



South Sefton
Clinical Commissioning Group

Primary Care (General Practice) Development Strategy

NHS South Sefton CCG

September 2018

(Working draft)



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1.0 Introduction

General practice is often described as the cornerstone of the NHS with roughly a million people visiting their surgery every day. This strategy supports the vision for a safe, sustainable and high quality primary care service, provided in modern premises that are fit for purpose. Our ambition is to support patients to stay well for longer, connect people to sources of community support and ensure people receive joined-up, out of hospital care.

This requires a resilient primary care service at the core of local communities, playing a leading role not only in the provision and co-ordination of high quality medical care and treatment but also in supporting improved health and wellbeing.

The document that follows set out the national and local challenges we face, such as increased demand, a growing population with more complex needs, workforce pressures and constrained funding growth. We must, though, use the opportunities we have to play to our strengths and, wherever possible, meet these challenges with local solutions. These strengths are highlighted by the fact that, despite the very real pressures that exist, there continues to be overall high levels of patient satisfaction with the quality of primary care in south Sefton.

Patients being cared for in the primary care setting have increasingly complex needs that require more time and coordination to support. We also want to work increasingly proactively and in an integrated way with other providers, in order to care for people close to home and reduce patients' risk of admission to hospital.

Workload is increasing for practice staff. Many clinical staff spend substantial time completing administrative tasks, which could be undertaken by non-clinical staff working in new ways, by improved processes or sharing functions across practices. This workload burden also impacts on morale, recruitment and retention.

2.0 National and Local Context

The NHS Five Year Forward View released in October 2014 outlines objectives around focussing on preventative care, empowering patients and puts forwards a number of new innovative models of care which encourage integration and a patient centred approach to delivery of care across a geographic population.

Prior to this the White Paper, 'Our Health, Our Care, Our Say: a new direction for community services', started the process of reconfiguring community based services towards a more integrated model of working and has expanded to include a vision to transfer some hospital based care from the acute sector out into communities. This formed part of our Shaping Sefton transformation programme. The vision for this transformation programme was:

"We want all health and care services to work better together – to be more joined up – with as many as possible provided in our local communities, so it is easier for you to get the right support and treatment first time, to help you live a healthy life and improve your wellbeing."

In April 2016, the national General Practice Forward View (GPFV) was published the aim of this being to set a new direction and to demonstrate what a strengthened model of general practice can provide to patients, those who work in the service, and for the sustainability of the wider NHS.

Over the next five years, primary care providers are faced with significant change, new challenges to improve the quality of services provided, develop a highly skilled and sustainable workforce and deliver truly integrated care.

2.1 Delegated Commissioning

On 1 May 2014, Simon Stevens announced new opportunities for CCGs to co-commission primary care services in partnership with the NHS England (NHSE). The NHS Five Year Forward View describes primary care co-commissioning as a key enabler in developing seamless, integrated out of hospital care based around the diverse needs of local populations. It will also drive the development of new models of care such as multi-specialty community providers and primary and acute care systems.

The CCG is currently at Level 2 - Joint commissioning of Primary Medical Care with NHSE. We anticipate that full delegation would allow us to create a joined up, integrated out of hospital service for our local population with primary care leading and shaping the desired model. We are currently progressing an application for full delegation which, if successful would enable us to become delegated commissioners from 1 April 2019.

3.0 Population and Local Needs

There are four localities in NHS South Sefton CCG and 30 GP Practices

Bootle	Crosby	Maghull	Seaforth & Litherland
Aintree Road Medical Centre	42 Kingsway	High Pastures Surgery	Glovers Lane Surgery
Bootle Village Surgery	Liverpool Road Medical Practice	Maghull Health Centre (Dr Sapre)	Bridge Rd Medical Centre
Moore St Medical Centre	Eastview Surgery	Westway Medical Centre	Orrell Park Medical Centre
North Park Health Centre	Blundellsands Surgery	Maghull Health Centre	Ford Medical Practice
The Strand Medical Centre	Crosby Village Surgery	Maghull Surgery	15 Sefton Road
Park Street Surgery	Kingsway Surgery		Seaforth Village Practice
Concept House Surgery	Thornton Practice		Rawson Rd Medical Centre
	Crossways Practice		Netherton Practice
	Hightown Village Surgery		



Overall, health in south Sefton is getting better, but there are clear areas for improvement:

- Life expectancy in our least affluent communities remains unacceptably low.
- Level of some long term health conditions are higher than the national average; particularly heart disease, respiratory disease, kidney disease, mental health conditions and obesity
- Levels of early deaths from heart disease have reduced over the last decade as smoking rates have reduced and our patients are better educated about risks to their health and the importance of leading a healthy lifestyle.

Population

There are approximately 154,758 people registered with a GP in NHS South Sefton CCG.

- Crosby has the largest population compared with the other localities in south Sefton. Maghull has the smallest population overall
- In terms of age distribution, all of the localities are similar, however Crosby has the highest **number** of over 65's but the **proportion** of over 65's is higher than average in Maghull and lower than average in Seaforth & Litherland
- The proportion of over 85's is higher than average in Crosby and Maghull
- Seaforth and Litherland has the highest percentage of under 20's in the CCG
- Maghull has proportionally less under 20s than the CCG average

	Total Population	Aged 0-4	Aged < 20	Aged 65+	Aged 85+
Bootle	40,048	2,358	9,147	6,241	592
Crosby	47,249	2,318	9,675	9,357	1,393
Maghull	28,266	1,173	5,330	7,078	904
Seaforth & Litherland	39,195	2,556	9,479	5,979	712
Total	154,758	8,405	33,631	28,655	3,601

	% Total CCG Population	% Aged 0-4 in Locality	% Aged < 20 in Locality	% Aged 65+ in Locality	% Aged 85+ in Locality
Bootle	25.9%	5.9%	22.8%	15.6%	1.5%
Crosby	30.5%	4.9%	20.5%	19.8%	2.9%
Maghull	18.3%	4.1%	18.9%	25.0%	3.2%
Seaforth & Litherland	25.3%	6.5%	24.2%	15.3%	1.8%

Highest
Lowest

Population Projections

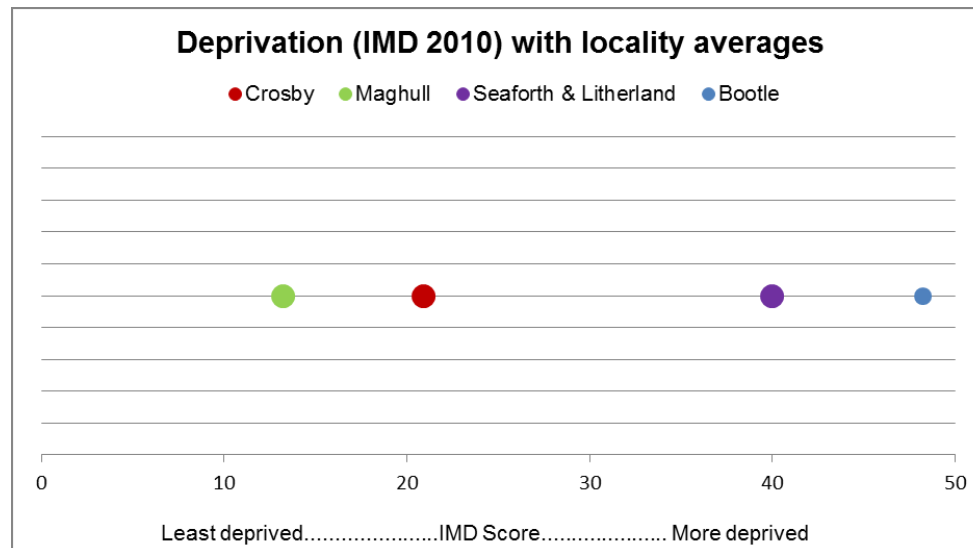
NHS South Sefton CCG has more over 65 year olds (18.3%) compared to the England average of 16.7 %. Over the next decade (using 2011 Census populations and ONS projections):

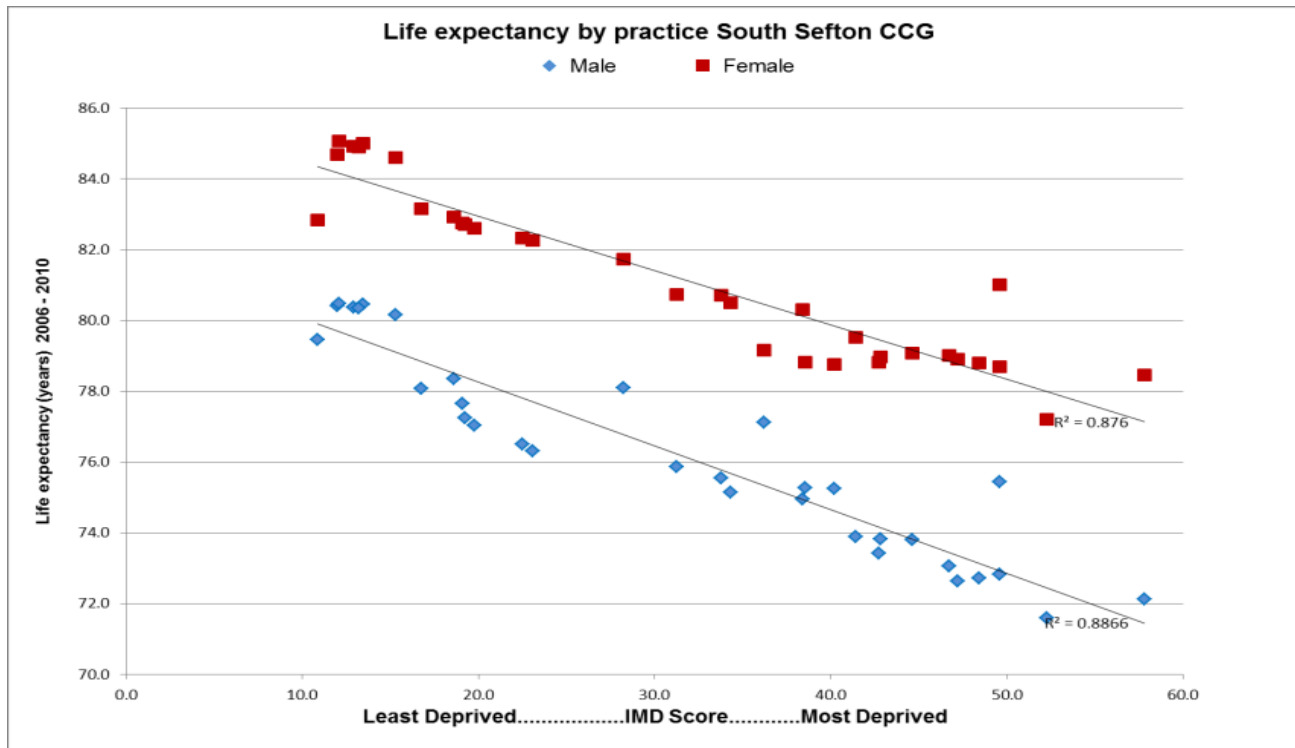
- The overall population of approx. 154,000 residents may increase by approximately 3,300 residents
- The population of 0-14 year olds may increase by 2,100 residents
- The working age population (15-64) may fall by 3,400 residents
- The 65+ population grow by 4,600 residents, which could have a significant impact on health and social care services

Wider Determinants of Health

The level of deprivation across NHS South Sefton CCG is generally higher than the national average. There is a range of deprivation across south Sefton, with the Maghull area being more affluent and the Bootle area being more deprived. The chart below shows the range of locality deprivation averages.

Life expectancy is generally lower in the most deprived practices, and that the life expectancy gap between men and women is also wider in the most deprived practices.





The proportion of people with a long term limiting illness increases markedly with increasing deprivation across NHS South Sefton CCG.

Disease Prevalence

Overall the CCG has higher prevalence of CHD, Stroke, Diabetes, Hypertension, Depression, COPD, Asthma and Cancer than nationally. Disease prevalence differs by locality with notably high prevalence of CHD, stroke, high blood pressure, and cancer in **Maghull**, and high rates of diabetes, depression, COPD and asthma in **Bootle**.

Note that this data is taken from GP registers of known patients with each disease – there may be patients with these conditions which have not been diagnosed where people choose not to be in contact with GP services.

Health & Wellbeing Indicators in Sefton 2016



Key

Statistical significance compared to England average:



4.0 Vision for Primary Care in South Sefton

What GPs and other practice staff in have told us:

A lot of GP time is spent on administrative tasks rather than being able to focus on patients, this has been getting worse

We need to get shared IT, to refine our administrative processes, reduce duplication and high workload

We need to communicate with and educate patients

What would a good day look like?

A fully staffed practice

More shared services across practices

Portfolio working to manage demand

5.0 Development Themes

These proposed development themes are:

1. Access
2. Quality
3. Workforce
4. Premises and estates
5. Transformation / collaboration
6. Integration of services in Localities

5.1 Access

Improving patient access

Patients should be able to easily access routine general practice services from all providers during core hours, Monday-Friday 8:00am-6:30pm. Achieving this outcome is seen as a key enabler to deliver other parts of service transformation. Quality of access is also important and the introduction of different methods of access, we will work with patients and partners to gain greater understanding of their needs.

As part of GPFV) the 7 day extended access service will be operational from 1 October 2018. The service is currently being mobilised by the new provider South Sefton Primary Health Care Limited.

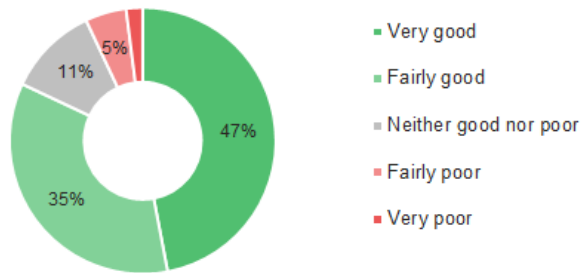
The service will operate from a single location from 5pm to 8pm Monday – Friday and 9am – 12 pm on Saturday and Sunday.

Out of hours services (for urgent problems) operate in the evening, at weekends and over Bank Holidays. In the coming months we plan to review access to all services and ensure that patients understand and can easily access the most appropriate service for their needs.

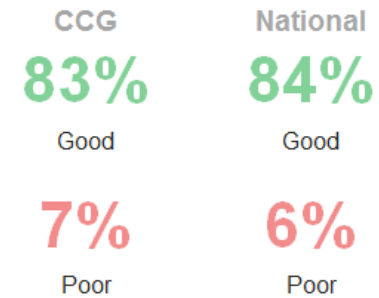
Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

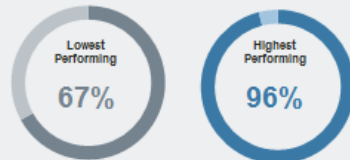
CCG's results



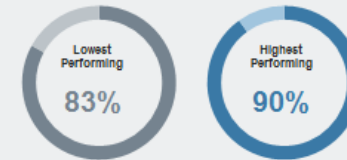
Comparison of results



Practice range in CCG – % Good



Local CCG range – % Good



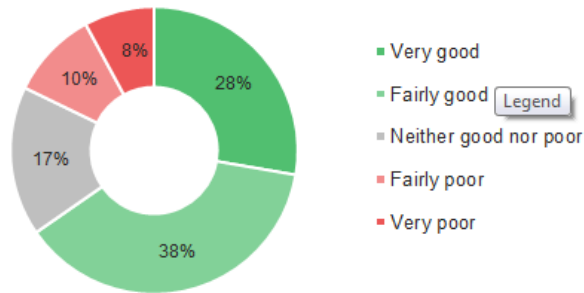
Base: All those completing a questionnaire: National (746,847); CCG (3,073); Practice bases range from 65 to 128; CCG bases range from 1,263 to 8,998

%Good = %Very good + %Fairly good
%Poor = %Very poor + %Fairly poor

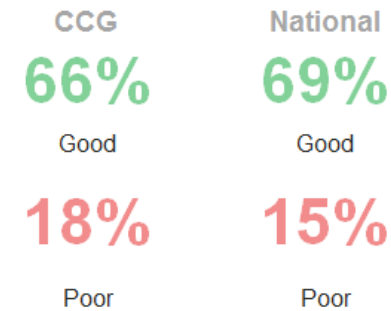
Overall experience of making an appointment

Q22. Overall, how would you describe your experience of making an appointment?

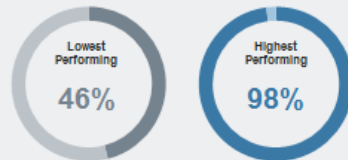
CCG's results



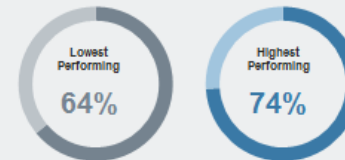
Comparison of results



Practice range in CCG - % Good



Local CCG range - % Good



Base: All tried to make an appointment since being registered: National (693,912); CCG (2,822); Practice bases range from 59 to 122; CCG bases range from 1,189 to 8,244

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor

5.2 Quality

Our vision is that general practice providers will provide consistently high quality, accessible, safe and resilient care, which can be evidenced by CCG governance processes. We aim to reduce variation in the quality of core services and will use our business intelligence tool, Aristotle to assist in this. We aim to deliver improved performance in patient reported outcome measures such as GP Patient Survey and Friends & Family Test.

To support this aim the CCG invests in general practice via a Local Quality Contract (LQC). The standards developed are outside of the core GP contract and take into consideration the agreed level of funding available, local clinical feedback, and the areas of priority for the CCG. For the current scheme these include:

- Access
- Medicines management
- Use of resources

CQC Inspections

The majority of practices have received an overall rating of 'good' by the CQC, with 3 of our 30 practices rated as 'requires improvement', we have worked with those providers and NHSE to support improvements.

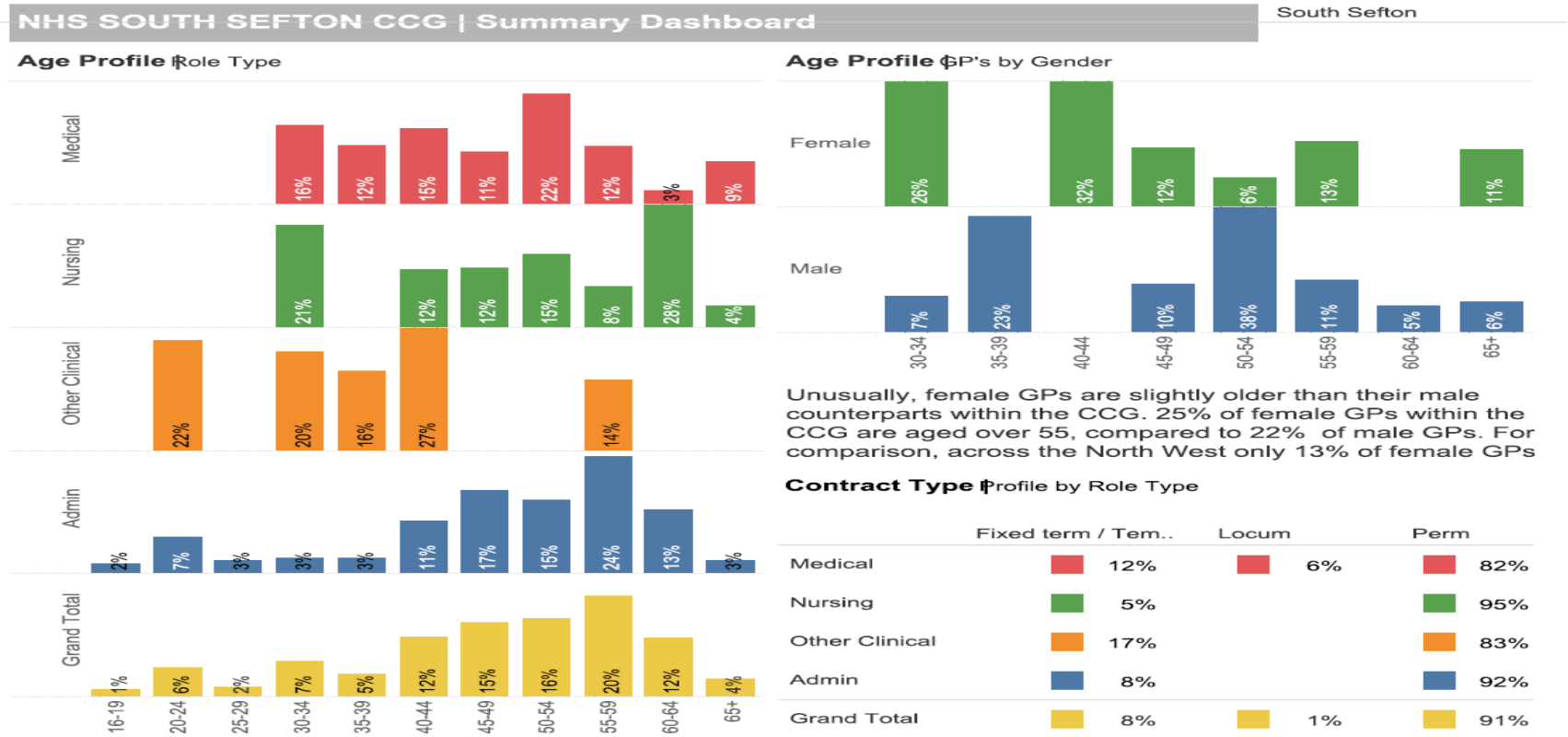
5.3 Workforce

Our aim is to build the workforce creating a highly skilled, integrated team of health professionals,

A Health Education England (HEE) workforce survey in 2017 had a return rate of 53% of practices and showed:

- 36% of total workforce are over the age of 55
- 70% of GPs work part time

The information below formed part of the HEE report.



In order to support workforce development we are supporting:

5.1 Medical Training

Edge Hill University has recently been approved for medical training. Going forward we shall see trainees come from there with a focus around general practice.

5.2 Post CCT GP Fellowship

The CCG has been successful in securing funding from HEE for a fellowship post and has a local practice interested in taking up this opportunity. This will enable GPs to contribute to the transformation agenda in a leadership role.

5.3 International Recruitment

A number of practices are actively engaged in this scheme via the GPFV. We anticipate new recruits to be within the CCG during 2019.

5.4 Clinical Pharmacists

We have been successful in obtaining GPFV funding for clinical pharmacist posts. These new posts will deliver services across a locality footprint supporting the 'at scale' model.

5.5 Expanding the Workforce

As part of the specification for 7 day Extended Access a physiotherapist will form part of the workforce. This will aim to divert patients with musculoskeletal problems to see a physiotherapist who can assess and refer on where necessary rather than seeing a GP.

We are exploring the potential to work with ambulance providers to bring a paramedic role into general practice based on the success.

Despite these measures we recognise that there remains a shortfall in the medical workforce and would look to transform the way in which care is delivered to stabilise general practice for the future.

5.6 Practice nurses and Healthcare assistants

The CCG provides a practice nurse lead across the two CCGs in Sefton. This role provides leadership and support regarding nursing clinical matters to nurses and health care assistants across both CCGs. This covers 49 practices employing in excess of 130 nurse clinicians, advanced nurse practitioners, practice nurses and healthcare assistants (HCAs). The role is a point of contact for practice managers when requiring advice pertaining to nursing issues, employing new nurses or HCAs, the training required to develop nurses and HCAs into their roles and continuing professional development for existing nursing staff.

Education and Training

Flexible funding cash allowance from HEE for continuing professional development (CPD) has enabled the CCG to fund education courses for both nurses and healthcare assistants. Examples of these include:

- Non-medical prescribing for nurses and pharmacists
- Motivational Interviewing course
- Grass Roots - contraception and sexual health training
- Safeguarding
- Cervical screening novice sample taker theory training
- Hypertension and blood pressure training
- Cancer care course leading to Cancer Champions within practices
- Vaccination and immunisation annual updates

The CCGs' practice nurse lead facilitates training where necessary in long term conditions, cervical screening and vaccination & immunisations for new nurses along with other training where possible.

Training Practices

We have one Enhanced Training Practice which has employed a part-time lead mentor nurse to work on increasing our numbers of nurse mentors working within both CCGs allowing more student nurse placements within general practice thus increasing the number who have an exposure to the profession and promote practice nursing/ general practice as a viable first destination career option. We work closely with colleagues from Edge Hill University to encourage practices to volunteer to have student nurses placed with them in practice.

Through Health Education England (HEE) and NHSE Cheshire & Merseyside the CCG has offered free places for practice nurses on the General Practice Nursing Leadership for Quality Programme during 2018.

We are increasing the number of pre-registration placements in general practice and we have developed an employer led induction programme for new to practice nurses.

Nurses and practices are being encouraged to consider a training opportunity for advanced care practitioners. Funding made available from HEE for this two year course where the practice receives a training grant on the understanding that the student is released for training two days per week.

Protected Learning Time

There are 12 dates planned every year for protected learning time (PLT). The CCGs in Sefton fund cover for practices allowing clinicians time for learning. GPs, practice nurses, HCAs and pharmacists can attend. Expert speakers are invited from our acute and community provider trusts, public and voluntary third sector partners and external stakeholders. Presentations are uploaded to both CCG intranet websites allowing learning for clinicians who could not attend. Eight in-house dates for practices to arrange their own learning continue to be utilised by all practices across the CCGs.

5.7 Premises and Estates and Technology

The CCG's strategic estates plan sets out a vision to invest and re-develop the primary and community care estate across Sefton. We recognise that there is much to do and our plan is to focus upon provision of modern integrated healthcare facilities that align and support new models of working to enable patient care to be delivered in a seamless manner with input from the right healthcare professionals at appropriate points of the care pathway. Our plan involves working closely with all partners and groups who have an interest and role to play in improving the health and wellbeing of our population and we are keen to hear from all partners who can help us deliver our strategy.

IM&T

The CCG links with partners across the Cheshire and Merseyside area and is part of the Digital Programme Board. We recognise that changing technology has a role to play in the redesign of healthcare services and we are keen to explore the possibilities that exist particularly where they can respond to the growing needs and demands of our population. We realise that harnessing information to enable better decision making and influence service re-design will be critical to our future success and that development of new ways of caring for patients and using technology to increase the confidence of our population to manage their conditions using technology is essential in terms of reducing demand for services as our workforce capacity becomes more constrained.

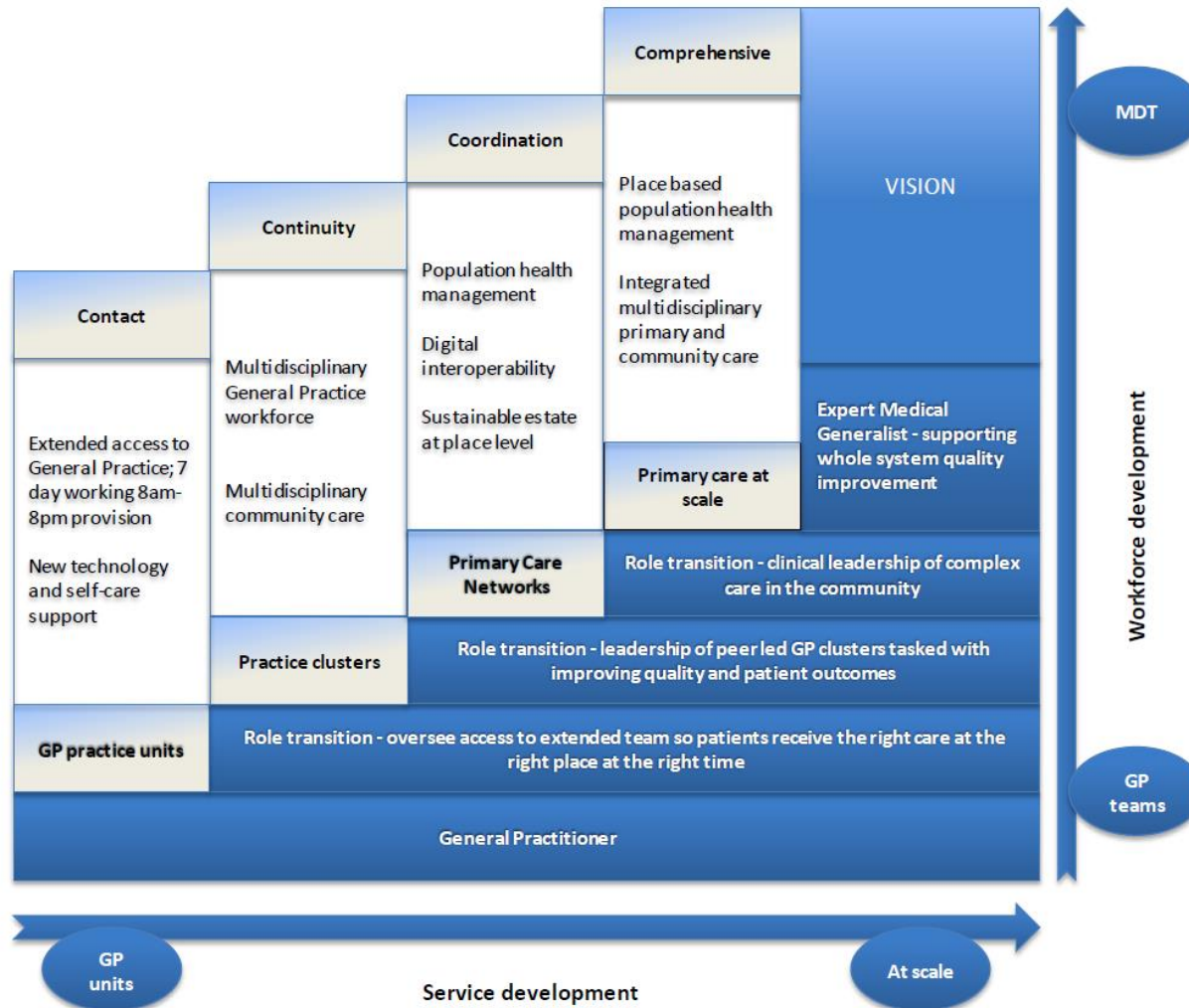
5.8 Transformation / Collaboration

We are part of the national roll out of 'Apex' workload / workforce tool which will assist in understanding the true demand within general practice in order to look at different ways of managing this.

As part of GP Forward View practices have worked on the 10 High Impact Changes and a number of practices participated in a learning set for the Productive General Practice. We are looking to share best practice from these initiatives amongst all practices.

Three out of the four localities have been successful in bidding for Practice Network Development (PCN) funding from NHSE. This funding will enable practices to build stronger, more sustainable general practice across networks via collaborative working between practices and in collaboration with the CCG, local healthcare providers, local voluntary, community and faith (VCF) sector and patients to develop place based systems to connect and transform local services to improve the health and wellbeing of patients.

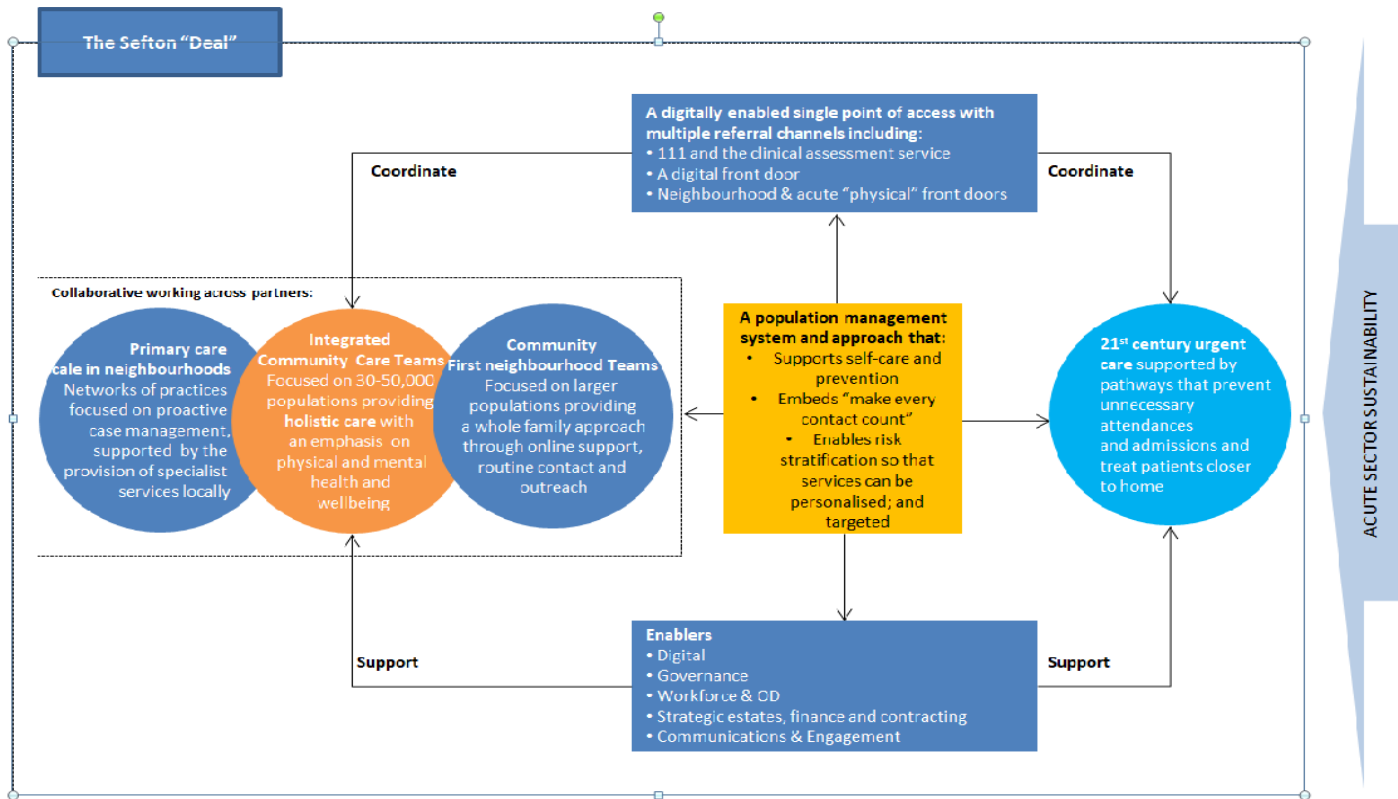
The maturity model below displays the journey required to deliver the vision.



Maturity Model

5.9 Integration of services in Localities

Localities are key to the development of sustainable primary medical care within the CCG. Building on the PCN bids we aim to integrate services to provide a coherent package of care and support for patients. The diagram below captures this vision.



The CCGs in Sefton are clear that without a supporting the sustainability and development of general medical services, a robust integrated care model cannot be achieved. This is therefore at the heart of our primary care strategy. This strategy focuses on the following aspects of general medical services and once implemented will see:

- Improved access to services, including the new extended access schemes
- Workforce resilience through enhanced recruitment and retention, development of new and shared roles and additional training and development opportunities
- Development of primary care estates and the progression of locality hubs
- Improved use of technology and data to support co-ordinated care such as shared records and improved communications between organisations
- Improved quality of care, including the use of benchmarking and peer review
- Development of plans for collaborative working across general practices, including the further development of GP federations and primary care networks on a locality basis
- Movement to fully delegated commissioning of primary care by the CCGs
- Use of the NHS England “Maturity Model” for supporting further developments over the forthcoming years

Running in tandem with the primary care strategy is the refocusing of CCG localities to support integrated service delivery, rather than primarily a commissioning function. In this context the role of general practice is to work with the wider health, social and voluntary care services to deliver holistic, proactive and preventative care tailored to the needs of the registered population, blending initiatives to sustain and promote health and wellbeing alongside more traditional services to manage illness. We would therefore see the emergence of the following at a locality level:

- GPs as an extended medical generalist – the senior clinical leader in the community within the co-ordinated multidisciplinary team. This will include wider primary and community (including mental health) teams, social care teams and the voluntary, community and faith sector working across organisational boundaries
- The extension and expansion of clinical roles, across a range of professions, and the improved integration of generalists and specialists across the care system in a more flexible manner and in different settings
- Implementation of devolved budgets into localities, to enable more effective use and movement of resources across the system
- Improved use of Aristotle and other systems to reduce variation, stimulate innovation and the shaping of new services responsive to local communities
- Development of the locality level patient feedback through close working with community champions, collective patient participation groups and local community groups to influence development of local services. This will build upon what residents and patients have already told us about their experience and hopes for the future of

primary care gained from previous engagement activities such as Big Chats and other specific involvement exercises

- The testing out of models of collaboration across practices, into community services and the VCF sector, to try new approaches to unplanned care
- Connectedness with Sefton Council's Community First approach to address the wider determinants of health through accessible information, advice and guidance to support people find better solutions

6.0 Implementation Plan

Priority Area	Action	Timescale
Access	7 day access service commencement	1 October 2018
	Webex tool implemented	Tbc
Delegated Commissioning	Submit application to NHSE	Quarter 3 2018
	Work through necessary governance changes to existing committee structures to support process and assess resource implications.	Quarter 3 2018
	Commence delegated commissioning.	April 2019
Quality	Expand the use of Aristotle to understand variation in general practice	Quarter 4 2018-2019
Workforce	International Recruitment – work with NHSE to support potential candidates	Quarter 3 & 4 2018
	Progress clinical pharmacist roles	Quarter 3 2018
	Review requirements for training and support for reception staff as part of GPFV	Quarter 3 2018

	Continue to explore opportunities to expand the skill mix within General Practice with partners	Quarter 3 2018
Transformation	Implement Apex tool as part of national roll out	Quarter 3 & 4 2018
	Support localities with Practice Network Development	Quarter 3 & 4 2018
	Review schemes as part of year 2 development funding and implications for wider role out and impact on collaborative working	Quarter 3 2019-2020
	Review Local Quality Contract Scheme for 2019 / 2020	Quarter 4 2018-2019
	Work with partners to streamline access across in / out of hours	Quarter 1 2019
	Share best practice from 10 High Impact Changes and Productive General Practice across practices and plan for implementation support as necessary.	Quarter 4 2018-2019
Integration	Work within localities to develop plans and pilot collaborative working	Quarter 3 & 4 2018