

Draft

Statement of Intent

BaNES Primary Care 2020

May 2016

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The purpose of this statement is to set out the ambition and vision for primary medical services in Bath and North East Somerset by 2020.

1 Introduction

This statement is based on themes arising from engagement that has taken place during the course of 2015/16 with the public, GP practices and other local stakeholders. It will form the basis of the nascent Primary Care Strategy for General Practice. The statement builds on our approach to the development of primary care outlined in the CCG's 5-year strategy 2014-19.

For clarity, this statement of intent is focussed on General Practice. Whilst the CCG does not hold the core primary care contractual responsibilities for Dentistry, Eye Care and Pharmacy it is recognised that these areas will be incorporated in the future.

2. The Local Context

BaNES GPs serve a generally healthy and relatively wealthy population, however, there are pockets of significant deprivation and associated health inequalities. We have a mixture of urban and rural populations.

- Our GP practices collectively perform extremely highly, as reported in the GP Patient Survey (GPPS) with overall patient experience reported as 'good' at 92% for BaNES (in the top few in country), compared to 85% nationally.
- We have the best outcomes for overall patient care in the country.
- The initial reports arising from CQC inspections are positive with all inspected practices (10 to date) receiving overall judgements of 'Good'.

We recognise that one size does not fit all in terms of the different communities and needs across BaNES, so there will need to be variation in the way services are set up.

Collaboration

We have a good history of collaboration amongst our own practices, well-established integration with the local authority and a history of close working with the wider health community.

Why is change needed?

- A. We know from our GP community that we must:
 - Ease pressure on GP practice workload to deliver sustainability. The status quo is not an option
 - Influence and collaborate with the wider health and care community, and innovate across an increased range of services

B. We know from our public engagement:

- There are variations across practices regarding GP access / appointments
- Support is required to navigate the system – for those inside and out of it
- There can be specific challenges with the management of patients with mental health problems, at End of life and out of hours
- We can improve our use of IT, and the appropriate sharing of patient records

C. General Practice Forward View (GPFV)

The GPFV has outlined the expected direction of travel for CCGs and their member practices. The GPFV acknowledges the pressures on primary care that have been highlighted in recent years:

- Ageing populations, growing co-morbidities and increasing patient expectations
- Increasing pressure on NHS financial and staffing resources
- Persistent inequalities in access, quality and outcomes of primary care at a national level
- A growing workforce issue affecting the wider primary care workforce – GPs, nurses, HCAs
- Burden of bureaucracy and unpaid work that has grown inexorably

Both local and national factors are important in shaping the direction and content of our primary care strategy.

The last year...

In the last year there has been some progress. For example,

- We commenced Joint Commissioning with NHS England for General practice
- We completed the PMS review process and agreed proposals for future service reinvestment.
- We continued with the BEMS+ PCPF project which will conclude this year
- We worked with practices to support a bid for national primary care transformation fund
- We have run a local CCG transformation bid process to test new ideas.

There is much to build on.

3. The CCG's role in Developing Primary Care

The role of the CCG is

*To lead our health and care system collaboratively through
the commissioning of high quality, affordable, person centred care*

'Your Care, Your Way' sets out an ambition that everyone should access the best possible health and care services in their community.

General practice plays a pivotal role in delivering this ambition. However, service and delivery models need to change to respond to the current and future needs of our local population.

In BaNES we will build a seamless integrated service for patients that is linked to local assets in the community and maximises the benefits of non-medical interventions like social prescribing and other services provided by the voluntary sector.

This will be demonstrated by the way services are delivered and outcomes that are aligned and are common across services.

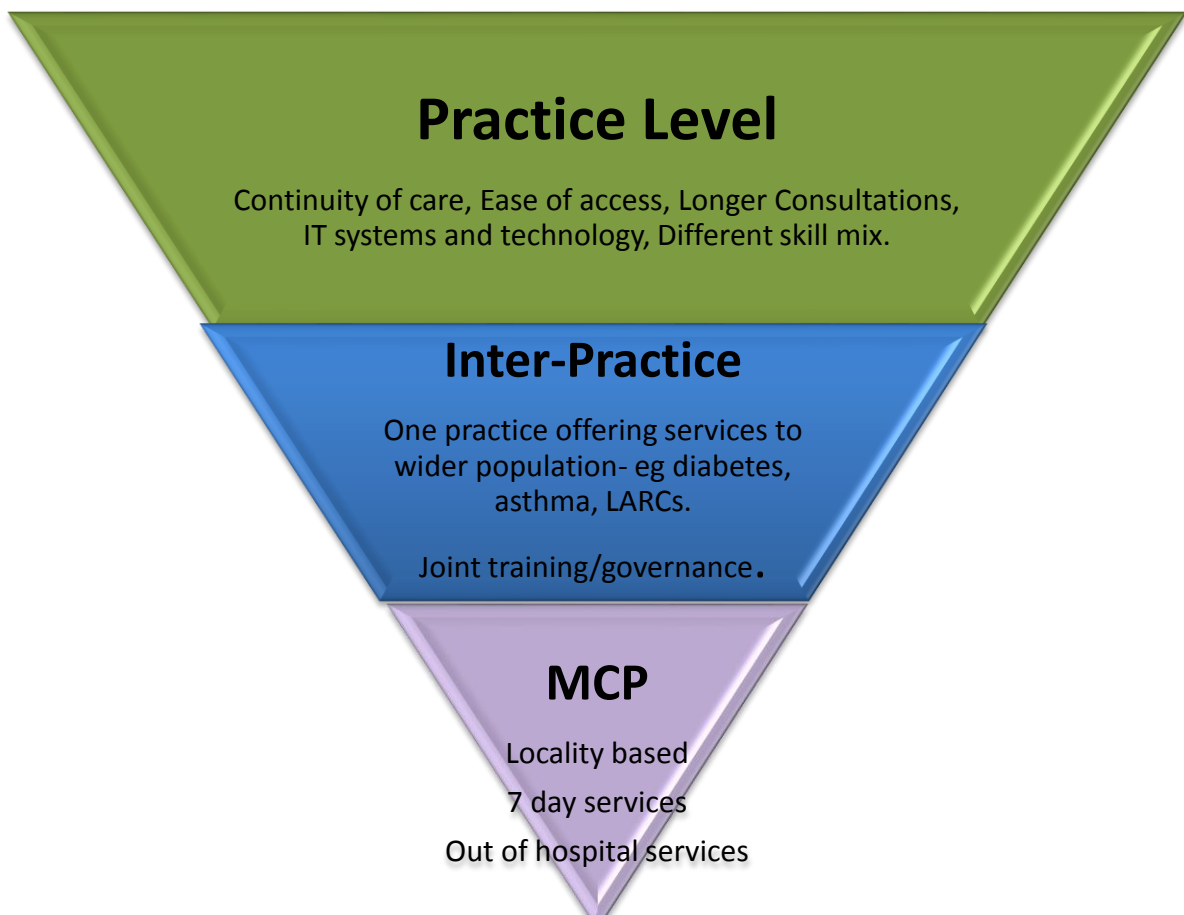
It is our belief that this will

- **Build** on the solid foundation of high performing primary care in Bath and North East Somerset
- **Develop** a service that is equipped for the future
- **Support** the sustainability and resilience of our practices

4. BaNES Primary Care 2020 Vision

Primary Care – Build, Develop, Support

A Proposed Blueprint



MCP = Multi-Specialty Community Provider, ie what was previously described as an Intermediate Care Centre (ITCC)

BaNES Primary Care 2020 can be summarised as:

- *Progressing Delivery at Scale*: changes to the contractual model and scale of delivery
- *Building Multi-Disciplinary Team approaches*: changes to skill mix and composition of teams
- *Enhancing Services delivered across 7 days*: changes to service design, location, timing and method of delivery
- *Maximising the role of technology*: to support delivery of wider range of methods for patient interaction with primary care
- *Enhancing the primary care workforce*: developing new roles to support primary care
- *Securing high quality primary care services*: through quality monitoring, peer review

This means that by 2020 we will see -

1. Out of Hospital Services

The development of a number of locations to deliver an enhanced range of services, accommodating future population growth and delivery of out-of-hospital services as a 'Multi-Speciality Community Provider' (MCP)

2. Larger Practice Populations

Practices (groups or merged practices) that serve larger populations, and that sites will be rationalised depending on need and location, but will remain the first point of contact for NHS services

3. Evenings/Weekends

Enhanced offer of routine primary care appointments at weekends and evenings at key designated locations subject to a local assessment of need

4. Practice Collaboration

Investment in support for continued practice collaboration, resulting in innovative changes to skill mix and unified approaches to clinical systems/record sharing

5. Other Staff Groups

- i) Work to increase the profile and stronger voice for all staff groups within primary care to make best use of their skills
- ii) Support for practices to test new workforce roles in primary care, accessing new national sources of funding where appropriate

6. Technology

- i) Technological solutions to support innovative approaches to meeting patients' needs (such as e-consultations and remote monitoring) and to encourage more self care
- ii) More patients accessing their electronic care record
- iii) Full inter-operability between GP practices in B&NES

What are we going to do in 2016-17?

During 2016/17 we will consider and respond to actions arising from:

- Local appointment of the Prime Provider for the 'Your Care Your Way' Community Services provision
- BEMS+ PCPF final project recommendations
- Outcomes from Estates and Technology bids submitted to the NHS England Transformation Fund in June 2016

We will also: -

- Develop a plan to transition to 'Delegated' Primary Care Commissioning from 2017/18.
- Assess the appetite for a local version of the Dudley type Outcomes Framework to replace QOF and incorporate Enhanced Services
- Test our proposed vision for primary care with members of the public and local stakeholders.
- Continue to work with GP Practices to see how they can support the system to increase its responsiveness and management of patients with urgent care needs

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