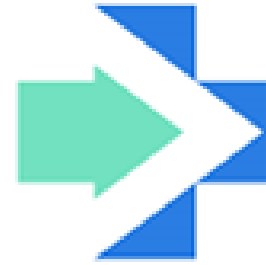


Primary Care  
Sheffield



# Shaping General Practice for the future June 8<sup>th</sup> 2017

Dr Andy Hilton

GP partner

CEO Primary Care Sheffield

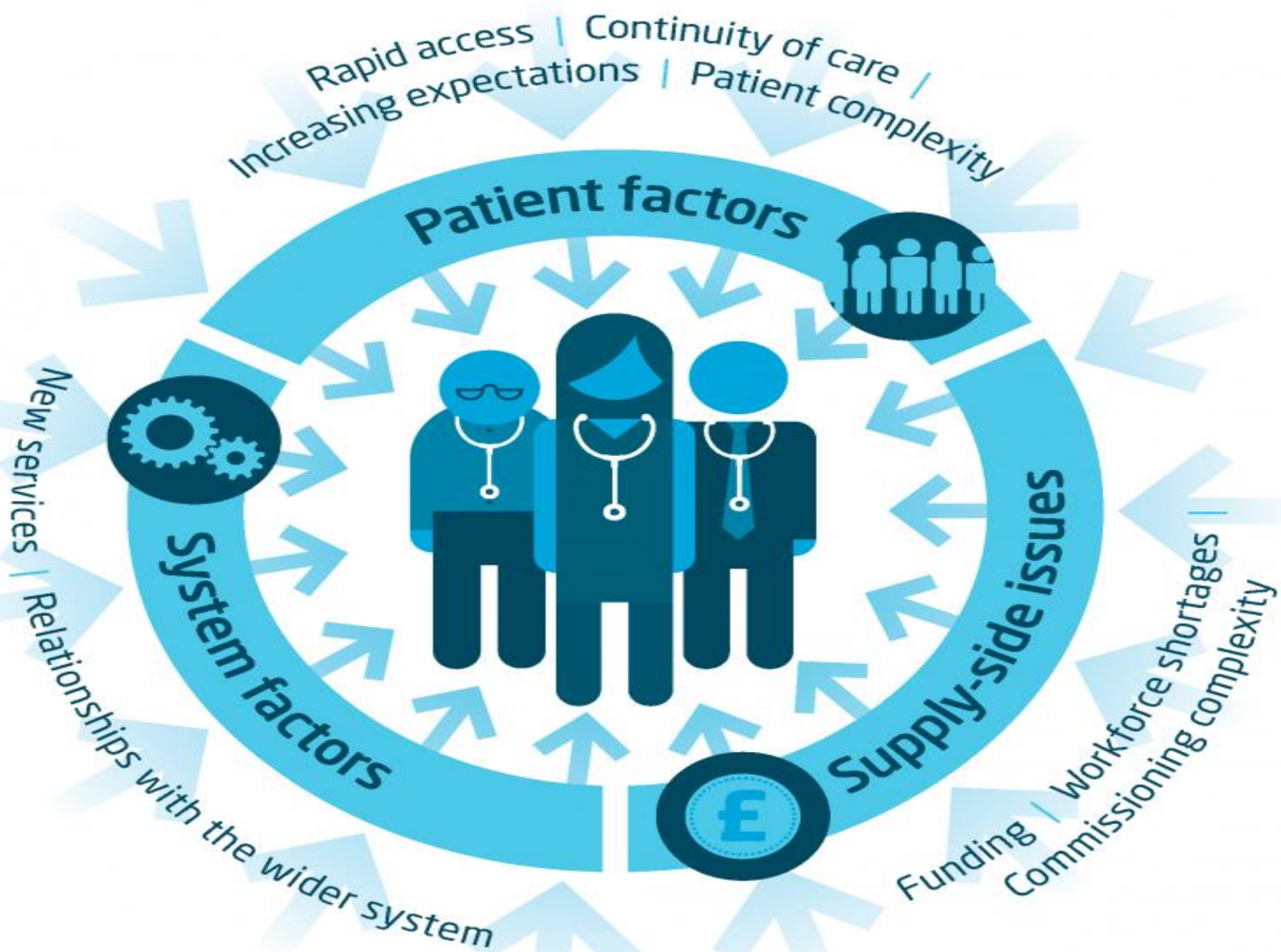
# Drivers

- ▶ Finance
- ▶ Transformational System Change, 5YFV
- ▶ STP, ACS/ACO
- ▶ GPFV, New contractual Models
- ▶ Neighbourhoods of 30-50K
- ▶ GPAF 7 day services
- ▶ Workforce Challenge

# Transformation agenda

## ▶ STP and Sheffield place based plan

- Full stakeholder engagement including primary care as commissioner and provider
- Developing governance at senior executive level
- Emerging 'Sheffield Accountable Care Partnership' with early governance structure likely to be implemented summer 2017
- Move towards loss of provider commissioner split



# The Elephant in the room...



# Key benefits of Existing Model

- ▶ **The independent contract;**
  - Rapidly flexible to service requirements.
  - Rapidly responsive to patient needs.
  - Efficient use of resources as small businesses with clinical leaders having an eye on the bottom line
  - Sense of ownership of the service

- ▶ **Contract in perpetuity;**
  - Stability for staff, patients and commissioners
  
- ▶ **Registered List;**
  - Continuity of Care and relationship medicine.
  - ‘stewardship’ of medical records ensuring accurate and up to date
  - Embedded in local community

# But:

## Potential for:

- ▶ Inconsistency eg-in access, service offer, quality, thresholds to admit/prescribe/refer.
- ▶ Skills, knowledge and experience ‘locked’ within practice walls and not shared more widely across primary care community.
- ▶ Small size can be a barrier to development eg 7-day access, capacity to change skill mix or employ more diverse workforce
- ▶ Range of degree of engagement of practices with wider system and little leverage beyond national contract for local commissioners to stimulate service development or behaviour change



# Sheffield in a strong position:

- ▶ High quality General Practice
- ▶ Established locality structures
- ▶ City wide Primary Care provider with every practice as shareholder
- ▶ Emerging Neighbourhood working
- ▶ Wider system recognises importance of Primary Care and General Practice as key stakeholders.
- ▶ Commitment from LMC, PCS and CCG to work together wherever possible for the benefit of our shared membership.

# PCS Overarching Strategy

There are three interdependent mutually supporting areas of focus that underpin the strategy for PCS:

1. **Supporting delivery (or where necessary delivering) of Core Primary Care** : Management support, buying group, training, workforce development and employment and through varying levels of input for those looking for support on an ad hoc or bespoke basis
2. **Delivering ‘wrap around services’** to facilitate and enhance core primary care, includes 7 day access, CASES, neighbourhood support, integrated community care, community based elective services.
3. **System leadership, innovation and primary care voice at system level:** Influencing system change on behalf of shareholders, representing them as providers of primary care with an Accountable Care System.

The PCS business model



# Key Strands

- ▶ Urgent Primary Care over 7 days
- ▶ Elective Care-CASES and community pathways
- ▶ Out of hospital Care
  - Supporting Neighbourhoods
  - Building community resilience
  - Care planning & Self care
  - Integrating with social care
  - Prevention

# Considerations for...

## ...Primary Care:

- ▶ How to protect what works?
- ▶ Unified voice vs fragmented primary care
- ▶ Scale vs local responsiveness
- ▶ Consistency vs autonomy
- ▶ Leadership and innovation vs organic growth

## ...PCS

- ▶ Accountability
- ▶ Engagement
- ▶ Representativeness.



- Lets Reaffirm the GP role
- Lets agree some key future Principles for GP
- Lets work together
- Lets plan our future and not leave it to others to plan on our behalf.