Response to Buckinghamshire Select Committee Inquiry

Select Committee Inquiry Title: HASC GP Services
Committee Chairman: Angela Macpherson
Date report submitted for response: 8th December 2014
Lead Officer: Helen Clanchy (NHS England for Recs 1,2,3,4,5,8), Richard Corbett (Healthwatch Bucks for Recs 6), Annet Gamell & Lou Patten (Aylesbury Vale & Chiltern CCGs for Rec 7)
Select Committee Support Officer (Extension): James Povey (2401)

Additions since February HASC meeting
Further response & clarification requested

Recommendation	Agreed Yes/No	Partner Agency Response including proposed action	Responsible Officer	Action by date
1: NHS England should publish a national benchmark indicator of general practice funding per capita, facilitating comparisons with the funding received in different CCG areas. This benchmark should then be published as a routine at least annually in future.	Yes	**I think we go some way to meeting this request for action though our publishing NHS payments to general practice 2013-14 through the Health and Social Care Information Centre. This was published just last week.** This is a list of investment into each and every general practice, broken down to reflect payments from NHS England against a range of national enhanced services as well as core. This does not correlate directly with GP take home pay, - because for GP partners this is obviously dependant on the net profits arising from these payments having taken away running costs. The majority of these in primary care (as in NHS generally) being staffing costs. Whilst it is common to look towards some sort of benchmark, - it proves very difficult to be able to rank payments to practices in any logical form. – As you know, core funding to general practice is based on a weighted formula, - Currently, - practices do not receive equal levels of pay based on their weighted list size. – It is to address this inequality that the DH imposed a contractual change to withdraw MPIG over 7 years. Likewise, we have decided that PMS practices should be funded at the same level for the same work as GMS practices, and have agreed a transition of between 4-7 years to be determined locally. One could argue that the pace of change is too slow, however, we are aware that for a significant minority of practices this change in funding can be significant, alongside this, the Carr-Hill formulae is being revised, therefore we cannot make assumptions about the eventual distance from target until the new weighting formulae which reflects better patient need, is agreed with the	David Geddes (Head of Primary Care Commissioning NHS England)	

		profession. Our position therefore is that whilst we are committed to more open and transparent information being available to the public in terms of investment into primary care, we need to be cautious about turning this into a benchmarking exercise as this fails to recognise the complexities in primary care funding and the inability to compare like with like.		
2: The Area Team should facilitate a suitable set of benchmark indicators which can provide greater awareness of waiting times for non-urgent appointments experienced by patients, and which GP Practices can generate efficiently on a regular basis. This should be used by the Area Team to identify problems much sooner, and support the current peer review activity between GP Practices.	Yes	NHS England South will continue to use the sets of nationally prescribed indicators to via the national GP Patient Survey results for all practices in England that measures access to GP services including access to appointments plus the Primary Care Web Tool that looks at the General Practice Outcome Standards that provide measures on quality improvement, these measures offer an additional set of pre- analysed data which could be used to support practices, Clinical Commissioning Groups (CCGs) and NHS England to identify areas for quality improvement. In addition, NHS England works closely with all CCGs and they are able to share local intelligence about practices in their areas which may help to identify issues sooner.	Helen Clanchy	TBC
3: A GP Demand Management Action Plan should be agreed by the CCGs and NHS England Area Team as part of the Primary Care Strategy to facilitate a coordinated and shared approach to reducing avoidable appointments and demands on GP services, as well as promoting greater self-care. This should be delivered either by the local CCGs or as an early co-commissioning project undertaken with the NHS England Area Team.	Yes (Area Team & AV CCG)	ACCEPTED by Aylesbury Vale CCG – In order for the CCG to deliver its vision for primary care as outlined in our strategy (currently in draft) a number of goals have been identified. Although a 'GP Demand Management Action Plan' is not referred to specifically, two of these goals will deliver what they believe the HASC require from this recommendation, which is to systematically reduce demand on primary care through actions such as increasing self-care or alternative signposting for patients. The goals from our draft strategy that this particularly relates to are: 1) Enable people to take personal responsibility for their own health and wellbeing, and for those that they care for, with access to validated, localised and readily available educational resources 2) Improved and appropriate access for all to high quality, responsive primary care that makes out-of-hospital care the default As a 5 year strategy, the document does not include details of how they will achieve this but in the next steps section the CCG commits to specific deliverables in year one. Of relevance are • to have a whole system programme to increase self-management • Implementation of a system-wide care planning approach Should they feel that this work will benefit from collective effort with NHS England this would be an opportunity to take forward through co-commissioning to maximise impact.	Helen Clanchy	TBC
4: The NHS England Area Team, in liaison with local CCGs and the Local	Yes	NHS England actively engages with Local Authorities in order to understand their strategic plans for housing growth and to secure developer contributions	Helen Clanchy	TBC

Medical Committee, should clarify roles, responsibilities and contacts for NHS engagement on land use planning matters, and how information will be shared between themselves and with local practices. The Area Team should review whether they have the processes and data in place to secure developer contributions for general practice investment.		where required. This involves gaining an insight in terms of the quantity of new housing to be built, the location, phasing and the expected population increase. Once the latter is known, we work with practices to assess if the local primary care infrastructure in existing premises and facilities has the capacity to absorb this population increase. If it is established that there is capacity, then the additional patients will be absorbed by the local practices as and when the housing growth takes place. If it is identified there is not the capacity to absorb additional patients, NHS England will work with practices to find solutions to this. This can take the form of making modifications to the existing premises e.g. extensions and remodelling in order to create additional space or where this is not possible the relocation of a practice to new larger premises. In certain scenarios for example in areas of major housing development, the projected housing growth may be deemed too large to be absorbed by the existing providers and in these instances NHS England would commissioning, via a procurement process, an additional GP practice to provide these services to the new patients. NHS England works closely with the local Clinical Commissioning Groups (CCG's), to support their future primary care strategies so that any expansion of premises can be aligned with these plans as well as working closely with other partner organisations such as NHS Property Services and Community Health Partnerships so that there is an broader understanding of the NHS estate and facilities available to ensure that the use of current estate is maximised and to achieve value for money.		
5: Following the publication of the Primary Care Strategy, the NHS England Area Team should agree with the local CCGs a plan for how the necessary investment in primary care premises will be encouraged, supported and delivered over the next five years.	Yes	NHS England funding will deliver on the promise of a new deal for primary care, as highlighted in the NHS Five Year Forward View. It is the first tranche of the recently announced £1billion investment to improve premises, help practices to harness technology and give practices the space to offer more appointments and improved care for the frail elderly – essential in supporting the reduction of hospital admissions. GPs across the country are being invited to submit bids to improve their premises, either through making improvements to existing buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes which are in the pipeline, bringing benefits to patients more quickly. GPs are being invited to bid for the investment funding. They will need to set out how practices will give them the capacity to do more; provide value for money; improvements in access and services for the frail and elderly. This new funding, alongside our incremental premises programme, will accelerate investment in increasing infrastructure, accelerate better use of technology and in the short term, will be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to	Helen Clanchy	TBC

		be delivered in community settings.		
6: Healthwatch Bucks in liaison with the CCGs should lead on the identification of less developed PPGs and the formulation of a support package for them which should be publicised on the Healthwatch Bucks website.	Yes	Healthwatch Bucks are happy to accept the recommendation. We plan to undertake this work in two phases: 1. A review of current Patient Participation Groups across Bucks. This will include desk based research and practice visits. The research will aim to set a benchmark and highlight good practice and less developed PPG's. 2. Based on our findings and discussions with CCG's we will develop a support package to help develop the PPG network. We aim to complete phase one by 30 April 2015. We will also update you on the scope and timescale of phase two at this point. I hope you are happy with the approach we are taking and I look forward to working with the PPG's across Buckinghamshire in taking this project forward.	Richard Corbett	Phase 1 by 30/4/15 . Phase 2 TBC
7: The Primary Care Strategy should outline what the future of GP service delivery in Buckinghamshire should look like in five years' time, and how individual GP practices will be supported to deliver this.		The Buckinghamshire wide primary care strategy is currently in draft form. Before it is finalised at the end of March there will be further consultation and feedback from stakeholders which will be completed through the Let's Talk Health website and with all those that fed into the original consultation. The strategy will include our vision for primary care, one of the goals of which is to support providers of primary care. In your letter a lead contact was requested for each recommendation. The actions suggested in this response will be delivered by different CCG clinical programmes with different leads, therefore in the first instance if you have a query or wish to discuss any recommendation further please can I ask you to contact Louise Smith for Aylesbury Vale CCG and Nicola Lester at Chiltern CCG.	Louise Smith (AV CCG) & Nicola Lester (Chiltern CCG)	
8: NHS England acknowledge our concerns over the imbalance in local GP service capacity and demands, and commit to additional funding for CCGs undertaking co-commissioning of GP services with the Area Teams so this additional CCG activity is adequately resourced.		I think we can highlight here the statement in the 5 year forward view that challenges the next government to recognise the significant investment required in the NHS if we are to continue to meet the growing demand from patients. The view however is that this is not just pressure in primary care, it is pressure across the system. The 5 YFV describes a need to move away from seeing primary and secondary care as separate entities, - undoubtedly, more investment is needed in both areas. But to invest across the system so that we	David Geddes (Head of Primary Care Commissioning NHS England)	

		could continue to meet the growing needs of the patient within the current model of health care is not possible within the current and likely future economic climate. – we cannot seek to grow the secondary care and specialist services bed base and primary care and community infrastructure, - to meet the needs of the aging population. Instead, we need to move towards new integrated models of care, - and these are being tested out through plans to launch 'vanguard sites' – local communities where investment is being focused to challenge and old ways of working and redesign care. It would be worth going back to the local counsellors to highlight that whilst the intention is to test out • Multiprofessional community providers • Primary and acute care systems • New models pf care around community hospitals • New care pathways for patients in nursing / residential homes The NHS cannot do this alone, - with increasing numbers of patients needing to be cared for with their LTCs, - not cured by the NHS, - local authorities need to recognise the integral part hey need to play in providing support and care for patients in the community NHS England is working with CCGs to develop opportunities for them to take the lead locally as NHS commissioners, - co-commissioning will unlock many of the barriers to commissioning integrated care and CCGs can invest from secondary to primary care. To do this though, CCGs need to be confident that GPs and the wider primary care teams, can develop the capacity to care for more patients with complex needs in the community. – and to do this, - we are going t need to work with local authorities to support this shift in care.		