

Report of the Chief Officer of Bradford & Craven Clinical Commissioning Groups to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 31st January 2017.

Subject:

P

Working Better Together: A Whole System approach to Health and Wellbeing: Ensuring sustainable, high quality primary medical care services

Summary statement:

In April 2016 NHS England published the General Practice Forward View and through it committed to an additional £2.4 billion additional investment by 2020/21 to improve patient care and access and develop new ways of providing primary care. This document set out the challenges facing general practice and asked Clinical Commissioning Groups to submit plans to address those challenges.

The three CCGs have strategies in place to secure sustainable, high quality primary medical care. Airedale, Wharfedale and Craven CCG has concentrated its approach on the role of general practice within new models of care, particularly the enhanced primary care approach. Bradford City and Districts have developed a stand alone strategy which is appended to this report.

Helen Hirst
Chief Officer. Airedale, Wharfedale
and Craven CCG, Bradford City CCG
and Bradford Districts CCG

Portfolio:

Health and Wellbeing

Report Contact: Helen Hirst
Phone: (01274) 237788
E-mail: helen.hirst@bradford.nhs.uk

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

In April 2016 NHS England published the General Practice Forward View (GPFV) and through it committed to an additional £2.4 billion additional investment by 2020/21 to improve patient care and access and develop new ways of providing primary care. This document set out the challenges facing general practice and asked Clinical Commissioning Groups (CCGs) to submit plans to address those challenges. The draft GPFV plans for Airedale, Wharfedale and Craven CCG and Bradford City & Bradford Districts CCGs are appended to this report.

The three CCGs have strategies in place to secure sustainable, high quality primary medical care. Airedale, Wharfedale and Craven CCG has concentrated its approach on the role of general practice within new models of care, particularly the enhanced primary care approach. Bradford City and Districts have developed a stand alone strategy which is appended to this report.

A summary of the CCGs' overall plans is attached.

2. BACKGROUND

2.1 Local context

In October 2014 Simon Stevens, Chief Executive of NHS England, published the 'Five Year Forward View' (FYFV) for the future of the NHS. He put patient experience, care closer to home and moving care out of hospital settings at the heart of plans for transforming the NHS. In the Bradford District and Craven health and care economy we have interpreted this challenge in our own Five Year Forward View and more recently our Sustainability and Transformation Plan (STP), to enable the transformation required to deliver our shared vision: *"To create a sustainable health and care economy that supports people to be well, healthy and independent"*.

Since April 2015, both Bradford City CCG and Bradford Districts CCG have held delegated responsibility to commission primary medical services on behalf of NHS England. This provides the opportunity for the CCGs as local commissioners to have greater influence in the use of resources and shape services for the future. It is a key enabler in developing seamless integrated out of hospital services around the diverse needs of our populations and in delivering the aspirations of both the local and national five year forward views as well as those described in the 'General Practice Forward View' published by NHS England in April 2016. Airedale Wharfedale and Craven CCG has made a formal expression of interest to take delegated responsibility to commission primary medical services from 1 April 2017 but in the meantime the principal commissioner for primary medical care in the AWC area is NHS England.

Delivery of our system wide vision is led by the Integration and Change Board (ICB) which is collectively accountable to the Bradford Health and Wellbeing Board. Its role is to provide system wide leadership and accountability for securing the delivery of a sustainable health and social care system within the Bradford health and care economy,



implementing the vision and direction for delivering the best outcomes for the population as set out in the Five Year Forward View and Sustainability and Transformation Plan, as required by the Bradford Health and Wellbeing Board.

Within the wider Bradford district and Craven health and social care system there is an ambition to move towards an Accountable Care System (ACS) to achieve the triple aim of improved population health outcomes, high quality experience of care and at a good value per capita cost. We expect to be operating within an ACS by 2018/19 in Airedale and by 2020/21 in Bradford and we are planning major steps in the design of this in 2016 and 2017. We believe that by establishing an accountable care approach, we will be able to commission holistic care for our population, taking into account the care they will need for their whole life, and for the whole person, rather than commissioning separate services. We will commission services that 'wrap around' them, to provide co-ordinated consistent and high quality services across organisational boundaries.

This approach will be outcome based. We are not interested in merely counting activity and inputs, rather, we want to know that the care received by our population is of high quality, safe and of best value and that we commission interventions that improve the population's overall health outcome. We believe, for this to succeed, primary medical care services must be the bedrock of our system. It is clear that without total primary medical care involvement, a fully functioning ACS would not be possible. Therefore this strategy clearly sets out our ambition to ensure primary medical care services play a full part in the development and move towards accountable care

The scope of our plans includes the entire service element of primary medical care. This includes all services deliverable under core General Medical Services and Personal Medical Services. It also includes enhanced services, the quality and outcomes framework, vaccinations and immunisations and locally commissioned services. The scope includes services delivered at both individual practice level and delivery at scale. The delivery of our plans relies on all elements of the primary medical care workforce, not just General Practitioners. This includes, but is not limited to, Advanced Nurse Practitioners; Practice Nurses; Practice Managers; Receptionists; Health Care Assistants, practice-based Pharmacists and practice volunteers.

The term 'general practice' is often used interchangeably when describing three related yet different concepts:

- The current model of delivery (including, but not limited to, independent contractor status)
- The wider members of the primary health care team who work in and/or for the practices
- The skills of GPs that are unique to the profession

It is important that our plans address all of the above. It is also important to note that throughout our plans where we refer to patients we are referring to both patients and their carers as we recognise that not all patients are able to access care or manage their



conditions independently. We recognise the importance of engaging with carers as part of our service transformation. It is also imperative to acknowledge that the primary medical care services relate to both physical and mental health needs. Our plans recognise the need to ensure that mental health illnesses are treated with the same parity of esteem as physical health needs and will support the delivery of the mental health strategy to guarantee this occurs in Bradford district and Craven.

2.2 National context

NHS England's Five Year Forward View (2014) sets out a vision for the NHS, based on new models of care. Primary medical care is recognised as "*one of the great strengths of the NHS*" and further investment is planned, specifically relating to:

- stabilising core funding;
- greater influence over the NHS budget for CCGs;
- increased numbers of GPs;
- increased funding for infrastructure development;
- initiatives to tackle health inequalities; and
- awareness of roles and resources to support self-care.

The environment for further investment and development is challenging, complicated by recruitment and retention issues; transformation shifting care closer to home; lower relative funding; increased activity in acute services (e.g. A&E); the development of new primary medical care models e.g. federations; increasing demand and financial pressures; and pressures from increasing performance targets.

Government policy continues to move services into the community, placing yet more pressure on overstretched GP services struggling to provide enough appointments, with consequential delays to see a GP.

In April 2016, NHS England (NHSE) in partnership with The Royal College of General Practitioners (RCGP) and Health Education England (HEE) published the General Practice Forward View. This document can be seen as primary medical care services' own FYFV – highlighting the key challenges which face primary medical care currently and the changes and developments which NHSE, RCGP and HEE identify as being key priorities in ensuring a high quality and sustainable primary medical care service is in place in the future.

The General Practice Forward View (GPFV) focuses on five main areas:

- 1) Investment
- 2) Workforce
- 3) Workload
- 4) Practice infrastructure



5) Care redesign

Against each area, the GPFV outlines what NHSE plans to implement to support those areas, and the detail set out in the CCGs' plans outlines what we will be doing locally to interpret and implement the GPFV in order to make it real for Bradford district and Craven people.

Some of the plans and concepts outlined in the GPFV have also been evidenced in earlier documents which have informed local thinking. The Royal College of General Practitioners previously set out a vision suggesting that primary medical care in 2022 should be based on shared decision making; increased community self-sufficiency; coordinated care; collaboration across boundaries; and greater use of information and technology. The NHS Alliance has also prepared a vision for primary medical care, focused on developing a "community of care" using a restructured workforce; improved premises; increased coordination; social prescribing; effective use of technology; a review of funding; and increased self-care and prevention.

The BMA's discussion paper "General practice and Integration" states that initiatives to reduce service fragmentation and align organisational interests for the benefits of patients through the development of collaborative working should be welcomed. The current arrangements of competing providers and at times, rigid separation between primary medical care, community providers and social care are having a detrimental effect on patients, with disjointed service delivery, duplication, increased transaction costs and flows of funding which create perverse incentives that do not reflect patient needs. Our CCGs agree with this, and the work we are doing on ensuring primary medical care is the bedrock to the accountable care system is our main approach in eliminating these issues in the future.

3. OTHER CONSIDERATIONS

None

4. FINANCIAL & RESOURCE APPRAISAL

The GPFV talks of an additional £2.4bn investment. It is unclear how much of this investment we can expect to see through direct allocation. CCGs have to plan for an additional £3/head of population (£1.8m) over 2017 to 2019 and this resource has to come from existing allocations.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None specific to this paper

6. LEGAL APPRAISAL

None specific to this paper

7. OTHER IMPLICATIONS



7.1 EQUALITY & DIVERSITY

The Equality Act 2010 unifies and extends previous equality legislation and we have also taken this Act into account when developing our plans.

To ensure that the CCGs are meeting their equality duties, improving health and reducing health inequalities we will:

- Adhere to the ‘Brown principles’⁹
- Ensure any changes to services will include local engagement with patients, public, carers and wider stakeholders and ensure that this includes involvement of protected characteristic groups and that equality monitoring is undertaken for all engagement activity.
- All service reviews undertaken will undertake an equality analysis.
- Service contracts and service specifications will reflect the need for equality monitoring and ensure that providers demonstrate and report on how they are meeting their public sector equality duty.
- Any decision making resulting from these plans will give consideration to any identified ‘impact’ on protected characteristic groups and where appropriate identify and implement mitigating actions.
- Adhere to the accessible information standard by ensuring that patients and service users, and their carers, can access and understand the information they are given. This includes making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via email. We will also ensure that people get any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

7.2 SUSTAINABILITY IMPLICATIONS

None specific to this paper

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None specific to this paper

7.4 COMMUNITY SAFETY IMPLICATIONS

None specific to this paper

7.5 HUMAN RIGHTS ACT

None specific to this paper



7.6 TRADE UNION

None specific to this paper

7.7 WARD IMPLICATIONS

None specific to this paper

8. NOT FOR PUBLICATION DOCUMENTS

None

9. RECOMMENDATIONS

9.1 The Board notes and supports the actions being taken to ensure sustainable, high quality provision of GP services as being key to the delivery of the Board's Joint Health and Wellbeing Strategy.

11. APPENDICES

- 1 Summary of each Clinical Commissioning Group's key aims and objectives for primary medical care
- 2 Airedale, Wharfedale and Craven CCG General Practice Forward View Draft Plan submitted to NHS England 23/12/16
- 3 Bradford City and Bradford Districts CCGs Primary Medical Care Commissioning Strategy approved by the CCGs in December 2016

12. BACKGROUND DOCUMENTS

General Practice Forward View, April 2016, NHS England
<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

