

BNSSG CCG Governing Body Meeting

Date: Tuesday 7th May 2019

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda number: 6.1

Report title: Approach and Timeline for Developing the Primary Care Strategy

Report Author: Bev Haworth; Primary Care Models of Care Development Lead

Report Sponsor: Geeta Iyer; Clinical Lead, Primary Care Development
Martin Jones; Medical Director - Commissioning and Primary Care

1. Purpose

This paper informs the Governing Body of the proposed approach to updating the BNSSG Primary Care Strategy (PCS) and the associated timelines following review at Executive Team, PCOG and at PCCC.

2. Recommendations

Governing Body is asked to approve the approach and timelines for updating the BNSSG Primary Care Strategy.

3. Executive Summary

The paper sets out the approach, high level strategic priorities, governance and timelines associated with refreshing the strategy.

4. Financial resource implications

There are no additional financial or resource implications currently identified. However, it is worth noting that a number of the work streams within the strategy currently have non-recurrent external funding allocated to them for improvement work. Given the extent of the work and the tight timeframes, this will require dedicated resource to support the communication and engagement work.



5. Legal implications

There are no legal implications arising from this paper.

6. Risk implications

Risk or Issue	Mitigating Actions
Colleagues do not complete required actions in a timely manner.	Clear actions communicated to all relevant parties. Clear timeline and deadlines outlined to all relevant parties.
Stakeholder engagement does not capture the views of all relevant parties.	PCS working group will carry out a stakeholder mapping exercise. Workshops will be held with the identified stakeholders.
A deadline from NHSE for the completion of the strategy is issued that is not compatible with our proposed timelines below.	We would seek to review the timeline and agree a revised approach.

7. Implications for health inequalities

We know there are significant inequalities in the BNSSG system. The vision and strategy will seek to reduce inequalities in healthy life expectancy and quality of life and provide equity of access to services.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Primary care services are universal so the strategic direction will affect the whole population served. An Equality Impact Assessment was completed as part of developing the existing strategy and will be reviewed in light of the development of the new strategy.

The strategy has identified populations of service users which it aims to help advance equality of opportunity for. The strategy aims to advance equality of opportunity between people who share a protected characteristic and those who do not.

9. Implications for Public Involvement

The approach will start with the development of a comprehensive stakeholder engagement plan which will include a plan for patient and public engagement.

Agenda item: 6.1

Report title: Approach and Timeline for Developing the Primary Care Strategy

1. Background

Two years ago the three former CCGs, in conjunction with BNSSG stakeholders and NHS England created the BNSSG Primary Care Strategy (PCS) for the delivery of primary care in BNSSG.

A great deal of work has been undertaken since the strategy was published. However, the challenges remain the same.

The following vision in the current strategy will be reviewed and refreshed:

**‘A resilient and thriving primary care service of which is at the heart of an integrated health and social care system centred around the patient and carer;
A responsive system that delivers needs-based high quality, equitable and safe care.’**

The new organisational structure has now embedded and progress is now being made at pace. Work streams have been established and have developed clear work plans. The strategy now needs to reflect our system wide working and the areas of work need to be clearly identifiable.

The strategy needs to set out how we will ensure sustainability and transformation of primary care and general practice as part of the overarching strategy to improve population health.

The following diagram highlights the high level strategic priority areas which will be tested as part of the engagement work. The terminology and grouping reflects the requirements in the General Practice Forward View (GPFV), operational planning guidance, NHS Long Term plan and GP contract including:

- Local investment in transformation with local priorities identified for support
- A Primary Care Network (PCN) development plan
- Increasing focus on population health and local partnerships through new Integrated Care Systems (ICS)
- A local workforce plan which supports the development of an expanded workforce and multidisciplinary teams and sets out the strategy to recruit and retain staff within primary care and general practice
- Digitally enabled primary care and outpatients
- Out of hospital care
- Value Based Healthcare

Primary Care Resilience and Sustainability

- Doing things differently
- Preventing illness + tackling inequalities
- Backing our workforce
- Digitally enabled care
- Getting the best out of tax payers investment in the NHS

- Value based healthcare
- Focus on improving quality for all general practice
- Quality outcomes
- Patient experience
- Patient safety
- Clinical effectiveness

- Training Hubs
- Practice resilience/ skill mix
- Recruitment and Retention
- GP Nursing 10 point plan
- Time for Care
- Developing the pipeline

Quality and Resilience

Developing the Workforce

Access/ Models of Care

Infrastructure

- Improved access
- Leadership of out of hospital care model
- Locality Transformation Scheme: Frailty, Mental Health.
- Integrated Care System

- Population Health
- Primary Care Networks and Integrated Localities
- Digital Transformation
- Telephony
- Estates
- Primary Care at Scale

There is a great deal of cross over between the areas. There needs to be good linkage and clarity on enablers and dependencies.
The main body of the strategy needs to be clear on what the case for change is, what our priorities are, where we are now, where we want to get to and how, as a system, we are going to do it and what will make it happen.

Scope

We believe that the strategy is primary care 24/7 and therefore:

- Should recognise the impact of the community services procurement
- Should encompass Out of Hours (OOH) and in addition links with community pharmacy
- Should highlight the importance of the wider primary care system including the contribution of dentistry and optometry, previously commissioned by NHS England (NHSE)
- Should link the primary and secondary care interface
- Should have clear links with the other Healthier Together priority groups, including but not limited to Mental Health, Urgent Care and the Acute Care Collaboration

2. Financial resource implications

There are no additional financial or resource implications currently identified.

However, it is worth noting that a number of the work streams within the strategy currently have non-recurrent external funding allocated to them for improvement work.

Given the extent of the work and the tight timeframes, this will require dedicated resource to support the communication and engagement work.

3. Legal implications

There are no legal implications arising from this paper.

4. Risk implications

Risk or Issue	Mitigating Actions
Colleagues do not complete required actions in a timely manner.	Clear actions communicated to all relevant parties. Clear timeline and deadlines outlined to all relevant parties.
Stakeholder engagement does not capture the views of all relevant parties.	PCS working group will carry out a stakeholder mapping exercise. Workshops will be held with the identified stakeholders.
A deadline from NHSE for the completion of the strategy is issued that is not compatible with our proposed timelines below.	We would seek to review the timeline and agree a revised approach.

5. Implications for health inequalities

We know there are significant inequalities in the BNSSG system. The vision and strategy seek to reduce inequalities in healthy life expectancy and quality of life and provide equity of access to services.

6. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Primary care services are universal so the strategic direction will affect the whole population served. An Equality Impact Assessment was completed as part of developing the existing strategy and will be reviewed in light of the development of the new strategy.

The strategy has identified populations of service users which it aims to help advance equality of opportunity for. The strategy aims to advance equality of opportunity between people who share a protected characteristic and those who do not.

7. Consultation and Communication including Public Involvement

The approach will start with the development of a comprehensive stakeholder engagement plan which will include a plan for patient and public engagement. This will include continued use of our Citizen's Panel and existing, established groups along with invites to workshops.

The initial BNSSG Primary Care Strategy was a commissioning strategy, the revision seeks to articulate what we, as a system, are going to do and how the different parts of the system will contribute to the successful delivery including, but not limited to, Mental Health, Urgent Care and the Acute Care Collaboration.

As part of the update we are committed to transparency and regular communication.

We will:

- Form an initial Primary Care Strategy working group chaired by Geeta Iyer, with Martin Jones as deputy Chair. This will include representation from the CCG (Primary Care Development, Area Directorate, Contracting and Quality), OneCare, the LMC and General Practice Resilience and Transformation (GPRT) Healthier Together priority group
- Develop a comprehensive stakeholder engagement plan – this will include patient and public engagement
- Ensure our PPI approach is fit for purpose including continued use of our Citizen's Panel and existing, established groups along with invites to workshops
- Hold PCS development workshops involving the agreed stakeholder groups, attend relevant fora and established groups
- Ensure GP practices are fully engaged and given opportunity to input and feed back.
- Provide BNSSG stakeholders with regular updates on progress and opportunities to input and feed back
- Have the PCS as a standing agenda item at the Integrated Care Steering Group
- Provide regular reports to Primary Care Operational Group/ Primary Care Commissioning Committee/ Governing Body

It is proposed that an informal consultation exercise is carried out. The communication and engagement will follow a pared down Healthy Weston consultation approach. In addition, the well-received Community Procurement engagement exercises will be used as a guide for table top exercises.

We will come together to agree the vision for the primary care strategy and further develop the case for change, as well as testing and defining the strategic priority areas highlighted above and their enablers. This aim is to establish a foundation for driving the delivery of the vision, being clear on what success will look like and understanding how the wider community and primary care work together.

Furthermore the Equality Impact Assessment will be used to guide the list of stakeholders and engagement methods.

Colleagues in other service areas, such as optometry and dentistry, will be invited to provide input of their offer of support in developing and achieving the primary care vision.

Next Steps

The following table outlines the timelines required to meet the autumn deadline highlighted in the NHS Long Term plan. The timeline also includes engagement with the wider system to ensure a draft version is agreed to align with the NHS Long Term Plan submission in July.

Action	Deadline
Exec Team	20 th March 2019
PCS working group planning meeting	28 th March 2019
PCOG	11 th April 2019
PCS leads meeting with Julia Ross	18 th April 2019
PCCC PCS	30 th April 2019
PCS working group meeting	2 nd May 2019
Governing Body Seminar	7 th May 2019
Commissioning Exec Seminar	9 th May 2019
Integrated Care Steering Group	13 th June 2019
Workshop 1	2nd week of June
GP Fora	June
PCS working group meeting	18 th June 2019
PCCC Seminar	25 th June 2019
Workshop 2	3 rd /4 th Sept 2019
GP Fora	Sept 2019
PCOG	12 th Sept 2019
PCS working group meeting	17 th Sept 2019
PCCC	24 th Sept 2019
Governing Body for final sign off	1 st Oct 2019
Commissioning Exec for information	10 th Oct 2019
Integrated Care Steering Group	Oct 2019

STP Sponsoring Board	Oct 2019
----------------------	----------

8. Recommendations

Governing Body is asked to approve the revised approach and timelines for updating the BNSSG Primary Care Strategy.

Report Author: Bev Haworth; Primary Care Models of Care Development Lead

**Report Sponsor: Geeta Iyer; Clinical Lead, Primary Care Development
Martin Jones; Medical Director - Commissioning and Primary Care**

Glossary of terms and abbreviations

CCG	Clinical Commissioning Group
GPFFV	General Practice Forward View
GPRT	General Practice Resilience and Transformation Programme
ICS	Integrated Care System
LMC	Local Medical Council
NHSE	NHS England
OOH	Out of Hours
PCN	Primary Care Network
PCS	Primary Care Strategy