



# Primary Care Reform in GM

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Delivering Integrated Care across Greater Manchester

# **THE PRIMARY CARE CONTRIBUTION**

# Our Primary Care Strategy

- Our GM primary care strategy sets the direction of travel for primary care transformation and is aligned to the 10 Locality Plans
- It describes our ambition for primary care and its contribution to Greater Manchester Health and Social Care Devolution
- The transformation plan for primary care aims to provide a stable and sustainable foundation on which to develop new models of care and Local Care Organisations in line with our ambition for GM
- By 2021 we want everyone in Greater Manchester to have the opportunity to proactively manage their own physical and mental health and wellbeing. And to do this, they will have access to high-quality, integrated care, underpinned by the best possible technology, a sustainable workforce and an estate that is fit for purpose.

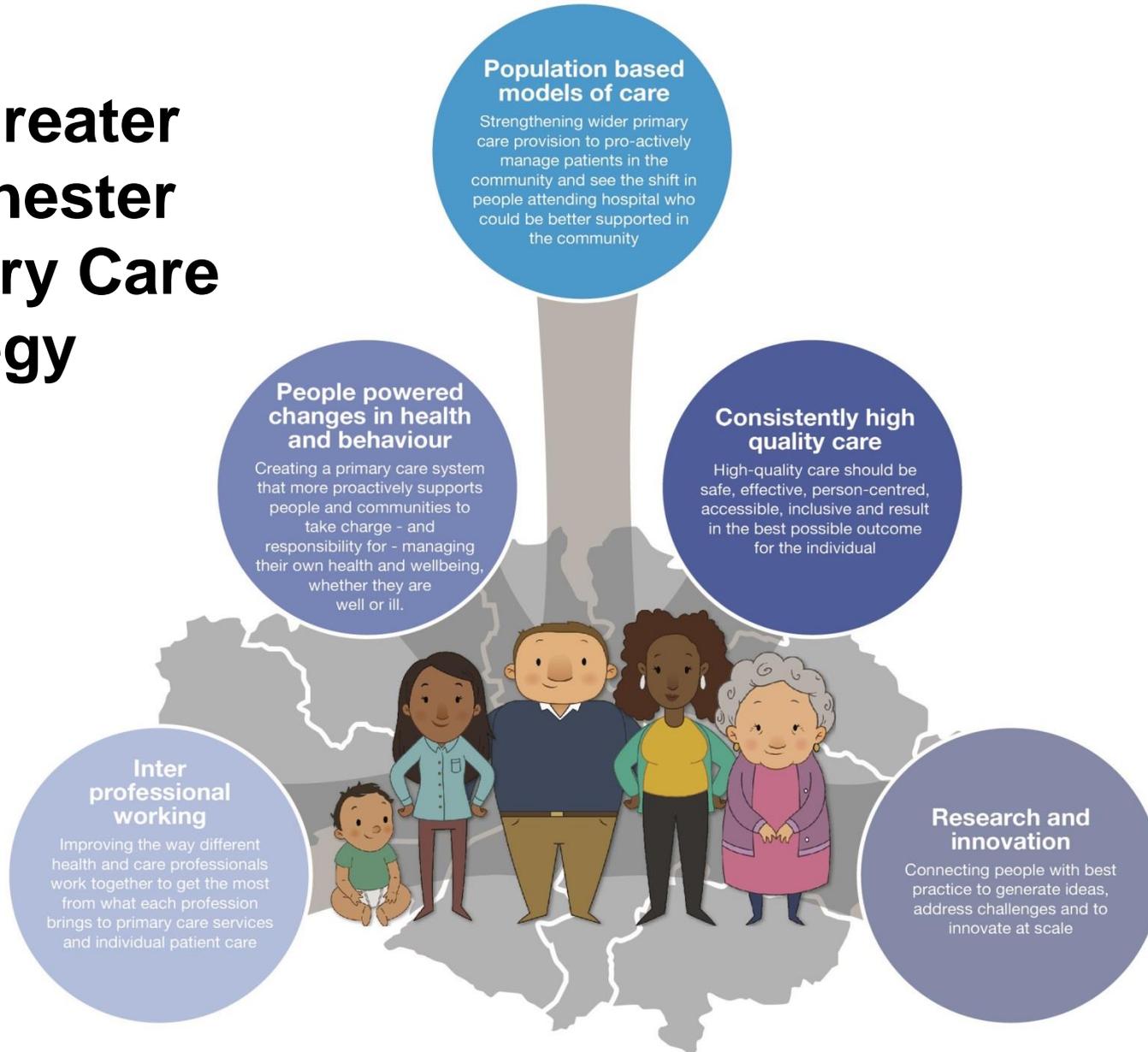
# Transforming Community Based Care & Support

Through the transformation of community based care and support we are proposing to transform our primary care services, with local GPs driving new models of care and Local Care Organisations (LCOs) forming to include community, social care, acute, mental health services and the full range of third sector providers. We want LCOs to be the place where most people use and access services, in their communities, close to home.

# The Greater Manchester Primary Care Strategy

Primary Care is now increasingly viewed as **THE** core component of an integrated, community based, care system rather than a separate stand-alone entity.

# The Greater Manchester Primary Care Strategy



## Enabling better care

Estates, technology, finance, contracts & incentives, workforce, provider & market development, communications & engagement

The GM approach to the General Practice Forward View

# **THE GM PROGRAMME OF PRIMARY CARE REFORM**

# General Practice Forward View

- Commits to an extra £2.4bn a year to support general practice services by 2021
- Investment will be supplemented by one off £500m sustainability and transformation package to support GP practices, and includes additional funds from CCGs
- GM has access to a number of nationally funded initiatives however a significant amount of GPFV funding is within the GM Transformation Fund and so GM needs to consider how it wishes to approach this – work in train through ‘GM Primary Care Strategic Oversight Group’

- GP access initiatives
- Extended clinical pharmacists programme (including training and practice development)
- Training care navigators and medical assistants for all practices
- Online consultation software systems
- Practice resilience programme / Vulnerable practices programme
- HEE costs for training 5000 GPs
- Provision for rollout of appointment data tool
- National development programme for general practice
- Practice nurse measures
- International recruitment
- Practice manager development
- Other workforce 2020 initiatives e.g. GP retainer/returner
- Automated task software
- Leadership coaching for experienced GPs
- OOH winter indemnity scheme
- Engagement events for GPFV
- Pharmacy Summary Care Records
- Secondary/primary care interface work
- Digital primary care

## GM Resilience Programme

- A single world class hub to support General Practice and act as a programme for improvement.
- Identify best practice and areas of excellence
- Offer a coherent and consistent offer in terms of rescue, resilience and improvement
- Develop our clinical leaders to enable them to offer peer support or more formal arrangements to support general practice

## Workforce

- Funding to support the recruitment of c100 additional clinical pharmacists in General Practice
- Roll out training programme for care navigators and medical assistants
- Learn from good practice already taking place
- Pilot group consultations in 50 practices
- Looking at tools to support General Practice in workforce planning
- Access to national programmes such as GP development and Practice Manager development programmes



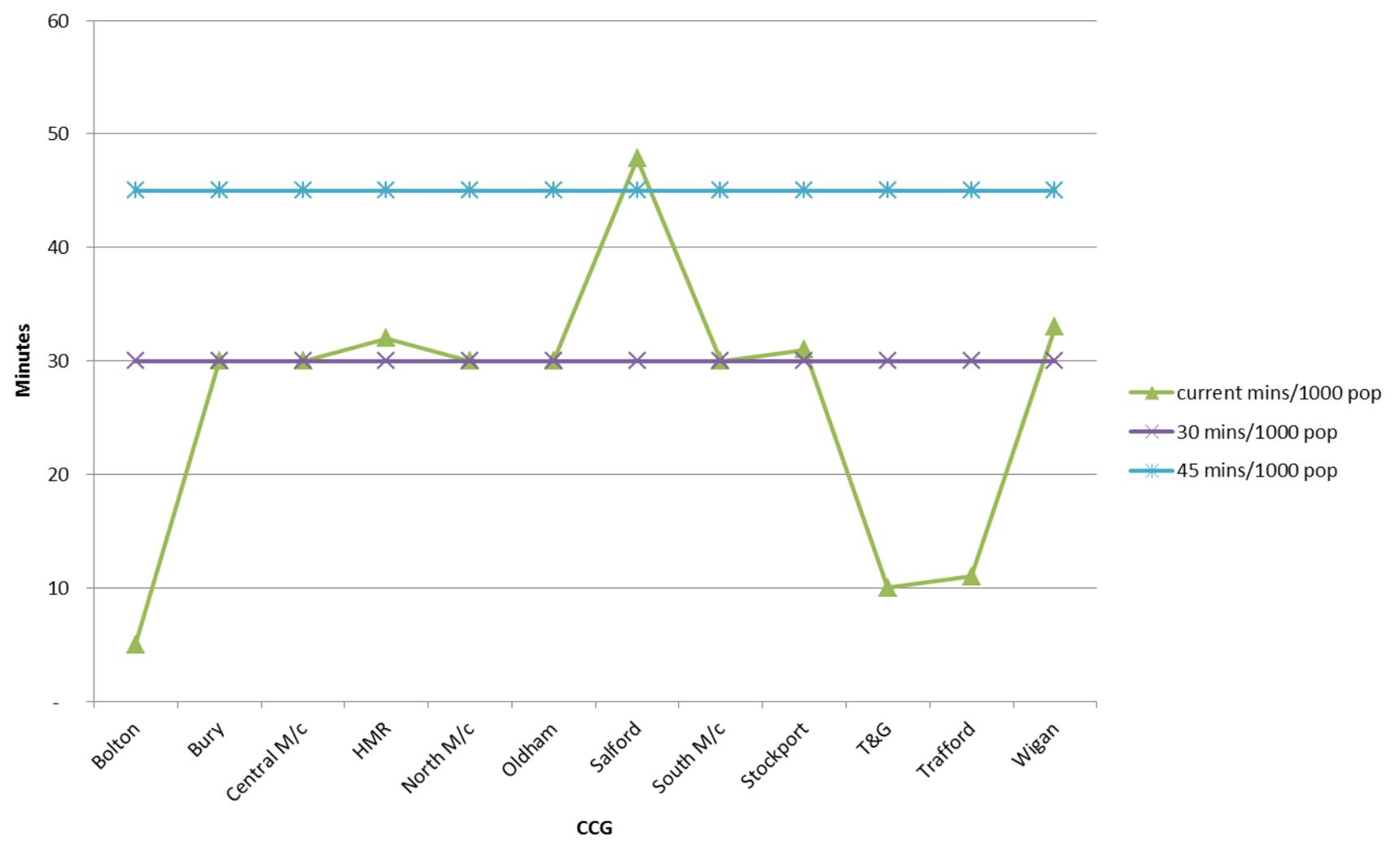
## Delivering Improved Access

- Embedded within LCOs and rooted within the neighbourhood delivery model
- Investment of £6ph
- Delivered via a hub based model serving geographical neighbourhoods
- Help to alleviate pressures in core hours
- Manage patient flow and demand across 7 days, e.g. book more acute activity into 7 day hubs

## GM Primary Care Estates

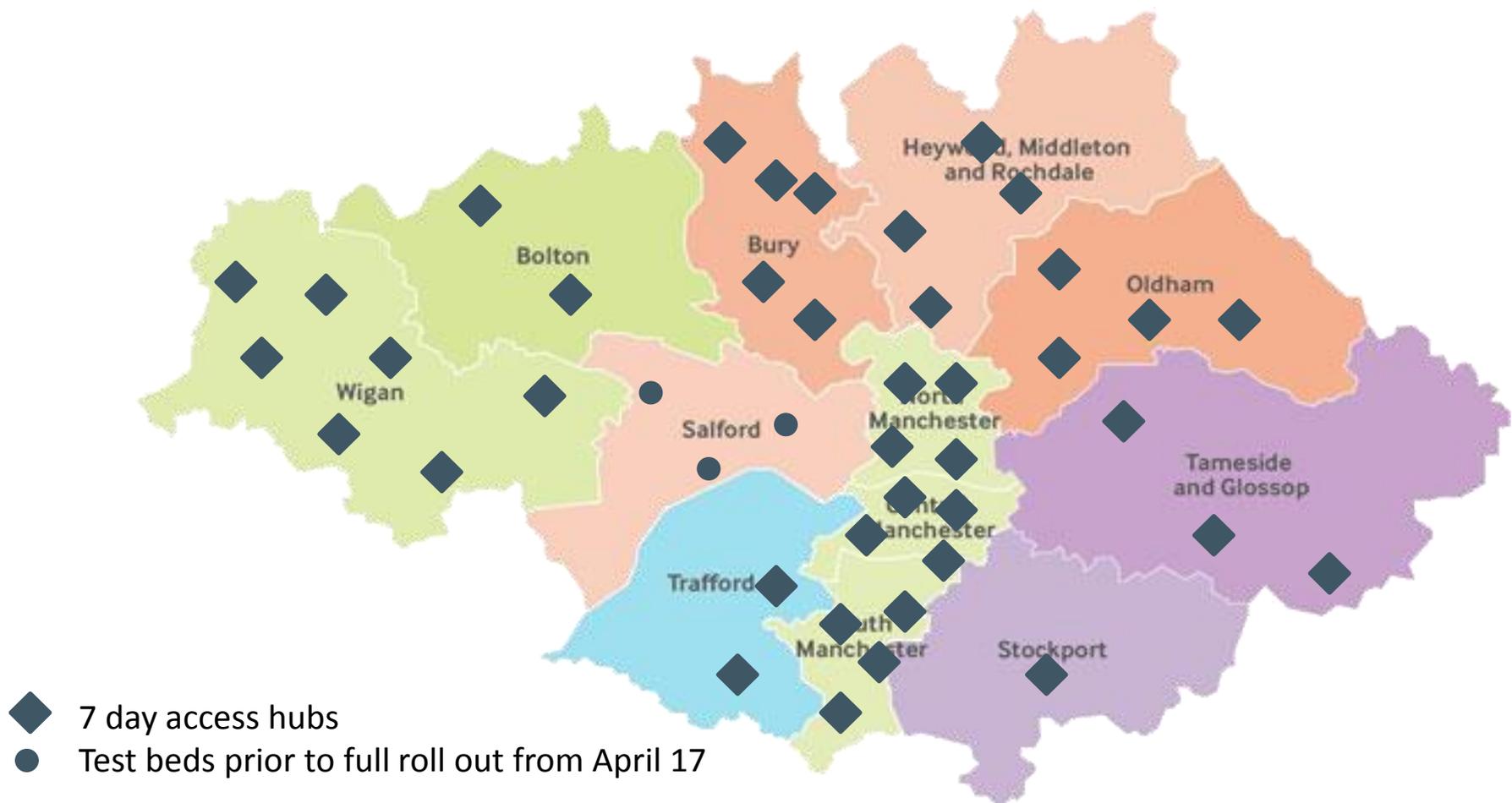
- Capital pipeline in place to improve primary care estate
- Virtual map to illustrate 'neighbourhood hubs' serving populations of 30k-50k
- Toolkit to inform local discussions with GP practices and Strategic Estate Groups to enable GPs to move to neighbourhood hubs where appropriate
- Committed to increased investment in primary care estates

# Variation – GM position v national requirements – service provision (mins/1000 population)



NB: Salford Service currently out for procurement. This is what will be mobilised from April 2017

# Primary Care Hubs Offering 7 Day Access – Jan 2017



- Significant duplication in the system
- Several points of access for patients out of hours – confusing, £££
- Services delivered in silos
- National / GM drive for a more integrated approach to delivery of urgent care
- Increasing pressures in the system
- Baseline review underway of all urgent primary care provision, incl. OoH, WiCs, 7DS, GP in ED, admission avoidance schemes, etc.
- Independent diagnostic against what ‘good’ looks like
- Identify and recommend opportunities to commission / deliver services different
- Inform GM approach to 111 and NWAS
- Economies of scale of doing things once at GM

## Support and Development Hub

Single point of access will call off and co-ordinate support and resources



## GP Improvement Team

- LMC representation
- Practice Management support
- Small clinical team
- Quality Improvement expertise
- Will also be outward facing to identify and disseminate areas of excellence

### Reactive support

Workforce crisis  
Identified challenges:  
- Leadership  
- Management

Supportive / wellness offer

### Proactive support

- Practices identified as vulnerable
- EARLY INPUT
- Outstanding Practice

## **GM Resilience Programme**

- Commencing work with two neighbourhoods to support general practice towards sustainable primary care
- Mobilise the support and development hub from April 2017
- Establishing a working group to develop the specification for the GP improvement team which will involve LMC representation

## **Improving access**

- All parts of GM delivering additional access over 7 days
- Parity of funding in 2017/18 in line with national £ph
- Enable all areas to meet national requirements 30mins/1000 population rising to 45mins/1000 by 2020/21
- Embed within the LCO and neighbourhood delivery model to meet needs of the population

## **Review of 24/7 urgent primary care provision**

- Commencing baseline review of all urgent primary care provision in GM
- Explore models of best practice and identify opportunities to streamline services, avoid duplication, easier navigation for patients and professionals

## **Workforce**

- Portal now open for second wave of clinical pharmacist programme – potential to recruit c100 additional clinical pharmacists
- HEE North out to procurement for a training provider for Care Navigators

## **Estates**

- Toolkit in development to inform General Practice of options available around existing premises

Local Care Organisations

# **DEVELOPING NEW MODELS OF CARE**

# GP Contracts

- A • Virtual LCO
- B • Partially-integrated LCO
- C • Fully integrated LCO

**Virtual LCO-** Existing contracts remain but an alliance agreement is overlaid. This agreement could establish a shared vision and a commitment to managing resources together as well as governance and risk share. This option is a pragmatic step forward. However, is also the weakest form in terms of its right to create and manage integrated provision and the ability to deploy resources flexibly. This option may be suit those areas where the LCO is in its infancy/formative year.

**Partially integrated LCO** - MCP is procured to include a full range of services under a single contract **EXCEPT** core GMS/PMS and QOF or core GMS/PMS only. GPs pool resource for locally commissioned contracts into a larger pool of resource, e.g. DGH contracts, CQUIN, aligned innovative payments and initial transformation funding, etc. This option strikes a good balance between making progress and realising the benefits of integration for practices whilst retaining the security of GMS/PMS. Those areas that are further ahead in the development of their LCOs and where primary care fully engaged may find this option the most desirable at this stage.

**Fully integrated LCO-** Includes core GMS/PMS. GPs/ practices may wish to terminate their GMS/PMS contract and work within the LCO (or suspend this whilst working within this setting). This is the most radical option, however, but may appeal to those who wish to become salaried or wish to work within a fully integrated LCO.

## Wider primary care contracts

A

- Formal sub contract

B

- Innovative schemes

C

- Fully integrated LCO

# What regulations need to be considered

Pensions

Clinical Negligence

VAT

Regulation

Statutory Responsibilities

# Key activities in development of your LCO

## Preparing

## Transitioning

## Contract Negotiation

## Mobilisation

### Strategy & Outcomes

- Establish the clinical & financial case for change

### Strategy & Outcomes

- Develop comms & engagement strategy

### Strategy & Outcomes

- Agree outcomes & indicator frameworks

### Strategy & Outcomes

- Launch outcome & indicator performance framework

### Service Design

- Agree population based models of care

### Service Design

- Develop detailed transition road map

### Service Design

- Engage likely external partners

### Service Design

- Implement evaluation programme

### Governance

- Agree key governance functions & arrangements

### Governance

- Develop investment, risk & gains sharing agreement

### Governance

- Confirm reporting & performance framework

### Governance

- Adopt new governance model

### Finance & Commercial

- Agree financial baseline

### Finance & Commercial

- Agree financial sustainability plan & growth model

### Finance & Commercial

- Due diligence of commercial contract

### Finance & Commercial

- Transition to new payment

### Contracting

- Identify key contracting processes & agree flow of funds

### Contracting

- Draft contracts between LCO members with commissioners

### Contracting

- Negotiate contracts

### Contracting

- Contract start

### Capability

- Establish transition team (Director, PMO)

### Capability

- Engagement with existing supply chain

### Capability

- Negotiate partnering & subcontracting arrangements

### Capability

- Implement capability building & continuous improvement programme

**ANY QUESTIONS?**