



Report of Joseph Chandy, Director of Primary Care, North Durham Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with an update on challenges faced by general practices and initiatives being taken forward to support sustainability and transformation of general practice primary care in Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) and North Durham Clinical Commissioning Group (ND CCG), in line with national policy and local strategy.

Executive summary

1. Primary care is often described as the 'front door of the NHS' and provides patients with community-based access to medical services for advice, prescriptions, treatment or referral, usually through a General Practitioner (GP) or nurse. General practice is the first point of contact with the NHS for most people. Other primary care providers include dentists, community pharmacists and optometrists. It has been estimated that around 90 per cent of interactions in the NHS take place in primary care.
2. NHS DDES CCG and NHS ND CCG are clinically-led organisations made up of their respective member GP practices. DDES CCG is currently made up of **37** GP practices with a total registered practice population of **292,701**. ND CCG is currently made up of 30 GP practices; the total registered practice population is 262,686. A breakdown of practices and list sizes for each CCG is included in **Appendix 2**.
3. Commissioning responsibility for general practice services now sits with the CCGs who have taken on delegated responsibility from NHS England. This provides an opportunity to integrate general practice into the wider health and social care system and to give greater flexibility

and influence at a local level over the way in which services are delivered to patients.

4. General practice, both nationally and locally, is under pressure due to rising demand for GP appointments, growing complexity of need, changing patients' expectations, high expectations of policy makers and politicians and constrained financial resources.
5. GP practices have entered into an at scale arrangements with other practices, known as Federations. In total there are six Federations across County Durham. Federations offer an opportunity for practices to work more collaboratively, at greater scale, with the view to share costs and resources (for instance, workforce or facilities) and bid for enhanced services contracts. Federations or GP networks are increasingly being viewed as a vital part of the future of general practice.

Recommendation(s)

6. Members of the Health and Wellbeing Board are recommended to:
 - a) Receive the report, recognising the challenge faced by general practices and the work being undertaken to support sustainability and transformation, aligned to national and local strategy, to improve services for the patients/local residents.

National Context

7. GP practices face many challenges. The number of people with long-term conditions has grown sharply, as have advances in medical care and treatment - keeping more people well for longer. Workload has increased substantially in recent years and has not been matched by growth in either funding or in workforce. This situation has been further compounded by initiatives to move care from hospitals to the community; in addition primary care is taking on an increasingly central role in the access to and coordination of a wide range of social and medical services that support wellbeing. Practices are finding it increasingly difficult to recruit and retain GPs and are seeing this trend extend to other members of the primary care team, such as nurses and practice managers.
8. To address some of these national challenges, the [NHS Five Year Forward View](#), published in October 2014, set out the direction of future healthcare, and put forward a number of new innovative models of care which encourage integration and a patient centred approach to delivery of care across a geographic population. The report recognises the vital role which primary care plays at the heart of the NHS, and outlines the

need for improvement and innovation, including an ambition to improve access and deliver more personalised, proactive and co-ordinated care.

9. The [General Practice Forward View](#) published in April 2016 sets out NHS England's approach to strengthening general practice and service transformation. The report details plans to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. The report also details 10 high impact changes to help release time for care (more detail is offered in **Appendix 3**).
10. [NHS Long Term Plan](#) published in January 2019, emphasises a shift of focus away from hospitals and towards community and primary care; reshaping '*the NHS around the changing needs of patients*'. The Long Term Plan also acknowledges challenges around funding, staffing, increasing inequalities and pressures from a growing and ageing population. The plan sets out how the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal setting.

Local Strategic Delivery

11. CCGs in County Durham have developed a General Practice Primary Care Strategy for each of their respective areas. The latest published versions of the CCGs primary care strategies can be found below:
 - [DDES CCG Primary Care Strategy Refresh \(September 2016\)](#)
 - [North Durham CCG Primary Care Strategy Refresh \(2016\)](#)
12. Each strategy aims to ensure the sustainability of general practice in light of the challenges, building on existing strengths and ensuring safe, effective and high quality care.
13. Whilst CCGs have separate strategy documents, common areas of delivery underpinning system transformation include: improving access to general practice; workforce sustainability; workload/resilience; and care redesign linked to the integration agenda and digital infrastructure.

Improving Access to General Practice

14. Improving access to GP appointments is one of the main elements of the national NHS England strategy to support and improve primary care services.

Extended access is the term given to appointments with GPs or nurses outside of normal opening hours, which may include evenings or at weekends.

Extended access is about giving patients the convenience and choice to have an appointment at a time that better suits their particular needs. Extended GP access means more appointments for patients will help those patients who struggle to find an appointment to fit in with work and family life.

15. In DDES CCG, seven day access is provided by hubs spread across the geography; with additional GP access replacing walk in centres. The hubs offer additional appointments beyond 18:00 on weekdays and additional appointments on a Saturday and Sunday. Patients can access these appointments via NHS 111. GP extended access forms part of their current review of access to urgent care services which is currently out to consultation.
16. Patients across North Durham are able to access GP extended access appointments. GPs in central Durham, Chester-Le-Street and Derwentside are working together to offer extra GP appointments from 18:30 on weekday evenings as well as Saturday and Sunday mornings. Patients call their surgery to book any available evening and weekend GP appointments. Patients can also access these appointments via NHS 111.

Care Navigation

17. Care Navigation offers individuals choice by providing information to help them move through health and social care services and access the support that is right for them. Care Navigation in County Durham involves members of GP practice teams being trained to support patients by signposting them to the most appropriate professional or service. This is being implemented to help patients ensure they receive the right care, first time and as efficiently as possible. Care Navigation provides a link between patients in primary care with sources of support within the community to help improve their health and wellbeing.
18. In the first phase of implementation, practice staff received training between June and September 2018 around the scheme and six service provider pathways including:
 - Smoking Cessation;
 - Sexual Health
 - Community Pharmacy;
 - Citizens Advice Bureau (e.g. benefits and evidence claims);

- Wellbeing for Life (e.g. weight loss support); and
 - Ophthalmology Services (DDES).
19. The second phase of implementation, practice staff will receive further training on personal resilience; confidence building; how to deal with difficult people; stress management and time management skills. An additional six pathways will also be developed and implemented.
 20. The Care Navigation programme is being independently evaluated by Healthwatch Durham; report findings are anticipated in March 2019.

Challenges in the general practice workforce in County Durham

21. Faced with an ageing population living with increasingly complex health needs and a chronic shortage of GPs and nursing staff, primary care is experiencing unprecedented pressure, including recruitment and retention issues. The current total percentage of full time equivalent general practice staff eligible to retire (i.e. 55 plus) within the next 10 years across all staff groups is 24% in DDES and 27% in North Durham; this includes 24% of GPs working in DDES practices and 21% of GPs in North Durham (Quarter 2, 2018/19 Health Education England Primary Care Workforce report).
22. Workforce transformation based around new models of care and 'skill-mix' change is developing but not without challenges. Whilst practice nurses have been working in extended roles in general practice for some time other 'new' roles are emerging e.g. physician associates. Existing professional roles are also operating in new ways to release the capacity of GPs e.g. paramedics. These new roles and ways of working have brought workforce expectations e.g. reluctance to work remotely and without available support within the same branch. The success of local general practice in the future will also rely on the development of the wider, non-clinical workforce.
23. General practice skill mix across DDES CCG and North Durham CCG varies with a higher proportion of Advanced Nurse Practitioners in DDES practices and a lower number of GPs, with a slightly higher proportion of GPs and significantly less Advanced Nurse Practitioners in North Durham in Quarter 2, 2018/19. A breakdown of the headcount and full-time equivalent (FTE) by staff group for each CCG is included in **Appendix 4**.

Workforce Sustainability

24. DDES CCG and North Durham CCG have worked collaboratively to develop a five point plan specifically to respond to the primary care workforce challenge. The five point plan was designed to provide additional support for the GP workforce and includes the following initiatives:
- (i) **GP Career Start Scheme:** This initiative is aimed at attracting GPs who are looking for the opportunity to take up a post in general practice at an early point in their career and offers them the chance for 'added value' personal development e.g. medical student teaching, minor surgery, etc., as well as benefit from a mentorship programme whilst at the same time trying to expand the role of primary care within the local health economy. This approach fits with the General Practice Forward View in terms of workforce expansion and the vision to deliver an extra 5,000 additional doctors in the UK working in general practice by 2020. The scheme, run in partnership with Health Education North East (HENE), has proved successful in expanding the GP workforce, with over 40 GPs recruited across County Durham since the scheme commenced in DDES in 2015 and North Durham in 2016.
 - (ii) **Federated Salaried GPs:** The CCGs are continuing to work with federations to design and develop federated employed GPs who will work into practices.
 - (iii) **International Recruitment:** The international recruitment programme, hosted by NHS England, aims to recruit primary care clinicians from overseas, providing support to doctors making this challenging transition from other countries whilst providing reassurance to the recruiting practice that the doctor who joins them will be a valued member of their team. Nationally the number of candidates coming through the scheme has been low; 14 candidates have been confirmed across England, with five being in the North region. The central NHS England team are looking at other strategies to help to increase numbers and overcome barriers for candidates.
 - (iv) **GP Resilience Scheme:** The scheme, led by NHS England, aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients. In 2016/17 there was £16m available to be invested in support to help practices

become more sustainable and resilient, with £8m available in 2017/18 and per year thereafter until March 2020. GP practices and Federations submit an application to the CCG and NHS England for funding. Those bids must meet the criteria set by NHS England.

(v) **GP Retention Scheme:** This is a Health Education England scheme, which offers a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The CCG identified those GPs who in the next five years would retire from the NHS. The primary care team work with those clinicians to support revalidation, provide training and development with the potential to extend employment within the NHS.

25. Whilst the above focus on GP workforce, the CCGs also have a Career Start scheme for Practice Nurses. The scheme offers an individually structured training programme for nurses wishing to pursue a career within Primary Care.
26. The Community Education Provider Network (CEPN), covering the geography of County Durham, supports workforce development around the population needs, using a network arrangement of education and service providers. The CEPN supports workforce planning; education quality; faculty development; a respond to local workforce needs; workforce development; primary care placements and training; education programme co-ordination and CCG and local authority engagement. The membership consists of all the Federations and the CCGs. It is representative of all Practices. The CEPN has supported the implementation of care navigation, practice manager training and nurse training.

Identifying and Supporting Vulnerable Practices

27. DDES CCG and North Durham CCG continue to work with the Local Medical Committee on the development of a Practice Sustainability Tool. The tool is a qualitative method of assessing vulnerability in general practice, the primary reason for this is to provide evidence of sustainability issues.
28. The first section of the tool draws upon information already available through NHS England and Health Education England with a significant amount already being in the public domain. The second voluntary section of the tool is completed by the practice and is overlaid with a series of operational questions that have a bearing on practice

resilience. Criteria within the tool are summarised below; however it should be noted these are in process of being refined.

Practice Sustainability Tool Scoring Criteria

SECTION 1 CCG completion	SECTION 2 General practice completion
<ul style="list-style-type: none"> • CQC rating: inadequate; requires improvement • Primary Care Web Tool: approaching review or review identified • Number of GP Partners and salaried GPs • Number of patients per FTE GP • Number of patients per FTE Advanced Nurse Practitioner • QOF % achievement • Referral or prescribing performance compared to CCG average • GP Patient Survey: Overall, how would you describe your experience of your GP practice? (% Good); ease of getting through by telephone • List closure, including application to close list 	<ul style="list-style-type: none"> • Clinical sessions per week • GP employment • GP retirement plans • GP exit interviews • GP training posts • Individual professional performance issues • Professional isolation • Practice leadership issues • Significant practice changes • Practice branch surgeries • Buildings –fit for purpose

29. Once identified 'vulnerable', the CCG will work with the practice on a tailored offer of support, appropriate to the identified needs.

30. Some examples of work around practice vulnerability include:
 - developing a package of support for practice mergers, particularly relevant to those practices experiencing difficulty in continuing to manage their patient register and contracting obligations due to GP shortage and long term GP vacancies;
 - encouraging practices to share any emerging issues (e.g. staff resource) with their CCG at an early stage so we can work together to provide the right support, as soon as possible;
 - support around management of workload;
 - approaching practices assessed as being more resilient, to see if there would be willing to offer support to less resilient practices;
 - facilitating and establishing a register of GP practices and Federations to share their experience and learning e.g. pre CQC advice and practice improvement; development of significant event process; clinical meeting templates; policies and procedures; practice mergers and leadership; and
 - benchmarking the CCG offer of support to general practice, with other CCGs to determine if further actions can be taken to promote sustainability.

Workload/Resilience

31. Nationally, GP workload has grown hugely, both in volume and complexity. Population changes account for some of this increase, but changes in medical technology and new ways of treating patients also play a role.
32. In the 12 month rolling reporting period, from November 2017 to October 2018, the total number of booked appointments in DDES practices was **1,841,272**. In the same reporting period there were a total of **1,466,274** booked appointments recorded for practices in North Durham CCG. DDES CCG has seen more GP practice appointments than North Durham CCG which is likely due to their increased registered population. The County Durham total number of booked appointments is **3,307,546**. Of this number total number, **3,177,555** appointments were seen; resulting in 'did not attend' (DNA) rate of **3.9%**.
33. DNA appointments have an enormous impact on the healthcare system in terms of increasing both costs and waiting times. More than 15 million general practice appointments are wasted each year because patients do not turn up and fail to warn surgeries that they will not be attending. Each appointment costs an average of £30, putting the cost to the NHS at more than £216 million on top of the disruption for staff and fellow patients¹.
34. The CCGs are indirectly supporting practices with workload, by promoting key messages to the public around self-care support and accessing appropriate services; also cancelling appointments when no longer needed, to enable appointment slots to be maximised. Self-care support and reducing DNAs are both high impact changes for releasing time for care.
35. Applying findings within the [Making Time in General Practice](#), of the total 3,177,555 seen appointments in County Durham across a 12 month period, it has been estimated that **635,511** appointments may have been 'avoidable' and could have been seen outside of general practice. Schemes such as Care Navigation, which appropriately signposts patients, to an alternative pathway should help in reducing 'avoidable' appointments. Active signposting is one of the 10 high impact changes to release time for care.

¹ <https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/>

Care Redesign

How will Primary Care Home (PCH) and Team Around Patients (TAPs) support transformation / sustainability?

36. The [NHS Long Term Plan](#) aims to *accelerate the redesign of patient care to future-proof the NHS for the decade ahead*. Integral to this is the development of Primary Care Networks to support the aspiration of fully integrated community-based health care. The CCGs in County Durham have already commenced on this journey, beginning with the development of Teams Around Patients (TAPs) and then Primary Care Home (PCH).
37. The Team Around Patients model is the wrapping of community based services for groups of populations of between 30,000 and 50,000. The focus is on frail elderly and patients with long term conditions. The model aims to pool community and virtual social care budgets to support integration of primary, community, social care and voluntary sector. The strengths of the model are the development of resilient partnerships and local coordination of resources.
38. The National Association of Primary Care (NAPC)² developed the Primary Care Home (PCH) programme to inspire and support general practice to integrate with the wider health and social care workforce. PCH is a provider of services based in a community setting, but incorporates some appropriate secondary care services and personnel and so enables primary care, community health and social care professionals to work in partnership with hospital-based specialists. A detailed understanding of the needs of the registered population (and therefore the expected volume and type of workload) will enable the creation of the right team at the outset who can then strengthen their efforts on maximising efficiency in the deployment of care resources and specifically in the 'provide or refer' decisions with their patients.
39. The four core characteristics of the PCH model are:
 - a combined focus on personalisation of care and population health;
 - an integrated workforce with partnerships spanning primary, secondary, mental health, community care, social care and the voluntary sector;
 - aligned clinical and financial drivers that allow for shared risks and rewards between partners; and
 - provision of care to a registered population of between 30,000 and 50,000.

² http://napc.co.uk/wp-content/uploads/2017/09/Primary_Care_Home_Evaluation_of_the_Model.pdf

40. In 2016 the Health and Wellbeing Board tasked Chief Officers of the County Council, NHS Commissioners and NHS Trusts to explore opportunities for the further integration of services. County Durham had a long history of integrated working. However, this had not previously involved primary care. Subsequent to the challenge from the Health and Wellbeing Board a new NHS community specification was developed with primary care at the centre. Our approach of Teams Around Patients (TAPs) was specifically aimed at integration at a practice and community level. To ensure buy-in of primary care, practices were asked to group together in populations of 30,000 and 50,000 to form PCHs.
41. A Director of Integration was appointed in early 2017 and a programme approach was taken to developing PCHs with teams aligned to primary care. This process was overseen by an Integrated Care Board (ICB) comprising Chief Officers from the respective partner organisations. The ICB incorporates the Integrated Care Partnership (was Accountable Care Network) and Accountable Care Partnership and reports to the Health and Wellbeing Board. The governance structure is included in **Appendix 5**.
42. The first eight PCHs were established in DDES CCG in 2017 and the second group of five was established in North Durham CCG in 2018. This has ensured true partnership working with general practice at the heart of patient coordination with regular meetings of practices and representatives of the partners.
43. The Director of Integrated Community Service's role was made permanent in 2018 and now oversees the management of all services aligned to PCH/TAPs on behalf of the partners.

What has been achieved so far?

44. Examples of key achievements in PCHs in DDES are:
 - PCH Leads have been recruited in all eight PCHs;
 - all practices are signed up to a gain/share risk scheme;
 - reward is directly linked to practice performance;
 - incentive is set aside by CCG;
 - rapid specialist opinion schemes are in place;
 - intranet of guidelines have been developed; and
 - the block contract is now agreed with the main providers.
45. Some of the key achievements specific to TAPs in North Durham are:
 - community nursing teams have been configured in TAPs following formal procurement process;

- a GP lead and senior (Band 7) nurse are jointly co-ordinating TAPs as a multi-agency group;
- social care and voluntary sector represented;
- GP practices having a relationship with community colleagues;
- practices multi-disciplinary teams (MDTs) commenced with a new pathway for cohorting; and
- notional budgets with all community nursing and therapy staff have been given to each TAPs.

How does this help with transformation and sustainability?

46. The development of PCHs has encouraged the closer working of these independent businesses at a neighbourhood level. The development of Practice Based Budget/Fair Funding Schemes is encouraging peer working. It is supported by CCGs providing regular comprehensive dashboards which inform each individual PCH where they need to focus, encouraging a more efficient targeted approach for improving care, meeting the specific needs of their local population.
47. The benefits of this approach are sharing of workload and resources, including back office and staffing; acceleration of closer working; simplification of local enhanced services contract into a single community contract; rewarding practices for managing demand and disincentives for uncontrolled budgets; reducing bureaucracy and offering stability in year to general practice.
48. An example of the increased collaboration between GP practices is where a practice was recently put into special measures. There was a collective response from neighbouring practices in the PCH for support. This resulted in a signed consultancy contract with neighbour as a 'Turn Around Team'.
49. Progress of this will now be accelerated as the December 2018 NHS Operating Framework is proposing to mandate GP practices to contractually sign up to being a PCH (Network) member.

Digital infrastructure

50. A range of digital approaches are being implemented to support new models of care in general practice.
 - (i) ***E-Consultations:*** Following a procurement exercise with neighbouring CCGs leading to contract awarded. The software, named eConsult, offers an online triage and consultation tool and is proving to be an effective means to increase patient access. Fifteen pilot sites have been identified across North Durham CCG

and DDES CCG and work began in September 2018. Full role out to other interested practices will begin from March 2019. The latest figures below show the savings made by the five practices that were live during the month of November 2018.

Visits	Unique visitors	Self-help visits
290	265	35
Pharmacy self-help visits	Call service provider visits	eConsults submitted
10	5	60
eConsults diverted to other services	Attempts to save appointment	Estimated appointments saved
1	47	36

- (ii) **Online access to primary care clinical records in care homes:** All SystmOne practices across DDES CCG, subject to patient consent, have opened up access to the full detailed patient record using the proxy functionality in SystmOne. This gives nursing staff in care homes the ability to view up-to-date clinical information for the first time at the point of care. EMIS practices will follow when developments to their clinical system are complete. North Durham practices will open up their records from April 2019.
- (iii) **Access to primary care clinical records in 13 North East Trusts:** All GP practices across North Durham CCG and DDES CCGs are sharing patient records (subject to patient consent) with the 13 North East Trusts using the Medical Interoperability Gateway (MIG). This gives trust staff access to up-to-date clinical information at the point of care for the first time.
- (iv) **Electronic hospital correspondence:** All acute trusts are working to send transfer of care documentation electronically to GP practices by 31 March 2019, in line with the national directive. Examples includes: inpatient/day case discharge letters; emergency care discharge letters; outpatient letters and radiology reports. All DDES and North Durham practices are now configured to receive this information electronically and work is underway to resolve *ad hoc* technical issues.

- (v) **Health and Social Care Network Implementation / CoIN Dissolution:** The existing N3 network is currently being replaced with the Health and Social Care Network (HSCN) framework. This will ensure a minimum of 20MB bandwidth allocation at every GP practice, replacing all of the slower links in rural areas. All GP practices will benefit from a faster connection which will reduce delays currently experienced.
- (vi) **Veteran health support:** DDES CCG practices are piloting an online support tool specifically aimed at offering guidance to military veterans. NHS England intends to offer this nationally once the pilot is completed.

Stakeholder Engagement

51. As part of the primary care strategy delivery the CCGs continue to engage with the local community regarding general practice primary care services through the existing engagement model, which includes Patient Participation Groups (PPGs) and the Patient, Public and Carer Engagement Committee (PPCEC).
52. PPGs in many practices play a big part in being advocates in using primary care appropriately and act as champions to spread the message about ensuring booked appointments are used or cancelled. There are examples of PPGs writing in patient newsletters to emphasise this and also in developing other materials for waiting rooms which often include the costs of missed appointments which they think is powerful to share. PPGs are also working with local pharmacies to promote their services.
53. The CCGs will continue work with PPGs over the coming year specifically looking at primary care and how we can increase awareness of different roles within primary care to try and encourage a change in culture including a focus on self-management. PPGs are included as part of the Primary Care Quality Scheme, with the potential to encourage peer dialogue and to change culture regarding the usage of general practice primary care services.
54. CCG representatives regularly attend Practice Manager meetings and members of the CCG Senior Team ensure regular dialogue with practices via a range of methods including practice visits, newsletters and practice wide meetings.

Quality Assurance

55. The role of the Care Quality Commissions (CQC) is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.
56. The latest Care Quality Commission (CQC) published ratings for the vast majority of DDES CCG and North Durham CCG general practices are positive, with most practices rated 'overall' as good; performing well and meeting CQC expectations (see table below). The majority of the five inspection areas (safe, effective, caring, responsive and well-led) and specific services are also rated as good across general practice in both CCGs. This provides significant assurance on the quality of patient care, safety and experience across general practice in DDES and North Durham.

Rating	North East	%	North Durham CCG	%	DDES CCG	%
Outstanding	22	8.6	3	10	2	6
Good	225	87.5	25	80	30	88
Requires Improvement	8	3.1	3	10	1	3
Inadequate	2	0.8	0	0	1	3
Total	257	100%	31	100%	34	100%

57. South Dene Medical Centre, Shinwell Medical Group (East Durham Medical Group) was rated 'overall' as outstanding on their most recent CQC visits. A number of other DDES CCG practices have been rated as outstanding for specific inspection areas. In North Durham, Great Lumley Surgery, Consett Medical Centre and Stanley Medical Centre all received an 'overall' rating of outstanding at their most recent CQC visit. With two North Durham practices receiving ratings of outstanding for specific inspection areas.
58. A small number of practices have been rated by the CQC as 'overall' requiring improvement (the service is not performing as well as it should and the CQC have told the service how it must improve) in their latest CQC published reports. Station Road Surgery (DDES CCG) and

Bowburn Medical Centre, The Lavender Centre (Dr Hall) and Gardiner Crescent Surgery in North Durham. Phoenix Medical Group (DDES CCG) was inspected by the CQC in 2018 and received an 'overall' rating of inadequate, with four inspection areas also rated as inadequate. DDES CCG and North Durham CCG have provided and continue to provide support to general practices in both CCGs that have been rated by the CQC as requiring improvement or inadequate.

59. The Royal College of General Practitioners (RCGP) has extensive experience in supporting practices in difficulty and quality assessment. In 2017, the RCGP introduced practice-funded 'resilience support' providing preventative interventions, though many practices seeking individual help continue to be those in 'special measures'. Practices are able to seek support, via the RCGP central team who provide a guide to the process, agree partnership arrangements and a potential budget, and sign a 'memorandum of understanding'. Deputy program leads scope the intervention e.g. local collaboration, background issues, specific targets, and personnel needs. Within two weeks, appointed advisors contact the practice and agree visit arrangements. The practice/ CCG agrees intended outputs and length of intervention at the visit/ or after the 'diagnostic report'.

Investment in General Practice Primary Care Services

60. The General Practice Five Year Forward View indicates that there would be increases in CCG funding to general practice at least equal to and ideally more than the increases in CCG allocations.
61. There is commitment from the CCGs to support primary care, and the table below provides a breakdown of the 2018/19 investment forecast out-turn in primary care by CCG; the County Durham total is **£93,944,000**.

2018/19 Investment in Primary Care		
	DDES	North Durham
	£'000	£'000
Primary Care Delegated Budgets	43,883	34,322
Primary Care Scheme	3,861	2,991
Extended Access	3,121	2,220
Integrated Diabetes Service	660	523
GPIT	967	757
Other	385	284
Total	52,877	41,097

62. Explanatory notes on the investment lines are as follows:

- *Primary Care Delegated Budgets:*
 - General Medical Services (GMS) is a national contract and payments are in line with the Statement of Financial Entitlement;
 - Primary Medical Services (PMS) is a local contract and payments are in line with the Statement of Financial Entitlement;
 - Quality Outcomes Framework (QOF) covers clinical and public health, practices can choose to provide this service;
 - Enhanced services covers payments made to practices who provide extended hours, minor surgery, learning disability, dementia, extended patient choice and unplanned admissions;
 - Premises costs relate to rent, rates and water and are paid in line with the GMS/PMS directions; and
 - Other GP services relate to payments for seniority, needles and syringes, interpretation, locums and suspended GP's.

- *Primary Care Scheme:* relates to the Practice Based Budget schemes within both CCGs - the purpose of the schemes are to increase investment in primary care/community services and reduce variation in spend between practices;

- *Extended Access:* relates to services agreed by the Local Area Delivery Board (LADB), funded from CCG resilience monies;

- *Integrated Diabetes Service:* provided via GP Federations; and

- *GPIT:* covers information technology services and support provided to GP practices.

- *Other:*
 - Minor Ailments are payments made to Pharmacies for the minor ailment service
 - GP Career Start relates to the GP career start scheme for which funding was previously received by Health Education North East and is now funded by the CCGs
 - Career Start Nurses relates to the practice nurse career start scheme funded by the CCGs
 - PLT relates to Protected Learning Time supported by the CCG

63. There is indication within the NHS Long Term Plan that investment in primary medical and community services will grow faster than the overall NHS budget, with a commitment to create a ring fenced fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

Further information is awaited, to understand how this translates at local level to further investment.

Looking forward to 2019/10 - Primary Care and Community Health Services

64. On 10 January 2018, NHS England and NHS Improvement published the [NHS Operational Planning and Contracting Guidance 2019/20](#). The guidance highlights key areas to be taken forward related to primary care and community health services including:
- i. **Increasing resilience and sustainability at a practice level** – to support transform the care and services provided to the local population.
 - ii. **Primary care networks** – building on the £3/head CCG investment in primary care transformation during 2017/18 and 2018/19, the CCGs are required to commit a recurrent £1.50/head recurrently to developing and maintaining primary care networks.
 - iii. **New service models** – CCGs and community providers should, during 2019/20, make progress towards implementing the new service models set out in the Local Transformation Plan, including the urgent response standards for urgent community support. In County Durham we have already made good progress in the transformation of Community Services and a plan has been developed to outline how the transformation programme will be delivered over the next five years with an initial focus on the first 12 months of the new contract.
 - iv. **Primary care strategy refresh:** Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICPs) must include a primary care strategy as part of the system strategy that will be developed in Autumn 2019 response to the Long Term Plan, which sets out how we will ensure the sustainability and transformation of primary care and general practice as part of our overarching strategy to improve population health; and which engages primary care providers in its implementation. The primary care strategy for each CCG will include local priorities identified for support; Primary Care Networks development plan; and local workforce plan supporting the development of an expanded workforce and multidisciplinary teams.
 - v. **Internal audits for assurance purposes** - where primary medical care commissioning has been delegated, CCGs are required to undertake a series of internal audits to provide assurance that this statutory function is being discharged effectively.

- vi. **Data analytics and risk stratification** - to allow Primary Care Networks to understand in depth their populations' needs for symptomatic and prevention programmes including screening and immunisation services.

Conclusion

65. Whilst good progress is being made towards delivery of the primary care agenda, there is still work to be done to improve primary care services to meet the future needs of the local population.
66. In accordance with the NHS Planning Guidance 2019/20, the CCGs will refresh their respective primary care strategy by Autumn 2019, to support the sustainability and transformation of general practice and community care as part of their overarching strategy to improve population health.

Background papers

- List any papers required by law / None

Other useful documents

- Previous Cabinet reports / None

Contact: Joseph Chandy, Director of Primary Care josephchandy.ddes@nhs.net

Appendix 1: Implications

Legal Implications

None

Finance

The report details CCG forecasted investment in GP practices for 2018/19.

Consultation

As part of the primary care strategy delivery the CCGs continue to engage with the local community regarding general practice primary care services through the existing engagement model, which includes Patient Participation Groups (PPGs) and the Patient, Public and Carer Engagement Committee (PPCEC).

Equality and Diversity / Public Sector Equality Duty

CCG primary care strategies are subject to Equality Impact Assessment.

Human Rights

N/A

Crime and Disorder

N/A

Staffing

CCG primary care strategies take into consideration workforce sustainability.

Accommodation

N/A

Risk

The CCGs hold risk management plans related to specific areas of strategy delivery.

Procurement

N/A

Appendix 2: CCG General Practices and List Size

DDES CCG

Code	Practice	Population
A83003	Willington Medical Group	9,225
A83020	North House Surgery	13,423
A83035	The Weardale Practice	7,165
A83015	Station View Medical Centre	10,173
A83021	Auckland Medical Group	14,345
A83025	Bishopgate Medical Centre	13,433
A83032	Woodview Medical Practice	2,451
A83043	Old Forge Surgery	2,702
A83046	Barnard Castle Surgery	10,610
A83060	Pinfold Medical Practice	2,990
A83061	Gainford Surgery	3,425
A83626	Evenwood Surgery	2,015
A83007	Blackhall Practice	9,949
A83012	William Brown Centre	16,386
A83044	Horden Group Practice	7,406
A83627	Silverdale Family Practice	5,628
A83019	Station Road Surgery	5,160
A83042/A83057	East Durham Medical Group	10,821
A83610	Intrahealth (Wingate)	2,913
A83616	Shotton Medical Practice	2,534
A83619	Southdene Medical Centre	3,022
A83017	Phoenix Medical Group	7,533
A83041	Murton Medical Group	7,555
A83004	Avenue Family Practice	3,835

A83051	Marlborough Practice	10,216
A83071	New Seaham Medical Centre	5,047
A83075	Deneside Medical Centre	4,665
A83008	Hallgarth Surgery	5,536
A83037	Bewick Crescent Surgery	13,877
A83074	Peaseway Medical Centre	11,529
A83066	Jubilee Medical Group	10,619
A83001	St Andrews Medical Practice	11,171
A83052	Bishops Close Medical Practice	8,734
A83603	Oxford Road Medical Centre	2,644
A83045	Ferryhill & Chilton Medical Practice	15,255
A83054	Skerne Medical Group	15,497
A83634	West Cornforth Medical Practice	2,704

There are currently 37 member practices in DDES CCG.

Practice mergers:

- Caradoc and Shinwell merged – Quarter 2 2018 to East Durham Medical Group
- Shotton and Station Road merged – January 2019 to Bevan Medical Group

North Durham CCG

Code	Practice	Population
A83014	Belmont and Sherburn Medical Group	7,019
A83635	Bowburn Medical Centre	4,119
A83630	Brandon Lane Surgery	2,412
A83036	Chastleton Medical Group	11,430
A83055	Cheveley Park Medical Centre	4,311
A83011	Claypath and University Medical Group	30,952
A83027	Coxhoe Medical Practice	6,395
A83030	Dunelm Medical Practice	12,810
A83022	The Medical Group	24,271
A83024	West Rainton Surgery	5,659
A83009	Bridge End Surgery	8,503
A83050	Cestria Health Centre	12,331
A83029	Great Lumley Surgery	4,907
A83028	Middle Chare Surgery	9,665
A83637	Middle Chare Gardiner Surgery	2,070
A83033	Pelton and Fellrose Medical Group	8,892
A83033	Sacriston Surgery	10,130
A83644	Annfield Plain Surgery	3,506
A83617	Browney House Surgery	2,640
A83038	Cedars Medical Group	5,731
A83022	Consett Medical Centre	18,850
A83632	Craghead Medical Centre	2,403
A83072	Lanchester Medical Centre	4,213
A83636	Leadgate Surgery	5,910
A83618/A83076	Oakfields & Dipton Health Group	7,225

A83049	Queens Road Surgery	13,629
A83032	Stanley Medical Group	11,454
A83016	Tanfield View Medical Group	11,342
A83622	The Haven Surgery	1,621
A83073	West Road Surgery	5,160

There are currently 30 member practices in North Durham CCG.

Practice Mergers:

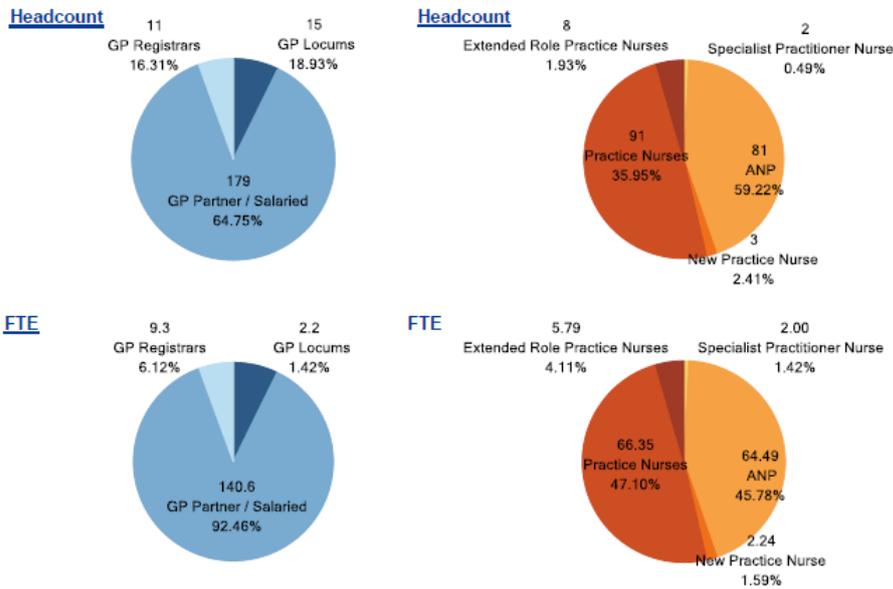
- Oakfields and Dipton merged - July 2018 to Oakfield Health Group.

Appendix 3: 10 High Impact Actions to Release Time for Care

1. **Active signposting**: Provides patients with a first point of contact which directs them to the most appropriate source of help. Web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional.
2. **New consultation types**: Introduce new communication methods for some consultations, such as phone and email, improving continuity and convenience for the patient, and reducing clinical contact time
3. **Reduce Did Not Attend (DNAs)**: Maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, encouraging patients to write appointment cards themselves, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment.
4. **Develop the team**: Broaden the workforce in order to reduce demand for GP time and connect the patient directly with the most appropriate professional.
5. **Productive work flows**: Introduce new ways of working which enable staff to work smarter, not harder.
6. **Personal productivity**: Support staff to develop their personal resilience and learn specific skills that enable them to work in the most efficient way possible.
7. **Partnership working**: Create partnerships and collaborations with other practices and providers in the local health and social care system.
8. **Social prescribing**: Use referral and signposting to non-medical services in the community that increase wellbeing and independence.
9. **Support self care**: Take every opportunity to support people to play a greater role in their own health and care with methods of signposting patients to sources of information, advice and support in the community.
10. **Develop QI expertise**: Develop a specialist team of facilitators to support service redesign and continuous quality improvement.

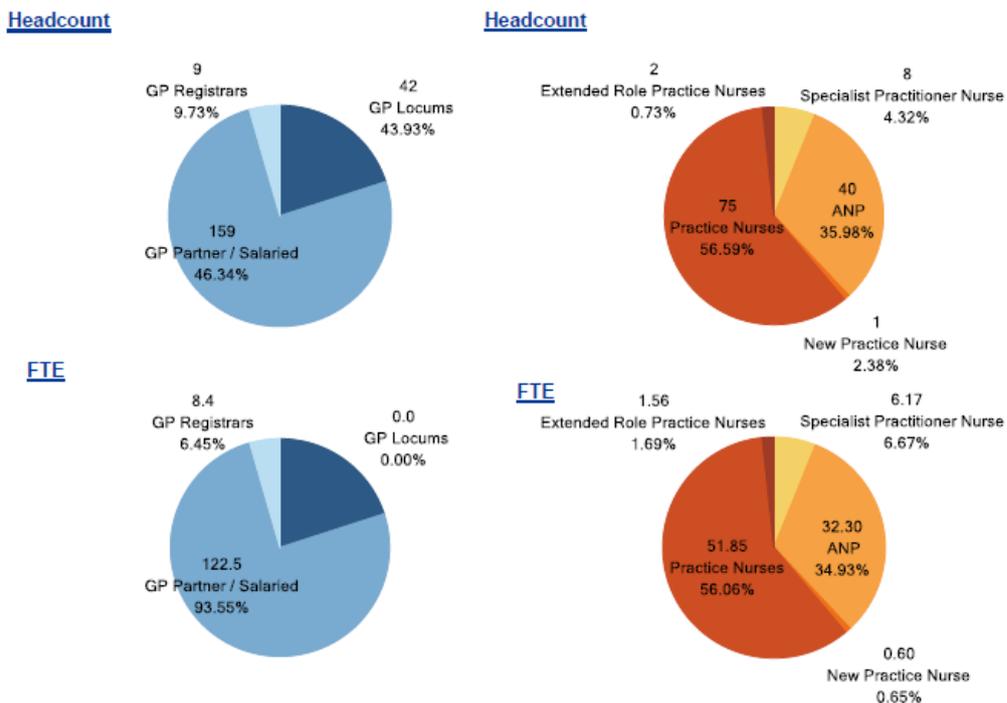
Appendix 4: Workforce

Figure 1: Breakdown of Headcount and Full-Time Equivalent (FTE) by staff group DDES CCG practices



Source: Durham Dales, Easington and Sedgefield CCG Health Education England Primary Care Workforce report (Quarter 2, 2018/19)

Figure 2: Breakdown of Headcount and Full-Time Equivalent (FTE) by staff group North Durham CCG practices



Source: North Durham CCG Health Education England Primary Care Workforce report (Quarter 2, 2018/19)

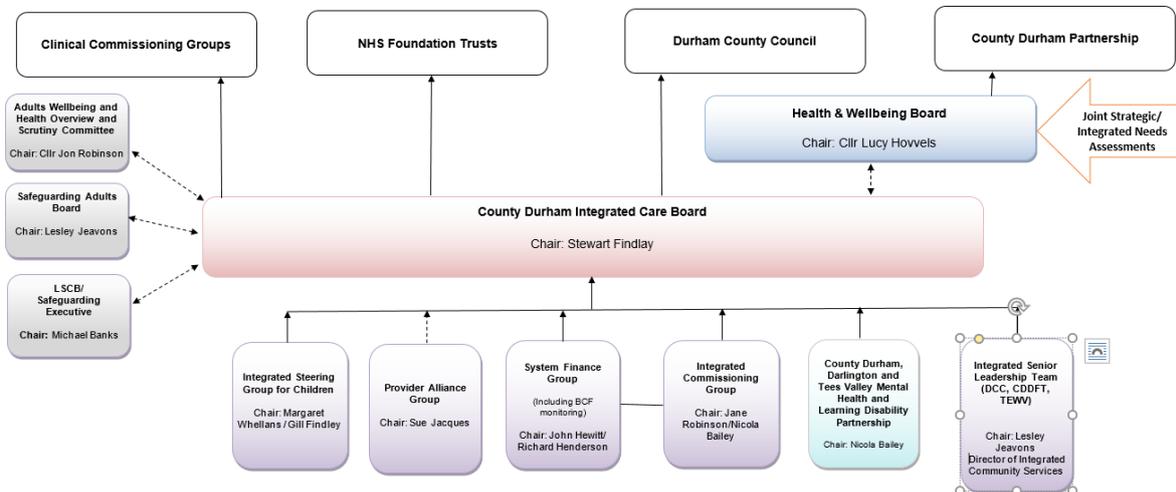
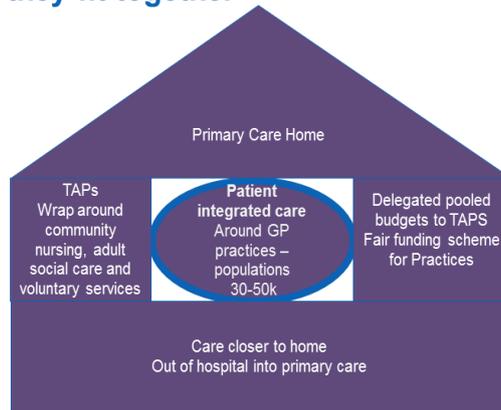
Appendix 5: Primary Care Home

Primary Care Home

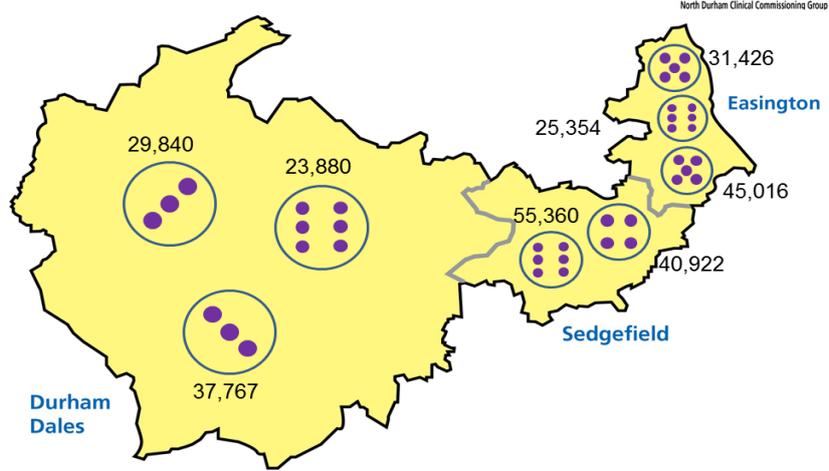


Durham, Darlington and Tees Valley Clinical Commissioning Group
North Durham Clinical Commissioning Group

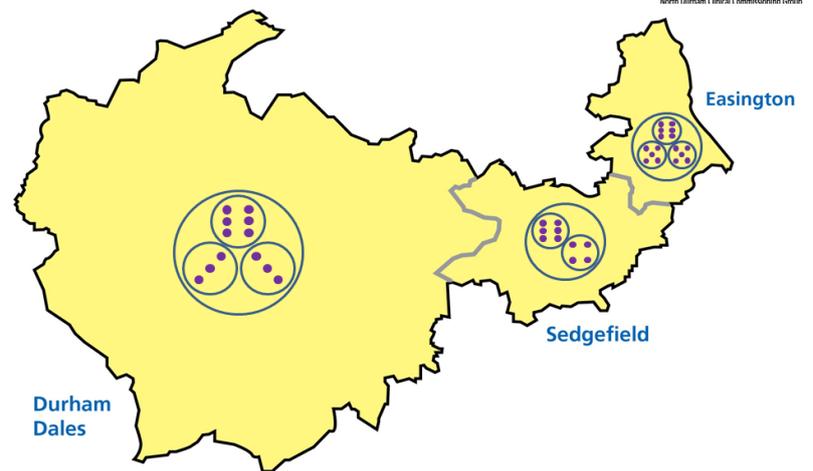
How do they fit together



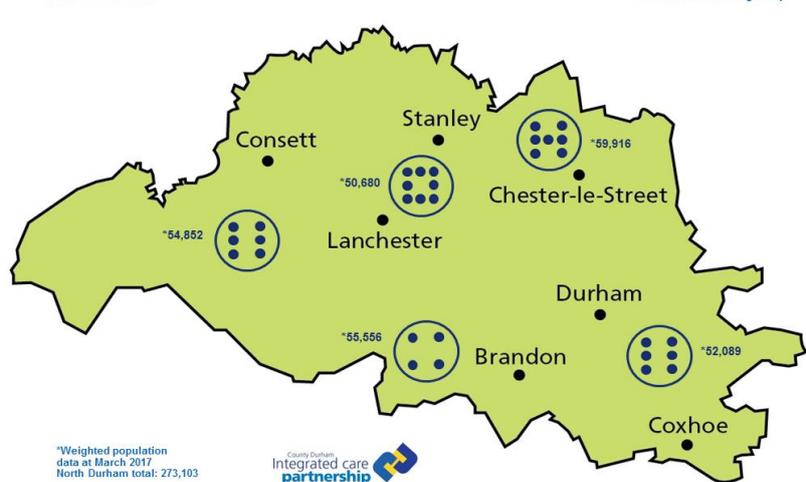
PCH team level



Locality PCH in common



In North Durham TAPS level



*Weighted population data at March 2017
North Durham total: 273,103

