

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	<b>NHS Dorset CCG – Changes to GP Commissioning and Locality Working</b>
Executive Summary	<p>Dorset Clinical Commissioning Group (CCG) received full delegation from NHS England (NHSE) for Primary Care (General Practice) Commissioning on 1 April 2016. This means the CCG has taken responsibility for a range of functions associated with the commissioning of General Practice, continuing to work closely with NHSE who retain responsibility for some areas.</p> <p>Under the terms of a Delegation Agreement with NHS England Wessex the CCG now has responsibility for General Practice Commissioning, Primary Care development, the Design and Implementation of Local Incentive Schemes, General Practice Budget Management and Contract Monitoring.</p>
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: GP Forward View
	Budget: N/A

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	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:  Current Risk: LOW  Residual Risk LOW</p>
	<p>Other Implications:</p> <p>N/A</p>
Recommendation	The Committee is asked to note and comment on the contents of this report.
Reason for Recommendation	This paper is presented in response to a request from the Committee following a previous report (8 March 2016).
Appendices	None.
Background Papers	<p>Report to Dorset Health Scrutiny Committee, 8 March 2016 (Agenda item 6):</p> <p><a href="#">Dorset Health Scrutiny Committee agenda papers 08/03/16</a></p>
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**Phil Richardson**  
**Director of Design and Transformation for NHS Dorset Clinical Commissioning Group**  
August 2016

## 1. INTRODUCTION AND BACKGROUND

- 1.1 Dorset Clinical Commissioning Group (CCG) received full delegation from NHS England (NHSE) for Primary Care (General Practice) Commissioning on 1 April 2016. This means the CCG has taken responsibility for a range of functions associated with the commissioning of General Practice, continuing to work closely with NHSE who retain responsibility for some areas.
- 1.2 Under the terms of a Delegation Agreement the CCG now has responsibility for General Practice Commissioning, Primary Care development, the Design and Implementation of Local Incentive Schemes, General Practice Budget Management and Contract Monitoring.
- 1.3 NHSE retains responsibility for Medical Performers Lists, Appraisals and Revalidation, Complaints Management and Capital Funding.
- 1.4 The CCG Primary Care Commissioning team has been re-shaped, with some additional posts added, in order to meet these new responsibilities. The team no longer has a locality geographical focus, rather it is divided into three pan-Dorset functions:
  - Contracting and Commissioning;
  - Locality Engagement;
  - Primary Care Development
- 1.5 Two GPs have taken a clinical lead role for primary care; one for Commissioning and one for Development.
- 1.6 In the first quarter of 2016, the team has transitioned into their new roles and developed detailed work plans, the headline contents of which are described further below. The two main overarching areas of work are 1) Delegation: developing and agreeing processes and interfaces with NHSE, whilst also delivering the new roles and responsibilities; and 2) Strategy Development.

## 2. CURRENT CONTEXT AND NATIONAL PICTURE

- 2.1 The GP Forward View (NHS England, April 2016) available at: <https://www.england.nhs.uk/ourwork/gpfv/> sets out plans to support the development of General Practice with plans to help struggling practices; plans to reduce workload, expansion of the wider workforce, investment in technology and estates and a national development programme to accelerate the transformation of services. There are four key areas of the strategy:

### **Workforce**

- 2.2 Having taken the past 10 years to achieve a net increase of around 5,000 full time equivalent GPs, the aim is to add a further 5,000 net in just the next five years. In addition, 3,000 new fully funded practice-based mental health therapists, an extra 1,500 co-funded practice clinical pharmacists, and nationally funded support for practice nurses, physician assistants, practice managers and receptionists.

### **Workload**

- 2.3 On workload the plan sets out a new Practice Resilience Programme to support struggling practices, changes to streamline the Care Quality Commission inspection regime, support for GPs suffering from burnout and stress, cuts in red-tape, legal limits on administrative burdens at the hospital/GP interface, and action to cut inappropriate demand on General Practice.

### **Infrastructure**

- 2.4 On infrastructure it proposes upgrades to practice premises, new proposals to allow up to 100 per cent reimbursement of premises developments, direct practice investment technology to support better online tools and appointment, consultation and workload management systems, and better record sharing to support team work across practices.

### **Care Redesign**

- 2.5 On care redesign it signals practical support for individual practices and for federations and super-partnerships; direct funding for improved in hours and out of hours access, including clinical hubs and reformed urgent care; and a new voluntary GP contract supporting integrated primary and community health services.

### **Progress So Far**

- 2.6 In Dorset we have recently developed a Primary Care Workforce Centre to begin to address the future workforce needs. The CCG is working with the Local Medical Council to provide additional support to vulnerable practices and targeted improvement planning to address quality concerns. Plans to further invest in transformation including organisational development, infrastructure and technology will further support the local response to national guidance.
- 2.7 The General Practice Forward View is not just about sustaining General Practice however, it is about laying the foundations for the future, so that General Practice can play a pivotal role in the future as the hub of population-based health care, as envisaged in the New Models of Care programme. Working at scale, with high uptake of new technologies and using the breadth of skills and capabilities across the medical and non-medical workforce, General Practice will be better geared to support prevention, to enable self-care and self-management as part of creating a healthier population and a more sustainable NHS.
- 2.8 Primary care is also one of the nine national must dos as set out in Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21. The specific requirement is to 'develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues'. Sustainability and Transformation Planning is now well underway with senior discussions during July with each STP footprint. Primary care and a focus on out of hospital care are featuring strongly in emerging local plans.
- 2.9 The General Practice Forward View is a five year programme, but we recognise that delivery this year is important to help practices with the pressures they are facing. Our key next steps are focused on:

- the new General Practice Resilience Programme;
- the new General Practice Development Programme;
- proposals to reform indemnity in General Practice;
- increasing the allowances payable under the Retained Doctors Scheme;
- the National Association of Primary Care's Primary Care at Home initiative;
- the new Voluntary Contract covering GPs and Community Health Services – the Multi-Speciality Community Provider Contract; and
- strengthened work on international recruitment, led by Health Education England.

### **Plans in Dorset**

- 2.10 Local plans to sustain and transform General Practice will be reflected in a General Practice Commissioning Strategy which is currently under development. Details of this work are described in section 4.

## **3. COMMISSIONING AND CONTRACTING**

- 3.1 A Collaboration Agreement supports the Delegation Agreement and sets out the principles which Dorset CCG and NHSE will work to. This will be supported by a set of shared operating processes that the newly delegated CCGs in Wessex are developing together, with NHSE. Under this model the CCG takes on direct responsibility for:

- Serving as first point of contact for contractual and financial issues;
- Managing relations with contractors;
- Making decisions on contractual issues;
- Engaging with patients and the public as required.

- 3.2 The key contracting areas include but are not exclusive to:

- Future provision as a result of contractors resignations;
- Applications for closed lists;
- Branch or surgery closures;
- Boundary changes;
- Contract variations (APMS / GMS / PMS);
- Contract variations (local contracts) - this could be GP instigated or Commissioner instigated;
- DES (Directly Enhanced Services);
- Improvement grants;
- Breaches.

- 3.3 Dorset CCG is working with NHSE to support vulnerable practices identified through commissioning intelligence, quality intelligence and practice profiling activity. Vulnerable practices profiles have been developed to identify and support practices in Dorset. A national scheme for supporting vulnerable practices is now under development and the CCG will be working closely with NHSE to ensure General Practices in Dorset can benefit from additional resources. In the meantime Dorset CCG is working to pro-actively support vulnerable practices as part of a developing Primary Care Commissioning Strategy. Practice vulnerability has been identified around three key areas:

- Quality - support associated with the requirements of the Care Quality Commission inspections both in preparation for inspection and action planning to address key recommendations;

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- Workforce - associated with changes in partnership, recruitment and retention;
- Contract intelligence - managing work associated with practice finances, the Primary Medical Services contract review, plans to reinvest in primary care, application for list closure.

### **Quality**

- 3.4 The CCG Quality team continue with support visits to practices who are identified as vulnerable. In most cases support is identified following CQC inspections where the overall rating (or elements) is 'requires improvement' or 'inadequate'. The team are also supporting practices that are identifying issues themselves or those who want their systems and processes tested prior to CQC visits.
- 3.5 The CCG has engaged with all practices who have been identified by the CQC as 'requires improvement' or 'inadequate'. The majority of these have led to supportive visits being undertaken by the subject matter experts within the Quality directorate.
- 3.6 The CCG are currently supporting two practices through a formal improvement and assurance process. Both of these practices have been identified as inadequate and have been put into special measures. There is a tight timeframe to make improvements (three months in relation to the warning notice actions and six months for the other inadequate areas not covered by the notice). Both practices have demonstrated significant improvements. One of the practices has formally requested closing their list, due to significant workforce issues. Monthly formal monitoring meetings are taking place with both providers with NHSE, the CCG and the Local Medical Committee.
- 3.7 Further work has been undertaken to receive further information from NHSE in relation to Primary Care quality in Dorset. High level information in relation to complaints has been shared and one of these has led to a Serious Incident investigation being launched.

### **Contract Intelligence**

- 3.8 Practices are reporting increasing pressures of workload and problems with the recruitment of key staff. Practices are being encouraged to work together to explore ways to support each other and maintain access to services.
- 3.9 The CCG is also scoping work to support practices in managing same day access related to the urgent care needs of patients.
- 3.10 A General Practice 'profiling' and 'contract management' group has been set up to enable robust monitoring and management of primary care performance. The roles and responsibilities of the internal CCG group are to ensure ongoing development into understanding the profile of General Practices.
- 3.11 The profiling work will inform identification of variation in referral rates and variation across a number of key areas such as referrals, prescribing, screening and vaccinations to support the long term sustainability of Dorset's health services; use a variety of sources to understand where workforce support might be required and oversee the production of support packages and tools to aid vulnerable practices.

#### **4. PRIMARY CARE LOCALITY ENGAGEMENT**

- 4.1 This is an important function which allows the Primary Care team and wider CCG to engage with localities. Additional administration and management resource has been built in to support Locality Chairs and Deputies with their locality role.
- 4.2 Plans are now in place to strengthen local engagement and a series of locality meetings have been supported to inform the Clinical Services Review, the Integration of Community Services and the development of a Dorset Primary Care Commissioning Strategy.
- 4.3 As part of the work to support developing sustainable models of General Practice, the CCG is engaging with patients and public in local areas. In the West Moors area of Dorset, a group of patients were able to inform decision making for the reprovision of Primary Care services due to a recent GP retirement. This resulted in an active engagement of the local population to be able to inform the commissioning approach taken and also resulted in the incoming provider being able to further engage patients to support the successful transition of services.

#### **5. PRIMARY CARE DEVELOPMENT**

- 5.1 A Primary Care Development programme has been established which focuses on three key areas:
- Supporting the development of new models of care including integrated community services community vanguards and primary care at scale;
  - Working with General Practices to sustain and transform the General Practice workforce to maintain access and quality of care whilst supporting transformational change required for the delivery of new care models;
  - A Transformation Programme to facilitate the leadership and organisational capacity and capabilities required for collaboration and scaling up of primary care.

##### **Workforce**

- 5.2 A Dorset Workforce Strategy has been developed and this now forms a key part of sustainability and transformation plan, aiming to support health and social care organisations to work in partnership leading and working differently to enable system transformation. The CCG workforce team has also established a support package for General Practices to include recruitment and HR guidance. This Strategy has been shared at Locality and Protected Learning Time meetings with practices.
- 5.3 The CCG is working closely with NHSE and Wessex Local Medical Committee to support practice workforce issues. The CCG has also launched the Primary Care online recruitment campaign in April with the aim of attracting people to work in primary care in Dorset.

##### **Estates and Technology**

- 5.4 On 30 June 2016 Dorset CCG made recommendations to NHSE for Primary Care Estates and Technology Transformation in line with guidance published in May 2016 (<https://www.england.nhs.uk/commissioning/primary-care-comm/infrastructure-fund/>). Dorset plans to invest in developing primary care at scale and technology enabling care delivery systems.

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In order to achieve this Dorset CCG recommends a number of schemes which support delivery of the Dorset Local Estates Strategy, our emerging primary care strategy, our Dorset Digital Roadmap and our plans for sustainability and transformation.

5.5 Dorset CCG recommends capital investment in two key strategic areas which align to our plans for sustainability and transformation:

- Technology enabling the delivery of primary care;
- Supporting plans to deliver primary care at scale to improve access to care, care co-ordination through integration of service delivery and to support sustainable models of General Practice.

5.6 Prioritises schemes include plans to:

- Develop new models of care in line with the clinical services review modelling for integrated community services reflecting local need;
- Deliver primary care at scale, setting out details of areas for investment including premises improvements, requirements to invest in new premises and significant redesign of existing estate working with public sector partners;
- Plans to technology enable General Practice to improve 7 day access for patients, supporting new integrated workforce models -delivering integrated patient centred services across health and social care;
- Enhance training and workforce development capacity and capability building on existing training practices to develop a training network supported by:
- A new Primary Care Centre in Dorset for education, training, research, innovation and workforce development.

5.7 NHSE expect these recommendations to contribute to improving access to effective care and include:

- Improvements or extensions to increase clinical capacity;
- Construction of new premises;
- Implementation of IT systems to support access to care and service integration;

5.8 Outcomes of this work are expected to include:

- Improved 7 day access to effective care;
- Increase capacity for primary care and services outside of hospital;
- Increase in the range of services to support reductions in unplanned admissions to hospital;
- Increase training capacity.

5.9 Proposals have been developed to support emerging priorities from Sustainability and Transformation Plans, new care models and the provision of primary care at scale.

5.10 In Dorset stakeholder engagement has been developed through strengthening the Local Estates Forum and establishing a General Practice Estates Forum as a Task and Finish group.

5.11 Oversight has been provided through a group which includes General Practice clinical leads as well as a Strategic Estates Advisor, senior management leads for Primary Care and Integrated Community Services.



- 5.12 A prioritisation methodology has been developed in line with national guidance to inform these recommendations.
- 5.13 A Dorset Local Estates Forum has now been strengthened to include NHSE, Local Medical Committee, General Practice clinical and Practice Manager representation.
- 5.14 Work to develop the Estates Strategy has begun profiling the existing estate and worked with Local Authority and partners to understand local needs and priorities.

### **Transforming Primary Care**

- 5.15 Dorset CCG is working with NHSE on a Wessex Change programme. Plans supported by NHSE include the establishment of a new Primary Care Transformation Team for Dorset to work with groups of General Practices to consider how best to sustain and transform the current General Practice offer.
- 5.16 This work supports plans for the development of integrated community services and the delivery of primary care at scale in order to support new contracting forms for General Practice in the future aimed at supporting emerging new care models and redesigning care and further integration of services around the health needs of local populations - <https://www.england.nhs.uk/wp-content/uploads/2016/07/mcp-care-model-frmrk.pdf>

## **6. GENERAL PRACTICE COMMISSIONING STRATEGY DEVELOPMENT**

- 6.1 As part of the modernising General Practice service offer, Dorset CCG has been undertaking a programme of engagement to all member practices across Dorset to develop the Primary Care Commissioning Strategy.
- 6.2 The engagement has included a programme of events, led by the Development Leadership Team, which started on 23 June 2016 and is due to finish on 11 August 2016. In this period all localities in Dorset will have been engaged through a series of Locality Meetings, Protected Learning Time sessions (PLT) and a Membership Event on 13 July 2016.
- 6.3 During this time, the CCG Clinical Leads have presented the draft strategy and have encouraged the member practices to comment and feedback on areas of development for each locality.
- 6.4 Feedback has been collated for each individual locality which will go towards the next draft version of the strategy. A high level summary of the emerging themes can be found below:

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<p><b>Workforce</b></p> <p>Recruitment and retention;  Skill-mix –introduce new roles;  Primary care workforce centre role in developing new workforce roles and models;  Nursing in community and primary care;  GP Locums;  Retirement planning;  Locality workforce – integrated team to cover home visits and work with Care Homes;  Primary care team looking at same day access;  GP as Consultant in General Practice with team built around this;  Use of GPs and NPs with additional skills.</p>	<p><b>Workload</b></p> <p>More work to understand current pressures;  Working at scale to manage volume of work differently;  Role of Pharmacy to manage minor illness;  Reduce contract bureaucracy;  Change fatigue;  Develop step-up care; intermediate care;  Streaming – elective/long term conditions and urgent work.</p>
<p><b>Ways of working</b></p> <p>Greater focus on prevention;  Focus on cultural change needed for practices working together;  Look at how practices can work together to deliver more services within local area – reducing onward referral;  Changing access – not all GP direct; tele-consultations;  Common IT system;  Redesign of estates to support flexible working patterns;  Back-office functions;  Use of protected learning to support change conversations;  MFE (Medicine For the Elderly) led Frailty model at community hubs.</p>	<p><b>Sustain and transform</b></p> <p>Patient education –better use of NHS;  Managing practice vulnerability – impact on system;  Collaborative working;  Shared vision across practices in a local area;  Focus on high volume work that need to change – MFE;  One Care record;  Develop role of voluntary sector to provide social care support at practice level;  Locality model based on existing localities offers opportunity for delivery of primary care at scale and federative working;  Opportunity to look at current inefficiencies in care delivery (GP and Community).</p>

6.5 An internal CCG Task and Finish Group has been established to support the development of the GP Commissioning Strategy. A second draft will be shared with stakeholders including patients in August / September, with a final document planned to be presented to the PCCC in October.

6.6 The document will set out the vision for the future as well as articulating the GP model and how it interfaces with the rest of the health and care system in Dorset, in line with planned reconfiguration of acute and community services.

**7. CONCLUSION AND RECOMMENDATION**

7.1 The CCG is actively undertaking the responsibilities of full delegation for primary care (General Practice) the Committee is asked to note and comment on the report.