General Practice Commissioning Strategy Development

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1. Introduction

Strong General Practice is at the heart of any high quality and sustainable health system. It has the ability to deliver health services to the whole population and in doing so is able to reduce health inequalities, support people with long term conditions, support people with urgent problems and more. Whilst Wandsworth has many examples of good General Practice, we know that the service is variable and in places, unable to cope with the pressures placed on it today and into the future.

This document sets out:

- The CCG’s work in General Practice to date
- The fast moving external context in which the CCG is likely to have an increasing level of responsibility for commissioning General Practice
- The challenges involved in delivering on our current and future responsibilities in relation to General Practice
- Our approach so far in developing a long term strategy for commissioning General Practice services in Wandsworth

2. Background

Investment in building a strong General Practice is a key enabler in Wandsworth CCG’s five year strategy for out of hospital care, however there is more to be done if we are to ensure that General Practice services across Wandsworth can adapt to cope with the demands being placed on it.

The nature of the CCGs work in General Practice to date has been focused on two main fronts:

- Clinical service delivery via a number of enhanced contracts
- A number of practice-based/borough wide schemes aimed at quality improvement

2.1. Enhanced Contracts

The CCG currently commissions 43 practices via a number of enhanced contracts. These contracts are for services over and above those considered to be ‘core’ general practice; contracts for which are held by NHS England.

In total, the CCG holds 245 enhanced contracts across the 43 practices, amounting to a total contract value of £4.4 million.

Planning all Care Together (PACT)

The most notable contract the CCG has commissioned General Practices to deliver over the last two years is PACT. This uses risk stratification at a practice level to identify patients most at risk of a future hospital admission and then incentivises GPs to pro-actively co-ordinate their care using a range of local tools and pathways.

Practice sign up to PACT has been very positive and in 2014/15 to date, activity has reached the expected level. Despite this, it is apparent that engagement in all elements of the programme is variable and a detailed impact evaluation is yet to be completed to establish whether the outcomes generated are in-line with those predicted.
Access
The ‘Improving Access to Primary Care’ enhanced contract incentivises practices to extend their opening hours during the evenings, and at weekends, over and above those hours available through the Access DES (funded by NHS England).

The service specification also encourages a move towards increased use of online facilities such as booking appointments and ordering repeat prescriptions and facilitates integrated working between practices and out of hours GPs, by stipulating the use of special patient notes and the review of post event messages following an NHS 111 contact.

Diagnostics
Wandsworth CCG also commissions General Practices to deliver five diagnostic enhanced contracts which were inherited from the previous PCT commissioners. These contracts cover delivery of the following services to patients in a local setting and at a lower tariff than Secondary Care:

- Ambulatory Blood Pressure Monitoring
- Phlebotomy
- ECG
- Spirometry
- Anti-Coagulation

A review of these contracts is currently underway with a view to ensuring that the individual service specifications are in-line with national guidelines, and to assess the potential for rolling all the services into a single contract, which would be easier to administrate.

2.2. Quality Improvement
Although NHS England holds and monitors core GP Practice contracts, the Health and Social Care Act states that CCGs have a responsibility to assist and support NHS England to secure continuous improvement in the quality of primary medical services.

In discharging this responsibility, the CCG has invested in a range of Borough wide and practice specific initiatives, designed to give all practices the opportunity to improve quality and begin to target the variances which exist amongst individual organisations.

Members Development Programme
The Members Development Programme 2014-15 builds on the work done within practices through the 2013-14 programme and through the GP Engagement Scheme in previous years. It is designed to support practices in improving the quality of the services they deliver through engagement of the whole practice team, as well as supporting delivery of key CCG targets.

In 2013-14 Wandsworth CCG invested in the Productive General Practice Programme (PGPP), an improvement scheme through which practices are supported to review their modes of working and develop more efficient and effective processes. A core component of the Members Development Programme is to give whole practice teams the ability to take time out of their routine and implement service improvement programmes such as PGPP.

Workforce Development
As a result of a training needs assessment of General Practice staff, the CCG invested in a number of disease specific training programmes, as well as a series of small scale initiatives, designed to address key knowledge gaps in the General Practice workforce, as part of the Out of Hospital Strategy.

In addition, in 2014/15 grant money from Health Education South London (HESL) has been used to fund education co-ordinators in each practice, who are responsible for ensuring that all training needs, both mandatory and developmental are identified and addressed.

**Referral Management Programme**

The Wandsworth Referral Management Programme is a suite of initiatives designed to both support GPs in making high quality referrals and reduce the number of inappropriate outpatient attendances taking place across the Borough.

One of the core elements of the programme is a scheme of education and peer review, which encourages practices to share learning and make use of best practice to improve quality. The CCG has also procured a number of pieces of referral management software as part of the programme, which have been successful in enabling the CCG to realise significant savings to date; through a reduction in unnecessary referrals.

**Pathology Incentive Scheme**

Over the past two years there has been a significant increase in the number of pathology tests requested by practices in Wandsworth, equating to an additional cost of £754k between 2012/13 and 2013/14. The factors driving the increase in pathology testing are multifaceted but the pathology incentive scheme has been set up to support GPs in influencing those factors within their control.

The emphasis of this initiative is on individual GP’s awareness of their testing rates and behaviours. The scheme focuses on education and practice team-based learning to improve clinical quality and ensure tests are used appropriately.

**Practice Support Team**

Despite the various initiatives designed to engage Wandsworth practices in quality improvement described above, participation in these schemes is voluntary and therefore as part of the Out of Hospital Strategy, it was agreed that a more targeted approach was also required to enable early identification and resolution of potential gaps in quality.

The Practice Support Team has been set up to provide targeted support to practices, using a multidisciplinary team of staff with experience of primary care, education and embedding quality. The support team draws on a number of national and local quality indicators to target practices in need of support and help them to develop and implement improvement plans.

2.3. Other

A small number of additional investments have been made into General Practice based on specific needs identified through the Joint Strategic Needs Assessment (JSNA), by Clinical Reference Groups and Locality teams.

**Disease Specific Work-streams**
General Practice initiatives funded through Clinical Reference Groups have predominantly been disease specific; targeting earlier diagnosis and better management of patients with long term conditions, along with record keeping and the maintenance of patient registers.

**Locality Initiatives**

The three Locality Managers and the Locality Clinical Leads are the CCG frontline to General Practice; ensuring that local issues are identified and escalated so that the CCG takes a bottom up approach to commissioning across the Borough.

From 2014/15 the Locality Teams have been responsible for a 'Locality Investment Budget,' enabling them to commission services which directly address the needs of their local populations. This has included a General Practice based scheme to increase identification of overweight children in the Wandle Locality and a number of other population specific, GP led clinics.

**2.4. Managing Conflicts of Interest**

All General Practices in Wandsworth are members of Wandsworth CCG and as such there are intrinsic conflicts of interest which must be managed robustly throughout all decision making processes. This is particularly the case when decisions are made regarding the commissioning of General Practice services (as outlined above) and it is of critical importance that the CCG maintains transparency in all of these matters, in order to protect its reputation and the reputation of the NHS.

In line with national best practice guidance, Wandsworth CCG has a Standards of Business and Managing Conflicts of Interest Policy which sets out the processes and expectations around managing potential and existing conflicts. The Policy forms part of the Constitution and is complied with at all times.

In addition the CCG hosts a General Practice Resources Committee, which is responsible for making all funding decisions which relate to General Practice services. Chaired by the CCG Lay Board member, General Practitioners are excluded from membership of this committee and as such are not involved in any of the decision making process.

The next section of this paper outlines a number of national and London-wide programmes of work, which are likely to result in the CCG taking on additional responsibility for commissioning General Practice services. In light of this, further national guidance on managing conflicts of interest is due to be published later in December, which the CCG will rapidly assess and implement.

**3. External Context**

In discussing the future commissioning of General Practice services by Wandsworth CCG, it is important to understand the rapidly changing political environment and the various developing agendas that are likely to influence CCG plans.

Of these external focusses, the ones that appear likely to impact Wandsworth in the near future are:

- Co-commissioning
- The London Primary Care Transformation programme
- South West London Collaborative Commissioning
3.1. Co-commissioning

In May 2014, Simon Stevens invited CCGs to come forward to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally and create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations.

Wandsworth CCG submitted a formal expression of interest in co-commissioning to NHS England in June 2014, as part of the overall South West London response. The submission outlined the responsibilities that Wandsworth would be willing to take on at a local level: Namely, the budgets for enhanced services and some discretionary payments currently managed by NHS England; along with the duties that the CCG envisages would be better overseen jointly by NHS England and CCGs across South West London: Namely, strategic estates management and local changes to core contracts.

Some of the possible benefits of co-commissioning to the CCG include:

- Increased integration over care pathways
- Ability to influence primary care commissioning decision making
- Providing a more rounded picture of practices and the level of services provided
- Providing a mechanism to shift money across the system which can be tailored to local need
- Reduce inequalities in health provision across the localities
- Reducing confusion amongst practices over contractual matters
- Streamlining payment processes to practices

The expression of interest also detailed a number of caveats around the agreement of resources to support any additional responsibilities and the need for further engagement work with key stakeholders.

In September 2014 an additional co-commissioning publication was released from NHS England detailing a timeline for different levels of engagement. Wandsworth CCG will need to submit further documentation in January 2015 and as such, agreeing our priorities for GP Commissioning as a CCG before then, will be paramount in making a robust and well thought out submission (see section 5.3 and Co-commissioning of Primary Care Update Report – December 2014 for further details).

3.2. London Primary Care Transformation Programme

In November 2013, NHS England published Transforming Primary Care in London: General Practice A Call to Action, which examines the challenges facing General Practice in London today. It has been used within NHS England and across London wide organisations to obtain a consensus view on the case for change.

Since the publication of the response to the Call for Action in March 2014, NHS England London Region has been working in partnership with CCGs to produce a set of ‘Developmental Specifications’ describing the potential service that could be offered by General Practice in the future, following a period of redesign, development and investment.

The Developmental Specifications set out three characteristics that are needed for General Practice to thrive and deliver the care that patients need and value:
1. **Proactive care** – supporting the health and wellness of the population, capacity for self-care and keeping people healthy

2. **Accessible care** – providing a responsive, timely and accessible service that responds to different patient preferences and access needs

3. **Coordinated care** – providing patient-centred, coordinated care and GP-patient continuity

The NHS England Primary Care Transformation Board (PCTB) was brought together in April 2014 to look at the implications of the draft Developmental Specifications as a potential catalyst for change. To date, the PCTB has broadly agreed that the descriptors outlines above are ambitious enough, resonate well and would support local transformation strategies. The finalised ‘Primary Care Strategic Commissioning Framework’ was published at the end of November 2014 with a formal launch planned for April 2015.

Following the launch, it is likely that these Specifications will be used as a benchmark for General Practice quality and that elements of them will be built into core contracts during the next review. In light of the CCG responsibility for quality in General Practice, it is important that Wandsworth begins to outline its long term approach to developing General Practice locally, in order to ensure it can achieve the requirements set out.

**London Health Commission**

The London Health Commission is an independent inquiry established in September 2013 by the Mayor of London; to assess health needs and services across the capital, including General Practice.

The full report from the enquiry was published on the 15th October 2014 and details a number of recommendations for the development and improvement of General Practice, which align broadly with the afore-mentioned Primary Care Strategic Commissioning Framework. One significant addition to this is the emphasis placed on improving General Practice estates, a responsibility which currently lies jointly with NHS England and NHS Property Services but which CCGs will have the opportunity to become involved in through the co-commissioning agenda.

**NHS Five Year Forward Look**

The Five Year Forward View is a collaboration between six leading NHS groups including Monitor, Health Education England, the NHS Trust Development Authority, Public Health England, the Care Quality Commission and NHS England. Published on 23rd October 2014, the document sets out the vision for healthcare in England in five years’ time with emphasis on the need for change in models of care delivery.

Again the recommendations for General Practice align broadly with the Primary Care Strategic Commissioning Framework, highlighting the importance of practices working together to deliver a broader range of services outside the secondary care environment.

**3.3. South West London Collaborative Commissioning**

The six South West London CCGs and NHS England are working together under the umbrella name of South West London Collaborative Commissioning to implement a five-year strategy for the local NHS in South West London.
Transforming Primary Care is one of six key work-streams and as such a Primary Care Delivery Group (PCDG) has been set up to lead implementation of this aspect of the strategy. The group is made up of managerial and clinical representatives from all CCGs across South West London, and as such it is expected that this group will act as a key forum for driving large scale improvements in areas such as Workforce and Estates, where individual CCGs may lack capacity, influence and expertise.

4. Challenges facing GPs and Commissioners

As described above, it is widely acknowledged that General Practice is a key enabler in developing a sustainable healthcare system, in which patients are placed at the centre of health services and are supported to remain healthy at home for as long as possible.

It is also well documented that General Practices both nationally and locally are coming under unprecedented strain due to rising demand, the growing complexity of care required, higher expectations and tighter financial settlements (The King’s Fund (2012, 2013), NHS England (2013)).

4.1. Variations across General Practice

General Practices in Wandsworth range in size from 34,000 registered patients with 21 GPs employed to less than 1000 registered patients and only a single GP. Practices with four or less GPs make up nearly 40% of the providers across the Borough. Smaller practices may lack resources and capacity to flex their workforce in the same way as larger ones and therefore may be less able to take on additional services and engage with quality initiatives.

As set out in Section 2, Wandsworth CCG commissions a range of enhanced services across General Practices in Wandsworth. Whilst practice sign up to these initiatives has historically been good, actual service delivery is voluntary, with the CCG having few contractual levers available to ensure that practices actually deliver the contracted activity. Smaller practices tend to deliver less, and with current contractual arrangements this means their registered patients often miss out on having access to the same range of services locally.

The same applies for CCG run quality initiatives such as the Members Development Programme. Smaller practices are less likely to be able to engage fully, due to issues with resource and capacity and therefore may not benefit to the same extent from the education, shared learning and other quality improvement opportunities available.

In addition, the inherent difficulty involved with commissioning an array of services across 43 individual providers, means that the CCG’s approach to contract management is focused on activity rather than outcomes and is therefore not robust enough to ensure that all services being delivered across practices are of a high quality.

One approach that has been used successfully elsewhere to address both variations between practices and the difficulties in commissioning multiple small providers, is to contract enhanced services via a GP Federation model. This enables practices to work collaboratively to ensure that all patients receive the same range and quality of services. In addition it has enabled CCGs such as Worcester to drive quality improvement in General Practice using outcomes based KPIs and elements of performance related pay.
More locally, in 2013/14, the West Wandsworth GP Federation set up a process to deliver the administrative aspects of the PACT contract collaboratively, thereby reducing the administrative burden on individual practices. In 2014/15 a similar approach has been used in West Wandsworth for NHS Health Checks, whereby the Federation has employed an HCA to deliver the health check programme to a proportion of the population that previously did not have access to the service within their own practices.

4.2. Access and Integrated Working

Access is another area in which there is significant variation across practices in Wandsworth. As described previously, both the CCG and NHS England commission services designed to incentivise practices to extend their opening hours. However, as per the other enhanced services, sign up from practices is voluntary, meaning that some patients do not benefit. In addition there is no consistent approach to how these additional hours are utilised i.e. for urgent or routine appointments.

With the national drive for seven day services and in the face of increasing A&E attendances in Wandsworth particularly; Redesign of the way in which and the timeliness in how and when General Practice medical services are accessed is becoming increasingly crucial.

Clearly General Practice led care may not always be required within the normal “core” working hours and interventions will take place from providers that are possibly not familiar with the patient. It is therefore essential that General Practice integrates seamlessly with other out of hours, urgent care and community services, in order to ensure that care is both pro-active and anticipatory whenever possible and that the most vulnerable patients receive a joined up and effective service.

4.3. Workforce Development

Although the CCG has a number of initiatives in place designed to upskill and ensure quality of care across the existing General Practice workforce, we know that workforce longevity is a significant issue that we are yet to address.

Many Practice Nurses and GPs across the Borough and the wider South West London area are coming up to retirement age. In addition, recruitment into these roles is becoming increasingly difficult due to the number of individuals qualifying as doctors and nurses that choose to go into General Practice over secondary care.

Whilst this issue is not directly within the CCG remit at present; in the interests of developing a strong future model for General Practice, with sufficient staff that have the experience and capacity to manage complex patients away from a secondary care environment, it is essential that this is addressed in our commissioning strategy.

4.4. Estates

At the present time, General Practice estates are managed jointly by NHS Property Service and NHS England, with the CCG having little input or influence. This means that local knowledge is largely absent from the planning process.

In the interests of ensuring that General Practice services are well located for the existing and future Wandsworth population and to maximise the effectiveness of other out of hospital services, it seems essential that Wandsworth CCG should have input into future planning
processes. However, at present the CCG lacks both capacity and expertise to do this in any real terms.

5. Our Approach

5.1. Role of the General Practitioner

Wandsworth CCG believes that a General Practitioner has three roles to play in today’s NHS, all of which are crucial if we are to maximise the potential of General Practice in keeping patients healthy and at home for as long as possible:

1. Championing the individual patient

The GP, as an individual professional, is his or her patient’s health adviser, co-ordinator and champion:

- Advising on health and promoting healthy living - particularly with at-risk individuals
- Identifying health problems, and either treating them directly (see below) or referring to more specialised advice, diagnostics and services where appropriate
- Pro-actively managing those with Long Term Conditions (LTCs)
- Helping patients navigate the health landscape so that they get the care and treatment they need
- Where another organisation (e.g. an acute hospital, mental health organisation, community services, social services) is dealing with a patient’s problem, remaining pro-actively involved, seeking information and assurance that the patient is receiving a high quality service

2. Providing health services

The GP, as a key member of his or her practice, directly provides services which are most effectively and efficiently delivered in a General Practice setting:

- The range of services provided by General Practice will evolve. The minimum set will be as specified in core contracts, but we expect that to develop in line with the needs of the practice population
- Where it is uneconomic for each individual practice to provide a particular service, they will cooperate to ensure patients can still access it, if necessary at a neighbouring practice. Practices will be pro-active in developing innovative service models (possibly through federation(s)).

3. Shaping the local health landscape

The GP, as a member of the practice, locality and CCG, plays a leadership role in:

- Understanding the developing needs and priorities of their local populations (at practice, locality, CCG and wider levels), working closely with Public Health and other colleagues
- Specifying and commissioning services which are (or become) the responsibility of the CCG and HWB; and ensuring they meet the right quality standards (safety, effectiveness, patient experience) and are financially sustainable
Taking the lead - albeit in collaboration with patients and many other colleagues - in identifying opportunities for change and improvement in health and related services in Wandsworth and beyond, in both the short and longer terms; and driving through such change programmes

5.2. Development of the Vision

In light of the number of General Practice focused initiatives already in place, the challenges outlined in section 4, and the multiple, sometimes conflicting roles that individual GPs are expected to fulfil; Wandsworth CCG is in the process of developing a clear vision, which will articulate what we want to achieve in commissioning General Practices in the future.

To underpin the vision, a set of key principles are also in development, which will be used as a starting point for developing and assessing detailed long term plans for the future commissioning of General Practice services by the CCG.

Initial discussions on the vision and principles have been held with the CCG Management Team and Board and engagement has being carried out throughout November and the beginning of December with Member Practices, patients and the public at a variety of meetings and workshops, in order to develop this more clearly.

Draft Vision and Principles:

**NB:** The following vision and principles are in line with the General Practice specifications due to be formally released this week by NHS England as part of the London Primary Care Transformation Programme. The specifications have been extensively consulted on already in London and discussions with practices, patients and the public in Wandsworth have indicated that they are broadly reflective of local thinking and opinion.

Over the next five years, Wandsworth CCG will work with General Practices to ensure delivery of high quality, joined up services, accessible at a time and place convenient to the local population and which ensures patients are pro-actively supported to maintain their health and remain safely at home for as long as possible. This will be enacted through three key work-streams:

1. **Accessible Care:** Patients will feel confident they can access General Practice in a way which meets their needs. This means that:

- Patients are given a choice of access options and can decide on the consultant most appropriate to their needs
- Patients can make appointments with only one click, call or contact and can access more services online
- Patients have a named GP who is accountable for their care and can book appointments up to 4 weeks ahead. Practices provider flexible appointment lengths as appropriate
- Patients can access pre-bookable routine appointments 8am-6.30pm Monday to Friday and 8am-12pm on Saturdays
- Patients with urgent conditions can access a consultation on the same day within routine surgery hours
- Practices have systems to ensure patients receive appropriate care and in appropriate time in the case of emergencies
Patients can access primary care 8am-8pm every day in their local area for immediate, urgent and unscheduled care

2. **Pro-active Care:** General Practices will support patients in staying well, which means that:

- Primary care works with patients, their families and communities to co-design approaches to improving health and wellbeing
- Primary care works with others to develop assets and resources that will empower people to remain health and connected with their community.
- Patients are routinely asked about wellbeing and their capacity and goals for improving their health
- Patients have access to wellbeing liaison and information helping them to achieve health and wellbeing
- Primary care reaches out to people who have difficulty accessing services or would benefit from greater access. Practices have a plan for unregistered people

3. **Co-ordinated Care:** Clinicians, patients and others will come together to help patients achieve their desired health outcomes. In practice this means that:

- Practices identify patients who would benefit from coordinated care and proactively review them on a continuous basis
- Patients identified for coordinated care have a care plan
- Practices create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing
- Patients needing coordinated care have a named GP/lead clinician and team from which they routinely receive their care
- Patients needing coordinated care, receive multidisciplinary reviews

5.3. **Ongoing Work-streams**

Whilst work to develop and consult on our long term vision and the principles we will use for commissioning General Practice in future is taking place; three inter-linked work-streams which underpin this, are already in motion:

1. **Approach to Developing Quality in General Practice**

As described in section 2.2, the CCG has a number of Borough-wide quality improvement schemes in place; some of which are in the early stages of implementation and are yet to undergo detailed evaluation of their effectiveness.

A paper drawing these together has been developed through the Integrated Governance Committee (IGC) and together with Member Practices and patients over the past few months. Part of this paper outlines the need to develop a more targeted approach to quality improvement and as such a Local Quality Tracker will be developed. This Tracker will use nationally available data together with local information sources to assist the CCG in identifying quality issues in General Practices early; at which point the Practice Support Team can be enlisted to target those specifically in need of help.

In addition this paper sets out the approach the CCG would take in the case of a serious quality issue being identified at a practice, for example, as a result of a CQC inspection.

2. **Developing a Federated Model for Commissioning Enhanced Services**
With the pressure on for General Practices to continue delivering more for less, it is clear that the historic culture of practices competing against one another for business is no longer a financially viable operating process. In order to deliver patient benefits, practices need to be encouraged to work together in order to cut out unnecessary duplication and cost.

Over the past five years Wandsworth GPs have increasingly worked within GP Federations, delivering a range of outpatient services in the community as well as a programme of workforce development. As outlined in Section 4.1, the West Wandsworth Federation has also been involved in the delivery of some aspects of the PACT contract and NHS Health Checks. From April 2015, the stated intention from GPs is to join together in a single Federation, operating across the whole of Wandsworth, with all practices as members.

A GP Federation is a group of practices that choose to work together to share resources and expertise and deliver services. Evidence shows that there are significant benefits that can be realised from commissioning services from a federated GP model, rather than from individual practices and there is a national movement to begin commissioning some General Practice services in this way (London Health Commission (2014), NHS England (2013, 2014), South West London Collaborative Commissioning (2014)).

- **Benefits for practices:** economies of scale, minimising duplication of processes, reduced cost, increased income, larger practices continue to operate business as usual; smaller practices have access to additional services for their patients.
- **Benefits for commissioners:** leverage for development of quality in general practice, opportunity to commission equal level of enhanced services for whole population, management of single large contract rather than multiple small ones.

In line with this national movement, the CCG is taking steps to investigate how a federated model could be used to tackle some of the challenges currently involved in commissioning enhanced services in Wandsworth (as outlined in section 4). Over the next few months a robust and transparent market testing exercise will be carried out to identify any providers that could potentially deliver the existing PACT and Diagnostic enhanced contracts in a more joined up way in 2015/16.

A clear governance process for monitoring contract delivery, as well as a framework for carrying out due diligence and other checks with any providers that come forward, will be worked-up alongside the market testing process. At the same time, recognising that any future provider may need to invest considerably in organisational development in order to deliver these contracts, a business case to obtain funding for the PACT contract on a recurrent basis, is also under development.

### 3. Co-commissioning

The background to co-commissioning is outlined in section 3.1. Guidance released on the 10th November 2014 outlines three models available from April 2015, along with some very tight timescales for the next submission to NHS England - as early as the 5th January 2015, depending on the model of co-commissioning selected.

As such, discussions have been held at Locality Members Forum meetings as well as patient groups throughout November, with a workshop for all Member Practices held on the 2nd December, to ensure as thorough consultation and engagement as possible, given the timescales involved.
The *Co-commissioning of Primary Care Update Report – December 2014* (also scheduled for discussion at the December Board meeting) gives a detailed update on the CCGs approach to co-commissioning as at 3rd December 2014.

### 6. Summary and Next Steps

General Practitioners play an essential role in co-ordinating chronic disease management, health promotion, diagnostics and early intervention and as such are the bed-rock of a cost-effective healthcare system.

Despite this, only around 9% of the NHS budget in England is spent in General Practice (RCGP, 2013) and in the face of rising demand, there is no joined up approach from commissioners to ensure that quality of care is maintained and that they are supported to develop alternative, more efficient ways of working.

In pulling together Wandsworth CCGs work in General Practice to date, alongside the national and London-wide drivers for change, it is increasingly clear that doing is not an option and that additional long term, local investment into General Practice, is going to be essential over the next few years.

The Board are asked to agree the approach set-out in this paper and approve the ‘next steps’ set out below:

- Commence development of a detailed long term strategy for commissioning General Practice services, which will enable us to realise the vision and principles set out in this paper
- Continue work-up of documentation required for key General Practice commissioning work-streams required to ‘go-live’ in April 2015

### 7. References

Department of Health. (2014). Transforming Primary Care. NHS ENGLAND


