12 October 2016	ITEM: 13 Decision: 01104387

Cabinet

Improving Standards in Primary Care

Wards and communities affected: All	**Key Decision:** Key

Report of: Councillor James Halden, Cabinet Member for Education and Health

Accountable Head of Service: Emma Sanford, Strategic Lead – Healthcare and Social Care Public Health

Accountable Director: Ian Wake, Director of Public Health

This report is Public

Executive Summary

This report outlines one of the key policies of this Conservative Administration to show true council leadership to hold the primary care network to account and improve the system.

We will produce a scorecard based on local metrics to enable all partners to hold poor performance in primary care to account and act as a critical friend to drive improvements; simply we will have a data driven conversation about how well health services are treating patients and have expert input into how this must improve. This is where using the Health and Wellbeing board as a delivery arm of this aim is vital to build this critical friend relationship.

The council will also show leadership and work with Healthwatch Thurrock to grow patient participation groups, the GP equivalent of schools governors, who will help us hold poor providers to account and to critically raise the expectations of what the public should expect from primary care.

We often state that we want to see all schools rated as good or outstanding, but we rarely state the same ambitions for GP's. This is wrong and it now changes. We will never shrink from holding poor performance to account, publicly.

This is an exciting new phase of ambition for primary care in Thurrock as we show system leadership and work to all providers being "good".

1. Recommendation

1.1 That Cabinet approves the two initiatives proposed within the report.

2. Introduction and Background

2.1 This report sets out a range of innovate approaches to improve clinical standards in Primary Care.

2.2 Thurrock is served by 33 GP practices, commissioned by NHS England. NHS Thurrock Clinical Commissioning Group (CCG) also has a small Primary Care Development Team that work with GP practices as a ‘critical friend’ to improve clinical quality and strategically manage the Primary Care future provider landscape. This involves very close working with Thurrock Council, other NHS providers and the third sector to deliver programmes such as the new Integrated Healthy Living Centres.

2.3 Thurrock CCG inherited a local GP provider landscape from NHS South Essex PCT that is facing significant challenge. Thurrock has the fourth most ‘under-doctored’ CCG population in the country. In 2014/15 the average number of patients per FTE GP in England was 1321, whilst in Thurrock it was 2072. Levels of under-doctoring in Thurrock are not evenly distributed between different GP practice populations. All but four GP practices have levels of under-doctoring that are worse than the England average. The most under-doctored practice has a ratio of patients:FTE GP that is over five times the England average. Furthermore, analyses by Public Health identified a strong positive correlation between levels of under-doctoring at GP practice population level, and levels of deprivation. As such, practice populations with the highest levels of morbidity and mortality are likely to be the worst served in terms adequate numbers of GPs.

2.4 The Care Quality Commission CQC is an independent regulator of health and social care providers in England. Its responsibilities include regularly inspecting and rating services provided by GP practices. A new system of inspection and regulation was introduced in 2015 which provided an overall rating of *“Excellent”*, *“Good”*, *“Requires Improvement”* or *“Inadequate”* based on five domains relating to whether the practice is safe, effective, caring, responsive and well-led. To date 20 GP practices have been inspected by the CQC in Thurrock. Of these 10 received an overall CQC rating of *“Good”*, five of *“Requires Improvement”* and five of *“Inadequate”*. A full list of Thurrock GP Practices and their latest CQC rating is shown in Appendix A.

2.4.1 The CQC’s inspection regime of GP practices is based on nationally agreed metrics. However, given the variation in clinical quality between different GP practices at a local level, there is also merit in developing locally agreed metrics that are relevant to addressing the health issues faced by local communities.

2.5 Variation in Primary Care is a major public health and system’s sustainability issue in Thurrock. Inadequate GP practices will both have a significant impact negative impact on the health of the population they serve, and are likely to drive costs elsewhere in the health and social are system. As such, the council’s Public Health Team have been working very closely to support NHS

Thurrock CCG to help improve the situation. This paper describes two new proposed initiatives within a wider programme of work; strengthening Patient Participation Groups and a GP Long-Term Conditions Balanced Score Card.

2.6 Ensuring high quality GP services in Thurrock is absolutely essential in achieving high quality outcomes for patients locally, and ensuring our local health and social care system's financial sustainability. Over 70% of all NHS consultations between clinicians and patients occur in GP practices, and over 90% of the population will consult their GP at least once a year. GPs act a "gate keeper" to access of more expensive elements of treatment provided by hospitals and also play an enormous role in managing patients with Long Term Conditions, the spend on which now accounts for over three quarters on the entire NHS budget in England. There is clear evidence that delivery of high quality long term condition management within Primary Care results in fewer emergency hospital admissions and better health outcomes for patients. Approximately a third of clients entering the ASC system in Thurrock do so following an emergency hospital admission. As such, improving the clinical quality of long term condition management by GPs locally is also likely to reduce demand for Adult Social Care services.

3. Strengthening Patient Participation Groups

3.1 From April 2016 it has been a contractual requirement for all GP practices in England to form a Patient Participation Group (PPG) during the year and make reasonable efforts to it to be representative of the practice population. PPGs can play a key role in assisting GP practices to improve patient care including:

- Advising the practice on the patient perspective
- Providing a mechanism for patients to make positive suggestions about the practice and how it can improve
- Encouraging and organising health promotion activities within the practice and amongst the wider population it serves
- Communicating with the wider patient body
- Running volunteer services and support groups to support patients and the services of the practice
- Influencing the work of the practice or the wider NHS to improve commissioning
- Fundraising to improve services provided by the practice

3.2 PPGs in Thurrock are currently undeveloped, with some GP practices yet to set up an effective PPG, and others having a poor level of engagement from their practice populations.

3.3 Public Health proposes to work with NHS Thurrock CCG and Thurrock Healthwatch to deliver a new programme Patient Participation at GP practice level. Healthwatch will help support practices to set up a PPG where one currently doesn't exist, including engaging and recruiting patients, and will deliver a training programme including a free resource pack to those PPGs

that are already operating. The training programme will increase the understanding and confidence of PPG members on issues such as PPG roles and responsibilities. Members of the Thurrock Public Health Team will support the delivery of the training programme by providing GP Practice population specific profiles that identify the main health needs of the practice population. The accompanying resource pack has been developed by Thurrock Healthwatch based on a model of best practice from the National Patients' Association and includes:

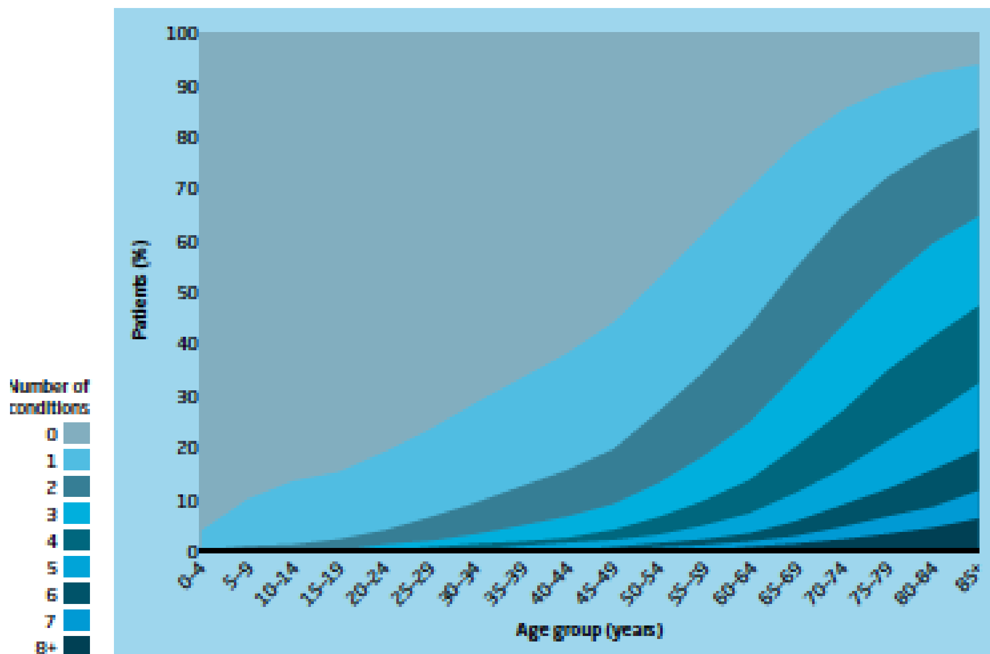
- Starting a patient group - guidance sheet
- Terms of reference template
- Patient group member role and responsibilities guidance
- Confidentiality policy and agreement for volunteers
- Meeting agenda template
- Patient group information leaflet
- Patient group template poster
- Development checklist

Whilst the setting is different, the skill set required to be an effective local school governor or a member of a successful PPG is very similar. As such we will also explore how officers of the council responsible for health and education can further work together to offer leadership and capacity in the training of both school governors and members of Patient Participation Groups.

4. GP Long-Term Conditions Balanced Scorecard

4.1 When the NHS was founded in 1948, 48% of the population died before the age of 65. By 2011, that figure had fallen to 14%[1] and continues to fall. In England, average life expectancy at aged 65 is now 21 years for women and 19 years for men. However as people age they are progressively more likely to live with complex co-morbidities, disability and frailty. 70% of health and social care spend is on people with long term conditions[2] and most people over 75 live with two or more long term conditions. (Figure 1).

Figure 1

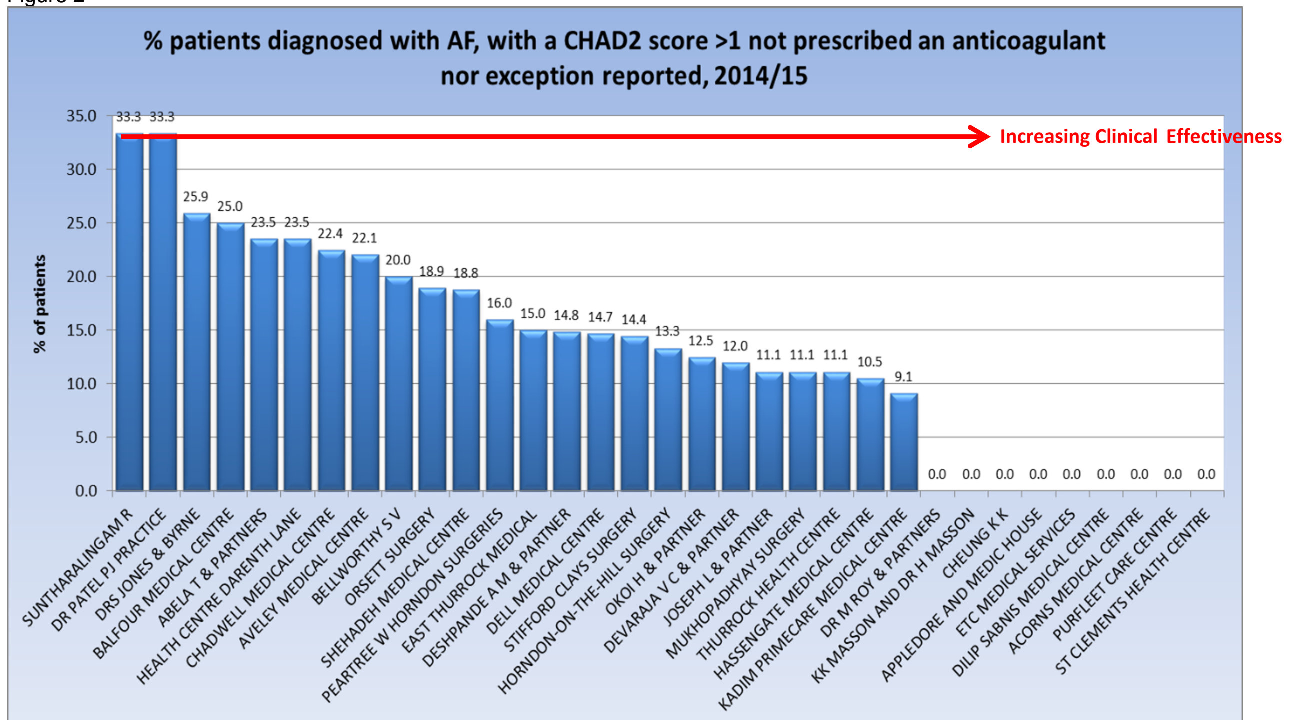


Source: Barnett *et al* 2012
Reprinted from *The Lancet*, vol 380, pp 37–43, © 2012, with permission from Elsevier.

4.2 A population living longer but not necessarily healthier lives creates some fundamental issues for the current system. Health and social care systems have failed to keep up with this dramatic shift. As such embedding effective tertiary prevention (clinical activity that aims to keep patients with long-term-conditions as well as possible) within Primary Care is absolutely essential in maintaining public health, reducing the growth in demand through emergency hospital admissions and Adult Social Care packages and ensuring that our local Health and Social Care remains financially and operationally sustainable.

4.3 There is currently an unacceptable variation in the quality and effectiveness of long term condition clinical management programmes delivered at GP practice level in Thurrock which is leading to unnecessary emergency hospital admissions and serious and preventable health events such as strokes and heart attacks in some of our patients. An example of this is set out in figure 2. National Institute of Clinical Excellence (NICE) guidance states that all patients diagnosed with Atrial Fibrillation (AF) with a CHAD2 score >1 (a standardised clinical assessment tool that identifies stroke risk) must be prescribed anticoagulant medication in order to reduce their stroke risk, unless a patient falls into a cohort where they have another clinical contraindication that makes this dangerous, and/or they actively refuse to engage/comply with the clinical intervention (known as exception reporting). Figure 2 shows the percentage of patients diagnosed with AF at GP practice level who have **not** been prescribed an anti-coagulant medication and are **not** exception reported. These patients are being unnecessarily put at a high risk of stroke through failure of the practice to identify and prescribe a simple and low cost pharmacological intervention.

Figure 2



4.4 Caution should be advised before drawing firm conclusions on the reasons that lie behind the variation demonstrated in figure 2, which is also found across a wide range of other tertiary prevention clinical indicators. Underlying factors could include variation between practices in terms of patient need/demand levels; clinical practice; practice staff skill-mix; levels of under-doctoring; and practice management/administrative skill/capacity. GP practices operate as independent private contractors and as such neither NHS England nor NHS Thurrock CCG or Thurrock Council has direct management control on GPs. However, highlighting variation in performance between practices directly to local clinicians, and assisting them to identify patients who need clinical interventions that reduce their risk of serious health events are two mechanisms that the Thurrock Director of Public Health has employed successfully at Basildon and Brentwood CCG in the past, to improve patient care. Over-stretched clinicians, juggling competing clinical demands from patients, who are often served by inadequate levels of systematic/proactive administrative support, are sometimes unaware of the identities of all patients that require clinical interventions to keep them well.

4.5 It is proposed that the Thurrock Healthcare Public Health Team will work with NHS Thurrock CCG's Primary Care Development Team and the CCG's Clinical Executive Group to create and agree a Long Term Conditions Management Balanced Score Card and individual tailored GP practice reports. Public Health informatics staff are currently analysing the latest Hospital Episode Statistics (HES) and Primary Care Quality Outcomes Framework (QOF) data sets to identify the clinical interventions undertaken within GP practices that have the biggest impact on unplanned hospital

admissions, and where there is the greatest variation between practices. The top eight interventions will be placed within the score card, showing each practice's performance, and shared with all practices on a quarterly basis. Public Health and the CCG's Primary Care Development Team will also construct "SystmOne" (the GP clinical database system used to hold patient records in all but two practices in Thurrock) queries, that can be run at GP practice level that will allow practice managers and clinicians to identify patients on Long Term Conditions registers that require clinical interventions to help keep them well. The scorecard will also include metrics that relate to the success of the development and operation of each GP practice's PPG.

4.6 When implemented in Basildon and Brentwood CCG, this approach facilitated sharing of best clinical practice between high and low performing practices, and an immediate and continued improvement in long term conditions management of patients across the entire CCG population. Examples of the scorecard and individual GP practice report successfully implemented are shown in Appendix B.

4.7 The Thurrock Joint Health and Wellbeing Board (H&WBB) will receive data presented in the LTC Management Score card on a quarterly basis in order to track progress on LTC management improvement amongst member practices. The H&WBB will act as the "delivery arm" of this programme, using this data to nurture peer support amongst GP practices whilst ensuring an effective partner challenge relationship amongst Board members.

4.8 It is expected that the Public Health analyses required to identify the indicators will be completed by the end of September 2016, and that engagement with clinicians and agreement of the final process will be complete by December 2016, with a go live date in January 2017.

4.9 The two initiatives set out in this paper are examples of how the Thurrock Public Health Team will dedicate practical resources to assist and support GP practices to better engage with and care for their patients. In addition to the Council's plans to deliver four Integrated Healthy Living Centres in partnership with NHS and third sector stakeholders, we will seek to use capital and planning functions more effectively to allow high performing GP practices to expand. Equally, in conjunction with NHS Thurrock CCG and Healthwatch Thurrock we will increase patients' knowledge and understanding of the results of CQC inspections in order to help patient practice populations interpret the content of CQC GP Practice reports and what this may mean for them. We will also continue work with NHS England, as the commissioners of GP practices to ensure that they swiftly address issues of unacceptable quality in Primary Care highlighted by the CQC.

5. Reasons for Recommendation

5.1 By approving these two new initiatives, Cabinet recognises and supports the approach of the Cabinet Portfolio Holder for Education and Health to drive up standards in Primary Care locally.

6. Consultation (including Overview and Scrutiny, if applicable)

6.1 Both programmes set out in this paper have been discussed and are supported by NHS Thurrock CCG and Healthwatch Thurrock. The LTC Management Scorecard is already a key objective under Goal E –*Healthier for Longer* in the Thurrock Joint Health and Wellbeing Strategy 2016-2021, which has already been widely consulted on and approved by both Thurrock Council and NHS Thurrock CCG's Board.

6.2 The projects contained within this report were also discussed at HOSC on 15 September 2016 and the approach widely supported. HOSC noted the caveats on use of data discussed in paragraph 4.4 in respect of use of the LTC Management Scorecard.

7. Impact on corporate policies, priorities, performance and community impact

7.1 These two initiatives support a wider programme of work to improve Primary Care in Thurrock as set out in the new Thurrock Joint Health and Wellbeing Strategy 2016-2021 and Public Health Service Transformation Plan 2016-17. They also support the work of the Council's Customer Service and Demand Management Board, and Transformation Plans and will contribute to financial sustainability of both Thurrock Council and the wider local Health and Social Care Economy.

7.2 The two initiatives will impact positively on local patients by ensuring their voice is strengthened at GP practice level, and that their care is improved.

8. Implications

8.1 Financial

Implications verified by: **Kay Goodacre**

Finance Manager, Corporate Finance

There are no direct additional financial costs arising from this report. All costs of the programme will be met from use of existing Public Health staffing resources. It is expected that the approach will deliver financial savings in terms of reduced health and social care demand. These are in the process of being modelled and will be set out in the Annual Report of the Director of Public Health 2016, that will be published in November 2016.

8.2 **Legal**

Implications verified by: **Chris Pickering**

Principal Solicitor, Employment & litigation

This report outlines increased data gathering and monitoring for reporting back to the Health and Wellbeing Board. The report does not set out any changes to service delivery and as such the report does not highlight any legal implications.

8.3 **Diversity and Equality**

Implications verified by: **Becky Price**

Community Development Officer, Community Development and Equalities Team

The initiatives outlined in this report will tackle the challenges of 'under-doctoring' and the under-development of Patient Participation Groups in Thurrock. They have been developed in conjunction with the NHS Thurrock CCG and Healthwatch Thurrock and form part of the Thurrock Joint Health and Wellbeing Strategy 2016-2021.

Through implementation, the proposals are expected to impact positively on local patients by ensuring their voice is strengthened at GP practice level, and that local Primary Care is improved overall.

8.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

- None

9. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

10. Appendices to the report

Appendix 1 – CQC Ratings for Thurrock GP Practices
Appendix 2 – Example of LTC Management Balanced Scorecard and Individual Practice Report implemented at BBCCG.

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REFERENCES

[1] Office for National Statistics 2011.

[2] Department of Health, *Improving quality of life for people with long-term conditions*. London: DH. 2013.

Appendix 1 – CQC Ratings for Thurrock GP Practices

GP PRACTICE	OVERALL CQC RATING
Dr Leighton, Aveley Medical Centre	Good
Dr Jones, Rigg-Milner Medical Centre	Good
Dr Mohile , Chadwell Medical Centre	Inadequate
Dr Roy, Southend Road, Stanford-le-Hope	Good
Dr Suntharalingam, Health Centre, Tilbury	Inadequate
Dr Abela, Chafford Hundred Medical Centre	Requires Improvement
Drs Davies & Jayakumar, Peartree Surgery South Ockendon	Report Awaited
Dr D'Mello, The Surgery, Rowley Road, Orsett	Good
Dr Tressider, Hassengate Medical Centre, Stanford-le-Hope	Good
Dr Bansal, Balfour Medical Centre, Chadwell St Mary	Report Awaited
Dr Deshpande, Neera Medical Centre, Stanford-le-Hope	Inadequate
Dr Headon, the Health Centre, Stifford Clays	Requires Improvement
Dr Bellworthy, Sancta Maria Centre, South Ockendon	Requires Improvement
Dr Pattara & Dr Raja, The Horndon Surgery,	Good
The Shehadeh Medical Centre, Tilbury	Inadequate
Dr Yadava, East Thurrock Road Medical Centre, Grays	Not Yet Inspected
Dr Joseph, The Surgery, Grays	Not Yet Inspected
Dr Abeyewardene, Dell Medical Centre, Grays	Good
Dr Kadim, Primecare Medical Centre, Grays	Not Yet Inspected
Dr Yasin, The Health Centre, South Ockendon	Good
Drs Masson, The Surgery, Grays	Good
Dr Cheung, Ash Tree Surgery, Corringham	Good
Dr Ramachandran, Medica House, Tilbury	Requires Improvement
Dr Okoi, Derry Court, South Ockendon	Report Awaited
Dr Gorai, East Tilbury Medical Centre,	Not Yet Inspected
Dr Devaraja, the Sorrells, Corringahm	Requires Improvement
Dr Otim, Dilip Sabnis Medical Centre, Chadwell St Mary	Not Yet Inspected
Dr Ajetunmobi, Acorns, Queensgate Centre, Grays	Not Yet Inspected
Dr Nimal Raj, Purfleet Care Centre	Not Yet Inspected
Dr Hannan, St Clements Health Centre, West Thurrock	Not Yet Inspected
Dr Jathesenaikabahu, Thurrock Health Centre	Good
Dr Patel, Sai Medical Centre	Inadequate

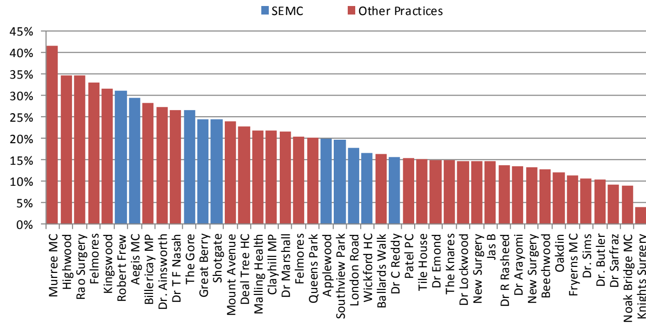
Appendix 2 – Example of LTC Management Balanced Scorecard and Individual Practice Report implemented at BBCCG.

Public Health Locality Prevention Report

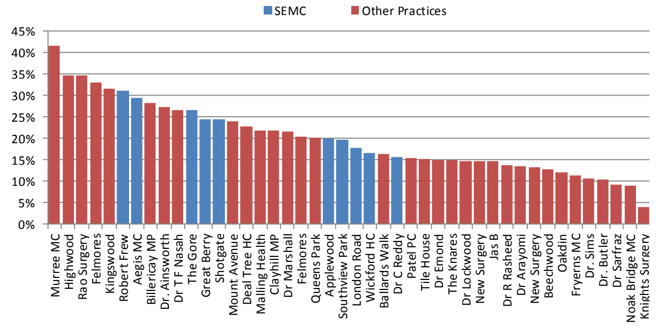
Please select locality to update graphs: SEMC

Hypertension

Hypertension Register with no BP recorded in last 9 months

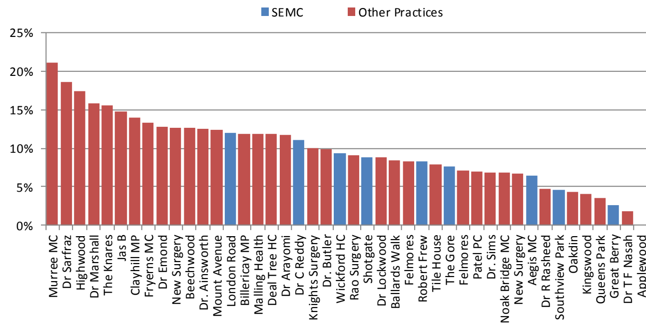


Hypertension Register without a controlled blood pressure of 150/90 or less in the last 12 months

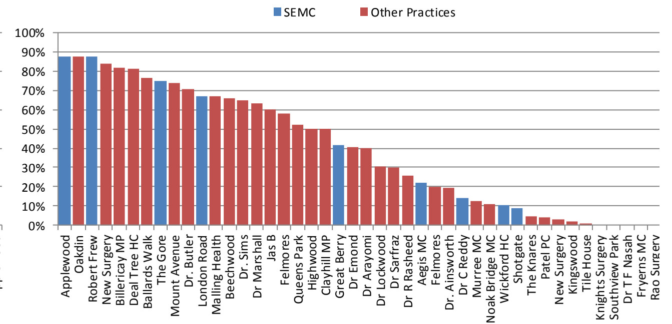


Atrial Fibrilation

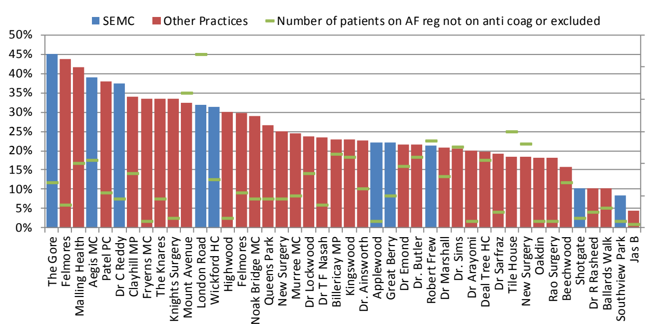
All patients on practice AF registers that have not had an CHAD2 score recorded



All patients on practice AF registers with a CHADS score less than 2 that is older than 12 months

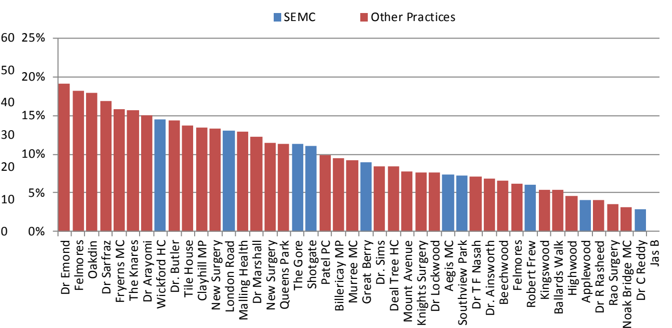


Patients on AF register (CHADS score 2 or more) not on anticoagulant or excluded



Coronary Heart Disease (CHD)

CHD Register without a controlled blood pressure of 150/90 or less in the last 12 months



GP Practice Based Prevention Report

Data Extracted 26 January 2015

F81666 Noak Bridge Medical Centre **Partnership and BIC**

The following metrics have all been demonstrated to relate to a GP practice population's risk of an unplanned care admission for circulatory disease

Disease Prevention Area	Metric	Current %	Absolute number of patients requiring review	CCG Rank (1 = best, 44 = worst)	Dec %	Direction
Hypertension	Patients on Hypertension Register without a BP recorded in the last nine months	9.07%	46	2	11.40%	⇧
	Patients on Hypertension Register without a BP >150/90 or less recorded in the last 12 months	9.47%	48	5	13.30%	⇧
Atrial Fibrillation	% of patients on the AF register without a record of a CHAD2 score	6.82%	3	11	8.25%	⇧
	% of patients on the AF register with a CHAD2 score >=2 not anticoagulated or excepted.	29.03%	9	29	37.10%	⇧
	% of patients on the AF register with a CHAD2 score <2 that is older than 12 months	11.11%	1	13	11.11%	⇔
Coronary Heart Disease	% of patients on the CHD register without a BP recorded that is <=150/90	3.19%	3	3	23.50%	⇧
Stroke/TIA	% Stroke/TIA register that do not have a recorded BP of 150/90 or less in the last 12 months	3.92%	2	4	4.70%	⇧
	% Stroke/TIA Register that do not have a recording of being on antiplatelet, anticoagulant or excluded	31.37%	16	9	3.73%	⇧
Health Checks	Health checks completed as a % of practice target. *number HCs still required to hit target.	55%	43*	16	45%	⇧

In order to identify your patients that require review please run the Public Health SystmOne reports that we have produced and published for you.

All PH Locality Reports are to be found under 'Clinical Reporting'.

- Open up the **'Essex'** folder in the clinical reporting tree
- Open up the **'Essex CC Vikki Ray'** folder within 'Essex'
- Select the suite of reports under **'PH Locality Reports'**

Each report that is numbered corresponds to the graphs presented in the PH Locality Report dashboard.

Any further questions please contact vikki.ray@essex.gov.uk