Welcome!

Public and patient voice workshop
26 September 2012
Why we’re here

• To explain the role of the NHS Commissioning Board in commissioning primary care services
• To seek your views on how we manage the performance of GP and dental practices in future
• To consider how the NHS Commissioning Board can best work with local partners in commissioning excellent primary care
What we’ll cover today

- Introduction to NHS Commissioning Board – who they are and what they do
- How primary care commissioning will work in the new system
- Where can we get information about performance and patients’ experience of primary care?
- Approach to managing GP practices and dental practices
- Data and intelligence that will be used to do this
  - via sharing information and proposals, and giving you opportunity to scrutinise them and give your views
- Finish by 4pm
Helen Parkin and Sam Illingworth

PRIMARY CARE COMMISSIONING
What do we mean by primary care?

- Self care
- Primary healthcare (GP services, dental, pharmacy, optical services)
- Secondary healthcare
- Specialised or tertiary services
Importance of primary care

- Providing care and services at the heart of the community

- General practice:
  - Entry into the health system
  - Coordination of care
  - ‘Gatekeeper’ and signpost to other NHS services
  - Often provide care to patients for most of their life
Importance of primary care

- GPs and nurses in general practice see over 800,000 people a day
- Dentists and dental teams see around 250,000 people a day
- 1.2 million people visit a community pharmacy every day
- About 12 million NHS sight tests are provided each year
How do we plan, buy and monitor primary care services?

- We need to ensure the right primary healthcare services are available to meet the needs of the population
  - within available budgets, meeting quality standards
  - building on best practice to improve people’s experience and health
  - working with patients, their families, carers and the community locally
- From April 2013, primary care commissioned by NHS Commissioning Board
- We need to ensure that primary care providers are delivering good services for their patients
How will primary care commissioning work in the new system?

- Central support
  - Regional team (North)
  - Regional team (Midlands/East)
  - Regional team (London)
  - Regional team (South)
  - Local area teams
  - Local area teams
  - Local area teams
  - Local area teams
How will primary care commissioning work in the new system?

- Develop national vision of what we want to achieve (informed by insight into patient experience, future wants and needs)
- Negotiate national contracts and develop standard processes
- Overview of primary care (balance consistency and localisation)
How will primary care commissioning work in the new system?

- Manage local relationships
- Use data and information to hold primary care providers (e.g., GPs) to account
- Use a consistent and fair approach to managing services (e.g., poorly performing individuals)
- Use standard processes (not develop them)
Potential local points of influence for patients in the new system

- Health and Well-Being Boards
- Clinical Commissioning Groups
- Commissioning Board local area teams
- Local authority scrutiny committees
- Local professional networks
- Care Quality Commission local teams

Improving primary care
QUESTIONS SO FAR?
HOW DO WE ENSURE THAT WE GET WHAT WE PAY FOR?
Context

• Healthcare providers are paid to deliver services against an agreed contract

• Contract management includes monitoring, taking action if service not delivered properly

• Currently over 50 ways of doing performance management

• As a single national organisation, the Commissioning Board will need to have a consistent way of managing performance of the same things
Single national performance framework

- New and consistent performance approach across all primary care areas
- Single performance frameworks, providing comparable data and intelligence about every practice (and some at clinician level)
- For the first time, enables national and local comparison about performance and quality on the same basis
- Allows the Commissioning Board (and clinical commissioning groups) to have a consistent approach to how they have conversations with practices about how well they are doing
- Still allow local judgement where necessary
What are the ‘triggers’ for investigating performance?

- Performance Framework Data
- Random checks
- Further investigation of performance
- e.g. PPG
- Local intelligence
- e.g. CQC
- e.g. Healthwatch
- e.g. clinical commissioning group

‘Risk-based approach’
How do we find out about performance?

Sources of intelligence about performance

Care Quality Commission

NHS

choices

www.nhs.uk

Clinical Commissioning Groups

Patient Participation Group

healthwatch
GENERAL PRACTICE PERFORMANCE FRAMEWORK
What happens now?

Quality of GP services

1. General Medical Council professional standards
2. 151 PCTs Individual performance and contract compliance (some support to improve)
What will happen in the future?

Quality of GP services

- General Medical Council
  - professional standards

- 200+ clinical commissioning groups
  - statutory duty to improve quality of primary care

- Care Quality Commission
  - essential standards for regulation

- 27 local area teams
  - contract compliance
Different sources of information and levers to improve services

- **GMC**
  - registers individual GPs to practise professionally

- **CCGs**
  - local intelligence and relationships
  - peer review and support

- **CQC**
  - regulatory compliance
  - registers practices to operate

- **Local area teams**
  - high level indicators
  - contract variations & sanctions

**Quality of GP services**
Getting it right in the new system

• Essential things to do
  • Share information, insight and intelligence
  • Build strong relationships
  • Develop a shared approach based on trust; giving opportunity and support to improve

• Risks in the new system
  • This is brand new; untried and untested
  • Loss of corporate memory
  • Possibility of fragmentation; gaps and cracks between organisations
  • Clinical commissioning groups all starting from a different position
Examples of high level indicators

- Cardio Vascular Disease
- Diabetes
- COPD – Chronic Respiratory Disease

Prescribing data
Hospital data
GP data
Patient experience
DENTAL PERFORMANCE FRAMEWORK
Dental performance framework

FOUR DOMAINS

DELIVERY

PATIENT SAFETY

CLINICAL QUALITY

PATIENT EXPERIENCE

orthodontics
How do we know how dentists are doing?

• Patients satisfied with the time they had to wait for an appointment
• Satisfied with the dentistry they have received
• Activity levels (how many check-ups done etc) against contract agreement
• Diagnosis and treatment planning
• Prevention
• Re-attendance and re-treatment
• Infection control
• Emergency procedures
• Practice management
DISCUSSION TIME
To consider in your groups

- Do you understand the approach? – your chance to clarify
- Does the list of sources of local information make sense?
- Do you think this approach will work – will it give you confidence that GP and dental practices performance is being well managed?
- What may not work?
- How could PPGs or local Healthwatch feed into this performance management process?
- Any specific comments on GP or dental?