Primary Care Co-Commissioning Committee

### Primary Care Home

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<th>Date of Meeting</th>
<th>March 2017</th>
<th>Agenda Item</th>
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#### CCG Corporate Objectives

- Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities: Y
- To work collaboratively to create safe, high quality health care services: Y
- To maintain financial balance and improve efficiency and productivity: Y
- To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives: Y
- To maintain and improve performance against core standards and statutory requirements: Y
- To commission improved out of hospital care: Y

#### CCG High Impact Changes

- Delivering high quality Primary Care at scale and improving access: Y
- Self-Care and Early Intervention: Y
- Enhanced and Integrated Primary Care and Better Care Fund: Y
- Access to Re-ablement and Intermediate Care: Y
- Improved hospital discharge and reduced length of stay: Y
- Community based ambulatory care for specific conditions: Y
- Access to high quality Urgent and Emergency Care: Y
- Scheduled Care: Y
- Quality: Y

**Clinical Lead:** Dr Preeti Shukla/Dr Stephen Gunn

**Senior Lead Manager:** Mr Peter Sellars

**Finance Manager:** Ms Linda Ring

**Equality Impact and Risk Assessment completed:** n/a

**Patient and Public Engagement completed:** n/a

**Financial Implications:** n/a

**Risk Identified:** n/a

**Report authorised by Senior Manager:** Dr Malcolm Ridgway

### Decision Recommendations

1. Receive and consider the contents of this paper

2. Agree to support the application to join the NAPC “Communities of Practice” working to develop the Primary Care Home model in line with the Pennine Lancashire Transformation plan
Introduction

Blackburn with Darwen CCG has a strong reputation for integrated working and has been identified by NHSE as a proactive CCG with aspirations to progress new models of care development. The CCG has been invited by the National Association of Primary Care to apply to be part of their national “Communities of Practice” network to explore the Primary Care Home (PCH) model.

Background

The National Association of Primary Care has, over the last 20 years, helped describe and develop the concept of the ‘Primary Care Home’ (PCH) as a future delivery mechanism for integrated health and social care. The key elements of the PCH are aligned with the new models of care cited in the Five Year Forward View and GP Forward View.

The key elements of the model are:

- The provision of care to a registered population.
- A recognition that unregistered citizens will need care provision in the geographic area covered by the PCH.
- Balancing the provision of personalised care, responsive to the need of an individual, with population health planning and provision.
- Sensitive workforce planning, consistent with the need of the registered population.
- Multi-disciplinary clinical and social care team service delivery.
- Purposeful rather than positional leadership within the organisation, with clinical leadership being a style of practice.
- Dismantling of historical organisational boundaries, working collectively through networked arrangements within modernised community healthcare premises, with access to diagnostics onsite and a fully integrated IT system.
- Focusing efforts on the ‘make or buy’ decisions within care provision through the accountability of independently managing a capitated budget for the registered population.
- A strong affinity between participating practices and community services, which are not necessarily geographically co-positioned but would be normally sited within the boundaries of one CCG.
- An optimal population size served by the PCH which would be not less than 30,000, but normally not more than 50,000 people.
- The recognition that waiting and access to NHS care remains the public’s top concern and provides urgent, same day and pre-bookable appointments for the registered population. This is consistent with the concept of ‘the never full practice’ and aspirations of the Prime Minister’s Challenge Fund.
The PCH does incorporate the successful features of the ACS model, with particular focus on a unified capitated budget, single integrated workforce and an uncomplicated consolidated range of outcome measures.

NAPC will support the programme by providing the evidence base, opportunities for networking with the 15 “Rapid Test Sites” and a much larger number of “Communities of Practice” sites and general advice and support. Whilst there is no financial support it is possible that this initiative will be supported by NHSE in the future and will also provide useful evidence that the CCG is progressing with new models of care.

Actions to date

Support has been garnered from relevant providers and commissioners by;

1. Contacting BwD Council, ELHT, LCFT, ELMS, Voluntary sector and LPC senior managers to seek support in principle to apply for “Communities of Practice” status. Localities and their constituent GPs have also been contacted via their Chairs. We have received support by email or letter from the above providers.

Actions to do

1. Application form to be completed and be submitted by March 23rd 2017 (see Appendix A).

Recommendations

1. Receive and consider the contents of this paper

2. Agree to support the application to join the NAPC “Communities of Practice”, working to develop the PCH model in line with the Pennine Lancashire Transformation plan.

Peter Sellars
Primary Care Transformation Lead   March 2017

Further Information


Annex A - Application to become a member of the NAPC PCH programme ‘Community of Practice’

Please complete all sections of this application. If you’re applying for more than one PCH site to join the Community of Practice using this application form, please ensure the information requested is provided for each PCH.

**Q1. Aspirant local PCH network contact information**

**Contact name:**

Please include the
- name
- role title
- telephone number
- email address

of a single person who we can contact and is best able to field queries about the application for each of the PCH sites your application relates to.

Name of each aspirant PCH site to which this application relates:

**Q2. Please confirm whether the proposed PCH is outside of an existing Multi-specialty Community Provider (MCP) and Primary and Acute Care (PAC) systems Vanguard boundaries?**

<p>| Q3. What is the registered population size of your proposed PCH or PCH sites? |
| Q4. Please list the local partner provider organisations (e.g Primary Care, Community Care, Secondary Care, Mental Health, Social Care/Local Authority and Voluntary Sector) that are within and support the development of your PCH or PCH Sites |</p>
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<tr>
<th>Question</th>
<th>Description</th>
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<tbody>
<tr>
<td>Q5:</td>
<td>Please list the names, addresses and registered populations for each of the GP practices that make up your proposed PCH or PCH sites</td>
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<td>Q6:</td>
<td>Please provide written confirmation that the development of the PCH model and its characteristics has formal support from your CCG. Please attach any written confirmation from your CCG to this application.</td>
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<td>Q7:</td>
<td>Please provide written confirmation that there is a shared commitment from your local Primary Care (including GP practices), Community Care, Secondary Care, Mental Health, Social Care/Local Authority and Voluntary Sector providers to support the development of your PCH model. Please attach written confirmation from your partner organisations to this application.</td>
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<td>Q8:</td>
<td>Are your organisation/network/system plans to develop the PCH model included within the local Operating Plan or Sustainability and Transformation Plan (STP) to March 2021? If yes, please describe what plans have been agreed (or attach a copy).</td>
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<td>Q9:</td>
<td>Has any financial and/or non financial support from the CCG/local health economy for the development of the PCH model been agreed? If yes, please describe what financial support has been identified.</td>
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If the answer to either Question 8 and 9 is no please answer Questions 10 and 11 below.
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<th>Q10. What is your organisation/network/system’s plan for developing the PCH model integrating it into your STP plan?</th>
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| Q11: What financial/non financial support has your organisation/network/system identified to support the development of the PCH model?  
Please describe what financial support has been identified: |
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<th>Q12: If applicable please outline what progress has already been made in developing the PCH model locally?</th>
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| Q13: Please confirm your PCH organisation/network/system’s commitment to sharing learning through regular interaction with other Community of Practice sites, the RTS and the PCH programme. This includes (for example)  
- **Building relationships** that enable all sites across the health system wishing to develop the PCH model to learn from the RTS, the PCH programme and other members of the ‘Community of Practice’  
- **Engaging aspirant PCH sites in joint activities and discussions** with the RTS, PCH programme and other members of the ‘Community of Practice’, to share information and help each other in the development of the PCH model  
- **Developing a shared repertoire of resources/practice to develop and evaluate the PCH**: experiences, stories, tools, ways of addressing recurring problems. |
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