Somerset County Council
Scrutiny Committee
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Paper [Letter]
Item No. [Item No.]

Somerset CCG Primary Care Committee update

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1. Summary

1.1. The Committee has previously considered access to primary care and primary care workforce. This paper summarises the recent work and forward plans of the CCG Primary Care Commissioning Committee.

The paper explains that the Committee will:

- Encourage individuals and communities to take control of their own health and wellbeing
- Promote joined up person-centred care
- Use IT innovations to allow access to healthcare
- Ensure that we have stable, viable providers of primary care
- Improve urgent care services
- Support continuous quality improvement

1.2. This paper relates to the following County Plan priority outcomes:

- Somerset is a safer and healthier place.
- Somerset is a place where people and communities have good quality services they need.

2. Issues for consideration / Recommendations

2.1. Members are asked to discuss the developments set out in this paper and highlight areas for future prioritisation as part of the development of the primary care strategy for Somerset.

2.2. The Health and Wellbeing Board also has a key role in the development of health services in Somerset.

3. Background

3.1. Somerset CCG has been in a joint commissioning relationship with NHS England in respect of GP services since 2016. On 1 April 2019 the CCG took full commissioning responsibility for GP services from NHS England. As part of this change, the previous Primary Care Joint Committee has been disbanded and a new Primary Care Commissioning Committee has been created.

The Primary Care Committee has robust arrangements to prevent any real or perceived conflict of interest, given that the CCG is a clinically-led organisation with GPs as members.

3.2. The previous Joint Committee oversaw the development of a strategy which sets out the vision for Primary Care Medical Services in Somerset during the years 2016-2020. There is a national requirement for a new primary care strategy to be developed by June 2019 and this will be a key task for the new Committee.

3.3. However, the Committee already has a substantial programme of work in hand, based on national and local priorities for GP services. These are described in more detail below, but in summary they are:

- To ensure that the NHS Long Term Plan is delivered
- To increase the workforce in GP teams
- To create new 'Primary Care Networks' serving 30-50,000 patients
- Creating a 'Digital First' GP service and improving access
- To increase continuity of care
- To reduce unwarranted variation
- To ensure that GP services are resilient and sustainable
- To promote the effective organisation of GP services.

3.4. The implications of these priorities for GP services are described in more detail below.

4. Ensuring the NHS Long Term Plan is delivered

The NHS Long Term Plan sets out how the additional funding provided by the government for the NHS will be used to improve the service. The role of GP services in delivering the Long Term Plan is secured by the new national five-year GP contract settlement 'Investment and Evolution'. Seven clinical priority areas are identified over the five year period, and each will have specific targets and priorities within it. The seven priority areas are:

1. Medication review and optimisation
2. Enhanced health in care homes
3. Anticipatory care for patients with multiple long-term conditions
4. Personalised care
5. Early cancer diagnosis
6. Cardiovascular disease prevention and diagnosis
7. Reducing health inequalities.

5. Increasing the workforce in GP teams

As the Committee is aware, Somerset suffered a decline in GP numbers from 2013 onwards. Thankfully, and due to much hard work by an alliance of stakeholders, the GP workforce in Somerset is now growing. The table below summarises this trend.

Date	GPs in Somerset (headcount)
January 2017	483
December 2017	498
March 2018	520
September 2018	521
January 2019	542

There are new national commitments to increase the supply of GPs and nurses for the primary care workforce which are very welcome. Locally, we have a strong alliance which comes together in the Somerset Training Hub to ensure that we take full advantage of national schemes.

In addition, the new national contract provides reimbursement for five groups of staff to work with networks of local practices. These are:

1. Social prescribing link workers
2. Clinical pharmacists
3. Physiotherapists
4. Paramedics
5. Physician Associates

Funding for these new roles is phased over the next five years. Work is already in hand in Somerset to ensure we increase we get the best effect from this new investment.

Local access to general practice is important in a rural county, and the number of sites proving GP services should remain approximately the same as currently. There may be some opportunities for rationalisation of estate, particularly in urban areas, and these will be considered as part of the CCG Local Estates Strategy.

6. New 'Primary Care Networks' serving 30-50,000 patients

New Primary Care Networks serving 30,000 to 50,000 populations will begin work on 1 July 2019. Each will be led by an accountable Clinical Director and will be responsible for delivering the seven clinical priority areas set out above.

The intention is that the new networks will form strong collaborative relationships with local stakeholders including communities, voluntary sector groups, local councils, community pharmacy, other NHS services and others to ensure that care is more joined up and people are helped to lead healthy independent lives.

It is important to note that although GP surgeries will be working together in Primary Care Networks, local access to general practice is important in a rural county, and the number of sites proving GP services should remain approximately the same as currently. There may be some opportunities for rationalisation of estate, particularly in urban areas, and these will be considered as part of the CCG Local Estates Strategy.

Urgent and emergency care accounts for more than 50% of the NHS budget. In general practice in Somerset 39% of patients contacting their practice for an appointment would like a same day appointment. Currently over 40% of appointments are provided on the same day. It can be very difficult for practices to meet that demand, without sacrificing the continuity of care that is one of the most important aspects of general practice. Primary Care Networks offer a new opportunity to address this dilemma.

We will commission service models which provide both access and continuity, and which allow practices to respond more rapidly to patients who may be acutely ill. Such models may well involve practices working together across a

locality to deliver home visits for example.

7. A 'Digital First' GP service and improving access

The NHS has been slow to take up digital innovations but there is now a strong focus on catching up. There are two particular areas of focus.

Firstly, the NHS will make much greater use of sophisticated predictive analytical tools, including artificial intelligence, to identify patients most at risk of adverse outcomes and those most likely to benefit from an intervention.

Secondly, patients will increasingly have online access to GP services, for example through the NHS app. This will include access to online consultations. Currently 22 of the 66 practices in Somerset offer, or will offer in the near future, online consultations.

8. Increasing continuity of care

There is very clear and strong research evidence which shows that continuity of care is linked to individual and population health outcomes including mortality.

The traditional model of GP continuity of care has been under pressure because of a number of factors. This is reflected in a reduction in continuity of care both in Somerset and nationally.

Our local priorities for stopping the decline in continuity of care and gradually increasing it are:

- Promoting models of General Practice that have higher levels of continuity, for example each patient having their own identified GP
- Increasing team-based continuity of care, where a number of people are involved in the care of a patient, co-ordinated by an accountable GP
- Improving the single shared care record so that key information is available to clinicians wherever and whenever it is needed.

9. Reducing unwarranted variation

It is important that each patient receives care tailored to their own needs. However it is also important that patients receive an equitable service wherever they live and whichever GP surgery they are registered at.

The CCG has instigated a programme of practice visits which takes data including on variation, to each practice and discusses how unwarranted variation may be reduced. The CCG as commissioner of GP services is able to take contractual action where necessary.

10. Ensuring that GP services are resilient and sustainable

Somerset has had no unplanned practice closures or GP contract resignations.

This is a significant achievement which has been due to the hard work and commitment of a wide range of stakeholders.

There is a substantial programme of work that promotes resilience in GP services in Somerset, for example by promoting efficient new models of dealing with letters to GPs which can free up significant amounts of GP time.

11. Effective organisation of GP services

The CCG has supported the resilience and effectiveness of individual GP surgeries, the development of Primary Care Networks and has also worked to ensure that at county level there are organisations which are delivering benefit. These include the three NHS Foundation Trusts in Somerset, each of which is involved in running GP surgeries, and Somerset Primary Healthcare. Somerset Primary Healthcare is a county-wide organisation which each practice has a stake in, and which offers the opportunity to exploit efficiencies of scale, for example in developing practice clinical IT systems.

12. Conclusion

This paper gives a very brief overview of the large and complicated programme of work to improve GP services in Somerset. The CCG is happy to provide detailed information about GP services at any time to the Committee.

Note For sight of individual background papers please contact the report author