

Meeting: Primary Care Commissioning Committee			
Meeting Date	22 July 2020	Action	Consider
Item No.	6	Confidential	No
Title	General Practice Strategy		
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Executive Summary
<p>In 2016 the NHS Bury CCG Primary Care Health and Wellbeing Strategy was co-produced with member practices and local primary care providers. It articulated the vision for primary care over the next 5 years along with a range of functions and projects that would be implemented over the time period of the strategy. In June 2019 a stock take reviewed progress against the agreed ambition. This highlighted that a number of the proposed projects had been implemented or were now being delivered as business as usual.</p> <p>Since producing the initial strategy a number of key local and national strategic documents have been produced that focus on the work expected of general practice; these include the Bury Locality Plan (and subsequent refresh), GM Primary Care Strategy Refresh, NHS Long Term and developing Bury 2030 strategy along with the Covid-19 recovery ambition. Task related projects from these strategic documents are/will be collated and prioritised as part of the primary care team's annual workplan.</p> <p>What is lacking in Bury is a clearly articulated vision that captures its ambition for the ethos in which general practice should operate. When discussing the role that is being asked of general practice three key relational domains have to be considered:</p> <ul style="list-style-type: none"> • The relationship dynamic between member practices and the CCG/OCO • The role general practice is being asked to undertake as leaders within our neighbourhoods • As service providers in the Bury system <p>This paper provides the beginning of the strategy; it collates the thoughts and comments made to date and invites the Primary Care Commissioning Committee to provide their views on the themes within the strategy and their ambition for general practice.</p>
Recommendations
<p>The Primary Care Commissioning Committee is invited to share and discuss their views on a General Practice Strategy for Bury.</p>

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
N/A	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
See in content of report						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

General Practice Strategy

1. Introduction

- 1.1 This paper provides the beginning of a refreshed strategy for general practice; it collates thoughts, comments and themes to be captured. It is being brought to the Primary Care Commissioning Committee to prompt discussion and gain the views of committee members on the themes within the strategy and their ambition for general practice.

2. Background

- 2.1 In 2016 the NHS Bury CCG Primary Care Health and Wellbeing Strategy was co-produced with member practices and local primary care providers. It articulated the vision for primary care over the next 5 years along with a range of functions and projects that would be implemented over the time period of the strategy. In June 2019 a stock take reviewed progress against the agreed ambition. This highlighted that a number of the proposed projects had been implemented or were now being delivered as business as usual.
- 2.2 Since producing the initial strategy a number of key local and national strategic documents have been produced that focus on the work expected of general practice, these include the Bury Locality Plan (and subsequent refresh), GM Primary Care Strategy Refresh, NHS Long Term and developing Bury 2030 strategy along with the Covid-19 recovery ambition. Task-related projects from these strategic documents are/will be collated and prioritised as part of the primary care team's annual workplan.
- 2.3 Given this context, and the fact that primary care has worked very differently through the Covid pandemic, it is therefore opportune to create a new Primary Care Strategy for Bury, which sets out a clear vision and ambition for effective Primary Care delivery to the people of Bury.

3. Work to date

- 3.1 Prior to the outbreak of the Covid-19 pandemic a number of initial conversations took place to help support and shape a co-productive conversation with general practice to create a clearly articulated vision. The table below summarises the work undertaken:

Date	Who	Purpose
Sept 19	PC Team	Stakeholder mapping
Oct 19	PC Team, Clinical Chair, Comms Team	Agree approach to capturing views from practice on key areas
Oct-Dec 19	PC Team and practices	Initial diagnostic questions to capture practices views on engagement with CCG, role of PCNs and role of neighbourhoods
Dec 19	Clinical Chair, Chief Operating Officer	Executive level conversations around wish for general practice
Jan 20	PC Team, LCO Delivery Team	Mapping the dynamic and the requirement of general practice with in neighbourhoods
March 20	PC workstream	To discuss approach, support for the key themes and

		capture views of the group
March 20	**Cancelled** GP Engagement Event	Exploration of CCG membership's views

3.2 A meeting has also recently taken place between the Clinical Chair, the Director of Community Commissioning and the Clinical Directors of the PCNs to begin exploring their role and the role of the PCNs within the Bury system.

4. Key Relational Themes

4.1 From conversations to-date, three key themes have been highlighted as areas that need exploring in more depth:

- The relationship dynamic between member practices and the CCG/OCO
- The role general practice is being asked to undertake as leaders within our neighbourhoods
- As service providers in the Bury system

4.2 Appendix One contains a summary of comments made to-date around these three themes

5. Discussion

5.1 The Primary Care Commissioning Committee is invited to share and discuss their views on a General Practice Strategy for Bury. In particular:

- Do the key themes resonate?
- What is our desired state?
- What are our ambitions for the other primary care providers?

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Appendix One- Summary of comments received to date

Theme	'As is' state	Desired state	Areas to explore
The relationship dynamic between member practices and the CCG/OCO	Governance structure in place in order to make decisions within CCG Quarterly engagement events Main point of contact is with the primary care team	True engagement Shaping the decisions made by the OCO System level general practice leadership focusing on population health/preventative interventions, 'owning the problem', seeing themselves as part of the CCG, and working as allies	How as a CCG do we change how we engage with practices- move beyond one team's responsibility? Practicality of communicating and exploring- including new ways of engaging- not just face to face Behaviours
The role general practice is being asked to undertake as leaders within our neighbourhoods	Attendance at neighborhood meetings not as strong as it was for sectors Emerging neighbourhood model Lack of clarity from practices on the purpose of the neighbourhoods. Unsure what the difference between networks and neighbourhoods are	Neighbourhood level general practice leadership focusing on the integration of services around individuals and families For general practice to be able to clearly articulate the benefits of neighbourhood working and see them as a reality.	Neighbourhoods vs networks- being clear on what we think. Registered v resident dynamic, what is our view Leadership beyond ACM Leadership beyond their practice into neighbourhoods, borough and GM wide What does leadership actually look like/feel like- flat structure/sharing of experience and knowledge/strategic oversight of a neighbourhood/autonomy/confidence to act Celebration of success Behaviours
As service providers in the Bury system	26 practices GP Fed 4 PCNs	PCNs working as a true network making decision based on network not practice need. PCNs acting as a provider model that ensures neighbourhood delivery GP negotiating group in place, allowing for a single point for contractual negotiations. Practices to follow and accept the decisions made by the group. Effective co-ordination of the PCNs, to explore strategic thinking with the OCO and ensure effective delivery through the LCO; this co-	Commissioning principles, tangible bits that need to be included What are the behaviours seen in the different areas?

		ordination through a single mechanism, such as the GP Fed?	
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