

Have your say on the CCG's General Practice Strategy – background information

1. BACKGROUND

More often than not, general practice services are the first point of contact within the NHS for many people. They provide vital services as well as a continuity of care for people from birth through to end of life. While it is recognised that general practice has served people living across Colchester and Tendring well, it is also clear that services are coming under increasing levels of strain and pressure due to a number of reasons.

General practice now needs to consider and plan for how it will care for and support a population that lives longer and has multiple long-term conditions, many of which are extremely complex that need ongoing management. For general practice to be sustainable in the future, it is critical we change the way we design and deliver high quality care locally to meet this demand.

Over the last year, North East Essex Clinical Commissioning Group has been considering how it could support practices to work together in order to meet this demand. We have produced a general practice strategy that describes some of the ways we could achieve our vision of providing quality care that meet peoples' needs. The strategy recognises that meaningful and long term change cannot happen without the necessary workforce, estate and technology infrastructure in place.

While this strategy has been driven by local need and circumstances, and feedback received through our recent Big Care Debate 2 engagement exercise, it responds to the requirements as set out in the NHS and GP Five Year Forward View strategies which aim to ensure modern, efficient and quality healthcare is provided by 2020.

The CCG looks forward to making this strategy a reality and ensuring that we work to relieve the acute pressures on practices by working differently and in doing this, making care better for all local people across Colchester and Tendring. We would like your views on the draft strategy to date by completing the survey questions online.

Comments and feedback will be considered in the final version before it is submitted to the CCG Board during the Autumn of 2016.

2. INTRODUCTION

From our recent Big Care Debate 2, we know that local people across north east Essex strongly value primary and community care services. They increasingly want to be able to access a wider range of community services without having to attend hospital.

As there is a much greater emphasis on providing care closer to peoples' homes, we need to ensure that our general practice services are easily accessible and provide quality care centred around the needs of the patient.

This strategy focuses on those services that are provided by GP practices. The CCG strongly considers that the critical proposed changes detailed within this document will have a positive impact on equalities, help to reduce health inequalities and improve access for different patient groups.

3. OUR CASE FOR CHANGE

The CCG believes that the current general practice model is out of date, financially unsustainable and will not be able to address the varied needs of our local population in the future. There are also five practices across Colchester and Tending that have suspended patient registrations which has made access for some patients extremely challenging. The current model therefore not only adversely affects outcomes for patients, it also places significant cost pressure across health and social care services.

- **Making best use of our finite resource**

North east Essex is one of the most challenged health and social care areas nationally within the NHS. Local available resource for the NHS and other public authorities will continue to be very limited. As well as the increased health demands on our system we will see a significant growth in population over the next ten years across Colchester and Tending.

- **What are we proposing that the new model of general practice would look like?**

We are proposing that the way services are currently delivered will transform into 'hubs' covering at least a patient population size of around 50,000 – these will deliver primary care services at scale. A range of integrated services and clinical experts will be based at each of these 'hubs' making it easier for patients to access a range of services and saving them unnecessary and inappropriate visits to A&E.

These hubs will integrate district nurses, therapists, mental health nurses, health care assistants, palliative care nurses and health visitors, and offer new, innovative ways of providing care. This will not necessarily mean that practices will have to relocate into a new centre (although this may be a solution in some areas). Rather, it is about how primary care providers in our communities work together collaboratively to deliver the high quality, consistent services patients require.

You will still be able to access your GP in the usual way, however there will be a greater emphasis on supporting people to self-care. The nursing role will also evolve that will see them taking additional responsibilities and functions from GPs. Local pharmacists will also continue to play a significant role within communities by providing self-care healthcare advice and support from the High Street.

- **How will propose to fund this?**

We believe this arrangement provides an opportunity to further improve access and quality of services that could lead to greater efficiencies in the long term. We propose some services will move out of the hospital setting into primary care. Therefore much of the money to pay for these services will come from funds currently going to the acute sector.

4. BIG CARE DEBATE 2

North East Essex CCG conducted an engagement exercise between January and April 2016, which sought peoples' views of the way health and social care services are provided. The exercise also asked people for their views of any instances of

waste and duplication and sought ideas on how communities could further support people within their neighbourhoods to make healthy lifestyle choices. The following is a summary of the key themes that relate to general practice:

- **Views on accessing GP services**

The vast majority of respondents expressed concern that it was becoming increasingly difficult to see a GP when they needed to access one. Many said it was a significant worry that appointments to see their practitioners were not available even when they had attempted to book a slot early in the day. Some respondents said they were concerned with the expected increase in the number of houses that are due to be built across north east Essex and the expected increase in the size of the local population. They questioned how the local health and social care system would cope as communities grow especially as it appears to be struggling at the moment. At least one person from each of the groups said a great deal of their own time had been wasted trying to book an appointment with their GP – with no success.

- **Views on signposting to appropriate services**

Another key emerging theme from many respondents was the perception that clinical and social care departments did not appear to communicate with each other. There have been suggestions there should be a specialist nursing team in place to triage those living with long-term conditions.

- **Views on transportation**

Several respondents spoke about the cost of travel between a patient's home and hospital. The cost of using taxis was raised during a number of meetings and through questionnaire responses. One respondent highlighted that she had made six journeys between her home in Tendring to Colchester Hospital for various appointments. A taxi was used on each occasion at a cost of £60 per journey.

- **Views on repeating stories to healthcare professionals**

There needs to be more effective mechanisms in place that save patients having to repeat their story to clinical professionals. One respondent said it would be 'good to see the same doctor so not having to explain it all again.'

- **Communication**

One of the strongest themes that emerged through the Big Care Debate 2 was that communication between some clinical departments in some cases was poor. One respondent suggested that more needed to happen to ensure a patient, who has undergone an operation, is made aware of arrangements they needed to make post discharge. The respondent felt that there were too many assumptions made by hospital staff that patients understood what to do after they have been discharged from a ward environment.

There were also concerns from patients that staff did not understand the overall way in which the local health system operates or the processes for onward referral. This often led to a break down in trust and an increase in frustration amongst some patients that their own time was wasted.

5. WHAT WE WANT TO ACHIEVE

Through our strategy, we would look to ensure the following are achieved:

- **Shared practice functions**

By having shared practice functions, we aim to reduce administration and bureaucracy, increase clinical time for patients, decrease stress, allow GPs to achieve a better work/life balance.

- **The New GP contract**

The development of the new GP Contract will allow practices to take on significantly more numbers of patients. This is because each new practice combines general practice with wider community and health service provision for larger populations.

- **Co-commissioning**

Co-commissioning for primary care will see the CCG take back responsibility for commissioning primary care. This will mean that the CCG will have more direct involvement in the commissioning of these services based on the local need of patients. The start date for fully delegated co-commissioning from NHS England is proposed to be 1 April 2017.

- **Primary care workforce**

It is widely recognised that across north east Essex, there are challenges to the current primary care workforce with a significant number of vacancies within the GP workforce and a high number of practitioners expected to retire over the next five to 10 years. In order to address this, the model of working needs to be more attractive and workload issues needs to be addressed.

Through the strategy we will develop a modern, integrated general practice team with the GP at the centre of the practice, supported by a team of different, skilled health and social care professionals to deliver appropriate clinical care to patients based on their needs. They will aspire and work towards becoming training practices for both GPs and pre-registration nurses in order to improve practice standards and increase the likelihood that they will remain in or return to the local area after registration.

- **Primary care estate**

Services will need to be delivered from modern, well-positioned, functional buildings which provide value for money and support the development of services. These buildings would also need to be affordable and efficient. Primary care hubs will look very different to current primary care facilities, they will also act as a community hub and bring many more support services and agencies, out-patient services and diagnostics together in one building as more services are de-commissioned from the acute sector and re-commissioned in primary care. Therefore it is essential that the design and planning process supports the clinical development of services without creating unnecessary voided space.

- **New technologies**

We consider the use of new technologies as having significant potential to improve systems and communications. If used effectively, technologies can help empower the patient, increase interaction and increase productivity in primary care. It will also enable patients to access their records, book appointments, or order repeat prescriptions on-line.

- **Workforce Development**

There is a need to fully utilise and develop our GP practice personnel. As well as giving a strong commitment for additional training, there is also a need to develop new career pathways and support for staff. This would complement the recently launched Workforce Development Centre based in Essex. Support would be needed from all primary care professionals to ensure this happens. With this in place, it is hoped that Colchester and Tendring will be areas that can recruit and retain staff.