

# General Practice in West Yorkshire Two-year Operational Plan 2014-2016

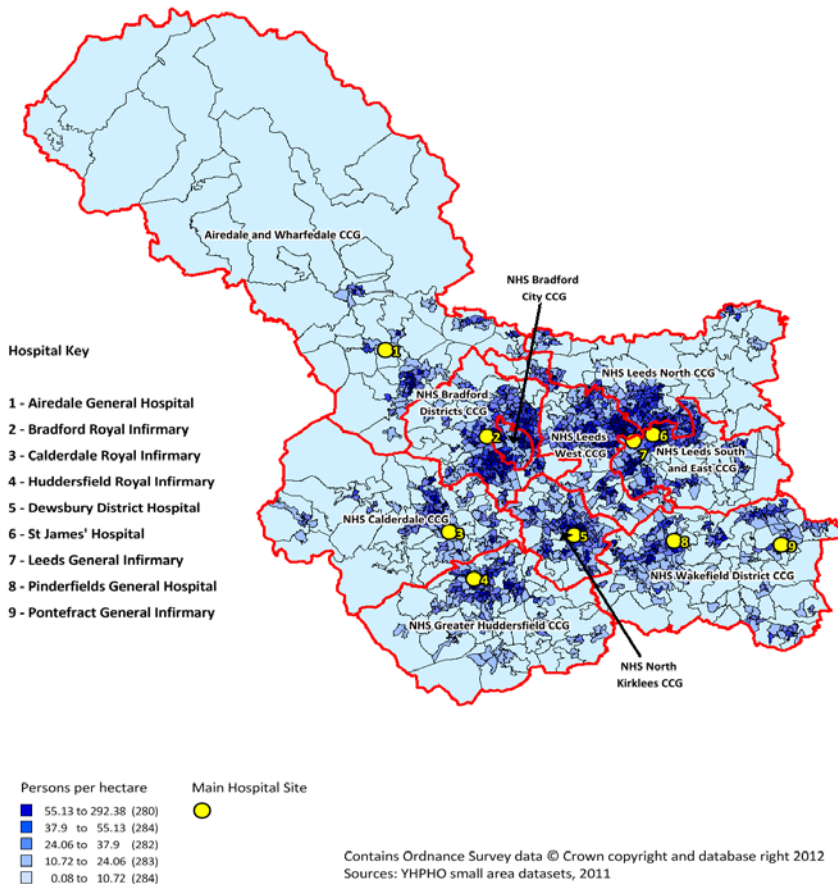
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# Context

## West Yorkshire CCGs - Population Density

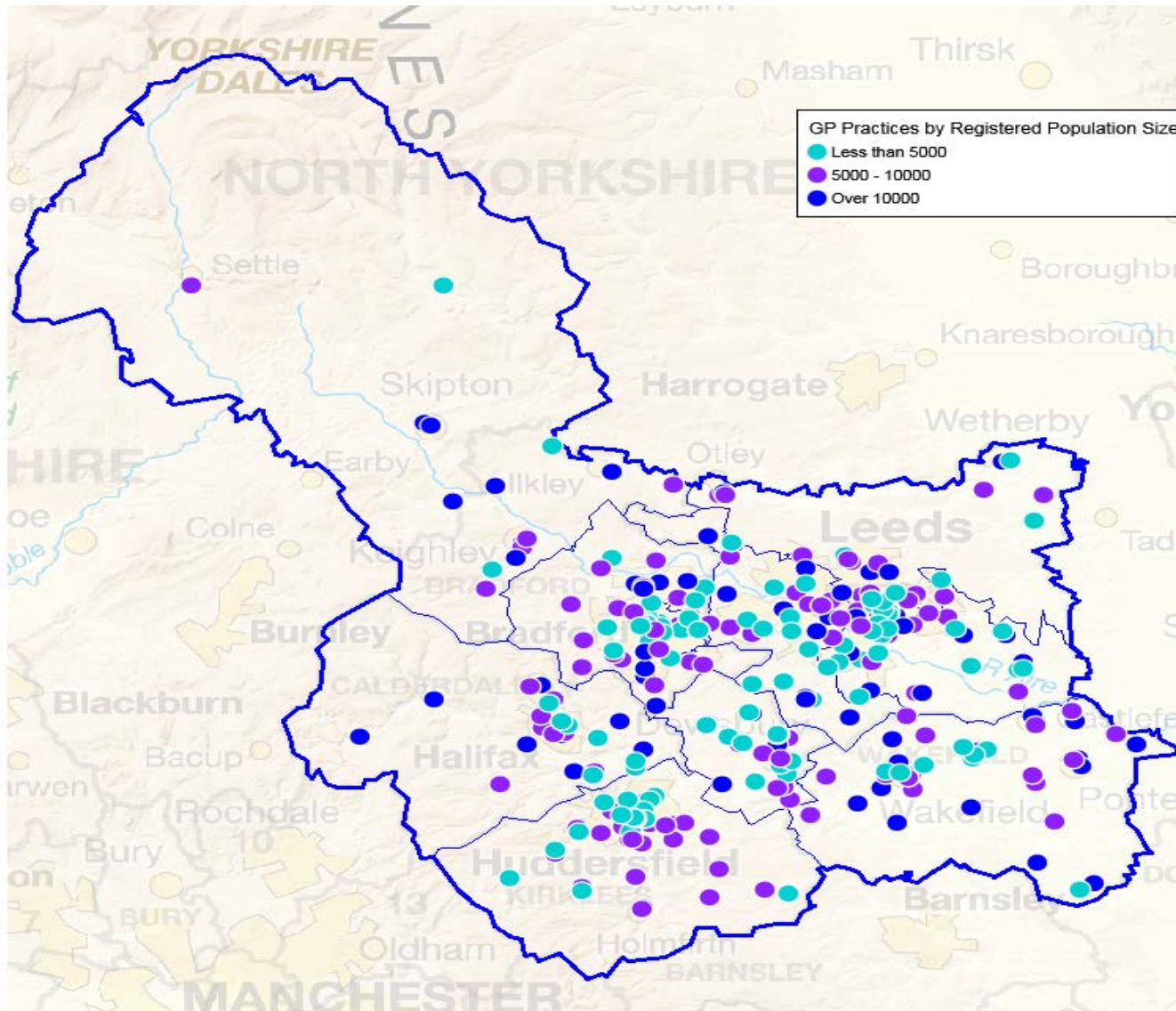


The NHS England (West Yorkshire) has:

- Registered population at 1 April: 2,384,095.
- 330 GP practices
- 32 single handed practices
- 59% of single handed GPs will be aged 65+ between 2013-2015
- Index of Multiple deprivation score higher than the national average of 21.5. Bradford IMD score is 32.6
- With the exception of Wakefield, West Yorkshire has high % of Asian/Asian British/Pakistani ethnicity in comparison to England. Bradford significantly higher at 20.4% than England 2.1%

The total budget for general practice contracts is £330million with a similar amount spent on primary care prescribing.

# GPs in West Yorkshire



There are 330 GP practices in West Yorkshire delivering care across a range of urban and rural settings.

The size of practice varies from less than 1000 patients to one of the largest practices in England with 35,000 patients.

# The Case for Change

# The Case for Change

In common with the rest of the NHS in England, GP provision in West Yorkshire faces a range of challenges from:

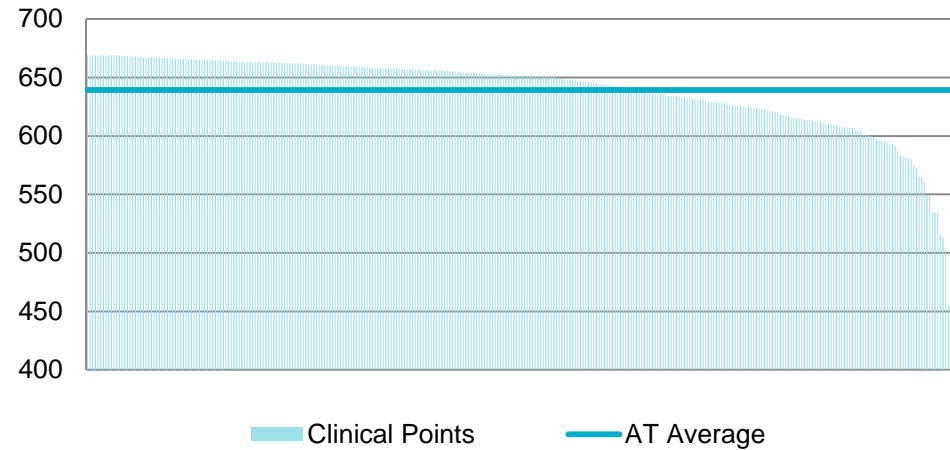
- Unwarranted variation in quality of care
- Ageing population
- Increase in co-morbidities
- Funding
- Workforce changes
- Patient experience
- Variation in utilisation of secondary care

The following section of slides illustrates some of this for West Yorkshire.

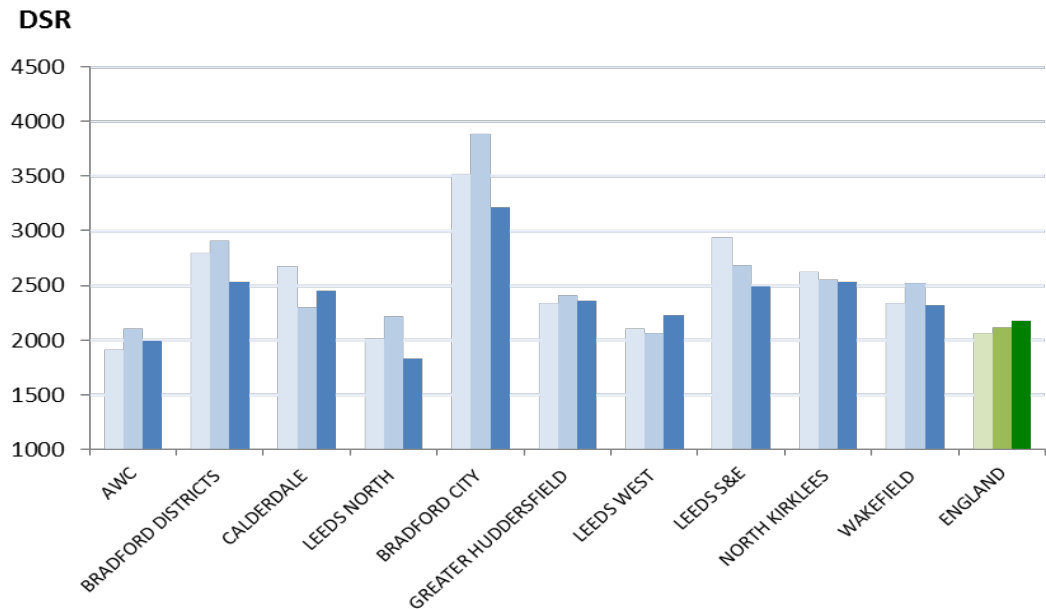
A full pack of the Case for Change data is available from NHS England (West Yorkshire).

# Issue one: unwarranted variation in care

- QOF performance in the clinical domain varies across practices significantly (2012/13):

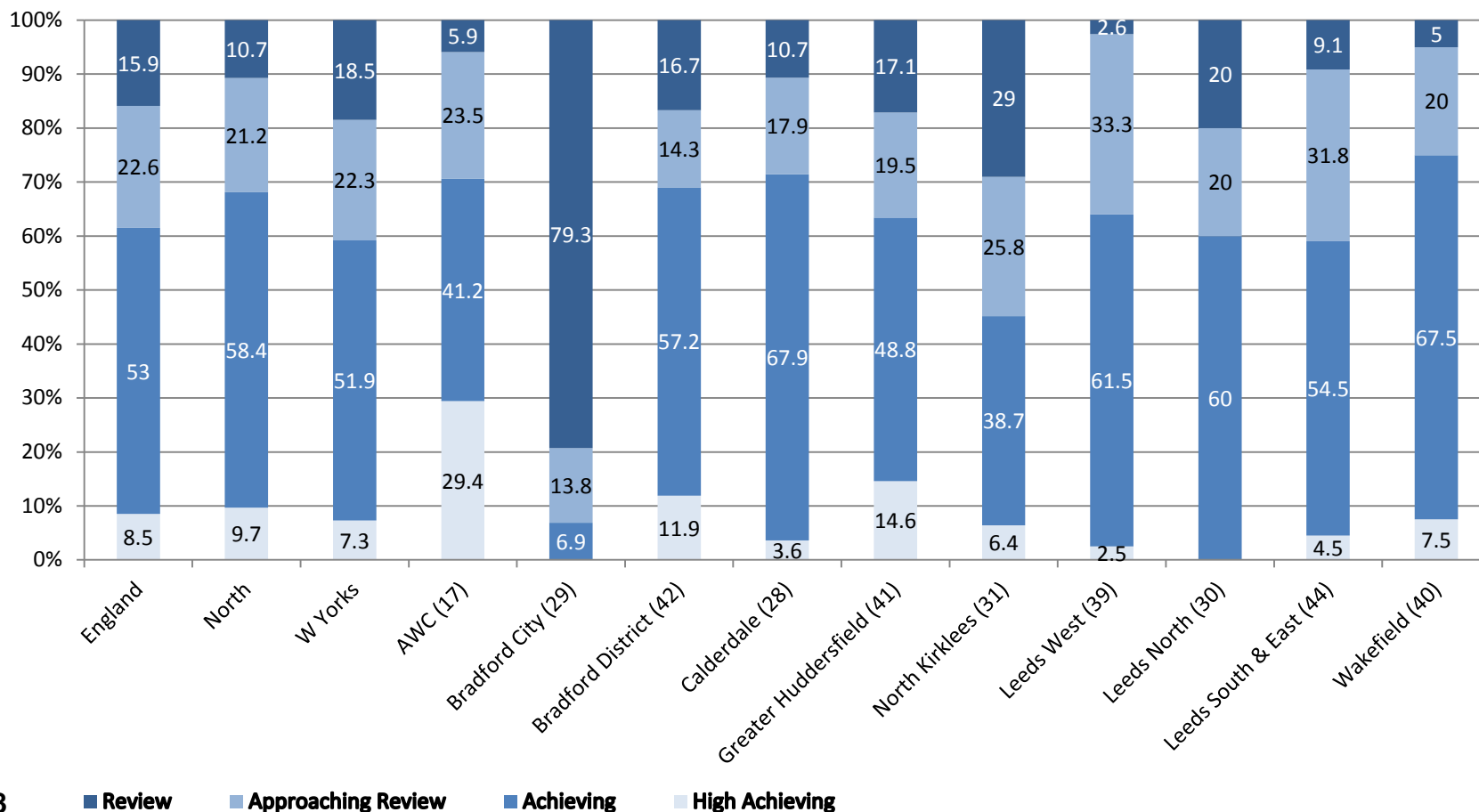


- Over the last 3 years, there has been wide variation in lives lost for conditions amenable to healthcare. With the exception of Leeds North and AWC, the position in W Yorkshire is worse than for England overall:



# Issue one: unwarranted variation in care

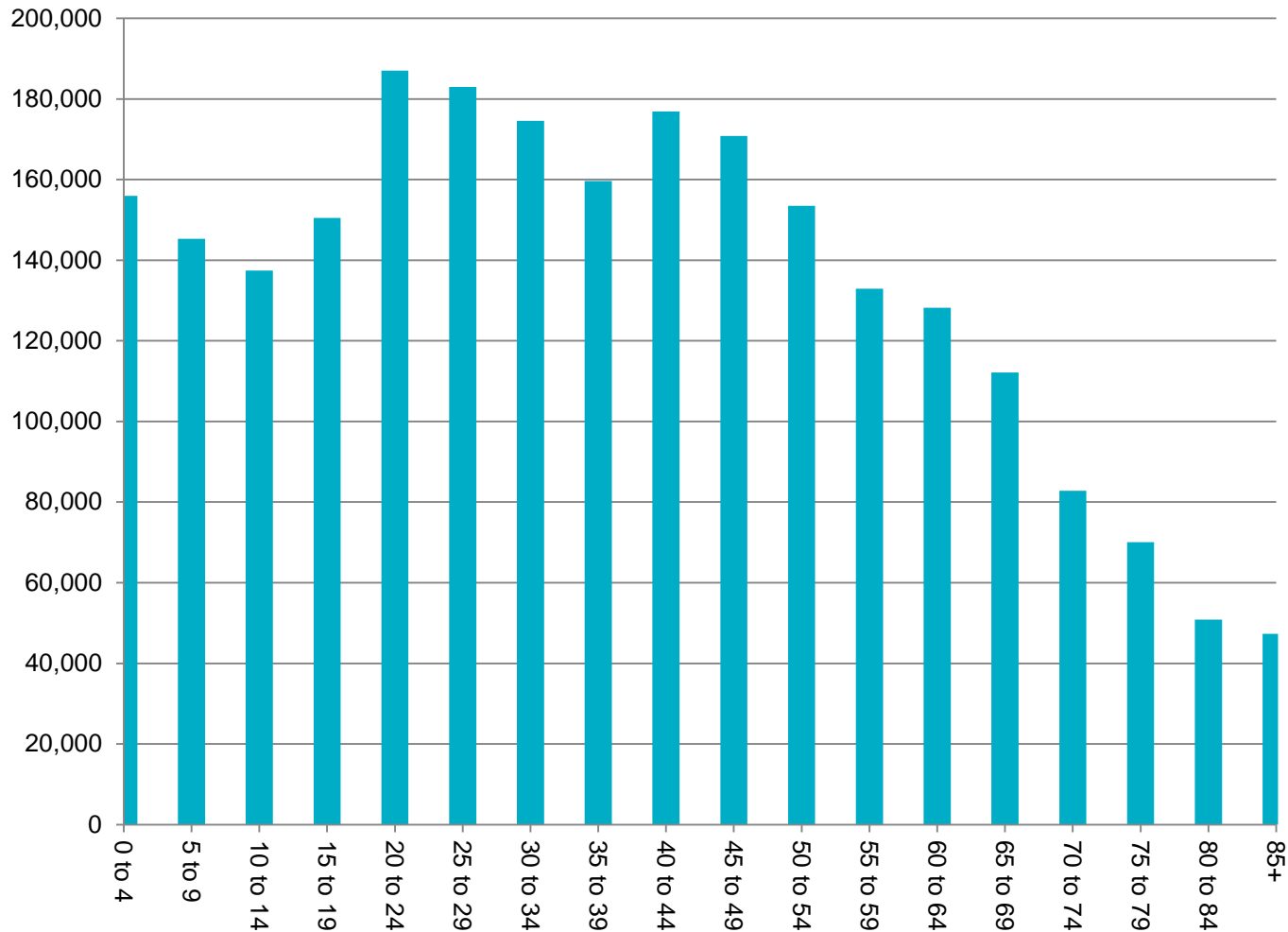
18% of practices in West Yorkshire are in the “under review” category of the national Assurance Framework for General Practice. The position varies by CCG:







# Issue two: growing and ageing population



Locally, people aged over 65 years will grow to more than 500,000 by 2020. Population growth in other age bands will be less than 2% pa.

The primary care GP workload incurred by those aged 75 and over is roughly three times that of the 45–64 age group (source: Health Select Committee)

# Issue three: Increasing co-morbidities

Prevalence of long term conditions is both increasing and often under recorded

Area	2008-09	2009-10	2010-11	2011-12	Annual rate of change
CHD prevalence	3.5%	3.4%	3.4%	3.4%	-0.9%
Stroke prevalence	1.7%	1.7%	1.7%	1.7%	1.5%
Hypertension prevalence	13.1%	13.4%	13.5%	13.6%	1.2%
COPD prevalence	1.5%	1.6%	1.6%	1.7%	3.2%
Cancer prevalence	1.3%	1.4%	1.6%	1.8%	12.2%
Mental health prevalence	0.7%	0.8%	0.8%	0.8%	2.9%
Asthma prevalence	5.9%	5.9%	5.9%	5.9%	0.2%
Atrial fibrillation prevalence	1.3%	1.4%	1.4%	1.5%	4.4%
Diabetes mellitus prevalence	5.1%	5.3%	5.5%	5.8%	4.4%

	Reported Prevalence	Expected Prevalence	Ratio
Atrial Fibrillation	822,527	707,086	1.16
Coronary Heart Disease	1,875,548	2,555,856	0.73
Chronic Obstructive Pulmonary Disease	938,511	1,624,167	0.58
Asthma	3,295,944	5,069,657	0.65
Diabetes (Age 17+)	2,566,436	2,561,767	1.00

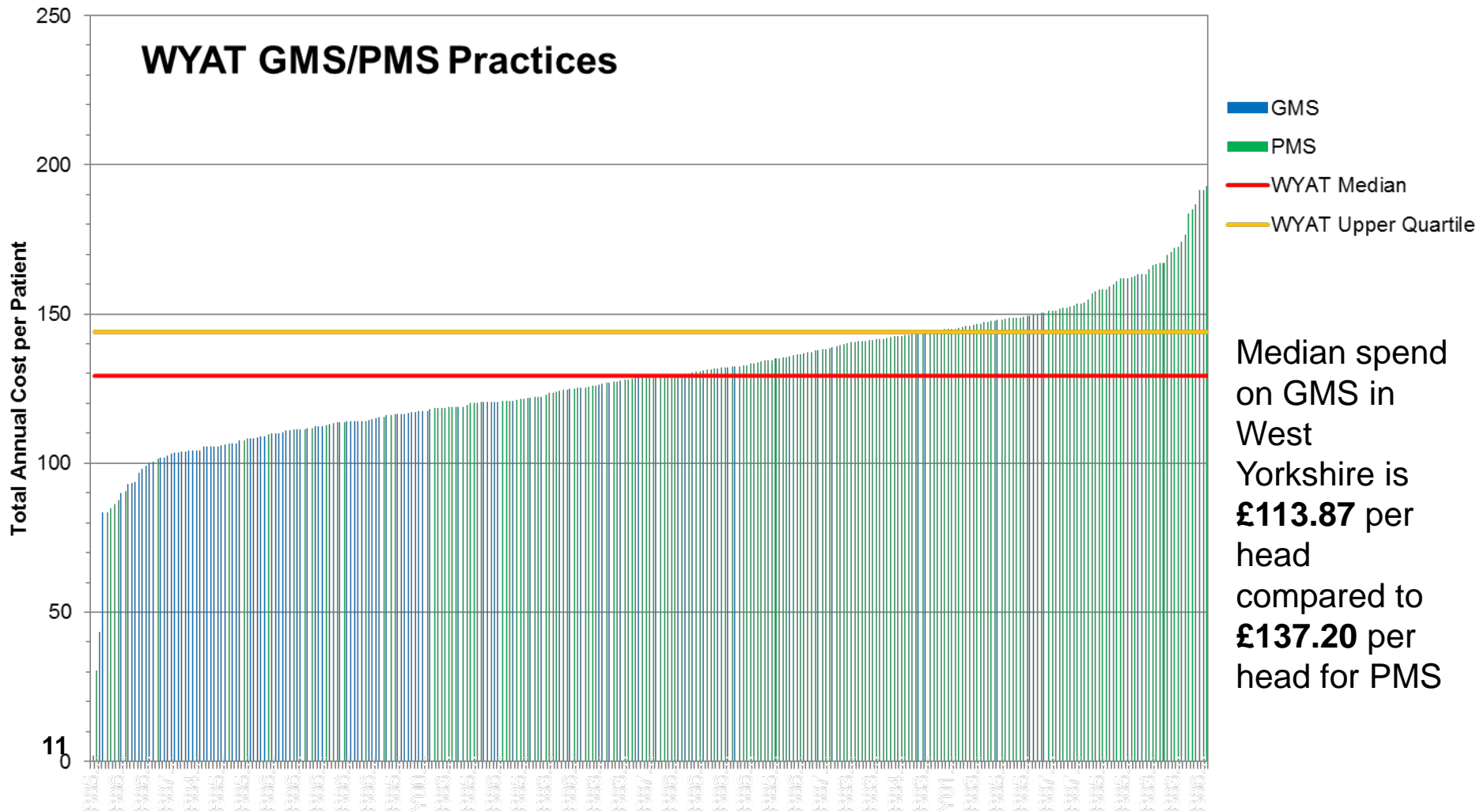
Unplanned admissions for chronic ambulatory care sensitive conditions

In the last two years, the standardised admission rate for ASC conditions has increased in five CCGs:



# Issue four: funding

Funding of GP services has decreased from 10.6% of NHS spend in 2004/05 to 8.5% in 2011/12 – but we have wide variation in funding at practice level:

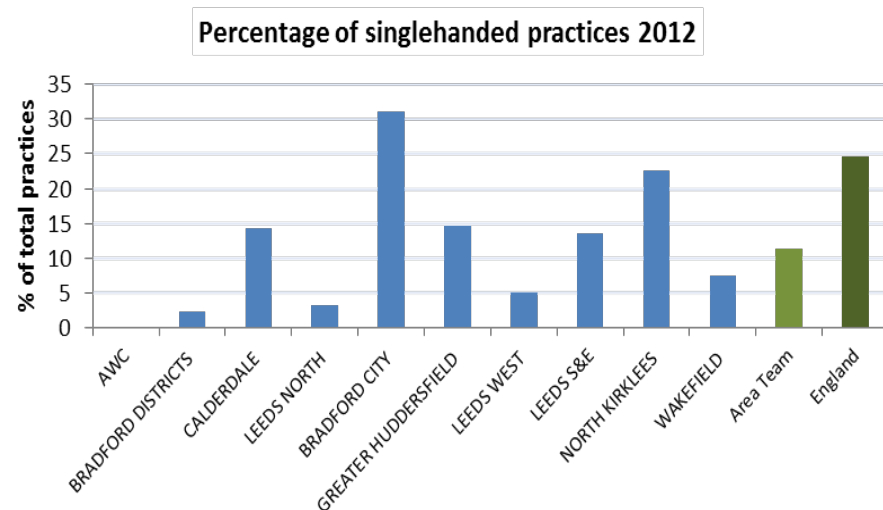


# Issue five: workforce

We have relatively high numbers of GPs per 100,000 population and a relatively low number of single handed practitioners (with more in some areas than others):

## GPs, Registered Population, 2012

CCG Name	GP Providers	Registered population	GPs per 100,000 population
AIREDALE, WHARFEDALE AND CRAVEN	91	156,100	58
BRADFORD DISTRICTS	202	331,364	61
CALDERDALE	101	211,979	47
LEEDS NORTH	107	202,948	53
BRADFORD CITY	59	117,384	50
GREATER HUDDERSFIELD	130	239,437	54
LEEDS WEST	183	356,860	51
LEEDS SOUTH AND EAST	146	261,359	56
NORTH KIRKLEES	90	186,075	48
WAKEFIELD	201	355,373	56
<b>AREA TOTAL</b>	<b>1307</b>	<b>2,418,879</b>	<b>54</b>
<b>REGIONAL TOTAL</b>	<b>7,258</b>	<b>15,718,338</b>	<b>46</b>
<b>NATIONAL TOTAL</b>	<b>24,083</b>	<b>55,704,177</b>	<b>43</b>



However, we know that the Centre for Workforce Intelligence is forecasting an oversupply of hospital doctors and an undersupply of GPs. At a time when full-time-equivalent hospital registrars have increased at an annual average rate of 11%, GP registrars at 8%, hospital consultants at 4% and GPs at 2%.

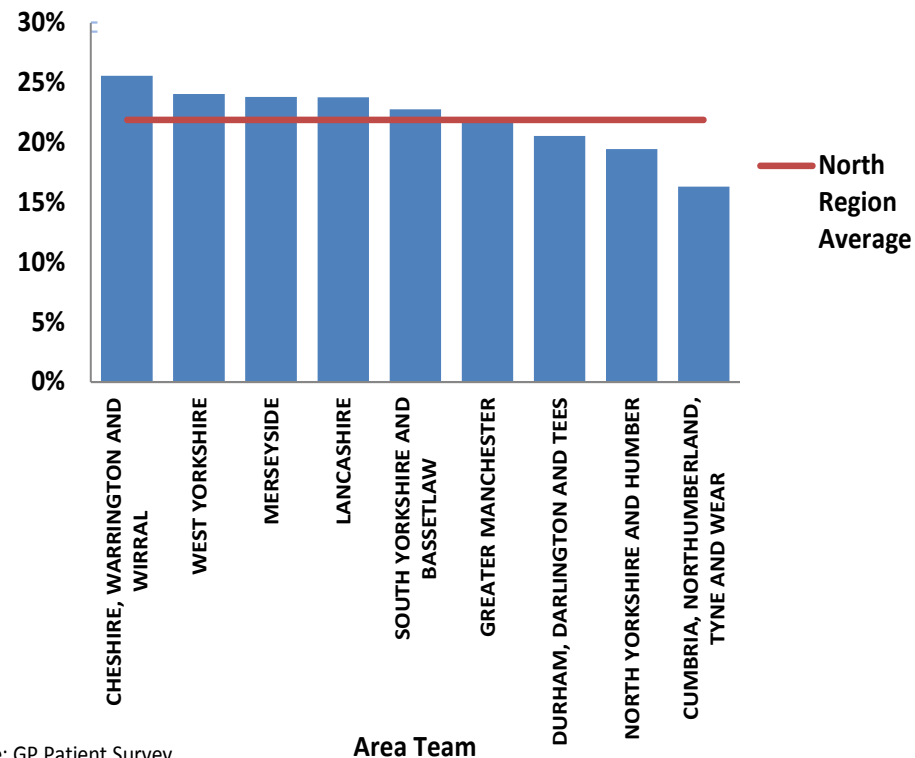
We also know that the workforce model is changing and will change further in future in response to the Integration agenda:

- (i) parity in numbers of partnership vs employed GPs
- (ii) increasing part time and sessional roles
- (iii) practice nurses have increased at a higher rate than that of other nurses
- (iv) “house of care” and LTC management driving change in role of practice nurse

# Issue six: patient satisfaction

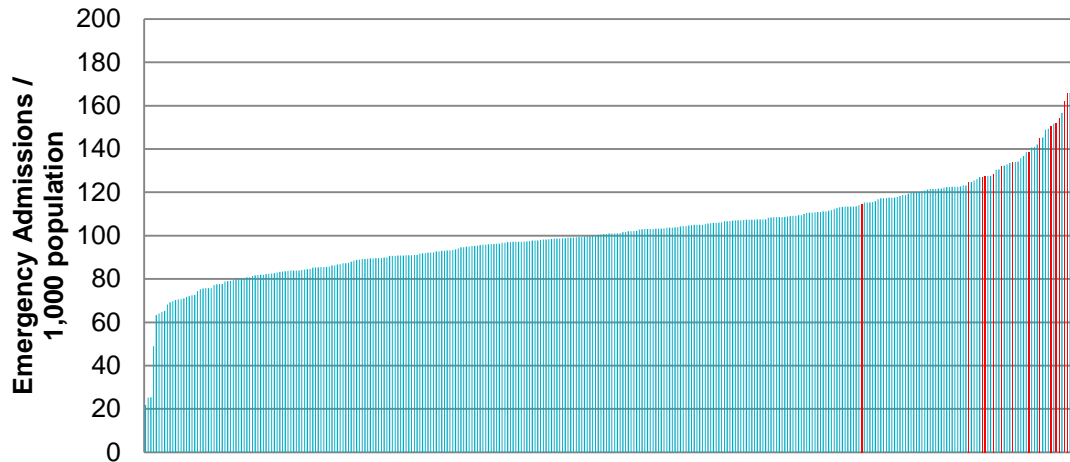
- Widespread respect for GPs is maintained. However, nationally and across the North Region, 22% of people find it is not easy to get through to their surgery on the telephone.
- For West Yorkshire, the proportion of patients reporting a good overall experience is significantly lower than the national average for England for 2 out of the 4 national measures. The proportion of patients reporting good overall experience of access is significantly lower than in 2011-12.

Proportion of patients that find it not easy to get through to GP practice on the telephone, 2012/13



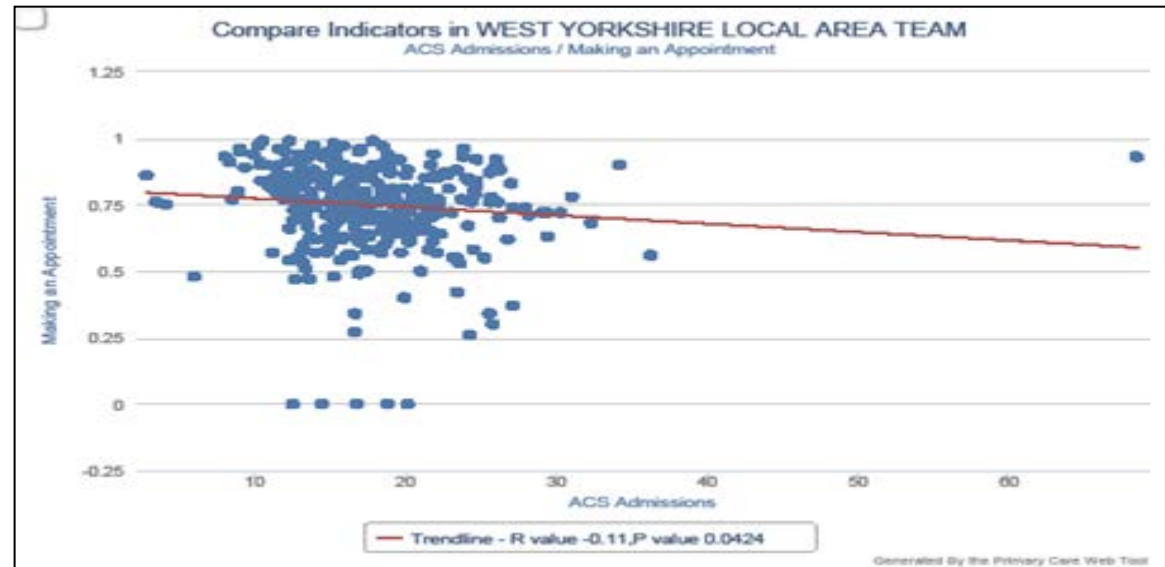
Source: GP Patient Survey

# Issue seven: variation in utilisation of secondary care



There is wide variation in the rate of emergency admissions. The red bars indicate practices who are 2SD away from their expected rate of admission.

The data shows a correlation between access to primary care and secondary care utilisation



# Building on the Case for Change

Case for Change accepted by workshop of CCG and clinical leads on 28 November 2013:

1. An ageing population, growing co-morbidities and increasing expectations, resulting in large increase in consultations, especially for older patients and for patients living with multiple long term conditions.
2. Increasing pressure on NHS financial resources, which will intensify further from 2015/16
3. Downward trend in satisfaction. GP patient survey shows further reductions in satisfaction with access, both for in-hours and out-of-hours.
4. Unwarranted variation in quality and cost of GP services, and utilisation of secondary care across W Yorkshire.
5. Growing workforce pressures, including recruitment and retention problems.

# Preserving the strengths of general practice

However, local consensus that in supporting reform, we should take care to build on the strengths of general practice:

- a. Registered lists – provide basis for coordination and continuity of care.
- b. Generalist skills – looking at physical, mental and social needs in the round, managing risk / uncertainty, and connecting people to more specialist diagnosis, care and support.
- c. Central role in the management of long term conditions.
- d. Systematic use of IT creates opportunity to support management of long term conditions, track changes in health status and support population health interventions such as screening and immunisations.



# Strategic Framework for Action in General Practice in West Yorkshire

# Our Ambition

To create and deliver a model of general practice across West Yorkshire which ensures all patients have timely access to high quality, safe services.

In doing so to create an environment which enables general practice to play a much stronger role, as part of an integrated system of out of hospital care, in:

- I. Proactive co-ordination of care, particularly for frail elderly people and those with long term conditions and complex health problems;
- II. Shifting the balance of care from unplanned to planned;
- III. Ensuring fast, responsive access to care and preventing avoidable admissions and ED attendances;
- IV. Preventing ill-health and ensuring more timely diagnosis of ill-health;
- V. Involving patients and carers more fully in managing their own health and care
- VI. Ensuring high quality of care, effectiveness, safety and patient experience

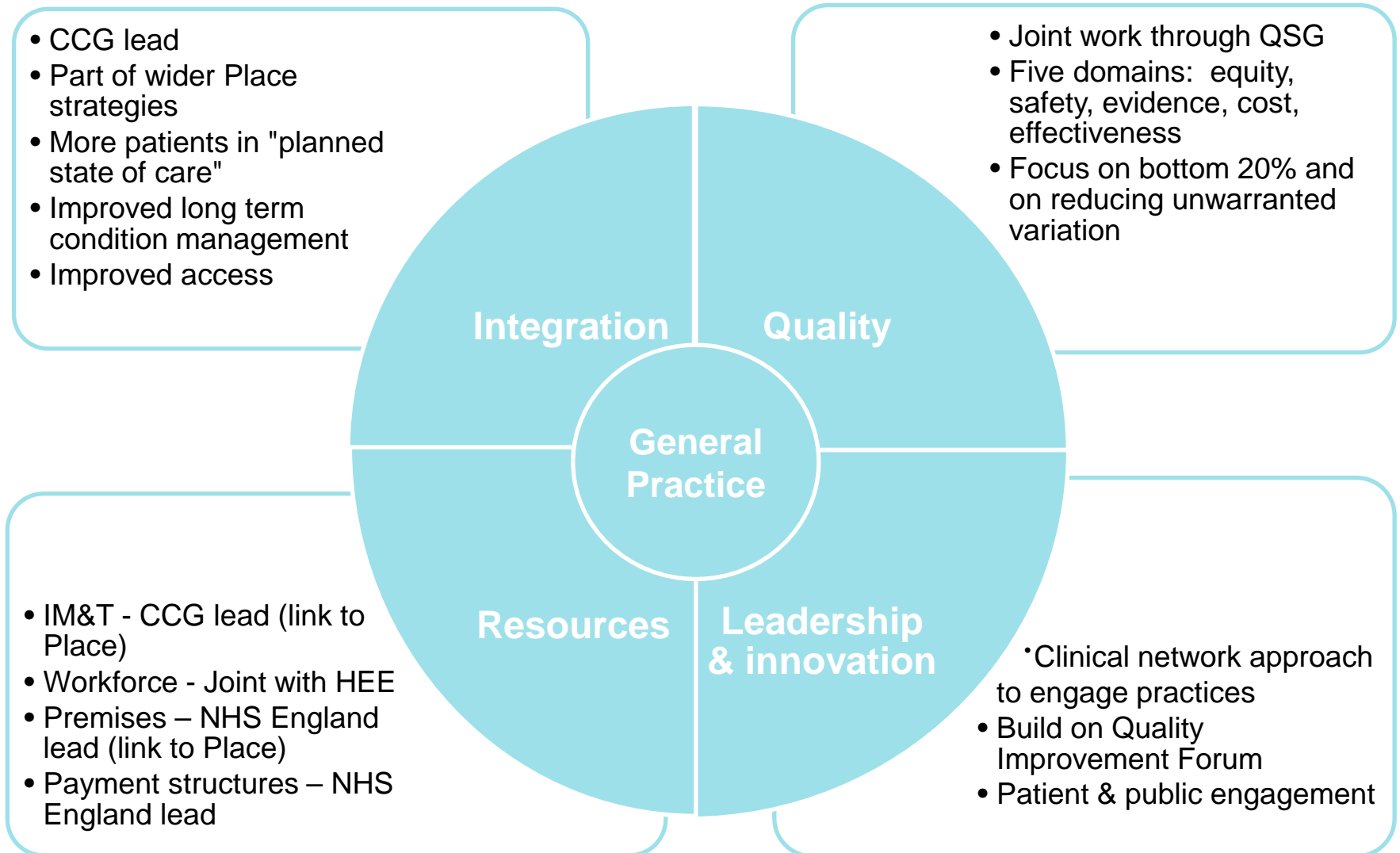
# Programme Approach



Delivering this ambition will be led by a Programme Board of NHS England and the 10 CCGs in West Yorkshire, a partnership which:

- Engages practices;
- Engages patients, public and other partners (such as local authorities and LMCs);
- Focusses on the practice as the basic unit of account;
- Is under-pinned by analysis and intelligence; and
- Is open and transparent.

# How do we deliver this ambition?



# Work streams

The strategic framework is sponsored by Dr Phil Earnshaw (clinical chair, Wakefield CCG) and led by Alison Knowles (Commissioning Director, NHS England (West Yorkshire)).

The framework has five work streams:

1. Quality improvement
2. Workforce
3. Premises
4. Contracting and payment mechanisms
5. Leadership & innovation

Work on integration and IM&T is taking place through existing mechanisms to create “place” strategies aligned to each of the five Health & Well-being systems.

The full scoping document for the Strategic Framework was agreed between NHS England (West Yorkshire) and the 10 CCGs on 7 January 2014.

# The First Two Years – 2014-16

# Operational Plan

Alongside developing the five-year strategic framework for action, we have been considering the enabling actions in relation to:

- Access
- Quality Improvement
- Patient and public voice
- Workforce
- Premises
- Contracting and market management

The following slides describe the actions, anticipated outcomes and timeline for each of these over the next two years.

Work on IM&T and integration is reflected in the CCGs' wider plans for each health community.

Initiative	Key Actions	Measure of Success	Timeline
Establish a service improvement programme	Agree specification with CCGs and GP leaders Agree target practices Establish virtual network for wider participation Agree incentive framework utilising service improvement capital funding.	Programme established. Improved patient satisfaction. Improved performance against outcome trajectories.	September 2014 – on-going
Support extended and 7-day working (through Challenge Fund and / or equivalent local scheme)	Review learning from access in 2013/14 Agree local enhanced service framework with CCGs and GP leaders Establish learning network with Challenge Fund programme	TBC, and may include: X% of practices operating extended hours. X% of practices operating virtual appointments. X% of pharmacies operating matching hours. Improved patient satisfaction.	April 2014 – on-going



# Quality Improvement

Initiative	Key Actions	Measure of Success	Timeline
Agree individual plans for the 18% (65) of practices “under review”	Complete meetings with individual CCGs to scope local approach Action plans in place for all practices	Agreed way forward with CCGs, LMCs and individual practices. Improved position on Assurance Framework.	June 2014
Establish Quality Improvement Programme	Agree framework for “what makes a good practice” Identify and scope themes and initiatives Commission support to improvement network.	Improved patient satisfaction. Improved position on Assurance Framework.	From April 2014
Strengthen Quality Surveillance Group	Regular meetings in place Quality Assurance Memorandum of Understanding embedded. Agree work plan	Quality dashboards in place Information triangulated by stakeholders.	From April 2014
Appraisal & Revalidation	Ensure annual appraisal for all eligible Performers  Ensure recommendations for revalidation of all eligible GPs are made in a timely fashion and are appropriate	95% of eligible GPs will have an annual appraisal.  100% of recommendations will be made on time. Less than 10% of recommendations are deferred to a later date.	On-going
Practitioner Performance	Ensure all concerns regarding Practitioner Performance are dealt with in line with National Policy	Public confidence is maintained and patient safety is not compromised.	On-going

# Patient and Public Voice

Initiative	Key actions	Measure of Success	Timeline
Individual Participation (patients 'in control')	Service improvement programme to increase delivery of electronic booking, prescriptions and records	Improvement in national measures on coverage.	Sept 2014 onwards
	Roll out of electronic personal health plan for patients with LTCs linked to GP records	Improvement in numbers of practices.	Dec 2014 onwards
	Access to expert patient programmes and 'in control' training for primary care practitioners	Evidence of improvements in access to these within each CCG economy.	Sept 2014 onwards
Public Participation	Build on existing Health Watch participation in QSG and quality programmes to ensure patient voice runs through all Framework initiatives		
	Share and spread evidence of service improvements as a result of practice reference group activity	Evidence of such improvements in each CCG economy.	June 2014 onwards
	Ensure patient and public engagement in all stages of the commissioning cycle for new service developments	Evidence of engagement.	Ongoing
	Use of MyNHS across West Yorkshire to enable participation		June 2014 onwards
Insight and feedback	Review learning from FFT pilot practices in W Yorkshire		
	Link to access improvement programme and roll-out national scheme	FFT in place across 100% practices.	Dec 2014
	Share and spread improvements in service as a result of FFT		Sept 2015 onwards

# Workforce

Initiative	Key Actions	Measure of Success	Timeline
Current workforce	Work with HEE to map current workforce profile and pressures across multi-disciplinary primary care workforce	Baseline data available.	April 2014
Planning for the future	Work with HEE and Centre for Workforce Innovation to agree workforce strategy which underpins the over-arching strategy and covers: Recruitment & retention. Integrated workforce – new roles and team structures. Training & development requirements including supporting ‘house of care’ approach for nurses.	Workforce strategy in place. HEE contracts reflect local needs identified in strategy from 2015 onwards.	September 2014
Organisational Development	Scope opportunity for programme to support leadership and organisational development in general practice (? Working across north of England)		July 2014
Innovation networks	Work with NHSIQ on implementing national support programme for innovation in general practice Support on-going development of W Yorkshire Practice Nurse Network		July 2014  On-going

# Premises

Initiative	Key Actions	Measure of Success	Timeline
Deliver high quality and safe core GP premises	Consolidate 6-facet survey work into W Yorkshire picture Deliver existing pipeline of agreed schemes (8 across W Yorkshire)	Baseline position available.  Improved scores in 6-facet survey.	April 2014  By end 2015/16
Invest for the future	Consolidate 6-facet survey work with “place” strategies to identify strategic priorities for premises investment	Premises strategy for West Yorkshire.	September 2014
Invest for the future	Agree prioritisation and funding framework with CCGs for future premises investment	Agreed framework.	September 2014
Facilitating service improvement	Agree use of capital funding to deliver incentive framework to support improvements in access	Agreed framework in place by launch of service improvement programme.	September 2014

# Contracting and market management

Initiatives	Key Actions	Measure of Success	Timeline
Contract management	Management of QOF Introduction of new DES Strengthen contract management	Positive assurance on contract management systems.	On-going
Financial Management	Deliver balanced financial plan Deliver agreed QIPP programme for 2014-16	Balanced financial plan. Deliver individual outcomes for each scheme.	March 2015
PMS Review	Desktop review completed Local framework agreed with CCGs Contract reviews completed New funding framework in place	New financial framework for General Practice fully implemented in West Yorkshire.	June 2014 June 2014 March 2015 2016/17
Procurement	Deliver planned pipeline of procurements (principally in time-limited contracts)	Continuity of service assured. Improved quality & VFM.	On-going
Market Management	Agree framework with CCGs for entry / exit of providers from market. Scope business development programme to support innovation and “working at scale” .		April 2015