

**NHS SOUTHEND CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING IN PUBLIC 25<sup>TH</sup> SEPTEMBER 2014**  
**PRIMARY CARE STRATEGY**

<b>Date of the meeting</b>	25 September 2014
<b>Author</b>	Sadie Parker, Head of Primary Care and Engagement
<b>Sponsoring Board Member</b>	Dr Peter Long
<b>Purpose of Report</b>	To accept the recommendation of the Clinical Executive Committee to approve the strategy
<b>Recommendation</b>	Governing body members are invited to <b>approve</b> the recommendation from the Clinical Executive Committee to agree the primary care strategy.
<b>Reason for inclusion in Part II</b>	N/A
<b>Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>• Comments incorporated from January public event</li> <li>• GP members forum discussion</li> <li>• Clinical executive feedback incorporated</li> <li>• Strategic plan workshops feedback incorporated</li> </ul>
<b>Previous GB / Committee/s, Dates</b>	Clinical executive meetings in May, July and August 2014

**Monitoring and Assurance Summary**

<b>This report links to the following Assurance Domains</b>	<ul style="list-style-type: none"> <li>• <b>Quality</b></li> <li>• <b>Equality and Diversity</b></li> <li>• <b>Engagement</b></li> <li>• <b>Outcomes</b></li> <li>• <b>Governance</b></li> <li>• <b>Partnership-Working</b></li> <li>• <b>Leadership</b></li> </ul>		
<b>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register			✓
Budgetary Impact			✓

Legal / Regulatory			✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment			✓
Freedom of Information			✓

Initials: \_\_SAP\_\_

## **1. Introduction and background**

- 1.1 NHS England required all of its area teams to develop a primary care strategy. This was published in Essex in July as a consultation document.
- 1.2 In Essex the area team has developed its primary care strategy through a series of workshops with primary care contractors, the Essex Local Medical Committee and the public. It also established an editorial group to which all CCGs were invited.
- 1.3 This has resulted in the production of a primary care strategy for Essex (see appendix one) which includes a section specific to each of the Essex CCGs.
- 1.4 The Essex area team has consulted widely on its strategy and the CCG has also distributed this to representatives of its practice patient participation group forum.

## **2. Developing the Southend CCG primary care strategy**

- 2.1 The development of the Southend CCG strategy has been led by Dr Peter Long, clinical lead for GP engagement with Dr Paul Husselbee, clinical chief officer.
- 2.2 The development of the document itself has been informed by public feedback collected at the CCG's public event in January, discussion with Southend member GP practices at two subsequent GP members forums and discussion at unit of planning workshops to develop the five-year strategy for Southend. The planning workshops were attended by the CCG along with key partner organisations, such as Southend Borough Council, the hospital and community and mental health services provider and the Southend Association of Voluntary Services.
- 2.3 The CCG's Clinical Executive Committee has discussed and developed the documentation at its meetings in May, July and August of this year and in August agreed that a recommendation should be made to the governing body to approve the strategy.

## **3. Key principles**

- 3.1 The strategy includes the following key principles, most of which run as a theme through the Southend five-year strategy, the CCG's operational plans, the Better Care Fund plan and Integrated Pioneer programme:
  - A focus on developing integrated models of care with patients only going to hospital where there is no community alternative. This includes the development of a GP hub pilot for Southend with health and social care services wrapped around the GP practice registered population
  - GP practices remaining at the heart of the local health system and continuing to focus on improving access, such as through piloting seven-day services and providing more online access
  - Supporting GP practices to provide more proactive care to the most vulnerable patients in Southend, such as care home residents
  - Working with our practice patient participation group (PPG) forum to support practices to improve the way they engage with patients in service development

- Working with NHS England Essex area team to develop our approach to the co-commissioning of local GP practice services
- Improving the quality of primary care in Southend, including through the provision of training and development for our member GP practices
- Supporting NHS England Essex area team to develop the Essex primary care premises strategy – initial schemes proposed by the area team are for St Luke’s GP surgery and Shoebury Health Centre

#### **4. Recommendations**

- 4.1 Governing body members are invited to **approve** the recommendation from the Clinical Executive Committee to agree the primary care strategy.
- 4.2 The strategy will be provided to the area team for inclusion in the final version of the Essex primary care strategy.

**AGENDA ITEM 7. Appendix 1.**

**NHS Southend CCG primary care strategy**

**Our vision for primary care in Southend-on-Sea**

Citizens in Southend-on-Sea will be able to access high quality care centred around their needs as individuals, provided by integrated health and social care teams operating out of their GP practice.

Vulnerable citizens will receive responsive, proactive care from their wider GP practice team and patients will only go to hospital when they need specialist or emergency care and there is no better alternative available in the community.

**About NHS Southend Clinical Commissioning Group**

Southend-on-Sea is 42 square kilometres in size and is the largest conurbation in the East of England. As the sixth most densely populated area outside of London it has 4,187 people per square kilometre compared to the national average of 411.

Located on the north side of the Thames Estuary approximately 40 miles east of central London, it is bordered to the north by Rochford and to the west by Castle Point.

The total estimated population for Southend-on-Sea as at mid-2012 was 174,838 (ONS). Since 2008 the population of Southend-on-Sea has increased by 7.2%. The population increase of Southend-on-Sea is almost double the national population increase of 3.9% over the same period.

There are greater numbers of people aged 65 and over in the Southend CCG area (18% of the population), compared to the England average of 16.7%. The local population in this age group is expected to increase in number by 14% by 2020. There are also greater numbers of people aged 0-19 within the population of Southend, with 23.7% being within that age group.

With the growth of an aging population and the drive to ensure earlier identification of some chronic conditions, we can expect to see a rise in disease prevalence and consequent demand for health and social care services.

The health of people in Southend-on-Sea is varied compared with the England average. Life expectancy varies across the areas of the town. Life expectancy is 9.1 years lower for men and 8.8 years lower for women in the most deprived areas of Southend-on-Sea than in the least deprived areas. Life expectancy for men is similar to the England average, whereas for women it is lower than the England average.

Southend has higher levels than the national average for smoking prevalence, percentage of inactive adults, hospital stays for alcohol related harm, and injuries due to falls in women

over 65. Southend also has lower levels of breast cancer screening coverage and breastfeeding.

Deprivation levels (as measured by the Index of Multiple Deprivation or IMD) in Southend-on-Sea are higher than average and there are about 7,600 children that live in poverty. The average Index of Multiple Deprivation (IMD) score for Southend CCG is 23.6 (2012) compared to the England average of 21.5. The Southend health system serves a resident population of over 180,000 people.

In addition to the resident population, the Southend health system – particularly the urgent care system – is subject to additional pressure from more than six million visitors who come to the town each year.

Southend CCG is made up of 36 member GP practices and covers Southend, Leigh, Westcliff, Shoeburyness and Thorpe Bay areas. We work with our practices to improve the quality of primary care and we engage with individual member practices via our GP members forum. The forum is used to consult with practices about commissioning plans and proposed service developments.

We are a clinically-led organisation - GPs see patients every day and understand the health and social needs of the people of Southend. This puts them in the best position to shape healthcare for the people they serve. Together with Southend Borough Council we will continue to take a joint approach to health and social care. We are also committed to addressing health inequalities, in collaboration with other agencies and the voluntary sector.

### **Our health and social care system vision, values and priorities**

We aim to ensure that everyone living in Southend-on-Sea has the best possible opportunity to live long, fulfilling, healthy lives.

We want:

- Our children to have the best start in life
- To encourage and support local people to make healthier choices
- To reduce the health gap between the most and least wealthy
- People to have control over their lives as independently as possible
- To enable our older population and those adults with social care needs to lead fulfilling lives as citizens

We will deliver this by:

- Planning and operating as a single system; maximising our offer to the citizens of Southend-on-Sea by integrating services that are influential to health and wellbeing
- Understanding the needs of the people living in Southend-on-Sea and proactively addressing these to improve their health outcomes
- Providing access to the right care, at the right time, and in the right setting
- Creating an efficient and effective system that is focussed on quality of care and achieving the best outcomes for our citizens, delivered within our resources

Our values, which have been shaped by our staff and stakeholders, fully align with the principles laid out in the NHS Constitution.

## **Clinically led**

Clinicians will play a central role in leading our organisation.

## **Centred on patients, families and carers**

We will place patients, families and carers at the centre of everything we do.

## **Equalities**

We will be relentless in our efforts to reduce inequalities in our population and ensure that the services we commission are accessible to all who need them.

## **Safety**

All providers we commission must demonstrate delivering a safe service is their top priority. Safeguarding training will be provided to all staff groups.

## **Quality**

We will strive to maximise quality by promoting optimal use of evidence based guidelines.

## **Best use of public money**

We will demonstrate strong population involvement, governance and accountability to assure we are achieving best value for money.

## **Excellence and professionalism**

We will create a professional environment that motivates its people to perform and excel.

## **Working across organisations in partnership**

We will be proactive in seeking opportunities to advance our cause through joint collaboration with neighbouring commissioners, commissioning support unit, acute, community and mental health trusts, local council, and other key stakeholders.

## **The future of primary care in Southend-on-Sea**

Southend CCG wants to see an integrated, flexible and responsive primary care-led health system providing wider primary care at scale, with people only going to hospital where there are no other community-based options for them. We need to work to break down the distinction between primary/ community and secondary care to allow true, clinically-led teams working for the benefit of patients. We want to see clinicians freely moving between the hospital and community settings to provide the best fit services centered around pathways of care and the person they are treating. We know that primary care cannot stay the same as it is now and continue to operate within the constraints of growing pressures on budgets and demand from increasing morbidity.

The NHS has been set a challenge to deliver seven day services. This also applies to primary care and Southend CCG wants to ensure people are able to access the most appropriate urgent services for their needs across primary, community and secondary care every day of the week. Southend has been chosen as one of 14 Integrated Pioneer sites nationally – we have been recognised as having made significant progress already on this journey but there is more to do. We need to ensure as a system that services work together

across traditional boundaries, putting citizens at the heart of what we do in order to deliver the change required.

Our clinical executive committee and our clinical lead for integrated care will focus on integration as one of their key priority areas of work. Our clinical leads will take a lead role in developing better integration of services, developing and implementing new ideas through innovation at member practice level to complement initiatives through the Integrated Pioneer and Better Care Fund work.

As an Integrated Pioneer, Southend CCG has already made significant inroads into developing integrated services. We wish to continue this work to see our member practices at the centre of delivering health care services across primary, community/ social and secondary care with people only going to hospital where it is the only option available to them.

We believe that GP practices are ideally placed to become the centre for coordinated, proactive care for their registered patients. Many more hospital services are now provided in the community or by primary care than ever before. We would wish to see hospital care as the last resort for our population, used for serious accident and emergency services or for specialist care which cannot be delivered elsewhere. The majority of patient care should be delivered in primary and community settings. We are developing a hub model of delivering wider primary care at scale; we will evaluate its success and use this and ongoing feedback from our partners and member practices to determine the right model of primary care across the rest of Southend-on-Sea.

We need to help people access the right service at the right time. People can be confused about where to go for urgent or out of hours services. By centering services around general practice, improving access and providing wider primary care at scale, we can help people access the most appropriate service for them and ensure that hospitals are only used as a last healthcare resort.

We also wish to see our practices opening all day to enable people to make appointments and collect prescriptions. We recognise that this may be difficult to achieve for our smaller practices, however by working together they will be able to share these responsibilities. IT solutions will be needed in order for practices to work together and treat each other's patients and the CCG will work with its Commissioning Support Unit (CSU) IT team and within the GP IT scheme to exploit opportunities for appropriate access to patients' electronic records system.

The new GP contract will also see practices developing more automated services, such as online appointment booking, and the CCG will support its members to achieve this through its CSU.

### **GP practices at the heart of our local health system**

We recognise that GP practices are the cornerstone of the health system, and account for more than 80 per cent of all patient contact.

It is a priority for us to work with our member GP practices to support improvement in the quality of primary care and share good practice to strengthen the ability of our members to respond well to demographic and contractual changes. This is particularly important in Southend as it may be more difficult for our smaller practices to respond to the recent



changes to the national GP contract, the emerging NHS England Essex Primary Care Strategy and the requirement to develop seven-day services.

We are working with NHS England to develop co-commissioning of our GP services. By doing this we will be able to focus on supporting all practices to provide high quality care and to ensure that the people of Southend-on-Sea are able to access wider primary care services at scale, building on the work being done as part of the Integrated Pioneer programme. We aspire for people to be able to access appropriate primary care services throughout the day and to ensure that the people of Southend are able to access the right care, at the right time and in the right place. This will be achieved by developing an integrated care system delivered across networks of practices where staff work across organisational boundaries to provide the most appropriate care for the citizens of Southend-on-Sea.

People choose their GP surgery, they are free to register with the practice of their choice if they live within that practice's boundary, and they are free to change their practice too. Our vision is for this choice to continue however we recognise that our very small practices may struggle to meet the increasing demands on them from the health needs of their population, developing wider primary care services at scale and the move to seven-day services while continuing to drive improvements in the quality of services. We believe practices need to think big and feel small and the CCG, working with the Local Medical Committee for south Essex, will support our member practices to develop and implement their own GP Federation in order to meet these challenges, as well as providing individual support to any practices choosing to merge or join together in networks or hubs.

### **Looking after the most vulnerable people in our population**

We will support our member practices through the provision of primary care transformation funding which will help practices respond to changing requirements on them - to improve their access and responsiveness, provide more proactive care to their most vulnerable patients wherever they live, and by supporting innovation among our member practices to develop new systems for caring for their patients to ensure they remain in the community for as long as possible. We are also supporting practices in their delivery of the 2014/15 enhanced service for avoidable admissions.

We recognise that delivering our aims will involve spending less on hospital-based care and spending more in the community. We wish to see hospital health professionals enabled to work outside of their traditional estate, out in the community in partnership with community health professionals. Essentially the patient should determine how we provide services and not traditional systems or boundaries.

The national GP contract for 2014/15 sets out that each elderly patient will have their care coordinated by their GP practice with a named GP alongside a new enhanced service for avoidable admissions, which will help them provide this. In addition the CCG is piloting a service to provide proactive care for those registered patients living in care homes which will be evaluated and rolled out to cover the entire area. We will support those smaller practices who wish to come together to share the delivery of these services.

One of the many strengths of general practice lies in the registered list system. This enables coordinated care to be provided to those that are ill and also the coordinated provision of ill health prevention services, such as screening and immunisation. Practices can build on this

system by working together and this has already started across Southend-on-Sea as smaller practices have joined together to run multi-disciplinary team meetings to the benefit of vulnerable patients.

### **Involving and engaging the citizens of Southend-on-Sea**

Many of our practices already listen to and act on their patients' views through their patient participation groups. The CCG has set up a new forum for patient participation group representatives to come together, share experiences and best practice and challenge the CCG and their own practices to make change happen where it is needed. We wish to encourage all practices to set up effective patient participation groups to listen to their patients and use this to improve the quality of the services they provide, and to input to the forum to improve services across Southend-on-Sea. The forum has tasked itself with developing and implementing model patient engagement guidance and processes to support all practices.

We are implementing a patient and public engagement and involvement steering group which will represent different communities from our local population. This group will support the CCG strategically in developing and implementing our communications and engagement strategy, including our strategy for equality and diversity. The group will provide an important role as critical friend to ensure that the CCG effectively engages its citizens in commissioning local health services.

The CCG will support member practices to improve access to their services. Through working with their practice participation groups, GP surgeries will understand what is important to their registered patients and what adjustments they can make, for example the provision of services in the evenings or weekends to better meet the needs of commuters or those of working age. By working together practices can improve their capacity to provide services outside of traditional opening hours and the formation of a new GP federation in Southend-on-Sea will enable this to happen.

### **Co-commissioning of GP services with NHS England**

We are working with NHS England Essex area team to develop our approach to co-commissioning of our GP services. As part of this we are engaging with our member practices, citizens and local stakeholders. Through co-commissioning we will be able to focus on supporting all practices to provide high quality care and to ensure that people are able to access wider primary care services at scale, building on the work being done as part of the Integrated Pioneer programme. We aspire for people to be able to access appropriate primary care services throughout the day and to ensure that the people of Southend-on-Sea are able to have the right care, at the right time and in the right place. This will be achieved by developing an integrated care system delivered across networks of practices where staff work across organisational boundaries to provide the most appropriate care for the citizens of Southend-on-Sea.

We are developing a hub model of integrated health and social care in one of our larger practices as part of our integrated pioneer programme. This model will comprise of a multi-disciplinary, self-managed team approach supported by professionals including GPs, practice nurses, community nurses, community mental health services and social care which will provide proactive care to vulnerable patients. Initially the focus is proposed to be the frail elderly housebound and those living in care homes.

We know that patients value the registered list system of GP practices. In Southend particularly, we have a mixture of some very large practices (our largest is around 25,000 registered patients) to very small practices (our smallest has less than 1,000 registered patients) and 12 of our 36 member practices are single-handed contractors. We recognise that our smallest member GP practices may struggle to meet the increasing demands of providing wider primary care services at scale, including seven-day working, while the morbidity of their registered patient population continues to increase. As such we will work with our member GP practices and provide investment through primary care transformation funding to deliver improvements in access, patient experience and to enable them to deliver proactive care to their most vulnerable patients living at home and in residential care. This investment will ensure that patients are cared for in the most appropriate place and will reduce avoidable demand on our secondary care services.

### **Improving the quality of primary care and addressing unwarranted variation**

We will focus on supporting improvements in the quality of primary care provided to the people of Southend-on-Sea through our co-commissioning approach. We will also support member practices in their development of a GP federation in Southend, which will enable GP practices to work together to achieve better patient outcomes and to strengthen the resilience of our member GP practices.

We will work with practices identified as not compliant with the Care Quality Commission standards to ensure that all health services provided for the citizens of Southend-on-Sea reach at least minimum quality standards.

We have identified that there is significant variation in clinical practice including referral rates and prescribing, by our member practices. We have begun a pilot project that uses specially designed software, placed on GP practices' own computer systems, to analyse clinical practice by specialty. The analysis will then be used to identify unwarranted clinical variation, and design a bespoke educational package to address this. We will review the success of this pilot and determine how to support practices to address unwarranted clinical variation in the future.

We will continue to provide educational and training support to the GPs in our member practices through peer review sessions, GP member forums, nurse forums and sessions for prescribing clerks, as well as commissioning joint clinical education services from our neighbouring CCG, NHS Castlepoint and Rochford CCG. Our investment in protected time for GP practices, one afternoon per month for ten months per year, evidences our commitment to education and training for every member of staff in our member GP practices.

### **Primary care premises**

As we provide more services within the community across seven days, there may well be pressure on primary care estate, particularly if practices merge or come together in networks sharing larger registered populations, as well as providing services through a new GP federation. We wish to work with NHS England Essex area team to develop a specific strategy for Southend-on-Sea in order to see this delivered. We will also work with our partners to share public sector estate, where possible and efficient to do so.

The Essex area team has identified St Luke's and Shoebury as priorities for premises development and the CCG will work closely with them to progress these projects. As our GP

hub model is piloted and evaluated, we will further develop our plans for rolling out this model of care across Southend-on-Sea, enabling NHS England to further develop the premises strategy for the area.

A number of our GP practices share premises but operate completely separately. We will support practices, both co-located and across separate sites, wishing to find opportunities for working together to improve efficiency and effectiveness and to respond to the requirements of developing wider primary care services at scale.

Southend CCG wishes to see more services provided in the community and is already investing in community-based services designed to prevent people from being admitted to hospital unnecessarily. We wish to see continued and increased use of these services such as community geriatricians, specialist multi-agency case management of complex patients and specialist paramedics whose aim is to keep patients in their own home.

### **Supporting the development of local providers**

Our member practices are working with the South Essex Local Medical Committee to develop a GP federation for Southend-on-Sea. This is supported by the CCG which currently has two main local providers of health services – Southend University Hospital Foundation NHS Trust and South Essex Partnership Foundation NHS Trust

We also recognise the value of our local third sector providers and, through the Social Value Act and other mechanisms, wish to see our local providers (including primary care) develop and be able to bid for services against other larger providers. We wish to see larger providers work in partnership with our local providers to strengthen our local market and enable people to receive health care services in existing health care premises and from familiar health professionals.

### **Education, training and workforce planning**

The CCG is committed to the engagement of its member practices through education. The CCG holds six GP members forums per annum for its member practices within CCG-funded protected time to enable peer review, training and education to be provided in response to developing services and technologies. It also enables member practices to contribute to help shape the provision of services for Southend citizens and allows space for innovation. With our recently strengthened clinical lead structure, the education and training we provide for member practices will become truly clinically-driven and clinically-led. This professional support for GPs, nurses and practice staff, along with other initiatives currently being considered, will continue to make Southend-on-Sea an attractive place to work.

The CCG will continue to provide support to any of its member practices experiencing difficulty and is committed to supporting NHS England improve the quality of primary care. Through our support for the establishment of a GP federation, our training and education programme, support for the Quality and Outcomes Framework and bespoke support for individual practices experiencing difficulty we will ensure that we continue to improve services for patients. The development of our approach to co-commission primary care will enable Southend CCG to fully support our member practices to provide high quality, proactive care at scale for their registered populations.

The NHS England Essex primary care strategy includes a section on workforce development. Our member practices report difficulties in attracting and retaining the GP

workforce, as well as practice nurses and we believe that around 60% of our GP workforce is made up of salaried GPs. We have joined an Essex-wide workforce planning group, led by NHS North East Essex CCG to develop actions to address our workforce issues in partnership across Essex. We will jointly develop our strategy and approach through this group over the coming year.

### **Key milestones for delivery**

Our detailed milestones are set out in the CCG's two-year operational plan which is available [here](#). The expression of interest we submitted for co-commissioning also sets out how we intend to develop our detailed plans to enable us to move towards our vision of wider primary care at scale. Some of these key milestones can also be seen below.

### **Objectives**

- Develop and test a model of integrated care through a GP hub
- Support the development of seven day urgent services in primary care, improved access and wider primary care at scale
- Reduce unwarranted clinical variation in GP practices
- Support GP practices to improve patient experience of primary care
- Reshape our clinical lead structure to strengthen clinical leadership and engagement with member practices

### **Activities**

- Continue our programme of member GP practice visits, particularly focussing on supporting practices with specific need
- Support the Local Medical Committee to facilitate discussions with GPs about the development of a GP federation in Southend
- Complete D4 analytics pilot scheme, which uses innovative software to enable GPs to drive improvements and reduce unwarranted clinical variation, and widen the programme to use at scale upon successful completion
- Develop our co-commissioning approach with full engagement of local stakeholders, patient groups and our member practices
- Develop and implement mechanisms to invest primary care transformation funding in order to improve access and services for over 75s and reduce avoidable emergency admissions
- Identify and work with practices to develop wider primary care at scale and implement 7-day services using transformation/ federation funding
- Benchmark data from the GP patient satisfaction survey and friends and families test (FFT) and distribute it to our practices
- Share benchmarked data with our practice patient participation group forum and agree how they can work within their practices to support improvements in access and patient experience

- Develop a wider project to support improvements in access and patient experience in our GP practices
- Target practices with poor patient satisfaction and offer them bespoke support to improve their systems
- Utilise the GP member forums as a tool for engagement, education and innovation as well as networking and peer support
- Appoint new clinical leads and embed their role in driving the GP member forum programme and leading practice visits
- Implement clinically-led monthly digest e-newsletter for member GPs
- Develop and implement a new members website to support member practices with referral and pathway information along with latest policies and guidance

### **Governance**

- Strategic direction developed in conjunction with GP clinical lead and shaped through GP members forum
- Clinical executive sign off for clinical case of new schemes as appropriate (conflicts of interest registered and declared at each meeting with appropriate exclusion of members as required)
- Quality, Performance and Finance committee sign off when services are commissioned from member practices in line with our detailed financial policies
- Clinical executive approval of member forum programme from 2014/15