DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL					
SUBJECT:		PRIMARY CARE IN SOUTHAMPTON					
DATE OF DECISION:		29 AUGUST 2019					
REPORT OF:		PETER HORNE, DIRECTOR OF SYSTEM DELIVERY, NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP					
CONTACT DETAILS							
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STATE	FATEMENT OF CONFIDENTIALITY				
None	None				
BRIEF	SUMMAF	RY			
This rep Southar	•	des an update on the planning and delivery of primary care in			
RECOM	MENDA	TIONS: That the Panel			
	(i)	Notes and provides feedback on the report. Further information on the outcome of the Primary Medical Care Commissioning Committee, due to take place shortly after this report is submitted, will be provided prior to the HOSP meeting on 29 August 2019.			
	(ii)	Determines whether engagement around the proposed estates and access review of primary care in Southampton constitutes formal public consultation under NHS Act (2006) at this time.			
REASO	NS FOR	REPORT RECOMMENDATIONS			
1.	To ensure the Health Overview and Scrutiny Panel has an understanding of primary care in Southampton and new developments, and considers the implications of the proposed estates review.				
ALTER	NATIVE	OPTIONS CONSIDERED AND REJECTED			
2.	Not applicable.				
DETAIL	(Includi	ng consultation carried out)			
3.	The CCG has had delegated commissioning responsibility for primary care since 2016 and the briefing paper attached as Appendix 1 details the state of primary care in Southampton today, in addition to future developments.				
4.	General practice is the foundation upon which effective patient care rests. In Southampton we believe GP practices deliver around 1.4 million urgent and routine appointments per year.				
5.	Primary care services across England are adapting in light of changing patient need, demographic changes, public expectations, market forces and other factors. We are supporting practices with this process of change, while				

	also ensuring our patients receive the highest quality primary care services in the city. Currently, there are 27 GP partnerships in Southampton, delivering care to almost 290,000 people living in the city and its immediate surroundings. These are made up of around 200 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.				
6.	In light of developments in primary care, the CCG is planning to commence a structured programme of work in 2019/20 to deliver detailed estates plans for primary care services on a locality-by-locality basis that will refresh estates strategies for primary care and associated out-of-hospital services. Initial focus will be on the east locality in the city.				
7.	As a supplement to the publication of the NHS Long Term Plan in January 2019, NHS England also issued their new five-year GP Contract Framework. The Framework has been negotiated and agreed nationally between NHS Employers (on behalf of NHS England) and the General Practitioners Committee of the British Medical Association (on behalf of GPs). In summary the new Framework includes a range of far-reaching developments and investments with the intention of transforming primary care for the future. One of the main elements involves the establishment of Primary Care Networks (PCN).				
8.	The aim of PCNs is to build on the core of current primary care services and enable greater provision of proactive, personalised, co-ordinated and more integrated health and social care. PCNs are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. In Southampton our practices have worked together in clusters for a number of years, and the development of PCNs can be seen as an evolution from this successful way of working.				
RESOU	RCE IMPLICATIONS				
Capital	<u>/Revenue</u>				
9.	Not applicable.				
Propert	y/Other				
10.	Not applicable.				
LEGAL	IMPLICATIONS				
Statuto	ry power to undertake proposals in the report:				
11.	Not applicable.				
Other L	Other Legal Implications:				
12.	None.				
RISK M	RISK MANAGEMENT IMPLICATIONS				
13.	None.				
POLICY FRAMEWORK IMPLICATIONS					
14.	Not applicable.				

<b>KEY DECISION?</b>	No
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WARDS/COMMUNITIES AFFECTED: ALL							
	SUPPORTING DOCUMENTATION						
Appen	<u> </u>						
1.	Briefing Paper – Primary Care in Southampton						
2.	Primary Care Networks in Southampton – Maps and additional details						
Documents In Members' Rooms							
1.	None						
Equali	ty Impact Assessment						
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?							
Data P	rotection Impact Assessment						
Do the Assess	No						
Equali	Background Documents ty Impact Assessment and Other Background documents avai tion at:	lable for					
Title of	Background Paper(s)						
1.	None						