

**NHS** Bath and North East Somerset Clinical Commissioning Group

## **Primary Care Update**

#### October 2015



Healthier. Stronger. Together.

#### Context

Challenges facing Primary Care in terms of:

- Contracts, viability & sustainability
- Provision in areas with greatest recruitment problems, resource challenges and health need
- Need for a stronger population focus and an expanded workforce

#### Context (2) - BMA Survey 2015

More than nine in ten GPs (93%) state their heavy workload had negatively impacted on the quality of patient services.

- Over three in five GPs (62%) support maintaining the model of GPs being able to own their surgery
- Over a third (37%) of GPs say that their practice has joined with a network or federation.
- More than four in five (82%) GPs support maintaining the option of independent contractor status for GPs.

The most mentioned factor essential for general practice was continuity of care.

# Context (3) – Patient Survey, July 2015

	National	BaNES CCG
Overall experience of GP surgery (Good)	85%	91%
Ease of getting through to GP surgery on the phone (Easy)	71%	86%
The last time you wanted to see or speak to a GP or nurse, were you able to get an appointment / see / speak to someone? (Yes)	85%	91%
Overall experience of making an appointment (Good)	73%	85%
How satisfied are you with the hours that your GP surgery is open? (Satisfied)	75%	81%
Overall, how would you describe your experience of out-of-hours GP services?	69%	63%

#### **Key activities**

- **1. Co-Commissioning** Joint working with NHS England on decisions affecting Primary Care (Medical)
- **2. Funding, PMS Reviews** NHS England, LMC and CCG review of existing PMS 'premium' and re-investment into General Practice
- 3. Primary Care Strategy Development -
  - NHS Five year forward view, new models of care
  - Your Care, Your Way, community services redesign
  - CCG transformational workstreams and additional priorities
  - BEMS+ (Primary Care Preparing for the Future PCPF), Understanding potential for collaboration / workforce development, and testing new ways of working

## **Context (4) - CCG Strategy**

The current CCG 5 year strategy notes in respect of Primary Care:

- 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

Early stages of developing conversations to refine Primary Care strategy

#### **Primary Care Strategy Development**

Initial thinking shared with / feedback received from:

- Your Care, Your Way (Phase 1) Jan / April 2015
- CCG Team Development Forum / Board seminar sessions May / June 2015
- Your Health, Your Voice meeting June 2015
- Joint Primary Care Co-Commissioning committee
  July 2015
- CCG Primary Care Strategy Task & Finish Groups
  June / July 2015

# **Primary Care Strategy Development (2)**

Themes arising:

- Build services around the needs of patients and carers, not organisations
- Benefits for practices working together 'at scale'
- All out of hospital care could be grouped together
- Many practice premises require investment, concerns around housing development and expansion
- GP practice appointments access perceived as variable, often complicated and difficult to book

# **Primary Care Funding & Investment**

**PMS Reviews** – approx. £1m to be recovered and reinvested into Primary Care system on a recurrent basis (not necessarily to practices on a like for like basis) over next 5 yrs. Process running during 2015/16, with national principles for reinvestment:

- Secures services or outcomes that go beyond core general practice
- Helps reduce health inequalities
- Offers equality of opportunity for GP practices in each locality
- Supports fairer distribution of funding at a locality level

**£5 per Head** – approx. £1m to be utilised for schemes care of the >75s

(Nursing Homes, Urgent Care Escalation, Community Cluster MDT schemes)

**Transformation Fund** –  $\pounds$ 200k (non recurrent in 2015/16) to support practice schemes aligned to national and local priorities, 4 schemes to be selected

#### **Next steps**

- 1. Continue Joint Co-Commissioning approach with NHS England *Consider options for future Primary Care Commissioning in 2016/17*
- 2. Completion of PMS Review process Practices required to agree 'indicative' net position of PMS review impact by 31 March 2016
- 3. Further development of Primary Care Strategy outcomes / learning from:
  - •Your Care Your Way Phase 2
  - •PMS Review process
  - •BEMS+ PCPF
  - •Local discussion / engagement

## Any Questions?