

Governing Body meeting (held in public)

DATE: 26 November 2015

Title	Primary Care Development Update
This paper is for Discussion	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <ol style="list-style-type: none"> 1. Note the work of the Primary Care Development Working Group (PCDWG) outlined within this report. 2. Note The quarterly self-certification return on delegated functions, co-commissioning and OOH attached at appendix 1.
Potential areas for Conflicts of interest	Elected members of the Governing Body.
Executive summary	<p>This paper provides an update to the Governing Body on the work of the Primary Care Development Working Group (PCDWG) since the last update report in July 2015, and the approval of the Primary Care Strategy in September. The Primary Care Strategy sets out the CCG's commissioning priorities for how we aim to transform services in Bexley over the next five years, organised into the following six themes in bold:</p> <ul style="list-style-type: none"> • Improving access to primary care • Better care co-ordination by strengthening service integration • Taking a more proactive, population health management approach to focus more on prevention of ill-health, wellbeing and supporting people to self-manage • Ensure that the necessary IT, workforce and estate infrastructure is in place to enable transformation • Facilitating organisational development in general practice to move to new models of provision that sit within local care networks • Use primary care co-commissioning to help secure high quality services and reduced variation in quality and outcomes. <p>This update is organised under these themes and an implementation</p>

programme is under development informed by a comprehensive audit of the starting point for our practices. This work also feeds into the wider 'Our Healthier South East London' community based care work-stream.

Accessible Care: During September 2015 all Bexley practices were offered the opportunity to pilot the Hurley Web GP software, a website that includes self-help content, sign-posting options, symptom checkers, access to 111 clinicians and the ability to consult remotely with the patients' own GP. The evaluation panel awarded the pilot opportunity to six practices, two from each locality, covering more than 30% of Bexley's registered population. Launch will be at the end of November 2015.

The PCDWG is also working to ensure that practices are aware of the pan-London patient registration guidelines. The guidance sets out a consistent approach across London to ensure fairness, equity and transparency in the way general practice manages the registration process.

All but one practice in Bexley are now using the Iplato SMS system to text their patients appointment reminders, with patients being able to text back and cancel if they can no longer attend. This is helping to reduce non-attenders and free up appointments quicker for others. The system is also being used to promote key help campaigns such as flu clinics and to collect patient feedback.

Co-ordinated Care: The PCDWG are exploring a number of models for enhancing care co-ordination in primary care, such as up-skilling practice staff to take on a patient liaison role or sourcing independent care co-ordinators from Age UK. The aim is to improve the effectiveness of managing complex elderly patients with multiple co-morbidities to maximise the quality of their life and to help avoid unplanned hospital admissions.

Proactive Care: Bexley Voluntary Services Council (BVSC) is working with six practices to place volunteer Health Champions within their reception areas. The aim is to navigate patients into existing voluntary services or raise awareness of current resources, freeing up GP appointments. This pilot will go live in January 2016; and will be linked to the Social Prescribing pilot in Clocktower locality.

An Alzheimer's Society information worker is currently working with Bexley practices and pharmacists until the end of January 2016 to help raise awareness of what it is like to live with dementia and turn that understanding into action. Practices have been offered material and support. Feedback has been positive.

Primary Care Infrastructure: All CCGs are required to have a draft estates strategy in place by December 2015. A workshop was held in

October 2015 to aid development of the strategy with London Borough of Bexley (LBB), Oxleas, NHS England, Dartford, Gravesham & Swanley CCG and Bexley Health Neighbourhood CIC in attendance, facilitated by the CCG's Strategic Estates Advisor from Community Health Partnership (CHP). The workshop brought focus to the growth plans in the north of the borough, particularly in Erith and Belvedere, and the need to enhance co-location of services across organisations. A series of utilisation studies of the largest practices located in the areas of planned growth has been commissioned to support this work.

It has recently been announced that future waves of Primary Care Infrastructure Funding will be bid for via CCGs. The CCG is pulling together a communication and engagement plan to ensure that Bexley practices have the opportunity to inform the proposals that form the bid. The deadline is February 2016 and details/requirements will be released by NHS England in December 2015.

The Community Education Provider Network is taking on increasing responsibility for addressing workforce challenges in the borough and an imminent launch event will serve as an opportunity for practice staff to learn more about what is happening locally and how they can get involved.

The CCG has been working closely with the LMC over the last few months to sign off the data sharing agreement (DSA) for the Bexley Linked Care project. This will enable other practices in the borough, urgent care centres (UCCs), Lewisham & Greenwich NHS Trust and Dartford & Gravesham NHS Trust to access patient's medical record for the purposes of direct clinical care and only with the patient's prior consent.

The Primary Care Activity Reporting Tool (PCART) will soon be available to practices in a web-based format and will be updated monthly. To support interpretation, practice visits will be scheduled quarterly for November, February, May and August. These visits will also be an opportunity to support the practices with the wider primary care transformation agenda.

Local Care Networks (LCN): In September 2015 a LCN workshop was held that included representation from Oxleas NHSFT, LBB, Dartford & Gravesham NHS Trust, Lewisham & Greenwich NHS Trust, BVSC, various third sector organisations, Community pharmacy and Bexley Health Neighbourhood CIC. The workshop focused on how care co-ordination for the complex elderly could be strengthened in the borough, looking at models from elsewhere and identifying current service gaps. The newly appointed LCN Programme Director, Ian Burroughs, will take forward this work linking the work of all of these organisations to strengthen locality based models of care.

Clinical Commissioning Group

	<p>Care Quality Commission (CQC): The majority of Bexley practices have recently been inspected by CQC and a number of reports have now been published. The PCDWG has been reviewing common themes emerging to see if there is any further support or learning that can be shared. There are also several service developments underway through the PCDWG offering further support.</p> <p>It is recognised the inspection process and reports are not always consistent and where possible the CCG will support practices in representing their views.</p> <p>The PCDWG will continue to work with practices to support them in taking forward the primary care agenda.</p>	
How does this paper support the CCGs objectives?	Patients:	The Transforming Primary Care Strategy and 'Our Healthier South East London' are intended to develop and improve the healthcare offered to patients.
	People:	N/A
	Pounds:	There is likelihood that investment will be required to transform primary care, which may not be available within existing resources.
	Process:	N/A
What are the Organisational implications	Key risks	That insufficient resources are available to support the wide agenda.
	Equality	All localities are represented on the PCDWG.
	Financial	The CCG has committed staff resources to support the work. A small budget is also held; however, there is a likelihood that investment will be required to transform primary care, which may not be available within existing resources.
	Data	The CCG is working on sharing data across organisations.
	Legal issues	N/A
	NHS constitution	N/A
Engagement	N/A	
Audit trail	This paper has not been to any other committee. However, the work is discussed fortnightly at the PCDWG meetings, at locality meetings and will be discussed at LMC meetings.	
Comms plan	None	

Clinical Commissioning Group

Author: Sarah Birch Head of Primary Care Development	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Theresa Osborne Chief Financial Officer
Date	11 November 2015	



Primary Care Development Working Group (PCDWG) Update

1. INTRODUCTION

This paper provides an update to the Governing Body on the work of the Primary Care Development Working Group (PCDWG) since the last update report in July 2015, and the approval of the Primary Care Strategy in September. The Primary Care Strategy sets out the CCG's commissioning priorities for how we aim to transform services in Bexley over the next five years, organised into the following six themes in bold:

- Improving **access** to primary care
- Better care **coordination** by strengthening service integration
- Taking a more **proactive**, population health management approach to focus more on prevention of ill-health, wellbeing and supporting people to self-manage
- Ensure that the necessary IT, workforce and estate **infrastructure** is in place to enable transformation
- Facilitating organisational development in general practice to move to new models of provision that sit within **local care networks**. In Bexley there are three local care networks that align with the existing locality networks of practices. There is a single GP federation, Bexley Neighbourhood Care Community Interest Company (CIC), where all practices are members. Working through the Local Care Network programme board, the CCG with the London Borough of Bexley and provider partners seeks to expand and enhance the service offering around populations.
- Use **primary care co-commissioning** to help secure high quality services and reduced variation in quality and outcomes

This update is organised under these themes and an implementation programme is under development informed by a comprehensive audit of the starting point for our practices. This work also feeds into the wider Our Healthier South East London community based care work-stream.

2. CURRENT PROGRAMME OF WORK

The PCDWG continues to meet fortnightly and has been overseeing progress in the following areas.

1. Accessible Care

- **Hurley webGP**
During September all Bexley practices were offered the opportunity to pilot the Hurley Web GP software which is a website that includes self-help content, sign posting options, symptom checkers, access to 111 clinicians and the ability to consult remotely with patients' own GP. Considering the number of quality bids received, it was agreed by the evaluation panel (CCG, Healthwatch and a governing body lay member) to award the pilot opportunity to up to six practices, two from each locality. The successful practices were Lakeside Medical Practice, Crayford Town Surgery, Albion

Surgery, Crook Log Surgery, Barnard Medical Group and Woodlands Surgery covering more than 30% of Bexley's registered population. These practices are now planning for the launch of Web GP which will go live by the end of November 2015. Communication to Bexley residents will be included in the next issue of the Bexley magazine.

- **Patient Registration Policy**

The PCDWG is working to ensure that practices are aware of the pan-London patient registration guidelines. The guidance sets out a consistent approach across London to ensure fairness, equity and transparency in the way general practice manages the registration process. A range of awareness raising initiatives have been undertaken and optional sample copy for websites has been prepared to assist practices in translating the guidance into practice.

- **iPLATO**

All but one practice in Bexley are now using the Iplato SMS system to text their patients appointment reminders with patients being able to text back and cancel if they can no longer attend. This is saving practices time, helping to reduce non-attenders and automatic cancelling appointments, thereby freeing up valuable GP appointments for other patients. The system is also being used to promote key help campaigns such as flu clinics and to collect patient feedback on whether patients would recommend their practice to their friends and family.

2. Co-Ordinated Care

The PCDWG are exploring a number of models for enhancing care coordination in primary care such as up-skilling practice staff to take on a patient liaison role or sourcing independent care coordinators from Age UK. The aim is to improve the effectiveness of managing complex elderly patients with multiple co-morbidities to maximise the quality of their life and to help avoid unplanned hospital admissions.

3. Proactive Care

- **Health Champion Pilot**

Bexley Voluntary Services Council (BVSC) is working with six Bexley practices to place volunteer Health Champions within their reception areas. The aim is to navigate patients into existing voluntary services or raise awareness of current resources, before reaching a GP, thereby freeing up GP appointments. It is hoped that this proactive approach will help make sure that patients with social issues will be linked up with local services best placed to meet their needs thereby helping to alleviate pressures on practices so that they can focus upon their more complex patients. Volunteers are currently being recruited with induction and training happening for the service to start during January 2016. Work will be taken forward to link this to the Social Prescribing pilot in Clocktower.

- **Dementia Friends**

An Alzheimer's Society information worker is working with Bexley practices and pharmacists until the end of January 2016 to help raise awareness of what it is like to live with dementia and turn that understanding into action. The following offer has been promoted to practices:

- Complete a dementia awareness display
- Provide up-to-date leaflets and resources for patients
- Deliver a one hour information session for practice staff (development/multi-professional learning opportunity)
- Run a session for patients

Practice staff who have already attended an information session have spoken very highly of the sessions.

4. Primary Care Infrastructure

- **Estates strategy**

All CCGs are required to have a draft estates strategy in place by December 2015. A workshop was held in October to aid development of the strategy with LBB, Oxleas, NHS England and Bexley Health Neighbourhood CIC in attendance, and facilitated by the CCGs Strategic Estates Advisor from Community Health Partnership (CHP). The workshop brought focus to the growth plans in the north of the borough particularly in Erith and Belvedere and the need to enhance co-location of services across organisations. To inform this work, the CCG has commissioned a series of utilisation studies of the largest practices located in the areas of planned growth. This is to assess whether there is sufficient long-term capacity to meet the needs of a growing population and will inform the CCG's developing estates strategy. Further utilisation reviews and a 6-facet survey may also be commissioned should central funding be available.

It has been recently announced that future waves of Primary Care Infrastructure Funding will be bid for via CCGs. The CCG is pulling together a communication and engagement plan to ensure that Bexley practices have the opportunity to inform the proposals that form the bid. The deadline for bids is February 2016 and details about the process and requirements will be released by NHS England in December 2015.

- **Workforce**

A comprehensive programme of education continues to be planned and promoted to practice staff. The Community Education Provider Network is taking on increasing responsibility for addressing workforce challenges in the borough and an imminent launch event will serve as an opportunity for practice staff to learn more about what is happening locally and how they can get involved.

- **Bexley Linked Care**

The CCG has been working closely with the LMC over the last few months to gain sign off of the data sharing agreement (DSA) for the Bexley Linked Care project. This will enable other practices in the borough and urgent care centres (UCCs) to access patient's medical record for the purposes of direct clinical care and only with the patient's prior consent. Once finalised, the DSA will be sent to practices for signing. A series of communications are also planned, including in the Bexley Magazine (a publication sent to every home in the borough) and postcards within practices to make patients aware of the Linked Care scheme.

To further support this work, Bexley is currently exploring the Lewisham & Greenwich NHST (L&G NHST) data sharing system called “*ConnectCare*”. The system links the hospital system with the GP practice system. Bexley CCG representatives have been attending the Connect Care Programme Board with representatives also sitting on the communication and information governance sub-groups. Work is also being undertaken with Dartford and Gravesham NHS Trust on a similar system.

- **Primary Care Activity Reporting Tool (PCART)**

PCART will soon be available in a web-based format and will include the facility to drill down below the summarised figures to the underlying pseudonymised data. PCART will be updated monthly and members of the PCDWG are currently developing a template that will flag the most relevant findings from the PCART, which will be different for each practice.

To support interpretation, practice visits will be scheduled quarterly for November, February, May and August which will also be an opportunity to support the practices with the wider primary care transformation agenda.

5. Local Care Networks (LCN)

At the end of September a LCN workshop was held that included representation from the following organisations:

- Oxleas NHSFT
- Bexley CCG
- London Borough of Bexley
- Dartford & Gravesham NHST
- Lewisham & Greenwich NHS Trust
- BVSC
- Various third sector organisations
- Community pharmacy
- Bexley Health Neighbourhood CIC

The workshop focused on how care co-ordination for the complex elderly could be strengthened in the borough, looking at models from elsewhere and identifying current service gaps. The newly appointed LCN Programme Director, Ian Burroughs will take forward this work, linking the work of all these organisations to strengthen locality based models of care. He starts with the CCG on Monday 9th November 2015.

3. ADDITIONAL WORK PROGRAMME

CQC

The majority of Bexley practices have recently been inspected by CQC and a number of reports have now been published. The PCDWG has been reviewing common themes emerging to see if there is any further support or learning that can be shared. A summary of support currently available to practices to assist with CQC includes:

- HESL funding was used to purchase Bluestream Academy which provides practice staff with online training covering c80% of their mandatory requirements.
- A range of CQC resources including checklists are available on the GP Zone

- Last year two training sessions were run for practice staff on how to prepare for a CQC inspection
- Serious incident training was arranged for all practices earlier this year
- PCART tool being in place to support practices to review their activity with many practices showcasing this on CQC visits
- Medicines Management helping practices with the security of prescription pads
- Safeguarding training
- Annual life support training is in place

The following service developments are also underway through the PCDWG:

- Looking at Vibe to be used by practices to record and share policies & procedures across Bexley to save practice time and help share best practice
- Pilot Web GP to improve GP access, across 6 practices (1/3 of Bexley patients) to start in November 2015
- Pilot Health Champions, across 6 practices, to start in January
- CEPN to look at coordinating all mandatory training for 2016/17 across Bexley.
- Development of a HR checklist which will guide practices through what to do when someone is recruited.
- Investigating potential for centrally sourced HR advice, i.e. through the CIC
- Further developments of PCART to include more data sources, e.g. imms & vacs, cytology.
- Development of a risk assessment matrix and guide.
- Publicising/sharing any outstanding practice identified by CQC reports
- Strengthening Practice Manager's networks to facilitate greater communication and information sharing.

It is recognised that the inspection process and reports are not always consistent and where possible the CCG will support practices in representing their views. Quarterly meetings between CQC, NHSE and the CCG have now been proposed and will be put in place.

4. CCG ASSURANCE FRAMEWORK 2015/16

Attached at appendix 1 is the quarterly self-certification return on delegated functions, co-commissioning and OOH, required from the CCG. This has been signed off by the Chief Officer and Chair of the Audit Committee, as well as being shared with Internal Audit.

5. CONCLUSION

The PCDWG will continue to work with practices to support them in taking forward the National, London & Local primary care agenda.

6. RECOMMENDATIONS

Members are asked to:

- **NOTE** the work of the Primary Care Development Working Group outlined within this report.

- **NOTE** The quarterly self-certification return on delegated functions, co-commissioning and OOH attached at Appendix 1.

CCG Assurance Framework 2015/16 Delegated Functions - Self-certification

CCG Name or joint committee of CCGs	
NHS Bexley CCG	
Quarter/year to which certification applies	Quarter 1

1. Assurance Level

To support ongoing dialogue, CCGs are asked to provide a self-assessment of their level of assurance for each Delegated Function (as appropriate) .		
	Assurance Level	Change since last period
Delegated commissioning	Not applicable	Not applicable
OOH commissioning	Assured as good	Not applicable

2. Outcomes

Briefly describe progress in last quarter towards the objectives and benefits the CCG set out in taking on delegated functions, in particular the benefits for all groups of patients <maximum 200 words>

3. Governance and the management of potential conflicts of interest in relation to primary care co-commissioning (this section should be completed by those CCGs which undertake joint commissioning with NHS England as well as those that have delegated commissioning arrangements)

	Co-commissioning	OOH commissioning
Have any conflicts or potential conflicts of interest arisen during the last quarter?	Yes	No
If so has the published register been updated?	Yes	No
Is there a record in each case of how the conflict of interest has or is planned to be managed?	Yes	Not applicable
Please provide brief details below and include details of any exceptions during the last quarter where conflicts of interest have not been appropriately managed <maximum 200 words>		
Not applicable		

4. Procurement and expiry of contracts

Briefly describe any completed procurement or contract expiry activity during the last quarter in relation to the Delegated Functions and how the CCG used these to improve services for patients (and if and how patients were engaged).

<maximum 250 words per Delegated Function>

None

Local Incentive Schemes

Is the CCG offering any Local Incentive Schemes to GP practices?	Yes
Was the Local Medical Committee consulted on each new scheme?	Yes
If any of those schemes could be described as novel or contentious did the CCG seek input from any other commissioner, including NHS England, before introducing?	No
Do the offered Local Incentives Schemes include alternatives to national QOF or DES?	No
<i>If yes, are participating GP practices still providing national data sets?</i>	Yes

What evidence could be submitted (if requested) to demonstrate how each scheme offered will improve outcomes, reduce inequalities and provide value for money?

<maximum 250 words for each Delegated Function>

The CCG offers a Primary Care Incentive Scheme (PCIF) to practices. The components of the scheme are re-considered on an annual basis to reflect the CCG's strategic priorities and national targets; and discussed with GPs, the LMC and the CCG Governing body. There are specific KPIs to measure each component, against which practices report. Payments are made dependent on achievement. The specific schemes for 2015/16 are as follows:

- **Medicines management – reviews and monitoring of effective use of medicines (including peer reviews)**
- **End of Life Care Co-ordinate My Care – significantly increased use of CMC as care planning for the last year of life**
- **Dementia diagnosis – increased rates of diagnosis of dementia in line with national requirements**
- **Childhood obesity and weight management – measurement of age 7 children, training of practice staff in brief interventions, onward referrals into new weight management services (tiers 2 and 3 from January 2016).**

5. Availability of services

Briefly describe any issues raised during the last quarter impacting on availability of services to patients (include if and how patients were engaged). <maximum 250 words for each Delegated Function>		
None		
	Delegated commissioning	OOH commissioning
How many providers are currently identified by the CCG for review for contractual underperformance?	N/A	None
And of those providers, how many have been reviewed and there is action being taken to address underperformance?	N/A	N/A
During the last quarter were any providers placed into special measures following CQC assessment?	No	No
If yes, please provide brief details of each case and how the CCG is supporting remediation of providers in special measures <maximum 50 words per case>		
In the last 12 months has the CCG published benchmarked results of providers OOH performance (including Patient experience)		No
If yes, please provide link to published results:		

6. Internal audit recommendations

	Co-commissioning	OOH commissioning
Has internal audit reviewed your processes for completing this self-certification since the last return?	Yes	Yes
If so, what was their conclusion and recommendations for improvement? <maximum 200 words for each Delegated Function>		

Use this space to detail any other issues or highlight any exemplar practice supporting assurance as outstanding

All Bexley practices have opted out of providing OOH services. These services are commissioned by the CCG and are provided by the Hurley Group as part of a wider urgent care system.

7. CCG declaration

I hereby confirm that the CCG has completed this self-certification accurately using the most up to date information available and the CCG has not knowingly withheld any information or misreported any content that would otherwise be relevant to NHS England assurance of the Delegated Functions undertaken by the CCG.

I confirm that the primary medical services commissioning committee remains constituted in line with statutory guidance.

I additionally confirm that the CCG has in place robust conflicts of interest processes which comply with the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest.

Signed by [insert name] CCG Accountable Officer / Chair of joint committee (delete as appropriate)

Name: Sarah Blow
Position: Chief Officer
Date: 12th October 2015

Signed by [insert name] Audit Committee Chair

Name: Keith Wood
Position: Chair of the Audit & Integrated Assurance Committee
Date: 12th October 2015

Please submit this self-certification to your local NHS England (London) team at england.londonsubmissions@nhs.net and copy to england.primarycareops@nhs.net using the email subject 'Delegated functions self-certification.'

2015/16 Timetable and deadlines for submission

Q1 (Apr, May, June) – Wednesday, 28 October
Q2 (Jul, Aug, Sep) – Wednesday, 25 November
Q3 (Oct, Nov, Dec) – Wednesday, 24 February
Q4 (Jan, Feb, Mar) – Wednesday, 25 May

*Excerpt from CCG assurance: delegated functions self-certification 2015/16.
Publications Gateway reference: 03808*