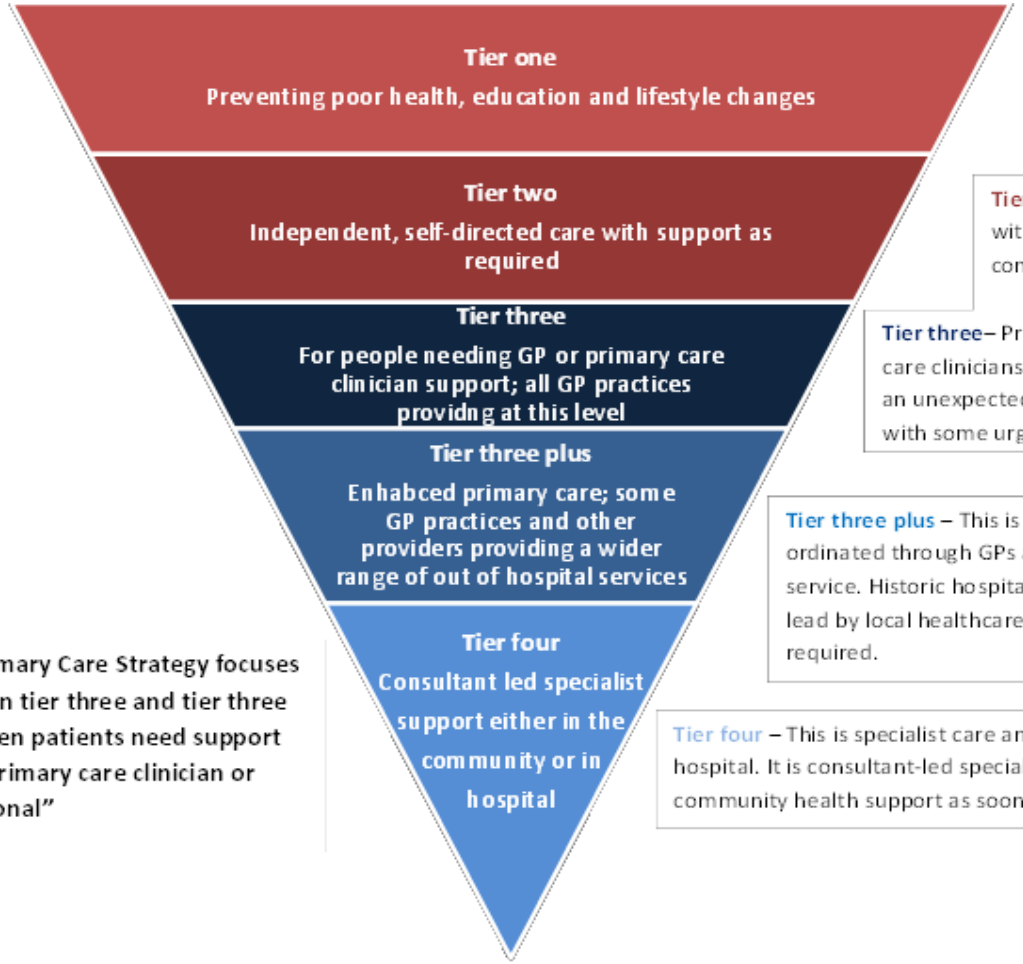
NHS
Leicester City
Clinical Commissioning Group

Leicester Health and Wellbeing Board
Leicester City CCG Primary Care Strategy
12th July 2016

Professor Azhar Farooqi – Chair

Sarah Prema – Director Strategy and Implementation

Tiers of care – where does our primary care strategy focus?



Tier two – people manage most health needs independently with support such as websites, self- help groups and other community professionals (e.g. Pharmacists).

Tier three– Primary Care support, where input from GPs or primary care clinicians is required either to support long term condition(s) or an unexpected health concern. This is mostly planned appointments with some urgent and unexpected interventions from time to time

Tier three plus – This is real transformation, with patient centred care co-ordinated through GPs at the heart of a seamless integrated health service. Historic hospital services will be provided in local communities lead by local healthcare teams who can success specialist advice as required.

Tier four – This is specialist care and advice, either in community-based setting or in hospital. It is consultant-led specialist care that aims to return the patient back to their community health support as soon as possible.

"Our Primary Care Strategy focuses mainly on tier three and tier three plus, when patients need support from a primary care clinician or professional"

Background to primary care in Leicester City

- 59 practices – 6 single handed and 53 with GP partners or alternative providers
- As of April 2016 - 391,859 patients were registered with city GPs (resident population is 336,188)
- Majority of practice contracts are GMS but there are a large number of APMS contracts which are time limited
- Average list size 6531 which is slightly lower than the national average of 7225 (Jan 15)
- There are 14 training practices
- Leicester City primary care providers do not perform well in the national patient experience survey
- To date CQC outcomes have been good with more practices being rated as good than the England and Midlands and East average
- There is variation in outcomes across city practices

HNN	Total list size for HNN	Average Population per Practice	GP per 1000 registered patients	Total GP (WTE)	Average List Size per WTE GP
Central	128,157	6,745	0.39	49.61	2,583
North West	108,245	6,765	0.38	40.89	2,647
South	90,005	6,429	0.45	40.45	2,225
North East	65,453	4,675	0.44	28.66	2,284
Total	391,859			159.61	2,455

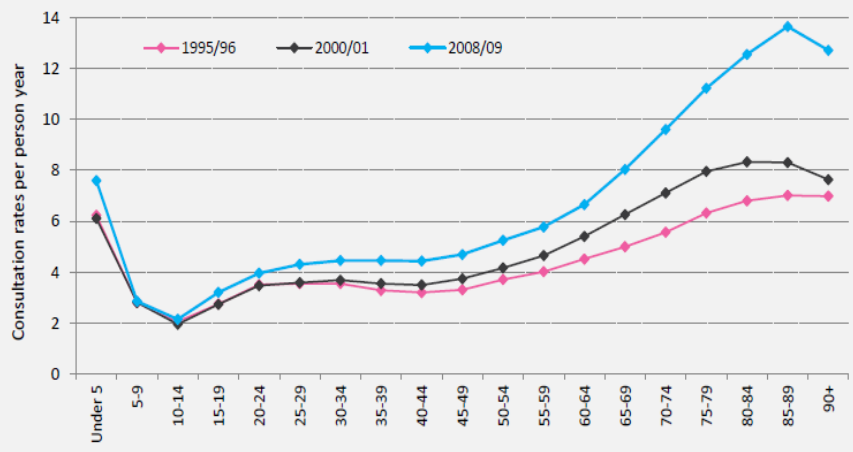
Contract Type	No of practices holding contract
General Medical Services (GMS)	46
Personal Medical Services (PMS)	1
Alternative Provider Medical Services (APMS)	13

Challenges facing primary care in Leicester City (1)

Demand on primary care

- The average number of consultations per patient in primary care shows an 11% increase over 13 year period
- There is an increase in most age bands but particularly those over 60 years of age
- More people are living longer with long term and often multiple complex conditions
- Increasing patient expectations

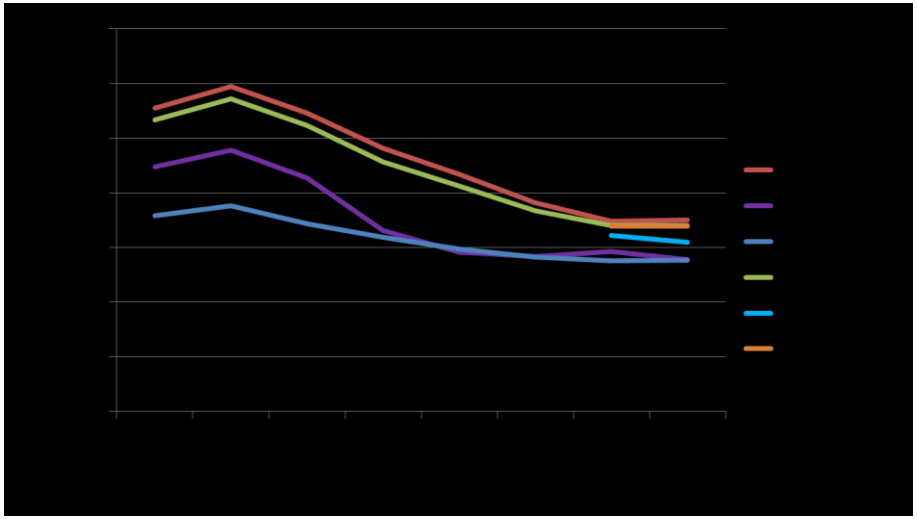
Figure 26: Trends in general practice consultation rates by age band and survey year



Source: HSCIC (2009)

Relative investment in primary care

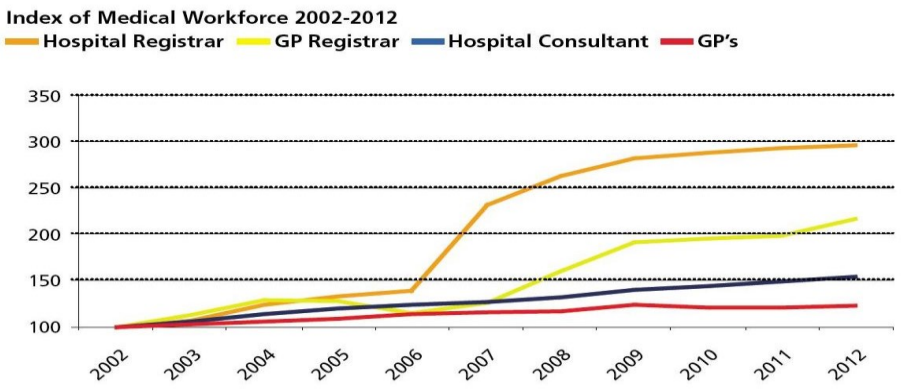
- Despite increasing demand on primary medical care the proportion of the NHS budget spent on primary medical care as a percentage of the whole budget has reduced since 2004.
- Primary care provides 90% of NHS contacts with 9% of the budget
- National and local programmes to equalise funding in practices is impacting on some practices in the city



Challenges facing primary care in Leicester City (2)

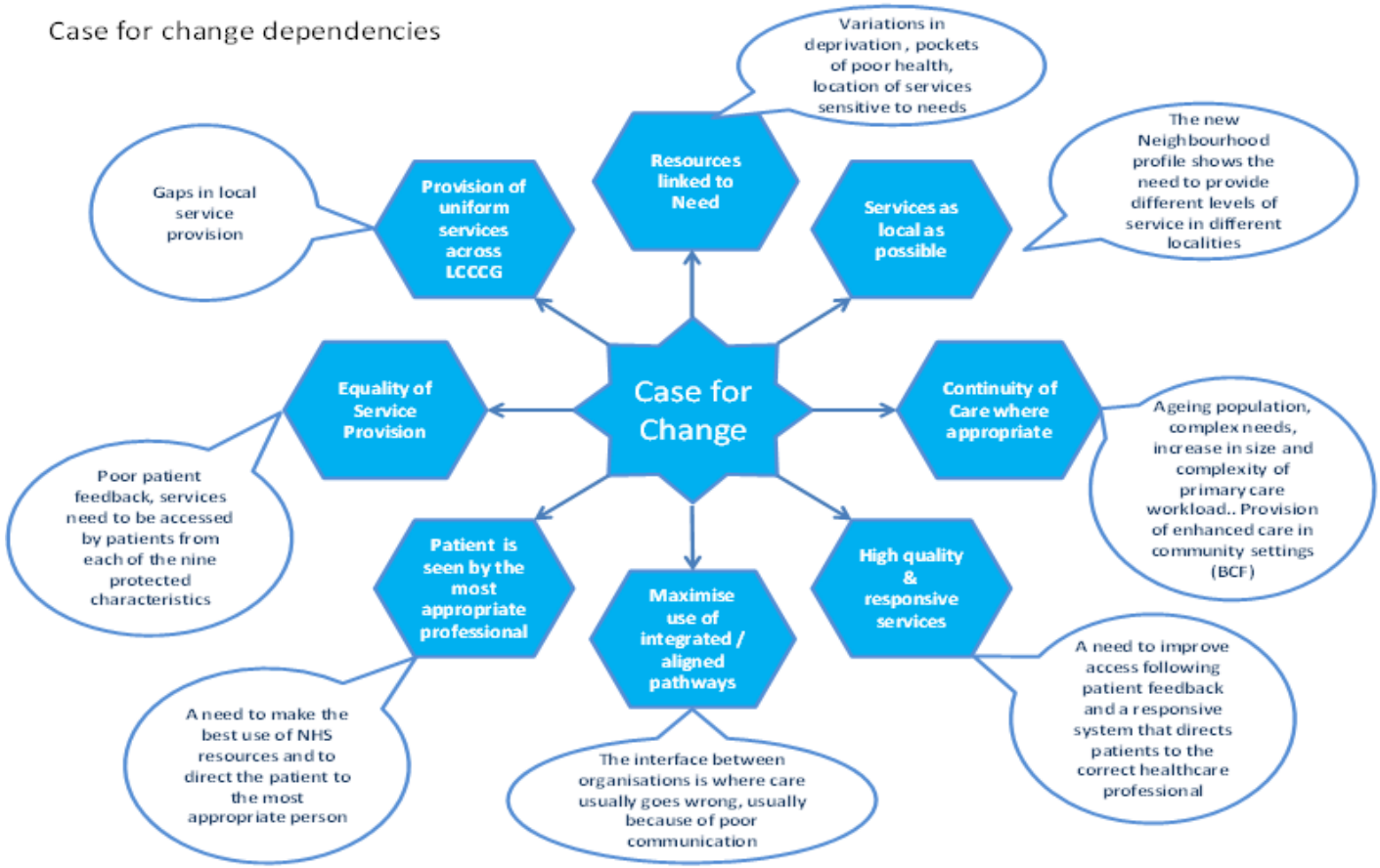
Workforce

- Royal College of General Practioners report that the number of unfilled GP posts has quadrupled in the last three years
- Between 2006 and 2013 GP numbers grew by 4% while the number of consultants in hospital and community grew by 27% nationally
- Applicants to GP training have dropped by 15%
- The Nuffield Trust reports that a third of GPs under 50 are considering leaving the profession in the next 5 years due to workload pressures
- There is an increasing trend towards part time posts with 12% of general practice trainees now working this way
- Only 66% of GPs are now working in partnerships compared to 79% in 2006
- Health Education England figures from 2014 suggest that one in ten slots for new GP trainees remain vacant



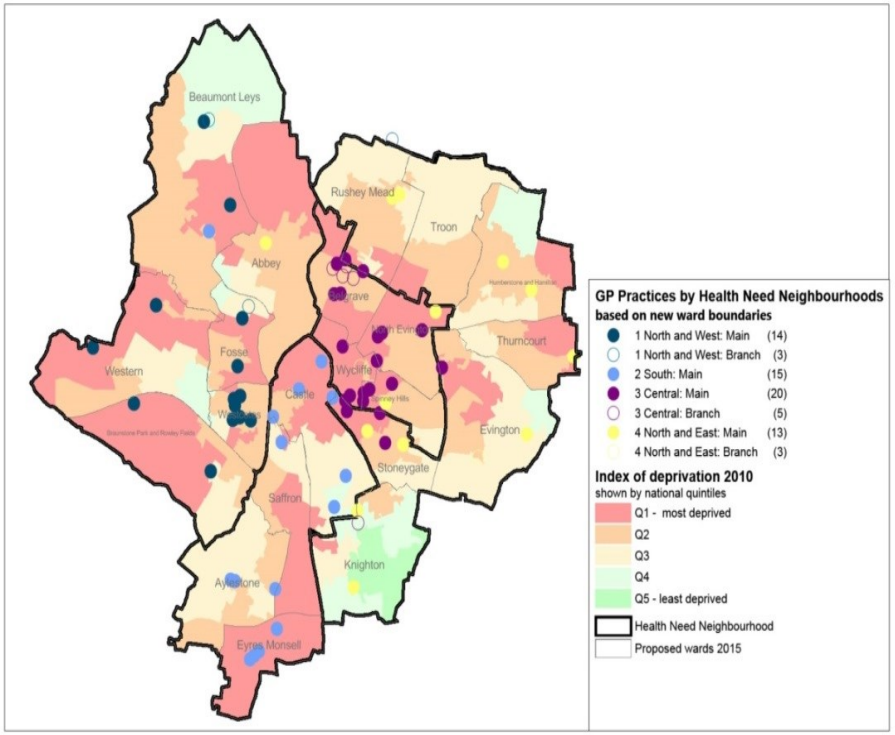
Vacancies by roles at July 2015	LCCCG	WLCCG	ELRCCG
Partner GP	3 (14%)	4 (14%)	1 (9%)
Salaried GP	8 (36%)	6 (20%)	2 (18%)
Long-term locum GP	2 (9%)	4 (14%)	0
Practice Nurse	4 (18%)	3 (10%)	0
Nurse Practitioner	1 (5%)	1 (3%)	0
Nurse Prescriber	1 (5%)	0	0
Health Care Assistants	0	1 (3%)	2 (18%)
Phlebotomist	2 (9%)	2 (7%)	0
Medical Secretary	0	1 (3%)	0
Support staff	0	8 (28%)	1 (9%)

Our case for change – how are going to make improvements?



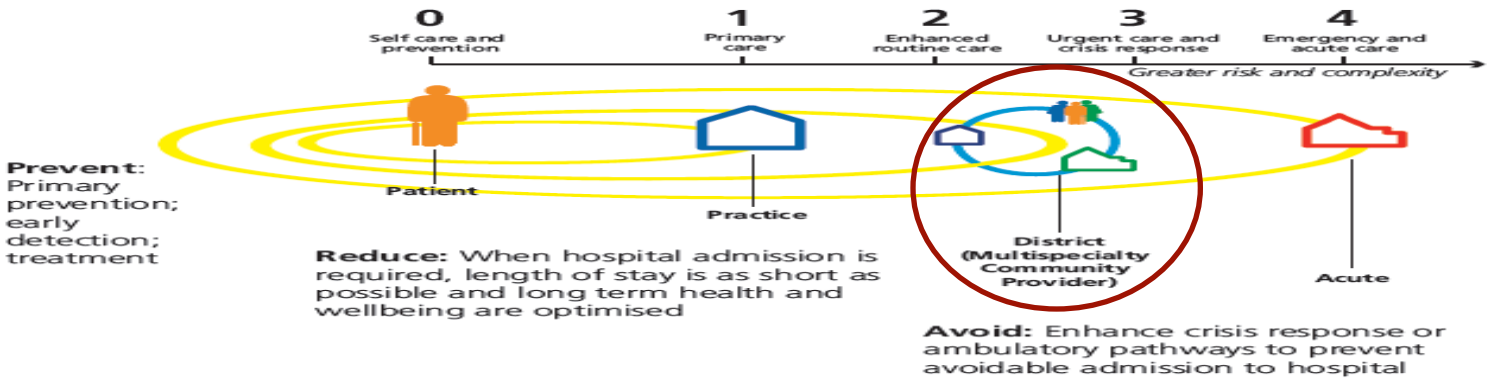
Services as local as possible - Health Needs Neighbourhoods

- In order to enable a locality delivery of primary and community care the city has been divided into four Health Need Neighbourhoods.
- These areas will enable local delivery of services based on the need of the local population – these could include:
  - Extended Hours provision
  - Urgent Care Services including diagnostics
  - Community nursing and therapy services
  - Social services, voluntary services
  - Self-care and patient education
- Particular focus on prevention and mobilising community "assets"
- They will form the basis of the development of integrated teams to support those patients with the most complex needs
- The CCG is also developing "HUBs" to support delivery of services there are likely to be two in the city (one across two areas) – this is where patients will have access to wider services



Developing integrated teams

- Research has shown that the interface between organisations is where care for patients often goes wrong. Boundaries make it harder to provide joined up care that is preventative, high quality and efficient. Across Leicester, Leicestershire and Rutland we are working towards the development of integrated teams to break down these barriers and to support the care settings described in the following diagram:



- Integrated teams could include general practice, community services such as nursing, hospital doctors, social services and the voluntary sector co-ordinating care for patients in a defined geographical area – for the city this will be either at city or HNN level depending on the service. There are a number integrated forms being tested across the country – for example Multi-Speciality Providers

Improving access to services

Uniform services

- All practices are required to deliver services set out in their medical services core contract. Other community or enhanced services contracts are discretionary. To ensure that all patients have access to these services we will:
  - Consider how these can be delivered on behalf of practices by either other practices or Federations
  - Consider what options there are to develop these into a single contract
  - Identify what services could be delivered from HNN Hubs
  - Common core offer across LLR for general practice to support all practices and encouraging joint working

Continuity of care

- Patients want continuity of care and with the ever increasing complex patients being looked after in primary care it is key. To support this we are going to:
  - Ensure all patients over 75 have a named GP
  - Implement a Planned Integrated Care programme for complex patients and a Care Home Service
  - Develop integrated teams to support patients aligned to the HNNs

Most appropriate professional

- Changing technology and skills now means that it is not always necessary for patients for see a GP. Therefore it is vital that we develop the workforce to respond to this and to encourage patients to look after their own health and wellbeing. We will:
  - Pilot the use of different skill mix such as clinical pharmacists in primary care
  - Develop training opportunities that upskill the workforce to enable new models of delivery e.g. GPwSI's
  - With our partners provide patient education that supports behavioural change to lower settings of care, e.g. Lifestyle Hub
  - Develop a self-care and social prescribing offer

Access

- Provide extended hours to primary care through our Extended Hours Hubs
- Explore the option of providing additional hub based capacity during core hours
- Pilot a digital GP service where patients can get telephone appointments

Workforce

Working across Leicester, Leicestershire and Rutland we are undertaking the following actions to improve the recruitment and retention of staff in primary care:

- Positively market general practice as a place to work
- Identify and implement approaches to support local recruitment within general practice
- Develop the wider primary care workforce including new roles for example clinical pharmacists to support capacity in general practice
- Work to develop a broad range of multi-professional training opportunities in general practice including student nurses and undergraduate training opportunities
- Develop and implement local training hubs – Community Education Provider Network, to promote multi-professional learning and development aiding recruitment and retention
- Enable a more portfolio approach to working in general practice – for example enabling a GP to do some sessions in practice, some in a research role or clinical lead role

In Leicester City we also:

- Have a GP “golden hello” recruitment scheme to attract out of area GPs to the city
- Encouraging more practices to become training practices

Premises

- There are currently 72 practice premises in Leicester City, 60 main and 12 branch sites.
- Premises Audits identify that the condition of the estate is variable with many practices operating out of converted houses and others in purpose build health centres.
- The CCG supported practices to apply to the NHS England Estates and Technology Fund based on the following priorities for investment. In 2016 the CCG was able to put forward five developments to the fund.
- We will work with NHS Property Services to improve the premises owned by them.

Priorities for investment
Enabling increase in patient list sizes to be managed
Supporting the development of Health Need Neighbourhoods
Providing additional clinical space to deliver primary care services out of hospital; services to reduce unplanned admissions to hospital; and improving seven day access
Increasing the capacity for undergraduate and postgraduate training
Improving the premises to enable a wider workforce to be employed within primary care
Developments that bring a number of practices together in one building
Improved utilisation of NHS owned and LIFT properties
Reduce the inequity of quality across the estate (not legislation compliance and general maintance issues)

IM&T

IM&T is an important enabler to changing models of care and to support the modern delivery of services and care to patients. The main objectives for the CCG to deliver these are:

- Optimise the use of existing systems to reduce the administrative burden and maximise care for patients
- Integrate systems across the health economy so that information can be shared
- Use IM&T to enable patients to have more accessibility to digital health care to help book appointments, view records and test results
- Encourage the use of electronic referrals systems to reduce administration burden on practices
- Have a single Care Plan that all professionals use and can access
- Explore the use of technology to support the care and independence of patients through our work on Long Term Conditions and Frail Older People

Supporting Federations

What are Federations?

Federations are groups of practices that are working together as a provider. The CCG thinks that Federations can:

- Support practices to become more sustainable
- Enable back office functions to be combined and practices to become more productive
- Support the uniform delivery of services – so all patients have access to all services
- Have the potential to share staff across member practices to support the workforce issues faced by some practices
- Have the potential to deliver wider services

In Leicester City there are currently three newly formed Federations, with a commitment to move to one city federation, and the CCG is supporting their development with non recurrent funding and management time.

Resources

- Working with NHS England to implement the General Practice Forward View which increases funding into primary medical care over the next five years and also offers a number of new areas of support including:
  - Workforce
  - Releasing time to care
  - Premises developments
  - Care redesign
- Consider options for bringing together non core services into one contract to improve patient outcome, reduce administrative burden and provide more sustainability for practices
- Reinvest resources from national and local funding reviews back into primary medical care to increase the minimum pound per patient, improve quality and provide a sustainability fund
- Commission services that support primary care such as Clinical Response Service and Extended Hours Hubs

General Practice Forward View – National Investment

- Investing £2.4 billion by 2020/21 into general practices services
- Investment will rise from £9.6b in 2015/16 to over £12b by 2020/21
- Capital investment of £900 m over five years
- £0.5b to support struggling practices, further develop the workforce, tackle workload and stimulate care redesign over the next five years
- New funding formula to better reflect practice workload including deprivation and rurality

What will be different?

Patient
1. Patients taking proactive choice and control of their care, managing LTCs and daily life independently 2. Better satisfaction on ease of access 3. High quality integrated services delivered as close to home as possible which is individual and meets patients needs and provides continuity of care Focus on wellness, not illness
People
1. Skilled and flexible workforce working seamlessly for patients across acute, primary, community and social care 2. Use of different professionals as part of the wider primary care team reflecting the need of the population 3. Improvement in recruitment and retentions of primary care staff
Process
1. Reduced variation across practices 2. Access to other services for GPs – e.g. diagnostics, secondary care and social care 3. Interoperability of records between systems and full sharing of care records
Premises
1. Fit for purpose and safe premises 2. Provision of Health Need Neighbourhood Hubs
Payments
1. Funding that follows where the care is delivered for patients that supports the move to proactive care that is closer to home 2. More sustainability in primary care
New models of care
1. Primary care effectively working within Health Need Neighbourhoods in integrated teams with partners to improve the populations health