



Derby City Council

HEALTH AND WELLBEING BOARD Thursday 13 March 2014

ITEM 5

Report of the Medical Director, NHS England,
Derbyshire and Nottinghamshire Area Team

Report of the Draft Primary Care Strategy for Derbyshire and Nottinghamshire 2014-2019

SUMMARY

- 1.1 This paper is to update the Health and Wellbeing Board on the development of NHS England's direct commissioning plans and to seek the views of key partners on the emerging primary care strategy.
- 1.2 NHS England Area Team is responsible for a number of direct commissioning functions. These are:
 - Primary care including general practice, community dental, optometry and pharmacy services
 - Some aspects of public health
 - Armed Forces and Health and Justice services on behalf of a number of areas.
 - Specialised services are commissioned by NHS England Leicestershire and Lincolnshire.
- 1.3 The NHS needs to be able to deal with the challenges ahead, such as an ageing population, a rise in the number of people with long-term conditions, lifestyle risk factors in the young and greater public expectations. Combined with rising costs and constrained financial resources, these trends threaten the long-term sustainability of the health service.
- 1.4 Primary care has a central role to play in dealing with these challenges. NHS England has worked in partnership with other health and social care commissioners across Derbyshire to produce a 5 year transformational strategy for all areas of direct commissioning.
- 1.5 The next stage is to ensure we engage with our providers, statutory bodies and key partners to ensure our plans for primary care are aligned to the Clinical Commissioning Groups (CCG) plans and the Better Care Fund plans. NHS England will collate the views and feed these into the final plans that will be published in June 2014.
- 1.6 Alongside this engagement programme, NHS England is working with Patient Leaders, the Patients Association and Healthwatch to collate the views of patients and the public to ensure the plans are comprehensive, locally owned and understood

CONTEXT

- 2.1 The NHS is on track to find £20 billion of efficiency savings by 2015. However, without further changes to how services are delivered, a high-quality yet free at the point of use health service will not be available to future generations. Not only will the NHS become financially

unsustainable, the safety and quality of patient care will decline.

- 2.2 This does not mean cutting core NHS services, or charging for them. NHS England is governed by the NHS Constitution, which protects the principles of a comprehensive service providing high quality healthcare, free at the point of use for everyone.
- 2.3 The constitution also says that the NHS belongs to the people and so does its future. In keeping with this principle, NHS England will be working together with staff, patients and the public to develop a series of new local approaches for the NHS.
- 2.4 That is why we are sharing our plans so you have opportunity to have your say about and to ensure that the aims and objectives identified are in line with the wider health and social care plans.
- 2.5 We have already shared 'The NHS belongs to the people: a call to action' to help our understanding of why the NHS needs to change and that the more people share their views and ideas on the future of the NHS, the better the service will become.

RECOMMENDATION

- 3.1 Note the commissioning responsibilities of NHS England.
- 3.2 Review and comment on the draft Derbyshire and Nottinghamshire Primary Care Strategy by 27 March 2014.

REASONS FOR RECOMMENDATION

- 4.1 To ensure NHS England plans align with 5 year health and social care plans

SUPPORTING INFORMATION

- 5.1 The abridged strategy and engagement document is attached for consideration. The engagement document seeks views from the 13 March to 27 March 2014.

OTHER OPTIONS CONSIDERED

- 6.1 To do nothing is not an option. The Call to Action and the plans for primary care are not about making unnecessary changes, or taking services away, it's about looking at how they are being delivered and what can be provided differently to respond to the challenges, but whilst also taking advantage of important opportunities, including:
 - Innovative new treatments and technology
 - Putting people in control of their own health and care
 - Integrating more health and care services
 - Having greater emphasis on keeping healthy

- 6.2 There are a number of options being considered in primary care which include all the above and the formation of federations and practice mergers.
- 6.3 Pharmacy options include having a more central role with the integrated multidisciplinary team. Pharmacy services can offer in and out of hours care to a range of people with minor illnesses so they are well placed to manage more patients outside of medical services. They have a key role in supporting self-management of conditions, including improved use of medications.
- 6.4 Dental and ophthalmology options include plans to target those most in need and supporting people to access the right services at the right time in and out of hours.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Service Director(s) Other(s)	Doug Black, Medical Director, NHS England, Derbyshire and Nottinghamshire Area Team
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For more information contact: Background papers: List of appendices:	Doug Black, Medical Director, NHS England, Derbyshire and Nottinghamshire Area Team Appendix 2 - NHS England, Derbyshire and Nottinghamshire Area Team Primary Care Strategy: Engaging with Key Partners
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IMPLICATIONS

Financial and Value for Money

- 1.1 In England, continuing with the current model of care will result in the NHS facing a funding gap between projected spending requirements and resources available of around £30bn between 2013/14 and 2020/21 (approximately 22% of projected costs in 2020/21). This estimate is before taking into account any productivity improvements and assumes that the health budget will remain protected in real terms.

Personnel

- 2.1 Movement of services into primary care will require a workforce plan that details recruitment and retention strategies. Training and development is a key part of the strategy for the primary care workforce

Equalities Impact

- 3.1 A full Equality and Impact Assessment will be produced as part of the 5 year strategy.

Health and Safety

- 4.1 Not applicable at this stage.

Environmental Sustainability

- 5.1 Not applicable at this stage.

Asset Management

- 6.1 A plan for managing GP premises will be part of the strategy.

Risk Management

- 7.1 A full risk assessment will be produced.

Corporate objectives and priorities for change

- 8.1 The Strategy and plans will consider and where appropriate align with partners objectives and priorities.

