

Governing Body Paper

Primary Care Update

1.0 Introduction

- 1.1 The Hammersmith & Fulham Primary Care Strategy was agreed by the CCG Governing Body on 12th September 2017 and described how the CCG and GP Federation in Hammersmith and Fulham will work with each other and their partners to further develop the standard of primary care for residents of the borough. The following paper provides an update on the first phase of the implementation of that strategy, including investment plans for 17/18.
- 1.2 The Governing Body is asked to:
- 1.2.1 **Note** the update provided on the first phase of implementation of that strategy
 - 1.2.2 **Approve** the 17/18 Primary Care Investment, as detailed in the appended business case and recommended by the Finance & Performance Committee on the 24th October 2017
 - 1.2.3 **Note** the update on the GP at Hand practice, which will be discussed further by the Primary Care Commissioning Committee on the 21st November.

2.0 Background

- 2.1 Hammersmith and Fulham CCG and the GP Federation have developed a joint strategy which sets out our shared vision for an integrated health and social care system, with primary care as the firm foundation for better population health across the borough - crucial to the delivery of a successful Accountable Care System (ACS)¹. One of the key aspects of the Primary Care Strategy is the development of primary care at scale, which would see the further development of “primary care networks” working closely with the wider health and social care system, as part of the important first stage of the Strategy.
- 2.2 The Strategy articulates the need to develop locality-based teams, working alongside and as part of primary care to deliver integrated health and care services around defined populations. Primary care will increasingly be asked to focus on improving population health, working alongside local communities and voluntary sector agencies to improve health and wellbeing.
- 2.3 Prior to the reconfiguration of networks, some GP networks had patients dispersed across the borough, making locality-based working almost impossible to achieve and limited the potential for collaboration with community-based teams e.g. Central London Community Healthcare (CLCH) or the London Borough of Hammersmith and Fulham (LBHF) who work on a defined geographical footprint. In the movement towards accountable care, staff working in those organisations will form part of an extended, multi-disciplinary primary care team. The configuration of community and care services around the previous non geographical network structure would therefore limit our ability to deliver holistic, person-centred care in an efficient and affordable way.
- 2.4 In order to develop an optimum network configuration for the benefit of patients, a robust set of important principles were applied. The principles below were developed by drawing from the National Association of Primary Care (NAPC) pilots as well as through discussions that the CCG had with GP practices and other stakeholders:

¹ *An Accountable Care System is an affordable health care delivery system based around a geographically coherent population group delivered by primary, secondary and tertiary / voluntary sector providers and the council.*

- The geographies that are aligned to where patients live and access healthcare
- The location and configuration of community health and social care teams that are key to accountable care delivery
- Relationships and collaboration between practices
- Provision of care to a defined, registered population

2.5 In applying these principles, the distinction between the activities that practices will be expected to deliver within their primary care networks and other activities that may relate to practices developing their business models was made clear and were as set out below.

- **Primary care networks to coordinate care delivery and population health management** - primary care networks will need to facilitate multi-disciplinary working and the delivery of care to a defined, registered population focused on a discrete geographical area. Therefore, when developing a new network structure practices needed to give appropriate consideration to the geographical area where their patients live and where services will be located. For example, there is an expectation that patients should not be disadvantaged in accessing an ECG procedure from a practice located close to their own registered practice.
- **Collaboration of practices to support business development and back office transformation** – the primary care network structure does not limit practices working with other practices within or outside their immediate area and with whom they may have existing relationships, to share back office/business functions as an example.

3.0 First phase of implementation of the Primary Care Strategy

3.1 **Engagement with patients.** The CCG engaged with stakeholders and residents in order that their views can inform the development of the Primary Care strategy to facilitate understanding of primary care within the borough and how an important first step in delivering the vision for accountable care and primary care at scale, was to reshape the previous GP Network structure.

3.2 **Engagement with practices.** The CCG engaged with GP practice representatives about the practicalities of working at scale and how this could be shaped in Hammersmith and Fulham, at GP Members meetings that took place in April, June, July and most recently at the last meeting on 21st September. Furthermore and in close collaboration with the Hammersmith and Fulham GP Federation, the CCG held further discussions with members as part of the GP Network Meetings and through individual practice visits, about what a new network configuration could look like in Hammersmith and Fulham, which would aid the development of primary care at scale as well as benefit patients as part of a future health and care system.

3.3 **Finalising network structure.** At the last GP Members meeting on 21st September 2017, it was agreed that practices would continue discussions with each other in finalise a new primary care network structure which would support the principles outlined above. GP practices were given a deadline of 13th October 2017 to confirm their prospective networks to the CCG. Support was made available via the primary care team to:

- Work with practices to address any gaps in coverage within proposed networks
- Support practices that had particular concerns or had not engaged in discussions with other practices
- Provide constructive feedback and challenge to any proposed network structure which did not meet the principles as detailed above.

3.4 Following information received from practices, the primary care team developed a map indicating the new primary care network configuration in Hammersmith and Fulham. This is set out in **Appendix 1**.

- **three geographic network configurations** (North, Central and South), which will be key to enabling the co-ordination of care delivery and population health management to local populations
- **five localities within the broader networks**, which reflect member practice preferences and builds on existing relationships, in order to collaboratively develop their business and operational model for the purposes of provider development and resilience.

A communication launching the new primary care network structure and important next steps was sent to practices on 25th October 2017.

- 3.5 The Governing Body is asked to **note** the update provided on the first phase of implementation of the primary care strategy

4.0 17/18 Primary Care Investment Programme

- 4.1 Following the historic under-investment in primary care in Hammersmith and Fulham, in comparison with other areas of the country, NHS England are now phasing in changes to primary care allocations to equalise this position, resulting in an uplift in primary care budgets for Hammersmith and Fulham in 17/18 and future years. Following delegation of primary care commissioning functions from NHS England, the CCG now has responsibility for agreeing how these additional monies should be invested to benefit our patients.

- 4.2 During October, the CCG's Primary Care Commissioning Committee and the Finance and Performance Committee recommended the business case supporting 17/18 investment to the Governing Body and agreed that this funding should be used to support:

- Acceleration of the implementation of the joint CCG and Federation primary care strategy to support delivery of care at scale
- Initiation of action plans for reducing emergency admissions for older adults, focused initially on delivery in-year but with benefits extending to 18/19 and beyond.

- 4.3 The Governing Body is asked to **approve** the 17/18 Primary Care Investment, as detailed in the appended business case in **Appendix 2** and as recommended by the Finance & Performance Committee on the 24th October 2017.

5.0 Next Steps - work programme in 17/18

- 5.1 A communication launching the Primary Care Investment Programme in 2017/18 was sent to practices on 2nd November 2017. Practices working together either in localities or as networks are invited to submit proposals to the CCG which will:

- Support the release of capacity in primary care to deliver quality improvements (workstream A)
- Support collaborative working and development of primary care network (PCN) infrastructure (workstream B)
- Improve clinical pathways with particular focus on long term condition management and frailty (workstream C)

- 5.2 The CCG Primary Care Team will be working alongside the Transition Support Team in the GP Federation to support localities and networks to develop proposals that meet the above criteria, which will then be reviewed by the Primary Care Delivery Group (a sub-committee of the Primary Care Commissioning Committee) for recommendation and approval by the

Primary Care Commissioning Committee, in order to expedite investment and benefits (both in terms of patients and practices, and return on investment for the CCG) in 17/18.

5.3 GP Members meeting – 16th November 2017

The next GP Members meeting on 16th November will focus on the following areas:

- How GP members can start to build relationships and work collaboratively as part of their new localities/networks, including agreeing principles of working together (i.e. memorandum of understanding)
- Further information on the Primary Care Investment Programme for 2017/18, and how practices working together in localities and networks can apply for funding available in order to begin making changes to patient care.

5.4 Primary Care Network Meetings

The Primary Care Team has been working with all practices to agree convenient meeting dates for the new primary care networks, which will commence following the GP Members meeting on 16th November. The initial focus at the meetings in November will be to support greater collaborative working between practices to develop their capabilities for delivering effective population health management, as well as review and agree project proposals for accessing Primary Care Investment monies.

A schedule detailing the new Network meeting dates is appended at **Appendix 3**.

6.0 'GP at Hand' Practice Developments

6.1 The Primary Care Commissioning Committee received a paper at their meeting on the 10th October regarding the 'GP at Hand' practice developments, noted actions underway by CCG and NHSE colleagues to address issues and concerns raised to date and agreed to review the position at the next meeting on the 21st November.

6.2 Following a press release issued by the provider on the 6th November, there has been significant media and public interest with regard to the practice. As such, the CCG has issued a statement as follows:

"We want to ensure that all our patients have access to a high quality GP service when they need it. Technological advances mean there are now more innovative ways patients can access health services and we are exploring how we can make the most of those.

'GP at hand' is one of the emerging options available and so far has been initiated by one practice in Hammersmith & Fulham. The CCG, NHSE and the practice will continue to work closely together to monitor and evaluate the impact of the proposed expansion and ensure it continues to deliver a real benefit for all patients. Currently, it is proposed that the services planned (both through the online app and face to face) will be available to patients from three specific sites across London – Pimlico, Kings Cross and Poplar."

If you have any queries about this, please contact HFCCG@nw.london.nhs.uk

6.3 The Primary Care Commissioning Committee will provide updates to the Governing Body as appropriate.

6.4 The Governing Body is asked to **note** the update on the GP at Hand practice, which will be discussed further by the Primary Care Commissioning Committee on the 21st November.