

Subject:	Primary Care Operational Report
Produced by:	Steve Lloyd – Head of Primary Care (WNCCG)
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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	

GP Forward View update

Primary Care Engagement – Time for Care Programme

Following on from the GP member's forum in May where the time for care team presented some opportunities for practices, a number of Practices expressed an interest in taking part in one or both of the programmes:

Practices were required to submit a bid, which was successful, and to make a commitment to their participation in the programme.

1. Learning in Action

Groups of Practices come together to share and develop one or two agreed high impact action locally. This is through a maximum of 6 facilitated session which are held locally usually every 4/6 weeks. Each session is for a minimum 3 hours and team members from the practices are expected to attend i.e. PM GP Admin team etc. The first of these sessions took place with participating Practices on 5th July 2018, where the 7 practices who have signed up to the programme gained an understanding of what the offer is and an overview of the 10 High Impact actions. The second session took place on Wednesday 19th September 2018, where Practices identified the high Impact Action area of work that they wished to focus on and began working on how they would be implemented and measured. In addition to the actions in the table, all participating practices will be enhancing their QI abilities through the skills they gain throughout the programme.

The participating Practices and the actions they are working on are:

Practice	High Impact Action 1	High Impact Action 2
Great Massingham	Productive workflows	Develop the team
Vida	Active signposting	Partnership working
Upwell	Active signposting	Develop the team
The Woottons	Reduce DNA's	Develop QI expertise
Southgates	Reduce DNA's	Develop QI expertise
St John's Medical Practice	New consultation types	Social prescribing
Bridge Street	TBC	TBC

2. Productive General Practices Quick Start

Hands on support in practices to apply QI and lean approaches through a series of agreed modules. 8 Practices in West Norfolk have signed up to this programme. They will be supported through a series of modules to support improved processes. The programme lasts for 8 weeks.

The first session took place on 12th September 2018, with the delivery partner providing an overview of the programme and sharing details of the areas Practices could focus on. As with the Learning in Action, Practices will be supported to deliver 2 change programmes. This programme delivers support on a weekly basis to the Practices through an NHS England approved delivery partner. The second session, where practices will confirm their chosen change programmes takes place on 27th September 2018.

Practices usually work on two modules from the following options:

- **Frequent attenders** - set up a focused, speedy, regular review of high attenders. Leads to different approaches for the individual patient and also for the practice in general.
- **Appropriate appointments** - explores what opportunities there are to ensure the patient sees the right person, first time. Links to the national 'Avoidable Appointments audit tool'.
- **Common approach** – expose unhelpful variation in approach that causes extra effort. Helps develop a common approach to service delivery.

- **Team planning** - high level assessment of peaks and troughs in practice capacity and in activity. The practice looks at the profile of holidays, training and external meetings to reduce stress on the practice at peak times.
- **Well organised practice** - save time by creating a more efficient working environment. A place for everything and everything in its place.
- **Efficient processes** - redesign everyday processes such as repeat prescriptions that regularly cause staff frustration.
- **Clear job standards** - use visual management techniques to ensure regular activities are completed on time, every time. Identify team training needs.
- **Emails, meetings and interruptions** - save time by reviewing how effectively you communicate in the practice. How effective are those meetings? Do we all need to see those emails? Why am I interrupted so often by people and tasks?

The 8 Practices who have signed up to participate in the programme are:

- Great Massingham
- Heacham
- The Woottons
- Southgates
- Vida
- Litcham
- Bridge Street
- Upwell

Following the session on 27th September, detail of which modules practices opt to work on will be known. This will be shared with the committee in the next report.

Extended Access:

There is a requirement to provide 7-days per week extended access to GP services, including at evenings and weekends, for 100% of the population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods – the CCG continues to work closely with West Norfolk Health to build upon the implementation in West Norfolk.

- West Norfolk is providing extended access from multiple hubs across the area
- Sunday provision for telephone and face2face appointments will be provided in conjunction with IC24
- There are issues around interoperability between clinical systems – there are 2 clinical systems used by Practices in West Norfolk – these do not automatically communicate with each other. Workarounds have been devised until such time as a centralised solution is available
- West Norfolk CCG are on track to deliver 100% coverage by 1st October as per the national deadline.

Care Navigation and Clerical Training for Reception Staff:

Funding is available through the GPFV over a 5 year period to support the above training.

In 2017/18, a number of practices undertook the Workflow Optimisation initiative. (Great Massingham & Docking, St James, Southgates, Manor Farm, The Woottons, St Johns, St James, Vida and Upwell.)

In 18/19 all 21 GP Practices will be invited to partake of the Active Signposting and Document Management streams of training, including those who were involved previously to enable upskilling of staff

Provision will be arranged through West Norfolk Health Ltd, but will be delivered in part through external training providers.

1) 2018/19 QIPP Schemes

- **Primary Care Demand Management** – This scheme will look specifically at GP Referral management and build on the work in 2017/18 completed as part of the DMPA (Demand Management in Primary Care Agreement – a local initiative agreed with Practices in West Norfolk in 2017/18). Adoption of a use of resources dashboard, highlighting how Practices are using the resources available and regular supportive and collaborative Practice visits will enable the spread of best practice and provide support to Practices who have the opportunity to contribute towards system wide savings. QIPP benefit will come from improved standards of referrals and reductions in A&E attendances and unplanned admissions.

UPDATE: A version of the use of resources dashboard has previously been developed and used to support early practice visits. This dashboard is utilised to identify where variation in spending exists and to understand and support Practices to address variation. This can be found at Annex 2. Following feedback from both Practices and members of the visiting team, significant revisions have taken place, with a new use of resources dashboard now under development. This dashboard will be used to work collaboratively with Practices to identify and understand where opportunities to reduce variation exist and agree an approach to reduce the variation.

- **Patient 500** – This project uses the Eclipse data system to identify 500 patients each month who are high cost or have a high clinical risk of admission. Practices will identify a lead clinician and an expert clinical panel will complete a paper review of the patient and make recommendations in the form of a patient management plan. The aim is to reduce the number of unplanned admissions by providing expert clinical advice on how patients can be proactively managed in primary care, avoiding any potential crisis which may mean they are admitted to hospital as an emergency.

UPDATE: The scheme has been included in the Primary Care Partnership Proposal (further detail later in this paper) as one of the schemes that the CCG wishes to support practices to deliver. This scheme will be able to begin delivering QIPP savings once the proposal goes live. There is an additional opportunity to deliver further savings through working with the 3 King's Lynn Practices to target additional cohorts of patients where unplanned admissions could be avoided.

- **Well Supported Clinical Decision Making** – This project has been revisited and now has a number of strands. Potential savings and improvements in patient experience will be targeted through introducing direct access to echocardiography for non-heart failure patients. The project will explore the opportunity of introducing additional ways for referring clinicians to liaise with hospital consultants and their teams to seek advice and guidance, with the intention of avoiding unnecessary referrals. Finally, the project seeks to ensure the best use of the Ambulatory Emergency Unit, a facility currently available at the Queen Elizabeth Hospital (QEH) that is accessed via A&E. It is proposed that primary care clinical professionals will be able to directly refer patients for assessment, thus avoiding an A&E attendance. While this already occurs in many instances, the data demonstrates that there is an opportunity to improve both patient experience and the use of resources.

UPDATE: We have initiated contact with the Cardiology team at the QEH to explore the introduction of direct access for non-heart failure patients. Work to understand the potential pathway, referral criteria and workforce logistics will now commence.

We have had an initial conversation with Consultant Connect, who offer a service to facilitate the provision of Advice and Guidance through their system solution. A further meeting within the CCG is scheduled to assess the viability of this solution for our local system.

We believe that through providing education around what the AEC can deliver, that GP's will be able to refer more patients directly. We have arranged for a team from the AEC unit to present at our GP members forum in October.

Other Primary Care updates:

Team News

The Primary Care team in West Norfolk has seen some considerable change, with the appointment of a Deputy Director of Primary Care (a joint post with Great Yarmouth and Waveney) and a Primary Care Transformation Manager taking place. West Norfolk CCG is very pleased to have these posts and believes that the closer working relationship with Great Yarmouth and Waveney CCG which results from this change will be hugely positive, allowing sharing of experiences and learning and also delivering economies of scale.

We are delighted to welcome:

Ben Hogston – Deputy Director of Primary Care
Gina Titman – Primary Care Transformation Manager

Additionally, following consultation, an additional post of Primary Care commissioning Manager has been identified as being substantively required in the structure. This post has been covered through temporary arrangements previously.

Workplan

Following the increased capacity in the West Norfolk Primary Care team, a detailed workplan for the team is now being under development. The purpose of this plan is to identify all of the projects and work areas which are required to be delivered and to identify;

- Who is responsible for leading the work
- How the project links into the delivery of the 10 High Impact Actions
- What the key deliverables are of the project

- High level milestones by quarter
- The expected benefits of the project
- A summary of any risks
- Details of any funding associated with the project
- The priority level of the project
- The progress made in the month
- Planned activities for the next month

The team will be using this workplan as the basis for weekly meetings to ensure that all areas of work are on track, and to identify any issues and risks at an early stage. It is the intention to provide a summary of the workplan to future PCCC meetings to allow clear oversight of progress and any issues.

GP Patient Survey

The results for the national GP patient survey are now available. A link to the website where individual practice scores can be viewed is below.

<https://gp-patient.co.uk/surveysandreports>

A summary of the performance for West Norfolk practices is included at Annex 1.

There are some areas of exceptional performance, with the average scores for the CCG being better than the national average in the vast majority of question areas. While there are some individual areas for Practices to focus on, overall, the results are extremely promising

2017/18 Quality and Outcomes Framework (QOF) achievement

Shown below is a table of the QOF achievement at a summary level for the Practices in West Norfolk. This shows an average performance for Practices in west Norfolk of 549.46 points out of a possible 559 (98.29%).

Service Provider Name	Contractors Registered Population	Achieved Points	Achieved Pounds
THE WOOTTONS SURGERY	5,581	543.51	£67,364.76
THE HOLLIES SURGERY	4,434	555.8	£60,884.10
BOUGHTON SURGERY	2,990	536.03	£42,375.28
FELTWELL SURGERY	5,015	541.04	£78,332.97
MANOR FARM MEDICAL CENTRE	6,984	554.75	£110,006.07
THE CAMPINGLAND SURGERY	7,061	558.66	£134,692.68
HEACHAM GROUP PRACTICE	7,807	537.05	£137,747.15
UPWELL HEALTH CENTRE	10,397	535.25	£144,568.10
BRIDGE STREET SURGERY	8,654	557.19	£132,415.77
GREAT MASSINGHAM AND DOCKING	6,381	552.95	£90,775.00
VIDA HEALTHCARE	32,817	549.62	£509,897.60
PLOWRIGHT MEDICAL CENTRE	5,971	549.92	£117,329.11

BURNHAM MARKET SURGERY	4,401	558.61	£63,632.07
LITCHAM HEALTH CENTRE	3,635	558.88	£50,314.64
GRIMSTON MEDICAL CENTRE	4,978	559	£91,478.09
ST CLEMENTS SURGERY	5,744	557.06	£78,652.09
SOUTHGATES MEDICAL CENTRE	16,707	539.24	£163,334.45
HOWDALE GROUP PRACTICE	7,185	540.63	£101,024.50
ST JAMES MEDICAL PRACTICE	16,543	544.78	£218,789.22
WATLINGTON MEDICAL CENTRE	6,709	559	£89,404.20
ST JOHNS SURGERY	5,602	549.64	£83,222.50
Totals	175,596		£2,566,240.35
Average points achieved		549.46	

More detailed information is usually published nationally in October. An analysis will be prepared for the next committee meeting.

Locally Enhanced Services / Locally Commissioned Services

In West Norfolk CCG, a range of Local Enhanced Services are commissioned;

- Treatment room services (This includes dressings, ear syringing, ECG's, PSA monitoring, B12 injections, Insulin initiation, spirometry, ring pessary insertions and changes)
- Anticoagulation
- Phlebotomy
- Near patient testing / shared care
- Post-operative wound care
- DVT testing (notice was served on this service, with it now being included in the Primary Care Partnership Proposal)
- Minor Injuries (notice was served on this service, with it now being included in the Primary Care Partnership Proposal)

For the current year, the majority of these services are paid at a fixed rate, with payment being based on the number of patients registered with each Practice at the start of the financial year.

Activity is collected on a monthly basis for all of the activities undertaken by Practices. This activity provides valuable information for commissioning decisions going forward.

The actual spend for April 2018 to July 2018 is shown below, split by service:

Summary of spend April 18 - July 18								
Practice	Treatment Room	Anti Coag (fixed)	Phlebotomy	Near Patient Testing / shared Care	Post Op	DVT	Minor Injury	Total
Boughton Surgery	£4,216	£1,803	£1,306	£162	£862	£328	£525	£9,202
Bridge Street Surgery	£12,164	£3,270	£3,320	£755	£2,191	£1,107	£375	£23,182
Burnham Market Surgery	£6,177	£1,956	£1,927	£755	£1,272	£779	£1,800	£14,666
Campingland Surgery	£9,997	£6,265	£3,131	£2,050	£2,067	£369	£3,075	£26,954
Great Massingham & Docking Surgery	£9,020	£4,523	£2,651	£1,456	£1,749	£451	£2,275	£22,125
Feltwell Surgery	£7,089	£4,187	£1,955	£782	£1,290	£164	£1,025	£16,493
Grimston Medical Centre	£7,026	£2,537	£1,978	£512	£1,305	£0	£1,275	£14,633
Heacham Group Practice	£11,014	£9,566	£3,486	£2,023	£2,301	£697	£1,650	£30,737
Howdale Surgery	£10,097	£3,423	£2,723	£1,025	£1,797	£779	£4,225	£24,069
Litcham Health Centre	£5,100	£2,697	£1,410	£539	£931	£492	£450	£11,619
Manor Farm Medical Centre	£9,874	£5,226	£3,015	£1,303	£1,990	£123	£1,300	£22,831
Plowright Medical Centre	£8,388	£3,331	£2,580	£1,591	£1,703	£246	£2,700	£20,539
Southgates Medical & Surgical Centre	£23,630	£3,331	£5,462	£1,130	£3,605	£1,599	£1,275	£40,034
The Woottons	£7,937	£2,720	£1,820	£594	£1,201	£246	£825	£15,343
St Clements Surgery - Village Health	£8,225	£2,415	£2,271	£458	£1,499	£164	£1,850	£16,882
St James Medical Practice	£23,403	£7,121	£6,115	£1,402	£4,036	£3,567	£6,425	£52,070
St John's Surgery - Terrington	£7,972	£2,506	£2,227	£1,187	£1,469	£41	£250	£15,652
Upwell Health Centre	£14,682	£8,252	£4,134	£2,427	£2,728	£123	£1,350	£33,696
Vida Healthcare	£46,080	£27,201	£12,440	£4,666	£8,210	£1,558	£12,950	£113,105
The Hollies	£6,327	£2,048	£1,482	£432	£978	£369	£625	£12,260
Watlington Medical Centre	£9,371	£3,637	£2,294	£755	£1,514	£287	£900	£18,758
TOTALS	£247,789	£108,018	£67,725	£26,006	£44,698	£13,489	£47,125	£554,850