

BRIEFING NOTE

Primary Care

The range of services provided by GP practices are the foundation upon which our health system is built. The quality of general practice in west, north and east Cumbria is high – currently 96 % of practices in Cumbria are rated ‘outstanding’ or ‘good’ compared to 85% nationally*.*

Maintaining these high standards across general practice is a priority; it is fundamental to the success of the Integrated Care Communities (ICC) model and the sustainability of the health and social care system more generally. This is recognised and supported nationally through the [General Practice Forward View](https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf), published in April 2016, which sets out a national plan to stabilise and transform general practice.

Access to GP services out-of-hours is through NHS 111 and provided by Cumbria Health on Call (CHOC). The Department of Health has set national quality requirements which establish minimum standards for all out-of-hours GP services. CHOC performs well against the standards and onwards referrals are better than national figures, while feedback from users also shows a high satisfaction with the service.

While our GP services are well used and well regarded by patients, there are challenges too. Nationally and locally services are now increasingly fragile:

* + One third of all practices in WNE Cumbria have applied for NHSE “vulnerable practices” funding as a result of national contract changes.
  + Workload has increased significantly – for example, there were approximately 15% more contacts with patients last year than five years ago. This has been exacerbated in west, north and east Cumbria by the pressures in our acute hospitals, resulting in significant unplanned work.

* + There are major issues affecting GP and practice nurse recruitment. In Copeland, the GP vacancy rate is 23%. It is expected that 47% of current GP partners across west, north and east Cumbria are planning to retire over the next 10 years.
  + Many practices are experiencing significant issues with their premises, which can also impact on recruitment.

In order to address these challenges we are working with NHS England and Health Education England (HEE) to provide practical steps to grow and develop the workforce, help drive efficiencies in workload and relieve demand, as well as modernising the infrastructure and technology.

These include a focus on:

1. **New ways of working:** ICCs will see health and social care professionals, GPs, the voluntary sector and the community working as one team within one system to support the health and care needs of population it serves. It will focus on helping the population to manage long term health conditions and improve access to information about healthier lifestyles locally. ICCs will see services built around GP practices to develop bigger clinical teams with a wider range of skills to act as one team

Practices are also working together, for example to provide care to patients in care homes and CHOC and GP practices can work together to support each other. Some practices are also joining together to form larger practices (mergers).

Practices are also looking to organise how they provide their services to patients differently, bringing in new members of the clinical team and organising how appointments are offered differently. Patients will also find an increasing range of alternatives, such as services provided through local pharmacies and 111 to complement the services offered by general practice.

1. **Workforce:** Difficulties in recruitment, particularly (but not only) the recruitment of GPs, is a national issue. Practices with NHS Cumbria Clinical Commissioning Group are seeking to take advantage of national schemes to increase the number of GPs as well as to develop local schemes. The numbers of GPs choosing to train in Cumbria has increased this year following work to make the training scheme more attractive. For example, there are now 12 GP trainees in north Cumbria and four in west Cumbria. Innovative joint posts are being developed across different organisations that offer attractive alternatives to traditional roles. A practice in Carlisle is taking part in a pilot scheme that targets investment to recruit doctors returning to medicine following a career break. A Primary Care Development Plan has been scoped that includes a number of schemes such as a career start scheme to support newly qualified GPs to work in Cumbria.

There are 45 general practices in west, north and east Cumbria and to help them with recruitment a collaborative GP recruitment hub is being established. The hub will give more visibility to GP posts in the area, as well as developing a shared service to improve the efficiency of the GP practice recruitment process and employment checks. We have held the first Cumbria GP Recruitment Fair supported by a range of stakeholders including North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust. A second day, incorporating study and job opportunities, is being organised. There will also be a joint presence at the BMJ Jobs Fair and a GP Careers Fair in October 2016.

Many practices have extended the clinical workforce with a range of nursing and support roles, including pharmacists within the clinical team.

1. **Clinical Informatics & Technology**: By the end of 2016, all GP practices will be using the same IT system enabling cross-Cumbria e-referrals and e-prescribing, allowing practices and patients to monitor pathway progress online.
2. **Premises:** supportto enable greater co-location of primary care services with the wider out-of-hospital services. This can help release practices from onerous premises-related issues, potentially leading to financial savings from operational efficiencies. The key to this will be a submission to the Estates and Technology Transformation Fund.
3. **Finance**: In each of the ICCs, we will align the existing resources more effectively across health and social care services. In addition, we are proposing to re-invest significantly in primary and community based services. This will support ICCs to develop and provide the level of care needed for the future.

*QUESTION: If general practice is under pressure now, won’t it be under more pressure with the development of ICCs?*

ICCs will form an extended primary health and care team, where GPs, social workers, nurses, therapists, support workers and the voluntary sector work together in teams to wrap themselves around individuals, families and communities. They will provide both person centred co-ordinated care and an organised approach to improving the population health. This will mean less fragmented care and, as a result, your GP will be able to provide more effective care as part of a multi-disciplinary team. In the longer term this should reduce pressure on GP practices. If we don’t do anything to support GP practices to change, many of them will struggle to maintain services.

*QUESTION: Will I still be able to see my usual GP?*

Your practice will still have a patient list and you will able to able to contact your practice as usual. In time, as ICCs develop, your practice will be able to navigate you to the best person to address your needs – which may not be the GP – so you are booked in to see the right person, first time.

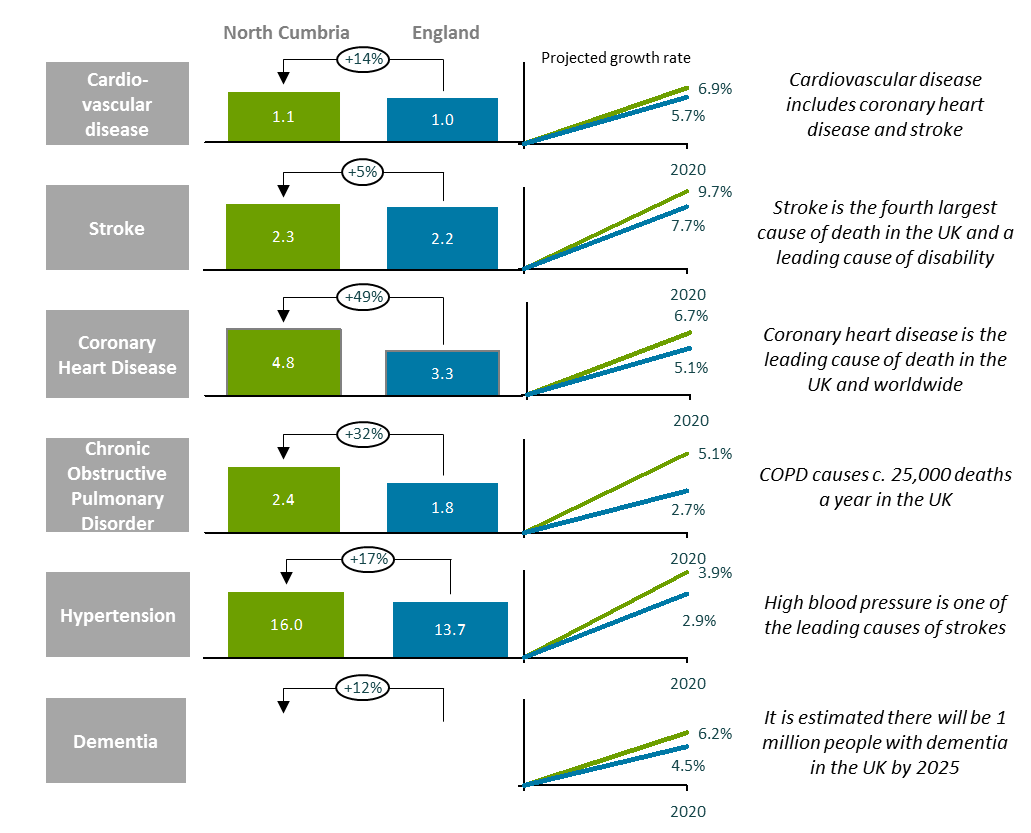
*QUESTION: What will happen when my GP practice is closed?*

Currently patients can access out-of-hours services by calling NHS 111. The GP service is provided by Cumbria Health on Call (CHOC) which provides urgent primary care when GP surgeries are typically closed, from 6:30pm to 8am on weekdays and all day at weekends and on bank holidays. Between now and April 2020 as part of the government commitment to increase access to general practice we are working with local GP practices and in collaboration with CHOC on new approaches to same-day demand and extended access, which aligns with the development of ICCs.

*QUESTION: If it isn’t broken why fix it?*

Whilst there is a strong tradition of general practice being high quality, innovative and central to the local health system, many practices are now regarded as vulnerable because of financial, workforce and workload pressures.

In addition, west, north and east Cumbria has higher prevalence rates for almost all disease groups compared to the national and peer group average, as outlined in the graph below. This, coupled with a projected 3.4% decrease in the number of people aged under 60 and an expected 8% increasein those 60 or over – a so-called “super ageing” population – will put increasing demands on a number of services, including general practice. We need to act now to ensure people still have access to the best primary care in the future.



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