Joint Co-Commissioning Meeting

Agenda Item: 10
Date of Meeting: 17 March 2016
Author: Nina Tilton Primary Care Development Manager
Clinical Lead: Dr Mary Backhouse
CCG/NHSE Director/Manager: Debbie Campbell, Deputy Director Quality

Primary Care Strategy

Recommendations (endorse, approve, receive, discuss, note, ratify, consider)

The Joint Commissioning Committee is asked to:

- Note the draft primary care strategy and the work done to date;
- Provide feedback on the strategy;
- Note the proposed timeframes for stakeholder engagement.

Summary of Purpose of Report

This paper is to share with JCC the emerging North Somerset Primary Care Strategy and to invite feedback which will help to refine it further.

Organisational responsibility and casting vote implications

NHS England ☐ NSCCG ☐ Not Applicable ☒

Report

Background

In July 2013 NHS England published ‘the NHS Belongs to the People: A Call to Action’ to mark the 65th anniversary of the NHS. The document described why the health service needed to change in order to meet future health needs and restore its economic sustainability. It was one of the background documents to the development of the CCG’s five year strategy and two year operational plans. It laid out a number of challenges which still remain relevant today:

- An aging society
- Increasing expectations
- The rise of long-term conditions
- Increased costs of providing care
- Limited scope for productivity gains
- Constrained public resources

If you require this document in an alternative format please telephone 01275 546717
The NHS Five Year Forward View was published in October 2014 and set a clear direction for the NHS – showing why change is needed and what it will look like. The document talks about the need for radical changes in the country’s lifestyles and the way services are provided. It also makes a case for a funding boost without which the NHS could be overwhelmed by demand. The changes can be summarised as follows:

- A radical upgrade in prevention and public health including hard-hitting national action on obesity, smoking and alcohol.
- When people do need health services, patients will gain far greater control of their own care.
- The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.
- England is too diverse for a ‘one size fits all’ but the answer is not to let a ‘thousand flowers bloom’. Local health communities to choose and be resourced to implement the radical new care delivery options that best suit its patients’ needs e.g.
  - Multispecialty Community Provider (MCP) GPs to combine with nurses, other community health services, hospital specialists and mental health and social care to create integrated out-of-hospital care
  - Primary and Acute Care Systems (PACS) - Combining general practice and hospital services.
  - Urgent and emergency services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services.
  - NHS will provide more support of frail older people living in care homes.
  - The foundation of NHS care will remain list-based primary care. Over the next five years the NHS will invest more money in primary care, while stabilising core funding for general practice nationally over the next two years.
  - Meaningful NHS local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied.

In April 2013 responsibility for Primary Care commissioning was transferred from PCTs to NHS England. Since then there has been a realisation that CCGs are better placed to deliver the level of transformation required and starting in April 2015 CCGs were given the opportunity to apply for joint or delegated commissioning rights. The direction of travel is likely to be towards greater or full delegation of primary care commissioning in the next couple of years.

Sustainable primary care will be the crucial foundation if the NHS is to achieve the radical transformation that is envisaged. However we know that at the moment primary care nationally and locally is struggling to cope with a considerable increase in workload, rising demand and patient expectation, a lack of investment in primary care and problems in recruiting and retaining good quality clinical staff.

Overview
The draft strategy is attached as appendix 2. It is incomplete and is work in progress.

The strategy is built around a vision or aspiration to

“build a sustainable, thriving primary care which is the heart of a wider health and social care system delivering high quality, proactive and integrated care centred around the patient”.

It builds on the theme of our September 2015 GP forum and subsequent discussions with our clinical leadership team and at the GP and Provider forums.

The strategy reflects North Somerset CCG’s previously published commissioning intentions and the Strategic Plan 2014-2019 and builds on the new opportunities provided by primary care joint commissioning.

Although this strategy is strongly focused on the role of general practice in primary care, its successful implementation will require the support not only of practices and other independent contractors, but also of others involved in the delivery of primary and community care including, nurses, therapists, hospital clinicians and staff and the voluntary sector. It is presented as a foundation for wider system reform recognising that general practice is at the heart of the health system.

There is now a significant momentum for change amongst the CCG membership. GPs acknowledge that general practice is needs to change and that it is best placed to deliver “wrapped around”, patient centred care which is as accessible and as close to home as possible. In addition practice managers are particularly keen to drive forward work on the work-streams and actions that will deliver the transformational change.

CCLG saw an early draft in January and GP and practice managers also had an initial opportunity to comment in the January GP Forum. Feedback from both groups is reflected in the current draft. It is intended that the final version of the strategy will be a briefer document which will be signed off by end of April 2016 through the following process:

<table>
<thead>
<tr>
<th>March</th>
<th>Draft 3 to GP Forum and JCC</th>
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<tr>
<td>March/April</td>
<td>Draft to stakeholders</td>
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<tr>
<td>April</td>
<td>Final version signed off at CCLG</td>
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Summary

JCC is asked discuss refinements or modifications to the work in progress.

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**Financial Impact and Risks**

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Whilst there is not any direct financial impact and risk associated the development of the strategy in itself, it is acknowledged that financing of primary care will remain challenging in the current economic environment and that primary care can only take on work from secondary care if appropriate funding also follows.

However, the development of a credible primary care strategy may increase the chance of our practices successfully bidding for funding through various initiatives such as the NHS Primary Care Development Fund which are aimed at helping practices to deliver transformational change.

Legal Impact

There are no legal implications anticipated in relation to this report.

The following risks have been identified:

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<th>Risk</th>
<th>Mitigating Actions</th>
<th>Score (PxS=S)</th>
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<tr>
<td>Not all practices may be capable of achieving change.</td>
<td>• Development and maintenance of NHSE vulnerable practice listings</td>
<td>9</td>
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<tr>
<td>Future NHS/Provider funding may be targeted at practices capable of working 'at scale'</td>
<td>• CCG continuing to facilitate dialogue on collaborative working</td>
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Consultation, Involvement and Engagement

The draft document builds on discussions amongst clinical leaders and at GP and Provider Forums. All groups have provided constructive feedback which is being assimilated and where appropriate this will be included in the next version.

Stakeholder feedback from our recent events will be reflected in the next version of the strategy.

In addition engagement on the Primary Care Strategy will be sought from the following in February/March:

- North Somerset Council
- NSC Primary Care Lead
- NHSE local team
- WGH
- NBT
- UHBT
- NSCP
- BrisDoc
- CCG Commissioning teams
- AWP
Joint Co-Commissioning Meeting

- SWAST
- Practice Managers
- Membership
- Patient groups

Monthly Provider Forums
Monthly GP Forums
PPGs via Practices

Equality Impact
No health inequalities issues arise as a result of this report, and there is no impact upon people with protected characteristics.

Evidence and Research
Not applicable.

Appendices

Appendix 1 – Draft Primary Care Strategy

Glossary
NORTH SOMERSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE STRATEGY (DRAFT)
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Our local population and health inequalities
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Our key imperatives for transforming primary care
Realising the transformation
Enabling the transformation
Local strategic priorities:
  Gordano
  Rurals
  Weston
  Worle

Appendices:
  Appendix 1 – our local population and health inequalities
FORWARD BY MARY BACKHOUSE, CHIEF CLINICAL OFFICER, NORTH SOMERSET CLINICAL COMMISSIONING GROUP
Executive Summary (note this replicates some of the main content but is designed to summarise the report and be read alone for those not wishing to read the entire report)

Our vision for primary care is to build a sustainable, thriving primary care which is the heart of a wider health and social care system delivering high quality, proactive and integrated care centred around the patient

Our key challenges

Demographic and Social - A rapidly growing and increasingly elderly population with higher co-morbidities and increasingly complex care requirements. Areas of extreme deprivation and a widening inequality gap resulting in health inequalities across the area. Unsustainable demand on access and capacity avoidable use of hospital services. Weston Airfield and plans for other housing developments.

Primary Care Quality - Access to, the capacity of and quality is variable and early diagnosis and/or interventions differ.

External Pressures - NHS and social care budgets under increasing pressure. Cuts in public health and local authority spending. A national ambition for 7 day access to primary care. Changes to the community pharmacy model. Nursing homes are reclassifying as residential homes but still have highly complex patients.

Organisation and infrastructure - Primary care services do not provide a seamless experience for patients, partly because they are not sufficiently integrated. Estate is variable in quality, lacks flexibility and, is not being fully utilised. The current clinical model is not always flexible enough to adapt services for the most vulnerable in our community. The current small business model of GP practices is not flexible or resilient enough to respond quickly to pressures or changes in the healthcare system. Reluctance in some providers to exploit technology fully to deliver access to healthcare in more immediate, user friendly and interactive ways.

Financial - Demands on health services are increasing but no new investment is available. Pressures are growing on the prescribing budget through the cost of existing and new drugs and increasing co-morbidities. Primary care is expected to do more but the money for doing so does not always follow the patient.

Workforce - The GP practice workforce is overloaded and recruitment and retention of GPs, nurses and other key health professionals is an issue. The number of GPs interested in being partners is falling. Current workload pressures inhibit the capacity for practices to think creatively about change.

Our Key Strengths and Opportunities:

Engagement and leadership - Good levels of engagement in clinically led commissioning from GPs. A mature clinical leader team delivering strong leadership. Enthusiastic practice support for trialling initiatives via One Care Consortium. Practices are embracing the concept of locality working and collaborating to deliver services across a wider footprint and bid for public health contracts. A strong tradition of public and patient engagement.

Quality - A tradition of providing high quality primary care e.g national benchmarking? Overall good patient feedback on satisfaction with primary care (Check Stats). The capability for general practice to deliver all important continuity of care.

External - A clear strategic direction in the Five Year Forward View. A more permissive approach to innovation through projects such as Vanguard sites. The Better Care Fund will facilitate the NHS and local government to work in a more integrated way. Weston Airfield development gives local
practices the opportunity to respond innovatively. A national focus on patient education and self-management. Opportunities to re-model the workforce to include other healthcare professionals.

**Organisational, contractual and commissioning** Joint commissioning with NHS England and the opportunity to work closely with local CCGs through the development of joint sustainable transformation plans (STPs) to build a common approach to primary care. Re-procurement of the two North Somerset APMS GP practice contracts. Four localities group practices together geographically giving the opportunity for practices to collaborate. Plans to develop recommendations for a new sustainable service model for the Weston site and North Somerset.

**Finance** - The opportunity to bid for transformational funding via initiatives such as the Primary Care Transformation Fund (PCTF) and access to central support for those practices that are deemed to be ‘vulnerable’. Access to Prime Minister’s Challenge Fund monies through One Care Consortium.

**IT and estates** - A common clinical IT platform (EMIS Web) in use by practices and our community services provider, allowing other providers to access patient records via Connecting Care. The development of the CCG strategic estates plan will help to prioritise investment in estate in line with the CCG’s strategic objectives.

*Primary Care of the future will have at its heart active collaboration between healthcare professionals and the people they care for. This patient-focused, multispecialty, approach will require collaboration between professionals and strong team working, both within and across organisational boundaries to ensure that personalised and continuity of care is provided to patients and the need to be seen in secondary care settings is reduced.*

*Primary care providers will work at scale¹, ensuring consistent, resilient, high quality care with all patients having access to a range of core services but allowing the flexibility to develop services that meet the specific needs of their population.*

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**Our key imperatives for transforming primary care:**

| Quality and Equity | Ensuring consistent quality and performance and reducing inequalities and unwarranted variation in primary care; |
| Accessible         | Improving access to primary care including seven day working; |
| At Scale           | Supporting and encouraging increased collaboration to deliver economies of scale, enhanced service provision and sustainable primary care; |
| Workload           | Reducing the administrative burden and managing workload; |
| Sustainable        | Supporting the evolution and development of new ways of working including a multi-disciplinary workforce; |
| Local service      | Developing a locality based service which delivers care tailored to local need with closer integration of services to provide care in the community; |
| Infrastructure     | Development and maximisation of appropriate Primary Care infrastructure – IT and premises. Facilitating organisational development in general practice to move towards new models of provision; |
| Affordable         | Delivering solutions that are affordable and sustainable for the healthcare system, proactively managing the most vulnerable population and engaging with population groups over self-care and or changes to services; |
| Proactive          | A focus on the prevention of ill-health, well-being and supporting people to self-manage. |

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¹ The term ‘at scale’ is used in many national documents. It is not intended to imply forced mergers but to describe locality or clusters of practices that have the ability to work together across a larger footprint of delivery and obtain economies of scale and increased sustainability through collaboration.
Introduction

Our vision for primary care is to build a sustainable, thriving primary care which is the heart of a wider health and social care system delivering high quality, proactive and integrated care centred around the patient

This vision builds on the theme of our September 2015 GP Forum meeting. Since then, discussion and debate has continued and this document draws on discussions held amongst our clinical leadership team and at our monthly GP membership forums; discussions which continued, led by GPs and practice managers, in practices and localities.

It reflects the ambitions of the previously published commissioning intentions and North Somerset CCG’s Strategic Plan 2014-2019 and builds on the new opportunities provided by primary care joint commissioning with NHS England. It also incorporates public and stakeholder feedback from recent stakeholder events.

Although it is strongly focused on the role of general practice in primary care, the successful implementation of the strategy will require the support not only of practices and other independent contractors, but also of others involved in the delivery of primary and community care including, nurses, therapists, hospital clinicians and staff and the voluntary sector. It is presented as a foundation for wider system reform recognising that general practice is the heart of the health system.

Since it was formed in 2013, the CCG has focused on transformation and has created a significant momentum for change through membership engagement. GPs acknowledge that general practice can be at the heart of system reform and is best placed to deliver care coordination, provide preventative advice and support, handle complex case management and manage effective and equitable utilisation of medicines and referrals for the system.

It is through harnessing the potential of these people working together and ensuring that primary and community care is offered as part of a whole system network that the CCG aim for wrapped around, patient-centred care which is as accessible and as close to home as possible will become a reality.

Acknowledgements: The CCG would like to acknowledge the support and engagement of our clinical leaders, GP membership and practice managers in the development of this primary care strategy.

Note: Include reference to BNSSG plans and the opportunity to work over a larger footprint see Debbie’s email 16.2.16.
The National Context

A number of national initiatives and directives have given the NHS a clear strategic direction.

The Five Year Forward View (FYFV)

In July 2013 NHS England published ‘the NHS Belongs to the People: A Call to Action’ https://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belong.pdf to mark the 65th anniversary of the NHS. The document described why the health service needed to change in order to meet future health needs and restore its economic sustainability. It was one of the background documents to the development of the CCG’s five year strategy and two year operational plans. It laid out a number of challenges which still remain relevant today:

- An aging society
- Increasing expectations
- The rise of long-term conditions
- Increased costs of providing care
- Limited scope for productivity gains
- Constrained public resources

The NHS Five Year Forward View https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf was published in October 2014 and set a clear direction for the NHS – showing why change is needed and what it will look like. The document talks about the need for radical changes in the country’s lifestyles and the way services are provided. It also makes a case for a funding boost without which the NHS could be overwhelmed by demand:

- A radical upgrade in prevention and public health including hard-hitting national action on obesity, smoking and alcohol.
- When people do need health services, patients will gain far greater control of their own care.
- The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.
- England is too diverse for a ‘one size fits all’ but the answer is not to let a ‘thousand flowers bloom’. Local health communities to choose and be resourced to implement the radical new care delivery options that best suit its patients’ needs e.g. **Multispecialty Community Provider (MCP)** GPs to combine with nurses, other community health services, hospital specialists and mental health and social care to create integrated out-of-hospital care

**Primary and Acute Care Systems (PACS)**
Combining general practice and hospital services.

- Urgent and emergency services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services.
- NHS will provide more support of frail older people living in care homes.
- The foundation of NHS care will remain list-based primary care. Over the next five years the NHS will invest more money in primary care, while stabilising core funding for general practice nationally over the next two years.
- Meaningful NHS local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied.

Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for
example on investment, on various public health measures and on local services changes – will need explicit support from the government.

**The Mandate to NHS England and the NHS Outcomes Framework**


The focus of these objectives is on improving patient outcomes, reducing health inequalities and driving improvement and innovation.

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<th>Mandate to NHS England - Objectives;</th>
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<tr>
<td>1. Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities</td>
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<td>2. To help to create the safest, highest quality health and care service</td>
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<tr>
<td>3. To balance and improve efficiency and productivity</td>
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<td>4. To lead a step change in the NHS preventing ill health and supporting people to live healthier lives</td>
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<td>5. To maintain and improve against core standards</td>
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<td>6. To improve out-of-hospital care</td>
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<td>7. To support research, innovation and growth</td>
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The indicators in the NHS Outcomes Framework are grouped around five domains that will be used to monitor health improvements in local populations. In essence this means that we want to ensure that:

- We prevent people from dying prematurely with an increase in life expectancy for all sections of society;
- Those people with long-term conditions, including those with mental illness get the best quality of life;
- Patients are able to recover quickly and successfully from episodes of ill-health or following an injury;
- Patients have a great experience of all their care;
- Patients in our care are kept safe and protected from avoidable harm.

**The NHS Constitution**

The NHS Constitution [https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england) establishes the principles and values of NHS England. It sets out rights - to which patients, public and staff are entitled, pledges - which the NHS is committed to achieve, and responsibilities - which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

**Primary Care Commissioning**

In April 2013 responsibility for Primary Care commissioning was transferred from PCTs to NHS England. Since then there has been a realisation that CCGs are better placed to deliver the level of transformation required and starting in April 2015 CCGs were given the opportunity to apply for joint or delegated commissioning rights. The direction of travel is likely to be towards greater or full delegation of primary care commissioning in the next couple of years.

North Somerset CCG is currently in joint commissioning with NHS England which means that it is
consulted and involved in decisions about primary care in the area even though the contractual responsibility for commissioning these services currently vests with NHS England.

**The Better Care Fund**

This a government initiative to create a local single pooled budget to incentivise the NHS and local government to work more closely together around people placing their well-being as the focus of health and social care.

It creates an opportunity to bring resources together to address immediate pressures on services and lay the foundations for a much more integrated system of health and care.

However, this is not funded by new or additional money. Part of it comes from CCG allocations in addition to NHS money already transferred to social care. This means that the integration of services needs to happen swiftly to achieve value for money and a shift in activity and resource from hospitals to the community.

**Primary Care Transformation Fund**

In December 2014 NHS England announced the availability of £1bn over four years to improve access and the range of services available in primary care through investment in premises, technology, the workforce and support for working at scale across practices.

The first tranche of the fund which was initially known as the Primary Care Infrastructure Fund (PCIF) is being deployed during 2015/2016 to support a range of initiatives where the funds could be spent in year including schemes to improve individual practice estate.

In October 2015, NHSE outlined plans for the fund for 2016/2017 and beyond under the banner of the Primary Care Transformation Fund (PCTF). Access to this funding will facilitate the transformation of primary care by providing resource for practices to work more collaboratively as well as to support the transformation of primary care estate.

**Prime Ministers Challenge Fund (PMCF)**

Launched in 2014 this scheme aims to stimulate innovative solutions for improved access to primary care by providing funding to support trails over a two year period. One Care Consortium successfully bid for funds from the scheme in both years and now has funding of £10m to trail a range of initiatives across Bristol, North Somerset and South Glos. practices. As of February 2016 we have 16 practices actively involved in trials such as on-line consultations, weekend GP appointments and a shared approach to notes summarising. One of the partners in the consortium is our out of hours provider Brisdoc and this scheme has helped to drive through read write access to enable limited shared interoperability of patient records.

Inevitably, some of the pilots may not be sustainable in the long term or are logistically viable but unaffordable. However, it is hoped that that there will be a legacy from this scheme which will support improved access and sustainability.
North Somerset - Our Starting Point

Currently there are 22 GP Practices in North Somerset, 44 pharmacies, Dental Practices and Opticians (including domiciliary providers). Community Services are provided by North Somerset Community Partnership (NSCP).

Brisdoc provides out of hours GP services.

Children’s and Young People’s services are currently provided by Weston Area Health Trust although specialist services of CAMHS, paediatrics and therapists are currently undergoing re-procurement.

Mental health provision is delivered through Avon and Wiltshire Partnership (AWP).

Secondary and acute care is provided predominantly through Weston Area Health Trust (WAHT), University Hospitals Bristol Trust (UHBT) and North Bristol Trust (NBT) with elective provision also available locally through a number of any qualified providers (AQPs) such as South Bristol Hospital and Emerson’s Green.

Over many years, these providers have delivered excellent care for local people but in the main they have all worked independently, both professionally and geographically.

However, the way in which we live our lives has changed and continues to change, affecting both our healthcare needs and expectations. The demographics of the population are changing; we are living longer and our opportunities to lead fulfilling lives into old age have grown. Medical and technological advances have meant that more interventions are possible, and many of these are already being provided in a primary care setting.

As a result, the traditional model of how primary care is delivered is not sustainable and primary care in North Somerset is faced with a number of challenges.

Our key Challenges

Demographic and Social

- A rapidly growing and increasingly elderly population with higher co-morbidities and increasingly complex care requirements leading to greater use of all NHS services.
- Areas of extreme deprivation and a widening inequality gap resulting in health inequalities across the area.
- Demand on access and capacity is unsustainable and avoidable use of hospital services is a problem.
- Weston Airfield and plans for other housing developments will create demand which needs to be planned and provided for in a timely way.

Primary Care Quality

- The quality of primary care is variable and early diagnosis and/or interventions differ.
- Access to and the capacity of primary care is variable.

External Pressures

- NHS and social care budgets are coming under increasing pressure with cuts in public health and local authority spending.
• There is a national ambition for 7 day access to primary care.
• Proposed changes to the operating and funding model for community pharmacies.
• A high number of nursing homes are reclassifying as residential homes but still have highly complex patients.

**Organisation and infrastructure**

• Primary care services do not provide a seamless experience for patients, partly because they are not sufficiently integrated.
• The primary care estate is variable in quality, lacks flexibility and, in part, is not being fully utilised.
• The current clinical model is not always flexible enough to adapt services for the most vulnerable in our community.
• The current small business model of GP practices is not flexible or resilient enough to respond quickly to pressures or changes in the healthcare system.
• A reluctance in some providers to exploit technology fully to deliver access to healthcare in more immediate, user friendly and interactive ways.

**Financial**

• Demands on health services are increasing but no new investment is available.
• Pressures are growing on the prescribing budget through the cost of existing and new drugs and increasing co-morbidities.
• Primary care is expected to do more but the money for doing so does not always follow the patient.

**Workforce**

• The GP practice workforce is overloaded and recruitment and retention of GPs, nurses and other key health professionals is an issue.
• The number of GPs interested in being partners is falling.
• Current workload pressures inhibit the capacity for practices to think creatively about change.

**Our Strengths and Opportunities**

However, we are also fortunate to have a number of strengths and opportunities which we can call on to deliver transformation. These include:

**Engagement and leadership**

• Good levels of engagement in clinically led commissioning from GPs - our membership forum meetings are stronger and very well supported by the membership.
• Our clinical leaders have matured into their roles and are delivering strong leadership around the improvement and future development of services.
• Enthusiasm for trialling initiatives via One Care Consortium and the Prime Minister’s Challenge Fund.
• Practices are embracing the concept of locality working and collaborating to deliver services across a wider footprint and to bid for public health contracts.
- A strong tradition of public and patient engagement and working closely with a number of representative bodies such as Patient Participation Groups (PPGs) and Healthwatch.

**Quality**

- A tradition of providing high quality primary care e.g. national benchmarking?
- Overall good patient feedback on satisfaction with primary care (Check Stats)
- The capability for general practice to deliver all important continuity of care.

**External**

- A clear strategic direction as laid out in the Five Year Forward View and a more permissive approach to innovation through projects such as Vanguard sites.
- The Better Care Fund – a government initiative to create a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and social care.
- Weston Airfield development where the size of the proposed development gives Weston and Worle practices the opportunity to respond innovatively to the challenges of meeting the healthcare needs of the expanding population.
- A nation focus on patient education and self-management.
- Opportunities to re-model the workforce to make use of other healthcare professionals such as pharmacists, physicians’ assistants and mental health nurses.

**Organisational, contractual and commissioning**

- Joint commissioning with NHS England and the opportunity to work closely with local CCGs through the development of joint sustainable transformation plans (STPs) to build a common approach to primary care.
- Re-procurement of our two APMS GP practice contracts (one in 2016 and the other in 2018) - new contracts will include flexibility to review and refine objectives during the life of the contract to ensure contract holders support the CCG strategy for primary care.
- Four localities – Gordano, Rurals, Weston and Worle – group practices together geographically and compliment the structure of the community services teams. They present the opportunity for practices to work together across a larger footprint of delivery and to obtain economies of scale through collaboration.
- North Somerset whole system transformation – discussions are underway with NHS England, the Trust Development Agency (TDA), local commissioner and providers and Weston Area Health NHS Trust to establish a programme of which will involve the NHS working with local people and stakeholders to develop recommendations for a new sustainable service model for the Weston site and the North Somerset population.

**Finance**

- The opportunity to bid for transformational funding via initiatives such as the Primary Care Development Fund (PCDF) and the Primary Care Transformation Fund (PCTF) and access to central support for those practices that are deemed to be ‘vulnerable’.
- The availability of Prime Minister’s Challenge Fund monies through One Care Consortium for practices to pilot new ways of working.

**Infrastructure**
- A common clinical IT platform (EMIS Web) in use by practices and our community services provider, which allows for other providers such as Brisdoc and hospitals to access patient records via Connecting Care.
- The development of the CCG strategic estates plan will help to prioritise investment in estate in line with the CCG’s strategic objectives.
Our Local Population and Health Inequalities (see appendix 1)

- The number of GP registered patients in North Somerset grew by 32% between 1981 and 2015. As at 31.12.15 it stands at nearly 216,000 and it is expected to grow further reaching c. 250,000 by 2035.

- Historically the growth in population has been across North Somerset with, the largest increases seen in certain wards in Portishead.

  By 2030 it is expected that around 9,000 new homes will be built most of which will be in the Weston Super Mare and Weston Villages areas. Preliminary plans have also been announced recently for a possible sizeable development along the A370 corridor close to North Somerset’s boundary with Bristol City and its CCG.

- The age profile of the North Somerset population is older with fewer younger dependents and people aged under 40.

  The largest increases in population have been and are expected to be seen in older people. Nearly 7,000 or 3.2% of the population is aged over 85 which is higher than is seen nationally.

- The population is less ethnically diverse – 97% classify themselves as belonging to a white ethnic group.

- There are areas in the CCG which are within the most 5% and least 5% deprived nationally and the level of deprivation is particularly acute in some areas of Weston Super Mare. As a result North Somerset has the 3rd largest inequality gap in the country.

- North Somerset has a higher prevalence of Quality Outcome Framework (QOF) monitored disease in comparison the England average, especially asthma. However, diabetes prevalence is lower compared with the national average.

- National predictive modelling suggests that over the coming years cardiovascular disease, COPD, diabetes and obesity and dementia will affect more of our patients and have a greater impact on the local health economy.
Primary Care - Now and in the Future

Primary care is people’s entry point for the prevention and treatment of illness.

Traditionally, primary care services have been defined as general practice, community pharmacy, dental services and optometry and they are currently commissioned by NHS England. The scope of primary care however is much wider and could also include appropriate self-care interventions, mental health support and community health care teams that incorporate nursing and other multi-disciplinary care.

Given that general practice has been such a large element of what has traditionally been viewed as primary care, it will be a core component of this document. However, the strategy will also consider the role of other professionals such as community pharmacists in delivering more personalised and proactive model of care that builds our out-of-hospital services.

Advances in technology will mean that, with the right premises, IT infrastructure and the correct skill mix, more can be delivered in a primary care setting so that people who have historically gone to hospital to receive their care will no longer need to. However, this will likely mean that not all the practices can deliver all services and so we expect the emergence of networks, federations or primary care hubs where a team of healthcare professionals and allied workers can provide innovative and integrated care.

This will not necessarily mean that practices will have to merge or relocate to a new centre (although this may be appropriate for some). More importantly, it is about primary care providers in North Somerset working together collaboratively to keep people healthy and independent, ensuring that those who require treatment or care are treated in the most appropriate place by the appropriate healthcare professional.

It is also important to recognise that there are many strengths of our GP primary care service which we don’t want to lose as we make this transformation. These include continuity of care, a real understanding of the family or similar circumstances that the patient is a part of, the relative ease of accessibility and delivering an equitable service.

This will be a transformational journey for building patient centred, out-of-hospital care which will be realised over a number of years through a focus on improving outcomes for patients and thinking beyond traditional boundaries and business models.

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2 The Department of Health’s vision for community pharmacy is for it to be integrated with the wider health and social care system. 
What Will the New Model of Primary Care Look Like?

Primary care in North Somerset is entering the next stage of its evolution. Our vision for primary care is to:

*build a sustainable, thriving primary care which is the heart of a wider health and social care system delivering high quality, proactive and integrated care centred around the patient.*

It will build on the traditional strengths of our ‘expert generalists’ who will continue to deliver equitable, personalised and continuity of care, proactively targeting services at registered patients with complex on-going needs such as the frail elderly or those with chronic conditions and working more closely with these patients.

- Primary Care will have at its heart active collaboration between healthcare professionals and the people they care for. This patient-focused, multispecialty, approach will require collaboration between professionals and stronger team working, both within and across organisational boundaries to ensure that personalised and continuity of care is provided to patients and the need to go to hospital is reduced.

- Primary care providers will work at scale, ensuring consistent, resilient, high quality care with all patients having access to a range of core services but allowing the flexibility to develop services that meet the specific needs of their population.

It is likely that the optimum size of a hub will be to serve at least 30,000 patients but there be good reasons why smaller entities serving a population of 10,000-15,000 may be preferable.

The term ‘at scale’ is not intended to imply forced mergers but to describe locality or clusters of practices that have the ability to work together across a larger footprint of delivery and obtain economies of scale and increased sustainability through collaboration.

This diagram illustrates how this hub model might be organised depending on the size of the population that the hub is able to serve.

- Greater networking/federating could facilitate new service delivery options. For example, the creation of ‘hot and cold’ sites to deliver enhanced urgent care with same day in-hours access for those who need it and greater consultation time for those with complex but less
urgent needs or the delivery of specialist chronic disease management.

- The hub teams will become more multi-disciplinary. Increasingly GPs will be supported by specialist nurses, pharmacists, physicians’ assistants, health care assistants and other healthcare professionals.

- The hubs will provide a wider range of services including continuity of care for those with complex care needs including those who are particularly vulnerable, frail or elderly, the housebound, those in care homes and patients who are in need of end of life care.

- Improved links with GP out of hours services to support seamless 24/7 access to primary care and safe hospital discharge.

- Primary care hubs will be integrated with community services and aligned with social care. There will be a general shift of appropriate work and resources from acute hospitals where it can be demonstrated that it would deliver safe and quality care without increasing cost.

This diagram shows the future aspiration for North Somerset’s out-of-hospital care from a clinical perspective. Staff and services are grouped into tiers with disease pathways flowing along each one. Each service group interfaces closely with the others so that the patients can move seamlessly and safely from one to the other and be treated by the right people at the right time as far as possible. In particular the aim will be for patients to be discharged from secondary care into out-of-hospital care as quickly as can safely be achieved. The urgent and out of hours services will also work with each service as appropriate.

- The primary care workforce will change with a greater role for nurses, pharmacists, physiotherapists and health care and physicians’ assistants. There will be new and innovative opportunities for staff development and career progression within the hubs.

- Working at scale and supporting the national ambition for a paper-free NHS by 2020, hubs will be able to share the administrative burden. Central and local bureaucracy will reduce to
ensure that as much clinical time as is possible is focused on caring for patients.

- Primary care facilities will be fit for purpose and used more effectively and efficiently to support seven day access to healthcare within primary care.

- Prevention of ill health will be a priority with evidence-based lifestyle interventions being delivered in the hubs to reduce levels of smoking, alcohol excess, obesity, metabolic ill-health and type 2 diabetes in the population.

- Staff will be able to guide patients to a wider range of resources from lay and voluntary organisations.

- Primary care will make greater use of technology to increase access and communicate with, and provide support to patients. Examples of this may include use of video-conferencing and email. Web based support and tele-health will help patients to manage their own conditions. A shared patient record and clinical system will provide a platform for the safer transfer of patients to and from and treatment by other healthcare professionals including those in out-of-hours services and hospitals when their needs require it.

- Building on existing patient participation, the role of the patient voice in the shaping and development of primary care hub services will be strengthened. The use of tools such as PREMS (Patient Reported Experience Measures) and/or PROMS (Patient Reported Outcomes Measures) or similar will, in time be the prime monitoring source.

- Patients and clinicians often highlight the frustration of having to deal with many different people and organisations which don’t seem to connect or interact with one another. Through harnessing the potential of people and organisations working together and ensuring that primary and community care is offered as part of a whole system network, the CCG aims for seamless, wrapped around, patient-centred care which is as accessible and as close to home as possible.
A GP’s vision of primary care in Weston in 2020

Adapted from ‘The Future of Primary Care’ by the Primary Care Workforce Commission, Dr Kevin Haggerty, a partner in Longton Grove Surgery and the CCG’s clinical lead for urgent care shares his vision for how primary care may be different in 2020. It is included here to try and bring the new model, mentioned in the preceding pages to life and is intended to be illustrative rather than prescriptive.

The vision aims to encompass the needs of three key groups – patients, their carers and the public, staff and the wider healthcare system:

<table>
<thead>
<tr>
<th>Patients, Carers and the Public</th>
<th>Staff</th>
<th>Wider Healthcare System</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Convenient appropriate access (as close to home as possible)</td>
<td>• Training and career development</td>
<td>• Value for money</td>
</tr>
<tr>
<td>• Relationship continuity</td>
<td>• Supportive calm pleasant work environment</td>
<td>• Good health outcomes</td>
</tr>
<tr>
<td>• Consistent, resilient, high quality care</td>
<td>• Manageable workload = enough time to do the job well</td>
<td>• Reduced unacceptable variation in outcomes</td>
</tr>
<tr>
<td>• Empowering – visible record, self-help/management support</td>
<td>• Relationship continuity</td>
<td>• Reduced demand on Secondary Care and wider system</td>
</tr>
<tr>
<td>• Preventing as well as treating illness</td>
<td>• Fair remuneration.</td>
<td>• Rapid innervation and improvement</td>
</tr>
<tr>
<td>• Joined up care</td>
<td></td>
<td>• Joined up care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduced waste</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• More prevention / proactive care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fewer organisations to relate to</td>
</tr>
</tbody>
</table>

Weston primary care will have at its heart active collaboration between healthcare professionals and the people they care for. This patient-focused approach will require collaboration between professionals and strong team working, both within and across organisational boundaries.

Weston primary care practices will include a wider range of disciplines. As well as GPs, nurses, healthcare assistants and administrative support, primary care teams will include physician associates, paramedics, allied health professionals, social workers and others. Pharmacists will increasingly become a core part of the general practice team.

Weston general practices will work together as a single large organisation ensuring consistent, resilient, high quality care with all patients having access to the same wide range of services. Care will continue to be delivered by small cohesive primary care teams working from high quality premises spaced appropriately across Weston. The Locking Parklands development will have a purpose built primary care facility offering an extended range of services to a wider population.
Given the complexity of people’s needs and the need for time to fully engage people in managing their care, many face-to-face consultations will be longer. Physician associates and healthcare assistants will support GPs and nurses, freeing up their time to spend longer on more complex patients. High priority will be given to ensuring relationship continuity of care with many clinicians taking on the responsibility of managing a list of patients.

Primary and community care staff will make greater use of technology to increase access and support for patients. They will communicate by phone, by video-conference and by email, and practices will provide web-based support to help patients manage their own conditions.

Staff will be able to guide patients to a wider range of resources from lay and voluntary organisations.

Community nurses and health visitors will work much more closely with general practices and will share electronic records with them. In time the contracts for community nursing services will be held by the Weston primary care organisation leading progressively to a single primary care and community organisation (Multispecialty Community Provider).

Links with GP out of hours services will be strengthened in time leading to seamless 24/7 Primary care with greater numbers of in hours clinicians providing care out of hours as well.

Hospital doctors and nurses will increasingly work with others in community settings, for example, in care of the elderly and paediatrics. While hospital-based specialists will run clinics and see patients in the community, a major role will be to support clinicians in primary care through email/telephone advice and education. In time once primary and community care are brought together in a single organisation (Multispecialty Community Provider) then this larger entity could take on the running of Weston Acute Trust.

Prevention of ill health will become a key priority with evidence based lifestyle interventions being delivered from multiple sites across Weston. Levels of smoking, alcohol excess, obesity, metabolic ill health and type 2 diabetes will fall progressively. Strong links will be developed with Public Health and the Local Authority.

Support staff will deal with much of the administrative work currently done by doctors and nurses (such as dealing with most email and electronic tasks), freeing them up for clinical work.

High-quality education will be available to all staff working in primary care to give them access to continuing professional development, to enable them to develop advanced skills, and to provide them with the leadership and management skills to help run the new organisation.
Our Key Imperatives for Transforming Primary Care

We have identified nine key imperatives or strategic priorities which will guide us as primary care transforms in the next few years. It is unlikely that every initiative, piece of work or service re-design will fulfil every imperative but if they don’t meet at least one then we should ask ourselves what we hope to achieve by making the particular change. The imperatives are:

<table>
<thead>
<tr>
<th>Quality and Equity</th>
<th>Ensuring consistent quality and performance and reducing inequalities and unwarranted variation in primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible</td>
<td>Improving access to primary care including seven day working</td>
</tr>
<tr>
<td>At Scale</td>
<td>Supporting and encouraging increased collaboration to deliver economies of scale, enhanced service provision and sustainable primary care</td>
</tr>
<tr>
<td>Workload</td>
<td>Reducing the administrative burden and managing workload</td>
</tr>
<tr>
<td>Sustainable</td>
<td>The evolution and development of ways of working including a more multi-disciplinary workforce</td>
</tr>
<tr>
<td>Local service</td>
<td>Developing a locality based service which can deliver care tailored to local need with closer integration of services to provide care in the community</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Development and maximisation of appropriate Primary Care infrastructure – IT and premises. Facilitating organisational development in general practice to move towards new models of provision</td>
</tr>
<tr>
<td>Affordable</td>
<td>Delivering solutions that are affordable and sustainable for the healthcare system, proactively managing the most vulnerable population and engaging with population groups over self-care and or changes to services</td>
</tr>
<tr>
<td>Proactive</td>
<td>A focus on prevention of ill-health, well-being and supporting people to self-manage</td>
</tr>
</tbody>
</table>
Realising the transformation

There are a number of existing or planned initiatives, work streams and projects which have already laid the foundations for, or will support the transformation of, primary care. Greater detail on each of these can be found in appendix 2.

They all contribute to some or all of the nine key imperatives for primary care outlined on the previous page.

Collaboration and Integrated Working

- The CCG’s transformation programme has identified seven areas of focus which may present opportunities for services to be provided in a different way across a wider footprint.
- CCG is working with Right Care to identify opportunities for transformative change.
- One Care Consortium pilots e.g MSK, notes summarising and mental health nurses in practices.
- The medicines optimisation strategy.

Access

- One Care Consortium initiatives including a centralised telephony service, web-based consultations and out-of-hours phlebotomy.
- Purchase of IT equipment such as PC tablets using One Care Consortium grants.
- A primary care capacity audit and development of ways of monitoring supply and demand in ‘real time’.

Workforce development

- Further development of the existing face to face safeguarding and domestic abuse training.
- Drawing on Health Education England (HEE) work on developing a flexible workforce to provide high quality care to suit patient need.
- One Care Consortium Mental Health Nurse pilot.
- Encouragement of bids under Primary Care Transformation Fund that will support the development of a multispecialty workforce.
- Promotion of the use of clinical pharmacists in practices.

Education

- **Detail to be supplied**

Estates

- Modernising and optimising estate and ensuring that it is in the right place for current and future needs.
- Maximise opportunities under ‘One Public Estate’ to ensure that state owned infrastructure is used across organisations.
- Development of the CCG’s Strategic Estates Plan (SEP).

North Somerset Whole System Transformation
• **Detail to be supplied.**

**Weston Airfields**

• A formal project to develop an interim and long term solution to providing healthcare for this community.

**Urgent Care**

• The CCG is developing a model for urgent care which includes providing appropriate urgent care as close to home as possible and helping the population to know how to access urgent or emergency care if required.
• Practices may work together to provide improved access to urgent care or minor injuries treatment.
• Primary care will work as part of the whole system to ensure good outcomes for the patient and make the best use of resources, work with patients to enhance their ability to self-manage their health needs and proactively manage patients to reduce the risk of preventable deterioration.

**Community Services**

• Under the newly awarded 5 year contract, NSCP will deliver an integrated health and social care and whole life service which addresses the challenges of a flat cash environment, rising demand and the need to support the growing number of people with complex and long term conditions.

**Quality, Safety and Care Quality Commission (CQC)**

• The main areas of work which will support the sustainability and transformation of primary care are the management and prevention of infection control, quality incidents and the safe transition of the patient through the healthcare system.
• The CCG is part of the newly formed NHSE Primary Care Quality Hub which will be an information and intelligence sharing forum and ensure that NHSE delivers its statutory responsibility with regard to the safety and quality of its commissioned primary care services.
• The medicines optimisation strategy includes loans to improve patient safety and promote antibiotic stewardship.

**Prescribing and Medicines Management**

• Medicine’s optimisation will support cost-effective prescribing in primary care and encourage patients to take ownership of their treatment. The CCG’s medicines optimisation strategy involves a number of initiatives and work streams with a particular emphasis around optimising chronic and long term conditions management and reducing wastage.

**Joint Commissioning**

• North Somerset CCG is currently in joint commissioning arrangements with NHSE allowing it to have greater influence on how GP services are commissioned for our population. It is likely that the direction of travel will be towards full delegation in 2017/2018 giving the CCG greater responsibility to ensure that the system is sustainable and the opportunity of
working with practices to redress complexity and reduce bureaucracy.

**Self-Care**

- Self-care is an approach to health which supports patients to keep them well and provides knowledge for patients to share in decision-making about their illness, diagnosis treatment and recovery.
- The CCG will develop effective and preventative approaches to self-care, creating ways and means by which patients are empowered to take control of their own health and well-being, including those with long-term conditions.
- Use of mechanisms such as ‘Patient Activation’ will help the CCG to understand more about why some patients engage fully with their health and others do not, allowing it to target resources that maximise engagement.
- We will strive to reach the most vulnerable in our patient population and work with them to improve their health.
- We will continue to develop working relationships between primary care, the wider health and social care system and the voluntary or third sector to support local healthcare solutions.

**Voluntary and Third Sector**

- Detail to be provided.

**Contracting**

- The Community Services Contract is now in the mobilisation phase.
- Our two APMS GP surgery contracts will be re-procured (one in 2016 and the other in 2017). New contracts will include flexibility to review and refine objectives during the life of the contract to ensure support for the CCG’s strategies.
- Through joint commissioning and its own locally commissioned enhanced services, the CCG will look at opportunities to tailor national and local services in ways that deliver good patient outcomes, value for money and reflect our key imperatives for primary care.
- The medicines optimisation strategy includes plans to commission practices to undertake the administration and monitoring of the osteoporosis injection denosumab, blood monitoring for certain disease modifying anti-rheumatic drugs (DMARDS) and safe and protocol driven anti-coagulation initiation and maintenance. The annual Prescribing Participation Scheme will help drive cost effective prescribing and quality improvement in clinical areas aligned to North Somerset CCG priorities.

More detail about all of these transforming initiatives and work streams is available in appendix 2.
Enabling the Transformation

There are a number of enablers and critical success factors which will be vital to help us to deliver our vision and strategy. Some of these namely the Primary Care Infrastructure Fund, the Better Care Fund and the Prime Minister’s Challenge Fund, have already been mentioned under the National Context section of this document (see pages XXX)

Information Management and Technology (IM&T)

In order to deliver our strategy we need to exploit the opportunities offered by the information revolution and we should significantly enhance our use of information and technology. However, we also need to be mindful that not all patients want or are able to use technology themselves. Since equitable access is a priority for us, we need to ensure that we do not disadvantage these groups through an over reliance on technology to the exclusion of other methods of delivery.

North Somerset is expected to produce an IT digital road map. We are expecting that this will set out clear goals to leverage the maximum benefits from existing systems and deploy new systems to fill identified gaps. These goals should include:

- Shared records interoperability;
- Use of patient centred technology such as telehealth;
- Developing an enabling infrastructure across our whole system and beyond including remote working;
- Balancing the need for patient confidentiality with an increasing desire amongst many patients to access healthcare via electronic media such as e-mail and Skype.
- Systems which allow practices to better identify patients with co-morbidities, at risk of developing long term conditions or requiring particular support or other interventions;
- Reducing administrative overheads and improving turnaround times.

Engagement - Patient and Community Empowerment

A key element to success will be the on-going and meaningful engagement of patients, carers communities and stakeholders.

The CCG recognises the need to work with our communities to maximise their input into designing services and decision making. For each individual work stream or project the most appropriate way to engage with the target population will be considered. The aim will be to involve the relevant community in the most effective way, thereby attempting to engage with those who historically have been ‘hard to reach’.

Engagement – integrated and partnership working

North Somerset is proud of its history of working in partnership and collaboration with a number of organisations including, but not limited to, our membership, NHS England, North Somerset Council, North Somerset Community Partnership, the local acute hospitals, Heathwatch and Voluntary Action North Somerset (VANS). Achieving transformation of out-of-hospital care will require continued effective partnership working to:

- Understand local nuances and variation in service delivery, healthcare roles, patient needs and behaviours and cultures;
• Quantify and assess the likely impact on the cost of delivering the service and on primary care sustainability to ensure that, where possible, these risks are ameliorated;
• Align expectations;
• Ensure effective, quality and sustainable delivery;

This will achieved by making use of structured approaches and through formal and informal relationships and networks as required.

**Dynamic and Responsive Practices and Localities**

Work has already started with the North Somerset practices working on a whole range of initiatives that will change the way that practices work and deliver services to their patients.

These initiatives support the CCG vision for primary care and its strategies with a particular emphasis to:

• Work innovatively and collaboratively to support the health and well-being of patients within an environment of increasing population growth, complexity of health and social needs and an increasingly elderly population;
• Champion the value of primary care and promote credibility and trust in primary care with the public and stakeholder organisations;
• **Work at scale to deliver sustainability.**

Initially the focus will be on four areas of delivering transformation:

• Collaborative working
• Access
• Self-care and the voluntary and 3rd sector – especially patient communication and education
• Workforce development - training, recruitment and career development

The importance of locality working in achieving our ambition has been highlighted earlier. However, the localities have very different health needs and will therefore likely wish to adopt different ways of interpreting and delivering our primary care strategy. This diversity of approach and the innovation that will be required to deliver it will be encouraged and supported by the CCG.

The following pages summarise the current initiatives that each locality has decided to focus on and the key strategic imperatives that they support.
Locality Strategic Priorities – Gordano

Gordano locality is made up of five practices in the north western coastal part of the CCG with a combined list size of 57,790 (Dec 15):

- Clevedon Medical Centre (formed on the merger of two practices in 2015)
- Harbourside
- Heywood
- Portishead Medical Group
- Sunnyside Surgery

Two practices in the locality merged in 2015 to form Clevedon Medical Centre.

The membership group has identified the following which directly link to North Somerset’s key challenges, opportunities and key imperatives:

<table>
<thead>
<tr>
<th>Promoting and supporting self-care:</th>
<th>Develop local solutions for the housebound and isolated frail elderly patient e.g. leg clubs, working with the local community and developing a patient education programme.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Involvement:</td>
<td>Ensuring that patients are involved in the development and improvement of local services.</td>
</tr>
<tr>
<td>Maximising use of technology:</td>
<td>Using technology such as patient on-line access to patient records and connecting care to support patient self-care, provide joined-up care when patients are seen by other healthcare professionals and improve access.</td>
</tr>
<tr>
<td>Supporting the frail elderly and vulnerable:</td>
<td>Providing more dedicated support for patients in the locality’s residential and nursing homes.</td>
</tr>
<tr>
<td>Training, recruitment and career development:</td>
<td>Increase the role of Health Care Assistants (HCAs) in the surgery teams particularly in lifestyle guidance. Focus on the retention of staff.</td>
</tr>
</tbody>
</table>

The locality has a number of specific delivery plans which are already in place or aspired to which will help achieve these priorities and support the CCG Primary Care strategy.

**Note – being refined following Feb/March GP Forum discussions**

- Development of local leg club
- Patient information evenings
- Increased deployment of HCAs
- Advanced access to medical records
- Increased availability of on-line access to appointments and records
- Young People’s Welcome Standards
- Working with local community such as schools and clubs
- Focussing on staff retention
- Standardising employee terms and conditions
- Training for telephone triage
- Elderly Care Nurse
- Dedicated GP for Nursing Homes
- ‘Community Hospital Model’
- Feedback/Friends and Family Test
Locality Strategic Priorities – Rurals

Rurals locality is made up of five practices in the mainly rural eastern part of the CCG with a combined list size of 56,476 (Dec 15):

- Backwell and Nailsea Medical Group
- Long Ashton
- Mendip Vale (formed on the merger of two practices in 2015)
- Nailsea Family Practice
- Winscombe

The membership group has identified the following which directly link to North Somerset’s key challenges, opportunities and imperatives:

| Community groups to support services: | Develop local solutions for the housebound and isolated frail elderly patient, improving the use of integrated community services and utilising the third sector. |
| Joint working /shared care for patients: | Improve cross organisational working and skill mix with NSCP. E.g. home visiting services, specialist joint nurse services. E.g. Diabetic Care, Long Term Condition Management, Leg Clubs. |
| Skill mix: | Implement models of care that are less dependent on GPs, such as Mental Health Nurses, Advanced Nurse Practitioners (APNs), Nurse Prescribers (NPs), Physicians Assistants (PAs). |
| Communication and education for patients: | Focus on solutions for the prevention of ill health, well-being by supporting patients to self-manage and promote patient education, utilising technology, PPG’s, and the voluntary sector. |
| Training, recruitment and career development: | Develop a recruitment and retention strategy. |
| Deliver services within the current and declining financial envelope: | Explore opportunities with external organisations funding streams and grants. |

The locality has a number of specific delivery plans which are already in place or aspired to which will help achieve these priorities and support the CCG Primary Care strategy.
Note – being refined following Feb/March GP Forum discussions

- Elderly Care Nurse
- Use of emergency practitioner
- Physicians Associate
- Carers HC service (currently available across 11 practices)
- Bank Holiday Access – bid for service
- CQC Compliancy officer – bid
- Leg Club
- Engagement with LAWCY – Emerging Woodspring Federation
- Skills/pay framework
- Aspiring Medical students education course
- Standard employee terms and conditions
- Training for telephone triage
- Digital Telephony system to enable flexible working
- Use of EMIS tablets to do Learning Disability health checks in the community
- Summarising standards – OCC
- QOF masters software to maximise income
Locality Strategic Priorities – Weston

Weston locality is made up of seven practices in the seaside town of Weston with combined list size of 56,476 (Dec 15):

- Clarence Park
- Graham Road
- Longton Grove
- New Court Surgery
- The Locality Centre
- The Milton Surgery
- Tudor Lodge

The membership group has identified the following which directly link to North Somerset’s key challenges, opportunities and strategic imperatives:

<table>
<thead>
<tr>
<th>Working at scale:</th>
<th>Utilising geographical and historical relationships to deliver collaborative primary care and ‘core’ for rest of local health providers (WAHT, NSCP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop the delivery structure:</td>
<td>Initially using One Care Consortium / successor organisation with existing practices, recognising that in the future there will be further developments.</td>
</tr>
<tr>
<td>Weston Airfield Project:</td>
<td>Ensuring that there is good quality, sustainable primary care for the new population which takes account of changes in demographics.</td>
</tr>
<tr>
<td>Responding to demographic changes and evolving the workforce:</td>
<td>Development of teams capable of supporting specific groups, e.g. patients in care homes and multi-disciplinary teams including Mental Health Nurses, ANPs, Pharmacists, physiotherapists, occupational therapists GPs with specialist interests.</td>
</tr>
<tr>
<td>Involving the voluntary sector:</td>
<td>Develop the opportunities for sign-posting patients to non-medical options for self care etc. perhaps through the use of trained ‘navigators’.</td>
</tr>
<tr>
<td>Maximising use of IT:</td>
<td>Using technology to work towards a paper light/no paper service, speed up communication between healthcare professionals and to facilitate remote working.</td>
</tr>
</tbody>
</table>

The locality has a number of specific delivery plans which are already in place or aspired to which will help achieve these priorities and support the CCG Primary Care strategy.
Note – being refined following Feb/March GP Forum discussions

- Building on geographical and historical relationships to expand collaborative working
- Active involvement through the Weston Airfield Project Board to scope the services for the growing population to ensure that existing services are not compromised
- Delivering care to care homes and the housebound by:
  - In hours visiting service pilot
  - Quick response Care Home Team
  - Use of Community Care Advisors
  - Explore more nurse visiting – not just practice nurses
  - One Care Consortium Mental Health Nurse pilot
  - Use of navigators (voluntary sector to voluntary sector)
  - Triaging of patients to appropriate members of multi-disciplinary teams
  - Sharing of Practice Manager expertise and specialism
- Exploit opportunities to pilot and learn from schemes through the One Care Consortium or similar organisations
- Involvement in the interim and long term solutions for meeting existing and future demand. Any new build to be flexible enough to support provision of integrated/additional services
- A paper light/no paper service
- Use of tablets and software to support remote working
- Electronic communication between healthcare professionals and organisations
- Explore opportunities to evolve the workforce and change ways of working to include other professionals to support GPs including, Community Care Advisors, ANPs, Emergency Care Practitioners (ECPs), Physician’s Assistants (PAs) physiotherapists, occupational therapists and GPs with Special Interests (GPwSIs) in drugs and long term conditions such as diabetes.
Locality Strategic Priorities – Worle

Worle locality is made up of four practices in north eastern Weston Super Mare with a combined list size of 39,422 (Dec 15):

- Riverbank Medical Centre
- St Georges Surgery
- Stafford Medical Group
- The Cedars (reflecting the merger of three practices on 2015 and 2016)

St Georges Surgery is an APMS contract which is currently being re-procured by NHS England. A preferred bidder for a 15 year contract from 1 October 2016 should be known by April 16. The contract holder will be expected to be a proactive contributor to the achievement of the CCGs primary care strategy.

Although no member practices of the locality have opted to be active members of the Weston Airfield project board, some practices in the locality will be affected by the population growth and will receive regular updates as the project develops.

The membership group has identified the following strategic priorities which directly link to North Somerset’s key challenges, opportunities and imperatives:

<table>
<thead>
<tr>
<th>Reconfiguration of primary care estates</th>
<th>Consolidation or reconfiguration of existing estate and/or new build to provide a platform for delivering improved access and additional services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill mix:</td>
<td>Implement models of care that are less dependent on GPs, such as Advanced Nurse Practitioners (APNs), Nurse Prescribers (NPs), Physicians Assistants (PAs), Pharmacists and Health Care Assistants (HCAs).</td>
</tr>
<tr>
<td>Training, recruitment and career development:</td>
<td>Develop a recruitment and retention strategy.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Explore opportunities for collaboration between practices to support economies of scale, sustainability of services and equitable access to services.</td>
</tr>
</tbody>
</table>

The locality has a number of specific delivery plans which are already in place or aspired to which will help achieve these priorities and support the CCG Primary Care strategy.

Note – being refined following Feb/March GP Forum discussions

- Possible consolidation of three surgery sites into one
- Possible bespoke new build which would be future proofed to accommodate new services such as acupuncture or audiology.
- Carers HC service (currently available across 11 practices)
- Review of skill mix of teams to make greater use of ANPs, Pharmacists, PAs and HCAs working alongside GPs
- Develop a good HR strategy to aid retention of staff
- Staff development on innovative thinking, leadership and motivational interviewing for patients looking to make lifestyle changes (e.g. stop smoking)
**Appendix 1 - Our Local Population and Health Inequalities (being updated by PH)**

**Our population will continue to grow**

The number of GP registered patients in North Somerset is 215,266 as at 31 March 2015 – a 32% increase since 1981 - and it is expected to grow further reaching c.250,000 by 2035.

**The projected growth will be unequally spread across the CCG**

Historically the growth in the population has been across North Somerset, with the largest increases seen in certain wards in Portishead.

By 2030 it is expected that around **9,000** new homes will be built most of which will be in the Weston Super Mare and Weston Villages areas. Preliminary plans have also been announced recently for a possible sizeable development along the A370 corridor close to the CCG’s boundary with Bristol City and its CCG.

**North Somerset already has a high proportion of people aged >65 and this will increase...**

The age profile of the North Somerset population is older with fewer younger dependents and people aged under 40.

The largest increases have been and are expected to continue to be seen in older people. As can be seen from the graph below, this population skew starts with patients aged 50+ and there is a particularly high elderly population in comparison to England (1.5 vs. a national ratio of 1:6 (ONS 2014)). Nearly 7,000 or 3.2% of the population is aged over 85 which is also a higher percentage than is seen nationally (2.3%).

![Age Group Graph](image)

Source: GP Registered Population, 2015

... but the population is less ethnically diverse

97% of people living in North Somerset classify themselves as belonging to a white ethnic group, a decrease of one percentage point since 2001. Of those from a black or minority ethnic group 44% classified themselves as Asian and a further 37% classified themselves as mixed race.

...and there is a wide variation in deprivation

There are areas within the most deprived 1% nationally, and the least deprived 1% nationally (Weston Super Mare has 15 areas in the most deprived quartile in the country) which results in North Somerset having the 7th largest inequality gap in the country.

C. 5,459 (14.9%) of children are living in poverty. Homelessness acceptances are 0.9 per 1,000 households which varies according to geography.

**Disease Prevalence**
North Somerset has a higher prevalence of QOF monitored disease in comparison to the average for England. This may due to the higher proportion of elderly residents, as generally the incidence of the diseases become more prevalent with increasing age. The exception to this is asthma, which is also higher than the England average. Diabetes prevalence is lower compared with the national average.

North Somerset appears to have higher prevalence than Bristol and South Glos. and the South West generally (except for asthma, CHD, COPD and heart failure, where the highest prevalence is in the very south).

The picture is different in our four localities:

- **Gordano** – hypothyroidism prevalence is higher (4.3%)
- **Rurals** – Cancer prevalence particularly high (3.1%)
- **Weston** - particularly high levels of asthma (7.1%), CHD (4.1%), COPD (2.6%)
- **Worle** – lower prevalence than other localities for most causes of death (except asthma and COPD), perhaps due to a younger population.

National predictive modelling suggests that over the coming years some of these diseases will affect more of our patients and have a greater impact on the local health economy:
Appendix 2 – Realising the Transformation

Collaboration and Integrated Working

The CCG’s transformation programme has identified seven areas of focus – rehabilitation and stroke, urgent care, mental health, paediatrics and CAMHS, co-morbidities, diabetes and community mobilisation. As work on these develops it is likely that they will present opportunities for services to be provided in a more integrated way or across a wider footprint of patients than an individual practice e.g. diabetes management.

The CCG is part of wave one working with Right Care, a body that helps CCGs to understand where best to identify opportunities transformative change.

In future the CCG may look to commission primary care services such as enhanced services at a federated, hub or locality rather than practice level.

One Care Consortium is piloting the deployment of mental health nurses in practices and five practices have expressed interest in this. Four practices are live with a pilot where patients presenting with MSK needs are triaged and referred to a physiotherapist with another six practices on the waiting list to join the pilot. Three practices are piloting different approaches to notes summarising. Pilots go across BNSSG and will be evaluated to enable future commissioning decisions to be made. The CCG is fully engaged with this process.

The medicines optimisation strategy will support collaborative working by:

- Joint strategic working occurs across BNSSG in many areas of Medicines Optimisation focus. The CCG continues to maintain an effective and engaged BNSSG Joint Medicines Formulary across primary and secondary care, as well as engaging and agreeing primary care strategy via a joint BNSSG Drugs and Therapeutics Committee.
- The BNSSG NICE College which focuses on managing NICE Technology Appraisal Guidance implementation and the financial impact of this guidance on primary care includes representation from NHS England’s specialist commissioning pharmacists as well as local CCGs and acute trusts.
- The Medicines Management Team are an important component of the CCG’s transformation programs due to the cost implications of medication for the management of long-term conditions and the necessity for medicines to be embedded within commissioning processes.
- Work continues across BNSSG to ensure an aligned strategy on implementation of locally agreed policy and guidelines.

Access

One Care Consortium is hosting a number of initiatives to improve access. These include a centralised telephony service and web-based consulting (four practices are live). Other pilots of out-of-hours phlebotomy and in hours visiting services in Worle and Weston are planned.

Practices are able to bid for small grants from One Care Consortium to fund the purchase of IT e.g. tablet computers to test remote working etc.

As part of the Weston Airfield development Worle and Weston practices have completed a capacity analysis which has highlighted availability or lack of it and difference between practices. This analysis should be extended to Woodspring practices to complete the picture.
The CCG plans to explore ways in which supply and demand in primary care can be more closely monitored in ‘real time’ to support and inform the management of the whole healthcare system. This will be complimented by research that the West of England Academic Health Science Network has recently undertaken on measuring demand in general practice.

**Workforce development**

The CCG Head of safeguarding provides face to face safeguarding for children training to all practices over a 3 year rolling programme and all practices are compliant. National guidance is likely to expand the portfolio of learning for GPs which will be reviewed and signed off during GP appraisal.

GP training on domestic abuse by the local domestic abuse service ‘Gemini Services’ is being rolled out - around half of North Somerset practices have received the training so far.

The HEE will work with its statutory partners to commission and expand new health and care roles with the aim of ensuring that there is more flexible workforce that can provide high quality care to suit patient need.

NHSE is piloting the use of clinical pharmacists in practices. Although no North Somerset practices are involved in this there will be the opportunity to learn from this initiative.

One Care Consortium is piloting the use of mental health nurses and physiotherapists (see collaborative working on page xxxx).

The CCG will encourage bids to the Primary Care Transformation Fund for training that will support the development of a multispecialty workforce.

The medicines improvement strategy aims to promote the use of clinical pharmacy. In particular:

- Promoting a more integrated working philosophy between community pharmacies and GP practices including promoting effective engagement between these professional groups to realise patient benefits along with benefits for both GP practices and pharmacies.
- Encouraging the use of and promoting the benefits of the role of clinical pharmacist within GP practices.
- Promoting the self-care strategy to the public and the role of community pharmacist as an easily accessible resource for treatment advice.
- Exploring the opportunities for and viability of development of a Minor Ailments Scheme to encourage the public’s use of community pharmacists as a easily accessible resource for treatment advice.

**Education**

A brief summary of what has been is being or is proposed and the impact it will have on helping the CCG to achieve transformation of primary care.

**Estates**

We know that some of our healthcare estate is in need of upgrading to meet modern requirements for primary care including disability access. Some estate appears underutilised, whereas in other
places buildings are at full capacity. Often the GP premises are owner occupied and they may not be in the right place for the current and future needs of the healthcare system.

Nationally there is a move towards ‘one public estate’ to ensure that state owned infrastructure is used across organisations to maximise value for money and that any obsolete property is sold or reused.

During 2015 the CCG and its providers have worked with Capita to produce a Strategic Estates Plan which it expects to sign off in early 2016. This will identify some key priorities and further work that needs to be done and the formation of a strategic estates group (SEG) reporting into the CCLG which in time will include our providers and local partners will help drive this forward.

**North Somerset Whole System transformation**

A brief summary of what has been is being or is proposed and the impact it will have on helping the CCG to achieve transformation of primary care.

**Weston Airfields**

Between now and 2030 c 9,000 will be built in Weston, the majority of which will be part of substantial developments at Locking Village and Parklands. It is expected that this will generate a population increase of c. 15,000 for Weston and Worle.

In the summer the CCG initiated discussions with local practices and community and other service providers to develop an interim and long term solution to providing health care for this community. It presents a real catalyst for practices to think innovatively about how they can work together to deliver sustainable care.

A formal project board has been formed which will report into the CCG clinical leadership group (CCLG) and governing body.

**Urgent Care**

90% of patient contacts occur in Primary care approximately and about 1/3 are urgent on the day requests. Good access, high quality long term condition management and continuity of care reduces non-elective activity. The CCG is working to deliver the following model for urgent care:

- When people need care urgently, we do everything we can to provide what they need as close to home as possible;
- When people require urgent or emergency care, they know where to go and that first point of contact is sufficiently qualified to be able to treat them, or direct them to the most appropriate tier of the system to assess, diagnose or treat;
- Create an environment which motivates GP member practices to deliver safe care, a good patient experience and evidence based practice;
- When a person is admitted for hospital-based care, the whole system works together to get them back home as soon as they are physically fit enough with a plan for ongoing care;
Those people requiring rehabilitation and reablement services can access these close to home, with specialist advice and support to prevent further episodes of ill health.

Improves patient care by ensuring there is easy access to shared, up-to-date and relevant information.

It will support Primary Care transformation by educating patients to use other options for urgent treatment. GPs and community teams will work more closely together as multi-disciplinary teams focused on treating patients as close to home as possible and facilitating and supporting their return to home when appropriate and safe.

Practices may work together to provide improved access for those requiring urgent rather than routine treatment, perhaps through ‘hot and cold clinics’ and greater provision of locality based options for minor injuries treatment.

Transformed Primary care will:

- Be responsive to patient need by ensuring appropriate timely access for all residents of North Somerset;
- Be consistent in its offer by providing resilience during increases in demand and workforce pressures;
- Provide safe effective patient centred care;
- Work as a proactive part of the whole system to ensure good outcomes for patients and make best use of resources;
- Work with patients to enhance their ability to self-manage their health needs;
- Proactively manage patients to reduce the risk of preventable deterioration.

Community Services

Under a newly awarded 5 year contract, NSCP will deliver a model which addresses the challenges of a flat cash environment, rising demand and the need to support the growing number of people with complex and long term conditions. It meets North Somerset’s strategic objectives by creating a system in which:

- people will be more in control of their own health and wellbeing;
- progressive and impactful integration overcomes fragmentation, and resources are deployed to where they are most needed;
- the focus of service delivery progresses from the current illness management approach to early intervention and prevention;
- more focus is given to developing resources in the community that can support the required transformation.

The NSCP model is one of integrated health and social care and whole life service delivery. All components of the model are responsible for delivering improved health and social care outcomes, across the entire age spectrum.
The achievement of person focus outcomes is core to this approach and embedded within the proposed approach to integrate care planning. The model supports the achievement of personal goals through the Living Well programme and close links with community and voluntary sector organisations.

It will support primary care transformation by supporting the drive for early intervention and prevention and through helping patients to self-manage safely and effectively to reduce demand on Primary Care.

Quality, Safety and Care Quality Commission (CQC)

These are the main areas of work which will support the sustainability and transformation of primary care:

- Management and prevention of infection control

  Building on successful work integrating primary care and secondary care providers across North Somerset to reduce the incidence of healthcare acquired infections. For example, we have established a process of route cause analysis (RCA) undertaken for Community acquired Clostridium Difficile infections. These are undertaken by GPs and reviewed by microbiologist specialists the learning from which is then fed back to clinicians and this has shown to have changed prescribing behaviours in GP practices.

- Quality Incidents

  The CCG has commissioned Datex to provide us with better management information, reporting tools, data analysis capacity and greater system resilience. It allows us to look at trends and themes from the reported incidents and capture and share the learning. In time the system will become more powerful as the database grows.

- The safe transition of the patient through the local healthcare system

  The aim is to improve communications and the transfer of information about the patient across the local healthcare system and between providers to improve quality and patient safety. For example:

  - Referrals to secondary care including the implementation of the national early warning scores
  - Hospital discharges and letters
  - The timely provision of patient specific information such as medication and infection control status being available to treating clinician
  - Wider adoption of common IT systems such as Connecting Care and EMIS web.

The CCG is part of the newly formed NHSE Primary Care Quality Hub. It will ensure that NHSE delivers its statutory responsibility with regard to the safety and quality of its commissioned primary care services. It will also provide a forum for the collation and sharing of information and intelligence which will be used to monitor primary care services to makes sure that they are safe, are of a consistently high standard and are responsive to patient care needs and experiences and to drive
improvements in health outcomes and patient experience within available resources.

The medicines optimisation strategy includes plans to improve patient safety and promote antibiotic stewardship.

Improving Patient Safety

Working across care interfaces with providers and the local authority to improve patient safety through the monitoring of medicines related patient safety incidents, shared learning and seeking system change to manage possible event recurrence.

We continue to work in partnership with providers to drive change and ensure patient safety is maintained by timely and accurate sharing of medicines related patient information with primary care, during transfers between care settings.

Use Information Technology to drive changes in GP prescribing with the aim of admission avoidance and improved patient safety outcomes, by highlighting potential patient safety concerns using a suit of locally developed searches within GP prescribing systems.

Antibiotic Stewardship

Promotion of antimicrobial stewardship in everyday practice, including promotion of appropriate antibiotic prescribing according to local guidance and including reducing the unnecessary use of broad spectrum antibiotics and promoting the reduction of antibiotic use in clinical situations that do not clinically warrant treatment with antibiotics.

Pharmacist and Microbiologist review of root cause analyses of community attributed cases of Clostridium Difficile and dissemination of identified associated learning across primary care.

Prescribing and Medicines Management

Medicines play a crucial role in preventing illness, managing chronic conditions and curing disease. The use of medication is the most frequent intervention made in healthcare and in an era of significant economic challenge it is crucial that patients get the best quality outcomes from the medicines they use. A focus on optimal use of medicines can help ensure that patients and the NHS get better value from the investments made in medicines.

Medicines optimisation is an approach that seeks to empower all health professionals to maximise the beneficial clinical outcomes for patients from medicines with an emphasis on safety, governance, professional collaboration and patient engagement. Ultimately medicines optimisation supports cost-effective prescribing in primary care and can help encourage patients to take ownership of their treatment, aiming to help patients:

- Take their medicines correctly
- Avoid taking unnecessary medicines
- Reduce wastage of medicines
- Reduce medicines related adverse events and associated harm
- Receive improved clinical outcomes
North Somerset CCG’s Medicines Optimisation strategy involves multiple initiatives and includes multiple work streams. In particular the CCG is planning the following around optimising chronic disease and long term conditions management:

- Across BNSSG and within North Somerset CCG development of guidelines is critical to ensuring the appropriateness and cost-effectiveness of prescribed treatments and improving the quality and consistency of patient care. The on-going development of local prescribing guidance and protocols to aid treatment choices and disease management in primary care include, but is not limited to:
  - Development of respiratory guidance to assist implementation of GOLD framework for COPD management
  - Development of diabetes associated guidance to assist in implementation of cost effective management of this long-term condition.
  - Sick day rules aimed at preventing primary care acquired Acute Kidney Injury
  - Local Microbiology Consultant endorsed antimicrobial guidance for the primary care setting.
  - Promoting the review of patients recently admitted to an inpatient facility due to respiratory illness with the aim of optimising medications and reducing the risk of re-admission due to suboptimal disease management.
  - Commissioning GP practices to undertake insulin initiation and initial management of potentially complex insulin medication regimens.
  - Promoting the review of patients recently engaging with healthcare professionals due to diabetic related hypoglycaemia with the aim of optimising medications and reducing the risk of re-occurrence due to over use of medication used in diabetic disease management.
  - Medicines Management Team involvement and engagement with local diabetes transformation work streams to improve diabetic outcomes for patients.

It also plans a number of initiatives to reduce medicines waste notably:

- Development of a medicines waste strategy spanning across primary care, secondary care, social care, other commissioned providers, patient groups and public stakeholders to tackle the ever ever-increasing, expensive and unnecessary issue of wasted prescribed medicines.
- Working with community pharmacy colleagues, GP practice colleagues, NHS England, secondary and primary care commissioned providers and the public in supporting North Somerset CCG to implement the CCG medicines waste strategy.
- Optimising the appropriate prescribing of Oral Nutritional Supplements (ONS) and management of malnutrition in Primary Care to reduce unnecessary waste.
- Optimising the appropriate prescribing of catheters to reduce unnecessary waste and associated costs.

Other planned activities which are expected to continue throughout 2016-17 and beyond are included under the collaborative working, quality, safety and CQC, contracting and workforce sections.

Joint Commissioning

In 2014 NHSE offered CCGs the opportunity to take on joint or delegated commissioning for primary care GP services. North Somerset CCG members voted to support a joint commissioning application which came into force in April 2015.

It allows us to build on existing excellent working relations with the NHSE South West team and to have a greater say in how GP services are commissioned for our population especially around
contract maintenance, practice mergers, quality, the design of local schemes such as an alternative to QOF and estates.

It is likely that the direction of travel will be towards full delegation in 2017/2018 or later giving us greater responsibility to ensure that the system is sustainable, closer involvement in the management of these key contracts and opportunities to redress the current complexity in the system and reduce some of the bureaucracy that this breeds. The CCG will work with the membership as plans for the transfer of commissioning responsibilities become more explicit.

**Self-Care**

Self-care is an approach to health which supports patients to keep them well and provides knowledge for patients to share in decision making about their illness, diagnosis, treatment and recovery.

We will develop effective and preventative approaches to self-care, creating ways and means by which patients are empowered to take control of their own health and well-being, including those with long-term conditions.

To enable this we will support patients who are willing and able to self-care using mechanisms to help individuals take a greater interest in their own health such as ‘Patient Activation’

Patient activation provides a better understanding of why some patients engage fully with their health and others do not. By using this method it will most likely lead to greater patient participation and engagement in health care.

We will engage with public health initiatives aimed at changing behaviour and interventions such as shared decision-making and co-production to increase the number of health care decisions made jointly by patients and professionals.

We will strive to reach the most vulnerable in our patient population and work with them to improve their health.

We will continue to develop working relationships between primary care and the wider health and social care system, including the third sector to support patients. We will explore how we can utilise our third sector partners to support work within our primary care localities.

**Voluntary and Third Sector**

A brief summary of what has been is being or is proposed and the impact it will have on helping the CCG to achieve transformation of primary care.

**Contracting**

The CCG is now in the mobilisation phase of the recently awarded contract for community services (see community services section on page XXX).

Re-procurement of our two APMS GP practice contracts (one in 2016 and the other in 2017) - new contracts will include flexibility to review and refine objectives during the life of the contract to ensure contract holders support the CCG strategy for primary care.
In its 2016/2017 commissioning intentions, the CCG has flagged an aspiration for secondary care providers to consider outreach as a priority and the service development plans include a commitment to review what activity under an existing or revised pathway could be better undertaken in primary care with funding to follow. **Jo U to add words on how engagement will work**

Through joint commissioning and its own locally commissioned enhanced services, the CCG will look at opportunities to tailor direct enhanced services (DESs) and locally enhanced services (LESS) in ways that deliver good outcomes for patients, deliver value for money and reflect our key imperatives for primary care. In future it is likely that the commissioning of such services will over a locality or similar level rather than with each individual practice.

Through the medicines optimisation strategy there are plans for:

- Commissioning GP practices to undertake administration of the 6 monthly osteoporosis injection denosumab and all associated safety monitoring.
- Commissioning GP practices to undertake blood monitoring for certain disease modifying anti-rheumatic drugs (DMARDs) and management of this long-term condition.
- Commissioning GPs to undertake safe and protocol driven warfarin anticoagulation initiation in primary care for AF and anticoagulation maintenance for all diseases requiring long-term warfarin therapy.
- Offering GP practices an annual Prescribing Participation Scheme to drive cost effective prescribing and quality improvement in clinical areas aligned to North Somerset CCG priorities.