Brief notes from the Somerset GP Board meeting. 19th February 2020

In addition to routine Board business, the following were also discussed:

Primary Care Workforce Implementation Group: An offshoot from the LWAB (Local Action Workforce Board) this group brings together representatives from primary Care, the LMC, Training Hub and is chaired by the CCG. It has started meeting monthly to consider the urgent problems being faced by Primary Care.

Prevention: In our section on meetings attended by Board members we discussed a presentation from the Public Health team at the Fit for My Future Health and Care Professionals Group. Data from Symphony had shown that the top 4% of the healthcare pyramid is responsible for 50% of healthcare spending. There was a clear rationale for investing lower down the pyramid. At the bottom level, the interventions will be cheaper and achieve the most in the long term, but in a cash-poor system there should also be targeted investment at a level where intervention will prevent escalation to a significantly more expensive 'level'. Does the whole system share this view, and if so have an appetite for disinvesting from the very top of the pyramid for this to occur? (No- we didn't solve it).

Coordination of workstreams: There was general consensus that there needs to be greater visibility and coordination across the county of work that might share a common theme, such as work being done in a variety of settings to look at high-users of services. We discussed several options that would allow this to happen, such as the 'bright ideas' section on the LMC website, and it may be that TeamNet would be a useful resource for this to happen.

Development of the Primary Care Board: Everybody will be well aware that all STPs are mandated to become Integrated Care Systems (ICS) by April 2021 at the latest. Somerset is planning to have an ICS in place by September 2020, and to have one in shadow form from April 2020. We have fed into the ICS development plans with our vision for Primary Care Representation. The next few months will see the transition of the current GP Board into the Primary Care Board, which will have representation from the Clinical Directors on a geographical basis, and provide Primary Care input to the Integrated Care Partnership (ICP). This will be made up of the various providers in the Healthcare system, and it will be essential to ensure a strong voice for the Primary Care sector. We have developed a collaborative agreement and are finalising the practical details to ensure a smooth transition at the end of March.

The next meeting is on March 18th.