

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 7
<b>6 NOVEMBER 2017</b>	<b>PUBLIC REPORT</b>

Report of:	Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group	
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**PRIMARY CARE UPDATE PETERBOROUGH**

<b>RECOMMENDATIONS</b>	
<b>FROM:</b> Director of Corporate Affairs	<b>Deadline date:</b> N/A
<p>It is recommended that Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Receives and notes the updates provided in this report.</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 The Committee has requested an update report on primary care in Peterborough, further to the report discussed at the Committee meeting in January 2017.

**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 January 2017 which advised members of the local implementation plans of the national General Practice Forward View (GPFV). There was a particular focus on workforce and recruitment. This report provides further information on the local strategy and key areas of implementation.

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. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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## 4. BACKGROUND AND KEY ISSUES

4.1 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 five areas: investment, workforce, workload, infrastructure, and care redesign<sup>1</sup>

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. The local strategy is attached at Appendix 1.

The local ambitions align with the national strategic direction and are grouped under similar headings. The overarching aims are to support the resilience of general practice to be fit for the future and to form a strong platform of primary care within wider health and care as set out in the system-wide Sustainability and Transformation Plan (STP).

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.

Since the presentation of the report in January 2017, Cambridgeshire and Peterborough CCG has accepted delegated commissioning responsibility for all general practice contracts from NHS England. The transfer of responsibility took place on 1 April 2017 and brings decision making in relation to general practice provision and contract management back into the local health system. The GPFV and its local plan and implementation set a visible context in which decisions relating to general practice can be made.

### 4.2 Investment

The GPFV presents a range of opportunities over five years for local systems and practices to benefit from the associated national investment.

To date, Cambridgeshire and Peterborough CCG has received direct allocations relating to the following areas:

- Ongoing provision of Extended Access in Greater Peterborough: the hub-based delivery of extended access to routine primary care appointments continues in this financial year. Peterborough was an original national pilot site and the service in place enables any patient registered with a Peterborough GP to access appointments during the week until 8pm in the hub at Boroughbury Medical Centre, or at a range of "spoke" practices. At weekends patients can be booked into appointments in advance, or may be directed to the service after having contacted NHS 111 or attended A&E with a non-urgent care need. The service provides access to a range of primary care staff, not just GPs. The CCG is required to roll out the provision across the rest of Cambridgeshire throughout 2018/19 with a target of achieving 100% population coverage by April 2019. The contract in Greater Peterborough, currently held by the GP federation, Greater Peterborough Network Ltd. (GPN Ltd), will be re-commissioned in this timeframe.
- Support for training of general practice receptionists to become Care Navigators: this will enable patients to be better signposted to social care, voluntary services, or other places to better support the need they are presenting with in general practice. To date, over 120 local GP receptionists have completed the bronze level training. Subsequent courses and silver and gold level training are also planned.
- Support the development of Medical Assistant roles in general practice: this focuses on expanding the skills of administrative staff and Health Care Assistants in general practice to cover tasks relating to correspondence management. This supports the reduction in time that GPs spend dealing with hospital letters and enables their attention to be focused on those requiring clinical input. The CCG is working with groups of practices in "testbeds"

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<sup>1</sup> NHS England (2016) General Practice Forward View

- to look at improving efficiency within practice systems. A testbed in Peterborough and one in south fenland are piloting the support packages to develop robust document management.
- CCG investment in the Transformation of Primary Care: the GPFV requires local investment of £3 per head of registered population over two years to support transformation activities linked to the implementation of the local strategy. The plan for Cambridgeshire and Peterborough includes investment to support the development of new models of care through emerging at-scale models and collaborative working between practices; initiatives to support recruitment, development, and retention of the general practice workforce; support for preparation for the implementation of extended access; and a programme of Time to Care Testbeds in three areas to support the implementation of the nationally recognised “10 High Impact Changes” to improve general practice efficiency and ways of working.
  - In Peterborough, the transformation fund is being used to support the federation of General Practices, GPN Ltd, 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), initially in respiratory and cardiology pathways and more focussed working with community Neighbourhood Teams. This is in line with nationally emerging models of care known as Multi-Specialty Community Providers.
  - The CCG is accountable to NHS England in demonstrating our progress against the ambitions set out in the local strategy, maximising the national funding opportunities, and delivering investment commitments. The CCG’s local GPFV Delivery and Engagement Group provides a place for a range of key stakeholders, including Healthwatch, to shape the delivery plans and implementation challenges.

#### 4.3 General Practice Workforce

Further to the more detailed information provided at the January 2017 meeting, the CCG has been working to develop the general practice workforce strategy and implementation plans. As the detail of the national programme has emerged, CCGs have been asked to resubmit their local plans by the end of October 2017. The focus of the refreshed strategy is the achievement of the challenging targets around recruitment and retention of doctors working in primary care.

In Peterborough, the actions to attract GPs and other doctors will be supported by having been selected as a pilot site in the national International GP Recruitment Programme. A joint bid submitted by GPN Ltd. and the CCG resulted in a successful outcome. The programme is being led nationally and will learn from early pilot sites in Essex and Lincolnshire. If successful, the anticipated outcome is for 30 GPs to be identified through the programme to come and work in Peterborough. The timescales for achieving this are in the process of being finalised.

Other initiatives to improve GP recruitment and retention include the development of portfolio career opportunities through a three-year GP Fellowship programme; working to identify GPs who plan to retire in the next few years to link them into GP retainer programmes, and to develop different career options for those who wish to reduce their clinical commitments by introducing new roles in such areas as education, mentoring, and commissioning.

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

- The development of a General Practice Nursing Strategy in line with NHS England’s newly published “10 Point Plan for General Practice Nursing”.
- Additional funding through the CCG’s Transformation Fund to support the three local Community Education Provider Networks, hosted by GP federations, to appoint a Joint Manager to align their work plans and improve efficiency.
- The completion of first cohort of Care Navigation training (120 practice receptionists/HCAs trained).
- Recruitment of clinical pharmacists in general practice through the national programme to support this.
- Supporting the Local Medical Committee 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.

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.

#### 4.4 Workload Management

The increasing demand on general practice requires a focus on revised and more efficient ways of working. The CCG has supported three groups of GP practices to form “Time to 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 has formed one of the three testbeds and is focussing on sharing good practice, improving document management, and looking at collaborative ways of working.

There is now an opportunity to link into the national Time to Care Programme which will be promoted at a forthcoming showcase event in early November. The intention is to engage a wider number of practices in the initiatives and to support their engagement by providing financial support for backfill of staff.

Another funding stream to support better workload management is the regionally awarded GP Resilience funding. In this financial year, six bids covering 12 practices have been approved or partially approved for funding from the GP Resilience Fund. This represents £127,000 in total and covers a range of supportive approaches particularly in relation to supporting recruitment, accessing training, and management support.

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 accelerated approach required to embrace new models of care.

#### 4.5 Infrastructure

The Estates and Technology Transformation Fund (ETTF) identified in the GPFV has allocated capital of approximately £7m over three years into schemes proposed by Cambridgeshire and Peterborough practices and CCG Information Management and Technology (IM&T) leads. This is to support premises improvements and technological developments. In Peterborough there are five practices which have schemes to improve their practice premises receiving capital contributions through this fund. The three year funding window has resulted in these being smaller scale improvements, such as practice extensions, rather than larger, strategic estates solutions. 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.

#### 4.6 New Models of Care

The GPFV plan submission set out the intentions to support the new models of care that are developing across the different geographies. These include the Local Urgent Care Services Hubs (LUCS) in Wisbech, Ely, and Fenland; the emerging Multi-speciality Community Provider (MCP) approach in Greater Peterborough; and the Primary Care Home model in South Cambridgeshire being led by the Granta Practice. Other business cases are being prepared to signal the level of investment required by each scheme to support its progression, within the parameters of the budget.

Although operating under different names, the underlying characteristics of the new models being trialled are similar. They recognise the need to develop local networks or hubs of provision, in line with the 30,000-50,000 population size being encouraged nationally, and are seeking to strengthen that provision to patients through more integrated and seamless service delivery across organisational boundaries. The LUCS Hubs have an initial emphasis on urgent care provision. The MCP is developing around long term condition pathways, starting with respiratory and cardiology. The Primary Care Home is focussed on integration with community services and supporting improved same day access. Learning from these emerging models and from a number of Vanguard projects around the country will inform future organisational forms and contract frameworks to be commissioned.

### 5. CONSULTATION

#### 5.1 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 be able 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.

#### 5.2 There are no other consultations to be suggested at this time.

### 6. ANTICIPATED OUTCOMES OR IMPACT

#### 6.1 The Health Scrutiny Committee is asked to note the progress that the CCG and wider health and care system are 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.

The federation of GPs 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.

### 7. REASON FOR THE RECOMMENDATION

7.1 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.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 There are no alternative options to consider.

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 There are no financial implications for the Committee to consider.

### **Legal Implications**

9.2 There are no legal implications for the Committee to consider.

### **Equalities Implications**

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

### **Rural Implications**

9.4 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.

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 NHS England (2016) General Practice Forward View

## **11. APPENDICES**

11.1 Appendix 1 - Cambridgeshire and Peterborough GPFV Plan – February 2017 submission