London Social Partnership Conference

Health – Priorities, current challenges and focus on Primary Care

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Regional Director of People and OD
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1. London’s top 5 strategic challenges
London’s Top 5 Strategic Challenges:

1. Population makeup
   - London currently has a population of 9.5m which is projected to increase to 10.1m over the next period.
   - 25% of Londoners are under the age of 25. London has the highest rates of childhood obesity in Europe.
   - 40% of Londoners are from minority ethnic communities, speaking more than 300 different languages.

2. Primary care
   - 37% of the general practice health and care workforce who train in London subsequently choose to move away.
   - Less than half of London’s patients are able to see a GP by the next working day.
   - Even the best performing London borough for patient satisfaction for ‘support of local services to help manage long term condition’ is less than the England average.

3. Provider landscape - sustainability (delivery challenge)
   - The London region is served by 35 Trusts (including 19 acute providers)
   - In 2014/15 London Trusts out-turned with a £208m deficit. In 2015/16 the Trusts posted a £567m deficit. For 2016/17 providers have a control total of £514m deficit (excluding STF funding)
   - Four Trusts are in special measures.

4. Commissioning Landscape
   - There are 32 CCGs in London.
   - The average registered population size is 297,000 (range from 193,000- 431,000)
   - In 2014/15 commissioner surplus was £239m In 2015/16 this reduced to £223m and 2016/17 plan is £122m
   - We have five CCGs in deficit

5. Capability & capacity of the system to respond to the transformation agenda
   - Major strategic programmes present additional challenges beyond normal CCG leadership capacity/capability.
   - London has a uniquely difficult political make-up, with two tiers of local government, challenging relationships between LAs and a history of high profile political interest.
   - Complex provider landscape with a variety of specialist Trusts with patient inflows from across the UK
2. Overview of the London System
A number of pan-London reviews of health and healthcare have taken place from 1892 up to the most recent review by the London Health Commission in 2014.
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<td>Health and Social Care Act passed</td>
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<td>44 STPs under development</td>
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<tr>
<td>London Health Board formed</td>
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- Health and Social Care Act passed
- Better Care Fund: Transformation in integrated health and social care
- Five Year Forward View: the NHS’ strategy
- New Models of Care Programme
- Greater Manchester’s health and social care devolution deal
- Sustainability and transformation plans (STPs) announced
- London Health Devolution Agreement
- London Health and Care Collaboration Agreement
- Healthy London Partnership established
- London Health and Care Devolution Programme established
- Devolution pilots underway
Goal – London to be world’s healthiest global city

10 programme aims from London Health Commission

- Give all London’s children a healthy, happy start to life
- Get London fitter with better food, more exercise and healthier living
- Make work a healthy place to be in London
- Help Londoners to kick unhealthy habits
- Care for the most mentally ill in London so they live longer, healthier lives
- Enable Londoners to do more to look after themselves
- Ensure that every Londoner is able to see a GP when they need to and at a time that suits them
- Create the best health and care services of any world city, throughout London and on every day
- Fully engage and involve Londoners in the future health of their city
- Put London at the centre of the global revolution in digital health
London has 32 CCGs divided into five STPs and together these serve a population of 8.3 million people

- There are 32 Clinical Commissioning Groups in the London Region serving a population of ~8.3 million∗.
- There are 33 Local Authorities, coterminous with London's Clinical Commissioning Groups, with the addition of the City of London Corporation.
- These are grouped into five STPs, each of which has an agreed leadership team (see map) and are supported by NHSE/NHSI colleagues to deliver transformation plans.
- The region also serves patient flows into the capital e.g. commuters, visitors and patients requiring specialist care.

The Region is served by three sub-regional bipartite teams:

- North West London (NWL) ~ 1.8m
- North Central and East London (NCEL) ~ 3m
- South London (SL) ~ 3.5m

∗2015 Mid Year population estimate

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Sustainability and Transformation Plans: What they mean in practice

The five London STPs have been created in response to three challenges outlined in the ‘Five Year Forward View’:

1. The Health and Wellbeing challenge
2. The Care and Quality challenge
3. The Finance and Efficiency challenge

**NCL**

- Embedding prevention and early intervention across the whole health and care system
- Developing Care Closer to Home Integrated Networks to provide more integrated and holistic, person-centred care
- Redevelopment of St Ann’s and St Pancras sites to improve IP mental health facilities and allow greater integration of physical and mental health-care

**NEL**

- Out of hospital response to a projected 18% increase in population over the next 15 years
- Developing Accountable Care Systems, bringing together providers of health and social care services around a single service model and a set of outcomes
- Developing surgical centres of excellence to improve the clinical outcomes for patients

**SWL**

- Agreeing a sustainable future of specialised services in South London
- Out of hospital provision to reduce flows into acute services
- Future configuration of acute provision

**NWL**

- Out-of-hospital provision to shift care into the community
- Reconfiguration of acute services
- Confirmation of changes to Ealing hospital

**SEL**

- Agreeing a sustainable future for specialised services in South London
- Acceleration of out of hospital provision through ‘Local Care Networks’
- Expediting progress on the establishment of orthopaedic centres
London health and care devolution pilots

**North Central London estates:**
Aims to develop the estate needed for new models of care. This will optimise existing assets and reinvest capital in health and care services which support wider benefits for local communities.

**Haringey prevention:**
Aims to embed best practice and test the limits of existing powers to promote prevention. It seeks to find the most effective ways of using planning and licensing powers to create healthy environments. The pilot will also identify new ways of supporting more people into sustainable employment.

**Barking, Havering and Redbridge sub-regional health and care integration:**
Aims to develop an Accountable Care Organisation with full budget accountability.

**Lewisham integration:**
Developing a whole system model which fully integrates physical and mental health and social care, tailored and delivered to the whole population.

**Hackney integration:**
Particular focus on achieving parity between mental and physical health services. Exploring a single delivery organisation taking responsibility for Hackney’s whole population, with combined financial resources and a capitated budget.

**Key:** type of pilot
- Sub-regional care integration
- Sub-regional estates
- Local care integration
- Local prevention – note that this borough is also part of the sub-regional estates pilot
3. Primary Care
There are significant challenges with access in London

The GPPS shows that ability to get a convenient appointment is lower in London than the rest of the country, and more of those go to A&E.
www.england.nhs.uk/gp

- Published April 2016
- Overall primary care budget will rise to over £12 billion by 2020/21 – a 14% real terms increase
- National ‘turnaround’ package to support GP practices
- Designed to get general practice back on its feet, improve patient care and access, and invest in new ways of providing primary care
Stabilising and transforming services for the future
Stabilising and transforming services for the future

Expand the General Practice Workforce

By 2020/21:
5,000 more doctors (WTE) and 5,000 more other practice staff (WTE) working in general practice

Increasing Recruitment

- By Choice not By Chance
- 35 RCGP Ambassadors
- HEE increasing GP training places
- 250 Post-CCT fellowships
- GP Nursing plan
- Major campaigns
- Return to practice
- International recruitment
- Clinical pharmacists in general practice

Make general practice attractive again

- Multi-professional working
- Flexible roles
- Reduce GP workload
- Bursaries in under-doctored areas
- Retainer Scheme
- Leadership training opportunities
- Training Hubs

Retention

- Flexible career schemes
- Career coaching for GPs
- GP Health Service
- GP Retention Scheme

Stabilising and transforming services for the future
We know that there is a workforce challenge, and several significantly ‘under-doctored’ areas

This map illustrates the balance between GPs and patients. There is considerable variation, but specifically shows challenge in outer London.
And increasing the workforce is a key aim of the GPFV

**WORKFORCE**

- Creating an extra **5,000 doctors** working in general practice
- **3,000 new** fully funded practice-based mental health therapists
- **1,000 new** physician associates

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- **Extra £6 million** in practice manager development
- **Extra 1,500** co-funded practice clinical pharmacists
- **Extra minimum £15 million** investment as part of general practice nurse development strategy
But we already know from HLP modelling, what would be needed in London if approach doesn’t change..

If services continue to be delivered under the current model London is likely face significant gaps (between 800-900 GP FTE) in 2021 as demand for GP activity projected to increase by 15%, but supply will struggle to keep pace (limited to 7% increase).

This and other modelling information has been provided to CCGs and is being used to develop solutions which will be as part of STPs and objectives of CEPNs.
Risk is increased by an ageing workforce

All STP areas have a higher proportion of GPs over 55 than the national average, with the areas of most significant challenge being NEL and NWL.
The heat map shows that there is a greater proportion of GPs over 55 overall in North London than South London.

- The three CCGs with the greatest proportion of GPs over 55 are all found in NEL. Havering has the greatest proportion with 39%, followed by Barking with 38% and Waltham Forrest with 33%.
- Lambeth has the smallest proportion of GPs over the age of 55 with 15%, followed by Camden (16%).
- The majority of CCGs with a high proportion of GPs over 55 are in North London with the 3 northern STP areas accounting for 9 of the top 10 highest proportions of GPs over 55.
- The CCG with the highest proportion of GPs over 55 in South London is Greenwich (33%).
- The previous slides show that CCGs in NEL have some of the highest numbers of patients per GP in London as well as the oldest GP workforces. This presents a high risk factor over the next 5 years.
The GPFV outlines ambitions for more resource and investment

### National Resource Increase

<table>
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<th>Role</th>
<th>Amount</th>
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<tr>
<td>5,000 GPs</td>
<td>5,000 extra by 2020</td>
</tr>
<tr>
<td>5,000 other roles, including</td>
<td>3,000 extra MH therapists</td>
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<td></td>
<td>1,500 more clinical pharmacists</td>
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### Additional Funding

<table>
<thead>
<tr>
<th>Funding</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Clinical Pharmacy Funding</td>
<td>£143m</td>
</tr>
<tr>
<td>Nurse development</td>
<td>£15m</td>
</tr>
<tr>
<td>Reception &amp; clerical staff training</td>
<td>£45m</td>
</tr>
<tr>
<td>Practice Manager Development</td>
<td>£6m</td>
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<tr>
<td>Pharmacy integration</td>
<td>£100m*</td>
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### Supporting Activities

- Further work to deliver the **10 point action plan**
- Major **national and international recruitment** campaigns
- **Bursaries** for the areas which have struggled the most to attract into GP training
- **Induction and refresher courses** for those looking to return to work
- Support for **flexible working**

### Workload Improvement activities

- Support for practices to be more **resilient**
- Review of best ways of working to manage **outpatient demand**
- Reduction in **CQC inspections for the best rated practices**
- Programme to release time for patients through
- Better **automation of tasks** where possible

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**Key discussion questions**

- **What are your biggest workforce concerns?**
- **As employers what would you like to input into the National workforce debate?**
Clinical Pharmacists in General Practice

- £112m further investment for 1500 additional CPs
- aimed at expanding workforce and creating new role, helping improve GP workload, managing patients’ complex polypharmacy / medicines optimisation and facilitating working at scale
- 1st wave of applications to be announced in March, quarterly waves to follow

**Thanet CCG**

Pharmacist review in care home
- 71 bed care with dementia wing
- 205 medications stopped
- 17 formulation changes
- £10,365 savings to annualised prescribing
- £1,815 savings to dispensing fees
- 34% saving to overall medication burden

£135m per year could be saved nationally (RPS February 2016)

**Ealing GP Federation**

Pharmacist as part of GP team
- 10 GP practice
- 1 hour saved per GP per day
- 1 WTE GP
- Patients see expert in use of medicines

£135m per year could be saved nationally (RPS February 2016)
The practice environment is changing, with practices closing and merging

Between April 2015 – March 2016
11 practice closed across London

Between April 2015 – March 2016
22 practice merged across London

Practice closure

Practice merges
And there is also increased working at scale

- Most practices are working together in federations or other at scale models
- **58 at scale organisations** across London provide coverage for **91%** of the population of London
- **21 CCGs** across London have at scale organisations that provide **100% coverage** of their entire population
- **74%** of at scale organisations are geographically aligned
- *Currently these are mostly federations*

Survey completed August 2015

However although the vast majority of practices are in federations, they are at very different stages of development. For example the majority are not registered with CQC:

It is important that at scale working is supported, in order to mitigate some of the practice challenges
But also almost all areas have higher than average single handers

4/5 STP areas are above the National average for proportion of single handed practices.
We are improving access in a number of ways

The following 7 descriptions are the access aims of the Strategic Commissioning Framework:

<table>
<thead>
<tr>
<th>Access Specifications (SCF)</th>
<th>Details</th>
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<tbody>
<tr>
<td>A1 Patient choice</td>
<td>Patients will be given a choice of access options and should be able to decide on the consultation most appropriate to their needs.</td>
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<tr>
<td>A2 Contacting the practice</td>
<td>Patients will be required to only make one call, click or contact in order to make an appointment. Primary care teams will maximise the use of technology and actively promote online services to patients including appointment booking, prescription ordering, viewing medical records and email consultations.</td>
</tr>
<tr>
<td>A3 Routine opening hours</td>
<td>Patients will be able to access pre-bookable routine appointments with a primary health care professional (see ‘workforce implications’ for the proposed primary care team) at all practices 8am – 6.30pm Monday to Friday and 8am to 12 noon on Saturdays. An alternative equivalent patient offer may be provided where there is a clear, evidenced local need.</td>
</tr>
<tr>
<td>A4 Extended opening hours</td>
<td>Patients will be able to access a GP or other primary care health professional seven days per week, 12 hours per day (8am to 8pm or an alternative equivalent offer based on local need) in their local area, for pre-bookable and unscheduled care appointments</td>
</tr>
<tr>
<td>A5 Same day access</td>
<td>Patients who want to be seen the same day will be able to have a consultation with a GP or appropriately skilled nurse on the same day within routine surgery hours at the practice at which they are registered (see Specification A3: Routine opening hours).</td>
</tr>
<tr>
<td>A6 Urgent and emergency care</td>
<td>Patients with urgent or emergency needs will need to be clinically assessed rapidly. Practices should have systems in place and skilled staff to ensure these patients are effectively identified and responded to appropriately.</td>
</tr>
<tr>
<td>A7 Continuity of care</td>
<td>All patients will be registered with a named GP who is responsible for providing an ongoing relationship for care coordination and care continuity. Practices will provide flexible appointment lengths as appropriate</td>
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By the end of 2017/18, we will have extended access throughout London

We have now had plans in from 31/32 areas of London, outlining their plans for this delivery:

**2016/17**

- **Over 6m (65%*) of London** will have access as per the London definition of extended access by the end of 2016/17
  - *Current plans received in December outline that this is tracking for greater than 65% - and further assurance of plans is underway to confirm*

- Other areas of London (35%) would be providing partial delivery/ setup etc.

**2017/18**

- **9.2m (97%)** of London will have access as per the London definition of extended access by the end of 2017/18

- 3% of London would be providing partial delivery (*City and Hackney are currently scoping opportunity to deliver some extended access via the hub model in 17/18, ahead of becoming a GPAF scheme in 18/19*)
GP commissioning delegation is currently at various levels across London

- **Already fully delegated (11 CCGs)**: Croydon
- **Level 2 delegation (20 CCGs)**: Bromley, Croydon, Ealing, Enfield, Greenwich, Hounslow, Lambeth, Lewisham, Newham, Redbridge, Southwark
- **Level 1 delegation (1 CCG)**: Brent

Legend:
- Already fully delegated (11 CCGs)
- Level 2 delegation (20 CCGs)
- Level 1 delegation (1 CCG)
But is expected to be fully delegated in 17/18

Already delegated (11 CCGs)
Expected to be delegated from April 2017 (21 CCGs)