Agenda Item: 17.115

NHS
West Norfolk
Clinical Commissioning Group

Subject:	Primary Care Operational Report
Produced by:	Steve Lloyd – Head of Primary Care (WNCCG)
Presented by:	Steve Lloyd – Head of Primary Care (WNCCG)
Submitted to:	West Norfolk Primary Care Commissioning Committee
Purpose of Paper:	For Information

Executive Summary

This paper provides an overview for the committee of any significant issues, activity, and progress in WNCCG work within Primary Care, since the last committee meeting.

KEY RISKS (in relation to CCG strategic objectives and statutory duties)

Clinical & Quality: Any relevant issues included in the report by exception

Finance and Performance: Financial impact included where relevant and data available.

Reputation: The CCG routinely reviews any reputational risks associated with its work on Primary Care.

Legal: The CCG ensures that it is acting within its statutory obligations in relation to primary care development.

Patient focus: Aim to provide parity of services to all WNCCG patients.

Information Governance: Compliance to policy

Conflicts of Interest: The Committee has been set up to ensure that the CCG acts within the guidance on conflicts of interest.

Equality Impact Assessment: Not applicable.

Reference to relevant risk on the Governing Body Assurance Framework: Not applicable.

RECOMMENDATION: Paper is for Information

West Norfolk CCG – Primary Care Operational Report November 2017

1) Demand Management Initiatives

1.1 **Demand Management in Primary Care Agreement** (DMPA)

In the last report it was noted that fifteen practices had signed up to the DMPA. At the time of writing, and after taking time with practices to work through their concerns, this has now increased to eighteen. The final three are not expected to agree to carry out the activities required to achieve a payment, the main objection being to conducting prospective peer reviews.

It was also previously advised that Watlington intended to cease using the electronic referral system as a consequence of no longer receiving payment solely for using this facility. Whilst they did stop using it for a short period, they quickly reverted back to the standard process for 2 week wait and urgent referrals only.

1.2 **Internal Peer Review**

As part of the DMPA, practices have started conducting prospective peer review. A first update communication on Demand Management was sent out to practices at the end of September, sharing some of the positive experiences GPs were reporting from this work. This can be found at Appendix A.

1.3 **Referral Support Service**

As reported last time, WNCCG and West Norfolk Health (WNH) have been working together to develop some additional services which will support the Demand Management programme. As a reminder these are:

- Provision of administration support for practices with their internal peer review
- Management of practice compliance to prior approval thresholds
- Supporting the roll-out of increased use of Advice and Guidance
- Management all referrals to secondary care from opticians, removing the need for these to go via GP practices

Funding has now been agreed from the CCG £3 per head money for this work, which will enable WNH to employ additional admin support, to free up existing staff to develop the new services. A project plan is in place, and recruitment is underway. Services will be phased in, with them all scheduled to be in place by 31/03/18.

1.4 **Advice and Guidance**

The CCG is working with the Queen Elizabeth Hospital to ensure that an Advice and Guidance service is available to referring clinicians. This service allows the referring clinician to seek advice from a consultant through the same system as is used to make referrals. By seeking advice at this early

stage, the referring clinician may be able to receive advice which allows the patient to be treated in primary care rather than being referred into secondary care. The service exists for most specialities, but lack of knowledge about the existence of the service and the timeliness of responses has historically led to low usage rates. Through active promotion of the service and by ensuring quick turnaround times, the aim is to increase the use of the system.

2) Estates

The CCG has not yet been able to meet with NHSE around estates, but is trying to set up a meeting to move this area forward. A full update of each of the schemes and its current status will be provided as soon as possible.

3) Winter Planning

The CCG has reminded practices of their contractual requirements over the Christmas period. Further work continues around ensuring that there is sufficient primary care provision to be able to meet any demand over not only the festive period, but winter more generally.

4) Primary Care Engagement

The first GP member's forum has been arranged to take place on the afternoon of 29th November, at the Green Britain Centre in Swaffham. The plan is that these meetings will be held each month, excluding December and August. They will include education sessions, information updates, the opportunity to raise and discuss any issues, and to work together to develop the future of Primary Care in West Norfolk.

Appendix A – Demand Management Update

Demand Management in Primary Care – Update No. 1

Practice Prospective Clinical Peer Review

15 out of 21 West Norfolk Practices have so far signed up to carry out the new NHSE requirement for prospective clinical review, covering 76% of our patient population. Whilst it is early days with some just starting to do this, there has been some good positive feedback. Some of our clinicians and practice management have shared their experiences below:

" We were initially hesitant to sign up for demand management as we were unsure how time consuming the peer review of referrals would be. We have found, however, that it isn't an onerous process.

With many of us working part time we rarely signed our own referral letters previously, so it wasn't difficult to get colleagues to look at each other's letters. The majority of our referrals are appropriate and we mark this on the top of the letter before it goes back to the secretaries. They then send the referral and document that it has been reviewed.

We have found a couple of referrals where we have thought that the patient could be managed differently. These are brought to our weekly practice meeting and discussed between the partners. We have found this an interesting and educational process - not all my colleagues were aware that one of my colleagues could provide steroid injections for trigger finger! The number of "inappropriate" referrals is not large, may be one or two per week, and so far we have found the process beneficial."

"We have found that is isn't an onerous process."

Dr Sally Hall
Great Massingham & Docking Surgeries

"At Southgates we have our secretaries provide the referral letters for us to look at daily.

We do this very quickly over a coffee at end of morning surgery. This has generated lively discussion and learning opportunities.

It has helped with feedback to locums and doctors less familiar with local pathways.

We have highlighted some issues which could easily be dealt with if funding was allocated differently."

"This has generated lively discussion and learning opportunities"

Dr Kathy Connolly
Southgates Medical and Surgical Centre

"A simple excel sheet was set up …our first monthly peer review meeting was surprisingly positive"

" for financial reasons, being a non-dispensing and PMS practice, not signing up was never an option, therefore a system was required to simplify the requirements.

A simple excel sheet was set up in which our secretaries record 51% (majority) of referrals minus the exceptions as set out in the specification.

Copies of the referrals generated within the previous 24 hours are handed to the emergency GP at morning coffee, who then takes 20 minutes at the end of surgery to review and hand back to the secretaries for updating on the excel sheet.

GP feedback regarding our first monthly peer review meeting was surprisingly positive, alternative pathways were discussed both clinically and administratively. I think I also heard the word "enjoyable" mentioned!!"

Kathy Foley
Practice Manager – St James Medical Practice

Referral Pathways

One early comment coming out of the practice reviews has been around gaps identified in our existing referral pathways, and ideas around potential alternatives to referring to QEH.

Please make sure that you are capturing these for the monthly reports. Some examples that have been identified already are:

• Mirena coils for menorrhagia and changes of coils
• Alternatives for Dermatology diagnosis
• Options for managing orthopedic referrals by an in-house physiotherapist
• Direct access to echo cardiology for murmurs to reduce cardiology referrals
• Direct access to Mental Health Consultant
• Direct access to CT scanning for abdominal pain

Not yet signed up?

West Norfolk CCG is keen to encourage any of the 6 practices not yet conducting prospective peer review, to consider again if this can be done. Please contact Steve or Sarah for any further information. WNCCG managers and clinical lead are happy to come and talk to your senior staff about this if it would help.