

Primary Care Strategy

2018 - 2020



Introduction

This strategy sets out our ambition and vision for primary care over the next two years.

Bath and North East Somerset (B&NES), in common with the rest of the UK, has a growing population with more people living longer with one or more long term health conditions. Between 2012 and 2021, we will see a 27 per cent increase in the number of patients aged 75-79 years and a 38 per cent increase in those over the age of 90 years. In B&NES there is also a mix of urban and rural populations, and one size does not fit all in terms of meeting the needs of our different communities.

This strategy describes how we will support our GP practices to provide accessible and coordinated care and ensure a skilled and motivated workforce to respond to the current and future needs of our population.

We believe it is important to be transparent and inclusive in the way we make decisions, and to have an on-going dialogue with those who deliver services. We will continue to work with the public and service providers to ensure everyone understands the role they can play in achieving our collective vision for 2020. Our future services will be shaped through collaboration, engagement and co-design with GP colleagues, other health and care professionals, patients and the wider community.

We wish to create an environment in which everyone can continue to thrive and our services become even more effective and efficient. Our strategy aims to deliver community-based, person-centred care that:

- Promotes health and wellbeing
- Offers a true focus on prevention
- Supports people to be active in managing their own health and care
- Helps to keep people out of hospital as much as possible.

What is primary care?

GPs are the first point of contact with the NHS for most people and this strategy relates to those services provided by general practice. Primary care is often described as the 'front door of the NHS' and provides patients with community-based access to medical services for advice, prescriptions, treatment or referral, usually through a GP or nurse. Other primary care providers include dentists, community pharmacists and optometrists. It has been estimated that around 90 per cent of interactions in the NHS take place in primary care .

National context

Since 2012, England's population has grown by 2.1 million (around 4 per cent), and people are living longer lives. The number of people with long-term conditions has grown sharply, as have advances in medical care and treatment - keeping more people well for longer.

GP practices face many challenges. Workload has increased substantially in recent years and has not been matched by growth in either funding or in workforce. This situation has been further compounded by initiatives to move care from hospitals to the community. Primary care has an increasingly central role in the access to and coordination of a wide range of social and medical services that support wellbeing.

Practices are finding it increasingly difficult to recruit and retain GPs and are seeing this trend extend to other members of the primary care team, such as nurses and practice managers.

To address some of these national challenges, the NHS Five Year Forward View (FYFV), published in October 2014, and the GP Forward View (GPFV), published in April 2016, set out the direction for healthcare in the future. We will continue to support practices to address these challenges, enabling them to continue to provide safe personalised care for our patients.

Local context

The area our CCG covers has a resident population of 177,643 and 197,040 people are registered with one of our 25 GP practices (24 practices from October 2018). We have an annual budget of £266m. Our population is generally healthy and relatively financially stable; however we do have pockets of significant deprivation and health inequalities. Our vision for primary care builds on the strong foundation of good primary medical services already in place across B&NES. This is demonstrated by our patient ratings captured as part of the annual patient survey (see below) and all our GP practices are rated by the Care Quality Commission (CQC) as good or outstanding.

However we know, through listening to patients, that there is still work to be done to improve primary care services, including:

- Resolving differences across B&NES practices so everyone has good access to primary care
- Helping people to navigate their way around the health and care system
- Providing more support to patients with a mental health illness, those at the end of life and those requiring out-of-hours care and treatment
- Improving our use of IT and the appropriate sharing of patient records.

The average list size for GP practices in England is approximately 8000 patients. In B&NES, approximately 54 per cent of practices have a smaller patient list than this and for some their NHS income streams have been reduced because a percentage of their funding is based on their patient list size. We recognise that as a consequence our practices are beginning to experience difficulty remaining sustainable.

Due to the average size of our GP practices' patient lists, we believe the best approach to make sure our practices are fit for the future is to support them to explore how they can work closer together to provide a greater range of services to a wider range of patients.

Primary care and the Clinical Commissioning Group (CCG)

We are a clinically-led organisation and all GP practices in B&NES form part of our membership. They share with us the views of all the health care professionals within the surgeries as well as those of the community teams with whom they work. This helps to inform our strategy and priorities.

In 2014/15 NHS England announced options for CCGs to co-commission aspects of primary medical care in partnership with them. We took up this opportunity and are currently mid-way through the process of transition to take on responsibility for the day-to-day commissioning of primary care services. This process started in April 2017 and is expected to continue until October 2018. 'Delegated commissioning' offers increased control of our budgets to protect and invest resources most appropriately in response to local healthcare challenges.

An example of this includes the redistribution of funding arising from a review by NHS England of Personal Medical Services (PMS) contracts. All our practices hold a PMS contract, which allow more flexibility than the nationally negotiated General Medical Services contract. The national review sought to determine how much PMS funding was paying for 'core' GP services and how much was being spent on additional services – known as the PMS Premium. The aim was to reduce the variation in funding per patient across England, and provide a mechanism for local redistribution of the PMS Premium.

The five strategic components of our strategy

Our vision for primary care in B&NES is aligned to the national direction of travel set out in FYFV and GPFV. Locally, we have identified five key areas to help strengthen our planning activities as well as expand the work we have already begun.

We have already made improvements and encouraged innovative ways of working. For example, in May 2018 we introduced a new approach to integrated urgent care services in B&NES by combining the NHS111 helpline, GP out-of-hours service and a new clinical 'hub' or assessment service to make sure people receive the right care in the right place for their health needs.

The five themes we will focus on in our strategy are:



1. Access to Care

All of our practices operate core opening hours between 8am and 6.30pm daily. In addition to these core hours, GP practices offer extended hours during evenings and on some Saturdays.

We are planning to introduce additional access to primary care services in two or three locations from October 2018. NHS England has introduced a new model called 'Improving Access' that requires GP appointments to be made available to patients from 6pm - 9pm during the week and from 8am - 12midday on Saturdays and Sundays. These appointments will either be available at the patient's own surgery or another practice in B&NES. We are working closely with our GP practices and key stakeholders to develop plans for implementing this model.

85% of patients are satisfied with how easy it is to get through to someone at the GP surgery on the phone (England average 68%)

91% are satisfied with the helpfulness of the receptionists at their surgery (England average 87%)
However:

66% are able to see their preferred GP always, mostly always or a lot of the time (England average of 59%)

GP Patient Survey 2017

We have reviewed a proportion of our GP practice appointments to help us evidence and support the demand for increased access to primary care. The data showed us that over half of patients requesting an appointment with their practice were seen within 2 days.

The data also showed us:

- There has been an increase in the number of patients who access a GP appointment on the same day. This is in part due to practices offering alternatives to face-to-face appointments such as telephone consultations
- There was an increase in demand for primary care appointments – especially for GP appointments – over the winter period
- There has been a small decrease in demand for appointments at the start of the week and an increase in demand towards the end of the week over the past 12 months.

We will use this, and future data to support commissioning decisions for improving primary care access. Additionally, we have also tested and delivered a number of pilot schemes, which have helped improve access to primary care:

- The 'Urgent Care Escalation Scheme' provides additional appointments during the winter months to support the wider healthcare system
- Launch of the pilot Early Home Visiting Service during 2017/18
- Introduction of the Falls Rapid Response service that provides an urgent response to individuals who have fallen in their own home. The team visit the person, make an assessment about their home environment and make recommendations about ways to reduce the risk of falling in future. They can also refer the person to other community services.

By 2020, we aim to have:

- Maintained our good access levels as indicated in the GP Patient Survey
- Assessed demand under the Improving Access scheme and implemented a model that suits B&NES
- Established and developed the Early Home Visiting and Falls Rapid Response services
- Built upon learning from the introduction of the new integrated urgent care services.



CASE STUDY – The Early Home Visiting Service

People living in B&NES who are unwell and cannot get to their GP surgery to be seen can now call the practice first thing in the morning to request an early home visit (i.e. ideally before 10am). The goal for this early visit is to enable patients who might need to go to hospital for a check to do so and return home again on the same day. Historically, home visits are done during late morning after a GP's morning session, which means patients may not arrive into hospital for any necessary checks until the middle of the day. This often results in patients staying overnight unnecessarily.

Since the Early Home Visiting Service began in April 2017, our GP members have consistently reported positive effects on their own time management. Having a dedicated staff member to carry out early morning visits has freed up their time to dedicate to those patients who can attend the practice. The pilot service is being extended in 2018/19 to include afternoons, with the emphasis shifting to improving access and avoiding unnecessary admissions to hospital late in the day.

2. Models of care

There is a national consensus on the need for primary care to change. To care for people out-of-hospital, we need to work with our partners in local hospitals and our community providers as well as use more integrated IT systems.

94% of patients have confidence in managing their own health (England average 92%)

66% had enough support from local services/organisations in the last six months to help manage their long-term condition (England average 63%)

73% were satisfied with their overall experience of NHS services when their GP surgery is closed (England average 66%)

GP Patient Survey 2017

From now on, we expect to see practices working more closely together (as groups or merged practices) to serve larger populations. Surgery sites will need to be rationalised, adapted or reconfigured depending on need and location, but remaining the first point of contact for NHS services. Investments will bring innovative changes to the range of skills and models of care as well as unified approaches to clinical systems and record sharing.

This approach seeks to safeguard our current high quality provision of primary care services and to support groups of practices towards different models of delivering care that reduce the vulnerability and risks of the current system. All our GP practices are members of a federation called B&NES Enhanced Medical Services (BEMS+) that acts as a link between practices and delivers a number of community-based clinical services. We have started to see a shift towards GP practices working more closely together. In summer 2018 five GP practices formally announced they were joining forces as a federation. The Minerva Health Group is a not-for-profit organisation which aims to bring together best practice from each of the surgeries to provide the highest possible level of care for their combined 34,000 patients. In addition, three practices in Bath have already merged (with a fourth soon to join) to form the Heart of Bath Medical Partnership. We expect to see more mergers throughout the period of this strategy and will provide support to practices wishing to work more collaboratively, either through merging or federation working. Longer term, we are planning to further join up the delivery of health and care services with B&NES Council and share our resources and expertise.



Drs Gillings and Head from Heart of Bath Medical Partnership, which now provides GP services at Bath's homeless shelter, Julian House.

CASE STUDY – Heart of Bath Medical Partnership

Plans to adapt the way primary care in B&NES copes with the increase in demand are progressing well, indeed, two of Bath's largest practices went ahead with a merger this year to become Heart of Bath Medical Partnership. This partnership provides opportunities for greater access to GPs, nurses and other services and means the practices can save money by sharing back-office functions. From May 2018 Heart of Bath Medical Partnership began providing the Homeless Health Care Service that offers homeless people access to a local GP five days a week. The service is run each weekday morning from the Julian House hostel in Manvers Street, Bath. For one day each week, a clinician will undertake outreach work and travel across the city to locate rough sleepers not using Julian House and who may need medical care.

3. Workforce sustainability

Our county has historically been an attractive place to live and work in and our primary care workforce has been stable. Confidence and trust in our primary care workforce is higher than the national average.

95% of patients have confidence and trust in the GP they saw or spoke to (England average 92%)

89% have confidence and trust in the nurse they saw or spoke to (England average 84%)

GP Patient Survey 2017

However, the profile of our workforce is changing and we need to plan ahead to ensure we have the people in place to deliver care now and in the future.

We recognise the workforce challenges that our local GP practices currently face and will increasingly face in the future as many of our staff approach retirement. We will need to address the immediate pressures by working with NHS England and Health Education England to look at ways to increase recruitment and retention and expand the roles of other primary care professionals. Additional capacity is unlikely to be met by investing in more people alone. We will need to explore different ways of working - providing more of the same is no longer an option to meet the increasing health needs of our patients. Specifically, we will:

- Continue to support GPs with an interest in specific clinical specialities to increase their skills and knowledge
- Increase training networks for other primary care staff
- Develop other areas of the workforce, such as clinical pharmacists in GP practices and use of specialist paramedics for the Early Home Visiting Service.

Our intention is to provide a stronger voice for all staff working within primary care including administrative support teams, nurses and pharmacists to help ensure their broad range of skills and expertise are fully utilised to benefit patients. In the longer term, we will continue to work with NHS England to develop a workforce strategy and look at ways of recruiting additional GPs, for example through the GP International Recruitment Programme.



CASE STUDY – The ‘falls’ service

Health and care services in B&NES have come together to pilot the service for people over the age of 65 years who fall over at home. The falls team, which includes a specialist paramedic and an occupational therapist, can respond to up to four B&NES patients per day if they have contacted the emergency services for assistance after a fall. The team helps the person get comfortable, carries out a home-based falls risk assessment and recommends any necessary interventions that could help prevent future falls.

In its first year of service, the falls pilot visited over 650 people who had fallen at home, and over 550 of those individuals were able to remain at home after the team's visit. This indicates just how many unnecessary hospital admissions may have been avoided through the intervention of the team. Among those who were transferred to hospital, the most common reason was for further clinical assessment, as opposed to a lack of available community based support.

4. Workload

National pressure on the NHS is well documented and we have seen a significant increase in demand for both primary and secondary care over recent years as there are more people living with complex conditions that require frequent care and treatment.

GP workload has grown hugely, both in volume and complexity. Population changes account for some of this increase, but changes in medical technology and new ways of treating patients also play a role.

We are responding to these challenges by:

- Offering all our practices project management support and specialist advice to help them to move towards mergers or adopt other collaborative approaches
- Encouraging practices to share their emerging issues (e.g. IT, staff training, human resources) with us at an early stage so we can provide the right support right away
- Supporting practice staff to undertake some of the administrative tasks currently carried out by GPs to release them to spend more time with patients
- Helping to standardise administrative tasks across B&NES to improve workload pressures.



CASE STUDY – Clinical integrators

We are supporting our practices to work as part of an integrated (joined up) team of multi-disciplinary professionals (including community, voluntary and hospital services) for the benefit of patients. We have recruited a small team of GP and nurse practitioners to work with practices to improve multi-disciplinary models of care.

5. Estates and infrastructure

To deliver the ambitions laid out in this strategy, it is essential our practices are based in buildings that are fit for purpose and the right infrastructure is in place to enable our primary care teams to focus on patient care.

Estates

Our GP practices' physical locations are of varying sizes and condition and we want to make sure they are suitable for the future. We have therefore prioritised investment in primary care estates to meet planned population growth – particularly in Bath. Investing in our GP premises will also facilitate collaborative working or 'delivery at scale' across our practices and enable new models of care to emerge.

Since the delivery of the FYFV, we have worked with a number of practices on significant schemes that involve a development of new premises and/or relocation of existing practices:

- The Heart of Bath Medical Partnership (HOB)
- St Augustine's Medical Practice, Keynsham – in January 2018 the partners and practice team moved from a Victorian terraced house to bigger, purpose-built premises in the town's Chocolate Quarter. The new premises include improved disabled access, a state-of-the art minor surgery suite, 12 consultation rooms and more spacious staff facilities.

We are currently working with Hope House Surgery, B&NES Council and other local partners to improve services for residents in the Somer Valley by developing a new community centre in Radstock. This new build will be home to a purpose-built, modern GP surgery and council services and is expected to be completed by 2020.

Information Technology (IT)

Enabling information to flow between care providers within and beyond organisational boundaries, and between care providers and patients, is a key means by which we will achieve a safe, convenient and personalised health and care service.

GP IT systems sit at the heart of primary care technology, facilitating and recording millions of interactions with patients every week. GP practices have led the way in the move from paper to digital record-keeping and are now well on the way to offering online transactions, such as appointment bookings and repeat prescriptions, across all practices.

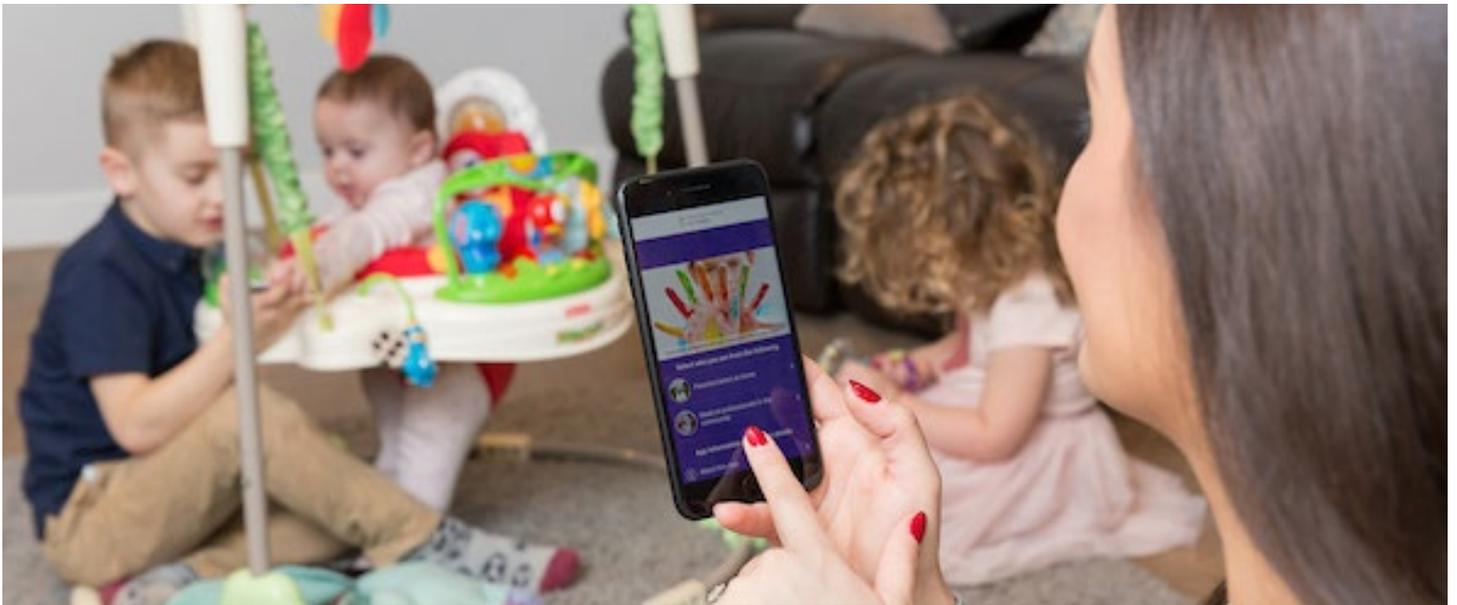
Our aims for IT are described in our Local digital roadmap and broadly focus on:

- Becoming paper-free at the point of care
- Enabling digital self-care.
- Using analytics and data to support individual care and across a population for commissioning and research.

IT will enable practices to work more effectively through:

- Piloting online patient consultations
- Enabling patients to use digital innovations to monitor their condition remotely and self-care
- Offering patients telephone consultations
- Improvements to the Summary Care Record (2.1) – the electronic of important patient information created from GP medical records
- Facilitating the use of e-communications between organisations, including E-referrals and discharge summaries.
- Development of a shared integrated care record so important patient medical information can be shared with the partner organisations involved in his/her care.

In the future we aim to see all of our practices using one electronic system and exploring ways of sharing information (where appropriate) between local practices to support collaboration and help reduce administrative pressures.



CASE STUDY – The paediatric HANDiApp

The HANDiApp was launched in B&NES in March 2017, and is a free, downloadable application for tablets and smartphones, containing expert advice about the six most common childhood illnesses. Developed originally at Musgrove Hospital in Taunton, the app's content has been reviewed and updated to reflect local policy by paediatricians at the Royal United Hospital in Bath.

The goal for the app is to provide anyone caring for an unwell child with expert advice on how to manage their symptoms, and when to seek medical advice. Alongside this aim, it is hoped that parents using the app may be less inclined to attend the emergency department inappropriately, or make an unnecessary GP appointment. The app is promoted and used by GPs and other healthcare professionals in addition to the general public, education institutions and other childcare environments.



CASE STUDY – Consultant Connect

In 2015/16 we launched Consultant Connect to great effect. This service provides GPs with immediate telephone access to Royal United Hospital Bath NHS Foundation Trust (RUH) consultants so patients get specialist advice for a range of specialties (including advice on urgent situations) more quickly, and unnecessary hospital referrals can be avoided.

In summary - our vision for primary care services

Our priorities for the next two years are to address the five themes of access, models of care, workforce, workload, estates and infrastructure and:

- Improve access to routine primary care appointments during the evening and weekends
- Support resilience by building on existing good partnership working across primary care. For example, increasing the number of practices working together collaboratively, informally or formally as a federation or by merging fully
- Support the development of our primary care workforce and build on their existing skills and expertise. For example, by encouraging staff to develop portfolio careers so they can be even more flexible to meet the future needs of primary care.
- Increase opportunities for other health and care professionals such as specialist paramedics, advanced nurse practitioners and pharmacists to support learning and collaboration across primary care teams
- Increase the use of technology to access appointments and manage health.

Conclusion

This strategy describes just some of the work that is taking place both locally and nationally to ensure the ongoing development of sustainable and resilient GP services in B&NES. We will continue to work with primary care teams, NHS England, local partners, patients and the public to develop these services - ensuring that they meet the needs of the local community, both now and in the future.

Additional resources

NHS England: www.england.nhs.uk/commissioning/primary-care/primary-care-comm

NHS England Five Year Forward View: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

NHS England GP Forward View: www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf

Primary Care Support England: pcse.england.nhs.uk

Care Quality Commission: www.cqc.org.uk/what-we-do/services-we-regulate/find-family-doctorgp

Public Health England, General Practice Profiles: fingertips.phe.org.uk/profile/general-practice

Healthwatch England: www.healthwatch.co.uk

BaNES CCG Statement of intent: www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/6033

BaNES CCG Local digital roadmap:

www.bathandnortheastsomersetccg.nhs.uk/documents/strategies/local-digital-roadmap

B&NES Council Joint Strategic Needs Assessment:

www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/about-jsna

Ipsos MORI GP Patient survey: gp-patient.co.uk

Community Services: www.virginicare.co.uk/service-hub/bath-north-east-somerset-health-and-care

The Government Response to the House of Commons Health Select Committee Report on Primary Care (Fourth Report of Session 2015-16): assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/562506/Response_to_primary_care_A.pdf

National Audit Office reports:

GP patient access: www.nao.org.uk/wp-content/uploads/2017/01/Improving-patient-access-general-practice.pdf

Health and Social Care integration: www.nao.org.uk/report/health-and-social-care-integration

Kings Fund Reports:

Primary Care Demand: www.kingsfund.org.uk/publications/pressures-in-general-practice

Volunteering in General Practice: www.kingsfund.org.uk/publications/volunteering-general-practice

Nuffield Trust Report:

Future models of care:

www.nuffieldtrust.org.uk/research/is-bigger-better-lessons-for-large-scale-general-practice

This document can be made available in a range of languages, large print, Braille or on CD/tape.

To request an alternative format, or if you have any questions or comments about this document, please email BSCCG.information@nhs.net or call 01228 831800.

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