NHS
Gloucestershire
Clinical Commissioning Group

One Gloucestershire

Transforming Care, Transforming Communities

Gloucestershire CCG Primary Care Strategy 2016 – 2021

Joining Up Your Primary Care: General Practice

September 2016

Table of Contents

Executive Summary

This Strategy supports the vision for a safe, sustainable and high quality primary care service, provided in modern premises that are fit for purpose. Our ambition is to support patients to stay well for longer, connect people to sources of community support and ensure people receive joined-up out of hospital care.

This requires a resilient primary care service at the core of local communities, playing a leading role not only in the provision and co-ordination of high quality medical care and treatment, but also in supporting improved health and well-being.

The pages that follow set out the national and local challenges we face, such as increased demand, a growing population with more complex needs, workforce pressures and constrained funding growth. We must, though, use the opportunities we have to play to our strengths and, wherever possible, meet these challenges with local solutions.

These strengths are highlighted by the fact that, despite the very real pressures that exist, there continues to be overall high levels of patient satisfaction with the quality of primary care in Gloucestershire.

There is also resolve and common purpose amongst primary care professionals in Gloucestershire to explore new ways of working to protect and enhance the primary care service for current and future generations of patients, carers and healthcare professionals.

The six strategic components of the Strategy:

1. Access

This section of our Strategy sets out our commitment to provide patients with improved access to primary care in Gloucestershire, including extended evening and weekend access, that is joined up, easy to navigate and provided locally.

Our approach will be informed by evaluation of the Choice+ pilot that has been in place across our localities and other local services and we will work with practices, patients and providers to design our long-term models of care.

We will also further develop our approach to Social Prescribing. These initiatives, in all our localities, are helping practices to manage demand and support people with broader, non-medical needs to improve their well-being and access sources of community and social support.

2. Primary Care at Scale

There is an increasing trend towards delivery of 'Primary Care at Scale', with the traditional small GP partnership model often recognised as being too small to respond to the demographic and financial challenges facing the NHS.

By 'Primary Care at Scale,' our Strategy refers to GP practices and other professionals, such as clinical pharmacists, working together in closer partnership (or networks) to deliver more sustainable services. This should result in a number of benefits including access to a wider range of local services for patients within the local community, increased staff resilience, improved staff satisfaction, work life balance and learning opportunities, and improved financial sustainability.

This section of the Strategy describes how we will take this forward.

3. Integration

Through our localities, we will support GP practices to work as part of an integrated (joined-up) team of multi-disciplinary professionals (including community, voluntary and hospital services) for the benefit of a defined population of approximately 30,000 patients.

This is likely to involve an extended team of GPs, nurses, allied health professionals and specialists offering easy access to a wide range of health and care close to people's homes.

Our Strategy also sets out plans for the creation of a working group with representatives from all localities, with responsibility for developing a joined up, seven-day urgent care system, with centres and services to meet the needs of local communities.

4. Greater use of technology

Through implementation of our IM&T Strategy and local 'digital roadmap', we will work to provide secure access to patient records for clinicians and care workers, where and when they are needed and provide access for patients and their carers to their digital health records. We will also empower patients and their carers to take greater responsibility for their health through increased use of technology-based support tools and other on-line resources, including information on local services and support.

We will also look to extend the role of technology to support direct patient care, including on-line video consultations and e-consultation.

5. Estates

Our Strategy describes how we will implement our five year Primary Care Infrastructure Plan. The Plan sets out where investment is anticipated to be made in either new or extended buildings to enhance the practice team and patient environment and to support modern healthcare.

The Plan is informed by evidence of future population growth and need as well as considering current provision, condition of buildings and existing schemes in various stages of development. In some cases, it may be beneficial for practices to look at shared premises to meet the needs of their local populations, but not in every case – it is very much dependent on a range of local circumstances.

Buildings will need to be developed in a flexible way to take into account future demand, new technology, and the bringing together of other community, care or leisure services.

6. Developing the workforce

This component is critical to the sustainability of primary care in Gloucestershire.

Our Strategy describes our approach to recruitment, retention and return of the GP workforce, the education and training of the practice nurse workforce and development of the 'skill mix' in primary care, including new roles to support current professionals in providing care.

Developing the workforce
Attracting and retaining talent; an expanded workforce

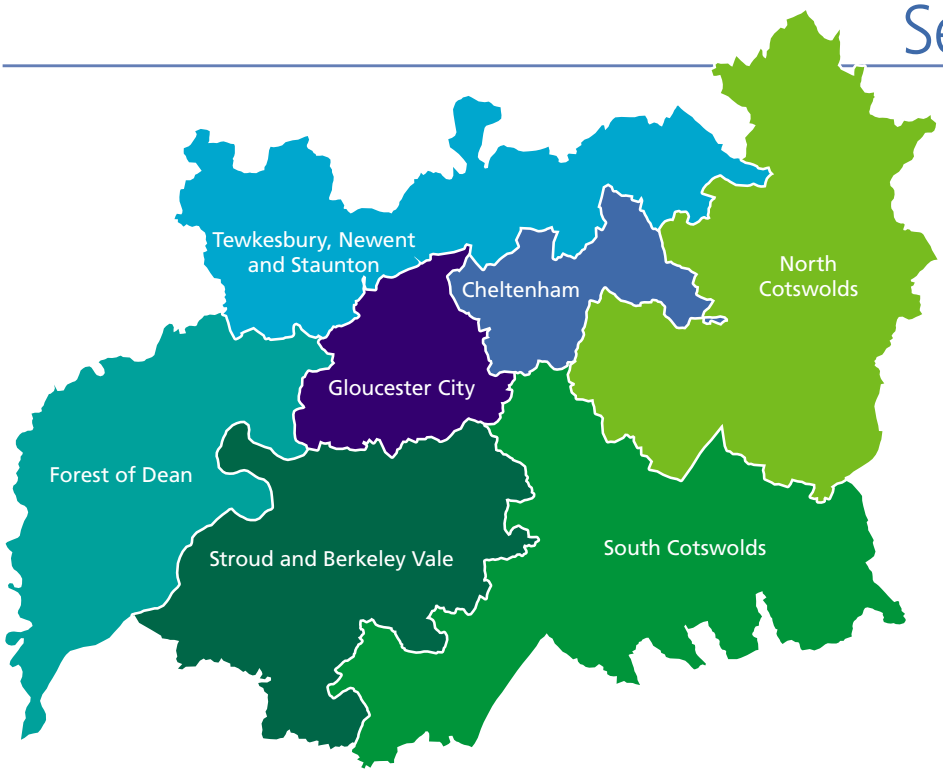
Moving forward

A resilient, sustainable primary care that can adapt to the current and future needs of our patients is central to our ambitions for the whole of the Gloucestershire healthcare system.

Our commitments against the six components will be resourced appropriately and we will provide clinical and managerial support to achieve them.

We will now develop detailed action plans and through this Strategy we have described our approach to engaging and working closely with patients, member practices, the Gloucestershire Local Medical Committee, our providers and community partners to move things forward and make this Strategy a reality.

Part 1: Setting the Context



Foreword by our Clinical Chair

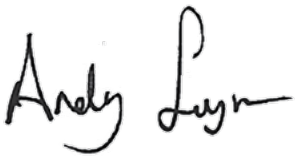
I welcome and support the development of this Primary Care Strategy because, being both a clinical leader of our membership organisation as well as a Gloucestershire GP, I recognise the significant difficulties and challenges facing primary care in Gloucestershire, as well as the opportunities we have within our grasp. I also recognise that, having recently taken over the responsibility for the commissioning of primary care from NHS England, as a CCG we need to create a clear vision for the future and a plan for how to achieve our vision.

We are serious about change, not for the sake of change itself, but in order to deliver the vibrant, sustainable, high quality primary care service that we all aspire to and that the population of Gloucestershire deserve.

From my own personal experience, and talking to my primary care colleagues, it is clear that many of us are feeling the strain that the increasing workload is placing on us all and the impact this is having on our ability to provide the highest quality care for our patients.

I recognise too that providing great care comes down to a combination of many variables, some of which are complex and out of our control. However, we do know that variation does exist and we can take steps to reduce that. The CCG is committed to supporting our member practices to do this through the delivery of the vision included within this paper. This vision was developed from the countywide sessions where we collectively discussed the future of primary care in Gloucestershire.

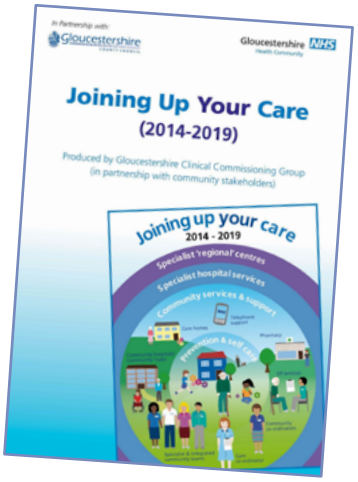
There have been many national documents released over recent months and years regarding the future of primary care. The seismic shift though that has been felt since the release of the NHS England Five Year Forward View cannot be ignored. Our intention has been to read and listen to the evidence and examples from elsewhere and, in my role of clinical lead for this work, ensure our Gloucestershire Primary Care Strategy is right for our practices and, more importantly, for our patients.



Dr Andy Seymour
Clinical Chair – Gloucestershire CCG

Introduction

This Strategy has been developed for our practices and health and care community partners to set out our vision and plans for Primary Care[1] in Gloucestershire over the coming five years. Accompanying this Strategy is a 'short guide' for our patients and the public.



Following extensive engagement with strategic partners including our member practices, the public and our staff, Gloucestershire CCG developed a detailed five-year strategic plan – Joining Up Your Care (JUYC) – that sets out the future shared vision for the development of health and care services in Gloucestershire:

> *"To improve health and wellbeing, we believe that by all working better together – in a more joined up way – and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people".*

Our analysis of the impact of demographic growth demonstrates that if the pattern of health and care provision stays the same, the demand on existing health and care services for our population will significantly increase. In order to live within our means, our approach to the delivery of healthcare in Gloucestershire will need to be transformed. Close collaborative working with our local providers, including primary care, to develop and implement new service models and pathways will be central to ensuring success.

The challenges facing Gloucestershire include:

- Rising life expectancy means that the population aged over 65 is increasing rapidly, more so in Gloucestershire than England as a whole. This growth is increasing fastest in the oldest age sub-group; those aged 85 and over;
- As life expectancy increases, so will the number of people who live with one or more long term health condition that limits their lifestyle. In Gloucestershire it is estimated that 47,500 people over the age of 65 are living with a long term health condition. This is projected to rise to 77,000 by 2030;
- Compounding the issue of an ageing population, disparities in deprivation across the county are mirrored in health outcomes – rates of premature mortality from CVD, respiratory disease and some cancers are correlated with deprivation across districts;
- This increased demand will not be matched by the funding required to meet it, which means health and social care in Gloucestershire is facing a significant financial gap if we do not make considerable changes to the way we deliver services;
- A key part of our approach will be moving away from episodic models of care delivery to integrated care pathways focussed on 'end to end' care delivery across providers that make the best use of technology and skills to reduce inefficiency in our health systems.

1 Primary Care is the first point of contact for many people accessing health care services, and this Strategy relates to those services provided by general practice.

Listening to and learning from patients' experiences

Our patients are at the front and centre of everything we do. We want to listen and learn from their experiences.

> We have used this feedback from our patients to help shape this Strategy, ensuring we constantly strive to address the issues highlighted and continue to improve the experience of primary care for our patients.

As commissioners we have access to a range of collective patient feedback about experience of primary medical services: regular national surveys, Patient Advice and Liaison Service (PALS) contacts, Friends and Family Test (FFT) and comments collected proactively and reactively by Healthwatch Gloucestershire. Practices themselves have access to individual patient and carer experiences and gather further feedback from their patients in many ways, often now in collaboration with their Patient Participation Groups (PPG).

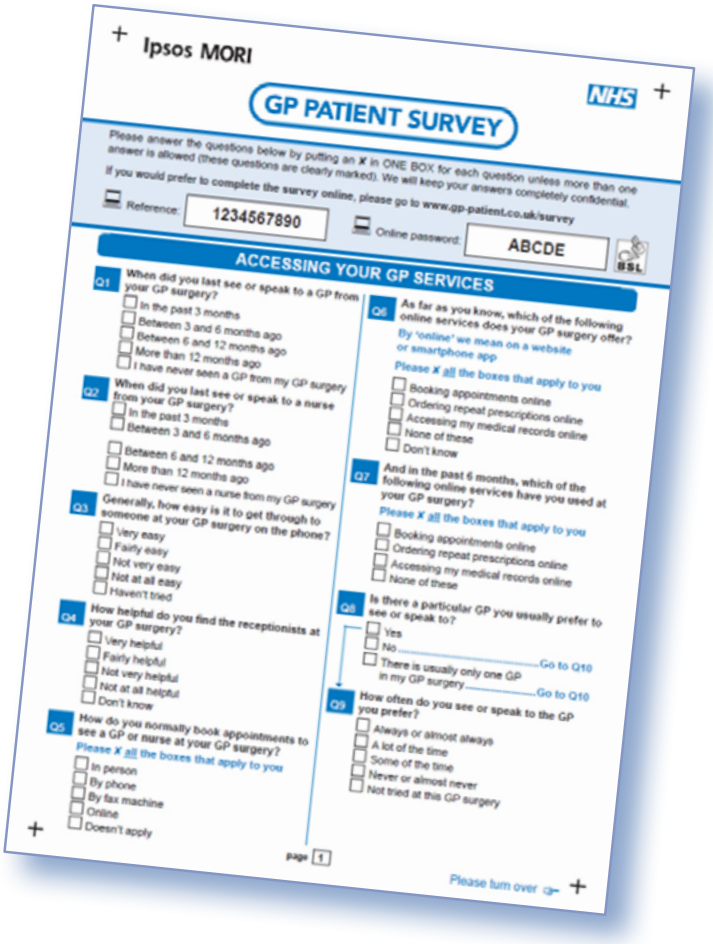
How do patients provide feedback and what do they tell us?

There are many ways in which patients can provide feedback on their experiences. There are several examples below:

National GP Patient Survey

It is good to see that in the most recently published national GP Patient Survey results (July 2016), practices in Gloucestershire continue to perform better than, or in line with, the national CCG average. There is, nevertheless, practice variability hidden within that overall level achievement. The full details are included at Appendix 1.

The overall results are well summarised by the following question: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GP PATIENT SURVEY

NHS

Please answer the questions below by putting an ✗ in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to complete the survey online, please go to www.gp-patient.co.uk/survey

Reference: 1234567890 Online password: ABCDE

BSL

ACCESSING YOUR GP SERVICES

Q1 When did you last see or speak to a GP from your GP surgery?
- In the past 3 months
- Between 3 and 6 months ago
- Between 6 and 12 months ago
- More than 12 months ago
- I have never seen a GP from my GP surgery

Q2 When did you last see or speak to a nurse from your GP surgery?
- In the past 3 months
- Between 3 and 6 months ago
- Between 6 and 12 months ago
- More than 12 months ago
- I have never seen a nurse from my GP surgery

Q3 Generally, how easy is it to get through to someone at your GP surgery on the phone?
- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

Q4 How helpful do you find the receptionists at your GP surgery?
- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Don't know

Q5 How do you normally book appointments to see a GP or nurse at your GP surgery?
Please ✗ all the boxes that apply to you
- In person
- By phone
- By fax machine
- Online
- Doesn't apply

Q6 As far as you know, which of the following online services does your GP surgery offer?
By 'online' we mean on a website or smartphone app
Please ✗ all the boxes that apply to you
- Booking appointments online
- Ordering repeat prescriptions online
- Accessing my medical records online
- None of these
- Don't know

Q7 And in the past 6 months, which of the following online services have you used at your GP surgery?
Please ✗ all the boxes that apply to you
- Booking appointments online
- Ordering repeat prescriptions online
- Accessing my medical records online
- None of these

Q8 Is there a particular GP you usually prefer to see or speak to?
- Yes
- No ..... Go to Q10
- There is usually only one GP in my GP surgery ..... Go to Q10

Q9 How often do you see or speak to the GP you prefer?
- Always or almost always
- A lot of the time
- Some of the time
- Never or almost never
- Not tried at this GP surgery

page 1

Please turn over

Overall, how would you describe your experience of your GP surgery?

CCG's results	National results
89%	85%
Very or Fairly Good	Very or Fairly Good
4%	5%
Fairly or Very Poor	Fairly or Very Poor

Whilst the CCG average score was 89%, there was a variation between practices ranging from 68% to 100%.

Overall, how would you describe your experience of making an appointment?

CCG's results	National results
80%	73%
Very or Fairly Good	Very or Fairly Good
8%	12%
Fairly or Very Poor	Fairly or Very Poor

Whilst the CCG average score was 80%, there was a variation between practices ranging from 60% to 99%.

The CCG will continue to promote the national GP Patient Survey and encourage practices to discuss their individual results with their Patient Participation Groups (PPG) to identify areas for local improvement and action.

Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

Healthwatch Gloucestershire

In March 2015, Healthwatch Gloucestershire published the results of a survey they had conducted which asked the question: "Good Practice: GP Services in Gloucestershire – What do patients want?" The report provides a lot of detail and can be found on the Healthwatch Gloucestershire website at:

http://www.healthwatchgloucestershire.co.uk/News/Healthwatch_Gloucestershire_publishes_report_on_GP.aspx?page=56455

Highlights include:

- 85% rated their GP surgery good or very good, 11% neither good nor poor, 3% poor or very poor, and 1% did not reply.
- 79% were happy overall with the service they receive from the GPs at their surgery, 4% are not, 16% said it depends on the GP and 1% did not reply.

Respondents to the survey were asked to suggest improvements and the five most common suggestions were as follows:

> *Being able to get an appointment sooner; longer opening hours (e.g. Saturdays or evenings); improved waiting room (e.g. more welcoming or better lighting); better attitude from receptionists (e.g. friendlier or less intimidating); and being able to see their own GP or a GP of their choosing (e.g. within a reasonable timescale)*

Every three months, Healthwatch Gloucestershire produces a summary of feedback it has received. During 2015/16 the majority of positive feedback about GP services related to the standard of care provided by GPs. However, common concerns, which were repeated throughout the year, related to:

- Long waits to get non urgent GP appointments, especially with a named GP
- Access to surgeries when they are relocated
- Unable to make GP appointments at the desk in some surgeries
- Access to GP services by seldom heard groups e.g. homeless young people, ethnic communities, sensory impaired
- Availability of evening or weekend appointments at some GP surgeries
- Concerns over the impact of proposed housing developments on GP resources
- No evening or weekend appointments at some GP surgeries
- Receptionists asking personal questions in a public place
- Concerns over inadequate GP cover in some localities/surgeries
- Long waits holding on the telephone line

Improving access to services

As shown above, in all respects, improving access to services remains the top of the list in feedback from patients.

Access relates not only to timely booking GP and nurse appointments, particularly for a named GP, at convenient times for patients, but also to practice telephone response times, ability to book appointments in person, access to information, geographical and physical location of practices and concerns regarding population growth due to new homes developments. Increasingly so, access is also impacted by the lack of availability of GPs. The CCG is though committed to helping recruit and retain doctors, which we describe in more detail in section 6 below

In this Strategy we set out the commitments we are making over the coming five years to deliver our vision for primary care in Gloucestershire. We also describe how we hope our patients will feel. In response to patients' feedback a key component of this Strategy is **Access to services: evening and weekends, flexible to meet patients' needs**. If we are able to deliver this commitment, we want to hear that they are:

> *"easily able to access the right person at my doctor's surgery to care for me in a way, and at a time, that is convenient to me."*

Clearly 'access' is not the only subject patients comment upon, and other aspects of experience such as premises, use of new technology and treatments and more joined up services have, for example, recently been subject to debate with PPGs and others. These components, alongside access to services, are discussed in more detail within this Strategy.

Our Vision

Extending the role of primary care is vital for the successful delivery of our shared vision (see page 8). As described within the 'National Context: Policy' section below, the health and care community in Gloucestershire has developed a five year Sustainability and Transformation Plan (STP), building on the existing JUYC strategic plan. This Primary Care Strategy is a key 'system enabler' for the ambitions set out within the STP.

By leading the way through being part of the first tranche of CCGs to take delegated commissioning responsibilities for primary care services provided by general practices, we have already shown our commitment to commissioning across whole pathways of care and taking a joined up approach to primary care strategic development that is focused on the local context and local population needs.

Our vision for primary care, as a membership organisation, very much builds on the strong foundation of good primary care services already in place across the county – as demonstrated by our patient ratings (see above) and that the majority of our practices inspected by the Care Quality Commission (CQC) have been rated either good or outstanding.

Our vision is focused on, firstly, maintaining and then improving health outcomes for patients in what is a challenging time for primary care nationally and locally. In a time when practices are closing nationally at the rate of almost one a day, we want to build a sustainable primary care in Gloucestershire that is high quality, safe and providing an extended primary care service that delivers more care locally for patients. Our vision also includes the feedback we received in our countywide sessions with practices in September and November 2015, where GPs and their staff shared their views of where they would like to see primary care in the future.

Delivery of the vision will result in a strong, resilient, primary care that, as the start of most patients' journey through health and social care, will be responsive to need and help more patients to receive care out of hospital.

Our Gloucestershire Primary Care Vision

So patients in Gloucestershire can stay well for longer and receive joined-up out of hospital care wherever possible, we need to have a sustainable, safe and high quality primary care service, provided in modern premises that are fit for the future.

To do this, we will:

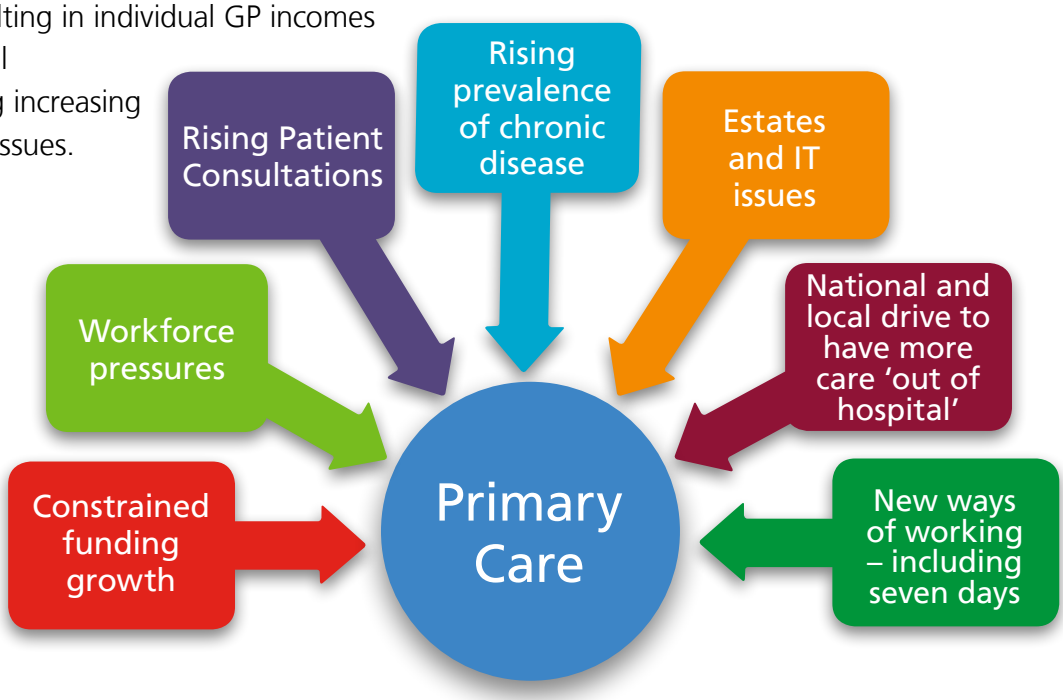
- Attract and retain the best staff through promoting Gloucestershire as a great place to live and work, and offering excellent training opportunities;
- Ensure good access to primary care 7 days a week;
- Create a better work-life balance for primary care staff;
- Maximise the use of technology;
- Reduce bureaucracy;
- Support practices to explore how they can work closer together to provide a greater range of services for larger numbers of patients

National Context: Overview

Across the country, the NHS is facing significant challenges. Rising life expectancy has been a fantastic achievement for the NHS, but as life expectancy continues to increase, so does the number of people who will live with one or more long term health conditions that limits their lifestyle. The Department of Health estimates that by 2018, there will be 2.9 million people with three long-term conditions (from 1.8 million in 2012), and their health care will require £5 billion additional expenditure (Department of Health, 2012).

"If general practice fails, the whole NHS fails" BMJ, 2016

With an estimated 90% of all patient contacts with the NHS occurring in general practice, these challenges are inevitably being encountered within our practices in Gloucestershire. For example, the rise in the number of patients with complex conditions has meant that the number of test results dealt with by practices tripled between 2003 and 2013 (Primary Care Workforce Commission, 2015), consultations have increased significantly (Health and Social Care Information Centre (HSCIC), 2009), the GP workforce has decreased (HSCIC, 2014) and investment in premises has been insufficient (BMA, 2014). This is all set against a backdrop of general practice funding as a share of NHS spending reducing since 2005/06 (HSCIC, 2012) resulting in individual GP incomes experiencing a real-terms fall (Dayan et al., 2014), creating increasing sustainability and resilience issues.



Two of the most fundamental issues nationally and locally relate to workforce and funding.

During the period 2006-13, the total GP workforce rose by just 4%, while hospital and community services consultant numbers increased by 27% over the same period. In addition, the crisis is set to worsen:

Workforce pressures

- A large number of GP retirees within the next five years – 54% amongst over 50 year olds (Dayan et al., 2014)
- A lack of new medical students entering the profession with more than one in ten slots for new GP trainees unfilled (BMJ Careers, 2014);
- Health Education England reporting only 40% of medical students chose general practice (Health Education England, 2014);
- A significant proportion – 33% – of general practice nurses are due to retire by 2020.

At the same time, there has also been a shift with more GPs working as salaried employees and more GPs working part-time.

Constrained funding growth

It is well recognised that spending on primary care as a percentage of overall healthcare spend has been reducing year-on-year since 2005/06 (HSCIC, 2012), with the majority of growth directed towards acute hospital care. However, what is less well publicised is the relationship for GP practices between earnings, expenses and their resulting income. As GP practices are independent businesses, they require sustainable income in order to fulfil expenses, maintain staff and services, invest in their businesses and have sufficient remaining funds to pay their partners an income.

The combination of all these factors is threatening the sustainability of services and employment of staff, resulting in a crisis in general practice. Without taking mitigating actions, this crisis will inevitably impact upon patients.

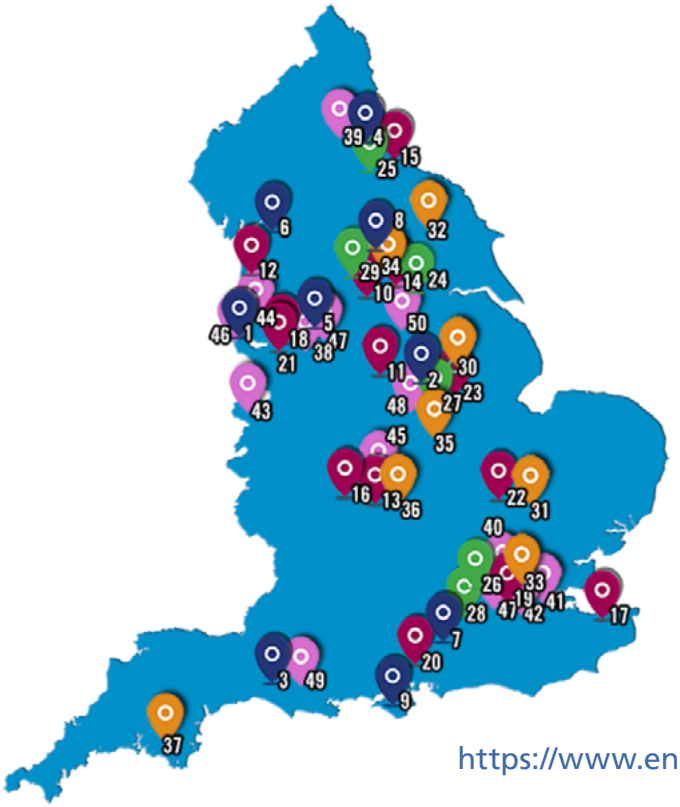
The national pressures described above are well documented and have been discussed at length by many papers, which go on to put forward potential solutions. For the purposes of creating the Gloucestershire Primary Care Strategy, these papers have been reviewed and the key common strategic themes that emerge are summarised by the author of this Strategy in Annex One below.

National Context: Policy

The Five Year Forward View (FYFV), published in October 2014, set out a new roadmap for the NHS. While setting out a whole range of changes, primary care is prominently placed:

> *"The foundation of NHS care will remain list based primary care"*

The FYFV points out that England is too diverse for one care model. Instead, models such as Multispecialty Community Providers (MCP) and Primary and Acute Care Systems (PACS) should be pursued.



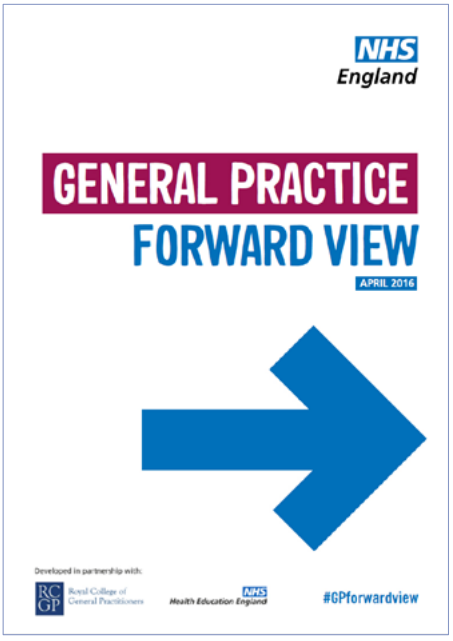
In early 2015, the Vanguard Programme commenced, with these new emerging models of care being tested within 50 sites across England, including:

- Nine PACS
- Fourteen MCPs
- Six enhanced health in care home pilots
- Eight urgent and emergency care schemes
- Thirteen acute care collaborations

More details on the Vanguard Programme can be found at:
https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/

In December 2015, NHS England published "Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21". This requires every local system to deliver nine 'must dos' for 2016/17, with the most significant being the requirements to "*Develop an agreed five year Sustainability and Transformation Plan (STP) that explains how the triple aim of closing the gaps in health and wellbeing, finance and efficiency, and care and quality will be achieved. This will be the mechanism for release of future transformational funding*": as well as to "*Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues".*

NHS England objectives that are relevant for our Strategy are summarised at Annex Two.



More recently, in April 2016, NHS England published the "General Practice Forward View". The document sets out a range of measures to support general practice, addressing the evidence presented by the British Medical Association, the Primary Care Foundation, the NHS Alliance and others – summarised within Table 1 on page 55 of this document. The document announcements include:

- Investing an additional £2.4 billion a year by 2020/21
- A further £0.5 billion of non-recurrent STP investment
- A practice resilience programme

- A range of workforce measures:
  - 5,000 new General Practitioners
  - Double growth rate of workforce
  - Support for doctors suffering burnout
  - An extra 1,500 clinical pharmacists for practices
  - Practice nurse development and return to work
  - Practice manager development
  - Piloting medical assistant roles
  - 1,000 new Physician Assistants
  - 3,000 new mental health workers
- Supporting new models of care

Within the headline £2.4 billion increase by 2020/21 is **£900 million for capital investments over the next five years** and £500 million for funding additional capacity, including seven-day services. In addition, CCGs are also expected to find additional funding for primary care through shifting services – and therefore funding – from acute to primary and community settings.

The document also:

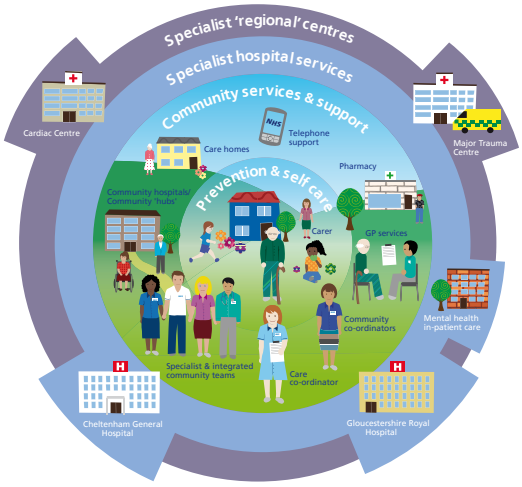
- Announces a risk-based approach to Care Quality Commission (CQC) inspections, with those practices rated as 'good' or 'outstanding' only being inspected at five year intervals, while practices where the CQC has concerns may be revisited sooner. New care models, such as federations and super-partnerships, will have a streamlined offer.
- Describes new legal requirements in the NHS standard contract for hospitals that will reduce workload on GP practices, such as preventing hospitals from re-referring patients back to their GP due to outpatient non-attendance;
- Brings a significant focus to the greater use of technology to enhance patient care and experience, and streamline practice processes. For example, more funding for practice IT systems and to stimulate uptake of online consultations, actions to support a 'paper-free' NHS by 2020, online support to patients to encourage more self-care, a focus on IT interoperability to support collaborative working and the availability of WiFi in practices;
- Previews:
  - A future announcement in 2016 on reducing the impact on general practice of rising indemnity costs;
  - A set of key indicators to measure general practice quality;
  - A new national programme – launching in September 2016 – to help practices support people living with long-term conditions to self-care;
  - A review of the Quality and Outcomes Framework (QOF) with the General Practitioners Committee (GPC) to explore a potential alternative;
  - New rules - from September 2016 - to enable NHS England to fund up to 100% of premises development costs, rather than the current 66% cap;
  - A £30 million three year programme: "Releasing Time for Patients", which will support implementation of 'Ten High Impact Actions' (see below).

Figure 6: Ten High Impact Actions, General Practice Forward View, NHS England 2016

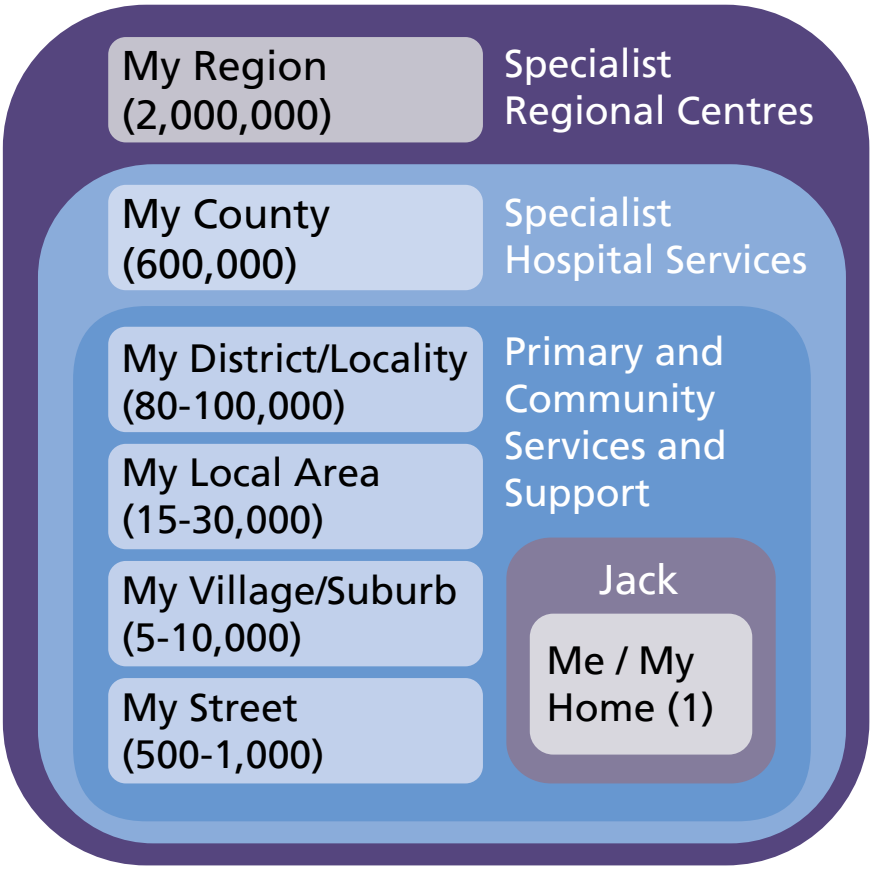
Local Context

Strategic

In developing the five year strategic plan – Joining Up Your Care – in 2013/14, the CCG wrote a clear narrative called 'Jack's Story' showing how we will work to join up services for patients so there are only seamless transitions of care, with a focus on supporting patients to stay at home or in their communities. We have continued to build on this approach, with the Gloucestershire community now adopting a 'People and Place' model for planning and delivering care locally, building on natural communities and geographies.



Services modelled around a place / population perspective building on Jack's Story

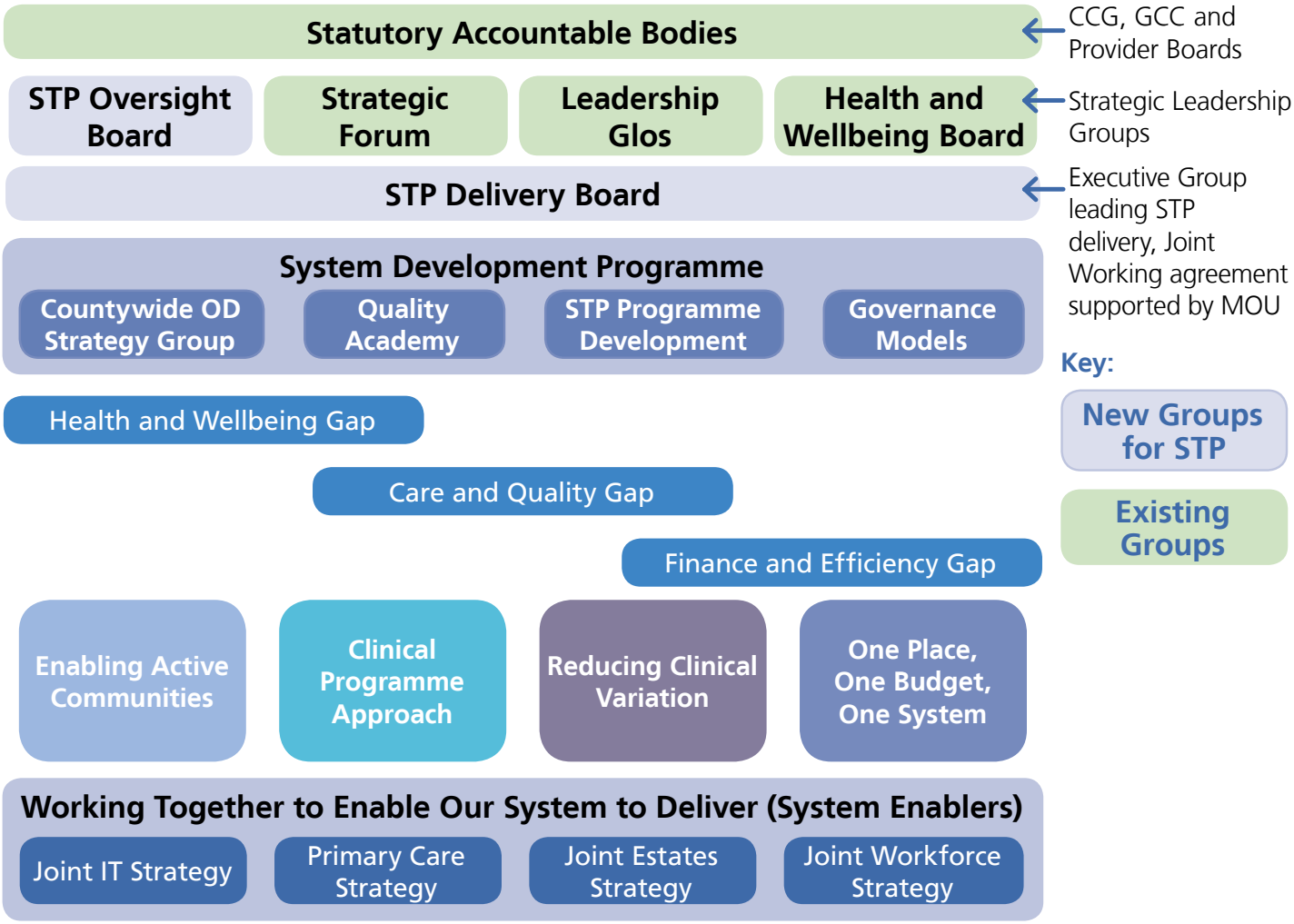


The 'People and Place' model has been developed with, and supported by, the Gloucestershire Strategic Forum (a Chief Executive and Chair-level Group of all the commissioners and providers) and underpins the Gloucestershire devolution proposals (see www.weareglos.com), which have at their heart the development of vibrant communities within which to work, invest and live. Primary and community services are, therefore, at the core of our local service offering, demonstrating the CCG's commitment to out of hospital care – with Primary Care very much a core component.

As a CCG we have just finished the development of our STP for 2016 – 2020, covering the whole of Gloucestershire and led by our CCG Accountable Officer. During 2015/16 the CCG has been working with our partners through the Gloucestershire Strategic Forum to develop a system-wide strategic transformation plan, which sets out our system response to how we will close the three gaps (Health and Wellbeing, Care and Quality, Finance and Efficiency) in Gloucestershire.

The diagram below sets out the leadership and governance we have agreed across Gloucestershire's partners for the delivery of the STP, along with the key STP work programmes:

STP Governance Structure



As can be seen above, this Primary Care Strategy is a 'System Enabler' to delivery of the STP ambitions and, therefore, is crucially important across the whole system in delivering improved health outcomes for patients. Primary Care is a key component of the new models of care delivery under our "One Place, One Budget, One System" approach, handling 90% of all patient contacts. For this reason, Primary Care will be fundamental in the delivery of our objectives.

Local Geographic and Demographic Context: Gloucestershire

As at the end of December 2015, there were approximately 635,000 patients registered with one of our GPs in Gloucestershire. They are served by 81 GP practices across our county, creating an average registered list size of 7,716 per practice (which compares to a national average of 7,292 (HSCIC, 2015)). However there is a wide variation in practice list sizes, ranging from 2,700 patients up to almost 24,000.

Our Health and Care Community includes a single acute provider (Gloucestershire Hospitals NHS Foundation Trust), a single community provider (Gloucestershire Care Services NHS Trust), a single mental health provider (2gether NHS Foundation Trust), various specialist services providers and one local authority (Gloucestershire County Council), along with representation from borough, city and district councils and Healthwatch Gloucestershire (the consumer champion for health and social care in the county). There are also a number of other NHS service providers within the county (such as the South Western Ambulance Service NHS Foundation Trust), a number of private providers who offer NHS services and an extensive voluntary and community sector.

In Gloucestershire there is already a significant proportion of the population aged over 65 years; 20.1% of our population in 2015 were aged 65 or over (17.1% nationally), 9.2% aged 75 or over (7.8% nationally) and 2.8% aged 85 or over (2.3% nationally) (Public Health England, 2016).

As life expectancy increases, so will the number of people living with a long term condition that limits their lifestyle, such as dementia, heart disease and respiratory problems. As a consequence of these current demographics, and the projected changes over the next five years, increasing pressure is being felt right across the health and social care system. This is seriously impacting on primary care across Gloucestershire, not just with rises in consultations but also patients requiring longer appointments with multiple conditions for chronic care planning and management.

Around 124,000 people in Gloucestershire are aged under 18. Although this is a lower proportion of the population than the national average, there are areas of the county with higher proportions, particularly Gloucester and Stroud. The population of under-18 year olds is expected to increase over the next 20 years, but not as significantly as the older population.

Over recent years, the number of babies being born with complex needs has increased significantly, and these babies are living for longer. Across England there are more under 18 year olds who are classified as obese or overweight; in Gloucestershire the greatest issue is with 4-5 year olds. There are issues, too, with young people's mental health – growing numbers are being admitted to hospital as a result of self-harm. All these issues impact on all parts of the system, including primary care teams, who are not only caring for the baby/child/young person, but also their families. The national 'Future in Mind' plan details the importance of perinatal and infant mental health to which Gloucestershire is making significant developments; this includes an approach to support primary care capacity to deal with these issues effectively through early interventions and access to specialist psychiatric advice.

This is but a brief overview of the macro level demographics for Gloucestershire. Our 81 practices are organised into seven distinct GP localities, each of which have their own unique challenges and opportunities owing to the geographic and demographic diversity within Gloucestershire, which we will explore in the next sub-section.

Local Geographic and Demographic Context: Localities

While our county is predominantly rural, the population is concentrated in our urban neighbourhoods, Gloucester City and Cheltenham. Gloucestershire Hospitals NHS Foundation Trust has its two district hospitals located in these two urban centres, while Gloucestershire Care Services operates community hospitals in: Forest of Dean, North Cotswold, South Cotswold, Stroud & Berkeley Vale and Tewkesbury. Consequently, urban patients make greater use of the Emergency Department, while rural patients utilise the Minor Injury and Illness Units. The wide disparities in population density across our county pose challenges in the location of services to ensure accessibility and viability.

Notably over a third of Lower Super Output Areas (LSOAs) – i.e. defined geographical areas – in Gloucestershire are classified as among the worse 20% nationally for geographic barriers to services, with the highest number in Cotswold, Stroud and Forest of Dean.

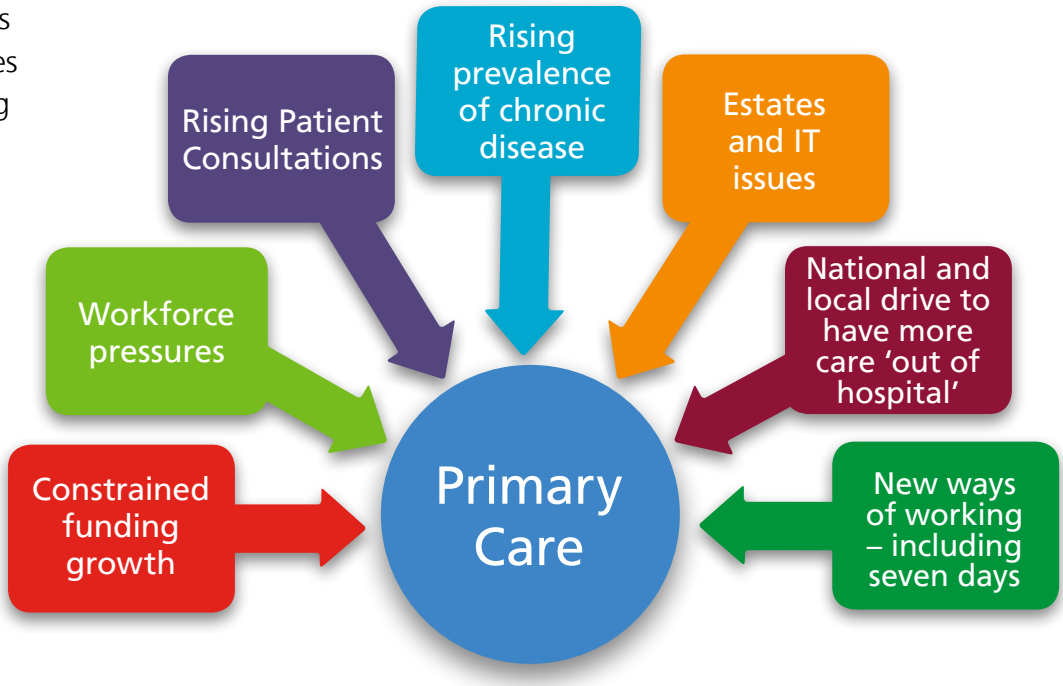
We also have eight of our LSOAs, all in Gloucester and Cheltenham, classified amongst the worst 10% nationally for 'health deprivation and disability'.

So it is clear we have some countywide issues to consider, notably an ageing population with increasing long-term conditions. We also need to be very conscious in our planning of the health inequalities that are presented by our geography and demography within our rural and urban areas. Annex Three contains a summary of these factors by each of our seven localities.

Local Primary Care Challenges

As per the national pressures discussed earlier, GP practices in Gloucestershire are feeling these same challenges.

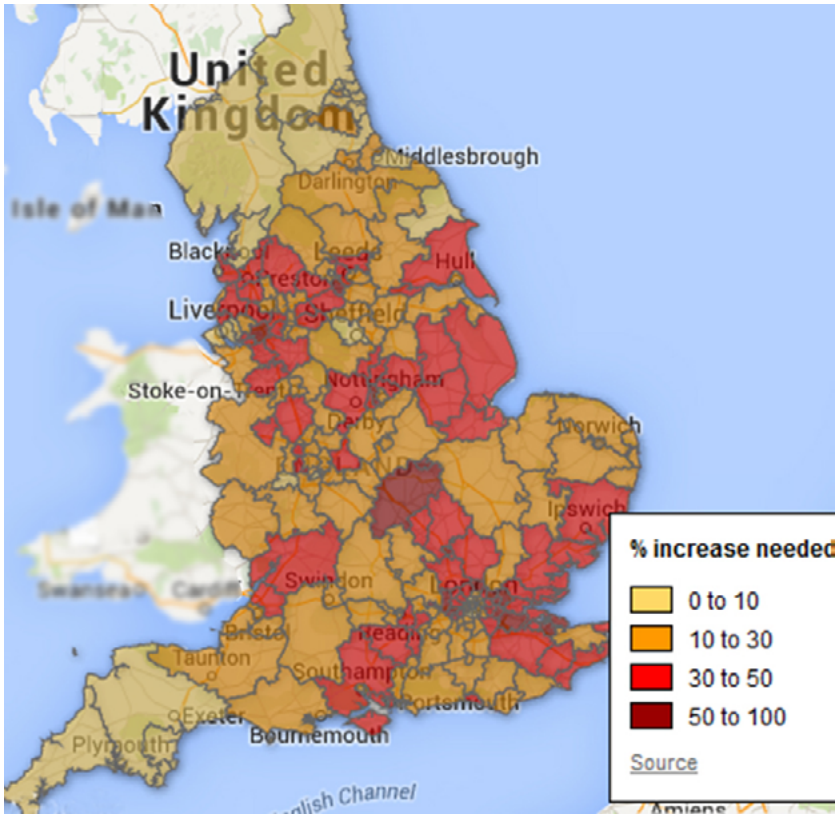
The second part of this Strategy sets out how we intend to respond to these pressures. The rest of this sub-section describes how some of these pressures are manifesting in Gloucestershire, in particular related to work force, estates and IT:



Workforce pressures

In 2015, the Royal College of General Practitioners named Gloucestershire as one of the top ten areas nationally requiring the greatest increase in numbers of full-time GPs by 2020 (105 additional GPs, a 31% uplift).

Figure 9: Percentage increase in GPs required by GP by county (source: RCGP, 2015)



In late 2015, the GCCG Primary Care and Localities Team undertook a short survey of our practice members. 78 of our 81 practices responded, with the headline findings as follows:

Gloucestershire GP practice responses		
Does your practice have any GP vacancies?	31 practices	40% of all responses
Partner vacant sessions*	146	42 due to long term sickness
Salaried vacant sessions	49	
Any planned GP retirements?	44 practices	56% of all responses
Total known retirements	57	

** Not all practices confirmed number of sessions, therefore 8 sessions assumed where unstated*

A similar picture of a more mature workforce is clear for our practice nursing team too. As published by Health Education England in April 2016, almost 30% are over the age of 54 and less than 9% are under the age of 35.

With regards to GP locum cover, 56 practices (72%) reported difficulties securing locums, thereby only exacerbating the problems of resilience. Some practices who are particularly struggling with locum cover rely on agencies and reported escalating costs.

Estates and IT issues

Recognising the importance of Estates and the under-development Primary Care has been subject to (locally and nationally), Gloucestershire CCG commissioned a "six facet survey" of our primary care estate. This survey, which is aimed at helping to inform maintenance programmes and future strategic investment, provides a standardised set of core information and comprises of six separate surveys: a physical condition survey, a functional suitability review, a space utilisation review, a quality audit, a statutory compliance review, and an environmental management review.

Primary Care services in Gloucestershire are currently provided across 108 buildings. There are 73 main buildings for the 81 practices, and a further 35 branch locations (although some practices operate more as split sites).

On the current registered list sizes, 90% of our practices are in buildings smaller than recommended sizes. Almost a quarter of practices are in buildings significantly smaller. When considering future population growth until 2031, the proportion of practices in buildings significantly smaller increases to a third.

Current Primary Care Commissioning Methodology

As a CCG, we recognise the importance of strong, resilient, good quality primary care services. We therefore, took the opportunity to be one of the first CCGs to take delegated commissioning responsibilities for primary care services from April 2015. Further details of what we now commission and how we commission, can be found below at Annex 4.

Creating a Plan

We have seen, so far, in this Strategy how the national challenges in primary care are very much reflected at a local level within Gloucestershire. We will now go on to describe how, over the next five years, the CCG will work with practices and other partners to ensure we *"have a sustainable, safe and high quality primary care service, provided in modern premises that are fit for purpose"*.

Part 2:
Our Plan for the Future

Key Strategic Components

As can be seen from the national and local evidence, staying the same is not an option. At the Primary Care Strategy event in November 2015, and the locality events that followed, this same message came across from our members, with common themes raised across the county:

Themes from our Primary Care Strategy Event
Focus on ensuring sustainable services, with primary care being an attractive place to work
Joined-up care across services and working within Multi-Disciplinary Teams, supported by a single IT platform
Supporting each other to provide primary care 'at scale', including 8am-8pm services, whilst retaining sense of practice autonomy/identity
Providing a greater focus on prevention/education
Maximising continuity of care between individual patients and individual GPs, especially for those patients with long term conditions
Delivering services from modern premises, fit for the future

We are committed to our member practices thriving as sustainable organisations; this is evident from 'Our Gloucestershire Primary Care Vision" described earlier:

Our Gloucestershire Primary Care Vision

So patients in Gloucestershire can stay well for longer and receive joined-up out of hospital care wherever possible, we need to have a sustainable, safe and high quality primary care service, provided in modern premises that are fit for the future.

To do this, we will:

- Attract and retain the best staff through promoting Gloucestershire as a great place to live and work, and offering excellent training opportunities;
- Ensure good access to primary care 7 days a week;
- Create a better work-life balance for primary care staff;
- Maximise the use of technology;
- Reduce bureaucracy;
- Support practices to explore how they can work closer together to provide a greater range of services for larger numbers of patients

We will support the diversification of new models of primary care in Gloucestershire, recognising one size will not fit all, while "not allowing a thousand flowers to bloom" either. Therefore, we have developed the following key six strategic components, which align to those contained within the 'General Practice Forward View' (April 2016):

Our Six Strategic Components

In the next set of sub sections, we will look at each of these six components in turn.

Component 1: Access

In Gloucestershire we have already made good progress in improving access within primary care (see below); however our patients have told us we can do more in a drive to improve our out of hospital care offered to our patients.

NHS England GP Access Fund

Working with the CCG, Gloucestershire Doctors (GDoc) were successful in a bid for the second wave of the GP Access Fund (formerly called the Prime Minister's Challenge Fund). The largest workstream within the agreed programme was for the 'Choice+' element, where additional appointments are provided both in and out of hours. This has delivered:

- Offering in excess of 5,000 additional appointments per month across primary care, with at least one dedicated site in each locality;
- Appointments have been offered during evenings and weekends, thereby providing additional flexibility for patients;
- Doctor time freed-up from urgent appointments has been re-invested into longer appointments for those patients that require them, such as those with long-term conditions, to prevent exacerbations that lead to ED attendance or emergency admission.

With agreement from NHS England, Gloucestershire CCG will be holding an Alternative Provider Medical Services (APMS) contract with GDoc for continued delivery of this, and the other elements of the bid, during the first six months of 2016/17. It is likely the funding will continue until at least March 2017.

Social Prescribing

Another significant scheme within the successful GP Access Fund bid was to expand and rapidly deliver our Social Prescribing pilot to cover the whole county. This scheme, one of the 'Ten High Impact Actions' for primary care (NHS England, 2016), helps to support practices manage demand for those patients that have broader, non-medical, needs that can be better managed by a more appropriate voluntary or community service.

Gloucester Health Access Centre

Gloucester Health Access Centre (GHAC), in Gloucester City centre, is contracted to offer walk-in and booked on-the-day appointments 8am – 8pm, 7 days a week. This contract will cease in the Spring of 2017 and will therefore form part of the long-term planning considered within this Strategy.

Access
Evenings and weekends; flexible to patient needs

GCCGs Strategic Commitments to 'Access':

Our strategic commitments to this component during the time-frame of this Strategy, including full implementation across the county, are as follows. GCCG will:

- Commit to providing patients with extended evening and weekend access to primary medical care in Gloucestershire that is integrated across providers, easy to navigate and understand, and is commissioned on a 'place based' approach. We will do this by:
  - Evaluating the success of the Choice+ pilot across localities, determining the impact on the wider system – especially urgent acute care utilisation – and assessing patient and GP feedback;
  - Working with patients, practices, localities and our local providers to design the long-term models of care that will deliver our commitment. This will include the consideration of:
    - The assessment of the options for re-provision of the current GHAC non-registered patient service;
    - The evaluation of Choice+;
    - GP extended hours locally commissioned service;
    - The overlap between services and how they can be integrated, commissioned and provided, including but not limited to: MIIUs, Out-of-Hours and Choice+;
    - Triage of patients directly to the most appropriate service or professional within the practice;
- Stimulate and pursue continued implementation of the 'Ten High Impact Actions' for general practice, releasing time for patients;
- Secure sustainability of our member practices in order to provide a strong platform from which to deliver our long-term aims.

It is likely that the final design will differ by locality, owing to diverse demographics and our 'placed-based' approach. However, the patient offer will be consistent. Furthermore, the final design in each locality will be dependent on the implementation of the other five key components of this Strategy, particularly the relationship of practices coming together to offer 'Primary Care at Scale', which is the component we will now consider in the next sub-section.

Component 2: Primary Care at Scale

As we have seen from the national evidence, there is an increasing trend towards delivery of primary care at scale, with the traditional small GP partnership model often recognised as being too small to respond to the financial and demographic challenges facing the NHS. By 'Primary Care at Scale' we are referring to practices working together to create more sustainable services delivering the highest quality care.

Primary care operating at scale could result in:

- Increased local services for patients that mean they can be seen and treated within their practice or local community rather than their local hospital;
- Improved financial sustainability for practices through delivering more services along with rationalisation of some back-office functions and reduced duplication of work;
- Reduced management responsibilities for partners as the load is spread amongst more;
- Increased resilience in primary care, such as through additional staff in-house providing the ability to more easily flex to cover absence;
- Improved work-life balance for primary care staff;
- Increased practice staff satisfaction and learning opportunities through offering a more diverse range of services.

Gloucestershire CCG has three single-handed practices and thirteen practices with just two partners. In 2015, we had two practices give notice on their General Medical Services (GMS) contracts, two practices requiring short-term list closures, three practices closing branch surgeries and a further two practices applying to reduce their boundaries. In addition, as demonstrated earlier, we also have a growing workforce crisis in Gloucestershire that is impacting the ability of our practices to recruit and retain staff.

Nationally, we have seen the Vanguard programme supporting the emerging Multispecialty Community Provider (MCP) and the Primary and Acute Care System (PACS) models, where primary care comes together to work at scale and work with either community services and/or acute hospitals so that GPs are at the centre of integrated care delivery. In some cases, this has involved some of the 'super-practices' that have established across the country, such as Vitality in Birmingham. Others are federations of GP practices, such as the MCP in Hampshire. Whichever model is considered, the direction of travel is clear.

Furthermore, the Government has announced the launch of a new voluntary MCP contract for GPs in 2017, which is likely to be for groups of GPs delivering an extended range of integrated services across seven days for, at least, 30,000 registered patients. While fuller details are yet to be announced, it has been suggested that only those GPs "most ready" will be considered eligible, with those providers holding a single whole population budget for the breadth of services it provides.

In 2015, the National Association of Primary Care (NAPC) – with the backing of NHS England – launched the 'Primary Care Home' initiative. It is a form of the MCP model with key features such as:

- Provision of care to a defined, registered population of between 30,000 and 50,000;
- Aligned clinical financial drivers through a unified, capitated budget with appropriate shared risks and rewards;
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care;
- A combined focus on personalisation of care with improvements in population health outcomes.

Whilst these are different initiatives, the narrative is a repetitive one: sustainability and resilience of primary care fit for the future, which is working as part of an integrated team of multi-specialists for a defined population of at least 30,000, and needs to be working collaboratively at scale and focusing on better population health management. However, the essence of local primary care, care continuity and preservation of "family medicine" is very important to us.

We recognise there are a wide range of practical implications of practices coming together 'at scale' to deliver more services, for both practices and patients alike, such as IT, contractual, estates and patient transport issues. We will seek to understand these impacts in more detail and address them within our next phase of planning.

Primary Care at scale
Working closer together to deliver a greater range of services for 30,000+ patients

GCCGs Strategic Commitments to 'Primary Care at Scale':

Our strategic commitments to this component during the time-frame of this Strategy are as follows. GCCG will:

- Set up a Provider Clinical Leadership development group, with leaders identified in each of the seven GP localities, which will form the basis of primary care representation on the newly established "New Models of Care Board" as part of the "One Place, One Budget, One System" Programme that reports to our Sustainability and Transformation Plan (STP) Delivery Board.
- Develop and deliver a programme of clinical leadership training, incorporating formal training, peer support and mentoring from existing General Practice leaders.
- Develop the skills that are needed for future General Practice leadership, for GPs, practice nurses and practice managers, including:
  - Creating time and space for innovation;
  - Utilising effective business and project management skills to improve efficient operation of General Practice, especially when operating at scale;
  - Seizing opportunities for closer collaboration;
  - Design and delivery of new, extended primary care services that brings more care closer to home and out of hospital for our patients, recognising the diverse demography and health needs of Gloucestershire's population, including diagnostics, rehabilitation, mental health, therapies and outpatients;
- Work with practices to support them through merger or federation conversations;
- Support localities in developing their 30,000+ provider models, with appropriate patient engagement, managerial, informatics and finance support, on their journey to an MCP (or PACS) model holding a whole population budget for the services it provides including primary medical and community services.
- Provide information and intelligence, inclusive of public health needs assessments, to inform a place-based approach that reduces health inequalities and improves patient health outcomes for the 30,000+ populations.

Component 3: Integration

Working alongside acute, community, and local authority colleagues, Primary Care has a pivotal role to play in the coordination and continuity of care for patients, a point that has been recognised in the Five Year Forward View, the design of the Vanguards and in the anticipated new MCP contract.

Component 3, therefore, builds on Component 2 – once Primary Care can form their 'networks' of 30,000 patients, they can work with partners in providing place-based care for their patients in an integrated way. This is likely to involve:

- An extended team of GPs, nurses, allied health professionals and specialists offering easy access to a wide range of health and care close to people's homes;
- A range of current health providers working together under a contractual (e.g. Alliance) arrangement to improve health outcomes of the population;
- Provision centred around GP practices and primary care hubs;
- Support for populations based around a natural community;
- Promotion of self-care and prevention.

We need to remove the organisational and professional boundaries that are currently in place, those that prevent a joint focus on patient need. Furthermore we recognise that these boundaries not only create gaps in services but also inefficient and unreliable transitions resulting in duplication and delays in patient care.

At the Primary Care Strategy events held by GCCG and the Localities in late 2015 and early 2016, there was a clear appetite from our members to be more involved in, or even leading, whole pathways of care, especially the urgent care agenda. Urgent care in Gloucestershire is currently confusing for patients, with an out of hours primary care service, Choice+, Minor Injury and Illness Units at our community hospitals and the Emergency Departments in Cheltenham and Gloucester, all potentially open at the same time, as well as the role of NHS 111 within the system; this potential duplication and confusion also creates a strain on the finite financial and skilled staff resources available to us.

There is also the appetite for change outside of Primary Care. Alongside rising demand, the NHS and local authorities are facing financial challenges on a scale not previously experienced. There is growing recognition that the current inefficiencies in non-integration cannot afford to continue – for patients and the local NHS.

With this in mind, the Gloucestershire Strategic Forum (GSF), have been discussing how services can be integrated in the future and where the priorities should be (for example see Stroud and Berkeley Vale work – page 47).

Integration
Across pathways expecially urgent care, maximising partnerships in place-based care

GCCGs Strategic Commitments to 'Integration':

Our strategic commitments to this component during the time-frame of this Strategy are as follows. GCCG will:

- Work initially with a number of pilot localities, our providers and VCS organisations and all other stakeholders and partners to determine the:
  - Operational structures and changes required;
  - Legal and governance frameworks;
  - Delivery model;
  - Outcome and evaluation measures;
  - Timescales involved.
- Create a Primary and Community Urgent Care Working Group, with a locality lead representative from each locality, with the responsibility for developing an integrated urgent care model which could be implemented across all localities. This will include responsibility for:
  - Developing a 7 day urgent care system that works together to deliver the right outcomes and avoid unnecessary emergency hospital care;
  - Reducing duplication, under (and over) utilisation of each element of the system and eliminates fragmentation, including GP out of hours;
  - A single point of contact for accessing integrated urgent care and GP out of hours;
- Commit to rolling integration out to all localities to deliver place-based integrated care that makes sense locally for their population, consisting of integrated community based teams of GPs and physicians, nurses, pharmacists and therapists offering outpatient, diagnostics, geriatric care and other services locally.

Component 4: Greater Use of Technology

Information Management and Technology (IM&T) is, without doubt, a key enabling component of our 'New Ways of Working' and the delivery of this Strategy. There are many elements to this, including the internal GP clinical systems, interaction between different practices and their systems, interactions with patients, interactions with providers and contemporaneous access to information across the healthcare system. We recognise that not all patients have access to the internet and therefore throughout our IM&T Strategy-related work, we are mindful to ensure patients are not 'digitally excluded'.

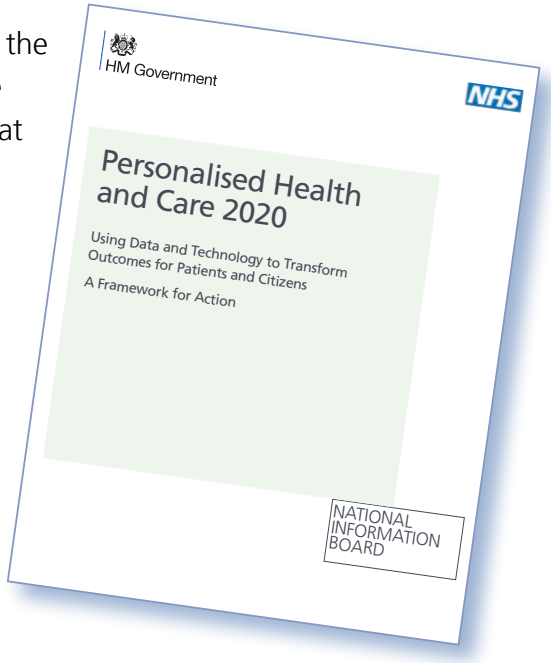
Gloucestershire IM&T Strategy

The Gloucestershire IM&T Strategy sets out a vision for Information and IT to be critical enablers of service change and improvement through:

- Secure access to records by every clinician / care worker, when and where needed, with clear opt-out and consent-to-view arrangements;
- Empowering patients and their carers to take greater responsibility for their own health / healthcare through the use of technology-based support tools, and enabling patients to view their own records;
- Commissioning decision-making that is well-informed and evidence-based, through access to knowledge, timely, high quality information and analytical tools;
- Exploiting innovative technologies where there is evidence of benefits.

The Gloucestershire IM&T 'Plan on a Page' can be found at Appendix 3. This has been reviewed to ensure delivery against the National Information Board (NIB) "Personalised Health and Care 2020" framework to action, which sets out the programmes that will help transform health and care services through data and technology:

1. Enable me to make the right health and care choices;
1. Transforming general practice;
1. Out of hospital care and integration with social care;
1. Acute and hospital services;
1. Paper-free healthcare and system transactions;
1. Data for outcomes and research.



One key underpinning element of the IM&T Strategy is the 'Joining Up Your Information' project.

Joining Up Your Information

The Joining Up Your Information (JUYI) project will help securely share important patient healthcare information across primary, community and secondary care, as well as mental health and social care teams on a read-only basis. This will include:

- Medication and any changes to it made by a clinician
- Medical conditions
- Operations/treatment received
- Contact details for next-of-kin and others involved in care
- Tests that GPs or hospital clinicians have requested or carried out
- Appointments (past and planned) and recent visits to out-of-hours GPs and minor injury and illness units
- Documents, such as care plans and letters about treatment (for example "discharge summaries" following a hospital stay).

Patient, carer and voluntary sector representatives have been involved in the project from the start, providing valuable insight into the best way to communicate JUYI to local residents. The project piloted sharing primary care information in a small number of practices and community teams in 2015/16 ahead of a wider rollout. A procurement process has been undertaken for the first phase of implementation. The intention is that a future phase of JUYI will enable patients to access their shared records. More information can be found at: http://www.gloucestershireccg.nhs.uk/joiningupyourinformation/index.php.

GP Access Fund

As well as creating the additional capacity within the Choice+ element of the bid, Gloucestershire also ensured that maximising the use of technology was included in the programme.

Online Video Consultations

Utilising the internet (e.g. through Skype) – within an Information Governance compliant framework – some practices have begun piloting online video consultations with patients, where it is safe, appropriate and convenient for patients to do so.

E-consultation

Eighteen practices are piloting software, such as 'askmyGP', that is available from their practice website where patients can seek help through answering a series of questions about their symptoms – on their smartphone, tablet or computer – which allows a much quicker triage by the GP practice and allows a decision to be made on whether to see or call the patient, and which member of the primary care team is best placed to support them.

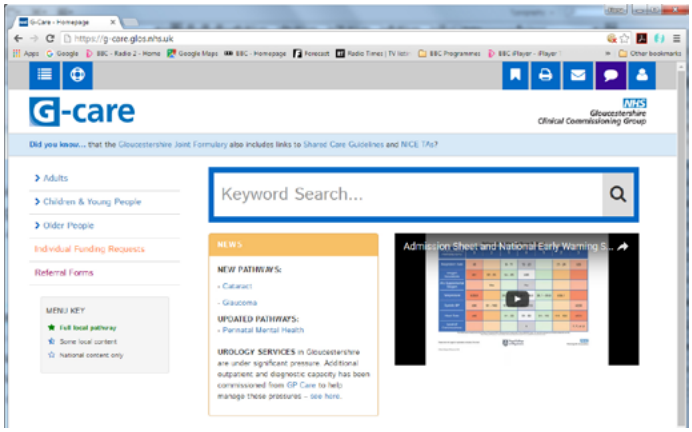
ASAP – Health App – stands for App, Search the website, Ask NHS 111, Pharmacy

The Health Community ASAP App and information campaign was launched in April 2015, particularly targeting adults of working age and parents of young children with advice on what to do if they are ill or injured and are unsure where to turn. The ASAP App and website allow users to 'Search by Service' or 'Search by Condition' – providing a step-by-step guide through symptoms, care advice and signposting to the appropriate NHS service/s. Users can also find opening hours, service locations and ED waiting times. Pharmacy is central to the campaign for treatment of minor ailments and signposting on to other NHS services when needed.

Further GCCG IM&T investment

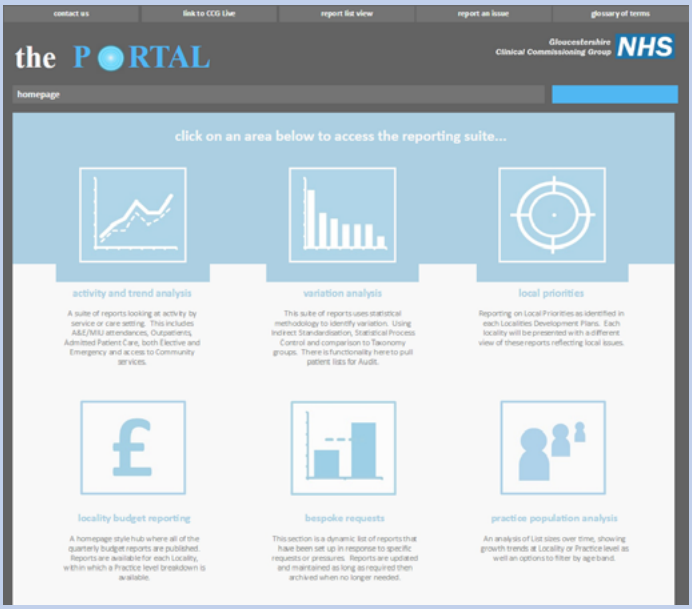
G-Care

G-Care is a new Gloucestershire Clinical Pathways website that has been designed to support GPs and other front-line clinicians in providing access to Gloucestershire pathways alongside clinical guidance, video content, referral forms, patient leaflets and lifestyle information. The next stage of development will see a public facing version of G-Care.



GP Portal

GCCG has invested in a talented Primary Care and Localities Information Team to improve information flow and provide GP practices with easily accessible activity information that enables them to examine and audit areas of variation which are material and unwarranted. In April 2016, 'the Portal' was launched, providing activity, trend and variation analysis that can be aggregated and disaggregated as required, with access for practices to their own patient data.



Other recent schemes at a glance

- In 2015/16 we funded equipment for practices to be able to work remotely, giving practice staff the opportunity to be able to take their laptops with them on patient visits.
- We have resourced a pilot of email consultations, supporting a practice in our South Cotswold locality to set-up a dermatology photo service with patients to test whether this enables patients to get a quicker clinical decision without the need to visit their GP surgery.
- Electronic prescribing has enabled patients to collect their fulfilled prescription directly from their pharmacy between 5 minutes to two hours after their GP consultation.

Greater use of technology
Online patient records, appt booking, apps, self-care, Skype

GCCGs Strategic Commitments to 'Greater Use of Technology':

Our strategic commitments to this component during the time-frame of this Strategy are as follows. GCCG will:

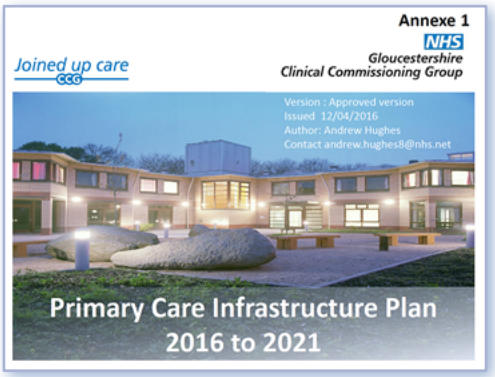
In the implementation of our Local Digital Roadmap and as part of our IM&T Strategy, we will improve clinical effectiveness, decision making and the health and wellbeing of the population through:

  - Moving towards a fully interoperable health and care system, connecting primary care with each other and all other providers.
  - 'Paper-free' at the point of care and available to all providers 7 days a week, with mobile working solutions for clinicians to access securely.
  - Access for patients (and their carers) to their digital health records.
  - Extending our online offering to patients, taking learning from our development of the ASAP app to bring more services to fingertips.
  - Utilising remote monitoring technology, building on the Telehealth, Telecare and health alerting systems already in place.

- Evaluate all the technological trials, funded either directly by GCCG or through the Prime Minister's GP Access Fund, for establishing which to mainstream across the county over the course of this Strategy;
- Further invest in the development of 'the Portal', including funded variation audit work within practices as part of the Primary Care Offer;
- Implement the commitments within the General Practice Forward View, such as Wi-Fi within all our practices and accessing data on practice demand, activity and gaps in service provision by 2018. We will submit bids to the national Estates and Technology Transformation Fund to support this work;
- We will also bid to the Fund for supporting this Strategy, such as for 'Primary Care at Scale' and 'Integration', where practices require further interoperability for triage, websites, patient portals or self-care tools.

Component 5: Estates

Recognising the importance of our Primary Care estate to the ambitions of this Strategy and of our CCG, we have developed a five-year prioritised Primary Care Infrastructure Plan (PCIP). The PCIP sets out where investment is anticipated to be made in either new or extended buildings, subject to business case approval and available funding. The Plan reflects our strategic intent to deliver primary care at scale, where there is an opportunity to do so.



As at March 2016, there were a number of committed developments that resided outside of the prioritisation process as they are already approved:

Locality	Practice	Scheme
Cheltenham	Sevenposts Surgery	New build
	Stoke Road Surgery	Refurbishment and extension
Gloucester City	Churchdown	New build
	Hadwen Medical Practice	Refurbishment and extension
	Longlevens Surgery	Extension
	Rosebank Health	New build to deliver services to new population (Kingsway)
North Cotswold	Stow Surgery	New build
Tewkesbury	Church Street and Mythe	New build on Community Hospital site

The PCIP supports local implementation of the national multi-year £900 million Estates and Technology Transformation Fund, which recognises that sustainable GP practices require improved infrastructure in order to be able to deliver more out-of-hospital care. Our PCIP, therefore, provides the mechanism for prioritising Transformation bids.

For the purposes of prioritisation, the PCIP considers five strategic elements, relating to the current condition, functionality, specific and/or unique factors, current capacity and future capacity. Applying these criteria to the results of the six facet survey undertaken (see 'Local Primary Care Challenges' section in Part 1), the PCIP has set out eleven key strategic priority practice developments (strategic groupings 1 and 2), which the plan assumes will be the minimum taken forward. These are:

Locality	Practice(s)	Scheme
Cheltenham	Berkeley Place, Crescent Bakery, Overton Park, Royal Crescent and Yorkleigh	New build for up to all five practices within one new development
	TBD	Development of surgery provision for the West / North West of Cheltenham due to new housing developments
Forest of Dean	Dockham Road and Forest Health Care	Replace the Cinderford Health Centre with a new facility for the two surgeries
	Coleford Health Centre	Replace with a new surgery building
Gloucester City	Gloucester City Health Centre	Replace with a new surgery building
	Brockworth and Hucclecote	A new build (or builds) to replace current surgeries and cover major population growth
South Cotswolds	The Park, Phoenix, St Peters Road, Avenue Surgery	With significant planned housing developments, a case for change exists for a new model of primary care with infrastructure requirements
	Romney House	Replace with a new surgery building
Stroud & Berkeley Vale	Beeches Green, Locking Hill, Stroud Valley Family Practice	Replace with a new surgery building to accommodate all practices
	Minchinhampton	Replace with a new surgery building
	Regent Street and Stonehouse	Review surgery provision in Stonehouse, particularly for these practices

Estates
Improve the Primary Care estate to be fit for the future

GCCGs Strategic Commitments to 'Estates':

Our strategic commitments to this component during the time-frame of this Strategy are as follows. GCCG will:

- Implement the Primary Care Infrastructure Plan (as found at Appendix 4) to undertake, as a minimum, the eleven key strategic practice developments as prioritised by the six facet survey.

Component 6: Developing the Workforce

In order to develop new ways of working within Gloucestershire, developing our workforce will be an absolutely critical component. This includes not only the continued development of our existing primary care workforce members, such as our GPs and practice nurses, but also the development of succession planning, planning for recruitment of more staff (see the 'national context: policy' section above) and – importantly – the new roles required in Primary Care to deliver new, innovative approaches to patient care.

Following the commencement of delegated authority for Primary Care Commissioning in April 2015, GCCG set up a number of committees and structures to support this increased responsibility. This included the Primary Care Workforce and Education Workstream Group (see 'Primary Care Decision Making and Governance Structure' section on page 42 below). The purpose of this group is to drive forward projects to support the recruitment and retention of the Gloucestershire Primary Care workforce in the short, medium and longer term.

The Group, working closely with stakeholders such as its member practices, Health Education England (HEE) South West and the Gloucestershire LMC, has developed a draft Primary Care Workforce Plan that is focused on three distinct but related elements:

1. The recruitment, retention and return of the GP workforce using the structure of the GP workforce 10 point plan (BMA, 2015), but with local interpretation.

1. The education and training of the Practice Nurse workforce.

1. New skill mixes in primary care, with new roles to support the current primary care professionals in providing patient care. For example, physiotherapists working in practices to improve health outcomes for patients with musculoskeletal conditions.

Developing the workforce
Attracting and retaining talent; an expanded workforce

GCCGs Strategic Commitments to 'Developing the Workforce':

Our strategic commitments to this component during the time-frame of this Strategy are as follows. GCCG will:

- Implement the Primary Care Workforce Plan, as found at Appendix 5. A summary of the key actions we will be pursuing are detailed in the table below.

Workforce Plan	Headline developments	Summary of development initiatives
Recruitment, Retention and Return of the GP workforce	**Recruit** 1. Promoting Gloucestershire Primary Care	1. Significant investment with the British Medical Journal (BMJ) for the provision of advertising to support general practice in 2016/17 [www.beagpingloucestershire.co.uk]
	2. Setting up a Community Education Provider Network (CEPN)	2. Working with the West of England Academic Health Science Network (AHSN), our CEPN will support practices in promoting collaborative working in primary and community based roles.
	3. Training Gloucestershire Doctors	3. Reviewing the suitability of, and demand for, a Newly Qualified Doctor scheme to encourage GPs who train in Gloucestershire to practice here once qualified.
	Retain 1. Investment in GP Retainer Scheme	1. Partnering with HEE to support practices to become hosts for GP retainers and creating increased awareness of the scheme amongst GPs.
	2. Portfolio career for those considering leaving general practice	2. We will work to encourage GPs considering leaving general practice or retiring early to work in a different way in order to retain their skills and experience within primary care in Gloucestershire.
	Return 1. Returning GPs	1. We will assess the suitability of a local GP returner's scheme during 2016 and, if deemed viable, will introduce for Gloucestershire.
Education and training of the Practice Nurse workforce	1. Practice Nurse Facilitators	1. We have committed to recurrent investment in Practice Nurse Facilitators for our seven localities to support the development of Practice Nurses and the retention and expansion of the Practice Nurses workforce.
	2. Advanced Nurse Practitioners	2. We will fund the courses and backfill for five years for a number of Practice Nurses across our seven localities to undertake Masters-level modules to become Advanced Nurse Practitioners.
	3. Mandatory training	3. We will implement a consistent approach to mandatory training for Practice Nurses
	4. Practice Nurse education and training needs analysis	4. We will support practices in ensuring a standardised, high quality, level of skills across our Practice Nurse workforce, including a commitment to increase the number of practice nurses with long-term condition courses undertaken

Workforce Plan	Headline developments	Summary of development initiatives
New skill mix introduced in general practice	1. Social Prescribing	1. We will continue to support the Social Prescribing programme as a way of supporting both patients and clinicians to ensure people are seen by the right professional to meet their need.
	2. Practice Prescribing Pharmacists	2. We will provide additional support to the seven Gloucestershire practices that were successful in the NHS England scheme to employ Prescribing Pharmacists over the next three years. We will also provide funding for eight pharmacists to qualify as prescribers in 2016/17, 10 in 2017/18 and a further 10 in 2018/19, with the aim of providing a workforce capable of supporting more practices in future.
	3. Additional roles working in an integrated primary care	3. We will work with HEE to support new skill mixes in primary care, such as GP training for allied health professionals, nurses, paramedics and Physicians Associates. We will also progress, through the CEPN, consideration of other roles and responsibilities in primary care, such as reception care navigation – enabling triage of patients directly to other professionals 'in-house'.

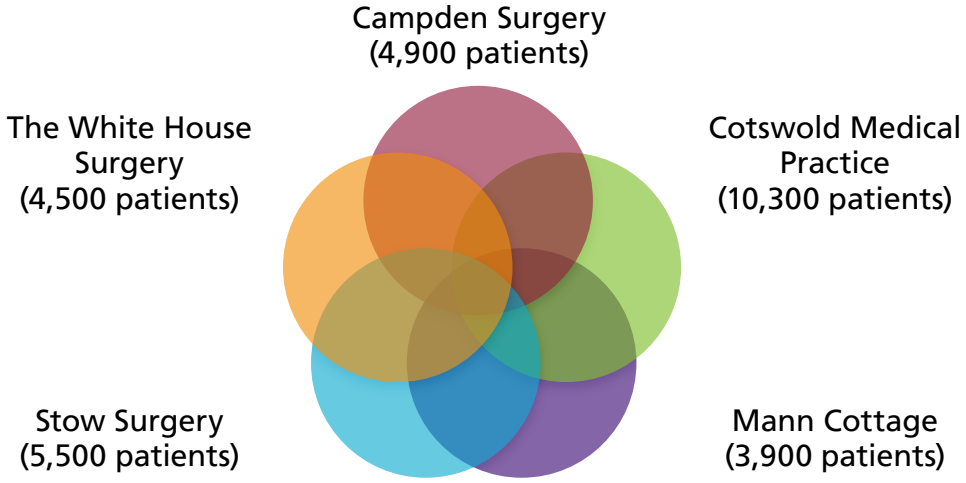
Note: An essential element of our workforce training responsibilities for primary care is safeguarding. In all healthcare settings there is a duty of care – detailed in legislation – to make arrangements to safeguard and promote the welfare of adults, children and young people. To fulfil these responsibilities, we will continue to ensure primary care staff have access to safeguarding training, learning opportunities and support.

Delivery Model

In order to achieve our six components and the commitments made to each, we will work with our identified Locality Leads to establish the correct delivery model for each locality. This is likely to differ between our urban and rural localities, those of different sizes, and how they will each respond to the particular needs assessments for their localities. However, all will be consistent in delivering the six 'New ways of working' components and will likely be based on a multi-speciality community provider (MCP) approach. In developing these models, each locality has arrangements in place to engage with patient groups, for example through Locality Reference Groups or through communication with practices' Patient Participation Groups (PPGs).

Making 'Primary Care at Scale' a Reality

In North Cotswold Locality, for example, the five practices (equalling a population of almost 30,000 people) have agreed to work in a 'loose network' approach to build collaboration and resilience to realise a vision of 'Primary Care at Scale'. The locality will initially test this through the implementation of a 12-month 'Pharmacy Support Plus Pilot', which is looking at the provision of two Clinical Pharmacists to become an integral part of all five practice teams. The locality is also keen to pursue an integrated working model with Gloucestershire Care Services initially, pursuing components 1, 2 and 3 of the New Ways of Working programme (Access, Primary Care at Scale and Integration):



Multi-Specialty Community Provider Pilot

In larger localities, a 'hub and spoke' model will be more appropriate to ensure true place-based commissioning and provision at a local level.

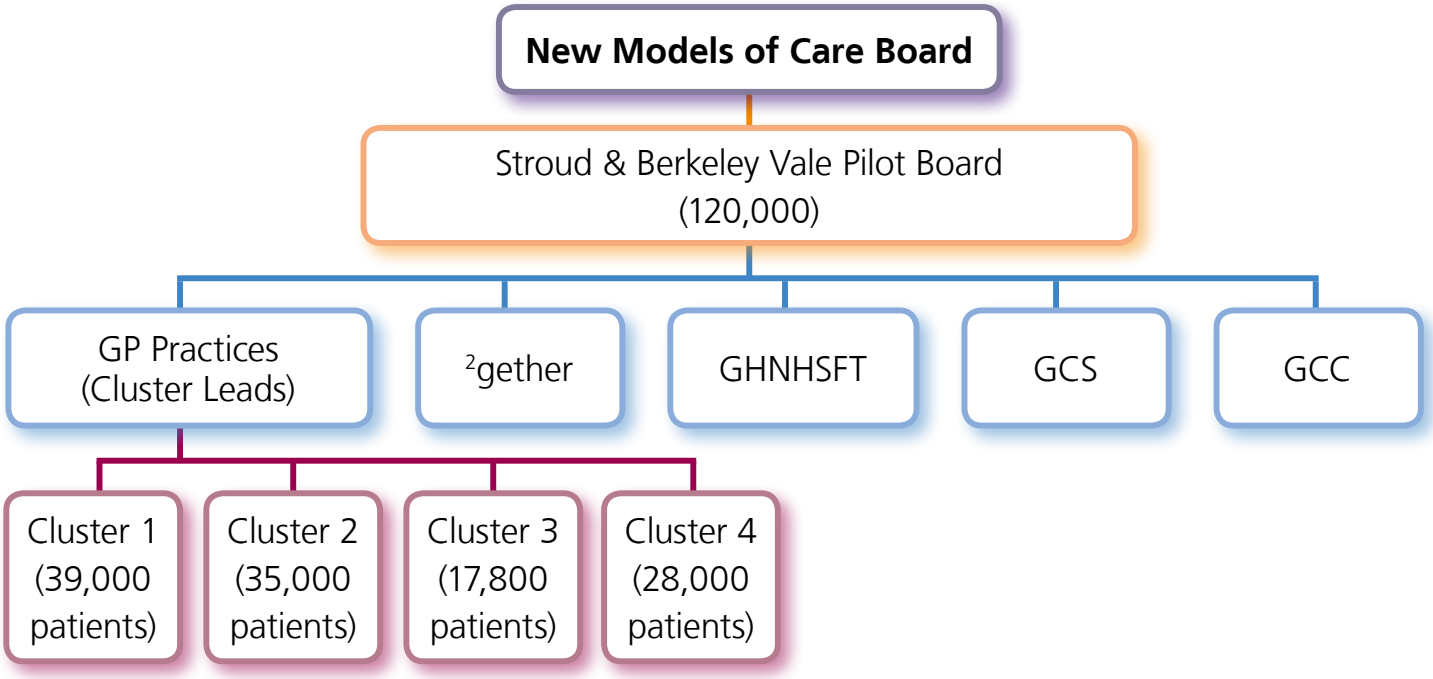
Stroud and Berkeley Vale Locality (with a total population of around 120,000 people and comprising 18 practices) has been chosen as a 'New Models of Care' Multi-specialty Community Provider (MCP) pilot site with four clusters of roughly 30,000 people, identified through natural communities. The pilot aims to improve the health, well-being and independence of local people through delivering a step-change in more accessible, sustainable and higher quality out-of-hospital care. The outcome will be a range of services from primary, community, children and families and mental health care working in a way that wraps around the patient with the support of local statutory and Voluntary and Community Sector providers to ensure that patients stay healthier, independent and at home for longer. The Stroud and Berkeley Vale pilot will ensure that regardless of clinical or provider models, there will be local solutions in place, based around local populations, removing organisational boundaries to provide provision for patients.

The work requires significant engagement with partners, including Gloucestershire County Council (GCC), ²gether, Gloucestershire Care Services (GCS), Stroud District Council (SDC), Gloucestershire Fire and Rescue Service, Healthwatch Gloucestershire and a range of Voluntary and Community Sector (VCS) organisations. A cultural change programme was established and a shared vision agreed:

Shared Vision

To ensure that a person in Stroud and Berkeley Vale shares the planning and review of their care and is supported by professionals who know each other and who operate within a culture where they connect people to the strengths and resources in their community.

The pilot governance structure (outlined below) will consist of a Pilot Board supported by four cluster 'working groups' (30,000 population level), which will have representation from each practice within the Cluster and be chaired by the Cluster Lead; they will have overall responsibility for delivering the changes for their local populations.



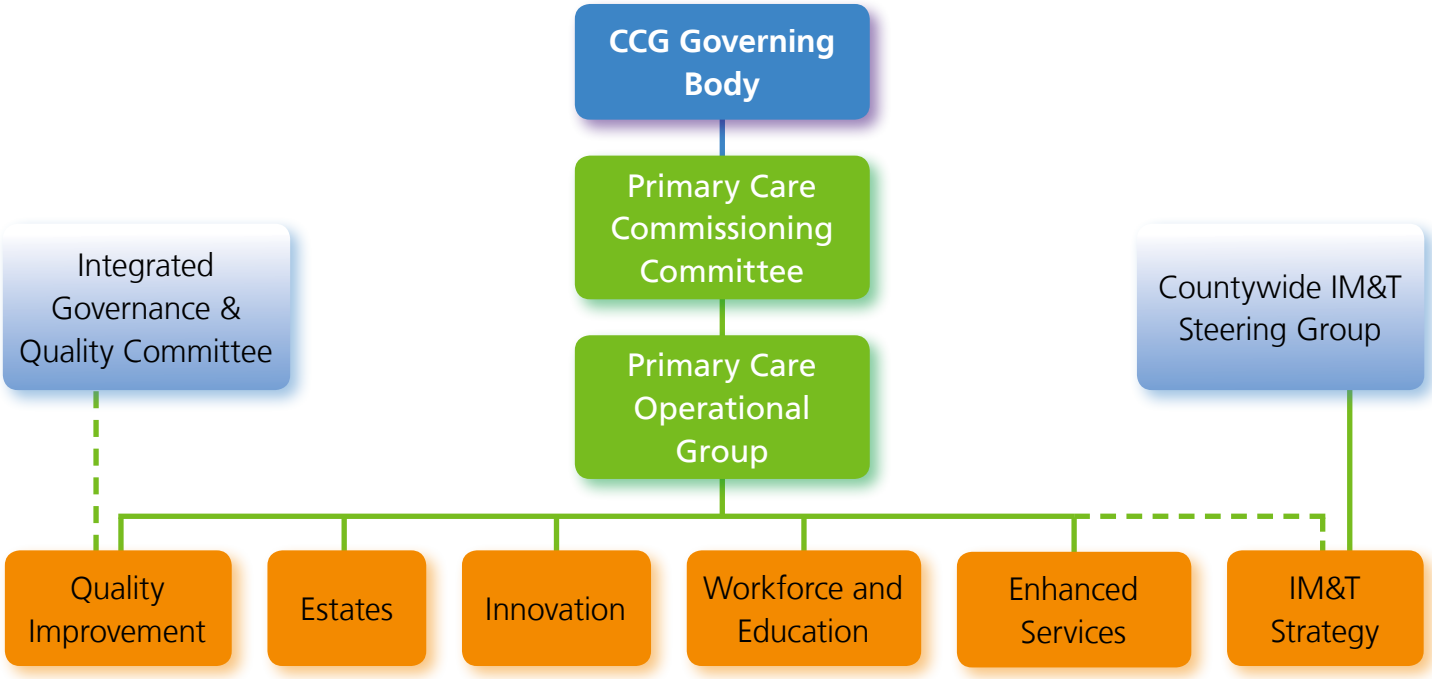
Other localities

The other localities are currently determining how they will respond to these new ways of working, and we will support them in developing their models during 2016/17 for implementation in 2017/18 and delivery planning through to 2021.

Primary Care Decision Making and Governance Structure

The CCG is committed to establishing effective governance procedures to ensure that it discharges its duties effectively and with due regard to mandatory regulations and voluntary guidance. This also applies to the risk of real, or perceived, conflicts of interest.

The Primary Care governance structure below demonstrates how we achieve this. It is in accordance with the Delegated Agreement between NHS England and GCCG dated 26 March 2015. The structure minimises the risk of conflicts of interest occurring while maintaining important clinical input to the design and delivery of our primary care commissioning responsibilities.



Primary Care Commissioning Committee

The purpose of the Primary Care Commissioning Committee (PCCC), as a committee of the GCCG Governing Body, is to manage the delivery of those elements of the primary care healthcare services delegated by NHS England to the GCCG. The Committee have delegated responsibility for primary medical care decisions relating to:

- The award, design and monitoring of GMS, PMS and APMS contracts;
- Locally defined and designed enhanced services;
- Local incentive schemes;
- Procurement of new practice provision;
- Discretionary payments (e.g. returner/retainer schemes);
- Practice mergers;
- Contractual action such as issuing branch/remedial notices and removing a contract.

The Committee – which meets in public and is made up of CCG Executives, lay representatives, and representatives from Healthwatch/the Health and Wellbeing Board/NHS England – also report on, and make recommendations, to the Governing Body on the following:

- Primary Care Strategy;
- Premises improvement grants and capital developments.

Primary Care Operational Group

The Primary Care Operational Group (PCOG) has been established to implement and monitor the progress of the operational functions that delegated commissioning responsibilities provide, while making recommendations to the PCCC where decisions are required. In addition, the Group also has responsibility, on behalf of the PCCC, for oversight and delivery of the following groups:

- Primary Care Clinical Quality Review Group (direct report);
- Primary Care Estates workstream (direct report);
- Primary Care Innovation Group (direct report);
- Primary Care Workforce & Education Planning workstream (direct report);
- Enhanced Services (direct report);
- Primary Care IM&T Steering Group (reports to Countywide IM&T Steering Group).

Governance of this Primary Care Strategy

Approving the Primary Care Strategy

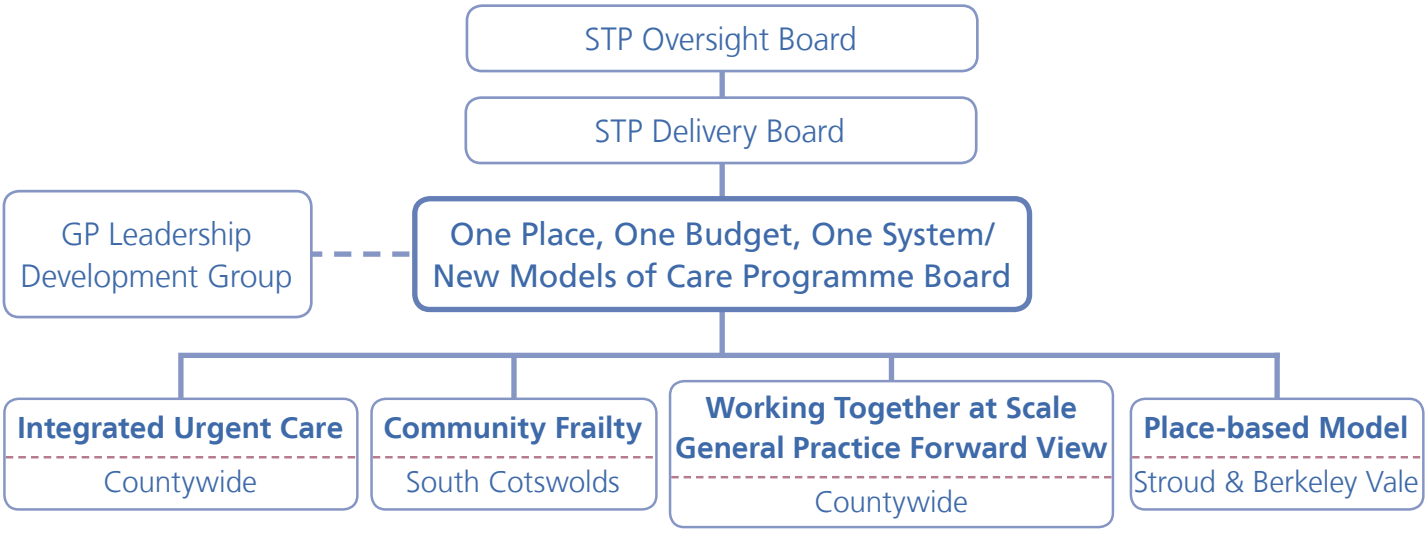
In accordance with the above, the approval process for this Strategy will be via the CCG Governing Body, with progress reported through the Primary Care Commissioning Committee, which will be held to account for delivery by the Governing Body. Operational delivery of the Commitments set out against the six components will be managed by the Primary Care Operational Group.

Oversight of GCCGs Sustainability and Transformation Plan and New Models of Care

Overseeing production and direction of GCCG's Sustainability and Transformation Plan is the STP Oversight Board, with a separate STP Delivery Board for implementation.

As a key element of our Sustainability and Transformation Plan is the design and delivery of new models of care, a 'New Models of Care Programme Board' has been established to drive and oversee these models across our County, which will be designed by each locality as described within our 'Delivery Model' section (see page 46).

This New Models of Care Programme Board, reporting to the STP Delivery Board, will have Executive membership from across our Providers, with Primary Care represented by a nominated, mandated, lead GP from each locality and lay person involvement in the design and delivery of New Models of Care. The governance structure established for the workstreams, such as the Stroud & Berkeley Vale pilot, will therefore report to the New Models of Care Board. The structure, at the time of writing, is:



GCCG Engagement and Experience Strategy

The GCCG Strategy for Engagement and Experience: Our open culture sets out GCCG's approach to engagement. It sets out our intention to promote 'Equality' and working in 'Partnership' and the desire to enable 'Anyone and Everyone' to have a voice. To achieve this we provide 'Information and good Communication', focus on 'Experience' feedback and undertake good 'Engagement and Consultation'.

A strategy for engagement and experience

http://www.gloucestershireccg.nhs.uk/feedback/gccg-engagement-and-experience-strategy/

Lay involvement

Currently there is lay involvement through the CCG's Governing Body and Primary Care Commissioning Committee as follows:

- CCG Governing Body – Lay Vice Chair, Lay Members
- Primary Care Commissioning Committee – Lay Chair, Lay Members, Healthwatch Gloucestershire and Health and Wellbeing Board Chairs. The PCCC:
  - Receives a regular Quality Report, including patient experience
  - Meetings are held in public.
  - Meeting papers available on the GCCG website
  - Discusses engagement activity to support specific primary care proposals.

It is proposed that there will be opportunities for lay involvement at the Primary Care Operational Group and in workstreams where lay involvement can have the strategic impact.

Scrutiny

Primary care proposals for change/development receive appropriate scrutiny through:

- Presentations to the NHS Reference Group (representatives from HCOSC and Healthwatch Gloucestershire) as required;
- Regular reporting to Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) in the GCCG Chair/Accountable Officer Report;
- GCCG Chair/Accountable Report to HCOSC – Section 2b: Local NHS Commissioner Update, Gloucestershire Clinical Commissioning Group (GCCG) – Primary Care (GP services) shared with Gloucestershire Health and Wellbeing Board Chair

Patient Participation Groups (PPG) engagement

Since April 2015 when the CCG took on 'delegated' commissioning of primary care from NHSE, the CCG has been encouraging local practices to work closely with their PPGs, and where a practice does not have a PPG, assisting them to establish one.

There is now a well-established county PPG Network, which encourages lively debate, information and good practice sharing. Healthwatch Gloucestershire is invited to attend all PPG Network events.

Experience: Primary Care Clinical Quality Review Group

Experience data to inform commissioning and monitoring of primary medical services is discussed at the quarterly Primary Care Clinical Quality Review Group. Experience data includes: GP Friends and Family Test (FFT), Primary Care PALS and Complaints data, Primary Care incidents and serious incidents data, GP Patient Survey, Healthwatch Gloucestershire data, QOF (Quality and Outcomes Framework) data and CQC Inspection data. This information has been used for the development of this Strategy and will support the monitoring of the impact of its implementation going forward.

Engagement in the development of the draft Primary Care Strategy

As well as engagement with our health and care partner organisations, our Patient Experience and Engagement team have supported us in engaging with patients in the development of this draft Strategy, chiefly through discussions with members of the Gloucestershire Patient Participation Group (PPG) Network.

As plans develop in the implementation of this Strategy, appropriate engagement and consultation will be undertaken in accordance with our "Our Open Culture" framework. This Strategy, therefore, sets out our direction for Primary Care and has begun the initial engagement, while individual projects will commence to deliver the commitments of the six components for which we will undertake further engagement and consultation.

Expected Outcomes by Component and Commitment

The table below lists the commitments we are making over the coming five years to deliver our vision for primary care in Gloucestershire. We also describe how, by delivering these commitments, we hope our patients and member practices will react. As part of our plan to implement this Strategy, we will ensure that we set out how we will monitor and measure delivery of these commitments.

Component	Commitments Summary	How will patients feel?	How will practice staff feel?
Access Evenings and weekends; flexible to patient needs	• Provide patients with extended evening and weekend access to primary medical care. • Stimulate and pursue continued implementation of the 'Ten High Impact Actions', releasing time for patients and relieving some pressure from staff. • Secure sustainability of our member practices in order to provide a strong platform from which to deliver our long-term aims.	"I am easily able to access the right person at my doctor's surgery to care for me in a way, and at a time, that is convenient to me." "My doctor makes time for me in helping me to manage my long-term condition to avoid becoming poorly."	"Our receptionists have more control over their workload and are proactively directing patients to self-care services, online tools, and a range of other professionals that are right for them. This is releasing capacity for our, now extended, clinical team to deliver convenient access for patients across new types of consultation, such as online and email, while supporting self-care and prevention."
Primary Care at scale Working closer together to deliver a greater range of services for 30,000+ patients	• Set up a Provider Clinical Leadership development group, forming the basis of primary care representation on the newly established "New Models of Care Board" for our STP. • Develop and deliver a programme of clinical and managerial leadership and skills training for future general practice. • Support practices and localities in developing their 'at scale' provider models.	"I have access to a greater range of staff who are able to help me manage my illness, without having to wait hours at the Emergency Department." "My surgery is able to offer more services within the practice, or close by, that means I do not have to wait as long, or travel as far, for tests or treatment."	"While offering more services, more of the time, by having a wider range of professionals and working 'at scale', we are able to help patients stay well for longer and achieve a good work-life balance." "My job is more rewarding, with more training, more responsibility, in a vibrant, growing and financially sustainable practice."

Component	Commitments Summary	How will patients feel?	How will practice staff feel?
Integration Across pathways especially urgent care, maximising partnerships in place-based care	• Initially we will create a Primary and Community Urgent Care Working Group to develop the model. • We will then deliver integrated place-based care consisting of community based teams of GPs, physicians, nurses, pharmacists and therapists offering outpatient, diagnostics, geriatric care and other services locally.	"All of the staff who help me to stay well know who I am, know my condition, and work as one team. They talk to each other so I don't have to keep repeating myself." "I only ever call one number and I can easily access urgent help or support when I need it. I no longer call 999, as local nurses, doctors or pharmacists support me to manage at home. "	"We have broken down the boundaries between the different services. We now work as one team, coming together to deliver the services for our local population that they really need." "I have more professional opportunities, working across general practice and in the community, including our local hospital. I am expanding my knowledge while delivering the excellent patient care I joined the profession for."
Greater use of technology Online patient records, appt booking, apps, self-care, Skype	• Moving towards a fully interoperable health and care system, available to all providers. • Access for patients (and their carers and clinical teams) to their digital health records and more online services. • Maximise remote monitoring / health alerting technology. • Continued investment in technology that reduces workload on practices.	"All of the health professionals I speak with have access to my medication, test results and history, regardless of whether I'm at home, at the practice or in hospital. My carer can even access these online too." "I can easily find out how best to look after my child, including when and how I should seek further help." "Using my smartphone, I can find out when my pharmacist opens and call them, arrange an appointment with a nurse and have an online consultation with my therapist."	"I enjoy a now paperless environment, with less form filing and systems that talk to each other, meaning I have more time for patients and get to finish on time." "I direct my patients to self-care tools and online patient support groups that places them more in control of their own health." "With instant online access to patients, colleagues and specialist consultants, and my systems available wherever I work, I can offer better patient care, whilst also enhancing my learning."
Estates Improve the Primary Care estate to be fit for the future	• Implement the Primary Care Infrastructure Plan (as found at Appendix 4) to undertake, as a minimum, the eleven key strategic practice developments as prioritised by the six facet survey.	"My surgery has modern premises that are a nice environment in which to see my healthcare professional." "My surgery has a range of staff all working together in the same building with access to the equipment that enables me to be seen, diagnosed and treated all in one place."	"We not only have suitable premises for our current patient list, but also can accommodate our future list growth." "We have more professionals working together in the same building, providing the ability to offer more services including diagnostics, and also deliver more holistic patient care."

Component	Commitments Summary	How will patients feel?	How will practice staff feel?
Developing the workforce Attracting and retaining talent; an expanded workforce	• Implement the Primary Care Workforce Plan, as found at Appendix 5 and very briefly summarised below: • Recruitment, Retention and Return of the GP workforce; • Education and training of the Practice Nurse workforce; • New skill mix introduced in general practice.	"Seeing and contacting the same nurse and GP who are experts in my condition is important to me in having a good personal relationship to better self-care." "Having the opportunity to see a therapist at my practice, with a pharmacist to review my medication, was a fantastic service and all on the same day." "Being offered referrals to other professionals and services locally has opened up new opportunities I didn't think existed for me."	"We are able to recruit to vacancies through the national and local campaigns, and retain our best staff." "Our training opportunities are fantastic; I now have broader knowledge to help me support my patients to stay well." "Having the opportunity to take a portfolio of work has given me a greater sense of satisfaction, interest and enjoyment in my work."

In summary, the six components and the supporting commitments we have set out within this document, will deliver:

By 2017:

- Offer 5,000 additional appointments per month across primary care through our Choice+ scheme and our new integrated urgent care model;
- Ensure 10% of patients actively accessing primary care services online or through apps;
- Invest £1.2 million in General Practice sustainability and transformation plans;
- Practices starting to collaborate to deliver primary care at scale.

By 2021:

- Deliver 35 additional pharmacists qualified as prescribers working in practices, 65 additional GPs and 45 whole time equivalent advanced/specialist nurses, supported by our retention and return to practice programme;
- Ensure a minimum of 95% patients are able to access digital primary care services, online or through apps;
- Ensure 100% population has access to weekend/evening routine GP appointments;
- Achieve Good or Outstanding ratings from CQC for all 81 of our practices;
- Deliver, as a minimum, the eleven key strategic primary care practice developments as prioritised by our six facet survey;
- Practices collaborating in 30,000+ patient population units, delivering place-based integrated, provision for the population they serve.

Financial Impact

In line with all other CCGs in the country, Gloucestershire CCG has been allocated funding over a five-year period (from 2016/17 to 2020/21). Although the first three years of this period represent firm allocations, the latter two years are for indicative use only. Furthermore, it is not intended that firm allocations be reopened unless exceptional circumstances prevail.

The Five Year Forward View describes the opportunities and challenges facing the NHS for the future, expressed as three key 'gaps': The Health and Wellbeing Gap, the Care and Quality Gap and the Finance and Efficiency Gap.

As described earlier, all of the health and care organisations in Gloucestershire have worked together to produce a five-year Sustainability and Transformation Plan (STP). The plan describes a vision for how public-funded health and care services can support a healthier Gloucestershire, which is socially and economically strong and vibrant. Through delivery of this Primary Care Strategy, we believe this will significantly contribute to achieving an improved and more sustainable health and care system.

Primary Care

The funding the CCG has been given for primary care commissioning is outlined below, on the basis of three years firm allocations and two years indicative and includes the growth announced in the General Practice Forward View:

Primary Medical	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Allocation £k	75,113	77,791	79,222	80,751	83,292	86,739
Allocation per capita £		122	123	125	128	132
Growth		3.6%	1.8%	1.9%	3.1%	4.1%
per capita growth		2.8%	1.1%	1.2%	2.5%	3.4%
Target £k		77,744	80,213	82,760	85,512	89,004
Target per capita £		122	125	128	131	135
Opening DfT		1.0%	0.8%	-0.5%	-1.8%	-1.9%
Closing DfT	0.2%	0.1%	-1.2%	-2.4%	-2.6%	-2.5%

The above funding covers GMS/PMS/APMS contract expenditure, as well as premises costs and other nationally set allowances. In addition, in 2016/17, as part of its programme allocation, the CCG funds:

- The drug costs of GP prescribing: c.£92m
- Local Enhanced Services: c.£6.8m
- Primary Care IT: c.£1.6m
- Social Prescribing: c.£0.6m

Future additional funding to support this Strategy

Since the initiation of this Strategy in early 2016, we have already committed to:

- Primary Care at Scale: Practices have been asked to form collaborations of practices in units of c. 30,000+ to develop sustainable and transformative bids for funding that will improve patient health outcomes.
- Greater use of technology: funding programmes such as the Joining Up Your Information (JUYI) project which seeks to make the right information about a recipient of care available to the health or social care professional caring for them, when they need it.

- Estates: Submitting the priority proposals to the Primary Care Estates and Technology Transformation Fund for our practice developments, which will have associated revenue consequences as outlined within the Primary Care Infrastructure Plan (see Appendix 4). Investment in the GP estate is needed, not just to improve existing facilities, but to increase flexibility to accommodate multi-disciplinary teams. This will add to the range of care they provide for patients, add more training facilities and greater use of technology. This is needed to facilitate primary care at scale and enable a wider range of services for patients.
- Developing the workforce:
    - Clinical pharmacists in practice – supporting Gloucestershire practices participating within the national scheme while also developing local schemes that supports new ways of working and delivers safer patient care along with cost savings. We will also invest in training more pharmacists to be prescribers to ensure we have a growing workforce to meet this challenge.
    - Primary Care recruitment and retention, such as supporting the 'Be a GP in Gloucestershire' campaign (www.beagpingloucestershire.co.uk), increasing the number of GP retainers, and advanced nurse practitioner training.

In order to deliver all the components and commitments detailed within this Strategy, we will need to invest additional money for Primary Care. As can be seen in the table above, over the five year period of this Strategy based upon indicative allocations by year five (2020/21), the CCG will receive an additional £11.5m a year for Primary Care. While this uplift includes cost inflation and growth, we also commit to specific investment against the commitments made within this Strategy.

Conclusion

The challenges facing the NHS, and especially Primary Care, cannot be underestimated – nationally or locally. As a CCG, we recognise that a resilient, sustainable Primary Care that can adapt to the current and future needs of our patients is central to the ambitions of the whole Gloucestershire health and care system.

By producing this Strategy, we want to demonstrate to our patients and partners our commitment to co-create – and achieve – a vision; a vision for Primary Care that our practice members can relate and aspire to within their own business plans, and which will also deliver for our patients across the county.

We will not stop there. Our commitments against the six components will be resourced appropriately, providing clinical and managerial support to achieve them. We have already started and do not intend to rest – the arc of the curve on our journey is long, but we can already see progress.

We will now move to develop detailed action plans and key performance indicators based on the 'Strategic Commitments' we have made to each of the six components, as well as for the 'Ten High Impact Actions' recommended by NHS England.

We look forward to working with our patients, our member practices, our Local Medical Committee, our providers and all our stakeholders to improve health outcomes for our population through delivering:

- Sustainable, resilient general practice;
- Enhanced, wider, primary medical care, working together to offer extended access and more services locally;
- 21st century technological capability, offering more online patient services;
- Integrated support to patients from primary and community health services and integrated urgent care delivery;
- Practices working in modern premises that allow for predicted growth and have the capacity to deliver these new ways of working;
- An exciting and rewarding place to work for clinicians who are attracted to work and settle within Gloucestershire.

Through delivering all this, we anticipate what has been detailed in the 'Expected Outcomes' section will be achieved over the coming five years for the benefit of our patients and member practices.

Appendices

Appendix 1: GP Patient Survey Results

http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2016/06/Appendix-1-Patient-_Survey_July2016.pptx

Appendix 2: Gloucestershire Practices Information

http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2016/06/Appendix-2-Practice_Information_March2016.xlsx

Appendix 3: GCCG IM&T Plan on a Page

http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2016/06/Appendix-3-Glos-IMT-Plan-on-a-Page.docx

Appendix 4: Primary Care Infrastructure Plan

http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2016/06/Appendix-4-Premises.zip

Appendix 5: Primary Care Workforce Plan

http://www.gloucestershireccg.nhs.uk/wp-content/uploads/2016/06/Appendix-5-Primary-Care-Workforce-Plan.docx

Return to p32

Strategic Themes of Future Primary Care

Workforce	Finance	Delivery Model	Contracting
• Greater range of staff delivering multi-disciplinary, integrated care – including community nurses, pharmacists, care co-ordinators, physician assistants • More opportunities for GPs, nurses and other healthcare professionals to have portfolio careers • Collaboration with hospital specialists • Workforce planning that meets population need, with comprehensive Strategy to support recruitment and retention • Reduce workload to 'safe' levels, maximising delivery of high quality care	• Capitation based budgets; funding to follow patient pathway delivery • Risk and gain sharing arrangements in place • Budget could be devolved in stages, as responsibility increases • Funding of Primary Care estate required to achieve new delivery models • Funding reduction in primary care to be reversed	• Patients empowered to self-care • Integrated IT and increased/better use of technology • General practice at the core, working 'at scale' (mergers, federations, networks) but retaining 'family medicine' • 'At scale' organisations providing a wider range of services, with a MDT approach, offering extended access (hours and methods) • Integrated, co-ordinated, care based on registered lists and delivering continuity of care	• Outcomes based • Will need to reflect different delivery model arrangements • Placed based commissioning – basis of 30,000+ groups • Providers take 'make or buy' decisions as to whether to deliver services themselves or sub-contract • Clear governance and accountability required • Integrated urgent care commissioning and contracting

Return to p14

Annex Two: NHS England objectives for Primary Care

NHS England objective	2016/17 deliverables	Overall 2020 goals

New models of care and general practice	• New models of care to cover 20% of population:
	  ○ Providing access to enhanced GP services, including evening and weekend access and same-day GP appointments for all over 75s who need them;
	  ○ Making progress on integration of health and social care, integrated urgent and emergency care, and electronic record sharing.
	• Publish practice-level metrics on quality of and access to GP services with the Health and Social Care Information Centre, provide GPs with benchmarking information for named patient lists.
	• Develop a new voluntary contract for GPs (Multidisciplinary Community Provider contract) ready for implementation in 2017-18.
		• 100% of population has access to weekend/evening routine GP appointments.
		• Measurable reduction in age standardised emergency admissions and inpatient bed-day rates.
		• Significant measurable progress in health and social care integration, urgent and emergency care and electronic health record sharing.
		• 5,000 extra doctors in general practice.

Technology	• Minimum of 10% of patients actively accessing primary care services online or through apps. • Ensure high quality appointment booking app with access to full medical record and agreed data sharing opt-out from April 2016.	• 95% of GP patients to be offered e-consultation and other digital services; and 95% of tests to be digitally transferred between organisations.

Return to p15

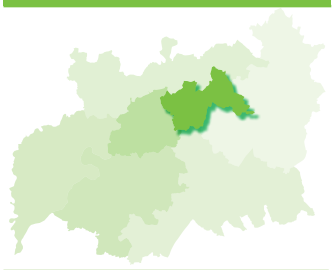
Annex Three: Locality –Level Demographics

Across Gloucestershire we have 81 practices organised as seven localities, two which are based within our two major urban centres of Cheltenham and Gloucester, and five rural localities covering the Forest of Dean, the Cotswolds, Stroud & Berkeley Vale and Tewkesbury. Our county is diverse and therefore our locality infrastructure allows to reflect this diversity and improve local health outcomes through identifying, understanding and acting upon the needs assessments of each area.

Each locality has undertaken this work and produced a locality development plan. A link to each locality's plan is included within the short summaries below that contain much more in-depth information – simply click the hyperlink for each locality to open their plan.

Urban

Cheltenham



Pop. approx: 154,173

17 practices

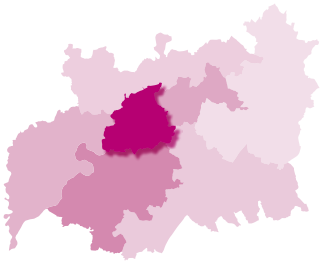
112 GPs

Covering Bishops Cleeve, Charlton Kings, Cheltenham, Hesters Way, Leckhampton, Prestbury, Springbank, Up Hatherley, Winchcombe

- Cheltenham has a **slightly younger population** than the CCG average.
- **Above average growth is projected in 0-17 year olds** (15.6% compared to a CCG average of 9.5%).
- However, as the second largest locality, it has the **highest number of registered patients aged 65 or over and 85 or over** in the county.
- The locality has above average levels of patients who describe their **ethnicity** as 'non-white British', compared to the CCG average.
- Nine practices have **deprivation** scores above the county average.
- Life expectancy is significantly higher than national average, however the **life expectancy gap** between least and most deprived quintiles is 9.2 years in men and 7.3 years in women.
- Most common causes of death contributing to this gap: **circulatory disease, cancer, respiratory and digestive diseases.**
- Hospital stays for **self-harm** (all ages) and **alcohol related admissions** are significantly above the national average.

Return to p15

Gloucester



Pop. approx: 169,599

18 practices

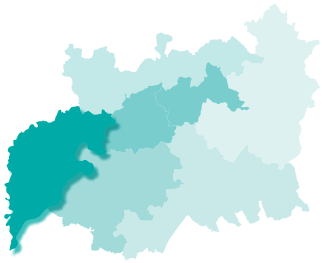
119 GPs

Covering Abbeydale, Churchdown, Gloucester, Hardwicke, Highnam, Hucclecote, Longlevens, Matson, Quedgeley, Saintbridge

- Gloucester is experiencing **the fastest growth in population rate** in the county (11% in ten years, nearly double the county average).
- The locality has a **younger age profile** than the county as a whole.
- However, as the most populated area, the locality still has a relatively **high number of patients aged 65 and over and 85 or over**.
- Practices have the **highest deprivation** scores in the county.
- The locality is the most **ethnically diverse**, with the highest proportion of patients describing ethnicity as 'non-white British'.
- **Male life expectancy** at birth significantly below national and county average (female in line with both).
- **Life expectancy gap** between least and most deprived quintiles is 13.5 years in men and 10.6 years in women.
- Most common causes of death contributing to this gap: **circulatory disease, cancer and respiratory.**
- **Self-harm** (all ages) and **suicide rates** are significantly higher than the national average, while **smoking prevalence, obesity and lack of physical activity** are all higher in Gloucester than any other locality.

Rural

Forest of Dean



Pop. approx: 62,864

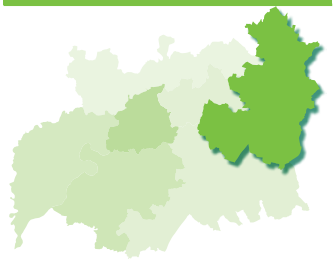
11 practices

44 GPs

Covering Blakeney, Coleford, Cinderford, Drybrook, Lydney, Mitcheldean, Newnham-on-Severn, Westbury-on-Severn, Yorkley, Bream, Ruardean, Lydbrook

- Forest of Dean locality has an **older age profile** than the CCG average, with projected higher growth rates in over 65 and 85s too.
- Nearly all practices higher than county average **deprivation** score.
- **Life expectancy gap** between least and most deprived is 4 years in females and 5 years in men, with the male gap widening.
- Most common causes of death contributing to this gap: **circulatory disease, cancer, respiratory and external causes (e.g. injuries, suicide).**
- Significantly higher than CCG average for the prevalence of 11 of the top 15 **long term conditions** in the county (using QOF data).
- Percentage of patients reporting long-term **mental health** problems are higher than the county average.
- Levels of **physical activity** in adults are below county and national rates.

North Cotswolds



Pop. approx: 28,967

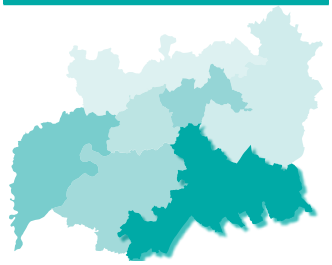
5 practices

20 GPs

Covering Chipping Campden, Bourton-on-the-Water, Moreton-in-Marsh, Stow-on-the-Wold, Blockley, Northleach

- The North Cotswold locality has an **older age profile** than the county, and the highest proportion of patients aged 65+ and 85+.
- **Significantly better** than national and county average for life expectancy at birth, lowest life expectancy gap, deprivation, childhood obesity and premature mortality rates for cardiovascular disease, cancer and respiratory diseases.
- Prevalence rates (based on QOF data) for **hypertension, hypothyroidism, CHD, cancer, AF and stroke** are significantly above the CCG average, likely to be reflecting older population profile.
- Rates of **death and serious injuries on the road** are significantly higher than the national average.
- **Access to housing, services and local transport links** due to rurality poses problems for Cotswold residents, with 22 of the 51 Lower Super Output Areas in the top 20% most deprived nationally for this.

South Cotswolds



Pop. approx: 58,074

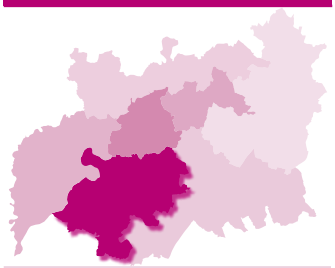
8 practices

43 GPs

Covering Cirencester, Fairford, Lechlade, Rendcomb, Tetbury, South Cerney, Kemble

- The South Cotswold locality has a **slightly older age profile** than the county.
- **Significantly better** than national and county average for life expectancy at birth, lowest life expectancy gap, deprivation, childhood obesity and premature mortality rates for cardiovascular disease, cancer and respiratory diseases.
- Upward trend in **colorectal cancer** incidence rate, which is significantly higher than the national average.
- Prevalence rates (based on QOF data) for **hypertension, cancer and AF stroke** are significantly above the CCG average, likely to be reflecting older population profile.
- Rates of **death and serious injuries on the road** are significantly higher than the national average.
- **Access to housing, services and local transport links** due to rurality poses problems for Cotswold residents, with 22 of the 51 Lower Super Output Areas in the top 20% most deprived nationally for this.

Stroud and Berkeley Vale



Pop. approx: 119,488

18 practices

94 GPs

Covering Berkeley, Minchinhampton, Nailsworth, Stonehouse, Stroud, Dursley, Cam, Frampton-on-Severn, Uley, Wotton-under-Edge, Bussage, Painswick

- Stroud and Berkeley Vale locality has a **slightly older age profile** than the county, with projected above average growth levels in 75+ and 85+ age groups.
- **Female life expectancy** has a downward trend and now significantly below county average (male in line with county average).
- **Life expectancy gap** is 5.6 years in men and 5 years in women, with the female gap widening.
- Most common causes of death contributing to this gap: **respiratory and circulatory diseases, cancer and external causes (e.g. injuries, suicide).**
- Prevalence of **cancer** is significantly higher than the county average, although this may be reflective of age profile.
- Hospital stays for **self-harm** (all ages) is significantly above the national average.

Tewkesbury, Newent and Staunton

Pop. approx: 42,835

4 practices

20 GPs

Covering Tewkesbury, Newent, Staunton, Corse

- The Tewkesbury, Newent and Staunton locality are seeing above average **population growth** (11%), with the fastest growth in 0-17 age group and those aged 75+ and 85+.
- **Significantly better** than national average for life expectancy at birth.
- **Life expectancy gap** between the most and least deprived quintiles is 6.5 years in men and 9.5 years in women
- Most common causes of death contributing to this gap: **circulatory diseases, cancer, respiratory diseases and mental and behavioural problems** (in particular dementia).
- The locality has the highest incidence rate of **malignant melanoma** in the county, while prevalence of **hypertension** is significantly higher.
- The percentage of patients reporting a **mental health** problem is above the county average across all practices.
- **Overweight or obese** adults are at a significantly higher rate than national and county averages.

Annex Four: Current Primary Care Commissioning

Since April 2015, GCCG have been responsible for:

- Managing practice contracts, including Primary Medical Services (PMS) reviews
- Managing enhanced services and local incentive schemes
- Decisions relating to the establishment of new practices
- Decisions relating to the merger and closure of existing practices
- 'Discretionary' payments and Premises Costs
- Planning GP services and practice performance

Primary care commissioning is managed within the Primary Care and Localities Directorate, with primary care contracting work kept within the remit of the Head of Primary Care Contracting. This ensures good governance and minimise any risk for the potential of real, or perceived, conflicts of interest (see 'Primary Care Decision Making and Governance Structure' section earlier in this document).

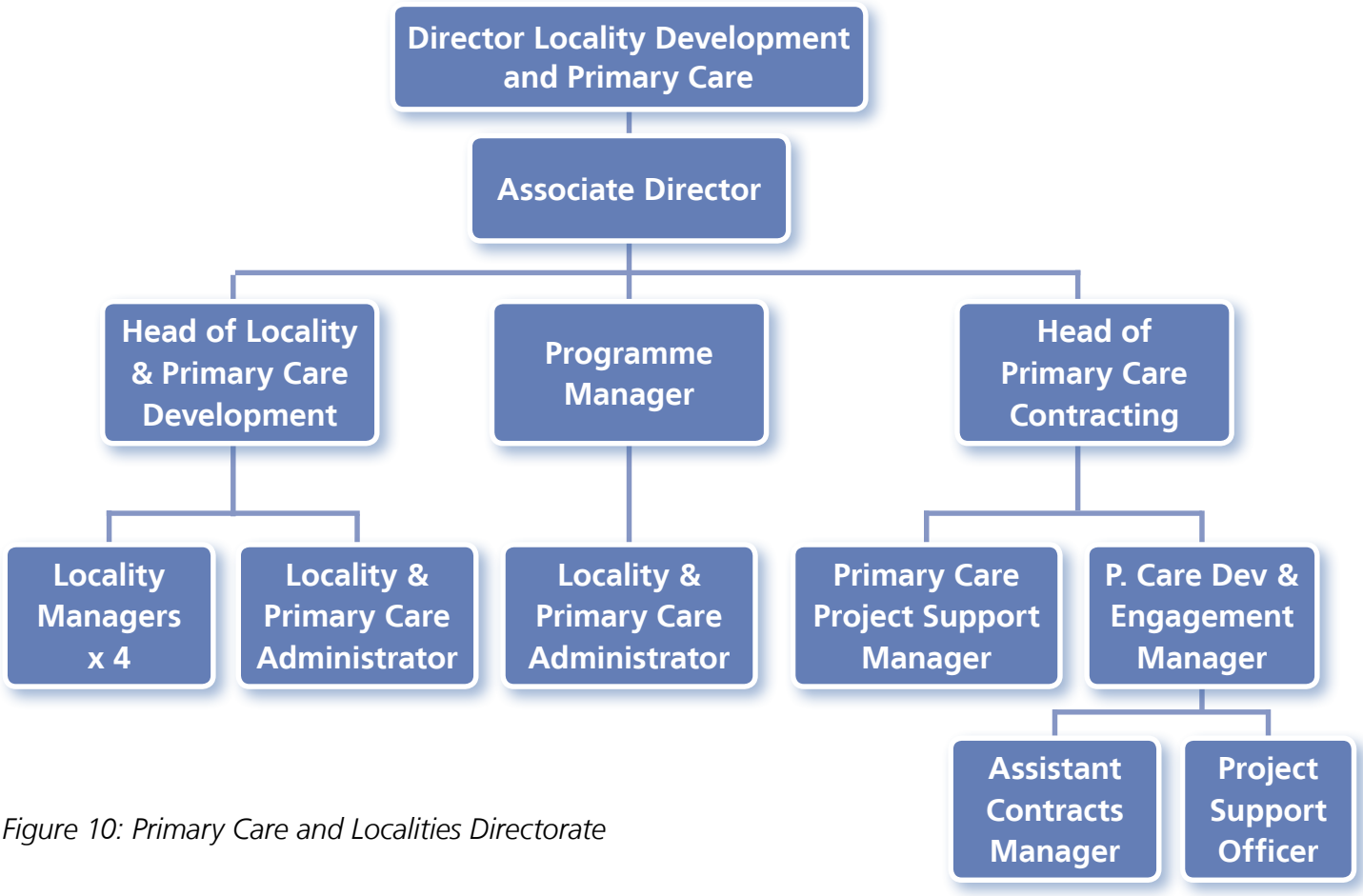
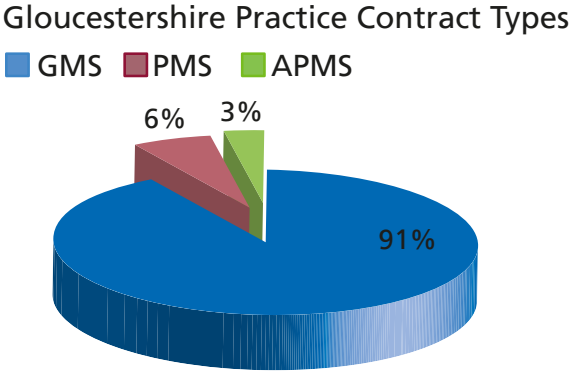


Figure 10: Primary Care and Localities Directorate

Within our CCG, our primary care contractual basis is predominantly 'General Medical Services' (GMS) practices, with only five PMS and two 'Additional Personal Medical Services' (APMS) contracts. There is one GP Provider organisation for the county – "GDoc" (see glossary) – of which all Gloucestershire GP practices are shareholders. One of the APMS contracts is for a 'walk-in' centre in Gloucester City, offering appointments from 8am – 8pm seven days a week for Gloucestershire residents.



Return to p23

As a CCG, we directly commission with our 81 practices the following locally commissioned services under NHS Standard Contracts:

- Primary Care Offer (see below)
- Care Homes enhanced care
- Diabetes
- Deep Vein Thrombosis (DVT) primary care service
- Extended Hours
- Minor Surgery
- Unplanned Admissions (additional work in relation to the national Directed Enhanced Service (DES))

Gloucestershire's Primary Care Offer

The CCG has developed a Primary Care Offer to encourage member practices to:

- Provide an 'enhanced' primary care service to their patients, with a particular focus on cancer, carers and frailty;
- Improve quality;
- Reduce variation;
- Be active members of the CCG and their localities.

The 2016/17 offer (see below) builds on the success of the previous two years, where 100% of practices signed up to the scheme.

Cancer Management	• Improving health and wellbeing • Education programme (GPs and nurses) • Prostate cancer pathway
Practice based clinical audit	• Undertake clinical audit activity quarterly with GCCG PCCAG
Local Quality Improvement	• Antibiotics Prescribing • Acute Kidney Injury • Sepsis
Practice Variation	• Identifying variances from the new GP Portal • Analyse and act for continuous improvement
Caring for Carers	• Health check for carers to include mental and physical health, prevention advice, social care needs
Frailty	• Undertaking frailty assessments for an identified cohort of patients

In addition to a clear focus on reducing antibiotic prescribing through the Primary Care Offer, the CCG and primary care staff routinely work closely together to ensure wise choices are made by our primary care teams about the most clinically and cost effective pharmacological intervention for all patients, based on sound evidence. In 2015/16, the CCG achieved all three improved antibiotic prescribing national targets and has set up a Medicines Optimisation Programme Group to take forward safe, high quality, sustainable prescribing initiatives.

The CCG want to ensure quality and patient safety is embedded in everything that we do. The Primary Care Offer is one way in which we continually drive a focus on both. We have also recently appointed a 'Named GP' for Safeguarding Adults and Children who works closely with other designated and named professionals in Gloucestershire, supporting all activities necessary to ensure that Gloucestershire NHS providers meet their responsibilities to safeguard children, young people and vulnerable adults in Gloucestershire. The 'Named GP' also supports the development and delivery of effective safeguarding training to Primary Care and providing supervision to GPs, particularly with regard to writing GP reports for Serious Case Reviews, Adult Case Reviews and Domestic Homicide Reviews.

In addition, we are working with practices to support safety as patients pass between clinicians and/or organisations and have begun to embed the use of the National Early Warning Score (NEWS) as a tool to help establish a baseline of a patient's condition. This helps to improve communication between services caring for a patient in an emergency situation by the use of a 'common language' between all parties.

The CCG is also committed to using clinical audit to both monitor performance (for example against NICE standards) and, crucially, to continually improve services – our work is led by a dedicated team: the Primary Care Clinical Audit Group. They undertake a wide range of audits, focused around the priorities for the CCG, for example, related to prescribing for people with dementia, support for carers, and health checks and for people with learning disabilities.

Our focus on maintaining and improving quality in primary care is driven through our Primary Care Clinical Quality Review Group (CQRG). There is a strong evidence base on the best interventions to improve quality as set out by the Health Foundation in 2014:

Intervention	Improving experience	Improving clinical outcomes	Improving safety
Interventions targeting patients	–Improving access interventions –Increased appointment length –Continuity of care –Person-centred consultations –Patient access to records –Gaining feedback from patients	–Patient education –Using technology –Other support tools –Layperson-led services	–Patient education
Interventions targeting professionals	–Nurse-led services	–Training in quality improvement –Interprofessional learning –Audit and feedback/ peer review –Improvement collaboratives –Decision support tools –Nurse-led services –Health educators –Joint consultations –Increased staffing levels	–Extra training for trainee doctors –Pharmacist-led education –Prescribing outreach visits –Improvement collaboratives –Peer review and feedback
Interventions targeting whole practices or systems	–Providing a wider range of services –Point of care testing –Quality improvement projects	–Providing a wider range of services –Telehealth	–Pharmacist services in general practice –Guideline implementation –Clinical audit –Significant event analysis –Quality improvement projects –Electronic medical records –Electronic referral systems –Improving data collection and error reporting

'Cross Border' Patients

There are around 9,000 Gloucestershire residents who live in the Forest of Dean and are registered with a Welsh GP branch surgery. Up until April 2016 the responsibility for the commissioning and provision of healthcare to this population was with Aneurin Bevan Health Board, in Wales. From April the responsibility for commissioning hospital and community services, including mental health services, has transferred to Gloucestershire CCG. The responsibility for the provision of primary care services though, including General Practice, remains with the Aneurin Bevan Health Board. Despite this, the CCG has developed good relationships with the relevant Welsh GPs and has established two cross-border network groups – one for GPs and one for practice managers. In addition, the CCG is exploring with the Welsh GPs the opportunity to undertake some of the CCG commissioned community enhanced services, such as the Care Home Enhanced Service, to enable this population to have wider access to local services.

Glossary

Listed below are some of the commonly used abbreviations used within this document, which are stated here in full for ease.

Term	Description
APMS	Alternative Provider Medical Services – a time limited contract to provide primary medical services to meet the needs of local people
CCG	Gloucestershire Clinical Commissioning Group
Delegated Commissioning	The term used for when CCGs have taken over responsibility from NHS England for commissioning primary care services to provide
GCC	Gloucestershire County Council
GCS	Gloucestershire Care Services
GDoc	Gloucestershire Doctors – an organisational of which Gloucestershire practices are shareholders delivering extended primary care services across the county
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
GMS	General Medical Services – the contract between the commissioners and the GPs practices for delivering primary care services to local communities
MCP	Multi-speciality Community Provider
PACS	Primary and Acute Care System
PCIP	Primary Care Infrastructure Plan
PMS	Personal Medical Services – locally agreed flexible contract between GP practices and the commissioner for providing an extended range of services compared to a GMS contract
STP	Sustainability and Transformation Plan
VCS	Voluntary and Community Sector

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