

COMMISSIONING STRATEGY FOR GENERAL PRACTICE 2016-2021

Report of the Chief Officer Sunderland CCG

1.0 Purpose of the Report

The purpose of this report is to update the Health and Wellbeing Board on NHS Sunderland Clinical Commissioning Group's five year commissioning strategy for general practice.

2.0 Background

- 2.1 The opportunity for Clinical Commissioning Groups (CCGs) to co commission primary care was introduced in 2014, although the scope is limited to general practice services.
- 2.2 We took on delegated commissioning in April 2015 which means that NHS England (NHSE) delegated responsibility to us for contractual GP performance and budget management. In line with our full delegated responsibility we have established a Primary Care Commissioning Committee, a sub-committee of the CCG's Governing Body, to carry out functions relating to the commissioning of primary medical care services.
- 2.3 We believe that co-commissioning provides an opportunity to further integrate the health and social care system in Sunderland enabling greater local influence over a wider range of services for the benefit of the people of Sunderland.
- 2.4 Nationally and locally it is well documented that general practice is under pressure. Workload is cited by GPs as the top factor that impacts their commitment to their work. At the same time the workforce is changing; experienced GPs are nearing retirement and there are recruitment difficulties. Prior to the development of this strategy we had already started work on the development of the general practice workforce in Sunderland because historically our practices have had difficulty in attracting and recruiting to vacancies.
- 2.5 This strategy is the outcome of a 6 month period of engagement and it aims to **sustain** and **transform** general practice services as well as contribute to the delivery of our Vision of **Better Health for Sunderland**.

3.0 Commissioning strategy development

- 3.1 Our approach has been both top down and bottom up. Top down recognises that as commissioner and a system leader we have influenced the strategy and our Governing Body has had a lead role in its development. The bottom up

element is the comprehensive programme of engagement with our 51 practices, practice representatives, patients, general public, partners and providers to co-produce the strategy. The outcomes of this engagement are set out in detail in section 5 of the strategy.

- 3.2 It is clear that our member practices feel that general practice is under stress and are particularly concerned about capacity now and in the future. However, practices also recognize the need for change in order to survive and be able to deliver current and future expectations from the public, government, national and local commissioners.
- 3.3 It is also clear that patients value general practice. There was a clear distinction between what older patients and those with long term conditions need from practices compared to younger people with occasional health needs.
- 3.4 Stakeholders also recognized the part practices play in the whole system of health and social care in the city. The Local Medical Committee in particular has noted the need for further investment into general practice, focusing first on core general practice to ensure its sustainability.
- 3.5 The aim and five key objectives of the strategy are the outputs of this engagement process. Section 6 sets out the strategy in detail.

4.0 Executive summary

- 4.1 Section 1 is a summary of the strategy with its overarching aim to be delivered through five strategic objectives:

We aim **to sustain and transform general practice to ensure the provision of high quality primary medical care delivering improved health outcomes for local people, now and in the future.**

Objective 1	Supporting general practice to increase capacity and build the workforce
Objective 2	Improving patient access
Objective 3	Ensuring the central, co-ordinating role of general practice in delivering out of hospital care
Objective 4	Supporting better health through prevention and increasing patients' capacity for self-care
Objective 5	Encouraging new working arrangements between practices

- 4.2 **Objective 1** is about sustaining general practice by:
 - increasing capacity by increasing the capabilities of the general practice teams;

- reducing the administrative burden on GPs and nurses to focus on clinical care;
- increasing retention and supporting continuous improvement in the quality of care through structured training; and
- recruiting to the workforce.

4.3 **Objective 2:** We know that access is important to patients and is an area where there is variation across practices. We will improve urgent and non-urgent access, which will also support system wide resilience. We will also ensure that practices offer longer consultation times, when required, to support a proactive approach to care.

4.4 **Objective 3** recognises general practice's central role in the delivery of **out of hospital care** and its importance in managing people with long term conditions. We will work with our practices to co-design the 'primary care plus' model of care for people with long term conditions who are not currently at high risk of admission in order to prevent and/or delay further deterioration and support self-management.

4.5 **Objective 4** seeks to start to shift the focus in general practice to well-being, prevention and empowering patients to take greater responsibility for their health and making necessary changes to their lifestyle. We have examples already within our localities where general practice, in partnership with the community, is supporting people to self-care. We will share and capitalise on the learning from these initiatives, including using new technologies wherever possible.

4.6 **Objective 5** recognises that to be sustainable practices need to work together and work differently, but we accept that they are best placed to determine how to do this ensuring individual practice identity is maintained wherever possible.

4.7 We have identified a number of priorities within each key objective for the first two years of this five year plan acknowledging that some initiatives are already in progress for example implementing the outcome of the APMS review. It should be noted that a number of the priorities will contribute to the delivery of more than one strategic objective. The order in which priorities will be implemented will be influenced by our organisational operational plan for 2016/17 and a five year strategic plan due in summer 2016.

5.0 Next steps

5.1 Having engaged widely, we will circulate the strategy and the Executive Summary to those involved in the engagement process, noting the priorities will be subject to further engagement and comment.

5.2 Our Governing Body has approved the establishment of a time limited Implementation Group to oversee the development of delivery plans for the strategic objectives. This group will be accountable to the CCG's Primary Care Commissioning Committee.

6.0 Recommendations

6.1 The Health and Wellbeing Board is asked to note:

- This strategy aims to ensure the sustainability of general practice in light of the challenges and to position general practice services at the same time alongside other CCG priorities, acknowledging that a number of the CCG priorities will rely on a sustainable and transformed general practice community in the city.

Glossary of Terms

CCG – Clinical Commissioning Group

NHSE – NHS England