Tower Hamlets Clinical Commissioning Group

# **Primary Care in Tower Hamlets**

# Health Scrutiny Panel – Wednesday 17<sup>th</sup> February

Jane Milligan, Chief Officer Isabel Hodkinson, GP Board Member Jenny Cooke, Deputy Director of Primary Care

- 1. Primary Care 'Co-Commissioning': what does this mean for Tower Hamlets?
- 2. Current challenges facing Primary Care
- 3. Local programmes of work in Primary Care:
  - Resilience
  - Re-design
- 4. Prime Minister's Access Fund : Improving access locally
- 5. Estates

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# **Primary Care Co-Commissioning**

- In February 2015 Tower Hamlets CCG successfully applied to take on fully delegated responsibility for the commissioning of primary medical services in the borough.
- Since April 2015, Tower Hamlets CCG has assumed responsibility for the commissioning, procurement, management and monitoring of primary medical services contracts, with the on-going support of NHS England
- A Primary Care Committee has been established to over-see the delegated functions and manage conflicts of interest
- Co-commissioning has the opportunity to lead to greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services. It has enabled the development of a more collaborative approach to designing local solutions for workforce, premises and information management and technology challenges.



# Challenges

- The population is growing rapidly, inequalities remain significant, and the national agenda is that access to routine services is increased while more and more care moves from the acute, hospital setting to the community.
- Patient experience remains a challenge, with large variation in access and quality across the borough. Patient expectations are changing, particularly in areas of high population growth.
- Additionally. there is a need for care (both health and social care provision) to become better integrated: coordinated and person-centred.
- There is a workforce deficit with nursing recruitment problems, GPs approaching retirement, decreased financing as deprivation is removed from the allocation formula, and estates that are not fit for purpose.
- Financial challenges remain prevalent, with practices set to lose income through national contract changes
- In a recent survey of local GPs, 86% of respondents told us they believed primary care needed to change to meet future demands. Whilst there was strong support for the independent contractor status of GPs, only 8% of salaried respondents said they were considering a partnership.

## Our Response...

#### **Workstream 1 – Building Resilience in General Practice**

This programme of work recognises the significant challenges facing primary care today and is providing immediate support to practices. Using established quality improvement methodologies, a small team will spend time with practices, immersing themselves in day to day practice operations, collecting data and interviewing staff.

The support will be tailored to the individual requirements of each practice and will be driven by the priorities identified during practice visits. The aim is help to practices to identify key areas of process that can be improved upon and support practices to embed these new ways of working.

The programme is running a pilot with four practices and is in discussion with one network about how this support could be adapted at larger scale.

The programme is being very well received by staff and clinicians and after the pilot phase the aim will be scale this programme up across other interested practices across Tower Hamlets from March onwards.

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#### **Workstream 2: Primary Care Transformation**

- Transforming Primary Care into a service that is sustainable, high quality and future proofed is a key priority area for the CCG.
- We are looking to segment our population segmentation to ensure patients are offered a more tailored model of care. This will include further developing our integrated care model for the most complex patients, and developing both accessible and preventive care to those in better health.
- We will support practices and networks to work more closely together and to build on the concept of 'locality hubs' as a way to provide extend hours services and a more comprehensive out of hospital provision
- A multi-disciplinary Primary Care Reference Group has been established to help oversee this
  process. The group is made of a range of professionals across Tower Hamlets, including a pharmacist,
  practice managers, GPs, mental health, voluntary sector, public health and a patient leader.
- Alongside this we have established a Patient Reference Group to help us shape the wider patient engagement and to draw on the expertise of Healthwatch and other patient leaders and community organisations

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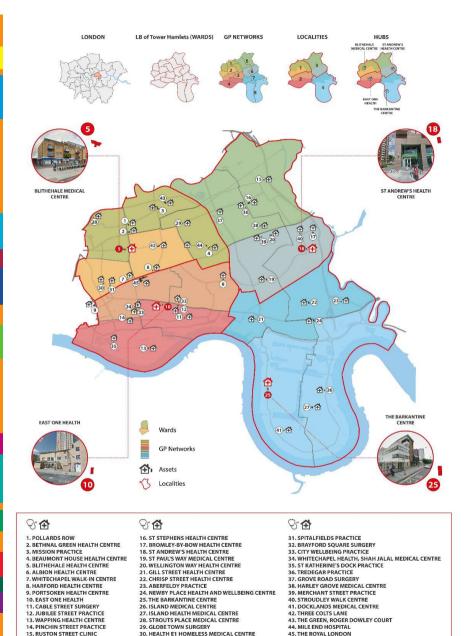
## **Prime Minister's Access Fund in Tower Hamlets**

The Vision: For 8-8 access, 7 days a week to urgent and routine primary care for all Tower Hamlets registered patients, which is supported by a range of measures to build the overall resilience of communities and their local health care system



#### Service user feedback:

"Just a line to say 'thanks' to the Hub for prompt care. I went to my surgery, and was offered an appointment at the Hub clinic, at a time comfortable to me. Meaning I did not have to take time off work! Bliss."



## **Estates**

- The CCG produced a local estates strategy in December, setting out a high level view of the local estates strategy
- The section106 funding was approved in January and the CCG are working with practices to mobilise plans
- A number of other developments are planned including new general practice sites at Wood Wharf, Goodman's Fields, Wellington Way and William Cotton Place.

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