

	<p>Health and Wellbeing Board 2016</p> <p>Report from NHS Brent Clinical Commissioning Group</p>
<p>For information</p>	
<p>Report Title: <i>Update on Brent Primary Care Transformation</i></p>	

1.0 Introduction

- 1.1 This paper updates the Brent Health and Wellbeing Board on local work to deliver the objectives of Primary Care Transformation - a portfolio of work to develop effective and sustainable Primary Care in Brent.
- 1.2 The aim of the paper is to give the Health and Wellbeing Board an opportunity to:
 - Understand the current programme of work and approach to supporting Primary Care Transformation in Brent.
 - Discuss the strategy for Brent – particularly in light of work being undertaken across North West London to develop the Sustainability & Transformation Plan 2016/17-2020/21
 - Agree whether there are key messages that need communicating to Brent residents

2.0 Primary Care in Brent

- 2.1 There are 66 GP practices in Brent serving a registered population of 370,904 people (January 16). Each practice is a member of NHS Brent CCG which has 5 geographical localities. This gives practices a role in shaping local commissioning to achieve clinically effective, patient driven services. The CCG Chair, Clinical Directors and Clinical Leads are the clinical commissioning roles in the CCG.
- 2.2 The 66 GP practices are also providers – they provide some services as individual practices but also now work together in Networks to help them provide new functions and services for their patients where this cannot be provided at individual practice, due to skills, competencies and/or workforce. There are currently four networks in Brent; a Network is a legal entity with its own governance structure and is not part of the CCG.

Networks are accountable to commissioners where the Network is contracted to provide services.

2.3 As is the case nationally across the UK, Primary Care providers in Brent currently deliver core services (general medical services [GMS]) and enhanced services let through Personal Medical Services contracts (PMS) or Alternative Provider Medical Services (APMS) contracts. Primary Care providers also have a significant and emerging role in delivery of out of hospital services and integrated care in their role as coordinators of care for their patients.

2.4 Brent CCG currently has contracts in place with Primary Care for Out of Hospital services (OOH). The services commissioned at practice level include:

- *Cardiology* – 12 hour lead ECG, 24 hours BP monitoring
- *Carers* – identifying carers and including them on the carers register
- *Insulin Initiation*
- *Improved Access to Psychological Therapies (IAPT)*
- *Hormone Antagonist Injections*
- *Disease Modifying Anti-Rheumatic Drugs (DMARD)*

As these services are commissioned from individual practices not all GP practices offer them. To improve equity the CCG will review these schemes and seek ways to ensure these services are accessible to all patients in Brent - Networks may have a key role to play here as they can support individual practices to deliver at-scale, e.g. alternative practices within the network offering services on behalf of practices who are not able to offer a specific service. Services already commissioned at Network level include:

- *Phlebotomy* – blood tests and Glucose tolerance tests
- *GP Access Hubs* – routine GP appointments provided from Monday to Friday 6pm-9pm and also at weekends and bank holidays from 9am-3pm
- *Care Home and High Risk Housebound service* – provides enhanced GP access for Nursing Homes, Residential Homes and High Risk housebound patients with enhanced and dedicated GP access from 8am-8pm, out of hours service 6pm-8pm
- *Improving GP Clinical Outcomes across Networks* – aiming to improve indicator/triggers highlighted by NHS England within each practice and network

By commissioning at Network level we increase equity and access to these services for example any Brent registered patient can access Phlebotomy from any practice or walk-in service providing it within Brent – access is not limited by practice or Network boundaries.

2.5 Brent CCG also has contracts in place with the GP Networks for the delivery of services that form the building blocks of our vision for [Whole Systems Integrated Care \(WSIC\)](#). This is a model of care planning and case management for adults with long term conditions. It first emerged as the Integrated Care Programme and transitioned to WSIC in 2015/16. The key change is greater ownership by Brent Networks, increased collaboration between providers and a multidisciplinary case management approach, coordinated by the GP as the accountable professional.

3.0 National and regional strategy for Primary Care

- 3.1 As an essential part of our health and care system, Primary Care must remain fit for purpose and able to provide safe, effective and high quality care. The objectives for Primary Care are reflected in national and regional strategies which we both shape and respond to locally.
- 3.2 In [London-A Call to Action](#) NHSE asked areas to develop joint Primary Care strategies that put general practice at the heart of a wider system of integrated out-of-hospital care. Population growth, widening health inequalities and complexity of need is driving up demand on general practice. There are also significant financial pressures.
- 3.3 The *Prime Ministers Challenge Fund* (PMCF)¹ followed this, with a message from the government that the traditional model of Primary Care - GP practices working in isolation of each other - is outdated and unsustainable. Practices need to work together in Networks in order to provide extended and more flexible access to patients.
- 3.4 The [NHS Five Year Forward View](#) followed stating clearly '*the foundation of NHS care will remain list-based primary care*'. It recognises the pressure Primary Care and GPs in particular are under and commits to investing more whilst stabilising the general practice funding model. Specific planned developments include:
- CCGs (and member practices) will have more control over the NHS budget as a whole helping shift investment from acute to primary and community services; this will require Primary Care to play a role in multiagency working, new care models and new delivery models (provider and payment models).
 - Primary Care will play a significant role in development of proactive and preventative care (alongside Public Health).
 - Primary Care will need to develop its operating model and upgrade infrastructure to support improved access, high quality care and effective use of technology to predict, diagnose and treat.
 - Commissioners will need to work with Primary Care (and all other providers) to ensure patients receive an accessible and equitable service and reduced variation.
 - Finally, we must support GP training, recruitment and retention and the development of the Primary Care workforce.
- 3.5 *Co-commissioning* is also a major element of the *Five Year Forward View*. Through this NHS England has committed to co-commissioning arrangements with CCGs which support development of integrated out-of-hospital services based around the needs of local people. This includes improved access to primary care and out-of-hospital services, with more services available closer to home. Services must be high quality, improve health outcomes, reduce health inequalities and improve patient experience through a more joined up approach. The model of Co-commissioning for NWL and Brent has been agreed and is being further developed.

¹ Now known as the Prime Ministers GP Access Fund, see <https://www.england.nhs.uk/ourwork/futurenhs/pm-ext-access/>

- 3.6 [Transforming Primary Care in London: A Strategic Commissioning Framework](#) specifies (at a high level) the capability and capacity that primary care in London should provide. Built on extensive patient engagement (including representatives from Brent) it seeks deliverables and outcomes resulting in accessible, proactive and coordinated primary care. Implementation requires GPs to work together and consider population health, whilst protecting local care, personalised care and continuity of care. Example of work to date to deliver against the framework includes:
- Improved access – GP Access hubs, routine GP appointments 7 days a week
 - Workforce development – using Health Education North West London (HENWL) and Community Education Provider Networks (CPEN) funding
 - Use of technology – e-consultations and video conferencing facilities.

4.0 Local strategy for Primary Care

- 4.1 Our work with Primary Care reflects the strong view in Brent that Primary Care is - and will remain - a fundamental provider and the foundation of the doctor-patient relationship.
- 4.2 Our vision for integrated care codesigned with local residents states this explicitly with the goal of commissioning and delivering models of care that have '*GPs at the centre of organising and coordinating care alongside patients and carers*'.
- 4.3 The foundations for this model of care need to be built in primary care and work to achieve this is being taken forward in NWL under the *Primary Care Transformation Programme*. This supports delivery against national expectations but also reflects objectives agreed at NWL and Brent level as featured in local strategies and plans including the CCG Commissioning Intentions. Colleagues are working on the following deliverables with national, regional and local partners:
- *PMCF Sustainability funding*
 - *Co-commissioning* (working with NHSE)
 - *Personal Medical Services (PMS) review* (working with NHSE)
 - *Review of the Primary Care Estate* in Brent (working with NHSPS)
 - *Primary Care – New Model of Care* (Brent with NWL partners)
- 4.4 *PMCF* - the CCG allocated PMCF resource to the development of the four Networks now established in Brent. PMCF funding has supported practices to deliver extended access, new technology, improvements to appointment booking and online services (for example prescription services). *PMCF Sustainability funding* will help drive through remaining deliverables and embed these improvements.
- 4.5 *Co-Commissioning* - Brent CCG has entered into joint arrangements with NHS England to shape and commission local Primary Care services. *Co-Commissioning* will enable the CCG to better influence development of local Primary Care and ensure it remains at the centre of ambitious plans to transform the health and care economy. NWL CCGs opted for *Level 2 Primary Care Co-commissioning*; this means decisions made regarding contracts for General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) are made jointly with NHSE. This is via the *Local Primary Care Co-commissioning Committee*, which

includes representatives of the Health and Well Being Board (Chair) and Adult Social Care (Lead Member) (monthly). The Committee also reviews commissioning decisions for enhanced and out of hospital services based in Primary Care.

- 4.6 *PMS review* - Brent CCG is also engaged in the national [Review of PMS Contracts](#). PMS agreements are locally agreed contracts between NHSE and a GP practice. They offer more flexibility than nationally negotiated GMS contracts offering variation in the range of services which may be provided by the practice, the financial arrangements and the provider structure. 2014/15 PMS funding for London totalled £90 million. 621 of the 1,405 practices have PMS (44% - slightly higher than the national average). In Brent 11 of 66 have PMS (17%). The review considers how far PMS expenditure is effectively paying for 'core' primary care services, paying for innovation and quality improvement in primary care and paying for 'enhanced' primary care services. It will agree how best to apply the principles of equitable funding and best value. In Brent the *PMS Task and Finish Group, which includes GMS and PMS GP practice representation and the LMC*, will oversee the review of existing allocations and develop recommendations for future commissioning. This feeds into the *Local Primary Care Co-commissioning Committee* and *North West London Steering Group* which:

- Ensures the process is undertaken in a robust and impartial manner with local and clinical engagement
- Will analyse the financial impact of a Mandatory London PMS offer and any proposed reduction in PMS support to practices (including any transitional funding arrangements)
- Ensure an impact assessment is completed
- Oversee the implementation of PMS plan.

Brent PMS commissioning intentions were submitted to NHS England on 19 February 2016 and the CCG are awaiting approval. Once approved, it will be communicated to practices and the public.

- 4.7 *Primary Care Estates review* - review of the Primary Care estate in Brent will be undertaken alongside NHSPS. Work to map the characteristics and quality of the existing estate has commenced. This will be followed by the development of a strategy and plan.
- 4.8 *Primary Care – New Models of Care* - early work to consider the vision and plan for a new model of care has been done at North West London level. Detailed local work is yet to begin in most areas including Brent. Local areas will review the range of services Primary Care could deliver and consider the most effective clinical and operational model. Delivery 'at-scale' e.g. across Brent supporting equitable access, will be key as will the development of approaches that support patients and carers to self-care and self-manage.

5.0 Next steps for Primary Care

- 5.1 Brent partners (commissioners, providers and local authorities) are required to submit a shared [Sustainability and Transformation Plan \(STP\)](#) in response to [Shared](#)

[Planning Guidance](#) covering the period 2016/17-2020/21. This will include plans for Primary Care and Primary Care's role in out of hospital care as outlined in this paper.

- 5.2 The detailed work to agree the Primary Care model of care and associated budgets will need to be completed and agreed and providers and residents will be engaged in this process.
- 5.3 To deliver the new model of care effectively Brent GP Networks need to further develop partnerships and joint working. The emerging partnership between the Networks is referred to in Brent as the 'federation'. PMCF sustainability funding may be allocated to this work. Healthy London Partnerships have also offered their support.
- 5.3 The Networks are currently considering the value of a Federation – a partnership or legal joint venture to underpin joint working and delivery of these services for Brent patients.
- 5.4 The 2016/17 contract for Whole Systems Integrated Care (WSIC) for adults with long term conditions presents one of the first opportunities for the Networks to come together in this way as it seeks to let a single contract to a group of providers to cover all elements of the model of care. The Business Case is published [here](#).
- 5.5 This 'horizontal' integration between Primary Care is the foundation for 'vertical' integration with other providers e.g. Social Care (and other providers in the local authority marketplace), community services, mental health, acute and the third sector. Work to develop Primary Care Transformation and Whole Systems in Brent is considering opportunities offered by new contracting approaches. This represents as a step towards an Accountable Care Partnerships (ACP) – a group of providers jointly responsible for population health and care delivery, management and outcomes.
- 5.6 The expected benefits to patients, residents and the system are:
 - Equity of access to services across Brent
 - Continuity of service offer across Brent
 - Economies of scale, efficiency and the sharing of risk and reward
 - Delivery at scale - working across boundaries and in partnership with other providers
 - Improved engagement –Primary Care able to speak with one voice to commissioners, to provider partners and to patients, carers and residents
- 5.7 Commissioners wish to retain the ability to commission services at Network and at Practice level; the decision will be based on the care model and pathway for the service being delivered and this will be evaluated on a case by case basis.

6.0 Engagement of Brent residents

- 6.1 The CCG has engaged patients and carers in the development of primary care services and integrated care models with primary care at the centre under Whole Systems. The input of Brent residents has played a significant part in the shaping of short and longer term plans and commissioning intentions. WSIC has been shaped by a Brent Lay Partners Forum and the wider vision for Primary Care has been shaped through

Health Partners Forums (September 2015, January 2016) and an open session for patients interested in primary care development in November 15.

- 6.2 The CCG will continue to engage and communicate via public events and more targeted engagement recognising patient views and experiences are essential to the design of safe, effective and high quality services and acknowledging the requirement for engagement where groups may be impacted by any proposed change. We will engage around PMS commissioning intentions and primary care KPIs and outcomes.
- 6.3 The Brent CCG AD for Primary Care attends the Brent Council Scrutiny Committee and there is regular communication with members of the HWWB who are also members of the Local Primary Care Co-commissioning Committee. At present there is no plan or timetable for any statutory public consultation however the CCG understands its duties and will of course engage appropriately.

7.0 Conclusion

The Brent Health and Wellbeing Board are asked to:

- Note the progress made in the development of Primary Care in Brent.
- Comment on the strategy for Brent and work that will be undertaken during the period covered by the Sustainability & Transformation Plan (2016/17-2020/21).
- Provide a steer on any key messages that need communicating to Brent residents.