

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	8 June 2016
TYPE	An open public item

<u>Report summary table</u>	
Report title	Primary Care Update – Draft Statement of Intent
Report author	Corinne Edwards, Head of Commissioning Development, BaNES CCG
List of attachments	Draft Statement of Intent
Background papers	Improving General Practice – A Call to Action, NHS England, August 2013 Five Year Forward View, NHS England, 2014 BaNES CCG’s Five-Year Strategy, 2014-19 GP Forward View, NHS England, April 2016
Summary	<p>The draft Statement of Intent sets out the ambition and vision for primary medical services in Bath and North East Somerset to 2020. It builds on the themes arising from engagement with the public, GP practices and local stakeholders throughout 2015/16 as well as our approach to the development of primary care outlined in the CCG’s five-year strategy.</p> <p>It is focussed on general practice as the CCG does not currently hold the core contractual responsibilities for dentistry, eye care and pharmacy.</p>
Recommendations	The Board is asked to note the report and direct any feedback or comments to Corinne Edwards
Rationale for recommendations	This report is intended to inform the Health and Wellbeing Board of a key strategic issue and provide an opportunity for the Board to contribute to the development of the Statement of Intent, which the CCG will engage more widely with stakeholders this year.
Resource implications	There are no resource implications for the Health and Wellbeing Board in relation to this report.
Statutory considerations and basis for proposal	There are no statutory considerations for the Health and Wellbeing Board in relation to this report.
Consultation	This draft Statement of Intent has been developed as a result of engagement with the public, GP practices and local stakeholders. The plan is to consult and engage more widely on this key

	strategic issue.
Risk management	The management of risks associated with primary medical services is managed through the CCG's governance process.

THE REPORT

PRIMARY CARE STRATEGY

The National Context – ‘A call to action’

In August 2013 NHS England launched ‘Improving general practice – a call to action’. This sought to engage and support action to transform services in local communities. It intended to stimulate debate as to how we can best support the development of general practice to improve outcomes and tackle inequalities, both for today’s patients and for future generations.

The report noted:

- An ageing population, growing co-morbidities and increasing patient expectations
- Increasing pressure on NHS financial resources
- Growing dissatisfaction with access to services
- Persistent inequalities in access and quality of primary care
- Growing reports of workforce pressures including recruitment and retention problems

Five Year Forward View (FYFV)

In response to these challenges and findings arising from the ‘A call to action’ engagement process, NHS England’s subsequent FYFV, which was published in 2014, set out a clear commitment to strengthen primary care and general practice as the bedrock of a secure and sustainable NHS. The FYFV noted:

- The foundation of NHS care will remain list-based primary care.
- Given the pressures they are under, we need a ‘new deal’ for GPs.
- Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years.
- GP-led Clinical Commissioning Groups will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

Local Context

BaNES GPs serve a generally healthy and relatively wealthy population with patient experience often reported as above the national average. Our GP practices perform well, as reported in the GP Patient Survey (GPPS) with overall patient experience reported as ‘good’ at 92% for BaNES, compared to 85% nationally. The data are based on the January 2016 GPPS publication. This combines two waves of fieldwork, from January to March 2015 and July to September 2015.

Despite these good outcomes we continue to face the challenges of an ageing population, and have small geographical areas which have poor health outcomes and are equivalent

to some of the worst performing areas 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 20,000 people in the period to 2024. This equates to approximately 10 whole time equivalent GPs required based on NHS England calculations, assuming a GP led model for future delivery. Nearly half of the expected increase in housing 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 to update the GPs on the potential impact on GP services as well as assist the CCG in its future planning.

The vast majority of GP practices in England hold either GMS or PMS contracts. The GMS contract is nationally negotiated, however all BaNES practices hold PMS contracts, locally agreed to better tackle particular needs of patients based on local priorities.

NHS England has undertaken a 'PMS Review' to ensure any extra funding above and beyond what an equivalent GMS practice would get is clearly linked to providing extra services. NHS England have identified a total PMS premium of approximately £1 million 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 of the premium will begin, ending in 2020/21.

A number of our practices have also had CQC inspections this year, all receiving overall ratings of 'Good'.

Joint Commissioning Arrangements for Primary Care

Currently the CCG is in joint commissioning arrangements with NHS England and will continue to do so during 2016/17 along with Wiltshire and Swindon CCGs. Co-commissioning was an opportunity for CCGs to have increased responsibility and influence over local decisions affecting primary care (medical). The three commissioning options originally offered were:

- 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)

NHS England has advised that the current expectation is for all CCGs to move to delegated arrangements, or return to / remain with 'greater involvement' for 2017/18. As part of the expected transition, a draft NHS England proposal of support has been shared with CCGs setting out the working arrangements and responsibilities for the delivery of primary care (medical) co-commissioning in South Central for 2016/17. At this time the CCG expects to move towards delegated commissioning, and will be discussing the 2017/18 transition with NHS England and other CCGs in a similar position.

Developing a BaNES Primary Care Strategy

In developing our local strategy, the CCG is working alongside NHS England who still hold the statutory responsibilities for the core GP contract (PMS contract) and other areas of primary care (dental, pharmacy and eye care). The CCG's strategic approach for primary care was originally outlined in the CCG's five year strategy as follows:

- 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

These assumptions remain valid, however the CCG recognise the underlying principles of the '*your care, your way*' planning for the future model of community services, and reinvestment of the PMS premium will be significant in supporting the next stage of strategy development.

In addition, NHS England and the CCG have invested in the development of a two year local project to pilot aspects supporting our strategy development. The project, 'Primary Care – Preparing for the Future' (PCPF), delivered by Bath and North East Somerset Emergency Medical Services (BEMS+) runs until October 2016. There are four work streams reporting over the coming months. These aim to:

- Support collaboration between practices by finding new ways of working together
- Develop the workforce to support recruitment and retention of staff as well as enhance workforce development opportunities
- Develop infrastructure, including telephone services and interoperable clinical systems
- Provide a proactive weekend service for vulnerable patients, known as the 'Focussed Weekend Working Service' (FWWS)

The CCG has also supported four smaller transformational projects proposed by clusters of practices, testing new ways of group working and use of clinical staff.

In October 2015, NHS England announced details of the 'Primary Care Transformation Fund,' which has more recently been renamed the 'Estates and Technology Transformation Fund (Primary Care).' This national fund covers the period from 2016 to 2019 and provides £750m to improve access and the range of services available in primary care, through investment in premises, technology, the workforce and support for working at scale. CCG recommendations should reflect local estates strategies and demonstrate engagement across the local health economy.

The CCG has been working with GP practices, representatives from Your Health Your Voice, 'your care, your way' and BEMS+ amongst others in order to draw together common themes which has resulted in the development of the Statement of Intent. This will help frame the CCG's recommendations to the fund, and will in turn support the creation of a single primary care strategy.

NHS England has recently published guidance for CCGs on how to submit recommendations for funding, which will need to demonstrate that they meet one or more of the following criteria:

- Improved access to effective care
- Increased capacity for primary care services out of hospital
- commitment to a wider range of services as set out in the CCG's commissioning intentions to reduce unplanned admissions to hospital
- increased training capacity

The CCG has been working with groups of practices to develop proposals that would best support primary care in serving the longer term needs of the B&NES population, taking into account the above criteria. The CCG recommendations and proposals need to be submitted to NHS England by 30th June 2016 after which NHS England will complete an initial review against the criteria, including an assessment of deliverability by 2019. They will provide feedback by the end of August 2016. Two subsequent stages include a period of due diligence undertaken by NHS England and will culminate in the production of a business case by the CCG. NHS England's timescales for final decisions about funding are still to be confirmed.

Please contact the report author if you need to access this report in an alternative format