

Health and Adult Social Care Select Committee

22nd May 2018
Lou Patten
Accountable Officer
Buckinghamshire CCG



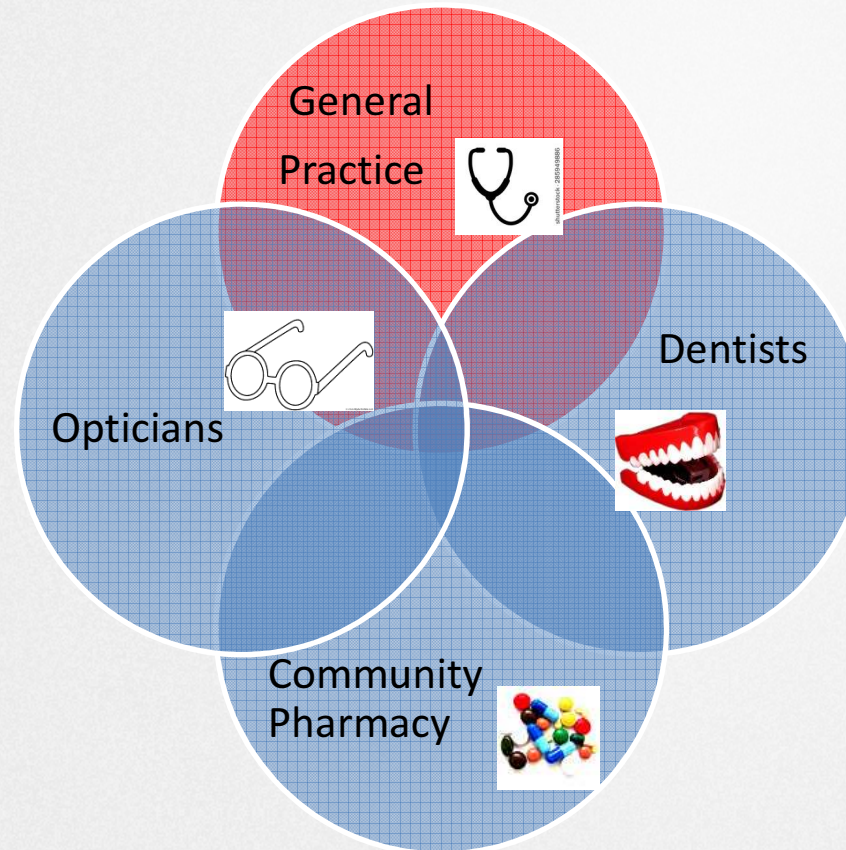
What is Primary Care?

When a patient has their first encounter with healthcare, it is usually in what's known as Primary Care.

Primary care providers, including practices are independent contractors that contract with the NHS.

NHS England has delegated responsibility for commissioning primary medical services to CCGs.

Primary Care is different to community care, which is teams of nurses and other professionals working together to provide preventive care and care for people with complex needs often in people's homes.



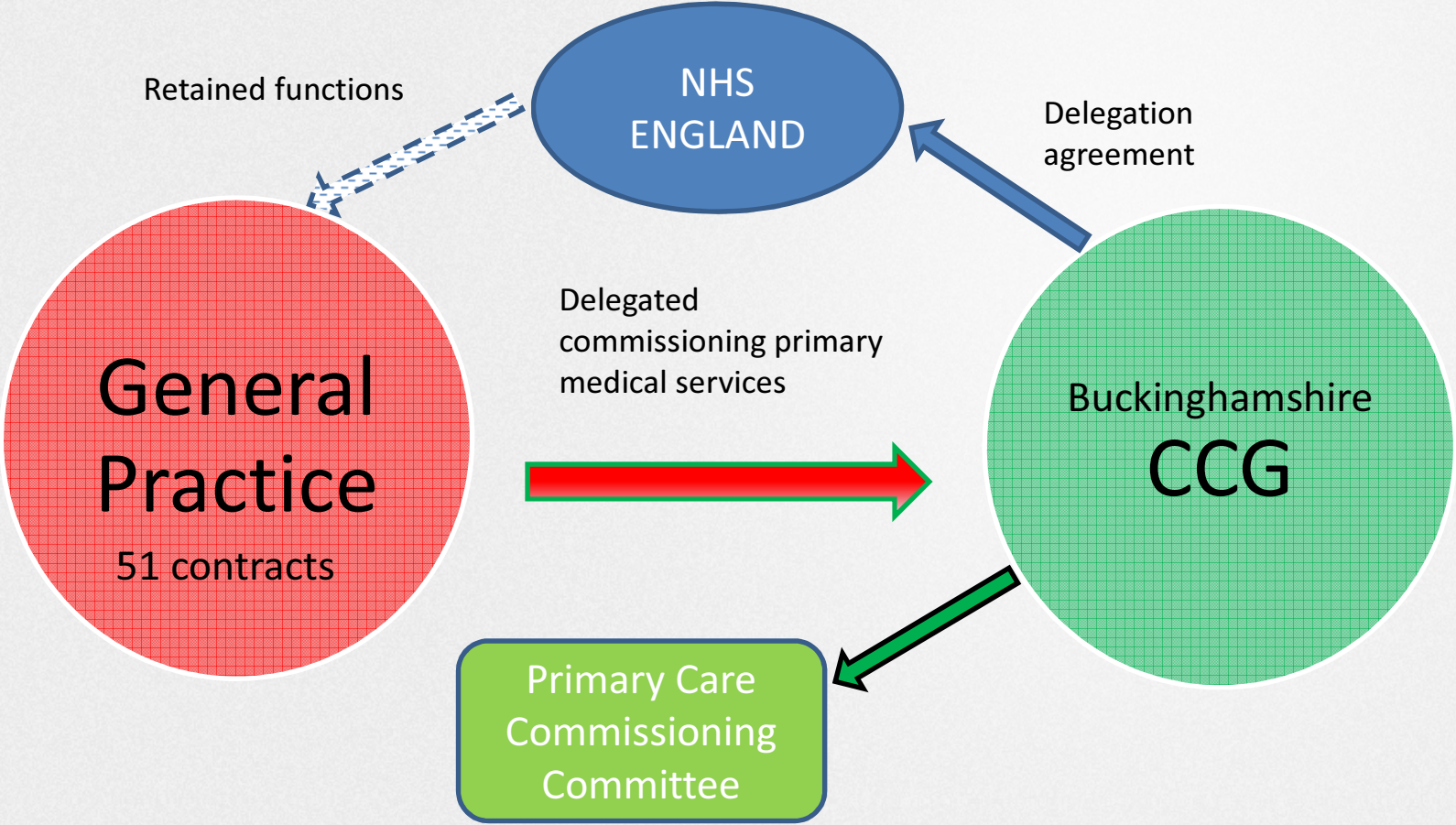
Primary Medical Services Contracts

There are 3 main types of contract used to commission primary medical services (general practice).

- The majority of primary medical services contracts are General Medical Services (GMS): 48 in Buckinghamshire. It is a contract in perpetuity and must have at least one GP as signatory, usually held by a GP partnership. A new GMS contract was introduced in 2004.
- Introduced in 1998, to widen eligibility to hold a primary medical services contract, PMS (Personal Services Medical) contracts gave local flexibility to commissioners. NHS England reviewed PMS contracts in 2015 resulting in many practices reverting back to a GMS contract. Only 1 PMS contract remains in Buckinghamshire.
- Introduced in 2008, allowing commissioners to contract with non-NHS bodies for primary medical services. All new primary medical services contracts must now be Alternative Provider Medical Services (APMS). Award of any APMS contract is subject to a procurement process and is time-limited, usually to 5 years.



CCG Delegated Commissioning



Practice Finance

Contract and Commissioned Services

CORE SERVICES PAYMENT

Nationally calculated sum based on registered list size, weighted by a number of factors including age/sex of patients, deprivation, rurality.

PLUS

Opt in
services

NHS ENGLAND
commissioned
services

LOCAL
AUTHORITY
commissioned
services

CCG
commissioned
services

CCG Primary Care
Development
Scheme (quality
services payment)
or QOF



Current GP Provision

- There are currently 51 practices in Buckinghamshire, providing general medical services to a combined registered population of c. 528,000 patients.
- Services are provided from 72 buildings, housing 51 practices and 22 branches.
- 43 buildings are owned by the practices themselves
- 27 of the buildings are leased, where the GP practice is the tenant.
- The CCG is aware of at least 3 lease agreements which are due to expire within the next 5 years.
- 1 building is part leased / part owned
- 1 practice is in temporary accommodation.
- Contractors are responsible for providing adequate, safe premises where they can deliver their GMS, PMS or APMS Contract.

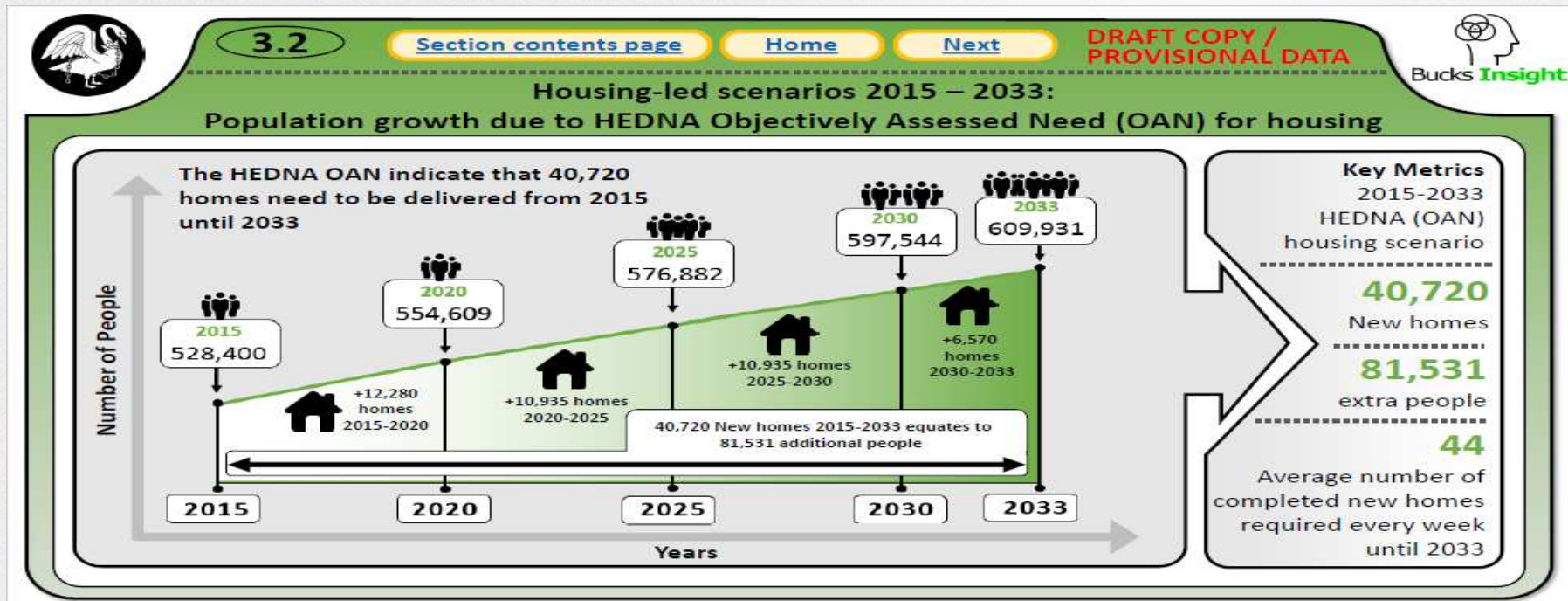


Growing Pressures

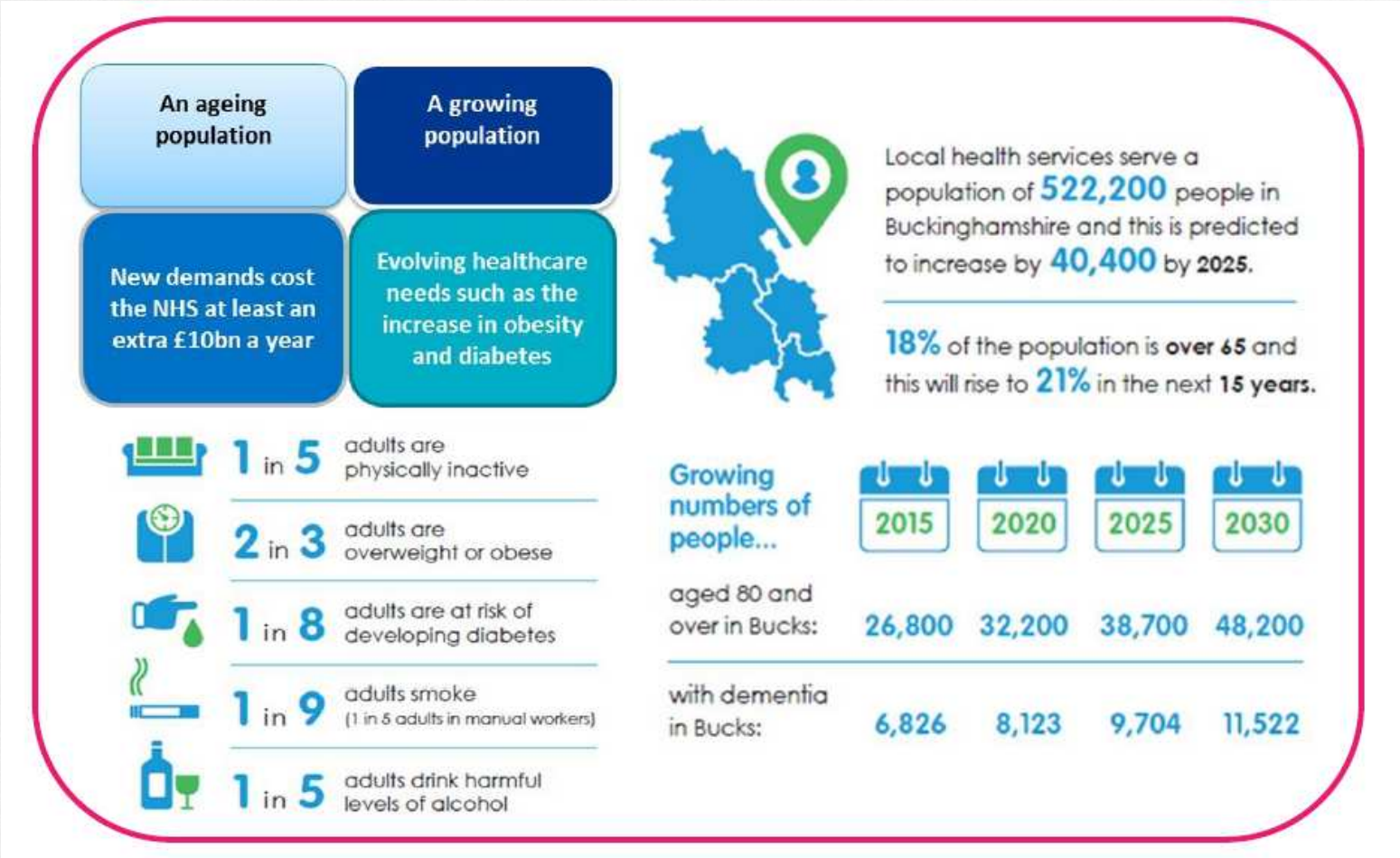
In the time period to 2031 we will see a significant increase in the older population with the 65 plus population increasing by 38% between 2011 and 2031 and the 80 plus population by 75% to 12,000.

In the same time period the number of young adults 18-20's will reduce by 7% and the number of children increase by 19%. The BME population is expected to increase by 43,000 between 2011-2031 to 20% of overall population.

There is expected to be a 4 fold increase in the number of Buckinghamshire residents living in the most deprived areas in the county with the population increasing from 113,000 in 2015 to 134,000 people in 2031 (23% of total population).



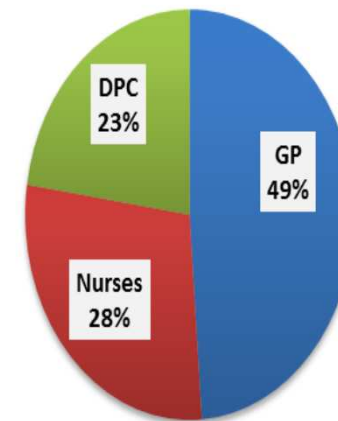
Population Demographics



Primary Care Workforce

- An overview of Primary Care workforce across BOB shows that there are 2013 (FTE) staff working in primary care settings.
- 49% of the workforce are GPs, 28% are nurses and 23% Direct Patient Care (DPC).
- 19.6% of the workforce is over 55 and likely to retire in the next 10 years.
- 57.6% of the workforce is within the age bracket of 36 – 54 years.
- 19.6% of the workforce is under 35 years old.

Primary Care Workforce



(Taken from Workforce Forward View BOB 2017-18 – Health Education England)



Impact of Pressures on Primary Care

- Primary (and community) care services in Buckinghamshire are under significant strain. General Practice is experiencing unprecedented workload and workforce challenges.
- More people are living longer with disease and multiple illnesses meaning demand is increasing for healthcare services in every sector of health and social care.
- Primary care, where around 90% of patient interaction with the NHS occurs, will need to operate at greater scale and in greater collaboration with other providers.
- The development of local health infrastructure has suffered from a lack of investment in recent years and as such has not kept pace with the rate of population growth in the area.



The Challenge / Opportunity

- Many of the facilities currently used to deliver healthcare services are constrained, requiring improvement to meet current demands and to provide for the required expansion of services needed across the County.
- The 'Hub' concept is growing increasingly in impetus across Buckinghamshire, with this now being at the forefront of plans and strategies for various organisations operating within the County's health and social care economy.
- Hub development is not only seen to be key to delivering our service strategy for primary health care, but is also key to delivering the wider strategic objectives of Buckinghamshire's One Public Estate (OPE) initiative.
- Part of the solution is the Buckinghamshire Integrated Care System (ICS) which will build a community care model with Community Hubs and Integrated Care Teams pushing demand out of the Acute Setting. This will improve patient outcomes and experience by keeping the people of Buckinghamshire Closer to Home and living independently for longer.



ICS Vision and Objectives

Vision

Everyone working together so that the people of Buckinghamshire have happy and healthy lives

Objectives

- › People supported to live independently;
- › Care integrated locally to provide better support closer to home;
 - › Improved urgent and emergency care services;
 - › Improved resilience in primary care services;
 - › Improved survival rates for cancer;
 - › Improved outcomes for people suffering mental illness;
- › Reduced unwarranted variations in quality and efficiency of planned care;
- › Digital transformation implementing IT platforms that support integrated care;
 - › Long term operational and financial sustainability.

Core & Enabling Pillars

Population Health: Working with localities to define and segment populations, understand their needs and monitor outcomes of interventions (including prevention and self-care).

Integrated Care: Improving access to services for people with long-term conditions and frailty in particular. This will support people to live independently and reduce reliance on emergency and acute services.

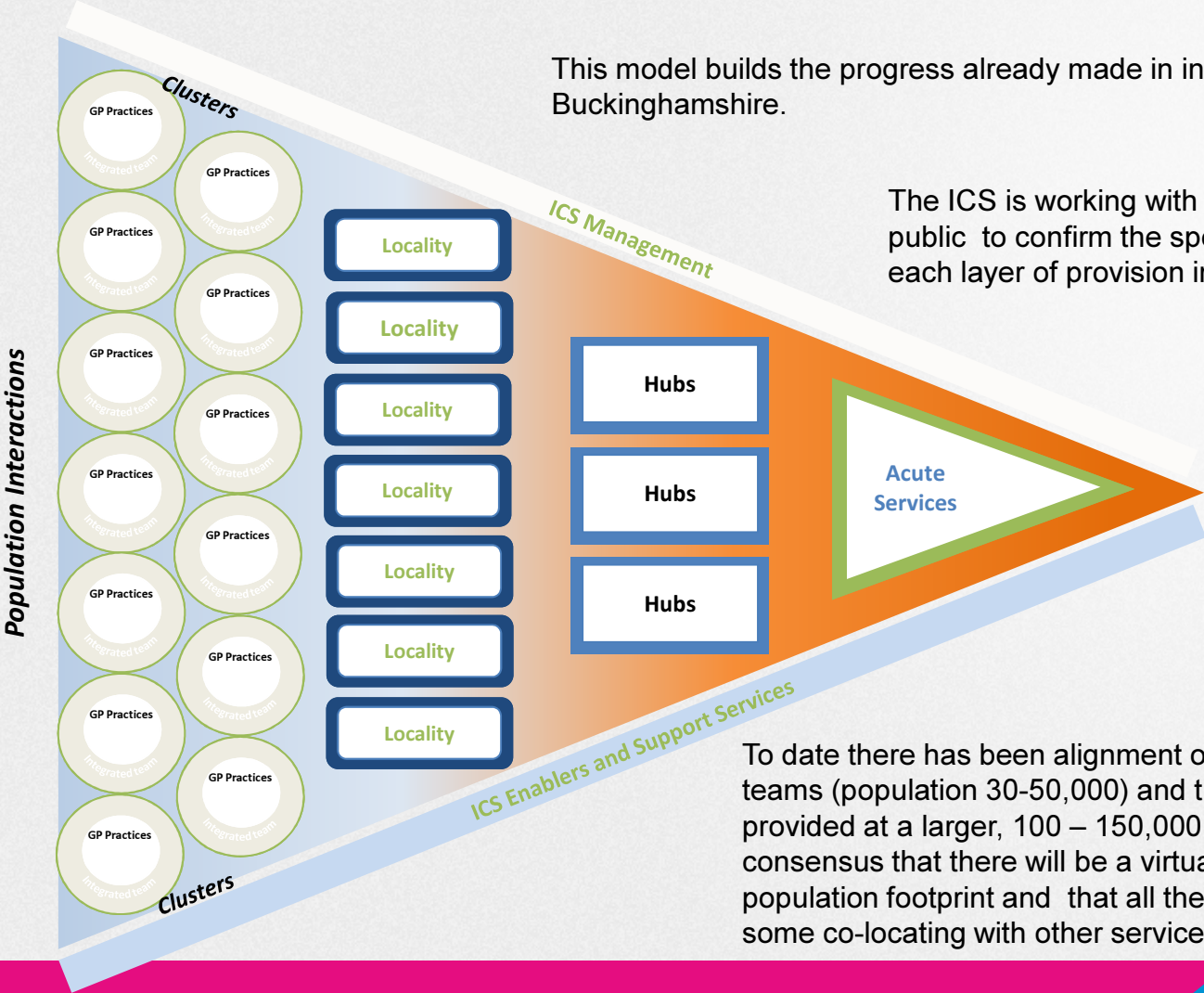
FYFV: National priorities including improving outcomes for cancer, improving resilience in primary care, improving access to urgent care and improving outcomes for people with mental health.

Professional Support Services (Enablers): that ensure we have the support, expertise and technology to operate as an effective integrated care system.



Emergent Community Model

The Community model will be operationalised across a number of different geographies and organisations



This model builds the progress already made in integrating care in Buckinghamshire.

The ICS is working with its constituent members and the public to confirm the specific definitions and features of each layer of provision in this model.

To date there has been alignment on the role of GP clusters / integrated teams (population 30-50,000) and the need for some services to be provided at a larger, 100 – 150,000 population. There is a growing consensus that there will be a virtual or physical hub in each 100-150,000 population footprint and that all the hubs will provide a core offer with some co-locating with other services e.g. outpatients.

