

Primary Care Co-Commissioning Committee

Improving the GP Workforce In Blackburn with Darwen

Date of Meeting	31 st May 2017	Agenda Item	8
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CCG Corporate Objectives	
Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	✓
To work collaboratively to create safe, high quality health care services	✓
To maintain financial balance and improve efficiency and productivity	✓
To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	✓
To maintain and improve performance against core standards and statutory requirements	✓
To commission improved out of hospital care	
CCG High Impact Changes	
Delivering high quality Primary Care at scale and improving access	✓
Self-Care and Early Intervention	
Enhanced and Integrated Primary Care and Better Care Fund	✓
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	✓

Decision Recommendations

The Primary Care Co-commissioning Committee (PCCC) is asked to receive this report and note the items as detailed.

	Dr Preeti Shukla
Clinical Lead:	
Senior Lead Manager	Dr Malcolm Ridgway
Finance Manager	Mrs Linda Ring
Equality Impact and Risk Assessment completed:	N/A
Patient and Public Engagement completed:	N/A
Financial Implications	N/A
Risk Identified	Contained within the document
Report authorised by Senior Manager:	Dr Malcolm Ridgway

Improving the GP Workforce in Blackburn with Darwen

May 2017

In Blackburn With Darwen Clinical Commissioning Group (BwD CCG), we are committed to developing safe, effective and sustainable Primary Care in the light of increasing demand and challenged resources. Our innovative and forward thinking approach is reflected in our Primary Care strategy, which has led to significant developments in the last 3 years.

Early on we realised there was a significant national and local workforce crisis and we put measures in place to manage this. We invested significantly in developing an alternative workforce e.g. Physician associates and clinical pharmacists, who are working side by side with GP's to reduce their workload. We have also invested heavily in GP training with 11 training practices, including 3 that have been recently developed and authorised. Many of our new GPs have been born and bred locally, in part due to this and the "grown your own" scheme that was successfully operated in the past. We also provide education and training to existing GPs and other clinical staff through our ground breaking Protected Learning Time events of which there are six taking place per year. These are hugely appreciated by GPs and staff and result in a better educated and motivated workforce with improved care for patients. We also support nurse training and support and administer the practice nurse forum.

Furthermore, to ease the workload pressure on the current workforce we are among the first CCG's in England to arrange training to up skill our administrative staff to deal with routine paperwork, which releases precious GP time for clinical care. We are currently looking at training care navigators to facilitate best use of resources by directing patients to the most appropriate services for their needs. Recently our local GP Out of Hours service has been developing a new system of telephone triage which will enable GP's to work from home, which is an attractive proposition especially for young doctors with childcare responsibilities, thereby increasing the available workforce. We are also investigating ways to retain and recruit GPs, for example, through the GP Retention scheme and GP Induction and Refresher scheme alongside other initiatives that are being developed regionally and nationally.

We have implemented GP Forward View (GPFV) initiatives such as the vulnerable and resilient practices scheme with seven practices having benefitted from it this year, with more to come on stream next year.

In order to achieve our aims to develop Primary Care and make Blackburn with Darwen an attractive place to work we have developed our Estates Strategy. Fundamentally, this is about developing the Primary Care estate into a modern, fit for purpose environment that enables a wider and more complex range of care for patients in a community rather than hospital setting.

Three proposed new builds got through to the full business case stage of the Estates and Technology Transformation Fund (ETTF) process; these are two new primary care facilities in the West and North of the town and a Primary Care Access Centre co-located with the Royal Blackburn Hospital Accident and Emergency Department. The new GP premises will bring together numerous practices under one roof, allowing them to collaborate and / or merge so that they can operate more effectively. We already have two large GP health centres, one in the centre of Blackburn (Barbara Castle Way Health Centre) and one in Darwen (Darwen Health Centre). These four large facilities will form the hubs from which our integrated primary health care teams operate across our four localities.

The CCG understand the benefits of General Practice working at scale and to facilitate this, has encouraged the formation of the BwD GP Federation (Local Primary Care (LPC)). LPC successfully bid for the Prime Ministers Challenge Fund which brought recurrent funding into Blackburn with Darwen to support seven day access to General Practice; it is being delivered through four locality hubs across Blackburn and Darwen.

We are leading in transformational change having developed our four localities (North, West, East and Darwen), which are the base of our integrated primary health care teams. These multidisciplinary teams provide joined up holistic care to patients and are the perfect size for the new models of care proposed in the Five Year and GP Forward Views and with developments such as “Primary Care Home”.

Practices voted in October 2016 for LPC to explore a “partially integrated” model of general practice and the CCG to explore a partially integrated new model of community care. Blackburn with Darwen has been invited to explore the Primary Care Home model as developed by the National Association of Primary Care. We are exploring this possibility with our colleagues across Pennine Lancashire to ensure it is coherent with our Accountable Care System developments. This again shows Blackburn with Darwen to be at the leading edge of innovation and our ambition is to radically improve the range and scale of services provided to patients and makes Blackburn with Darwen a great place to work.

The CCG developed the Quality, Outcomes and Enhanced Services Transformation (QOEST) scheme which enabled practices, working with LPC, to develop improvement plans in 3 areas; quality, access and sustainability. This scheme won the National Award for Innovation in Commissioning Primary Care in 2016 and its primary aims are to provide high quality, accessible services to patients which are sustainable and transform to meet the demands of the future.

We have a successful, high quality GP Out of Hours service that was created and developed locally and whose workforce comprises local GP, nurses and administrative staff. This service currently runs one of the few GP Acute Visiting Services in the country which are designed to improve urgent primary care and reduce the need for patients to have to go to the A+E department or be admitted to hospital (usually via ambulance).

We have been asked to pilot an innovative workforce modelling tool that will enable us to plan the workforce needs of practices, localities and across BwD, both now and into the future. This will also inform Health Education England and the Universities in planning for new clinical staff requirements in the medium to long term.

We believe our efforts will help to provide a safe, high quality and accessible service to our patients and will ensure primary care is ready to meet the challenges of the future.

Dr Preeti Shukla
Primary Care Clinical lead
May 2017