**Committee: Health and Wellbeing Board** 

Date: 28th March 2023

Agenda item:

Wards:

## **Subject: Primary Care Strategy**

Lead officer: Mark Creelman Place Executive for Merton, SWL ICB

Lead member:

Forward Plan reference number:

Contact officer:

#### Recommendations:

A. The Board is asked to note the development of the SWL Primary Care strategy and comment on areas of focus and improvement

#### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of the paper is to engage with the Health and Wellbeing members on the development of the SWL primary care strategy and:
  - Ask the Board to comment on whether the priority areas are the right ones
  - Ask the board whether we are focussing on the right areas
  - What does good access and keeping people healthy mean to the Board
  - What does good continuity of care mean for patients?
  - How should the strategy address inequalities?
  - Note the link to the Joint Forward planning process, the ICP strategy and local work on integrating care

### 2 BACKGROUND

- 2.1 The purpose of our Integrated Care Board in Merton is to:
  - To support and develop primary care networks (PCNs) which join up primary and community services across local neighbourhoods.
  - To simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate).
  - To understand and identify using population health management techniques and other intelligence people and families at risk of being left behind and to organise proactive support for them; and
  - To coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

In developing our neighbourhood approach and as part of the NHS Long term plan and the recent Fuller stocktake, it is clear there is a need for primary care to work in different, more integrated ways to meet the needs of the population. To identify the opportunities and improvements needed, SWL are developing a primary care strategy. The strategy covers areas will focus on areas such as access, continuity of care and prevention as well as the enablers which will enable us to deliver top quality primary care in the future with a focus on addressing inequalities. These enablers are:

- Digital
- Estates
- IT
- Workforce

The strategy development is in its early stages, and we are engaging on the direction of travel and areas of focus. We anticipate the strategy being completed late spring/early summer with a local Merton implementation plan.

### 3 DETAILS

- 3.1 Presenting the strategy early to the Health and Wellbeing board will help us ensure the strategy focuses on the areas important to the residents and members in Merton. Its focuses on:
  - Access
  - Proactive /continuity of care
  - Prevention keeping people healthy

The strategy will aim to have overarching aims and ambitions which will then be implemented locally in Merton and it is important to note that although it is a primary care strategy, it encompasses and recognises the need to work collaboratively with local authorities and community services as well as NHS acute and mental health Trusts.

The following slides set out the aims, areas of focus and a high level view on successes so far and areas/actions still to consider.

#### 4 ALTERNATIVE OPTIONS

4.1 N/A

#### 5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1 There is significant data already available to us on what residents and patients would like from primary care which we are reviewing and synthesising. In addition to the review of existing and previous feedback, we are engaging with Healthwatch colleagues, patient groups, local authorities, GPs and practice staff and partner organisations

#### 6 TIMETABLE

6.1 It is anticipated that the strategy will be completed late spring/early summer

## 7 IT, FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 The strategy will have sections on estate and IT as part of the enabling functions and it may identify areas for future investment and focus

### 8 LEGAL AND STATUTORY IMPLICATIONS

8.1 None

# 9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 The strategy will aim to address health inequalities at borough level and across Southwest London

### 10 CRIME AND DISORDER IMPLICATIONS

10.1 None

## 11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 None

# 12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Please see presentation slides on the Primary care strategy

## 13 BACKGROUND PAPERS

NHS Long term Plan Fuller stocktake report





# Developing the South West London Primary Care Strategy

March 2023

# Introduction

## Our vision

## Scale

Make SWL primary care a great place to work and delivering better outcomes for our patients



Individuals, families

0 - 50,000 people

networks (PCNs)

- · Self-care and self management
- · Access to digital and online services
- Remote monitoring for complex and at-risk patients

Individual GP practices, as well as groups

services, mental health, acute, social care, voluntary sector and other providers to

of GP practices working with community

deliver more coordinated and proactive

care, including through primary care



## 1 Helping people stay well

Part of a more ambitious and joined-up approach to evention



Neighbourhood

## 2 Hoactive, personalised care

Supported by integrated neighbourhood teams for people with more complex needs, including those with multiple long-term conditions

## 3 Streamlining access to care

Providing better access to care for people when they need it, including same-day and routine care. Access to care will also be better integrated between different providers eg between general practice and A&E departments



- 250,000 500,000 people
- Partnerships of health and care organisations – including local authorities, NHS providers, voluntary and community organisations and social care providers – come together to join up the planning and delivery of services, engage with local communities and work to address health inequalities



- 500,000 3 million people
- Health and care partners come together at scale to set overall system strategy, manage resources and performance, plan specialist services, and drive strategic improvements in areas such as workforce, digital infrastructure and estates



All too often, most of our effort is focused on treating people who have already become sick.

We need to create a sense of urgency around providing proactive care and improving outcomes for our population – not only will this help our citizens to lead more active and happier lives, it will help us to reduce the pressure on the NHS and social care...

**Dr Claire Fuller – Next steps for integrating Primary Care** 

# Main themes

# Taken from the November workshop



## Prevention

The NHS Long Term Plan (2019) declared prevention as a key priority, specifically focusing on:

- Smoking reduction
- **D**besity and weight management
- Alcohol and drug intake ardiovascular disease
- (Diabetes prevention

This strategy presents an opportunity for supporting GP practices and primary care networks (PCNs) to help people stay well for longer by enabling them to make healthier lifestyle choices and treating avoidable illnesses early on.

We will work with local partners to maximise opportunities for preventing ill health, while making best use of technology and community assets.



A key component of the Fuller Stocktake is proactive care. This is where teams from across PCNs, wider primary care, community, mental health, secondary care, social care, and those in voluntary, community and social enterprises work together to share resources and information and form integrated neighbourhood teams.

Integrated neighbourhood teams are dedicated to improving population health and the wellbeing of a local community. Teams focus on those with complex needs who would benefit from proactive care planning.

South West London will develop and embed integrated neighbourhood teams in all localities in coming years.



## Improving access

Appointments need to be bookable and accessible either straightaway or in the future, depending on need.

We will support practices and PCNs to offer timely access to appointments, in line with patient need, for same day urgent care and routine care. This approach aligns with the principles in the Fuller Stocktake.

We will look to reduce variation, address access issues across South West London and optimise technology to support practices.

The primary care workforce is a key enabler. We will continue to support the development of the workforce so that access can be optimised.

We have used patient insights to help inform our focus areas along with the 'must dos' from NHSE

## Enablers – where we want to be



Workforce







The strength of our workforce underpins all aspects of this strategy. A well resourced and supported workforce will be essential to successfully delivering our objectives.

We Cognise a variety of general practice rolespare important to support sustainability. We will increase the number of clacal and non-clinical roles (including those funded by the Additional Roles Reimbursement Scheme), while helping staff to continuously learn and develop.

We will work with the South West Training Hub to deliver recruitment and retention packages, supporting all our primary care staff with their development, wellbeing and morale.

We will consider how providers in the voluntary, community and social enterprise sector can become a meaningful part of the primary care team.

We will optimise the use of technology to help staff work as efficiently as they can to support patients.

We will support practices to implement the tools they require to deliver online consultations, telephony systems, demand and capacity mapping and improve workflow.

Patients will understand their options for viewing their own records, and will be able to access services in a variety of ways, including online, video or phone. We aim to promote the use of the NHS mobile app as the single front door for people to digitally access primary care services.

We will remove unnecessary manual intervention, variation and duplication and continue to level up where capabilities differ.

We will provide the best care possible through data access and connecting records and information at the point of need.

We will enable care and service to be provided in the most appropriate setting by providing flexible access to technology.

We will reduce the time it takes for staff to benefit from the use of technology by removing unnecessary variation across boroughs so we can simplify training and support.

A new integrated care board (ICB) estates strategy will present a clear direction and set of principles that will shape the future estate. It will respond to the anticipated future direction of the model of care, the primary care strategy and other emerging clinical models.

Principles will be developed collaboratively with partners, with a shared ambition, across the integrated care system (ICS). They will focus on six areas of opportunity that have been identified by the SWL Estates Group, including primary care and agile working.

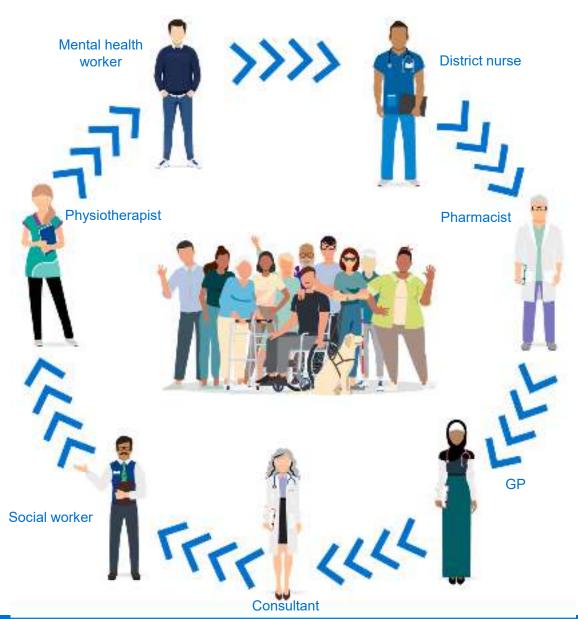
# What it means for patients

By 2025, we want primary care in South West London to have further developed into a sustainable model for practices and patients. Patients will pave access to:

- Coordinated and timely care ma range of skilled professionals for those patients with complex needs, chronic conditions and frailty integrated neighbourhood teams will form the basis of this way of working
- Timely access to routine and urgent care for patients who require episodic care, where continuity may be less important
- Preventative advice and services tailored to target the prevention of longer term ill health

## This will be underpinned by:

- · a multidisciplinary workforce
- IT digital technologies
- estate that is fit for purpose for the long term.



# Quality

## Care Quality Commission (CQC)

South West London practices have a history of providing high quality services for patients:

- 163 (93%) of 175 SWL GP practices have a CQC rating of 'good' or 'outstanding'
- 12 practices are subject to 'requires improvement' or 'inadequate' ratings and are receiving support from local teams to help spond to their challenges
- Patient survey results are among the best in the UK.

## Quality surveillance

The SWL Primary Care Team also supports quality monitoring by reviewing national data reporting, such as the GP Patient Survey, complaints data, and practice e-declaration (eDec).

Results are fed back to local teams and the SWL Quality Team for assurance and to identify any areas of variation.

93%

of South West London GP practices are rated

'Good' or
'Outstanding'
by the Care Quality
Commission



# Self-assessment: Where are we now



## Proactive care

#### Already in place

- Multidisciplinary working has developed and care planning approaches and is now well established
- Existing services provide many aspects of proactive care
- Rox stratification is a familiar approach
- Pagement is underway about evolving the model



#### Still to do

- Develop existing services to include all aspects of the proactive care operating model
- Embed population health management approaches to support risk stratification in each locality
- Consider how existing services and workforce can evolve to deliver the new proactive care requirements
- Consider training and other ways to support staff with their new ways of working



## Improving acccess

#### Already in place

- Patient survey results are the best in London and in many places are better than the national average
- Primary care networks Directed Enhanced Service (DES) Enhanced Access Service went live on 1 October 2022 delivering more appointments
- · Record number of appointments being delivered
- Face-to-face appointments are increasing in the first half of 2022 they rose from 52% of all appointments to 67% by the end of 2022.

#### Still to do

- Support practices and PCNs to get feedback from local patients on access and develop models accordingly
- Make best use of digital technology as well as demand and capacity tools to streamline access models
- Reduce unwarranted variation in access across our practices eg same-day appointments



#### Already in place

- National Diabetes Prevention, Diabetes Structured Education, Diabetes Remission, NHS Digital Weight Management and Diabetes Book & Learn Service are in place and available across SWL
- Digital self-management system now in place (MSK and pelvic health modules) with more than 90% of GP practices using it
- Strong progress made for patients needing physical health checks for patients with learning disability.

#### Still to do

- · Meet national targets:
  - Early detection
  - Annual checks and annual reviews
- Increase optimisation of patients with long term conditions (LTCs)
- · Agree and embed required enablers
  - Risk stratification, automation, automated referral, central prevention referral portal, digital selfmanagement and care planning, incentivise outcomes, increase access, meds op support, etc

## Self-assessment: Where are we now



## **Digital**

## Already in place

- Online consultation solution procured and live
- Many proof-of-concept pilots underway including tools that help practices manage capacity better
- The NHS mobile app is promoted as the single front door for patient dal access – its essential functionalities support everyday practice activities



## **Estates**

#### Already in place

- Borough estates strategies are in place and identify areas of need and priority issues for premises
- A number of large-scale schemes are developing, including Sleaford Street (Nine Elms Vauxhall - Wandsworth) and Colliers Wood redevelopment (Merton), plus the Croydon out-of-hospital programme
- 54 improvement grant applications have been submitted by practices in 22/23 and are awaiting outcomes



## Already in place

The recent focus has been on:

- stabilisation
- resilience
- reducing unnecessary variation and risk
- engaging across South West London to listen, increase and strengthen practice engagement

## Workforce

## Already in place

- 561 ARRS roles now in place
- Successful retention schemes are underway: 74 fellows supported; 29 mentors to give them a better breadth of primary care experience
- SWL Training Hub has been procured by Health Education England (HEE) and is in place to support the roll out of education initiatives

#### Still to do

- Evaluation of pilot projects, with a view to having standard digital offers across our practices and **PCNs**
- Development of PCN digital maturity so that all patients and staff across SWL have access to digital technologies

#### Still to do

- Baseline data packs for each PCN
- Conduct space utilisation studies at 214 sites
- PCN estates strategies (by March 2023)
- Strategic priority planning and decision making to improve the utilisation of primary care estate space
- Ongoing large scale developments, including Estates and Technology Transformation Fund (ETTF) schemes and modernising premises that are not fit for purpose

#### Still to do

- · Roll out prioritised workstreams, including application rationalisation
- · Remove unnecessary manual intervention, variation and duplication which creates extra work for staff
- Continue investing in equipment (within financial limits)

#### Still to do

- Plan to increase and maintain nursing workforce - looking ahead 10 years at potential retirement
- Plan for recruitment and retention of GPs to supplement the GP workforce
- Ensure all staff including ARRS are working in supportive cultures that motivate them to stav
- · Develop skill sets to bring together diverse primary care teams

# Next steps



## **Engagement**

We want to engage as many people as we can throughout March and ask their views on;

Are the rights areas to focus on?

ນ When do we mean by prevention?

₩h₩ does good access look like?

What does good continuity of care mean for patients?

How should the strategy address inequalities?

## Borough plans

Boroughs are working on delivery plans in collaboration with clinical leaders;

- Proactive care
- Prevention
- Access
- Workforce (SWL wide)
- Digital (SWL wide)
- IT (SWL wide)
- Estates (SWL wide)



## Governance

Aim to take to the ICB Board in May 2023 to get their support and to recognise the achievements of primary care along with the support needed to deliver on our aims.

Each borough, via local governance will be responsible for implementing their own agreed actions.