

NHS
Lewisham
Clinical Commissioning Group

Strategic
Commissioning
Framework for Primary
Care Transformation in
London

Lewisham CCG – Stakeholder Engagement

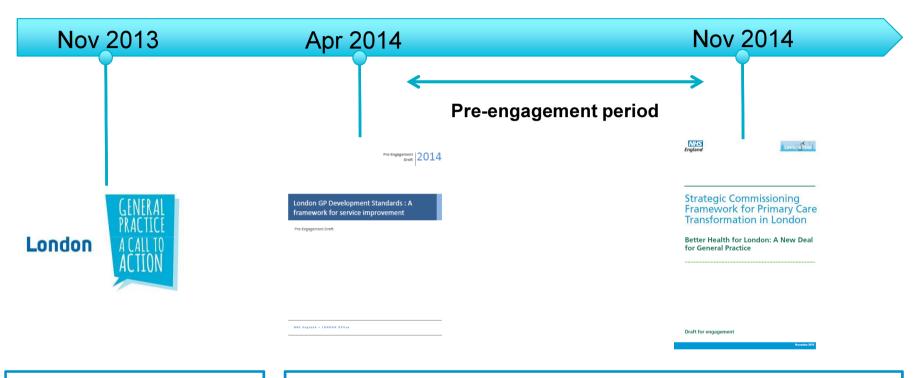
January 2015
Briefing V3.0

# There is significant focus on the need for change in **Primary Care**

Both the Five Year Forward View and the London Health Commission report set out several objectives for Primary Care:



# London has also been working on how some of the challenges faced by general practice could be mitigated



The *Call to Action* outlined some of the challenges of General Practice in London...

In April a draft publication was released, which outlined a new patient offer.

Since then there has been considerable engagement to further strengthen this offer, and understand the necessary considerations for delivering it.

### **The Strategic Commissioning Framework**

The result is a draft *Strategic Commissioning Framework*, aiming to support transforming primary care in the capital

LONDON A new vision for General Practice **Strategic Commissioning** Framework for Primary Care Transformation in London A new Patient offer described in a general Better Health for London: A New Deal for General Practice practice specification A description of considerations for making it happen Draft for engagement

#### A new vision for General Practice in London

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.

### What is the... Accessible Care Specification for the Service Offer

The Accessible care specifications for service offer describes changes to enable patients to feel confident that they can access general practice in a way which meets their needs



The expert panel that developed these was chaired by **Dr Tom Coffey,** a GP Partner at Brocklebank Group and Chair of NHS Wandsworth CCG.

•	Patient choice	•	Patients are given a choice of access options and can decide on the consultation most appropriate to their needs
•	Contacting the practice	•	Patients can make appointments with only one click, call or contact and can access more services online
•	Continuity of care	•	Patients have a named GP who is accountable for their care and can book appointments up to 4 weeks ahead. Practices provide flexible appointment lengths as appropriate
•	Routine opening hours	•	Patients can access pre-bookable routine appointments $8\mathrm{am}-6.30\mathrm{pm}$ Monday to Friday and $8\mathrm{am}-12\mathrm{pm}$ on Saturdays
•	Same day access for urgent conditions	•	Patients with urgent conditions can access a consultation on the same day within routine surgery hours
•	Emergency care	•	Practices have systems to ensure patients receive appropriate care and in appropriate time in the case of emergencies
•	Extended opening hours	•	Patients can access primary care 8am – 8pm every day in their local area for immediate, urgent and unscheduled care

..But what does this mean for patients?

"I will be able to book ahead with my GP, at least four weeks ahead"



"I will only have to make one call or click in order to make an appointment"

"I will be able to have consultations via telephone, email or skype"

## What is the... Coordinated Care Specification for the Service Offer

The Coordinated Care specifications for service are about outlining a way that clinicians, patients, and others come together to better **help patients achieve their desired health outcomes** 



The expert panel that developed these was chaired by **Dr Rebecca Rosen**, a senior fellow in Health Policy at the Nuffield Trust and a General Practitioner in Greenwich

•	Case finding and review	•	Practices identify patients who would benefit from coordinated care and proactively review them on a continuous basis
•	Care planning	•	Patients identified for coordinated care have a care plan
٠	Patients supported to manage their health and well-being	•	Practices create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing
•	Named clinician	•	Patients needing coordinated care have a named GP/lead clinician and team from which they routinely receive their care
٠	Multi-disciplinary working	•	Patients needing coordinated care receive multidisciplinary reviews

..But what does this mean for patients?

"I will be supported to manage my own health with greater confidence, knowledge and responsibility"



"My care will be coordinated, rather than fragmented and transitions between services will be seamless"

## What is the... Proactive Care Specification for the Service Offer

The Proactive Care standards aim to outline how general practice can better support patients in staying well



The expert panel that developed these was chaired by **Dr Nav Chana**, a GP and senior partner at the Cricket Green Medical Practice, Mitcham

Proposed standards		De	Description	
•	Co-design	•	Primary care works with patients, their families and communities to co-design approaches to improving health and wellbeing	
•	Developing assets and resources for improving health and wellbeing	•	Primary care works with others to develop assets and resources that will empower people to remain healthy and connected with their community	
•	Personal conversations focused on individuals' health goals	•	Patients are routinely asked about wellbeing and their capacity and goals for improving their health	
•	Health and wellbeing liaison and information	•	Patients have access to wellbeing liaison and information helping them to achieve health and wellbeing	
•	Patients not currently accessing primary medical care	•	Primary care reaches out to people who have difficulty accessing services or would benefit from greater access. Practices have a plan for unregistered people	

..But what does this mean for patients?

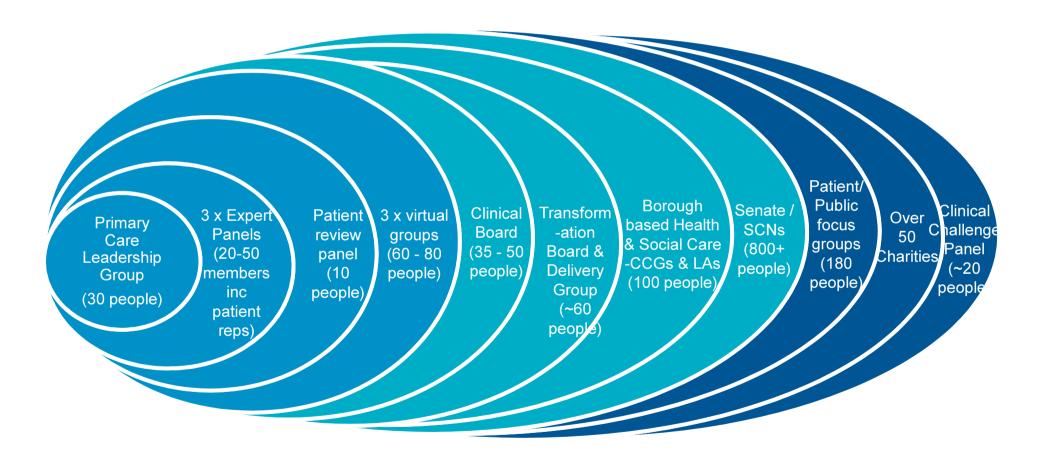
"I will have information tailored to my needs on when, where and how to access health and wellbeing support in my community"



"My local practices will work with our local communities to discuss the population's health needs and co-design new services in the community that support people to stay well

### ..Which has been widely tested

Following an initial development stage, the specification has been tested with a widening range of patients, clinicians and other stakeholders. Around **1,500** people have now been involved in testing this.



The *Strategic Commissioning Framework* which has been released for engagement reflects the feedback gathered from the above discussions.

## The Framework includes several areas of focus to support delivery of the specification

Models of Care

• This area proposes collaborating across groups of practices, and with other partners

Commissioning

• This area outlines the importance of supporting commissioners to work together and support to CCGs taking on co-commissioning

**Financial Implications** 

• This includes the estimated cost shift towards Primary Care required to deliver the new specifications, and the year on year funding shift to achieve this (see next slide)

Contracting

 This area looks at contractual considerations of delivering the specifications e.g. contracting at a population level

Workforce Implications

• This area looks at the need for the right roles and skills in a practice and as part of a wider team

**Technology Implications** 

• This area looks at the ways technology could be used to deliver the specifications and maximising its use to support empowerment and innovation

**Estates Implications** 

 This area references the findings of the London Health Commission in terms of the variability of Primary Care estate and recommendation for investment

**Provider Development** 

• This area outlines the importance of supporting providers to deliver the specifications and some of the potential areas for development

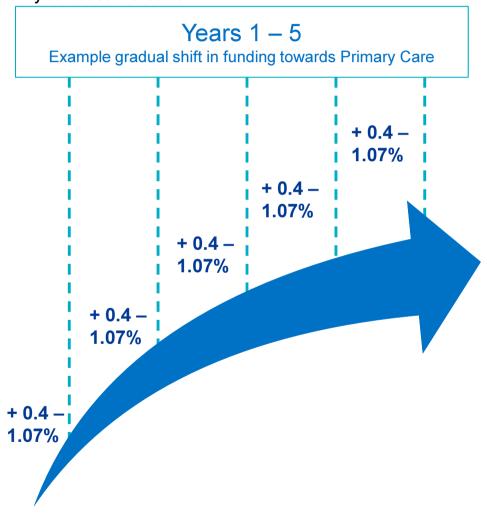
Monitoring and Evaluation

• This area outlines ways in which tools (largely already existing) can be used to support faster adoption of best practice, as well as for commissioner assurance

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### The specification will require investment...

A **high level estimation** of the cost of delivering the new service has been made. This will be further developed in parallel to the engagement phase, but indicates what a gradual shift in funding might look like, and an overall year on year cost increase



Years 6 +
Annual costs of providing the new service offer

Overall shift of 2 – 5.36% of total health spend today

An annual cost of £310 – 810m

### ...and changes to the workforce..

The *Framework* also outlines that to deliver the specification, a larger and more diverse workforce is required.

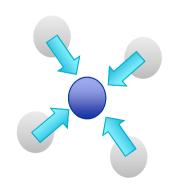


We will need more GPs and nurses to deliver the change



There will need to be more new roles to support the clinicians





..OR ACROSS
SEVERAL
PRACTICES

### **Next Steps**

The next stage of engagement has begun, and is expected to continue until April 2015. This document will be refreshed and reissued at the end of that period.



Transforming primary care: General practice – A Call to Action was published to start a debate.



A set of specifications for General Practice was led by expert GPs, building on the national vision for primary care.



The Specifications were tested over the summer with a wide range of patients, the public, charities and independent clinicians as the other aspects of the Strategic Commissioning Framework were developed



The developing Strategic Commissioning Framework, was shared at the end of November 2014

There will be a period of **further planning and engagement** by CCGs and their partners, with NHS England, **from December 2014 to March 2015** 

Implementation is expected to start from April 2015 and will take place over the next 5 + years

# Lewisham CCG – Local Stakeholder are being asked to consider...

Confirmation that the Framework covers the correct areas?

 Are there other areas that should be considered in the Framework that currently aren't?

• How could the *Framework* be strengthened?

### **Lewisham CCG – Engagement**

Lewisham CCG will commence engaging with members during December 2014 through to January 2015, to enable timely submission of membership comments/feedback into the reissues Framework scheduled for April 2015.



The developing Strategic Commissioning Framework, was shared at the end of November 2014

10th DECEMBER 2014: Lewisham CGG Launch Engagement of the framework with Members

12<sup>th</sup> DECEMBER 2014: Lewisham CGG Launch Framework and questionnaire via GPi – responses/comments received by 30<sup>th</sup> January 2014

JANUARY 2015: Framework Roadshow for Neighbourhoods
Healthier Communities Select Committee/Health & Well Being Board/Lewisham Healthwatch

21st JANUARY 2015: Lewisham LMC Engagement

Implementation is expected to start from April 2015 and will take place over the next 5 + years