

## Health Scrutiny Committee

**14 March 2017**

### Planning and the provision of primary care infrastructure

Information in this report was produced on behalf of:	
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#### Introduction

1. The following information has been provided in response to the key areas of investigation set out in paragraph 3 of the covering report.

#### **How is the model of primary care provision changing and why and what is the timeframe for this?**

2. In April 2016, the GP Five Year Forward view was released. Its main points are:
  - a) The Five Year Forward View recognised that primary care has been underfunded compared to secondary care, and that this must change. The historic strength of general practice is being weakened by the relative under-investment in general practice that has occurred over the past decade.
  - b) NHS England (NHSE) aim to double the rate of growth in the primary care medical workforce over the next five years, to create an extra 5,000 doctors working in general practice. This needs to be supported by growth in the non-medical workforce – a minimum of 5,000 extra staff – nurses, pharmacists, physician associates, mental health workers and others.
  - c) NHSE will give support for general practice with the management of demand, diversion of unnecessary work, an overall reduction in bureaucracy and more integration with the wider health and care system.

- d) NHSE have pledged to go further faster in supporting the development of the primary care estate.
- e) Investment for general practice estates and infrastructure – supported by continued public sector capital investment, estimated to reach over £900 million over the course of the next five years. This will be backed with measures to speed up delivery of capital projects. These measures include:
  - i) NHSE will promote the greater use of technology to enhance patient care and experience, as well as streamlined practice processes:
  - ii) NHSE hope to support to strengthen and redesign general practice:
  - iii) Commissioning and funding of services to provide extra primary care capacity across every part of England, backed by over £500 million of recurrent funding by 2020/21. This forms part of the proposed increase in recurrent funding of £2.4 billion by 2020/21.
  - iv) Integration of extended access with out of hours and urgent care services, including reformed 111 and local Clinical Hubs.
  - v) £171 million one-off investment by CCGs starting in 2017/18, for practice transformational support.
  - vi) Introduction of a new voluntary Multispeciality Community Provider contract from April 2017 to integrate general practice services with community services and wider healthcare services. A new national three year ‘Releasing Time for Patients’ programme to reach every practice in the country to free up to 10 percent of GPs’ time
  - vii) Fund local collaboratives to support practices to implement new ways of working.
  - viii) Provide free training and coaching for clinicians and managers to support practice redesign.

#### **What does best practice look like?**

3. The GP Forward View provides examples of best practice in each area. Details are attached as Appendix A.

#### **What is known about the current state of primary care estate in Suffolk?**

4. Ipswich and East Suffolk and West Suffolk CCG has assessed and worked with all its member practices and has drawn up a plan for each practice that identified itself as having an estate issue. Those plans are now being delivered according to their own timetables, and in response to the planned growth in west Suffolk. The CCG works with NHSPS and NHSE to secure 106, CIL and improvement grants monies to contribute to the funding of each scheme.

#### **How is the need for additional primary care infrastructure considered in response to planned housing development?**

5. When considering the impact of development growth on existing services, a simple planning formula is used of 1,750 patients per 120m<sup>2</sup> of space.
6. At the time of consultation, the CCG will plot the proposed development and identify practices within a 2km radius or those closest to the development if there are no services within 2km. These are the most likely services to be impacted by development due to their proximity. 2km is considered a reasonable distance

for patients to access services without the use of cars to help promote sustainable communities.

7. The CCG will estimate patient growth as a result of development by multiplying the number of dwellings by the consensus average of persons per household in the relevant local authority area.
8. In liaison with the CCG and the Contract Manager for the area, we will assess those practices identified; using the formula, to understand if capacity exists to absorb the proposed growth. Where there are capacity issues existing or that will be initiated by the proposed growth the CCG will seek appropriate mitigation.
9. Where proposed developments may include over 3,500 dwellings, new infrastructure may be required specifically for that site. All project proposals are currently subject to NHS England Prioritisation and Approvals Process which ensures that projects are undertaken that deliver sustainability and that the right services are in the right place to best serve the needs of the local community, whilst at the same time meeting the objective of the 5 Year Forward View and the CCG Sustainability and Transformation Plan (STP) for the area.

**How are opportunities for co-location identified, to support the priority of integration between primary care, community services and social care?**

10. The CCG meet with every practice and have explored with them, their ambition or issues around estate. Each embryo project is scoped in terms of integration, working with our local councils. The CCG is commissioner or stakeholder for all these services and so have many forums to explore these opportunities

**Are there case study examples of where this process has worked well and/or could have been improved?**

11. West Suffolk CCG is currently working with Forest Heath District Council on the Mildenhall Hub, Public Service Village in Bury St Edmunds, and embryo plans in Haverhill. Although these projects are not complete, the plans are well developed.
12. The CCG, the two practices in Brandon, NHS Property Services, Abbeycroft Leisure and NHS England are also looking at a co-location opportunity in Brandon at the leisure centre

