

Primary Care Commissioning Committee

26 July 2017

Details	Part 1	<input checked="" type="checkbox"/>	Part 2		Agenda Item No.	10
Title of Paper:	GP Federation Contract Meeting Highlight Report					
Board Member:	Margaret O'Dwyer, Director of Commissioning & Business Delivery / Deputy Chief Officer					
Author:	Amy Lepiorz, Deputy Director of Primary Care / QIPP Lead					
Presenter:	Amy Lepiorz, Deputy Director of Primary Care / QIPP Lead					
Please indicate:	For Decision	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>

Executive Summary

Summary	The attached report is a summary of the GP Federation Contract meeting held on the 19 June 2017.					
Risk	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input checked="" type="checkbox"/>
Recommendations	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> Note the highlight report. 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	<input type="checkbox"/>
To deliver service re-design in priority areas through innovation	<input type="checkbox"/>
To develop primary care to become excellent and high performing commissioners	<input checked="" type="checkbox"/>
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	<input type="checkbox"/>
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	<input type="checkbox"/>
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	<input type="checkbox"/>
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	<input type="checkbox"/>
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements

GP Federation Contract Meeting Highlight Report

1. Extended Working Hours (EWS) and Vulnerable Patient Service (VPS) – Latest Activity Data

May data shows EWH is delivering 77% of the 80% target. Of the 1260 GP appointments commissioned, 1187 were delivered.

Ongoing issue in terms of finding GP cover for the 1.5 hours sessions during the week. Rock has liaised with BARDOC regarding merging EWH and OOH shifts.

It was suggested an analysis be undertaken to give an idea of the skill mix needed for the 1.5 hours. A number of options are being explored and will be looked into with Rock Healthcare including building up of comms around engagement with Practices. This issue will be added to the July sector meeting agendas.

GM guidance is due out by the end of this month, this will provide the number of days of delivery to work around. Amy Lepiorz agreed to look at the Guidance 'must do's once received.

Vision Anywhere continues to be slow, a new software update should help speed the system up. On occasions GPs had to revert to 360. Suggestion made to speak to Dr Hampson in terms of bidding for IT funding via the Transformation Fund. A clear understanding of the issue is needed and how this can be managed, so that it can be raised via the IM&T workstream. Paul Juson is liaising with Mike Culshaw to pull an action plan together.

Blood collections due to commence on the 26 June 2017. Times have been established and submitted as: Moorgate – 5 pm / Radcliffe – 4 pm / Fairfax 2.45pm. Results are reported via 'docman'. EWH does not have a centralised account for this. Martin Clayton reported that an issue has been raised around some GPs not wanting to take responsibility of a test result they have not instigated. A meeting is scheduled to discuss this issue.

VPS

Uptake not as good as expected; 50 non Care Home referrals made since March into the service. Feedback received is good.

The option of working with the Discharge Team at the hospital has been discussed at 2 sector meetings. It is intended to discuss this at the remaining 2 sectors before this option is taken any further. A proposal will be produced once all sector meetings have been attended.

Feedback from Care Homes is positive. There has only been the odd occasion where the GP has been called to the Care Home to see a patient. The Care Homes are being more proactive and using the service more as a safety net rather than phoning for an ambulance.

BARDOC has been asked to do a full analysis in terms of types of patients for VPS/Care Homes.

Data around Care Home A&E attendances at weekends will be collated, so that queries can be raised as to why the decision to take a patient to A&E was made.

2. Bealeys Contract Performance

As reported at previous meetings the GP time spent at Bealeys was more than contracted. As a result a visit to Bealeys has been undertaken by the GP Federation to see if the process can be made slicker.

Some of the processes at Bealeys need to be reviewed; i.e. an example used was discharge notes for the GP to sign not being signed and the GP having to be called back. All notes at Bealeys are handwritten which adds time to visits. Rock has got Vision 360 working at Bealeys but it still takes time to type up the handwritten notes.

Rock Healthcare has enquired what the plans are to continue with the contract once the pilot has ended. An options plan is being pulled together for sign off in August. The CCG are looking to continue with the contract, but the case will need to be presented internally and discussion as to whether there will need to be a procurement exercise given that it is a pilot.

3. Practice Pharmacists Update

There are 12 clinical pharmacists equating to 9.18 wte; 5 of these have passed their non-medical prescribing, however it will be September by the time they are fully fledged; 3 more are currently undertaking the training. 1 pharmacist has left and another is leaving in 2 weeks.

Five new pilots have been agreed in GM which is posing a risk for Bury. These are senior roles that newly qualified non-medical prescribers are applying for.

There have been GM discussions around phase1 and lessons learned. The issue of posts being advertised at 8A was raised and the response for GM was that the implications had not been thought through.

AL commented that there is no career pathway for a lot of pharmacists, Bury needs to look at a career structure and how talent is managed to retain pharmacists. Possible option for consideration to enable a career structure to band 8A; reduce the number of Pharmacists to enable a career path to get to a band 8A if the budget allows for this. Pharmacists would be rewarded when competent.

Consideration needs to be given when the contract comes to an end whether some practices would want to employ the pharmacists. A meeting is scheduled to discuss KPIs round the contract.

Martin Clayton referred to national training pilots and a programme for the next phase. This will fit in with the workforce strategy.

Amy Lepiorz

Deputy Director of Primary Care / QIPP Lead