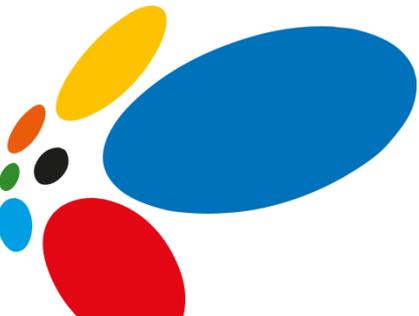


Primary Care Strategy & NHS Long Term Plan Update

Primary Care Commissioning Committee

Tuesday 29th January 2019

Julie Wilson



Health challenges in North East Lincolnshire

North East Lincolnshire has a resident population of just under 160,000 according to the ONS mid-2016 population estimates. Stark health inequalities exist within North East Lincolnshire and these are strongly associated with deprivation for which there are high levels in certain neighbourhoods across the area. Overall, North East Lincolnshire is ranked (out of 326) as the 31st most deprived local authority in England.



25% of the local population estimated to be aged 65+ years by 2030



Male and female life expectancy lower than those for England

77.7 82.6



20% of adults are smokers



Low rates of breastfeeding

Approximately 10,700 people on asthma and 4,300 people on COPD GP disease registers



22% of mothers are smokers at delivery

High under 75 mortality rate from respiratory disease



Approximately 400 school pupils with identified social, emotional and mental health needs



Approximately 1,000 people on GP learning disability register, and 1,500 people on dementia register



22% of children aged 10-11 years are obese
73% of adults are overweight or obese



Under 75 cancer mortality rate higher than the England rate



Under 75 cardiovascular disease mortality rate higher than the England rate

Highest rate of mortality from chronic liver disease and of alcohol specific mortality in the region



Higher rate of hip fractures in older people than the England rate



Case for change

- Demand and expectations increased
 - Oct 2018 = 105,308 total general practice appointments (all types of professionals)¹; equates to 1.2 million appointments per annum, roughly 7.4 appointments per annum, per head of population
- Good progress within North East Lincolnshire practices in terms of developing a broader and more varied workforce², but ...
 - Retention of GPs and nurses remains a challenge. 34% of GPs and 30% of nurses are aged over 55 and therefore close to retirement.³
- Outcomes for general practice relatively good, but ...
 - Access challenging
 - Inequalities in outcomes still exist

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/oct-2018>.

² NHS England IAF indicator – primary care workforce

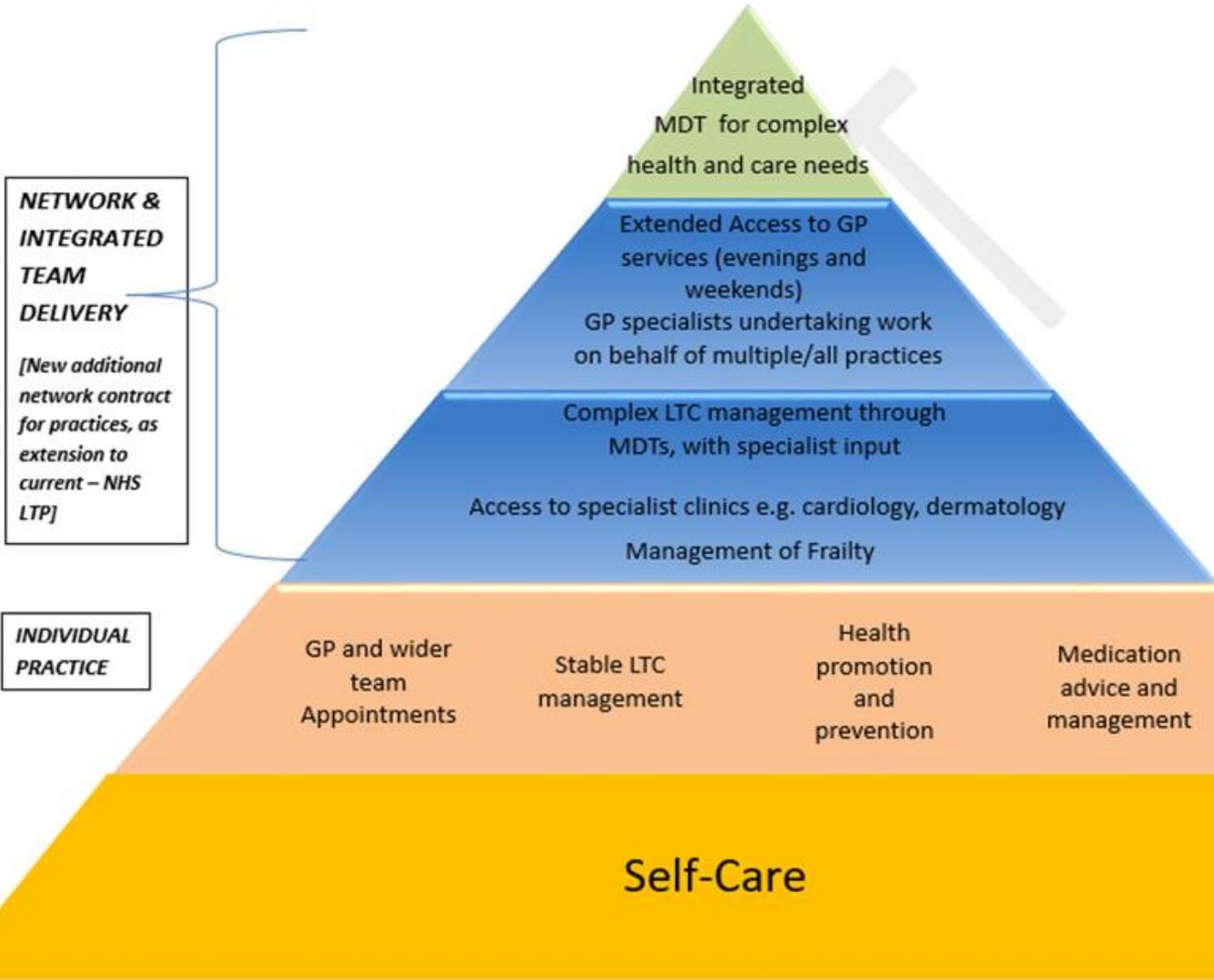
³ PCWT – June 2018 - www.primarycare.nhs.uk (based on submissions from 25 practices)



Objectives

1. To stabilise general practice services and improve capacity
2. To develop a workforce that can respond to the care needs of the population
3. To develop new models of care and the supporting infrastructure that can respond to the care needs of the population
4. To improve quality of services and access to general practice services for the local population
5. To ensure continued investment in general practice services, within the context of care networks





Contract

- Multi-year contract changes to general practice contract
- Individual practices in a local area will enter into a network contract, as an extension of their current contract
- Designated single fund through which all network resources will flow
- CCG local contracts for enhanced services will 'normally be added to the network contract'



1. Stabilise

- GP Resilience Programme
- Address hospital + practice interface work, 'one click away' specialist advice and guidance
- Structured development programmes / specialist change management support
- Training other staff to support shift of GP work (e.g. reception and admin staff training, care navigation)
- Improved understanding of demand and capacity (Apex Insights Tool)



2. Workforce

- Training for nursing & HCA staff
- GP retention fund
- International Recruitment
- Developmental GP posts
- Clinical Pharmacists
- ‘Physio first’
- Physician’s Associates
- Long Term Plan expectation of additional staff working in PCNs – specifically the 3 roles listed immediately above, and social prescribing link workers



3. New Models of Care & supporting infrastructure

- Continued development of federations
- Primary Care Network (Primary Care Home model)
 - Integrated multi-disciplinary teams around combined practice populations 30,000 to 50,000
 - 100% coverage by June 2019
- Better understanding population health needs & targeted interventions to address inequalities (deployment of solutions during 2019)
- Organisational Development (OD) support
 - Improved utilisation of existing premises
 - Shared systems / improved IT functionality



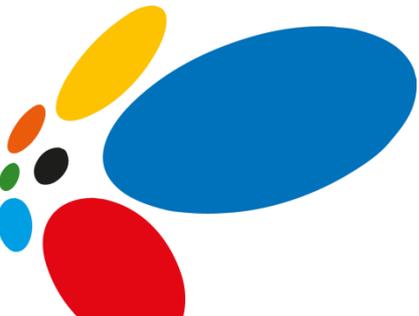
Primary Care Networks

- ‘Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector’
- Clear expectation of aligned community nursing
- Mental health community teams
- Management of LTC is a strong focus



Premises

- Impact of planned housing developments is not yet fully understood
- The principle will be that existing centres will continue to be supported and utilised for extended general practice and development of integrated care delivery teams. If new housing developments are placed in areas that are inaccessible to existing primary care centres, the CCG will consider whether consulting space within new community facilities would improve access, although more specialised and complex services will always be delivered from the centres.
- These would be considered on a case by case basis.



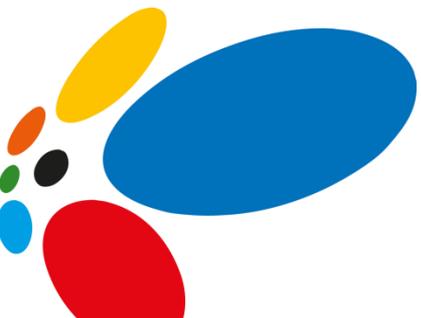
4. Improve Access

- Extended Access evenings & weekends
- NHS Long Term Plan 'Digital First' – commitment over next 5 years all patients have right to access digital first GP services, own GP or one of the new digital GP providers (national framework to support)
- 'Care navigation' to most appropriate service
- Support from other primary care contractor groups – e.g. minor ailments scheme

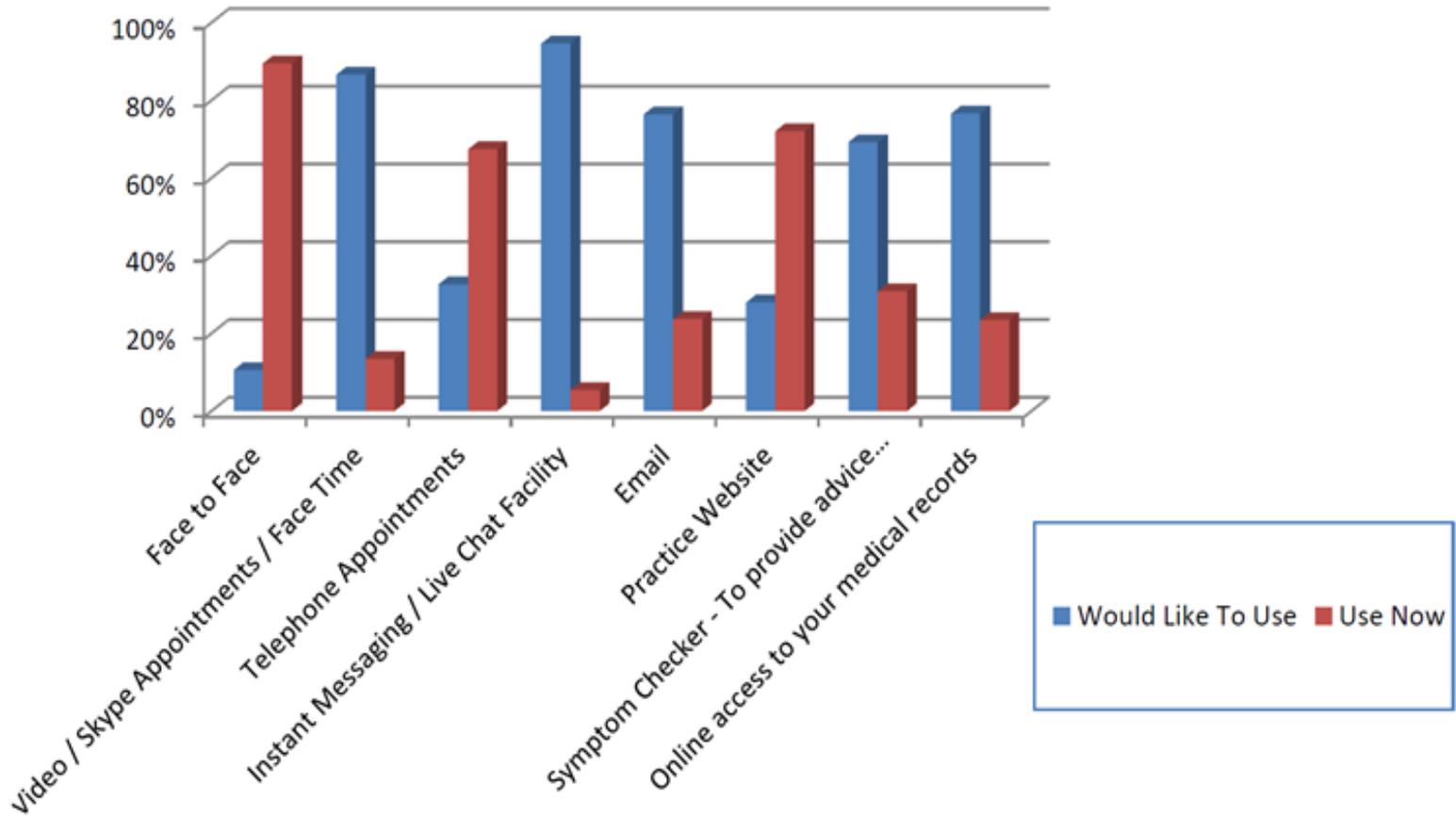


4. Improve Access (cont ...)

- Collaborative approach to managing 'on the day'/urgent general practice demand
- Urgent care system
 - Collaboration between Federations and OOH on 24/7 GP cover across UTC and Clinical Assessment service
 - Defined extended access capacity to support IUC
 - Direct booking from 111 into practice slots

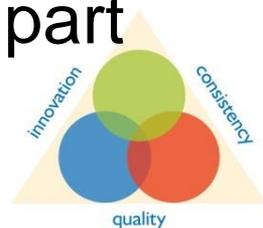


CCG Keeping the Door Open Survey (2016)



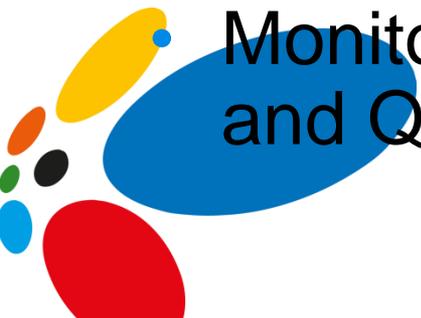
Other Primary Care Contractors

- Important role in the system
- Continue to support local schemes
 - Minor ailments
 - PODIS
 - Glaucoma Referral Refinement
- Explore other opportunities
 - GOS18 reviews
 - Community Pharmacy supporting identification of risk
- NHS LTP reference to reforming reimbursement for community pharmacy to make greater use of skills and opportunities to engage patients
- Seeking views on other local opportunities as part of this process



Quality

- Increased support for CQC inspection preparation & support post inspection
- Annual contract visits (rolling programme) with focus on quality domains
- Long Term Plan signals significant amendment to QOF, with focus on quality improvement
- Local Quality Scheme
 - focused on areas where greatest impact could be made
 - Move towards focus on Primary Care Network
- Monitoring and oversight through Performance and Quality Group (internal)



5. Investment

- Increased investment in contract payments (nationally agreed) – core / network contract
- Inflationary uplifts to existing CCG commissioned schemes
- Recurrent investment in care networks (£1.50 per head of population from 2019/20)
 - National commitment to additional £4.5 billion per year in primary and community care (primary care networks) by 2023/24
- Potential for CCG non-recurrent development funding – would be focused on primary care networks
- State backed Indemnity Scheme from April 2019
- Shared savings schemes for PCNs



Next steps

- Engagement continuing throughout January, February and March
- Refresh strategy and update plans accordingly
- STP wide primary care strategy, in line with development of local long term plans (Long Term Plan & Planning Guidance requirement)
 - Detailed workforce plans
- Aim was to complete strategy by end March -
? review in light of LTP and STP approach

