharmacist	▪ Medicines Optimisation ▪ LTCs ▪ Older People and Frailty ▪ Unplanned Care ▪ Planned Care
Enhanced health in care homes	▪ Access to consistent, named GP and wider primary care services ▪ Medicines review ▪ Hydration and nutrition support ▪ Access to our of hours / urgent care when needed	April 2020	▪ Clinical Pharmacist ▪ Community Paramedic	▪ Older People and Frailty ▪ Unplanned Care ▪ Medicines Optimisation
Anticipatory care with community services	▪ thinking ahead and understanding their health needs of individual people ▪ knowing how to use services better ▪ helps people make choices about their future care. Those with LTCs or chronic health problems can benefit from having an Anticipatory Care Plan.	April 2020	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate ▪ Community Paramedic ▪ PCN Physios	▪ LTCs ▪ Older People and Frailty ▪ Unplanned Care ▪ Planned Care ▪ Children &Young people ▪ Mental Health ▪ Cancer
Personalised care	▪ Care tailored to the needs of people and what matters to them ▪ Prevention embedded ▪ Personal Health budgets ▪ Shared decision making is key	April 2020	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate ▪ Community Paramedic ▪ PCN Physios	▪ LTCs ▪ Older People and Frailty ▪ Unplanned Care ▪ Planned Care ▪ Children &Young people ▪ Mental Health ▪ Cancer ▪ Maternity
Supporting early cancer diagnosis	▪ Supporting early identification and diagnosis of cancers in primary care to increase life expectancy	April 2020	▪ Physician Associate	▪ Cancer ▪ Unplanned Care ▪ Planned Care
CVD Prevention and diagnosis	▪ Identification of those at risk of developing CVD and embedding programmes of prevention to prevent onset of the disease ▪ Closing the prevalence gap	April 2021	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate	▪ Unplanned Care ▪ Planned Care ▪ LTCs
Inequalities	▪ Reducing inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities	April 2021	▪ Social Prescriber ▪ Clinical Pharmacist ▪ Physician Associate	▪ All Transformation Programmes

2 Primary care Network Development Fund

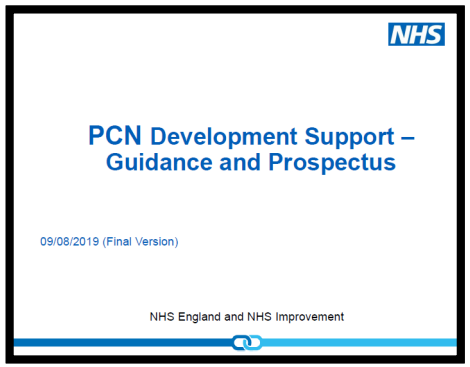
There is a programme of support for the development of newly established Primary Care Networks (PCNs).

This support package recognises that PCNs are developing within the context of wider Integrated Care Systems (ICS) and that there is a need for PCNs to engage with ICS partners at all levels, facilitating the formation of strong partnerships as opposed to fostering competing groups of providers, and enabling providers to deliver the aspirations of the ICS (and Long Term Plan) together in a more integrated way.

In practice this means that c£1.5 million in funding will come into **North East London STP** to support the development of PCNs in year one; it is anticipated that a further four years of recurrent funding will follow. **NB. The focus of this funding is likely to flex over this time period.** This funding is over and above that set out in the GP contract agreement.

There is a focus on the six key domains within the national prospectus:

1. Organisational development & change
2. Leadership development support
3. Supporting collaborative working (MDTs)
4. Population health management
5. PCN set-up support
6. Social prescribing and asset-based community development



As usual there will are a number of key documents that PCNs and Integrated Care Systems will need to review and complete to access this funding.

The Development Fund Prospectus, Self-assessment Tool and Maturity Matrix are in the process of being shared with PCNs.

PCNs should:

1. Have used a diagnostic process to establish development needs e.g. maturity matrix

2. Have an idea of where they are aiming to get to, know where they are on the journey, and can demonstrate progress

3. Are functioning effectively as teams (including wider partners) and have made use of additional roles

4. Have worked on/are working on a service improvement project of some kind

5. Have formed PCN 'Boards' and borough-level fora – engaging with the ICS via the GP federations

6. Have a development plan in place, and have started implementing that plan

7. Be ready to deliver the DES specifications.

Key Primary Care Updates

Results March 2017 versus August 2019

The CQC has inspected all 118 GP practices across BHR CCGs:

- 106 have been rated 'good'
- 11 have been rated 'requires improvement'
- 2 have been rated 'inadequate' and placed in special measures

Inspection reports are presented to the BHR Primary Care Commissioning Committee - in some cases the practices are already being monitored by the CCG for contractual reasons.

The Committee reviews the report and where applicable takes further action.

In August 2019 Maylands Practice were upgraded to 'good' from requires improvement.

CCG	Total no. of practices		No. rated 'inadequate'		No. rated 'requires improvement'		No. rated 'good'	
	Mar-17	Aug-19	Mar-17	Aug-19	Mar-17	Aug-19	Mar-17	Aug-19
B&D	36	34	1	2	6	4	29	29
Havering	44	42	3	0	6	4	35	38
Redbridge	43	42	0	0	6	3	37	39
Total	123	118	4	2	18	11	101	106

3 CQC Inspections

Practices rated ‘inadequate’ & ‘requires improvement - note, Maylands have been removed from this list as they are now rate ‘good’ following their inspection in August 2019.

CCG	Practice_Name	Date of Report publication:	CQC Overall Rating	SAFE Rating	EFFECTIVE Rating	CARING Rating	Responsive Rating	WELL-LED Rating
NHS Havering CCG	Chadwell Heath Health Centre (Dr Hamilton-Smith/Dr Francis Oladimeji)	15.1.19	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
NHS Havering CCG	Rosewood Medical Centre	16.01.19	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
NHS Havering CCG	Rush Green MC - Dr B Beheshti	05.09.18	Requires improvement	Requires improvement	Good	Good	Requires improvement	Good
NHS Havering CCG	Dr K Subramanian/The Surgery	09.02.18	Requires improvement	Requires improvement	Requires improvement	Good	Good	Requires improvement

3 Recruitment, Retention and Leadership

GP Salaried Portfolio Innovation Scheme

- The scheme, developed in 2018/19 (now successfully rolled out across London) offers a permanent contract with a local GP practice for between 4 – 7 sessions per week, 2 sessions per week as a portfolio day for 12 months and a monthly peer support action learning sets with GP facilitation for 12 months
- In 2018/19 the scheme successfully employed 7 GPs to BHR (2018/19). As the scheme has come to a close some GPs are choosing to remain in BHR. This supports the promotion of recruitment
- GP Spin is now moving into its second year. Stakeholders this year include: BHRUT, NELFT, QMUL, LA, HEE, CEPN
- 8 ST3/GPs have successfully applied for the 2019/20 scheme which starts in September 2019

General Practice Nursing (GPN)

- To promote general practice nursing across BHR 4 nurse leadership positions have been established. This resource will be employed by the BHR Federations who are in the process of recruiting to these posts.
- These roles are to provide leadership, support and direction for GPNs across BHR in general practice as well as shape an ongoing strategy to improve GPN nurse recruitment and retention.
- Links have been established with the local community education provider network (CEPN) and training opportunities via CEPN and HEE now actively marketed to BHR Nurses through the CCG.
- BHR is now a member of the NELFT hosted Super hub (organisation of nurses across providers, commissioners) to increase the profile of nursing across the BHR health economy.

3 GP Online and Video Consultations progress

The Long Term Plan (2019) and GP contract reform sets out a clear direction of travel to provide digital access to NHS services to patients:

- **GP Online -** Target: All patients be enabled for online access by April 2020
  - Online Services for patients to enable appointment booking, ordering of repeat prescriptions, and access to information in their clinical record.
  - Highest achieving practice in BHR is at 66% (July 2019)

- **Online Consultations (eConsult) -**Target: All patients to have access to online consultation by March 2020
  - Online Services for patients to conduct clinical consultations with their GP practice online.
  - eConsult has been commissioned as the online consultations system for BHR.
  - BHR average achievement to date 41.8% (August 2019)

- **NHS App**
  - Launched in Havering 25th February 2019
  - Launched in Barking & Dagenham 4th March 2019
  - Launched in Redbridge on 6th May 2019

- **Video Consultations –** All patients to have access to video consultations by April 2021
  - Video consultation currently being piloted by eConsult (online consultations system provider), and to be rolled out to practices on completion of pilot.

3 GP Online and Video Consultations progress

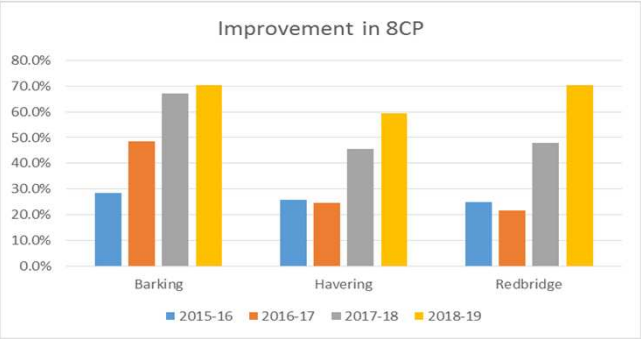
GP Online Summary – July 2019			
CCG	**Number of practices below 10%**	**Number of practices 10 – 29%**	**Number of practices 30%+**
Barking and Dagenham	4	23	7
Havering	6	29	7
Redbridge	1	16	25
BHR	11 (9%)	68 (57.6%)	39 (33%)
NEL	14 (5%)	141 (49.6%)	129(45%)
10% was the 2016/17 target for GP Online			

Online Consultations (eConsult) Summary – August 2019			
CCG	**Number of practices offering online consultations**	**% of CCG registered population with access to online consultations**	**London Average**
Barking and Dagenham	10	42%	London average for access to online consultations is 35%
Havering	10	22%	
Redbridge	24	58%	
BHR	44	41.8%	
Target for Online Consultations is 100% coverage by April 2020			

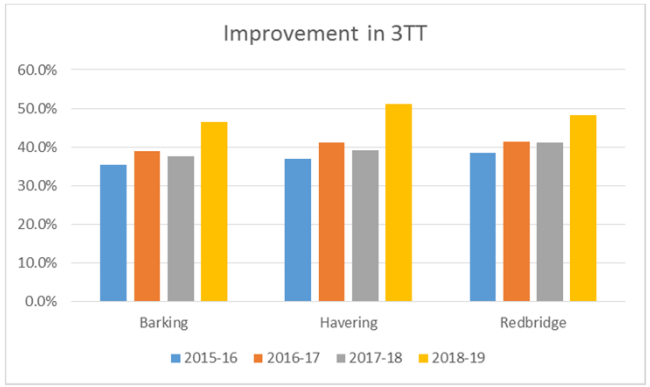
NHS App Uptake – September 2019			
CCG	**Uptake Numbers**		
Barking and Dagenham	230	Havering has the second highest uptake in London for NHS App (after Enfield CCG).	
Havering	1570		
Redbridge	477		
BHR	2277		

Diabetes

- From 2016-17 the CCG has invested in improving the quality of care for type 2 diabetics across BHR
- Work has focused on increasing the number of diabetics who receive annual reviews.
- The number of patients receiving 8 care processes (recommended by NICE) has risen since start by 22,967
- The number of patients achieving control of their diabetes (defined as on target for blood pressure, cholesterol and blood glucose levels, 3TT) has risen by 9,900
- ***In May 2019, this work won the HSJ Award for Best Diabetes Innovation. The award was made for it's impact in tackling inequality in diabetes care.***



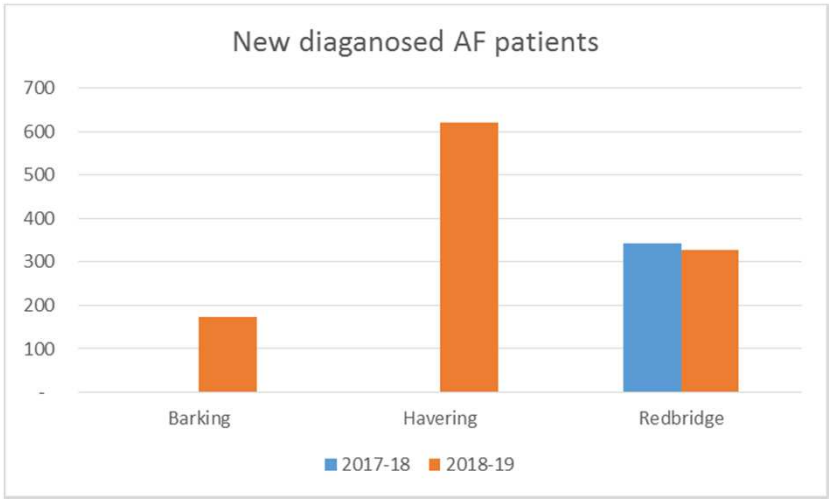
Patients (T2 %) 8 care processes				
CCG	2015-16	2016-17	2017-18	2018-19
Barking	28.4%	48.4%	67.2%	70.5%
Havering	25.8%	24.7%	45.6%	59.3%
Redbridge	25.0%	21.7%	47.8%	70.2%
BHR Average	26.4%	31.6%	53.5%	66.7%
England	53.9%	47.7%	58.8%	NK



Patients (T2 %) achieving tripple treatment target				
CCG	2015-16	2016-17	2017-18	2018-19
Barking	35.3%	39.0%	37.6%	46.5%
Havering	37.0%	41.1%	39.2%	51.1%
Redbridge	38.5%	41.4%	41.1%	48.3%
England	40.4%	41.1%	40.2%	NK

3 Atrial Fibrillation

- In 2016-17 Redbridge CCG led an initiative to increase the detection and treatment of Atrial Fibrillation (AF)
- Success in 2017-18 led to 'scaling-up' this quality improvement across BHR; Redbridge CCG had the second largest increase in AF patients across the England for 2017-18
- Our first full year across BHR has identified 1,121 patients with AF
- BHR CCGs & Barts Health AF Scheme was a nominated for the HSJ Value in Healthcare award 2019
- Redbridge AF scheme was previously recognised with an Anticoagulation Achievement Award 2018 and Healthcare Pioneers 2018 by the Arrhythmia Alliance.



CCG	2017-18	2018-19
Barking		173
Havering		620
Redbridge	344	328
TOTAL	344	1,121

Outcome - reduce incidence of stroke over future years

3 Primary Care Access

Access objectives: Access to practices and clinical appointments is one of the biggest patient issues reported in the national patient survey. Opening times and appointment volumes can sometimes vary although we are working with general practice to reduce this variation.

The aim of this service is to deliver a consistent, above average, level of clinical and physical access while encouraging efficiency improvement in participating practices.

A service was commissioned across all 3 CCG's to help address opening hours, appointments and practice demand management efficiency while supporting direct booking for NHS 111 - requirements are

- Practice opens 8 am – 6.30 pm Monday to Friday
- Three target level options for appointments /1000 patients set above the national average.
- Practices had to complete a demand management and efficiency improvement project
- Accept direct booking of appointments by the NHS 111 service
- Submit a baseline to show their current appointment level and a quarterly return

To illustrate the impact of this service, each practice signed up to the scheme delivers an estimated additional 5 appointments per 1,000 registered population, per week, so if a practice has 3,000 patients registered, they are delivering an additional 15 appointments per week on average

	Redbridge	B&D	Havering
Number signed up	37/42	31/37	29/43
Impact on access	Est. 68k appts (approx. 5 additional appointments per week per 1,000 registered population)	Est 43k appts (approx. 5 additional appointments per week per 1,000 registered population)	Est 54k appts (approx. 5 additional appointments per week per 1,000 registered population)
Wtd.Pop. 01.04.19	288,729	212,291	272,928
Proportion served	263655	182,000	208,408
	91%	85%	76%

3 Learning Disabilities

NHS National Operating Planning and Contractual Guidance requires CCGs to improve access to healthcare for patients with Learning Disabilities (LD). By 2020/21, 75% of patients on the Learning Disabilities (LD) Register should receive a health check on an annual basis.

2018-19 Learning Disabilities Data					
CCG	Patients on LD Register	Completed LD Checks	No of additional Patients receiving LD Check	% of Checks completed	% Improvements on 2017-18
Havering	928	733	18	**79%**	+5%
Barking & Dagenham	872	638	48	**73%**	+12%
Redbridge	1143	830	185	**73%**	+18%
BHR Totals	2943	2201	251	**75%**	+12%

The annual achievement of completed LD health checks in BHR for 2017/18 were all below 75% standard; individual results were 61%, 74% and 55% respectively.

Havering exceeded the NHS England standard of 75%, achieving **79%** in 2018-19, which is likely to be one of the best achievements in London.

An additional 251 LD patients received an LD health Check in 2018/19 across BHR with an overall average of 75% achievement of completed learning disabilities checks at a BHR level.