

Attachment

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee |
| **Presented by:** | Jill Cunningham, Service Manager and Cathy Kennedy, Deputy Chief Executive |
| **Date of Meeting:** | 28th July 2016 |
| **Subject:** | GP Forward View: Making progress locally |
| **Status:** | OPEN  CLOSED |
|  | Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

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| **OBJECT OF REPORT:** |
| The attached paper sets out a summary of the key areas and commitments described in NHS England’s GP Forward View (GPFV), which was published in April 2016. It is being presented to the Co-Commissioning Committee so that members are aware of the key commitments, the current local position against those and some early recommendations/actions for further development. The Co-Commissioning Committee is being asked to support work with other bodies to further develop local primary care strategy, and to agree more flexible use of resources allocated for overseas recruitment. |

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| **STRATEGY:** |
| Much of what is included within the GP Forward View (GPFV) is in line with the direction of travel locally, and we are already making progress in some areas. However, this presents an opportunity to refresh and further develop local primary care strategy. |

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| **IMPLICATIONS:** |
| The attached paper summarises the key commitments within the GPFV and gives an initial assessment of the CCG position against these, along with some early recommendations for further work. This forms the basis upon which we could take forward local discussions to refresh the primary care strategy and develop more detailed plans.  In summary, there are five chapters within the GPFV covering:   * **Investment:** The commitment is £2.4bn total additional investment in general practice by 2020/21; however, it is not fully clear at this time exactly how much of this will be new and how much will be reinvestment. There is a clear message that CCG’s are expected to reinvest in new care models through a shift of funding from traditional models/acute care, as well as investing in the development and transformation of general practice (e.g. supporting protected time sessions and federation development). * **Workforce:** Support to GP recruitment and retention at a national level, as well as further investment in the development of the wider workforce, e.g. nurses, clinical pharmacists, physios, primary care mental health therapists, practice manager development and up-skilling receptionists and admin staff to support care navigation and help out with clinical paperwork * **Workload:** A commitment to help reduce the burden on general practice: ‘Releasing Time for Patients’ development programme (with a strong focus on self-care); ‘Practice Resilience Programme’; simplifying payment systems; incorporating requirements within NHS standard core contract for other providers to prevent work being transferred back inappropriately; streamlining CQC inspection regime; development of automated tools to help measure demand and capacity. * **Practice Infrastructure**: Investment in development of primary care infrastructure and technology, including the Estates and Technology Transformation Fund which is already in progress; further development of online solutions including an approved Apps library; further development of interoperability between IT systems to support working at scale; Wi-Fi services in GP practices for staff and patients * **Care Redesign:** funding for extra primary care capacity, including ‘extended access across evenings and weekends’ (£500m recurrent funding by 2020/21); integration of extended access with out of hours and urgent care services; introduction of new voluntary multi-speciality community provider (MCP) contract for general practice to support integrated provision of primary and community services, based on the GP registered list, with a single whole population budget; expectation of working at scale in practice groups or federations to achieve economies of scale, quality improvement, workforce development, provide enhanced and extended care and resilience. There is a clear expectation that CCGs will support and fund strengthened protected time arrangements and backfill arrangements to enable GPs time and space for development.   The attached paper has also been discussed at the GP Development Group, at which there was general agreement that we should move forward and develop local strategy and plans in line with the GPFV, acknowledging that there are a number of areas where further national guidance is awaited. It was agreed that we would identify a GP champion for workforce, workload, infrastructure and care redesign; two have been identified so far – one for workforce and one for care redesign.  The CCG needs to develop more detailed plans for each of the areas within the GPFV. It is also important that these plans are reflected within the STP, where applicable, as the GPFV signals that this will be the vehicle for accessing funding for some elements. A group has now been established across the STP footprint for primary care leads to take forward this work.  Working with the assigned GP champions, we are already planning two key workshops with GPs for September – one for extended access, and one for workforce development. Public engagement on extended access is also planned over the summer.  Offers of support to the CCG to help take forward the GPFV have been received from the Royal College of General Practitioners (RCGP), who have appointed a regional ambassador for GPFV to work with local areas. The Yorkshire and Humber Academic Health Science Network (YHAHSN) are also offering support to CCGs across a range of areas, including primary care strategy; in particular translating plans into local action. We propose to work with these bodies to help develop local plans, and the Committee is asked to endorse this approach.  Finding the time and space for development, at a time when the existing workforce is under pressure, is going to be a challenge. It would seem sensible, therefore, to prioritise building and expanding the workforce. As mentioned above, a workshop is planned for September to provide updates to local practices from the various educational establishments about their training courses (including the development of the Physicians Associates programme) and also to share the learning from initiatives that are underway locally such as the clinical pharmacists and the physiotherapist schemes.  Linked to this, the CCG currently has funding allocated solely to support overseas GP recruitment and we are seeking agreement from the Committee to allow more flexible use of this to support other potential recruitment initiatives. One example of what this funding could be used for is to support student placements within GP practices – we are currently making arrangements with one of the Dutch Medical Schools to take Dutch medical students on placements within our training practices and we have no funding to support their expenses while they are living here. Additionally, we have been approached by practices in the past for support to local students who are on voluntary placements during their summer break (e.g. training as pharmacists). A very small investment in these areas could help spread the word about working in North East Lincolnshire and encourage students to return when they are trained. To access funding, Practices would need to submit a proposal to the CCG outlining how the required investment could help address workforce challenges now and in the future.  Supporting workforce development and recruitment initiatives are also potentially areas to consider for use of underspend against primary care monies generally. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
|  | The Co-Commissioning Committee is asked to:   * Note the content of the GPFV and the current position * Agree to the approach to refresh primary care strategy, in line with the GPFV * Support the approach of working with the RCGP and the YHAHSN to further develop local primary care strategy and implementation plans * Agree to allow more flexible use of funding currently set aside for overseas recruitment, and use of primary care budget underspends, to support broader workforce and/or recruitment initiatives |
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|  |  | **Yes/**  **No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act |  |  |
| ii) | CCG Equality Impact Assessment |  |  |
| iii) | Human Rights Act 1998 |  |  |
| iv) | Health and Safety at Work Act 1974 |  |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 |  |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) |  |  |