HEALTHCARE

Opinion Article

Tameside & Glossop PCT
- re-shaping a PCT to support General Practice

Contribution to this article and thanks go to:

Timothy Riley PhD(Cantab) Chief Executive Tameside and Glossop PCT Chair of Greater Manchester Commissioning Business Service	Dr Kailash Chand – MBBS(Pb),DTM H(Liv),FPA(Cert) General Practitioner Stamford House Surgery, Ashton Under Lyne
Dr Raj Patel – M.B,Ch.B M.R.C.G.P Chair of Professional Executive Committee General Practitioner Brooke Surgery, Hyde	Jonathan Chevalier M.Sc Director, WCI Healthcare

All of us involved with Primary Care will be acutely aware of the changes in government healthcare policy of the last 10 years and how these have accelerated in recent times.

In 2003 it was agreed that the new General Medical Services (GMS) contract[1] would contain a Quality and Outcomes framework designed to incentivise GPs to implement good practice in their surgeries. Practice based Commissioning came to the fore in 2005[2] and has since evolved into World Class Commissioning[3]. At the same time, the Darzi review has put a strong focus on improving quality of care as well as improved access to healthcare services and the role of General Practice in supporting these[4].

The changes in commissioning have explicitly encouraged the independent sector to become involved in the provision of healthcare services. Under the Alternative Provider Medical Services (APMS) contract, the types of services provided by General Practices can be provided by commercial organisations. This has led to concerns amongst many GPs about their own viability, particularly smaller practices, which resulted in the BMA 'Support Your Surgery' Campaign earlier in 2008. Against this background in one PCT, Tameside and Glossop, there has been a strong desire to support the government's changes in healthcare policy but at the same time shape PCT business to address the concerns of the local GPs.

[1] The New General Medical Services Contract, Department of Health, June 2003
[2] Commissioning a patient led NHS, Department of Health, July 2005
[3] World Class Commissioning Vision, Department of Health, December 2007
[4] Our NHS Our Future-NHS Next Stage Review: Interim Report Summary, October 2007

The PCT opted to pursue a strategy which would see it change from being the taskmaster for General Practice in its locality, to an organisation focused on supporting General Practice in meeting the requirements now articulated by Darzi.[5] Through doing this, the PCT also saw that it could create an environment in which new commercial market entrants could complement the services provided by existing General Practices, rather than compete – resulting in a higher level of care overall and sensibly building on the wealth of expertise and experience in local General Medical Practices.

However, this change in approach quickly gave rise to the question of how best to support General Practice not just contracted providers of primary care but also as businesses vital to improving health. Keen to base this on a real understanding of the needs of their GPs, the PCT analysed the challenges facing local practice to inform how the PCT could complement and underpin a balanced primary care market.

Understanding local GP needs

Practices needed to view any analysis as meeting their needs and not as another imposition of bureaucracy. Each was offered a confidential 'Practice Support Consultancy' focusing on six different non-clinical domains. The consultancy was designed to provide them with valuable feedback about their practice, thus providing an incentive to be involved. The confidentiality was important to minimise bias in how questions might be answered and to remove a potential disincentive to practice involvement.

The six different domains reviewed were practice management development and strategy; patient services; human resource management; business management; marketing and financial management as shown in figure 1. Each domain was assessed on a number of criteria, with a total of 44 criteria examined across all domains. The research deliberately avoided examining the quality of clinical decision care provided as its focus was on the operational strength of the practices, but still overlapped with the Quality and Outcomes Framework (QOF) in the organisational domain.

Each criterion was benchmarked, using a structured answer format, to award a score of between 0 and 10. An overall aggregate score for each domain was then determined by summing across the criteria within the domain. The consultancy process focused discussions around the weaker areas to identify improvement actions and areas in which services to support practices could be provided by the PCT, or other third parties. At the same time, qualitative feedback to the PCT on how it was perceived and how it might improve its operations was also collected.

19 of 40 local practices chose to participate in the analysis over a three month period. On completion of practice visits, the results for each domain were analysed for relative strengths and weakness. The results were also segmented by practice size (based on list size) to enable any differences in potential support requirements to be identified.

[5] High Quality Care For All – NHS Next Stage Review, July 2008

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Though the practices involved in the research were self selecting and therefore a biased sample, it is believed that the sample size was sufficiently large and the results consistent enough for valid conclusions to be drawn.

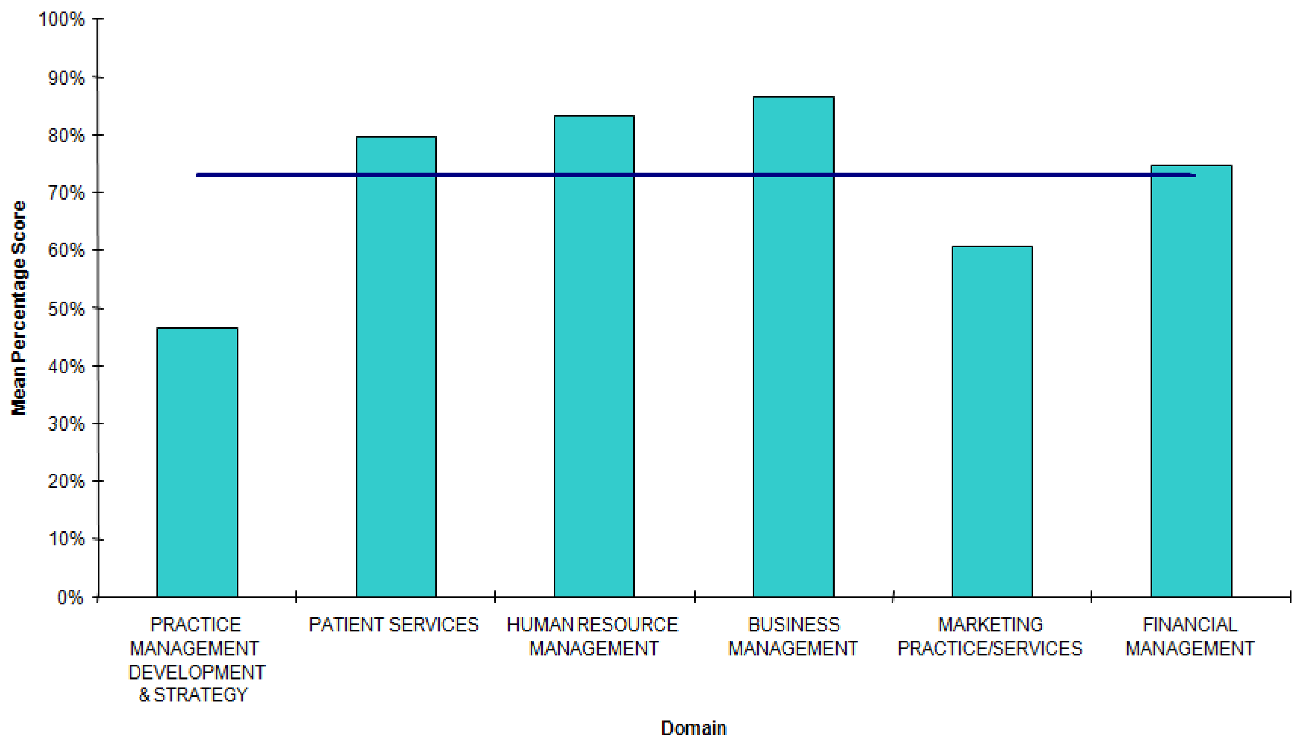
How general is theTameside and Glossop's experience
Tameside & Glossop, like most PCTs in England, has practices with a broad range of sizes from the very small, defined as having less than 3,000 patients up to the very large with more than 10,000 patients. However, the PCT has a smaller concentration of very small and very large practices than the average and correspondingly more small and medium practices (figure 2),
The research covered a broad spread of practices and thus was able to provide a representative view of the practices within the PCT, though there was an over-representation of small practices (3000 to 4,999 patients). However, there was no indication in the analysis that this affected the results.

Strong day to day operations, but weaknesses in strategy and marketing
Practices were in general well run. Given that the core operations of General Practice have been in place for 50 or more years and over that time, have become well tuned, this was expected. It was also clear that QOF had driven performance up in a number of areas.

However, the analysis highlighted relative strengths and weaknesses to be identified by comparing the normalised score in each domain to the mean across all domains. This analysis showed weakness in the domain of Practice Management, Development and Strategy and some shortfalls in approaches to Marketing. Overall, we believe that a more active approach to strategic planning is vital for practices to be able to configure themselves to meet the future needs of their community.

Although practice operations were adequate to support their traditional requirements, this weakness suggests that traditionally run practices may struggle to provide customer focused care that the public increasingly expect and be "business fit" to supply primary care in the future.

These areas of weakness examined in the current climate are not wholly surprising. Traditionally GPs have operated in a market with a remarkable degree of stability, where changes are typically driven on an annual basis by government or PCT requests (and QOF is a good example of this) or by individual GP interests. The skills of strategic planning highlighted here have not been needed. GPs have not been trained to develop these skills, and many practitioners have had little interest in developing them – after all most Doctors entered the profession so they could spend their time treating patients.



The segmentation of results by practice size challenged some preconceptions, as it clearly showed that size was not a good indicator of poorly managed practices. Some very small practices scored highly, and the small, medium and large practices all had a mix of high and low scorers. The only pattern that did emerge was that the largest practices tended to score consistently well. This matched the results of a study by Wang et al[6] which showed a high average QOF score across very large practices in the organisational domain. Overall though, the conclusion of the segmentation was that the types of support services needed by practices would be the same regardless of size.

This analysis also provided the PCT with clear feedback on how it was perceived by its practices. This showed some real strengths, with the PCT generally well perceived and its IT support service highly rated. However, it also identified some problem areas, with the PCT often acting as a consumer of practice time and effort through frequent requests for information, a poor understanding in practices of the range and depth of PCT services provided and inconsistent PCT communications and responsiveness. Building on the positive views and eliminating the negative through a stronger customer service mindset and focus on communications, was going to be important if the PCT was to achieve its aim of providing services to support General Practitioners.

[6] Practice size and quality attainment under the new GMS contract: a cross-sectional analysis: Wang, O'Donnell, Mackay and Watt: British Journal of General Practice, November 2006

T: 08700 851660 E: info@wcihealthcare.com W: www.wcihealthcare.com

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Reshaping the PCT

The PCTs response to the findings of the survey has been to concentrate on becoming an organisation focused on supporting its practices. Customer support teams are being created to support groups of practices within the trust and the PCT is providing more usable information to practices to support Practice based Commissioning including monthly information on spend areas. It is also looking to create a series of units, which will be focused on supporting practices. This is a continuation of a trend started some years ago with the formation and evolution of the IT support service for practices. A similar approach could be applied to other new service areas such as estate functions and business intelligence.

The PCT is using these findings to re-direct its resource to support the market development of its existing GP practices. Specifically, existing functions that support practices would be brought together as a portfolio of service units that view the practice as a customer. IT support services, communications and finance support are explicit examples of practice liaison roles being implemented. A similar approach is being explored for estate development and business intelligence. The benefit for local practices is that they have support in lifting their business ability, and they can rationalize the administrative requirement placed on them. This gives better opportunity to have local practice value being recognized at a time when there are new market entrants.

Following this approach through to its conclusion, the PCT will have completed an evolution from being a large provider of services and taskmaster of practices to being a small organisation focused on commissioning, with a number of satellite with provider services to support General Medical Practices and increasingly autonomous provider organisations as well as new independent health care providers.