Lancashire and South Cumbria Integrated Care Board

Proactive and Reactive GP Support Framework

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Purpose	*A guide to visiting GP Practices*
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Date:	**Version Number:**	**Section and Description of Change**

Contents

1. Introduction and Background

NHS Lancashire and South Cumbria ICB commissions General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Primary Medical Services contracts (APMS) from around 200 GP practices.

GP practices are at the heart of all communities and range from small single-handed practices with one GP and a relatively small list size (less than 3000) to large multi-site practices with much larger list sizes (more than 30,000). In Lancashire and South Cumbria there is a vast range of geographical and demographic coverage from small urban towns with high levels of deprivation to extremely rural villages covering large areas but with small populations.

The operating models within each GP practice are vastly different, responding to the population and area that they serve.

Lancashire and South Cumbria ICB has a statutory responsibility to assure the quality of GP practices within their geographic area, ensuring that provision of care is safe, effective and of a high-quality. This includes oversight of patient safety, performance against standards and the management of complaints and concerns.

Key aspects of oversight include:

- Patient Safey and Quality Assurance
    - Oversight of patient safety incidents
    - Quality standards and performance
    - Enhanced services
    - Managing concerns and complaints
    - Collaboration with CQC
    - Safeguarding
- Commissioning and Contract Management
    - Delegated Commissioning
    - Contract Management
    - Financial Management

The purpose of this document is to outline the framework in which the primary care and quality team combine the use of local and national data and soft intelligence to underpin and inform a cycle of proactive visits. The framework also sets out examples of incidents that may happen that require a reactive visit to a practice within a defined timescale.

1.2 NHS 10 Year Plan

The NHS Fit for the Future 10-year Health Plan outlines how performance will be more open to public scrutiny and patient input than ever before. The plan also emphasises the role of ICBs as strategic commissioners with ‘quality of care’ at the centre of commissioning and earned autonomy for providers. The plan talks about ‘hardwiring transparency and quality into the NHS’. There is a focus on ‘narrowing inequality and reducing unwarranted variation’. The plan talks about reducing

duplication and this framework ensures teams work together, not in silos and that we compliment the work of other organisations like CQC.

2. Purpose

The purpose of the proactive and reactive GP Support Framework is:

2.1 Proactive Process

- To provide a framework that identifies GP practices who may benefit from early support packages to encourage sustainable primary health care provision.
- This will be a 3 yearly cycle ensuring all GP practices have at least one supportive visit in that timescale.
- The process will complement and encompass other requirements for example, Support Level Framework visits and place engagement visits.
- A range of practices will be identified using combined data sources and local soft intelligence.

2.2 Reactive Process

- To outline the support and interventions for GP practices when something significant occurs in-year.

3. Scope

All GP practices are included in this framework. Practices will be selected by using combined data sources, soft intelligence and triangulated with other teams, selecting a range of practices with different needs.

There may be a request that extends beyond individual practices, including:

- Working with groups of practices in a place with common support requirements.
- Working with groups of practices across places with common support requirements.
- And relatedly sharing learning.
- May link to PCN service delivery improvement.

Out of scope - the framework is not intended to:

- Replace safeguarding processes and procedures.

- Replace the Care Quality Commission (CQC) process.
- Replace NHS England's Professional Standards process.
- Replace wider team's monitoring, for example, medicines optimisation.

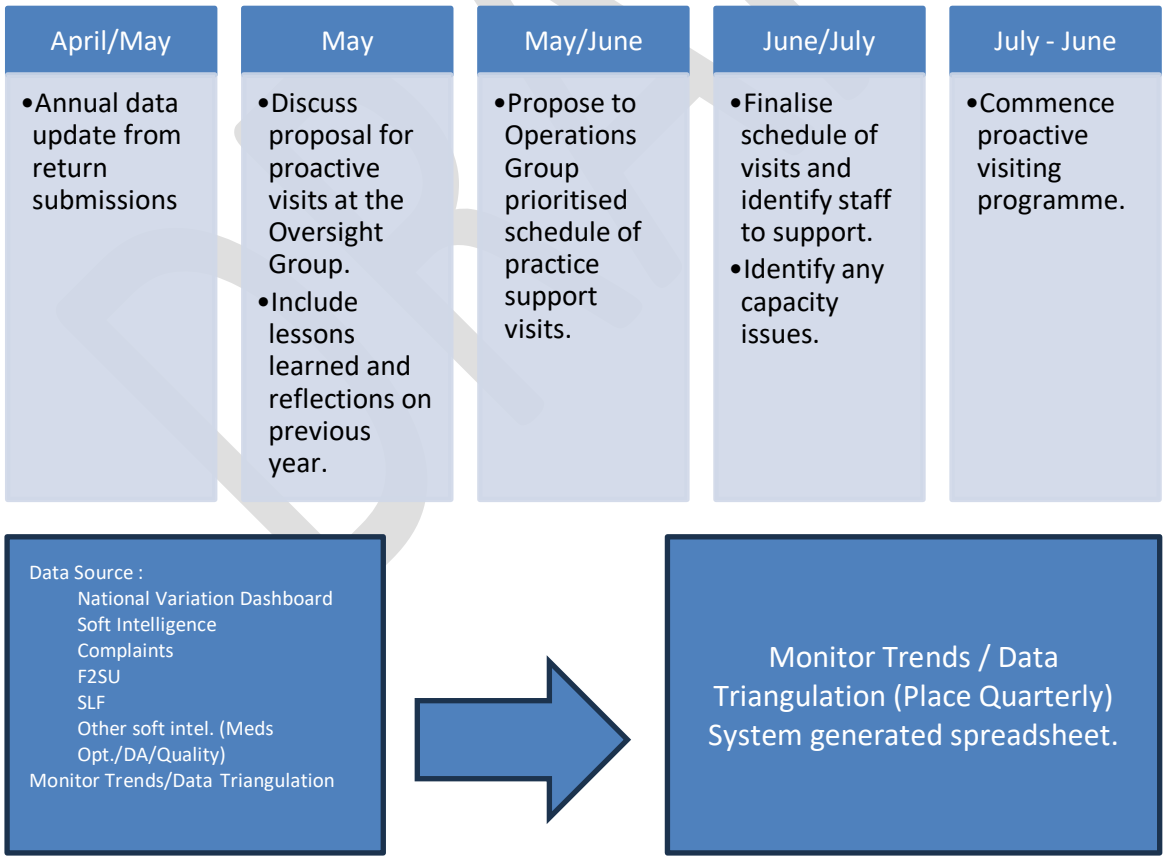
4. Process

Please note that there are two detailed standard operating procedures (SOP) for the proactive and reactive support visits that underpins this framework.

A framework is attached as appendix B which describes the support level categories for practices. These are indicators only to ensure practices receive the correct support at the right time. Levels 1 – 3 are proactive and levels 4 and 5 are reactive.

4.1 Proactive Support Visits

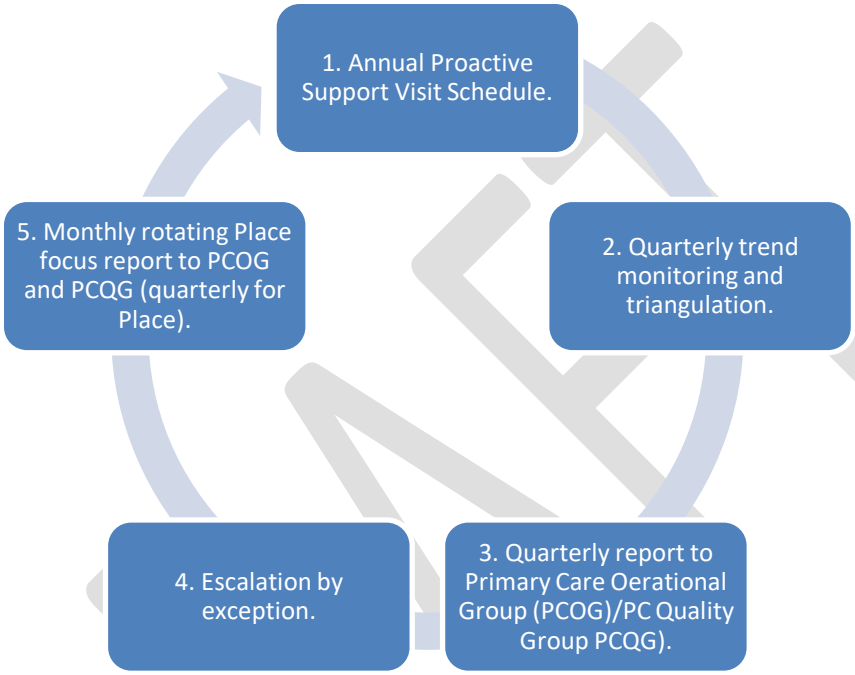
The timeline underpinning the process is detailed below:



4.1.2 Data and Soft Intelligence

This framework is data informed but intelligence led and includes triangulation. As per national guidance the new dashboard and associated data detailing unwarranted variation will be considered first to assist in the prioritisation process. The national data set forms one element of the process as it is important to note that data does not always indicate practices that may require support.

4.1.3 Reporting Cycle and Governance



1. Practices included in level 1 and 2 (see appendix A) will be included within the prioritised schedule of visits to ensure every practice receives a support visit within a 3-yearly cycle.

Total Number of Practices:	**196**
Number of visits per year (proactive):	66
Each Place Facing Team:	22

2. Quarterly trend monitoring and triangulation will include:
    a. System managed smart sheets compiling soft intelligence from wider teams.
    b. Triangulation to include national GP dashboard, Aristotle, soft intelligence from place facing teams, delivery assurance team, medicines optimisation team, quality team, complaints, FTSU, safeguarding team, estates and infection prevention and control.

3. Template report to include:
    a. Summary of data/visits
    b. Summary of themes
    c. Summary of support offered
    d. Summary of best practice identified
    e. Highlight any changes to original plan
    f. Narrative underpinning.

4. Escalation to Quality Committee and Primary Care Commissioning Sub-Committee by exception. Exception reporting criteria - (not limited to) serious:
    a. Risk to patient harm
    b. Infection prevention
    c. Clinical practice concerns
    d. Clinical governance concerns
    e. Medicines Optimisation issues
    f. Safeguarding concerns

4.2 Reactive Support Visits

Due to the nature of concerns or incidents that will prompt a reactive visit, these can occur at any time during the year and will be within either one month or one week (detailed in appendix A). There may be occasions when the one-month timeframe is not met due to external factors, for example, notification that a CQC inspection results in a practice being placed in special measures but the subsequent draft report takes longer than one month to arrive.

A reactive visit could be triggered by (examples but not exhaustive list):

- CQC visit report identifying concerns and an outcome rating of requires improvement or inadequate and placed in special measures.
- A safeguarding, medicines optimisation or serious quality concern.
- F2SU issue.
- A serious contractual breach.

Reporting of reactive visits will form part of the quarterly summary and individual report via SBAR to Quality Group.

5. Roles and Responsibilities

The visiting core team will consist of (for both proactive and reactive) but may be flexed due to capacity and the areas for discussion:

- Primary care place facing team – Chair
- Clinical lead

Depending on the input and support required, other members, by exception, include:

- Quality team lead
- Delivery assurance

- Medicines optimisation
- Safeguarding
- Infection prevention
- Estates

The LMC will attend if the practice would like their support.

Roles and Responsibilities of ICB teams and stakeholders:

Team	Role	Oversight Group Member?
Primary Care Place Facing Team	Lead role in coordinating visits, chairing and project management.	Yes
Primary Care System Team	Advice and support in data analysis and system generated spreadsheets and reports.	Yes
Primary Care Delivery Assurance Team	Advice and support with contractual issues and breaches.	Yes
Quality Team	Advice and support with quality issues and any clinical searches. Clinical GP representation will be a Quality or Place CCPL.	Yes (but not the CCPLs)
Medicines Optimisation Team	Advice and support with medicines optimisation issues including data.	Yes
Infection Prevention Team	Advice and support with infection prevention and control issues.	Yes
Estates Team	Advice and support with estates issues.	No (by exception)
Safeguarding Team	Advice and support with safeguarding issues.	No (by exception)
Complaints Team	Sharing data and any detailed information.	Yes
LMC	Engagement at onset (with practice permission).	Yes
Comms and Engagement Team	Advice and support with launch and links to intranet.	No

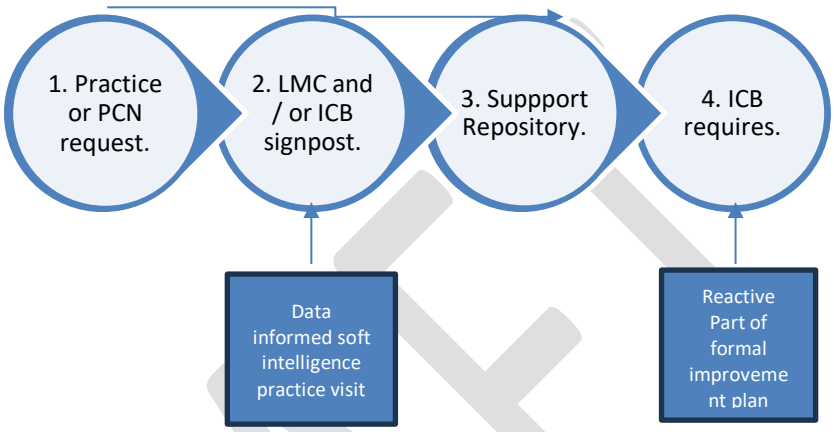
Other inter-dependencies with stakeholders include:

- National team – dashboards and guidance
- CQC – intelligence, reports and ratings
- F2SU
- GP Practices

Please note that where possible and essential, visits will be face to face, but acknowledging the changing landscape and capacity within teams, visits may be virtual.

6. Support Repository

The purpose and principle of this framework is simply an offer of support. Having a proactive element to this seeks to minimise the likelihood of reactive incidents. The diagram below shows the ways that practices can access support, in-line with this framework and outside it:



Support Offers

A repository of support is attached as appendix B. This will be refreshed on a continual basis as and when new offers are launched or when time limited offers expire.

Products Developed

Several products have been developed to assist with this work. These are listed below with signposting:

Product	Signpost
National Dashboard	Individual Log In
Proactive Support Visit SOP	Teams channel General
Reactive Support Visit SOP	Teams channel General
Practice Visiting Pack	Teams channel General
Template Letters	Teams channel General
Template Agendas	Teams channel General
Template Reports	Teams channel General

7. Implementation and Dissemination

This framework and accompanying documents and dashboards have been in development for 18 months. There has been extensive engagement internally, with the LMC and the proactive visits tested with practices from each area. The reactive process has been developed as we have worked through live examples.

Communication and engagement colleagues will assist with launching the framework via the GP intranet and Practice Manager Forums.

8. Training Requirements

There are two standard operating procedures developed alongside this and training for colleagues undertaking the visits and colleagues involved with the process will be provided via workshops.

9. Monitoring and Review Arrangements

The framework will continue to be reviewed and developed via feedback from practices and colleagues taking part.

A formal review will be conducted annually.

10. Engagement

An Oversight Group was established in the development of this framework which included the following representation:

- Primary Care Place Facing Teams
- Primary Care System Team Representation
- Primary Care Delivery Assurance Representation
- Medicines Optimisation Representation
- Quality Team Representation
- Complaints Ream Representation
- Infection Prevention and Control Representation
- Local Medical Committee Representation

In addition, the following stakeholders were engaged:

- Estates
- Safeguarding
- Communication and Engagement
- GP Practice test sites

11. Appendices

Appendix	
A	Support Framework Categories by Level
A	Support Framework Outcome Categories by Level
B	Support Repository

Appendix A – Support Framework Categories by Level

Level 5

- Immediate contractual or quality issue.

Level 4

- Reactive – something occurs in-year, for example, CQC rating of requires improvement or inadequate, F2SU, safeguarding, quality concern, medicines optimisation issue – these practices are prioritised in-year for a supportive visit.
- Following support visit may need further monitoring.

Level 3

- Practices identified that may benefit from support in one or more areas and form part of the support visit programme for the year.
- Enhanced monitoring.

Level 2

- Practices may benefit from support, but enhanced monitoring monthly should be in place before forming part of the support visit programme.
- Facilitate support from at scale providers/ organisations, for example LMC/ Federations for peer support as first point.
- Monitor and ensure these practices are visited within a 3-year rolling period.

Level 1

- Practices do not appear to require any support
- Monitor and ensure these practices are visited within a 3-year rolling period

Appendix A – Support Framework Outcome Categories by Level

Level 1 No action	Level 2 May benefit from support	Level 3 Support offer	Level 4 Reactive	Level 5 Reactive
TIMESCALE:				
Within 3-year rolling cycle	**Within 3-year rolling cycle**	**Within 12-month programme**	**Within 1 month**	**Within 1 week**
• No concerns or concerns mitigated • Monitor and ensure these practices are visited within a 3-year rolling period.	• National Dashboard Variation score less than 10. • Practice showing signs of improving without support • Continue to monitor information and discuss progress internally – Place Facing Team • If required: • Facilitate support from at scale providers/ organisations, for example LMC/ Federations for peer support as first point of support. • Informal contact with practice • Seek further clarification/understanding of issue and background from practice • Offer of support and appropriate signposting. • Escalate to level 3 if more focussed support required • Monitor and ensure these practices are visited within a 3-year rolling period.	• National Dashboard Variation score 10 or greater. • GPIP offered and declined. • Practice identified as likely to benefit from support [PCOG and PCQG informed] • Undertake Practice visit • Seek further clarification/understanding of issues and background from practice. • Offer of support and appropriate signposting, drawing in expertise where appropriate, for example Quality Team, Finance expertise. • Development of action plan by practice with agreed timescales (if appropriate) • Review progress with practice • Monitor for improvement (Includes reporting to PCOG and PCQC) • Escalate as required	• Reactive – something occurs in-year, for example, F2SU, safeguarding, quality concern – these practices are prioritised in-year for a supportive visit • As per level 3 support	• Immediate reactive issue that requires intervention contractually or due to serious quality concerns •

Appendix B – Support Repository

The repository below is a comprehensive list of support offers available to your practice if required. If the practice feels something is missing from this list that would be beneficial, please discuss with the team when they visit:

SUPPORT OFFER	SIGNPOST TO
Professional / Peer Networks	Formal and informal clinical and care professional networks, for example for PCN additional roles. Please speak to the Primary Care Place Facing Team lead.
Infection Prevention Control	Existing ICB provided within available capacity. Please speak to the Primary Care Place Facing Team lead.
Contracting Advice	Delivery Assurance - england.lancsat-medical@nhs.net
Estates Planning	Existing ICB provided within available capacity. Compliance webinar and information linked to the GP Intranet. Please speak to the Primary Care Place Facing Team lead.
Safeguarding	Existing ICB provided within available capacity. Please speak to the Primary Care Place Facing Team lead.
Population Health	Existing ICB provided within available capacity. Please speak to the Primary Care Place Facing Team lead.
Medicines Optimisation	Existing ICB provided within available capacity. • EL – Lisa Rogan and Irfan Patel – lisa.rogan3@nhs.net; irfan.patel@nhs.net • CL – Clare Moss and Nicola Schaffel-clare.moss1@nhs.net; nicola.schaffel@nhs.net • FC – Melanie Preston and Rukaiya Chand - rukaiya.chand@nhs.net; melanie.preston@nhs.net • South Cumbria – Faye Prescott faye.prescott2@nhs.net
Organisational Diagnostic	Practice request for diagnostic visit. Please speak to the Primary Care Place Facing Team lead.
Workforce Planning	Workforce Leads: Laura-Jane Lloyd – Fylde & Wyre and Lancs North laurajane.lloyd@nhs.net Zainab Rawat – Blackpool & South Cumbria zainab.rawat1@nhs.net

	Fiona Gray – Central and West Lancashire fiona.gray9@nhs.net Clair Ormrod – BwD and East Lancashire clair.ormrod@nhs.net
General Practice Improvement Programme	Limited resource offered to practices by priority.
Financial Management	LMC
Team Culture and Wellbeing (compassionate leadership)	LMC
Organisational Governance	Please speak to the Primary Care Place Facing Team lead.
GP Support and Development	LMC
Practice Support and Development	LMC
Clinical Governance	LMC
Occupational Health	Support Services planned or commissioned.
Back Office	Support Services planned or commissioned.
Resilience Support	LMC
Staffing Pool	Support Services planned or commissioned.
Training Hub	Lancashire and South Cumbria Training Hub – Supporting Quality Education and Development in Primary Care https://academy.midlandsandlancashirecsu.nhs.uk/
Complaints	David.brewin1@nhs.net
CQC Preparation	Via webinars and links embedded in the GP Intranet.