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Executive Summary

The Primary Care delegated commissioning strategic priorities for NHS Telford and Wrekin for 2016 - 2020 build on the original CCG Primary Care Strategy which was used to inform the progression to delegated commissioning status and is also designed to be read alongside the main CCG commissioning strategies www.telfordccg.nhs.uk/strategies.

The priorities are aimed to ensure the sustainability of excellence in the delivery of our Primary Care responsibilities whilst endeavouring to meet the expectations of our stakeholders, within a challenging environment. The priorities remain to be about facilitating, shaping and exploring possibilities, in partnership with our stakeholders. We have a vision of a Primary Care Service, led by GPs who are sufficiently resourced to offer appropriate and prompt access to excellent quality planned and urgent care for our population that is robust against challenge.

Our GPs will lead innovatively staffed multi-disciplinary teams across health and social care as well as those staff historically involved in the delivery of Primary Care such as community nursing teams. Primary Care Services will be designed around the needs of our population, as mandated by Patient Groups.

Telford and Wrekin will strive to continue to be an attractive place for Primary Care Clinicians of all disciplines to work and will be evidenced by the number of applicants for every job advertised and the excellent reputation of our Primary Care regionally and even nationally.

The strategic priorities identified in this paper have been informed by a local Primary Care Needs Assessment (PCNA) which was undertaken during February and March 2016. The purpose of the PCNA was to understand the need in Primary Care from a Patient, Commissioning and Provider perspective. The document was shared with the following stakeholders and comments were welcomed:

- CCG Primary Care Committee
- CCG Governance Board
- CCG Health Roundtable
- Healthwatch
- All GP Practices in Telford and Wrekin
- Local Medical Committee

After the Needs Assessment had been completed two key documents were published which have also been used to identify the Primary Care Strategic Priorities. The General Practice Forward View (Department of Health April 2016) and the NHS England Sustainability and Transformation plans – from Primary Care to integrated Primary Care to integrate out of hospital community based health and social care. The CCG also has a Primary Care Estates plan which details Premises developments, and a Primary Care Digital Roadmap which have informed the priorities and which can be found at www.telfordccg.nhs.uk/primary-care-committee.

The CCG will know when we have achieved our vision because:-

- patients will consistently tell us
- improved outcomes will have been demonstrated and
- we will have an empowered, diverse and self-sustained workforce

Primary Care Delegated Commissioning Responsibilities

The CCG was awarded delegating commissioning status in April 2015. This means that the CCG is responsible for decision making in the following areas:

Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:	
Decisions in relation to Enhanced Services	Planning primary medical care services in the Area, including carrying out needs assessments
Decisions in relation to Local Incentive Schemes (including the design of such schemes)	Undertaking reviews of primary medical care services in the Area
Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices	Management of the Delegated Funds in the Area;
Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;	Premises Costs Directions Functions
Decisions about 'discretionary' payments	Approval of Practice mergers
Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);	Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate and such other ancillary activities that are necessary in order to exercise the Delegated Functions

8 Areas of commitment 2015 - 16

In the Primary Care Commissioning Strategy for 2015 – 16 8 areas were prioritised to improve. These were based on knowledge at that time and were not underpinned by a formal needs assessment process. The initial areas the CCG committed to deliver for Primary Care were:

1. Engagement, Empowerment and Involvement – No decision about me without me
2. Sustainable Multi-disciplinary and seamless care pathways – social prescribing
3. Patient Centred high quality and safe care
4. Care closer to home – admission avoidance
5. Improved Access for urgent and routine care
6. Reduced bureaucracy – time to improve outcomes
7. Reduction in variation – care and inequalities
8. Effective use of resources

The main areas of delivery during the year can be summarised as:-

- ✓ Patients and practices were supported to work together to further develop Patient Participation Groups. Whilst developments have been seen more support is required in this area
- ✓ GP walk-in arrangements at IMH Malling Health were modified and streaming of patients introduced in the Emergency Department at Princess Royal Hospital, ensuring patients are seen by the most appropriate service with minimum waiting times.
- ✓ Patients were also consulted with to determine the longer term future of the GP walk in centre in Telford – the outcome will be known later in 2016.
- ✓ Workforce development was supported with the local GP Federation to improve sustainability in Primary Care e.g. Urgent care practitioners
- ✓ The outcomes of Care Quality Visits were reported on CQC visits and improvements monitored. An “inadequate” practice was merged with another practice to ensure patient care was improved – monitoring of this is on-going
- ✓ Practices were supported during the winter months with additional funding to secure additional workforce and improve access across this busy time
- ✓ An assessment of patient Access to GP services was undertaken and further work will continue in this area
- ✓ A programme of work to address inequalities in referral rates was commenced and continues
- ✓ Financial flexibility was secured within the Primary Care Budgets with a small end of year surplus recorded
- ✓ A draft Primary Care Estates Plan was developed which will be published in June 2016.
- ✓ The Primary Care Needs Assessment was completed to inform future Primary Care Strategic Priorities
- ✓ Transformational fund bids for 3 local Practice premises developments and a CCG wide IT infrastructure bid have been submitted to NHS England for approval
- ✓ Some of the Enhanced Services commissioned from Primary Care have been merged to reduce unnecessary bureaucracy and reporting
- ✓ Opportunities for Practices to take “time-out” to plan their transformation vision and consider future models of care were made available.

Changes to be considered for 2016 - 20

Whilst it is important that the focus of the overarching Primary Care Strategy is maintained, the Primary Care Needs Assessment highlighted that changes were needed to the original 8 areas of Commitment and that the Primary Care Strategic Priorities for 2016 -20 should be firmly based on:

- ✓ Re-alignment of Primary Care priorities
- ✓ Evidenced population health needs and local clinical priorities
- ✓ Informed by local patients and Primary Care Professionals
- ✓ Informed by local and national strategic priorities
- ✓ Sustainable and transformational Primary Care with investment in infrastructure (workforce, premises and technology) and continual engagement with General Practice
- ✓ Clearly defined measureable outcomes
- ✓ Improved access for patients to receive planned and urgent Primary Care Services
- ✓ Shared and active promotion of best practice

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Key Messages from Primary Care Needs Assessment

The PCNA looked at some significant areas in order to set priorities. The key messages were:

Strategic Context - Key Messages

A range of national and local Strategic documents were studied and identified the priorities for Primary Care as:

- Prevention, wellness and healthy lifestyle promotion
- Self-care and patient activation especially for patients with complex needs
- Patient engagement and understanding of patient experiences of healthcare
- New models of care – Primary Care at scale delivering integrated out of hospital care with local communities
- Holistic equitable access to services (Physical and Mental)
- Reducing variation to deliver high quality patient care
- Developing and attracting a highly skilled and motivated multi-disciplinary workforce
- Improved technology and sharing of information
- Outcomes Based Commissioning making the most efficient use of resources
- Sustainable General Practice including Primary Care Estate
- National clinical priorities are identified as Stroke, Chronic Obstructive Pulmonary Disease, Ischaemic Heart Disease, Smoking, Alcohol Abuse and Obesity

Population Needs – Key Messages

The Demographic and Socio-economic factors in Telford and Wrekin have been identified as the:

- Population of Telford and Wrekin is about 170,000 and GP Registered Practice Population is nearer 180,000
- Areas of deprivation exist mainly in the central and south-eastern areas of the CCG
- Age profile is similar to that of the national profile
- Approximately 90% of the population is “White British”
- Over 80% of the population is identified to be in “good” health with 18% having a long term health condition
- Local clinical priorities are identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- There is a need to reduce inequalities

Primary Care Services - Key Messages

- Contract arrangements are complex and whilst much of this is outside the CCGs control, the CCG should minimise additional administrative pressures on practices
- Health checks should be promoted and GP Practices supported to deliver this important prevention intervention
- Continue to ensure that Primary Care is supported to deliver care to complex patients and to address the clinical priorities - identified as Coronary Heart Disease, Hypertension, Chronic Obstructive Pulmonary Disease, Stroke and Transient Ischaemic Attack and Dementia
- Support practices to provide primary care at scale and deliver new models of care
- Develop a formal plan to deliver 8am – 8pm Primary Care Services 7 days a week
- Continue to support Practices with premises and IT development
- Develop a workforce strategy for Primary Care
- Share best practice to ensure high quality care
- Ensure that equitable access is available and visible for both routine and urgent care in GP Practices
- Continue to undertake patient surveys to determine their experiences and needs

Patient, Professional & Public Engagement – Key Messages

- The overriding theme between the patient and professional survey results is identified as the need to improve the use of technology and access to information to manage patient care
- Patients indicated that they are happy to travel further to get better access to good quality care and GP Practices are open to exploring how practices can work together
- Patients would like more availability of appointments outside current opening hours and would like better access to appointments both bookable in advance and on the day
- Patients would like reception staff to improve their customer care and to answer calls promptly
- GPs are feeling the effect of care closer to home and the additional workload being received from secondary care. This, together with increasing numbers of patients with complex conditions, increasing reporting and a reduction in revenue, is causing unwarranted pressures on Practices
- The development and sustainability of the Primary Care workforce is also highlighted as a concern

Recommended Priorities from the Primary Care Needs Assessment

Recommended Priorities for 2016/17

- Promote patient activation (the knowledge, skills and confidence a person has in managing their own health and health care) and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
- Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs, build relationships and measure patient experience to ensure the sustainability of Primary Care for the future
- Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week to improve patient access - New voluntary contract for Multi-speciality community provider as well as for practices who wish to remain as single partnerships, GP Federations and Super Practices
- Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
- Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
- Develop a long term workforce strategy for Primary Care
- Promote and develop a culture of continuous improvement and shared learning
- Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care

General Practice Forward View

There are a number of priorities identified in the General Practice Forward View which the CCG should take into account when setting the strategic priorities for 2016/17.

Workload

- Practice resilience programme
- Streamlining of CQC inspections
- Support for GPs suffering burn-out and stress
- Cuts in red-tape
- Legal limits on administrative burden at the hospital / GP interface
- Cut inappropriate demand on General Practice – for a non-urgent condition related to the original referral onward referral to another professional within the same hospital is permitted. Re-referral is still required for unrelated conditions
- Discharge summaries will be required to be send electronically with 24 hrs (in-patient, day-case and A&E and with local agreement for care in other settings) and these must be to a Royal College standard
- Discharge summaries for out-patient clinics no more than 14 days – this is to move to electronic transmission in 2017/18.
- Hospitals will not be able to adopt blanket policies to automatically discharge patients who do not attend their appointments back to GP for re-referral
- Improvement on requirement for hospitals to notify patients of results of clinical investigations promptly
- Minimum 7 day supply of medication (as appropriate) upon discharge from acute or community hospital.
- Improvements to rapid consultant advice to avoid referral by 2016 together with improved function of Advice and Guidance
- More effective demand management
- National programme to help practices support people living with long term conditions to self-care
- Review of Quality and Outcomes Framework (QoF) and multi-speciality community providers will have QoF replaced by holistic team-based funding.
- CCGs should be creating time and resource for Practices to meet to discuss development

Infrastructure

- Upgrades to Practice premises
- Direct practice investment technology to support better online tools and appointments, consultation, mobile and workload management systems.
- Paper-free practice by 2020
- Wi-Fi in General Practice from 2017
- Summary Care Record in Community Pharmacy
- Improved record sharing across practices
- 100% reimbursement for premises developments from September 2016
- Commitment to fund stamp duty and land tax costs for leases with NHS Priority Services

Care Redesign, access for patients (including self-care) and workforce

- New voluntary contract for integrated primary and community health services - Multispecialty Community provider (MCP) – the creation of a new clinical model and a new business model for the integrated provision of primary and community services based on the GP registered list but fully integrating a wider range of services – framework to be published shortly – commencement date April 2017
- No requirement for practices to move from current GMS contract however MCP will have the right to return to GMS
- Practical support for individual practices , federations and super-partnerships
- Direct funding for improved in and out of hours access
- Health and Wellbeing Boards to take a role in effective relationships with General Practice
- Sufficient access to routine evening and weekend appointments to meet determined demand (assessment of demand will be required) – not all practices will be asked to provide these services, however funding is be available for collaborative working to improve access across these times – it could be provided by a Federation for example
- Additional support for CCGs to commission out of hours “hubs”, however minimum requirements will need to be met before funding is available to a CCG

Investment highlights

- Increase in funding £2.4bn by 2020/2021 so that General Practice has 11% of the NHS budget
- £500m on-off sustainability and transformation package including £56m for practice resilience and £206m for workforce
- Pharmacy integration fund - £20m in 2016/17
- £246m to support practices in redesigning services including a requirement on CCGs to provide around £171m of practice transformational support and a national £30m development programme.
- Commitment to look at practice indemnity costs
- New Carr-Hill funding formula to better reflect practice workload
- 18% increase to CCG allocation for Primary care IT

Additional recommendations to be added to the suggested PCNA Primary Care Strategic Priorities

Additional recommendations

- Access to individual GP and Practice support to support resilience, stress and burnout
- Ensure that Telford and Wrekin GP Practices attract their “share” of national funding.

NHS England Sustainability and Transformation

plans - from Primary Care to integrated Primary Care to integrated out of hospital community based health and social care

There are a number of areas in the NHS England Sustainability and Transformation plans which require CCG level planning. A clear narrative of the vision and proposed delivery for primary care in Telford and Wrekin is clear both in the overarching CCG Primary Care Strategy and also in the Executive Summary of this strategic priorities document. The Primary Care Needs Assessment has highlighted the population lead and current service provision. It also highlighted the sustainability of practices as a priority, as well as required quality improvements through the use of technology, workforce innovations, service redesign to release capacity and new models of care. These are also priorities contained in the NHS England Sustainability and Transformation Plans.

The key messages from the NHS England Sustainability and Transformation plans for Primary Care advise CCGs of the areas that NHS England are expecting CCGs to consider for Primary Care. These are therefore relevant to priority setting.

Diagnostic / baseline assessment

- ❖ A clear assessment and analysis of current landscape including workforce, estates, I.T. and existing at-scale provider collaborations
- ❖ A clear assessment and analysis of current outcomes vs peers and existing inequalities that need to be addressed
- ❖ A clear assessment of current risk including vulnerable practices, CQC status, financial status, infrastructure plans as a clear basis for priorities for planning.

Workforce

- ❖ A clear reference to the future of the primary care workforce (clinical, nursing, professions allied to medicine and support staff)
- ❖ Analysis of new skills /roles that will be required to deliver future models and will increase capacity and improve resilience of primary care.
- ❖ Assessment of impact of increased provision in the community on the workforce such as diagnostics
- ❖ Identification of where future staff will come from to deliver new service models
- ❖ Identification of practical changes to ways of working to support the workforce and delivery eg working at scale
- ❖ Local ownership of the 10 point plan and joint work with LMCs and HEE

Access

- ❖ A clear approach to enabling improved patient access to routine and urgent care over 7 days including model of provision.
- ❖ A clear articulation of how this will alter pathways of care, including which pathways will reduce the use of hospital services transferring work to out of hospital
- ❖ A clear articulation of how improved access will reduce inequalities
- ❖ A clear articulation of the estates implications of improved access plans
- ❖ A clear articulation of the ways in which technology will be used to improve access
- ❖ A Clear articulation of the intended provision for access to diagnostic services within the community – types of and location to diagnostic services

Technology

- ❖ A clear narrative on the use of technology to enable the overarching vision and the elements within it
- ❖ Identification of the supporting IM&T requirements to deliver the vision, how will this interface with other systems – e.g. out of hours, 111 interoperability, plans for data sharing across systems to underpin integration.
- ❖ Identification of the biggest technology enablers for population segments and how plans will be progressed these plans (e.g. virtual consultations, tele-health, remote monitoring).
- ❖ Proposals for developing and better utilising diagnostics provision within the community and the use of assistive technology to better support patient self-care and enable patients to remain at home.
- ❖ Plans that consolidate on existing capability and increase 'Patients Online' utilisation via Digitisation and Interoperability strategies. Investment plans linked to Estates Strategy

Enabling self- care

- ❖ Clear approach for encouraging and embedding self care including: Health promotion and disease prevention - access to minor ailments services in community pharmacy
- ❖ Recognition of the different levels of capacity and capability of how "activated" people are - supported self-management for people with LTCs and their carers, including expanding the use of conditions management training and social prescribing

Engagement

- ❖ Clear articulation of how CCGs will engage locally (professions, other NHS/LA stakeholders) to secure delivery of their plans.
- ❖ Clear articulation of how the local population and patients will be involved in creating the vision and new models of care
- ❖ Clear approach to how the local population will be engaged with a view to creating patient advocates and incorporating community and individual assets in delivery of the envisaged model.
- ❖ Assessment of likely service change and any associated consultation requirements.

Improving quality

- ❖ Identification of the opportunities for improvement in quality that the vision will bring, how this will be achieved and how this will be measured.
- ❖ A clear approach to improving patient experience with measurable trajectories e.g. FFT, NHS choices, national patient survey etc
- ❖ A clear identification of how improving quality will reduce inequalities
- ❖ Improved reporting of significant events from primary care
- ❖ A clear approach to improving outcomes for patients with particular focus on:
- ❖ NHS constitution where GPs can have a major influence e.g. cancer survival, early diagnosis, diabetes prevention, national diabetes audit indicators, smoking, alcohol or more specific "Right care" indicators for each CCG.
- ❖ Primary care mental health
- ❖ Description of the intended population/patient outcomes to be secured from the service model – both in short and medium term with some proposed measurable indicators to show progress – i.e. benefits realisation plan
- ❖ Description of the arrangements that are in place for safeguarding children and vulnerable adults
- ❖ Description of the arrangements in place to support vulnerable practices to make necessary improvements

New models of care

- ❖ Clarity on the Service Offer (Model of Care) to be provided from primary and community setting including:
 - clinical services to be provided, from where and with what intended objective
 - the key health needs/priorities that CCGs are seeking to improve through their primary care plan and over what timescale – 16/17, 17/18, 18/19 and beyond
 - how the service offer will improve patient access to and within primary/community setting addressing any identified inequalities in access as well as moving towards a 7-day offer tailored to local needs
 - what positive benefit the service model will have on the wider healthcare system (eg reducing hospital admissions)
 - what this will mean for patients (eg patient scenario)
 - appropriate connection to other parts of the health and social care system (eg acute care collaborative)

Finance

- ❖ High level modelling that provides evidence in the plans of: the shift of activity from hospital to out of hospital care and spending total trajectories for the shift to primary care
- ❖ Clarity on the CCG's proposed on-going investment plans and timescales for making this investment in-line with deliver of the service offer above (including where CCGs require access to supporting additional non-recurrent transformation resources e.g. PCTF).

Estates / premises

- ❖ Outline of development plans, prioritised through Local Estates Strategy, making effective use of whole system assets and planned use of Primary Care Transformation fund (PCTF) to improve primary care and delivery strategic vision
- ❖ Clear articulation of the estates and premises implications of improved access , including enhancing access via technology – telephone consultation, booking appointments etc.,

Additional recommendations to be added to the suggested PCNA Primary Care Strategic Priorities

- ❖ Ensure the recommendations included in the PCNA provide the level of detail to support the detailed planning requirements of NHS England
- ❖ Ensure that a detailed work-plan and timeline for delivery is in place and monitored at Primary Care Committee
- ❖ Develop a formal stakeholder communication and engagement plan to support the delivery of the Primary Care Strategic priorities
- ❖ Develop a long term financial plan to support the delivery of the Primary Care Strategic priorities

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Final Primary Care Strategic Priorities for 2016 – 2020

The final Primary Care Strategic Priorities for 2016 – 2020 have been determined by a number of strategic documents, a needs assessment and are in addition to the overarching Telford and Wrekin CCG Primary Care Strategy.

The Priorities are:

1. Promote patient activation (the knowledge, skills and confidence a person has in managing their own health and health care) and disease prevention, wellness and healthy lifestyles, by identifying resources to assist self-care and the ability for patients to manage their own long term conditions safely
2. Continue to support Practices to develop their Patient Participation Groups to build on this CCG wide Needs Assessment. This will enable a shared understanding of their local practice population needs, build relationships and measure patient experience to ensure the sustainability of Primary Care for the future
3. Support and promote the vision of a new model for Primary Care 8am – 8pm 7 days a week to improve patient access - New voluntary contract for Multi-speciality community provider as well as for practices who wish to remain as single partnerships, GP Federations and Super Practices
4. Plan to commission high quality Primary Care at Scale, addressing inequalities by attracting a multidisciplinary skilled workforce, to increase patient access, supported by excellent IT infrastructure and Estate
5. Ensure that Primary Care is resourced to identify and manage those health conditions highlighted as a priority by public health and the increasing number of patients with complex health conditions
6. Develop a long term workforce strategy for Primary Care
7. Promote and develop a culture of continuous improvement and shared learning
8. Introduce a formal mechanism for the sharing of outstanding practice, enabling all Practices in Telford and Wrekin to gain Excellent CQC ratings and provide patients with assurance of quality of care
9. Access to individual GP and Practice support to support resilience, stress and burnout
10. Ensure that Telford and Wrekin GP Practices attract their “share” of national funding
11. Ensure the recommendations included in the PCNA provide the level of detail to support the detailed planning requirements of NHS England
12. Ensure that a detailed work-plan and timeline for delivery is in place and monitored at Primary Care Committee
13. Develop a formal stakeholder communication and engagement plan to support the delivery of the Primary Care Strategic priorities
14. Develop a long term financial plan to support the delivery of the Primary Care Strategic priorities

Monitoring the Strategic Priorities

It is important that the CCG delivers the strategic priorities once agreed and upon formal approval of the 14 priority areas, a work plan and timeline will be developed to enable the CCG Primary Care Committee to be provided with the assurance of progress together with any associated risk.

An example of the measures which could be used to determine outcomes are:

- ✓ General Practice Patient Survey results
- ✓ Delivery of the 2 Quality Premiums related to Primary Care (access and e-referrals)
- ✓ Increase use of electronic communication
- ✓ Decrease in face – to – face consultations
- ✓ Increase ownership of self-care – meaningful care plans
- ✓ Active and involved patient participation groups
- ✓ Increase in wider multidisciplinary workforce
- ✓ Practices with larger patient lists
- ✓ Practices delivering care outside normal contracted hours
- ✓ Financial investment in Primary Care to support disease prevention and management of complex health conditions
- ✓ Number of Practices with good or excellent CQC ratings