

MUNICIPAL YEAR 2014/2015

MEETING TITLE AND DATE
Health and Wellbeing Board
11 December 2014

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NHS Enfield CCG
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Agenda - Part: 1	Item: 6c
Subject: Primary Care Strategy for Enfield	
Wards: All	
Cabinet Member consulted:	
Approved by:	

1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on work to date to implement the Primary Care Strategy across the borough of Enfield.

The Primary Care Strategy project team reports jointly to the CCG Primary Care Strategy Implementation Board and the Health and Wellbeing Board.

2. RECOMMENDATIONS

The Enfield Health and Wellbeing Board is asked to note the contents of this report.

3. BACKGROUND

The Prevention and Primary Care Strategy (PCS) is one of six major programmes that support the transformation of healthcare in Enfield. Its aim has been to improve access to primary care services, improve patient experience and reduce variation in care for the population of Enfield.

2014/15 is currently anticipated to be the third and final year of the Strategy and as such will look to consolidate the successes of the first two years to ensure on-going sustainability. The main areas of have been:

- Integration
- Enhancing and improving health outcomes, access, patient experience and quality.

However, there have been a number of strategic developments published recently that will have significant impact on the direction of travel for primary care in the months and years to come.

4.0 Strategic Developments

4.1 NHS Five Year Forward View

The NHS Five Year Forward View was published on 23rd October 2014 and sets out a vision for the future of the NHS.

It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Everyone will need to play their part – system leaders, NHS staff, patients and the public – to realise the potential benefits for us all. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.

The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. It defines the framework for further detailed planning about how the NHS needs to evolve over the next five years.

4.2 Better Health for London

This London Health Commission report published on 15th October 2014, provides a set of ambitions and recommendations for London comprising aspirations for it to become the world's healthiest major global city - it is currently seventh behind Hong Kong, Tokyo, Singapore, Madrid, Paris and Sydney.

The report contains sixty-four recommendations grouped into five key themes:

1. Better health for all
2. Better health for London's children
3. Better care
4. Maximizing science, discovery and innovation to enhanced economic growth
5. Making it happen

All the bodies named in this report are asked to respond by the end of November, following which it is recommended that the Mayor convene and personally chair a group to prepare a unified delivery plan. It is anticipated

that this group would then continue to oversee progress in the implementation of the recommendations in this report.

4.3 Primary Care Commissioning Strategic Framework

NHS England's (London Area Team) Primary Care Transformation Board was established in April 2014 to develop joined up thinking on primary care commissioning strategies across London and to look at the implications of the draft GP Development Standards as a potential catalyst for change to support local primary care strategies.

To date, the work has included the oversight of a series of pre-engagement activities through focus groups, patient charities, a clinical challenge panel, feedback from Londonwide LMCs and contributions from academic and educational organisations.

As a result of pre-engagement, it was acknowledged that the term 'GP Development Standards' was not the best description of the three areas of **Accessible** care, **Co-Ordinated** care and **Proactive** care which most resonated with those involved in the pre-engagement phase. The three areas are seen as a specification within a strategic commissioning framework which describes the service offer that patients could expect in the future across London. It acknowledges that implementation plans will need to be locally developed to meet the needs of different populations. It is anticipated that working to this specification will relieve pressure and enable general practice to deliver improvements in care.

The Primary Care Strategic Commissioning Framework will be reviewed for the final time in October in preparation for wider engagement from 26th November 2014 to include a vision for primary care in the future, specification of the service offer in the three areas and a summary of the findings of the following enabling workstreams:

- Workforce implications
- Financial implications
- Technology enablement
- Monitoring and evaluation
- Commissioning development
- Potential models of care and GP Provision.

4.4 Next Steps for Co-Commissioning of Primary Care Services

On 10th November 2014, NHS England published guidance which:

- clarifies the parameters of each of the three co-commissioning models: i.e. greater involvement, joint commissioning arrangements and delegated commissioning arrangements,
- describes the opportunity to design a local incentive scheme, as an alternative to QOF or DES'
- gives CCGs the opportunity to choose afresh the co-commissioning model they wish to assume; and

- describes arrangements for implementation, including governance, managing conflicts of interest, the approvals process and ongoing assurance.

The NCL Primary Care Leads Planning Group met for the first time on 12th November 2014 to oversee and provide strategic direction to the delivery of this work programme and the rollout of the Primary Care Commissioning Strategic Framework.

Process and timeline:

CCG and NHS England London Area Team work together to further develop delegated commissioning proposals	12 th November to January 2015
Formal launch of Primary Care Commissioning Strategic Framework	26 th November 2014
Engagement with London Borough of Enfield on Primary Care Commissioning Strategic Framework and co-commissioning submission	December 2014 → January 2015
Review of NCL co-commissioning submission by NCL Clinical Commissioning Committee	January 2015
Submission of proposal for joint arrangements and constitutional amendment	30 th January 2015
Regional moderation panel review of proposals and recommendations for approval made NHS England Clinical Commissioning Committee approves proposals	February 2015
Subject to approval, NHS England's finance directorate arrange the transfer of delegated budgets and CCG's informed of the outcome of their constitutional amendment request	March 2015
Arrangements implemented in full locally	From 1 st April 2015

Once proposals are approved, CCGs will need to set out their plans, as per the 2015/16 planning guidance to be published in December 2014, to be implemented from 1st April 2015.

5. SERVICE DEVELOPMENTS

5.1 Diabetes

From 1st December 2014, GP Practices located within South East locality will pilot an integrated diabetes primary care initiative over a six month period. The service aims to deliver additional resources to practices working within the South East locality to provide high quality, patient-focused care to patients with Type 2

diabetes and to ensure that patients receive the same, high standard of care regardless of the Enfield practice from which they seek care.

The practices are to be commissioned to:

- Undertake personalised care planning for newly diagnosed patients and patient with complex care management needs; and
- To work collaboratively within a multidisciplinary approach to ensure patients with complex care needs received specialised and personalised care packages.

The three key broad outcomes proposed are:

- To see an improvement of HbA1C levels across the South East locality
- To see an increased uptake rate on care planning across South East locality

Practices will be supported by the Enfield Community Diabetes Service and local Consultant Diabetologist(s) through shared learning and mentoring arrangements at a practice level. We believe this commissioned service will offer opportunities for practices to work collegiately on the delivery of diabetes scheme.

5.2 Enhancing Cardiology

From 1st December 2014, GP Practices located in the South East will be commissioned to deliver a pilot service in enhancing cardiology in primary care.

The service is in two parts. The first part is to conduct a retrospective audit to ascertain causes at individual and population level for acute cardiovascular events in Enfield. This will inform the development of network based Cardio Vascular Disease (CVD) care packages in Enfield for 2015/16.

The second part is to focus on piloting a primary care Atrial Fibrillation (AF) service which will work across the health system to promote a systematic approach to reducing the incidence of stroke in Enfield. The approach would be to build systems and capacity to address the major risk factors for stroke.

The enhancing cardiology in primary care project has been funded by Enfield Public Health and Enfield CCG and forms part of a wider review of cardiology within Enfield and its objectives are:

- To integrate a clinical decision support tool into each Enfield GP practice.
- To improve QoF AF prevalence rates, and achieve QoF targets, by integrating alerts and standard data entry templates in all primary care systems in Enfield.
- To promote opportunistic screening initiatives in GP practices to identify and target Enfield-specific at risk populations for AF screening.
- To provide all GPs with best practice information on the management of AF and appropriate local anti-coagulation pathways.

To deliver:

- Improved clinical management of patients with AF
- Reduced incidence of stroke
- Reduction in treatment costs for stroke
- Adherence to knowledge based best practice clinical guidance

6. REASONS FOR RECOMMENDATIONS

To update the Health and Well Being Board of the opportunities for strategic development of primary care in Enfield and two specific areas of service development to be piloted in order to enhance and improve health outcomes.

7. CONCLUSION

This report provides an update on progress of the Primary Care and Prevention programme.