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| | <u>Agenda Item: 10 (A)</u> |
| Report to: | Birmingham Health & Wellbeing Board |
| Date: | 30th June 2015 |
| TITLE: | Primary Care Strategy and Commissioning of Primary Care |
| Organisation | NHS England (West Midlands) |
| Presenting Officer | Karen Helliwell, Director of Performance and Delivery |

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| Report Type: | Information |
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| 1. Purpose: |
| <p>The purpose of this report is to update the Health and Wellbeing Board on the commissioning of primary care in Birmingham. The paper will cover the following areas:</p> <ul style="list-style-type: none"> • The changes in commissioning arrangements following the introduction of co-commissioning. • New models of care and the introduction of Vanguard Pilot sites. • Update on Prime Ministers Challenge Fund (PMCF) projects in Birmingham. • Outcome of the national GP infrastructure bid to improve the quality of GP premises. |

| 2. Implications: | | |
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| BHWB Strategy Priorities | Child Health | Y |
| | Vulnerable People | Y |
| | Systems Resilience | Y |
| Joint Strategic Needs Assessment | | Y |
| Joint Commissioning and Service Integration | | Y |
| Maximising transfer of Public Health functions | | N |
| Financial | | Y |
| Patient and Public Involvement | | Y |
| Early Intervention | | Y |
| Prevention | | Y |

3. Recommendation

The Health & Wellbeing Board is asked to note the report.

4. Background

4.1 Co-commissioning of Primary Care

4.1.1 Primary Care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the needs of local populations. It will also drive the development of new models of care such as multi-specialty community providers.

4.1.2 The next steps towards Primary Care Co-commissioning document was published in November 2014. The document set out the steps towards implementing co-commissioning arrangements, including the approvals process for those wishing to commence from April 2015.

4.1.3 The current scope of primary care co-commissioning is general practice services. There are three models of co-commissioning CCGs could take forward.

- Model 1: Greater CCG involvement in NHS England decision making.
- Model 2: Joint decision making by NHS England and CCGs.
- Model 3: CCGs taking on delegating responsibilities from NHS England.

4.1.4 Individual performance management of GPs and their revalidation remains with NHS England.

4.1.5 The commissioning of dental, community pharmacy and eye health services is more complex than general practice with a different legal framework and as such is outside the scope for joint and delegated commissioning on 15/16. Within Birmingham all 3 CCGs have been successful in their proposals to undertake model 3 and the full delegated responsibilities from 1st April 2015.

4.1.6 The CCGs and NHS England have been working closely together during the transition phase in order to ensure a smooth handover. NHS England will ultimately retain accountability and therefore have more of an assurance role of CCGs.

4.2 New Models of Care and Vanguard Sites

4.2.1 The traditional divide between primary care, social care, community services, and hospitals has been a barrier to more personalised and co-ordinated health services.

4.2.2 The Five Year Forward View identified that the NHS will increasingly need to dissolve these traditional boundaries. Increasingly the future is to manage

networks of care and out of hospital care needs to become a much larger part of the NHS.

4.2.3 The 5 year view also suggested we should learn much faster from the best examples and when implemented there is a need to evaluate new care models to establish which produce the best experience for patients.

4.2.4 NHS England will therefore support the creation of a number of major new care models across England.

- Multi-specialty Community Providers (MCPs). This focus on extended group of practices who will become a focal point for a far wider range of care needed by their registered patients. They could employ consultants and bring in senior nurses, social workers. They could shift OPDs and ambulatory care out of hospital settings.
- Primary and Acute Care Systems (PACS). This model focuses on “vertical” integration of primary and acute care systems. Hospitals will be permitted to opening their own GP surgeries with a registered list. They could overtime take over the running of community providers.

4.2.5 In January 2015 NHS invited individual organisations and partnerships to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps to delivering the Five Year Forward View.

4.2.6 Over 260 organisations expressed an interest and of the first 29 vanguard sites Vitality Group in Birmingham were successful in becoming an MCP. The vanguard is made up of a single GP partnership which operates from 15 practice sites across Birmingham and Sandwell and services a population of 70,000 patients. The vision is to develop a health and social care system accessible through GP practices, with a care co-ordinator to support patients on their journey. Since March 2015, NHS England has been working with the local vanguard sites to develop a dedicated support package to build capability to accelerate these changes.

4.3 Prime Ministers Challenge Fund

4.3.1 In 2013 the Prime Minister announced a new £50million challenge fund to help improve access to general practice and stimulate innovative ways of providing primary care services. In the first wave there were 20 pilot sites.

4.3.2 In Birmingham, Health United Birmingham (HUB) was successful. The pilot covered 3 practices covering 22,000 patients and would offer extended access during the day, including greater use of digital applications, video conferencing etc. In September 2014 the pilot launched a clinical contact centre in Handsworth providing patients access remotely through a web portal, smartphone app and call centre and new consulting rooms.

4.3.3 In addition the pilot has launched support for long term condition patients through the web and app access and video guides. The pilot is in its second year of operating with additional resilience funds being approved nationally.

4.3.4 The national scheme has now launched a second wave of pilots from April 2015 and of the 37 pilots My Healthcare (Birmingham South Central) was successful. The pilot covers a population of 123,000 and 64 practices. The due diligence exercise has just been completed to allow the funding to be released to commence the scheme.

4.4 GP infrastructure Funds

4.4.1 In January 2015 the government announced a £350m investment in GP premises every year for the next four years. The funds would enable the practices to access monies to increase capacity in primary care.

4.4. Across the 3 CCGs over 35 infrastructure bids were supported which are currently being worked up for delivery by the end of 15/16.

4.5 Summary

4.5.1 In summary Birmingham has seen a significant change in the commissioning of primary care since April 2015. Alongside these changes CCGs will be working through the start of some innovative development which will need to be embedded into each CCG Primary Care Strategy in the future.

4.5.2 It is proposed future reports are presented from the CCGs to inform the Board on how the strategies will support the strategic outcomes of the Health and Wellbeing Board.

5. Compliance Issues

5.1 Strategy Implications

The primary care commissioning arrangements and future strategies will support the objectives of the Health and Wellbeing Board through improving the health and wellbeing of our most vulnerable adults and children. Provide integrated primary care service to increase the independence of older people and people with learning disabilities/ severe mental health problems. Primary care will also be active in the prevention agenda alongside improving the management of common and chronic conditions.

5.2 Governance & Delivery

The Primary Care Commissioning agenda will be managed through the 3 CCGs across Birmingham who will provide regular reports to the Health and Wellbeing Board.

5.3 Management Responsibility

Three Accountable Officers of CCGs

| 6. Risk Analysis | | | |
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| Identified Risk | Likelihood | Impact | Actions to Manage Risk |
| Risk of lack of overall strategy for Birmingham | Low | Medium | Collaborative working across all stakeholders. |

| Appendices |
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| None |

| Signatures | |
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| Chair of Health & Wellbeing Board (Councillor Paulette Hamilton) | |
| Date: | |

The following people have been involved in the preparation of this board paper:

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