Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
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Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**18 April 2018**
Subject:	**Lincolnshire Sustainability and Transformation Partnership - GP Forward View Update**

Summary:

This report provides information on the development of GP Forward View as part of the Lincolnshire Sustainability and Transformation Partnership (STP).

The GP Forward View is one of the four current priorities in the Lincolnshire Sustainability and Transformation Partnership, which the Committee decided in October 2017 to consider in greater detail.

Actions Required:

To provide feedback on the progress on the delivery of the GP Forward View.

1. Background

1.1 National Context

The Primary Care Programme is working closely with national NHS England (NHSE) arm's length bodies to bring in expertise to support federations and practices to implement these changes. In particular the Programme will be working with NHSE Sustainable Improvement Team to develop a programme to support delivery of the

10 High Impact Actions (HIA) that have been identified as part of the national Time for Care Programme.

Nationally the General Practice 5-Year Forward View (GPFV) was published April 2016, and builds on NHS England's 5-Year Forward View, published October 2014.

The General Practice Five Year Forward View (GP5YFV) represents a step change in the level of investment and support for general practice from NHS England over the next 5 years.

It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services. This transformation will be built around patients, around the wider workforce, around the redesign of our workload and organisation of care, and creating a satisfying and rewarding career for everyone working in general practice.

The GPFV sets out reform for primary care from its publication through to 2020. It focusses on delivering more convenient access to care, a stronger focus on population health and prevention, more GPs and a wider range of practice staff, operating in more modern buildings, and better integrated with community and preventive services, hospital specialists and mental health care.

1.2 Lincolnshire Context

In Lincolnshire CCGs are accountable for the delivery of the GP Forward View programme of work; however a significant amount of the projects are being facilitated by the STP Primary Care Programme. National funding is available to support delivery of GP Forward View with CCGs currently developing plans to release this into Lincolnshire.

The Primary Care Programme is governed via the GPFV Strategy Group which brings together GP Federations/Super Practice, practices, CCGs and the Lincolnshire Local Medical Committee. The GPFV Strategy Group reports to the STP Executive.

This transformation programme will be built around patients, the wider workforce, the redesign of workload and organisation of care, working across organisational boundaries bringing together primary care and neighbourhood working to ensure a continuity of care for the public and patients.

2 Primary Care Programme

As with all large scale change there is a level of interdependency with other key STP programmes and the projects, in particular Integrated Neighbourhood Working, Clinical pharmacy project and urgent and emergency care.

The Primary Care Programme consists of three projects, detailed below. The three projects are:

2.1 Primary Care Workforce

NHSE identified that Lincolnshire required an additional 76 GPs by 2020. In addition to local initiatives, Lincolnshire, through the Local Medical Committee has been successful in recruiting 26 GPs from abroad. A second bid has been successful for a further 39 international recruits, which will enable Lincolnshire to have reached its target.

As well as recruiting more GPs, Lincolnshire is working with NHSE and national organisations, e.g. medical defence unions, to achieve greater flexibility in the ability to retain current GPs by encouraging them to continue to work on a part-time basis when they cease full time employment in a practice. In order to support this, agreement has to be reached over GP's indemnity.

As well as GP posts, Lincolnshire has a target to increase the number of other (non-GP) staff in primary care. This target is for an additional 53 posts by 2020. To date we have recruited an additional 49 clinical staff and 13 non-clinical staff, providing an additional 62 posts. These posts will support the implementation of new care models such as Neighbourhood Teams (NHT) and federated models of general practice, to embed cross organisational services, which wrap around the patient.

Non-GP clinical posts include nurses, clinical pharmacists, physician associates, paramedics and primary care mental health workers. Lincolnshire is one of three national pilots exploring how paramedics could work on a rotational basis, one rotation being in general practice.

The CCGs and STP are also identifying our highest priority groups of practices so that we can support an increase in their resilience and make sustainable changes to mitigate against any potential loss of services.

2.2 Primary Care Workload & Redesign

Increase in workload is a major challenge for primary care, which compounds the problems created by shortage of workforce. In many areas workload is set to increase as there is a shift of care out of acute hospitals into the community, which includes primary care.

There are two approaches to managing the workload:

(1) Increase in capacity

This is mainly covered in paragraph 2.1 above by increasing the number of current staff.

There is capacity which is currently being used inappropriately; nationally evidenced work identifies that 25% of appointments (for GPs) are avoidable. These either do not need primary care services or treatments, or can be managed by a nurse, other healthcare professional or voluntary sector person. This aspect is considered in section (2) below.

CCGs are also required to commission an increase in the hours that primary care is available, under the Extended Access initiative. This requires an additional 30 minutes of primary care access per 1,000 registered population by October 2018 and plans are being put in place to commence this.

(2) Reduction in workload.

There are a number of initiatives that are being developed in primary care:

- Sign posting service, Primary Care navigation, will be developed within each Practice. There is a national competency frame work to support its development and this will enable practice staff to support patients to access alternative solutions to support their needs within their local community. This development is being implemented as part of a collaborative approach to developing self-care, social prescribing and care navigation.

  There are 2 cohorts consisting of groups of general practices that will pilot this model with work starting early next financial year.

  The expectation is that this will release time and capacity for those people who clinically need the skills of GPs and their clinical staff.

- Lincolnshire is also currently exploring the potential of using GP on-line consultation, with 3 federations and practices about to launch this

- Increasingly General Practices are key contributors to the development of integrated neighbourhood working. It is anticipated that this approach will be able to manage patients across primary and community care, including our voluntary sector and community partners to deliver a more proactive approach, which will help with preventing crisis, avoidable admissions and delayed transfers of care.

- CCGs and GP practices are working with the emergency ambulance service to identify people who regularly call 999, who do not need an emergency response. In these cases care plans are developed for the individual who better supports their needs.

<u>Care Redesign</u>

As identified above significant change is required across general practice. This inevitably requires practices to work differently in many ways, producing a large complex agenda.

Simon Stevens *stated:*

"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. The current shift towards groups of practices working together offers a major opportunity to tackle the frustrations that so many people feel in accessing care in general practice."

It is the objective of the primary care programme to support the practices and CCGs to maximise this potential for the benefit of patients and the staff.

As previously identified the Programme will include the 10 High Impact Actions, which are;

- Active Sign Posting
- New consultation types
- Reduce appointments not attended by patients
- Develop the practice team
- Productive work flows
- Personal productivity
- Partnership working
- Social prescribing
- Self-care support
- Develop quality improvement (QI) expertise

Lincolnshire Time for Care launch event is being held in May, which will identify a further programme of accelerated learning events for general practices in redesigning care

2.3 Primary Care at Scale

Additional staff, working differently and managing patients in different areas require significant infrastructure support for them to be effective.

Information management and technology will change to deliver better access and better care. As identified above, GP on-line consultation will provide different access routes for people who have a concern but which is either not urgent or that they can't get into the practice at that time. This will also support sign posting.

These changes will also necessitate better interoperability between information systems, not only between practices, but also with community services. This will provide better sharing of patient information, which will have significant benefits for an individual's care and treatment.

As services change, some of the buildings will also need to change so that services can be delivered in appropriate environment. Co-locating services provides synergy and benefits for patients and staff, this will be particularly significant with the development of NHTs which, along with primary care provide services which wrap around specific populations.

Changes to buildings will generally take longer to deliver, but are a fundamental part of this system change.

Many general practices are now working as part of federations or super practices, although there are a number of practices which remain independent. Federations and super practices offer potential economies of scale and critical mass, bringing

practices together to offer better access across a group, giving wider access to some care as opposed to going to an acute hospital.

Federations also provide the opportunity for closer partnership working with other community care providers, and other services in wrapping care around their populations, providing medical oversight and medical leadership within neighbourhood working. This relationship enables delivery of personalised care, better self-care and reduction of risks.

The above three actions are aimed at enabling practices to support delivery of the wider system change of integrated neighbourhood working, that will ensure local services work together irrespective of which organisation provides them.

This will include integrating primary care and the wider urgent care system to remove duplication of services and bureaucratic hurdles.

3. Consultation

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide health overview and scrutiny committees with a specific statutory role in relation to consultations on substantial variations or developments in NHS services, where there is an obligation on the responsible commissioner to consult.

The GP Forward View is a national initiative, mandated by NHS England. As a result, it does not directly fall within the scope of the 2013 Regulations. However, the Health Scrutiny Committee has an opportunity to provide feedback directly on the implementation of the GP Forward View as part of its consideration of this report.

4. Conclusion

This report outlines the background to the development of the Primary Care Programme, highlights the main priorities, and articulates the work areas that are progressing and developing to address those priorities.

It is presented to inform the Health Scrutiny Committee of current progress in delivering the Primary Care Programme.

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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