London Borough of Haringey Scrutiny Review of the Haringey Primary Care Strategy

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Main Policy Issues & Drivers

Health	•Wanless Review •Our Health Our Care Our Say •Reducing Health Inequalities
Quality	•National Standards •Choice •Patient & Public Involvement
Management	•Commissioning •Practice-based commissioning • Levers: GMS/PMS/APMS
Finance	•CSR •Payment by Results •Quality and Outcomes Framework

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Wanless– Better Primary Care

Consequences for workload:

Increased confidence leading to:

- **Older**: *"Reduced age discrimination and higher expectations ..place increasing demands."*
- **Younger**: *"Seek care for problems which they currently tolerate without healthcare intervention ..visit their GP on average once a year more than now."*
- Switch 1% Workload activity from GP to Pharmacy

Balanced by

- Reduced workload through e.g. lower CHD from smoking cessation, diet and exercise

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Our Health, Our Care, Our Say -

1. Better prevention & earlier intervention
   - GPs working with local government
2. More Choice and a louder Voice
   - Choice of GP, info on practices, incentives to GPs
3. Tackling health inequalities and improving access to community services
   - More & better primary care in deprived areas
4. More support for long term conditions
   - Information, technology, joint teams

White Paper Department of Health 2006

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Reducing Health Inequalities

NHS Operating Framework:

- Target to reduce the gap in health outcomes in most disadvantaged areas (Spearhead- inc. Har.)
- Life Expectancy – contribution from e.g. better diagnostics in primary care
- Infant Mortality – contribution from e.g. earlier intervention in primary care
- Needs effective partnership working between PCTs and Local Authorities

NHS Operating Framework 2007/2008

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Quality

National Standards: Safety; Clinical/Cost Effectiveness; Governance; Patient Focus; Accessible/Responsive Care; Care Environment & Amenities; Public Health.

Choice: Choice of provider extending to choice of treatment and "*access to a wider range of services in primary care*"

Patient and Public Involvement: role of local authority in procuring host to set up and run Local Involvement Networks instead of Patients Forums – intended to give patients more say especially in commissioning.

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Management - Financial

Payment by Results:

- Introduces standard tariffs for different hospital treatments,
- Commissioning on price is over: quality of service is only factor in commissioning.
- Tariffs 'unbundled' so services that can be 'closer to home' charged separately.

Payment by Results DH 2006

Comprehensive Spending Review 2007:

Record investment slowing – need to use £ wisely

Management

Commissioning:

- Practices, PCTs, & LAs working together
- '*extensive public and patient involvement*'
- to improve health, services and inequalities.

Practice-based Commissioning:

- devolution of indicative budgets by PCTs to Practices, alone or in clusters
- 'Supported' by the PCT
- Incentive payments to GPs for engagement.
- Up to 30% savings must go back to PCT

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Management Levers

Range of contractual mechanisms

- GMS – General Medical (GPs as Indep. Contractors)
- PMS – Personal Medical (salaried GPs)
- APMS – Alternative Provider Medical (inc. non-NHS)
- PCTMS (provided by PCT)

GP and Pharmacy roles:

- Accredited GPs and Pharmacists with Special Interests

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Management - QOF

Quality & Outcomes Framework in GMS

- Points awarded = money
- Extremely detailed, verified through visits.
- Requires registers of patients with conditions (stroke, CHD, diabetes etc.)
- Very specific clinical actions
- 10 minute consultation time standard
- Patient Survey is prescribed form but vague on actions as a result

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Darzi Report

- Proposal on Polyclinics to meet need for
- '*a new kind of community-based care at a level that falls between the current GP practice and the traditional district general hospital*
- Invites 5-10 pilots by April 2009

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Darzi and Health Inequalities

- *'The way in which the Framework is implemented will be the most important factor in reducing inequalities.*
- *Each PCT area/borough will need a detailed understanding of the baseline position from which its health economy starts*
- *Systematic use of health inequalities impact assessments to ensure improvements are helping the most disadvantaged.'*

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'As the intention is to consult on the Healthcare for London: A Framework for Action report, ***PCTs are not in a position to base their strategies on this document****. To do so would be to pre-empt the results of the consultation. PCTs should use the available clinical evidence to develop their strategies. PCTs should have a strategic approach to their commissioning and it is important that this work continues.* ***The outcome of the consultation on the Framework for Action should inform the refresh of strategies that will need to take place next year.'*** NHS London Board Paper 8.08.07

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GPs & Pharmacists Contracts

Services in GMS/ NCPC	EXAMPLES	
	GPs	Pharmacists
Essential	General care	Dispensing
Advanced	Cervical Screening	Medicines Use Review
Enhanced	Directly: Flu vaccinations	Supervised consumption of medicines e.g. methadone
	Nationally: Drug & Alcohol	
	Locally: PCT determines	

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Gaps in the Strategy

- Buy in from GPs?
- View of LMC?
- Maturity of practice-based commissioning?
- Views of commissioning groups?
- Willingness of individual practices of relocate?
- Financial consequences for individual GPs?

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Equity Formula

- Disadvantage in existing area judged by proportion of frail older people living alone
  car ownership
  lone parents
  unemployment rate
  disability
  other deprivation indicators (free school meals)
- Frequent users of GPs
- Nursing homes
- Availability of community pharmacies

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Gaps in the Consultation

- What is actually being consulted on?
- Which practices will move?
- What is the variation in services to patients that is proposed?
- How many individual practices will be left?
- Which ones will be left and how will this be determined

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