Newsletter
Professional advice for General Practice
December 2016—issue 30
North Staffordshire LOCAL MEDICAL COMMITTEE

In this issue:

General practice: Save the NHS on £1.80 per patient

Staffordshire's STP has finally been published. The last to be published of 44 STPs. It is a quite a document, 88 pages of packed text in byzantine boxes and management diagrams. There are some euphemistic terms such as "left shift", which I think is code for "GP to do". You need to read the **STP document** to believe the weight of work that is coming the way of general practice.

The headline issues were summarised on publication on the North Staffordshire LMC twitter feed: **@NStaffsLMC** and here they are below:

There has been a year one temporary cut in 68 community beds to be followed by a further 99 beds cut. This is predicted to mean 40 complex patients per week to be discharged to the community. Who in the community is to look after these patients? Whilst GP remain the home-visitors of last resort between 0800-1830 I suspect that whatever is promised, it will fall on GP shoulders.

In the planned care reconfiguration, the key assumption is that primary and community care will deliver capacity to accommodate activity. Even if hospital staff come to help us, the buildings and the community staff are full already. What a sweeping assumption.
There is a planned 10% increase in cancer care by year two. T he plans show no increase in cost because it will be delivered by general practice. The new 2 week wait forms increasingly read as "once you have diagnosed cancer please refer" because of the increased amount of increasingly specialised investigations GP are meant to access before referral. Increased investigation in general practice will also generate abnormal results that need to be dealt with by general practice. Stratified cancer follow-up looks like low risk cases are to be discharged to GP to follow-up. This is called "Left shift". A&E attendance is planned to drop 30% and non-elective admissions to drop 23%. Again the key assumption that primary and community care will deliver capacity.

There is to be consultation on the three local A&Es moving to two A&Es and one urgent care centre. I assume this means Stafford A&E is at risk. Even if North Staffordshire patients do not use Stafford A&E, the fact that Stafford patients will be using Royal Stoke A&E should be carefully considered.

There is a Minor Injuries Units "rescope" to result in 75% of their work to come to the community; which by and large means GP. There is talk about MIU staff being redeployed in the A&E to cope with the 25% work going there.

The STP is tasked to save roughly £0.25 billion in healthcare and there is a similar amount to save in social care. To save this money there is a request for £120m transformation funding. The STP is vague on how this is to be achieved, for example, the largest category of savings, at £104m, "CIP", is very light on detail. CIP means "cost improvement programme". The aim is for the hospital to do the same on 2% less money each and every year. The GP experience of this locally is awful, each year we are being passed this work the hospital used to do. They can still see the same OPD appointments or same operations because the GP is doing half the job.

With all this extra work, primary care is to be given £9.9m investment. To put this in to perspective, this is £1.80 per patient per year, but it being back-loaded with £0 in year one and most in year five. £1.80 per patient per year is worth £13,428 per year to an average practice, will this help soak up the work generated by over £0.5b health and social care cuts? Of course it is slightly more complicated than this.

Rather than each practice getting investment directly, it will go to 23 MCPs, so roughly £86,100 per year is to be invested if population sizes of MCP were equal (they are not they are 30-70,00 patients). What investment will GP get supervising the MCP doing a lot of new work?

Of note is the breakdown of £120m non-recurrent STP investment. Investing in the hubs is listed to be £2m per year. Does that mean that only £1.9m will become recurrent monies in the funding of MCP?

Am I concerning you yet? This is only by page 53! Please do read it, consider it. and feedback vocally. If you can please join twitter and follow the North Staffs LMC feed. Speak to your MP, put the STP on the agenda at your practice meetings and talk about it to patients.

An Introduction to Care Navigation

The introduction of care navigation (or active signposting as we have referred to it previously) is seen as a key action in the GP Forward View to release capacity in our Practices. You are all seeing an increasing demand on your Practice resources and care navigators, who are your existing frontline staff, are able to navigate/signpost patients to the wider health and wellbeing team either internally or to external services. This means that your valuable resources are accessed appropriately at the time an appointment is requested. If a patient does not need to see a Doctor they can be signposted to the most appropriate healthcare professional.

We are working with David Cowan from Here, formerly known as West Wakefield Health & Wellbeing, who have developed their care navigation approach over the last 2 years with excellent results. A number of Practice Managers, CCG staff, GP Federation, voluntary sector staff and specialists from dentistry, opticians and pharmacists attended 2 consultancy workshops to find out more about how we should implement care navigation across our two CCG's.

There was a lot of interest and enthusiasm within the room on both days and we are working on developing a plan on how to take this forward including:

- Raising staff awareness
- Agree and approve criteria for signposting to services
- Developing a care navigation template (Data Quality Facilitators)
- Developing a Directory of Services suitable for GP use
- Setting up some task and finish groups
- Arrange some stakeholder events
- Co-ordinating training for Practice staff
- Working with the voluntary sector
- Patient awareness campaign

As you can see there is a lot of work to be done before we can launch care navigation. The benefits to a Practice using care navigation are:

- More appointments available each day (cuts out the 'avoidable' ones)
- Improved patient satisfaction
- Improved patient experience
- Improved job satisfaction (for everyone)

This is not a triage system and does not require staff to make clinical decisions. However, it does support staff to empower and increase patient choice.

For those of you who are going to implement care navigation we would strongly recommend that someone from your Practice attends the Fundamentals of Quality Improvement event which will provide you with some change management tools and techniques to support this process (see below for more details).

When Practices were asked earlier this year if they were interested in introducing active signposting (as we referred to it then) 44 Practices put their names forward so about half of you are already thinking about the need to make changes in the way you work within your Practices. We will be offering opportunities to all Practices to participate in various events/training over the next 3 months so everyone can still be included and be part of this exciting new process.

If you have not already registered your Practice as being interested in care navigation and you want to do so now, please e-mail Anne Sherratt practiceliaison@northstaffslmc.co.uk

Quality Improvement Events

As part of the Releasing Capacity in General Practice work there will be 2 events in January 2017 to help you develop your quality improvement expertise.

The Fundamentals of Quality Improvement event runs over 2 full non-consecutive days, **both of which must be attended**, on Thursday January 12th and Tuesday January 24th, 2017.

Select both of the links below to book a place.

Fundamentals of Quality Improvement—Day 1, Thursday 12th January 2017
Fundamentals of Quality Improvement—Day 2, Tuesday 24th January 2017

These events will provide you with proven tools and techniques to review your systems and processes and provide you with the skills to implement any necessary changes.

The 'What is Quality Improvement?' event is a 3 hour introductory session to the subject and will be held on Thursday, 2nd February, 2017. Select the below link to book a place.

What is Quality Improvement: Thursday 2nd February 2017

Both events are open to all members of your staff, clinical and non-clinical, who will be involved in taking quality improvement forward in your Practice.

NHS SBS

Following the below notification sent earlier in the year regarding repatriation of missing items from NHS SBS, GPC has been liaising with NHS England to ensure the process is as simple as possible, support is provided to practices where required, and financial compensation is provided. The GPC has now reached agreement, the details of which are set out below:

The GPC has made it clear that whilst practices may, following assessment of the correspondence, need to communicate with individual patients, GPs can in no way be made liable for the failure and delays in the service provided by NHS SBS. However GPs do have professional and legal duties to assist with the response to this incident.

The process

- All items have been triaged by GPs contracted nationally by NHS England and those identified as carrying a potential risk of ongoing harm have already been returned to practices over the summer, where they were reviewed.
- The rest of the items are now being sent to the patient's current practice, for filing in their medical record on completion of a review process.
- The vast majority of these items will be DNAs, TR forms or other items with little clinical information – therefore much of the documentation will not have resulted in harm, but all of the correspondence needs to be assessed to ensure that the interests of patients are protected and potential harm is either identified or ruled out.
- Documentation should arrive in practices between 15 and 19 December (by TNT using a secure tracked process). The correspondence will be clearly identified, in a white plastic wallet which has NHS England's address on.
- Included in each bag is a letter which explains the process the practice should follow upon receipt of the correspondence.
- If it becomes evident that the patient's record is no longer at the practice, please contact NHS England using the contact details in the letter and they will arrange for TNT to collect the item and deliver to the new practice.

The support

- Where the practice identifies items of high priority, they should complete the general response form and return it to NHS England as soon as possible.
- NHS England will support practices with the completion of a clinical review where harm is suggested and will provide template correspondence to use in communicating with patients who may have suffered harm.
- Where there is correspondence with a patient, the template letter provided by NHSE states expressly that the delay in receipt of the relevant item of correspondence was not the fault of the GP.
- NHS England local and regional teams are aware of this process and can be contacted if there are any issues
- NHS England has also provided a dedicated phone line and email address on which practices can contact them with queries (telephone: 0800 028 9723, email: england.pcsadmin@nhs.net).

The payment

In order to support GP practices affected by this incident, GPC England has worked with NHS England to agree appropriate payment. Practices will receive payments related to the number of items received as follows:

No. of documents* received	Payment
<20	Fixed payment of £50
20-50	Fixed payment of £100
>50	£50 for each batch of up to 10 items

* A document is defined as a single complete instance of correspondence, consisting of one or more pages. A document is likely to include a communication such as a letter or notification. Any attachments or enclosures to that communication are regarded as part of the same document.

- These payments are intended to provide recompense for the time required to review the correspondence in the context of the medical records, communicate with patients about the incident where necessary and report items of high priority to NHS England.
- To remove any administrative burden on practices, they will be not required to submit a claim. Payments will be made through the automated process in January/ February.
- This process is outside of the normal PCSE process and is being directed and overseen by NHS England therefore we have been provided with assurances that there should be no problems with the payment process.
- NHS England will write to all affected practices with details of their payment and timescales in early January 2017.

List Management

We would like to highlight the **BMA's guidance on list management.** This provides practices with guidance on list management such as information on formal list closure and informal temporary suspension of patient registration. We are aware that NHS England have sent out guidance on temporary suspension of patient registration to commissioners, some of the information in this guidance contradicts the BMA's guidance and we would like to assure practices that we believe our guidance is within the regulations.

Chaand Nagpaul's Newsletter

The latest **newsletter** focuses on the latest results from the GPC survey, particularly in relation to workload pressures.

Sessional GP e-newsletter

Click here for the latest e-newsletter.

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