

Transforming Primary Care Update

Merton Health and Wellbeing Board

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Introduction and Context

- There are a number of important changes planned to the way that primary care will be delivered in the future
- The main areas of change and focus are:
 - **Transforming Primary Care** (including the publication of the draft London *Strategic Commissioning Framework for Primary Care*)
 - **Co-commissioning arrangements for Primary (medical) Care** (which brings together CCG and primary care commissioning)

• This work is being taken forward by the Transforming Primary Care Delivery Group, which is chaired by Eleanor Brown (Chief Officer, Merton CCG) and Dr Nicola Jones (Chair, Wandsworth CCG)



Transforming Primary Care

NHS England (NHSE) and the Office of London CCGs published their ‘*Strategic Commissioning Framework for Primary Care Transformation in London*’ on 26 November 2014. This provides a new vision for general practice and an overview of the considerations required to achieve it

The framework is based on ‘function’ not ‘form’, setting out a new patient offer for all Londoners that can only be delivered by primary care teams working in new ways and by practices working more closely e.g. federations

It complements the general practice ambitions laid out in the NHS Five Year Forward View and the London Health Commission’s ‘Better Health for London’ report, both published in October 2014

Core of the framework are 17 specifications for general practice setting out the new patient offer; across 3 aspects of care that matter most to patients:

- Proactive care
- Accessible care
- Coordinated care



Proactive Care

Topic	Specification
<p>P1. Co-design</p>	<p>Primary care works with patients, their families, communities, charities and the voluntary sector to co-design approaches to improving health and wellbeing</p>
<p>P2. Developing assets and resource for improving health and wellbeing</p>	<p>Primary care teams will work with others to develop and map the local social capital and resources that could empower people to remain healthy and to feel connected to others and to support in their local community</p>
<p>P3. Personal conversations focused on individuals' health goals</p>	<p>Where appropriate, patients will be asked about their wellbeing, capacity for improving their own health and their health improvement goals</p>
<p>P4. Health and wellbeing liaison and information</p>	<p>Primary care teams will enable and assist people to access information, advice and connections that will allow them to achieve better health and wellbeing. This function will extend into schools, workplaces and other community settings</p>
<p>P5. Patients not currently accessing primary medical care</p>	<p>Primary care teams will design ways to reach people who do not routinely access services and who may be at higher risk of ill health</p>



Accessible Care

Topic	Specification
A1. Patient choice	Patients are given a choice of access options and can decide on the consultation most appropriate to their needs
A2. Contacting the practice	Patients can make appointments with only one click, call or contact and can access more services online. Primary care teams will maximise the use of technology
A3. Routine opening hours	Patients can access pre-bookable routine appointments 8am-6.30pm Monday to Friday and 8am-12pm on Saturdays
A4. Extended opening hours	Patients can access a GP or other primary care health professional seven days a week 12 hours a day (usually 8am-8pm) in their local area for pre-bookable and unscheduled care appointments
A5. Same day access	Patients will be able to have a consultation with a GP or appropriately skilled nurse on the same day within routine surgery hours at the practice at which they are registered
A6. Urgent and emergency care	Practices have systems in place to effectively identify and appropriately respond to patients with urgent or emergency needs
A7. Continuity of care	All patients will be registered with a named GP who is responsible for providing an ongoing relationship for care coordination and care continuity. Practices provider flexible appointment lengths as appropriate



Coordinated Care

Topic	Specification
C1. Case finding and review	Practices identify patients who would benefit from coordinated care and continuity with a named clinician, and will proactively review those that are identified on a regular basis
C2. Named Professional	Patients identified as needing coordinated care will have a named professional who oversees their care and ensures continuity
C3. Care planning	Each individual identified for coordinated care will be invited to participate in a holistic care planning process in order to develop a single care plan that can be shared with those involved in their care
C4. Patients supported to manage their health and wellbeing	Primary care teams will create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing
C5. Multi-disciplinary working	Patients needing coordinated care receive regular multidisciplinary reviews by a team involving health and care professionals with the necessary skills to address their needs



Transforming Primary Care

Next steps for SWL

SWL CCGs are encouraging practices to self assess/ audit against the specifications to provide a benchmark for:

- Assessing support and help required e.g. organisational development, business planning
- Inform provider development e.g. joint functions
- Workforce requirements

Key areas from our implementation plan include:

- Collating aggregated CCG baselines against the primary care specifications by mid- January in order to identify emerging themes and areas of work that are best delivered collaboratively across SWL
- Actively supporting the establishment of federations including contract design, central legal support, organisational development
- Working with NHSE London on assessment of the current premises estates through a baseline audit and premises development to ensure fitness for purpose in line with London Health Commission work and federations development
- Working with HESL and other stakeholders to understand workforce needs, models of working, skill mix and development plans in order to deliver the draft London Strategic Commissioning Framework specifications, the Keogh recommendations and the SWL 5 year strategy



Transforming Primary Care – next steps

- December 2014 – March 2015: CCGs are invited to have internal discussions to work through how they will be able deliver the draft recommendations
 - **These discussions will help us all understand local GP and primary care capacity to deliver against the framework over the next 5 years**
- April 2015: Final, formal framework will be published

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Transforming Primary Care – Merton CCG

Area for Implementation	By When
1.0 Development framework in place	Nov 2014 – Apr 2015
2.0 Locality Structure Review / Federation Development	Nov 2014 – Jun 2015
3.0 All practices need support have business planning in place	Apr - Dec 2015
4.0 Development of technology	2015 onwards
5.0 Co-Commissioning	Nov 2014 – Mar 2015
6.0 LMC and MCCG to have joint event to communicate change with effective communications and branding by Locality Leads	Apr 2015 TBC
7.0 Patient and public involvement	Jan 2015



Co-commissioning of Primary Care

- Co-commissioning is one of many changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless integrated out of hospital services for local people
- In May 2014, Simon Stevens (Chief Executive – NHS) invited CCGs to take on an increased role in the commissioning of primary care services
- ‘Expressions of interest’ described the additional powers and responsibilities CCGs would like to assume and needed to meet a number of tests, including:
 - Showing how they will help advance care integration
 - Raise standards
 - Cut health inequalities in primary care
- NHSE published guidance on 10th November on the next steps towards primary care co-commissioning



Three models for co-commissioning arrangements

Greater Involvement in Primary Care

CCGs would work more closely with area teams around Primary Care commissioning intentions. No new governance arrangements required

Joint Commissioning Arrangements

CCGs would assume joint commissioning responsibilities with area teams. A joint committee would be set up and CCG constitutions amended.

Delegated Commissioning Arrangements

CCGs would assume full responsibility for commissioning primary care services on behalf of NHSE who would closely monitor CCGs



Co-commissioning of Primary Care - Cont.

- Six CCGs in SWL have been discussing in detail the co-commissioning model they would like to adopt and agreed to pursue the 'joint commissioning arrangements'
- More detailed work is taking place until early January 2015 with CCGs and NHSE to establish how this model will work in practice
- In addition, a programme of engagement is taking place within each CCG with GP members/practices, health and wellbeing boards and CCG patient reference groups to build awareness and support for joint commissioning. Also in SWLCC Patients and Public Engagement Steering Group (PPESG)
- CCGs need to submit a plan to NHSE by 30th January 2015
- The arrangements go live in April 2015

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What does joint commissioning mean?



- **Joint commissioning** arrangements between all CCGs in SWL and NHSE allows shared responsibilities of many of the important functions for commissioning primary care
- **Joint commissioning arrangements will allow** CCGs to bring local knowledge and develop localised commissioning and incentives
- **Joint commissioning arrangements will allow** CCGs to improve their relationships and engagement with local primary care teams
- Joint commissioning, as opposed to delegated commissioning, may reduce risks associated with identifying and managing conflicts of interest, capacity/capability risks and financial risk



Primary care function	Greater involvement	Joint commissioning	Delegated Commissioning
General practice commissioning	Potential for involvement in discussions but no decision making role	Jointly with area teams	Yes
Pharmacy, eye health and dental commissioning	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role
Design and implementation of local incentives schemes	No	Subject to joint agreement with the area team	Yes
General practice budget management	No	Jointly with area teams	Yes
Complaints management	No	Jointly with area teams	Yes
Contractual GP practice performance management	Opportunity for involvement in performance management discussions	Jointly with area teams	Yes
Medical performers' list, appraisal, revalidation	No	No	No

Key Milestones

November 2014 to January 2015	<ul style="list-style-type: none">• CCGs and area teams should work together to further develop joint commissioning proposals.
30 January 2015	<ul style="list-style-type: none">• Submission of proposal for joint arrangements (annex A).• Submission of constitutional amendment (annex C).
February to March 2015	<ul style="list-style-type: none">• Regional moderation panel reviews proposals and makes recommendations for approval.• CCGs informed of the outcome of their constitutional amendment request.• If required, regional teams support the further development of proposals.
From 1 April 2015 onwards	<ul style="list-style-type: none">• Arrangements implemented in full locally.



What does primary care co-commissioning mean?

NHSE have identified specific primary care functions which can be co-commissioned (core contracts will **not** be changing), namely:

- Designing Contracts (APMS, PMS)
- Contract monitoring
- Contractual action
- Removal of contracts
- Local Enhanced Services
- Directed Enhanced Services
- Design of local incentive schemes as an alternative to QOF
- The ability to establish new GP practices in the area
- Approving practice mergers
- Making decisions on 'discretionary' payments

SWL CCGs will work with each other and with NHSE to establish the accountability and decision making arrangements for these

Primary care co-commissioning will provide us with an opportunity for greater influence on local service delivery and will allow us to commission services in line with local priorities

Detail on the financial arrangements for CCGs is expected week commencing 8th December 2014. Conflicts of interest guidance is expected on 18th December 2014



What does primary care co-commissioning mean for patients?

Benefits include:

- An opportunity for greater influence on local service delivery
- Commissioning services in line with local priorities
- Working to common goals across SWL that can enable the delivery of high quality services for more patients
- Scale: CCGs can work at scale and in collaboration in a way that is not currently possible. As a collective in SWL, CCGs can agree priorities for general practice and decide what can be shifted into the community and hosted by primary care, where appropriate and desirable
- Innovation: allowing for innovative working in a way which is limited by the current process. Collaborative working will improve analytics and triangulation of datasets, clinical systems, and existing CCG analytical software on pathways. This will allow for more accurate assessment of need and service redesign based on a clearer picture of local needs
- Localism: allowing clinicians to make decisions based on local insight and knowledge of patient needs bringing forward more than discrete quantitative and qualitative data sets. Locally we will be able to improve the interface between general practice teams and out-of-hospital teams and specialists, supporting our ambitions around integrated care



Next steps for SW London and Merton CCG

- CCGs will continue to engage with their Governing Bodies, membership and stakeholders to fit with the SWL-wide and national timelines
- Develop the terms of reference for a Joint Committee to include functions / scope of the Joint Committee
- CCGs and SWLCC continue working with stakeholders to ensure the benefits and challenges of primary care co-commissioning are reviewed in preparation of the formal submission on 30th January 2015
- ^{Pg 25} Plan for CCG Governing Bodies to sign off the governance arrangements between the 13-29 January 2015 e.g. Terms of Reference



Next Steps

“If everyone is moving forward together, then success takes care of itself.”

Henry Ford

