

# **General Practice**

# **Five Year Forward View**

**Health and Well Being Board**  
**15<sup>th</sup> December 2016**

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# The General Practice Forward View (GPFV) April 2016

- <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
- A recent report on GP workload pressures by the Primary Care Foundation and NHS Alliance said:  
*The strength of British general practice is its personal response to a dedicated patient list; its weakness is its failure to develop consistent systems that free up time and resources to devote to improving care for patients. The current shift towards groups of practices working together offers a major opportunity to tackle the frustrations that so many people feel in accessing care in general practice.”*
- GPs are by far the largest branch of British medicine - a growing and ageing population, with complex multiple health conditions, means that personal and population-orientated primary care is central to any country’s health system. As a recent British Medical Journal headline put it – “if general practice fails, the whole NHS fails”.
- One of the great strengths of general practice in this Country has been its diversity across geographies and its adaptability over time... one size will not fit all when it comes to the future shape and work of primary care ... this support package is likely to herald a ‘triple reinvention’ - of the clinical model, the career model, and the business model at the heart of general practice.

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- The GPFV sets out specific, practical and funded steps on 5 programme areas: investment, workforce, workload, infrastructure and care redesign.
- Wiltshire CCG is working on a GPFV Plan for each of the transformation programmes and investment which the CCG are leading. Some of the programmes are led by NHSE directly with practices; some of the programmes have not yet released further details.
- GPFV has set an expectation of integration of extended access with out of hours and urgent care services, including reformed NHS 111 and local Clinical Hubs - CCGs, working in conjunction with their urgent and emergency care networks, will be responsible for commissioning these services to expand capacity, ensuring plans in general practice dovetail with plans to develop a single point of contact. Wiltshire CCG is leading the live IUC procurement with Wilts Council, BaNES and Swindon CCG
- It is more common for general practices to work together at scale, with greater opportunities for practices to work collaboratively in larger groupings for the benefit of more sizeable populations, yet maintain their unique identity and relationship with their own patients.
- Larger organisational forms will enable greater opportunities for practices to increase their flexibility to shape, buy or build additional services, working from a more effective platform with other local health and care providers, including community health services, social care and voluntary
- GPFV looks at general practice's role in relation to wider system – how improved integration can provide additional support to general practice and the contribution general practice can make on wider social issues and the important role primary care play in supporting integration across health and care systems.

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## The 2017 – 2019 NHS Operational Planning and Contracting Guidance sets out the must dos for 2017/18 and 2018/19 for primary care:

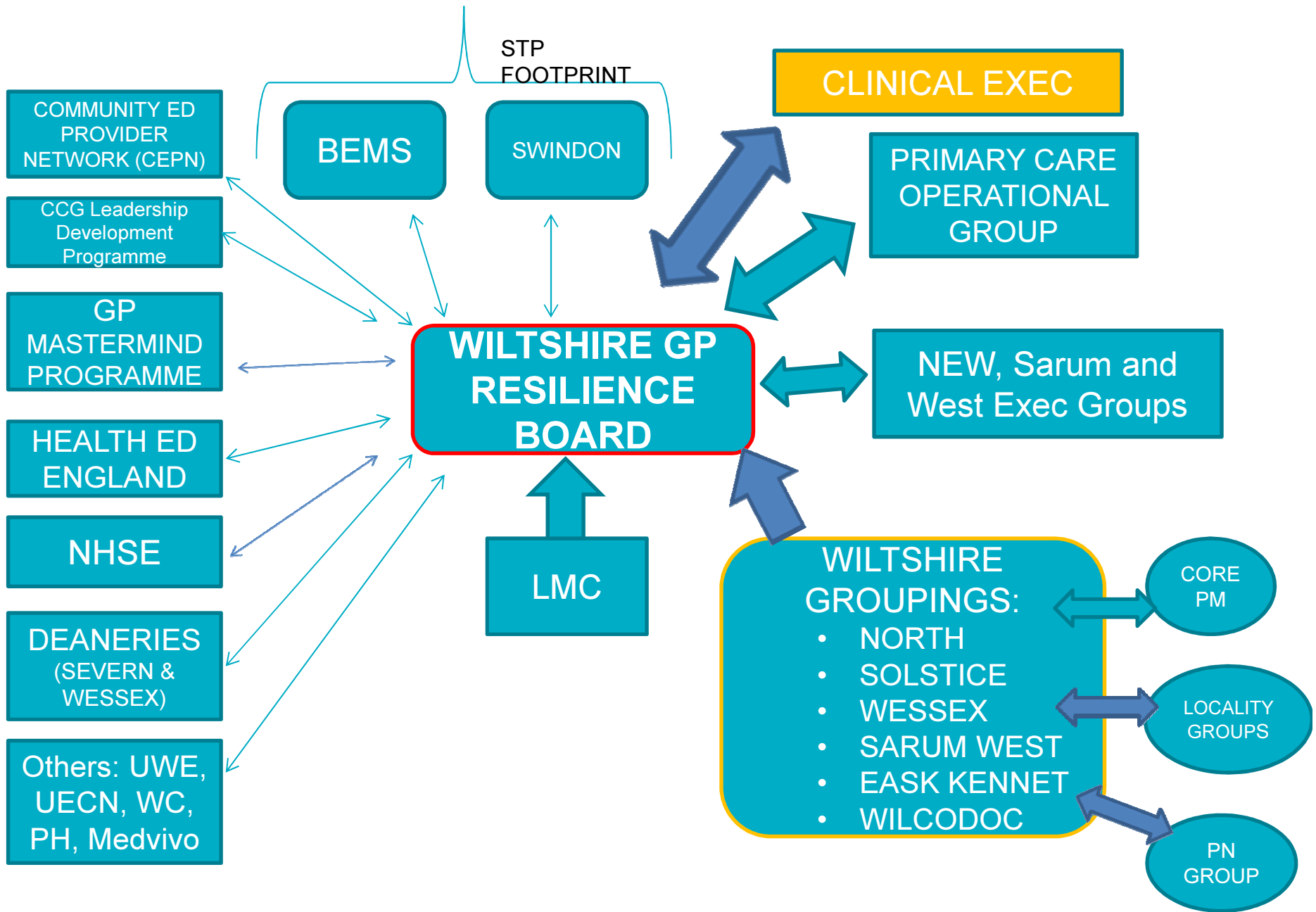
- Ensure the sustainability of general practice in your area by implementing the **General Practice Forward View**, including the plans for **Practice Transformational Support**, and the **ten high impact changes**.
- *Ensure local investment meets or exceeds minimum required levels.*
- Tackle **workforce and workload** issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of IAPT in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems.
- By no later than March 2019, **extend and improve access** in line with requirements for new national funding.
- Support **general practice at scale**, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.

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# Wiltshire Plans – GPFV / Resilience

- The CCG has established a GP Forward View/Resilience Group to have an overview of our work on resilience.
- This will include review and oversight of a menu of support from GP mentoring to supporting different training, and expertise to supporting the primary care at scale/new models of care going forward. This is an advisory group who will feed into PCOG and make recommendations to the Clinical Executive / PC Commissioning Committee on use of resilience and other GPFV funds.
- The intention is to keep this local and grow our own resilience to support primary care where possible but also make use of external tools and support where this is appropriate.
- The programme will link into the existing GP Mastermind Programme and the Community Education Provider Network (CEPN) and will work with the LMC around some of their support packages on offer such as the vocational training for PMs.
- A “Practice Support Package” is being developed in CCG as a resource that can be used by all practices that identifies the different areas that a practice can look at to see if changes can be made that will improve resilience (based on the 10 high impact actions)

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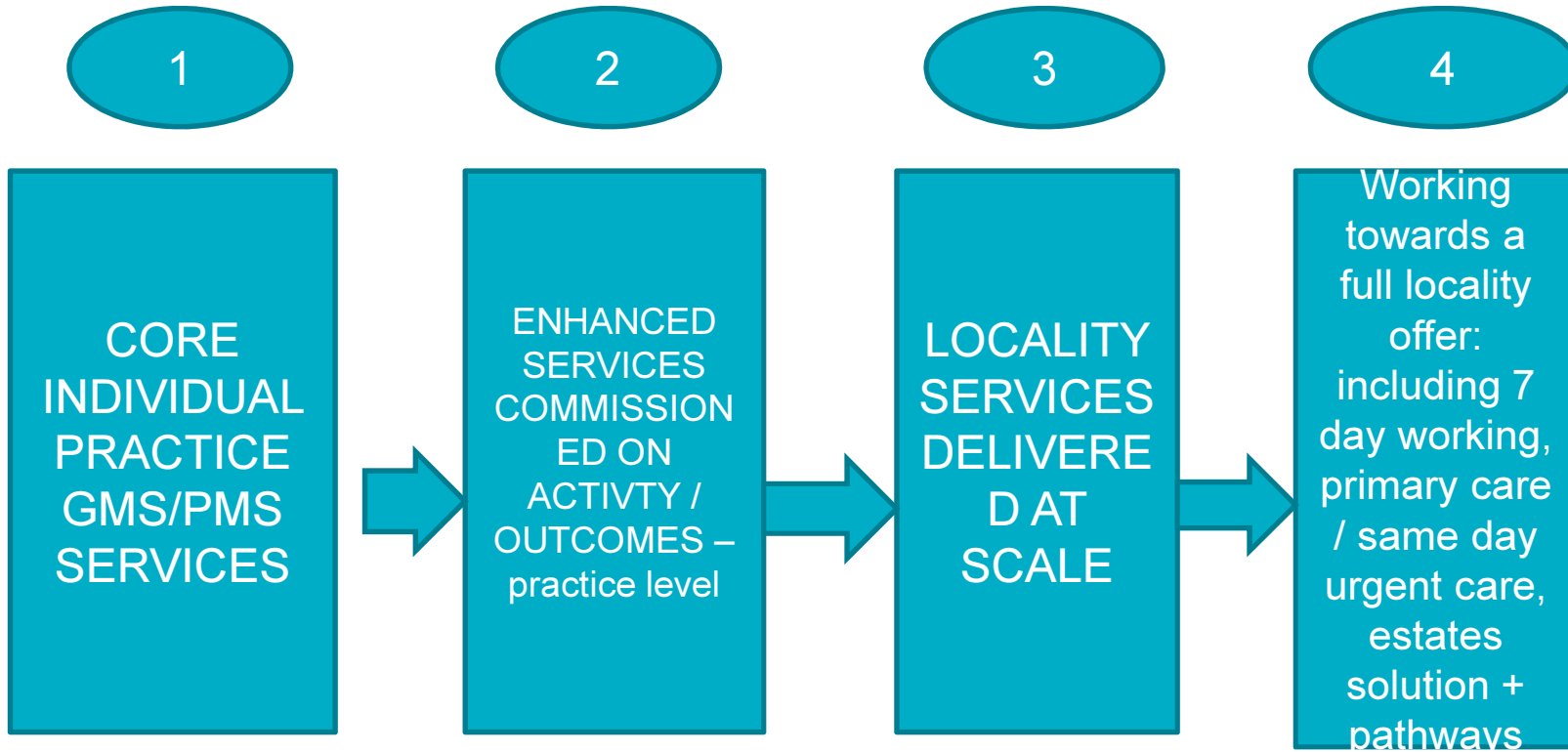
# Building on Wiltshire's Primary Care Offer

The ambition of the CCG is that services commissioned in primary care under the PCO will:

- Maintain and ensure resilience of the current high quality primary care service across Wiltshire in the face of growing population and demand;
- Protect the core values of general practice of contact, co-ordination of care, comprehensive services and continuity of care;
- Deliver improved patient safety and clinical outcomes across Wiltshire;
- Deliver an improved experience for patients and their carers;
- Encompass clinical best practice and reduce variation;
- Be sustainable;
- Be innovative and promote skill-mix within primary care providers;
- Deliver a demonstrable return on investment (financial or otherwise);
- Be delivered “at scale” (i.e. at Practice, Locality or Group level as appropriate);
- Be monitored and funded on the basis of outcomes achieved rather than of activity.

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PRIMARY CARE OFFER FOR 2016/19



SUSTAINABLE WORKFORCE / SKILL MIX

MOVE TOWARDS CAPITATED LOCALITY BUDGETS

ESTATES SOLUTION FOR SERVICES AT SCALE, CLOSER TO HOME

PAYMENTS MADE BASED ON ASPIRATION AND THEN ON ACHIEVEMENT OF AGREED OUTCOME MEASURES



## Foundations in place – Locality Development covering all practices:

- All localities have regular strategic multi-disciplinary meetings involving the core integrated team members - GP practices and AWP, community teams, and social care teams - some include third sector, organisations, local community representatives, Council Community Engagement Managers and patient group members.
- All Wiltshire practices and relationships between the organisations have become stronger and more closely aligned where staff numbers allow.
- Most localities are linked into the local Area Boards and Health and Wellbeing Groups
- A number of practices are developing links with schools to support their young people's mental health initiatives.
- Practices continue to develop their locality plans
- Some have staff working across practices to support strategic planning and project delivery to develop collaborative projects to make the practices more resilient such as an administrative hub
- This activity is supported by close working with partner agencies in the locality though regular locality meetings.
- Some areas have a local education group
- Practice Patient Participation Groups have started to work closely together, supporting by Healthwatch and CCG
- Some GPs and localities have been involved in the development of the Local Neighbourhood Plan from a strategic health perspective

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## Foundations in place – Transforming Care of Older People (TCOP) schemes covering all practices:

- Elderly Care Facilitator Scheme
- Wellbeing Clinics
- Elderly Care Clinic: Leg Ulcers
- Older Persons Team / Specialist Nurses
- Individualised Management of Patients Over 75 with LTCs
- Virtual Ward
- Carers Clinic, Carers Café and CHAT Worker Scheme
- Specialist Elderly Care Practitioner Scheme
- Extended TCOP Under 75s / Falls and UTIs
- Older Persons Public Health Specialist Nurse
- Older Persons Leg Club
- Emergency Care Practitioner / visiting scheme
- Multi Morbidity Clinics
- Early Visits Scheme, Elderly Meds Management Scheme
- Specialist Elderly Care Practitioner Scheme

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## Foundations in place – Locality Services:

- Improving Teenagers and Young Adults Mental Health
- Building closer links with schools and school nurses.
- Improved Palliative Care (end of life pathways)
- Support for Carers
- Extension of multi morbidity clinics to younger patients
- Project to improve diabetes management in their patients such as pre diabetes education courses
- RWB, Cricklade and Purton are developing a film project with the RWB Academy aimed at gaining community wide engagement in improving young person's mental health.
- Higher level of input to younger patients with co morbidities
- Linking men to the local 'Men's Shed' project
- Substance abuse and mental health schemes
- Active Plus Project Course - national scheme aimed at improving wellbeing and tackling social isolation
- "Artlift" Mixed Media and Visual Arts Scheme and Exercise Programmes
- Exercise (EXTEND) scheme commenced October 2016. 10 week programme being delivered by enthusiast aimed at improving wellbeing and fitness.
- Integration and Health Fair
- Cancer Survivorship Scheme
- Developing locality / community working re domestic abuse
- School mental health support
- Domestic Violence – working closely GP practice and Public Health

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# Summary:

- There is a complexity and synergy of the programmes under GPFV – such as the Integrated Urgent Care procurement to expand general practice capacity; the Estates and Technology Transformation Fund for development of investment in infrastructure; GP IT programmes to link to the Local Digital Roadmap work; the Vulnerable Practice programme with increasing numbers of practices in crisis; and training programmes for all staff groups to develop and enhance the widening skill mix of the primary care workforce.
- Engagement process started with PPGs and public supported by Healthwatch - GPs leading the local discussions about primary care challenges and new models of care and changing workforce.
- Current Strategic Healthcare Planning review in North West Wilts (Chippenham, Melksham and Trowbridge) underway to determine options for effective and productive clinical models, patient pathways and appropriate accommodation.
- Wiltshire is in a good place to build on the Health and Well Being Strategy being delivered with Integrated Teams, TCOP, locality schemes and services and BCF services to deliver the GPFV.

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