REPORT TO: Health Policy and Performance Board

DATE: 10 March 2015

REPORTING OFFICER: Chief Officer, NHS Halton CCG

PORTFOLIO: Health & Wellbeing

SUBJECT: Strategy for General Practice Services in

Halton

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

1.1 This report follows that of 9th September 2014, where the Health Policy and Performance Board were notified of the development of a Strategy for General Practice Services in Halton. This Strategy was presented to the NHS Halton CCG Governing Body on 8th January 2015 as a final draft; this is the document that is attached to this report. The final Strategy will be presented for ratification to the NHS Halton CCG Governing Body on 5th March 2015.

RECOMMENDATION: That the Health Policy and Performance Board note the report and accompanying documentation.

3.0 SUPPORTING INFORMATION

- 3.1 General practice is often described as the cornerstone of the NHS, with roughly one million people visiting their general practice every day. NHS England is responsible for commissioning the core primary medical services that general practice provides. Clinical Commissioning Groups (CCGs) have a duty to support NHS England in promoting quality in general practice services.
- 3.2 The basic delivery model of general practice has evolved over time but not radically changed. There have been seismic shifts and environmental pressures in health and social care in recent years that have challenged the sustainability of general practice. General practice faces challenges from:
 - An ageing population, growing co-morbidities and increasing patient expectations.
 - Increasing pressure on NHS financial resources and increased regulation.
 - Persistent inequalities in access and quality of general practice.
 - Growing reports of workforce pressures, including recruitment and retention problems.
 - Political pressure to change.

3.3 At the time of writing of this report, NHS Halton CCG is awaiting from NHS England the outcome of a formal expression of interest to undertake co-commissioning arrangements for general practice services in the borough. This means that NHS England may, from 1st April 2015, delegate responsibility for the commissioning of general practice services in the borough to NHS Halton CCG. NHS Halton CCG and NHS England agree that strong sustainable general practice is needed in Halton to support commissioning and service provision. This needs a co-ordinated and engaged approach to deliver this, which is why NHS Halton CCG has worked with general practices and other partners in the borough to develop a co-commissioning strategy for general practice services in Halton.

4.0 POLICY IMPLICATIONS

- 4.1 NHS England has stated their ambition for general practice services to operate at greater scale and be at the heart of a wider system of integrated out-of-hospital care. This will require a shift of resources from acute to out-of-hospital care. These ambitions are congruent with NHS Halton CCG's 2 Year Operational Plan and 5 Year Strategy and also with the Better Care Fund delivery plan developed with Halton Borough Council. NHS Halton CCG, engaging with NHS England, local practices and other partners has developed a co-commissioning strategy to meet these ambitions by focusing transformational activity in six areas:
 - Improved access and resilience.
 - Integrated care.
 - New services in the community.
 - Community development.
 - Quality improvement.
 - Enabling work streams (i.e. governance, finance, estate, contracting, information technology and workforce).

5.0 OTHER IMPLICATIONS

5.1 The strategy will impact on how general practice services, and ultimately all out of hospital services in the borough, are commissioned and delivered.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Children and young people will benefit from transformed general practice services.

6.2 Employment, Learning and Skills in Halton

None as a result of this report.

6.3 A Healthy Halton

A coherent strategy for general practice services in Halton, with an associated implementation and evaluation plan, will contribute to improving the health of the borough and reducing inequalities.

6.4 A Safer Halton

None as a result of this report.

6.5 Halton's Urban Renewal

None as a result of this report.

7.0 RISK ANALYSIS

7.1 The programme is collating a risk register as it progresses. A lack of engagement in the programme by practices and other partners is a potential risk, which is being mitigated by dedicated management resource.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no equality and diversity issues arising as a direct result of this work.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Addicott, R. and Ham, C. (2014) *Commissioning and funding general practice: Making the case for family care networks*, London: The King's Fund.

British Medical Association (BMA), (2013) *Developing General Practice today: Providing healthcare solutions for the future*, [Online], Available: http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-vision.

Department of Health (2014), *Transforming Primary Care: Safe, proactive, personalised care for those who need it most*, London: Department of Health.

Dyson, B. (2014), *Improving General Practice: A Call To Action Phase 1 Report*, London: NHS England.

Health and Social Care Information Centre (HSCIC) (2013) *NHS Staff 2002-12:General Practice*, [Online], Available:

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NHS England (2013), *Improving General Practice: A Call to Action*, [Online], Available: http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/igp-cta/.

NHS Improving Quality (2013), *An introduction to the NHS Change Model*, [Online], Available: http://www.changemodel.nhs.uk/pg/dashboard [28 May 2014].

Rosen, R. and Parker, H. (2013), *New models of primary care: practical lessons from early implementers*, London: Nuffield Trust.

Roughton, R. and Hakin, B. (2014), *Co-commissioning of primary care services: Publications Gateway ref. Number 01599*, NHS England, Leeds.