

Agenda Item 07

Report to: (Governing Body/Committee):	Primary Care Commissioning Committee
Date of Meeting:	26 th March 2019
Subject:	Primary Care Strategy
Presented by:	Julie Wilson, Assistant Director Programme Delivery and Primary Care

STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:

The CCG has been refreshing its primary care strategy over the course of the last few months. This process has now reached the stage whereby a final draft has been prepared, a copy of which is attached to this report. As yet, this has not been circulated back out to stakeholders for final comments, but it is proposed that takes place over the next 3 to 4 weeks, subject to approval of this final draft by the Committee today. A summary of the strategy follows from page 4.

The strategy covers a period of 5 years, and sets out the CCG’s vision for general practice services, within the local context of the developing Integrated Care Partnership arrangements. This is framed around five main objectives as follows:

- To continue to stabilise general practice services and improve capacity through freeing up GP time and creating efficiencies
- To continue to develop a workforce that can better respond to the care needs of the population
- To develop new models of care and the supporting infrastructure that can respond better to the care needs of the population and improve outcomes
- To continue to improve quality of services and access to general practice services for the local population through improving the range of access methods
- To ensure continued investment in general practice services, within the context of care networks

A range of initiatives are set out for each objective, which are aimed at achieving progress towards the vision over the next 5 years. A timetable of work areas is included within the main strategy document at Appendix 4.

One issue that has been highlighted through the development of the strategy is the issue regarding current capacity within general practice and whether this is sufficient. There is no single indicator or calculation that would provide a definitive answer as to whether additional capacity is required, and any decision needs to be taken in the round, within the context of local need, and based on the information we have available to us. The CCG’s Care Contracting Committee (CCC) was recently asked to consider the draft strategy and specifically the question regarding capacity. It was acknowledged that there are a range of initiatives which should free up capacity and improve ease of access in the coming financial year. It was also acknowledged that capacity in terms of the combined GP and Nurse Workforce is much better than the national average. However, the LTP and GP contract signals that GPs will be required to play a key leadership role within the wider system and will need to continue to see the patients most appropriate for their skills and expertise, as well as overseeing the work of the wider teams, and the CCC felt it was important to ensure that there is

	<p>no deterioration in the rate of GPs per 100,000 population and ideally some improvement in the coming year. They therefore suggested that there is a clear focus on working with practices and PCNs during 2019/20 to gain assurance that there are robust plans in respect of GP retirement and maintaining capacity. The CCC also suggested that this Committee should consider measures that could be adopted to assess progress in the next financial year, and review whether any additional steps need to be taken to improve capacity in 2020.</p> <p>It should be noted that this strategy will be a live document which is subject to change, pending work across the STP footprint on an STP wide primary care strategy by Autumn 2019, and in light of the recent GP Contract Changes, guidance for which is still emerging.</p>										
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> - Approve the final draft of the strategy, which will be shared with stakeholders for any final comments by the end of April 2019; - Consider the recommendations from the Care Contracting Committee and the proposed approach over the coming year; and - Discuss and agree measures for assessing improvement in 2019/20, which will guide a decision regarding any additional steps that might need to be taken to improve capacity in 2020. 										
Committee Process and Assurance:	The key components of the draft strategy have previously been discussed at this Committee and have also been discussed at the Care Contracting Committee, as set out above.										
Implications:											
Risk Assurance Framework Implications:	<p>There is a risk to the continuation of safe and sustainable general practice services within NEL if this strategy is not adopted and implemented. The actions set out within the strategy aim to continue to deliver and further develop safe and easily accessible general practice services, within the context of developing models of integrated care.</p> <p>There is a risk to general practice capacity if the access improvements expected in 2019/20 are not achieved. The CCC has put forward a recommendation to agree some specific measures to assess this and help guide any further decisions regarding capacity.</p>										
Legal Implications:	The refresh and delivery of this strategy supports the CCG to meet its statutory duties in respect of general practice services. The CCG has had regard to its statutory duties in developing this strategy.										
Data Protection Impact Assessment implications (DPIA):	<table border="1"> <tr> <td>Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?</td> <td>No</td> </tr> <tr> <td>This is a strategy which outlines a vision for changes in the way services are delivered, and this will include a number of projects and changes to data sharing. However, detailed DPIA would need to be completed on specific projects or service redesign/specifications as they are developed.</td> <td></td> </tr> <tr> <td>If yes to the above – have the DPIA screening questions been completed?</td> <td>Choose an item.</td> </tr> <tr> <td>Does this project involve the processing of personally identifiable or other high risk data?</td> <td>Choose an item.</td> </tr> <tr> <td>If yes to the above has a DPIA been completed and approved?</td> <td>Choose an item.</td> </tr> </table>	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	No	This is a strategy which outlines a vision for changes in the way services are delivered, and this will include a number of projects and changes to data sharing. However, detailed DPIA would need to be completed on specific projects or service redesign/specifications as they are developed.		If yes to the above – have the DPIA screening questions been completed?	Choose an item.	Does this project involve the processing of personally identifiable or other high risk data?	Choose an item.	If yes to the above has a DPIA been completed and approved?	Choose an item.
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Does this project involve the processing of personally identifiable or other high risk data?	Choose an item.										
If yes to the above has a DPIA been completed and approved?	Choose an item.										
Equality Impact Assessment implications:	<p>An Equality Impact Analysis/Assessment is not required for this report <input type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment <input checked="" type="checkbox"/></p> <p>This will be completed before the final version of the strategy is published</p> <p>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report <input type="checkbox"/></p>										
Finance Implications:	The strategy includes some specific investments to support delivery, which have been included										

North East Lincolnshire CCG: Primary Care Strategy

1. Background

The CCG has been refreshing its primary care strategy over the course of the last few months. A copy of the draft strategy is attached, for information. This paper summarises the content of the strategy, and specifically considers some of the issues that have been considered as part of the development of this strategy.

The strategy covers a period of 5 years and sets out the CCG's vision for general practice services within the local context of the developing North East Lincolnshire Integrated Care Partnership (ICP) and the CCG / LA Union arrangements. The strategy outlines five main objectives, each of which have a range of initiatives aimed at achieving progress, as set out below.

The CCGs within the Humber Coast and Vale Care Partnership (STP) will be working together to produce a single primary care strategy by Autumn 2019, in line with the NHS Long Term Plan requirements; it is recognised that this work could result in revisions to the CCG's strategy. The strategy will remain a dynamic document and will be updated to reflect any changes as and when identified.

2. Vision

The vision is to have strong and stable general practice provision at the centre of integrated networks of teams (primary care networks), covering around 30,000 and 50,000 patients, to provide seamless services to the combined populations of the practices within each network. Primary care networks will play a lead role in the delivery of integrated care and the networks will use a population health management approach to ensure services better meet the needs of their population, contributing to improved outcomes across the borough. The networks will work with partners within the NEL ICP to align community services around their population and develop and build their multi-disciplinary teams over the course of the next 5 years. This accords with the existing overall strategic direction of the CCG and the vision set out within the NHS Long Term Plan (LTP).

3. Local Context and Case for Change

A range of quantitative and qualitative information has been considered in developing this strategy. Public Health data shows that whilst there have been some improvements in outcomes within the borough, there are still challenges in relation to smoking, premature mortality and obesity. Demand on services is high; around 105,000 general practice appointments took place in October 2018, and 45% of those appointments were seen on the day, both of which are higher than the comparative figures for the CCGs within the STP. Around 4,600 patients failed to attend in October 2018, which equates to around 766 hours of professional time that was not utilised in seeing patients (based on 10 minute appointments). The latest annual GP patient survey shows that around 12% of patients attended A&E when they couldn't take the appointment offered, which is very slightly above the national average (11%). Data from a Healthwatch survey undertaken in the local A&E in October 2018 shows a similar position.

Workforce indicators show a positive picture in relation to combined GP and practice nurse figures, at a rate of 1.22 per 1,000 weighted patients, which is the 12th highest nationally. However, the rate of GPs per 100,000 patients is lower than the national average at 49 versus a national figure of 58 and the percentage of GPs eligible to retire is at 33% against a national average of 19.7%.

Patient experience of general practice services is better than average in some areas, according to the latest national GP patient survey, but overall satisfaction with making appointments has declined over recent years and is currently lower than the national average. Engagement with patient groups on this strategy has elicited frustrations with varying appointment systems locally, and local surveys also demonstrate a desire for more online, non-face to face, advice and support that is not currently being fully met.

Therefore, plans need to support improvements in terms of general practice working in a more integrated way with system partners to help improve outcomes, maintaining a focus on retaining and recruiting GPs and other professional roles that support GP workload, and improving the ease of access through increasing online methods.

4. Objectives

This strategy aims to address the challenges set out by delivering against the following objectives:

- 4.1 To continue to stabilise general practice services and improve capacity through freeing up GP time and creating efficiencies
- NHS England GP Resilience programme, focused on supporting sustainability and improved ways of working
 - Reducing workload through addressing secondary care and primary care interface issues
 - Sharing best practice, including the spread of adoption of the 10 High Impact Actions for general practice, using help from existing agencies, such as Academic Health Science Network (AHSN)
 - Continue rollout of Care Navigation and increase the range of services that are offered as a choice for patients to self-refer
 - Expand opportunities for self-care, particularly use of apps
 - Continue training and development for reception staff to support correspondence management
 - Improve the detailed understanding of capacity and demand, and workforce planning, through the rollout of the Apex Insights Analytical Tool
 - Continue work with community pharmacy and optometry services to explore alternative options outside of the general practice setting and to support self-care.
- 4.2 To continue to develop a workforce that can better respond to the care needs of the population
- GPs: International GP recruitment; improved support for retired GPs wishing to continue to work; post-CCT GP Fellow development roles; explore establishing a network of newly qualified, locum and salaried GPs to develop future leaders.
 - Nurses: Continue local training and development programme and work with the local hub of the Advance Training Practice to promote and support new nurse development schemes
 - Network teams: Work with the primary care networks to recruit additional roles including Clinical Pharmacists and Social Prescribing link workers and consider potential for supporting earlier adoption of Physicians Associates, Paramedic and Physio roles.
- 4.3 To develop new models of care and the supporting infrastructure that can respond better to the care needs of the population and support improved outcomes
- Review federation configuration in light of primary care network requirements and agree PCN plans by 15th May 2019; to be approved by the CCG by the end of May 2019 and in place from July 2019
 - PCNs and ICP partners to develop plans for alignment and development of community services (including links to voluntary sector) around PCN populations, and to develop OD plans
 - Develop and adopt population health management approach, to support evolving teams to better meet needs of population
 - Implementation of extended hours Directed Enhanced Service (DES) at PCN level in 2019, in line with LTP and GP contract requirement, and implementation of all agreed PCN DES services over the duration of this strategy
 - Review commissioning arrangements for services currently at federation level, in light of agreed PCN footprints, including review of CCG quality scheme and alignment to PCN level to encourage peer support
 - Review commissioning arrangements for enhanced services, in light of PCN development
 - Improved utilisation of existing primary care centres
 - Completion of existing NHS England approved Estates and Technology Transformation Fund (ETTF) schemes
 - NHS Net upgrade to support improved network speeds to primary care centres
 - Implement Yorkshire and Humber Care Record
 - Continue work on rolling out enhanced Summary Care Record, supported by implementation of MJOG interactive SMS messaging platform to capture consent.
- 4.4 To continue to improve access to general practice services for the local population through increasing the range of access methods, and to continue to improve the quality of services, through enhancing support on quality improvement
- Online Consultation rollout, to secure at least 75% population coverage across NEL by the end of March 2020
 - Full coverage of online consultation and video consultation by the end of March 2021, as required within the GP contract
 - Improved utilisation of patient online including access to patient record, booking of appointments, ordering repeat prescriptions and electronic repeat dispensing, addressing GP contract requirements as follows:
 - New patients have access to prospective data in their online record from April 2019
 - 25% of appointments (could be GP, nurse, pharmacist, healthcare assistant, etc.) available for online booking by July 2019
 - All patients have full access to their online record by April 2020
 - All patients to be able to access online correspondence by April 2020
 - 1 appointment per 3,000 patients per day to be made available for booking by NHS 111 from April 2019

- Implementation of patient right to digital first by 5 years' time, as per the NHS LTP requirement. This could include a requirement to secure additional provision
- Collaborative approach to management of on the day demand across PCNs
- Extended access to continue to be available to 8 pm weekdays and at specified times on Saturdays and Sundays, with consistency in access times to be achieved across NEL, and services bookable by 111 / NEL Single Point of Access (SPA)
- PCNs to work collaboratively with partners to support the development of integrated urgent care arrangements by March 2020, and ensure services link together effectively to make most effective use of resources
- Proactive support to practices ahead of CQC inspections and continued support for improvement plans post-inspection, where required
- A focus on quality domains within rolling programme of planned CCG contract visits
- Revised local quality scheme aimed at addressing areas of greatest need and variation between member practices
- Continued training and education delivered through the protected time for learning events (8 per year)
- Full rollout of advice and guidance from specialists to support decisions to refer and improve feedback and learning within practices
- Support to implement new QOF measures.

4.5 To ensure continued investment in general practice services is used to best effect, within the context of care networks

- Continued deployment of national NHS England funding to support initiatives, e.g. reception training, online consultation
- Potential for non-recurrent funding to support the strategy implementation, subject to agreement within financial plan
- Prioritised reinvestment of remaining PMS premium
- Investment of £1.50 per head into primary care networks, as required within the LTP
- Work with ICS (STP) to support PCNs on implementation of Investment and Impact Fund

5. General Practice Capacity

During the refresh of this strategy, the question regarding whether there is currently sufficient general practice capacity has been considered. There is no single indicator or calculation that would provide a definitive answer as to whether additional capacity is required. The view regarding whether it is sufficient therefore needs to be based on the information we have available to us, and taken in the context of the needs of NEL. The information currently available to support this consideration has been included within the strategy.

The CCG's Care Contracting Committee (CCC) has recently considered the draft strategy and specifically the question regarding capacity. The key considerations were the indicators regarding workforce and satisfaction with access. It was acknowledged that there are a range of initiatives which should free up capacity and improve ease of access in the coming financial year. It was also acknowledged that capacity in terms of the combined GP and Nurse Workforce is much better than the national average. However, the LTP and GP contract signals that GPs will be required to play a key leadership role within the wider system and will need to continue to see the patients most appropriate for their skills and expertise, as well as overseeing the work of the wider teams. Whilst the information that has been considered which relates to quality of services does not suggest that the current workforce numbers adversely affect the quality of service provision, the CCC felt it was important to ensure that there is no deterioration in the rate of GPs per 100,000 population and ideally some improvement in the coming year. They therefore suggested that there is a clear focus on working with practices and PCNs during 2019/20 to gain assurance that there are robust plans regarding GP retirement and maintaining capacity. The CCC also suggested that this Committee should consider measures that could be adopted to assess progress in the next financial year, and review whether any additional steps need to be taken to improve capacity in 2020. These measures could include:

- Switch from face to face to non-face to face consultation methods
- Improvement in uptake of patient online services [baseline available]
- Improvement in satisfaction with accessing appointments [baseline available]
- Number of GPs per 100,000 [baseline available]

Once the potential measures are agreed, the baseline position and potential improvement will be presented back to the PCCC.

6. Next Steps

The attached draft strategy is being presented for approval as a final draft by the PCCC, prior to being shared with stakeholders for final comments by the end of April 2019. The strategy will then be published on the CCG's website. Detailed work plans to deliver

against the various initiatives will be developed, although some of these already exist where the initiatives are a continuation of those initially included as part of the GP Forward View Delivery Plan.

The strategy will be reviewed as the work is undertaken across the STP to establish a single primary care strategy by autumn 2019.

7. Recommendations

The Primary Care Commissioning Committee is asked to:

- Approve the final draft of the strategy, which will be shared with stakeholders for any final comments by the end of April 2019;
- Consider the recommendations from the Care Contracting Committee and the proposed approach over the coming year; and
- Discuss and agree measures for assessing improvement in 2019/20, which will guide a decision regarding any additional steps that might need to be taken to improve capacity in 2020.