13th March 2014	ITEM: 14
Health and Wellbeing Board	
PRIMARY CARE STRATEGY	
Report of: Ian Stidston, Director of Commissioning (NHS England) and Mandy Ansell, Chief Operating Officer (Thurrock CCG)	
Accountable Head of Service: N/A	
Accountable Director: N/A	
This report is Public	
Purpose of Report: To provide an update on the development of the Essex Primary Strategy and the Thurrock Primary Care Strategy	

EXECUTIVE SUMMARY

The report sets the key headlines from the draft primary care strategy for Essex. The strategy is being co-produced by NHS England and the seven CCGs in Essex. The final version of the strategy will have a section for each of the CCG allowing for flexibility and pace.

The draft strategy will be available in March and engagement with patients and stakeholders in Thurrock will take place over an eight week period. The strategy will be finalised in June and will be part of the wider integrated plan being developed for Thurrock.

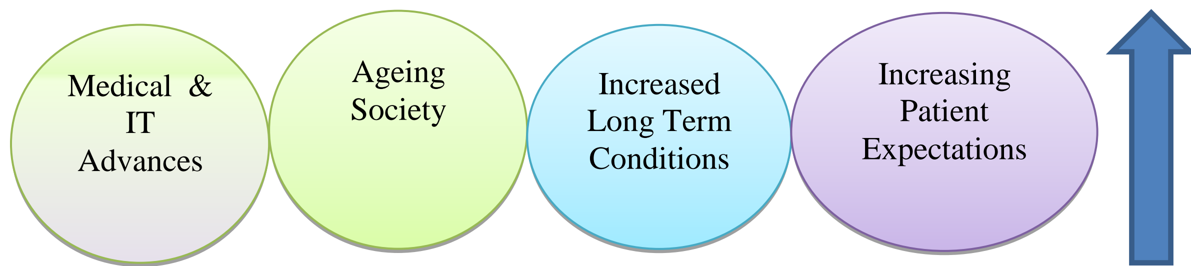
1. RECOMMENDATIONS:

1.1 To note

2. INTRODUCTION AND BACKGROUND:

2.1 Over the years our local GP practices as well as pharmacists, dentists and optometrists have delivered excellent care for the population.

The way in which in which we live our lives has changed and continues to change, effecting our healthcare needs and our expectations. The opportunities patients have to live longer and more fulfilled lives have increased along with the expectations patients have. Medical advances has meant more interventions are possible, many of which can now be provided in a primary care setting.



Following the reconfiguration of health commissioning, it is essential to begin to drive forward new models of primary care that are responsive, integrated and deliver a consistent service for patients.

NHS England recognises that a primary care strategy is needed for Essex, and within that strategy flexibility is needed for each CCG area to adapt their own strategy in line with the needs of their population.

Primary care is the cornerstone of health services, but any plans for transforming primary care must be fully incorporated within CCGs integrated plans. The fact that this strategy is being co-produced between NHS England and Thurrock CCG signals the importance of full system change.

In forming the strategy as series of engagement events were organised in October 2013 which helped informed the draft strategy which will be available for further engagement in March 14 for a period of eight weeks with the aim of producing a final document in June 14.

3. ISSUES

3.1 Why is Change Needed?

The traditional model of how primary care is delivered is not sustainable going forward. This is because:

- Primary care services are not integrated and do not offer a seamless service for patients
- There is no new investment available but demands on health services are increasing
- The GP workforce is struggling
- The primary care estate is variable, lacks flexibility and is not being fully utilised
- The current model is not flexible enough to adapt services for the most vulnerable in our community
- The demographics of the population is changing

3.2 What will Primary Care Look Like to the Patient/Carer ?

The strategy will set from a patient's perspective what is needed and makes a number of statements

- Make it simple for me or my family/carer to access and receive primary care services and advice.
- Help me or my family/carer's awareness of how to self-care and detect health issues early
- Support me to manage my acute or long term physical or mental condition.
- If my need is urgent, provide me with guaranteed same day access to my primary care team.
- Improve my care, experience and outcome by ensuring early senior clinical contact is given
- Wherever appropriate, manage me where I present (including at home and over the telephone).
- If it's not appropriate to treat me where I seek help from (including at home and over the telephone), direct me to a place of treatment within a safe amount of time.
- Make sure information, critical for my care, is available to all those treating me.
- Where I need wider support for my mental, physical and social needs ensure it is available and easy to access.
- I can be confident that the quality of my care is good and I am protected from harm

3.3 Our Commitments to the People of Thurrock

Our new model of primary care will make a commitment to deliver the following key areas:

C	Consistent

Wherever you live in Essex, you can expect to have easy access, online or in person to information, advice and support. This will be delivered through national initiatives (111) and local services.

You will know that the advice and care provided by your primary care professional is consistent with best practice.

H	High Quality

You will be seen and treated by highly trained health care professionals who are committed to delivering the best quality care to the patient

You will be treated as an individual by professionals and respected at all times

`All patients should receive high quality care without unnecessary delay' NHS Constitution

R	Responsive and Accessible

The way you are able to access information and be sign posted to appropriate services will be transformed through the use of new technology and social media

You will be able to access services over the weekends at access points not currently available

You will be able to have access to a primary care professional within 24 hours where you feel your primary care need is urgent

You will not have to wait more than five days for a routine appointment with a GP

You will be able to change your GP practice easily

`You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons' NHS constitution

I	Integrated

You will find that services are working seamlessly together with you to co-ordinate your care and delivering the support you need to manage your condition. Holistic care will be delivered that addresses peoples physical, mental health and social care needs together and not separately. There will be no duplication.

You will have greater involvement of the voluntary sector, community pharmacists and nurses and social care in the delivery of care for you.

`The NHS commits to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them' NHS Constitution

S	Sustainable

You know that the primary care service you are receiving today will be dynamic and evolving but will be there for you over the next 25 years

P	Preventative

Primary Care Professionals will act as Community Health Leaders.

You will be actively involved in the management of your own health and care

You will receive more information on maintaining your health

Under pinning this is the need for services to be innovative and continuously evolve and learn

3.4 **What will the new Primary Care model look like ?**

The new model for primary care will eventually see:

- Primary care providers working at larger scale within `primary care hubs'
- Primary care hubs will be fully integrated with community services and aligned fully with social care
- There will be significant shifts in acute urgent care activity as primary care is redesigned to minimise this patient need
- Real shift in resources and activity from the acute sector into primary care will have taken place
- Although offering a cradle to grave service, the way primary care is provided will be different for different groups of patients. A new way of delivering primary care to patients with long term conditions will be implemented
- Pharmacists, dentists and optometrists become a fundamental part of the primary care team within the primary care hub

- Primary care facilities will be fully utilised across seven days a week within a primary care hub

- The primary care workforce will change with a greater role for nurses, community pharmacists and health care assistants. There will be new and innovative opportunities for staff development within each hub

- Patient voice will be strengthened within each primary care hub building on the further development of patient participation groups.

3.5 Specific focus on Thurrock

The challenge for primary care in Thurrock is significant however there are a number of strong enablers that give the system a good starting position.

- The CCG jointly with the Council, will continue to put the citizen's voice at the centre of its service planning and decision making – this relationship has already been identified as strong and this is championed through the Health and Wellbeing Board – **Timescale –** on-going

- With the Council, build a network of prevention and early intervention through Local Area Co-ordination and Asset Based Community Development (ABCD) in order to maintain citizens in the community within the widest determinants of health to avert "crisis situations". Building on this the Council and CCG will develop joint neighbourhood solutions. An enabler for this is the potential to change contracting models for unplanned care with BTUH – **Timescale** – on-going to deliver further integration with health – Note the South Ockendon Hub is already used well by local GPs

Local Area Co-ordination

- Support for vulnerable people within their community to prevent crisis.
- Support recovery post crisis.
- Support around the "whole person" that understands their circumstances and works with them to achieve a good life.
- A method of connection: between the individual and supportive networks and network to network to grow community and individual resilience.
- Providing assistance to navigate the complex and disparate systems that a vulnerable individual encounters.

- Optimising the structural reforms from the integration agenda between health and social care; Thurrock CCG will use all the enablers given in the reforms to deliver value for money high quality jointly commissioned services with the Council. Work is well underway to describe the ambition through the stewardship of the Health and Wellbeing Board and CCG Board. Key to this is building on jointly commissioned/provided services that support primary care and avoid hospital admissions, as is commissioning and building on solutions that focus on prevention and early intervention – RAAS and enablement services Optimising the opportunities presented by the recontracting for the Thurrock Health Centre services including the walk in element and the extended hours provision. As the strategic intent with the Council focuses on the frail elderly and unplanned care agenda in its widest sense (note there is a pressure from unplanned paediatric

admissions) the unplanned care system including THC, Orsett Minor Injuries Unit and BTUH A&E;

- Working with NHS England to optimise the delivery of new primary care provision due to the significant population growth in Thurrock in the next 7 years and beyond. Joint CCG/Council provision in state of the art buildings with services close to the community will be the ambition. The CCG is also working with the Council to look at the deployment of current 106 monies Workforce – as illustrated in the profile, Thurrock is challenged when it comes to GP recruitment. The CCG will work across Essex with all CCGs to look at strategies that will bring the required workforce into the patch;

- Estate – TCCG will work closely with the Council and NHS England to explore creative possibilities to improve the quality of the primary care estate;

- Contracting levers and federation – Due to the high numbers of single handed GPs the CCG will work with the primary care community to federate in the Thurrock hubs that will define geographical areas for service provision across health and social care. New or replacement GP practices will be commissioned with a minimum list size of 4,500 patients serviced by the equivalent of 2.5WTE GPs. The aim is to ensure peer review and support, provide choice of GP to registered patients and to make general practice a more attractive place to work. There are also issues with the delivery of the APMS contracts including unidentified clinical leadership and remote contract holders.
  Strategic objectives include:

  - Number of GPs working in Thurrock will increase through the establishment of more training practices and enhanced roles within hubs that attract professionals into Thurrock

  - Patients will be able to access their practice at all times throughout the contracted hours of operation (8:00am to 6:30 Monday to Friday)

  - Number of nurses working in Thurrock will increase through the enhancement of nurse practitioner training and enhanced roles within hubs

  - Practices who are unable to evidence they are delivering high quality care will be supported to improve in the first instance but ultimately decommissioned if there is insufficient improvement with patients distributed to practices operating in the defined hub;

- Optimising other primary care provision, pharmacists, optometrists and dentists within the community hub model championed in Thurrock. This should include the provision of out of hours services and the management of patients with long term conditions;

- Resource shifts – it is acknowledged that resources will need to move from acute provision into the community integrated hubs. The CCG will look to model the

changes required as part of the 5 year plan and integration plan with the Council -

4. REASONS FOR RECOMMENDATION:

4.1 N/A

5. CONSULTATION (including Overview and Scrutiny, if applicable)

5.1 A period of engagement will begin in March 2014 with patients and stakeholders to help shape the final version of the Essex Primary Care Strategy in June 2014.

6. IMPLICATIONS

7.1 **Financial**

Implications verified by: **Mike Jones**
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mxjones@thurrock.gov.uk

The Primary Care Strategy is still in development; however one of the drivers for change recognised in the strategy is better use of resources for across health and local authorities through better integration.

7.2 **Legal**

Implications verified by: **Dawn Pelle**
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Dawn.Pelle@BDTLegal.org.uk

At this time there are no legal issues that are anticipated

7.3 **Diversity and Equality**

Implications verified by: **Teresa Evans**
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tevans@thurrock.gov.uk

The draft strategy recognises the need to improve the provision for vulnerable patients. During the engagement period which is due to commence in March 2014 work will be carried out with different equality groups (Equality Act 2010 Protective Characteristics) to explore finding new ways for services to be more accessible.

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