

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL		
<b>SUBJECT:</b>	UPDATE ON “TRANSFORMING PRIMARY MEDICAL CARE IN SOUTHAMPTON 2017-2021”		
<b>DATE OF DECISION:</b>	24 AUGUST 2017		
<b>REPORT OF:</b>	DIRECTOR, SYSTEM DELIVERY - NHS SOUTHAMPTON CITY CCG		
<b><u>CONTACT DETAILS</u></b>			
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<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY</b>	
This report provides an update on the progress and planning for the delivery of Southampton City CCG’s strategy – “Transforming Primary Medical Care in Southampton 2017-2021”.	
<b>RECOMMENDATIONS: That the Panel</b>	
(i)	Note the progress on the CCGs delivery of its strategy “Transforming Primary Medical Care in Southampton 2017-21”.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	The Health Overview and Scrutiny Panel has requested an update on the development of primary care services in Southampton.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	Not applicable.
<b>DETAIL (Including consultation carried out)</b>	
<b>Introduction and context</b>	
3.	General Practice is a cornerstone of any future model of healthcare. Recent estimates suggest that GP practices in the UK deliver around 340 million urgent and routine appointments per year and between 2011 and 2015 there was a 15% increase in demand on GP services (BMA 2016). Demographic changes, changing need and public expectation, market forces and other factors make current models of primary care unsustainable in their current form. It is inevitable that these services change significantly over the coming years in order to ensure high quality healthcare for future generations.
4.	In April 2016 NHS England published the “GP Forward View” to announce national directives intended to improve quality and sustainability of general practice. The GP Forward View 2016 recognises primary care services as a

	<p>fundamental component of the NHS and that there has been a history of relative underinvestment that must be rectified. The GP Forward View sets out a range of investments and other support for Primary Medical Care to be implemented by NHS England, CCGs and other partners.</p>
5.	<p>Currently in the city there are 29 GP partnerships delivering care to approximately 280,000 people living in the city and its immediate environs. These are made up of around 180 GPs (of which around 110 are partners) as well as nurses, other healthcare professionals and administrative staff. The practices operate from around 40 sites across the city.</p>
6.	<p>In April 2016 the CCG was granted delegated responsibilities for the commissioning of primary care. Since then the CCG has developed its expertise and confidence as a primary care commissioner. During 2016/17 the CCG worked in partnership with local communities, GPs and other relevant stakeholders to develop a five year primary care strategy, “Transforming Primary Medical Care in Southampton” (see Appendix 1).</p> <p>This paper will cover the following:</p> <ul style="list-style-type: none"> <li>• Overview of 7 key elements of the strategy</li> <li>• Summary of progress against these 7 key elements</li> <li>• Overview of management of delivery.</li> </ul>
	<p><b>Commissioning Plan</b></p>
7.	<p>In December 2016 the CCG developed its two year delivery plan, setting out its detailed work programme to implement the strategy. The plan is divided into the following areas and is supported with investments:</p> <ul style="list-style-type: none"> <li>• Access – People are provided with access to the level of care that they need at the appropriate time, with same day access and services available in the evenings and at weekend.</li> <li>• Quality – People are provided with high quality care with is safe and effective, meeting their needs. People have a positive experience, which is person centred, dignified and compassionate.</li> <li>• Workforce – A motivated, engaged and integrated workforce with the right skills, behaviours and training, available in the right numbers.</li> <li>• Estates – Fit for purpose premises which enable access to clinical services outside of hospital 7 days per week</li> <li>• Technology – Interoperable, integrated IT with innovative digital solutions which enable proactive care, better access, better coordination and modern care</li> <li>• Collaboration – Sustainable and resilient GP services supporting the delivery of integrated care across the city</li> <li>• Communications &amp; engagement – Practices are engaged in transforming the way they deliver care and have support of the public, who understand the variety of resources available to help them to manage their health.</li> </ul>

	<b>Access</b>
8.	Over the last two years the city has had the benefit of primary care “hubs” that offer additional choice and capacity for patients – including appointments at evenings and weekends. This service is delivered by Southampton Primary Care Limited (SPCL) and was initially funded by NHS England with the Prime Minister’s Access Fund. In April 2017 the contract for the service novated to the CCG and the service now forms a key component of the city’s primary care services, offering around an additional 40,000 appointments per year for city residents.
9.	These services will be developed to have better integration with regular GP services, GP Out-of-Hours, Minor Injuries Unit, Emergency Department, NHS 111 and other community services to provide a more seamless model of care.
10.	In some cases around 30% of GP workload relates to musculo-skeletal complaints. During 2017 the CCG has commissioned new direct access physiotherapy pilots where patients with musculo-skeletal complaints are able to book appointments with a physio via their GP reception or on a direct access basis. This improved access to physiotherapy without the need for an initial GP appointment has been well received by patients and GPs alike.
	<b>Quality</b>
11.	<p>Since acquiring delegated commissioning responsibilities, the CCG has sought to work with local practices to promote better quality care. In January 2017 the CCG appointed a new Primary Care Quality Lead to support the progression of a range of initiatives including but not limited to:</p> <ul style="list-style-type: none"> <li>• Supporting practices with reporting, investigation and subsequent learning associated with incidents and complaints</li> <li>• Establishing support for nurses and other healthcare professionals working in general practice</li> <li>• Providing supportive review and challenge for practices around their Care Quality Commission (CQC) standards – including attending mock CQC inspections.</li> </ul>
12.	Practice resilience is a key priority for the CCG. The majority of the city’s practices have viable operating models and good future plans, but there have been a small number who require additional support.
13.	During 2016/17 the CCG worked with NHS England to implement a practice resilience programme, focusing support into key areas around practice planning and efficiency and targeting practices that were most vulnerable. Last winter the CCG provided funding for additional GP and nursing appointments across the east of the city in order to support access at a time when local practices were struggling to meet demand. This was a time limited initiative in response to significant changes in practice partnerships and patient registrations in the area.
14.	Taking the learning from these workstreams, the CCG has refined its approach and is currently developing a “menu of support” for practices along with

	contingencies through working with more stable local partners.
	<b>Workforce</b>
15.	<p>Constraints around workforce supply represent a significant risk to the sustainability of primary care in Southampton. The CCG has commenced a range of initiatives along with other partners such as Health Education Wessex, that will:</p> <ul style="list-style-type: none"> <li>• Consider innovative ways to promote the recruitment and retention of GPs and other healthcare professionals in primary care in Southampton</li> <li>• Consider and promote the deployment of alternative healthcare professionals (e.g. nurse practitioners or physiotherapists)</li> <li>• Support practices to develop more efficient operational processes to ensure that the right part of the workforce is doing the right work.</li> </ul>
16.	Over coming months the CCG Primary Care team will be assessing the baseline of primary care workforce across the city, taking into account a range of factors including potential GP retirement ages. From this the CCG will work with GP practices and our partners to establish likely workforce needs over coming years that take into account the impact of practice business plans, further integration and supply factors (i.e. numbers of GPs in training).
17.	The CCG is currently consulting practices on our potential involvement in an initiative to recruit GPs from overseas. The initiative, supported by NHS England and Health Education Wessex, will attract additional funding to support GP relocation.
18.	During 2016/17 the CCG commissioned training for practices to consider the more efficient use of the practice team, thereby enabling clinicians to devote more time to clinical care. This successful programme will be repeated and refined in 2017/18.
	<b>Estates and Information Technology Infrastructure</b>
19.	The CCG recognises that good primary care services are predicated on their ease of access and relative position within local neighbourhoods. The CCG is currently undertaking a baseline audit of primary care premises, including consideration of position, condition, occupancy, and tenancy status. This will further inform our plans for primary care estate and drive investment through programmes such as the Premises Improvement Grants.
20.	During 2016/17 the CCG undertook a feasibility study to establish preferred locations for Better Care “Cluster Resource Centres” that would be accessibly located within each of the city’s clusters and include a range of additional services, including extended hours and out-of-hours primary care and other community services. During 2017/18 we will continue to progress this workstream with Southampton City Council and other local partners with a view to establishing more tangible plans for the delivery of the centres.
21.	Developments in information technology will play a vital role in the delivery of more integrated services in the future and the CCG continues to play a key leadership role in the Hampshire-wide Digital Roadmap programme.

22.	More locally and as part of the GP Forward View commitments the CCG is working with local practices and Southampton Primary Care Limited (SPCL) to promote the uptake of on-line consultations, offering patients alternative means of access to GP services. Currently there are five practices in the city offering on-line consultations and this number is set to grow significantly over coming months – supported through CCG investments.
	<b>Collaboration</b>
23.	There is a history of collaboration between GP practices in the city. In 2015 SPCL was formed as a company limited by shares, owned by 28 of the local practices. The CCG will continue to work with SPCL and other similar local primary care organisations as these organisations have a key role in new models of primary medical care in the city.
24.	<p>The Southampton Better Care Programme has adopted a strong focus on neighbourhoods centred on the six Better Care clusters. GPs and primary care teams are key to the success of Better Care, both in terms of their roles within local leadership and in the delivery of new care models. Since 2015/16 the CCG has continued to work hard to support primary care engagement in Better Care with significant progress in some areas, including but not limited to:</p> <ul style="list-style-type: none"> <li>• In June 2017 the CCG invested in a new Local Improvement Scheme with to further support and encourage GP engagement in Better Care and to improve services for people with long term conditions and cancer.</li> <li>• In recent months the CCG has been working in partnership with SPCL to pilot a new Acute Visiting Service which will commence in September 17 and will further strengthen the primary and community care response to urgent patient need.</li> <li>• The CCG is currently procuring a new community care navigator service that will provide support for people in accessing health and care services to ensure that they are matched to the right choices to best meet their needs.</li> <li>• The CCG will be funding training during 2017/18 for practice reception staff to help sign-post people to local health and community service.</li> <li>• In line with national requirements, the CCG is working in partnership with West Hampshire CCG and University Hospital Southampton NHS Foundation Trust to develop and deliver a pilot “Clinical streaming” service for the Emergency Department (ED) of Southampton General Hospital. The service will involve the streaming of appropriate patients attending the ED to a closely located GP service. The pilot service will go live from 30<sup>th</sup> September 2017.</li> </ul>
	<b>Communications and engagement</b>
25.	We use information provided to us by patients to help us shape the healthcare

	in the city.												
26.	<p><b><u>Existing survey results</u></b></p> <p>Most recently, the GP Patient Survey results show that overall experience in the city was as follows:</p> <table border="1"> <thead> <tr> <th>Rating</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Very good</td> <td>36</td> </tr> <tr> <td>Fairly good</td> <td>44</td> </tr> <tr> <td>Neither good nor poor</td> <td>12</td> </tr> <tr> <td>Fairly poor</td> <td>5</td> </tr> <tr> <td>Very poor</td> <td>3</td> </tr> </tbody> </table>	Rating	%	Very good	36	Fairly good	44	Neither good nor poor	12	Fairly poor	5	Very poor	3
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27.	<p>These results show a slight decline of 5% in satisfaction since 2013. Further highlights can be found in Appendix 2. As part of our regular engagement throughout the city, we have also received feedback from patients about difficulties in accessing GP services and concerns about the future of services when GP practices are struggling to recruit staff. We also receive concerns about the availability of non-urgent appointments.</p>												
28.	<p><b><u>CCG engagement on the primary care strategy – 2016/17</u></b></p> <p>To help us create and implement our primary care strategy, we engaged directly with a significant and diverse range people of people across Southampton. Throughout this process we have been guided by our own internal patient groups on how best to engage with the local population, such as our Communications and Engagement Group, Patient Forum and our Equality and Diversity Reference Group. Consequently we worked with Carers in Southampton, Sure Start families, the Pensioners Forum, and our urgent care providers.</p>												
29.	<p>In addition, we surveyed over a thousand people about their preferences for primary care, with a response rate of almost 50%, through the City Council's People Panel. These results can be found in Appendix 2. Throughout Spring 2017 we held our most ambitious engagement project to date, with a bus roadshow travelling across the city. Locations can also be found in Appendix 2. The key points we learnt through our engagement to date are:</p> <ul style="list-style-type: none"> <li>• We should prioritise urgent, same day appointments for those times a patient needs one</li> <li>• Patients would like the ability to book an appointment outside of normal working hours for people who cannot attend the practice during the day.</li> <li>• We were also told about the importance of continuity in service, with patients being able to see a GP who is fully aware of their health situation and who has enough information to make decisions about their health.</li> </ul> <p>This feedback has helped to shape the delivery plan and confirmed that we are focussing in the right areas.</p>												

30.	<p><b><u>Future events</u></b></p> <p>Our model for the future of primary care will be discussed at a stakeholder event taking place at The Spark, Southampton Solent University, in October. We will be inviting community groups from across Southampton to share their thoughts and experiences on current services, what will change in primary care, and ways in which we can work together.</p>
<p><b>Oversight and management of delivery</b></p>	
31.	<p>Since being delegated responsibilities from NHS England in April 2016, the CCG has been developing its capacity as a commissioner of primary care services. During 2016-17 the CCG invested in strengthening our primary care commissioning team in order to support the implementation of our primary care strategy.</p>
32.	<p>The CCG is currently establishing a more structured contractual relationship with practices and primary care organisations.</p>
33.	<p>The CCG is currently developing practice profiles. These bring together a range of key information relating to how practices are performing across a range of domains (e.g. complaints, list movements, vaccination rates, vacancies, patients use of other services such as A&amp;E). We will use these profiles in our dialogue with practices in order to promote quality and provide better “early warning” arrangements to identify practices in need of support.</p>
34.	<p>To supplement these two developments, the Primary Care team has recently implemented a new “link role” arrangement that will seek to further build trust and dialogue with local practices. These arrangements will include a more proactive schedule of meetings in order to raise concerns, identify support and hold practices to account for the quality of services.</p>
35.	<p>The CCGs Primary Medical Care Committee (PMCC) provides the main formal governance gateway for decisions relating to delivery of the CCGs commissioning of primary care and delivery of our strategy. Terms of Reference for the committee have recently been refined to allow the delegation of further appropriate decision making relating to primary care matters. The Primary Care Operating Group (PCOG) operates as a subcommittee of the PMCC, acting as the main forum for developing proposals for PMCC approval. The CCG has recently extended the membership of the PCOG to include a representative from a local Practice Patient Participation Group.</p>
36.	<p>Members are asked to consider the information presented at the meeting and following discussions comment on the report.</p>
<p><b>RESOURCE IMPLICATIONS</b></p>	
<p><b><u>Capital/Revenue</u></b></p>	
37.	<p>None</p>
<p><b><u>Property/Other</u></b></p>	
38.	<p>None</p>
<p><b>LEGAL IMPLICATIONS</b></p>	

<b><u>Statutory power to undertake proposals in the report:</u></b>	
39.	Not applicable.
<b><u>Other Legal Implications:</u></b>	
40.	None.
<b>RISK MANAGEMENT IMPLICATIONS</b>	
41.	None.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
42.	Not applicable.
<b>KEY DECISION?</b>	
	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	
	ALL
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Transforming Primary Medical Care in Southampton – 5 Year Strategy
2.	Summary of national patient survey July 2017 for Southampton practices
<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality Impact Assessment</b>	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
<b>Privacy Impact Assessment</b>	
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
<b>Other Background Documents</b>	
<b>Equality Impact Assessment and Other Background documents available for inspection at:</b>	
Title of Background Paper(s)	
1.	NHS England GP Forward View – April 2016 <a href="https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfov.pdf">https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfov.pdf</a>