HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5(a)
18 JUNE 2015		PUBLIC REPORT
Contact Officer(s):	Matthew Smith, Assistant Director of Improving Outcomes	Tel. 01223 725389

PRIMARY CARE PROGRAMME UPDATE

R E C O M M E N D A T I O N S	
FROM : Matthew Smith, Assistant Director, Improving Outcomes	**Deadline date :** N/A
Members are asked to note this report	

1. ORIGIN OF REPORT

This report is submitted to Board following a request from the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

The purpose of this report is to provide additional or background information requested by the committee regarding Cambridgeshire and Peterborough CCG's Primary Care Programme.

3. BACKGROUND AND OVERVIEW

3.1 The vision for primary care in Cambridgeshire and Peterborough is for:

- People to be proactively cared for as close to home as possible where appropriate
- Increased primary care which is provided in an integrated, equitable way with services organised around the patient
- Services to be designed and implemented locally, building on best practice and sensitive to local health needs

3.2 The CCG established Primary Care Programme Board in December 2014. The high level objectives of the programme are:

- Clarity on role of primary care in Cambridgeshire and Peterborough
- Improvement in patient experience, access to primary care, equity of access and reduced inequalities
- Improvement of outcomes and alignment of outcomes with other programmes of work
- Development of sustainable primary care organisation through developing options, piloting and implementing primary care provision models
- Improvement in the quality of general practice services
- Development of high quality, integrated out-of-hospital services with services organised around the patient and closer to home
- Workforce development and investment in resources to deliver the programme objectives
- Increased role in primary care commissioning leading to increased empowerment to improve primary care services locally
- Involvement and contribution to the Cambridgeshire and Peterborough system five year transformation plan

- Ensuring that the commissioning arrangements are joined up and support the above objectives

3.3 The following sections cover progress with the main workstreams of the Primary Care Programme: workforce development; service development; co-commissioning; and primary care at scale.

3.4 Workforce Development

3.4.1 Purpose of the workstream: The primary care workforce is changing and also facing difficulties in terms of recruitment and retention of GPs and nurses in particular. Through this workstream we will facilitate and coordinate work with other organisations, such as Health Education East of England (HEE), to develop initiatives which will support Cambridgeshire and Peterborough CCG practices with these challenges.

3.4.2 The CCG is working closely with HEE on a Cambridgeshire and Peterborough plan to develop the primary care workforce and address recruitment and retention challenges insofar as this is possible at a local level.

3.4.3 As part of this work we have recruited three clinical (non medical) tutors whose role will be to support clinical placements in practices, coordinate and quality manage training, and support the existing workforce with training. In particular, they will work to increase the number of pre-registration nurse placements in practices.

3.4.4 We have also appointed a ‘Widening Participation Officer’, funded by HEE but managed by the CCG, whose role is to promote primary care as a career choice. She has focused initially on the opportunity for practices to take on Health Care Assistant apprentices.

3.4.5 A third strand relates to development of a GP fellowship scheme designed to attract doctors who have just completed their training, and more than 10 practices have expressed an interest in the scheme so far.

3.4.6 There are a number of challenges to be overcome in terms of increasing staff time out of practice for training, and making primary care a more attractive option for doctors, nurses and Health Care Assistants.

3.5 Service Development

3.5.1 Purpose of the workstream: This workstream is intended to drive service innovation, learning from elsewhere and evidence reviews, sharing best practice, coordinating development of new schemes or services. In addition, we will ensure that, where appropriate, there is coordination across the CCG in relation to commissioning primary care services, including consultation with the Local Medical Committee.

3.5.2 The CCG commissioned a number of new Local Enhanced Services for 2015/16 which are designed to secure phlebotomy, complex dressings and ‘treatment room’ services in primary care. This represents a significant investment by the CCG in local practices, recognising the pressures created by changes in national funding policy.

3.6 Co-commissioning

3.6.1 Purpose of the workstream: The main commissioners of primary care are NHS England, but the CCG also commissions some specific primary care services, and clearly has an interest in ensuring that broader pathway re-design / re-configuration includes primary care. The CCG and NHS England commenced joint commissioning arrangements in April 2015. This workstream will focus on the development and operation of co-commissioning processes.

3.6.2 Following NHS England approval of the CCG’s application to take on Joint Commissioning, discussions have taken place with NHS England colleagues on the next steps. A

development session with new Joint Committee was held in May where the approach and 2015/16 work programme was discussed, including representation from both Cambridgeshire and Peterborough Health and Wellbeing Boards and Healthwatch. The first formal public meeting is likely to be in July.

3.6.3 We are also developing the process which will lead to a decision on whether or not the CCG takes on full delegated commissioning of primary medical services from April 2016. This has two main strands: preparing the specification for due diligence (budgets and resources), and agreeing the consultation process with member practices.

3.7 Primary Care at Scale

Purpose of the workstream: This workstream is intended, as a first phase, to develop thinking and options on the future configuration and organisation of primary care 'at scale', based on engagement with practices carried out in conjunction with the Local Medical Committee. This workstream is also mandated by the Whole System Re-design Programme Board.

3.8 Recap on Rationale

3.8.1 There are a number of issues which have led us to conclude that transforming primary care is a vital part of the wider whole system transformation programme, and securing high quality care for patients.

- there are significant difficulties in recruiting GPs and practice staff in some of our localities
- the current workforce is changing and ageing, staff (particularly GPs) are retiring, and an increasing proportion of GPs work part-time and as salaried employees rather than partners in the practice: this can make it difficult to sustain the current way of organising primary care
- demographic changes - the general population is ageing, so the numbers of people needing healthcare is increasing
- workload pressures – which are increasing, partly driven by demographic change with increasing population and more older people, but also by advances in medicine and technology, and by rising public expectations
- national changes in how primary care is funded, which means that some practices are experiencing significant reductions in their funding
- it is difficult for health and social care organisations to engage effectively with 107 GP practices, and for practices to represent a collective view

3.8.2 The current primary care model with 107 GP practices working as separate, independent businesses is unlikely to be sustainable in the future due to workload, workforce and financial factors. However, there are significant potential advantages for both patients and health care professionals in practices working in new ways – 'at scale' to deliver a wider range of services, improved access, and consistent standards.

3.8.3 It would also offer improved development, specialisation and training opportunities for GPs and staff, combined with greater flexibility in working hours and expansion of the range of specialist staff working in practices. In turn, these larger organisations are likely to attract the best staff, with an associated benefit for patients. There would also be potential 'back office' efficiencies achieved through sharing specialist staff skills between practices, and economies of scale which reduce overheads, thereby maximising funds for 'front-line' patient care.

3.8.4 It is important to emphasise that 'primary care at scale' is focused on how GP practices organise themselves as a network or federation or 'super partnership'. It is not looking at any change in the number of surgeries which operate throughout Cambridgeshire and Peterborough – any such proposal would need separate and specific consultation.

3.9 Prime Minister's Challenge Fund

3.9.1 Borderline and Peterborough practices were successful in their bid to secure £2.6m from the Prime Minister's Challenge Fund to enhanced services for patients through primary care offering extended hours, a service in A&E and innovative use of technology to improve access. The approach is based on practices coming together to form 'hubs'. It is anticipated that learning from this project will potentially be used to roll out similar initiatives or inform development of primary care across Cambridgeshire. The key features are:

- Primary Care to operate at scale to cover 250,000 population in Borderline and Peterborough practices.
- Practices will group into hubs serving 50,000 to 80,000 patients
- 8.00am to 8.00pm access on weekdays; direct booking to appointments via NHS 111
- At weekends 8am-8pm primary care delivered at Front Door Emergency Department.
- Promote 24 hour access to primary care through 'WebGP'
- Better able to serve the expectations of new staff; resilience and consistency of service.

3.9.2 The anticipated benefits will be:

- A simpler system and extended access for patients
- Reducing pressure on Emergency Departments
- Continuity of care for patients within larger primary care hubs
- Creating additional capacity for direct patient care
- Enhancing professional morale (sense of control and clarity on workload)
- Integrating care for older people
- Integrating pharmacy within the new approach
- Making better use of Information Technology (IT) and communications technology

3.8 Developing the Vision and Specification for Primary Care

As a commissioner working on behalf of patients in Cambridgeshire and Peterborough, it is important that the CCG develops a clear vision and specification which sets out what we are likely to buy from organisations offering primary care at scale. This is shown in the diagram below. It will need to be developed with NHS England with involvement from member practices, the LMC, patients and other stakeholders.

4. CONSULTATION

The work on primary care at scale is at a development and engagement stage.

5. ANTICIPATED OUTCOMES

The purpose of this report is to inform Members of the work of the CCG Primary Care Programme, which is a potential enabler to delivery of the Health Wellbeing strategy.

6. REASONS FOR RECOMMENDATIONS

This report is for information and noting.

7. ALTERNATIVE OPTIONS CONSIDERED

Not applicable.

8. IMPLICATIONS

The Primary Care Programme is designed to secure sustainable high quality primary care for the future and to support whole system transformation.

9. BACKGROUND DOCUMENTS

None.