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PSNC Briefing 009/14: NHS England's emerging findings from the general practice Call to Action

In late 2013 NHS England undertook a national engagement exercise to seek people's views on the future of general practice. [Improving General Practice – A Call to Action](#) followed the main Call to Action process which had commenced in the summer of 2013, aimed at patients and the public.

In March 2014 NHS England published a [summary of the responses to the general practice CTA](#) and its [emerging findings](#). The report focuses on the central role NHS England wants general practice to play in wider systems of primary care, and it describes their ambition for greater collaboration with clinical commissioning groups (CCGs) in the commissioning of general practice services.

The documents says transformational change will be led locally by Area Teams (ATs) and CCGs, but NHS England outlines the work underway nationally to support it. NHS England plans to publish its strategic framework for commissioning primary care in the autumn, taking into account the outcome of the Calls to Action for dental, community pharmacy and eye health services.

This PSNC Briefing provides a summary of the key elements of the document.

Introduction

The report focuses on general practice and the central role NHS England wants it to play in wider local systems of primary care. It sets out their emerging thinking on the commissioning of general practice services and the work needed to develop the necessary clinical and organisational models to achieve their vision. It sets out the ways in which this will be led locally, and then outlines the work underway nationally to support it.

NHS England's plans are still subject to further engagement at national and local level and therefore the report is intended to provide an update on the work so far.

The case for change

The document describes the challenges the NHS is facing, from financial constraint, demographic changes and the increase in the prevalence of long term conditions (LTCs). It says that general practice has a key role to play in securing better outcomes for the population, but there are unwarranted variations in the services that patients currently receive which can impact on the outcome of their care. The document also highlights the growing challenges in patients accessing GP appointments and the increase in the number of emergency hospital admissions.



In summary it says there are four key reasons why NHS England needs to support changes in general practice:

1. to meet the changing needs and expectations of our population;
2. to improve outcomes and tackle inequalities;
3. to maximise limited resources across the system; and
4. to secure a sustainable service for the next decade.

NHS England's ambitions for general practice and wider primary care

The engagement carried out by NHS England has highlighted five areas where they believe services need to be improved:

1. **Proactive, coordinated care:** anticipating rather than reacting to need and being accountable for overseeing people's care, particularly if they have an LTC;
2. **Holistic, person-centred care:** addressing people's physical health, mental health and social care needs in the round and making shared decisions with patients and carers;
3. **Fast, responsive access to care:** giving people the confidence that they will get the right support at the right time, including much greater use of telephone, email and video consultations;
4. **Health-promoting care:** intervening early to keep people healthy and ensure timely diagnosis of illness - engaging differently with communities to improve health outcomes and reduce inequalities; and
5. **Consistently high-quality care:** removing unwarranted variation in effectiveness, patient experience and safety in order to reduce inequalities and achieve faster uptake of the latest knowledge about best practice.

In commissioning primary care services, NHS England state that they are committed to ensuring a particular focus in improving access to high-quality services for:

- people from more deprived backgrounds with poorer health outcomes;
- people from black and minority ethnic communities; and
- people with physical or learning disabilities.

They also wish to improve access for groups who face particular difficulties in accessing services including homeless people; sex workers; gypsies and travellers; and people in prisons and offender institutions. ATs are working with CCGs to develop primary care strategies that draw on the insights and experience of people across all these different groups and support a more integrated approach to providing care and support across primary care, community health services, social care, the voluntary/charitable sector and specialised services. In undertaking this work, ATs are working with Health and Wellbeing Boards to ensure that plans are based on a clear understanding of access and health outcomes across different population groups.

In order to reduce inequalities, NHS England is reviewing the formula used to weight the capitation payments made to general practices to improve the weighting given to deprivation factors and help ensure that there are appropriate incentives to improve access to people from more deprived communities.

Wider primary care, delivered at scale – future models of care - in order to support delivery of NHS England's ambitions, it believes that general practice will need to operate at greater scale and in greater collaboration with other providers and professionals and with patients, carers and local communities. The document says that this does not necessarily have to involve a change in organisational form; it can be achieved through practices coming together in networks, federations or 'super-partnerships', or as part of a more integrated model of provision. It is likely to have a range of benefits including:

Better outcomes

- pooling of clinical expertise, offering a greater range of generalist and more specialist services delivered by a larger multidisciplinary team;

- improved patient access, including greater availability of consultations outside traditional opening hours, and consultations outside of the surgery;
- local systems of extended primary care that work to prevent unnecessary hospital admissions and support safe hospital discharge seven days a week.

Better partnerships

- a more innovative approach to planning and delivering services by way of shared learning and ideas;
- a more systematic approach to governance and risk assessment;
- opportunities for innovative diagnostic, treatment and care pathways.

Better value

- economies of scale in administrative and business functions.

Better for the workforce

- better development opportunities for GPs, practice nurses, practice managers and other staff and ability to support students;
- more effective peer support and mentoring.

NHS England plan to work with national and local partners to identify the best emerging examples of service models that deliver these outcomes and improvements. The document states that service models need to be locally designed and need to be sensitive to local needs, priorities and circumstances.

National work being undertaken

To support locally-led transformation of primary care, NHS England is focusing at national level on seven main areas of work:

1. Empowering patients and the public

- From April 2015, all practices will offer patients the opportunity to book appointments online, order repeat prescriptions online, and have access to their medical records online;
- Patients who manage their own care will have access to high quality information, such as expertise in the interpretation of diagnostic tests, through NHS England's strategy for 'information as a service' and through their 'shared decision making' toolkits;
- NHS England will publish a *best practice standard* in the summer that describes a good personalised care planning process, to support implementation of proactive coordinated care planning for frail older people and other people with complex needs;
- NHS England will work with the *National Association of Patient Participation* to support practices to develop inclusive and insightful approaches to building patient participation;
- From December 2014 the Friends and Family Test will be extended to general practice;
- From October 2014 practices will be able to accept patients onto their registered lists from outside their traditional boundary or catchment areas;
- The £50 million made available under the Prime Minister's Challenge Fund will be used to enable groups of practices around the country to pilot new ways of working that transform patient access to services. A rolling programme of pilots will commence from April 2014 that will test how to improve access to general practice, which could include: access between 8am-8pm on weekdays and at weekends; flexible access including consultations by telephone, email, and Skype; electronic prescriptions and online booking of appointments; easier, online registration and choice of practice; joining up of urgent care and out of hours care; greater flexibility in how people access general practice, including freedom to visit a number of GP surgery sites in their area; and better access to 'telecare' to help manage patients in their own homes, as well as promoting healthy living 'apps';

2. Empowering clinicians

- The Quality and Outcomes Framework (QOF) is being simplified to reduce bureaucracy and to free up time for GPs and practice staff to provide more proactive, person-centred care, focussed initially on frail older people;
- NHS England is exploring how the wider primary care and community workforce can support capacity in general practice. *Improving patient care through community pharmacy – a call to action* highlights the potential for community pharmacy teams to play a bigger role in supporting patients with LTCs;
- NHS England is considering a range of measures to support the spread of innovation in general practice.

3. Defining, measuring and publishing quality

- In collaboration with the CQC, NICE, the Health and Social Care Information Centre and other organisations across healthcare, NHS England has established the *National Network of Quality in Primary Care* to define and promote quality in primary care;
- NHS England is developing standards and metrics that describe the key characteristics of high-quality primary care in the following domains: clinical effectiveness (including reducing avoidable mortality; improving quality of life for people with LTCs; providing swift and effective responses to acute illness or injury), patient experience and patient safety;
- NHS England will publish information so that patients are able to make better decisions about their health and care, and citizens are able to participate more fully in conversations about the design and quality of local services and hold them to account;
- NHS England has established a *Primary Care Patient Safety Expert Group* to provide senior clinical advice on patient safety issues and provide advice and guidance for commissioners and providers. The Expert Group is developing a strategy for improving patient safety in primary care, including improving patient safety incident reporting, improving culture and improving the safety of the discharge process from acute care;
- NHS England are investing £12 million on a major programme of patient safety improvement through the creation of around 15 patient safety collaboratives covering every part of England. These collaboratives will be locally led and nationally supported to spread best practice and build safety skills. The collaboratives will bring together frontline teams, experts, patients, commissioners and others to tackle specific patient safety problems, develop and test solutions, and learn from each other to improve safety;

4. Joint commissioning

- NHS England intends to move towards joint arrangements with CCGs for commissioning general practice services. This will:
 - allow NHS England and CCGs to pool resources, where appropriate, and make more optimal decisions about how resources are allocated between primary care, community health services and hospital services;
 - strengthen local clinical leadership and ownership of plans to transform general practice services, and ensure they are aligned with the wider strategic plans for that community;
 - strengthen the links between in-hours general practice services and wider out-of-hours services;
 - support development of more integrated arrangements for providing general practice and community health services (for example in linking the work of general practice, district nurses and palliative care nurses in end of life care);
 - allow a more cohesive approach to incentives for general practice and other local health organisations, so that providers are held to account for – and rewarded for – similar outcomes,

- e.g. for population health;
- support joint working with local authorities to commission more integrated health and social care for local communities and support outcomes that address social and economic disadvantage (such as housing and education) to improve community health and wellbeing;
- provide greater confidence that, where local plans require additional investment in general practice services, this investment is being made in ways that do not give rise to perceived conflicts of interest for GPs involved in clinical commissioning.
- NHS England is developing a national governance framework to enable this to happen at a pace that can be led locally and is appropriate to local circumstances.

5. Supporting investment and redesigning incentives

- To deliver its ambitions, NHS England believes that there needs to be a shift of resources from hospitals towards general practice and 'wrap-around' community services. The *Better Care Fund* will provide significant opportunities for CCGs and local authorities to work together to effect this change;
- NHS England's planning guidance for 2014/15 describes how CCGs will provide additional funding of around £5 per head to support practices in transforming the care of patients aged 75 or over and in reducing avoidable admissions. This funding could be used to commission new services from general practices or invested in community services to improve integration with primary care. Practices should have the confidence that, where these initial investment plans successfully reduce emergency admissions, it will be possible to maintain and potentially increase this investment on a recurrent basis;
- NHS England will provide greater clarity about the different ways in which ATs and CCGs can make safe, controlled investments in general practice services;
- NHS England will continue to develop the national GMS contract framework so that it provides equitable funding for the essential services that all general practices should be expected to provide and helps drive continuous improvements in quality of care and value for money; and
- NHS England will continue to develop the Quality and Outcomes Framework with a stronger focus on outcomes rather than processes of care and a continued push to remove unnecessary bureaucracy.

6. Managing the provider landscape

- NHS England will work to ensure that all general practices meet essential requirements, responding effectively to unacceptably low quality of care, and enabling new providers to offer their services to the public.

7. Workforce, premises and IT

- NHS England will work with national and local partners to develop the general practice workforce, in particular addressing four key challenges:
 - the short-term pressures that many general practices are facing in recruiting and retaining GPs and practice nurses;
 - improving recruitment to some elements of the community health workforce, particularly district nursing;
 - long-standing inequalities in numbers of GPs and practice nurses per head of population; and
 - developing a fresh approach to how we plan and train the future community workforce to support more proactive, coordinated and accessible care.
- NHS England are working with Health Education England (HEE) and other partners to determine how they can best support these workforce improvements. Our current focus is on working with CCGs to ensure that HEE and Local Education and Training Boards have a sufficiently clear view of future service plans to be able to translate these into longer-term plans for growing the primary care workforce;
- NHS England will promote improvements in primary care premises by working with CCGs, Health and Wellbeing Boards and other local partners to ensure that joint strategic plans for developing primary

care and wider community-based services identify where premises developments are needed to support these strategic plans and how the capital and revenue consequences of these premises developments is going to be met. NHS England will also work with CCGs to support them and providers in making more rational use of existing community-based estates.

- In order to sustain improvements in information technology services, in the summer of 2014 NHS England will publish a revised operating model called *Securing Excellence in General Practice Information Technology* which will provide a strategic direction for the development of general practice IT systems and set technology standards.

If you have any queries on this PSNC Briefing or you require more information, please contact [Alastair Buxton, Head of NHS Services](#).