

Paper 10.0

Governing Body Meeting in Public  
Thursday, 26 January 2017

<b>Title: Primary Care Development Report</b>	<b>Agenda Item:</b> 10.0
<b>Presented by:</b> Clare Steward, Director of Strategy & Transformation (Interim)	
<b>Author:</b> Nikki Barnes, Head of Primary (Community & Social) Care Modernisation and Susi Clarke, Primary Care Strategic Development Lead	
<b>Responsible Executive Director:</b> Clare Steward, Director of Strategy & Transformation (Interim)	
<b>Has this paper been signed off by the Responsible Executive Director?</b> Yes	
<p><b>Actions/ Recommendations required by the Governing Body:</b> The Governing Body is asked to note the considerable work taking place to support primary care development within Bedfordshire, particularly:</p> <ul style="list-style-type: none"> <li>• how the implementation of sustainable primary care solutions at locality level is being supported, and how these have been aligned with delivery of national expectations;</li> <li>• how BCCG is preparing for delegated commissioning responsibilities; and</li> <li>• how BCCG is working with partners towards developing more integrated services.</li> </ul>	
<p><b>Purpose of Paper:</b> To provide suitable assurance to the Governing Body regarding work underway within the CCG;</p> <ul style="list-style-type: none"> <li>• to implement the BCCG Primary Care Strategy and General Practice Forward View, and</li> <li>• to support the development and sustainability of local primary care services.</li> </ul>	
<p><b>Background:</b> The Governing Body approved the BCCG Primary Care Strategy and General Practice Sustainability Plan at its meeting in May 2016.</p> <p>BCCG was officially approved to undertake Joint Co-commissioning of Primary Medical Care with NHS England on 13 June 2016.</p> <p>Further Primary care updates on activities were presented to the CCG Board throughout 2016.</p> <p>The local plan for implementing the General Practice Forward View will be discussed under a separate agenda item.</p>	
<p><b>Audit Trail:</b> N/A</p>	
<p><b>Strategy Implications:</b> Directly aligned to the BCCG Primary Care Development priority and the wider CCG financial sustainability agenda</p>	
<p><b>Financial Implications:</b> N/A</p>	
<p><b>Risks:</b></p>	

All Primary Medical Care Co-commissioning and primary care development related risks are captured on the Primary Medical Care Co-commissioning Risk Register.
<b>Legal:</b> N/A
<b>Has appropriate engagement and consultation taken place?</b> Engagement took place as part of the development of the BCCG Primary Care Strategy, and within the preparations for co-commissioning, previously presented to the Governing Body.  Ongoing engagement continues with practices via Locality Boards, and with a range of key stakeholders via the Joint Co-Commissioning Committee and its sub-group, the Primary Care Working Group.
<b>Has an appropriate equality and diversity assessment taken place?</b> N/A

### **Executive Summary:**

This paper sets out the considerable amount of work that is being undertaken to support and enable primary care development and transformation within BCCG. It sets out the key developments and issues since the last update to the Board in November 2016.

The priority focus remains supporting practices to develop longer-term primary care solutions at locality level, and developing the key enablers to underpin the delivery of more sustainable models of primary care, i.e. helping to create a workforce, primary care estate and IM&T infrastructure which is fit for the future. This approach supports implementation of the General Practice Forward View, and a detailed plan for delivery of key national expectations was submitted to NHS England at the end of December, alongside the CCG Operational Plan.

The primary care development work within Bedfordshire feeds into the wider work taking place with partner organisations to develop more integrated health and care services locally. This report also provides a brief summary of the work with both Local Authorities to develop an Out of Hospital Strategy and to accelerate delivery of more integrated services.

### **Primary Care Development Report – 26<sup>th</sup> January 2017**

#### **1. Introduction**

Over the last year, BCCG has significantly expanded its focus on the development and transformation of primary care services, and took on responsibility as a joint co-commissioner of primary medical care services with NHS England.

This report provides a summary of progress since November 2016 towards implementing the BCCG Primary Care Strategy and the General Practice Forward View, and supporting NHS England with discharging primary medical care commissioning duties. An outline of the partnership work taking place with both Local Authorities to work towards developing an integrated out of hospital system is also provided.

#### **2. Primary Care Development**

Whilst short-term support for struggling practices continues, much of the focus over the last two months has been on the more strategic development work taking place to help local primary care services work towards establishing a model which is fit for the future.

This work has focused on the following:

- Locality Development Plans
- BCCG General Practice Forward View Plan
- Co-commissioning.

## 2.1 Locality Development Plans

The development plans produced by the member practices within each locality have now been progressed into detailed implementation plans, setting out tangible and realistic actions and milestones to ensure delivery of the identified priorities.

Funding to support implementation of the plans is expected to be allocated to each locality in 2017/18 and 2018/19 as part of the Practice Transformation Funding which CCGs are required to make available, and the Primary Care Working Group has established principles to support the allocation of this funding as follows:

- Funding to be directed towards priority projects identified within Locality Development Plans to improve the sustainability of primary care
- Funding to be made available to support schemes across groups of practices covering a minimum of 30,000 population. It is not anticipated that funding will be made available to individual practices.
- Funding to be made available to localities on a fair share basis as far as possible, providing the criteria above are met. Locality Boards to be responsible for prioritising the allocation of their fair share if funding requested by a locality exceeds that available.

Locality Implementation Plans will be assured via the Primary Care Working Group, and key performance indicators will be agreed with each locality based on the expected benefits associated with deployment of the transformation funding.

A monthly forum for the Locality Chairs and primary care development leads within the CCG has been established to provide further support for implementing locality plans, and for ensuring that opportunities to work collaboratively between localities are maximised where appropriate.

## 2.2 BCCG General Practice Forward View Plan

A local plan for ensuring implementation of the General Practice Forward View has been developed and submitted to NHS England. The plan explains how the BCCG approach to delivering at-scale sustainable primary care solutions through locality based primary care development plans will enable implementation of the national priorities for primary care, including delivery of the 10 High Impact Actions.

In synergy with the locality-based initiatives, the plan explains the local approach to the following:

- Improving and extending access to primary care services
- Integrating the primary urgent care system
- Improving support for care homes
- Developing the key enablers:
  - Workforce development, including establishing new types of roles within general practice
  - Estates/hub development
  - Modernising the Primary Care IM&T Infrastructure
- Ensuring short-term support for vulnerable practices, and
- Developing the capabilities for delegated commissioning.

A more detailed version of the plan will need to be developed over the next two months, for submission to NHS England in February.

### 2.3 Co-commissioning

In our joint commissioning role, BCCG is supporting NHS England with the re-procurement of a number of APMS (Alternative Provider Medical Services) contracts which are due to expire throughout 2017. Within each re-procurement, opportunities to strategically develop more sustainable primary care services are being maximised.

In principle APMS contracts are usually limited to five years, and eligible applicants can include a range of non-traditional providers including Foundation Trusts, Voluntary Sector and Limited Companies. In addition, as part of the specification development BCCG has the opportunity to influence new models of provision and influence changes in quality and KPIs (key performance indicators) to support transformation.

#### Schedule of NHSE/BCCG Procurement/Engagement

PROCUREMENT TIMETABLE	Public Engagement/Consultation	Contract expiry	Comments
Chiltern Hills	Patient Consultation has taken place. Awaiting NHS England decision following options appraisal and impact assessment.	Contract extension agreed to 31 <sup>st</sup> May 2017	All elements need to be considered before a decision either to disperse the patients to surrounding areas or re-procurement is decided.
Arlesey Medical Centre	Min 30 days	31 March 2017	January 2017 contract award will be made as procurement process has been completed.
Shakespeare Road	Engagement events held in 2016	Contract handed back and premises notice	Re-procured and new service mobilised in 2016 within the Bedford Hospital Site under new surgery name Cauldwell Medical Centre.
Shortstown Surgery	Engagement process will commence early 2017.	31 October 2017	Options appraisal around premises has been presented to and approved by NHSE/BCCG. Preferred option is to retain a surgery within Shortstown, in new premises.

Lansdowne Road	Major changes – urgent dispersal of patients to surrounding practices.	31 Mar 17	Practice now closed
Putnoe Medical Practice and Walk in Centre	Consultation due	31 Mar 18	
Victoria Road Practice	Engagement due	30 Jun 17	

### 3. Developing the Modernisation Enablers

#### 3.1 Workforce Development

The Community Education Provider Network (CEPN) is widening its membership to include representation from social care, community and mental health services, increasing the opportunity to establish shared mentorship, training and development, rotational portfolio careers and development of the wider primary care and community workforce.

We are currently running a third recruitment round to the GP Fellowship programme to offer flexible GP posts with commissioning and clinical placements, incorporating the feedback from our existing GP Future Leader and GP Fellows.

With the support of our Practice Nurse Tutor we are working closely with the University of Bedfordshire to streamline the process for practices to be accredited to take student nurses and expand our training capacity at general practice level. To help release GP time and support the development of our existing workforce we are commissioning training packages to up-skill our practice nurses and health care assistants in anticoagulation and assisting with medical procedures.

Key priorities for Q4 2016/17 are to;

- Refresh the general practice workforce baseline data assessment to support practice level recruitment and succession planning and inform the planning for multi-disciplinary team working
- Establish a programme of inter-professional education delivered via PLZ / HEAT and Postgraduate Centre study sessions
- Undertake a training needs analysis of all practice nurses and health care assistants to inform the commissioning of continuing professional development (CPD) courses
- Continue to work in partnership with our STP CCG partners and neighbouring CCGs to share best practice and where appropriate deliver training and development at scale
- Further develop an online resource for all information relating to workforce development, training and education
- Continue to support the 'Time for Care' 10 High Impact Actions elements of Locality Development Plans.

#### 3.2 Primary Care IM&T

The three CCGs in Bedfordshire, Luton and Milton Keynes have initiated a programme to modernise the primary care IM&T infrastructure to enable new models of working. The programme will utilise the £1.7m awarded via the national Estates and Technology Transformation Fund and will focus largely on exploiting existing technologies to:

- Develop and extend technologies to support primary care at scale
- Help share patient information across GP practices, with Out of Hours providers and 111, and with members of the multi-disciplinary care team
- Enable the formation of primary care hubs
- Support demand management & patient access choices
- Improve digital data transmission from providers to primary care
- Enable access to key shared clinical information in provider settings.

Key priorities for the remainder of 2016/17 are:

- To achieve technical inter-operability between GP practices and 111/Out of Hours services (i.e. to enable the sharing of key information and functionality, such as appointment booking, between systems), in time for go-live of new urgent care services across Bedfordshire and Luton by April 2017
- Start to enable technical interoperability across multiple providers through deployment of MIG technology (Medical Interoperability Gateway) to support STP ambitions in relation to development of multi-disciplinary working
- Support inter-operability between practices to enable collaborative working
- In close liaison with the STP Digitisation Board, to develop a robust programme plan for 2017/18, to be approved across the three CCGs.

### **3.3 Premises Improvement/Hub Development**

Work is continuing in close partnership with the two Local Authorities towards delivery of the local Estates Development Implementation Plan.

BCCG and partners have continued to work through the “due diligence” requirements to assure NHS England around how the £2.33m secured to support the local hub development programme will be deployed. A series of discussions have taken place with NHS Property Services (NHS PS) regarding the hub in Biggleswade, and work has commenced on a report for the national NHS PS Evaluation and Analytics team to assess the feasibility of the proposed model, and to agree next steps.

The recommendations from the recently completed options appraisal relating to the future provision of primary care in Shortstown and Wixams has been progressed through joint commissioning governance processes. The appraisal concluded that the preferred option would be to retain a primary care facility within Shortstown, and that BCCG/NHS England should take action to secure more appropriate premises. Patient engagement to support the re-procurement of the Shortstown Surgery contract can now commence. The appraisal also indicated that NHS England and BCCG should be aiming to establish a primary healthcare facility within Wixams within the next five years. BCCG are working closely with Bedford Borough Council to ensure this requirement continues to be factored into the arrangements with the housing developer in Wixams.

An options appraisal to assess the best future configuration of primary healthcare services to serve the communities of Wootton, Cranfield and Marston Moretaine (and surrounding areas, including Stewartby) has commenced. An initial report is expected at the end of March 2017.

Work has commenced on developing an implementation plan to ensure effective deployment of the Section 106 funding secured towards primary health infrastructure as a result of housing growth in Central Bedfordshire. Discussions are also taking place around how BCCG can best contribute to the consultation exercises which will be undertaken by both Local Authorities in relation to the development of their Local Plans –

i.e. ensuring that health infrastructure requirements are considered alongside the planning for significant housing growth.

In partnership with Urgent Care commissioners and Bedford Hospital, opportunities to further develop the primary care presence on the Bedford Hospital site are being explored, including how we may develop a pathway to stream appropriate patients away from A&E back into primary care. Early discussions are also taking place around the possibility of accelerating elements of the Bedford (North) Hub concept to provide additional clinical space for a number of practices to enable them to work together to deliver key services, and to ease pressure on current premises.

### **3.4 Preparing for Delegated Commissioning**

The preparation phase has commenced and we are working closely with NHS England to explore the options for shadow delegated commissioning arrangements.

A task and finish group has been established to oversee a comprehensive programme plan to prepare the organisation to move towards delegated arrangements. Working with the Primary Care Strategic Development Lead, senior leads from each directorate are focussed on scoping the processes, policies, resource, and competencies that will need to be in place in order to assume these functions alongside the associated budgets, risks and mitigating actions.

We are working in collaboration with our STP CCG partners to share experience and best practice and are designing a clear plan to establish the functionality that will need to be delivered at a local level and that which could be delivered under joint working arrangements, for example Estates and Premises expertise.

Over the coming months the CCG will undertake further engagement with member practices and our key stakeholders to report on progress.

## **4. Primary Care within the Wider Out of Hospital System**

Numerous workstreams are underway to redesign community-based health and care services in Bedfordshire, including the primary care development work set out in this report and the Community Health Services re-procurement programme.

In partnership with each Local Authority, work is commencing on drawing together these programmes into an over-arching Out of Hospital Strategy, to ensure alignment across the workstreams and with STP ambitions. The recently established Joint Commissioning Transformation Boards are expected to provide system-wide leadership to support accelerated delivery of these local integration plans.

The hub development programme will be a core element of the Out of Hospital Strategy, and work will continue with partners to progress delivery of the integrated health and care hubs as key focal points for multi-disciplinary working in the future.

## **5 Next Steps**

Over the forthcoming months, the work of the primary care team will continue to ensure optimal delivery of the local Primary Care Strategy aligned with the local General Practice Forward View Plan. The Primary Care Working Group will continue to monitor and oversee its effective implementation. The team will also contribute to the work with the Local Authorities to develop the local Out of Hospital Strategy.

Key priorities for the forthcoming period will include:

- Implementation of locality development plans, allocation of enabling funding for 2017/18 and agreement of associated key performance indicators
- Expanding the BCCG General Practice Forward View Plan for the second submission deadline in February, and ensuring progress with implementation of immediate priorities
- Continuing to support the procurement/re-procurement of a number of APMS contracts
- Continuing to support practices through a multitude of workforce development initiatives
- Delivering the IM&T transformation project plan for the remainder of 2016/17, and developing a robust programme plan for 2017/18 and beyond
- Commencing the next phase of planning for the first three hubs in Dunstable, Bedford and Biggleswade
- Progressing the premises' options appraisal for Cranfield, Marston Moretaine and Wootton, and implementing the recommendations from the Shortstown options appraisal
- Developing the scheme to enhance integrated primary care provision on the Bedford Hospital site, along with the Bedford (North) Hub project
- Continuing to progress the programme for preparing BCCG for taking on delegated primary care commissioning responsibilities
- Continuing to increase the uptake of e-referrals into secondary care
- Contributing to the development of a local Out of Hospital Strategy.

## **6 Actions Required of Governing Body**

The Governing Body is asked to note the work taking place to support primary care development within Bedfordshire, and to support delivery of the General Practice Forward View at a local level.