

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	21 December 2016
Officer	Sally Sandcraft, Deputy Director of Service Delivery
Subject of Report	Primary Care Commissioning Strategy and Plan 2016 – 2020/21
Executive Summary	<p>This is a five year strategy to provide a framework to inform the development of local delivery models, which will be developed through working collaboratively with Practices, and engaging with local people.</p> <p>We know from our GP survey results that patients are mostly happy with the services they receive but they have told us that there is more work to do, especially around access to care. We also know from the conversations we have had with our GP Members and their teams that they are under extreme pressure with an increasing workload and diminishing workforce. The CCG has recognised for some time that things need to change; there is now also national recognition via the General Practice Forward View. This national guidance and supporting programmes, coupled with our new decision making powers, gives us a fantastic opportunity to address these difficult challenges and transform primary care.</p>
Impact Assessment:	Equalities Impact Assessment: Yes
	Use of Evidence: NHS England General Practice Forward View April 2016

	<p>Budget: Additional investment in primary care from CCG core allocation and further NHS England investment in access to primary care from 2018.</p>
	<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:</p> <p>The CCG operate a risk assessment process. The risks associated with General Practice are reflected in the CCG Corporate Risk Register.</p>
	<p>Other Implications: (Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; physical activity; or Safeguarding Children and Adults.)</p>
Recommendation	The Committee is asked to note the contents of this report.
Reason for Recommendation	This paper is presented in response to a request from the Committee.
Appendices	Draft Primary Care Commissioning Strategy and Plan 2016 – 2020/21
Background Papers	None
Officer Contact	<p>Name: Sally Sandcraft Tel: 01202 541468 Email: sally.sandcraft@dorsetccg.nhs.uk</p>

Sally Sandcraft
Deputy Director of Service Delivery
 5 December 2016

1. Introduction

- 1.1 The Draft Primary Care Commissioning Strategy and Plan is designed to be implemented over a 5 year period aligning to the GP 5 Year Forward View plan, Our Dorset Sustainability and Transformation Plan and the Dorset Integrated Community Services Strategy.
- 1.2 The key messages in the document are highlighted in the Executive Summary and describe a vision where General Practice continues to be the foundation of the health system, maintaining its position as the leaders of primary care, retaining its identity and registered list. To enable General Practice to build on its strengths and past successes the Strategy recognises, in line with NHS England GP Forward View, that this will only be achieved by working in new ways and in larger General Practice groups to achieve sustainability. It involves redesigning care around the health of the population, irrespective of existing institutional arrangements.
- 1.3 The need for General Practice to work at scale to meet local population health need does not mean that practices will have to close but it is likely that practices will increasingly work together to deliver care across local communities, pooling resources and building a shared integrated workforce. This will need to address the significant workforce challenges that practices face and mean that practices are likely to have to work in different ways in order to deliver the care their whole population needs, focussing on prevention, redesigning care and improving health and wellbeing.
- 1.4 This Strategy has been produced following a period of engagement between June and October 2016 with GP Members and their teams, Practice Managers, CCG clinicians and managers, patients and the Local Medical Committee. This engagement period built on previous engagement work to inform the Integrated Community Services models of which General Practice forms a key part. It has also been shared at various stages of development with the GP Membership and the Dorset CCG Governing Body.

2. Designing and Delivering Care Locally

- 2.1 The Strategy does not specify significant service changes for primary care, however recognises the challenges facing General Practice means that practices will need to adapt and transform to be able to deliver improved access, and sustain and improve quality services , through engaging in the delivery of new models of care.
- 2.2 The CCG is committed to working with localities to co-develop local blueprints that the document starts to describe and will facilitate a programme of engagement within local communities.
- 2.3 As ‘local blueprints’ for care are developed there may be proposals for changes to the way primary care is delivered in the local area. At this stage there would be a period of engagement with the local population or if required, subject to the level of change being proposed, formal public consultation.

- 2.4 We have engaged with patient representatives to inform our Strategy. We have heard how patients have different needs and different expectations. Some patients are looking for quicker access to care, perhaps where their health care needs are simpler to treat; others with more complex needs seek continuity of care and may be willing to wait longer to see the clinician of their choice. Patients also said they want to have a named health care professional and feel that this person can help them access the wider team.
- 2.5 The Strategy recognises the case for change, that General Practice needs to be able to respond to increasing demand – related to an ageing population and more people living with long term health conditions. This is accompanied by rising patient expectation and the responsibility to ensure the varying needs of all registered patients are supported. There is a need to work with patients to help them to access the care they need but also to encourage patients to help themselves – supporting them to access a range of help; navigate services and avoid repeated appointments for the same problem.
- 2.6 The Strategy supports General Practice as the cornerstone of the NHS – but recognises that General Practice is under pressure. As Simon Stevens, Chief Executive of NHS England said: “If General Practice fails the NHS fails”. There is a need for General Practice to work at scale if it is going to continue to be able to respond to need. This will make it more resilient and able to respond to the needs of local populations, addressing the challenges associated with the increasing complexity of care need (through more multi-professional team working) and the NHS workforce recruitment and retention challenges – needing to skill mix teams and bring in new roles – such as care navigators, clinical pharmacists and allied health professionals.
- 2.7 General Practice provider development needs to be an integral part of this Strategy, recognising that General Practitioners are independent contractors running their own businesses. In order to be able to respond to the changing needs of the community and address workforce and financial challenges they will need support to adapt. Part of this will mean a period of provider development to support practices working together to better address population health needs in local communities, to co-produce local blueprints for care and plans to transform the way care can be delivered – so that General Practice is sustainable and can continue to respond effectively to local needs.

3. Developing General Practice as part of a Future Health Care Model

- 3.1 We need to continue to develop General Practice to ensure patients get a good experience and good care outcomes no matter where they are registered across Dorset and that health care resources are used well.

- 3.2 The Strategy supports the local delivery of new care models. The proposed care models is an approach to risk stratifying need in populations and changing the way care is delivered – whilst maintaining the advantages of continuity of care provided by patients being registered with a named GP or group practice. Under the new care models teams will be developed that can better respond to the needs of different population groups – for example those wanting same day access for self-limiting conditions and those that would benefit from a multidisciplinary team supporting them with managing their long term condition.
- 3.3 As part of the work to implement new care models, the Strategy recognises the challenges that General Practice faces. It commits to providing a development programme (GP Forward View Delivery Plan) which strengthens the General Practice workforce, addresses workload challenges, enables General Practices to work in local communities to sustain and transform care models to better meet local needs, to invest in access to General Practice including new technology and infrastructure improvements. Many GPs own their own premises, but an increasing number are leaseholders; the Strategy needs to work with groups of General Practices to look at the best way to deliver services and with local communities to consider what this means for how services are configured and delivered to maintain access and high quality care.
- 3.4 Our intention is to take the Primary Care Commissioning Strategy to the CCG Governing Body in January for approval.

4. Recommendation

- 4.1 The Committee is asked to note the Draft Dorset Primary Care Commissioning Strategy and Plan and the next steps in the development of the local delivery models, which will be developed through working collaboratively with Practices, and engaging with local people.