
Meeting	Health and Well-Being Board
Date	31 May 2012
Subject	North Central London Primary Care Strategy
Report of	Chair, Barnet Clinical Commissioning Group
Summary of item and decision being sought	In January 2012 the Joint Boards of NHS North Central London approved a primary care strategy: 'Transforming the primary care landscape in North Central London'. This paper introduces Board members to the key themes of the strategy; the full strategy is attached as an appendix. Board members are asked to note the strategy and comment on the way in which the Board can support implementation in Barnet.

Officer Contributors	Becky Kingsnorth, GP Commissioning Development Senior Manager, Barnet Borough Team, NHS North Central London.
Reason for Report	To share the NHS North Central London Primary Care Strategy and provide an opportunity for discussion of the opportunities afforded by the strategy.
Partnership flexibility being exercised	Not applicable
Wards Affected	All
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1 RECOMMENDATION

- 1.1 That the Health and Well Being Board note the North Central London Primary Care strategy and comment on the way in which the Board can support implementation in Barnet.

2 RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Meeting of the Joint Boards of NHS North Central London, 26 January 2012: approval of the Primary Care Strategy.
- 2.2 Meeting of the Joint Boards of NHS North Central London, 29 March 2012: update on proposed approach to implementation, with some aspects of implementation being led across North Central London.

3 LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS

Link to Commissioning Strategies

- 3.1 One of the four overarching programmes set out within the NHS North Central London Commissioning Strategic Plan and Quality, Innovation, Productivity and Prevention plan (QIPP) is the improvement of primary care through the primary care strategy. However the primary care strategy will also support the three other programmes of:
 - **clinical and cost effectiveness**, by supporting a re-profiling of investment in healthcare between acute, and community and primary care to rebalance the health economy;
 - **prevention**, by supporting a reduction in the gap between diagnosed long term conditions, and expected prevalence, and by supporting healthy lifestyles; and
 - **integrated care**, by supporting closer working between health and social care professionals in a range of settings.
- 3.2 There is an important link between the Primary Care Strategy and the Barnet, Enfield, and Haringey Clinical Strategy, as developments in primary care, in particular improvements in access to primary care, will support the agreed system changes, such as the consolidation of accident and emergency services onto the Barnet Hospital site.

Link to Health and Wellbeing Strategy

- 3.3 The draft Health and Wellbeing Strategy sets out the aspirations of the Health and Wellbeing Board and its member organisations. Particular health outcomes are identified as local priorities for improvement and these will inform the focus of the local Primary Care Strategy implementation plan.

Link to Sustainable Community Strategy

- 3.4 The London Borough of Barnet's Sustainable Community Strategy contains strategic objectives for:
- investing in children, young people, and their families, one part of which is preventing ill health and unhealthy lifestyles; and
 - healthy and independent living, through: better health and healthy lives for all; better access to local health services; and promoting choice and maximising the independence of those needing the greatest support.
- 3.5 The Primary Care Strategy describes a vision for primary care that will support these objectives through greater integration between primary care practices and local health and social care providers; easier transfer, with patient permission, of patient information through web-based systems to ensure providers have timely access to information about the patient's needs; a greater role for primary care in supporting improvements in the health of the population; improvements to access to primary care; and support to patients to take responsibility for their own health.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 As noted above, the focus for implementation of the primary care strategy in Barnet will be informed by the Health and Wellbeing Strategy, which has in turn been informed by the Joint Strategic Needs Assessment.
- 4.2 An equality impact analysis was undertaken in January 2012. This indicated that: "the EQIA demonstrates the policy / change is robust and there is no potential for discrimination or adverse impact"¹.

5 RISK MANAGEMENT

- 5.1 A local risk assessment will be undertaken as part of planning for local implementation of the strategy. However initial risks to the success of the strategy have been identified as¹:
- 5.1.1 that GPs may not engage with the implementation of the strategy, thus preventing anticipated improvements in patient safety, clinical effectiveness and the patient experience. This risk is being mitigated through a focus on engagement of GPs in the development of the strategy and forthcoming implementation plan, and through a mutually beneficial investment in primary care which will support practices to achieve explicit quality standards;
- 5.1.2 a financial risk that the time-limited investment in primary care does not deliver the required rebalancing of the health system to enable continued investment beyond the initial three year period. This risk will be mitigated by embedding within a local implementation plan a robust process for allocating the available investment to initiatives with demonstrable potential to support the desired transformational change.

¹ Cover paper to the North Central London Primary Care Strategy 2012/16, Meeting of the Joint Boards of NHS North Central London, Thursday, 26 January 2012.

6 LEGAL POWERS AND IMPLICATIONS

- 6.1 The Health and Social Care Bill was given Royal Assent on 27 March 2012. The Health and Social Care Act 2012 provides for the abolition of Primary Care Trusts and Strategic Health Authorities and the establishment of the NHS Commissioning Board and Clinical Commissioning Groups. . This means that on 1 April 2013, the commissioning functions of NHS North Central London will pass to a number of organisations, primarily: Clinical Commissioning Groups (CCG), the NHS Commissioning Board, Local Authorities and NHS Property Services Ltd. Responsibility for implementation of the primary care strategy will be divided between these organisations. While CCGs will take responsibility for securing continuous improvements in the quality of services commissioned, reducing inequalities, enabling choice and promoting patient involvement, securing integration and promoting innovation and research, the NHS Commissioning Board will be responsible for managing the contracts and performance of primary care contractors. This creates some uncertainty about the management of implementation of the Primary Care Strategy beyond April 2013 however responsibility for implementing the majority of the strategy will remain with Barnet CCG. Until April 2013 implementation will be managed jointly between Barnet CCG and NHS North Central London.

7 USE OF RESOURCES IMPLICATIONS

- 7.1 A total of £47m has been made available for investment in primary care across North Central London, over three years. In 2012/13, £2.9m will be invested in primary care in Barnet. Part of this will be invested in improving information technology and in strengthening the performance management of primary care contractors, and part of this will be available locally to support integration between primary care practices, workforce development, and the provision of an extended range of services in primary care.
- 7.2 It is expected that time-limited investment in primary care will support reductions in the use of secondary care, thus reducing costs by more than the total initial investment.

8 COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 During the process of development, the primary care strategy was shared with Local Involvement Networks (LINK) and the Joint Health Overview and Scrutiny Committee.
- 8.2 A Barnet Primary Care Strategy Implementation Group has been formed to:
- Champion the opportunities provided by the strategy to:
 - improve the quality of primary care as a major part of the overall health system; and
 - improve health outcomes for the population of Barnet;
 - Support development and delivery of an implementation plan that builds on the particular strengths, and addresses the particular challenges, of primary care in Barnet;
 - Develop and / or comment on proposals relating to particular aspects of the strategy, for subsequent approval by the CCG Board and/or North Central London Primary Care Strategy Programme Board;

- Identify, assess, manage, and where relevant; escalate, risks and issues that without mitigation, would impede progress;
- Quality assure the process of implementation;
- Share experience and best practice relating to each member's area of expertise;
- Consult with those groups represented by BPCSIG members; and
- Ensure a full range of stakeholders is engaged in the strategy implementation process.

8.3 Membership of the group comprises:

Chair, Barnet CCG, and joint clinical lead for Primary Care Strategy
Chair, Barnet Professional Executive Committee (PEC), and joint clinical lead for Primary Care Strategy
Barnet Borough Director, NHS North Central London (NHS NCL)
Practice Manager, Millway Practice, and Co-Chair, Barnet Practice Managers Group
Deputy Director, Adult Care and Health, London Borough of Barnet (LBB)
Barnet Local Medical Committee (LMC)
Barnet Local Involvement Network (LINK)
Community pharmacy representative
Associate Director of Joint Commissioning, NHS NCL & LBB
Director for Public Health, NHS NCL & LBB
CCG Board member, West Locality
CCG Board member, South Locality
CCG Board member, North Locality
Barnet Programme Manager, Primary Care Strategy, NHS NCL

8.4 A LINK representative is a member of the Barnet Primary Care Strategy Implementation Group and it is planned that the implementation plan will be discussed with the wider LINK membership.

9 ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 The Primary Care Strategy signals a potentially transformational change for practices in Barnet. Building local momentum is vital and it will therefore be important to provide opportunities throughout implementation, for practices and local 'champions' to become

engaged. This was initiated at an event on 3 May 2012. The Local Medical Committee will also be an important partner in engaging practices.

- 9.2 The primary care strategy is acknowledged to be focused primarily on general practice. There is great potential, however, for closer working between GP practices and community pharmacies. Barnet CCG has begun the process of engaging with primary care partners as part of its communications and engagement work; an event with community pharmacies took place in February 2012, and an event with dentists is planned for June 2012.
- 9.3 Using a broad definition of primary care, it is clear that the voluntary sector and other provider organisations will have an important role in defining the integrated care networks.
- 9.4 It will therefore be vital to provide opportunities for the Local Authority, and NHS and voluntary sector providers to support the implementation plan in its early stages; in this way we will gain maximum benefit from the knowledge and wide range of perspectives of our partners.
- 9.5 A representative of the Local Authority is a member of the Barnet Primary Care Strategy Implementation Working Group.

10 DETAILS

- 10.1 The North Central London Primary Care Strategy was developed between August 2011 and January 2012. The strategy covers Barnet, Enfield, Haringey, Camden and Islington, and sets out the current position of primary care in each borough, describing the legacy created in some areas by previous strategies and the extent to which they have been implemented. The vision for primary care is described, and a number of 'vehicles for change' are identified to support achievement of this vision.
- 10.2 The NHS North Central London Primary Care Strategy was developed in recognition that the current health economy is unbalanced towards hospital care with insufficient and inconsistent development of primary care. Currently, the quality of primary care is variable across North Central London as a whole and within boroughs, with some examples of some very good quality services which we would wish to see made available in all practices. A transformation of primary care services is necessary to support NHS North Central London's Strategic Goals and Values:
 - To enable our population to live longer, healthier lives, in particular tackling the significant health inequalities that exist between communities;
 - To provide children with the best start in life;
 - To ensure patients receive the right care, in the right place, first time; and
 - To deliver the greatest value from every NHS pound invested;
 - By actively engaging local people in decisions about their own and their community's health and wellbeing; and
 - Through working collaboratively with partners to deliver seamless care
- 10.3 Key themes of the Primary Care Strategy are:

- Greater work between practices and community services in 'networks' serving the local population
- The introduction of web-based primary care information systems to allow information sharing across services
- A focus on the role of primary care in improving health outcomes for the population
- Making sure services are delivered from premises that are of an acceptable level
- Ensuring easier access to primary care – through use of different technologies and a focus on increasing patient-facing time
- Workforce development for the full primary care team; and
- Production of greater levels of patient information

10.4 The strategy looks beyond the GP contract, which is nationally negotiated.

10.5 Consistently high quality Primary Care has a pivotal role to play in reducing use of secondary care for basic healthcare provision, and improving population health.

10.6 Each Borough team has been asked to develop a local plan for implementation of the primary care strategy.

10.7 The combined strategy and implementation plans will guide investment in primary care in each of the five Boroughs over the coming three years. The outcome will be an improvement in clinical and service quality (as defined by safety, effectiveness and patient experience) and a reduction in ineffective and inappropriate secondary care usage and costs.

11 BACKGROUND PAPERS

11.1 *Transforming the primary care landscape in North Central London* (NHS North Central London, 2012) is attached as an appendix.

Legal- HP

Finance- JH