

Planning for future local population increases

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Improving health and wellbeing

What are CCGs?

Clinical Commissioning Groups are groups of GPs that are responsible for 'commissioning' (planning, designing and procuring) the following health and care services:

- Regular planned hospital care
- Urgent and emergency care in hospital
- Urgent out of hours GP services
- Community health services
- Mental health and learning disability services.

To do this we are required to work with patients and health and social care partners (such as local hospitals, local authorities and local community groups) to ensure services meet local needs.



Who are we?

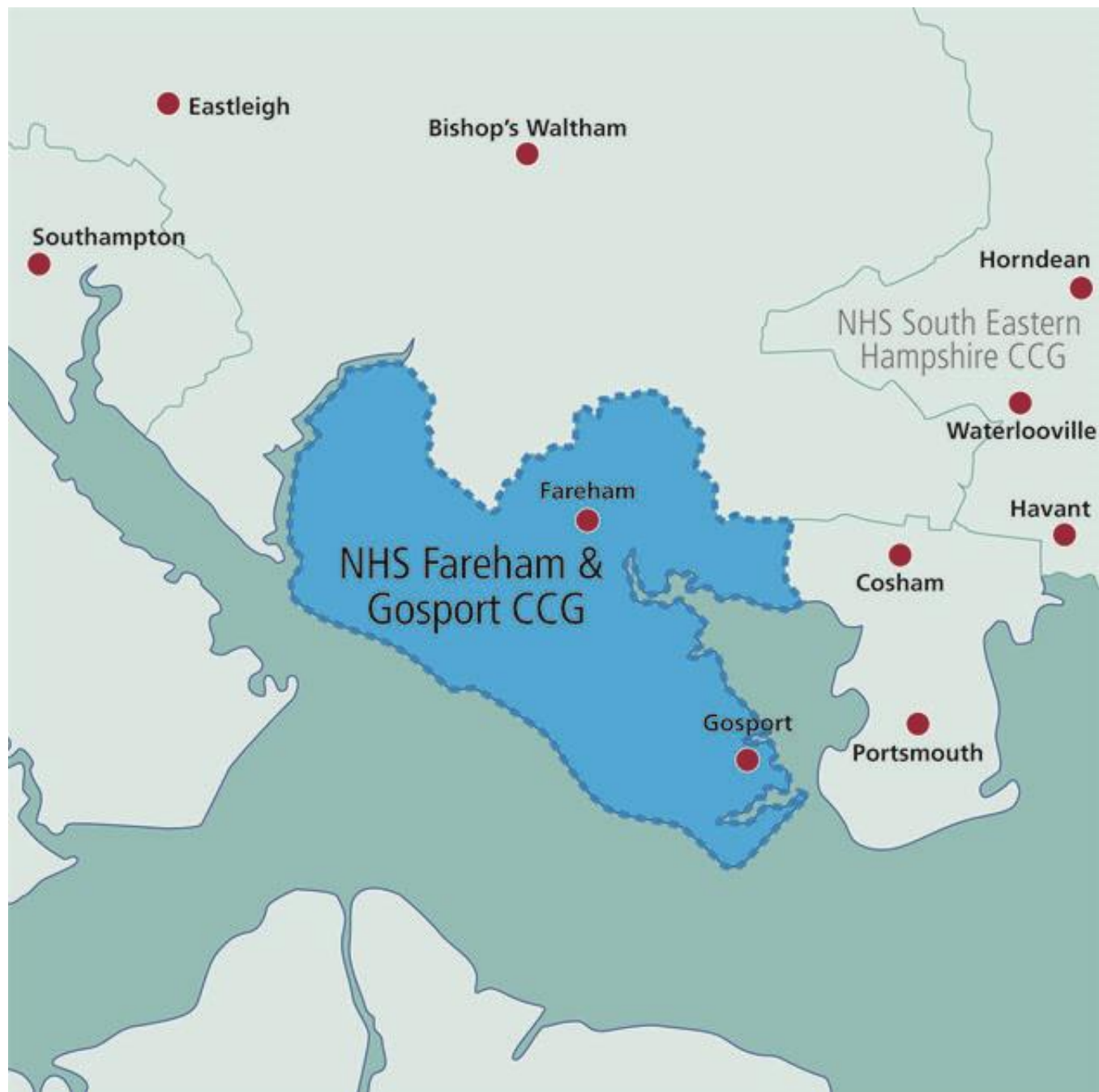
Fareham and Gosport CCG is responsible for making sure that local people get the health services they need.

We have:

- 21 constituent member GP practices
- A budget of £200million covering acute hospitals, community services and prescribing services
- A population of over 200,000 local residents.

We have a governing body made up of six local GPs, five officers, two lay members and a secondary care consultant.





How is healthcare funded?

NHS England receives an annual budget for NHS services from the Department of Health. The Department of Health also funds Public Health England.

A proportion of the NHS England annual budget is given to each individual CCG. This amount is based on an assessment of the health needs of the CCGs local population and the number of people living in the area.

CCGs then buy (commission) the NHS services its local population needs.

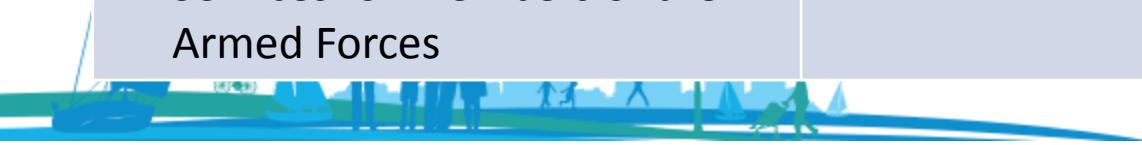
NHS England buys (commissions) a number of services directly including core GP services. Each GP practice holds a contract with NHS England. The amount each practice receives depends on the number of registered patients it has, the health needs of its patients and any additional services it provides.



Who commissions NHS services?

A range of other organisations are responsible for commissioning health services used by local people:

NHS England	Public Health England	Local Authority
<ul style="list-style-type: none">• Specialised services including:<ul style="list-style-type: none">• Renal (kidney)• Neonatal services• Mental health care in secure settings• Uncommon cancers• Primary Care Services:<ul style="list-style-type: none">• Core GP services• Dentists• Pharmacists• Opticians• Offender healthcare• Services for members of the Armed Forces	<ul style="list-style-type: none">• Screening<ul style="list-style-type: none">• Bowel• Mammography• Cervical• Childhood immunisations• Vaccinations	<p>Local Commissioned Services including:</p> <ul style="list-style-type: none">• Sexual Health Services• Chlamydia Screening• LARC• NHS Health-checks• Smoking Cessation



The NHS in the future

The NHS *Five Year Forward View* sets out a clear direction for the NHS that will increase prevention of ill health, gives patients greater control over their own care and breaks down barriers in how care is provided.

Primary Care will play a key role in this but will need to change.

This could mean:

- More care being provided locally with some services in specialised centres
- Groups of GPs combining with nurses, community services, hospital services, mental health and social care to provide out of hospital care in a more joined up way
- Combining primary care and hospital services to provide more joined up care for local people



How might primary care services be delivered in the future?

We know that the way primary care services are delivered will change over the next few years. Local people have told us they would like to access services in different ways and our aim is to ensure that, within the next five years, there is a range of different access points such as:

- Local access to continuity of care where the same GP is important to an individual (eg. frail older people, those with long term conditions)
- Larger 'hubs' for speedy access to some services (urgent, same day appointments or specialised clinics such as physiotherapy)
- More 'virtual' access (eg. video conferencing, online facilities, telephone consultations)
- Using buildings differently such as providing primary care services from other community buildings



Some issues to consider when planning healthcare for Welborne

- Housing developments often accommodate local people rather than new people to the area with typically 40% already living in the local area
- On average each GP has 1,700 to 2,000 people on their list so eight GPs would have a list of approximately 15,000 but if up to 40% of these are already registered with an existing practice we may need less new GPs
- Younger families tend to use health services less than people over 65
- In the next five to ten years healthcare may be delivered in a very different way to the existing 'traditional' GP practice
- NHS funding follows the patient

We will regularly review the impact of the new development on health services



How might primary care services be delivered in the early years?

When planning how primary care services will be delivered we need to consider:

- Two new GP practice buildings (Whiteley and Wickham) have been built with additional space in place so new residents to the area can be accommodated in local practices
- As the population grows we will need to develop services to meet their needs and there is an opportunity to do this in new, innovative ways that are future proof
- Pharmacists and dentists are commercial businesses so their location will be driven by commercial factors as well as current NHS regulations

Again we propose to keep this under close review.



Thank you and questions?

To find out more visit
www.farehamandgosportccg.nhs.uk

