NHS
North Central London
Clinical Commissioning Group

JHOSC: 25 June 2021
General practice update

Contents

North Central London
Clinical Commissioning Group

Primary care in North Central London

NHS
North Central London
Clinical Commissioning Group

Barnet
Population: 434,778
Practices: 51
Primary Care Networks: 7
Clinical Directors: 10
Federation: Barnet Federated GPs

Camden
Population: 307,618
Practices: 33
Primary Care Networks: 8
Clinical Directors: 11
Federations: Haverstock Healthcare and Camden Health Evolution

Enfield
Population: 352,077
Practices: 32
Primary Care Networks: 4
Clinical Directors: 6
Federation: Enfield GP Federation

Haringey
Population: 327,360
Practices: 35
Primary Care Networks: 8
Clinical Directors: 8
Federation: Federated 4 Health

Islington
Population: 274,748
Practices: 32
Primary Care Networks: 5
Clinical Directors: 5
Federation: Islington GP Federation

Dr Katie Coleman: Clinical Lead for primary care development in North Central London

With 200 practices across North Central London, these range from single-handed practices to super-partnerships (groups of practices who have come together formally)

A strong history of practices working together has seen the development of Care and Health Integrated Networks in 2017/18 and the establishment of Primary Care Networks in 2019/20.

Commissioning primary care services

NHS
North Central London
Clinical Commissioning Group

There are three types of contracts for commissioning primary medical services.

A practice can hold either a GMS or PMS contract with the latter being phased out.

New contracts are commissioned through an open procurement process. This involves surveying patients and stakeholders on the delivery of services and what changes and improvements they would like to see in the future.

A range of methods are used to notify patients such as letters, text messages, messages on a practice website and forums held in the GP practice itself.

Contract type	Summary
General Medical Services (GMS)	• Nationally agreed contract for essential primary medical services • Contract can be with a single GP, a GP partnership (two or more individuals of whom at least one must be a GP) or a company limited by shares
Personal Medical Services (PMS)	• A locally agreed contract of essential services and additional locally agreed services
Alternative Provider Medical Services (APMS)	• A contract for fixed period, usually five years following a procurement • Often held with limited companies such as GP Federations for specific services e.g. walk-in centre, extended access hub, GP practice for homeless patients etc.

Commissioning primary care services

NHS
North Central London
Clinical Commissioning Group

There are several services that are commissioned from general practice, many defined at a national level with an allocated budget. However local commissioners have responsibility for contracting additional services from general practice, often tailored to meet a specific need of the local population.

Service type	Service requirements
Essential (core)	Service provided within core hours for the management of the contractor's registered patients and temporary residents.
Additional (optional)	Provided to registered and temporary patients as part of the national contract and can be opted out of by providers (affecting their payments). Includes services relating to cervical screening, contraception, vaccination and immunisations, child health surveillance, maternity and minor surgery.
Enhanced (optional)	There are three types of enhanced service: Directed Enhanced Services, Locally Commissioned Service (CCG) and Locally Commissioned Service (Public Health). Locally Commissioned Services are often developed to meet a specific need of the local population with input from GP providers, CCG clinical leads, Local Medical Committees, and if appropriate, with input from Healthwatch or other patient representation.

Performance and monitoring

North Central London
Clinical Commissioning Group

Contract management

The management of GP contracts is delegated from NHS England to CCGs. In North Central London this is managed by the CCG's contracts team and the Primary Care Commissioning Committee.

Primary Care Commissioning Committee

Performance and contract decisions are referred to this committee which meets in public.

A broader quality report is also supplied to the committee and made publicly available.

Contract management levers

Ways in which contracts can be managed include contract breach and remedial notices, sanctions and the termination of contracts.

Monitoring

A range of quality indicators are monitored, these include:

- Quality and Outcomes Framework (long-term condition disease registers)
- Vaccinations, immunisations and screening
- Access, patient experience and complaints
- Care Quality Commission ratings
- Workforce
- Premises

Performance and monitoring

North Central London
Clinical Commissioning Group

Patient and stakeholder engagement
Engagement with patients and stakeholders takes place when there is a service change or a practice is relocated to ensure their views are taken into account.

Equality Impact Assessments are also carried out to review the impact of the change.

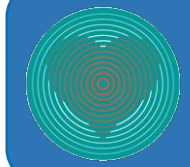
Stakeholders' views and Equality Impact Assessment findings are taken into consideration by the Primary Care Commissioning Committee before decisions are taken.

Londonwide and Local Medical Committees
The CCG has a statutory duty to liaise with LMC on most matters, particularly practice remuneration or requests and communications to practices.

Practices also receive representation and support from the Local Medical Committee with contractual and other matters.

Primary care's achievements

NHS
North Central London
Clinical Commissioning Group



559,811 Covid-19 vaccines delivered
62% of all Covid-19 vaccines in North Central London

50,000 online consultations
(October - December 2020, average/month)

52.5% of appointments via telephone
47.5% of appointments face-to-face
91% attendance rate
(October - December 2020)

13,071 referrals to social prescribing
12,500 personalised care and support plans (target)

NCL GP annual appointments 6.7m
Annual referrals to secondary care 339,086
Annual learning disability health checks 3,000+
% of North Central London 2016-20 mortality

Data as of April 2021

Covid-19 vaccination programme

NHS
North Central London
Clinical Commissioning Group

The primary care Covid-19 vaccination programme has been delivered through high levels of collaboration both within primary care and with the wider health and care system.

General practice

Practices have collaborated across North Central London, putting in place formal agreements spanning Primary Care Networks and boroughs.

Collaboration has seen the sharing of workforce, clinical and operational leadership, infrastructure such as fridges, freezers and IT equipment, best practice, learning and estates.

North Central London CCG

There has also been increased collaboration between general practice and the CCG with the sharing of clinical and operational leadership, workforce and collaborative population management to tackle health inequalities.

Wider health and care system

General practice has also worked closely with a number of partners in the wider health and care system.

- Care homes: collaboration with local authority, public health and community services
- Voluntary sector: utilisation of community assets, volunteer drivers, marshals, stewards and more
- Local community: Engagement to tackle health inequalities
- Acute Trusts: Sharing of resources through mutual aid

Over 60% of Covid-19 vaccinations in North Central London have been delivered by primary care

Pressures in general practice

North Central London Clinical Commissioning Group

There is currently significant pressure on general practice, as with the wider health and care system.

Key pressures for general practice (within the context of wider system recovery):

- A tired workforce
- Pent-up patient demand and a backlog of routine work
- A significant volume of online consultations
- Increased workload and flow to general practice from secondary care
- More advice and guidance managed in primary care
- Continued management of chronic and complex conditions

Appointment levels

National data shows that across North Central London, GP appointment levels are already exceeding pre-pandemic levels.

Prior to the pandemic approximately 16% of GP appointments were conducted by telephone, video or online.

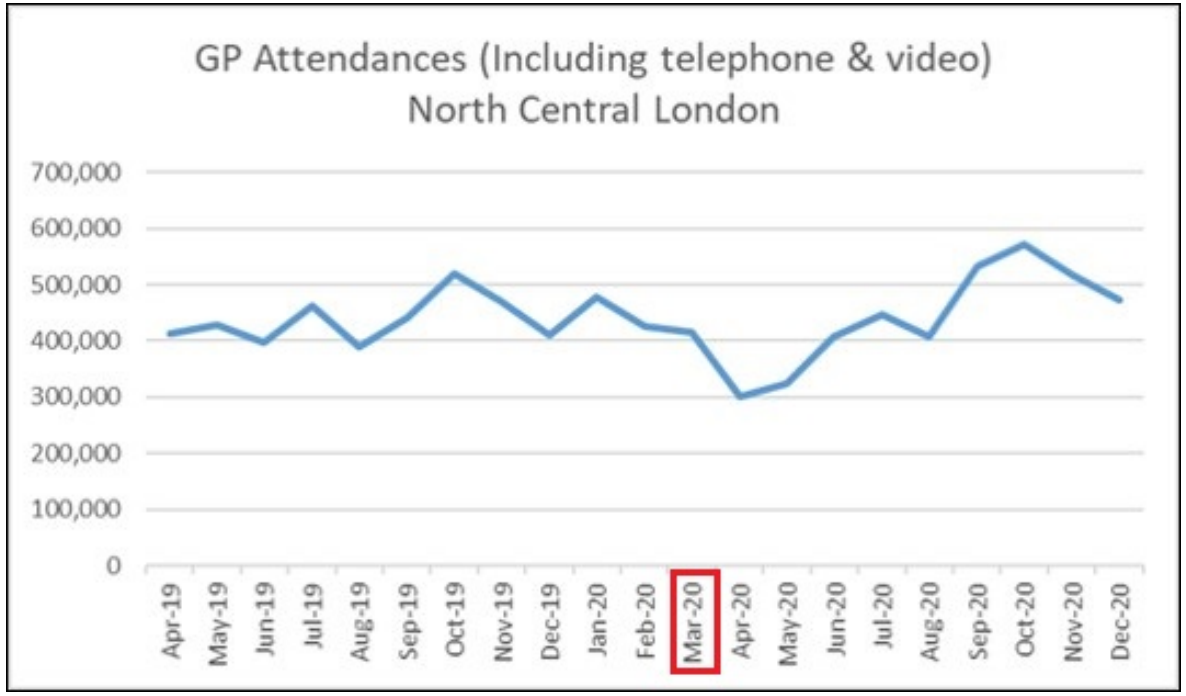
Following the introduction of the total triage model (March 2020), the proportion of non-face-to-face appointments increased to 66% by April 2020.

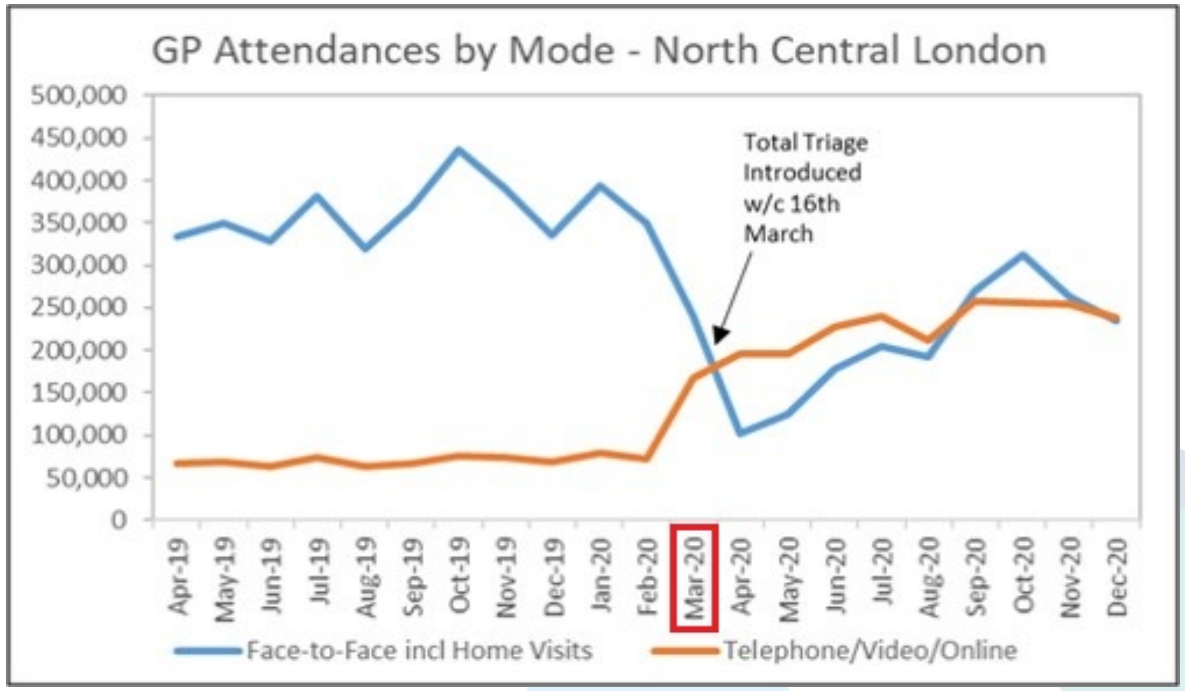
Although the proportion has decreased since, as of December 2020 at least 45% of total appointments were non-face-to-face.

Pressures in general practice

North Central London
Clinical Commissioning Group

The following charts show rolling appointment capacity (overall and split by modality).





Workforce

North Central London
Clinical Commissioning Group

Impact on staff

The general practice workforce is exhausted. Practices have changed both how they operate and how patients access care, adapted to new ways of working and continued to deliver face-to-face care throughout the pandemic.

The last 14 months have been exceptionally difficult for staff. Some have experienced personal loss as a result of Covid-19, whilst some are finding it difficult to cope with the rapid changes to how they work.

What general practice staff have told us in recent local engagement (April 2021)

"I'm more stressed than I've ever been"

"I'm working the longest days I've ever worked"

"Staff are having meltdowns"

"The workload is becoming unsustainable"

"One of the main issues is…how an exhausted workforce manages increased GP work whilst also managing Covid-19 vaccinations etc."

Workforce

North Central London
Clinical Commissioning Group

New and hidden pressures

The total triage model (telephone, video, online consultation) has kept patients and practice staff safe but is an intensive way of working, with some reporting professionally feeling isolated e.g. where working from home.

Practices have also received a significant volume of enquiries regarding Covid-19 vaccination, particularly in response to high-profile media coverage of issues such as changes in national guidance.

Pent-up demand has also seen a surge in online consultations and telephone queries. One practice with a list size of 12,000 recently recording 7,000 phone calls in and out over a week in April this year.

Existing pressures

Pressures on the GP workforce which existed prior to the pandemic continue to provide a challenge such as a shortage of GPs and practice nurses and a high number of retiring or close to retiring GPs.

A recent workforce survey by Londonwide LMC indicated that of the 74 North Central London practices that completed the survey, 41% reported having a GP planning to retire in the next three years.

Digital inclusion: Haringey pilot

NHS
North Central London
Clinical Commissioning Group

The CCG and GPs in Haringey have been working to develop a programme to help all patients access primary care in new ways, so as not to develop further inequality.

The patients we wanted to support have multiple needs and other health organisations faced similar challenges.

The pilot was developed with Barnet, Enfield and Haringey Mental Health Trust, North Middlesex University Hospital, Whittington Health and Haringey Council was involved as a key partner in our social inclusion initiatives.

To help build a model for wider implementation the initiative was developed as “action research”.

Progress update

Going live on 14th January, we have since received 53 referrals and the following case studies highlight the positive patient outcomes, value and impact the service is already delivering.

Case study: Patient A

Patient A was referred for a loaned device and access to an AttendAnywhere video consultation. This enabled the patient to attend two support sessions, receive an assessment from a clinical psychologist and attend future online GP and physiotherapy appointments.

They expressed immense gratitude in being able to access multiple appointments to better manage their physical and mental health.

Case study: Patient B

Patient B was referred for a loaned phone and has been supported in learning how to access Microsoft Teams.

They have since attended a hub appointment with a Turkish speaking interpreter and are able to attend weekly group therapy sessions for Turkish patients. Supporting this patient efficiently has also meant that the therapy group has been able to start and avoided delaying other patients’ treatment.

Primary care organisations

North Central London
Clinical Commissioning Group

Primary Care Networks

To help meet our population's changing needs GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in groups of practices known as Primary Care Networks.

Typically based on GP registered patient lists these networks serve communities of between 30,000 to 50,000 people (with some flexibility). They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration.

Building on existing primary care services the networks enable more proactive, personalised, coordinated and more integrated health and care services.

GP Federations

The NHS Five Year Forward View (2009) confirmed the need for practices to come together to explore new, innovative ways of delivering primary care at scale.

A GP Federation is a formal or informal alliance of practices or practices and other community primary care providers, coming together to develop and deliver primary care services.

Organisations such as Primary Care Networks and GP Federations are not intended to replace practice, or diminish practice autonomy but should reduce waste, enhance efficiency and support a number of vital functions that can best be achieved at differing scales.

Integrated Care System

NHS
North Central London
Clinical Commissioning Group

The role of primary care in an Integrated Care System

General practice has a unique and critical role and sits at the heart of integrated care.

The current pandemic has reiterated the value, skill, importance and flexibility of primary care.

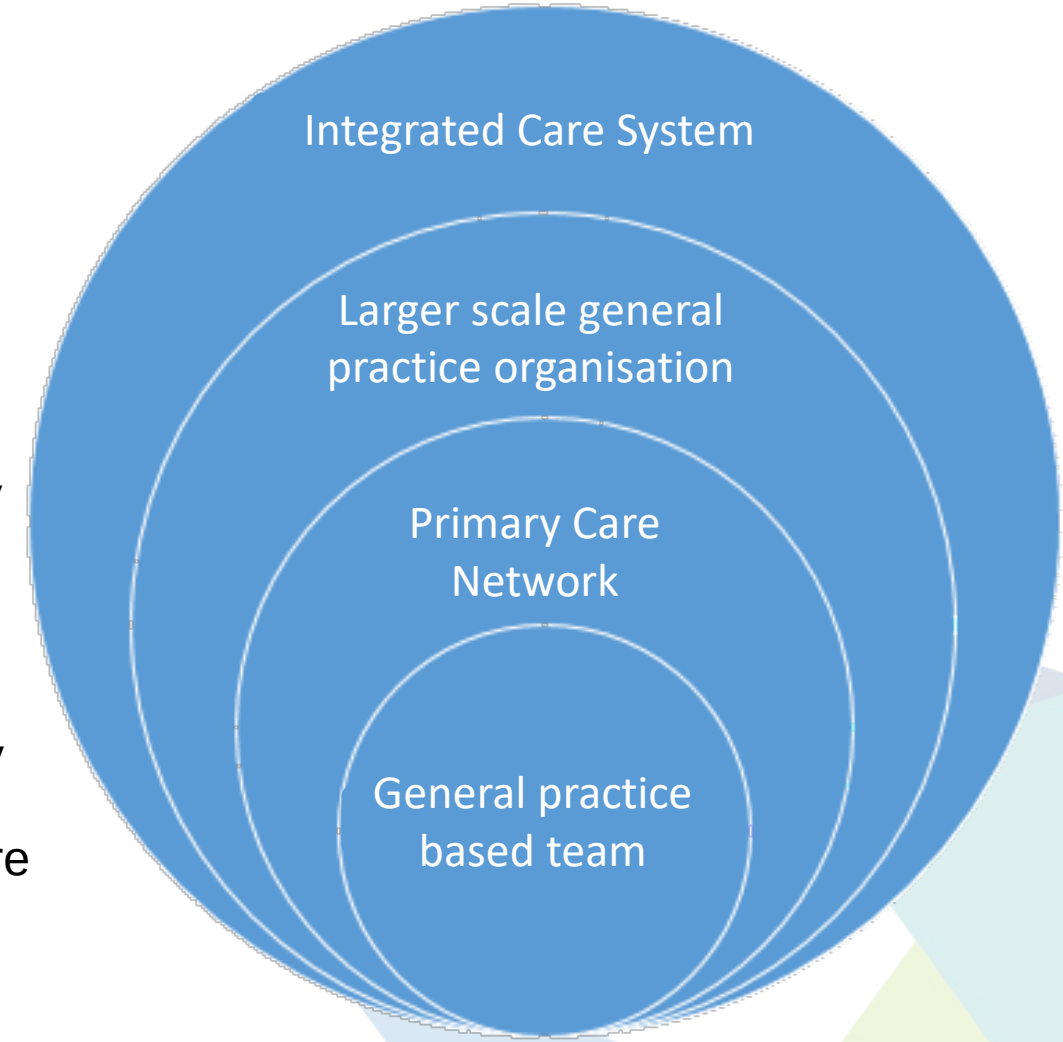
How will primary care be represented?

With clinical leadership remaining at the heart of the future Integrated Care System, there will be a continued need for primary care clinical leadership.

Proposed legislation outlines some of the formal decision making forums which will include GPs.

We are working with primary care leaders locally to ensure primary care is engaged in forums both at borough and North Central London levels as we move into 'shadow form' as an Integrated Care System.

Our elected Governing Body members and clinical leads will continue in post during 2021/22.



Integrated Care System

North Central London
Clinical Commissioning Group

What could integration look like for primary care on a day-to-day basis?

Borough-based Integrated Care Partnerships and integrated care meetings already involve GPs alongside representatives from across health, the voluntary and community sector and partners such as the police and council.

This integration allows GPs and other health and care professionals to input into conversations and to highlight to partners the need to consider health factors in discussions that go beyond health and care.

Future integration could see this develop further into specific pathways for conditions that involve health and care partnerships, colleagues from the council and police just as much as it does a hospital specialist.

Integrated Care System

NHS
North Central London
Clinical Commissioning Group

GP Provider Alliance

As health and care providers come together at an Integrated Care System level across North Central London, they are forming alliances to ensure representation.

To ensure primary care representation providers are forming a GP Provider Alliance, enabling it to:

- Unify its voice
- Influence and challenge decision making in the commissioning and provider system
- Create an awareness of the culture of primary care

Next steps

With Primary Care Networks and GP Federations coming together across North Central London, a GP Alliance reference group has been formed and signalled the intention to join the wider NCL Provider Alliance formed of acute, community and mental health trusts.

Having established a terms of reference and purpose statements, work is underway to develop a process that formalises function, structure, the type of organisation and more.

General Practice Data for Planning and Research

North Central London Clinical Commissioning Group

Overview

You will have seen information recently about changes to the way NHS Digital will access and use GP data.

This section provides an update about what this means for our residents and what we are doing to ensure that our partners, health and care professionals, residents and patients understand what this means for them.

What is NHS Digital?

NHS Digital is the organisation responsible for standardising, collecting, analysing, publishing and sharing data and information from across the health and social care system, and has been collecting data from general practice for some time.

What are the changes being announced?

NHS Digital recently announced plans to simplify and update the way it collects data from GP practices, and to introduce a new way to use data, known as General Practice Data for Planning and Research (GPDPR).

Data is requested from GP practices by Data Provision Notices; GPs are legally required to comply.

For GPDPR, data is pseudonymised, so not directly identifiable. It doesn't include information like detailed GP notes, but can be used to identify patients if needed, and will be used for:

- Managing and planning demand for services, e.g. how many people are diagnosed with particular illnesses
- Analysing the outcomes of services to ensure the health service delivery is getting results
- Recently, managing the pandemic

General Practice Data for Planning and Research

North Central London Clinical Commissioning Group

When will this happen?

National data extraction has now been delayed to 1 September 2021 to allow time to address concerns about the change; residents weren't aware or able to opt out in time.

Can patients opt out of GPDPR and how do they do this?

Patients can use a Type 1 opt-out to make sure that their data is not shared. This is currently the only opt out process that covers the pseudonymised data used by GPDPR.

This is a different process to the National Data Opt-Out which only applies to confidential patient data.

As there are two opt out processes, this may be confusing for residents and patient. We want to make sure that everyone understands how their data is being used and have the choice to opt out.

Is there any disadvantage in opting out?

If residents opt out, then their data won't be included in research and guidance studies which might affect NHS planning and mean services don't meet the needs of the local population.

What information has been made available to residents and patients?

We are concerned that these national changes have not been widely communicated.

We want to ensure that residents are informed and we will be making information available on our website and via GP practices in the next week or so. Information will include details of how residents can opt out should they choose to.

What are the next steps?

With the data extraction now delayed to 1 September 2021, we are taking time to develop communications materials which set out the changes and how data will be used clearly for residents and patients.