

Central Bedfordshire Council

**SOCIAL CARE, HEALTH & HOUSING OVERVIEW AND SCRUTINY
COMMITTEE**

28 November 2016

Primary Care Strategy for Bedfordshire

Report of: Clare Steward, Director of Strategy & Transformation (Interim), Bedfordshire Clinical Commissioning Group (BCCG)

Advising Officers: Nikki Barnes, Head of Primary Care Modernisation, BCCG; Tony Medwell, Assistant Director for Primary Care Delivery, BCCG

This report relates to a non-Key Decision

Purpose of this report

1. To provide Members of the Committee with an overview of the work underway to deliver the Primary Care Strategy and General Practice Sustainability Plan for Bedfordshire.
2. To provide an update to Members of the Committee about the current position of general practice services within Bedfordshire, and how sustainability issues are being managed locally.
3. To provide an overview to the Committee as to how Bedfordshire Clinical Commissioning Group (BCCG), working closely with partners, is working towards modernising local primary care services to help improve outcomes for local people, and to help establish more sustainable models of working.

RECOMMENDATIONS

The Committee is asked to:

1. Consider the work underway to improve the sustainability of local general practice services;
2. Consider how BCCG is supporting the development of local primary care services to help establish more sustainable and improved business and delivery models for the future.

Executive Summary

This paper sets out the considerable amount of work that is being undertaken to support the immediate primary care sustainability issues, and to support primary care development and transformation within Bedfordshire.

There are significant primary care sustainability issues within Bedfordshire (as there are across many areas of the country), and targeted support is being provided to vulnerable practices. Alongside this, practices are being supported to develop longer-term primary care solutions at locality level, and significant work is now underway to develop the key enablers to underpin the delivery of more sustainable models of primary care, i.e. helping to create a workforce, primary care estate and IM&T (Information Management & Technology) infrastructure which is fit for the future.

Recently published national guidance clearly supports and reinforces this local work. This report explains that the current local approach around primary care development is well placed to deliver national expectations around CCG delivery of the 'General Practice Forward View'.

Primary Care Development Report – 28th November 2016

1. Introduction

Over the last year, Bedfordshire Clinical Commissioning Group (BCCG) has significantly expanded its focus on the development and transformation of primary care services, and took on responsibility as a joint co-commissioner of primary medical care services with NHS England. Under these Joint Co-Commissioning arrangements, NHS England retains formal legal responsibility for the contracts with local general practice services.

This report provides a summary of progress since the last update for the Overview and Scrutiny Committee in March 2016. It brings back an update to Members around the current position of general practice services in Bedfordshire, and sets out the work which is taking place towards implementing the BCCG Primary Care Strategy, and supporting NHS England with discharging primary medical care commissioning duties.

2. Sustainability Issues

As presented previously, there are significant sustainability issues facing general practice within Bedfordshire as a result of a wide range of factors, including workforce pressures, rising patient need and demand for services, significant housing growth, and reducing income for many practices. Four practices within Bedfordshire (three in Bedford Borough, one in Central Bedfordshire) have returned their contracts to NHS England within the last twelve months, necessitating short-term caretaker arrangements to be put in place or list dispersal, and many practices consider their businesses to be vulnerable, or their service models to be unsustainable in the long term. Additionally, the local federated provider has recently served notice on a number of contracts, including two APMS (Alternative Provider Medical Services) contracts, and the CCG is has worked tirelessly to support NHS England in ensuring safe and timely contingency arrangements are established.

Improving the sustainability of local primary care services is a critical priority for BCCG, and the actions being taken to address these issues are two-fold:

- Short-term support for struggling practices in partnership with NHS England, enabling movement towards longer-term solutions where possible
- Longer-term primary care development to support the establishment of more sustainable business and delivery models.

2.1 Short-term Support for Vulnerable Practices

Thirteen practices in Bedfordshire have been successfully prioritised to receive support from the national 'Supporting Vulnerable Practices' programme, across Bedford, Chiltern Vale and Ivel Valley Localities. The programme offers a diagnostic means of identifying the root cause of a practice's issues by staff survey and interview, following which a six-month implementation plan is developed with support from NHS England. A member of the BCCG Primary Care Development team has received training to be involved in delivering this support to practices.

An additional programme, offering rapid support to practices with specific resilience issues, is being made available – the 'General Practice Resilience Programme'. Sixteen practices within Bedfordshire have been short-listed to receive support from this programme.

Locality teams continue to have an important role in supporting struggling practices, and their close relationships with practices have enabled both the CCG and NHS England to have early warning where notice has been served on contracts, which has helped to enable rapid contingency planning. Where short-term caretaker arrangements are put in place, BCCG is working very closely with NHS England to ensure that these act as a bridge to more sustainable long-term solutions, in line with the Bedfordshire Primary Care Strategy.

The sustainability of local practices is being closely monitored by the CCG Executive Management Group, the CCG Primary Care Working Group and the Joint Co-Commissioning Committee with NHS England.

3. Primary Care Development

The short-term support offered to struggling practices, as set out above, is happening alongside more strategic development work taking place to help local primary care services work towards establishing a model which is fit for the future.

The following components are set out in the report below

- Locality Development Plans
- National Guidance Requirements
- Planning for 2017/18 and Beyond
- Modernisation Support
- Co-commissioning

3.1 Locality Development Plans

All five localities have now produced a locality development plan, designed to enable delivery of longer-term primary care solutions which reflect the local needs of providers and their patients. These are framed within the context of the local Primary Care Strategy and the national 'General Practice Forward View'.

There are common themes across the locality plans, including:

- Collaborative management of same-day demand between groups of practices, for example through shared telephone triage, and movement towards establishing a single point of contact. The plans indicate that this could be a key enabler for helping practices to offer appointments across evenings and weekends, i.e. 'extended access'.
- Improving access for patients and increasing practice efficiency through the development of new forms of consultations, e.g. offering more structured telephone appointments, online consultations, and group consultations for patients with long-term conditions/multi-morbidities, which have all found to be very successful in trials in other parts of the country.
- Increasing skill-mix and developing new roles within primary care, for example developing clinical administrators to help reduce GP workload pressures, rolling-out the clinical pharmacist pilot across further practices, employing paramedics within practices to conduct home visits.
- Greater collaboration between health and social care, through the development of more robust multi-disciplinary team working and trialling of care coordinator/navigation roles, and improving the way support is provided to care homes.
- Empowering patients to deliver more self-care and self-management, through a greater focus on patient education and the use of digital technology, e.g. health apps accessible through patient's mobile phones.

- Shared management of patients with long-term conditions, for example enabling clinicians to develop more specialist skills and to manage patients across groups of practices, e.g. through locality clinics.

The locality plans are being developed into robust implementation plans, and delivery will be assured by the Primary Care Working Group, as a sub-group of the Joint Co-Commissioning Committee.

3.2 National Guidance Requirements

The NHS operational planning guidance for 2017-19 was published in September 2016, and includes significant expectations around primary care development. The CCG is well placed as many of these have already been factored into the BCCG Primary Care Strategy, and delivery is already in progress. However, the guidance also includes new and expanded expectations in the following areas:

- CCGs are required to demonstrate how they are ensuring the sustainability of general practice through the implementation of the 'General Practice Forward View' and ten High Impact Actions for primary care. CCGs are expected to make £3 per head of population funding available across 2017-19 to invest in supporting practice transformation.
- Extend and improve patient access, in particular to start to commission routine and same day appointments during evenings and weekends from 2018/19, and to ensure this 'extended access' is available to all patients by 2020.
- Support practices to offer online consultations
- Expand efforts around workforce development, including through the establishment of a local 'Time for Care' programme, to provide dedicated support to practices with re-modelling their workforce and introducing greater skill-mix.

3.2 Planning for 2017/18 and Beyond

In light of the national planning guidance, and to support the implementation of the Locality Development Plans, BCCG's Primary Care Working Group is in the process of revising the local work plan for supporting primary care development. Fortunately, there is significant synergy between the national requirements and the initiatives practices are proposing for improving their long-term sustainability.

Proposals are being developed around the following:

- Deployment of the £3 per head of population to support and pump prime implementation of Locality plans and delivery of key national requirements.
- Expansion of the training programme to develop clinical administrators to relieve pressure from GP workloads.
- Establishing a combined project to support delivery of extended access, online consultations and digital self-care and self-management.
- Increasing the workforce development support available to practices through the local 'Time for Care' programme, particularly through targeted workforce diagnostic and change management support across groups of practices.
- In partnership with the Local Medical Committee (LMC), development of a Practice Manager Leadership and Innovation group to co-design and drive change.
- Establishing and implementing a robust model for multi-disciplinary team working in primary care, including improving how support is provide to care homes, within BCCG and with key partner organisations. BCCG has piloted models for community service integration that builds primary care capacity and enhances patient care. BCCG expects

to develop the case in 2016/17 to inform 2017/18 plans to develop primary care capacity to support frail and elderly patients through new models of care encompassing community and mental health services, alongside social care.

These emergent proposals will be discussed with member practices throughout December, prior to submission to NHS England on 23rd December.

3.3 Modernisation Support

Significant work is already underway around developing the key enablers to underpin the delivery of more sustainable models of primary care. An example of this is the recent introduction by the interim Director of Strategy and Transformation of a Head of Primary (Community and Social) Care Modernisation lead from within the existing primary care resource, to focus on the essential strategic requirements required.

3.3.1 Workforce

The recently established Community Education Provider Network (CEPN) is taking forward a co-ordinated approach to increasing recruitment and retention within primary care; promoting and supporting new roles in practice, such as paramedics and physicians associates; expanding training and mentorship capacity and developing an integrated multi-professional workforce.

Through the BCCG GP Future Leaders and Fellowship programme two high calibre GPs from outside the area have been successfully attracted and four newly qualified GPs have been retained within Bedfordshire. The CCG will continue to work with practices to develop attractive, flexible posts for all professions within general practice and wider primary care. The recently recruited Practice Nurse Tutor will provide mentorship and support to both experienced and new practice nurses, encourage retention and will promote development and training.

In partnership with Practice Manager leads, the CCG is developing a local modular Practice Manager development programme offering fundamental practice management components as well as strategic leadership development.

The first wave of the Clinical Pharmacist pilot commenced in July 2016 and saw the introduction of six new Clinical Pharmacists posts working across ten Bedfordshire practices. Practices are already reporting the positive impact the posts are having in terms of reducing GP workload and improving patient care. Practices are being actively encouraged to apply to join the second wave pilot in January 2017.

By April 2017 the CCG will have funded the training of 11 clinical administrators and will continue to roll out the training to ensure every practice has a trained administrator by 2020-21. BCCG will continue to provide evidence-based and practical support for practices around workforce development and new models of service delivery, through a consolidated local 'Time for Care' programme and implementation of the ten High Impact Actions.

3.3.2 Estates

The development of the estate utilised to deliver out of hospital services is a key enabler for supporting new models of working, particularly where it can be developed to provide a focal point to bring together services working more closely together, i.e. bringing practices together, and providing a base for more robust multi-disciplinary working. A comprehensive Estates

Development Implementation Plan is being delivered via the BCCG Estates and Premises Sub-Group.

BCCG recently received the very positive news that a number of bids made to the national Estates & Technology Transformation Fund have been successful in principle. Providing BCCG successfully passes the appropriate due diligence requirements, this funding, which could be in the order of £2.3million, will enable Full Business Cases to be developed for the first three hubs in Bedfordshire, in Dunstable, Biggleswade and Bedford. To varying degrees, these hubs will enable services to co-locate to provide more joined-up care to local people, in significantly improved facilities. The Dunstable and Biggleswade hubs are being taken forward as joint initiatives with Central Bedfordshire Council, to maximise the opportunities to co-locate key services together.

In partnership with both local authorities, BCCG has also recently submitted an application for further funding to the national One Public Estate programme, requesting funding to support scoping work for the potential development of four further hubs across Bedfordshire. The application seeks further investment of £340,000.

In addition to these activities, close links are also being developed with the planning teams within the local authorities, to ensure that opportunities within Section 106 agreements with housing developers are maximised going forwards. One example is a project which has recently commenced part-funded by Section 106 funding, to conduct an options appraisal to assess the best future GP premises configuration to serve the communities of Cranfield, Marston Moretaine and Wootton.

3.3.3 Technology

A further achievement to those set out above is that BCCG has also been successful in being awarded funding from the Estates and Technology Transformation Fund to support implementation of priority elements of the Local Digital Roadmap. The £1.7million funding awarded across Bedfordshire, Luton and Milton Keynes, will enable development of the technologies required to support primary care at scale, the sharing of patient information across GP practices, with the out-of-hours/111 provider, and with members of the multi-disciplinary care team. It will also help to provide the technical infrastructure needed to support new forms of patient consultations, e.g. online consultations, Skype, etc, and technologies to better empower patients to self-care and self-manage their conditions. A programme to take this work plan forward is currently being established, and is expected to include consideration of how best to improve technical links with care homes.

4 Co-commissioning

The CCG commenced Joint Commissioning arrangements with NHS England in June 2016. These arrangements have markedly increased BCCG's influence in the development of local primary care and enhanced our role in working through re-procurements and the opportunity to focus on strategically developing sustainable primary care services.

As a CCG we are keen to continue to maximise the opportunities this stronger relationship provides and collaborate with NHS England to move towards delegated commissioning arrangements. Over the coming months the CCG will undertake a full risk assessment, due diligence and further engagement with member practices to ensure the organisation is responsibly prepared for this in the future.

5 Next Steps

Over the forthcoming months, the work of the primary care team will continue to ensure optimal delivery of the local Primary Care Strategy along with the delivery of the national expectations. The BCCG Primary Care Working Group will continue to monitor and oversee its effective implementation.

Key priorities for the forthcoming period will include:

- Continuing to support vulnerable practices to help support their resilience
- Engaging with practices around the timing of moving towards full delegated commissioning
- Commencing the implementation of locality development plans and the resulting delivery of primary care at scale and more robust multi-disciplinary working
- Continuing to support the procurement/re-procurement of a number of APMS contracts
- Commencing implementation of the Local Digital Roadmap, with an immediate focus around inter-operability between practices and the new out-of-hours/111 provider
- Commencing the next phase of planning for the first three hubs in Dunstable, Bedford and Biggleswade
- Continuing to support practices through a multitude of workforce development initiatives.
- Expanding efforts to implement the nationally recommended ten High Impact Actions as part of a local 'Time for Care' programme
- Initiating a combined project for robustly implementing extended access, e-consultations and digital self-care and self-management
- Continuing to increase the uptake of e-referrals into secondary care.

6 Recommendations to the Overview and Scrutiny Committee

Members of the Overview and Scrutiny Committee are asked to:

1. Consider the work underway to improve the sustainability of local general practice services;
2. Consider how BCCG is supporting the development of local primary care services to help establish more sustainable and improved business and delivery models for the future.