Our NHS Our Future: Primary Care group

CONTENTS

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

Delivering the vision

Patient and public involvement

A primary care dataset

The GP practice and health centre procurement

Section 1

- **Introduction and Context**
- **The Vision for Primary Care**
- **The strengths of the system**
- **The challenges to address**
- **Delivering the vision**
- **Patient and public involvement**
- **A primary care dataset**
- **The GP practice and health centre procurement**

The Next Stage Review: Our NHS, our future

- Wide-ranging review to identify the way forward for the NHS
- Four critical challenges:
  - » Ensure that clinical decision-making is at the heart of the future of the NHS
  - » Improve patient care
  - » Deliver more accessible and more convenient care, reflecting best value for money and offering services in the most appropriate settings
  - » Establish a vision for the next decade in time for the 60th anniversary of the NHS
- Make recommendations to the Prime Minister, Secretary of State for Health and Chancellor
- Regional report by April/May 2008
- National report by June 2008 with an interim report published October 2007.

Our NHS, our future: Must dos

Three overarching themes of the programme:

- Improve quality and safety
- Extend access
- Tackle inequalities

In Yorkshire and the Humber:

- Build on the best local pathways from across Y&H
- Generate a shared vision of excellence
- Accelerate improvement
- Build sustainable clinical leadership across Y&H
- Improve responsiveness to patients

Membership and terms of reference:

Membership

Rob Webster - Calderdale PCT (Chair)

Ian Holmes – Y&H SHA (Secretariat)

Mark Purvis - Yorkshire Deanery

Keith Parsons – Hull PCT

Chris Edwards - Rotherham PCT

Robin Carlisle - Rotherham PCT

Julie Bolus - Doncaster PCT

Anne Houghton - GP, Leeds PCT

Damian Riley - GP, Leeds PCT

Ailsa Claire - Barnsley PCT

Phil Earnshaw - GP, Wakefield District PCT

Peter Melton - GP, NE Lincs PCT

Chris Clarke - NE Lincs PCT

Helen Parkin – Y&H SHA

Helen Dowdy – Y&H SHA

David Anderson - Kirklees PCT

Terms of Reference

(1) To examine the variations in the quality of, and access to, primary care, and set out the impact of those variations on patients and the public

(2) To identify ways in which, using the current levers available to PCTs, these variations are being tackled, or could be tackled

(3) To make any further proposals

(4) To produce a short report to inform the eight clinical pathway groups

Section 2

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

Delivering the vision

Patient and public involvement

A primary care dataset

The GP practice and health centre procurement

The vision for primary care in Yorkshire and the Humber

Primary Care is the cornerstone of the National Health Service in Yorkshire and the Humber. It ensures that the NHS provides appropriate care and helps people improve their health and well being. It is the first port of call and main healthcare provider for the vast majority of people in Yorkshire and the Humber. Our aim is to see universally high quality primary care that is flexible to respond to the patients needs, regardless of where, when, or to whom they are delivered.

General practice will have a critical role as part of primary care. The practice will act as navigator and co-ordinator of the care patients receive; it will focus on health and healthcare; and it will work in partnership with patients to ensure they are involved in determining how care is delivered for themselves and their communities.

This vision is underpinned by the following principles…

General practice registered list-based general practice will remain a fundamental part of primary care. It is a model which is proven to deliver quality care in a pro-active, patient focused and responsive manner. The model will allow clinical leadership to remain central for, patient care, population health and secondary care commissioning.

General practice will be at the centre of a primary care service that will increasingly be delivered by a range of trained professionals, in a range of settings, working to deliver seamless, consistent and concordant care through a multidisciplinary team.

Boundaries will be reduced and even removed for some pathways and networks between practices will become stronger. There will be an increased emphasis on health and well being improvement through empowerment, education and support of patients.

Patient focused access to services will be a priority, and all patients deserve access to the highest quality care, with freedom to seek care from a provider of their choice, based on the services most appropriate to them.

Service providers will have a high performing and continuously improving culture, with a strong emphasis on training, integrated governance and innovation, with patients as their partners in developing models of care.

Section 3

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

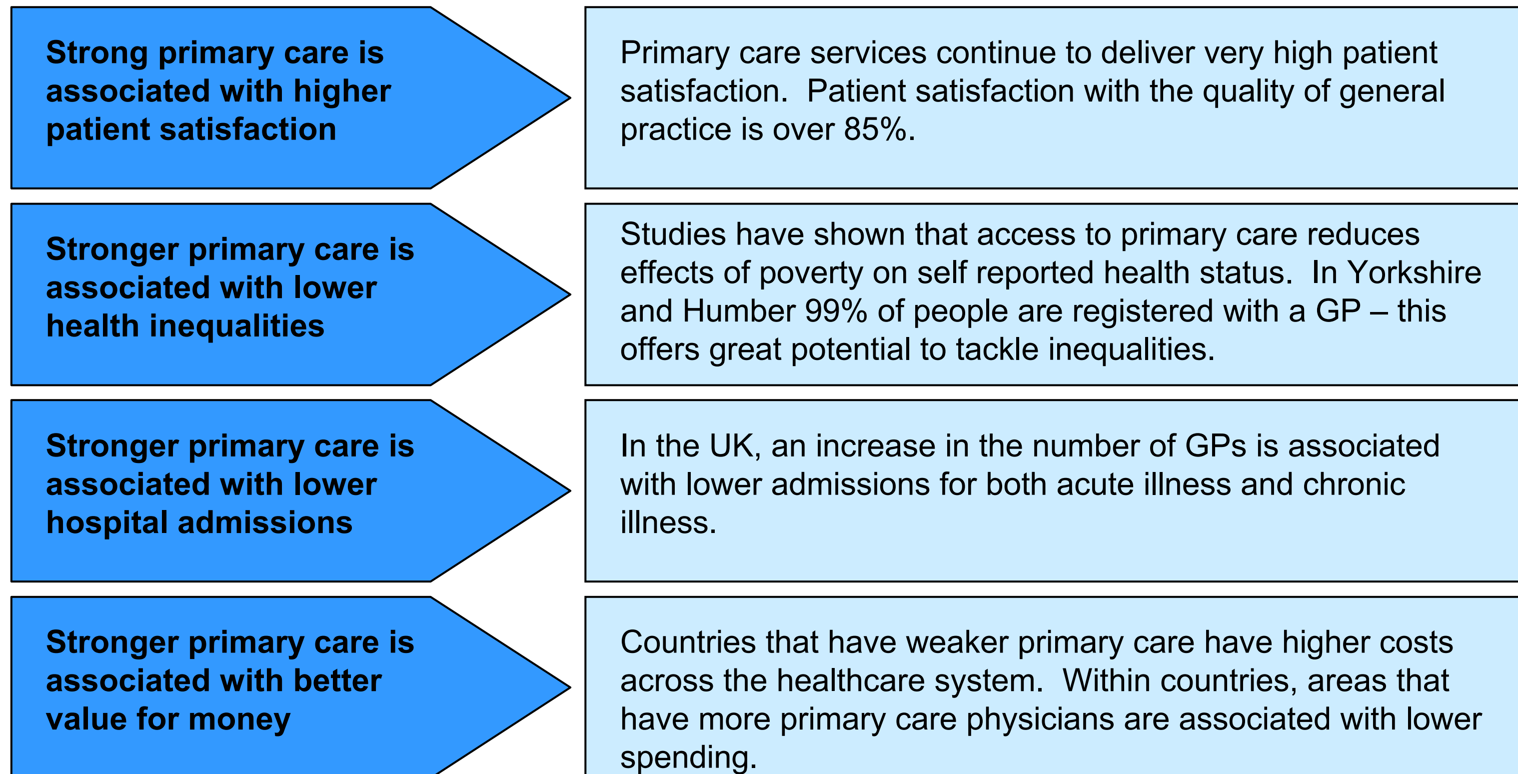
Delivering the vision

Patient and public involvement

A primary care dataset

The GP practice and health centre procurement

High quality primary care is a core component of a high quality healthcare system…

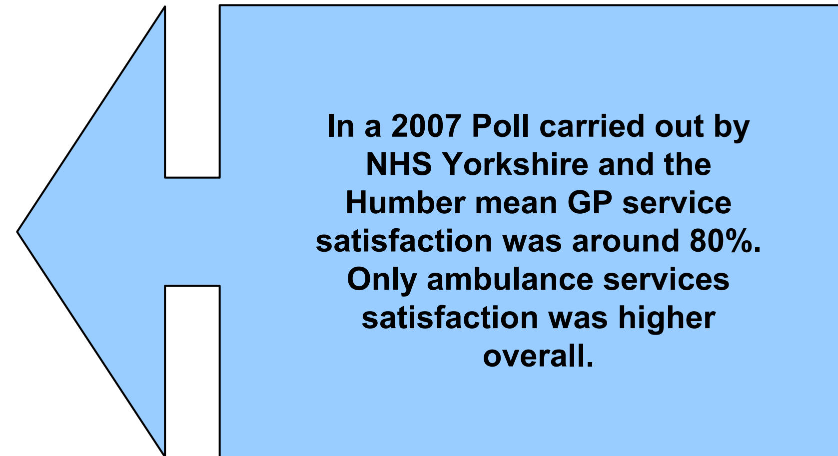


Delivering our vision for primary care will critical to the successful implementation of the Next Stage Review recommendations.

Patient satisfaction with GP services is very high

NHS Y&H Public Satisfaction Survey (2007)

Service	Score
Ambulance Service	81.7
GP Service	79.9
Community Care	74.3
Hospital Out-Patient Service	73.3
Hospital In-Patient Service	72.3
Hospital Accident & Emergency	71.1
NHS Walk In Centre	71.0
NHS Dentist Service	69.0



The polling also indicated that:

- **Satisfaction with the *quality* of care received from GPs was over 85%**
- **Patients with long term conditions have a very positive experience of general practice**
- **Patients believe that the GP is the most important point of contact in the NHS**
- **GPs are the most trusted member of health service provision**

The Quality and Outcomes Framework has delivered major improvements in disease management across practices

2005/06 QOF Improvement – Yorkshire and the Humber PCTs (Source: YHPHO)

2005/06 QOF Achievement	Barnsley	Bradford and Airedale	Calderdale	Doncaster	East Riding of Yorkshire	Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire	Rotherham	Sheffield	Wakefield	Yorks & Humber	England
Asthma	▲ 97.5	▲ 94.7	▲ 97.9	▲ 98.9	▲ 99.3	▲ 98.2	▲ 96.5	▲ 97.3	▲ 95.6	▲ 99.7	▲ 99.4	▲ 99.3	▲ 96.2	▲ 96.7	▲ 97.4	▲ 97.3
Cancer	▲ 93.3	▲ 93.5	▲ 93.4	▲ 94.7	▲ 97.9	▲ 93.0	▲ 93.1	▲ 93.4	▲ 96.0	▲ 98.4	▲ 98.7	▲ 94.0	▲ 91.0	▲ 98.1	▲ 94.5	▲ 95.3
CHD	▲ 98.0	▲ 96.1	▲ 98.8	▲ 99.2	▲ 99.7	▲ 97.5	▲ 98.0	▲ 97.9	▲ 96.8	▲ 99.5	▲ 99.8	▲ 95.9	▲ 96.6	▲ 98.7	▲ 97.9	▲ 98.3
COPD	▲ 95.7	▲ 91.7	▲ 96.5	▲ 98.6	▲ 99.3	▲ 95.2	▲ 93.5	▲ 93.4	▲ 90.8	▲ 97.7	▲ 98.9	▲ 94.6	▲ 91.8	▲ 93.8	▲ 94.7	▲ 95.6
Diabetes	▲ 97.4	▲ 93.7	▲ 97.6	▲ 99.3	▲ 99.6	▲ 97.7	▲ 96.2	▲ 98.1	▲ 95.9	▲ 99.1	▲ 99.5	▲ 97.6	▲ 95.2	▲ 98.0	▲ 97.2	▲ 97.4
Epilepsy	▲ 88.9	▲ 87.5	▲ 89.5	▲ 91.8	▲ 97.0	▲ 87.8	▲ 90.4	▲ 91.7	▲ 88.5	▲ 99.2	▲ 98.7	▲ 91.1	▲ 87.0	▲ 93.7	▲ 91.3	▲ 93.7
Hypertension	▲ 98.0	▲ 95.4	▲ 98.3	▲ 99.0	▲ 99.4	▲ 97.8	▲ 96.8	▲ 98.8	▲ 96.5	▲ 99.8	▲ 99.2	▲ 99.1	▲ 97.3	▲ 98.1	▲ 97.9	▲ 98.1
Hypothyroidism	▲ 99.8	▲ 98.0	▲ 100.0	▲ 99.8	▲ 100.0	▲ 99.6	▲ 99.4	▲ 99.9	▲ 99.4	▲ 100.0	▲ 100.0	▲ 97.2	▲ 99.3	▲ 100.0	▲ 99.4	▲ 99.5
Mental Health	▲ 95.2	▲ 87.9	▲ 96.1	▲ 96.5	▲ 97.6	▲ 91.3	▲ 92.0	▲ 94.8	▲ 90.2	▲ 98.8	▲ 98.4	▲ 95.0	▲ 91.7	▲ 98.5	▲ 94.0	▲ 94.6
Stroke	▲ 97.7	▲ 92.5	▲ 97.9	▲ 98.1	▲ 99.1	▲ 95.9	▲ 95.8	▲ 97.6	▲ 95.1	▲ 98.2	▲ 99.5	▲ 95.9	▲ 95.7	▲ 98.4	▲ 96.7	▲ 97.2

Position relative to England

- Significantly poorer performance than England average
- Not significantly different
- Significantly better performance than England average

Direction of travel 04/05 - 05/06

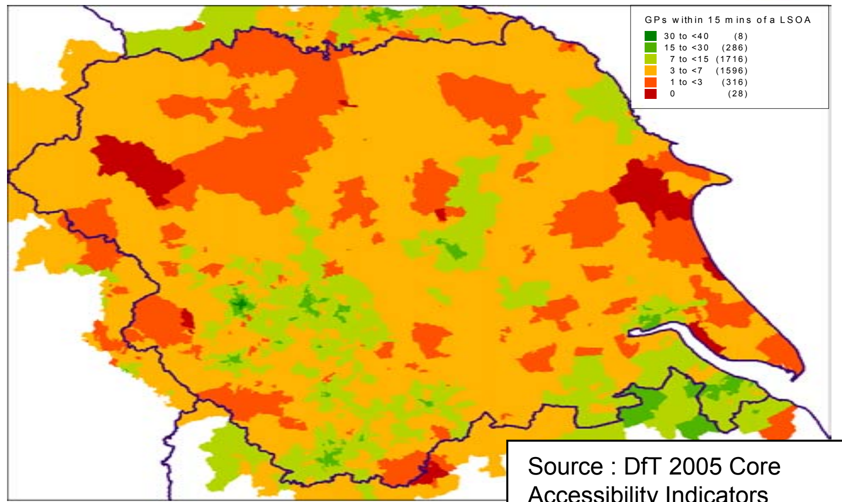
- ▲ Increased
- ↔ Stayed the same
- ▼ Decreased

N.B. significant differences are based on 95% confidence intervals

The QOF is improving the management of chronic disease in primary care. Analysis of QOF scores in 2005-06 by YHPHO shows improvement in attainment for all domains for all PCTs.

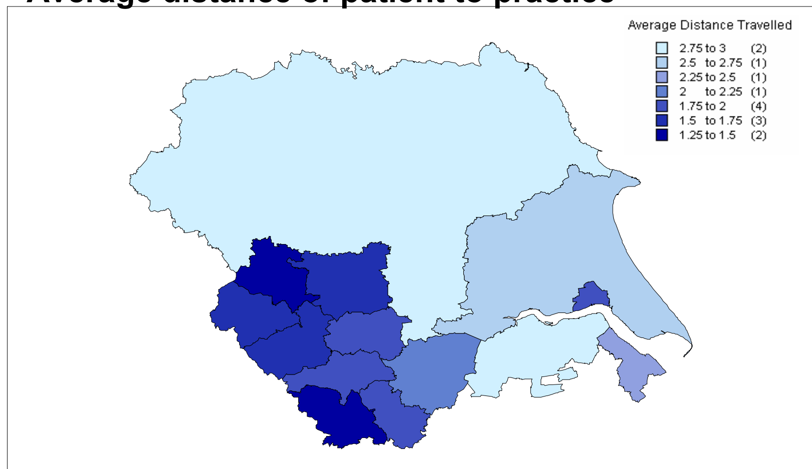
General practice also provides a genuinely local service for patients, even in comparatively rural areas

Choice of practice within 15 minutes public transport



Source : DfT 2005 Core Accessibility Indicators

Average distance of patient to practice



The vast majority of people in Yorkshire and the Humber have over three practices within 15 minutes public transport travel time, and the large majority have more than 7

On average, peoples practices are very close to where they live. Even in North Yorkshire and York the average distance from patient to practice is 2.9km

Section 4

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

Delivering the vision

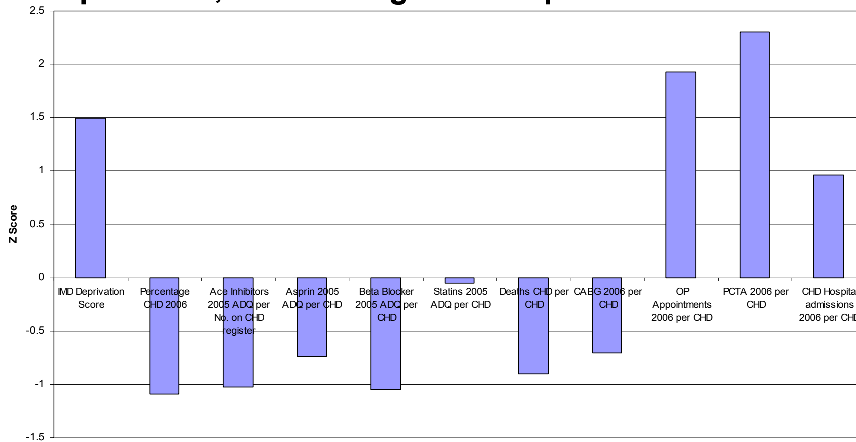
Patient and public involvement

A primary care dataset

The GP practice and health centre procurement

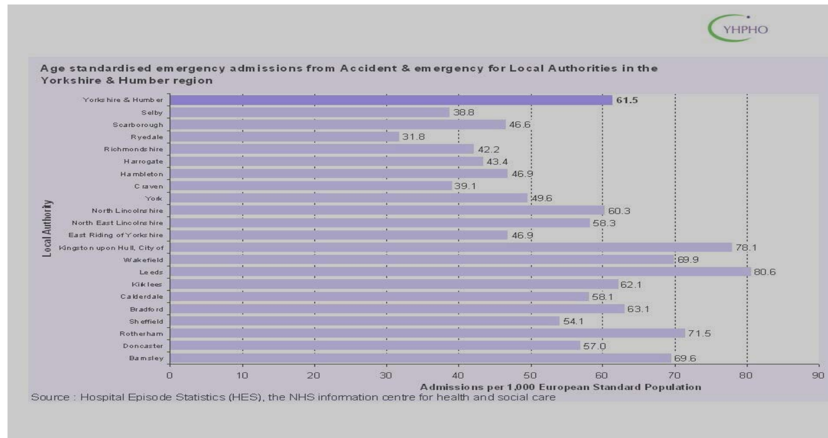
There are variations in the approach to, and the effectiveness of disease management in primary care. This affects performance across the rest of the system…

Deprivation, Prescribing and Hospital Admittance for CHD



This practice has high deprivation and low CHD prevalence. There also appears to be poor management of CHD in primary care, leading to secondary care interventions which are very high.

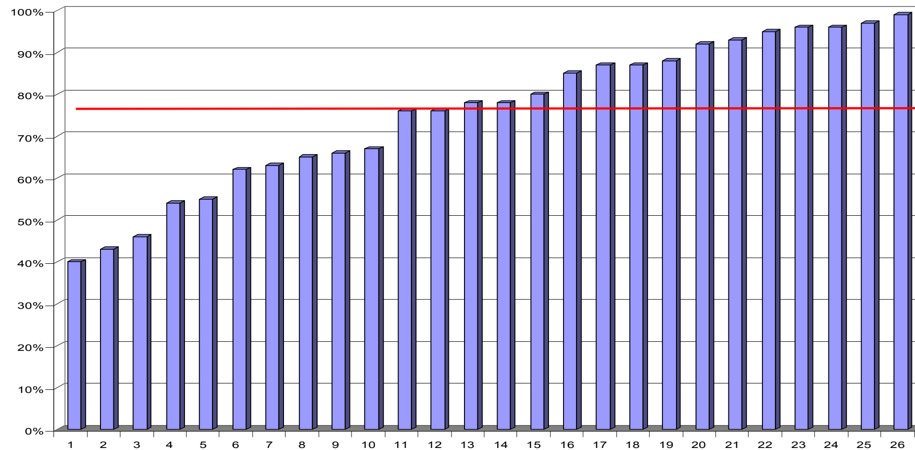
A&E attendance rates by Local Authority



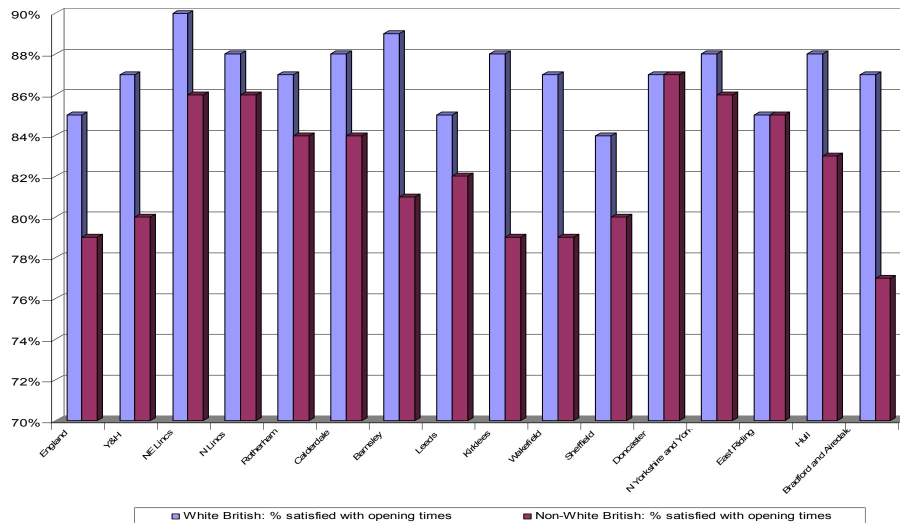
There is a large variation in A&E attendances across LAs. This is even wider at practice level. This variation is in part due to disease management in primary care and accessibility of primary care.

There are variations in the accessibility of services…

Calderdale PCT – satisfaction with advance booking



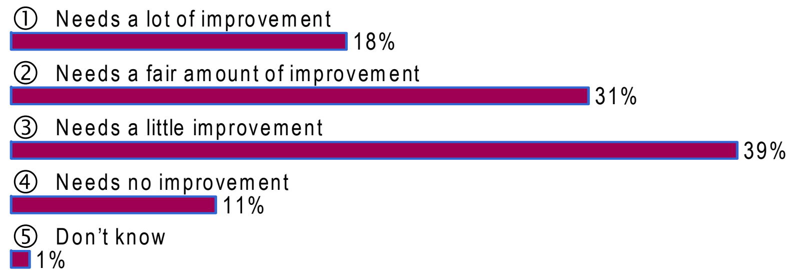
Opening hours satisfaction by white/non-white group



Average PCT scores mask wide variations at practice level. For example Calderdale PCT has three practices with lower than 50% satisfaction with advanced appointment booking. The overall average was 76%

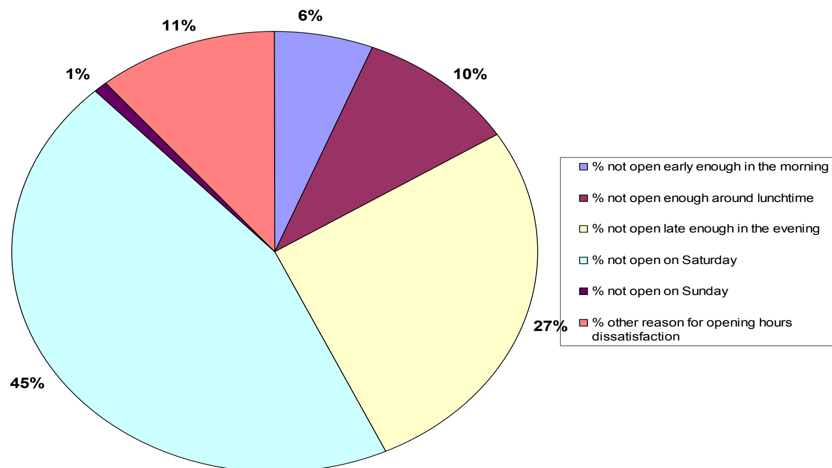
Satisfaction with access for non-white groups is consistently lower than for white groups. This is particularly true for South Asian groups.

…and most patients agree that improvements need to be made to the accessibility of services…



According to the Our NHS Our Future polling in York, only 11% of voters believed that 'getting an appointment with a GP when you need one' needs no improvement

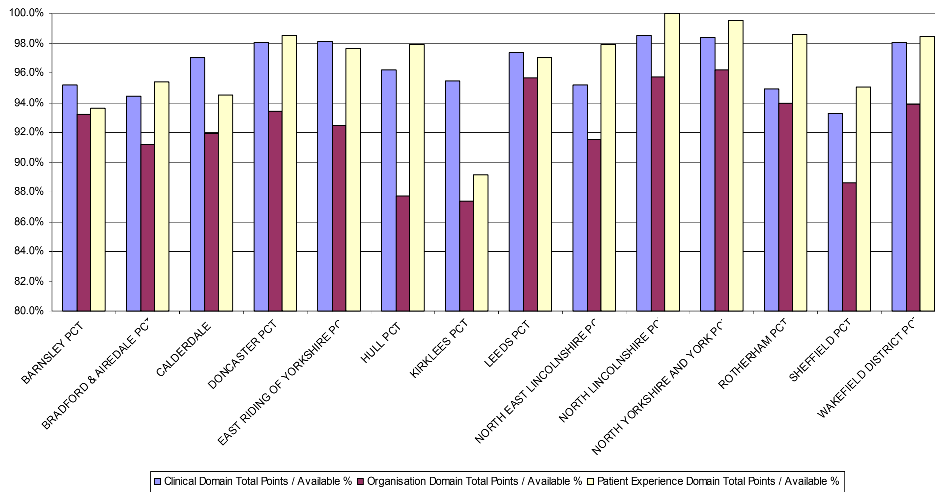
Reasons for dissatisfaction with primary care access



In a separate survey across Yorkshire and the Humber, almost three quarters of patients said that services could be improved by Saturday or evening opening

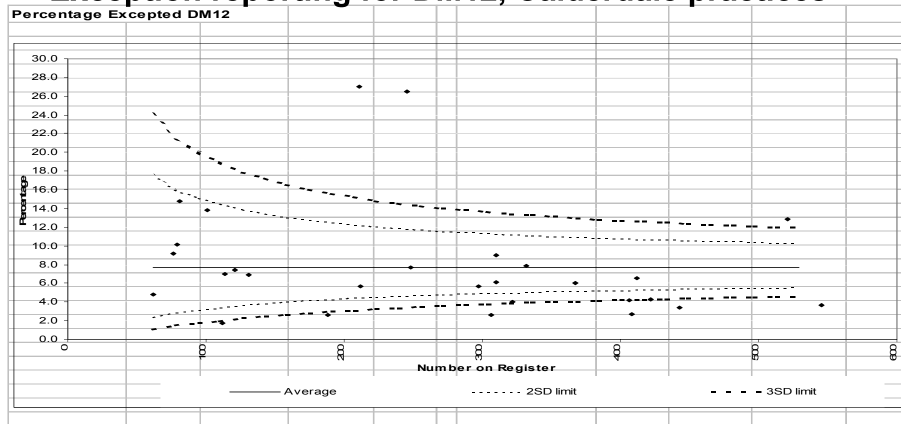
There are also variations quality of services, and exception reporting remains an issue is some areas...

QOF scores by PCT



Quality as measured through the quality and outcomes framework is high and improving. However there are variations. Practices consistently score lowest on the organisational QOF domain

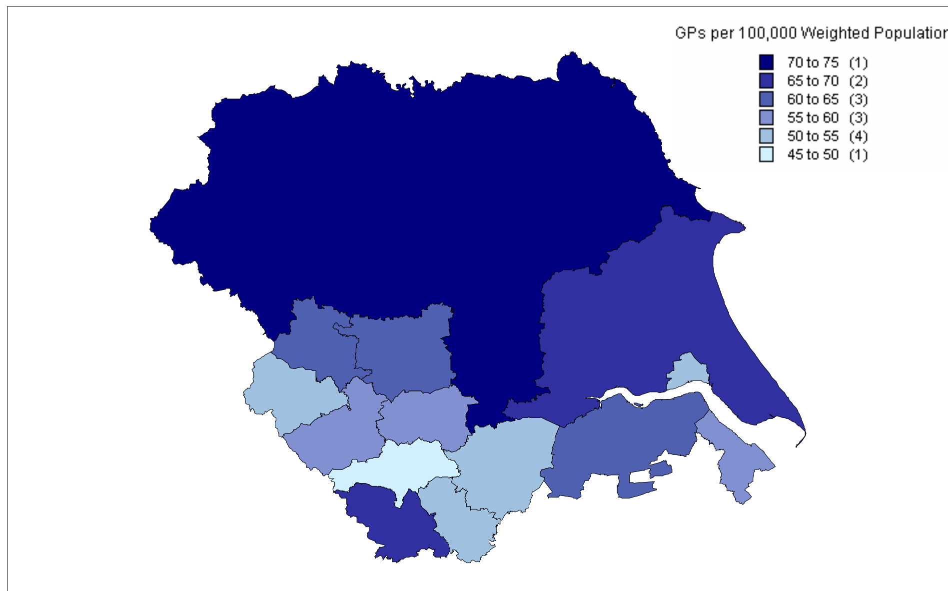
Exception reporting for DM12, Calderdale practices



Exception reporting is variable in some areas. For example for DM12 (diabetes and blood pressure under 145/85), two practices in Calderdale excepted more than 25% of patients.

There is a large variation in general practice capacity across Yorkshire and the Humber (measured by the number of GPs per 100,000 weighted population)…

GPs per 100k weighted population



GPs per 100k weighted population is a crude input measure, however it does give a broad indication of capacity across the patch. There is a 50% variation in the number GP – and GPs tend to be more heavily concentrated in affluent areas, potentially impacting negatively on health inequalities.

Section 5

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

Delivering the vision

Patient and public involvement

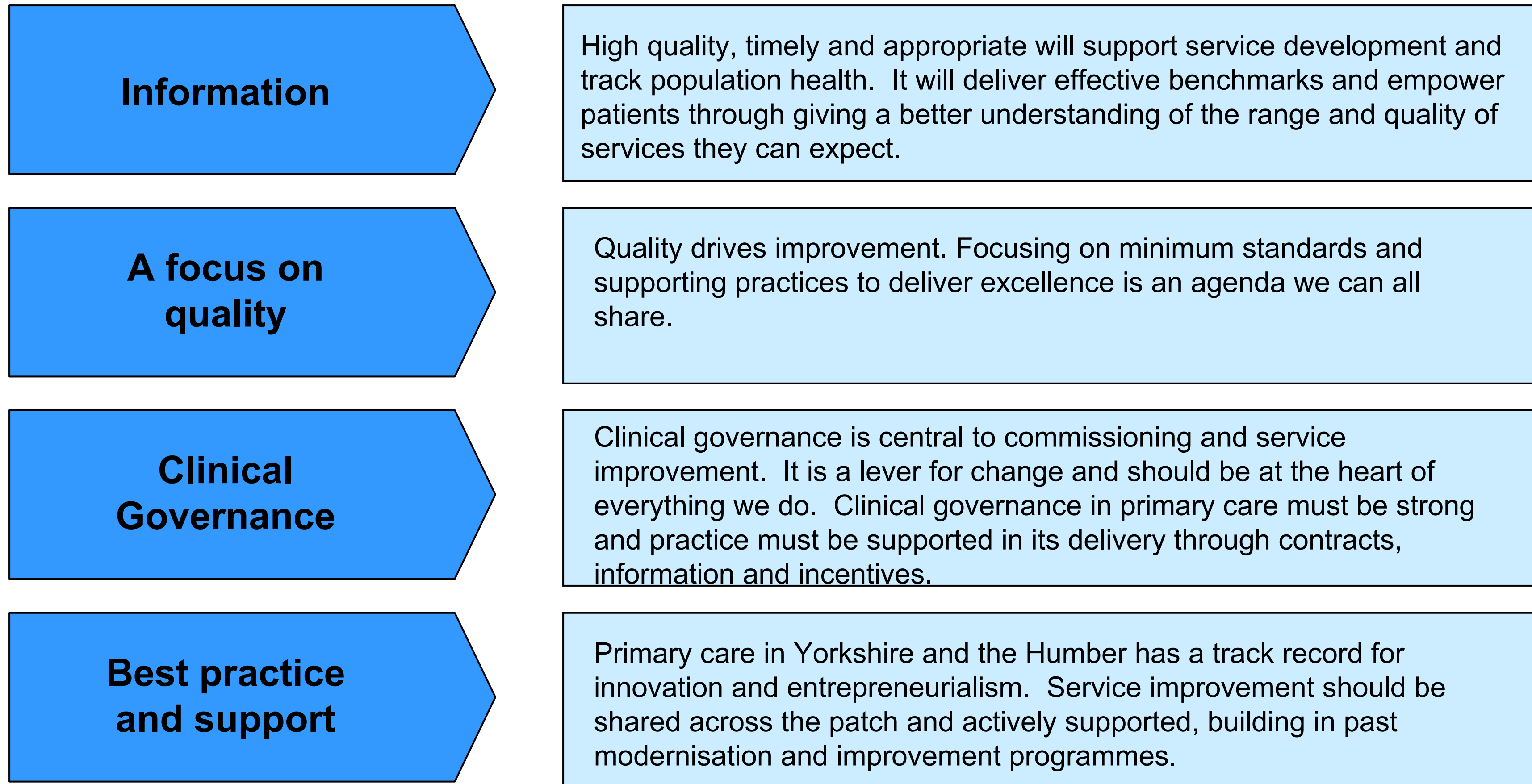
A primary care dataset

The GP practice and health centre procurement

New contracts, record levels of investment in primary care and the health reform programme have created a range of opportunities to improve primary care services. PCTs are already using these tools to drive improvements.

- Commissioning is central to delivering the vision. The World Class Commissioning approach should be applied with the same rigour as other services, recognising the centrality of primary care to patient care and the positive knock-on impact that high quality primary care will have on the rest of the system.

The key tools and levers for commissioning and delivering improved services are as follows (1):



The key tools and levers for commissioning and delivering improved services are as follows (2):

The Quality and Outcomes Framework	The QOF has led to significant improvements in the management of long term conditions. We now need to use the QOF to manage population health through commissioning. There is local flexibility to develop local variants for conditions, and we should build on this using recommendations from the other clinical work streams.
Contracts and financial incentives	New contracts for primary care offer greater flexibility for PCTs and practices to develop services locally that best meet patients needs. This is true for dentistry, pharmacy, optometry and in each of the contracts for general practice.
Increasing capacity	Although quality in the majority of general practice is very high, there are areas where capacity is low and quality and accessibility suffer. Service expansion will increase capacity, supporting improvements in existing practices – if managed carefully.
Practice Based Commissioning	PBC puts primary care at the heart of commissioning. In time the commissioning should develop to ensure that PBC defines commissioning

Section 6

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

Delivering the vision

Patient and public involvement

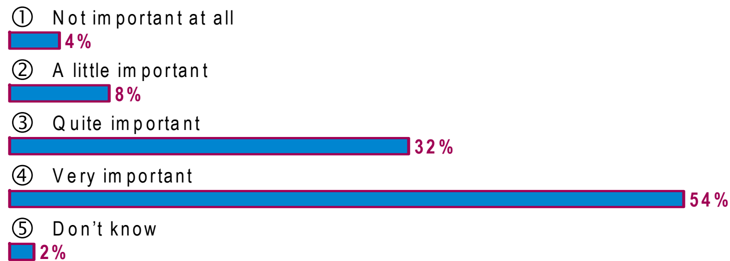
A primary care dataset

The GP practice and health centre procurement

A key message emerging from the Our NHS, our future polling event is that patients want to be more involved in their care.

Here are four statements that people said were important to them if they are being cared for by the NHS. How important are each of these to you?

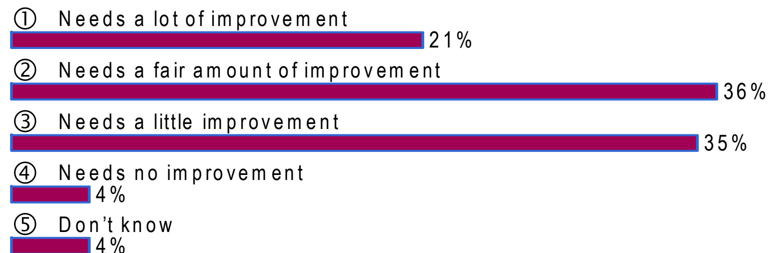
4. Work with me as a partner in my health, not just as a provider of care



ourNHS our future

Polling question

To what extent do you think the following need improving?
- Getting information about the services available



ourNHS our future

At the recent polling event 86% of respondents thought that it was quite or very important that providers worked with patients as partner in their health, not just as a provider of care

At the previous polling event, only 4% of respondents though that information about the services available needs no improvement.

We recommend that there should be much stronger public and patient involvement in primary care, and the strategy for delivering this should have 4 main strands (1):

Patient and public involvement at PCT level, including through PBC: Genuine public and patient involvement, particularly at PCT level will help ensure that patients views are taken into account in strategic commissioning decisions. There is a concern that patient unwillingness to change or complain about poor services is a result of how they will be treated if they do so. This perception needs to change, and patients or patient groups should be represented on the PCT board through the PEC and PBC. They should also be involved in decision making about service priorities through PBC, and this should be written into consortia arrangements and become a PEC duty in considering PBC plans.

Incentives for real engagement: There are mechanisms that could be harnessed to promote stronger patient involvement in both delivery of primary care services and the commissioning of care. The quality and outcomes framework could be used to offer financial incentives to practices to engage patients and deliver services that respond to their needs. For example, PCTs could build on existing arrangements to trigger payments dependent on positive feedback from patients or patient forums about service improvements. Enhanced services could have a quality addition for positive patient experience scores and so on.

We recommend that there should be much stronger public and patient involvement in primary care, and the strategy for delivering this should have 4 main strands (2):

A real debate about practice area: The practice area is a useful mechanism for ensuring practices serve local populations, particularly if home visits are required. However, we know that these are declining in many areas and that alternative providers can be put in place. Changes to out of hours responsibilities have also meant that the geographical arguments hold less water. However, boundary issues are best considered at local level and PCTs should consider whether a debate on the expansion or removal of practice boundaries is required in order to expand choice of practice available to patients.

Information: High quality and timely information about the effectiveness, range and quality of services that are available will empower patients and enable them to make informed choices about the services they can access. Information needs to be made available in the way it is presented to patients. Information should be clear, simple and easily accessible – for example through consistent presentation of practice leaflets that is then mirrored on PCT websites.

PCTs will also need to consider the engagement of groups that find it hard to access the NHS. The risk is that some patient groups are better equipped to use and act upon information and this has the potential to widen inequalities. The PCT will need to pro-actively seek out and engage with these groups and ensure that services are tailored to meet their needs if we are to moderate the inverse care law.

Section 7

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

Delivering the vision

Patient and public involvement

A primary care dataset

The GP practice and health centre procurement

A primary care dataset should be developed across Yorkshire and the Humber, providing quality assured and timely information on practice performance

There is a much valuable primary care data available through a range of sources and good analysis being carried out in patches across the region. There is the need to standardise and co-ordinate and bring together this data to form one source for primary care information.

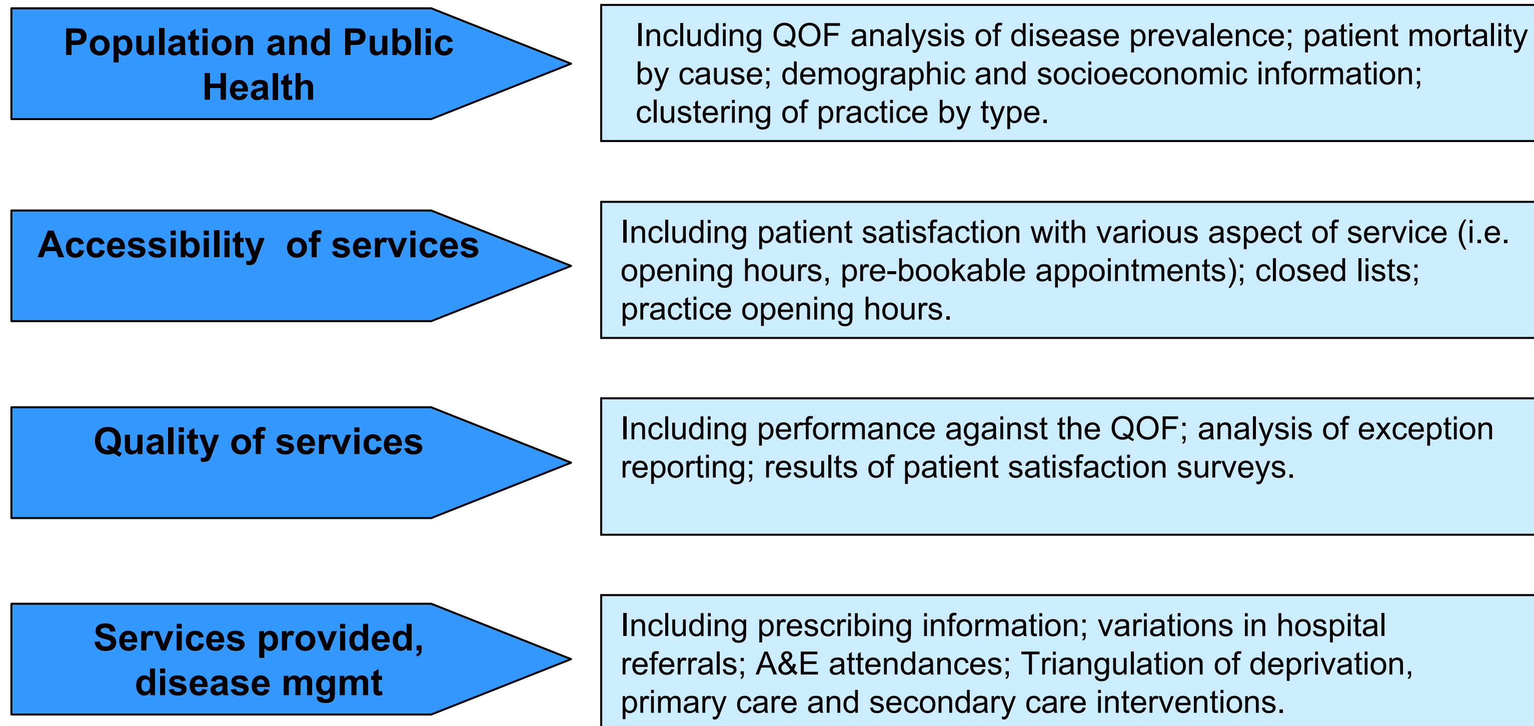
This information should be aimed at:

Clinicians – so practices can compare performance against agreed standards

PCT and SHAs – to understand and benchmark performance of practices

Patients – to improve their understanding of the services available

The exact details will need to be worked through, but as a starting point, the data should cover the following four domains:



We recommend that a group including clinicians, the YHPHO, PCT leads, SHA analysts be set up to deliver this.

Section 8

Introduction and Context

The Vision for Primary Care

The strengths of the system

The challenges to address

Delivering the vision

Patient and public involvement

A primary care dataset

The GP practice and health centre procurement

Yorkshire and the Humber NHS

The GP practice and health centre procurement process

The group has had discussions about the forthcoming procurements. Our view is that the procurements be underpinned by the following principles:

The project specifications should make explicit reference to our vision for primary care and to local plans.

The procurements should aim to drive improvements across all primary care services

The new providers should offer a full range of services, (rather than just a patch up service) and be an integrated part of the provider network

The procurements should offer value for money, and where possible approaches that lead to double running costs should be avoided.

We would be happy to nominate members of our think tank to be more greatly involved in these processes.