

## Clinical Commissioning in Primary Care

### Introduction

Commissioning is a word that I never heard used in a medical context. I vaguely kept track of the news papers headlines about the dissolution of the Primary Care Trust however I did not understand how these policy changes affected me. As a bright eyed final year medical student hurtling towards her foundation year job, naturally I have entertained some ideas about my career. General Practitioner has always been at the top of my list. Approximately 55% of licensed doctors will become General Practitioners (GPs), and as of 1 April 2013 commissioning in some shape or form will be a part of our roles. (REF GMC statistics) Over five weeks I shadowed and interviewed key personnel of the newly formed Bromley Clinical Commissioning Group (CCGs) in South East London. This article provides an overview on CCGs and reasons why medical students should know about clinical commissioning in primary care.

### History of the political changes

In 2012, the Health and Social Care act was passed which radically restructured the NHS. General practitioners and other clinicians were given greater responsibility for spending the Health budget in England which is estimated to be £60 billion. (REF). CCGs replaced primary care trusts ( what is the current number of CCG) and these governing bodies were to procure services and design care pathways that meet the needs of their local patient population. (REF lord howe)

### What is the CCG and how is structured (Diagram annotate briefly)

Keith Fowler, the Head of Governance, explained the structure of the Bromley CCG. The membership body is made up of GP representatives from every surgery in the borough. They meet 4 times a year to prioritise future plans, to agree and set the organisational direction. For example, a key priority this year was to review and improve the diabetic care pathway.

The membership body elect qualified GP members to be a part of the governing body. The governing body is made up of said GP leads, business managers, executive and non executive members who oversee the work of sub committees as they procure services and manage business contracts with health care providers in order to meet the priorities outlined by the membership body. There is an audit committee, remuneration committee, integrated committee, quality assurance and executive team.

There are also geographical clusters meetings of GP surgery representatives, in which information is given and recommendations are made. This NHS reformation has put emphasis on GPs to become more involved in determining how best to serve their population. I attended a cluster meeting where the integration of a new technology service Florence was being discussed. Florence is a computer based service that would request patients health data via mobile text. For example, it could help daily monitor COPD/Asthmatic patients peak flow and prompt patients to see their GP, if the readings were outside their normal parameter.

The executive team then oversee the work of the programme delivery group. In the Bromley CCG there are six different program areas: Urgent care, planned care, primary, long term care, children/young people/maternity and mental health. Each of these areas have staff who will review current health care services and seek to better serve the patients in the most financially efficient way.

For the first time in NHS history, NHS hospitals and community based organisations must compete against private and charity health care providers. There is a robust procurement process to create these contracts with the provider and business case managers that will monitor their key performance indicators to make sure the outcomes are being reached. Already in Bromley, Specsavers now provides audiology services to patients. GPs have now essentially been given the responsibility to govern community services and what clinicians think really does matter. There are now plans to introduce the role of Patient Advisor Liaison Officers, GPs had correctly identified that there was a lack of co ordination of multi disciplinary care for their most vulnerable elderly patients.

Community nursing

Response to national reports

The Importance of the CCG

Not only does the CCG set up and manage health care contracts with providers. This organisation also gives a voice to the patient and Primary Care clinicians, there is an exchange of information. It has a public facing role where meetings are held in the community to discuss proposed changes to existing health services. Each programme has evaluation tools in place to accurately gauge the success of the their contracted service providers. There is a quality alert system to ensure patient safety, any complaints are taken seriously and action is taken to rectify the situation as soon as possible.

The CCG governs prescribing practices deciding which drugs are available to patients. The Bromley CCG has an objective to save 1 million pounds, thus there is a strong emphasis on medicines optimisation. There are efforts to minimise waste and improve patient adherence.

Further education, training and professional development of primary care clinicians is organised by the CCG. I attended one of the academic afternoons where GPs were able to come together across the border and learn about children's mental health, agencies and vaccinations. Delegates were able to raise concerns they had about managing children with mental health issues. The senior management from Bromley Y, an extremely successful adolescent counselling service, were in attendance and they could explain why the waiting times for referrals were so long. They gave advice on how to manage the patients in the mean while.

Conclusion

For those wishing to work in a primary care setting, it is imperative that they understand their role in the CCG. GPs are the membership body of the CCG rather than it being a separate entity working from them. Even though a significant proportion of GPs may not want a hand the actual administration of primary care, their collaboration and communication is still essential. GPs know their patients the best and it is crucial to have their input when redesigning care pathways or even addressing how to tackle the out of hours care crisis.

The emphasis of care is now moving from the acute hospital environment to prevention and ongoing care in the community. This is the only way to deal with an ageing population and a national health service that is under enormous strain. The CCG is a new and exciting model that will only work if clinicians, managers and patients work together. Some doctors may want to undertake additional training in commissioning or business management in order to be able to have principal roles in the Community Commissioning Groups in the future.

# **Bromley Clinical Commissioning Group (BCCG) and Community Care**

## **1. What is the pattern of disease in the Bromley population?**

Orpington, where Ballater surgery is situated (host institution) is a relatively affluent area with a few areas of socially deprived citizens. The majority of residents are Caucasian and Ballater surgery serves quite an elderly population (60+). I have noted that in the ageing population, their health problems tends to be multiple, chronic and their care can become quite complex. The major conditions observed in this demographic include: diabetes, heart failure, COPD, Coronary Artery Disease, dementia and stroke.

Patients, more often than not, are living alone with chronic illnesses that they struggle to manage. They make up tier 2 of the patient vulnerability pyramid and it does not take much (infection, fall, non compliance with medication) to send them into hospital where they become tier 1 patients. These tier 1 patients do not do as well once they are hospitalised, and the road to recovery and is long and uncertain. The emphasis of the NHS is now to try treat patients at home, keeping them as independent as possible for as long as possible.

Dr Tavabie explained that there are two strategies that will best serve the most vulnerable complex patients. Home visits and a Patient Advisor Liaison Officer. Home visits are not done by many practices across the country; although it has been proven to improve patient doctor relationship. GPs are able to identify impending health concerns at an earlier stage and take pro active steps to prevent deterioration. Patients also feel able to communicate problems before they reach crisis and are hospitalised. Whilst making home visits GPs can observe the patient within their home, assessing their abilities to complete every day tasks and pointing out potential hazards. Many patients receive services from more than one health clinician, not excluding social services; a PALS officer's role would co ordinate their care. This would ensure that the patients needs are being met in a holistic and efficient way.

The BCCG have made diabetes and cardiology two special areas of focus and plans to redesign the community care pathway are underway. I was privileged to attend a cardiology strategic planning meeting, where the current services were being reviewed. Using key performance indicators, clinician perspective and statistical data real progress was made in agreeing what the new pathway would look like and how it would be implemented. The need to train and up-skill GPs in working with heart failure patients was identified and logistics were being discussed.

## **2. What programmes do the BCCG currently offer to meet the needs of the population?**

There are six main programme areas:

Primary Care – See Planned care

Planned Care – Overlaps with primary care. This programme focuses on creating community based care strategies. Patients and clinicians alike would like their be to less steps between first presentation of a medical condition to treatment. There is ongoing work with GPs to review current services. There is a real push from central government under the health and social act 2012 to contract Any Qualified Provider to deliver certain services. Boots have won the open tender to deliver anti coagulation services.

Urgent Care – This programme procures contracts that take care of trauma and high risk patients that require hospitalisation. Hospitals are now foundation trusts which are contracted and monitored by the CCG. This would include the infamous 111 service and the provision of out of hours Em doc services. This service has been reported frequently in the media and the CCG are currently reviewing the situation to ensure patient safety and satisfaction. There is a robust quality assurance system in place. The Princess Royal Hospital, Queen Elizabeth and Queen Mary hospitals are not performing as well as they should and thus the TSA report recommended that the South London Healthcare Trust be dissolved. I observed a quality assurance board meeting at one of the hospitals. The hospitals still have a duty of care to patients and every effort must be made to ensure patient safety while reforms are occurring.

Child/Adolescent Services and Maternity – Maternity services include midwife services, antenatal care and post natal care. The Phoenix service works with other organisation to provide specialist care to children and young people with disabilities, including their parents/carers. I was able to visit the Bromley Y, a young peoples counselling service that works alongside the CAMS (Children/Adolescent Mental Health Service). It is an extremely popular service and its work in rebuilding patients lives is truly remarkable.

Long Term Care (Promise) – This programme is designed to cater for patients who are at most risk of hospitalisation as a I have explained above. It works to integrate care, so that social services are brought in at the right time and GPs are reaching out to patients who tend to dissociate from the service and re appear in hospital. I accompanied a community matron on an assessment visit of an elderly couple who were suffering from falls. The matron accepted a referral from a general practice and became the couples key worker who would co ordinate their care. It was interesting to note that although the matron is a health care professional they use a patient note system called Rio, whilst GPs use a system called EMIS Web. At the moment, they are unable to get direct access to EMIS Web due to outdated data protection laws. Much time is spent in administration completing simple transcribing tasks. Helen pointed out that the CCG is still an evolving organisation and data protection laws will have to be altered to best serve the patients. If community health care is going to be integrated, there will need to be collaboration of data and better lines of communication.

Mental health – Oxleas Health care trust provides the majority of psychiatric services.

### **3. To improve interview/communication skills**

I spoke to numerous key personnel belonging to the BCCG. From the CCG executive director Angela Barns, Principal Clinical Lead – Andrew Parsons and department heads such as Yee Cho (Head of finance) At first it was quite a daunting task as these were influential individuals extremely passionate about their work. At times I felt lost as they were using terms and business lingo that I had not come across before. It took some reading and further meetings to really start to be able to understand what Clinical commissioning was all about. I believe that I have improved in my interview techniques and the high quality data will be used in an article which will be submitted to the student BMJ.

I also had a few clinics and compared to my last placement in community care I felt so much more confident. Often the patient would come for reassurance rather than active intervention and I felt able to provide that. One of my tasks was to talk slower and I believe I achieved that by sitting back

in my chair taking my time in explanations. I am no longer afraid of silent pauses, which allows the listener to effectively process what you are saying. I also made a point of acknowledging what my patient was feeling. This validates their concerns and I believe it helps build that trusting relationship that is needed to ensure co operation.

**4. Write an article about the Bromley CCG and what medical students should know about clinical commissioning?**

Not yet complete. Excerpt below.

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