Agenda Item No: 12

CAMBRIDGESHIRE AND PETERBOROUGH'S GENERAL PRACTICE FORWARD VIEW STRATEGY 2017 – 2020: DELIVERY OF PLAN & ASSOCIATED CHALLENGES

To:	**CAMBRIDGESHIRE HEALTH COMMITTEE**
Meeting Date:	**17th May 2018**
From:	**Sue Watkinson, Director of Transformation and Delivery – Primary and Planned Care, Cancer, and Medicines Optimisation**
Electoral division(s):	**ALL**
Forward Plan ref:	**N/A** *Key decision:* ***No***
Purpose:	**The purpose of this report is to update the Committee on the current general practice landscape, future development, and associated challenges, as discussed at the development session on 8 February 2018.**
Recommendation:	**The Committee is asked to note the current general practice landscape, future development, and associated challenges.**

1. BACKGROUND

1.1 The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) presented an overview of the General Practice Forward View (GPFV) Strategy to the Health Committee on 8 February 2018. This paper includes detail from the original presentation and specifically addresses questions raised by the Committee.

1.2 Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has been tasked, under the National Operational Planning and Contracting Guidance (2017-2019) with the development of a local GPFV strategy. We currently have 102 practices in Cambridgeshire and Peterborough, with dedicated staff finding new and innovative ways of delivering high quality, responsive care for our patients. However, demand continues to grow and patient needs are changing and becoming more complex: this is reflected in practices struggling with operational, clinical, and financial challenges. General practice has been at a crossroads and subsequently must evolve to meet the needs of both patients and the workforce.

1.3 Our strategy has been developed with engagement from multiple stakeholders. Its six ambitions reflect the priorities for the future of general practice built around a vision of practices working together to engage a wide range of staff to deliver proactive, standardised, and integrated care. The strategy describes key strategic actions aligned to each ambition and to our overall vision. Our ambitions are set out below:

Models of Care:

1. **Ambition One:** Our new care model will be enabled by practices working increasingly at scale, with redesigned incentives for better ways of working and full population coverage.
2. **Ambition Two:** Working closely with clinicians and patients, redesign how care is delivered, with a particular focus on patients in care homes, patients with multiple long term conditions, and patients with urgent care needs

Improving Access:

3. **Ambition Three:** Determine how we will improve access to primary care over evenings and weekends and ensure this access is used to support patients with the greatest need aligned to the care model (as required by NHS England). This would include a trajectory around access to be delivered at 100% by 1 October 2018.

Workforce:

4. **Ambition Four:** Deliver a workforce programme that will support our primary care staff in working safely through recruitment and retention, leadership development, and capacity creation.

Workload:

5. **Ambition Five:** Support the creation of capacity in primary care, finding strength and resilience by enabling practices to adopt proven methods of addressing workload challenges and through working together more effectively. This will include a CCG commitment to provide additional support to general practice from early 2017, including annual submission for any GP Resilience funding as advised by NHS England.

Infrastructure:

6. **Ambition Six:** Maximise the benefits of modern information technology and develop a clear approach to premises investment linked to service and provider developments, in line with the digital and estates strategy.

1.4 Our health and care system rests on the foundation of general practice. Our patients want, and need, general practice to be resilient and sustainable. We believe we have an ambitious plan which will allow us to achieve our ambitions by 2020-21 whilst providing a responsive, high quality service which will serve our patients well.

2. MAIN ISSUES

2.1 Local landscape and strategic overview

Cambridgeshire and Peterborough is currently in year two of delivering its GPFV strategy. The context for the change required, and the challenges we face as a result of this, is ongoing. It requires both systemic and individual practice engagement and investment. It will require a collaborative effort from all system partners to deliver fully on the vision and the six key ambitions as outlined above. Some of the challenges we face are discussed in the following sections of this report.

2.1.1 Demography

As elsewhere in the United Kingdom, Cambridgeshire and Peterborough has a growing and aging population. However, unlike the majority of other local authority areas, the size of the growth is significant, best illustrated by the number of planning applications and housing developments in the area.

This growth is consistent across Cambridgeshire and Peterborough however the demography is very different, which means that a one-size-fits-all approach does not work. The strategy therefore needs to be tailored across the geographies as defined within the STP footprint, that is: Greater Peterborough, Huntingdon and the Fens, and Cambridge/Ely.

2.1.2 General practice financial sustainability

General practice income has decreased over time and a consequence of this is that the partnership business model has become increasingly less attractive. This is because the differential between take home pay for partners and salaried GPs has reduced. As GP partners retire there is increasing pressure on the remaining partners who carry the liability of the business, with no-one wanting to be the ‘last man standing’.

The national direction for general practice is to be ‘at scale’, that is serving a population of a minimum of 30,000 to 50,000 people. This does not necessarily mean that practices need to formally merge but that they are able to provide commissioned services at that level.

The majority of our 102 practices are engaged to some degree in conversations about merging and/or working at scale. For smaller practices merging provides them with an opportunity to help strengthen their resilience.

2.1.3 Workforce and workload challenges

Resilience issues are also the result of limited workforce and increasing workload. In our CCG’s area 20% of our GPs are over the age of 54 years. Cambridgeshire has a relatively younger GP profile, with only 18% of GPs over the age of 54 years. In Peterborough this rises to 25%, higher than the England average of 21%.

The statistics for nursing in general practices are also worth noting. Approximately a third

of Practice Nurses are aged over 54 years. Attracting nurses to work in primary care is particularly challenging with a significant nursing shortage across the UK.

Whilst we have a high level picture of our workforce, we do not have the detailed view of how our workforce is changing and what this looks like across the area. This is important as the challenges are not equal. For example, it is more difficult for practices in Greater Peterborough and Fenland to recruit GPs in comparison to Cambridge practices.

A key piece of work that we are planning to undertake over the next three months is to gather workforce information that allows us to build on what we know. This will also allow us to understand better the number of GPs who are planning to retire over the next two to three years and what might incentivise GP trainees working in the system to stay in our system.

Managing supply, flow, and retention across the whole clinical and non-clinical workforce is the overarching aim of our workforce strategy for general practice. The strategies we will be implementing to achieve a sustainable and engaged workforce include offering flexible careers, GP Portfolio posts, introducing new roles such as the clinical pharmacist and physician associate, and GP international recruitment.

Workforce is one of the top two priorities for the CCG/STP, alongside implementing improved access to general practice. The CCG is required to commission for 100% population coverage by 1 October 2018. Whilst this is for routine bookable appointments, and includes the wider clinical workforce in general practice, the same GP workforce required to deliver this also supports current out of hours and GP streaming services. The risk therefore cannot be underestimated in terms of managing to provide the required cover across all services.

Some of this risk may be mitigated by utilising 'hubs' that incorporate a combined service model.

Workforce

Deliver a workforce programme that will support our primary care staff in working safely, through recruitment and retention, leadership development and capacity creation

Project	**Summary**
Improving supply and retention *Ensure the future supply of GPs, primary care nurses and the wider workforce through a number of planned local and national initiatives.*	• Range of initiatives focused on GPs, General Practice Nurses and Health Care Assistants (HCAs) • GP international recruitment, range of initiatives focused on GPs, General Practice Nurses and HCAs • GP international recruitment, GP Fellowship, GP Retention scheme, retention of GP trainees, GP nurse strategy, preceptorship, apprenticeship schemes, HCA development
New Role Development	• Physician Associates, Clinical pharmacists, Mental health workers, Medical assistants, Care navigators, in addition to GPs, Advanced Nurse Practitioners, Practice Nurses and Practice Managers
Scaling up new ways of working & upskilling *Upskill the current primary*	• Practice Manager: Delivering Practice Manager development, opportunities funded through HEE and supported by Local Medical Committee

care workforce, including both clinical and non-clinical roles	• Upskilling HCAs and reception staff under Medical Assistants Programme • Promoting & delivering for apprenticeships including supporting HCAs to train as GP Nurses
Leadership	• CCG offers a number of development opportunities for GPs within the system e.g. Chief Resident & Clinical Leadership Programme • Mary Seacole Leadership Programme – places for available for Practice Manager • To Support delivery of GP Nurse Strategy aligned to National 10 point plan – work in progress

2.1.4 Premises and estates planning

Estates is a key enabler to support key elements of the CCG/STP's GPFV strategy. As discussed above it is linked to new care models and primary care at scale working, as well as integration of improved access with urgent care.

This portfolio incorporates what is considered as 'business as usual' capacity planning and planning for the new growth developments such as Northstowe. This area of the strategy is also linked into the wider STP estates strategy/workbook and therefore needs to be incorporated within a wider STP decision-making process.

The CCG has to make decisions in the short term and over the longer term without necessarily having the new care models or primary care at scale working consistently in place. The key consideration is not so much the capital investment required but the ongoing revenue consequences of any new development, whether it be improvements and/or an extension to a practice or, with some of the larger new housing developments, a new practice build.

The CCG is supported by NHS England Estates colleagues who play a role in responding to all new planning/development applications. In addition, we work with NHS Property Services (NHSPS) where a building is owned by them. The decision making process in place ensures that any investment made by NHS England meets all the building, planning, and clinical safety requirements for delivery of all work completed. The process, whilst not overly cumbersome, is detailed and unfamiliar to practices who are not skilled in this area.

Due to the size of the portfolio and the work required by the CCG, the Primary Care Team will be recruiting an additional post to help us manage the planning and decisions that are required to support the wider GPFV and STP strategy.

3. ALIGNMENT WITH CORPORATE PRIORITIES

The aspirations and plans in the GPFV strategy are in line with both the GPFV and the Cambridgeshire and Peterborough STP which details how we – as a whole system - propose to improve services and become clinically and financially sustainable.

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

As with Northstowe, new care models such as the Primary Care Home in South Cambridgeshire incorporate a focus on supporting people to live healthy and independent lives.

The STP Fit for the Future Strategy has a key priority for change of 'At Home is Best', which focuses on people-powered health and wellbeing.

3.3 Supporting and protecting vulnerable people

The GPFV strategy does not specifically focus on supporting and protecting vulnerable people, however new care models and improved access will be assessed for quality and inequality impacts across our population.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications with regards to workforce and estates specifically.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications for this priority.

4.3 Statutory, Legal and Risk Implications

As discussed above, workforce challenges in primary care are well documented. Options to consider new models with a broad skill mix provide a level of mitigation for this risk.

Managing the significant growth and the impact financially is very challenging for the STP as the ongoing revenue costs associated with infrastructure are as yet unknown. Under existing primary care contract regulations, rental costs for space to deliver primary medical services are reimbursed by the CCG. These costs may not be incurred under a new contract model but would be reflected in the service delivery costs.

Service delivery costs under both traditional and integrated care models will need to be costed to take in planned growth.

Integrated models of care require budgetary transparency and identification of population level costs for joint commissioning across organisations.

4.4 Equality and Diversity Implications

Commissioning for new services requires us to undertake further impact assessments that cover quality impact, privacy, and sustainability.

4.5 Engagement and Communications Implications

The GPFV strategy has a communications and engagement plan. Patient engagement and communication is part of the contractual merger process as well as service changes such as improved access. The CCG has been working with Healthwatch Cambridgeshire and Peterborough and patient participation groups in delivery of its strategy.

4.6 Localism and Local Member Involvement

CCG and STP representatives will continue to keep local members informed as and when required.

4.7 Public Health Implications

Public Health information is taken into consideration as part of the implementation process.