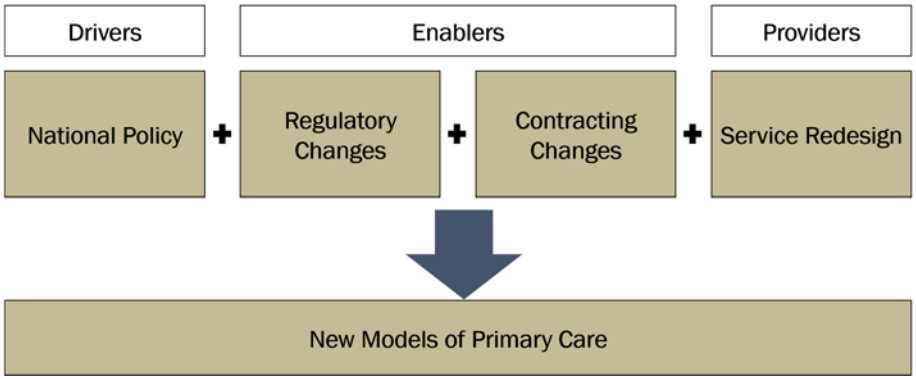
MARWOOD GROUP

26 July 2017

England's Changing Primary Care Landscape

Primary care in England is changing. This is the result of a combination of national policy drivers, regulatory and contracting enablers, and service redesign.



These 4 elements are reshaping the primary care landscape, translating in the emergence of different new models across England. Though their shape and size vary, new models are characterised by their larger scale, wider service offering and longer opening hours than traditional primary care services (which are dominated by relatively small scale, individual general practices). This context presents opportunities for the private sector, ranging from direct service delivery to complementary clinical services to non-clinical support services.

Trends in Primary Care

Policy Drivers

Five Year Forward View

The *Five Year Forward View* (FYFV), published in October 2014, outlines the direction of travel for the NHS in England until 2020. Although its remit is broader than primary care, it was the first national policy document to describe new models of care. Of these models, the Multispecialty Community Provider (MCP) model is the most relevant to primary care. The MCP model acknowledged that general practitioners increasingly tend to collaborate. In 2015, 14 MCP vanguards were selected to test and develop the model. Their experience and conclusions are expected to provide a benchmark for the creation of other MCPs across England.

General Practice Forward View

Primary care itself came back to the top of the national policy agenda last year with the publication of the *General Practice Forward View* (GPFV) in April 2016. The GPFV announced that by 2020/21, general practice services would receive an additional £2.4bn a year in real terms – a 14% increase compared to 2015/16. This policy interest was confirmed in the *Next Steps on the FYFV*, published in March 2017, in which primary care received specific attention in a dedicated chapter (alongside 3 other policy priorities: urgent and emergency care, cancer and mental health). The additional funding for primary care is intended to support its transformation, through the expansion of opening hours, the creation of multidisciplinary teams and infrastructure modernisation. It is expected that by the end of 2017/18, 26% of that funding will have been allocated, with most of the funding still to come between 2018/19 and 2020/21.

Regulatory and Contracting Enablers

Adaptation of Regulatory Structures

New forms of organisation pose a challenge to the Care Quality Commission's (CQC) regulatory regime, which is more adapted to traditional stand-alone practices. CQC is currently consulting on proposed changes to the regulation of primary care services. This includes:

- Focusing inspections on providers rated inadequate or requiring improvement. Other providers will be inspected every 5 years but will be required to return regular self-monitored information to CQC
- Inspecting independent primary care providers in the same way as NHS providers
- Developing a new regulatory approach for large scale practices, possibly on the model of acute trusts' regulation

These changes are expected to come into force between the end of 2017 and 2019. In addition, CQC is considering how to regulate online providers of primary care services, though at this stage no proposals have been made.

Adaptation of Contracting Structures

The traditional General Practice (GP) contract, known as the General Medical Services (GMS) contract, was first introduced in 2004. Although it has been updated since, it is designed for individual practices, not large scale partnerships. In response, NHS England has produced 3 descriptions of what an MCP contract may look like, ranging from virtual to full integration. To be considered as an MCP, a group of practices must cover at least 30,000 patients (suggesting that NHS England and commissioners are taking a relatively small scale approach, in line with the National Association of Primary Care (NAPC)). To date, a number of areas are working towards setting-up MCP contracts. This includes, for example, Greater Manchester where a £6bn single contract for 10 years went to tender in April 2017.

Service Redesign

So far, providers have responded to these trends in different ways. Service redesign is mostly driven by a few innovative and forward looking practices, individuals and commissioners, though in the past few years, more and more practices have tried new ways of working. This results in various new forms

of organisation and delivery. As such, there is no standard new model of primary care. However, there are 3 key themes underpinning the change: working at scale, expanding service offering and expanding access.

Primary Care Landscape Reshaping

Working at Scale

Primary care remains very fragmented across England. However, practices are increasingly coming together with the ultimate objective of forming single organisations covering a large number of patients. The MCP vanguards are leading on this, forming partnerships covering approximately between 100,000 and 350,000 patients. Although there are other examples of super-partnerships outside of the vanguards programme, many of these are smaller scale.

The Primary Care Home Model

The NAPC developed a 'Primary Care Home' (PCH) model based on populations of 30,000-50,000 patients. There are now over 170 PCHs across England, covering 7 million patients.

Wider Service Offering

Increasingly, new forms of primary care go beyond GP partnerships to include other healthcare professionals. Through collaborations across disciplines providers are seeking to broaden the range of services available to their patients. The underlying objective is to develop comprehensive pathways to better address complex and long term conditions which require multidisciplinary support.

Healthy East Grinstead Partnership

The Healthy East Grinstead Partnership is one of the first established PCH in England. To improve access to primary care services, the community nursing team and the multidisciplinary team (occupational therapists, physiotherapists, community psychiatric nurses…) have been merged to create an enhanced primary care team.

Expanding Access

Finally, collaborations also allow practices to expand their opening hours. This objective has been driven by national policy and practices closing for half a day each week are not eligible for funding through the extended hours scheme. Collaboration may be realised through fairly loose hubs or networks, or more established, through complementary provision agreed between providers.

Wolverhampton Care Collaborative Virtual Hub

The Wolverhampton Care Collaborative is a partnership aiming to create a virtual hub in Wolverhampton, having already successfully collaborated to deliver urgent care on weekends and bank holidays over the winter pressure period. The partnership has plans to extend out of hours access to other primary care services and secure weekend access.

Opportunities for the Private Sector?

Involvement in Service Delivery

So far the private sector involvement in service delivery has been limited. This is due in part to cultural reasons and the fragmentation of primary care. However, there are successful examples of private provision of NHS primary care services in England, such as the Practice Group. These are most successful when partnerships are formed developing collaborative approaches, tailored to fit local areas.

Complementary Services

In view of the focus on expanding both opening hours and access to a wider range of services, private sector providers are well placed to offer complementary services. These may either complement traditional GP services or complement traditional opening hours, like in Cornwall.

Public Private Partnership in Cornwall
Last month, Kernow CCG awarded a 5-year £48m contract for integrated out of hours GP and 111 services to a consortium of public and private providers. The contract covers 550,000 patients in Cornwall and the Isles of Scilly.

Non-Clinical Support Services

In addition, the biggest opportunities will be in supporting the development of new forms of primary care through the provision of non-clinical support services. These opportunities will range across data collection, IT, infrastructures and back-office functions.

Optum
Optum entered a partnership with the Modality Partnership (formed of 27 practices) in Sandwell and Birmingham. Modality is one of the MCP vanguards, covering over 190,000 patients. Optum provides analytics, actuarial support, decision support for clinicians and support for contracting to support Modality in its effort to deliver new ways of working, including a 24/7 single point of entry, alternatives to hospital care and specialist care services provided in the community.

Contact Us

For more information on any of the content in this publication or to learn more about Marwood Group Advisory's capabilities, we encourage you to please contact us.

Kayleigh Hartigan
Managing Director, UK and European Healthcare Advisory
Office: +44 (0)20 3443 7052
khartigan@marwoodgroup.com
FOLLOW US ON SOCIAL MEDIA
LinkedIn