

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 7
<b>5 NOVEMBER 2018</b>	<b>PUBLIC REPORT</b>

Report of:	Cambridgeshire and Peterborough Clinical Commissioning Group	
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**PRIMARY CARE UPDATE PETERBOROUGH**

<b>R E C O M M E N D A T I O N S</b>
It is recommended that the Health Scrutiny Committee receives and notes the updates provided in this report.

**1. ORIGIN OF REPORT**

1.1 The Committee has requested an update report on primary care in Peterborough.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The report is being presented to provide an update on primary care, and specifically general practice, to Committee members. The Committee received a report in November 2017 which advised members of the local implementation plans of the national General Practice Forward View (GPFV).

Information provided in this report is for the whole of Cambridgeshire and Peterborough as, moving forward, it is essential to work as a whole system. However, where appropriate, specific data or information on Peterborough has been included.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

3.1 The General Practice Forward View (GPFV) was published in April 2016 as a response to the pressures facing general practice and outlines how the government plans to act. It contains specific, practical, and funded steps on new care models/primary care at scale, improved access, workforce, workload, and infrastructure.

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) developed a local strategy in conjunction with local stakeholders and in response to the national ambitions of the GPFV. The strategy was submitted to NHS England and was assured as being a robust plan to be implemented locally.

This report provides an update on each of the key areas, detailing progress to date and highlighting any relevant risks. The risks are managed through the CCG's assurance framework and directorate risk registers and, where possible, mitigations are identified and documented.

### 3.2 New Care Models and Primary Care at Scale

The investment in new care models and primary care at scale has developed organically to date and takes into account both neighbourhood planning (delivering services closer to home), as well as the business model of general practice.

In Peterborough, the Greater Peterborough Network (GPN) has been supported to develop its integration ambitions through more robust working arrangements with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and North West Anglia NHS Foundation Trust (NWAFT), with a focus on building/strengthening collaborative working across neighbourhoods. Development of neighbourhoods has become one of the key priorities to progress implementation of its *Fit for the Future* strategy.

The CCG has also supported local practices in Peterborough with their merger, from a due diligence/assurance perspective. This summer, seven practices formally merged their patient lists and are now known as Octagon Medical Practice. Approval has also recently been given for an eighth practice to join. The seven merged practices have a combined registered list size of 55,000 patients which makes Octagon Medical Practice the largest practice in the CCG footprint. The rationale for merging has been to create business resilience, opportunities to maximise workforce and create sustainable service delivery.

Further practice mergers are taking place and as of 1 October there were 94 practices in Cambridgeshire and Peterborough. For some of the practice mergers, the key driver is GP Partner retirements and difficulty recruiting and retaining not only GPs but also other practice staff, thereby impacting on the practice's resilience. Plans to address these challenging workforce issues are discussed in more detail below.

All practice mergers need to be approved by the CCG's Primary Care Commissioning Committee and are required to go through a due diligence process, including patient engagement.

The following link provides you with some of the patient questions that were asked during the merger process by Octagon - <https://octagonmedicalpractice.co.uk/faq>.

It is anticipated that Spring 2019 will see the opening of the Nightingale Practice on the old John Mansfield School site. This new primary care facility will serve the populations of Dogsthorpe and Welland, and will see the amalgamation of General Practice services that are currently delivered from four smaller practice sites in Dogsthorpe and Welland which are no longer fit for purpose. This project was part of the wider, long-term strategy to improve the primary care estate in Peterborough; which also included the building of the Boroughbury Health Centre. This facility opening will mark the completion of this plan. The CCG is working with the GP team in the Welland practices as they will be running the services from the new facility; this includes joint plans to engage with patients and support their transition to the new practice. Information will be sent to all patients affected by the change once the date of building completion is known.

The Greater Peterborough Network (GPN) continues to operate as the local Federation of General Practices. The organisation helps the practices to work more collaboratively. Merged practices continue to maintain their membership of GPN, which continues to deliver the Improving Access provision for the Greater Peterborough and Wisbech areas. GPN is working with the Sustainability and Transformation Plan (STP) North Alliance to develop the model for Integrated Neighbourhoods. This work is initially bringing together primary and community care, social care, and housing to shape more joined up provision of out of hospital services.

### 3.3 Improving Access

The CCG has now reached the target of achieving 100% population coverage by 1 October 2018. In order to meet the timeline, which was brought forward by NHS England earlier this year, the CCG has commissioned an interim solution with GP Federations in three geographically defined areas. These are as follows:

- Greater Peterborough and Wisbech (GPN)
- Huntingdon and South Fenland (West Cambs GP Federation)
- Cambridge and Ely (Cambridge GP Network).

Whilst GPN has been providing improved access for Greater Peterborough, from August this year it has also been supporting service provision for the population of Wisbech. There was a soft

launch in September for St Neots and surrounding practices, as well as in Cambridge City and South Cambridgeshire. In total, there are 10 service delivery hubs across Cambridgeshire and Peterborough and the service has been actively promoted. Access to the additional appointments at this stage is only available via a person's GP surgery.

One of the key risks for this new service is the potential impact on our Out of Hours service, as this is a shared workforce, which is heavily constrained. This is being closely monitored.

Procurement for the longer term service is currently being planned. As one of the core requirements for this service is integration with Out of Hours / NHS111, this is one of our key considerations.

### 3.4 General Practice Workforce

Cambridgeshire and Peterborough's General Practice Forward View (GPFV) strategy includes a focus on workforce, built around a vision of practices working together to engage a wide range of clinical and non-clinical roles, maximising skill mix to deliver proactive, standardised and integrated care.

Our more detailed workforce plan subsequently describes how the local system will enable development of a multi-disciplinary workforce, with the right knowledge, skills, values and behaviours to deliver high quality care, leading to increased choice, improved access and better outcomes for patients. This plan outlines the collective vision across Cambridgeshire and Peterborough and aims to maximise the value of working together to deliver the challenging workforce agenda within Primary Care.

The CCG has workforce targets and the trajectory is monitored by NHS England. These targets have been based on the projected numbers required for our system, taking into account the number of GPs that we lose over time. However, we recognise that this is ever changing and will need to take into account new growth. A key piece of work that is currently being planned is for us to model demand and capacity in our area.

#### GP Workforce Trajectory

Cambridgeshire and Peterborough				Sep-15	Mar-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Sep-20
Indicator	Latest Trend	Latest Data	Target by Sep 2020														
FTE number of GPs excluding registrars	↓	478	547	488	475	478	485	493	496	494	490	482	478				
GPs excluding registrars FTE trajectory		480									495	487	480	482	485	502	547
Performance against GPs excluding registrars FTE trajectory		-0.5%									-1.0%	-1.0%	-0.5%				

#### Wider Workforce Trajectory

Cambridgeshire and Peterborough				Sep-15	Mar-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Sep-20
Indicator	Latest Trend	Latest Data	Target by Sep 2020														
FTE number of wider workforce (clinical and non-clinical)	↓	1,602	1,531	1,472	1,517	1,571		1,540		1,572	1,568	1,617	1,602				
Wider workforce (clinical and non-clinical) FTE trajectory		1,612									1,540	1,563	1,612	1,606	1,607	1,607	1,611
Performance against Wider workforce (clinical and non-clinical) FTE trajectory		-0.6%									1.8%	3.5%	-0.6%				

In Peterborough, action to attract GPs and other doctors is supported by our selection as a pilot site for the International GP Recruitment Programme, which is nationally led. Although the challenges of this programme are well recognised, Cambridgeshire and Peterborough CCG was the first CCG in the country to successfully recruit and relocate a GP (from Greece) to our area, in Peterborough. In addition, the newly formed Octagon Medical Practice will be establishing a GP Flexible Working Scheme, which will support GPs to stay and/or return to practice.

Efforts to support the wider skill mix in general practice continue and include:

- The local implementation of NHS England's newly published "10 Point Plan for General Practice Nursing". This is being led by our three Training Hubs, which play an educational support role for General Practice
- Care Navigation training (180 staff trained to date, with a target of 200 by February 2019).

- Medical Assistant Training with a pilot of two cohorts; 12 Health Care Assistants on each programme beginning October 2018
- Recruitment of clinical pharmacists (CP) in general practice with support from the national programme. There are 13.03WTE CPs working across practices in Greater Peterborough with three vacancies as of 30 September 2018
- Supporting the Local Medical Committee (LMC) to offer training and development to all GP Practice Managers.

More generic approaches include the promotion of Cambridgeshire and Peterborough as positive places to live and work, linking in with other initiatives to attract public sector workforce as appropriate. Emerging new models of care support alternative ways of working, which may encourage clinical professionals back into general practice or suit individuals looking for different shift patterns or employment status. It is important to work with newly qualified clinicians, or those who have been working in different sectors, to understand what would keep them in, or encourage them to embark on, a career in primary care. Technology will also have a role to play.

The CCG is currently in the process of procuring an online consultation tool on behalf of our practices. This tool should manage some of the demand as it will help to signpost patients to the right place and professional. Additional technology solutions will also be further explored that can support people to actively maintain and/or monitor their own health.

Key risks in this area relate to the ability of the planned actions and initiatives to attract and retain the clinical workforce as required; the national management of the International GP Recruitment Programme diluting the impact that the scheme may have locally; and the increased requirement of the primary care workforce to cover extended hours, putting additional strain on an already stretched group of staff and impacting on other out of hours and urgent care services as discussed above.

### 3.5 Workload Management

The increasing demand on general practice requires a focus on revised and more efficient ways of working. In 2017, the CCG supported three groups of GP practices to form “Time for Care Testbeds” to work together to identify more streamlined ways of working; explore how scaling up can support greater efficiencies and cost benefits; and implement examples from the national “10 High Impact Changes”. A group of 12 Peterborough practices was one of the three testbeds.

This year the CCG is linked into the National programme of work and has offered practices an opportunity to participate in three initiatives:

#### 1. Productive General Practice Quick Start Programme

This programme seeks to provide fast, practical improvement to help reduce pressures and release inefficiencies within general practice by implementing at least two quick start modules. The facilitators provide on-site support visits which are practical and focused on making changes and improvement over the 12-week programme period. The programme ran from April to July 2018 with 19 practices involved. Below is a sample of the feedback from practice colleagues who participated.

- “Really enjoyed learning. Can’t wait to try elsewhere”
- “Definitely saves me more time... I’m no longer firefighting, I can now breathe again and do my job more effectively”
- “The GP team is now aware that we weren’t supporting the pharmacist in the best way, through discussion and understanding their role, we can plan out interventions and signpost the correct work to them without impacting the overall structure”
- “I cannot believe what I am seeing [...] This is amazing”
- “To be provided with the skill sets and to illustrate culture change is a very powerful insight.”

#### 2. Time for Care: Learning in Action

This programme was introduced at our *Time for Care Engagement Event* hosted by the local NHS England Developmental Advisors. We had attendance from 27 practices, and have 30 participants now signed up and involved. The programme launched in

September 2018. The aim is to support practices in learning how quality improvement techniques can be used in general practice, and then how to apply these skills to one or two of the High Impact Actions. This programme will take place over six to eight months and practices will record their outcomes on an achievement poster.

### 3. Fundamentals of Change and Improvement

The aim of this programme is to provide practices with an overview of delivering change and the application of skills to a local project. It will take place over three weeks with two one-day workshops and began in September 2018. We have 39 participants from 20 practices involved.

#### GP Resilience Fund

The CCG has continued to support practices with their applications for resilience funding. This financial year 13 practices applied and 10 were successful, either in full or partially. The total level of investment support provided was £83,561.

As above, key risks include the rapidly increasing population across the county and the ability for general practice capacity to flex sufficiently to meet the needs of existing and new populations. The workload management initiatives will not succeed in isolation of the ambitions to strengthen workforce and the approach required to embrace new models of care.

### 3.6 **Infrastructure**

The Estates and Technology Transformation Fund (ETTF) identified in the GPFV has allocated capital of approximately £7m over three years. This is to support premises improvements and technological developments. Technological improvements include a range of schemes; such as the roll out of Wi-Fi to all practices for staff and patient use, and support for mobile working through improved hardware for clinical staff.

A key risk associated with this fund is the requirement for the CCG to pick up the revenue consequences of the capital investment. GP practice premises costs are funded in line with the national Premises Cost Directions and any expansion of premises footprints results in increased rental contributions to be covered by the CCG.

The ETTF forms one funding stream for premises improvements. Others include NHS England Improvement Grants; third party investments; and investment through developer contributions for health infrastructure through Section 106 or Community Infrastructure Levy contributions. The CCG is working closely with NHS England and local authority planning leads to maximise health contributions associated with the high levels of planned growth for the county.

In July, the STP Estates Strategy was submitted to the Department of Health together with seven capital bids to support key hospital and community estate developments; the most relevant to general practice being the Princess of Wales Hospital redevelopment.

From a primary care perspective, we were asked to prepare an estate portfolio workbook of all current estate projects, including those in the pipeline as well as the major growth area schemes across the county that would impact significantly within the next five years.

The STP partners had to then prioritise the different types of capital schemes across primary, community, mental health and acute care. A three-phase approach was used, taking into account impact timing and deliverability factors. In addition, we considered:

- patient safety
- urgent STP priorities (impact within 30 months)
- future compliance
- medium and long-term priorities (impact greater than 30 months).

The schemes identified within primary care were all categorised as urgent STP priorities and could be grouped under three key themes:

1. Transformational schemes to achieve the GPFV – supporting at scale working

2. Matching capacity and demand schemes to address a lack of service provision, addressing local population growth
3. Business as Usual including life cycle costs, replacing ageing or unsafe estate.

#### **4. CONSULTATION**

- 4.1 Wide stakeholder engagement was undertaken at the time of preparing the local GPFV strategy and continues through the CCG's GP Forward View Delivery and Engagement Group.

Any decisions which result in changes to the provision of primary care services will require bespoke consultation and engagement, to be planned and implemented prior to variation requests being made to the CCG's Primary Care Commissioning Committee. This is a formal sub-committee of the CCG's Governing Body and is constituted to transact the delegated responsibilities that passed to the CCG from NHS England in April 2017. These committee meetings are held in public for maximum transparency and engagement.

- 4.2 There are no other consultations to be suggested at this time.

#### **5. ANTICIPATED OUTCOMES OR IMPACT**

- 5.1 The Health Scrutiny Committee is asked to note the progress that the CCG and wider health and care system is making in response to the national General Practice Forward View.

This is a complex programme of initiatives and opportunities, centred on the transformation of general practice services to increase their resilience and ensure their sustainability for the future needs of local populations. It is recognised that there are frailties in existing provision and that increased demand is driving the need for practices to consider their models of delivery and seek at-scale solutions to workforce, workload, and infrastructure issues.

General Practice in Peterborough is working hard to support the creation of scale locally and to drive forward potential new ways of working, to create sustainable solutions and increase collaboration.

The CCG continues to explore ways to commission services at this higher scale, to support full population coverage of service and to encourage greater collaboration for shared workforce and resources.

#### **6. REASON FOR THE RECOMMENDATION**

- 6.1 The Health Scrutiny Committee is asked to note the update. As it is part of a longer term programme of implementation, in line with national policy and investment, it is anticipated that further updates can be brought for review at the Committee's request.

#### **7. IMPLICATIONS**

##### **Equalities Implications**

- 7.1 Equalities Impact Assessments are undertaken as part of the individual initiatives within the wider programme.

##### **Rural Implications**

- 7.2 Rural implications to consider include: the issue of creating scale, and collaborative ways of working without compromising local accessibility. It is about maximising the stabilising benefits of working in larger entities covering wider populations but without losing the local responsiveness.