

## **Strategic Commissioning Plan for Primary Care: Hull Primary Care “Blueprint”**

### **1. Vision and context**

The vision for the “Blueprint” being proposed is consistent with the CCG’s Hull 2020 Transformation Programme and the direction of travel and new models of care outlined in the Five Year Forward View published in October 2014.

There is recognition that primary care is key to the success of Hull 2020 and that the CCG want to support GP practices to work together to meet the challenges being faced by all sectors of the NHS.

The CCG is committed to finding innovative solutions for primary care and to working in partnership with all current providers in order to increase the efficiency of the entire system including mechanisms to provide financial protection and better workload management.

The “Blueprint” should enable new ways of working to be delivered through a proactive and responsive care model that seeks to continually improve health and care outcomes for the patients it serves

There is a desire to optimise the working conditions faced by General Practitioners and the wider primary care workforce in the city and be innovative with the contracts that govern primary care to ensure sustainability.

The aim is to move to an integrated model of delivery of healthcare removing the barriers between the current sectors of primary and community care (and eventually social care).

There are significant changes already underway to the GMS and PMS contracts and the feedback the CCG is getting is that this puts into question the long term sustainability of these services/contracts.

Given the current landscape in Hull with 55 practices providing services for a population of 290,000 the challenge is clear - we think we have a unique opportunity to establish a better more sustainable way of delivering health care.

### **2. The proposal**

With the onset of co-commissioning of primary care between the CCG and NHS England it is proposed that a new model of delivery is developed based on groupings of practices – currently 8 as set out in Appendix 1.

Models for how these services could be contracted for are being explored and it is acknowledged that legislative changes may need to be made to allow some medical services to be contracted for under these new models and by the CCG particularly given the issue of conflict of interest. The option to have a single contract for the provision of primary care

services in each group by April 2017 is being explored. It is recognised however, that current holders of GMS and PMS contracts will be able to retain these contracts if they so wish.

The conflict of interest issue is acknowledged fully but is unavoidable due to the changes in how commissioning of primary care is undertaken and as such this will need to be handled carefully. In time it may be that new models of contracting for primary care mean that the conflict is removed but it is accepted that the membership model status of the CCG will need to be thought through in full too.

Some of the benefits for individual GPs, the primary care workforce as a whole and practices more widely, of working in groupings are outlined below:

- To strengthen and develop more resilient primary care
- To increase organisational efficiency to allow resources to be focused on direct patient care and service improvements
- To offer more resilient models of primary care given the challenges ahead (eg. 7 day working and shifts of care from hospital to non-hospital settings)
- To have an established job description for a GP
- To have decision making capability with regard to resource allocation within a grouping
- To allow clinicians to concentrate on delivering clinical care rather than running a business if they wish
- Financial and Job Security
- Premises solutions in the long-term - the vast majority of practices don't currently own their estate and by having a planned strategy we can improve the quality of the remaining practices
- Improved recruitment and retention of the workforce and access to training
- Opportunity to improve the model of delivery of patient care and to develop innovative approaches to care
- To be more innovative

In summary the "Blueprint" offers an opportunity for a 3 phased development of primary care in Hull as follows:

#### Phase 1: Stabilisation

Stabilisation of existing primary care services to support delivery of core primary medical care – eg:

- Improved estate facilities within Practice Groupings
- More resilient and sustainable workforce
- Retain delivery of primary care by current providers who have invested their time and careers in Hull over a number of years

#### Phase 2: Consolidation

Consolidation of existing primary care services through a single contract with a provider on a geographical basis - eg:

- Increased organisational efficiency
- A model for the delivery of sustainable 7 day, 8am - 8pm primary care services

### Phase 3: Wider development of primary care services

An opportunity to deliver a new model of primary care which will support the wider ambitions of the *Five Year Forward View* such as:

- Improved opportunities for integration with secondary care, social care, mental health & community services
- New models of service delivery (eg involving a wider range of professionals such as pharmacists and other allied health professionals)
- the development of new integrated care organisations, such as Multi Specialty Community Providers (MCPs), which have the potential to facilitate a significant shift of investment from secondary care to the community and the delivery of a wider range of services closer to people's homes

It is accepted that there will be a requirement for financial investment across the system to move to this new way of working (there is not a one size fits all package for each practice grouping) but the package may include:

- Estate solutions eg. buy out of estate once alternatives are confirmed and secured
- New clinical schemes with financial support to deliver services
- IT alignment
- Set-up costs
- Legal fees
- Exit packages for staff including GPs

The CCG wishes to work with practices through the transition, recognising that current holders of GMS and PMS contracts are able to retain these contracts if they so wish, and potentially use the non-recurrent budgets available to the CCG to free up some of the barriers whilst maintaining safe services for the population of Hull. The decision remains with each individual contractor as a provider of primary care, the CCG has a responsibility to ensure that it continues to commission high quality primary care and that is the rationale for looking at different options given the challenges with GP recruitment.

### 3. Future scenario

- **Organisational**

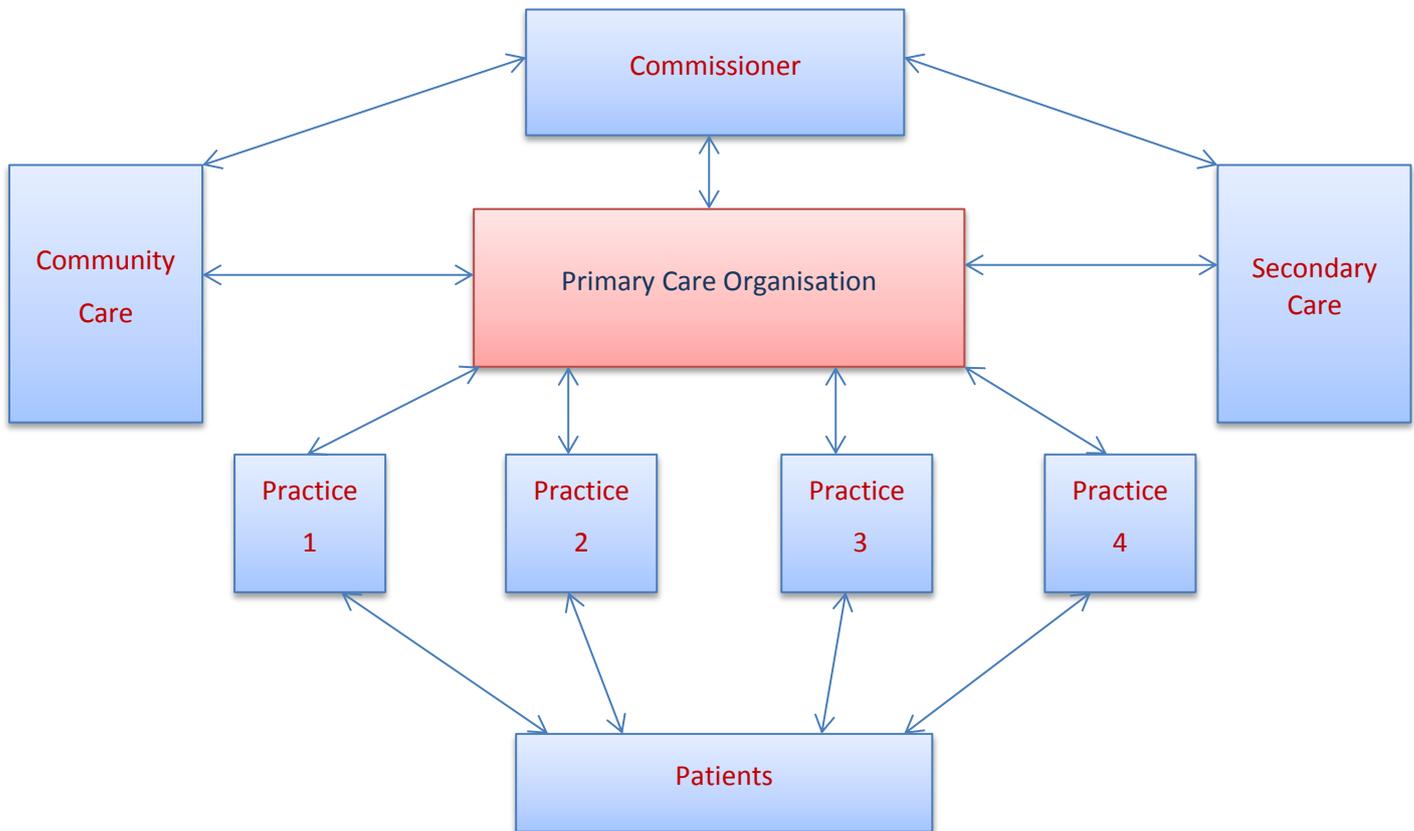
Through the potential groups larger primary care organisations with increased business efficiency providing care at scale in an organised way to larger populations will emerge.

Key strategic principles:

- Increased organisational efficiency
- Improved patient care – outcome driven
- Improved facilities

- Larger primary care providers
- Clear contractual arrangements
- Primary care clinicians to lead the delivery of care

Example of Organisational Model;



#### Key Issues

- Practices will be enabled, where they wish to work together, to form new organisations.
- Exact type/structure of organisation will be dependent on the practices that form it
- CCG to support the formation of the organisations
- No set size of organisation - 4 practices are shown merely as an example however it may be more or less than that
- One primary care contract with primary care commissioners
- Efficiencies will be created by sharing organisational and clinical manpower and systems
- **Workforce**

Clinical and Organisational workforce are paramount.

Clinical models will need to evolve but this must be done progressively and we must plan in order to ensure we create a workforce to compliment the model evolution and of course continue to provide clinical care to patients at the required standard

fulfilling specified outcomes. The CCG workforce strategy dove-tails with the emerging Hull 2020 workforce and OD strategy.

It is becoming clear, that despite the efforts of individual practices and the CCG, that recruiting GPs to the city is difficult. Efforts will need to continue in line with the workforce strategy however the model of clinical delivery will also need to evolve. We are currently c 50 WTE GPs short in our city compared to the national average of 60 GPs per 100,000 population.

The overall strategy must align with that of Health Education Yorkshire and the Humber which describes how the workforce make-up of practices could/should evolve.

	<b>GP</b>	<b>Practice Nurse/Advanced Clinical Practitioner</b>	<b>Healthcare Assistant</b>
The conservative model (replacing like for like)	4	2	1
Practices under pressure (evolutionary change)	3	3	2
The extreme scenario (workforce transformation)	1	2	4

In support of this model there is a need to recruit a non-medical workforce. The Hull 2020 Workforce and OD work-stream are supporting this strategy in that they are developing work-streams to focus on developing a range of practitioners – for example – Practice Nurses, Advanced Nurses practitioners, Advanced clinical practitioners eg. Pharmacists and Paramedics and Physician’s Associates. If the model is to succeed it requires a rethink of the way patients with acute conditions are managed in primary care.

- **Financial**

There will be a need for the development of contractual arrangements for the groupings:

- The primary care organisation formed from the coming together of individual practices could take a number of different corporate forms.
- There will need to be contractual relationships between the commissioner (currently NHS England and NHS Hull CCG through joint commissioning arrangements) and the primary care organisations. One contract per grouping is an option by April 2017.
- In time there would/could be contractual arrangements in place between the primary care organisation and other providers – Secondary Care and Community Care in the model. These could be ‘Alliance Contracts’ allowing the entities to work together and share any benefits but enabling them to function as independent organisations. This would support the concept of collaborative working across all sectors - the cornerstone of Hull 2020.

**September 2015**