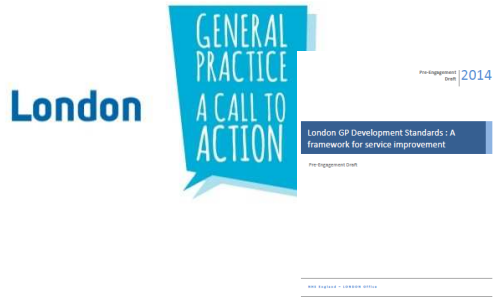
Primary Care Transformation Update

NCL JHOSC
V0.6
November 2014

Introduction

Previously the *Call to Action* and a draft of standards were discussed. Now the programme is nearing the end of a pre-engagement phase and a developing *Strategic Commissioning Framework for Primary Care Transformation in London:*

April 2014



- General Practice A Call to Action was **published Nov 2013** highlighted some **key challenges due to the complexities and level of demand** of the London population
- In April a **pre-engagement draft** of standards which responded to the need for more **proactive, accessible and coordinated care** was released.

November 2014

- A ***Strategic Commissioning Framework for Primary Care Transformation in London*** is being developed
- It is moving to a **wider engagement stage at the end of November 2014**
- This ***Framework*** contains the **description of the new patient offer (a specification)**
- It also outlines considerations required to deliver this specification, e.g. **Financial, workforce and technology implications**
- There is **strong alignment** between the recommendations of this document and **recent publications from Simon Stevens and the London Health Commission**

At the center of the Framework is a new patient offer

A new specification (patient offer) have been created to respond to these challenges, based on the three areas that patients and clinicians have said is most important

Accessible Care

Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.

Coordinated Care

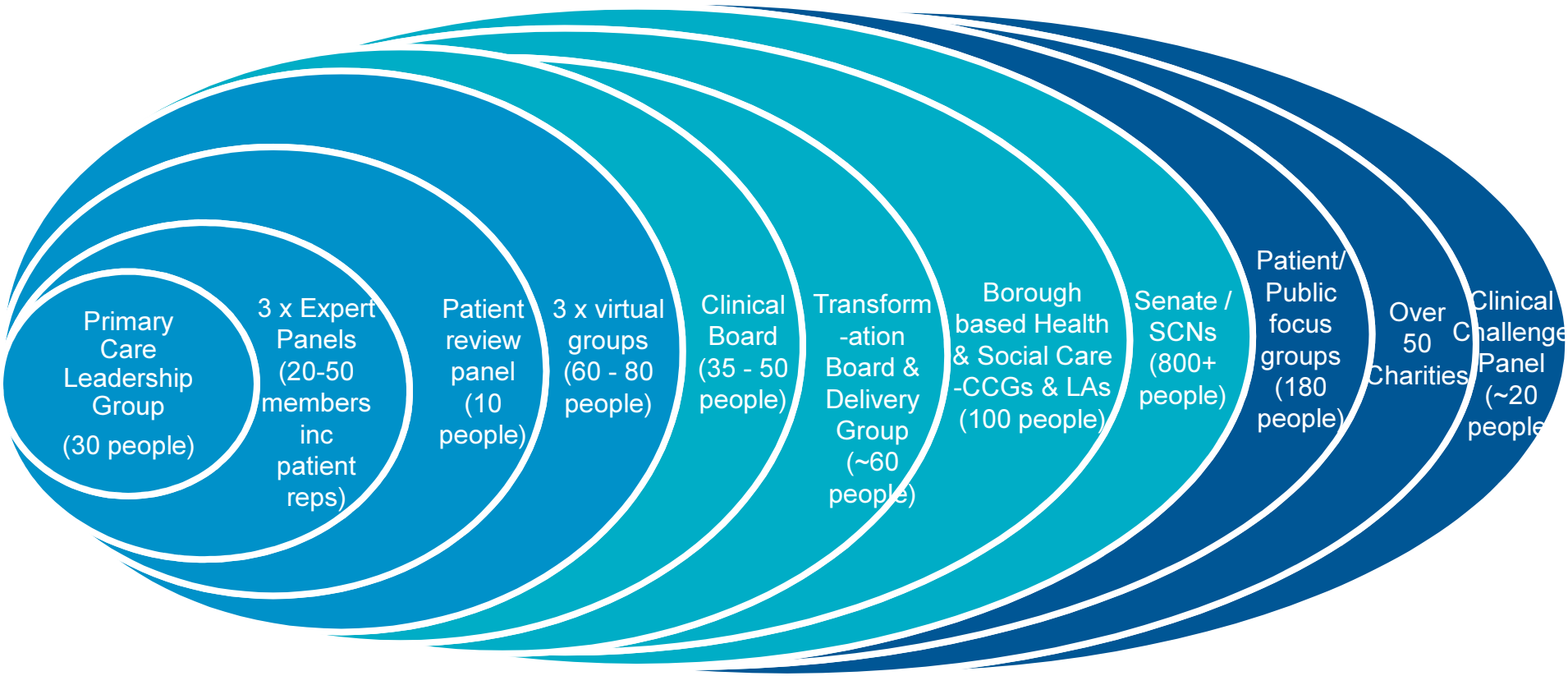
Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.

Proactive Care

More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

..Which has been widely tested

Following an initial development stage, the specification has been tested with a widening range of patients, clinicians and other stakeholders. Around **1,500** people have now been involved in testing this.



The specification has been updated to reflect the feedback gathered during this process

Patients have identified several benefits of the Framework

During the pre-engagement process, discussions with patients and the public to enhance the specification, also identified several benefits which patients looked forward to experiencing

Flexibility

"The enhanced flexibility to schedule appointments at times that fit around other work/ family commitments"
"A reduced need for ad-hoc appointments where a care plan is in place or because of being signposted to more appropriate support services."

Co-ordinated Care

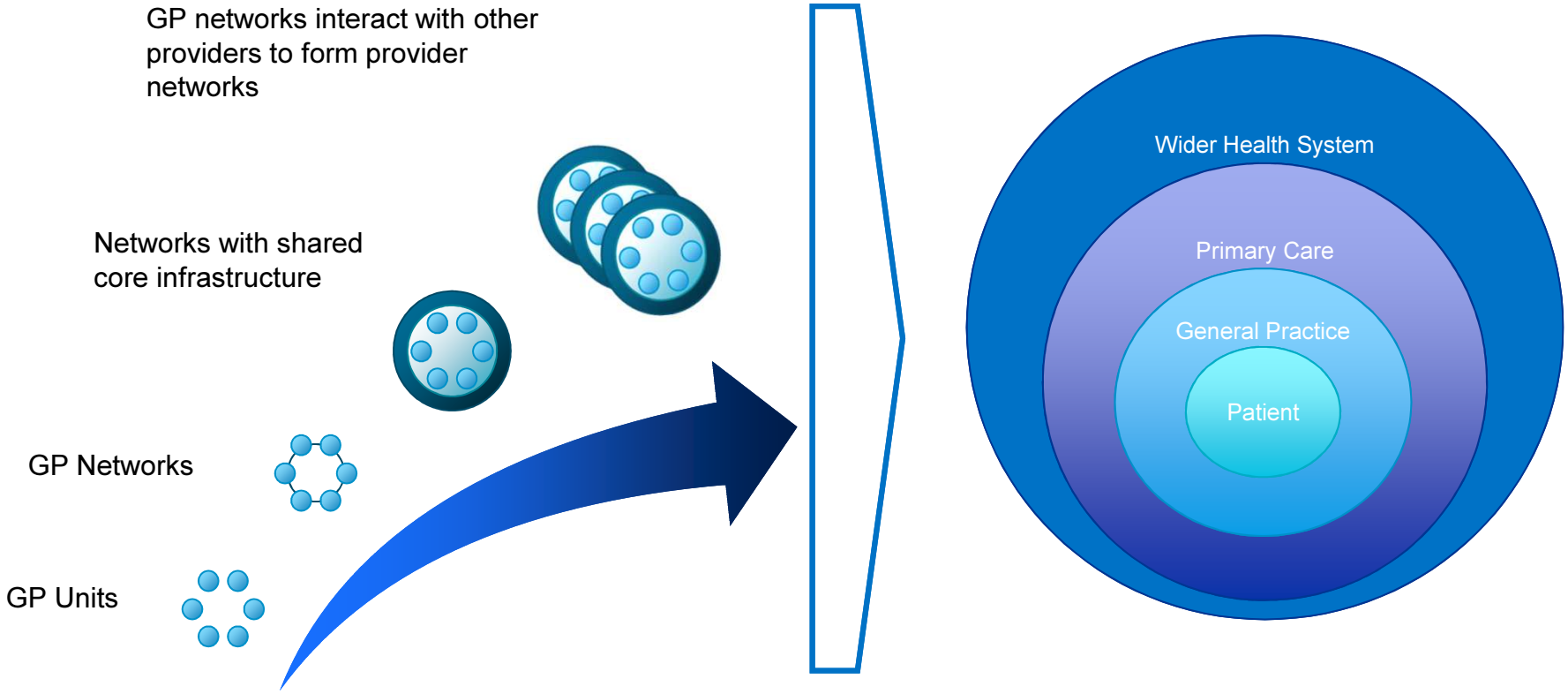
"A greater sense of control, influence and patient input in the development of patient centric care plans"
"Greater whole system working supported by clarity of roles and responsibilities"
"The empowerment that effective sign-posting of services and support would bring in enabling patients to take a greater ownership of their own health outcomes."

Relationships in Primary Care

"The stronger GP/ patient relationships that would materialise through the provision of a named GP."
"An ability to be supported in holistic needs- whether as a patient or carer."
"Support needs can be effectively met by other staff (apart from the GP and/or being referred on to them as a source of specialist support/ care."

GPs will need to work together and with other partners

This vision will be achieved by general practice working together at scale, and working with partners in the wider health system. With the Patient remaining at the centre of all care considerations



…And it is already happening..

London CCGs have been asked about new models of care in their area in terms of the state of readiness and likely size of scale models. 97% of London CCGs responded, and findings from those responses are below:

85%* are in or planning to be in either a **network or federation**

68%* have all practices engaging in **new scale models**

Over 95%* of practices across CCGs **are collaborating**

* Of the 97% of respondents

There were several key changes as a result of the pre-engagement period

The pre-engagement phase has strengthened the ambition of the Primary Care Transformation programme. Some of the changes made are highlighted below:

- **Strengthening of the patient offer**, through further testing with patients, independent clinicians, the voluntary sector etc.
- This process has resulted in, for example, **clarification of what should be delivered at a practice vs a network level**, changes to **language to ensure clarity**, modification to **ensure standardisation but with some room for local customisation** where this does not compromise the overall offer.
- Development of a draft ***Strategic Commissioning Framework for Primary Care Transformation in London*** which not only includes the proposed patient offer, but also considerations to deliver it
- Support has been gathered from all **32 CCGs, Clinical Senate, London Health Board and the CQC** to proceed to the next stage of engagement

The Framework includes several areas of focus to support delivery of the specification

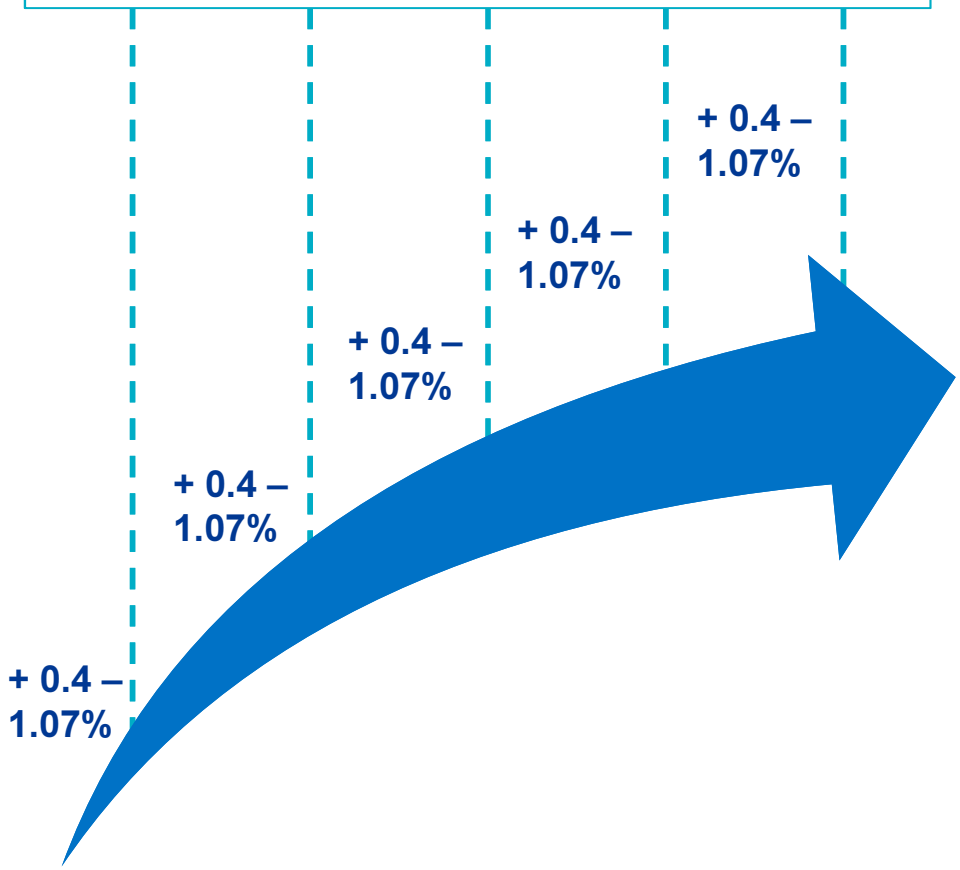
Models of Care	• This area proposes collaborating across groups of practices, and with other partners
Commissioning	• This area outlines the importance of supporting commissioners to work together and support to CCGs taking on co-commissioning
Financial Implications	• This includes the estimated cost shift towards Primary Care required to deliver the new specifications, and the year on year funding shift to achieve this (see next slide)
Contracting	• This area looks at contractual considerations of delivering the specifications e.g. contracting at a population level
Workforce Implications	• This area looks at the need for the right roles and skills in a practice and as part of a wider team
Technology Implications	• This area looks at the ways technology could be used to deliver the specifications and maximising its use to support empowerment and innovation
Estates Implications	• This area references the findings of the London Health Commission in terms of the variability of Primary Care estate and recommendation for investment
Provider Development	• This area outlines the importance of supporting providers to deliver the specifications and some of the potential areas for development
Monitoring and Evaluation	• This area outlines ways in which tools (largely already existing) can be used to support faster adoption of best practice, as well as for commissioner assurance

Including an estimation of the cost of the new patient offer

Delivering the new specifications will require investment. Currently a **high level cost estimation has been made** this indicates a gradual shift in funding. If this was done over, for example, 5 years this would represent a gradual 0.4% - 1.07% shift

Years 1 – 5 (2015 – 2020)

Gradual shift in funding towards Primary Care



Years 6 + (2021 +)

Annual costs of providing the new service offer

Overall shift of **2 – 5.36% of total health spend today**

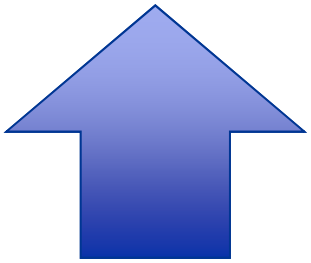
A like for like change in the % of London Health Economy budget spent on general practice from:

7.3%

to..

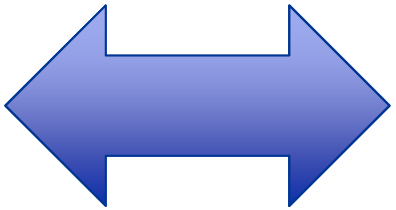
Between **9.3%** and **12.7%**

…and changes to the workforce..



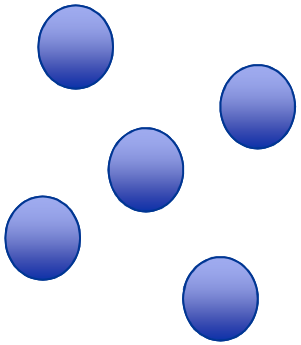
INCREASED EXISTING ROLES

We will need more GPs and nurses to deliver the change

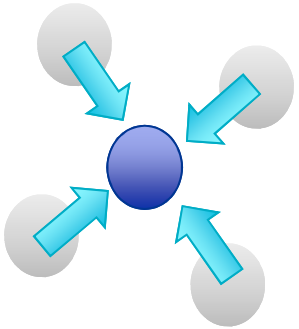


BROADEN THE TEAM..

There will need to be more new roles to support the clinicians



…AT A PRACTICE LEVEL



..OR ACROSS SEVERAL PRACTICES

There is significant focus on the need for change in Primary Care

Both the Five Year Forward View and the London Health Commission report set out several objectives for Primary Care in London:

- **Stabilise core funding for general practice and review how resources are fairly made available**
- **Give CCGs more influence over the NHS budget – investment: acute to primary & community**
- **Provide new funding through schemes such as the Challenge fund – innovation, access**
- **Expand as fast as possible the number of GPs, community nurses and other staff.**
- **Design new incentives to tackle health inequalities**.
- **Help the public deal with minor ailments without GP or A&E**
- **Potential new care models** such as Multispecialty Community Providers (MCPs) and Primary & Acute Care Systems (PACS)

- **Increase the proportion of NHS spending on primary and community services**
- **Invest £1billion in developing GP premises**
- **Set ambitious service and quality standards for general practice**
- **Promote and support general practices to work in networks**
- **Allow patients to access services from other practices in the same network**
- **Allow existing or new providers to set up services in areas of persistent poor provision**

..And active discussions on co-commissioning

In May 2014, Simon Stevens invited CCGs to come forward to take on an increased role in the commissioning of primary care services:

Aims of co-commissioning:

To harness the energy of CCGs to **create a joined up, clinically led commissioning system** which delivers **seamless, integrated out-of-hospital services** based around the **needs of local populations**.

Benefits of co-commissioning:

From CCGs' early expressions of interest, we have gleaned some of the **possible benefits from co-commissioning:**

- **Improved provision** of out-of-hospital services
- A **more integrated healthcare system**
- More **optimal decisions to be made about how primary care resources are deployed**;
- **Greater consistency between outcome measures and incentives** used in primary care services and wider out-of-hospital services
- A **more collaborative approach to designing local solutions** for workforce, premises and IM&T challenges

- Revised **expressions of interest for January**, new **arrangements could start from April**
- Co-commissioning is the **beginning of a longer journey towards place-based commissioning**

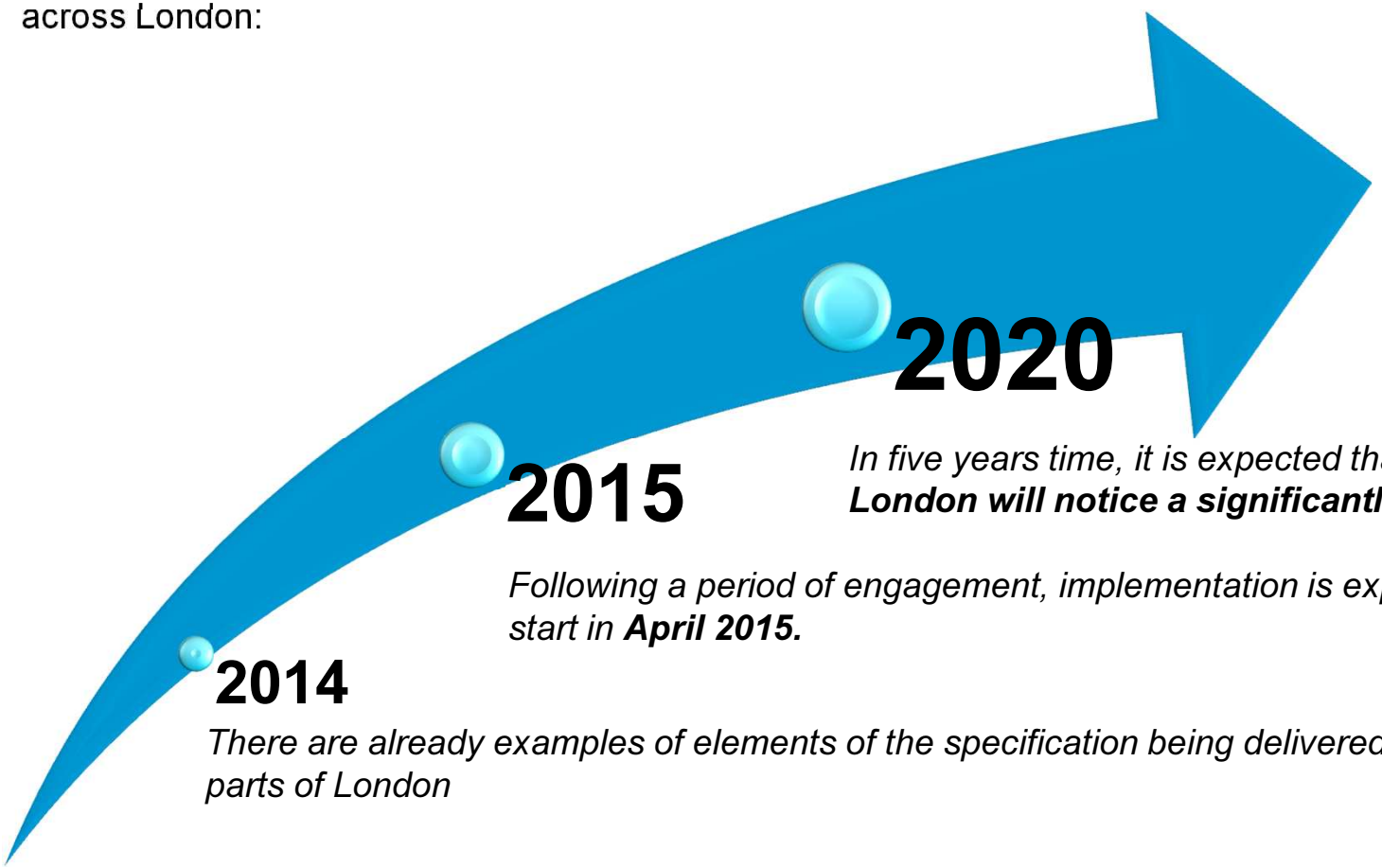
Scope of Co-Commissioning

- For this year, the scope of primary care co-commissioning is general practice services. The commissioning of dental, community pharmacy and eye health services is more complex than general practice with a different legal framework. As such, our emerging thinking is that it is out of scope for joint and delegated commissioning arrangements in 2015/16. However, we recognise the ambition in some CCGs to take on a greater level of responsibility in these areas and we will be looking into this for future years with full and proper engagement of the relevant professional groups.

- Through the analysis of expressions of interest, it has become apparent that there are three main forms of co-commissioning CCGs would like to take forward:

When will patients see the changes?

Delivering this transformation will take a long term commitment from commissioners across London. Elements of the specification are already being delivered in different places, but the vision is to deliver this consistently across London:



2014

There are already examples of elements of the specification being delivered in parts of London

2015

*Following a period of engagement, implementation is expected to start in **April 2015.***

2020

*In five years time, it is expected that **Patients in London will notice a significantly different service**.*

North Central London Clinical Commissioning Groups

DRAFT – BEING FINALISED

Transforming primary care in NCL
Progress and priorities moving forward

NCL PRIMARY CARE STRATEGY

NCL has a strong track record in collaborative and mutually supportive working which will benefit the progression of the primary care development standards, and other initiatives such as co commissioning

The shared priorities for primary care development for NCL are:

- **Extending access to appointments**. This also includes work in making practices more productive and using information technology to enhance and improve patient care (e.g. interoperability, video consultations)
- **Ensuring GP provider collaboration and harnessing the benefits of working at scale** including development of GP networks to integrate with other services (pharmacy, CHS, Specialist) to deliver personalised care for patients with complex long term conditions
- **Reducing variability and increasing the quality** of the offer to patients, enabling all patients to have fuller and more equitable access to services
- **Improving patient experi**ence and having in place a range of methods to be able to engage and get feedback from patients
- **Closing the gap on expected and observed prevalence** for long term conditions, and more proactive care of people with chronic diseases
- **Promoting self-care**
- **Integrating care better** and ensuring that primary care plays a key part in successful delivery of integrated and coordinated care
- **Taking a strategic approach to primary care premises development** and where appropriate trying to improve premises where primary and community services are delivered from
- **Supporting the primary care workforce** through planning, education and training to help deliver our strategic ambition for the transformation of services

CO-COMMISSIONING IN NCL

NCL CCGs are progressing work on co-commissioning (GP services). Any collective co-commissioning approach must mean that we can discharge that responsibility in a way that is better than now, and result in tangible patient benefits

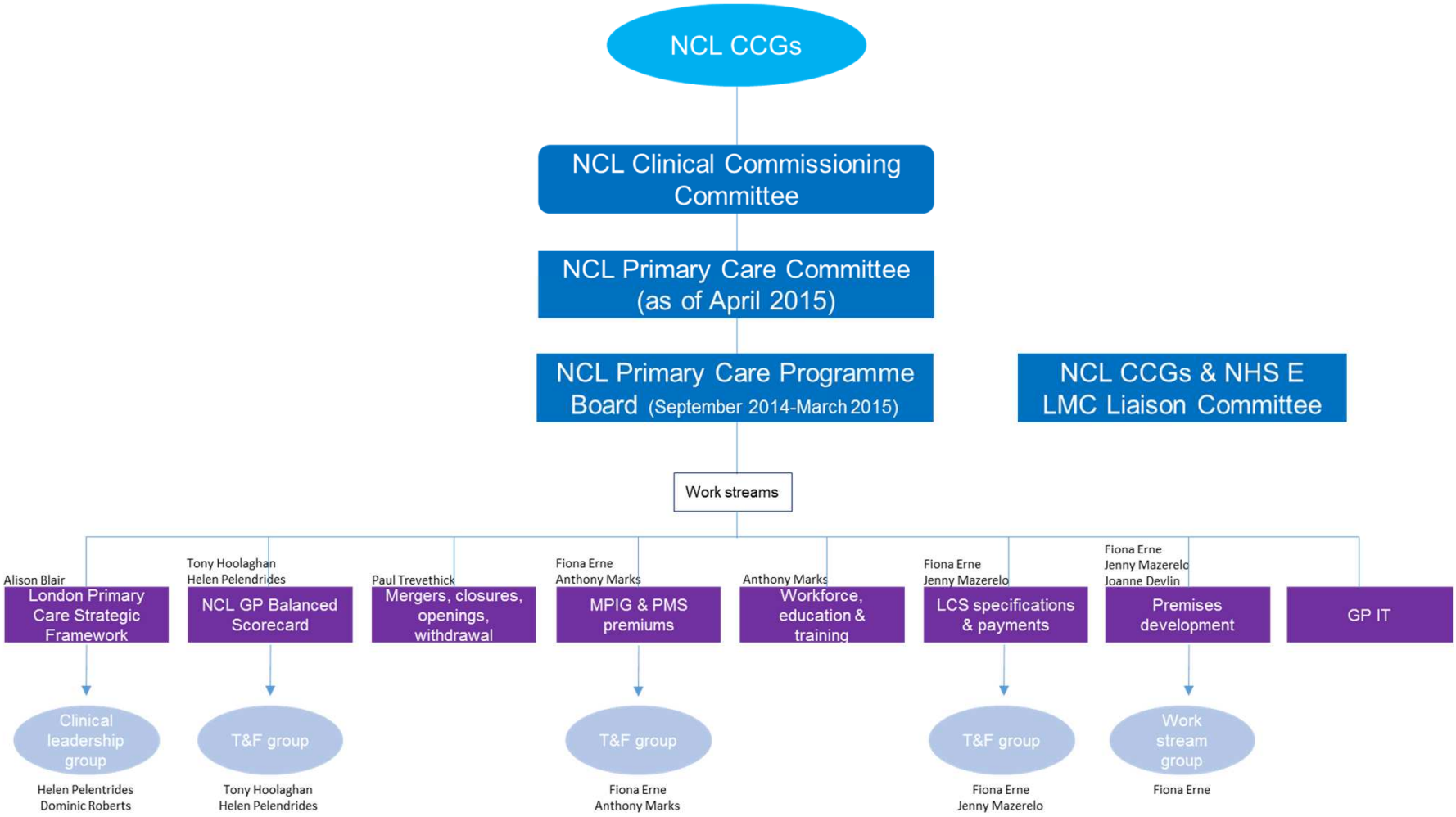
Potential Benefits of Co-commissioning:

- Underpins the development of co-commissioning is the NCL Primary Care Strategy
- Gives CCG oversight of primary care development and how contributes to forwarding local strategic change
- More integrated decision-making
- Great consistency of outcomes and incentives
- Collaborative approaches to infrastructure developments (estate, workforce, IT).

Risks of Co-commissioning:

- Governance and handling of conflicts of interests
- Stakeholder views
- Unclear financial positions
- Management costs.

GOVERNANCE STRUCTURE AND WORK STREAMS (DRAFT)



Some big issues currently receiving attention

- Barnet – Colindale regeneration
- Enfield – Ordnance Road; Pymmes Park
- Haringey – Tottenham regeneration; GP access
- Camden – Kings Cross
- Islington - Bunhill