

# The evolution of primary care in the NHS

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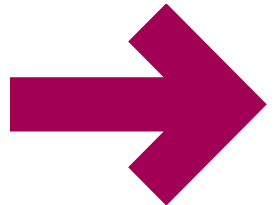
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7 September 2016

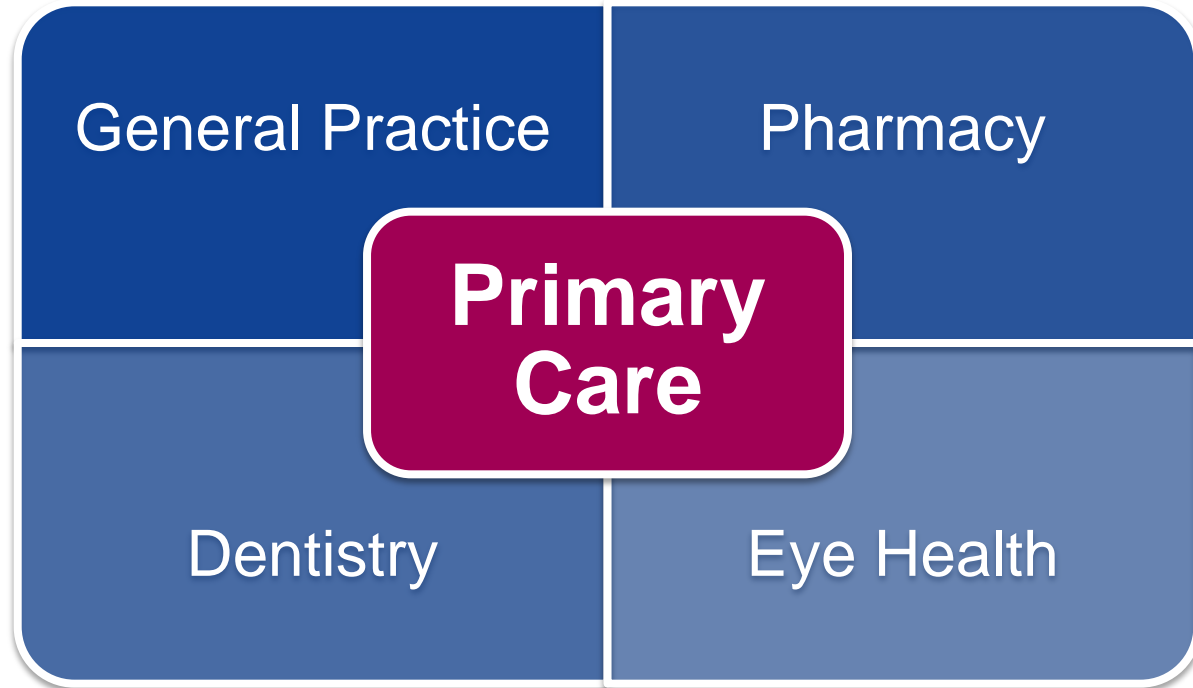


# Purpose of the seminar

- To provide an overview of primary care in the English NHS;
- To set out the five year vision for primary care and how it will be achieved;
- To show how commissioning is a key driver in the development of more integrated primary care and out-of-hospital services;
- To ultimately share learning to support the development of the Austrian healthcare system.



# What is primary care?



# True or false?

- There are 340 million GP consultations each year...  
✓ **TRUE**
- General practitioners are gatekeepers into hospital services...  
✓ **TRUE**
- Primary care is fully tax funded in England...  
✗ **FALSE**
- Over the past ten years, the number of hospital specialists has grown three times faster than GPs....  
✓ **TRUE**

“There is arguably no more important job in modern Britain than that of the family doctor.”

*Simon Stevens, Chief Executive of NHS England*

“The public relies on general practice services for the health and wellbeing of themselves and their family. It is one of the great strengths of the NHS”


*Dr Arvind Madan, Director of Primary Care, NHS England*

# The importance of general practice

“The strength of British general practice is its personal response to a dedicated patient list; its weakness is its failure to develop consistent systems that free up time and resources to devote to improving care for patients”.

*Primary Care Foundation and NHS Alliance*

“If the general practice fails, the whole NHS fails”  
*British Medical Journal*



# General practice: key features

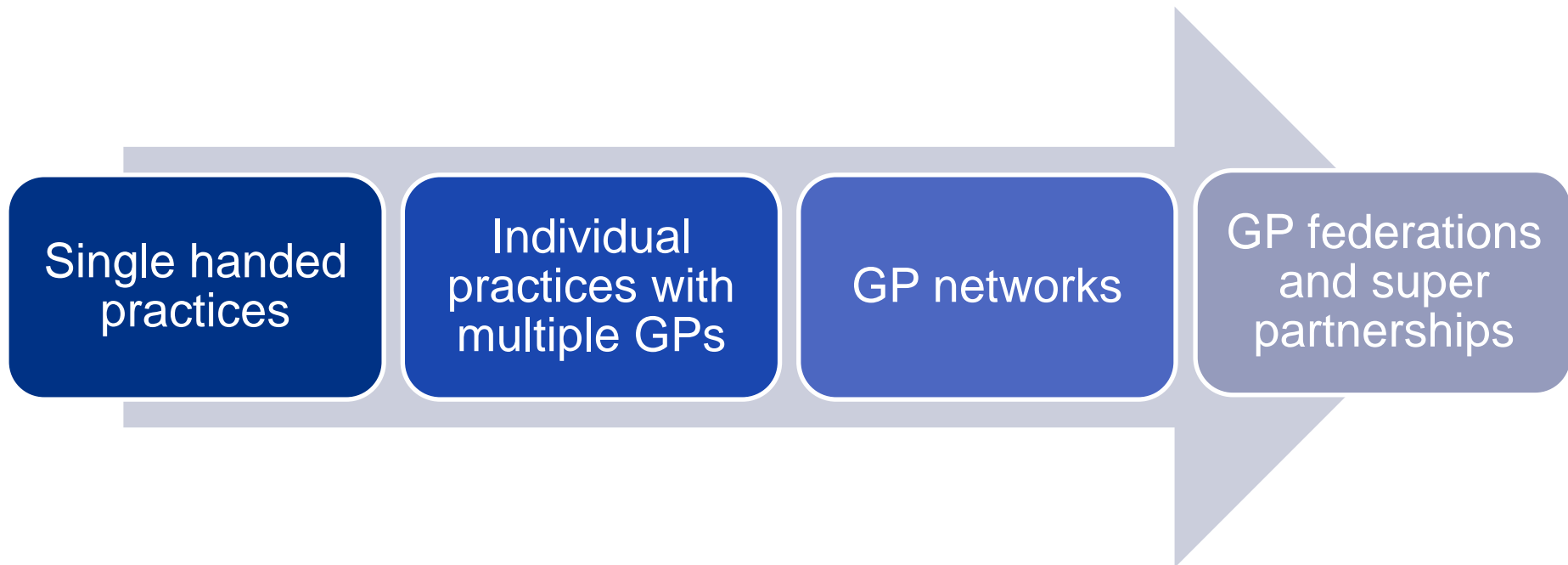
- List based
- Seven-day care
- GPs are:
  - Independent practitioners
  - Generalists
  - Gatekeepers
  - Co-ordinators of care



# Key challenges

- Increasing **demand** due to a growing and ageing population with multiple health conditions;
- **Financial climate** and increased pressure on NHS resources;
- Increasing **patient expectations**, particularly with regards to access;
- **Recruitment and retention** of staff, leaving practices under resourced;
- Increasing administrative **workload** for practices.

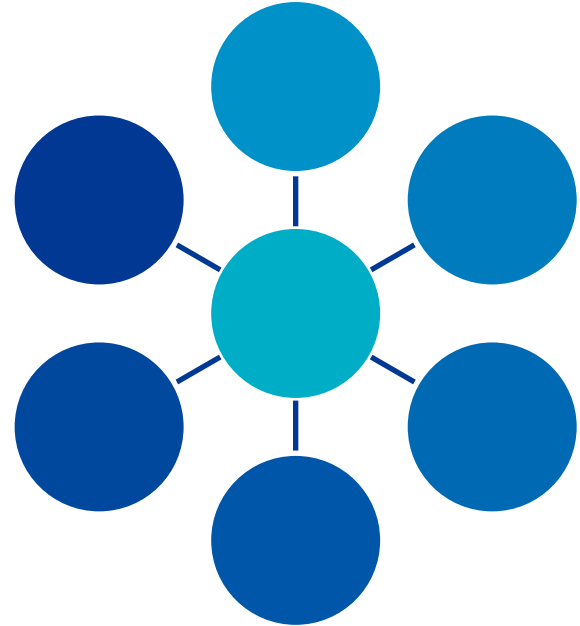
# Models of delivery





# Why are practices collaborating?

- Greater opportunities to...
  - extend the range of services offered
  - improve quality and access to services
  - improve practice sustainability
  - achieve economies of scale
  - have a stronger voice in the wider healthcare system
  - strengthen and diversify workforce



# Drivers and levers of collaboration

- The current **challenges** facing general practice
- **New funding** for large scale GP providers e.g., GP access funds, funding for new care models etc.
- **Opportunities** to bid for CCGs' prime and alliance contracts for integrated care pathways
- **New contract options** to deliver specialist services

## Group discussion:

What are the similarities and differences between primary care in England and Austria?



# The vision for primary care



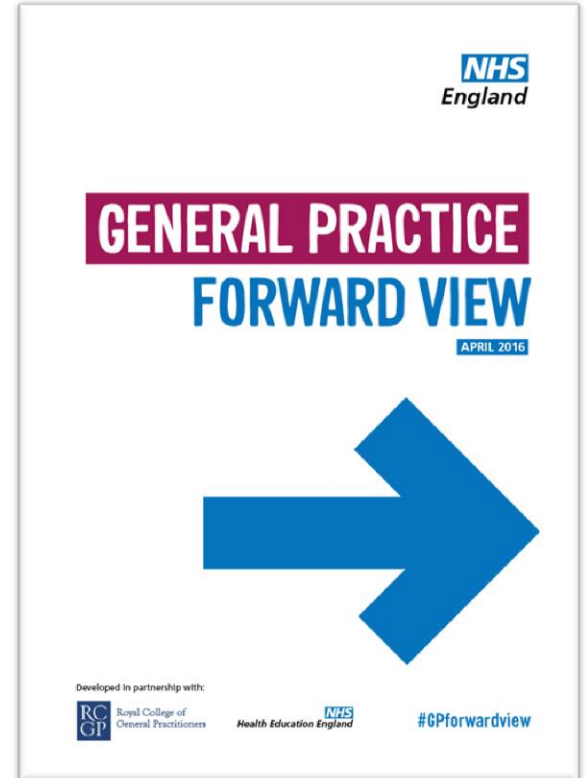
# NHS Five Year Forward View

- Published in October 2014
- Sets out a shared vision for the future of the NHS, based around new models of care and including:
  - a radical upgrade in prevention and public health
  - giving patients far greater control of their own care
  - breaking down barriers in how care is provided



# General Practice Forward View (GPFV)

- NHS England published this year the NHS Five Year Forward View (GPFV)
- The GPFV sets out national commitments to:
  - stabilise and transform general practice
  - improve services for patients
  - invest in new ways of providing general practice services



# GENERAL PRACTICE FORWARD VIEW



by 2020-21,  
recurrent  
funding will  
increase by  
an estimated

**£2.4bn  
per year**



**#GPforwardview**  
[www.england.nhs.uk/gp](http://www.england.nhs.uk/gp)

## WORKFORCE



Creating  
an extra  
**5,000**  
**doctors**  
working  
in general  
practice



**3,000**  
**new**  
fully  
funded  
practice-based  
**mental health**  
**therapists**



**1,000**  
**new**  
**physician**  
**associates**



Extra  
**£6 million**  
in practice  
manager  
development



Extra  
**1,500**  
co-funded  
practice **clinical**  
**pharmacists**

Extra minimum  
**£15**  
**million**



investment as part of  
general practice nurse  
development strategy



## WORKLOAD



An extra  
**£16 million**  
 to provide services for doctors suffering burn-out (expected December 2016)

**£30 million**  
 'Releasing Time for Patients' programme to release capacity



**10 high impact actions'**  
 to support staff working across the practice



**£45 million**  
 extra funding nationally over five years to help reception and clerical staff play a greater role in signposting and clinical paper work

**Working to simplify** the reporting and payment systems



New legal requirements in the **NHS Standard Contract** for hospitals in relation to hospitals/general practice interface from April 2016

# 10 high impact actions

## 1: ACTIVE SIGNPOSTING



- Online portal
- Reception navigation

## 2: NEW CONSULTATION TYPES



- Telephone
- Text message
- E-consultations
- Group consultations

## 3: REDUCE DNAs



- Easy cancellation
- Read-back
- Reminders
- Report attendances
- Patient recording
- Reduce 'just in case'

## 4: DEVELOP THE TEAM



- Advanced nurse practitioner
- Pharmacists
- Physician associates
- Medical assistants
- Paramedics
- Therapists

## 5: PRODUCTIVE WORK FLOWS



- Matching capacity and demand
- Productive environment
- Efficient processes

## 6: PERSONAL PRODUCTIVITY



- Personal resilience
- Speed reading
- Computer confidence
- Touch typing

## 7: PARTNERSHIP WORKING



- Productive federation
- Specialists
- Community pharmacy
- Community services

## 8: SOCIAL PRESCRIBING



- Practice based navigators
- External service

## 9: SUPPORT SELF CARE



- Prevention
- Long term conditions
- Acute episodes

## 10: DEVELOP QI EXPERTISE



- Leadership of change
- Rapid cycle change
- Process improvement
- Measurement

## PRACTICE INFRASTRUCTURE



Over  
**£900 million**

capital investment  
in estates and  
technology  
infrastructure

**£45 million**

extra investment to  
support practices to adopt  
online consultations



Four year  
**£40 million**

practice resilience  
programme, starting in 2016



**18 percent**  
increase in CCG  
allocations for IT and  
technology provision

**New technology  
and self care**

creating approved Apps library,  
offering patients more online self  
care services and full IT  
interoperability across practices



# Multi-speciality Community Providers (MCPs)

- A new clinical and business model for the **integration of primary and community services**, based on GP registered lists
- Provider holds a single, **whole population budget** for the full breadth of services it provides
- The aims of MCPs are:
  - A stronger focus on **population health, prevention and supporting and mobilising** patients and communities
  - More **integrated urgent care** as part of a reformed urgent care system
  - **Integrated community based teams** of GPs, nurses, pharmacists and therapists with access to step up and step down beds, in-reach into hospitals and diagnostics, as part of extended community based teams.

# MCP vanguards

## Better Local Care (Southern Hampshire)

- New hub based, same-day access service, making it easier for people to receive same-day consultations with healthcare professionals. Pilot has freed up GP sessions, enabled longer appointments slots for patients with complex needs and reduced waiting times for routine appointments from 3-4 weeks to 10-14 days.

## Fylde Coast Local Health Economy

- Launched two new services in the community, providing high-need patients with proactive and coordinated care with a single point of access. These services help to build patients' confidence and give them the knowledge to manage their own conditions better. Five more similar services are planned to start in the next 18 months.

## Stockport

- Developing a facility to allow GPs to call consultants directly for advice initially in eight specialties. The vanguard will also utilise the skills of social care and voluntary sector partners to build community capacity in each neighbourhood.

# Primary and acute care systems (PACs)

- Changing the ways healthcare has traditionally been provided.
- Combining general practice, community, hospital, mental health and social care services in one single organisation or partnership.
- Where GP recruitment is challenging, hospitals will be permitted to open their own GP surgeries with registered lists.
- At its most radical, PACs could take accountability for the whole health needs of a registered list of patients under a delegated capitated budget (akin to an Accountable Care Organisation).

# PAC vanguards

## Mid-Nottinghamshire Better Together

- Teams of healthcare staff, social workers and volunteers working together to provide prevention services to patients deemed high risk of future admission. Established a citizens' board, made up of patient representatives, who support the development of communications and engagement activity.

## Better Care Together (Morecambe Bay)

- Developing multidisciplinary teams based within communities across the area. There will be increased general practice capacity and capability, with an expansion of community based specialist services.

## “My Life a full life” (Isle of Wight)

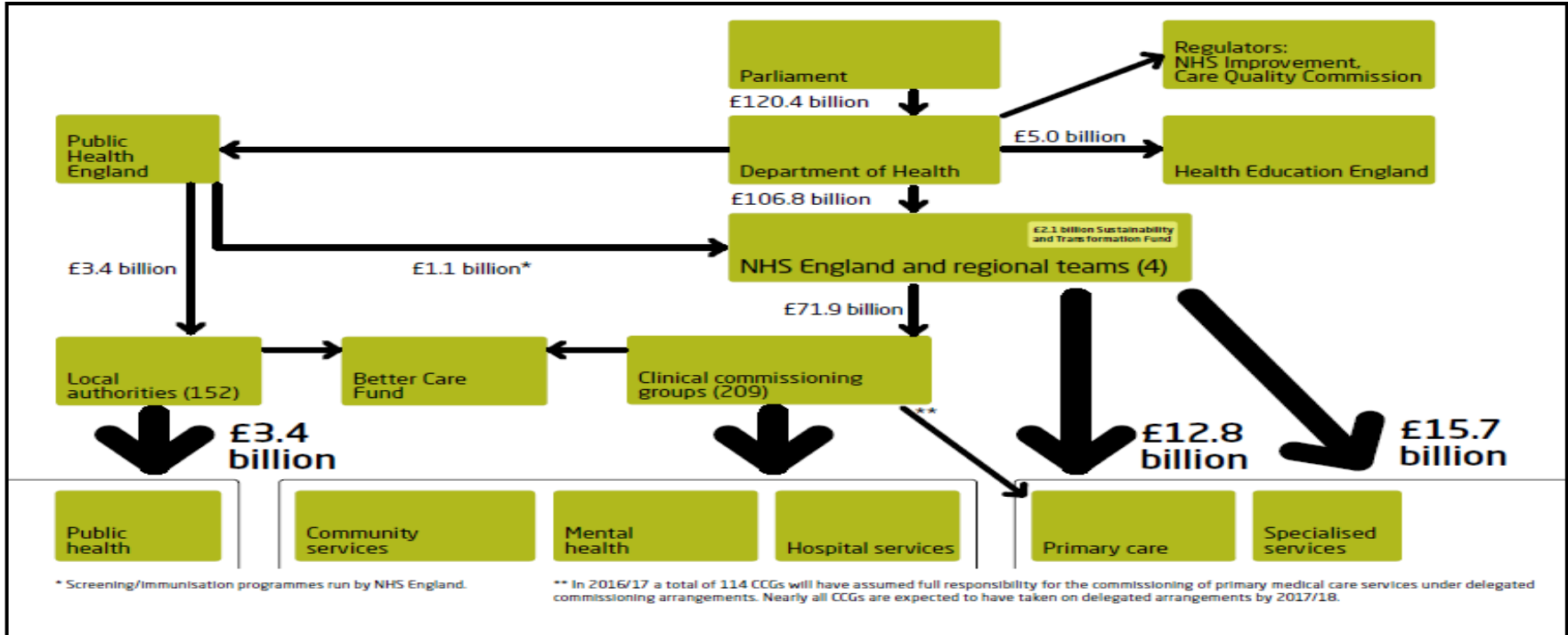
- Integrated model which is prevention based, promotes health and wellbeing and is built on experience-based co-design. It is also founded on the principles of self-care and empowered communities.

# Achieving the vision: key enablers





# The commissioning system and funding flows



# Clinical Commissioning Groups (CCGs)

- **GP-led** commissioning bodies
- **209** CCGs with a collective budget of nearly **£72 billion**
- **Membership model** – all practices are members of the CCG and included in decision-making processes
- CCGs were established in 2013 to commission **community, mental health, ambulance and hospital services**
- Since April 2015, CCGs have had the opportunity to **co-commission** the majority of **general practice services** with NHS England

# Co-commissioning policy intent

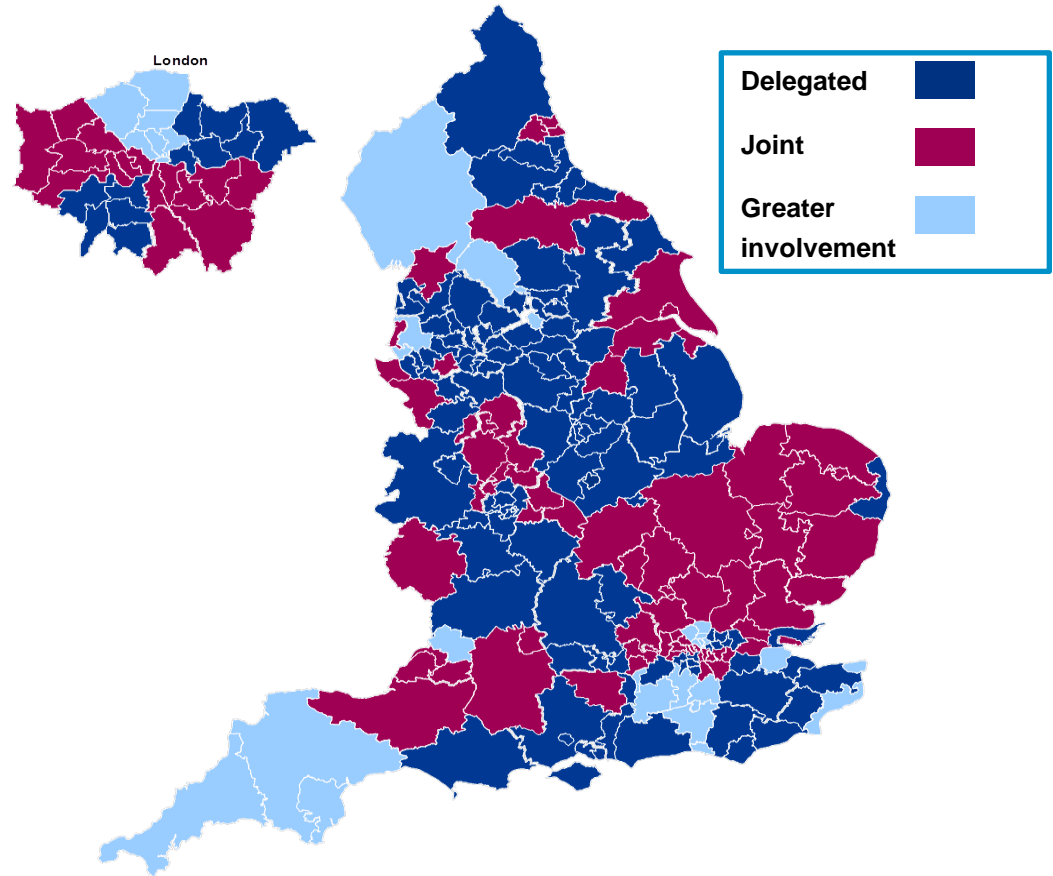
- Co-commissioning was introduced to help defragment the commissioning system. It forms part of the overarching *Five Year Forward View* agenda and was specifically intended to:
  - enable the coming together of commissioning intentions across primary, community and acute care
  - support a shift in investment from the acute to primary and community settings, with a focus on prevention and self-care
  - support the transformation of general practice and new models of care, including the development of new types of integrated provider organisations

# Co-commissioning arrangements

Three co-commissioning models:

- Delegated commissioning (114 CCGs)
- Joint commissioning (70 CCGs)
- “Greater involvement” model (25 CCGs)

NHS England is encouraging the remainder of CCGs to apply for full delegation in 17/18.



# Early benefits of co-commissioning

- Development of more coherent **commissioning plans** for healthcare systems
- Greater ability for CCGs to **transform** primary care services
- Increased **clinical leadership** and **public involvement** in primary care commissioning
- Improved CCG **insight** into practices and any performance issues
- Greater opportunities to develop a more **sustainable workforce**
- Strengthened **relationships** between the CCG and practices

*“Delegated commissioning has led to a much better relationship with practices, and has allowed barriers to be lifted to ensure we implement change at pace.”*

*Jacqui Tuffnell,  
Head of Co-commissioning*

*“It’s been challenging but I don’t believe we would have been able to deliver what we have without delegated commissioning.”*

*Dr Julie Kitlowski,  
Chair*

# NHS Rotherham CCG

*“If you want to change hospital services you need to consider the whole system. I believe it is more difficult to do this without delegated commissioning of general practice.”*

*Robin Carlisle,  
Chair of the PCCC.*



# Outcomes of delegated commissioning: Rotherham CCG

- **Transfer of services** from acute sector to primary care (e.g., anti-coagulation, colon cancer monitoring, phlebotomy services)
- Development of an interim **strategy** for primary care, owned by all practices
- Introduction of a **Quality Contract** to drive up primary care standards
- Development of a **fully integrated Rotherham community model** of care based on the **Multi-speciality Community Provider (MCP) model**
- Review of **estates** and improved **workforce planning**
- **Supporting self care management** for those with long term conditions (e.g., introduction of practice-based clinical pharmacists, telehealth)

# Critical Success Factors for Rotherham CCG

- A culture of **mutual trust**
- A credible, **assertive chair** of the primary care commissioning committee, who is not afraid to challenge
- Clear understanding of **roles and responsibilities** between CCG and NHS England staff
- Good **working relationships** between partners including providers, NHS England staff, social care and the voluntary sector
- Effective, open and transparent management of conflicts of interest



*“Delegated commissioning is helping us bring care closer to home and to join up services”*

*Alan Elkin  
Chair of PCCC and vice chair of CCG*

*“With delegated commissioning, it’s our business to build a sustainable primary care for our population”*

*Helen Goodey  
Director of Primary Care and Locality  
Development*

# NHS Gloucestershire CCG

*“Delegated commissioning has helped with communication and developed a spring in the step of primary care”*

*Colin Greaves  
CCG lay member*



# Outcomes of delegated commissioning: Gloucestershire CCG

- Development of a **primary care strategy**, co-produced with member practices
- Development of **enhanced services** to respond to local needs and address clinical variation
- **Workforce assessment** and implementation of a **proactive plan** to address the needs of today and the future
- Establishment of a **new models of care board** to support the development of the STP and new care models
- Development of **pilots** to test out new ways of delivering services across the localities
- Delivery of a **GP leadership programme** and a **practice manager mentoring scheme**

# Critical Success Factors: Gloucestershire CCG

- **Investment** in the CCG's primary care team
- Providing “**hands-on**” **support** to practices – an “open door approach”
- CCG primary care staff giving **dedicated time to practices**, including providing support to challenged practices
- Holding **weekly transition meetings** with NHS England to broaden understanding of roles and responsibilities
- Having a **clear vision** of what the CCG wants to achieve
- Having **passion, enthusiasm** and **determination** to make it work

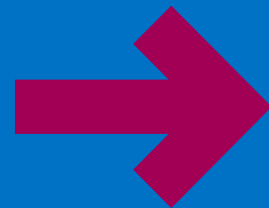
# What next for co-commissioning?

- Continuing to support delegated commissioning arrangements to embed, with an expectation that the majority of CCGs will be fully delegated by 17/18
- Considering expanding the scope of co-commissioning to other areas such as dental, pharmacy and eye health
- Continuing to codify strong practice and share learning across the commissioning system

# Q&As



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## Group work:

What are the top three lessons for the Austrian healthcare system?



# Summary

- Primary care is the foundation of the modern NHS
- Primary care is evolving with the development of new models of care including GP federations, PACs and MCPs
- Commissioning is a key driver in the development of higher quality primary care and out-of-hospital services
- GP engagement takes:
  - investment of time
  - building of mutual trust
  - transparent and regular communication