

Briefing paper to the Health and Social Wellbeing Overview and Scrutiny Commission  
Wards: All

15<sup>th</sup> June 2018

**STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE:  
HULL PRIMARY CARE “BLUEPRINT” - UPDATE**

**Briefing Paper of the Head of Primary Care, NHS Hull Clinical Commissioning Group.**

**1 Purpose**

The purpose of this report is to provide the Overview and Scrutiny Commission with an update on developments within primary care medical services in Hull.

**2 Background**

A Strategic Commissioning Plan for Primary Care was developed in Hull in response to the challenges facing primary care services locally and the publication of the *Five Year Forward View* by NHS England in October 2014. The CCG's Council of Members (the Governing body) approved the commissioning plan in October 2015.

The *Five Year Forward View* (NHS England, 2014) set out a clear direction for the NHS – showing why change is needed and what it may look like. It recognised the need to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, and between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

In April 2016 the General Practice Five Year Forward View (GPFV) was published which set out a number of proposals to:

- support the transition of primary medical care to a sustainable service
- address the lack of investment in primary care of recent years and
- ensure that the growth in demand for GP appointments is managed through new ways of working at scale.

It is recognised that one size will not fit all when it comes to the future shape and work of primary care, but the support package is likely to herald for general practice a 'triple reinvention' of:

- the clinical model
- the career model and
- the business model

### **3 Improving Access to Primary Care**

The GPFV set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

The GPFV sets out the ambition to strengthen and redesign general practice, including delivering extended access in primary care. The GPFV vision builds on the potential for transformation in general practice and the GP Access Fund:

- Enabling self-care and direct access to other services.
- Better use of the talents of the wider workforce.
- Greater use of digital technology.
- Working at scale across practices to shape capacity.

The NHS Operational Planning and Contracting Guidance 2017 – 2019 sets out the funding trajectory for this work, supporting CCGs to deliver extended access as part of delivering the General Practice Forward View. The guidance set out the expectation that all CCGs will have implemented extended access covering 100% of their population by March 2019.

Extended access in primary care is fully in line with the CCG's commissioning priorities which look to secure the sustainability of local primary care services as well as work towards delivery of a primary care at scale locally.

In the refreshed NHS Operational Planning and Contracting Guidance 2017 – 2019 published on 2<sup>nd</sup> February 2018, the deadline for implementing extended access was brought forward to 1<sup>st</sup> October 2018. See Primary Care Deliverable for 2018-19 extracted from the guidance below:

*Deliverables for 2018/19 Progress against all Next Steps on the NHS Five Year Forward View and General Practice Forward View commitments. This includes all CCGs:*

*Providing extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.*

In order to be eligible for recurrent funding, CCGs will need to demonstrate they are meeting seven core requirements for improving access as follows:

### **Timing of appointments**

- Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day,
- Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs,
- Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.

### **Capacity**

- Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

### **Measurement**

- Ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

### **Advertising and ease of access:**

- Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service,
- Ensure ease of access for patients including:
  - all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
  - patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

### **Digital**

- use of digital approaches to support new models of care in general practice.

### **Inequalities**

- issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

### **Effective access to wider whole system services**

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

In January & February 2018 NHS Hull CCG carried out patient and public engagement to understand how people currently access primary care and how they may wish to access this in the future. A questionnaire was developed and made available for completion in hard copy and online. NHS Hull CCG received 1,225 completed questionnaires. The results of this questionnaire have informed the development of

the service specification and will continue to be measured as part of the reporting requirements within the service.

The following list illustrates the high level findings which may inform the preferred option for service delivery:

- Practices should consider enhancing the opening hours, opening in the evening rather than the morning during the week. Consideration should be given to opening for some or all of the weekend;
- When offering alternative practitioners, the preference would be that they are from the same practice. Supplementary engagement should be undertaken to determine if the practice population would prefer an alternative practitioner from within the grouping over a practitioner from another practice/ grouping altogether;
- Alternative methods for booking appointments within the practice should be explored or continue to be promoted, with particular focus on online methods;
- Alternatives to face to face appointments should be explored, with particular focus on real time communication e.g. Telephone or video call and / or internet based solutions e.g. online or email;
- If an alternative location is being explored to improve access, the preference would be that it is between 15 and 30 mins travel, or between 3 and 6 miles or less, for the majority of the practice population

As per the planning and contracting guidance, CCGs will need to secure extended access services through the appropriate procurement process. The high level procurement timetable is as follows:

- |  |                |
|--|----------------|
| ▪ Publish Invitation to Tender (ITT) documents | 31 May 2018    |
| ▪ ITT submission deadline                      | 29 June 2018   |
| ▪ Preferred provider nominated                 | 24 July 2018   |
| ▪ Service mobilisation commencement            | 10 August 2018 |
| ▪ Service commencement                         | 1 October 2018 |

#### **4 Practice changes**

The following practice changes have taken place since the last update to the Scrutiny Commission:

- Holderness Open Door Surgery (Park Health Centre, Holderness Road) became The Delta Surgery Partnership with a new GP Partner in April 2018.
- It is being planned for Humber Primary Care Limited to run The Princes Medical Centre practice from July 2018.
- City Health Care Partnership CIC has given notice on their current APMS contract for the Calvert and Newington Practice. A procurement process will be undertaken by NHS Hull CCG and NHS England to secure a new provider for the practice. The new provider is anticipated to commence service delivery by 1<sup>st</sup> April 2019.

- The CHP Limited Practices at Marfleet and Southcoates merged into one contract with effect from 1<sup>st</sup> April 2018.

## **5 Practice collaborative working**

In the update the Scrutiny Commission received in October 2017 it was stated that five practice groupings had been established which included 35 out of the 40 practices in the CCG and had a total patient size of over 30,000. By the end of 2017 all 40 practices had agreed to work as part of one of the five groupings.

A framework to support primary care and out-of-hospital services deliver change and improve services has been developed by NHS Hull CCG and a Local Quality Premium Scheme 2018/19 is in place which builds upon work undertaken in 2017/18. The scheme covers the following areas:

- Managing Need
- Chronic Disease Management
- Community Frailty

The groupings are also working collaboratively to deliver primary care services in new ways including the development of new 'at scale' home visiting services.

## **6 Estates and Technology Transformation Fund**

Work continues to develop proposal to access NHS England Estates and Technology Transformation Fund monies to support the following estate developments:

- West Hull Health Hub update – replacement premises for Springhead Medical Centre. Outline planning approval has been received for development of the facility on land on Calvert Lane. The outline business case is being prepared for submission by the end of July 2018. The current timeline for the development anticipates the building being completed in early 2020.
- Alexandra, Longhill and Park Health Centres – reconfiguration of premises to provide additional clinical room capacity. The current timelines for these developments anticipate completion of work in early – mid 2019.

## **7 Workforce**

NHS Hull continues to support practices in a range of areas to ensure that resilience is built into the primary care workforce. The following two initiatives are particularly being progressed during 2018/19:

The Physician Associate (PA) is a relatively new healthcare professional in the UK. The role initiated in the US in the 1960s (there are now over 100,000) and numbers are now increasing in the UK. PAs have a generalist medical training and support doctors in the diagnosis, treatment and management of patients in primary and

secondary care settings. They work within a defined scope of practice and limits of competence. Specifically they can:

- Take medical histories from patients
- Carry out physical examinations
- See patients with undifferentiated diagnoses
- See patients with long term conditions
- Formulate differential diagnoses and management plans
- Perform diagnostic and therapeutic procedures
- Develop and deliver appropriate treatment and management plans
- Request and interpret diagnostic studies
- Provide health promotion and disease prevention advice

The PA training is a 2 year Masters level course with a national exam at the end of the course. The Hull York Medical School started providing the course in 2016. A 'PA Ready' scheme which aims to encourage NHS employers to facilitate entry of newly qualified PAs into practice has been developed within the Humber, Coast and Vale STP area. NHS Hull CCG has provided some additional financial support to allow up to 9 PAs to be employed within general practices across the city. It is anticipated these posts will be in place from September 2018 once students have passed the necessary national qualification.

### **GP International Recruitment**

The General Practice Forward View (GPFV) published in April 2016 sets out the ambition to strengthen and redesign general practice and represents a step change in the level of investment and support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services.

It is acknowledged that the GPFV cannot be delivered without sufficient recruitment and workforce expansion. The 5 year plan describes several initiatives in relation to expanding workforce capacity and includes the intention to run an international recruitment campaign to attract up to an extra 500 appropriately trained and qualified doctors from overseas.

The GP International Recruitment programme is a 3 year programme focussing on recruiting international GPs from the EU - Spain, Poland, Holland and Sweden.

Phase 1 of the programme was the pilot (2017-2018) and involved 4 areas across the country.

Phase 2 (2018-2019) includes Humber Coast and Vale STP and in partnership with Templars Medical, the scheme will endeavour to attract 65 candidates to the area.

A Programme Board has been established across the STP and has spent time developing the candidate pathway and information packs in conjunction with Health Education England. Project Teams have been established within individual CCGs comprising of a Clinical Lead, Pastoral Lead, Commissioning Lead and Project Support.

The scheme has been advertised extensively initially focusing on Spain and members of the Programme Board along with Templars have attended local congresses.

Applicants to the scheme will be offered specialist language support to help them meet the GMC requirements for competency in English (IELTS) prior to relocation to the UK.

International GPs recruited to the scheme will have completed a series of assessments including two Multiple Choice Question (MCQ) papers and a simulated surgery. The results of the assessments are used by Health Education England to determine the length of time GPs will spend in their practice placement and any additional educational support the GP may need.

The CCGs involved in the scheme are now organising “Taster Weekends” for potential candidates. The Taster Weekends will give candidates the opportunity to meet with and observe local GP Practices involved in the scheme, meet with local Health Education England colleagues and local Training Directors, and visit the local area.

## **8 Future updates**

The Commission is due to receive an estates review update and demonstration of the estates mapping tool at the September meeting. It is proposed that a further update be brought to the Health and Social Well-Being Overview and Scrutiny Commission in 6 months.

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Officer Interests: None