Cumbria’s General Practice Development Plan

Overcoming our challenges

General Practice is undergoing the most significant changes it has seen since the inception of the NHS. In Cumbria we are seeing plans to develop change across the whole health and care system. In the south, Vanguard (Better Care Together) looking to integrate health and social care across north Lancashire and south Cumbria. In the north Success Regime (Together for a Healthier Future) is likely to see similar proposals for north Cumbria.

The GP Development Plan is about creating a robust General Practice system across Cumbria that can provide the foundation for a new approach to integrated health and social care.

Following on from Council of Members Meetings, the General Practice Conference, and other locality forums, the major challenges have been distilled into seven main areas of work.

We need to adopt a programme of activities that delivers quickly; helping practices to address problems in the short term, as well as activities that may take longer. Some of us will want to move forward with aspects of this work more quickly than others to alleviate existing challenges.

1. The Quality of what we do
2. Workforce
3. Funding
4. New Models of Delivery
5. Workload
6. Premises
7. I.T.

Many local GPs said that owning their premises was a barrier to recruitment and to developing new models of clinical practice.

81% of Cumbria GPs did not see their practice staying the same over the next 5 years.

We listed workload, recruitment/staff shortages, complexity of work, premises constraints and whole system pressures, as our major sources of pressure.
Foreword

Conversations with colleagues confirm that the challenges associated with workload, recruitment and financial problems are not evenly felt across the County. Similarly the perceived need for change does not carry the same urgency in different localities. We would, however, contend that national decisions are rendering it increasingly unlikely that General Practice will continue to be delivered from the current independent small business model into the future in any part of Cumbria.

It is apparent that the process of change has already begun locally.

• The vast majority of practices are now members of one of three large GP federations
• Practices are increasingly seeing mergers as attractive propositions (Cumbria now has 78 practices, having had 82 in 2010)
• Joint employment of new staff members between practices is being trialled in Carlisle
• Local initiatives have resulted in different models of GP care in Millom and Workington and more practices are looking at our bigger healthcare trusts as potential partners

We, the clinical leads of the CCG, because of our 'day jobs' have a vested interest in General Practice development. We believe that all change should be guided by a set of principles that include the need for:

• genuine public involvement in planning
• improvement in existing services for patients
• better working lives for those providing primary care and
• improved quality and value

We recognise the major importance of primary care professionals being well-placed to influence and shape the environment in which we work through our membership of the CCG and our federations. It is our hope that as many of you as possible will engage in and contribute to this ongoing development initiative.

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Our aim is to provide high quality, continuously improving, and compassionate care to local communities; with continuity of care for those who need it, and access to health care at the right time, from the right person and in the right way.

Doing the right thing for our patients will be the right thing for the health and care system. For people who are normally fit and well, access is often more important than continuity of care. And when the problem is not of a routine nature access is needed seven days a week.
There is an opportunity to improve patient outcomes, and at the same time to reduce costs. By focusing on quality improvement we will reduce waste and variation leading to improved patient outcomes.

This work is not new - practices have been doing it for years. Significant investment has been made to support medicines optimisation and referral support. The CCG has also funded the Local Incentive Scheme (LIS) to support practices to work smarter and more productively.

Despite this, performance data continues to show wide variation with resulting poorer outcomes for patients. In the main, current schemes, are marked by payment for tasks or processes. Your feedback is that the schemes are too prescriptive and bureaucratic with no flexibility to develop delivery processes.

We will:

- Commission for outcomes not activities.
- Focus the work of General Practice on the top priorities for Cumbrian people in line with our Strategic Programmes.
- Reduce bureaucracy for General Practices by aligning our funding streams to the priorities we set.

The proposal:

- Replace the current LIS with a two-year scheme from 1 April 2016 which focusses on improving outcomes and continuing improvement, rather than being process driven.
- Measure improvements on a value-added basis, recognising the different populations that practices serve, recognising that differential targets may need to be developed in the formative year of the scheme to reflect differential targets and challenges faced by practices.
- Measure year-on-year improvement in the priority clinical areas.
- Use easily measurable targets, reducing the bureaucracy of administering the LIS for practices and for the CCG.
- Develop the new commissioning approach by February 2016 working with the LMC and the three Federations in Cumbria.
- Through the joint development of the LIS, Federations will be enabled to develop approaches that support their practices to deliver on the outcomes of the LIS.
- Explore with LMC and Federations, opportunities for combining additional discretionary areas of funding into an outcomes based approach, where opportunity is identified.
We will address the workforce needs of General Practice by a combination of:

- Developing General Practice and our healthcare system, using the opportunities this presents to create new career options.
- Supporting General Practice to develop the team for the future.
- Supporting focussed initiatives in recruitment and retention, ‘growing our own’ workforce and education and development.

Our Actions:

- We will work with partner organisations, eg, community and acute providers, industry and major employers, and across practices to establish new roles and joint posts.
- Alongside creating new roles, we will support practices to develop expertise to design the workforce, identify the skills they need in the future and to develop plans to realise their ambition.
- We will work with Health Education England to increase flexibility and access to training and development opportunities.
- Create a professional narrative, describing why working in Cumbria is attractive.
- Make it easy, via developing a web-based hub, to find out about job and training opportunities.
- Enable practices to maximise their involvement in training and education opportunities.
- Provide easy access for practices to access resources to help them recruit the staff they need.
- Develop specific schemes to attract professionals to Cumbria, including, Rural Fellowship, developing Advanced Nurse Practitioner opportunities, General Practice nurse placements.
- Support a programme to facilitate part-time working, eg for GPs wishing to retire or those returning to work after a period of absence.
- Work with schools to attract young people into careers in General Practice.
BASELINE FUNDING: Changes in the Global Sum and PMS Transition will lead to around £700k less being received by Cumbrian practices for core service provision. Around 50% of practices will receive increased funding (cumulatively £862k by 2020/21). The remaining 34 practices will receive £1.55m less. The scale of the loss in 9 of these practices in rural/semi-rural locations totals £672k (£47k – £155k). The reduced funding levels to these practices will provide considerable challenge and may necessitate a departure from current practices and existing business structures.

DISCRETIONARY FUNDING: In 2014/15 Cumbria CCG commissioned an additional £7.2m of services from General Practice in the following areas:
- Enhanced services £4.25m (£2.01m of which was local incentive scheme)
- Referral Support £517k
- Medicines Optimisation £2.47m (incl £1.479m North of England Commissioning Support Service for support pharmacists)

We will develop a commissioning approach that supports and rewards the achievement of improvements in clinical outcomes for patients. By March 2016, the CCG needs to agree with NHS England the approach for reinvesting PMS Premium monies into General Practice in the future.

The proposal:
- Recommission the local incentive scheme initiatives, with an agreed pace of change towards 80% payment being based upon the delivery of outcomes and improvements by 2018/19, leaving 20% as a residual payment for undertaking the task.
- Develop, agree and design an approach with the LMC that allows the PMS Premium* funding to be simultaneously aimed at both supporting practices over the next six years where core funding is being reduced, whilst also rewarding the achievement of improved clinical outcomes. The principle would be that by 2020/21 all of the transitional funding is linked to clinical outcomes indicators. The scale of the movement towards an 80% outcomes based payment approach and the extent to which the funding is used as a supportive mechanism during the transition would be for local determination.
- The two strategic programmes in the County will provide opportunities for expansion of the provision of primary and community care based services. These programmes need a strong General Practice voice to ensure the “system” understands what General Practice can deliver and how this can be funded.

* PMS Premium funding – the amount taken off PMS Contracts under the national initiative for equalising GMS/PMS funding, less any additions for those practices in moving towards the GMS global sum. The money released from this initiative becomes available to commissioners for investing in General Practice.
We will support practices to become partners in new models of integrated working, recognising that there are different approaches to doing this - no one size will fit all in Cumbria. Not only will different models develop but the models may not be mutually exclusive. For example, groups of practices may choose to work closely together to deliver care to residents of a particular town, whilst also being members of a larger General Practice federation that works with practices on a much bigger scale to deliver services or support services for practices.

Our actions:
- We will work together across the health system with partner organisations, the LMC, federations, and NHS England to ensure that practices are supported to explore different models and options for the future and, should they wish to change, support the work that needs to be undertaken to make the change. The decisions on the delivery models for the future will be made by General Practices.
- Respondents to the General Practice survey in Cumbria were clear that to deliver 7 day access to General Practice they want to work in collaboration with other practices and with CHOC. The CCG will support the development of new services, and commission them as part of the north and south strategic programmes.

Nationally a number of different models are being taken forward, and some were explored at the Cumbria GP conference in September 2015:
- Primary Care Communities, working with GP practices and community services to develop new ways of delivering services to a defined population, using skills flexibly and engaging the population in the design and delivery of care.
- Formal practice collaborations across networks or federations.
- Practice mergers.
- Working with Foundation Trusts (and CHOC) where the Foundation Trust becomes the holder of the GMS contract and the practice a part of the Trust.
- Joint ventures between practices and other organisations, where practices retain a key leadership role.
- ‘Super’ practices covering a very large population running services on many sites.
GPs are under unprecedented pressure, with approximately 340 million consultations per year in General Practice in England; a 40 million per year increase from five years ago; representing the single biggest rise in volume of care within any sector of the NHS. This increase has not been matched by an increase in GP numbers and staff, or an expansion of infrastructure and is set against a background of falling resource.

We will help General Practice utilise available tools, eg, IT systems, which will streamline the working day, saving us time and improving efficiency. We will provide practical ways of managing our workload to meet demand.

Our actions:
We will support practices to:
• make the most of IT developments to save time, improve efficiency and reduce bureaucracy.
• develop a culture of continuous improvement based on best practice and research. Practical help for improvement, via a common system across Cumbria is available to all practices through CLIC www.theclic.org.uk
• continuously improve and develop ways of working, eg, to support patients with long term conditions, and providing access to services such as social prescribing.

We will commission services in a way which allows practices that want to, to collaborate with other practices to deliver services, enabling economies of scale – for services commissioned directly by the CCG. We will work with public health and the wider NHS to do the same for the services that they commission.

GPs tell us that much of their work arrives in an unplanned way from other parts of the health and care system. Our intention is to address this in two different ways:
• We will work with federations, the LMC and local Trusts to develop appropriate service level agreements where General Practice is undertaking work on behalf of other contracted providers.
• Through the Success and Vanguard programmes, agree from a patient’s point of view, what the care pathway should be and who should provide it.
Premises matters are becoming increasingly problematic within General Practice: premises ownership is becoming much less desirable; GP recruitment has been constrained in a number of instances by the 25 year equity commitment; and concern over selling equity interests has led to clinicians considering early exit strategies.

In the recent GP survey, 2/3 of respondents indicated owning premises was a constraining factor to recruitment and to developing new models of clinical practice. The vast majority of respondents expressed a desire to sell based on both capital and revenue funding associated with premises.

Whilst there is need for a number of approaches to be taken in relation to premises across the rural and urban landscape of the County, there is a strong desire in many cases for change/evolution from the current position.

We will, in partnership with GP practices, develop an approach to premises that addresses some of the constraints highlighted, to support the efficient functioning of General Practice and additionally prioritises premises development. The development of such an approach, whilst needing to represent value for money would seek to facilitate and support the efficient running of GP services, whilst simultaneously providing an opportunity for improved planning and prioritisation of the General Practice estate in conjunction with the Cumbrian health economy.

The Proposal:
With practices who wish to be involved and a third party, we will develop an estates solution based upon a number of practices transferring ownership to a third party, thus providing sufficient scale to offer an economically viable proposition for the third party ‘professional estates management company’. Initial principles to be developed and expanded with the involvement of General Practice would include:

- sale at market value,
- the optional need for the third party to be able and willing to offer differential ongoing facilities management services’
- options for maintaining a share of ownership (where/if desired by principals – equity stakeholders),
- District Valuer determined annual revenue costs (rental) conforming to primary care estate regulations, and
- ownership status replaced by transferrable lease arrangement

It is recognised that a number of contractual and legal matters would need to be addressed in facilitating any practical solution for practices in such an arrangement.

Future General Practice Premises Developments
• Development of future General Practice estate will be strongly influenced through the opportunities and priorities for both integrated working that are identified through the County’s two strategic programmes. We will support General Practice to take advantage of the opportunities presented, to fast track premises rationalisation to suit the needs of integrated care for both General Practice and community services.
• We will support the prioritisation of General Practice estates developments in line with nationally identified targets for facilitating the transformation of how General Practice is delivered in the future.
• We will facilitate planned targeted development of General Practice estate in Cumbria in order to drive transformation in current practice.
I.T.

General Practice in Cumbria is already well supported in relation to in-house IM&T systems, being the most advanced users of technology across health and social care in Cumbria.

Our challenges relate to our ability to work in partnership with health and care professionals, and having underpinning software and IT systems that support effective patient care and organisational efficiency.

We will support General Practice to improve efficiency, integration and data sharing, and to reduce waste, by providing a number of IT systems and tools, thus freeing up time to meet increasing demands.

Our actions:

- We will provide a Public Sector compliant network, enabling data sharing, including wireless connectivity in all practices (where connection allows).
- By March 2016 we will establish a mobile medical workspace to support agile working, improved speed, reliability and efficient repair, accessible from any device.
- We will standardise our software to support information sharing with other service providers. Practices will be supported to use EMIS web more efficiently to get the most benefit out of this investment.
- All documents from our major providers will arrive electronically.
- We will provide an integrated knowledge and referral management system via the Cumbria e-referral Service which incorporates Map of Medicine and supports decision making and referrals for GPs.
- To reduce the demand on General Practice, we will provide patients with a website utility to monitor the progress of their referrals to other providers.
- We will revamp the CCG Intranet to provide a one-stop shop for tools and information to support General Practice.
Supporting our actions

Patient & Public Engagement

Working with our patients and communities to develop services and ways of working will be key. Practices have Patient Participant Groups (PPG), each PPG has representatives on locality forums. Locality groups link across wider networks and other patient groups. Future developments will involve patients and communities and will follow their lead, similar to the approach taken in Millom.

GP Member Practice Engagement

The CCG is a member organisation. Though the County-wide Council of Members and through the work of our six localities we will take forward local activities within this Development Programme. However we know our current ways of working together are not as effective as they need to be and we will quickly work to improve how we do this. Examples of how we are changing include:
- Re-launch of our bi-weekly GP newsletter
- Development of the CCG Intranet as a ‘one stop’ information hub for practices
- Stronger GP Leadership over key programmes
- Emphasis on member engagement by localities

Federations

Most practices across the CCG are members of one of three Federations covering Cumbria. Federations have an increasing role to play in developing General Practice and in developing the role of General Practice within the Cumbrian health system. The support for practices should align the work of the Federations alongside the CCG, LMC and NHS England. Federations are able to offer a ‘provider’ voice for General Practice, to support their members in the delivery of services and in achieving organisational efficiencies as well as representing practices on the programme boards of the major strategic programmes. We understand that not all practices wish to join Federations and will ensure that they are effectively supported.

Local Medical Committee (LMC)

The LMC has a formal representative role for all GP Practices. In Cumbria we work together to understand the concerns of practices and to support them individually as well as collectively. The LMC has a key role to play, providing a range of support services and advice, advocating for General Practice and liaising on practices behalf within the CCG, NHS England and other NHS partners.

NHS and Social Care Partners

The development of General Practice forms a part of the wider development of the health and care system in Cumbria. Strategic and local planning will be undertaken with our partners, through the major strategic programmes and through local agreements. Integration of service delivery, improved communication with clinical and social care colleagues, shared outcomes and information and communication systems that work together to support patient care are a strong focus of this joint work.

Co-commissioning

The commissioning of General Practice is a responsibility of NHS England. CCGs are responsible for General Practice development and the commissioning of GP out of hours services.

Co-commissioning was introduced in April 2015; enabling CCGs to take more formal responsibility for GP Commissioning, delegated from local NHS England teams. NHS Cumbria CCG have opted not to take as yet further delegated responsibility, a decision affirmed in September 2015, believing our ambition set out in this plan can be delivered with our existing level of responsibility and with the good working relationship enjoyed with the NHS England team.
What next?

General Practice needs to be a central part of the two major redesign programmes, north and south, as trying to sort the rest of the health and care system while forgetting the pressures and needs of General Practice is a sure recipe for failure. If we fail not only will practices suffer but so will the populations they serve.

So if this is about working together, simplifying the landscape and working within the major redesign programmes, we need to be smart about making it happen:

- We will bring together the Federations, the LMC, along with the CCG’s locality teams to create a single approach to implementing this plan;
- Primary Care development will be a core work stream within the Success Regime and Vanguard programmes. This will ensure General Practice receives proper focus and we connect this plan with other activity, for example in ensuring that the new LIS (LIS) focuses on the right outcomes;
- Some things the CCG, and previously the PCT, currently does to support General Practice may more appropriately be undertaken by our emerging federations, so we will explore this.

If this Development Plan is endorsed by the Council of Members in November, we will identify the immediate priorities (some of which are self-evident such as supporting recruitment) and agree relevant work plans for these by the end of January 2016.

The new LIS will be developed with the LMC and the federations by the end of February 2016.

We will ensure regular updates on progress are available to practices.

If you would like to be involved with specific work groups on:
- The LIS
- Workforce
- Premises
- New Models of Delivery

Please click here to let us know

If you would like to help shape proposals as they develop by commenting on papers / documents.

Please click here to let us know

Regular updates and discussions will take place in each locality and through the GP Newsletter

Please click here to receive a full version on the plan

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