



*Barking and Dagenham  
Clinical Commissioning Group*

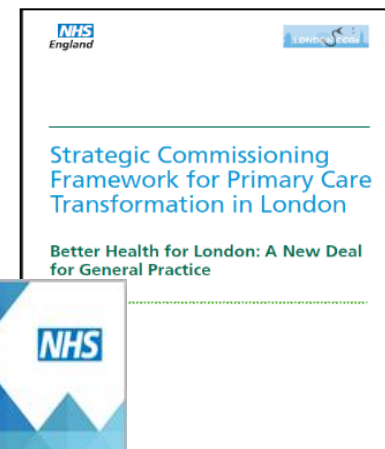
# Primary Care Transformation

## Health & Wellbeing Board

25 April 2016

# What is the national and local policy context for Primary Care Transformation?

- **Policy at a national and regional level is focusing on ensuring a sustainable high quality primary care landscape**
  - NHSE Five Year Forward View
  - London Health Commission
  - Strategic Framework for Primary Care in London
  - Think tanks (Kings Fund, Nuffield Trust)
  - Care Quality Commission
- **Move funding from acute to primary care**
- **New incentives and models of care – networks**
- **Expand primary care workforce**
- **Ambitious quality standards**



# Three areas of care form the basis of a vision for General Practice in London



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Patients and clinicians alike have told us about the importance of three areas of care; this forms the basis of the new patient offer (also called the specification)



### Accessible Care

Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.



### Coordinated Care

Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.



### Proactive Care

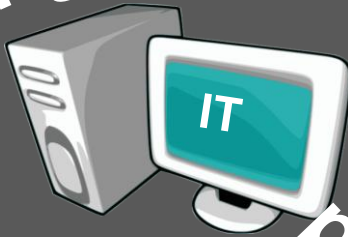
More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

Workload

Ageing & increasing population

Ageing workforce

Management of LTC  
& co-morbidities



Patient expectations  
Improving patient experience  
Patient access

Variation

Assurance of QA

Attracting & retaining staff

Funding

# Practices have provided their perspective on these challenges based on feedback from locality discussions

We are facing a crisis in recruitment and retention of GPs and nurses, with many people about to retire too

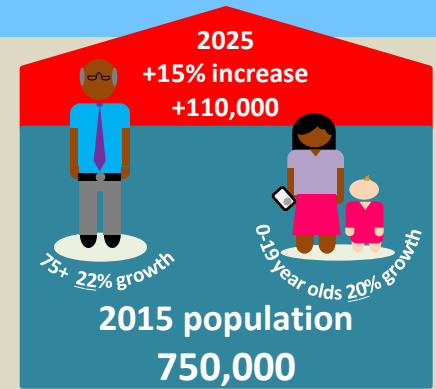
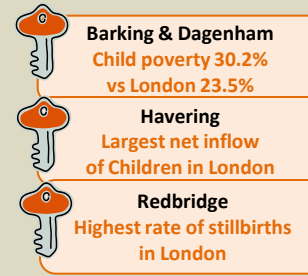
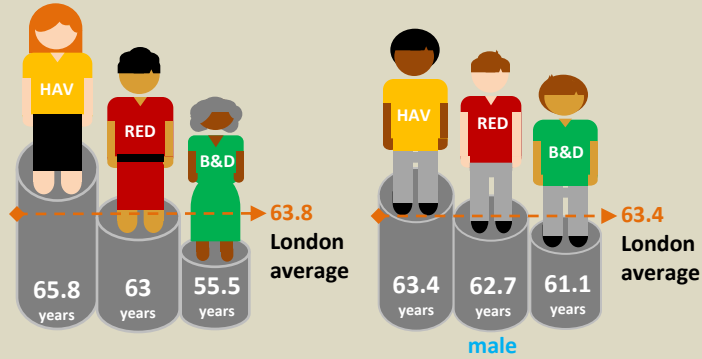
The current workload in general practice is unsustainable - GPs are seeing patients, coordinating care, chasing others for information and doing too much admin and not enough of the pro-active patient care that make being a GP rewarding

My practice isn't financially sustainable

I value my autonomy and the freedom to run my practice in a way that works for my patients and me.



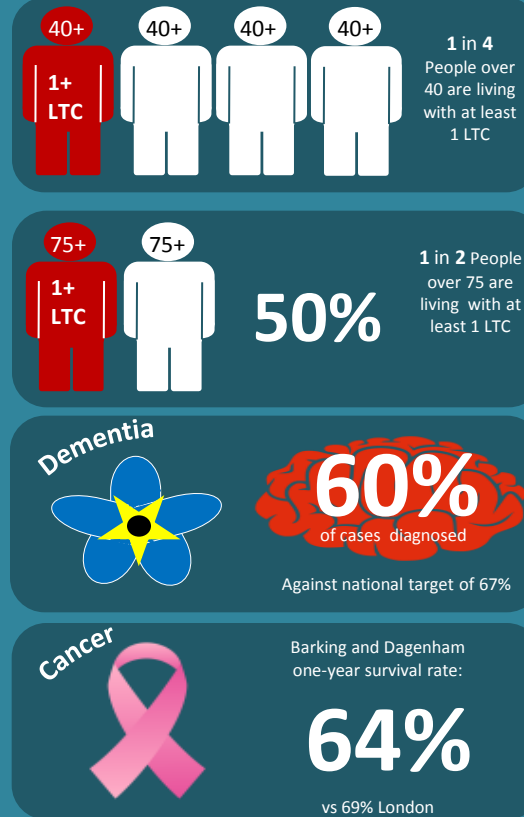
# What are the key challenges across BHR?



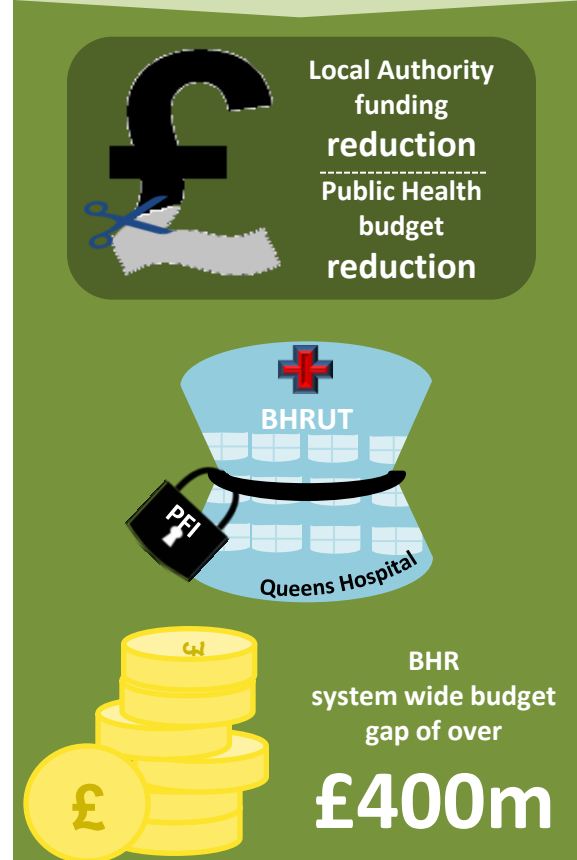
## Health and wellbeing challenges



## Care and quality challenges



## Funding and efficiency challenges



# In summary, we need to find a solution that addresses the following points

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### Patient experience

- Our patients can continue to benefit from a relationship with their local GP
- Our patients receive a joined-up cost-effective care service with unnecessary duplication avoided

### Delivery

- We have the capacity and capability to meet the health and care needs of BHR's growing and ageing population
- We meet the health and care needs of our diverse local communities
- We contribute substantially to the improvement of health outcomes for our populations
- We meet, as a minimum, national and regional quality standards for primary care – care that is accessible, co-ordinated and proactive
- The skills and assets of local professionals and provider organisations are effectively harnessed and co-ordinated
- Our solution contributes significantly to the financial sustainability of the BHR care economy

### General Practice

- Productive GP practices can retain their autonomy and have a financially sustainable future
- GPs have the time they need to provide quality patient care
- Minimise the time spent by GPs and practice colleagues on administration
- Respective roles and responsibilities of all local care providers in delivering care are clearly defined and consistently applied day-to-day by all parties

### Infrastructure / enablers

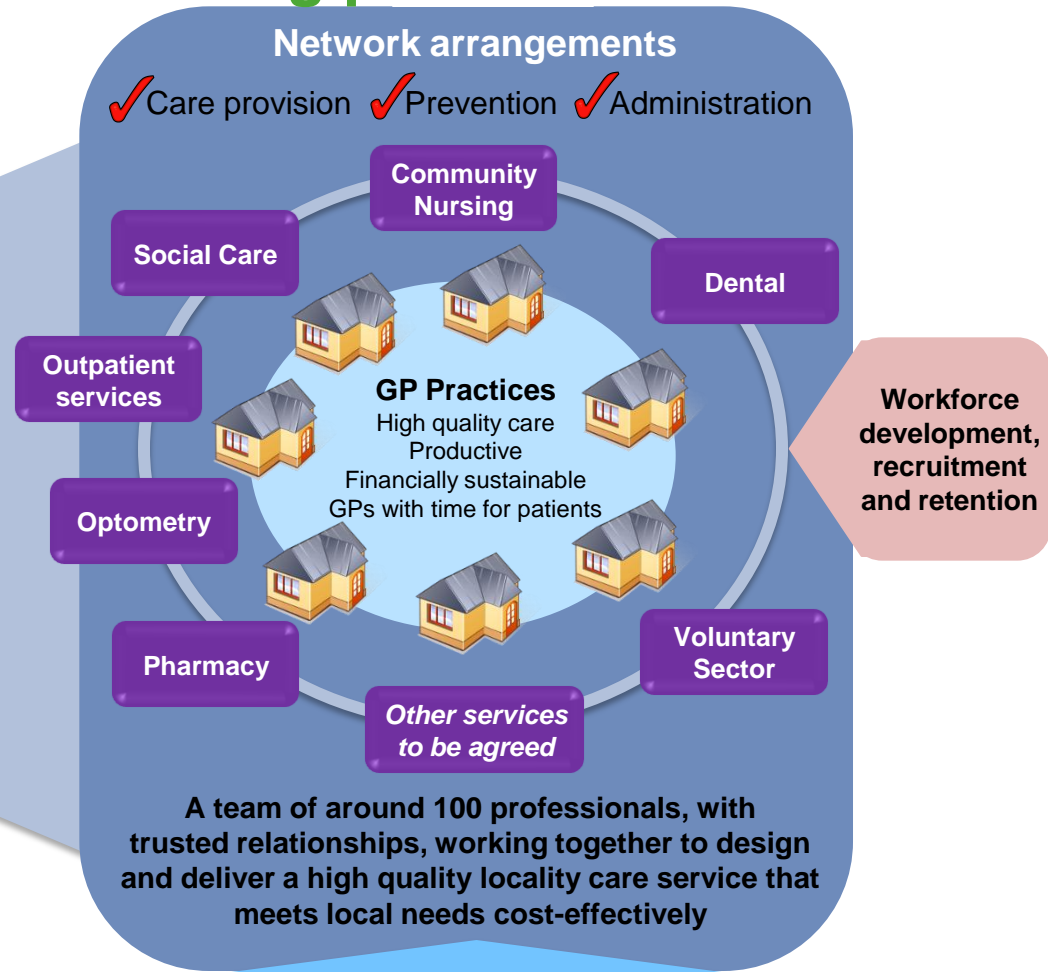
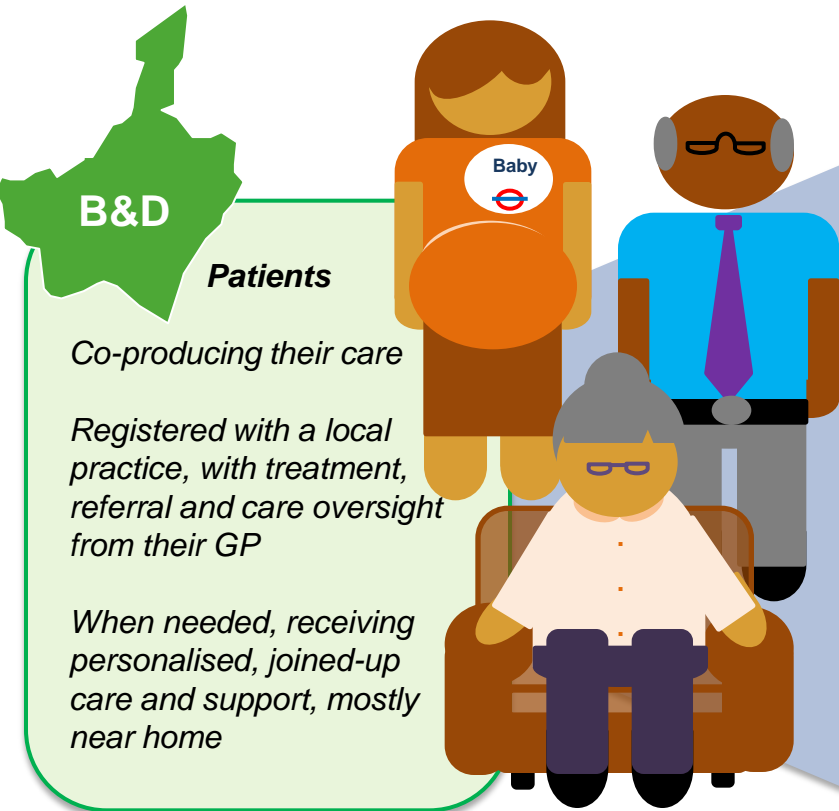
- GPs and colleagues can rely on IT to present the information about their patients that they need to make the best decisions for patients at each point of care
- Care is delivered in premises that are fit for purpose in a way that makes the best use of existing assets

### The GP & their teams

- Good career offer and working environment for GPs - retain existing GPs and attract new recruits



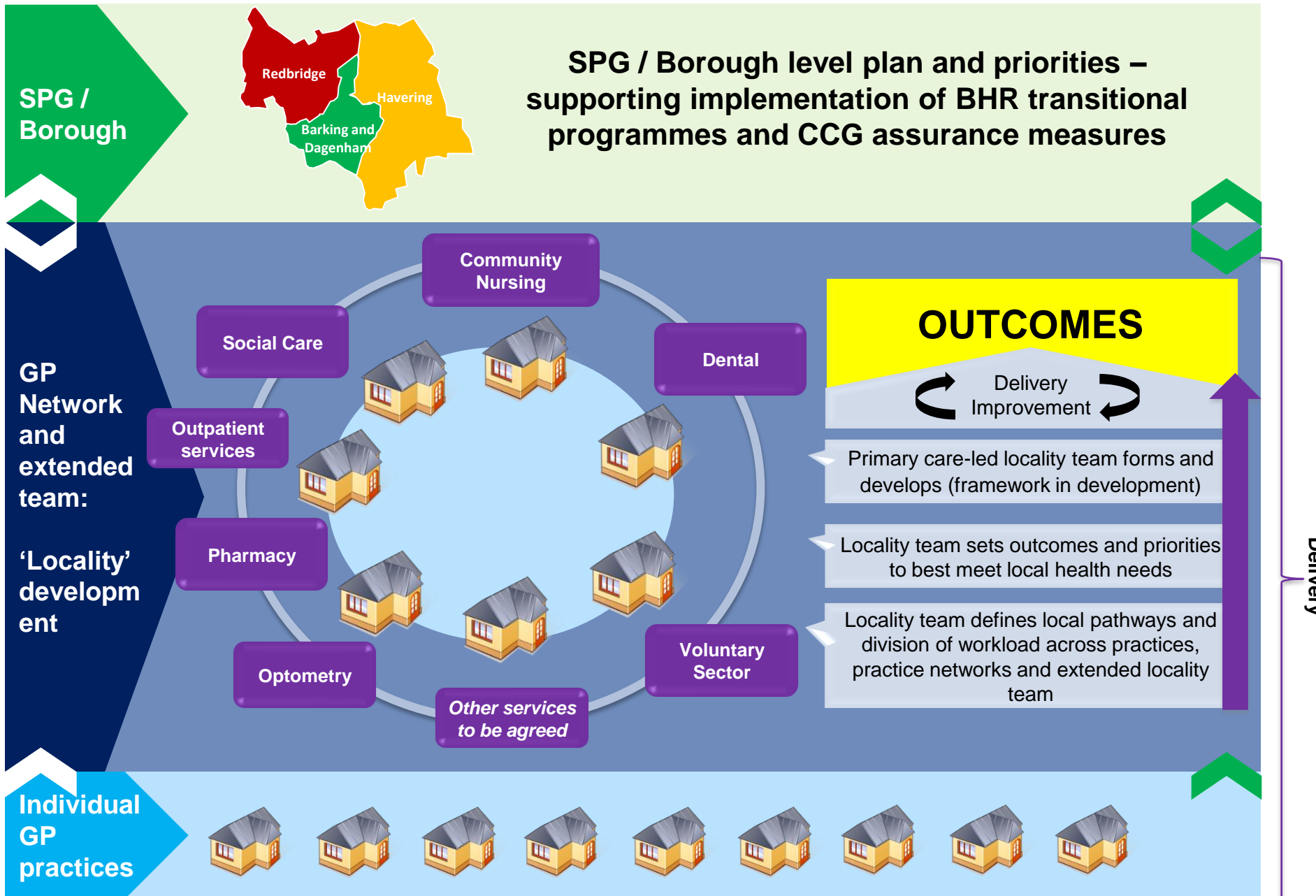
# The emerging vision is primary care-led locality-based care, founded on strong practices



- Digitally-enabled scheduling and administration
- Patient-level information sharing at point of care
- Business intelligence: Ops management, Outcomes
- Smart use of available Locality estate



# Locality-based care would be designed and delivered within a wider set of standards and priorities



# Localities make sense for Place Based Care – Barking and Dagenham



Picture does not represent actual B&D localities

## Locality level

50,000 – 70,000 per locality

Provides integrated health and social care services through Local Accountable Care Organisations. Includes the right level of service consolidation that maximises value for money

- HWB strategy and challenges
- HWBB leadership
- Local consultation and engagement



## Borough level

B&D: 200,000



## BHR Level

750,000

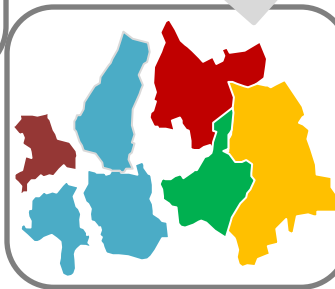
- Local plans to address local gaps and challenges
- Devolution test/ACO development
- Delivery via contracts (lead commissioner)
- Local enabler plans
- Local out of hospital plans

- Overall Sustainability and Transformation plan strategy – clinical and financial sustainability
- Issues needing a plan

NEL approach:

1. Acute reconfiguration / pan NEL flows
2. Mental Health
3. Cancer
4. Urgent and Emergency Care (incl. LAS)
5. Maternity
6. Specialised
7. Estates and workforce coordination of enablers and interface with HEE/HLP etc.
8. Transformation funding

The commissioning and provider landscape in BHR can be layered into locality level, borough level, BHR level, North East London level and London level, allowing services to be commissioned for specific groups, achieving a degree of local autonomy at the same time as achieving economies of scale where appropriate.



## NEL Level

1,800,000

Interface with HLP on agreed plan London initiatives

Evidence advanced by the Kings Fund, drawing on examples from New Zealand, is that place-based care works best with a population of 50-70,000 people

Barking & Dagenham has a history of working in localities which contain populations of this size, and it is proposed that place-based care be established within these boundaries



## London Level

8,500,000

# The vision would have positive benefits for patients

- **Quality improvement** – an overall improvement in the quality of services provided and a reduction in variation in quality between GP practices
- Patients will experience a more **integrated** service that improves their health and wellbeing and ability to self-care
- Primary care will be **personalised**, responsive, timely and accessible and provided in a way that is patient centred and co-ordinated
- Practices will show **improvement in outcomes** for key cancer, COPD, diabetes, mental health and patient satisfaction indicators
- Patient access will be improved by providing **seven- day primary care** with integrated IT
- The locality model will provide the opportunity for more care to be provided **closer to home**

# The vision would have positive benefits for practices

- **Retain autonomy** - allow step-by-step change with GPs leading
- Working together help to **ease financial pressures** - pooling resources to reduce costs and creating new opportunities to generate income
- **Partnership working** - GPs have confidence to devolve routine work to other members of the primary care team (e.g. repeat prescriptions) i.e. **reduce workload & free up GP time**
- **Integrated IT** will help **reduce duplication of work** in the wider primary care team, including chasing information
- **Integrated IT allows new ways of working that save time** (e.g. e-consultations or multi-disciplinary team meetings)
- **Attractive career offer to retain and recruit staff:-**
  - Model will allow for **more diverse job roles** within the extended primary care team
  - Enable **new ways of working**
  - **More rewarding work** focusing on patients
  - Create opportunities for **career development** for both clinical and non-clinical staff

# Our Implementation Approach



## King's Fund framework to develop place-based care

- **Define the population** served and the system boundaries.
- **Identify the partners and services** that need to be included.
- Create a **shared local vision and objectives**, based on local need and the priorities and preferences of the population.
- Develop an appropriate **governance structure** which must include patients and the public in decision-making.
- Identify the right **leaders** to manage the system, and develop a new form of system leadership.
- **Agree how conflicts will be managed and resolved.**
- Develop a **sustainable financial model** for the system across three levels:
  - the combined resources available to achieve the aims of the system
  - the way that these resources will flow down to providers
  - how these resources are allocated between providers and the way that costs, risks and rewards will be shared.
- Create a dedicated team to manage the work of the system.
- Develop ways to allow different members of the group to focus on different parts of the group's objectives.
- Develop a **single set of measures** to understand progress and use for improvement

# What are the next steps?

