

Health and Wellbeing Board

3 July 2014



CCG Primary Care Strategy A Discussion Document

Report of Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and Nicola Bailey, Chief Operating Officer, North Durham Clinical Commissioning Group and Durham Dales, Easington & Sedgefield Clinical Commissioning Group

Purpose of the Report

1. This report sets out how Clinical Commissioning Groups (CCG) in County Durham are proposing to develop Primary Care in the next five years. This is particularly relevant at this moment in time when NHS England is seeking expressions of interest for the co-commissioning of Primary Care. The drivers for developing Primary Care were set out clearly in the Call to Action debate lead nationally by NHS England.
2. Now that CCGs are established, the focus is shifting towards practices as providers with encouragement to develop Federations. In addition, co-ordination of frail elderly and seven day working are also high on the agenda. Both Durham Dales Easington and Sedgefield (DDES) and North Durham CCGs have developed primary care strategies, both CCG strategies are currently in draft format and are being consulted on at the moment.
3. The DDES CCG draft Strategy (attached at Appendix 2) and the North Durham CCG draft Strategy and vision (attached at Appendix 3&4) are discussion documents seeking the views of key stakeholders in our approach to developing primary care that meets both national priorities and local needs.

Background

4. The CCG Primary Care Strategies endeavour to ensure that the direction of travel proposed for the next two years reflects the CCG's vision and identifies what is required to offer a high quality primary care service that reflects the needs of the population. For the purpose of these strategies, Primary Care is defined as General Practice (NHS England will develop national and local strategies for Dentistry, Optometry and Pharmacy which will receive our input).

5. Good primary care can be regarded as the hub of a wider system of care. Consequently, developing and delivering a robust strategy for high quality primary care has important interfaces and interdependencies across the whole health system, including, but not limited to: planned and unplanned use of secondary care; prevention, social care, public health, health promotion; mental health care and end of life care. To meet these challenges, build on our strengths and maximise our opportunities, primary care needs to change and adapt to meet the needs of our patients and the demographic and financial demands of the future.
6. If we are to develop a more sustainable NHS that helps to keep people healthy, there needs to be a significant shift of resources from acute services to out-of-hospital care. It is essential that we keep people healthier for longer and reduce the over reliance on secondary care. A broader focus on primary care is critical to the success of this approach.
7. Better Care Fund (BCF) - this is a single pooled budget for health and social care services that has to be in place by April 2015. The intention is that the BCF enables and drives the health and social care economy to work more closely together, based on a plan agreed between the CCGs and local authorities – Once this fund is in place this will support the move of funding from acute to community and primary care to support system change and service transformation. This approach will provide significant opportunities for CCGs and local authorities to work together to effect this change.
8. DDES CCG will be working to develop, support and grow an even stronger and more resilient, sustainable primary care service and the draft strategy (Appendix 2) outlines the case for change for general practice, what we feel the main components of a stronger primary care sector may look like and how we will bring about the changes necessary to deliver them.
9. North Durham CCG has developed and is consulting on an ambitious vision for the future of primary care. The “A future vision of a week...” document (attached at Appendix 4) illustrates how we see primary care being delivered. The draft document “Primary Care Strategy” (attached at Appendix 3) provides detail of the reasoning behind, and the ways we will deliver, this vision.
10. Both DDES and North Durham CCG would welcome comments from key partner and members of the Health and Well-being Board in relation to the direction of travel for primary care that the CCGs are developing. Currently both CCGs are involving their member practices in agreeing and setting the direction for primary care and consulting their partners and patient groups. The consultation process for external partners, patient groups and partners will end on the 25th July 2014. The comments will be collated and the strategies re-drafted in light of

comments received and will be taken back to member practices for final sign off in August and September 2014.

11. Once the strategies have been formally agreed by the two individual CCGS, we will work with commissioning partners in Durham County Council and NHS England, with our clinicians and current providers in general practice and the other services that general practice interacts with to implement the strategies locally.
12. Both CCGs recognise the need to work in a collaborative way to ensure a consistent approach is taken where required and both CCGs see the need to understand the impact on each other and partners where the strategies differ appropriately due to local population and clinical need.

Recommendations

13. It is recommended that the Health and Wellbeing Board:
 - Receive this report and the draft primary care strategies;
 - Advise CCG's whether it supports the 'direction of travel' outlined in this report and commit to provide any detailed comments into the CCGs by the 25th July 2014.
 - Informs the CCG's if there any priorities not covered in this report.
 - Receive further updates as appropriate.

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Appendix 1: Implications

Finance

CCG investment and Quality, Innovation, Productivity and Prevention (QIPP) plans only

Staffing

None currently - Discussion document only.

Risk

None currently - Discussion document only.

Equality and Diversity / Public Sector Equality Duty

No impact

Accommodation

May present accommodation opportunities in the long-term.

Crime and Disorder

None.

Human Rights

None.

Consultation

No formal consultation required - Discussion document only.

Procurement

None as yet - discussion document only.

Disability Issues

None.

Legal Implications

None.