

Improving General Practice in Bolton - A New Bolton Quality Contract

1. Executive Summary

Investment in General Practice is needed to meet the Bolton Health & Wellbeing Strategy, the CCG Commissioning Plan and the Greater Manchester Strategy for Primary Care.

Bolton CCG have built upon learning from Liverpool, where a similar contract was put in place, and have developed standards for General Practice through engagement over 9 months.

The intention is to deliver a contract that supports the required investment in capacity in General Practice through providing a guaranteed income per patient and incentives for delivery of standards.

This exciting initiative is being supported by the Greater Manchester Area Team of NHS England, has been shared with all Greater Manchester CCGs as being at the forefront of meeting the needs of the GM Strategy for Primary Care and is receiving positive interest nationally from influential leaders in NHS England and the Department of Health.

The Bolton Quality contract will set a clear set of standards for General Practice in Bolton, which have been developed to:

- Set a step-change requirement in quality
- Increase capacity in General Practice to improve the service offered to Bolton people and set a good baseline for the development of more integrated models of care
- Support the delivery of the Greater Manchester Strategy for Primary Care
- Reflect the balanced aims of improved population health, better quality and patient experience of care and value for money
- Incorporate all local contracts with General Practice (except the most specialist)
- Provide a consistency of offer to Bolton people, no matter which Practice they are registered with
- Meet the commissioning priority of Bolton people for improved access to General Practice

Recognition of inequalities in Bolton and the different demands Practices are under due to the age and deprivation of their population is provided by the national weighted payment formula and the local setting of performance requirements against each standard based on peer groups with similar populations.

The intention is for this Quality Contract to pay for itself. There is potential to deliver 100% return on investment in year 1, with additional longer term benefits to population health that the focus on prevention and early intervention will bring.

Due to the wide range of standards incorporated, the Bolton Quality Contract will not just be co-commissioned between Bolton CCG and NHS England, but could include Bolton Council and Public Health England. This will require decision making to be delegated to the Primary Care co-commissioning committee.

The CCG Board received this paper in November and agreed to a Bolton Quality Contract for General Practice to be set as a commissioning intention for 2015/16 by the CCG and for this to be an ongoing recurrent level of funding to General Practice in return for delivery of clear standards. There is more work to do to design the contract form, the key performance indicators, the payment arrangements and the monitoring arrangements. It is proposed that this work is carried out with partners in a Primary Care Co-commissioning committee as set out in latest guidance from NHS England.

2. The NHS England case for change in General Practice

2.1. NHS England (NHSE) in its 'A call to action: the NHS belongs to the people' notes that the NHS has to change if it is to survive another 65 years. It acknowledges there is too much unwarranted variation exacerbating health inequalities and we need to raise performance and ensure we deliver safe high quality care. It also says that we must place a far greater emphasis on keeping people healthy and well in order to lead longer, more illness free lives: preventing rather than treating illness.

There are opportunities to improve the quality of services patients receive whilst also improving efficiency, lowering costs and providing more care outside of hospitals. These include focussing on prevention and appropriate treatment of disease whilst matching services to patient's needs acknowledging we have an ageing population and needs are likely to grow and increasing expectations. However NHSE states that bold ideas are needed and doing nothing isn't an option – in order to meet future needs the NHS needs to change.

2.2. NHSE, through recent engagement with general practice, clinical commissioning groups (CCGs) and other partners, recognises that general practice and wider primary care services face increasingly unsustainable pressures and that general practice wants and needs to transform the way it provides services to reflect these growing challenges. These include:

- an ageing population, growing co-morbidities and increasing patient expectations, resulting in large increase in consultations, especially for older patients, e.g. 95% growth in consultation rate for people aged 85-89 in ten years up to 2008/09. The number of people with multiple long term conditions set to grow from 1.9 to 2.9 million from 2008 to 2018;
- increasing pressure on NHS financial resources, which will intensify further from 2015/16. This has led to a reduction in the proportion of the total NHS budget which is received by General Practice (from 10.4% to 8.4%);
- growing dissatisfaction with access to services. The most recent GP Patient Survey shows further reductions in satisfaction with access, both

for in-hours and out-of-hours services. 76% of patients rate overall experience of making an appointment as good;

- persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas;
- growing reports of workforce pressures including recruitment and retention problems.

2.3 NHSE is clear that there is opportunity to enable general practice to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better health outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.

3. What the public have told us

Throughout the engagement the CCG carried out on its commissioning plan in 2013, the most commonly supported areas by Bolton people were that more people should be supported to remain independent in their own homes and people wanted improved access to their GP. These have become a key priorities of the CCG as a result.

The CCG carried out more detailed work to understand some of the key issues relating to General Practice and access. A full day event was held with over 120 people in attendance and focus groups were carried out. The key findings from these were:

- Most people expect to be seen the same day if they have an urgent issue
- There are differences in whether people can book appointments ahead or have to ring on the day for appointments
- Continuity of care (seeing the same person) was strongly supported as important for serious or ongoing problems. This was seen as less important for minor issues.
- Having the opportunity to request a GP of the same gender was important for certain circumstances
- 55% supported seeing a nurse rather than a GP for less complex urgent needs, 45% said it depended on the situation and only 2% said they always want to see a GP
- 86% supported GPs having time for longer appointments for those people with greatest need
- most felt that all GPs should offer more routine services e.g. blood tests

The national GP survey highlights key aspects of patient experience of General Practice and will be used as a key indicator of Practice performance.

4. Why is quality in general practice at risk?

National GP organisations report multiple risks to General Practice:

- Not enough GPs being trained
- Many GPs near to retirement

- Working days getting more pressured/stressful (surveys indicating 11 hour days not uncommon)
- Proportion of NHS Budget for GP reducing (from 10.4% in 2009 to 8.4% in 2013)

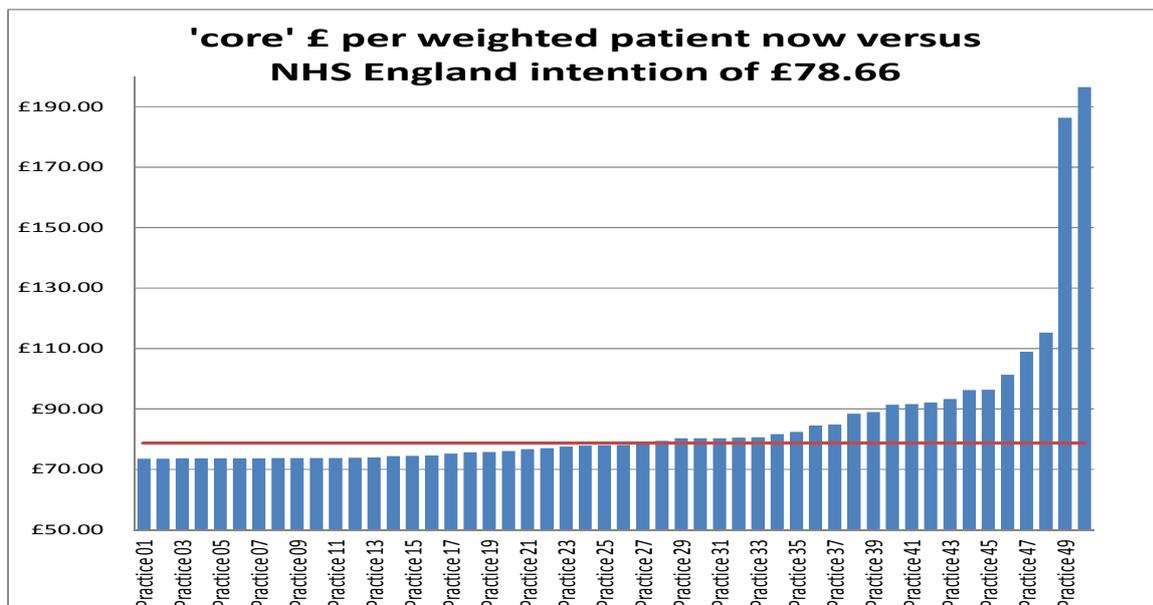
Demand and costs are increasing in the NHS due to the ageing population, new treatments and drugs, inflation, etc. Costs in acute hospital care have been rising by 4% each year. If we do nothing, with the NHS budget remaining flat, this will take more resource from primary, community and mental health care unless the CCG can reverse this.

The risks Bolton CCG member Practices have highlighted this creates are:

- Reading increasing volumes of mail
- Reviewing increasing volumes of results
- No time for proper medication reviews
- Decision making fatigue
- Taking the quickest option
- Over investigation
- Over referring, not following best practice
- Not giving time to proactive care – ‘tomorrows work’

5. The General Practice contract – current arrangements

5.1 There are currently 50 practices in Bolton, that are commissioned through different contracting routes (through NHS England) – GMS, PMS and APMS. Due to the way the contracts are set, each practice receives a differential sum per weighted patient to deliver the ‘core’ services.



5.2 NHS England are planning to review and bring all the contract payments in line (£78.66) over the next 5 years. From the graph above it is noted that some practices will lose significant income over this time whilst others will level up to the payment. This, alongside contractual changes already made,

is causing uncertainty amongst Practices of future income and what will be expected for this income.

- 5.3 In addition to this core contract, practices can also opt to deliver QOF (the Quality & Outcomes Framework) and enhanced services (both local and national) which pay for delivery of additional services and quality.

There is differential uptake and performance against these additional contractual options, leading to lack of consistency of offer and variation in quality of General Practice across Bolton.

6 The Proposed Bolton Quality Contract

- 6.1 With the advent of new commissioning structures and the increasing pressure on health service resources, it is clear that Bolton needs to have a General Practice service which is fit for purpose for the future.

- 6.2 The proposal for the Bolton Quality Contract is to invest in the capacity needed to deliver a consistently higher standard of General Practice across Bolton.

- 6.3 The proposal uses learning from the success of Liverpool CCG, where the Primary Care Trust developed a similar contract which proved the invest to save approach and delivered greater capacity and consistency in General Practice.

- 6.4 Practices will be expected to offer the full range of additional services contracted for in the Bolton Quality contract. Any practice declining will only be allowed to offer core services and DES (compulsory enhanced schemes offered nationally)

- 6.5 Practices will be expected to submit clear action plans detailing how they will meet the requirements of the new contract. These action plans will need to meet criteria set by the Primary Care Co Commissioning committee in order to be agreed and for funding to commence.

6.6 Financial arrangements

- 6.6.1 Current Local Enhanced Schemes that all Practices are capable of delivering will be brought into the new contract, alongside investment from the CCG to level up the total payment to each Practice to a minimum of £95 per weighted patient.

- 6.6.2 The investment required by the CCG of over £3 million will be in return for the delivery of a new set of standards for primary care.

- 6.6.3 The effect of the investment and standard payment per head of weighted population (using the national Carr-Hill formula) will be that most Practices receive increased funding. 7 Practices will receive no increase in funding.

6.6.4 The contractual and payment arrangements will be defined by the Primary Care Co-commissioning committee, but principles used will be:

- All Practices will be expected to sign up to the new contract
- Practices will be expected to aim for and plan to meet all standards. There will be services that are required to be delivered by all Practices taking part in the contract.
- The Key performance indicators set will deliver a true improvement in quality and reduce variation by seeking most improvement from the poorest performers
- There will be a known baseline contract payment to each Practice on agreement of a Practice plan which meets criteria. This will provide a guaranteed funding level to support the risk to Practices of appointing staff to create the capacity needed to meet the standards
- An incentive system will be developed to provide the opportunity for reaching the full funding available for meeting stretch targets

6.7 The Quality Standards

6.7.1 The standards use the Triple Aim to ensure a balanced focus on population health, value for money and quality & experience of care. They will focus on improving access, quality of services, improving efficiency, lowering costs and keeping people out of hospital; whilst at the same time focussing on prevention and appropriate treatment of existing disease.

6.7.2 There are currently 19 draft standards:

- Access: more responsive
- Best Care - Diabetes, Heart Failure, COPD, Asthma, High risk reviews
- Cancer Referral
- Carers
- Emergency Planning
- End of Life Care
- Exception Reporting
- Health Improvement
- Health Protection
- Membership Engagement
- Mental Health
- Patient Experience
- Patient Safety
- Phlebotomy
- Prescribing: improving safety and reducing medicines waste
- Referrals: using pathways to ensure appropriate referral
- Screening
- Sexual Health
- Transfer of Care

It is important to note that some of these standards are focused on improving care and experience of patients, some create the requirement

for all practices to deliver local enhanced schemes currently offered by many practices, and some are focused on how the practice is run.

- 6.7.3 These standards have been developed through consultation with Greater Manchester Area Team of NHS England, CCG member Practices and CCG Board. Bolton Health & Wellbeing Board members, Healthwatch and CVS have been engaged with on the draft standards and have made comments.

6.8 Performance Monitoring

- 6.8.1 The draft standards have been subjected to high levels of technical scrutiny in order to develop key performance indicators (KPIs).
- 6.8.2 KPIs will be set to encourage all Practices to improve, with the most improvement set for those Practices performing the poorest on each indicator. Peer clustering of Practices with similar populations will be used in order to ensure that the deprivation, ethnic origin and age of each Practice's population is taken into account in setting the KPIs
- 6.8.3 Arrangements will be set up to monitor individual practice performance against their KPIs

7 Expected Outcomes

- 7.1 The Bolton Quality Contract has been designed to deliver a step-change improvement in standards over the core GMS/PMS contract. The core aims are to give Bolton people access to consistent GP services which are delivered to an agreed level of quality, and ensure that patients are treated outside of hospital whenever appropriate. This will contribute to the CCG Commissioning Plan and Bolton Health & Wellbeing Strategy.

7.2 Expected outcomes will be:

- 7.2.1 Improved access to General Practice
- All Practices open for all core hours Monday to Friday
 - More responsive access through investment in capacity in General Practice
- 7.2.2 Improved health outcomes for the population
- Early identification through screening, health checks, etc
 - Provide optimum care for those already living with long term conditions
 - Referrals made at the right time, using evidence based pathways
- 7.2.3 Reduced health inequalities
- Focus on supporting carers and people with mental health needs
 - Equitable Practice funding, with performance indicators which reflect population demographics

7.2.4 Consistent High Quality Care

- Standards set for all Bolton Practices
- By combining all current Local Enhanced Schemes with new standards into one contract, Practices will be expected to take part and deliver on all areas, removing the option of 'cherry-picking' which quality standards are met

7.2.5 Support CCG QIPP Challenge

- Reduce demand on secondary care services
- Reduce waste in prescribing

7.3 Summary of Benefits to Bolton People

- Get to see a GP when they need to (current target for 5.5% increase in appointments/contacts, an increase of over 61,000 contacts per year)
- Better experience when using General Practice
- Better health through getting the best care, early
- Improved support for healthcare needs, close to home
- Reduce wasted journeys from unnecessary hospital appointments

7.4 Summary of Benefits to Practices

- Investment to increase staffing capacity to meet demand and deliver the standards of responsive access and quality expected of the contract
- A guarantee of practice income, for the medium term, at a time when this income is under threat from contract negotiations and reviews by NHS England

8 Summary Costings

These costings are based on work done to date to set performance indicators and targets for practices:

Total Cost (difference between core contracts and £95 per weighted patient)	£	4,744,856
Anticipated transfer of CCG LES Budget	-£	1,358,000
Total Public health LES budget	-£	270,000
Net additional investment required	£	3,116,856
Potential savings (year 1) if Practices meet targets	£	3,788,895

The savings are calculated based on expected impact on prescribing spend, procedures of limited clinical value and emergency attendances and admissions from Practices following best practice guidance and improving either by 10%, to their peer group average or by 1% depending on current performance.

Total Expected Spend on General Practice contracts by NHS England in Bolton is reported to be £33 million. This does not include the costs of General Practice IT.

9 Statement from NHS England in support of this Headline Case

The Greater Manchester Area Team for NHS England has welcomed the opportunity to work with colleagues in NHS Bolton in support of the development of the “Bolton Quality Contract”. This initiative by NHS Bolton CCG in consideration of addressing variation across primary medical care provision to the locality through the proposed “Bolton Quality Contract” is directly in accordance with the Primary Care Strategy for NHS Greater Manchester.

Furthermore, the national review of PMS contracts and the local requirement to re-provide services delivered within APMS contracts presents the opportunity to work to achieve equity across contracts for the delivery of primary medical services. The Bolton initiative provides an excellent vehicle to undertake aspects of this within the local community in a transparent manner, directly addressing quality improvement.

10 Risks

10.1 Key risks identified:

Risk	Impact	Mitigation & comments
NHS England contract reviews in future shift resources out of Bolton	HIGH	10.1.1.1 Confirmation sought from NHSE that Bolton General Practice budget will be ring-fenced and overseen by co-commissioning committee
Public Health LESs not included	MED	10.1.1.2 CCG will have to decide whether to make up the resource to £95 per weighted head of population or not. 10.1.1.3 Loses potential additional buy-in that bringing public health requirements into one contract brings
Practices do not sign up to the new contract	LOW	10.1.1.4 Regular Practice engagement being maintained 10.1.1.5 Good history of Practice engagement with CCG work programmes
Practices sign up to the standards but do not deliver	MED	10.1.1.6 History in Bolton of practices meeting standards set for them 10.1.1.7 Joint process to review

		plans and monitor
The workforce is not available to recruit to deliver the capacity required	HIGH	10.1.1.8 Practices will be asked to work on innovative ideas for roles and attracting staff 10.1.1.9 CCG to take a role influencing the workforce needs of the future through University and Health Education England
The resources do not shift from secondary care as planned in order to secure the on-going funding	HIGH	10.1.1.10 2015/16 will be the first year where the income to acute providers is expected to reduce 10.1.1.11 Contract arrangements to support the CCG Strategy will need to be delivered
The Carr Hill formula for calculating practice weighted list size alters nationally	HIGH	10.1.1.12 This would impact the contract payment to each practice. 10.1.1.13 It is expected that this would happen with a notice period in order to give practices time to adjust

The risks of not taking this initiative forward are exemplified in section 4.

11 Primary Care – Track record of delivery

- 11.1 NHS Bolton General Practices have a proven track record of delivery in Bolton with engagement in care pathway design and delivery of improvement with the support of comparative data and peer review events.
- 11.2 The primary care development and health improvement team, led by Dr Stephen Liversedge, Clinical Director, develops a programme of work each year. The programme includes projects around urgent care, demand management, health improvement and prescribing. There has always been engagement with this programme from all 50 practices.
- 11.3 Working with primary care to deliver at-scale proactive health intervention dates back to 2008, with the launch of the BIG Bolton Health Check achieving 82% of eligible patients having a health check.

Following the success of this project, all practices have been involved in similar initiatives focused on population health and early diagnosis with achievements including:

- Identification of an 392 additional patients with Atrial Fibrillation following a comprehensive pulse checking campaign
- Development of ‘at risk of diabetes’ registers and reduction of risk of diabetes
- In the top achievement nationally on the dementia register (>70%)

12 Conclusions

The NHS England Director of Commissioning (Greater Manchester) was in attendance at the CCG Board meeting to support the Board discussion of this case for improving General Practice in Bolton and shared his support for the approach being taken in Bolton to locally implement the GM Strategy for Primary Care.

The CCG Board agreed the delivery of a Bolton Quality Contract for General Practice to be set as a commissioning intention for 2015/16 by the CCG and for this to be an ongoing recurrent level of funding to General Practice in return for delivery of clear standards.

The CCG Board noted the risks highlighted in Section 8 which need to be mitigated further before the investment can be made.

Due to CCG conflicts of interest and the joint nature of the commissioning process required for this Bolton Quality contract, the CCG Board agreed to delegate to the Primary Care co-commissioning committee the tasks below and to make a case to the CCG Board to approve the inclusion of the investment needed in the financial plan for 2015/16.

Role of the Primary Care Co-commissioning Committee:

- Agree the current contracts to be incorporated into the Bolton Quality contract
- Oversee the agreement of the following:
 - fair standards and KPIs
 - the contractual form of the contract
 - the payment arrangements and mechanisms
 - the requirements of practices to achieve payment and criteria for payment (as part of this, the practice plan agreement process)
 - the arrangements for performance management and monitoring
- Produce a clear case for investment that mitigates the risks to the CCG

13 Recommendations

Comments on the early proposals outlined in this paper and the next steps are sought from members of Health & Wellbeing Board.