

**Report for:** Health and Wellbeing Board – 12<sup>th</sup> September 2016

**Title:** Primary Care Update

**Organisation:** Haringey Clinical Commissioning Group

**Lead Officer:** Cassie Williams, Assistant Director of Primary Care Quality and Development

## **1. Introduction**

- 1.1 This report sets out the ongoing work in Haringey in relation to Primary Care, specifically General Practice. This is articulated through the framework of the Haringey CCG General Practice Development Plan 2016-17.
- 1.2 The report includes an update on Primary Care premises development, particularly in relation to the new zero list practice in Tottenham Hale and additional work being progressed to secure adequate and appropriate premises for general practice in Haringey. This work has developed out of the Haringey Strategic Premises Development Plan which was presented to the Health and Wellbeing Board on 23<sup>rd</sup> June 2015.
- 1.3 The report further details the current and future options for Haringey in relation to primary care commissioning. Haringey CCG, in collaboration with the other 4 CCGs of North Central London, currently jointly commission General Practice together with NHS England but are now being invited to consider whether to submit an expression of interest to take on Level 3, delegated commissioning from April 2017.

## **2 Haringey General Practice Development Programme**

- 2.1 Haringey CCG is committed to ensuring that Haringey has high quality, resilient and sustainable general practice which is able to deliver accessible, coordinated and proactive care for all its residents. In order to provide this it will be necessary to do some things differently; considering new ways of working and new models of care. Some elements will be best provided at scale. It also requires proactive planning to secure the necessary infrastructure (estates and IT) as well as a motivated, equipped and sustainable workforce.
- 2.2 In order to achieve this, Haringey CCG has developed a plan for 2016-17 containing six priority pillars, which are shown in the diagram in appendix 1. These priorities are aligned to the NCL Primary Care Strategy and the NCL Sustainability and Transformation Plan (STP).

2.3 The programme articulates the desired outcomes and this year's programmes of work underway and planned to deliver it.

#### **4. Haringey General Practice Priority Areas**

##### **4.1 Quality and Reducing Variation**

4.2 The goal is to improve quality across all of General Practice in Haringey particularly focusing on reducing variability between practices. This will be measured through reviewing patient experience feedback on the GP survey and General Practice Outcome Standards. The focus this year is on the provision of, and peer discussion about, data provided in dashboards that includes A&E attendance and referral rates, immunisations and vaccination data and disease prevalence. Dashboards already provide information around community referral rates and A&E attendances (see Appendix 2 – practice names removed), other dashboards are in the process of being created. A Quality Dashboard will be created as part of work being progressed with University College London Partners.

4.3 It will also involve a programme of practice visits to engage practices around these matters and to support them in improving quality.

##### **4.4 Accessible Care**

The goal is to improve the experience of patients in relation to access, as measured in the GP patient survey. This will include extending hub working. The current commitment is to provide 4 hubs on a Saturday mornings available to every patient in Haringey. The 4 hubs will be open by October 2016. In addition, and subject to confirmation of funding through the national GP access fund, there is a plan to deliver an 8-8, 7 days a week service by the end of the financial year through hub working.

There is also a focus on supporting those practices who particularly struggle to provide good primary care access to their patients. Practices will receive advice and support around how to make best use of technology, patient education about self-help and self-referral, and workforce utilisation to improve access.

##### **4.5 Proactive and Coordinated Care**

The goal is to improve secondary prevention through better identification of disease, as evidenced by a reduction in the expected and observed prevalence gap. The focus in this year is around stroke prevention but Haringey CCG hopes to expand this to other disease areas including diabetes, chronic obstructive pulmonary disease and chronic kidney disease in the new financial year, subject to completion of the PMS review (one type of GP contract which is due for review by NHS England in this financial year).

Locality teams, which provide a multidisciplinary approach to care, are continuing and the goal is to increase utilisation of this service to support those most at risk of hospital admission.

In addition, there will be an increase in the availability of social prescribing, which provides support for a wider range of needs beyond specific health issues, but which have an impact on health and wellbeing.

#### **4.6 Resilience, Sustainability and Transformation**

The goal is to improve individual practice resilience and support ongoing development of the Haringey GP Federation to provide population level provision of services. This will be achieved through the Haringey Practice Resilience Programme. Data will be triangulated to understand the most challenged practices who will then be helped to access support, including national programmes articulated in the GP Forward View, such as Time to Care, and local initiatives including a programme across Enfield and Haringey being developed with UCL Partners which will work with surgeries to optimise time within a practice in order to improve clinical capacity and to improve quality.

Another aspect of UCLP support will be to support the development of an additional primary care offer in relation to children, particularly identifying a reliable alternative to taking a child to A&E when they are unwell. This approach will consider current research and evidence to identify a primary care response which may include GPs with a special interest (GPwSI) and additional training.

#### **4.7 Provider Development**

The goal is to ensure there is a motivated and equipped workforce within Primary Care who are actively engaged to come and work in Haringey and who want to stay here. A current programme enabled 2 nurses to shift from acute to practice nursing last year and the goal is to have 4 further nurses join the workforce this year. A survey is also underway with GP trainees to understand the factors that cause people to stay or leave. Other work has been focused on thinking about broadening the workforce, including extending the skills of healthcare assistants and using pharmacists in primary care.

There will also be additional leadership development made available to equip system leaders in improving quality and delivering transformation.

#### **4.8 Infrastructure**

In this priority area, the goal is to ensure that Haringey has the necessary estate and technology to support better access and multidisciplinary working. 18 bids were submitted to the Estates and Technology Transformation Fund (EFTF) to support this including a bid for an Integrated Digital Care Record which would enable access to records across health and social care and provide a patient held

record. This is key in delivering more coordinated care and supporting patients to take more responsibility for their health. The outcome of ETTF bids will be made known in November 2016. Further information in relation to Estates Development is provided below.

#### **4.9 Estates Development**

4.10 The following sets out some of the key developments in relation to primary care premises during the past 12 months:

#### **4.11 Tottenham Hale Medical Practice**

The new temporary site is due to be open on 31<sup>st</sup> August 2016. Whilst waiting for the site itself to be ready, the practice has been able to start registering patients and approximately 400 patients have registered to date. Where immediate treatment is needed, patients are being seen at Lawrence House. At the time of writing this report final 'snagging' of the new building is being worked through. The practice have confirmed that they intend to move into the building on the planned date and a formal launch of the new practice will be arranged in September.

#### **4.12 ETTF bids for Primary Care Premises**

Nine estates bids were submitted for Haringey. These include key developments in areas where there is an identified shortage of primary care and housing growth, namely Tottenham Hale, Wood Green, Green Lanes and Northumberland Park. Whilst awaiting the outcome of these bids, the CCG is continuing to work with the Council and NHS Property colleagues, to be ready to progress bids where they are successful and to consider other opportunities where developments are required but capital funding is not available through ETTF.

#### **4.13 Clarification of the Primary Care Estates Strategy**

Significant work has already been undertaken to articulate a single estates strategy across Haringey and Islington. As part of that work, Haringey CCG is working to develop a specific description of the type of estate which general practice would ideally be delivered from. This is particularly important as the CCG is asked to comment on practice moves and estates developments. The CCG is currently working with local GPs to articulate this and will seek the view of the Health and Wellbeing Board at the meeting. Engagement with the public will occur subsequent to this

#### **4.14 Delegated Commissioning (Level 3)**

The CCGs in Barnet, Enfield, Haringey, Islington and Camden (NCL) currently jointly commission primary care with NHS England. At this stage CCGs are part of decision making, but NHS England has the casting vote on decisions. NCL CCGs have now been invited to submit an expression of interest by October 2016 if they

wish to move to level 3, delegated commissioning. Following discussion in local Collaboratives, Haringey GPs are now voting as to whether they would support this move. A final decision will be agreed at the September Governing Body following the outcome of the vote.

Level 3 includes making decisions about GP contracts in the local area, including whether a practice can move to a new location or merge with another practice. It would also mean being responsible for the budget. Greater financial responsibility would enable CCGs to commission primary care in a way that most effectively addresses the local need. However, it is also important to ensure that the finances are adequate for the task. Should an expression of interest be submitted, further analysis will be conducted around the money prior to formally agreeing to adopt level 3.

## **5 Conclusion**

The CCG is clear in its intent to develop, on a continuing basis, a coherent work plan which addresses the key priorities for primary care in the Haringey borough. This report provides a summary of the work which is being progressed in 2016-17.

## **6 Recommendation**

That the Health and Wellbeing Board considers and comments on the report.

## **7 Timings**

It is proposed that a further update is brought to the Board in early 2017.