

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>14 OCTOBER 2014</b>	<b>Public Report</b>

## **Report of the Director of Commissioning, NHS England East Anglia Area Team**

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### **NHS ENGLAND PRIMARY CARE STRATEGY**

#### **1 PURPOSE**

- 1.1 This report has been prepared at the request of the Peterborough Scrutiny Commission for Health Issues to provide an overview of the Primary Care Strategy as it relates to Peterborough, and the role of NHS England.

#### **2 RECOMMENDATIONS**

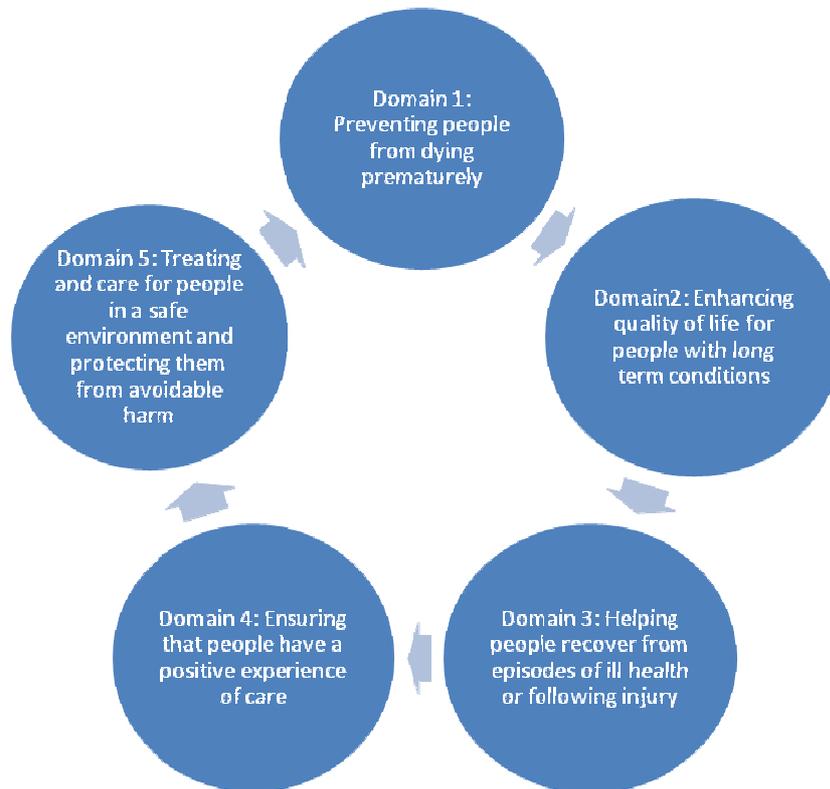
- 2.1 The Commission is asked to receive this report and consider the key issues they would wish to see reflected in future work.

#### **3 BACKGROUND**

- 3.1 NHS England is a single, national organisation, which currently has 4 regional teams and 27 Area Teams. A summary of the key roles and responsibilities of NHS England is attached at Appendix 1.
- 3.2 As part of the national NHS England *Call to Action* the NHS England East Anglia Local Area Team worked with local Clinical Commissioning Groups and the Local Professional Networks to consider what we need to do, both at a national and local level, to be confident of ensuring our local population has access to high quality, primary care services. This has considered specifically general medical practice services, community pharmacy services, dental services and optometry services. The final version of the Strategic Framework for East Anglia is attached at Appendix 2.
- 3.3 A key principle of the Area Team approach has been to ensure alignment with the local Clinical Commissioning Group and Local Health and Wellbeing Board strategic plans. We are confident that this approach will ensure that the key themes and issues set out within the strategic framework will support the wider health and social care planning work that is being taken forward led by the CCGs and Health and Wellbeing Boards.

#### **4 KEY ISSUES - GENERAL**

- 4.1 The discussions across East Anglia have confirmed that there is a shared ambition to create thriving, high quality and sustainable primary care that works to improve health outcomes and support a reduction in health inequalities. This is directly linked to the ambition to ensure that primary care is able to maximise its' contribution to improving outcomes against indicators in the five domains of the NHS Outcomes Framework:



4.2 The discussions have also highlighted the key role of primary care services within the wider context of the 5 year strategic plans, and, in the context of Cambridgeshire and Peterborough the Transformation Programme.

4.3 To do this, we have recognised that we need to create an environment that enables general practice and primary care more generally, to play a much stronger role, as part of a more integrated system of out-of-hospital care to:

- Provide proactive co-ordination of care (or anticipatory care), particularly for people with long term conditions and more complex health and care problems.
- Offer holistic care: addressing people’s physical health needs, mental health needs and social care needs in the round.
- Ensure fast, responsive access to care, preventing avoidable emergency admissions to hospital and A&E attendances.
- Promote health and wellbeing, reducing inequalities and preventing ill-health and illness progression at individual and community level.
- Personalise care by involving and supporting patients and carers more fully in managing their own health and care.
- Ensure consistently high quality and value of care: effectiveness, safety and patient experience.

4.4 We have recognised that there is no single blueprint for how general practice and the wider primary care community can best meet our shared ambition. It is clear that it will not be achieved simply or primarily by adopting new organisational forms and our approach is therefore to work collaboratively to understand how best we can work with primary care professionals to enable

them to provide services for patients more effectively and productively, and how we can help practices benefit from collective expertise and resources.

- 4.4 Achieving our ambition will depend on harnessing the energy and enthusiasm of all those who work in and with primary care. There is also strong recognition that there are key areas of work that can, and must, be progressed locally.

These fall in to two key areas:

- Progressing work that supports the operational excellence of primary care services.
- Developing, with Clinical Commissioning Groups, a service model that supports the delivery of primary care at scale;

## 5 KEY ISSUES – PETERBOROUGH

- 5.1 While the quality of general practice services across Peterborough is generally extremely high, there is some variability that needs to be understood and addressed as part of an ongoing commitment to improve quality and outcomes. It is also recognised that there are significant risks and issues that need to be recognised and managed to ensure that local needs can be met. Of particular note:

- General Practitioner and Practice Nurse workforce
- Estates – develop a modern estate to support the delivery of primary care
- Resources – managing changes in the national and local contracts, maintaining and increasing investment in local primary care services
- Access – ensuring patients have confidence in their ability to access responsive and timely support

### 5.2 **Workforce**

A recent survey undertaken by the Peterborough LCG has highlighted the immediate pressures impacting on local practices as a result of the national shortage of general practitioners. As a result we are aware of an increasing number of practices who have been unable to fill vacancies both in relation to GPs who wish to join as Partners, or as salaried GPs. Similar issues are also being seen in relation to practice nurses.

While the current impact of this is varied across the 18 Practices in Peterborough, the underlying issues are common across East Anglia and beyond.

The Area Team is convening a General Practice Workforce Summit in partnership with Health Education England on 17<sup>th</sup> October. The purpose of the event will be to agree the practical actions that can be taken in the short, medium and longer term to address this issue. A report following the Summit can be made available to the Commission if that would be helpful.

### 5.3 **Estates**

Premises has been recognised as a significant enabler to support the delivery of high quality primary care services. There has been work undertaken in partnership with the CCG and Local Medical Committee to review the current general practice estate and identify priorities for new investment, recognising the challenging economic environment. A key consideration has been the extent to which new investment can support the delivery of sustainable, integrated and effective services with a focus on prioritising those areas of greatest need.

The Area Team has prioritised a number of major primary care developments in Peterborough, including:

Practice	Rationale for Prioritisation
Lincoln Road/North Street	New build development enabling new ways of working and additional space to support the development of integrated services.
Orton Bushfield Medical Centre	To support the wider area regeneration
Hampton Health	To enable the reprovion and respond to planned population growth

Work is also progressing to review the infrastructure requirements to meet the needs of the population currently served by Welland Medical Practice, Dogsthorpe, Burghley Road and Parnwell.

#### **5.4 Resources**

There are currently three main forms of GP contract- the General Medical Services contract (GMS) which is nationally set, Primary Medical Services contracts (PMS) which are locally agreed and Alternative Provider Medical Services contracts (APMS), which are locally procured to provided services tailored to local needs.

As a result of national policy, which has resulted in changes to the GMS contract and a requirement to review all PMS contracts, there will be implications for practices across Peterborough, not least as a result of increased uncertainty.

The Area Team is working closely with the CCG and Local Medical Committee to manage these changes and protect the level of investment in general practice services.

#### **5.5 Access**

While the national GP survey results suggest that there is a relatively high level of satisfaction with access to GP services in Peterborough, it is recognised that the changing expectations and needs of local communities means that general practice must respond accordingly.

It is becoming clear that there is a political expectation that there will be a move to achieve 7 day access to GP services, which will require close working with local practices, the CCG and other stakeholder, including local communities, to achieve this within the current financial and workforce constraints.

#### **5.6 Primary Care at Scale**

There is increasing recognition that the issues above, and other issues identified within the work to date, are inter-related and together require us to take a more fundamental look at the way in which general practice services are provided in the future.

The Peterborough LCG, and its constituent practices, will have a key role in helping shape the future model that can meet the needs of the local population.

Within the context of Peterborough, there are already significant discussions ongoing to explore new ways of working, including:

- The development of locality teams supporting networks of general practices providing “out of hospital care”, with the potential for practices to work collaboratively to deliver services across the locality;
- The potential role of a GP Federation, offering opportunities for GP Practices to work collaboratively to support operational excellence and explore new business opportunities;
- Discussions between individual practices where they have identified the potential benefits of merger.

## **6 NEXT STEPS**

The Area Team remains committed to working with local practices to support the development of general practice services in Peterborough.

## **7. APPENDICES**

- Appendix 1 NHS England's Commissioning Intentions and Implications and Opportunities for the HWBBs in Peterborough and Cambridgeshire
- Appendix 2 Primary Care a Strategic Framework for East Anglia

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