

# Primary Care Commissioning Strategy and Plan

## Frequently Asked Questions (v4. 17.10.16)

### Introduction

Primary Care faces a number of challenges in the future, and if we continue as we are doing our workforce and finances could soon become overstretched. The draft Primary Care Commissioning Strategy and Plan considers how services could be delivered differently to ensure they are safe and sustainable for the future; for example consolidation of sites or back office functions or sites.

We want to be clear that this draft version has been circulated to key stakeholders to gain their views and that no decisions have been made around closure of practices.

Listed below are some Frequently Asked Questions and Answers for your information.

### Is this part of the Clinical Services Review (CSR)?

No. Whilst GP services are a core part of the Integrated Community Services plan, which is part of the Clinical Services Review, The draft Primary Care Commissioning Strategy and Plan is separate. It does however complement it in feeding into the Sustainability and Transformation Plan (STP).

As we have been clear about, the views that we receive during the public consultation phase of the CSR will help shape any final decisions made around the recommendations and proposals which are part of the review.

### What is the Primary Care Commissioning Strategy and Plan about?

The draft Primary Care Commissioning Strategy and Plan considers how services could be delivered differently to ensure they are safe and sustainable for the future; for example consolidation of sites or back office functions or sites.

The document outlines a major stream of work which supports our **Sustainability and Transformation Plan** which is available via [www.dorsetsvision.nhs.uk](http://www.dorsetsvision.nhs.uk).

We have been engaging with our GP members and their teams, and patients over recent months to develop our thinking around the future of General Practice Services. The draft Primary Care Commissioning Strategy and Plan that has been shared has been done so to seek the views of our key stakeholders.

### Is this in response to problems with GP recruitment?

The strategy does recognise that General Practice faces a number of challenges including recruitment and retention; and that this may result in practices and GP's working together and that as we work with the GPs and others in developing local plans we will engage with local people who may be affected from any specific proposals that emerge from this work.

The situation we are facing in Dorset is in line with the national picture and we are working closely with practices across the county to help them with recruitment, retention and the support of staff to enable local people to have access to the services they need.

Nationally fewer doctors than are needed have been trained and fewer are choosing to work with the NHS which has a knock on effect for those entering General Practice and becoming GPs. Our strategy for Primary Care in Dorset will respond to the GP Forward View published by NHS England in April this year and which recognises a range of challenges, including that of recruitment and retention. The document signals the future of General practice will be for surgeries to work together to maintain high quality services and improved access.

**The Clinical Services Review talks about bringing care closer to home but this looks like you are closing practices, surely this is contradictory?**

General Practice is the bedrock of the NHS and we want to support GPs so they can continue to deliver care in the community through GP practices, community hubs and in peoples' own homes. There should be easy access to this care when you need it, including in the evenings and at weekends.

This would mean that more care would be delivered closer to home, reducing the need to travel.

Our Primary Care commissioning plans recognise that we need to support the general practice workforce not just to ensure we have enough GPs but also developing multi-skilled teams to take some of the pressure off GPs and better respond to patient need. Examples include clinical pharmacists to help patients better manage their medication and mental health therapists able to respond to common mental health needs.

**What are you doing to fill primary care vacancies?**

As a response to increasing recruitment challenges the website Doorway to Dorset - [www.doorwaytodorset.nhs.uk](http://www.doorwaytodorset.nhs.uk) - has also recently been launched. Rather than the traditional approach of simply listing vacancies, the site sells the benefits of living in Dorset before selling the position; detailing what the local health community can do for applicants who may choose to work there. The site also aims to centralise advertising of vacancies for general practices in the county, making it easier for those searching for positions.

Recently we have also established a Primary Care Workforce Centre, a formal partnership between Health Education England (Wessex), Dorset Clinical Commissioning Group and Bournemouth University. The Workforce Centre will play a vital role in the support, education and training of the local workforce.

Through its research the centre has identified the need to offer more variety and flexibility to attract and retain newly qualified GPs in general practice. A postgraduate scheme will be launched in the autumn which will provide GPs with an opportunity to pursue a portfolio career and gain experience in a variety of healthcare settings. More details about the scheme are available online via <http://primarycaredorset.co.uk/get-involved/gp-postgraduate-scheme/>.

**You say that no decisions have been made but this looks like you are closing GP practices?**

The strategy itself is not making any specific proposals to close GP practices. It does recognise that General Practice faces a number of challenges including recruitment and retention; and that this may result in practices and GP's working together and that as we work with the GPs and others in developing local plans we will engage with local people who may be affected from any specific proposals that emerge from this work.

Primary Care faces a number of challenges in the future and our analysis work to date suggests that if we continue with the current 98 GP practices delivering care in 135 sites this will over-stretch our workforce and finances. We need to consider how things could work differently and how we can continue to ensure we are able to offer primary care services that are safe and sustainable for the future. Whilst this could include consolidation of sites or back office functions we want to be clear that no decisions have been made around closure of practices.

### **What happens next – will I be able to have a say on this strategy?**

We welcome comments on the draft Primary Care Commissioning Strategy and Plan from stakeholders and the general public. Our Primary Care Reference Group will be considering all feedback at its meeting on 2nd November; we intend to use all of this to inform a workshop and we will be aiming to finalise our strategy and take it to our Primary Care Commissioning Committee in December for ratification.