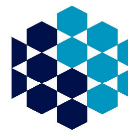

HEALTH AND SOCIAL CARE REFORM

DHSSPS

Modernisation and Improvement Programme Board (MIPB)

FAMILY PRACTITIONER SERVICES

PROPOSED STRUCTURES

DECEMBER 2008

MIPB 176/08

Introduction

This paper has been developed by the RHSCB project in liaison with a range of appropriate stakeholders.

It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website - www.dhsspsni.gov.uk/index/hss/rpa-home.htm

The paper outlines proposals for the delivery of FPS functions in the new system. It sets out a proposed structure for FPS, outlines the roles and responsibilities of the Professional Assistant Directors and sets out proposals for the management of the FPS budget.

Further information on this document or the Regional Health and Social Care Board Project may be obtained from the Project Director ray.martin@dhsspsni.gov.uk tel: 90523398.

Modernisation and Improvement Programme Board

Introduction

1. Primary Care in general and Family Practitioner Services in particular are seen as central to the health and social care system. Family Practitioners, and those who work with them in extended Primary Care Teams, act as the first point of contact, and as a 'gateway' to a wide variety of services, both within the primary care system itself and to other parts of the wider health and social care system. 1

2. In Northern Ireland typically every day:

   - 30,000 people see a family Doctor or Practice Nurse
   - 120,000 people visit Community Pharmacies, where around 75,000 prescriptions are dispensed
   - 3,000 new courses of dental treatment are started
   - 1,000 eye tests are performed

3. Independent Practitioners and other members of the extended Primary Care Team provide about 90% of the initial contacts with the public. At present, there are:

   - 1200 General Medical Practitioners (GPs)
   - 835 Dentists (GDPs)
   - 1,000 Community Pharmacists
   - 500 Optometrists

4. The total annual expenditure on Family Practitioner Services (excluding other members of the extended Primary Care Team) amounts to approximately £800m. This represents almost 25% of the total expenditure on health and social care in Northern Ireland.

1 *Caring for People Beyond Tomorrow – a Strategic Framework for the Development of Health and Social Care (DHSSPS)*

Development of FPS Structures

5. Family Practitioner Services and structures have evolved over a number of years. In 1990, a major revision of the GMS Contract was introduced and management responsibility for that contract passed to the HSS Boards. A new contract for GMS was negotiated on a UK wide basis and introduced in 2004. This resulted in an increase in the breadth and depth of work by the HSS Boards.

6. There are plans to introduce new contracts for General Dental Services and Community Pharmacists. These too will radically change the relationship between future commissioners of services and those Practitioners.

Developing Structures which are fit for future purpose

7. Since the restructuring of health and social care was initiated as part of the Review of Public Administration, consideration has been given to how the commissioning and management of FPS should be carried out in the future. A number of workshops were held and a number of papers were produced. There were also discussions as part of the consideration of the roles and responsibilities of the RHSCB and the RAPHSW.

8. This paper builds on that earlier work.

Proposals

9. The proposal in this paper is that FPS functions currently provided by HSS Boards should, in the main, be transferred to the RHSCB.

10. The core roles, responsibilities and functions relating to FPS are:

    - commissioning of services, including using contracts with Family Practitioners to support the reform and modernisation of services;
    - contract management and monitoring;
    - clinical and social care governance and quality improvement programmes;
    - ensuring compliance with statutory obligations and requirements; and
    - supporting the development of Family Practitioners (for example, development of facilities, protocols and guidelines and staff development).

11. The management of the General Medical Services Contract involves more than paying GPs and monitoring their performance. There is also an increasing commissioning dimension to the work which will in future focus on the integration of policy, service frameworks and those elements of the Contract which are designed to improve standards and

outcomes, especially the Quality and Outcome Framework (QoF) of the GMS Contract.

12. Increasingly, the clinical governance agenda (including serious adverse incidents) will involve a more explicit performance management arrangement with Independent Practitioners. Those performance management arrangements cannot be separated from the general commissioning of services and monitoring contract compliance and standards. It is envisaged within the RHSCB arrangements that there would be an 'escalation' process through which staff working in terms of FPS would liaise closely with colleagues in the performance management section of the RHSCB to ensure that appropriate action is taken by the appropriate people at the right time. Arrangements will also need to be set in place to have close partnership working between the RHSCB and RAPHSW staff in terms of a range of issues, especially health promotion and health protection.

13. It is anticipated that similar issues will need to be addressed following the introduction of the new contracts for Dentistry and Pharmacy.

Proposed Structure

14. In the Boardroom structure for the RHSCB, FPS are included within the remit of the Director of Commissioning. The proposed structure for FPS builds on that Boardroom structure.

15. By including FPS functions under commissioning in the RHSCB it will be possible to more explicitly:

    - link primary care in general and FPS in particular to the wider commissioning agenda;
    - link service frameworks to key aspects of FPS contracts;
    - integrate initiatives developed through the practitioner contracts to ensure integrated patient and client journeys; and
    - provide system cohesion at a central point of responsibility for the management of all aspects of FPS, including budgets.

16. Under the proposals:

    - The Director of Commissioning would have overall responsibility for all aspects of FPS, including budgets.
    - There would be partnership working, supported by a Memorandum of Understanding and business models between the RHSCB, the RAPHSW and RBSO.
    - The Assistant Directors for Local Commissioning in the Commissioning Support Units would, on behalf of the Director of Commissioning, manage the business and support staff for all aspects of the FPS contracts.

- The FPS professionals (GMS, Dental, Pharmacy and Optometry) supporting the Commissioning Support Units would be assigned by and report through Tier 3 Professional Assistant Directors to the Director of Commissioning, and would develop close working relationships with the RAPHSW.
- Other tiers of staff will be assigned to the Commissioning Support Units. They would provide support to the professional staff and would, again, contribute to regional programmes as required. The FPS management and support staff in the Commissioning Support Units would ensure the provision of support to FPS professional staff in terms of commissioning, governance and contract management of all FPS.
- Professional staff (GMS, Dental, Pharmacy and Optometry) would input to commissioning, governance and contract management of FPS. They would also contribute to regional aspects of FPS. In the case of Pharmacy, Dentistry and Optometry, the Professional Assistant Directors and staff reporting to them would cover primary, community, secondary care and public health issues.
- Professional Dental, Pharmacy and Optometry staff currently based in the CSA would transfer to RHSCB. So too would the Referral Dental Officer (RDO) staff currently based in the DHSSPS. All professional staff would be responsible through the respective Professional Assistant Director to the Director of Commissioning and each professional group will operate as a co-ordinated, integrated team capable of being deployed as business requires, this would include deployment to the RAPHSW and RBSO. The FPS functions would, therefore, be a component of a wider range of responsibilities within the functional roles of the Professional Assistant Directors.
- The functions set out below would be assigned as follows:
    - Probity (excluding professional advice) - RBSO
    - Probity (professional advice) - RHSCB
    - Primary Care Nursing (including infection control) - RAPHSW
    - GP Audit Facilitation - RHSCB
    - MacMillan Facilitators - HSC Trusts
    - Dental Health Improvement, Promotion and Protection - RAPHSW
    - FPS functions currently provided by CSA - RBSO

17. Any proposed reduction in staff numbers would need to take account of Human Resource guidance and best practice. The above proposals are illustrated in Appendix 1 attached.

Roles and Responsibilities of Professional Assistant Directors

18. The core roles and responsibilities of each of the Tier 3 Professional Assistant Directors would fall under the main headings of commissioning of services, contract management and monitoring, clinical and social care governance, including investigation and management of serious adverse incidents, risk management, ensuring compliance with statutory obligations and supporting the development of practitioner contractors.

Assistant Director General Medical Services

19. Specifically the Assistant Director General Medical Services will cover:
    - General Medical Services, including planning and commissioning of services, service improvements, out of hours services, liaison with professional representatives, managing under-performing practitioners, entry to lists, contract management and monitoring, appraisal/revalidation/standards, practice development and overall strategy, including premises development and dealing with complaints in relation to the FPS from the public and their representatives.
    - Primary, community and secondary care, including input to commissioning, especially enhanced services, ensuring the implementation of service frameworks by General Medical Practitioners.
    - Public Health aspects of General Medical Services, implementing public health improvement programmes, including health protection policies and supporting health promotion initiatives.

Assistant Director Pharmacy and Medicines Management

20. Specifically, the Assistant Director Pharmacy and Medicines Management would cover:

    - primary care and modernisation, including pharmaceutical improvement, contract management and development, governance, medical and non-medical prescribing, chronic disease management, capital/IT development, standards, budgetary management;
    - secondary and community care, including commissioning, performance management, governance, specialists medicines, intermediate care, NICE guidelines relating to medicines, management of entry of specialist medicines, formulary development, capital/IT development, standards, procurement, budgetary management, care facilities;

- pharmaceutical improvement, including public health and quality and safety, pharmacy health improvement, health protection and health screening functions, Building the Community-Pharmacy Partnership programme, workforce planning, managing under performance research, medicines governance, including designated responsibility for controlled drugs emanating from the Shipman Inquiry controlled drugs, strategic implementation of medicines legislation and standards development.

21. The Assistant Director Pharmacy and Medicines Management in the RHSCB would liaise closely with colleagues in the RAPHSW. At least one of the posts reporting to the Assistant Director Pharmacy and Medicines Management would be 'embedded' in the RAPHSW.

Assistant Director Dentistry

22. The Assistant Director Dentistry would cover:

- General Dental Services - planning and commissioning of services, service improvements, out of hours services, liaison with professional representatives, allocation of grants, managing under-performing practitioners, entry to lists, contract management and monitoring;
- Community Dental Services – commissioning of special care services, prison dental services and salaried general dental practitioners;
- Secondary Care Dental Services – specialist services, regional services, cross border services and emergency care;
- Public Health aspects of Dentistry – implementing public health improvement programmes, implementing health protection policies and supporting health promotion initiatives.

23. The Assistant Director Dentistry would also deal with a range of cross cutting issues such as clinical governance, professional development, cross border services and initiatives, partnership working with RQIA (regulator of private dental sector), performance management of the dental services and undertaking epidemiological surveys. One of the posts reporting to the Assistant Director Dentistry would be embedded in the RAPHSW to deal with issues relating to public health aspects of Dentistry.

Optometry (will be included under Assistant Director Dentistry)

24. Similar to the other posts, the person leading on Optometry would deal with entry to Practitioner List, monitoring of standards and a range of service issues including diabetic retinopathy.

Liaison with RBSO

25. The Professional Assistant Directors of Practitioner Services would also liaise closely with relevant colleagues in the RBSO in terms of a range of issues, including payments to practitioners, probity, information support etc.

Regional and Local Portfolios

26. Key staff within the RHSCB would have a regional portfolio as well as input to local contract monitoring and management arrangements.

Management of Budgets

27. FPS budgets will be calculated on the basis of Practices initially. The long term aim will be to allocate resources on the basis of weighted capitation where appropriate.

28. FPS budgets will be allocated to Local Commissioning Group level, where appropriate. Governance arrangements will be set in place to address any potential areas of conflict of interest.

29. The Director of Commissioning will be ultimately responsible for the management of FPS budgets allocated to the RHSCB, with accountability at LCG level for the budgets allocated to them. The Director will manage the budgets through the Assistant Directors of FPS with input from FPS management staff and Assistant Directors Local Commissioning.

30. Regular budget reports will be provided to LCGs and to the Assistant Directors Local Commissioning, and professional staff, such as Prescribing Advisers and Medical Advisers, who will work with FPS Contractors to take corrective action to ensure that budgets are balanced.

Conclusion

31. The various strands of FPS (commissioning, contract management and monitoring, clinical governance, performance management) are inextricably linked. They have both a service and geographical context. By their nature, practitioner services must be locally based. There needs to be strong local contact with the many providers of FPS. The proposals set out in this paper aim to provide a single framework within which services can be centrally planned and locally commissioned, delivered and monitored.

FAMILY PRACTITIONER SERVICES (FPS)

Appendix 1

Tier 2

Director of Commissioning

Tier 3

Assistant Director General Medical Services

Assistant Director Pharmacy & Medicines Management

Assistant Director Dental / Optometry Services

LCG

LCG

LCG

LCG

Assistant Directors - Local Commissioning

General Note

FPS Management and support staff in the Commissioning Support Units will report to the Assistant Directors Local Commissioning and would provide support to FPS professional staff in terms of commissioning, governance and contract management of all FPS

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This document required the following approvals

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