

23 July 2021		ITEM: 9
Thurrock Health and Wellbeing Board		
Primary Care Strategy Refresh		
Wards and communities affected: All	Key Decision: N/A	
Report of: Rahul Chaudhari, Deputy NHS Alliance Director, Thurrock CCG		
Accountable Head of Service: Mark Tebbs, NHS Alliance Director, Thurrock CCG		
Accountable Director: Mark Tebbs, NHS Alliance Director, Thurrock CCG		
This report is public		

Executive Summary

The Primary Care Strategy refresh has reviewed the strategy that was agreed in 2018 and intends to address the key changes to health and healthcare since that date as they relate to this sector, and primary care's enhanced role within Mid and South Essex. It is intended as a blueprint which will both guide the strategic and operational development of primary care and emphasise its importance and contribution to the entire Health and Care system.

The paper aims to update the members about the Primary Care Strategy Refresh, highlight the key strategic areas for primary care in an Integrated Care System and how it relates to Thurrock.

1. Recommendation(s)

Members are requested to take note of the contents of this paper

2. Introduction and Background

2.1 In 2018 the five CCGs approved a Primary Care Strategy that:

- Sought to address a demand and capacity gap that both existed, and was projected to increase, over the following three years.
- Improving the sustainability of general practice and increasing its attractiveness as a place to work in Essex.
- Building on a relatively new locality structure in order to improve standards and mutual support across primary care.

This Strategy is due to expire in the summer of 2021.

- 2.2 The Health and Care Partnership agreed that a refresh of the Primary Care Strategy was required. This refresh was led by Brian Balmer, CEO of the North and South Essex LMCs.
- 2.3 The strategy refresh builds on the existing 2018 strategy – it does not propose an alternative strategic direction but focuses heavily on the element of collaborative working - and takes account of local and national policy changes that have occurred since the original strategy was approved. Explicitly it takes account of
- The NHS Long Term Plan (2019),
 - Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan (2019),
 - The Mid and South Essex Health and Care Partnership Five Year Delivery Plan (2019)
 - The Mid and South Essex Memorandum of Understanding and H&CP Outcomes Framework
 - The impact of the on-going pandemic, and
 - Recent publication of the DH&SC White Paper

In summary the strategy says Primary Care Networks are about collaboration and will be the vehicle for collaborative working at the local level, and; improving population health. As a system we will support them grow.

3. Issues, Options and Analysis of Options

3.1 Impact on Resources - Funding

The strategy is underpinned by national and local policy direction. It does not explicitly request funding over and above that already identified for investment into Primary Care as part of nationally negotiated contract reform. This investment forms part of CCG Primary Care Allocations and expectations for utilisation as defined nationally. It does however make a statement of intent that investment into Primary Care, via PCNs, should grow as a proportion of local resource. As a principle it aligns with emerging thinking for the system financial framework and development of service line budgets.

3.2 Impact on Resources - People

As noted above PCN investment through the national contract has been targeted at clinical capacity. There has been no real/explicit investment in management infrastructure. The expectation of the strategy is that as the system realigns through its move towards an ICS – and as part of the ongoing CCG structure discussions – traditional commissioning resource is transitioned to facilitate PCN development as part of place-based teams. This aligns with discussions held with NHS Alliance Directors. The ambition would be that other partners also align resource to PCNs as well – whilst the NHS Standard Contract will support this, meaningful implementation will require local ownership of the strategic vision for PCNs.

3.3 Clinical Workforce

In 2018 there was a known and projected demand and capacity gap. The national contract reforms tend to acknowledge this as well through the creation of the Additional Roles Reimbursement Scheme – significant investment into PCNs for increased capacity. Data analysis run as part of this strategy refresh suggests recruitment to these roles is essential in meeting demand for General Practice services. This provides the resilience and sustainability practices need to become effective members of Primary Care Networks. A key strategic deliverable will be the recruitment and retention of these roles within PCNs – and ensuring they become valued and effective members of collaborative teams.

3.4 Implementation

Implementation of the strategy sits at both system and place, however it needs to be truly owned at place as success depends upon the development of effective collaborative working between practices and between practices and the wider membership of PCNs. This is a key deliverable for NHS Alliance Directors and partners at place. Place based plans are currently being developed which should include the local approach to PCN development, as well as the identification of place/PCN based priorities that align to system ambitions.

It is acknowledged however that elements of funding are received at system level, and elements of implementation can be accelerated if undertaken collectively. At system there will also be support to those PCNs that wish to develop faster to do so through a PCN Accelerator Programme. This will enable the exploration of the possible, and enable adoption and spread of good practice. This programme will support delivery of local ambition. Collective implementation is proposed to be overseen at the existing Primary Care Programme Board. This will require evolution from its current form to widen membership to take account of key strategic partners, and any proposed changes required as part of the move to an ICS.

4. **Reasons for Recommendation**

The Health and Wellbeing Board is asked to take note of the strategic direction as described within this document. This has also been approved by the System Leadership Executive Group (SLEG).

5. **Consultation (including Overview and Scrutiny, if applicable)**

5.1 Engagement took place through multiple forums and targeted discussion groups including

- GPs, Clinical Directors and the LMC

- Clinical Commissioning Groups – both GP leaders and management
- Community and Acute Provider representation
- Local Upper Tier Authorities
- Healthwatch Organisations
- The Health and Care Partnership Board

5.2 In addition to engagement sessions a draft version was shared with multiple stakeholders and system leaders for comment

5.3 All feedback has been incorporated into the current version. Feedback tended to focus around a few key points

- a. The challenge of Primary Care to develop the infrastructure to grow the PCNs into the vehicles for collaboration and health improvement that the strategy intends them to become
- b. The challenge faced by PCNs to recruit the additional roles that are available through the Network DES, and are essential in developing a resilient and sustainable Primary Care market
- c. General Practices view that PCNs will only be successful if individual practices are resilient and sustainable and able to engage
- d. The importance of recognising the good work already taking place in pockets across the footprint in relation to collaborative working, particularly between partners beyond General Practice– and the importance that implementation of this strategy builds on this, as opposed to detracts from this
- e. PCN development will be reliant on the strength of the relationships between partners, and as such implementation has to be locally driven
- f. The impact of movements to digital and remote working borne out of the response to the current pandemic need to be understood. There is a risk it could increase inequalities as a result of ‘digital exclusion’. This needs to be considered as part of local implementation, and as part of the Digital First Primary Care Strategy currently being developed
- g. There is recognition that the system faces a growing challenge with the increasing numbers of people waiting between referral and first appointment, and first appointment and treatment. This should be considered as part of the system response to managing this known issue. A Guardian service is proposed as one possible solution to manage this issue

6. Successful delivery of the strategy will, as noted in the main document, support

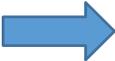
1. Delivery of improvements in population health as measured through the national Impact and Investment Fund measures and local alignment to the H&CP Outcomes Framework, and
2. Improvements in PCN maturity, and relationships between those working at a PCN footprint.

Key Strategic Areas and Expected Changes within the next two years

Refining and Strengthening Primary Care Networks (PCNs) and their role in service integration

Strategic Priority		Expected Progress by 2023/24
Clarify and implement NHS England's core ambitions for PCNs, namely improved sustainability in general practice, and enhanced capacity across primary care.		Practices are confident about PCN service delivery and its effect on their patients.
PCNs will lead the integration of services, working with Community Providers covering both physical and mental health and Local Authorities		Practices routinely use population health data to guide their work and support integration with community partners to improve patient care.
Local delivery models, led by individual or groupings of PCNs, will allow closer collaboration between primary care and both secondary care and mental health providers.		Networks are able to fund community level improvements and the development of care pathways.
Through PCNs and the national service specifications PCNs will deliver services in partnership that contribute to the improvement of care within local priority areas including cancer care and ageing well.		Networks are delivering services that are in line national requirements, and where appropriate exceed to meet local priorities
PCNs will lead the integration of services, working with Community Providers covering both physical and mental health and Local Authorities		Community providers, and other stakeholders, identifying named leads to work as part of the emerging PCN leadership teams – able to make collective decisions around best use of the local workforce to meet the PCN ambitions.

Addressing the legacy of the Pandemic by improving collaboration with Acute care

Strategic Priority		Expected Progress by 2023/24
Explore the development of a “Guardian” service which will address the issues arising from the patient group who have been referred but will have prolonged waits for definitive treatment.		Patients will have mostly virtual access to their diagnostic tests and ready access to their care plans and timescales
Utilise the administrative capacity of the Guardian service to identify and address unnecessary delays and problems affecting patient care, and producing increased workload.		Communication between Primary care and Acute services will where necessary be channeled through the Guardian service.
Encourage and develop joint working between primary and secondary care and the production of agreed care pathways with a focus on prevention, personalisation and self-care through all partner organisations involved in PCNs.		Pathway development will be a trigger for joint clinical training and education across the system

Developing leadership and innovation within the Primary Care Workforce

Strategic Priority		Expected Progress by 2023/24
Increase management capacity within PCNs in order to drive integration.		Within twelve months create an infrastructure which can independently innovate and solve local problems.
Promote specialist roles and portfolio careers for clinicians from both primary and secondary care.		Demonstrate clinical collaboration is driving meaningful bottom up integration through adoption of a framework similar to the Integrated Workforce I-Statements Framework.
Continue to develop Accelerator PCNs and invest in success.		Support for all Networks through their wider development and also freeing and supporting lead and accelerator PCNs to make progress.

7. Impact on corporate policies, priorities, performance and community impact

The impact of the Mid and South Essex Primary Care Refresh document within Thurrock is that it has supported

- 6.1 collaborative working through the delivery of COVID-19 vaccine programme where all 4 Thurrock PCNs came together and worked under a collaborative agreement to deliver the COVID-19 vaccine to all Thurrock residents from 2 Local Vaccination Sites (LVS) within Thurrock. This was a unique way of working as across MSE all other PCNs had their individual LVS.
- 6.2 Collaborative working has also started with clinical leaders across the system coming together in making a success of the Clinical Professional Forum and the Networking meetings to consider pathway design changes and address troubleshooting to improve patient access to services.
- 6.3 2 Thurrock PCNs have taken up a role in Population Health Management through the Obesity pilot PCN Accelerator Programme and 1 more PCN in Thurrock is undertaking detailed work in the Population Health Management work through a NHS England/Improvement project.
- 6.4 Even though the above work is ongoing in Thurrock there is still further work that needs to be done to show the true impact on the MSE Primary Care Strategy Refresh within Thurrock including further work to confirm the clinical model within Integrated Medical Centres.

7. Implications

7.1 Financial

N/A

7.2 Legal

N/A

7.3 Diversity and Equality

N/A

7.4 Other implications

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Mid and South Essex Health & Care Partnership Board Paper which includes Mid and South Essex Primary Care Strategy Refresh document

9. Appendices to the report

- N/A

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