

**07 May 2014****Agenda Item: 4****REPORT OF VIKKI TAYLOR, DIRECTOR OF COMMISSIONING  
DERBYSHIRE AND NOTTINGHAMSHIRE AREA TEAM, NHS ENGLAND****DRAFT PRIMARY CARE STRATEGY FOR DERBYSHIRE AND  
NOTTINGHAMSHIRE 2014 - 2019****Purpose of the Report**

1. To engage patients, the public and key partners in the development and implementation of the Strategy and provide an update on the Prime Minister's Challenge Fund.

**Information and Advice**

2. The NHS needs to be able to deal with the challenges ahead, such as an ageing population, a rise in the number of people with long-term conditions, lifestyle risk factors in the young and greater public expectations. Combined with rising costs and constrained financial resources, these trends threaten the long-term sustainability of the health service.
3. There have already been changes to make savings and improve productivity. The NHS is on track to find £20 billion of efficiency savings by 2015. However, without further changes to how services are delivered, a high-quality yet free at the point of use health service will not be available to future generations. Not only will the NHS become financially unsustainable, the safety and quality of patient care will decline.
4. NHS England is governed by the NHS Constitution, which protects the principles of a comprehensive service providing high quality healthcare, free at the point of use for everyone. The constitution also says that the NHS belongs to the people and so does its future. In keeping with this principle, NHS England will be working together with staff, patients and the public to develop a series of new local approaches for the NHS.
5. We have previously shared 'The NHS belongs to the people: a call to action' to help our understanding of why the NHS needs to change and that the more people share their views and ideas on the future of the NHS, the better the service will become. During March 2014 we shared our draft Primary Care Strategy with key partners including Health and Wellbeing Boards to ensure that the aims and objectives identified are in line with the wider health and social care plans.
6. We have updated our draft Primary Care Strategy and will continue to engage with stakeholders and providers in April, with a final Strategy published in June 2014. The latest draft strategy is available as a background paper. We plan to produce the final Strategy in

June 2014, accompanied by a shortened, plain English version to ensure everyone can understand and be involved with our plans.

7. The Strategy along with the plans for the Better Care Fund (BCF) and Units of Planning highlight a number of actions that require General Practice and wider primary care services at the heart of a transformed, integrated system. The implementation of a number of General Practice pilots across Nottinghamshire feature strongly in plans focussing on improving quality and strengthening integration, especially across the urgent care pathways.
8. In October 2013 the Prime Minister announced a £50 million non-recurrent Challenge Fund aimed at transforming access to General Practice by piloting new ways of working. Derbyshire and Nottinghamshire Area Team and all the ten Clinical Commissioning Groups submitted an area wide bid that extracted and built on the key General Practice projects within the plans for the BCF and Units of Planning. This submission has been successful in securing £5.2 million from the Challenge Fund. This funding is the highest award outside of London and will test a number of different approaches to improving access to General Practice that will be rolled out if successful. These are described in the accompanying presentation and Frequently Asked Questions (FAQ)

### **Other Options Considered**

9. To do nothing is not an option. Call to Action and the Primary Care Strategy is not about making unnecessary changes, or taking services away, but about looking at how they are being delivered and what can be provided differently to respond to the challenges, whilst also taking advantage of important opportunities, including:
  - Innovative new treatments and technology
  - Putting people in control of their own health and care
  - Integrating more health and care services
  - Having greater emphasis on keeping healthy.
10. The Primary Care Strategy focuses on five building blocks. These are **patients**, improving quality including better access to services; **people**, our workforce and stakeholders; **processes**, how our residents access the right care at the right time; **premises/places**, for safe delivery of care and **payments**, to make sure funds and resources provide best value for money.
11. The Strategy and Challenge Fund aim to support primary care to deliver transformed, integrated services at pace and scale to address the challenges facing the system. In Nottinghamshire a number of actions are being taken to progress the opportunities described above as well as testing new ways of working.
12. The ways of working being tested under the Challenge Fund include widening access to primary care with GP services in our Emergency Departments; additional GP capacity across seven days a week for routine and urgent care; standardising access to appointments; on line booking; requesting prescriptions on line; using health apps and Skype and evidence based personal health plans for the most frail and complex patients. This complements the changes in the GP contract that move to ensure the availability to registration on line, choice of GP, electronic prescriptions and developing record sharing.

13. Pharmacy options include having a more central role with the integrated multidisciplinary team working alongside GPs. Pharmacy services can offer in- and out-of-hours care to a range of people with minor illnesses so they are well placed to manage more patients outside of medical services. They have a key role in supporting self-management of conditions, including improved use of medications.
14. Dental and ophthalmology options include plans to target those most in need and supporting people to access the right services at the right time in and out of hours.
15. The Primary Care Strategy will be a key enabler in liberating General Practice, pharmacy, dentistry and optometry. This will be central to the development of wider, integrated primary care, to ensure maximum benefits to our population and to secure best value for money.

### **Reason/s for Recommendation/s**

16. To ensure stakeholders are engaged in the development and implementation of the Strategy and Challenge Fund and the alignment with 5 year health and social care plans

### **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

18. In England, continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21). This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.
19. Implications for primary care include securing improved access with either additional investment or changing the way primary care is delivered using technology and improved, transformed processes.

### **Human Resources Implications**

20. Movement of services into primary care will require a workforce plan that details recruitment and retention strategies
21. Training and development is a key part of the strategy for the primary care workforce

### **Implications in relation to the NHS Constitution**

22. Regard will be taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the implementation of the Health & Wellbeing Strategy.

### **Implications for Service Users**

23. Service users, patients and the public have been engaged in the design of the Strategy. Improving access to primary care is a continual concern for patients and increasing access to high quality primary care is a priority objective of the Strategy

### **Ways of Working Implications**

24. The movement of services into primary care will require integrated and multidisciplinary ways of working. The Primary Care Strategy has been developed alongside the CCG unit of planning and Better Care Fund plans so this can be delivered as part of whole system transformation.

## **RECOMMENDATION/S**

The Health and Wellbeing Board is asked to:

1. Note the development of the Primary Care Strategy and Challenge Fund and its alignment to the wider health and social care plans.
2. Endorse the implementation of the Strategy alongside the wider health and social care implementation plans.

### **Tracy Madge**

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### **Constitutional Comments (SG 09/04/2014)**

1. The Board is the appropriate body to consider the content of this report. The Board has responsibility for discussion of all issues considered to be relevant to the overall responsibilities of the Health and Wellbeing Board, and to perform any specific duties allocated by the Department of Health.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- NHS England Strategy for Primary Care Transformation Derbyshire and Nottinghamshire Area Team Draft v10 April 2014 (which can be viewed on this link:  
<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3292/Committee/505/SelectedTab/Documents/Default.aspx> )
- Frequently Asked Questions: PM Challenge Fund Pilots Questions and Answers:  
<http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/pm-fund-faqs/>

**Electoral Division(s) and Member(s) Affected**

- All