

# Reviewing a Practice Support Unit in Newham PCT

## FROM POSSIBILITY...

Serving the London Borough of Newham's population of almost a quarter of a million people, the PCT covers approximately 65 GP practices. Newham has a diverse community with substantial health inequalities and marked deprivation.

Due to a large number of GP practices with only one doctor, the PCT operates a Practice Support Unit (PSU) with the following remit:

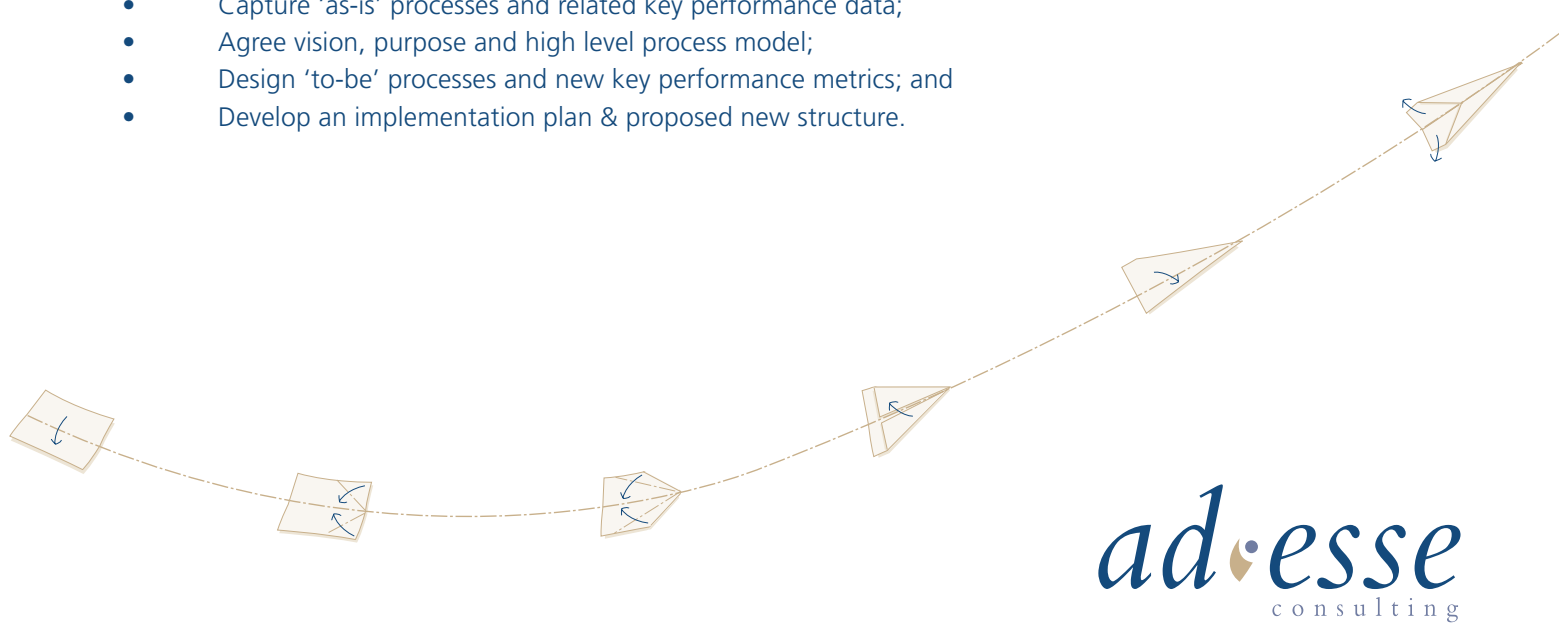
- Provide clinical care and practice management to practices where the GP has retired, been taken ill, suspended or passed away;
- Maintain or improve the practice before it is either handed back to the contract holder, the patient list dispersed or the practice contract is sent out for tender;
- Provide support to practices that are performing badly and to act as a "beacon practice" to promote clinical and practice management excellence.

The unit is often called upon at very short notice, with every situation potentially very different. As a consequence of that, and the governance of the PSU moving from person to person, there has been a recent period of instability. With the management of the unit now more settled, Ad Esse were asked to perform a review of the PSU to establish that it meets current and future needs rather than past requirements. There was also a need to look at the processes and structure of the PSU, specifically where the unit sits in the PCT structure. An overarching aim of the review is to ensure that any improvements will enhance Newham's drive towards World Class Commissioning.

## Our Approach

To meet the requirements of the PCT the following objectives were agreed:

- Capture all existing data to understand the purpose of the PSU;
- Capture 'as-is' processes and related key performance data;
- Agree vision, purpose and high level process model;
- Design 'to-be' processes and new key performance metrics; and
- Develop an implementation plan & proposed new structure.



To ensure we fully understood the current position we used a 3 step approach as outlined below:

1. Identification of key stakeholders;
2. Undertaking of a series of 1-2-1 interviews about purpose, processes, structure & current position of the PSU;
3. Creation of process maps to show visually the “as is” high level process of the PSU.

After an initial meeting to determine key stakeholders, we developed a standard set of questions to present to each in the stage 2.

The questions were designed to collate information on a range of topics, including;

- Individual's roles regarding the PSU
- Their view on the aims and purpose of the PSU
- Issues within the process and strategy
- Performance metrics

Gaining a narrative for the unit and a view of performance, combined with the history and issues allowed us to build a series of process maps to visually display the process.

The key findings at this stage were:

#### **Structure**

- There has been a great deal of movement over the previous 2 -3 years, in terms of both the management and operational staff of the PSU, which has affected the stability and the achievement of the strategic aims of the unit.
- It was also felt by many that the PSU is not suited to be in the commissioning arm of the PCT as the PCT is commissioning a service that they are then responsible for. This self governance is at odds with the PCT strategy.

#### **Aims**

- The PSU is delivering on its aim to provide clinical and practice support to a number of practices but has not, as yet, been involved in the performance improvement element. There were inconsistencies with regards to the purpose of the PSU amongst stakeholders.

#### **Process**

- Analysis showed a number of areas to address further:
  - Financial governance and re-charging of services;
  - Transparency of performance is not evident; and
  - Direction of travel and clear goals / timelines for the PSU once in situ.

These findings were brought together and provided the backdrop for the improvement workshop to gain agreement on the as is analysis, and provide the vision and direction of the PSU. The main stakeholders were present at the workshop with all parties contributing positively to the event.

The three main conclusions from the event were:

- Agreement was reached that the PSU needed to move out of commissioning, with a number of options for its future organisation;
- There is a need for the PSU function - with performance improvement of lower performing practices as a “nice to have” rather than a core,
- Greater process structure was required.

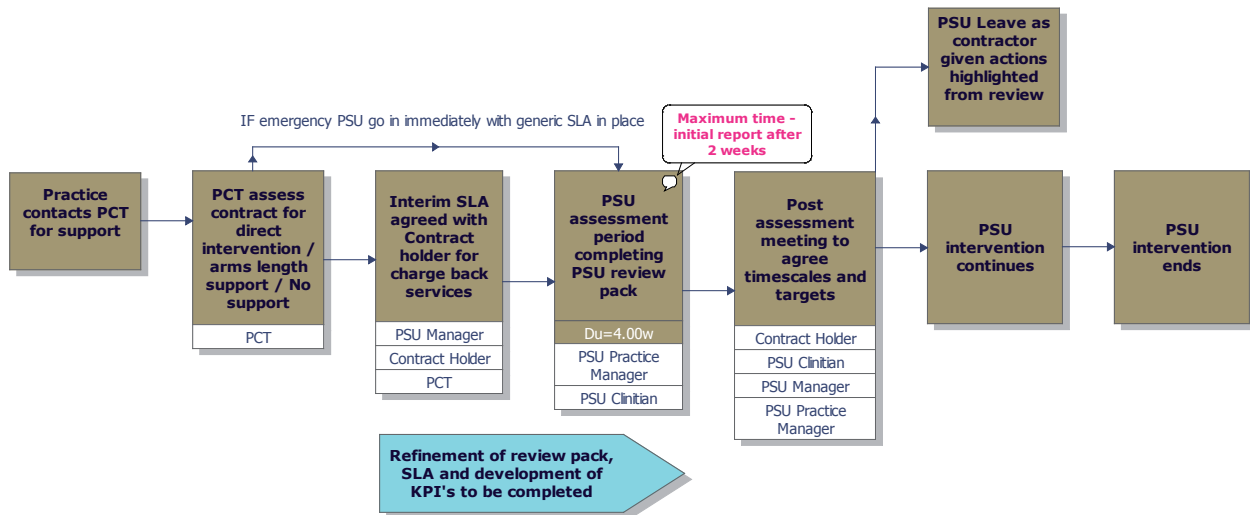
## TO ACTUALITY...

### Making it Real

Using the as is analysis and output from the improvement workshop, in conjunction with further discussions with key stakeholders, a number of recommendations were made;

- The PSU function should ultimately contract out to improve the contractual pull the PCT has over the service and insulate the PCT in the event of the PSU not being required to support practices. An interim move to provider was ruled out due to a high level of complexity.
- The reasons not to move the PSU to Social Enterprise status were:
  - Costs associated with the set up and running
  - A board of directors is required, company secretary and yearly registration is overly complicated
  - A SE can go bankrupt and any profit is hard to re-invest
  - Staff would need to be transferred with adherence to TUPE
  - VAT would need to be charged and paid – a direct and indirect cost to administer
  - Pensions would need to be funded separately
  - Relatively high risk
- The steps taken to ascertain when the PSU goes into a practice need to be altered with contractual levers explored beforehand, to ensure practice continuity and financial responsibility wherever possible. An SLA should set up in every instance of the PSU being used.
- The PSU should only go in if the practice has explored the contractual obligations of funding care and/or practice management OR that the PCT deem patient care to be at risk.
- The PSU needs to be sufficiently flexible to go in at less than 24hr notice - previously the PSU has gone in before SLA or clear objectives and exit strategy can be established and ultimately seen the PSU remain almost indefinitely – for example generic SLAs should be in place when there is no time to draw out the specific service levels.
- In the short term, a structure should be applied to avoid lack of clear purpose/role with set timescales for examining the state of the practice, reporting back to the PCT, agreeing objectives and timescales and a reporting structure.
- To that end an agreed checklist of clinical and practice measures should be used to establish the viability of the practices the PSU goes into.
- Using the current (but unused) PSU review workbook as a starting point, to set KPIs, SLAs and to control and continuously improve a PSU practice. Sharing best practice will help with the strive for World Class Commissioning.
- Should the practice the PSU engage with need to go out to tender, there may need to be a hand off to ensure there is no conflict of interest.

The recommendations allowed us to build a high level process map:



## The Benefits

With the recommendations from Ad Esse and the agreement of the stakeholders to send the PSU function out to tender and away from the commissioning arm, the PCT now has a clear direction of travel.

The next steps are clear and achievable and Ad Esse will be facilitating the complex improvement of the PSU Key Performance Indicators, standardised work and the multiple SLAs needed.

With the tendering process taking a minimum of 6 months the PSU now has the time and vision to structure their offering, ensuring that the functionality of the tendered unit will be fit for purpose.

The recommendations when carried out will help the PCT move towards World Class Commissioning in the following criteria.

1. Are recognised as the local leader of the NHS – *Undertaking the PSU review shows a willingness to change for the good of the community to get a better service for residents.*
2. Work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities *PSU review period on relevant issues arising would be the example of this output.*
3. Proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health - *PSU review process engaging patients and the wider community in evaluating practice services would satisfy all the outputs of this criteria below.*
4. Lead continuous and meaningful engagement with clinicians to inform strategy, and drive quality, service design and resource utilisation - *The clinical feedback should feed into the commissioning for the practice, should it go out to tender.*
5. Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements - *Moving to an informed reporting environment, with regular feedback, setting of performance objectives and sharing best practice makes this a core competence for the new structure. All skills and outputs could be satisfied.*

6. Prioritise investment according to local needs, service requirements and the values of the NHS - *by definition the PSU will be going into practices that have issues. Addressing these issues and improving the practice based on local needs will satisfy this competence.*
7. Effectively stimulate the market to meet demand and secure required clinical, and health and well being outcomes - *Moving to the provider arm indicates adherence to this competency.*
8. Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration - *After the PSU initial review measures and timescales should be set to provide continuous improvement for the every practice.*
9. Secure procurement skills that ensure robust and viable contracts – *Developing the SLAs to be flexible will produce robust contractual contracts.*
10. Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes - *The checks prior to the PSU engaging to ensure contractual obligations are explored will evidence this. As will setting stretch Continuous Improvement KPIs once in situ. The KPIs developed could be rolled out for all practices.*
11. Make sound financial investments to ensure sustainable development and value for money – *The improvement of the service will ensure the PSU is sustainable as a unit, with robust an clear outputs.*

The review will allow the Commisioning team to move the PSU to its correct place AND enhance their reputation as World Class Commisioners. This will in turn ensure the population of Newham will be receiving better care in some the most challenging areas.

#### **FURTHER INFORMATION**

If you would to read more case studies from real Ad Esse projects please visit our website.

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