

Primary Care Business Case

Delivering Improved Outcomes for Patients

EXECUTIVE SUMMARY

2nd July 2015

Executive Summary

Whilst Camden Clinical Commissioning Group (CCG) spend in primary care per weighted population is among the lowest in London, we have higher than average outcomes. This is impressive, but unsustainable in the long term.

The case for investment in primary care therefore could not be stronger.

In March 2014, the CCG recognised the need for long term investment in primary care and agreed funding to deliver 6 priorities set out in the Primary Care Mandate.

- Enhance the patient experience
- Create a primary care service that acts as an enabler for other programme initiatives
- Ensure quality and safety
- Improve equity of access
- Ensure continuity of care
- Bringing care as close as possible to the patient and their own GP

This business case supports delivery of the Primary Care and associated mandates with a request for investment in primary care of £6.8 million (over three years) to focus on four key areas. These areas address our case for change and respond to what patients are telling us needs attention:

- **Increasing GP capacity**
- **Developing the nursing workforce**
- **Caring for the physical health of patients with severe mental illness**
- **Enabling IT infrastructure to support service improvement**

Context and Strategic Fit

Camden CCG's strategic aim of developing integrated out of hospital services relies on sustainable primary care services that can deliver the care Camden patients need, in a way that improves health outcomes, provides care closer to home and reduces the demand for hospital services.

This is in line with national and regional objectives including the new models of care set out in NHS England's national *Five Year Forward View* and the primary care service specifications in *Transforming Primary Care in London: A Strategic Commissioning Framework* that focus on improved access, proactive and co-ordinated care.

To achieve these objectives we need to expand capacity in primary care, develop the skills and capabilities of our workforce, focus on our more vulnerable populations and enable IT infrastructure to support service improvement and deliver the population health benefits of working at scale across the borough.

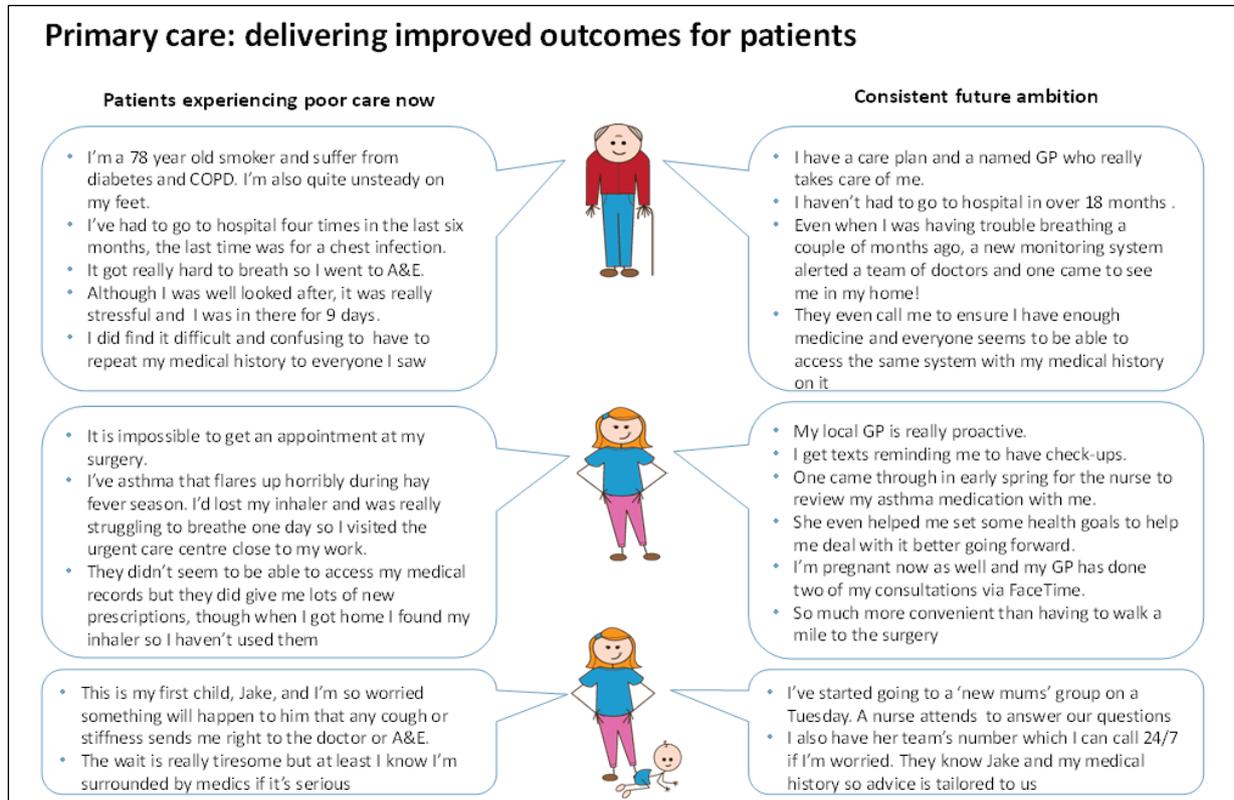
Ensuring parity of esteem is also a key national objective and means giving equal attention to meeting the physical health needs of people with mental health problems. This is also about reducing health inequalities for which the CCG has a statutory duty.

To this end, the CCG intends to invest in increasing capacity and capability in primary care to ensure that patients receive equitable access to services and benefit from improved outcomes.

The Case for Change

The case for change in primary care is based on analysis of our current local population health needs and emerging trends.

We've listened to patients to focus our attention on what matters most to them.



We've taken a detailed look at how well our health system serves Camden residents in terms of patient experience, outcomes and access. We've benchmarked our clinical effectiveness, quality and safety performance and value for money delivery to find compelling evidence for additional investment into primary care.

What patients are telling us can be grouped into four areas that are the focus of this business case:-:

- The current level of GP capacity at hours that are convenient for patients is lowering overall patient satisfaction for the care received and is placing undue, preventable pressure on acute secondary care.**
- There is disparity in the skills and levels of primary care nursing available to Camden patients, with some practices having no nursing input at all. This has created an inequitable general practice nursing service across the borough.**
- Life expectancy for patients living with severe mental illness (SMI) can be up to 20 years less than for the general population because these patients' physical health needs are often not being met in primary care.**
- Investment in the primary care setting, including IT infrastructure will enable service improvement at scale with more equitable and sustainable access to services throughout the borough.**

The case for change is described in more detail in the Primary Care Business Case Appendix, Section 3. Highlights include:-

Camden patients are telling us that the experience of making a GP appointment could be better.

- In the past 3 years, Camden has not met nor exceeded London and England benchmarks with respect to the experience of making an appointment¹ or the convenience of appointments offered.

Camden patients are telling us that when they are offered a GP appointment, it is often at a time that is not convenient for them.

- Camden GPs offer more appointments per 1000 population than the Royal College of General Practitioners bench mark (94.3 vs 83), demonstrating their commitment to increasing access for patients.
- However, this has not translated in higher patient satisfaction².
- Despite the higher number of appointments in Camden, demand outstrips capacity by approximately 10%³

Camden patients are telling us they are not satisfied with GP opening hours.

- Camden patients are less satisfied regarding GP opening hours when compared to London and England patient satisfaction averages⁴
- This translates into higher avoidable demand for acute services.

Camden patients are attending A&E if the GP appointment offered to them is not convenient⁵.

- A&E attendance patterns show that significant demand is driven by children <5 years (~10%), with a peak of activity in after school hours⁶
- 75% of these A&E attendances during GP opening hours required no diagnostic or intervention, and can be classified as preventable.
- Working age adults account for nearly 60% of A&E attendances, most of which are after work and during weekends.
- More than 60% of A&E attendances by 19-39 year olds can be classified as preventable as they required no diagnostic or intervention.
- These preventable attendances could have easily been addressed in primary care, improving patient satisfaction and reducing pressure on acute care.
- Camden does not compare favourably against other CCGs for its effectiveness in reducing avoidable A&E attendances versus access to a GP.

¹ 2014 GP survey

² Camden Primary Care Activity Report 2013-14

³ Camden Primary Care Activity Report 2013-14

⁴ 2014 GP survey

⁵ 2014 GP Survey

⁶ Urgent Care Review, 2013

Camden patients are telling us the quality of care received from practice nurses is not meeting their needs

- Patient reported satisfaction with the care received from Camden practice nurses is well below London & England results⁷
- There is a disparity in the amount of nursing time available per patient in practices in Camden, which results in an inequity of access to nurses in primary care.

Camden patients with severe mental illness (SMI) are treated for their mental condition, but too often their physical health needs are marginalised.

- The 2014 Camden Mental Health Needs Assessment identifies gaps in physical health outcomes for patients with a severe mental illness.
- SMI is defined as those people who live with psychosis, comprising people living with schizophrenia, bipolar affective disorder and other psychoses.
- There are approximately 3,171 patients with an SMI registered with a GP in Camden, 2,389 with psychosis, and 782 with a diagnosis of bipolar affective disorder.⁸ Additionally, there are approximately 37,000 Camden registered patients with common mental health problems including depression and/or anxiety.⁹
- Patients with a diagnosis of schizophrenia have a reduction in life expectancy of 10-20 years, and those with bipolar disorder have a reduced life expectancy of 9-20 years.¹⁰
- There is an increase in prevalence of long-term physical health conditions and associated risk factors for patients with a SMI.
- Often their physical health needs are seen as secondary to their mental health conditions. Smoking prevalence, higher rates of obesity, increased alcohol consumption, and lower rates of activity are common in patients with SMI.

Investment in primary care, including IT infrastructure will enable service improvement at scale with more equitable and sustainable access to services throughout the borough.

- Primary care is a key enabler to the achievement of the CCG's strategic objective of developing a financially sustainable, high performing, patient focused 'out of hospital', integrated services.
- When fit-for-purpose premises, IT infrastructure and a skilled workforce come together in the primary care setting, the delivery of patient-centred services is enabled.

⁷ 2014 GP survey

⁸ Camden MH and LTC Profile July 2014.

⁹ Public Health Profiles, Depression & Anxiety 2014.

¹⁰ A call for action: Achieving Parity of Esteem.

Over 40 CCG Business Plan initiatives aimed at improving patient outcomes, are expected to be delivered in the primary care and rely on fit-for-purpose premises, IT infrastructure and a skilled and motivated workforce capacity and capability to enable success.

Current list of projects in the business plan enabled by primary care

Projects enabled by primary care included in the Business Plan

- NHS 111 & GP OOH
- COPD Integration
- Alcohol Management
- Team Around Practice (TAP)
- Digital Therapy
- Improving Physical Outcomes for Patients with [SMI](#)
- Risk Stratification
- Frailty MDT
- Case Management Pilot
- Community Geriatricians
- Social Workers in GP Practice Pilot
- Integrated Practice Unit
- Care Navigators
- MDT Social Workers (CICS)
- Complex Care LCS
- Pre-frailty Prevention
- Care Navigators Pilot Evaluation
- Complex Care [LCS](#) – Rapid Response GP Service
- [IPU](#) for Patients with Psychosis
- Membership engagement strategy
- [LTC](#) Locally Commissioned Service & practice education
- Diabetes IPU and VBC contract
- Early diagnosis of cancer
- Care Planning and Case management
- Camden Integrated Care Services
- Agreement of Practices to Federate
- Organisational Infrastructure – federation model
- Improving access to Primary Care (8 to 8)
- Universal Coverage of [LCSs](#)
- Development of Premises Strategy
- Development of Community Hub model
- Production of Quality Scorecard for Primary Care
- Improve patient satisfaction with GP services
- Anticoagulation LCS (Atrial Fibrillation)
- Complex Care LCS Over 75s Home Visiting Pilot
- Musculoskeletal Services Redesign
- All Together Better (ATB)
- Minding the Gap
- Community Audiology
- ASC Integrated Care Pilot
- Personality Disorder primary care and Crisis Pathway
- Neuro Developmental Disorders pathway
- Public Health LCS
- Community Alcohol Treatment Re-Commissioning
- Specialist GP
- [Telehealth](#)
- Community Hypertension Intermediary Service

Objectives & Outcomes

For each of the business case initiatives a set of key objectives has been identified to address the case for change. These objectives inform the selection of outcome metrics to be used to define and measure success.

Initiative	Objectives	Outcome metrics
Increasing GP capacity	<ul style="list-style-type: none"> Improve patient satisfaction with access to primary care Improve patient satisfaction with continuity of care Reduce demand on A&E for services best provided in primary care 	<ul style="list-style-type: none"> Patient reported satisfaction with primary care opening hours & appointment availability Patient reported satisfaction with continuity of care Number of appointments offered on weekends and after 6pm on weekdays Number of A&E attendances on weekends and after 6pm on weekdays with no intervention or diagnostic needed
Developing the nursing workforce	<ul style="list-style-type: none"> Improve patient satisfaction with quality of care received from practice nurses Ensure the nursing workforce is appropriately trained and meeting patient demand Improve recruitment and retention Create an equitable primary care nursing service for all Camden patients 	<ul style="list-style-type: none"> Patient reported satisfaction with quality of care provided by practice nurses Percentage of practice nurses receiving training and support Practice nurse job satisfaction and retention Percentage of skills and capability nursing workforce Percentage of practice nurses supported to receive NMC revalidation
Caring for the physical health of patients with SMI	<ul style="list-style-type: none"> Improve SMI patient satisfaction with quality of care received Reduce the gap in life expectancy between patients with SMI and the overall population 	<ul style="list-style-type: none"> SMI patient reported scores on dignity, respect & stigma (PROM) SMI patient reported scores on self-management, care and medication (PROM) Reduction in smoking prevalence (SMI only) Increase in COPD screening (SMI only) Improvement in diabetes control (SMI only)
Enabling IT infrastructure to support service improvement	<ul style="list-style-type: none"> Invest in IT infrastructure to enable better care coordination Increase IT workforce capacity to meet service demand 	<ul style="list-style-type: none"> Enable medical record data sharing IT service reliability 24/7 according to service needs

For more detail on Outcomes, Objectives and Metrics of success, please refer to the Primary Care Business Case Appendix, Section 4.

Service Description

Detailed service descriptions for the four initiatives included in this business case have been developed for costing purposes and to provide a basis for conversation with key stakeholders.

The CCG is committed to co-designing final service specifications with patients, other key stakeholders and the selected provider/s.

Detailed service descriptions for each of the Outcomes please refer to the Primary Care Business Case Appendix.

1. Increasing GP capacity in primary care

In order to improve patients' satisfaction with the capacity of primary care, both to improve their experience and reduce unnecessary A&E attendances, this business case proposes to extend primary care availability from 8am to 8pm, seven days per week for both scheduled and unscheduled care without reducing access in core hours.

This will be achieved over two years via a contract in three phases.

It is important to note that this is a contract with real-time testing and continuous evaluation built in. Results of the evaluation and feedback will inform the evolving service from the very earliest findings.

Phase 1 will provide pre-bookable routing medical and nurse appointments covering a minimum of 20% of the local population on Saturdays, delivering additional 55 medical and 25 nurse appointments¹¹. This service will eventually be provided to cover 100% of the patients of Camden.

Phase 2 will extend this model to cover both routine and urgent appointments during weekday evenings and throughout the weekend. The benefits of these services will be re-evaluated after 18 months to decide on procurement.

Phase 3 Combines the elements of Phase 1 and Phase 2, and will likely incorporate enhanced services, such as interaction with 111/OOH, multidisciplinary teams and diagnostics.

By the end of the two years this service aims to achieve, among other objectives, up to 10% increase in patients' satisfaction with primary care capacity, and up to a 20% reduction in unnecessary A&E attendances.

For more detail on the Increasing GP Capacity business case initiative, please refer to the Primary Care Business Case Appendix.

¹¹ This will increase the number of GP appointments in Camden to 95+ per thousand population, well above the Royal College of General Practitioners recommended benchmark of 83

2. Developing the nursing workforce in primary care

In order to improve patient satisfaction with the quality of care they receive from practice nurses, and to maximise the potential of the nursing workforce, this business case proposes to invest in the continuing development of nursing professionals. This will ensure that delivery of patient care is safe, effective and evidenced based.

This will improve recruitment and retention of nursing professionals & health care assistants, by offering a work environment where nurses and health care assistants feel valued and supported in their professional development and the capacity for maximising individual potential is recognised and honoured.

For more detail on the Nursing Workforce business case initiative, please refer to the Primary Care Business Case Appendix.

3. Caring for the physical health of patients with severe mental illness (SMI) in primary care

In order to reduce the gap in life expectancy between patients with severe mental illness and the overall population of Camden, this business case proposes to create a primary care-based, dedicated service for patients with SMI to manage their physical health and improve outcomes.

The service proposes the creation of a dedicated clinical team to a) perform practice audits to identify patients who should be on a SMI register, b) reach out to them to offer support to manage their physical and mental health in primary care, and c) provide training for GPs and nurses on how to best manage patients with SMI. This will be done in coordination with our existing initiative, "Team Around the Practice".

By the end of the 30-month contract, this service aims to have reduced the long term conditions risk factors for SMI patients, have enabled better self-management, and have improved the dignity, respect & stigma as reported through PROM scores.

For more detail on the SMI business case initiative, please refer to the Primary Care Business Case Appendix.

4. Enabling IT infrastructure to support service improvement

In order to enable better care coordination through primary care, this business case proposes to invest in IT infrastructure development over the next 2 years. This investment is in addition to the IT investments already included in 40+ projects currently under way that affect primary care in Camden.

This investment will contribute to enabling clinicians to optimise the benefits of technology in providing patient care. This will be delivered in coordination with the Camden Integrated Digital Record and existing data sharing.

For more detail on the Enabling IT business case initiative please refer to the Primary Care Business Case Appendix.

Investment Schedule Summary

In order to commission and deliver the initiatives included in this business case an investment of £6.8m is required over the next three financial years.

Business Initiative	2015/16	2016/17	2017/18	Total
Increasing GP capacity	£ 0.6 M	£ 2.6M	£ 1.4M	£ 4.6 M
Developing the nursing workforce	£ 0.1 M	£ 0.1 M	£ 0.1 M	£ 0.2 M
Caring for the physical health of patients with severe mental illness	£ 0.2 M	£ 0.4 M	£ 0.4 M	£ 1.0 M
Enabling IT infrastructure to support service improvement	£ 0.6 M	£ 0.3 M	--	£ 1.0 M
Total	£ 1.5 M	£ 3.4M	£ 1.9 M	£ 6.8 M

The investment for each service has been calculated to include recurring (e.g. staff salaries) and non-recurring costs (e.g. one-off refitting of facilities), based on the proposed service levels.

For more detail on the Investment Schedule and Costs please refer to the Primary Care Business Case Appendix.

Procurement

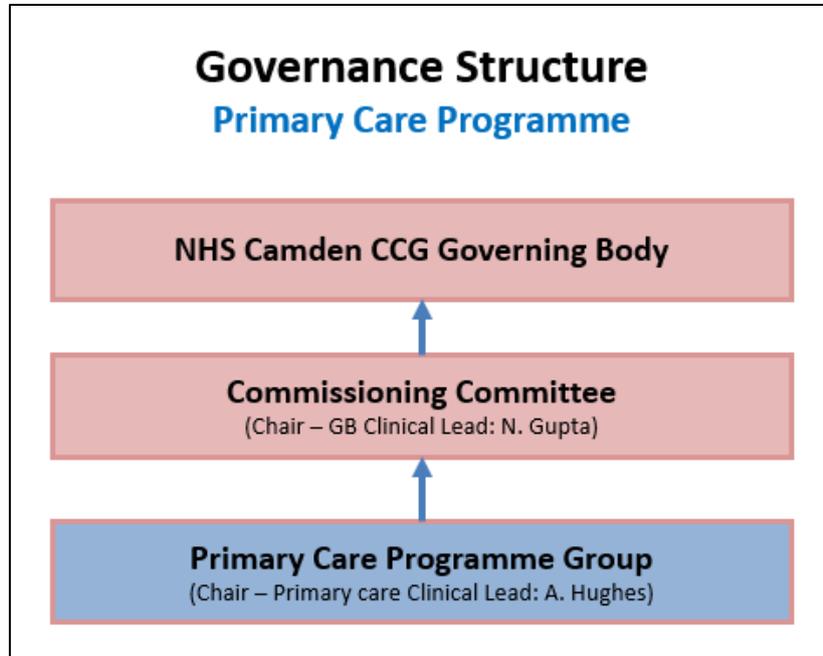
The procurement of the services included in the business case will comply with the CCGs Procurement Policies and will follow the standard procedures.

The Procurement Committee agreed on 19th June 2015 the approach and methodology by which the procurement route for services will be determined.

Governance

The Primary Care Programme Group (PCPG) chaired by the Primary Care Clinical Lead, has been established to oversee and monitor the planning, implementation and delivery of outcomes for these business case initiatives.

Programme reports will be presented to the Commissioning Committee on a regular basis.



Summary Recommendation

The Governing Body is being requested to approve the allocation of £6.8M to fund the Primary Care Business Case initiatives, as recommended by the Commissioning Committee on the 24th of June 2015.