

Commissioning Primary Care Medical Services

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Overview

- Delegated authority
- The Challenges for Primary Care
- Our strategic view and patient views
- Our approach to delivering the strategy and improve patient care (internal resources, partnerships, developing a framework for future commissioning, mindfulness about national mandates – new contracts, policy)

Why did we take on delegated authority?

- Opportunity to improve primary care quality (equity of services, access and training)
- Members were dissatisfied with the level of service they received from NHS England
- We wanted our members to have leadership and influence over investment in primary care
- Ability to design and influence Quality Outcomes Framework (QOF) and Direct Enhanced Services (DES)
- CCGs best placed to commission integrated primary, secondary and community care – Right Care Right Here

CCG Responsibilities – 1st April 2015

Commission GP Services i.e. GMS, PMS and APMS contracts – this includes the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing

Performance management of GP contracts and practice performance

Development of local incentives schemes to deliver priorities

Decision of discretionary payments (e.g. returner/retainer scheme)

Patient complaints and concerns (working in collaboration with NHSE)

NHSE Responsibilities – 1st April 2015

Performance management of individual GP contracts and Performers List

Overarching NHS Policy – overall accountability of primary care

Primary Care Commissioning – Dental, Optometry, Specialised Services

Day to day management of property – will still be done by Prop Co

What are the challenges facing Primary Care?

- The reduction in practice income
- Increased demand and expectations
- Increased complexity
- Recruitment
- Retirements
- Fit for the future premises
- Expectation they will evolve to become larger providers in partnership with community providers (Five Year Forward View)

Primary Care Strategy

Primary Care Strategy

The strategy will set out how we will work with primary care to deliver quality care for patients. In particular, we know we need to develop primary care services that are:

- Stable
- High quality
- Accessible

Focused on prevention - helping patients to stay healthy for longer.

Primary care services are the foundation of the local health system.

Over 90% of all patient contact with the health service happens in primary care with general practitioners (GPs) being the key gatekeepers to hospital and other specialist healthcare services.

Primary Care Strategy

Primary Care Strategy

Our priorities

Priority 1: being accountable to our patients and communities

Priority 2: developing a sustainable skilled and educated workforce

Priority 3: improving the experiences of patients and their carers

Priority 4: working in partnership

Priority 5: utilising new technology

Priority 6: managing the shift from secondary to primary care service provision

Priority 7: primary care's role in urgent care

Priority 8: reducing unwarranted variation and rewarding excellence

Priority 9: developing sustainable premises

Priority 10: empowering patients and carers

Listening to Our Patients

Primary Care Listening Exercise

7 weeks listening exercise

1st September 2015 – 16th October 2015

Outlined our Vision for Primary Care:

- Offer consistent, high quality care with fair access for all patients
- Work with other health and social care teams to deliver joined-up services for patients
- Support patients to make informed choices about self-care and prevent ill health
- Seek continuous improvement, looking at best practice and technology
- Listen to patients to create a better patient experience

Listening to Our Patients

Primary Care Listening Exercise – Population Reach

- 12943 people were reached through electronic and postal mailings
- 45 Engagement Events
- 1540 engaged through those events
- 659 hits on the GP services listening page on the website
- 26 posts (tweets sent from SWBCCG)
- 300 clicks into the GP listening exercise webpage
- 81,143 potential reach (based on the total number of followers from tweets and retweets)
- 21 retweets and 6 likes
- 264 completed surveys returned:
 - 202 completed by hand
 - 62 completed online

Listening to Our Patients

Primary Care Listening Exercise – Breakdown of Participants

- Patients - 92.3%
- Carer/relative – 21.5%
- Work for the Voluntary and Community Sector – 6.92%
- Work within General Practice - 5%
- Wider Sector – 6.92%
- Work for Local Authority – 4.23%
- Other – 3.46%

Listening to Our Patients

Themes – Patients

- Advice and Guidance
- Appointments
- GP of choice

Themes – Primary Care Workforce

- Time Constraints
- Patient Expectation
- Appointments

Listening to Our Patients

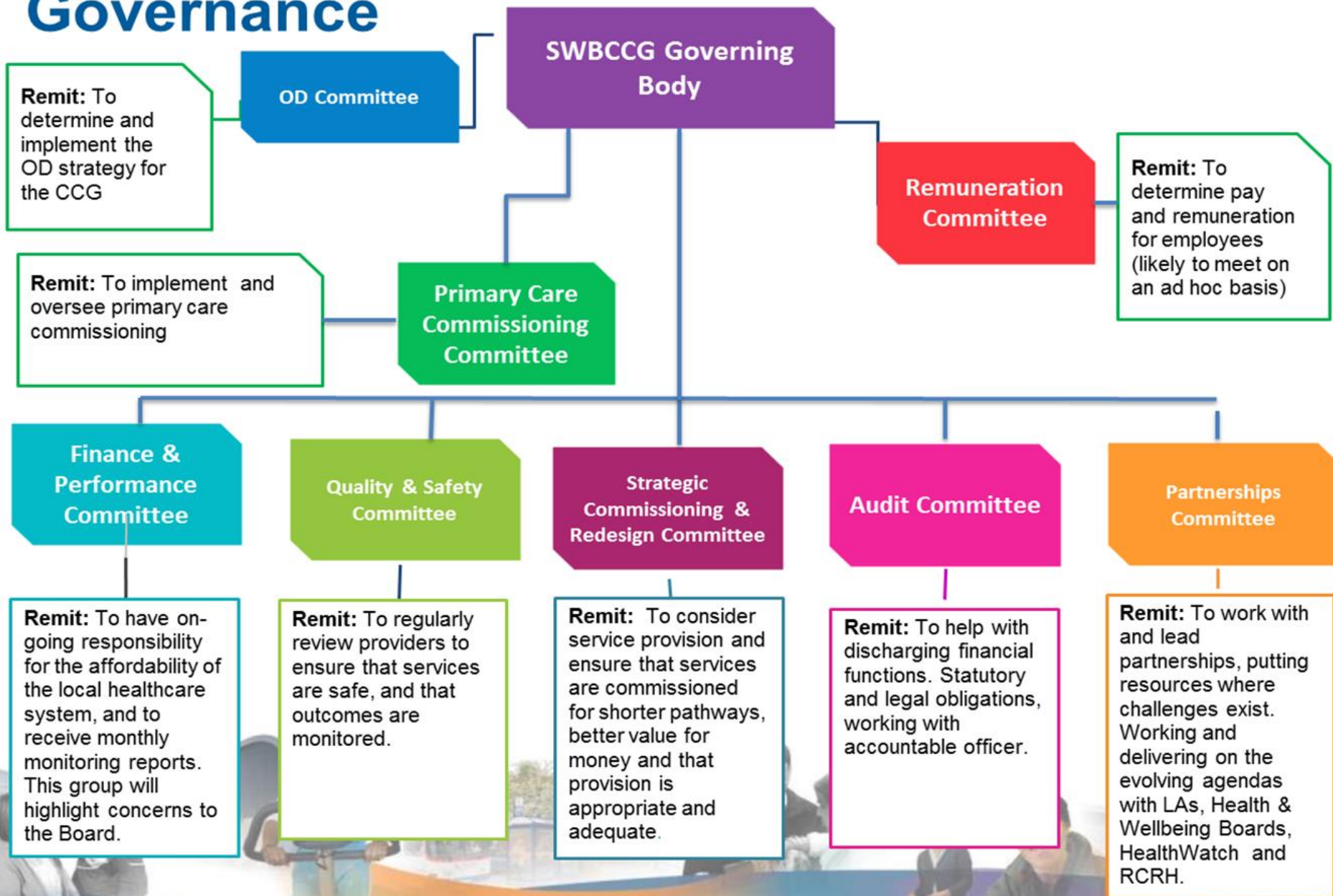
Next Steps

- Feed findings of the Primary Care Listening Exercise into the development of the Primary Care Strategy
- Consult on the Primary Care Strategy
- Link findings to the work of the Primary Care Development Managers and the implementation of the Primary Care Commissioning Framework

Increasing Capacity to Support Primary Care Development

- Organisational review of human resources and clinical leadership
- Underspend in management allowance used to increase capacity, no funding was received from NHSE
- Staff appointed to manage:
 - Contracts and Performance
 - Financial processes
 - The monitoring and improvement of quality
 - The development of Primary Care

Governance



Leadership and Governance

- Primary Care Clinical Lead
- Clinically lead Primary Care Development Group
 - Established Terms of Reference
 - Oversee the development and implementation of the Primary Care Strategy
- Primary Care Committee supported by:
 - Operations group – weekly meeting
 - Monthly matrix team meeting
 - Primary Care Commissioning Framework

Some of the work so far...

- Requests to “opt in” to providing out of hours
- PMS reviews
- Caretaking Practices in an emergency situation
- Managing list dispersal
- APMS contracts end 31 March 2016 (commence scoping exercise)
- LMC requests for change in policy/funding
- CQC inadequate rating
- Establishment of a Panel to look at the development of Finch Road
- Initial Health Screening Programme for Asylum Seekers based at Stone Road Accommodation Unit
- Access to General Practice and continuing healthcare for newly arrived Syrian Refugees

Primary Care Commissioning Framework

We are investing £20million over three years, looking to:

- Improve access
- Reduce variation
- Improve wellbeing
- Improve patient experience

Focus on outcomes across:

- 4 Themes (as above)
- 16 standards
- Key Performance Indicators

Primary Care Priorities

- To develop and implement our Primary Care Strategy
- To implement the Primary Care Commissioning Framework
- To support members to work at scale and consider how new models of care can work
- To significantly improve the quality of primary care
- To develop an estates plan that will improve primary care premises
- To support integration at a primary/community level
- To invest new monies into primary care bringing new quality improvements
- Learn from our Vanguard site

Our Vision for local General Practice (1)

- Accessible, high-quality, comprehensive healthcare services available for all
- An excellent care experience for patients, carers and families
- Patients and carers participating as partners in their care, empowered to make informed decisions
- An expanded, skilled, resilient and adaptable general practice workforce
- Community-based premises for delivering care, teaching, training and research that are fit for the future and are conducive to better health and wellbeing

Our Vision for local General Practice (2)

- Less fragmentation of care through coordination and collaboration across boundaries, supported by joint commissioning arrangements
- Reduced health inequalities and increased community self-sufficiency
- Greater use of information and technology to improve wellbeing, health and care
- Improved understanding and management of inappropriate variability in quality
- More community-led research, development and quality



**Thank you,
Questions?**