

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
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Report of the Local Chief Officer, Borderline and Peterborough Local Commissioning Groups		
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UPDATE ON THE PRIME MINISTER’S CHALLENGE FUND PROJECT FOR PETERBOROUGH

1. PURPOSE

- 1.1 The purpose of this report is to update the Board on the successful bid by Primary Care providers in the locality to the Prime Minister’s Challenge Fund, and the development of the Primary Care Transformation Programme being established to implement this work.

2. RECOMMENDATIONS

- 2.1 This report is presented to Health Scrutiny for information and as an update of developing work in Primary Care provision in Peterborough.

3. BACKGROUND

- 3.1 The original Prime Minister’s Challenge Fund (PMCF) was launched by NHS England (NHSE) in October 2013 to help improve access to general practice and stimulate innovative ways of providing primary care services. Twenty Wave 1 sites were announced in April 2014, and invitations to submit bids against Wave2 of the PMCF were publicised by NHSE in October 2014. Clinical and management leads in Borderline and Peterborough worked hard to develop wide engagement from Primary Care providers and other stakeholders in the locality and from this to develop a bid to Wave2 of the fund. We were informed on 27th March that the bid for funding, developed and submitted in January, had been successful, and further work has been undertaken since that time to complete NHSE Due Diligence, and to put the foundations in place for delivery of the associated programme of work.

The PMCF bid is a locally designed vision for transforming Primary Care across the Borderline and Peterborough locality and the associated programme of work is the *Primary Care Transformation Programme*. The PMCF bid represents £2.6m of investment to enhance the Primary Care offer locally, and is intended to “prove” itself over the initial period with a view to developing a Business Case for sustainable local funding for the new model. The bid remains subject to final due diligence by the NHSE Primary Care Programme Team leading on the PMCF, but a formal letter of intent has been received from the NHSE Area Team, and it is presently expected that programme funds will be available to draw down through NHSE for programme delivery from July (although commencement of programme delivery will be stepped following this time).

3.2 The Borderline and Peterborough PMCF bid includes the following main areas of work:

- **Increased access on weekdays and weekends:** Primary Care across the locality will reconfigure to operate at scale, with practices grouping into hubs (very much in line with work that is likely to be supported more widely across the CCG, although in some instances these may cover smaller practice populations, at least in the first instance). The new system will offer extended and more innovative access, ultimately offering 8.00am to 8.00pm weekday access for the whole population, with direct booking to appointments in Primary Care through 111. At weekends as well as on Bank Holidays, 8.00am-8.00pm Primary Care will be delivered “in front of” the ED at Peterborough City Hospital, reducing demand on this service.
- **24 hour access to Primary Care:** 24 hour access to Primary Care will be developed through ‘WebGP’. This system will be accessed through primary care websites, linked directly to hubs to generate seamless access to Primary Care services, including self-care information, signposting to alternative health professionals (e.g. community pharmacists), telephone advice from primary care staff in NHS111, and e-consultations with GP’s. The programme will also support the delivery of self-management tools, and email and Skype consultations will be developed through the integrated SystemOne appointment management tool.
- **Increased capacity in Primary Care:** Practices will operate as larger units offering resilience and consistency of service, and offering workforce innovations such as integrated Primary Care Pharmacists. This will free up primary care nurses’ and doctors’ time, and therefore maximise clinical capacity within the existing workforce. These changes will help to address current workload pressures and help the recruitment and retention of doctors and nurses. Primary Care will offer a more reasonable workload and a more attractive workplace, better able to serve the changing expectations of staff.

3.3 As part of the development of this work, a new “umbrella” organisation is being established to represent Primary Care in the Peterborough locality; this is likely to be incorporated as a Company Limited by Guarantee, sometime during July 2015. This organisation will hold the contract with NHSE, and associated funding for delivery of the PMCF programme will flow through it. The organisation will support the development of “hubs” of Primary Care practices which will deliver the new services, and to support wider developments within Primary Care in the locality.

3.4 The Primary Care Transformation Programme across Borderline and Peterborough is the delivery programme for the Prime Minister’s Challenge Fund (PMCF) bid in 2015-16, but more widely for sustainable transformation of Primary Care provision in the locality following that period of funding. A Programme Board has been developed to oversee the work, and will include clinical and management leads, patient representatives, and others involved in the work. The Primary Care Transformation Programme will report to NHSE in relation to the PMCF funding, but will also be both accountable to, and representative of Primary Care providers in the locality. It will provide regular updates to both the Cambridgeshire and Peterborough CCG Primary Care Programme Board, and to the Borderline and Peterborough Executive Partnership Board.

4. KEY ISSUES

- 4.1 The Primary Care Transformation Programme represents a major development in primary care delivery in Peterborough, not only in terms of short-term benefits for patients and carers, but also in medium and longer term changes in the structure and practice of primary care. In deciding whether or not to put in a bid to the PMCF the view was taken that much of the work which might be required in delivering it would most likely become necessary in the near future as part of the national direction of travel (on the basis of rising demand on Primary Care, workforce pressures, in particular relating to recruitment of GPs, and wider system pressures). Since funding was potentially available to support the transformation of Primary Care it was considered therefore a beneficial option to bid for this to support the commencement of this work, and to help drive it forwards at pace.

The Primary Care Transformation Programme links closely with wider work to develop local Primary Care provision being explored by the Cambridgeshire and Peterborough CCG, through its Primary Care Programme, and includes regular updates to that Programme Board. In its model of implementation the PMCF corresponds with the direction of travel as outlined in the *NHS Five Year Forward View (2015)* and the learning from PCMF will be shared with Primary Care colleagues who are reviewing their models of provision. In addition, the CCG has set up the System Transformation Programme, which includes representatives of Peterborough City Council. The Programme is looking at how we support our health and care system to be sustainable in the long term.

It is anticipated that the Committee may wish to monitor and review these changes over time, and in particular as part of medium term oversight and review of local service provision.

5. IMPLICATIONS

- 5.1 The work supported by the PMCF funding aims to promote wider access to Primary Care, and should improve both equity of access, and provision as a whole. It will also pilot and aim to more widely utilise an extended range of formats to access Primary Care (including increased use of telephone appointments, Skype consultation, and web-based products to allow 24 access).

6. CONSULTATION

- 6.1 Due to the necessarily speculative nature of a bidding process (and indeed the very short time frame available in which to develop and submit the bid to NHSE), no formal public consultation was required as part of its development. However, some patient representatives were involved in meetings at which the bid was discussed bearing in mind the short timeframe for completion. And more generally, the outcomes associated with the bid (in terms of increased and more flexible access, and increased care and support delivered in the community and via Primary Care) are generally seen as positive in more general planning and service development.

Going forwards, local clinicians perceive a strong patient voice and wider input to the programme as being essential to its success. Patient Participation Groups at practices across the Borderline and Peterborough locality have been contacted, and invited to become involved both as representatives on the Programme Board, and on specific workstreams of the Programme, and it is hoped that there will be wide interest in doing so. Patient satisfaction measures are one of the key metrics associated with the centrally delivered evaluation of the PMCF pilots, and feedback from patients and patient groups will also provide an essential component of the Business Case for future funding (to make sustainable the initial

developments underwritten by the PMCF bid) which will arise out of the present work.

7. NEXT STEPS

- 7.1 The changes to the Primary Care offer to patients will begin to be rolled out from late July, with most of the additional services being on stream by October, and we would be happy to report back on outcomes after the first six months of the programme.

The Programme Board will formally report monthly on progress against the PMCF funding to NHSE, and will continue to be accountable to the Primary Care Member Practices which it supports. It will also provide routine updates to the Borderline and Peterborough Executive Partnership Board, the Cambridgeshire and Peterborough CCG Primary Care Programme Board. A key part of the Programme will be to develop a fully evidenced Business Case (based on cost benefit and added value) for future funding, and this could be shared when available at the end of the financial year.