



Health Partnerships Overview and Scrutiny Committee 16th February 2011

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Primary Care Services in Brent Update

1. Summary and recommendation

- 1.1 Members of the Health Partnerships Overview and Scrutiny Committee have asked for a report from NHS Brent on GP services in the borough. There were two issues in particular that the committee had concerns over – the first is succession planning and preparing for GP retirements, particularly post 2013 when the NHS Commissioning Board will become responsible for primary care contracting. Secondly, the committee wants to be kept informed of developments with the Brent GP commissioning consortia – a separate item is on the committee's agenda dealing with this issue.
- 1.2 NHS Brent's report sets out the position with GP services in each of the Brent GP clusters (and commissioning consortia) – Willesden, Kingsbury, Wembley, Kilburn and Harness. The report acknowledges that succession planning is an area that the GP clusters have all considered, but one that requires further work. NHS Brent is giving assurance that it is dealing with this issue and that it is aware of and agreed a number of changes to primary care in the next six months – these are detailed in the report. There are two further potential changes expected, but these are not agreed with contractors and so information on these is not included.
- 1.3 The Health Partnerships Overview and Scrutiny Committee should use this opportunity to question officers from NHS Brent on the succession planning issues, and in particular, how these will be addressed once responsibility for primary care contracting passes to the NHS Commissioning Board. Representatives from Brent GP commissioning consortia will also be at the meeting and should be asked for their views on this issue and how they plan to ensure services are maintained in future years.
- 1.4 It is recommended that the Health Partnerships Overview and Scrutiny Committee question officers from NHS Brent on their report on primary care

services in Brent and assure themselves that adequate measures are in place to deal with succession planning issues.

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NHS Brent Primary Care – Update

Purpose of Paper

The Overview and Scrutiny Committee requested a paper that covered:

- Retirements and any changes to Primary Care
- How issues such as access will be managed under the new commissioning arrangements

The paper provides the current context to GP Commissioning Consortia and Primary Care Contracting and provides a snap shot of how each of the Consortia are developing in relation to Primary Care. It also details any planned changes to primary care within the Borough in the next six months.

Context

There are currently seventy one practices across the Borough. Over the last few years five distinct localities have emerged across the Borough and these have now formed into GP Commissioning Consortia. The five consortia; Wembley, Willesden, Kilburn, Kingsbury and Harness operate both as individual clusters as well as a federation where they operate as a collective to make some commissioning decisions. The Brent Federation have recently been successful in gaining pathfinder status as part of the second wave of applicants. The pathfinder status is intended to help support the development of the consortia.

As indicated above five consortia have emerged within Brent and each has its own view of delivering primary care, improving the delivery of primary care services and of succession planning. It is also important to note that each of the consortia are at different stages within their development. Succession planning is an area that clusters have all considered but that further work needs to be undertaken on. However assurance can be given that NHS Brent is aware of and has included details of all agreed changes to primary care in the next six months. It should be noted that there are two potential changes expected but these are not agreed with Contractors and therefore it is not yet possible to detail these.

The Health Bill has detailed proposals regarding the establishment of the NHS Commissioning Board to become effective in 2013. Until this point PCTs retain the statutory responsibility for primary care contracting, however, from April 2012 this will be managed under a sector team for North West London. The sector team will have the responsibility for all primary care (GP, Dental, Pharmacy and Optometric) contracts. There is a debate regarding what will constitute contracting and where the split between contracting and commissioning will occur. What is clearly emerging through this debate will be the need for GP Commissioning Consortia to play a key role in driving up the quality of primary care provision and in assessing need. An Outcomes Framework has been produced by NHS London in conjunction with a number of clinical and management stakeholders and is going through the final sign off processes at the moment. The Outcomes Framework will be used and implemented by the Sector Team and it is envisaged will become a useful framework for each of the GP Commissioners to use in driving up standards of primary care within their consortia. The indicators within the framework are detailed in Appendix One.

Willesden

The clinical directors in post are Dr Sarah Basham and Dr Cherry Armstrong. There are eleven practices within Willesden. Willesden are operating an effective board structure with representation from each of their practices at meetings. In relation to primary care the leads will be focusing on meeting with each of their practices and discussing a plan that reflects the particular practices issues; whether this is referral management, improving access to the practice or prescribing. The cluster intends to use benchmarked data for Brent, London and other areas with similar demographics as a comparator to drive performance.

There is currently one planned change to primary care services within Willesden over the next six months:

- Burnley Road Practice

NHS Brent Board confirmed that the practice should be advertised on the open market. The Board also confirmed that the homeless element of the service should be provided through a local enhanced service within the Borough.

Sessions have been held with patients regarding the specification for the registered list. The engagement period finishes on the 31.3.11. Following that the specification will be signed off by the PCT and it is intended that the advert goes out on the 7/2/11.

Kingsbury

The clinical director in Kingsbury is Dr Ajit Shah. There are sixteen practices in Kingsbury. Kingsbury have developed a cluster structure that includes a regular all practice meetings and a Board that meets regularly to discuss items. The cluster has focused on the performance bonds that have been in place this year and has used these as a mechanism for focusing on specific areas, engaging with practices and driving up performance. This is evident for example in the immunisation data which shows that the cluster is currently achieving above or close to the target in the majority of the immunisations.

Immunisation	Age 1 DTaP/ IPV/Hib	Age 2 MMR	Age 2 Hib Men C Booster	Age 2 PCV Booster	Age 5 DTa P IPV Booster	Age 5 MMR2
Kingsbury performance as at Q3	95%	93%	90%	89%	86%	90%
Target	92%	95%	92%	92%	95%	95%

In terms of enabling practices to work more closely together the cluster are considering buddying arrangements. In terms of succession planning the cluster are now considering how to manage any retirements and work with one another ahead of this occurring.

For Kingsbury premises is one of the most challenging issues. NHS Brent and GPs have been working together to explore various options for a new locality health centre: the preferred option (based on financial and non-financial benefits appraisal) was one development at Roberts Court, to house three or more practices (including Willow Tree, Fryent Medical Centre and Stag Lane). The Outline Business Case is

being finalised next week with practices within the scope of the development but there remains a significant affordability gap. We will need to identify how this additional cost could be funded within existing budgets.

There is one planned change in Kingsbury over the next three months:

- Girton Road Medical Centre.

Dr Banerjee has provided NHS Brent with notice to cease providing GMS services with effect from the 31.3.2011. this means that NHS Brent must re-provide services for those patients registered with Girton Road Medical Centre. As at 1st January 2011 the total number of patients registered with the practice was 1938.

NHS Brent has considered all the options available to it and discussed these with the Kingsbury Board. Given the size of the list the preferred option is to disperse the list. This means that patients would be given the option of re-registering with a practice of their choice; it is most likely that this will be within the local area.

NHS Brent has written to patients inviting them to attend one of two meetings (lunchtime and evening) to discuss the option of dispersal, understand any concerns related to this and find ways of best supporting patients to re-register.

NHS Brent will then write to the full list again with details of the practices in the surrounding area, how to re-register and when this must be done by. NHS Brent will also work with Girton Road Medical Centre to ensure the most vulnerable patients have re-registered.

Wembley

The clinical directors in post are Dr Ashwin Patel and Dr Jahan Mahmoodi. There are fifteen practices within Wembley. Wembley are operating an effective board structure with representation from each of their practices at meetings. The clinical directors use their Board meetings as an opportunity to highlight key performance areas to their constituent practices and work with practices to understand why performance has not reached particular thresholds. They have used this methodology to drive up standards within primary care. Historically Wembley has performed poorly in relation to access standards but both the practices and cluster have actively participated in making changes to improve both the access patients have to their practices and the overall experience.

Outcome Measures	Practices with more than 72 per 1,000	5 day opening / half-day closing	Access to Receptionist 45+ hrs pw face to face & phone	Extended Hours	OOH Voice mail updated	Using CAB	Advanced booking 4 weeks	Text Implemented	Information Screen installed
Measure	80%	100%	90%	95%	100%	100%	95%	75%	50%
Status July 10	20%	26%	53%	80%	0%	73%	33%	0%	0%
Status Jan 11	53%	60%	100%	100%	73%	93%	100%	73%	100%
%increase	33%	34%	47%	20%	73%	20%	67%	73%	100%

There is one planned change in Wembley over the next six months:

- GP Unit & Sudbury Surgery application to become a social enterprise

Currently both the above practices are managed by Brent Community Services. Brent Community Services have served notice to NHS Brent as they no longer wish to provide GP services as part of their portfolio of services. NHS Brent began a competitive procurement last year but this was halted on legal advice following an application from the above to become a social enterprise. The practices made an initial application to the PCT which the Board supported but with the recommendation that the practices considered a merger on to a single site due to the financial viability and sustainability over the term of a five year contract.

The practices are currently developing their Integrated Business Plan which is due for submission in mid February 2011. If this is successful they will move into shadow form and the two practices propose merging to the Sudbury Primary Care Centre at the start of May.

NHS Brent has met with patients from the GP Unit twice through this process and various concerns have been flagged by patients in relation to the merger. These have been fed back to the right to request applicants and have been noted by ourselves. We have written to all patients inviting them to attend a specific meeting regarding the merger where we will focus in on this and understand better any concerns and run through what support we can offer patients through the merger. Patients will be offered a choice and should they not wish to travel to Sudbury Primary Care Centre will be offered the option of re-registering with a practice that is more convenient for them.

Kilburn

The clinical director in Kingsbury is Dr Amanda Craig. There are fifteen practices in Kilburn. Kilburn have developed a cluster structure that includes regular Board and cluster meetings. Kilburn cluster have been working closely together over a number of years and within their cluster have formed networks of practices. These networks of practices provide each other with day to day support, support in times of crisis and provide some services on behalf of another practice within the network. The Cluster is focusing on building on these networks and strengthening the governance that is in place between them to further develop the range of services being delivered within Kilburn practices.

The cluster has also focused on driving up standards within primary care and uses cluster meetings as an opportunity to discuss this. The cluster has led much of the Access, Choice and Experience programme and has seen step changes in the numbers of practices where it is possible to book four weeks in advance and now only have one practice that is open less than 45 hours per week. The cluster has also worked on pathway redesign and developed and tendered an MSK pathway. Kilburn has developed a strong ethos of peer support, review and challenge and uses cluster meetings to provide clinical training, review significant events, peer review referrals and discuss new pathways.

The cluster has been working with NHS Brent on an Outline Business Case for a new locality health centre in the South of the cluster, which would house the following practices together within one site: Kilburn Park, the Medical Centre, Peel Precinct, Blessing Medical Centre. As with Kingsbury there remains a significant affordability gap for which funds need to be identified to enable a development to go ahead. There

are no planned changes to primary care provision within the cluster in the next six months.

Harness GP Cooperative

The clinical directors in Harness GP Cooperative are Dr Ethie Kong and Dr Sami Ansari. There are fourteen practices within Harness GP Co-Operative. Harness mainly covers practices within Harlesden there are also a group of practices in the north of the Borough that are part of the cooperative and represent a third of Harness.

Harness has been working as a cluster for a number of years and has well developed systems of support within the cluster. Harness focus is on supporting practices to achieve excellent outcomes and does so through running clinical education sessions, providing management support to practices and offering support to newly qualified GPs. There are established buddying practices who offer support to one another in terms of providing services on behalf of one another and provide support to each other in times of crisis. There are three groups of practices working in a buddying arrangement one for the north of Harness, one for the east and one for the southern practices within Harness.

Harness' approach to driving up standards both in primary care and in relation to referral and prescribing management has been to meet with individual practices to discuss and agree a tailored action plan which is then delivered by the practice through support from the various networks within Harness.

Harness has been closely involved in the Access, Choice and Experience Programme and improvements can be seen in many aspects of access into practices with all but one practice open 45 hours per week and all but two practices able to book patients up to four weeks in advance of their appointment. Improvements have also been achieved in relation to experience with all but one practice offering a text messaging service, life channel available in all practices and patient participation groups operating.

There are no planned changes to primary care provision within the cluster in the next six months.

Appendix One

General Practice Outcome Standards

Outcome Domain	Number	Standard	Definition
Preventing People from Dying Prematurely – Cancer	1	One year cancer survival rates for breast cancer and lung cancer.	Appropriate as an indicator of Consortia performance. Reported one year relative cancer survival rates for breast cancer and lung cancer.
Preventing People from Dying Prematurely – Cancer	2	Cancer prevalence.	Appropriate as an indicator of Consortia performance. Reported versus expected prevalence for cancer.
Preventing People from Dying Prematurely – Cancer	3	Cervical screening.	Appropriate as an indicator of general practice performance. The percentage of patients aged from 25 to 64 whose notes record that a cervical smear has been performed in the last five years.
Preventing People from Dying Prematurely – Prevention	4	GP recorded smoking (Whole population).	Appropriate as an indicator of general practice performance. The percentage of patients per GP practice whose smoking status is recorded in the previous 15 months.
Preventing People from Dying Prematurely – Long Term Conditions	5	GP recorded smoking (Long-term conditions).	Appropriate as an indicator of general practice performance. The percentage of patients with selected long term conditions (LTCs), whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months.
Preventing People from Dying Prematurely – Stroke and TIA	6	Atrial fibrillation prevalence.	Appropriate as an indicator of Consortia performance. Reported versus expected prevalence atrial fibrillation.
Preventing People from Dying Prematurely – Communicable Diseases	7	Immunisation uptake.	Appropriate as an indicator of general practice performance. The percentage of children who complete

			<p>immunisation by the recommended age.</p> <p>To include rates of children who have been immunised at age 1 (DTaP/IPV/Hib) and age 2 (PCV Booster, Hib/MenC and a completed course of MMR).</p>
Preventing People from Dying Prematurely – Communicable Diseases	8	Influenza immunisation uptake.	<p>Appropriate as an indicator of both general practice and Consortia performance.</p> <p>The percentage of at risk patients aged over 65 who have a record of influenza immunisation in the preceding September to March period.</p>
Enhancing Quality of life for people with long term conditions – Respiratory Disease	9	Chronic obstructive pulmonary disease (COPD) prevalence.	<p>Appropriate as an indicator of general practice performance.</p> <p>Reported versus expected prevalence for Chronic Obstructive Pulmonary disease.</p>
Enhancing Quality of life for people with long term conditions – Respiratory Disease	10	Asthma prevalence.	<p>Appropriate as an indicator of Consortia performance.</p> <p>Reported versus expected prevalence for asthma.</p>
Enhancing Quality of life for people with long term conditions – Heart Disease	11	Diabetes prevalence.	<p>Appropriate as an indicator of Consortia performance.</p> <p>Reported versus expected prevalence for diabetes for people aged 17 and over.</p>
Enhancing Quality of life for people with long term conditions – Heart Disease	12	<p>Coronary heart disease prevalence (CHD).</p> <p>Work ongoing to develop triangulation with prescribing data.</p>	<p>Appropriate as an indicator of general practice performance.</p> <p>Reported versus expected prevalence for Coronary heart disease.</p>
Enhancing Quality of life for people with long term conditions – Mental Health	13	Dementia prevalence.	<p>Appropriate as an indicator of Consortia performance.</p> <p>Reported versus expected prevalence for dementia.</p>
Enhancing Quality of life for people with long term conditions – Prescribing Management	14	Monitoring safe, rational and cost effective prescribing in general practice.	<p>Appropriate as an indicator of general practice performance.</p> <p>Increase safety of prescribed non-steroidal anti-inflammatory drugs by reducing use of diclofenac and cox-2 inhibitors.</p>

Helping People to Recover from Episodes of Illness or Following Injury – Unscheduled Care	15	Emergency hospital admission rates for specific chronic conditions usually managed in primary care.	<p>Appropriate as an indicator of Consortia performance alongside reporting general practice level data.</p> <p>Rate of emergency hospital admissions for selected LTCs as a proportion of total number of patients per GP practice with selected LTCs.</p> <p>NHS Comparators LTCs to be included: Angina, Asthma, Congestive heart failure, COPD, Diabetes complications, Hypertension, Iron deficiency anaemia, Nutritional deficiencies.</p>
Helping People to Recover from Episodes of Illness or Following Injury – Unscheduled Care	16	A&E attendances.	<p>Appropriate as an indicator of Consortia performance alongside reporting general practice level data.</p> <p>The rate of A&E attendances per 1000 patients on GP register.</p>
Ensuring People Have a Positive Experience of care – Quality of care	17	After consultation how well did you understand / feel better able to cope?	<p>Appropriate as an indicator of general practice performance.</p> <p>Percentage of patients who answered 'yes', 'yes definitely' or 'yes, to some extent' to selected questions in the GP survey, as a proportion of total patients who responded to those questions.</p>
Ensuring People Have a Positive Experience of care – Quality of care	18	Satisfaction with overall care received at surgery.	<p>Appropriate as an indicator of general practice performance.</p> <p>Percentage of patients who reported being satisfied with overall care received at the surgery.</p>
Ensuring People Have a Positive Experience of care – Quality of care	19	Patients changing practice without changing address.	<p>Appropriate as an indicator of general practice performance.</p> <p>Percentage of patients who changed GP practice without changing address.</p> <p>(Needs to be tested and query established)</p>
Ensuring People Have a Positive Experience of care – Continuity of Care	20	Ability to see a specific GP or Practice Nurse if wanted.	<p>Appropriate as an indicator of general practice performance.</p> <p>Percentage of patients who are satisfied with the frequency of seeing a preferred doctor at the surgery.</p>
Ensuring People Have a Positive Experience of care – Access to primary care	21	Advanced appointments. Satisfaction with opening hours.	<p>Appropriate as an indicator of general practice performance.</p> <p>Access to Primary Care.</p>

		Ease of getting through on the phone.	
Treating and Caring for People in a Safe Environment and Protecting them from Avoidable Harm – SUI, Incident and complaint monitoring	22	Significant event reporting (One and three year targets).	<p>Appropriate as an indicator of Consortia performance.</p> <p>All practices should complete a minimum of 3 reviews in the preceding year and twelve in the preceding 3 years, regardless of practice list size.</p>