NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
AUGUST 2018

TITLE OF REPORT:	CCG Benchmarking Project
AUTHOR(s) OF REPORT:	Ranjit Khular, Primary Care Transformation Manager
MANAGEMENT LEAD:	Sarah Southall, Head of Primary Care
PURPOSE OF REPORT:	To provide Primary Care Commissioning Committee with an update on work that has been undertaken with regards of the CCG Benchmarking project and to present an overview of how the work will be taken forward in future. The purpose of the Benchmarking concept is to allow the organisation to be measured against others with a view to recognise relative strengths and areas for improvement. The report proposes a series of actions on how the CCG can robustly monitor a number of indicators on key areas such as Patient Experience, provision of Enhanced services and the configuration of the Primary Care This will enable the CCG to recognise areas for improvement and to develop actions to address these.
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	The Primary Care project is a recently developed project by the NHS Benchmarking Network, focused on supporting CCGs (Clinical Commissioning Group) with their commissioning of Primary Care services. During the late part of 2017 the Benchmarking Network undertook a comprehensive data collection and analysis process looking in detail at each of the CCGs within regional Peer Groups. This report summarises the key points of the first report of the Primary Care Project based on 2016/17 data. The report recognised that the CCG was working to the fully delegated model of primary care commissioning and had a programme of formal contractual meetings with all practices. The data also recognised a lower than average number of locums within the primary care workforce. Within the report are proposed a series of actions as to how the CCG can

	monitor delivery against the key measurables within the scope of the project. By implementing a tracker for this purpose the Primary Care Team will be able to review data on a regular basis and identify areas for improvement.
RECOMMENDATION:	To note the contents of the report and support the recommendations that the CCG participates in the Benchmarking project going forward.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing Health Inequalities in Wolverhampton	**a.** Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this

1. BACKGROUND AND CURRENT SITUATION

1.1 The NHS Benchmarking Network facilitates a series of Benchmarking projects across the full range of NHS services from primary to tertiary care, with a view to influence service improvement through peer to peer collaboration, sharing of good practice.

The concept of Benchmarking was adopted from industry, where it had been used as a structured approach to quality measurement and improving services since the late 1970s. This process was competitive, with businesses striving to meet or surpass the best performer.

Benchmarking was first introduced to the NHS at the launch of the Benchmarking Club, sponsored by the NHS Management Executive, in January 1991.

1.2 The benchmarking theory is built upon performance comparison, gap identification, and changes in the management process. From a review of benchmarking literature it is easy to conclude that benchmarking:

identifies strengths and weaknesses within organisations

identifies the level of performance possible by looking at the performance of others, and how much improvement can be achieved

promotes changes and delivers improvements in quality, productivity and efficiency

helps to better satisfy the customers' need for quality, cost, product and service by establishing new standards and goals.

1.3 The Primary Care project is a recently developed project by the NHS Benchmarking Network, focused on supporting CCGs (Clinical Commissioning Group) with their commissioning of Primary Care services. During the late part of 2017 the Benchmarking Network undertook a comprehensive data collection and analysis process looking in detail at each of the CCGs within regional Peer Groups. This was the first time the network focussed on Primary Care, it is expected that the project will evolve over time, informed by the feedback of participating organisations. The aim of the project is to provide lead Primary Care Commissioners and their colleagues with useful information/analysis that supports their work and can inform their decision making. While the project aims to use existing data sources, a short additional data collection was used to examine CCG's processes and other data not available elsewhere. This was kept to a minimum size to reduce the workload required of participants. The project seeks to provide meaningful analysis of this data, to make it useful.

1.4 The project is aimed at enabling the CCG to be benchmarked against other CCGs and the CCG averages across Midlands and the East. The benchmarking project is due to run again in 2018, with a an intended launch in autumn 2018, it is recommended that in order to influence the scope of the benchmarking and to provide direct input it is recommended that representation from NHS Wolverhampton CCG is involved in the Steering Group.

For the purpose of this project NHS Wolverhampton CCG is part of the Midlands and East Peer Group. It is however noted in the report that future rounds of the work may use other peer groups. This will be based on feedback from participating CCGs. There is therefore an opportunity to influence the programme in future by recommending future benchmarking takes place over a different cluster of CCGs, either geographically determined, or through comparing the CCG with it's statistical neighbours.

1.5 The key findings from the Benchmarking project across all participating CCGs were as follows:

Midlands/ East CCGs	**Wolverhampton CCG**
On average, 4 WTE GPs work in each GP practice.	In Wolverhampton there are an average of 3.1 GPs working in each practice
18% of GP practices are co-located with another GP practice.	In Wolverhampton 14% of practices are co-located with another practice
87% of respondents stated that GP services are commissioned by the delegated commissioning model.	GP services in Wolverhampton are commissioned by the delegated commissioning model
Locum GPs comprise of 3.6% of the total GP workforce	In 2016/17 locums comprised 1.7% of the total GP workforce
The average DES payments made to CCGs per 100,000 registered population is £701,166.	The DES payments made to Wolverhampton practices in 2016/17 per 100,000 registered population were £549,547
The average LES payments made to CCGs per 100,000 registered population is £774,128	The LES payments made to Wolverhampton practices in 2016/17 per 100,000 registered population were £221,761
On average, 80% of patients would recommend their GP surgery to someone who had just moved to the local area.	On average 76% of Wolverhampton patients would recommend their GP surgery to someone who had just moved to the local area.
27% of CCGs have formal contractual meetings with GP practices in their CCG.	Wolverhampton CCG has a programme of formal contractual meetings with practices in the CCG. This is completed under a collaborative approach with Public Health,

	and each practice is visited once every 2 years.
48% of CCGs work collaboratively with other CCGs in relation to commissioning primary care.	NHS Wolverhampton works in collaboration with CCGs within the local STP footprint.

1.4 The purpose of this report is to provide PC Commissioning Committee with an overview of the key points raised by the Benchmarking report and makes a series of recommendations for action pertaining to the different sections of the report to ensure the data is used to inform the ongoing development of Primary Care services. In order to facilitate this a Benchmarking Tracker has been prepared within which each of the key indicators would be measured, and where resulting actions would be recorded and monitored.

2. FINDINGS FROM THE BENCHMARKING EXERCISE

2.1 The following sections of the report:

Summarise the key findings from the Benchmarking exercise and propose some actions for further enquiry/investigation to enable the CCG to track it's status against the different indicators. Wherever possible the proposed actions are expected to be monitored through the CCG's current infrastructure such as existing forums and groups.

2.2 Practice Overview

Key findings:

Number of GPs per 100,000 registered patients in Wolverhampton 47.0 wte compared with Mids/ East average of 49.7.

The average number of patients registered at each of the 42 practices is 6612. This is a lower average list size compared with the Midlands/ East average of 8140 patients.

Action	Lead	Assurance
Monitor the number of patients registered at each practice	CCG Finance / Contracting	Monthly updated list in place with actual and weighted list, presented at practice/ practice group level. This is in place.

2.3 Workforce

Action	Lead	Assurance
To track practice workforce through Practice Workforce dashboard: GP Partners Salaried GPs Registrars Total Doctors Which will enable calculation of: Number of GPs per 1000 registered patients Number of patients per 1.0 wte GP GP wte per practice In addition to monitor the numbers of the following in the Primary Care Workforce: • Advanced Nursing Practitioners (ANPs) • Practice Nurses (PNs) • Healthcare Assistants (HCAs) • Total Nurses • Practice Managers • Receptionists • Administrators • Total Non-clinical Staff all per 1000 registered population	Primary Care Workforce Task and Finish Group via Workforce Dashboard	Refresh of Workforce Dashboard. Comparison with other CCGs within the CCG Peer Group
To ensure the data feeds into refresh/ updates to the Primary Care Workforce Strategy and informs discussions/ plans around new roles aligned with the Primary Care Workforce GP5YFV.	Primary Care Team via the Primary Care Workforce Task and Finish Group	Updates to the Workforce strategy/ delivery plan.

2.4 Direct Enhanced Services

The table below details the name of the service, the payments per 100,000 registered patients registered in 2016/17 and the total payment for Wolverhampton's registered population in 2016/17. The table shows that across all services Wolverhampton's activity was less than the Midlands/ East averages

	2016/17 DATA Payments per 100,000 registered popn	
Direct Enhanced Service	**WTON**	**MIDS/EAST**
Avoiding unplanned admissions	220,077	239,415
Childhood Vaccinations and Imms	157,944	176,601
Extended Hours Access payments	87,576	129,403
Influenza and Pneumococcal Ims	164,479	190,833
LD Healthcheck	23,725	26,255
Minor surgery Enhanced service	83,270	122,617
Zero tolerance/ service for Violent patients	0	4,610

The CCG is currently seeking validated data of delivery against each of the Enhanced services in 2017/18. This will enable the CCG to review activity against any DESs where there is a further variation from the peer group average.

This will be monitored on a quarterly basis by the Practices as Providers Task and Finish Group, any area where the CCG is underdelivering against the Peer Group average will require a deep dive into understanding the reason for this variation, and a remedial action put in place where indicated.

As an example of this approach, in 2017/18 the CCG was recognised by NHSE as an outlier for the LD Health check DES with a lower than average rate of completion for patients on practice registers. A local Improvement Plan has been developed and is being implemented in response to this.

The Local Enhanced Services in place at the time of the report being published (2016/17) were as follows:

Primary Care In-reach Team
Minor Injuries
Suture Clip Removals
Pre and post op checks
Simple dressings
Complex dressings
ECG
Pessary change
Ear Syringing
Demosumab
Testosterone
HCD
Asthma Enhanced Review
COPD Enhanced Review

Actions proposed:

Action	**Lead**	**Assurance**
To track on a monthly basis the volume of activity and associated spend against each of the Direct Enhanced Services	Primary Care Team with Contracting (CCG) and NHSE Finance hub	Regular activity report (frequency to be agreed) to the Practices as Providers Task and Finish Group
To monitor CCG activity for DES's against the Peer Group to measure delivery against others in the Peer Group.		
Clarification on the process for extracting activity and finance data on a real time basis from CQRS (in respect of DESs)	Primary Care Team with IM&T	Regular validated report received by the Practices as Providers Task and Finish Group
To track on a monthly basis the volume of activity against each of the	Primary Care Team with Contracting/	Regular activity report to feed into

Local Enhanced services by practice/ practice group. To cover: Number of practices taking part in the LES If practices are taking part independently or at scale Activity per quarter	Public Health	tracker (quarterly at present)

If future iterations of the Benchmarking project are to be undertaken at local geographical cluster level, or with CCGs deemed to be statistical neighbours, the inclusion of the following metrics would be a valuable metric to include in the report:

- List of Local Enhanced Services commissioned by the CCG,
- scope of these services and
- the local tariff for these services.
- associated actual spend an spend per 100,000 registered populations for each LES. This will allow for comparative analysis between the CCG and it's peers.

2.5 Patient Experience

Patient experience across all GP practices is currently measured through the annual GP survey. The key headlines for Wolverhampton practices as reported in the survey for 2016/17, compared with the Midlands and East average are presented below:

Patient Satisfaction Indicator	Wolverhampton	Mids/ East
Patient satisfaction with opening hours	80%	79%
% stating it's easy to get through to someone on the phone	72%	73%
Able to get an appointment to see or speak to someone % saying Yes	83%	87%
% saying they have confidence and trust in their GP	92%	93%
% saying their overall experience of using Out of Hours GP services is good	92%	93%

% who would recommend their GP surgery to someone who has moved to the local area	76%	80%

The findings above indicate that the overall feedback for Wolverhampton practices is marginally below the benchmark group averages on a number of indicators.

Although the CCG does receive some data from the GP survey, this data is received In retrospect. Going forward it is recommended that the GP Survey data is shared when the survey closes and for the feedback to be analysed at practice and practice group level. This will facilitate a more timely response to the matters/ issues raised and to consider local responses to these. Some recommended thresholds as to where the practice/ practice group need to consider remedial actions are included in the tracker.

Actions proposed:

Action	Lead	Assurance
To receive practice level data from the annual GP survey	Primary Care Team, Practices as Providers Task and Finish Group	Report to Group Leads
To analyse and present the data at practice group level	Primary Care Team, with Group Leads	
To triangulate the feedback from the GP survey with Friends and Family Test data, Quality Matters feedback, Serious Incidents, Complaints	Group Managers with Primary Care Quality Assurance Co-ordinator	
To produce Group Level responses/ action plans on areas within the survey where performance is below the benchmark average, and to share areas of good practice where performance is Good	Practice Groups/ Group Managers	Submitted action plan to address areas of shortfall, and to highlight areas of good practice.

2.6 Finance

The finance data in this report has been sourced from the publicly available NHS Payments to General Practice, from NHS Digital.

The payments have been split into four cohorts, and a description of what is included in each of the cohorts is detailed in the table below:

NHS England payments to GP practices	WTON	MIDS/EAST
payments per head of registered population		
Global sum and MPIG	69	64
PMS	14	17
QOF	13	12
Premises	9	13
All Other	36	58

Actions proposed

Action	Lead	Assurance
To monitor the General Practice payments profile across all practices/ practice groups	Primary Care Finance Manager	Annual finance statement

Quality and Outcomes Framework (QOF)

One of the domains within the finance section of the tool is the monitoring of CCG delivery against QOF. The data presented shows that practices generated the equivalent of £13 per head of registered patients for QOF in 2016/17.

To enable improvement in the delivery of QOF a process is being established with the local IM&T team which will enable the CCG to have an oversight of practice level in year QOF data (within Q2). This will enable the CCG to monitor progress, identify areas / indicators that are not being widely achieved and to consider remedial actions. This level of data should allow local benchmarking between practices within practice groups, and will inform local improvement plans at practice group level.

Actions proposed

Action	Lead	Assurance
To provide practices with feedback on QOF performance in Q2, highlighting areas of good achievement, and where improvement is required	IM&T Team with Insight Business Solutions	Report to Practices as Providers Task and Finish Group

To implement local improvement plan for areas where achievement against QOF indicators is below Practice group benchmark	Primary Care Team	Report to Practices as Providers Task and Finish Group

2.7 CCG Operations Regarding Primary Care

According to the report the numbers of staff supporting the CCG's Primary Care Programme of work in 2016/17 were as follows:

Contractual work includes financial management, GP contracting, managing estates, QOF and ES, as well as supporting mergers. The average for this is 1.06 WTE per 100,000 registered population

Transformational work includes locality/place-based commissioning, General Practice Forward View, Primary Care strategy and other support/mentoring. The average for this is 0.89 WTE per 100,000 registered population.

Staff wtes per 100,000 registered population supporting the Contracting process in Wolverhampton	0.54 wte
Staff wtes per 100,000 registered population supporting the Transformation process in Wolverhampton	3.78 wte

Actions proposed

Action	Lead	Assurance
To continue to monitor wte's working within the Primary Care programme of work	Primary Care Finance Manager	Annual finance statement

2.8 Medicines Management

In 2016/17:

no Wolverhampton practices were dispensing practices.

There were 4 clinical pharmacists who work in GP practices within the CCG per 100,000 registered population

7% of practices were co-located with a clinical pharmacy.

Prescribing fee payments per 100,000 registered population were £90,531 against a Midlands/ East average of £48,950.

Reimbursement of drug payments per 100,000 registered population was £442,648 against a Midlands/ East average of 1,625,752

Actions proposed:

Action	Lead	Assurance
To monitor the number of Clinical Pharmacists in post via the Workforce dashboard	Primary Care Workforce Task and Finish Group	Primary Care Workforce Dashboard
To continue to monitor the level of re-imbursement of drug payments	To be agreed with the Medicines Optimisation Team	To be confirmed
To continue to monitor the level of prescribing fee payments received by the CCG	Primary Care Finance Lead	To be confirmed

2.9 Recommendations to the Benchmarking Network:

In order to ensure that the project adds value and recognises the overall Primary Care transformation work programme it is recommended that:

- The project includes the Transformation funds allocated to CCGs to deliver the requirements of the GP 5 Year Forward View to enable a more comprehensive profile of Primary Care funds to be in place.
- To use the Benchmarking project to monitor the delivery of the following developments within the GP 5 Year Forward View Programme of Work, to include as a minimum:

  Provision of extended access

  Expansion of the primary care workforce e.g. the development of roles such as Mental Health therapists, Physicians Associated, Clinical Pharmacists and to benchmark the level of activity attributed to each patient group. This will enable the monitoring of appointments offered and completed by different professional groups:

- e.g Doctor,
- Practice Nurse,
- ANP,
- Mental health Therapist,
- Clinical pharmacist.

Discussions have taken place locally around monitoring the availability and uptake of appointments by each professional group as part of the Extended Access provision.

The amount of funding allocated to training the Primary Care workforce, by professional group (clinical and non-clinical)

DNA rates for appointments (aligned with the 10 High Impact Actions to release time for care)

If future iterations of the Benchmarking project are to be undertaken at local geographical cluster level, or with CCGs deemed to be statistical neighbours, the inclusion of the following metrics would be a valuable metric to include in the report:

- List of Local Enhanced Services commissioned by the CCG,
- the local tariff for these services.
- associated actual spend an spend per 100,000 registered populations for each LES.

2.10 Recommendations to the CCG

To implement the Benchmarking tracker(in Appendix 1) to enable the monitoring against Benchmarking indicators on an ongoing basis

It is also recommended that the CCG considers involvement in the next Benchmarking exercise that is due to take place from Autumn 2018 with a view to contribute towards the scope and form of the Benchmarking exercise so that the resulting data and report can be used as credible intelligence in the future commissioning of primary care services.

3. CLINICAL VIEW

Not obtained at this point.

4. PATIENT AND PUBLIC VIEW

The patient and public view of patients registered with Wolverhampton practices will be recognised within the feedback from the GP survey, and where overall satisfaction is below the Peer Group average, responsive action plans will be developed.

5. KEY RISKS AND MITIGATIONS

The key risks associated with implementing this project would be the impact on the time of the Primary Care team in collating the required data and submitting it to the Benchmarking project. However the tracker will enable the Primary Cate team to collate data and local analysis in preparation for submission to the Benchmarking project.

6. IMPACT ASSESSMENT

Financial and Resource Implications

There are no financial impacts to the CCG for participating in the project.

Quality and Safety Implications

6.1. The monitoring of practice level QOF data is intended to have a positive impact on practices achieving their QOF targets which should result in improved patient care.

The systematic monitoring of Practice Satisfaction survey data will have a positive impact on patient care through the development of remedial action plans where patient satisfaction is below the benchmark averages.

Equality Implications

6.2. There are no known Equality implications for participating in the project.

Legal and Policy Implications

6.3. There are no known Legal an Policy implications for participating in the project.

Other Implications

N/A

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Job Title	**Primary Care Transformation Manager**
Date:	**30 July 2018**

ATTACHED:

Benchmarking Project Activity Tracker

NHS
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RELEVANT BACKGROUND PAPERS
(Including national/CCG policies and frameworks)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	**Date**
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	**L Corrigan**	**23/7/18**
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.) IM&T Medicines Optimisation Primary Care	**S Sanghera** **H Patel** **J Reynolds**	**July 2018**
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**R Khular**	**30/7/18**