Primary Care in Reading

Reading ACE Committee – 6th November 2014

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- Responsibilities and current provision
- Pressures associated with current model of general practice
- The strategy for primary care

COMMISSIONING PRIMARY CARE

- NHS England commissions all primary care:- medical, community pharmacy and optometry (NHS sight checks) dental & secondary care (hospital) dental services
- Most medical practices operate as independent contractors in a partnership model but the contract also allows for Foundation Trust and limited companies to be providers i.e. Walk in centre
- This means that in addition to providing medical care for their registered population GPs generally have responsibility for running their business and managing their premises

COMMISSIONING PRIMARY CARE (CONT.)

NHS England funds core GP services based on number and type of patients on the practice registered list via a national contract.

Other payments to practices include:

- Additional Services
- Quality Outcome Framework (QOF)
- Enhanced Services
- Premises funding e.g. rent reimbursement, rates, capital grants

CCG ROLE

- CCGs have a statutory role to work to improve the quality of primary medical services
- Core hours for primary care are 8.00 a.m. – 6.30 p.m. Monday – Friday. CCGs commission out of hours primary care ("Westcall") and this is provided by Berkshire Health Care Trust. A high performing service positively evaluated by patients
- CCGs may also commission Community Enhanced Services (CESs) from GP practices for services in addition to the core GP contract e.g. support to nursing and care homes
- CCGs have invested resilience funding (Winter monies) to increase GP appointments over the Winter period

CCG ROLE (CONT.)

- From April 2015, under co-commissioning proposals, CCGs will move to jointly commissioning primary medical services with NHS England. This could be through a pooled budget covering all aspects of primary care

- A joint Primary Care Programme Board has already been established

CURRENT PROVISION – KEY FEATURES

- 30 GP practices, including the Broad Street Mall Walk In Centre which has made a positive contribution to improving public health and increasing access
- Practice list sizes range from 1,713 patients to 16,570, with majority of smaller practices in South Reading
- NWR has 69.8 WTE GPs per 100,000 population, South Reading has 53.9. National figure is 69.8 WTE per 100,000 population.
- Many practices have a multi-professional team (e.g. nurses, phlebotomists etc.)

- Performance is generally good, albeit with some variation
  - Higher level indicator set for primary care identifies no Reading practice as being an 'outlier' on 6 or more of the 21 indicators of quality/performance.
  - Both CCGs ranked in upper quintile nationally for rates of emergency admissions
  - Practices have delivered a 13% increase in the proportion of diabetic patients receiving the recommended nine care processes
  - Improvements in Childhood immunisation status and uptake of bowel screening
- Extensive range of enhanced services including new care pathway for diabetes, care planning for Over 75s, support to care homes
- All practices provide some additional weekend and evening appointments through the national Extended Hours enhanced service. Practices are now considering further extended hours as part of BCF/Integration Programme and the Prime Minister's Challenge Fund

CHALLENGES IN GENERAL PRACTICE

- Growing demand due to ageing population, increased long-term conditions and patient expectations. Estimated 409m GP consultations nationally in 2014-15, up from 340m in 2012-13.
- Workforce issues:
- Fewer medical graduates are choosing to enter general practice (15%). Practices across Berkshire West struggling to recruit
- Of those that do enter general practice the majority are female and want salaried, part time posts, rather than partnerships
- The cost of living is high in the South East – a further barrier to buying into a partnership (cost £300k for new GP to join a local practice recently)
- The current workforce is ageing – in South Reading, 35.6% of GPs are aged 55 or over. Further intelligence on workforce will be available from the national Primary Care workforce minimum dataset collection (in progress)

CHALLENGES IN GENERAL PRACTICE

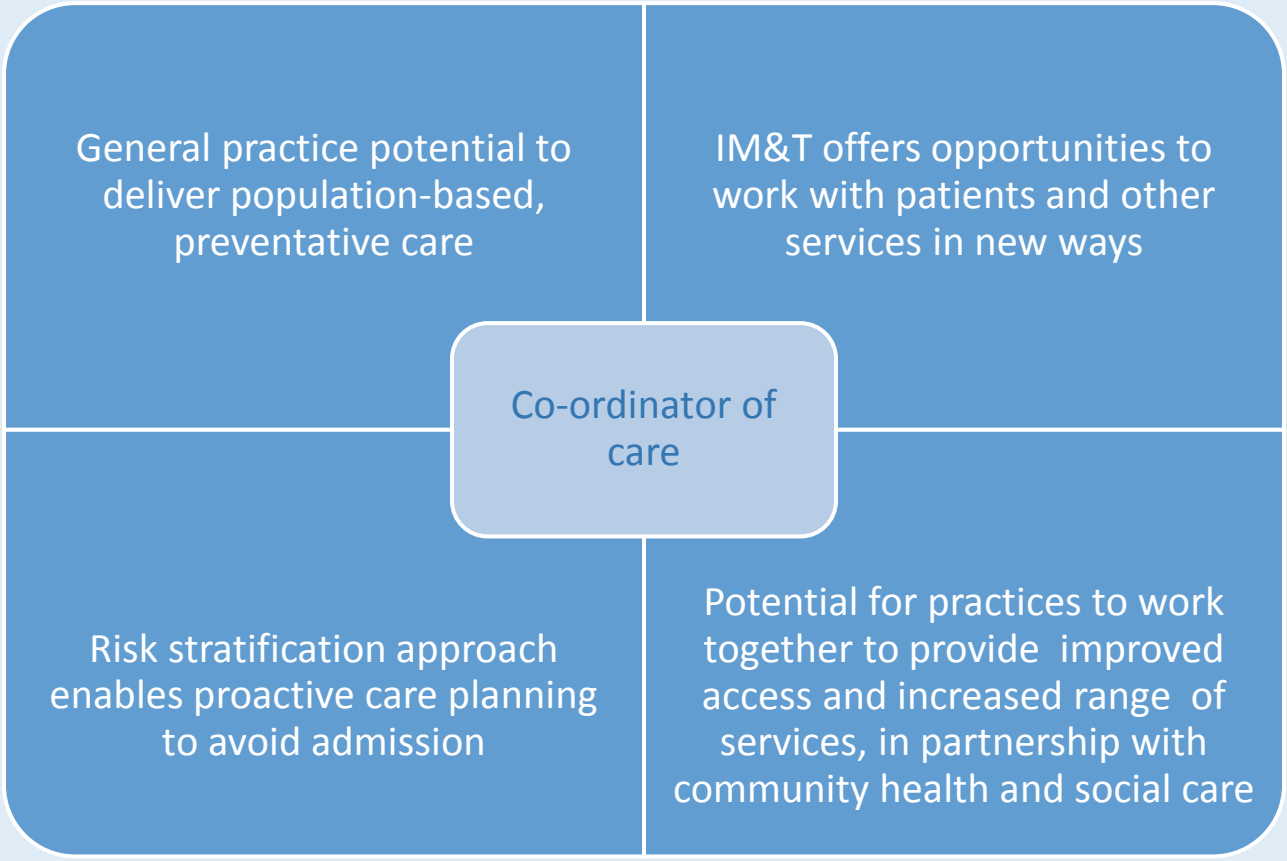
Finance:

- RCGP estimates spend on general practice reduced from 10.9% of the NHS budget in 2008-9 to 8.5% in 2011-12.
- Concern that the planned review of PMS contracts could potentially remove £1.8m from Reading practices, but confirmation has now been received that this will be available to re-invest in primary care within the CCG's area.

Premises:

- Stock take to asses whether premises are CQC compliant and fit for purpose for now and for future models of care
- Opportunities to work with other partners such as community health and local authority to align estate
- One practice has recently given notice on its contract and others are indicating they are under pressure. A risk mapping exercise is being commissioned by the CCGs which will enable CCGs and NHSE to target support.

OPPORTUNITIES



BUT IN ORDER TO CAPITALISE ON THESE OPPORTUNITIES, PRIMARY CARE NEEDS TO WORK AT SCALE

OUR EMERGING PRIMARY CARE STRATEGY

- Developed by CCGs working in partnership with NHS England and local stakeholders
- Will describe what needs to happen to ensure the sustainability of the primary care system and CCG/NHSE roles in supporting this
- Will describe the role of primary care within the broader integrated health and social care system
- Will set out how co-commissioning arrangements will be deployed to deliver new models of care and intentions around investment
- Will set a direction of travel to inform provider development including plans to reduce clinical variation and variation in service delivery

THE NEW 'ASK' OF PRIMARY CARE

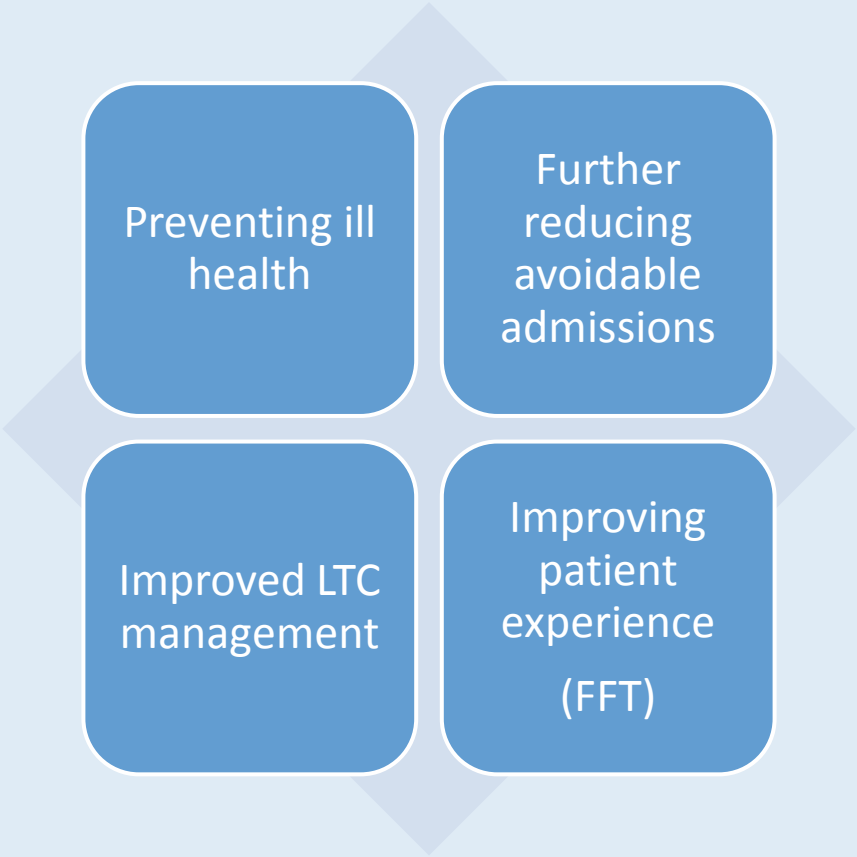
- Works with others to manage the health of the population – stratifying risk and targeting proactive care at key groups such as carers, people in nursing and residential homes and those at end-of-life
- Co-ordinates an increasingly complex team of people working in primary, community and social care to support patients in the community
- Operates as part of the urgent care system, responding rapidly to ensure patients get appropriate care and admission is avoided wherever possible
- Provides timely appointments of an appropriate length over an extended day and potentially at weekends
- Offers community-based care pathways for services previously provided in hospital, working with hospital doctors in the community
- NHS England's "5 Year Forward View" Oct 2014 enables and encourages new models of care

KEY WORKSTREAMS

- Workforce – exploring new roles and making Reading an attractive place to work e.g. PA role, new GP employment models
- Freeing up capacity by managing urgent demand differently – NHS 111, co-ordinated provision, extended access – e.g. current pilots and paediatric clinic
- Patient engagement about how to access and use the full breadth of primary care and support to take responsibility for self care
- Enhancing accountable GP / case co-ordination to work as part of integrated system to support patients outside hospital – e.g. Admissions Avoidance and Care Homes CESs
- Building on diabetes model to develop further community-based care pathways, shifting care away from hospitals
- Commissioning general practice to work with other providers and at larger scale with improved access.
- Enablers – IM&T, Premises and workforce

MEASURING SUCCESS

Outcome measures for primary care to be defined but will cover:



NEXT STEPS

Finalising the overall vision for an integrated health and social care system

Primary Care Strategy

to support this, developed in consultation with partners and patients

Commence implementation of strategy through co-commissioning mechanisms from April 2015