

## PRIMARY CARE - MEDICAL BRIEFING PAPER

### BURY CCG

#### Introduction

The GP Contracts Team forms part of the Primary Care Team in the Direct Commissioning Directorate of the NHS England Area Team for Greater Manchester. The team has overall responsibility for the contract management of primary medical care services and, through partnership arrangements with other local commissioners across Greater Manchester, supports the co-commissioning of wider primary care from general medical practice. The team also has responsibilities in terms performance management of those contracts (including the assurance of areas such as Safeguarding and reporting of incidents) and management of those contractors who give cause for concern.

The information detailed within the report is intended to provide an overview of primary medical care within the Bury CCG area in key areas covered by the team. Further detailed information is available and can be provided on request.

#### Bury CCG

There are 33 practices in Bury, serving a registered population of 197,364 as at June 2014. The breakdown is as follows:

	Bury CCG	GM Total	% GM total
	01G		
<b>General Practice</b>			
Number of GP practices	33	499	6.61%
Number GMS contracts	21	301	6.98%
Number PMS contracts	10	160	6.25%
Number APMS contracts	2	38	5.26%

- General Medical Services (GMS), nationally directed contract between NHS England and a practice
- Personal Medical Services (PMS), local contract agreed between NHS England and the practice, together with its funding arrangements
- Alternative Provider Medical Services (APMS), allows NHS England to contract with 'any person' under local commissioning arrangements.

#### Contractual Matters

The following section sets out the activity that has taken place during 2013/14 and 2014/15 (to date) that relate to material changes to the contracts held by medical contractors in Bury. For example, where a single handed GP has retired, NHSE is then responsible for ensuring those patients can still access high quality primary medical care services. This could be by procuring a new provider, implementing care taking arrangements, or dispersing the practice list. In all instances the area team seeks the views of the CCG, Local Medical Committee and Healthwatch.

Retirements		
Full Retirement 2013/14	6	
Full Retirement 2014/15	1	*as of 01.09.2014
Practice Mergers		
2013/14	0	
2014/15	0	*effective 01.10.2014

### **List Closures and Boundary Changes**

Practices are able to apply to close their lists. In general, practices will only do so on a temporary basis to help them manage things such as, short term internal capacity issues or major premises refurbishments taking place. The process for approving or not approving applications is governed by The NHSE 'Managing Closed Lists Policy'. Closing a list means that the practice cannot register any new patients for the agreed period of time, however they are still able to accept an application for inclusion on their list from a person who is an immediate family member of a registered patient

	GM	Bury CCG
<b>List Closures</b>		
Application to close list 2013/14	7	1
Approved list closures 2013/14	2	0
Application to close list 2014/15	2	1
Approved list closures 2014/15	0	0
Lists currently closed	1	0

All Practices have practice boundaries and these are set out within the practices contract. In rare occurrences a practice will apply to change its boundary. There is no formal policy for this and therefore the AT applies the principles of the 'Managing Closed Lists Policy' when reviewing each application.

	GM	Bury CCG
<b>Boundary Changes</b>		
Application to reduce boundary 2013/14	2	0
Approved boundary reduction 2013/14	2	0
Application to reduce boundary 2014/15	1	0
Approved boundary reduction 2014/15	0	0

## **Care Quality Commission (CQC)**

CQC monitors, inspects and regulates GP services (amongst others) to make sure they meet core standards of quality and safety. Findings are published on the CQC website and practices are required to make available to their patients the outcomes of any CQC inspections.

To date 6 practices in Bury have received a CQC inspection with 4 meeting the core requirements, and 2 practices requiring compliance actions. This means that the 2 practices had to put in place and implement an action plan detailing how they would address the areas where they failed to meet the standards. Both practices have subsequently received a follow up visit and now meet all standards.

## **GP High Level Indicators (GPHLI) and General Practice Outcome Standards (GPOS)**

### (i) GPHLI

The Primary Medical Services Assurance Framework is designed to support Area Teams and CCGs to work with GP practices to assure the quality of GP services by promoting continuous improvements in quality. Area Teams and CCGs work in collaboration to review practice performance across a range of indicators and identify practices who are outliers in six or more of the indicator sets.

The most recent data (published July 2014) shows that in Greater Manchester 35 out of the <sup>1</sup>504 practices included, are outlier practices in 6 or more indicators. This compares with 51 of the 531 practices included in the previous year.

<b>CCG Name</b>	<b>Total no of Practices</b>	<b>Number of outlying Practices</b>	<b>%</b>
NHS Bolton CCG	50	1	2.00%
NHS Bury CCG	33	1	3.03%
NHS Central Manchester CCG	35	3	8.57%
NHS Oldham CCG	46	1	2.17%
NHS Heywood Middleton & Rochdale CCG	38	6	15.79%
NHS Salford CCG	49	4	8.16%
NHS North Manchester CCG	36	3	8.33%
NHS South Manchester CCG	25	6	24.00%
NHS Stockport CCG	50	3	6.00%
NHS Tameside and Glossop CCG	42	4	9.52%
NHS Trafford CCG	35	3	8.57%
NHS Wigan Borough CCG	65	0	0.00%

<sup>1</sup> The difference in practice numbers is due to the fact that any practice mergers/terminations that occurred during 2013-14 are not reflected due to timing differences in the data collection and publication process for the GPHLI.

Of the 33 practices in Bury, only 1 has been identified as an outlier. The practice is an outlier in 9 areas of the framework. Further work is currently taking place to review the data for all outlying practices across Greater Manchester and this will be shared with CCGs. It should be noted that the framework does not take into account whether the variation is positive or negative. Further investigation may determine that some of the variation is positive i.e. higher levels of prevalence due to the patient demographic etc.

ii) GPOS

GPOS has been developed to support quality improvement. GPOS uses a wider indicator set than the GPHLI, and this is the reason that more practices are either i) identified for review or ii) approaching review compared to the outcome of the GPHLI indicators. The GPOS indicators can be used for peer review and benchmarking and also to provide a consistent platform for CCGs to identify local areas for quality improvement.

For this data set, practices are grouped as follows:

Group	Number of Bury Practices
High Achieving Practices	5
Achieving Practices	20
Approaching Review	4
Identified for Review	4

**Patient Survey**

The GP patient survey provides information to patients, GP practices and Commissioning organisations on a range of aspects of patients' experience of their GP services and other local primary care services.

The table below provides an overview for Bury CCG Practices position. The Greater Manchester information enables comparison of the CCG against 4 of the key indicators that are measured in the survey.

Indicator	Bury CCG Range	GM Average
% of patients who rated the overall experience of their surgery as good	Practices results ranged from 46% (lowest) to 99% (highest) The CCG average is 85% ↓	86%
% of patients who would recommend their surgery to someone new to the area	Practices results ranged from 40% (lowest) to 97% (highest) CCG average is 77% ↓	78%
% of patients satisfied with the opening hours of their surgery	Practices results ranged from 53% (lowest) to 98% (highest) CCG average is 77% ↓	78%
& of patients who rated the overall experience of making an appointment as good	Practices results ranged from 33% (lowest) to 91% (highest) CCG average is 72% ↓	74%

## Quality and Outcome Framework

QOF is important because of its incentive to drive up quality and improve health outcomes. It is a voluntary incentive scheme that rewards GPs based on the quality of care delivered to patients across 4 domains (Clinical, Public Health, Quality & Productivity, and Patient Experience).

The focus in the clinical domain is long term conditions. The identification and treatment of patients with certain conditions (CHD, Diabetes, Stroke, COPD etc.) by controlling blood pressure and cholesterol levels can make a significant difference to a patient's quality of life.

A detailed QOF outcome report (based on 2013/14) is currently being developed for each CCG locality. The report will focus on areas such as actual prevalence vs predicted prevalence, detailed review of manual exception reporting levels and review of performance against key indicators.

The information below provides a 'headline' view of Bury CCG practices performance in relation to 2013/14.

### Overall Achievement

	Clinical Domain	Public Health Domain	Quality & Productivity Domain	Patient Experience Domain	Total
<b>Bury CCG Average</b>	565 / 610 max	148 / 157 max	100 / 100 max	33 / 33max	855.19 / 900 max
<b>Practices achieving below CCG average</b>	11 / 33 practices	6 / 33 practices	0 / 33 practice	0 / 33 practices	10 / 33 practices
<b>GM Average</b>	546.41 / 610 max	147.67 / 157 max	98.32 / 100 max	32.80 / 33 max	843.20 / 900 max
<b>Bury Practices achieving below GM average</b>	12 / 33 practices	6 / 33 practices	0 / 33 practices	0 / 33 practices	10 / 48 practices

### Exception Reporting

Practices are able to exclude patients from clinical domains when data is collected to calculate QOF achievement. For example patients on a specific register can be manually excluded if the patient is unsuitable for treatment, is newly diagnosed, is newly registered or has given informed dissent. Exception reporting can influence the levels of achievement and therefore the financial outcome for practices

Review of manual exception reporting shows that there are 4 practices in Bury identified as outliers, that is, they are at least double or more, than the average level of exception reporting for Bury CCG in 5 or more of the clinical domains of the QOF. The 3 identified practices are being followed up in line with Greater Manchester's Quality Outcomes Framework (QOF) Pre-Payment Verification Process 2013/14.

## Enhanced Services

Directed Enhanced Services are national services that Area Teams (on behalf of NHSE) are required to offer contractors the opportunity to provide. They are often linked to national priorities and agreements and have standard specifications and pricing tariffs.

The table below shows the numbers of practices in Bury that are signed up to provide each service and provides the Greater Manchester position as a comparison.

Directed Enhanced Service Uptake 14/15	GM uptake		Bury Uptake	
	No. of practices providing	% of practices providing	No. of practices providing	% of practices providing
<i>Total Practices</i>	499		33	
Alcohol risk reduction scheme	457	92%	25	76%
Avoiding unplanned admissions	491	98%	33	100%
Dementia scheme	487	98%	18	55%
*Extended hours access	356	71%	29	88%
Learning disabilities	467	94%	23	70%
Patient participation	433	87%	29	88%
<b>*Public Health DES</b>				
Childhood Influenza	483	97%	32	97%
Hepatitis B (new born babies)	484	97%	33	100%
Influenza & Pneumococcal	487	98%	32	97%
MenC (freshers)	485	97%	33	100%
MMR (aged 16 and over)	488	98%	33	100%
Pertussis (pregnant women)	497	100%	32	97%
Rotavirus (childhood immunisation)	494	99%	33	100%
Shingles (catch up aged 78 & 79)	486	97%	32	97%
Shingles (routine aged 70)	485	97%	32	97%

\* Extended Hours – 6 x GP Challenge funded sites

\*1 No response for Shingles x2, Childhood Influenza, Influenza & Pneumococcal

Where possible, alternative arrangements are put in place to enable patients of practices that do not sign up to DESs to access services. Further discussions will take place about how we ensure access for patients and this will also be fed into the co-commissioning arrangements, as appropriate.

## APMS Contract Reviews – for noting

Greater Manchester must review the time limited APMS contracts, considering the best outcome and future of each existing APMS contract. In order to assess the existing and future service needs of the population it will be necessary to undertake a range of activities including (but not exhaustive):

- Needs assessment

- Value for money
- Impact assessment
- Consultation
- Procurement / extension / dispersal (dependent upon commissioning intention)

It is proposed this process is undertaken with support, input and local consultation from key stakeholders, including CCGs, Local Authority, patients, patient participation groups, LMC, Healthwatch, Local Health and Care Overview and Scrutiny Committee and providers to name but a few.

A letter has been drafted and is being circulated to Healthwatch and Local Health and Care Overview Scrutiny Committees seeking engagement and details of individuals from the organisations that will participate in the process.

### **Contact Details**

If you require more information around primary medical care services, please do not hesitate to contact the Greater Manchester Area Team (Medical Team) via email [england.gmpcs@nhs.net](mailto:england.gmpcs@nhs.net)

**PRIMARY MEDICAL CARE CONTRACTS TEAM  
SEPTEMBER 2014**