

Draft



**Birmingham East and North Primary Care
Trust**

GENERAL PRACTICE STRATEGY

Draft 6 October 2008



1. Introduction

Birmingham East and North Primary Care Trust (PCT) is setting out its strategic approach to the development of primary care services for the people of eastern and northern Birmingham. This document describes how the PCT intends to develop and improve the provision of one important element of primary care: general practice services, taking account of the proposals published by the Government in *High Quality Care For All*, the final report of the NHS Next Stage Review.

General practice – the GP family doctor service – is central to the health care system in Britain. General practitioners (GPs) are the first point of contact for most cases on non-emergency health advice and treatment. GPs account for 90 per cent of contacts with the NHS each year. GPs not only assess and treat many common diseases and conditions: they are the gateway to other, more specialist services. General practice is critical to the identification of disease, provision of immediate access to advice and treatment, and to the long-term management of chronic illness. GPs are highly trusted by the general public, and individual GPs will often maintain long-standing relationships with families through successive stages of life.

GPs have been the bedrock of the NHS since it was founded 60 years ago. But the demands made on GPs, and people's expectation of them, have changed over time – and will continue to change in the future. Britain's population is growing older and more ethnically diverse. Medicines, and medical technologies and techniques, continue to make major advances. What were once common diseases are now rarely seen in surgeries, while new conditions are challenging our health services. Changes in lifestyle, for example, have led to many people becoming overweight, which in turn puts them at risk of a wide range of medical conditions. GPs can treat these conditions, but often the challenge is to enable the individual patient, through education and advice, to adopt a healthier lifestyle. Increasingly, the health service needs to help people to look after and care for themselves and others.

These and other changes make it important to ensure that general practice is organised and managed in ways that can be most effective in helping people to live healthy and productive lives. Ensuring that general practice is of the highest quality is especially important for Birmingham East and North PCT as there are many deprived neighbourhoods within the area for which it is responsible, where too many people suffer from ill-health. For this reason, a key challenge is ensuring that all who require help have equal access to the services they need.

This document sets out proposals for the future of general practice that aim to ensure that the people of eastern and northern Birmingham are well served by a range of high quality and effective local health services. It is one of a number of strategies that are being prepared in line with the PCT's overarching vision for primary care. It is a working draft, intended to foster discussion about future developments in the PCT's area. Its proposals will inform the preparation of more detailed commissioning documents: in particular, the PCT's specification for general practice services and the PCT's Strategic Service Development Plan, which sets out proposals for capital investment in primary care.

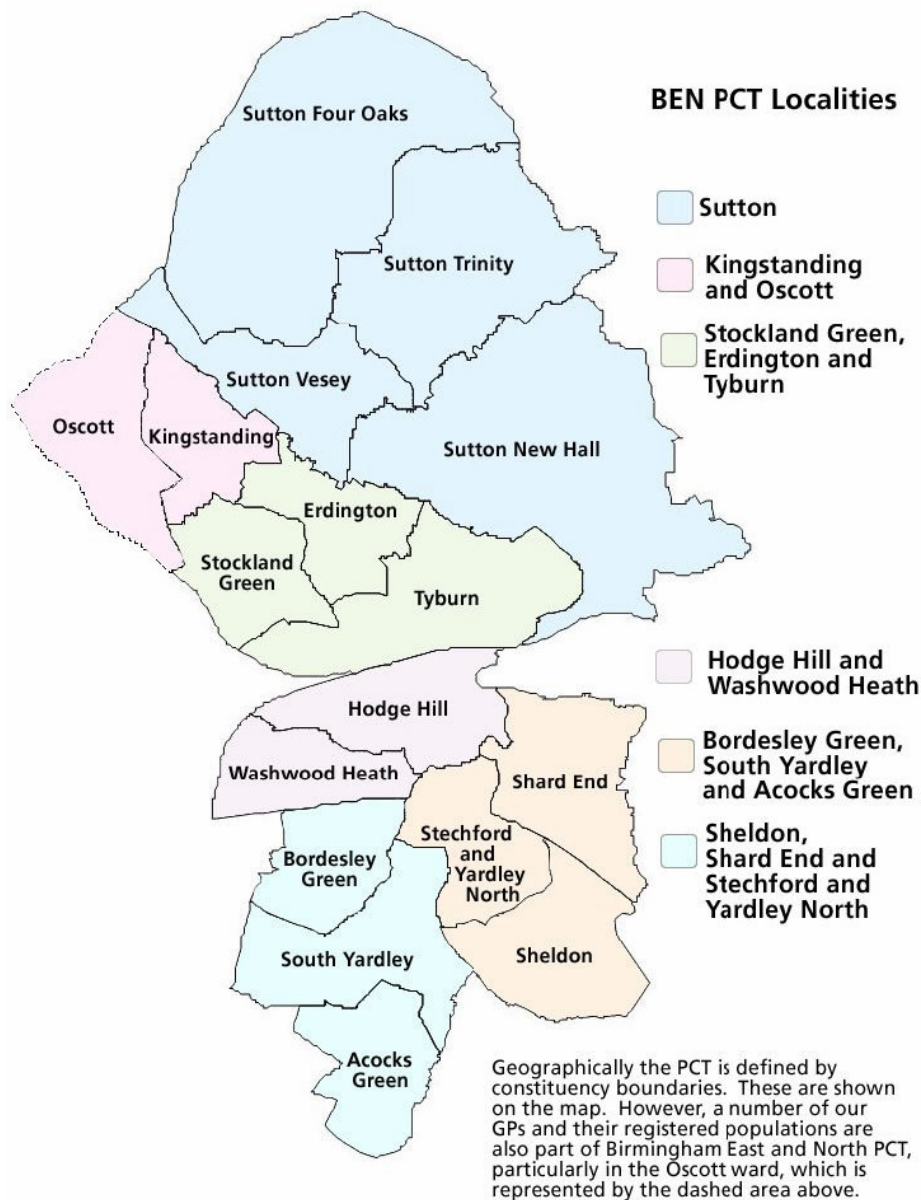
2. Background

This section looks at the area and population served by Birmingham East and North PCT and at the current local arrangements for general practice in the area.

Birmingham East and North – the place and people

The PCT is responsible for the commissioning and provision of health services for nearly 440,000 people living in the north and east of Birmingham. The PCT covers 17 of the city's electoral wards from Sutton Four Oaks in the north to Acock's Green in the south. Figure 1 shows the area for which the PCT is responsible and the six localities through which it organises primary care services.

Figure 1 The PCT's area



The population of this area is diverse, with substantial numbers of the main minority ethnic communities of Birmingham: Bangladeshi, Indian, Pakistani and Afro-Caribbean. There are significant concentrations of these communities in some areas. For example, 70 per cent of the population of Washwood Heath ward belongs to a minority ethnic community (mainly of Pakistani and Bangladeshi Muslim origin); at the other extreme, only 5 per cent of the population of Sutton Four Oaks ward is of minority ethnic origin, mainly Indian. Individual wards also have very different age profiles: in Washwood Heath, 30 per cent of the population is under 16 and less than 15 per cent over 60; in Sutton Four Oaks, this situation is largely reversed with only 15 per cent under 16 and 25 per cent over 60.

Many parts of the PCT's area are rated amongst the most deprived in the country. Bordesley Green, Kingstanding and Washwood Heath wards are among the 5 per cent most deprived wards nationally, and virtually all parts of these wards have high rankings on the Government's Index of Multiple Deprivation. The four wards in Sutton Coldfield, on the other hand, are relatively affluent, though these also contain pockets of deprivation. The PCT's 2007 Public Health Report shows that only the Sutton Coldfield wards have death rates that are generally below the national average: for most other parts of the PCT's area, death rates are substantially above average. There is a six year difference in life expectancy between the most and least affluent wards in the PCT's area. Health inequalities are a key issue for Birmingham East and North PCT.

General practice in Birmingham East and North

At present 82 GP practices (226 whole time equivalent GPs) serve the area covered by Birmingham East and North PCT. The majority of practices are small: nearly half are single-handed practices. At the other end of the scale, just over one in five practices have five or more GPs working together. Most of the smaller practices are located in the southern half of the PCT's area.

The ratio of GP to patients varies across the PCT from 1:915 to 1:3,445. The average for the PCT's area is 1:1,938. This ratio is well above the national average, showing that Birmingham East and North has too few GPs for the size of its population. As part of the Government's Equitable Access Programme, which is providing additional GPs for areas with above average patient: GP ratios, the PCT is commissioning three new practices on the basis of one GP per 1,500 population. The PCT's long-term aim is to achieve a ratio of 1:1,500 across its area.

There can be considerable variation in the performance of individual practices. For example, while around a third of general practices in Birmingham East and North achieved the 95 per cent recommended level for childhood immunisation, there are a handful of practices where immunisation rates are below 50 per cent.

The overall performance of GPs is currently assessed through the Quality and Outcomes Framework, which allows variations between practices to be examined in detail. Analysis of performance against the Framework shows that small practices do not necessarily provide lower standards of care: some of the single-handed GPs in Birmingham East and North meet the highest standards. Nonetheless, it is smaller practices that tend to under-perform against the Framework, suggesting that larger practices find it easier to provide consistently high standards of care. The PCT is currently developing Quality and Safety Profiles which will reflect a more holistic view of the quality of service provided by individual GP practices.

General practice is highly regarded by the general public and has a sound reputation for public respect and satisfaction with services. Nationally, 97 per cent of patients were satisfied with their last visit to the GP. However, recent surveys show there are variations across the PCT with some people expressing concerns about opening hours, the ability to book appointments in advance, access by telephone and a lack of systematic advice and support for health promotion. Of particular concern is the finding that satisfaction is often low for people from minority ethnic communities.

A significant proportion of the GPs working in Birmingham East and North may retire within the next five years. There is no requirement for GPs to retire at 65, but currently 40 local GPs are over 60: more than one in six of all GPs in Birmingham East and North. A third of these GPs are working in single-handed practices. The number of GPs who may retire in the next few years poses the challenge of recruiting new doctors to work in the area – but it also provides an opportunity to consider new ways to organise general practice.

The location and quality of the premises in which GPs work are central to people's experience of general practice. For many people, attending a GP's surgery is the main way of gaining access to health services. If the surgery is difficult to get to or it is unable to provide a full range of services, then people's experience will suffer. But there is currently a large variation across the PCT in the standard of premises: some are modern and up to date, but other are just converted parts of old houses. Key problems include: the location of the building, access for disabled people, efficiency and friendliness of reception facilities, the size and style of consulting rooms, inefficient heating and energy use, and high costs of maintenance. The PCT is preparing a substantial programme for investing in the buildings used to provide primary care, and this offers an opportunity to address some of these problems.

Information technology is also increasingly important to improvements in health and services. Information technology allows information to be used systematically to identify and meet patients' needs and to plan the best use of health care resources to meet these needs. The PCT is committed to investment in and the use of information technology to improve local services. But some local practices have out of date systems which mean they cannot take full benefit from the latest technology.

3. The drivers for change

General practice plays a central role in meeting health needs. This section looks at how health needs and ways to meet them are changing – and at the implications for general practice.

The changing population

The population of the area served by Birmingham East and North PCT is changing – and will continue to change. Although in some areas there are increasing numbers of children and young people, the main trend is towards an older population, which is living longer and may have higher levels of age-related chronic conditions.

The population is also becoming more ethnically diverse. This will add complexity to the trend towards an ageing population. Until recently, Birmingham's minority ethnic communities have been predominantly younger than average. But in the future there will be increasing numbers of elderly people from minority ethnic backgrounds.

People will on average be better educated. Younger people in particular will be confident users of technologies such as the internet. This may change the way people seek to access and use information about health and health services.

Finally, different neighbourhoods will see different changes. The city of Birmingham is expecting to see a substantial increase in its population over the next 20 years. House building will increase – and may change – the population in certain areas. This will make it important that local general practice services can adapt to such changes.

Changing expectations

People's expectations of medicine and of public services are increasing. They are more aware, through media reporting, of the types of help that might be available; they are more likely to expect a rapid and convenient access to services. This has implications for opening hours and for arrangements for booking appointments, especially for younger people.

Traditionally, general practice has been characterised by an "expert: recipient" relationship. Over the next decade, the NHS – and in particular general practice – will need to develop a more customer-focused approach which draws on best practice in responding to and managing people's expectations. People will still expect the clinician to lead, but will want to play a bigger role themselves in making decisions about their treatment and care.

For most people, general practice is the first point of contact with the health service. Expectations about ease of access are therefore likely to be high. In addition, general practice is the main gateway to other health services, so people will be looking to general practice to provide them with a straightforward pathway to other services.

In addition, people are increasingly accessing services in different ways. The telephone and the internet are now key ways to provide services for some industries. General practice will also need to explore how to make best use of these technologies, which may increase accessibility, timeliness and relevance of service while minimising the carbon footprint of services.

Long-term conditions

More and more people are suffering from conditions which, while not life-threatening, can significantly impair the quality of life. In the past, health care was dominated by responses to acute events, such as stroke or heart attack, and dangerous infectious diseases. But as people live longer, they are more likely to suffer from chronic conditions requiring active management. These conditions cannot be cured, but they can be managed in such a way as to minimise their impact on the patient's life.

Condition management will typically be a combination of medical treatment and supported self-care. General practice can play a central role in managing some conditions through monitoring progress and facilitating support, and this type of work is likely to become a larger proportion of the workload in general practice. Many GPs have been a stable and familiar contact for a patient and their family for many years. They can provide continuity of care and an understanding of the patient in their family situation; most importantly, perhaps, they can offer a personal relationship and trust.

Urgent response to acute illness

GPs have traditionally been an important initial contact for urgent care. This role has been particularly important in responding to acute illness in children: not only in providing treatment or rapid referral but also in offering reassurance and advice to parents. The majority of these contacts, whether for children or adults, are for conditions that do not require extensive medical treatment and will usually get better in a short space of time. But symptoms may indicate a more serious condition which would benefit from early investigation and management, and managing minor illness while being able to identify and initiate treatment for more serious conditions is a key skill for GPs.

Currently, 36 practices have opted out of providing out-of-hours cover, and the PCT commissions Badger to provide this service. The remaining 46 practices continue to organise their own out-of-hours cover using either Badger or Primecare. In addition, the PCT has developed an urgent care centre and an A&E diversion scheme, which operates in the out-of-hours period. However, the PCT recognises that local unscheduled care services lack integration and are often complex for patients to navigate. The PCT would like to see unscheduled care arrangements that are based on patients' needs and preferences, provide care as close to home as safety allows, with provision of services in primary care and complemented by secondary care when necessary.

Advances in medicine

Advances in medical knowledge and technologies can lead to significant changes in the ways services are provided. In some cases, it becomes possible to treat conditions where previously few treatment options were available. In other cases, it becomes possible to carry out procedures in primary care settings which previously would have required a stay in hospital.

The overall trend in these changes is to make it possible to carry out more work in the community and closer to the patient's home, reducing the need for travel to hospital for more specialist services. Birmingham East and North PCT is committed to increasing the number of consultations and procedures carried out close to home in a community setting. This will have implications for the availability of premises

which are suitable for such treatments: such premises will need to be flexible to meet the demands of future developments. Medical and technical advances will also have implications for the skills and training of those who work in primary care.

Advances need not be in science or technology. There has been increasing recognition in recent years of the importance of work to health and wellbeing, reversing traditional thinking about the negative influences of work on health. As a result, those working in general practice are increasingly being expected to take account of occupational issues when considering options for treatment.

Those working in healthcare are also increasingly able to access up to date and specialised information. Those attending GPs' surgeries will expect such information to influence how they are dealt with: in some cases – for example, in handling information on advances in genetics – GPs will be expected to provide information and advice on its use. Helping people to access and make use of information to support their own health will be an important role for general practice in the future.

Healthy lifestyles

It is increasingly recognised that the way people live has profound implications for their state of health. The obvious example is smoking: smoking is responsible for one-sixth of all deaths in the UK, and it kills half of all those who smoke. But while rates of smoking are generally in decline, the proportion of the population assessed as over-weight or obese is increasing rapidly. Obesity, which is linked to poor diet and lack of exercise, increases substantially the risks of some diseases, such as type-2 diabetes.

Unhealthy lifestyles will increase the demand for services from general practice. From this point of view, trends in obesity are particularly worrying. But general practice also offers a way to try to encourage people to adopt healthier lifestyles, reducing their risks of ill-health as well as pressure on health services. However, general practice has traditionally been a reactive service, dealing with people's health problems when they are presented at the surgery; promoting healthier lifestyles will require a more proactive approach, seeking out those at risk and offering preventative advice and support.

ADDITIONAL DRIVERS:

- An unprecedented opportunity to focus on quality (High Quality Care for All) – recognising, measuring, publishing, safeguarding quality
- proposed regulation requirements for providers of adult health and social care

4. General practice: our strategic approach

This section sets out Birmingham East and North PCT's strategic approach to the development of general practice. The next sections look at each aspect of this strategic approach in more detail.

Core purpose and goals

The PCT defines its core purpose as "working in partnership to tackle inequalities and improve the health and wellbeing".

It has set four aspirational goals

- To be so responsive to the population we serve so that no one waits for the quality care they need
- That the health and wellbeing of the population will have improved so much that people will enjoy 10 more years of healthy life
- Our communities will be the most involved, informed and empowered in the country
- That people regard us as the first choice organisation to work with and for.

Strategic approach to general practice

The PCT's core purpose and aspirational goals have guided the development of its strategic approach to general practice. This is embodied in five key themes:

- **Promoting health and empowering people:** general practice will be more focused on promoting health and supporting self-care, using best practice to empower people to keep themselves healthy
- **Providing quality, safe services:** general practice will consistently achieve high quality standards and meet people's expectations about access and treatment, ensuring all staff have the skills and training to provide good services
- **Working together for health:** general practice will ensure that integrated services will help people to receive the care they need promptly and close to home, using the latest technology to support good practice
- **Re-designing to provide effective services:** general practice will support innovation in service delivery, ensuring services are provided efficiently and effectively
- **Developing a fit for purpose infrastructure:** general practice will be organised in suitable locations and premises that ensure people have ready access to an integrated service of advice, care and treatment, minimising demands on people's time and on the environment and natural resources.

The next sections discuss each of these themes in more detail.

The PCT and general practice: developing strategic partnership

The PCT is the local commissioner of primary care services. Its commissioning is informed by general practices, which have been encouraged to collaborate locally in six locality groups which are shown in Figure 1. These groups provide practice-based commissioning for populations that vary between in size between 55,000 and 100,000. In line with the proposals set out in *High Quality Care For All*, the final report of the NHS Next Stage Review, the PCT will be supporting general practices to engage in and develop practice-based commissioning.

The relationship between the PCT and general practitioners is well established. However, contractual arrangements have tended to define that relationship in terms of a set of transactional payments. The PCT wishes to move towards strategic partnership with general practices based on aligned vision and commitment to take forward national priorities and local goals, involving clinicians more closely in strategic planning and service improvement. One purpose of this strategy for general practice is to begin the systematic development of such strategic partnerships.

5. Promoting health and empowering people

The PCT expects general practice to play an increasingly important role in helping people to live healthier lives. For many this is about adopting lifestyles that will reduce the risk of poor health; for those who are already suffering from a chronic condition, this is about help with managing that condition to reduce its effect on the quality of their lives.

Promoting healthier lifestyles

The way people live is a major influence on their current and future health. Nationally, it is thought that half the variation in health inequalities can be explained by differences in lifestyle. Smoking has been a target for action by the NHS for many years, and general practice has been active in seeking to identify smokers and direct them to services that will help them quit. In Birmingham some GPs have sought to promote increased physical activity through the exercise on prescription scheme.

Promoting healthier lifestyles is not a task for general practice alone, but as the main point of contact with health services for the majority of the population, general practice has a vital role to play. The PCT believes that all those engaged in general practice must engage in active health promotion, signposting people to sources of information and to support for lifestyle change. General practices need to ensure that they have a systematic approach to providing information, advice, support and access to services in five key areas: smoking cessation, diet, physical activity, alcohol, and sexual behaviour.

The Government has already proposed that the Quality and Outcomes Framework should be revised to provide stronger incentives for promoting the health of local populations. The PCT will support such developments. It will specify its minimum expectations in its commissioning specification for general practice and support practices to meet its requirements.

Managing long-term conditions

Increasing numbers of people are suffering from chronic conditions which, while not life-threatening, can significantly impair their quality of life. People live with their condition 24 hours a day, so it is important they know how best to manage their own care. The PCT believes that such patients need to be engaged as active participants in their own care. They should be empowered so that they feel in control of their condition, and they should be enabled by education and techniques to look after themselves, knowing when and how they should seek help if their condition deteriorates.

The PCT has commissioned specific services to help people with long-term conditions, such as the Birmingham Own Health[®], a telephone support service for people living with long-term conditions such as diabetes or chronic obstructive pulmonary disease. General practice can play a central role in helping patients to manage such conditions through promoting self-care, providing education and advice, facilitating support and monitoring progress.

The Government has proposed in *High Quality Care For All*, the final report of the NHS Next Stage Review that by 2010 everyone with a long-term condition should be offered a personalised care plan. General practice will have a key role to play in meeting this requirement.

Health inequalities

Reducing health inequalities is a major challenge for Birmingham East and North. The area is below the national average across a wide range of measures of health, and there are big variations between different wards within the PCT's area. The PCT is committed to reducing health inequalities.

For general practice the key challenge is improving access to advice and services. Those suffering from ill-health, or at risk of doing so, need access to prompt and appropriate diagnosis and treatment, including help to improve lifestyle. But different parts of eastern and northern Birmingham, and different communities, have readier access to help than others. Locations and types of service, opening hours, languages and styles of communication all influence how individuals gain access to services.

The PCT will seek to reduce inequalities in access through investment in services, through devising new ways to provide services, and through engaging proactively with individuals and communities to ensure that changes meet their needs. Access will be a key criterion for the PCT's approach to developing a fit for purpose infrastructure for general practice, which is discussed in Section 9 below.

General practices will be expected have systematic approaches for addressing health inequalities. General practice has a key role to play in the early and active identification of risks, screening and assessment, and treatment or referral where screening points to potential problems. The services provided by general practices need to be accessible and responsive to different local circumstances and expectations, and individual practices need to be aware of the communities they serve and to be systematic in ensuring that all local people have ready access to services.

The PCT is commissioning specialist support to improve the way it, and partners such as general practices, engage with the public and patients. It will expect general practices to take advantage of this support to help them understand and address the needs of those who find it most difficult to use current services. The Government has recently announced proposals to improve the recording of data on ethnicity and first language so that GPs are better able to assess how far they are achieving equitable uptake of services. The PCT will expect practices to support these arrangements.

Health and work

Recent research has confirmed the importance of work for good health: work is generally good for health and worklessness is typically linked to poorer health. But many parts of Birmingham East and North suffer from above average levels of unemployment, and over 21,000 people in the PCT's area are out of work because of ill-health and claiming incapacity benefit. In some neighbourhoods more than one in five of the working age population is claiming incapacity benefit.

The PCT is a partner in the Improving Health, Increasing Employment initiative in Birmingham and Solihull, which is putting in place a new strategic approach to tackle the links between worklessness and ill-health. The initiative has the potential to benefit general practice: as well as improving general health, helping people back to work reduces their demands on GP services. GPs have an important role to play in the initiative through identifying those who may be able to return to work and referring them for appropriate support. Research suggests that GPs are far and away the

biggest single influence on people's perceptions of the possibility of return to work, and the PCT will be working with practices to help them take advantage of and support this initiative.

General practices are also local employers and can provide opportunities to people who are unemployed to gain access to opportunities for work and training. The PCT is supporting programmes that aim to help people from disadvantaged parts of Birmingham to gain employment in health and care services, and general practices can collaborate in this work. The PCT can also help general practices to maximise their local impact by helping them to gain access to government support services for small businesses.

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6. Providing quality, safe services

People expect health services to be provided to consistently high standards of care and safety. The PCT's approach to general practice must ensure that those expectations are met.

Standards of quality and outcome

Since systematic monitoring of general practice was introduced using the Quality and Outcome Framework, there have been consistent improvements in performance, showing that GPs in Birmingham East and North can deliver the highest quality of services to one of the most deprived populations in the country. But there are also variations in performance, and the PCT wants to ensure consistent good practice at all general practices serving local people.

In particular, the PCT wants to focus on the delivery of world class chronic disease management, benchmarked against performance not only within the NHS but organisations in other countries. The PCT expects world class chronic disease management to be characterised by

- assertive identification through population review, identification and targeting of high-risk individuals, and active screening for key clinical indicators as well being alert to presenting symptoms
- developing, maintaining and managing comprehensive and up-to-date disease registers which support systematic care and review
- systematic, standardised consistent application of evidence-based treatment and management, engaging the patient in understanding how to manage their own condition and when to seek help
- active recall and review, systematically monitoring the control of symptoms and how patients are managing their condition.

High Quality Care For All, the final report of the NHS Next Stage Review proposes a new approach to the Quality and Outcomes Framework, giving greater emphasis to prevention and clinical effectiveness. The report also proposes the PCTs should have the flexibility to select quality indicators from a national menu that reflect local health improvement priorities. The PCT intends to take advantage of this proposal to develop a local approach, and it is already developing Quality and Safety Profiles which will add a more holistic view of the services provided by GP practices to the information obtained through the Quality and Outcomes Framework.

The Government is also proposing to roll out by 2010 an accreditation scheme for general practice which is being developed by the Royal College of General Practitioners. This scheme assesses the systems used by GPs to ensure the safety and quality of practice. The PCT will expect practices to ensure they comply with the minimum criteria for accreditation and are able to respond to recommendations for improvement arising from assessment under the scheme.

Patient experience

Patients' experience and satisfaction with services is a key indicator for good general practice. Patient surveys suggest that patients rate services as good when they feel treated with dignity and respect and when they are able to raise issues in a

consultation and understand the information they have been given as a result. Such experiences are not only important for patients: they make it more likely that people will seek help appropriately and make successful efforts to look after themselves.

The PCT knows from patient surveys that some people locally have concerns about opening hours, appointments, access by telephone, and the availability of information. Some problems with access stem from poor infrastructure, such as unsuitable premises or the local availability of specific services.

The PCT expects general practices to meet national minimum standards for access; it wishes to work with general practices on aspirations to exceed these standards. This will include the extension of on-line booking, as proposed by *High Quality Care For All*, the final report of the NHS Next Stage Review. The PCT will also be supporting Government proposals to make available a wider range of information about general practices in Birmingham East and North.

Patient safety

Patient safety is a paramount concern for all those working in the NHS. The Government is in the process of introducing essential standards of safety and quality for health care providers and, subject to the outcome of recent consultations, the PCT expects all GP practices will be required to register with the new Care Quality Commission from 2010. This will require practices to demonstrate that services are safe and people are not put at risk.

Patient safety standards include all aspects of clinical care, health and safety, infection prevention and control, medicines management and risk management safeguarding and incident reporting. The PCT, when commissioning general practice services, will specify compliance with the standards established by the Healthcare Commission, or its successor organisation Care Quality Commission, as well as improvement standards based on its Quality and Safety Profiles. Practices will be expected to achieve and maintain these standards in order to ensure that patients are not put at risk of harm. Practices will also be expected to be familiar with emerging measures of patient safety and quality within primary care.

The PCT will work with practices during the next two years to ensure they achieve the national registration requirements.

A workforce of the highest quality

The quality of patient care and patient experience is determined primarily by the skills and expertise of the staff providing that care and supporting services. The staff who work in general practice are central to the maintenance and raising of standards.

The PCT expects general practices to employ people who have the right skills for the work they undertake, holding appropriate qualifications and registrations. General practices should also support staff to develop the skills and aptitudes they need to carry out their job effectively. Skills and their continuing development are important not only for clinical staff but also for the full range of support staff. Reception staff, for example, are key to prompt and friendly access to information and services; the care and competence of cleaners are central to the battle against infection.

The PCT wants general practices to be active participants in education and training: not only for their own staff but increasingly as teaching practices for others. Over the

next decade, continuing changes in technology, medicines and medical practices will require new skills and styles of working. The PCT wants the general practices in Birmingham East and North to be at the forefront of these changes, with investment in staff and skills to match.

The PCT will specify expectations in more detail in its commissioning specification for general practice. It will also publish details of the ways in which it will work with practices to support staff skills and training.

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7. Working together for health

Birmingham East and North PCT is committed to innovation and improvement in the ways it works. Since 2003, the PCT has participated in a collaborative programme Working Together for Health which has been identified internationally as an exemplar of system improvement. The PCT wishes to build on this work in developing its relationships with general practices.

Clinical leadership to drive change

Working Together for Health is based on partnership between clinicians and managers, working across organisations. Clinical strategies have been prepared to provide new person-centred services that transcend organisational boundaries. The PCT wishes to identify and support clinical leaders in general practice who can work with colleagues in acute specialties, mental health services, and primary and social care to improve and re-design services for the benefit of patients and their carers.

Enabling people to stay at home

A key priority of the Working Together for Health programme is enabling people to stay at home. The aim is to maximise the integration of care, support and treatment across organisational boundaries to enable people to remain at home as long as this is in their best interests and clinically appropriate. This means the bulk of treatment and care is provided by community-based or primary care staff to minimise unnecessary hospital visits or use of institutional care. The PCT is giving high priority to the re-design of care pathways and to investment in a range of services to provide care close to home and will expect general practices to be suitably organised to support these arrangements.

High Quality Care For All, the final report of the NHS Next Stage Review proposes to pilot new ways to co-ordinate care through Integrated Care Organisations. Proposals have yet to be published, but they are expected to give a significant role to general practice. The PCT will work with local GPs to take advantage of these developments.

Partnership in self-care

There is strong evidence that engaging people in understanding and managing their own condition leads not only to greater independence and better health outcomes but also to improve patient satisfaction and wellbeing. The PCT is committed as part of the Working Together for Health programme to promoting partnership in care between clinicians and patients. This approach underpins the PCT's approach to chronic disease management and the management of long-term conditions, described in Section 6 above. The PCT will want to involve general practices in developing and using this approach.

Using information technology to support integrated care

Working Together for Health has identified information and assistive technologies as providing opportunities to improve patient care. The sharing and transfer of information can improve patient safety, clinical decision-making, and operational efficiency. The PCT collaborates with partners to invest in technologies that assist the sharing of information, and information technology already supports evidence-based practice, disease management and effective communications. The local

population is relatively IT-literate, so investments in public and patient access to information can support health promotion and the enabling of self-care.

The PCT sees information technology offering a number of opportunities to improve the integration of care and patients' experience. These include:

- Development of single core patient record enabling clinicians, wherever they are working, to see the totality of a patient's care, to spot potentially significant or complicating factors, and to make good decisions in situations where it may otherwise be difficult to access essential information
- Credibility with patients, who may be frustrated by having to update individual clinicians about different aspects of their care and who may struggle to remember a range of medications, interventions or terminology
- Ease of communication with patients - using texts, phone, email and website interactions - and between clinicians enabling rapid responses to queries, prompt access to diagnostic results, pathway tracking, and the efficient exchange of information at referral and discharge
- Quick and timely information, using digital technology to support large-scale feedback loops, about patient's experiences of services, showing from the patient's perspective what is working well, and should be extended more widely and consistently, and what needs to improve.

It is the PCT's intention to seek to realise these benefits over the next five years. It expects practices to participate in the roll-out of national systems facilitating the single patient record and clinical access to information. Practices will be expected to make their own investments to maximise the opportunities of digital communications and technology-enabled care. In addition, the PCT will seek the active participation of practices in planning future developments in the use of information technology to enhance patient care and patient experience.

8. Re-designing to provide effective services

In addition to its focus on service improvement through working with partners, the PCT is seeking to improve the efficiency and effectiveness of its own internal business processes. The PCT also wishes to see improvements in efficiency and effectiveness throughout general practice.

Organisational efficiency

The PCT wishes to ensure that its business process support effective and efficient transactions with general practices. It is putting in place a programme of core business process improvement to take forward this aim. In return, the PCT expects general practices to look at their own organisational efficiency, so that best use is made of investments to achieve positive outcomes for patients. The PCT will support general practices to identify and realise efficiencies in their operations that can release resources for re-investment in improved services.

Over the next decade, general practice in Birmingham East and North – like general practice across the country – will need to respond to changing expectations and changing demands. As indicated in other parts of this strategy, these changes will often require general practices to meet new and higher standards. Practices will need to be organised in appropriate ways and on a suitable scale to meet these requirements within the limited resources available for health care. Organisational efficiency will be essential if individual practices are to fulfil their role while remaining financially sustainable.

Proposed changes to the funding of general practice would phase out protected income payments, so that more resources can go to provide payments based on the needs of the population served by a practice. At the same time, there will be more financial incentives for the provision of specific services: promoting health and helping those with long-term conditions. Individual practices will need to ensure they are suitably organised to meet the requirements of this new approach to funding.

Service re-design and innovation

The PCT is also looking at different ways in which services can be provided for local people. It is prepared to try radical new ways to tackle some of the deep-seated health issues facing communities in Birmingham East and North, and where pilots are successful, it is prepared to extend them.

This may result in significant changes to the profile and pattern of primary care locally, with implications for interfaces with general practice – and potentially for other processes within general practice. For example, there may be shifts from the traditional one-to-one consultation with a GP towards team approaches or the use of telephone or information technology. The PCT wishes to involve clinical leaders in general practice in the development, evaluation and implementation of innovations in service.

Knowledge management

The PCT has invested in internal capacity and also entered into a strategic partnership with Doctor Foster Intelligence to develop knowledge management systems that will provide general practices with information about their patients, local communities and service performance. The PCT reserves the right to use this

information to ensure that people have equitable access to services that consistently meet high standards for responsiveness and effectiveness. It will use this information to ensure that local needs are reflected in primary care specifications. It will also want to improve the information available about local services and their quality.

Knowledge management provides opportunities to

- make systematic use of information, allowing patient tracking, peer benchmarking and review, needs assessment
- manage the use of services, enabling practices and the PCT to identify those at high risk of unplanned admissions or A&E attendance and to target information on how to make best use of available services, as well as contributing to a better understanding of the drivers of behaviour
- ensure ready access to up to date evidence and best practice, through MAP of Medicine, decision support, NICE and National e-library for health, enabling GPs to feel confident in giving advice and managing difficult diagnoses or treatments, as well as making it easier to give patients information to reinforce understanding and self care.

General practice has been characterised by the widespread adoption of information technology to support patient information, professional communications and access to decision-support. However, a minority of local practices continue to rely on out-dated systems and have yet to realise the benefits of the latest technology. Digital communications offer further opportunities for communications, patient tracking and patient and professional information. The PCT will look to general practices to develop the use of information technology to support patient care.

9. Developing a fit for purpose infrastructure

The current pattern of general practice in Birmingham East and North provides a good range of high quality services for many people. But some communities are less well served than others: for example, in the number of local GPs available locally, in the range of services available through local surgeries, or in the quality of the premises in which these services are offered. Indeed, poor GP premises currently limit the services that can be made available to some communities.

General practice also faces the challenge of providing new or different services in the future. The PCT sees general practice in Birmingham East and North as undertaking more health promotion. There will be more work associated with the management of chronic diseases and long-term conditions. Some services currently provided in hospital will in future be available closer to home in primary care settings. Services will work across organisational boundaries to provide integrated care for patients. All these changes will require staff with a different range of skills and expertise to be deployed within or through general practice.

Developing a new model for general practice

Doctors have always been at the centre of general practice – sometimes, as in many of the practices in Birmingham East and North, working on their own. But in recent years general practice has become increasingly organised in teams: not only a group of doctors, but nurses providing health visiting, district nursing, midwifery and practice nursing services, as well as administrative staff and other support staff. Some larger practices will also include mental health workers, allied healthcare professionals, social workers and health promotion staff, often on a sessional basis.

Over the past twenty years, GPs and other practice staff have also been undertaking a wider range of activities in local centres, including minor surgery, diagnostics such as blood tests and electrocardiographs, and the follow up of patients after surgery. Over the next decade, if best practice was adopted through general practice in Birmingham East and North, an increasing proportion of work currently undertaken in hospital could be provided in community settings.

In order to reach the position where everyone in Birmingham East and North can access the same basic range of services through local general practice, the PCT intends to encourage the development of a new model for general practice. The basic assumption is that larger practices have advantages in ensuring compliance with standards and in making specialist expertise available locally.

To support BEN PCT strategies, new primary care facilities will be commissioned to support two types of groupings of services, those which are provided to a registered population of 10,000 to 15,000 and those which are provided to a population of a minimum of 50,000.

Within a locality these services will be grouped into a number of Primary Care Centres. All of these centres will have the services described below, some will have additional services depending on geography, demographics and the locality service development plan.

Primary care centres (services provided for 10-15,000 registered patients)

The following services will be provided from these centres:

- Self-help and preventive services
- General medical services
- Primary care
- Community services
- Pharmacy (in most cases either in or close to the centre)

There may also be scope to co-locate other independent contractor provider services with the Core and Extended Practice Teams.

These Extended Practice Teams include:

- Mental health workers
- Community physiotherapy
- Musculo-skeletal / orthopaedic triage
- Rheumatology services
- Podiatry
- Speech and Language therapy (paediatric)
- Social workers
- Long-term condition management / healthy lifestyle sessions
- Patient advocates

Primary Care Centres (services provided for 50,000+ registered population)

Some Primary Care Centres will support services that serve a large population (50,000 or more) with a demonstrated health need. The reasons behind this may include:

- The need to have sufficient numbers of patients to support the development of the services;
- The need to use scarce staff skills effectively coupled with a relatively low number of patients;
- The need to ensure that the level of investment required in equipment is fully utilised.

The range of services that may fall into this category include the following, with the exact location depending on the strategies for each service:

- Community Dentistry

- Services where there are a large number of patients with a routine need (X-ray, MRI, mobile scanning, endoscopy, urgent care and audiology)
- Services where there is a smaller number of patients with specialist need or access to a specialist professional (lymphoma services, multiple sclerosis, Parkinson's disease, epilepsy and specialist neuro services)
- Speech and language therapy (adult)
- Child and Adolescent Mental Health (CAHMS)
- Cardiac Rehab facilities
- Services such as parent support groups, carer support facilities and other self help groups run in partnership with voluntary agencies, housing support and benefits advice. This will increase local access and community participation for patients.
- Outpatients' services focused specifically on local health needs e.g. antenatal and gynaecology services, ophthalmology, cancer and renal outpatient treatments
- Family planning
- Welfare services
- Child Development Centre
- Respite / rehab / palliative care beds as determined by local need and PCT strategy

This approach will mean that a wider range of services can be provided closer to home to more people. The PCT recognises that in exceptional cases smaller GP practices may need to operate in some parts of Birmingham East and North in order to ensure good geographical access to services. These smaller GP centres would be linked to the closest primary care centres to enable patients to gain ready access to a wider range of services.

Buildings and facilities

In order to provide a wider range of services, suitable space and up to date facilities will be required. The PCT is proposing to invest in centres which will meet the requirements outlined above. This means that PCT will not support the development of new small or single-handed practices working in isolation from others. It will also not invest in new buildings that serve fewer than 10,000 registered patients except in special circumstances.

Over time, the PCT expects investment in new buildings and facilities to reconfigure general practice so that it is better able to meet the aims and approaches set out in this strategy. Decisions will need to be made about the location of new buildings and priorities for investment. Decisions will be based on the following criteria:

- the general deprivation and indicators of health outcomes for the area

- the size of current general practice registers and current and likely future demand (for example, arising from new house building in the area)
- current arrangements for general practice, including expected retirements by local GPs
- the capacity, fitness for purpose, and physical condition of current premises and the extent to which they could serve a target of 10,000 – 15,000 registered patients
- the local geography and how this affects access, including the availability of reliable public transport.

In making investments in buildings, the PCT will seek to

- improve access for disabled people, the efficiency and friendliness of
- ensure that reception facilities are efficient and welcoming,
- require internal designs that will allow rooms to be used flexibly as technology and medical practice changes
- minimise energy and maintenance costs.

Sustainability

The development of new services and centres will have environmental implications. The PCT subscribes to Birmingham's climate change strategic framework, which sets out how the city will reduce its carbon dioxide emissions and adapt to the already inevitable consequences of climate change. Any new buildings will be designed in ways that minimise future carbon dioxide emissions; they will be built to ensure that they are adapted for the potential effects of climate change, such as rising temperatures. Where existing buildings are being improved or refurbished, the PCT will seek advice on best practice in low carbon upgrading and energy efficiency.

In locating centres the PCT will also use travel planning techniques to reduce the use of cars and to encourage the use of lower carbon transport alternatives.

10. Next Steps

This document sets out proposals for the future of general practice by Birmingham East and North PCT. It is one of a number of strategies that are being prepared in line with the PCT's overarching vision for primary care. It is a working draft, intended to foster discussion about future developments in the PCT's area. It has been drawn up on the basis of a number of existing strategies and initiatives, as well as drawing on continuing discussions on primary care and general practice developments.

This strategy reflects the proposals set out in *High Quality Care For All*, the final report of the NHS Next Stage Review and the related NHS Next Stage Review: Our vision for primary and community care. Many of the Government's proposals have been anticipated by the PCT in preparing this document. Nonetheless, it will be important to review the Government's proposals in detail before finalising proposals for Birmingham East and North.

This draft strategy will be discussed at a number of meetings during October 2008 including the PEC on the 1st October. Its proposals will inform the preparation of more detailed commissioning documents: in particular, the PCT's specification for general practice services and the PCT's Strategic Service Development Plan, which sets out proposals for capital investment in primary care. There will be further consultation on these documents.