Central Bedfordshire Council

SOCIAL CARE, HEALTH & HOUSING OVERVIEW AND SCRUTINY COMMITTEE

5 June 2017

Primary Care Strategy for Bedfordshire

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

Advising Officers: Nikki Barnes, Head of Primary Care Modernisation, 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with an overview of the work underway to deliver the Bedfordshire General Practice Forward View Plan, which has superseded and incorporated the Bedfordshire Primary Care Strategy.

2. To provide an update to Members of the Committee about key developments within primary care services in Central Bedfordshire.

RECOMMENDATIONS

The Committee is asked to:

1. Consider the work underway and planned to improve the sustainability of primary care services in Central Bedfordshire, to ensure high quality services are maintained for local people.

Executive Summary

This paper sets out the considerable amount of work that is being undertaken to support primary care development and transformation within Central Bedfordshire, and to thereby achieve national requirements around delivery of the *General Practice Forward View* at a local level.

There are significant primary care sustainability issues within Central 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 and more integrated primary care solutions at locality level. Significant work is underway to ensure that these new models of service delivery are underpinned by a robust workforce and the necessary infrastructure in terms of estates and IM&T (Information Management & Technology).

Implementing the integrated model of primary care set out in this report and the local General Practice Forward View Plan will require close working and aligned implementation plans with Central Bedfordshire Council. Work has commenced on developing a Joint Integrated Health and Social Care Strategy between the two organisations, to help achieve this.

Primary Care Development Report – 5th June 2017

1. Introduction

The *General Practice Forward View (GPFV)* was published in April 2016, setting out a national strategy for modernising and improving the sustainability of primary care. CCGs were required to submit plans to NHS England in two stages in December 2016 and February 2017, to demonstrate how the GPFV will be delivered locally. The local plan has subsequently been approved by NHS England, and signed-off by the BCCG Governing Body.

The Bedfordshire GPFV Plan builds on and expands the existing work programme locally to support the development and sustainability of primary care. Whilst the plan includes a strong focus on modernising general practice services, it has a broader remit than this, including the strengthening of services in community and home settings. This report provides an overview of the local plan for Members of the Overview and Scrutiny Committee, and provides an update on progress within Central Bedfordshire.

2. The Challenges within Primary Care in Central Bedfordshire

As presented previously, like other areas, primary care services within Central Bedfordshire are facing some key challenges. We have a rapidly growing and ageing population and this combined with modern lifestyles, is resulting in additional requirements being placed on our local healthcare services.

Local GP practices are facing challenges in relation to workforce pressures (difficulties recruiting GPs and nurses), financial challenges, issues around the size and condition of their premises, and increasing workload as a result of changes within the wider system and the demographic changes already described. Many local GP practices consider their businesses to be vulnerable, or their service models to be unsustainable in the long term.

Our community based services often operate separately to each other, with some of our most vulnerable patients with complex needs not always receiving the joined-up care required to prevent unnecessary admissions to hospital. There is a need to develop and deliver upon the opportunities available to improve the way we provide services to these groups of people.

3. Delivering Change

The key components of our plan for transforming primary care services in Central Bedfordshire are laid out below.

3.1 Primary Care Clusters / Joined Up Care

To ensure sustainable, consistent access to GP services and joined up care for patients, we are establishing clusters of GP practices around populations of 30,000 to 50,000 people to support the introduction of a **Primary Care Home (PCH)**[1] model. Under this innovative model, care is built around patients, ensuring they receive the right care in the right place at the right time. GPs will remain central to patient care, working as members of multi-disciplinary teams of health and care professionals so that community, mental health, social care and appropriate secondary care services can be integrated with primary care, drawing in voluntary sector support and also aligning with local council services.

[1] National Association of Primary Care (NAPC) Primary Care Model, see www.napc.co.uk/primary-care-home

In Central Bedfordshire, these clusters are consistent with the four localities/quadrants, with expected sub-clustering for some services within the larger areas of Ivel Valley and Chiltern Vale.

An early stage of this work includes the development of a multi-disciplinary way of working, called **Caring Together**, which involves clusters of GP practices and a wider team of community matrons, social workers, mental health workers, a geriatrician, continuing healthcare and the clinical navigation team meeting on a fortnightly basis to discuss high risk patients. This approach is already underway within Chiltern Vale and Ivel Valley, and has helped to improve communication and coordination between services.

Where possible, BCCG is keen to bring these multi-disciplinary team members together into shared buildings (hubs) offering a wider range of joined-up services within the community. National funding is being made available to support the first phase of development of **integrated health and care hubs** in Dunstable and Biggleswade, working in partnership with Central Bedfordshire Council to align adult social care, community services and mental health teams around these hubs. Further funding has been secured from the One Public Estate programme to scope out potential further hubs in Ampthill/Flitwick, Leighton Buzzard and Houghton Regis. There is also close liaison between the CCG and the Central Bedfordshire planning team to ensure opportunities within section 106 agreements with housing developers are maximised going forward.

3.2 Access to Care

Patients tell us that being able to see a GP quickly is essential to a high quality overall service, and there is a greater expectation for services to be available 7 days a week. We will support and promote closer working between GP practices to (i) provide universal extended opening hours from March 2019, (ii) provide a single point of access for same day appointments, home visits and frail elderly services and (iii) share the management of patients with long term conditions, for example asthma and diabetes clinics.

3.3 More Care Closer to Home

Through the local **RightCare programme**[2], we will be working on the transfer of some services out of hospital and into the community. This will be supported by closer working between primary care and hospital specialists to improve access to advice. Initially, this will focus on further development of integrated services for diabetes, respiratory (breathing) conditions and dermatology (skin conditions); launch of a minor eye condition service and early development of ENT (ear, nose and throat) community services.

Tests are now available in primary care to spot Irritable Bowel Syndrome (IBS) and a pilot programme is in place to improve access to consultant-led advice and guidance for cardiology (heart conditions), gastroenterology (stomach and intestines) and urology (relating to the urinary tract and male reproductive organs). Other priority areas for moving care closer to home are cancer care, mental health and complex care.

Alongside this programme, GPs will be given more structured access to specialist opinion to assist and support referrals.

3.4 Quality of Care

Through primary care improvement initiatives, we aim to improve cancer detection rates, provide more annual health checks for people with learning disabilities and ensure that people with long term conditions receive a consistent quality of care, wherever they live.

3.5 Frail and Elderly Care

We will establish more structured care for frail and elderly patients, to be delivered as close to home as possible. We will also take steps to improve the care provided to people living in care homes.

The CCG is making **transformational funding** available to clusters of practices in both 2017/18 and 2018/19 to support them with implementing new models of service delivery across practices. Developing a shared system for managing home visits and supporting care homes is a priority for most of the Central Bedfordshire GP practices, and is expected to provide opportunities for closer working with community based health and social care services.

3.6 Urgent Care Services

To improve access to and integration of urgent care services, we are developing a 24-hour Primary Care Access Hub on the Bedford Hospital site for the in-hours and out of hours period, which will provide an alternative minor illness/injury service to the A&E Department (A&E Streaming – to stream patients from the A&E Department into a more appropriate service). This will benefit the 25% of Central Bedfordshire residents who consider their local A&E Department to be Bedford. A similar GP-led service is already in place at the Luton & Dunstable Hospital, offering an alternative to A&E for people with non-emergency care needs.

We will also be working with our new combined 111/out-of-hours provider to integrate the triage systems used by 111 and GP practices, and investigate interoperability with GP practices' appointment booking systems. This will initially be trialled with two GP practices in the Central Bedfordshire area.

3.7 Premises

In addition to the joint hub development programme with Central Bedfordshire Council, specific schemes will take place to support GP practices that have physical space constraints and/or unsuitable premises. Two key projects already underway are:

- Working towards securing new premises for Kings Road Surgery in Sandy
- An options appraisal to consider the best future configuration of services for the Cranfield, Marston Moretaine and Wootton communities, to work towards ensuring that an appropriate infrastructure is established to accommodate the housing growth in these areas.

Further work is being planned with Central Bedfordshire Council to consider how we can best improve and sustain key "spoke" facilities.

3.8 Working Arrangements and Reducing GP Workload

Through their Locality Development Plans[2], some GP practices have identified areas where they will work more closely together, including the potential sharing of back office functions and joint websites. BCCG will continue to provide support to struggling practices with a view to increasing their resilience, while reducing workload and bureaucracy.

Nationally, ten High Impact Actions for primary care have been identified, with proven benefits around increasing efficiency and reducing GP workload. Many of these ideas have been incorporated into the Locality Development Plans, and the CCG will continue to support practices/clusters with implementing these, including accessing support from national expert teams as required.

3.9 Technology

The improvement of technology, and in particular the provision of shared care records between services, is seen as critical to the successful delivery of more integrated models of primary care. The three BLMK CCGs[3] within the STP have secured £1.7m of funding[4] to support technological developments which, as well as developing technical solutions around sharing care records, will include remote patient monitoring, patient-focused apps, web-based solutions and new ways of working such as online consultations. We are also promoting the ability for patients to have access to their own health records to increase their ability to self-care and also reduce clinically unnecessary GP appointments.

This programme has already supported effective information sharing between the new 111/out of hours service and GP practices, and is helping to improve information sharing between key hospital teams and practices (hospital teams within Bedford Hospital, the L&D and Milton Keynes Hospital having access to view key elements of the GP record, with appropriate patient consent). Another project already underway is an options appraisal to consider the best means of delivering online consultations and online signposting.

3.10 Workforce

To increase job satisfaction and aid recruitment and retention, we are in the process of implementing a significant workforce development programme. This includes improved education and training to increase skills for primary care staff, including practice managers and nurses, so that GPs can focus on those patients with the most complex needs. It also includes development of new roles such as clinical administrators, clinical pharmacists and emergency care practitioners to support the delivery of services. Some GP practices have started employing paramedics to make home visits and we are investigating student placements of 'physician's associates' within practices to support their training. We have also set up a GP Fellowship Scheme to attract new GPs to the area and a GP Future Leaders programme to help develop our clinical leaders of the future.

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[2] The BCCG area is divided into five localities, each of which has produced a Locality Development Plan, with input from patient participation groups and all locality GP practices, to help improve GP resilience and quality of care for the future.

[3] Bedfordshire CCG, Luton CCG and Milton Keynes CCG

4 From the national Estates, Technology and Transformation Fund (ETTF)

4 Next Steps

Over the forthcoming months, the work of the primary care team within BCCG will continue to ensure optimal delivery of the General Practice Forward View Plan. However, many of the ambitions within the plan can only be achieved through close working and joint planning with other partners, including Central Bedfordshire Council, and our community and mental health providers. Work has therefore commenced on developing a joint Integrated Health and Care Out of Hospital Strategy between the CCG and the Council to ensure that we have an aligned vision and delivery plans.

Key priorities for the forthcoming period will include:

- Supporting clusters of GP practices to access transformation funding to pump prime new ways of working across practices
- Developing the joint Integrated Health and Care Out of Hospital Strategy in partnership with Central Bedfordshire Council, including a clear implementation plan for establishing the Primary Care Home model within each locality
- Continuing the planning for the integrated hubs in Dunstable and Biggleswade, and applying for national capital funding to support these
- Continuing to implement a local Frailty Pathway, aligned to both the L&D Hospital and Bedford Hospital
- Implementing A&E Streaming at Bedford Hospital
- Completing the options appraisal around the best configuration of general practice services within Cranfield, Marston and Wootton, and considering the timing and approach for implementing the recommendations
- Completing the options appraisal around online consultations, procuring the appropriate technology and commencing implementation within practices in a phased manner
- Continuing to support practices through a multitude of workforce development initiatives.
- Starting the detailed planning towards implementing “extended access” from March 2019 (i.e. urgent and routine GP appointments being available to all patients in the evening and on the weekend).

5 Recommendations to the Overview and Scrutiny Committee

Members of the Overview and Scrutiny Committee are asked to:

1. Consider the local plan for delivering the General Practice Forward View priorities within Central Bedfordshire

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.