MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE Health and Wellbeing Board 10 December 2015

Report of: Dr Mo Abedi, Chair

NHS Enfield CCG

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Agenda - Part: 1	Item: 10c
Subject: Primary Care Update	
Wards: All	
Cabinet Member consulted:	
Approved by:	

1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on Primary Care matters across the borough of Enfield, in particular:

- Update on joint commissioning of GP services arrangements with NHS England with effect from 1st October 2015;
- Development of a strategic estates plan
- Update on the additional capacity being provided by two Primary Care Urgent Access hubs on a pilot basis until 31st March 2016
- Progress of Vision migration to EMIS Web
- Development of a primary care transformation framework and patient offer for Enfield

2. RECOMMENDATIONS

The Enfield Health and Wellbeing Board is asked to note the contents of this report and comment on the patient offer and Local Authority deliverables reflected in the patient offer.

3. CO-COMMISSIONING OF PRIMARY CARE SERVICES

From 1st October 2015, Clinical Commissioning Groups (CCGs) in north central London (Barnet, Camden, Enfield, Haringey and Islington) formally took on shared responsibility for commissioning GP services, in partnership with NHS England, bringing a local approach to this area of health care commissioning. These arrangements do not affect commissioning of primary care dental, ophthalmic and community pharmacy services. The NCL CCGs will continue to work with local patient groups, GP practices, HealthWatch and Health and Wellbeing Boards, to buy and plan the best possible GP services for the local population and believe that this approach will allow us to do more in areas like developing the

primary care workforce, and take advantage of our understanding of the needs of our local populations to better join up services.

Nationally, the move to allow CCGs to take on greater commissioning responsibility for GP services follows plans set out by NHS England Chief Executive Simon Stevens in 2014 aimed at giving patients, communities and clinicians more scope in deciding how local services are developed. NHS England will continue to hold responsibility for contracting GP practices, and for areas of commissioning including performance monitoring.

Co-commissioning arrangements are overseen by the NCL Primary Care Joint Committee which met for the first time, in public, on 5th November 2015. At the meeting:

- Terms of Reference, Standing Orders, Conflicts of Interest policy, Governance Structure and Co-Commissioning Operating Model were approved;
- Primary care co-commissioning performance report was reviewed
- Month 6 finance report received and discussed.
- Correspondence from NHS England regarding applying for full delegation of primary care services by 6th November 2015 was discussed. It was agreed that NCL wished to see current joint arrangements established before considering full delegation.

The next meeting in public is scheduled to take place on Tuesday 19th January 2016 3-4.30 pm at St Pancras Hospital Conference Suite, 4 St Pancras Way, London NW1 0PE.

4. PRIMARY CARE ESTATES

In June 2015, the Department of Health published 'Local Estates Strategies – a framework for commissioners'. This places an obligation on CCGs to develop a local estates strategy in collaboration with a wide range of local stakeholders by the end of December 2015. The development of a strategic estates plan is being overseen by a Local Estates Forum and will inform the completion of a NCL estates plan by 31st March 2016.

5. ENFIELD PRIMARY CARE TRANSFORMATION PROGRAMME 2015/16

Primary Care Urgent Access Pilot

As planned, two primary care access hubs were established as a pilot on 1st October 2015 for the six months to 31st March 2016 on weekday evenings and Saturdays.

- Since 1 October 2015 to 12 November 2015, 1,229 patients have been seen at the hubs;
- Patients from 50% of practices not signed up are accessing the service via 111
- 476 patients have completed a survey of their experience

- 38% of patients said they would have gone to their own GP Practice if they had not used the service
- 27% of patients said they would have gone to A&E if they had not used the service
- 89% patients rated their experience of the service as positive
- 80% of patients surveyed said they were very likely/likely to recommend the service.

Vision Migration to EMIS Web

Phase 1 of migration of GP practices from Vision to EMIS Web to deliver IT inter-operability between practices across Enfield will be completed on 9th December 2015. At this point, 94% of Enfield's patient population will be covered by EMIS Web. A further phase of migrations will commence in April 2016 increasing this coverage to 97%. This will also facilitate NCL and London Borough of Enfield's implementation of a digital care record.

Transforming Primary Care in Enfield

Since September 2015 the CCG has been developing a primary care transformation framework (Appendix 1) and patient offer (Appendix 2) with its member practices for wider consultation and implementation in early 2016. The framework focusses on the four priority areas of:

- Primary care development
- Network development
- Locality commissioning
- Joint Co-commissioning

In addition to developing the transformation framework, an online survey was undertaken to provide GP practices in north central London with the opportunity to share their views about how effectively they feel they are currently able to offer coordinated care to patients, supporting them to be proactive about their own health and wellbeing, and offering them care that is accessible – the patient offer described in Transforming Primary Care in London.

The survey, ran from 21st October to 17th November 2015 and will provide Enfield and NCL with a picture of where we are doing well, clarify what is particularly challenging and may need collective problem solving. It will also help to inform future investment priorities over the next three to four years.

The information gathered through this survey will be used to inform service planning and benchmarking for NCL and not as part of any performance reviews. At the Local Medical Committee's request, the data will be collated and held by NEL CSU and CCGs will only receive anonymised data at locality level, i.e. CCGs will not be able to identify individual practices.

4. **CONCLUSION**

This report provides an update on Primary Care matters in Enfield.