



# Scartho Medical Centre

## PPG Workshop

8<sup>th</sup> February 2018, 13.00 – 16.00hrs  
Millfields' Hotel



# Introductions & Welcome

# Current Challenges

*Dr Tony Salisbury*



- **Workload**
  - GP burnout
  - Life/work balance
- **Workforce**
  - Retention of clinical and non-clinical staff
  - Vacancies
  - Skill-mix
- **Patient Expectations**
- **Changes to Funding & Working “at scale”**
- **Fragmented commissioning and reporting**

# Primary Care Contracting

*Julie Wilson – NELCCG*



# General Practice Contractual Framework

8<sup>th</sup> February 2018

Julie Wilson, Assistant Director,  
NELCCG

Based on presentation originally given to  
NELCCG PPG Chairs Group by:

Geoff Day, Head of Co-Commissioning

Erica Ellerington, Assistant Contracts  
Manager

23<sup>rd</sup> October 2017



There are 3 contract types:

GMS                      General medical Services

PMS                      Personal medical Services

APMS                    Alternative Provider Medical Services

The main constituent parts of both PMS and GMS practice funding are:-

- Capitation payment (£85.35)
- Enhanced Services
- Quality and Outcomes Framework (QOF) (£171.20)
- Premises reimbursements
- Seniority payments (although being phased out currently)
- Information management and technology (Choice of System)
- Dispensing (for some)/ Personally administered drugs fee (all)
- PCO administered funds - covers long term locum costs, maternity leave (GPs), Sickness

## Capitation Payments

- Calculated based on the number of patients registered at the practice (weighted)
- Carr Hill Formula takes into account age and gender, patients in nursing and residential homes, needs (morbidity and mortality), list turnover, unavoidable costs (staff market forces and rurality) and converts a raw list size into a weighted list size.
- Global Sum = weighted List \* £85.35 in (17/18)



What does the Global Sum buy?

Essential and Additional services to be provided between 8am and 6.30pm Monday to Friday excluding all bank holidays.

## Essential services:

The services described in this paragraph are services required for the management of its registered patients and temporary residents who are, or believe themselves to be

—

- (a) ill, with conditions from which recovery is generally expected;
- (b) terminally ill; or
- (c) suffering from chronic disease,

delivered in the manner determined by the practice in discussion with the patient.

(4) For the purposes of paragraph (3)—

“disease” means a disease included in the list of three-character categories contained in the tenth revision of the International Statistical Classification of Diseases and Related Health Problems; and

## Essential services (continued)

“management” includes—

- (a) offering consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and
  - (b) the making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient's treatment and care.
- (5) The services described in this paragraph are the provision of appropriate ongoing treatment and care to all registered patients and temporary residents taking account of their specific needs including—
- (a) the provision of advice in connection with the patient's health, including relevant health promotion advice; and
  - (b) the referral of the patient for other services under the Act”

How much “essential services” does it buy?

Contractually a GP must provide -

the essential services within core hours, “*as are appropriate to meet the reasonable needs*” of its patients; and

b) to have in place arrangements for its patients to access such services throughout the core hours in case of emergency.

There is no definition of reasonable.

How long is a GMS / PMS contract?

- They are contracts for life and can be handed on to qualifying individuals / organisations – they have no end date

Who decides how many practice staff to employ?

- The GPs' decide on the staffing levels they believe they need to meet the reasonable needs of patients

# Questions?



# Federations/Accountable Care Partnership

*Debbie Wood*



<https://www.england.nhs.uk/publication/gp-participation-in-a-multispecialty-community-provider-mcp-videos/>

# Federations/Accountable Care Partnership

*Debbie Wood*



## GP Federations... why introduce?

- Changes to funding structures and future commissioning arrangements;
- GP Five Year Forward View:
  - Promote equitable services for population
  - Pool expertise and knowledge, less silo working
  - Support sustainable General Practice services



# Federations/Accountable Care Partnership

*Debbie Wood*



## GP Federations... what does this mean for SMC?

- Services outside of core will only be commissioned on a 30 – 50k footprint
- 3 Federations in NEL
  - Freshney/Pelham
  - Panacea Collaborative
  - **Meridian Health Group**

# Federations/Accountable Care Partnership

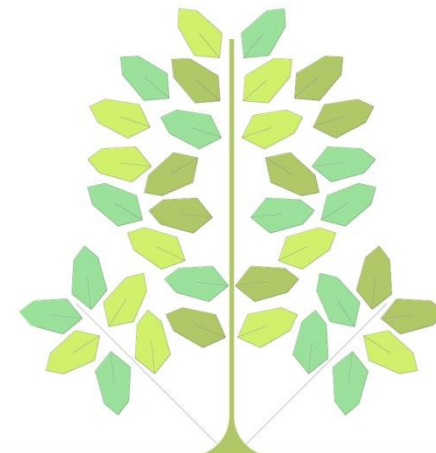
*Debbie Wood*



## Meridian Health Group: Who are we?

**Roxton, Weelsby View Health Centre, Scartho, Care Plus Group & Greenlands**

<b>Practice</b>	<b>List Size</b>
Medi-Access	2488
Drs Chalmers & Meier	4471
Dr Babu	2856
Roxton @ Weelsby	3891
Roxton	20414
Scartho Medical Centre	12936
OpenDoor	1268
Quayside	2598
Greenlands Surgery	2514
<b>ALL PRACTICES</b>	<b>53436</b>



**MERIDIAN**  
HEALTH GROUP

# Federations/Accountable Care Partnership

*Debbie Wood*



## Meridian Health Group: Aims and Objectives

- Ensure we maintain delivery of high quality, cost effective and patient centred services
- Equitable services available to patients across Meridian Health Group
- Support sustainability due to reductions in funding
- Share knowledge, expertise and skills across Meridian Health Group

# Federations/Accountable Care Partnership

*Debbie Wood*



## Meridian Health Group: Service Delivery

- Might not be delivered solely from SMC
- Patients and staff may have to travel
- Cross cover arrangements – services delivered to non-SMC patients
- Over longer working hours to support 7 day Primary Care Services, both urgent and routine

# Federations/Accountable Care Partnership

*Debbie Wood*



## Meridian Health Group: Services being worked up

- Extended Access
- Primary Chronic & Complex Care Service

# Federations/Accountable Care Partnership



## North East Lincolnshire Accountable Care Partnership (NELACP)

- Key health and social care providers within N E Lincolnshire believe that the local community interest is served better if providers work together for the community's benefit and are not constrained by organisational barriers
- NEL Accountable Care Partnership have been cooperating together since May 2016 to try and bring a different model to the design and delivery of services
- Members:
  - Care Plus Group
  - Navigo
  - FOCUS
  - Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
  - St. Andrews Hospice
  - Core Care Lincs
  - GP Federations

# Federations/Accountable Care Partnership



## Ambition

- Locality Accountable care delivered by a single collaborative partnership
- Transformation of the local care system
- Integration to deliver improved outcomes for our local population within a restricted resource
- Redesign of referral, diagnostic and treatment pathways and delivery models to maximise the role of out of hospital provision with secondary care clinicians working out with the hospital to support successful delivery
- Realignment of resources to ensure that people receive responsive, consistent and high quality care
- New models of care in line with Five Year Forward View/ Next Steps

# Federations/Accountable Care Partnership



## Where are we now...?

- Current discussion to develop an alliance contract to respond to the national Integrated Urgent Care Spec:
  - *New national service specification for the provision of an integrated 24/7 urgent care access, clinical advice and treatment service, which incorporates NHS 111 call-handling and former GP out-of-hours services*
  - *Move from an 'assess and refer' to a 'consult and complete' model of service delivery*
  - *111 call triage 24/7 – non clinical filter at scale*
  - *Transfer to clinical advice & treatment for patients and professionals (inc ambulance & residential & nursing care homes) - GP led 24/7 supported by other professionals as needed – social care, MH, Pharmacist, Dental etc.*
  - *Urgent treatment centre – operates as the front door of the hospital, triaging all non life threatening presentations (inc. ambulance transfers) – Not part of the IUC spec, but still a requirement by 2019*
  - *May not be 24/7 based on demand, but will need to ensure immediate access to assessment and where necessary treatment. Not acceptable to default to a higher level of care*
- Ongoing discussions re. system challenges and solutions



PPG Carers Strategy

Recommendations

*Christine Wallis*



*...a Carer Friendly Practice*

# PPG Carers Strategy Recommendations

*Christine Wallis*



*“A carer is someone of any age who looks after a child, relative, partner or friend in need of help because they have an illness, disability, frailty, or a substance misuse problem. The care they provide may be personal, emotional or supervisory and is unpaid”*

**(North East Lincolnshire Clinical Commissioning Group)**

# PPG Carers Strategy Recommendations

*Christine Wallis*



It is important that patients are given the opportunity to think about the definition of a Carer in relation to their own personal situation. Very few people are ever asked if they would like to be a carer for a friend, neighbour, husband, wife, mother, father, or child.

Those who care take on the role not recognising that they have become a carer. They see themselves as merely looking after a loved one or a friend. This results in many choosing not to be recognised as carers.

Our aim is for carers to be able to identify with the definition of a Carer and go on to obtain support for themselves in terms of their own health and general well being.

# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### 1. Screen Information-to enable carers to self-identify

**“Do you look after someone?...this is for you”**

Do you provide unpaid necessary care by looking after a family member, friend, child or partner who is ill, frail, disabled or has a substance misuse problem who could not otherwise manage without your support.

The care you provide can be practical, personal, emotional or supervisory. You may need to help with bathing, toileting, grocery shopping, paying bills, doctor’s appointments or just be there on the other end of the phone for reassurance”

(Taken from the Carers Support Service leaflet “Do you look after someone who couldn’t manage without you?”)

# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### **2. Carers Register, Staff responsibilities in identifying, supporting and promoting carers**

Care Act: Medical Practices have a Duty of Care to Carers and are required to maintain a Carers Register.

After identifying that a patient is a Carer, GP's/Reception Staff can make the most of the encounter/appointment by acknowledging the role of being a Carer and offering a flu jab, medication, refer to CSS and equally importantly check for status consent forms for sharing of information.

The aim is to improve the support we offer carers in a more positive way by empowering and encouraging them to take responsibility for their own health and well being.

# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### **2. Carers Register, Staff responsibilities in identifying, supporting and promoting carers**

Practice to identify a Carers Lead (a staff member who is a carer or who has an interest or an understanding of the needs of carers). Their role would be to ensure that all staff members are equipped with the right information to enable them to identify and support carers. They would also encourage staff to update the register (to include clinical, reception and admin staff).

Staff to attend Basic Carer Awareness Training - this should enable them to identify, support and signpost Carers to the Carers Support Service (CSS), by giving out their telephone number, address and information leaflet.

PPG and staff to ensure that any CSS (Carers Support Service) information leaflets are on display in a prominent position, on the screen information regarding Carers and the CSS  
PPG to ensure this is included in the newsletters.

# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### **3. A Carer Friendly Practice - recognizing the benefits**

#### What's in it For Scartho Medical Centre?

Signposting may encourage Carers to use the CSS for support and information rather than using a GP appointment, thereby reducing appointments. The hope is to encourage Carers to take more control and responsibility for their own physical and mental health. The CSS offers a range of holistic therapies and counselling / befriending service.

An on screen alert on a Carers patient records that identifies them as a carer will alert all staff of the patient/carers possible needs.

# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### **3. A Carer Friendly Practice - recognizing the benefits**

#### **What's in it For Scartho Medical Centre?**

SMC GP's, nurses and reception staff acknowledge the patients role could be more flexible with app's encouraging carers to request a double appointment for the carer and cared for patient (to avoid having a second journey), offering carers several services within that appointment to include the possibility of specific health checks and flu jabs (where appropriate) this could also cut down on the amount of appointments.

Allowing time to speak to a carer will support any care plan put in place. Often Carers look after many aspects of a cared for patients health, such as personal care, emotional and psychological wellbeing, medication and nutrition. Supporting a carer promotes and supports the health of patients and may reduce the need for follow up appointments.



# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### **3. A Carer Friendly Practice - recognizing the benefits**

#### What's in it For Scartho Medical Centre?

In identifying someone as a carer, GP's and nurses are aware that the pressures of caring can impact on both the mental and physical health of the carer and so can act accordingly

A carers ability to manage and maintain their caring role relies on their ability to manage their health and wellbeing. The break down of a caring role due to carer ill health may result in the cared for person also becoming unwell. Taking care of carers potentially minimises the number of appointments needed.

38% of admissions into nursing or residential care are a result of Carer stress. Supporting carers will reduce this percentage.

# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### **3. A Carer Friendly Practice - recognizing the benefits**

#### What's in it For Carers?

Carers Information Stand - PPG members to help promote the support available for carers in the local area.

Whilst Carers are engaging with us, we will encourage patients to sign up to the Carers Register at the Practice and also at the Carers Support Service.

Carers can be supported to access a Carers Assessment via the Carers Centre to help identify whether they qualify for help/support in their caring roll, they can also request an assessment for the Cared for Person to identify whether they are in need of extra care, removing or reducing some of pressure on the carer.

# PPG Carers Strategy Recommendations

*Christine Wallis*



## Carers Strategy – 3 Key Recommendations

### **3. A Carer Friendly Practice - recognizing the benefits**

#### **What's in it For Carers?**

Carers to be encouraged to attend support groups for Carers, holistic therapy treatments, counselling, trips, information days held for Carers at the Carers Support Centre and other venues.

Identify other support groups which may be of benefit.

Appropriate signposting/information will give carers the support to self-manage some of their health needs. This will empower patients/Carers giving them some autonomy and control in their lives (often lost under the weight of caring responsibilities).

# PPG Carers Strategy Recommendations

*Christine Wallis*



If all the staff at Scartho Medical Centre become more Carer Aware our patients will benefit from their acknowledgement of the huge difficulties, both physical and emotional, which many carers experience.

With a commitment to become more Carer Aware patients will hopefully feel...

- **Recognised**
- **Supported**
- **Cared For**
- **Looked After**
- **No Longer Alone**
- **Able to Cope**



Questions & Close