

Primary Care Commissioning Committee (PCCC)

Date: 30th May 2018

Time: 2-3.30pm

Location: David Baker Room, the Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda item: 6

Report title: Approach to primary care resilience

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Report Sponsor: Martin Jones, Medical Director – Primary Care & Commissioning

1. Purpose

To inform the PCCC of the development of the local approach to supporting resilience in primary care and to inform the PCCC of how this approach will be developed as a quality and resilience programme.

2. Recommendations

PCCC is asked to note progress on the approach and is invited to comment on and discuss the proposed next steps.

3. Background

Developing resilience in primary care is fundamental to the BNSSG Primary Care Strategy and is a central tenet of the national GP Forward View. It is even more critical with our delegated commissioning responsibilities that we have a good understanding of the resilience of our practices across BNSSG with measures in place to support a strong primary care sector to meet the needs of our population. This paper aims to explain approaches developed to date and to propose how we will work going forwards.



Background to resilience programme in 2016/17

During 2016 NHSE worked with the 3 former CCGs and OneCare Limited to develop a local resilience programme. The key aims of this programme were to support a raised understanding of local resilience issues across practices and to generate collaborative conversations about how to address these across practices. Practices were encouraged to work in clusters (minimum population size of 40,000). The emphasis was on developing resilience and supporting all practices across BNSSG with some targeted support made available to a smaller number of vulnerable practices.

A stocktake of resilience across primary care was developed. This was managed by OneCare with the support of the Primary Care Foundation (PCF) and comprised of a range of metrics 'hard data' as well as a practice resilience based questionnaire (PRAQ) created by Change Managers employed by NHSE who are now employed as Primary Care Transformation Managers within the CCG. The stocktake used a number of sources to produce a comprehensive set of metrics reflecting the current position of individual practices. The stocktake was completed in April 2017 and provided individual practices with a snapshot of information primarily based around the profile of their appointments linked into demographics and workforce and the impact on A&E. The stocktake provided practices with a full report which considered key domains such as safety, workforce, access, efficiency, finance, premises and technical issues. This was collated at cluster level and fed back at a series of presentations by PCF and OneCare. The output was provided in full to practices however the CCG only received information at a cluster level so that practice privacy could be protected. Clusters of practices were asked to use this to form the development of a group resilience plan.

Cluster Resilience Plans

The process commenced in May 2017 and carried on until August by which time every cluster had completed a three-year resilience plan covering three specific projects. These were short-term (up to one year), medium (6 months to 18 months) and long-term (up to three years). The practices developed their projects in line with their needs identified by both the PRAQ and stocktake and completed them linking them to the ten high impact actions from the GP Forward View. The practices received payments from the CCG GP Forward View resilience funding of circa £2k per practice at commencement of the process, another on completion of the plans (subject to ratification that they met the criteria) and are about to receive a final payment now that progress against plans has been demonstrated.

4. Developing the resilience programme for 2018/2019

The key learning for the 3 former CCGs from the 2016/17 resilience programme is the need for the CCG to gain a better understanding of local quality and resilience in primary care so that the CCG can develop a more stratified response to promoting overall quality and resilience and responding to support practices that may need more help. Our new structure and responsibilities for delegated

commissioning give us the opportunity to look afresh at how we work with practices to achieve this.

Resilience dashboard

The CCG is working on developing a combined quality and resilience dashboard. The dashboard will consider a number of elements that can impact the sustainability of any practice. The dashboard will be able to group practices into 'Green', 'Amber' or 'Red' based on an assessment of their current resilience and the need to identify those practices which would benefit from additional support. It is proposed that the dashboard brings together data on quality, workforce, efficiency, patient experience and access, practice estate and finances.

The information sources will be drawn from NHSE, CQC, CCG information and the practices themselves. The information sources are updated at varying intervals. We propose to develop this to form a single quality and resilience dataset which can then be used to generate a set of visual reports which compare a range of indicators at practice, locality, area or CCG level. As described in the Primary Care Quality development report we have established a combined quality and resilience working group to take this work forwards and to propose where and how this will be shared and at what frequency.

In addition to the dashboard, the Primary Care Transformation Managers currently employed by the CCG have developed a toolkit to support practices to identify opportunities to improve practice productivity, efficiency and leadership. This toolkit has been developed and worked through with one practice in BNSSG and will be tested and refined with another practice in June to enable us to make this more widely available and part of the CCG response to working with amber and red practices.

Stratified response to supporting quality & resilience in primary care

As we develop the integrated quality tool we will need to develop a range of support tailored to meet the needs of the practices within each stratified grouping. This paper sets out our early thoughts about how we propose to support practices.

Green rated practices:

Those that are considered to be in a healthy and stable position will be offered a range of initiatives to enable them to operate as effectively as possible and continue to improve their resilience and therefore the sustainability of their provision. This will be by a number of initiatives:

Time for Care

There will be a Time for Care Showcase event run by NHSE (supported and managed by BNSSG CCG) on 20th September 2018 for all practices in the CCG area. This event is aimed at raising the awareness of the benefits of the 10 High Impact actions and providing an opportunity for practices to learn more about the practical results from successful implementation. This is the first time this

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Date of meeting

event (hosted by Robert Varnum) has been held within BNSSG and is aimed to kick start our new programme of self-support initiatives. This will be a high profile event and will reinforce the need for practices to review how and what they do, and the benefits of improvement. This will also introduce the PGP Quick Start programme which has just started within BNSSG with 12 initial practices during May of this year.

The Productive General Practice Quick Start programme works with up to 16 practices at a time sharing knowledge between them and working on individual improvement projects that enhance the efficiency of the practice. Each practice will identify three areas that they wish to improve upon and consist of the following modules:

- Frequent attenders
- Appropriate appointments
- Common approach
- Team planning
- Well organised practice
- Efficient processes
- Clear job standards
- Emails, meetings and interruptions

This programme links to the 10 high impact actions of the GP Forward View and focusses individual practices on ways to increase the efficiency of the practice and the provision to patients.



The first cohort of 12 practices commenced in May and we are planning to place another bid (funded by NHSE) in September to follow the Showcase event where we are looking to recruit a further 16 practices.

The new Locality structures will also aid the dissemination of best practice and facilitate providers to work collectively to improve the provision of services to patients.

As a CCG we will look to ensure that opportunities that exist nationally as well as locally to support practices in BNSSG are widely communicated and made available to Locality Groups.



Amber Practices:

These are arguably the most critical practices as they are potentially vulnerable and to stop them moving into the red category need support at an early time as possible. The likely reasons for a practice falling into the amber category would be:

- Ageing partners seeking to retire with no successors in the pipeline
- Shortage of clinical staff/practice management changes
- Issues with CQC/low quality scores
- Financial constraints
- Falling patient registrations
- Property issues

The initiatives proposed to support these practices may include some or a combination of the following:

- Regular support and contact
- Prioritised for uptake of Time for Care initiatives
- Short term support focussed on working through the quality and resilience toolkit
- Peer support through Locality Groups
- Strategic and business advice
- Section 96 short term financial support, where practices meet the criteria

The primary aim with amber practices will be to understand the 'true cause' of their difficulties and provide interventions that stabilise the practice. In many instances it is a combination of factors that has impacted on resilience. The CCG will develop a matrix team response which will involve members of the primary care development, quality, contracting, area and locality leadership groups as needed to provide a tailored response to these practices. In addition, the CCG will work closely with local stakeholders such as OneCare, Avon LMC and the Community and Education Provider Network to make the most of local expertise in developing and supporting primary care and individual practices.

Red Practices:

Once a practice has been declared within the red category we will need to prioritise interventions and resources to potentially stabilise their position and then work to agree a longer term solution. Solutions for these practices will vary – they may include a short term intensive package of support linked to an improvement plan which can move them out of a red category. In some cases these practices will be at risk of contract handback and solutions such as procurement, merger or collaboration with another practice(s) and list dispersal will need to be considered.

This stratified response will be further developed by the quality and resilience working group and comments on how this can be taken forward are welcomed by PCCC members.

5. Financial resource implications

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We will need to ensure that our resources are targeted towards the most vulnerable practices and ensure that requests for Section 96 support are targeted towards these practices, subject to the criteria for Section 96 support being met.

6. Legal implications

There are no legal implications that arise from this paper.

7. Risk implications

Developing a combined quality and resilience dashboard will enable us to accurately assess the risk of practice stability across our geography and can inform the development of our overall risk register for primary care commissioning.

8. Implications for health inequalities

The dashboard will include data on practice demographics and deprivation which will enable us to review whether there are risks to practice stability in areas where we also have higher health need and how we may need to respond to this.

9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Information on key demographics such as proportion of patients aged 75 and over and proportion of patients from a black and other minority ethnic group will also be captured within the dashboard.

10. Consultation and Communication including Public Involvement

The resilience approach described supports the implementation of both the BNSSG Primary Care Strategy and the GP Forward View. The BNSSG Primary Care Strategy was consulted on with key local stakeholders, patient participation groups and the public via the CCG website. There is an opportunity to develop further public involvement in how we shape locality integrated out of hospital models of care and to talk to our population about how we promote a greater culture of self-care.

When changes do occur to practice provision such as merger, list dispersal, procurement these will be supported by and informed by communication and engagement with local patients.

11. Appendices

Not applicable

Glossary of terms and abbreviations

Name of meeting
Date of meeting

OneCare Limited	A GP-led organisation that represents practices in Bristol, North Somerset and South Gloucestershire.
GP Forward View	A national development programme to support transformation in primary care
Time for Care	A national programme offering expertise and resources to practices in support of improving practice leadership and efficiency linked to the 10 High Impact Actions referenced within the GP Forward View