The future of primary care: What is the role of the commissioner in facilitating change?

15 November 2017
110 Rochester Row, London

Amongst the unprecedented pressures on primary care and the next steps for the NHS five year forward view being announced in March 2017, focus has turned to addressing the financial challenges and increased workloads on our GPs. The issues stem partly from the national priority to shift secondary care services onto the primary care sector. GPs are responding in different ways through vertical integration and the emergence of alliances, federations and super practices. However, it is vital that these new infrastructures are supported to ensure they can keep pace with changing national policy. Commissioners have an important role to play in these changes.

This event will provide a valuable opportunity to hear from GP leaders and policy directors about their work, experiences and predictions for the future. Key focus will be on shared learning and delving into the detail of how commissioning and primary care can support each other in facilitating positive change and relieving the pressures on the healthcare system.

Provisional programme

09.00 Registration and networking

10:00 Chair’s welcome and housekeeping
David Chandler, chief finance officer, NHS Sunderland CCG

10:05 The General Practice Forward View: A national update from NHS England
Dr Arvind Madan, director of primary care, NHS England

NHS England’s General Practice Forward View, published in April 2016 is committed to providing additional funding to support and transform primary care with a focus on GP workload, practice infrastructure, workforce development, self-help schemes for patients and new models of care. The sector is already seeing these developments which will continue to be delivered up to 20/21 and will encourage collaboration for financial sustainability. National support is being delivered both practically and financially through the GPFV, but how is this working at ground level for GP practices and for the CCG?

Dr Madan will be setting the scene by providing an overview of the GPFV, how NHS England are supporting GPs and CCGs and his personal thoughts on what primary care will look like in the future, within the context of STPs and accountable care models.
10:45 **Primary care and the STP: The impact on the GP**
Dr Amir Hannan, GP, Haughton Thornley Medical Centres, director, Orbit Healthcare Ltd, and chair, West Pennine Local Medical Committee
Ingrid Brindle, Chair, Haughton Thornley Patient Participation Group

Understanding the role of the CCG and GP is vital in the current climate of new systems and systems which all hold an underlying focus on collaborative and patient focused care. Newly formed governance boards and leadership positions are being created in response to the STP demands, with many positions being filled by commissioners. As a result, the role of the commissioner is blurring into the role of the STP. National policy is currently being enacted through multi-specialty community providers (MCPs) and alliance contracting to evolve general practice and relieve the pressures. Whilst many of these models share characteristics with accountable care models, the focus remains on STP governance and how these structures will dictate the future of the CCG and GP.

Dr Hannan and Ingrid will be providing their thoughts on the relationship between the GP and the patient, the commissioner and the STP with reference to the current climate within primary care. They will also be bringing their experience from projects involving patient empowerment, electronic GP records and how GP practices can relieve the pressure felt by patients and staff by increasing the patients understanding of their own health needs, responsible sharing and the Partnership of Trust.

11:30 **Refreshments and networking**

12:00 **Case study from Cornwall: Investing in primary care to improve sustainability and create real financial savings**
Paula Bland, head of locality support, NHS Kernow CCG
Bridget Sampson, managing partner/executive manager, St. Austell Healthcare

Despite NHS England holding the contractual relationship between GPs across the country, the direction of travel is showing an increased shift of responsibility towards CCGs to take on the delegated commissioning function of primary care. CCGs are now involved in supporting real term investment and income in general practice, incentivising the primary care workforce, relieving workloads and developing IT and technology. These development areas and the movement towards more collaborative working fit neatly into the national programme, and offer the building blocks to the accountable care system.

We will hear from NHS Kernow CCG and St Austell Healthcare, which earlier this year launched the ‘£30m Challenge’ to make changes that will shift resources from secondary to primary/community care. Paula will provide an overview of the achievements, challenges and what the CCG hope to achieve in the long-term from the joint scheme. We will then hear from Bridget who will provide the perspective from the GP practice and how scaling up primary care has enabled St Austell Healthcare to respond more effectively to the plans from the CCG.

12:40 **Case study from York: Incentivising and operationalising primary and secondary care**
Michael Ash-McMahon, deputy chief finance officer, NHS Vale of York CCG
Dr Shaun O’Connell, joint medical director and GP lead for prescribing and planned care, NHS Vale of York CCG

Joint financial incentive schemes have been recently cited, in the recent publication from the HFMA and Future-Focused-Finance (July 2017), as a way of improving relationships between the CCG and local GP. By aligning financial incentives between primary and secondary care, both sides are fully accountable which helps builds trust, improves education on both sides and opens the door to potential innovation in the future. NHS Vale of York CCG offer a great example of how a financially constrained region can implement an incentive scheme to reduce acute referrals from the GP and create financial savings across the board without significant upfront investment. The CCG began by targeting dermatology, which has seen a saving of £121,000 in 2016/17 and a noticeable improvement in GP engagement. More recently, the CCG has moved towards expanding and implementing the scheme for prescribing and indicative budgets across the CCG’s GP federations.
Michael will be speaking about the development of the incentive scheme in York, how the savings were made and the lessons learnt from the contractual and legal processes experienced. Dr O’Connell will be offering the clinical perspective to explain the impact of the gain share agreement on primary care and how the money is being reinvested.

13:20 Lunch

14:10 Workshops

(A) The benefits and pitfalls of the ‘super practice’: What are the options available to CCGs?
Phil Johns, chief finance officer, Birmingham CrossCity CCG
Terry Tobin, senior manager – audit, Grant Thornton
Phil Jones, director – audit, Grant Thornton

(B) The experience in the South West: Creating a single voice for general practice
Simon Bowker, finance director, One Care Consortium (invited)

(C) The benefits of workforce re-design for general practices
Dr Paul Davies, consultant, Milliman LLP

15:00 Refreshments and networking

15:20 Keynote address: The future of primary care
Professor Robert Harris, chief executive officer, Lakeside Healthcare

Closing the forum, Professor Harris will be offering the keynote address from the perspective of the largest GP-led single ‘super-practice’ in the NHS. Lakeside Healthcare believe in the investment of resources into modern technology, large scale provision and as a result, a wider range of extended services for the patient. This session will offer insight into the current and future potential of primary care, with a personal perspective that will challenge us to consider the role of GPs and commissioners.

16:00 Chairs final comments and close
David Chandler, chief finance officer, NHS Sunderland CCG
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