

Travel and Transport Working Group 7th July 2017 General Practice in Calderdale

Debbie Robinson

Head of Primary Care Quality &
Improvement, Calderdale CCG



How General Practice Works (currently)

Independent contractor Status

All practices have a contractual requirement to be a **member of a CCG**.

Minimum of 3 commissioners since 2013

Service Provision - In hours – 8.00am to 6.30 pm (Mon to Fri excl bank holidays)

Registered population within a clearly defined **practice boundary**

Contract Summary

Global Sum: basic practice income, covers:

- Essential Services
- Additional Services (preferential right to provide)
- Out of Hours (All Practices can opt out of 24 hour responsibility & have)

Practices can also participate in :

- Directed Enhanced Services (NHSE) community based Services (CCG & LA)
- Quality and Outcomes Framework (QOF) (The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England.)



What Does General Practice Do?

Essential Services (Core Contract - No limits!)

All practices must provide :

- Management of patients who are ill or who believe themselves to be ill
- General management of patients who are terminally ill
- Management of chronic disease

General Practices deliver three major streams of clinical services:

- **an acute clinical workload** (meeting their populations urgent care needs). The overwhelming majority of urgent care contacts in the NHS are managed by, or through, General Practice.
- **a heavy chronic disease management workload** (e.g. the vast majority of Diabetes, Cardiovascular, Respiratory, Mental Health etc.)
- **a preventative medicine / public health workload** (providing immunisations, vaccinations, alcohol, drug, tobacco, weight, exercise and lifestyle campaigns and individual interventions)

Long Term condition workload is inexorably and rapidly increasing in:

- volume (numbers affected),
- complexity (multiple co-morbidities, and increasingly complex and involved interventions),
- severity (aging population and increasing frailty with complex secondary, primary and social care needs) and
- extent (patients living with their diseases and conditions for very prolonged periods of time).



General Practice In Calderdale

- 26 practices, 38 sites
- Registered population 219K +
- 2120 to 18,800 list sizes
- Variation (access, services, outcomes, staffing)
- 1 GP Federation - Pennine GP Alliance (all Practices)
- 2 walk-in Services (Todmorden and Halifax)
- Full delegation to commission Primary Medical Services from April 2015



Vision for Primary Medical Care

- *Where ever you go in Calderdale to receive your primary medical services you can be guaranteed that your experience will be excellent and your outcomes from treatment will be as good as the best.*
- *This will be delivered by a model for general practice that is sustainable and responds to the needs of the system and is regarded as fantastic by the people who work in it and the people who use it.*



Role of General Practice in Care Closer to Home (CC2H) and Hospital Change

General Practice:

- ✓ Is at the heart of a wider system of integrated out-of-hospital care in Calderdale & is fundamental to the success of the CC2H model
- ✓ by definition entails a high degree of integration, offering a comprehensive service that deals with the health of the whole person in the context of their socio-economic environment.
- An increasingly important part of general practice is the **treatment and management of long term conditions**, which form a large proportion of our local opportunity to reduce avoidable admissions.
- Beyond the direct provision of care, GPs' role as the gateway to more specialised treatment means that they play a crucial role in **facilitating the smooth transition for patients across organisational boundaries.**



General Practice Forward View

The General Practice Forward View (GPFV), which was published by NHS England in April 2016, sets out proposals for addressing the pressures on general practice and for securing and maintaining the pivotal role of general practice within the care system, covering five specific areas:

- **investment** (national and local)
- **workforce** (changes to the structure of the clinical workforce)
- **workload** (working at scale in larger groups or federations)
- **infrastructure** (Premises and technology)
- **Care redesign** (working in a more integrated way with a wider range of services, including community and acute services)

Implementation in Calderdale: this is a five year programme of work, and it will be important that we continue to learn and respond to changing circumstances



Key Priorities 2017/18

- Maximising the opportunities delegated commissioning gives us to integrate general practice into the wider health and social care system and give greater flexibility and influence at a local level over the way in which services are delivered to patients.
- **Access to General Practice Services - in and out of hours**
- Progressing Delivery at Scale
- Building on Multi-Disciplinary Team approaches and increasing integrated services delivery
- Commission Training programme for practice staff to provide active signposting (phased)
- Securing high quality primary care services: through quality monitoring and peer review and reducing variation (unwarranted)
- Developing and maximising the estate
- Understanding the workforce challenges and working with providers to address them



Access – Patients want to

- Extended opening hours in GP practices, including evenings and weekend access.
- A better appointment system with improved access to bookings.
- GP practices to be central to the delivery of ‘Care Closer Home’.
- Shorter waiting times for an appointment
- To know the health professional they were seeing and
- To have a choice of appointment time



Access – What We Are doing

- Agreed local core standards and expectations for in hours services (25/26 practices)
- Piloting remote telephone consultation services at scale in 8 practices
- Intend to pilot from September 2017 locality access 6.30pm to 8pm M – F (1 locality increasing to 3 by February)
- Developing a Calderdale wide offer to include extended weekday and some weekend access from April 2018(as part of the development of integrated community urgent care offer).



Any Questions ?

