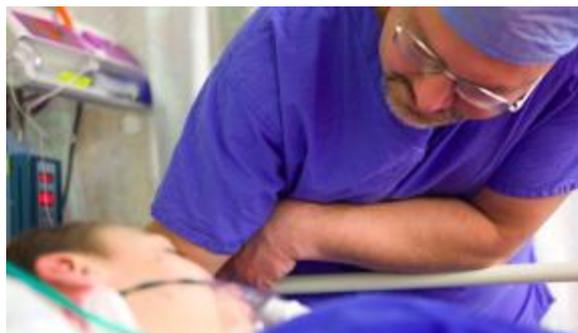


# Primary Care Quality

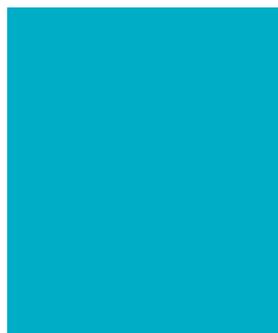
Dr Narinder Sahota - Assistant Director

Dr William Murdoch – Assistant Director



Birmingham, Black Country and  
Solihull Area Team

March 2014

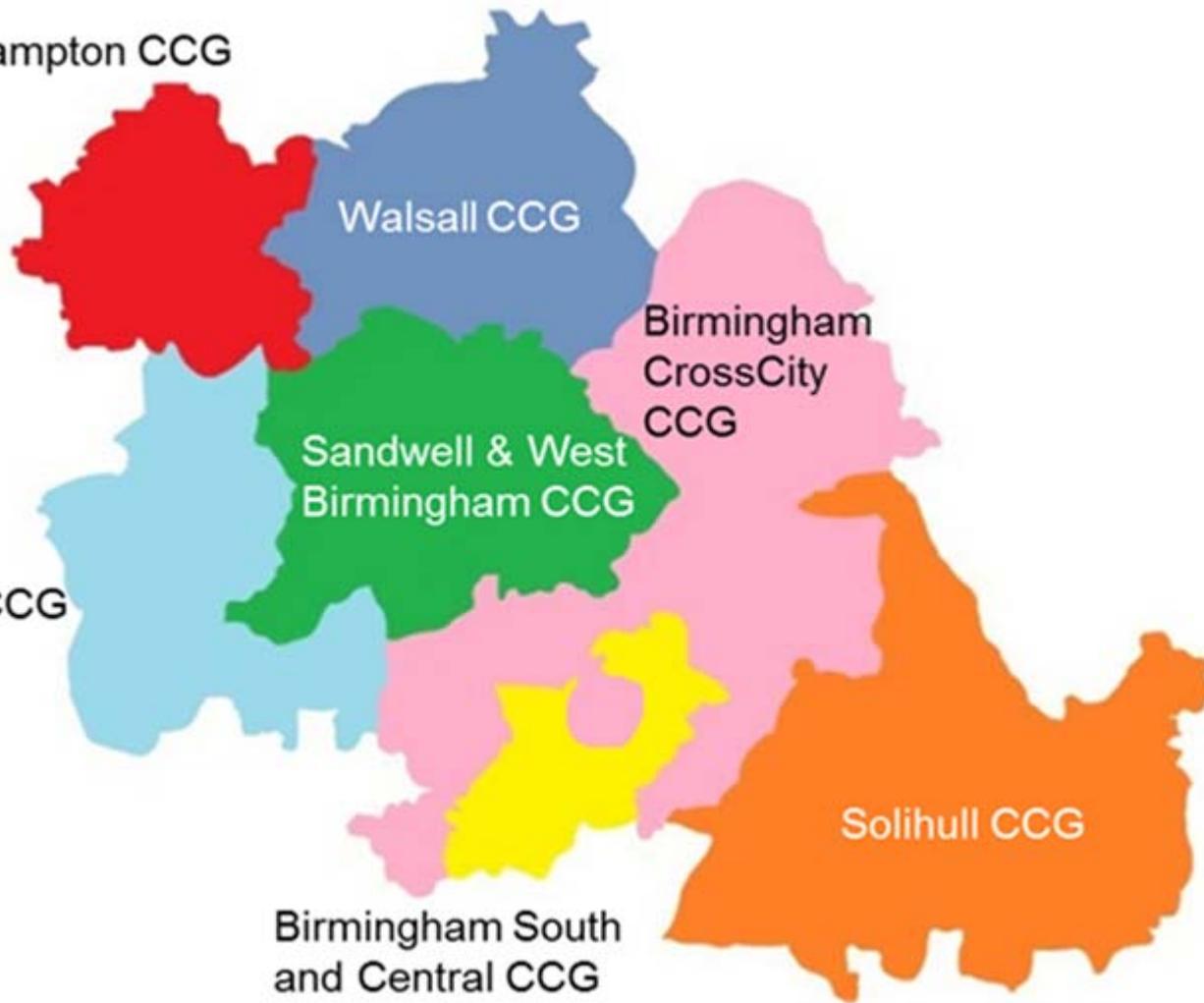


# The New Commissioning Landscape

- Clinical Commissioning Groups
- NHS England
- Local Authorities

*High quality care for all, now and future generations*

Wolverhampton CCG



Walsall CCG

Birmingham  
CrossCity  
CCG

Sandwell & West  
Birmingham CCG

Dudley CCG

Solihull CCG

Birmingham South  
and Central CCG

# Quality in Primary Care

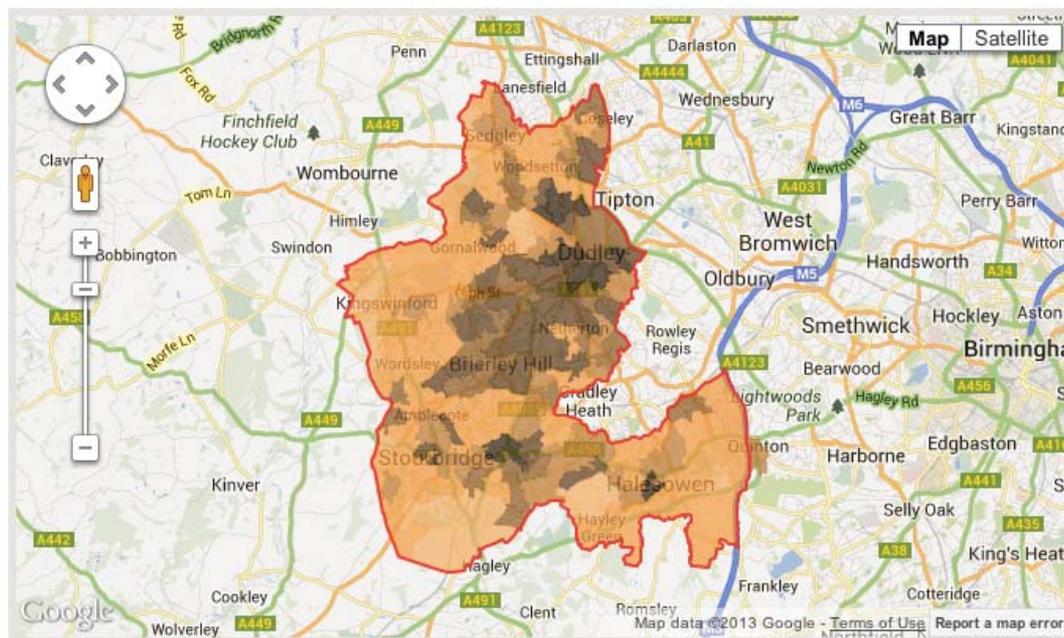
- Joint responsibility between Area Teams and CCGs
  - Management responsibility - Area Teams
  - CCGs - have a statutory duty to assist and support the NHSE in securing continuous improvement in the quality of primary medical services
- Underpinned by the NHS constitution and the NHS outcomes framework

## Aim of the Primary Care Strategic Framework

- Support and develop all four contractor groups\* in providing quality healthcare by;
  - Raising quality
  - Reducing unwarranted variation
  - Improving access to services
  - Reducing inequalities
  
- \*Medical, Pharmacy, Optometry and Dentistry

# Local context

- Dudley serves a population of 312,900
- It has an index of multiple deprivation (IMD) mean score of 26.33 (national average = 22.69)



## Local context (continued)

- Across the Area Team there are:
  - Number of GP practices 476
  - Number of pharmacy contracts 658
  - Number of dental contracts 389
  - Number of eye health contracts 569

## What we have done so far

- Agreed a project initiation document to take us on the journey of coproducing a primary care strategic framework.
- Undertaken a ‘call for action – general practice’
- Appointed LPN chairs for dental, eye health and pharmacy
- Engagement journey with key stakeholders:
  - Clinical commissioning groups
  - Healthwatch
  - Health and Wellbeing Boards
  - Health and Overview and Scrutiny Committees

## What we have found so far

- From the engagement work so far the key themes that have emerged are:
  - Access and patient experience
  - Unwarranted variation
  - Workforce
  - Workload
  - Premises

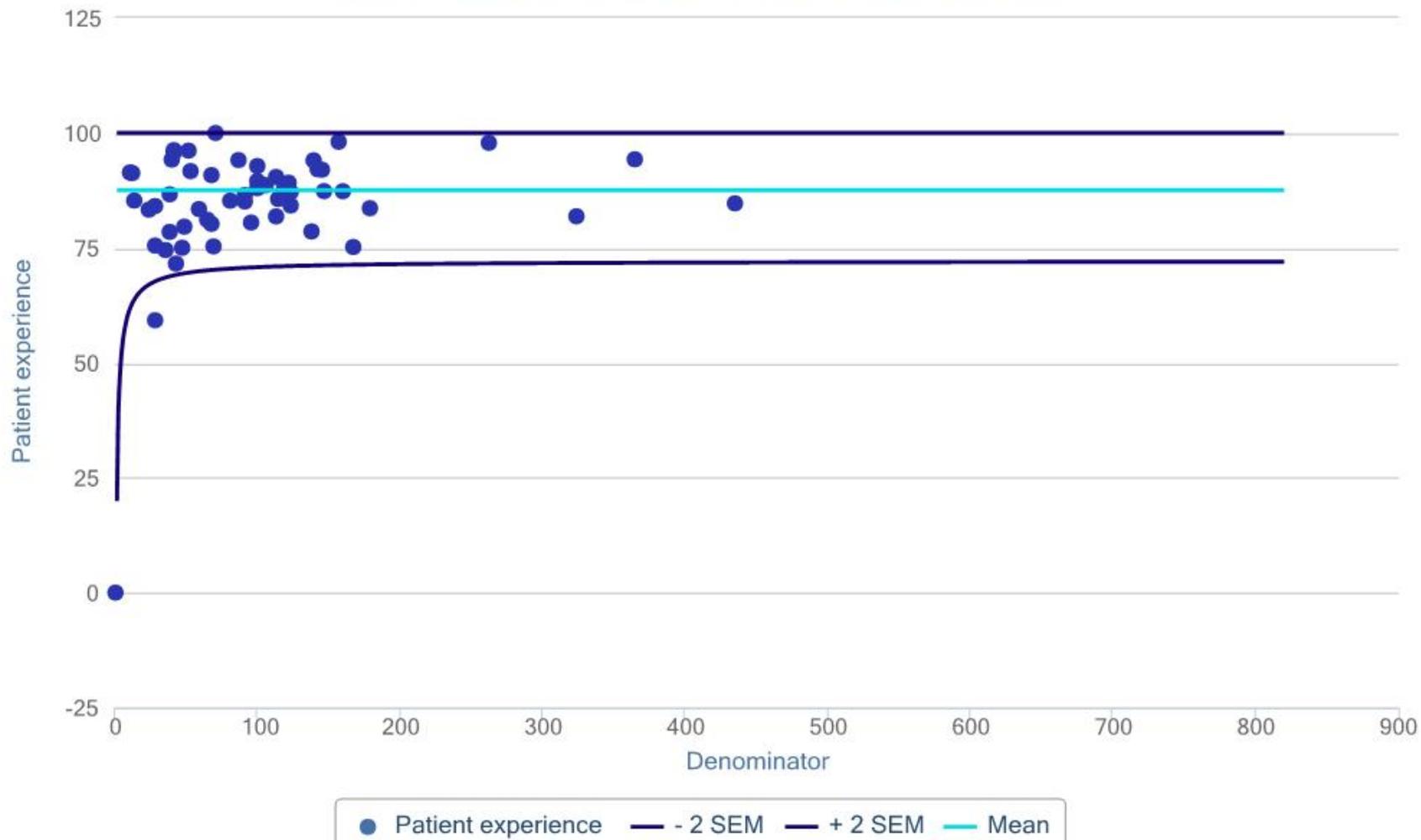
# Access and patient experience

- Within the Midlands and East region we have the lowest patient experience, with access being one of the areas of concern.

CCG	Getting through by phone		Making an appointment	
	CCG Mean	National Average	CCG Mean	National Average
<b>Dudley CCG</b>	0.82	0.82	0.79	0.8



### Data for NHS Dudley CCG for Patient experience



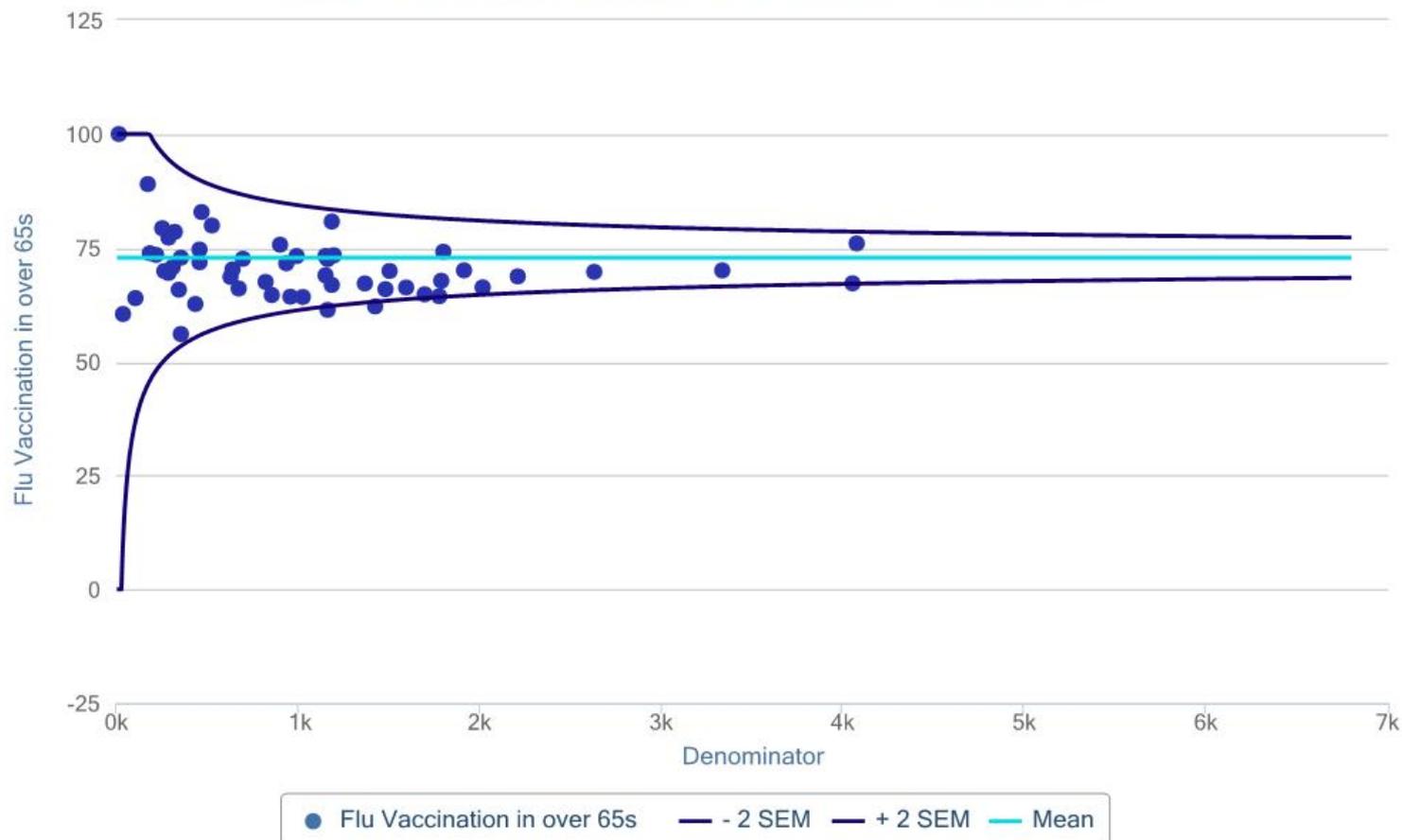
# Unwarranted variation

- Reducing unwarranted variation will support raising quality and reducing inequalities in healthcare
- Data sources show unwarranted variation in a number of areas, some examples are:
  - Flu uptake for at risk patients varies from 20% to 90%
  - Diabetes management (HBA1c) varies from 37% to 95%

# Flu vaccination for over 65s for all practices in Dudley



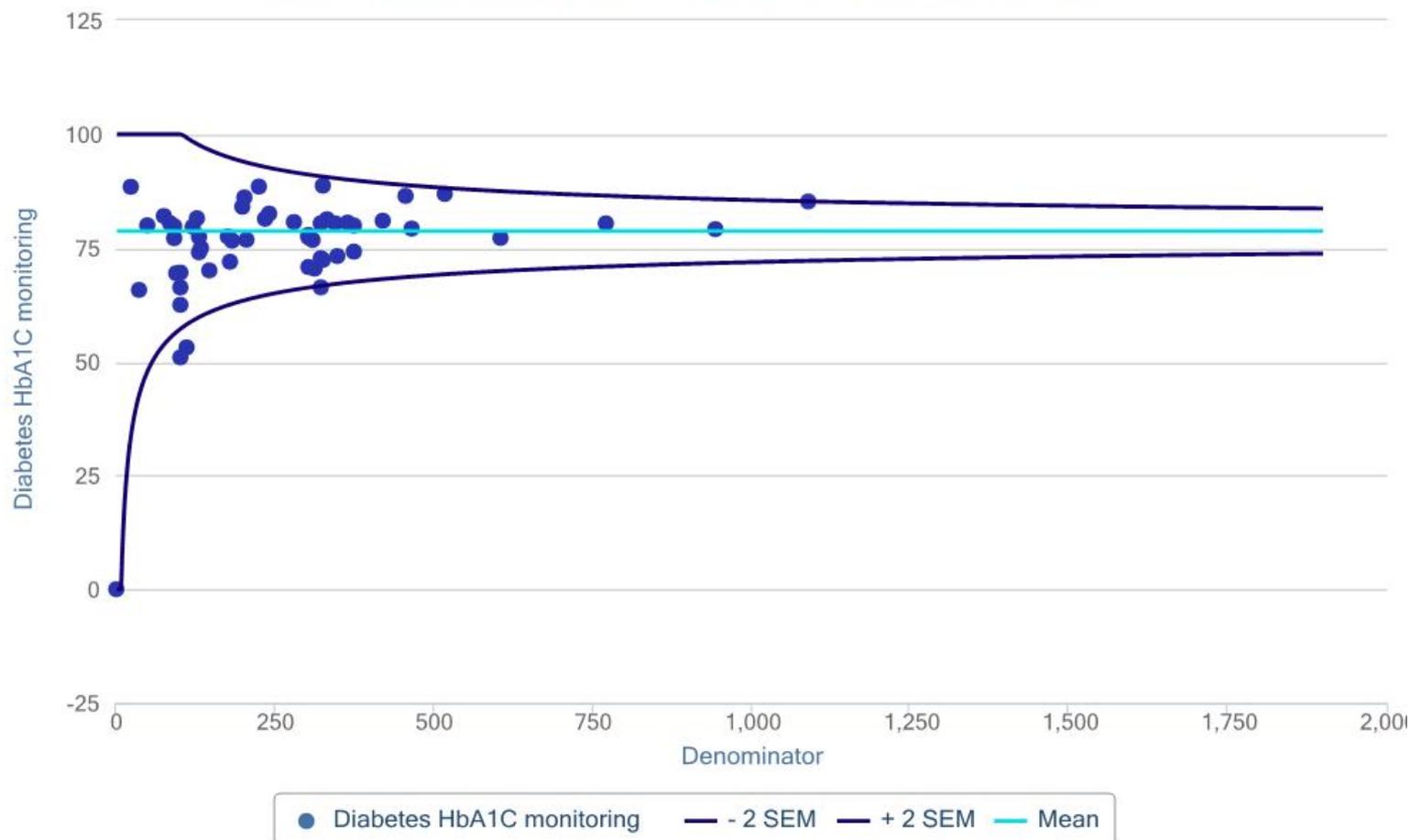
Data for NHS Dudley CCG for Flu Vaccination in over 65s



# Diabetes Management (HbA1c) across Dudley



Data for NHS Dudley CCG for Diabetes HbA1C monitoring



# Workforce

Based on the most recent HSCIC census data PCTs in the Birmingham, Solihull and the Black Country Local Area Team had:

- 1871 GP FTE (excluding GP Registrars and Retainers)
- 683 Practice Nurse FTE
- 1.6% of the GP workforce aged under 30, 28.5% aged over 55 and 18% aged over 60 years (range 10-30%)
- an GP FTE per head of weighted population that ranged from 0.47 (in Sandwell PCT) and 0.65 (Solihull PCT)
- a Practice Nurse per head of weighted population that ranged from 0.13 (in South Birmingham PCT) and 0.50 (Solihull PCT)
- 19.9% single handed practices, 43% practices 2 or less GPs

## GP and Practice Nurses per head of population (2011)

PCT Name	GPs FTE (excluding Registrars and Retainers)	Practice Nurse FTE	Weighted PCT populatio n	Weighted population divided by 1000	GPs per 1000 weighted population	Practice Nurse FTE per 1000 weighted population
Dudley PCT	174	63	312,083	312.08	0.56	0.20

## Age breakdown of GP FTE

PCT Name	All Practitioners (excluding Retainers & Registrars)	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +	Unkn own	% Under 30	% 55 and over
Dudley PCT	174	6	27	26	16	25	26	19	8	17	4	-	3.4	27.2

## Workload

- Every year GPs provide over 300 million consultations in England
- Consultation rates have almost doubled in the last decade from nearly three to six times per year with the elderly consulting between 12 and 14 times per year
- In the 12 months leading to September 2011 the number of consultations rose from 3.5%: GP numbers rose by 0.2% full time equivalent in the same period
- Patients over 65 years of age consult their GP on average more than twice as frequently as those aged 15-44 years of age
- One in 20 consultations result in a referral to secondary care

## Premises

- Large number of premises of poor quality
- Area Team director of finance currently leading a work stream on premises to assess current needs

# Managing performance

- Safety systems and measures
- Outcome measures, assurance and patient feedback
- Professional regulation and compliance through:
  - CQC
  - GMC
  - LMC
  - NMC
  - and other professional bodies

## Current performance issues

- Total number of current investigations = 131
  - 10 of these are being dealt with locally
  - 121 are being dealt with by professional bodies
  - Of the 121:
    - 93 relate to GPs
    - 21 relate to Dentists
    - 3 relate to Optometrists
    - 4 relate to Pharmacists
  - Since April 2013 422 complaints and concerns have been resolved and 156 are currently being dealt with.
  - Primary care assurance dashboard – 57 outliers, 39 below average practices

## Next steps

- Coproduction of Primary Care Strategic Framework by June 2014 – 6 areas of focus:
  - Objective 1 - To continuously improve quality of primary care services through contracting and regulating processes
  - Objective 2 - To improve patient experience, access and satisfaction
  - Objective 3 - To develop a sustainable workforce to enable the delivery of quality primary care
  - Objective 4 - To improve primary care outcomes and reduce health inequalities
  - Objective 5 - To improve the estate in which we provide primary care
  - Objective 6 - Work with key stakeholders to deliver system change and new models of primary care

## Next steps (continued)

- Start contractual compliance visits for **all** practices from April 2014
- Revalidation and appraisal of GPs to continue
- To complete engagement sessions with HWBBs and HOSCs
- To work together with CCGs and support them with primary care strategies and local plans

Thank you

Any questions?

