

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	28/10/2015
TYPE	An open public item

<u>Report summary table</u>	
Report title	Primary Care and Co-Commissioning Update
Report author	James Childs-Evans, Senior Commissioning Manager, Primary Care, BaNES CCG
List of attachments	
Background papers	<p>A list of any background papers relevant to this topic are as follows:-</p> <p>GP Patient Survey July 2015 - https://gp-patient.co.uk/surveys-and-reports</p> <p>CCG 5 Year Strategy - http://www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/five-year-plan</p> <p>Five year forward view - https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</p> <p>BMA GP Survey - http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/surveys/future-of-general-practice</p> <p>Your Care Your Way Community Services Redesign - http://www.yourcareyourway.org/</p> <p>PMS Review Framework - http://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf</p>
Summary	The report provides a contextual update to the issues facing Primary Care, and the strategic approach undertaken in BaNES to address them.
Recommendations	Health and Wellbeing Board members are asked to note both the national and local context for Primary care GP services in B&NES and are invited to consider any other issues that should inform the emerging primary care strategy in B&NES.
Rationale for recommendations	A sustainable model of primary care in B&NES is integral to the development of the CCG's 5 Year Strategy, the development of

	the emerging services models arising from Your Care, Your Way and key to the delivery of the broader Health and Well-being Strategy.
Resource implications	None.
Statutory considerations and basis for proposal	National guidance and policy direction as outlined above.
Consultation	Dr Ian Orpen, Chair, BaNES CCG Tracey Cox, Chief Officer, BaNES CCG
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's and CCG's decision making risk management guidance.

PRIMARY CARE & CO-COMMISSIONING UPDATE

Background

- 1.1 BaNES GPs serve a generally healthy and relatively wealthy population with patient experience often reported as above the national average.

Despite overall good clinical outcomes we continue to face the challenges of an ageing population, and have small geographical areas which are equivalent to some of the worst performing in England. By 2021 we will see a 27% increase in the number of patients aged 75-79 and a 38% increase in those aged over 90.

In addition, local authority housing development projections outline how the population will increase due to new housing developments. The data shows an approximate increase of 28,000 people based on around 13,000 dwellings to be built over the next 20 years. This equates to approximately 16 WTE GPs required based on NHS England calculations, assuming a GP led model for future delivery. Nearly half of the expected increase is likely to be built in the Bath city area. Local authority planning policy representatives and the CCG have presented to the BaNES GP forum, outlining the high level themes.

Further work is underway to maximise the linkages across public sector services and planning for infrastructure changes. The CCG is coordinating arrangements for a meeting between NHS England, NHS Property Services, Public Health and Local Authority Planning Policy representatives to discuss future infrastructure requirements in more detail.

Alongside this broadly positive position, primary care as with other areas of the health & social care system is responding to a variety of national challenges:

- Increasing pressure on NHS financial resources
- Persistent inequalities in access and quality of primary care
- Growing reports of workforce pressures including recruitment and retention problems
- Growing dissatisfaction with access to services

In response to these challenges, NHS England published the 'Five Year Forward View' during 2014. This sets out a clear commitment to strengthen primary care and general practice as the bedrock of a secure and sustainable NHS. The 'Five Year Forward View' noted that the foundation of NHS care would remain list-based primary care, and that a 'new deal' was needed for GPs to be part of new care models for the future.

2. **Developing Primary Care at Scale - Primary Care Preparing for the Future (PCPF)**

In October 2014 NHS England and the CCG invested into the development of a local project - 'PCPF', which seeks to respond to the challenges and themes outlined above. Bath and North East Somerset Emergency Medical Services (BEMS+) is a local not-for-profit organisation led by BaNES GPs, and commissioned to run PCPF on behalf of the CCG.

There are four workstreams of PCPF, which seek to support general practice by:

- Providing insight and support, to find new ways of working together
- Develop staff
- Develop infrastructure
- Provide benefits for patients 7 days a week (Focussed Weekend Working)

PCPF will run until October 2016.

3. Co-commissioning of primary care

Co-commissioning was an opportunity for CCGs to have increased responsibility and influence over local decisions affecting primary care (medical). Three commissioning options were originally offered to CCGs by NHS England in May 2014:

- Greater involvement for CCGs in primary care decision-making; NHS England retained responsibility for all commissioning decisions
- Joint arrangements where CCGs and NHS England assumed joint responsibility for an agreed set of functions potentially under a joint committee. Pooled funding arrangements could be considered, although not mandatory
- Delegated arrangements where CCGs assumed full responsibility for commissioning all the functions of general practice services, (excluding performers' lists, appraisal and revalidation)

In March 2015 the CCG membership voted in favour of constitutional changes to proceed with joint arrangements with NHS England, with the first joint public committee taking place in July 2015. Whilst this approach is developing and still relatively new, the main focus of co-commissioning during 2015/16 has been:

- The development of a primary care strategy, alongside the 'Your Care, Your Way' community services redesign
- Primary care funding, and in particular the 'PMS review' process

NHS England has invited CCGs to move delegated commissioning with a requirement to submit applications by 6 November 2015. This was considered by the CCG Board, with the decision not to progress to full delegation at this stage. This would be reviewed on completion of the PMS review process and further development on the primary care strategy.

4. Developing a Primary Care strategy in B&NES

Whilst BaNES CCG does not have a stand-alone primary care strategy, in common with many CCGs the strategic statements are incorporated within the main CCG strategy. These note:

- Vision: Delivery at scale
- Enablers: Sustainable model of Primary Care, Enhanced services delivered 7 days a week
- Approach: Cluster working / MDT model, out of hospital care

More detail on the development of these statements and implications for future primary care delivery are outlined in the attached presentation. At this stage the CCG recognise the 'Your Care, Your Way' consultation and planning for the future model of community services should inform the next stage of strategy development.

5. Quality

As noted above, practices perform well in terms of patient experience, as reported in the GP Patient Survey (GPPS). The latest data are based on the July 2015 survey results combining two waves of fieldwork, from July to September 2014 and January to March 2015. Generally the CCG performs above the national and Bath, Gloucestershire, Swindon and Wiltshire averages. More detail is provided in the accompanying presentation.

Much of the data around quality in primary care is held by NHS England, Care Quality Commission (CQC) or the General Medical Council. NHS England is developing standard quality reports to be shared with the CCG as part of the co-commissioning process.

NHS England use two main collections of indicators, the General Practice Outcome Standards (GPOS) and General Practice High Level Indicators (GPHLI) to provide a summary view on GP data. The CQC use its Intelligent Monitoring system to analyse data and support its inspection process. All use similar sources (QOF, GP Patient Survey, Prescribing data). BaNES CCG is not an outlier across the south region and specific areas of variation in the data have been shared with individual practices.

We are yet to have any practices inspected following registration with the CQC. The CQC inspect to consider whether services are safe, effective, caring, responsive or well-led.

6. National PMS Review of Contracts

The vast majority of GP practices in England hold either GMS or PMS contracts. The GMS contract is nationally negotiated. All BaNES practices hold PMS contracts, locally negotiated to better tackle particular needs of patients based on local priorities. The PMS review aims to ensure any extra funding above and beyond what an equivalent GMS practice would get is clearly linked to providing extra services.

The NHS England review has identified a total PMS premium of approximately £1m paid to practices in B&NES. During the course of 2015 practices have had the opportunity to:

- Meet with NHS England, the Local Medical Committee and CCG to review their element of the premium
- Describe where it is serving special populations that merit continued additional funding over and above core, additional, enhanced and any current locally commissioned services.

From April 2016 implementation of phased reinvestment will begin, ending in 2020/21.

Further detail on progress in the areas highlighted will be provided in the accompanying presentation for Health & Wellbeing Board.

7. Recommendations

Health and Wellbeing Board members are asked to note both the national and local context for Primary Care GP services in B&NES and are invited to consider any other issues that should inform the emerging primary care strategy in B&NES.

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