

Appendix to GP Sustainability Report to HOSC

1. Longer Term - Caring Together

The joint strategy for transforming health and social care in Brighton and Hove is Caring Together. This has six Care Programmes as follows:

- Planned Care
- Medicines Management
- Mental Health/Children/Maternity
- Prevention/Community Services
- Primary/Urgent Care Access

These are supported by enabling programmes that include:

- Estates
- IT
- Workforce

Each of these Care Programmes is now developing its plans for the next 3-5 years.

Primary care is, in many ways, a cross cutting theme that underpins all of the Care Programmes to some degree and is supported, in its turn, by the Enabling Programmes.

A first cut primary care strategy for Caring Together is due to be developed during quarter 3. The strategy will develop key themes, including:

- creation of primary care at scale, to improve resilience and economies of scale
- integration across community based services (primary, community, mental health and social care)
- streamlining of care pathways across the whole system to improve both patient experience and value for money

2. Shorter Term – Stability and Resilience

However, in the shorter term, the CCG's approach is to bring greater stability and resilience to primary care, to provide a strong foundation for the strategic/transformational work under Caring Together.

This work can be summarised as follows:

2.1 - Identifying vulnerable practices

A tool is being developed that brings together the different sources of data we hold for

Practices. This is aimed at enabling the CCG to identify those practices that are vulnerable or could become vulnerable. The underpinning approach is to be supportive

of practices in this situation and to understand the root causes of the vulnerability.

2.2 - A Practice Support Toolkit

This brings together the interventions at the CCG's disposal that can be brought to bear

on vulnerable practices. These include:

- Recruitment (see also section on Workforce below)
- Demand and Capacity planning, to match work flow through the practice to available skills and staffing resources
- Training in internal efficiency, streamlining internal systems (for example, using the Productive General Practice programme, which is being implemented across our practices currently)
- Clinical skills training
- Non clinical skills training
- Working "at scale" across the local cluster of practices
- Finance, ensuring that the practice is maximising its NHS income
- Advice on use of premises (see section on Estates below)
- Medicines Management
- Informatics
- In some instances, a financial support package, aimed at enabling the practice to become sustainable in the longer term.

2.3 - Commissioning Additional Capacity

A telephone-led consultation service has been commissioned, with a view to reducing

the operational pressure on our most pressured practices (which are concentrated in the city centre and the east of the city).

Subject to evaluation, the model could be replicated across all practices if it succeeds in

providing additional capacity and reducing avoidable dependence on other NHS resources (e.g. A&E).

2.4 - Workforce Plan

A first cut plan on primary care workforce will be developed by the end of quarter 2. This

will describe and analyse the current situation and the opportunities to address the challenges in the short to medium term. In the longer term, this work will be picked up

by the Caring Together Workforce Enabling Programme.

2.5 - Estates Plan

A first cut plan on estates will also be developed by the end of quarter 2. This will begin

to set out our current use of the primary care estate and a framework for using estates

to facilitate the strategic change that is needed to deliver Caring Together. Again, over

time, this will be taken over by the relevant Caring Together Enabling Programme.

3. Practice specific issues

3.1 - Ridgeway

The practice approached the CCG at the end of May and informed us that they were terminating their contract to provide services to patients as of 31.10.17. They are entitled to do this under the national GP contract regulations. They also indicated that

the premises (which they own) would not be available to the NHS after this time.

In response to this situation, the CCG has analysed the different options available, which can be summarised thus:

- Reprocure a contract to serve the existing population; or
- Disperse the patients currently registered at the practice.

After due consideration and engagement with local patients, the decision was taken by

the CCG's Primary Care Commissioning Committee to disperse the patient list, because

a procurement of a new service for 2,200 patient would run counter to the strategic objective of achieving primary care at scale (see above).

The CCG is currently working with the practices that will be most affected by this change, to ensure that they are as prepared as possible to receive an influx of new patients.

3.2 - Ardingly Court

When The Practice Group gave notice to withdraw from its contract in Brighton and Hove to provide 5 practices, one of the practices concerned was taken on by the Ardingly Court practice – a well established and respected practice based in the city centre. The practice effectively doubled in size and started working across two sites, rather than its original single site.

Since that time, the operational pressures on the practice have increased considerably

and, earlier in the year, the practice approached the CCG with a request to split the practice into two. The CCG has agreed this, on the basis that it creates the opportunity

to achieve:

- One practice in the Whitehawk area of the city, focussed on the needs of that population and working to integrate their primary care services with the other services in the same building and locality
- A second practice in the city centre, focussing on the distinctive needs of the city centre population, and moving into the new Palace Place premises in the autumn of next year.

However, in order to achieve this under NHS primary care and procurement regulations, it is necessary to procure a new practice for the Whitehawk area on the open market and the Primary Care Commissioning Committee has agreed to this procurement moving ahead as of early September. The existing partners of the practice are fully appraised of the situation and all of the doctors and nurses

currently working in the practice have stated their intention to remain working at one or other of the practices in the future.

Patients will be engaged in the procurement process, which will be completed for the new practice to begin providing services as of 01.04.18.