Health Partnerships Overview and Scrutiny Committee

Update on GP commissioning/pathfinder

1. Introduction

1.1 National Programme

The Secretary of State announced the GP consortia pathfinder programme in October 2010. There are now 37 GP pathfinder consortia across the capital and the majority of London's GPs will have formed pathfinder consortia by April/May.

The objective of establishing pathfinders is to empower pioneering groups of GP practices that want to press ahead with commissioning care for patients. The Department of Health has outlined the goals of the pathfinder programme to:

- Identify and support groups of practices that are keen to make faster progress in line with the proposals set out in *Equity and Excellence: Liberating the NHS;*
- Enable GPs, working with other health and care professionals, to test different design concepts for GP consortia and identify issues and areas of learning to share more widely;
- Creating learning networks across the country to ensure that experience and best practice are shared and spread; and
- Involve these front line clinicians more in delivering the QIPP agenda

1.2 Brent Federation of GP commissioners

Brent Federation of GP commissioners is a well established group of GP commissioners who have been working together for sometime and benefited from the DH funded PBC programme in 2008/09. There are five GP commissioning consortia in Brent largely based on the five localities in Brent – Harness Kilburn, Kingsbury, Wembley and Willesden. The membership of practices is attached at appendix 1.

The Federation have developed the following vision:

"Our Health is in our Hands"

- Striving to improve health and wellbeing in partnership with patients and wider community.
- It will be needs-led, sustainable and fair
- Securing quality, cost-effective care delivered by the right person in the right place

Overtime they will expect to develop this vision further with patients and stakeholders.

The Federation and NHS Brent have been working together over the last two years on developing the Commissioning Strategic Plan 2009 to 2014 and for 2011/12, the Quality, Innovation, Productivity and Prevention (QIPP) Plan. GP commissioners have also played a key role in specifying services, negotiating contracts and monitoring performance for acute, mental health and community services.

Prior to the announcement of GP commissioning in July 2010, the Federation with NHS Brent's support had been moving towards greater responsibility. In July 2010, NHS Brent approved a significant investment in clinical commissioning time: five clinical directors (4 sessions per week) and 2 GP commissioning leads (2 sessions per week) for each of the five consortia in the Federation. In November 2010, clinical directors were elected/appointed to lead each GP commissioning consortium. A new sub committee of NHS Brent was formed: the GP Commissioning Executive made up of the five clinical directors. The executive management team and Brent's Director of Adult Social Care.

In response to the Department of Health's requirement that NHS Brent reduce its management costs by 50%, NHS Brent restructured their teams to align with the five consortia. The running costs for NHS Brent are within the range GP commissioners will be expected to manage (£30 per registered patient).

In January 2011, Brent Federation of GP commissioners was approved as a second wave GP commissioning pathfinder. This means that the Federation can

- apply for delegated budgets,
- access an NHS London funded development programme
- apply for £2 per registered patient to support gp commissioning (available in 2011/12 and 2012/13 only).

Pathfinders in North West London are required to work with the Borough NHS teams and the North West London Acute Commissioning Vehicle. From April 2013, when it is proposed PCTs will be disestablished, GP commissioning consortium may be free to choose where they get their commissioning support from.

2. What difference does the pause in the Health and Social Care Bill make?

Regardless of the outcome of the pause, the medium term financial outlook remains challenging and both GP leaders and NHS Brent want clinicians at the heart of investment and disinvestment decisions so we can secure the best outcomes for Brent residents. The GPCE will remain the key committee for:

- developing Brent's QIPP and overseeing its implementation
- ensuring we secure better outcomes for patients within the resources available
- working with the ACV on agreeing and monitoring acute contracts and be responsible for negiotating and managing all other contracts.

The review of the Health and Social Care bill may result in changes to:

- Composition of GP commissioning consortia eg inclusion of other clinicians
- Pace of implementation of GP Commissioning and the requirement that every practice has to join a consortium
- The role of Monitor in ensuring competition between providers perhaps including the requirement to collaborate and integrate services.

3. Brent wide GP commissioning plans

The key QIPP initiatives GP commissioners are working on are in:

- € Planned care
- € Urgent care
- € Mental health
- € Primary care
- € Staying healthy

3.1 Planned care

GP commissioners are supporting implementation of standard protocols on referring patients for a number of procedures across North West London. They are also working with North West London Hospitals on how they will achieve a ratio of new to follow up outpatients at 25th percentile of best performance in England.

In 2011, Brent GP commissioners with other clinicians developed a number of speciality based pathways. Practices are encouraged to follow protocols for treatment and referral to hospital. For some specialities where it is cost effective alternative community provision will be commissioned. Those specialities that have been prioritized are:

- Ophthalmology
- Respiratory Medicine
- Paediatrics
- Pain Management/musculoskeletal
- Dermatology
- Gastroenterology
- Ear Nose Throat.

3. 2 Urgent care

We have either commissioned new services or are in the process of doing so to reduce our population's reliance on acute hospital services. The new services will form part of an integrated pathway with much closer working between community, acute and social services.

STARRS is an integrated service operating mainly in the community but with acute 'in-reach'. This intermediate care service includes a single point of access, rapid response, step up, and step down beds and rehabilitation and reablement to support patients return to health

We are also developing case management in the community enabling effective identification of high-risk patients and allowing us to proactively manage them in primary care using our multi-agency teams (including health and social services). We are working with Ealing Integrated Care Organisation to implement case management within district nursing. Brent GPs are key to identifying high risk patients. Pilots are being undertaken in Kilburn and Wembley consortia.

We are also working with GP commissioners to see how we can support more people at home during end of life care. Currently almost 70% of people who die in Brent do so in an acute hospital. Together with GPs, we want to offer more choice and support to patients and families.

3.3 Mental health

GP commissioners are taking the lead on reviewing mental health services in Brent with Brent Council and effort to date has been put into rationalising primary care pathways, creating fewer teams, single point of entry and improving access to talking therapies. We are likely to be working more closely with adult social care on commissioning mental health services in 2011/12.

3.4 Primary care

GP commissioners have supported the Access, Choice and Experience Programme in practices. (This programme was reported at the last OHS Committee). They have also supported and encouraged practices to achieve higher rates of childhood immunisations. These two initiatives will continue this year. We will also be focusing on improving cervical cancer screening uptake. GP commissioners are leading on achieving cost effective prescribing across all practices in Brent.

In 2010/11, with a GP lead from each consortium we redesigned the pathway for diabetic care to achieve better management and to reduce the duplication of services within the acute hospital and community. Implementation will involve supporting GPs and their staff to up-skill and offer improved care to their patients with diabetes through developing a network of services to provide level 1 & level 2 care within each consortium.

3.5 Staying Healthy

Harness consortium piloted check offering NHS Healthchecks (vascular risk assessment for 40 to 75 year olds). NHS Brent approved additional investment in 2011/12 for all Brent practices to offer this assessment.
GP commissioning consortia will continue to support uptake of smoking cessation services in primary care and improvement in breast screening. We will work together on new initiatives to increase uptake of cervical screening.
A summary of the QIPP plan is attached at Appendix 2 and a summary of additional investments at Appendix 3.

4. Consortium Plans and activities in 2011/12

As part of this year's GP commissioning accountability agreement between NHS Brent and the Federation, the five consortia have developed individual commissioning plans to implement the QIPP initiatives.

Once these plans are finalised, we will consider them together with Council plans for adults and children at the Shadow Health and Well Being Board. We are in the process of setting budgets for each consortium.

4. 1 Harness

- **Governance**

  Harness has set up a board, sub committees (professional, commissioning and patient forums) and work groups each with a nominated lead and terms of reference (finance and information, primary care, planned care, unscheduled care, outpatients, prescribing and mental health).

- **Dashboard and Practice Development Plan**

  Every practice in Harness has been visited by the Harness Commissioning Team and has/will have a development plan. A performance dashboard which will show practice level data relevant to practices.

- **QIPP, QOF and Incentive Schemes**

  Practices remain focused on delivering these agendas. For example, Harness is working with Willesden setting up a paediatric pathway and referral management service.

4.2 Kilburn

- **Case Management**

  The Case Management Initiative is being implemented in Kilburn and Wembley before staged roll out across the rest of Brent over the Summer. Dr Amanda Craig has continued to provide the clinical commissioning leadership to this project, involving weekly project meetings and many detailed meetings and a larger scale workshop. GPs in both Kilburn and Wembley have started identifying high risk patients to refer to the new service.

- **Patient Participation**

The Kilburn Patient Participation Group met again on Thursday 19th May. A good number attended and there was a lively debate. The consortium shared with patients plans for the coming months and had discussions on Planned Procedures with a Threshold, Short Term Assessment Rehabilitation and Reablement Service, case management and the listening exercise on the White Paper. There were several volunteers who have agreed to take part in the development work on both our Muscular Skeletal and diabetes pathways.

- **muskulo-skeletal pathway (MSK)**

The MSK pilot has been extended for 6 months whilst work is progressing on the business case for a full MSK intermediate service. Results of the Kilburn MSK referral audit are being used to support this process and meetings are taking place to learn from experience elsewhere.

4.3 Kingsbury

- **Diabetes pathway**

The diabetes pathway is currently under review and Kingsbury has a particularly high prevalence of patients with diabetes. Ajit Shah, Clinical Director, has been leading on the clinical audit element of the work across Brent.

- **Peer Review**

Practices have been asked to continue with external peer review of referrals until further notice and also to review planned procedures with a threshold for the month of April / May. Referrals to outpatients will be a particular focus for Kingsbury consortium in peer review as the consortium's referral rate is higher than the Brent average.

- **Emergency Admissions**

Practices have been asked for 2011/12 to continue to validate data for A&E and non elective admissions. The clinical director will be attending the User Group for GP Discharge Summaries – NWLH's A&E IT Project - to ensure the summaries are legible, meaningful and timely.

4.4 Wembley

- **Case Management**

Wembley is piloting this initiative alongside Kilburn and is working closely with the community team to enable the roll out across Brent. This initiative has been discussed regularly at Consortium meetings and all practices have shared methods of identifying high risk patients.

4.5 Willesden

- **Governance**

The Willesden Consortium is starting the 2011/12 year by fully reviewing the governance arrangements for its running; this includes looking at the sub-committees (such as Finance, Information, Commissioning and other) as well as 'task and finish' groups.

- **Developing practice capability in commissioning**

The Consortium is more than half-way in delivering sessions with each individual practice aiming to develop their understanding of the work they should play in commissioning quality services. Each practice has information on the quality of services delivered by the Practice, detailed patterns in referrals and non-elective activity and their budgetary performance. This report is used to agree with each Practice the areas of activity that they will be looking into further, and to highlight the need to fully support all the Brent-wide QIPP projects.

- **Incentives Schemes, Performance Bonds and QQF**

There is a renewed focus on the need for the Consortium's practices to display strengthened drive in the delivery of care that will result in high achievement of the various schemes.

5.Partnership working

5.1 Shadow Health and Well Being Board

The Board has met twice and leaders from the five GP commissioning consortia are members. The role of the Board will be kept under review in the light of any changes to the Health and Social Care Bill. GP commissioners are keen to promote the health and well being of Brent residents and play their full part.

5.2 Integration

GP Commissioners, NHS Brent, and Brent Adult Social Care have been working together to look at where we could jointly commission together services more effectively. A One Council concept paper is under development.

6. Pathfinder development

6. 1 Patient and public engagement

All Brent consortia have now established a patient and public engagement group. This will be an area for further development for all consortia with greater involvement in decision making and shaping consortia and Federation wide plans. This is likely to be an area for focus in the development programme and for joint work with the council.

6.2 Delegated budgets

All five consortia have discussed budget delegation with member practices. As a Federation, they are likely to be applying in June 2011 to North West London Cluster for delegation of the following budgets to be held at consortium level:

- Prescribing
- Direct access
- Outpatients.

Harness consortium is likely to apply for the budget for elective care and Kilburn for community physiotherapy.

As a Federation, they are likely to applying for community paediatrics and community budgets. These two budgets may be held at Federation level as there is insufficient information to monitor and control the budget at consortium level. However we have agreed with the PCT to develop shadow budgets for these areas plus mental health so that we can move to consortium level budgets in 2012/13.

North West London cluster was anticipating to delegate all budgets to pathfinder consortia by the end of Quarter 3 but the Federation is concerned to move at a realistic pace in which they can learn the appropriate skills. The Federation will review their appetite for taking on more delegated budgets in August.

6.3 GP commissioner development programme

NHS London has developed a framework of support from independent providers around eight domains. These are listed below together with areas for development over the next 12 months. GP commissioners would want to to involve stakeholders in some of these development sessions.

Empowering patients & the public	Engaging with patients and public Involving patients & public in decisions Empowering patients to care for themselves
Vision & strategy	Vision and Strategy Testing with partners and stakeholders Steps required to implement strategy
Finance	Linking investment to health outcomes Prioritisation process Financial systems and processes in place at consortia level
Leadership	Leading the local health system Leading the consortium and wider pathfinder community
Clinical and corporate governance	Encouraging providers to take a high quality, right first time approach Monitoring clinical service quality Adherence to professional standards
	Defining duties and functions Decision making

	Holding practices to account
Planning	Specific steps needed to implement the plan
Agreeing	Creating service specifications for new pathways of care Carrying out procurement decisions What processes will help consortia to buy build or share
Monitoring	Determining indicators for monitoring and monitoring them

Jo Ohlson – Borough Director

Dr Ethie Kong & Dr Sami Ansari - Co Clinical Directors
Harness Consortium

Dr Amanda Crag - Clinical Director - Kilburn Consortium

Dr Ajit Shah - Clinical Director - Kingsbury Consortium

Dr Ashwin Patel & Jahan Mahmoodi - Co Clinical Directors
Wembley Consortium

Dr Sarah Basham & Dr Cherry Armstron - Co Clinical Directors
Willesden Consortium

APPENDIX ONE: consortia by practice and list size

Harness Consortium **Clinical Director – Sami Ansari (Job Share)** **Clinical Director – Ethie Kong (Job Share)** **Clinical Lead – Caroline Kerby** **Clinical Lead – Sameer Khurjekar** **GP Practice Name**	**List Size as @ 01/4/11**
ACTON LANE MEDICAL CENTRE	3270
ASKYR MEDICAL CENTRE	6080
BRENTFIELD MEDICAL CENTRE	9732
BUCKINGHAM ROAD SURGERY	5615
CHURCH END MEDICAL CENTRE	8045
CHURCH LANE SURGERY	8953
FREUCHEN MEDICAL CENTRE	6394
HARLESDEN MEDICAL PRACTICE	2012
HARROW ROAD PRACTICE	3434
HARNESS WEMBLEY (GP ACCESS CENTRE)	2701
HILLTOP MEDICAL PRACTICE	1891
PARK ROAD SURGERY	2011
PEARL MEDICAL PRACTICE	6394
OXGATE GARDENS SURGERY	6180
STONEBRIDGE PRACTICE	4917
WEMBLEY PARK DRIVE MEDIAL CENTRE	8513

Total **86142**

Kilburn Consortium **Clinical Director – Amanda Craig** **Clinical Lead – Jenny Poole** **Clinical lead – Simon Read (Job Share)** **Clinical Lead – Eric Britton** **GP Practice Name**	**List Size as @ 01/4/11**
CHICHELE ROAD SURGERY	5723
BLESSING MEDICAL CENTRE	2290
CHAMBERLAYNE SURGERY	2723
CLARENCE MEDICAL CENTRE	2546
ELAHI HEALTHCARE LTD	2203
KILBURN PARK MEDICAL CENTRE	7679
LAW MEDICAL GROUP	14476
LEVER MEDICAL CENTRE	3010
LONSDALE MEDICAL CENTRE	14365
PARK HOUSE MEDICAL CENTRE	5689
PEEL PRECINCT	1919
SHELDON PRACTICE	2738
STAVERTON SURGERY	7983
WINDMILL PRACTICE	6988
WILLESDEN GREEN SURGERY	3025
Total	**83357**

Kingsbury Consortium **Clinical Director – Ajit Shah** **Clinical Lead – Upma Shah** **Clinical lead – Angela Reeves** **GP Practice Name**	**List Size as @ 01/4/11**
WILLOW TREE FAMILY DOCTORS	10804
THE FRYENT WAY SURGERY	8393
FORTY WILLOWS SURGERY	6582
ELLIS PRACTICE	6670
UXENDON CRESCENT SURGERY	5440
PRESTON ROAD SURGERY	5126
CHALKHILL FAMILY PRACTICE	4757
KINGS EDGE MEDICAL CENTRE	4280
PREMIER MEDICAL CENTRE	4222
PRIMARY CARE MEDICAL CENTRE	3091
THE STAG HOLYROOD PRACTICE	2868
STAG LANE MEDICAL CENTRE	3079
THE TUDOR HOUSE MEDICAL CENTRE	2566
FRYENT MEDICAL CENTRE	2260
BRAMPTON HEALTH CENTRE	1730

Total **71868**

Wembley Consortium **Clinical Director – Ashwin Patel (Job Share)** **Clinical Director – Jahan Mahmoodi (Job Share)** **Clinical Lead – Nisheeth Rajpal** **Clinical lead – Jaipal Sira** **GP Practice Name**	**List Size as @ 01/4/11**
HAZELDENE MEDICAL CENTRE	3254
THE SURGERY	3026
THE BEECHCROFT MEDICAL CENTRE	5356
KENTON MEDICAL CENTRE	2936
ALPERTON MEDICAL CENTRE	5193
THE SUNFLOWER MEDICAL CENTRE	2706
LANFRANC MEDICAL CENTRE	6611
SUDBURY & ALPERTON MEDICAL CENTRE	8310
SUDBURY COURT SURGERY	5012
PRESTON MEDICAL CENTRE	3750
THE EAGLE EYE SURGERY	2314
LANCELOT MEDICAL CENTRE	6602
STANLEY CORNER MEDICAL CENTRE	5384
SMS MEDICAL PRACTICE	2239

Total **62693**

Willesden Consortium **Clinical Director – Sarah Basham (Job Share)** **Clinical Director – Cherry Armstrong (Job Share)** **Clinical lead – Shazia Siddiqi** **GP Practice Name**	**List Size as @ 01/4/11**
BURNLEY PRACTICE	3044
CREST MEDICAL CENTRE	4572
GLADSTONE MEDICAL CENTRE	8481
NEASDEN MEDICAL CENTRE	7796
ROUNDWOOD PARK MEDICAL CENTRE	3325
ST ANDREWS MEDICAL CENTRE	4268
ST GEORGES MEDICAL CENTRE	2694
VILLAGE MEDICAL CENTRE	2286
WILLESDEN MEDICAL CENTRE	10502
WALM LANE SURGERY	8082
Total	**55050**