

**Northumberland Primary Care Commissioning Committee
20 April 2016**

Agenda Item: 6.1

PACS / Primary Care Development for 16/17

Sponsor: Julie Ross

Members of the Northumberland Primary Care Commissioning Committee are asked to:

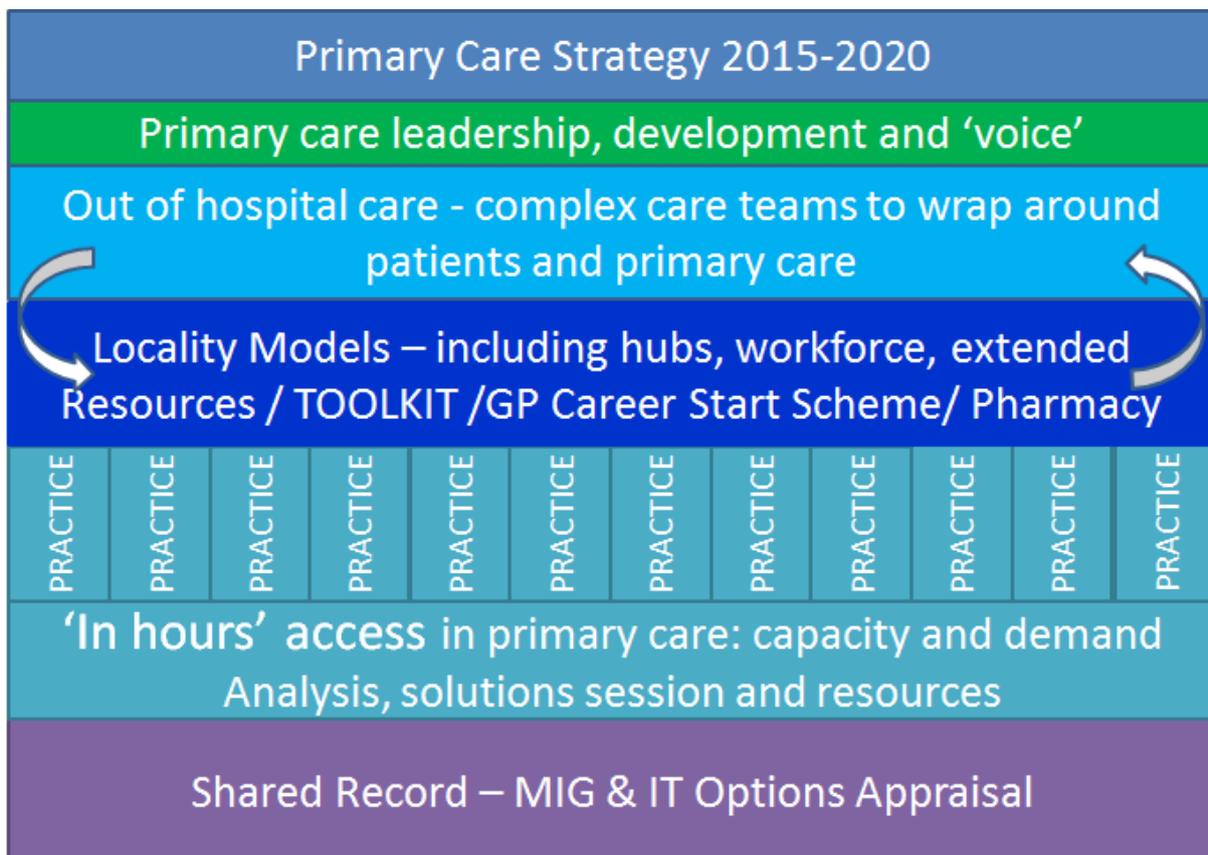
- 1. Consider the PACS primary care development plan for 2016/17.**

Purpose

This report is designed to provide an update on the ‘primary care at scale’ phase of the Primary and Acute Care System

Background

There is a significant amount of development work underway in primary care which now requires translation to actual delivery. The areas of work are outlined in the diagram below:



Progress

Progress to date includes:

- Ongoing thinking during 2015/16 in localities culminating in March and April 2016 locality workshops to identify what patients need, what models of care will best deliver that at a practice, hub or county-wide level – with a view to locality delivery throughout 2016/17.
- Capacity and demand analysis in 42 out of 44 practices – providing intelligence and potential solutions for practices to consider regarding their ‘in hours’ access models with a view to (i) improving their access model or considering complex care patients (ii) improving work-life balance (iii) supporting practices to be sustainable into the future
- Implementation of the Medical Interoperability Gateway (MIG) across all practices – currently over 50% complete.
- Options appraisal for a GP system of choice recommending a move to System One – this paper has now been to the LMC and practices will now be offered the choice - supported by funding for migration and training - should they wish to change system
- Primary care toolkit – now well in development – which will provide a practical ‘how to’ guide to working across practices (sharing patients, prescribing, diagnostics, indemnity and so on).
- Career Start programme for GPs – aiming to attract and retain new GPs and provide capacity to primary care to undertake leadership roles and backfill.
- Primary care leadership group – considering how to engage primary care about future arrangements to have a ‘voice’ and equal seat at the ACO table.

Conclusion

A sizeable body of work has already been undertaken in the latter stages of 2015/16 and member practices have been intrinsically involved. The CCG will continue to fully engage with member practices in 2016/17 as the developmental work is taken forward, with patient and public involvement, from concept design to initial delivery models.