Primary Care Strategy

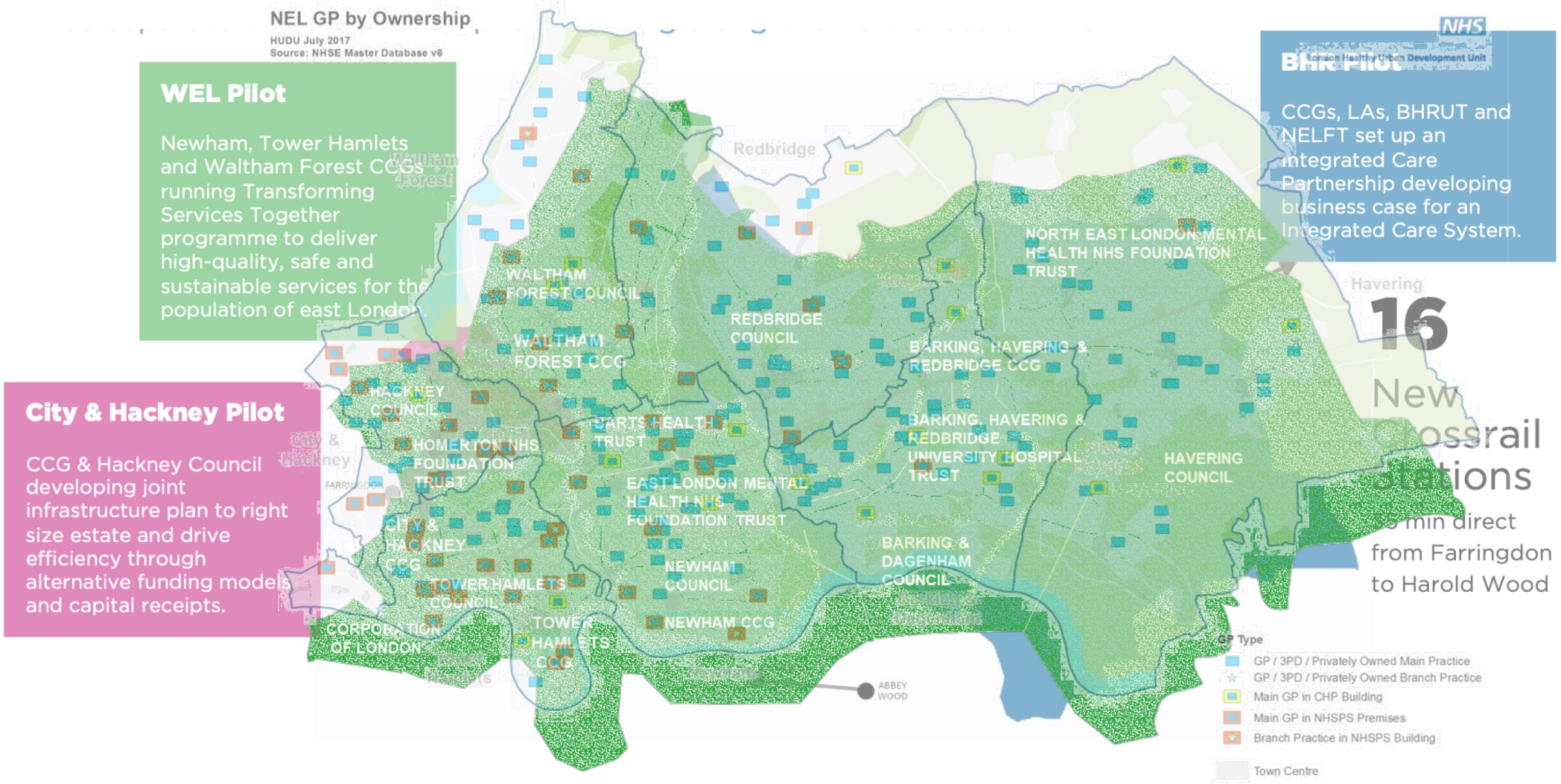
NORTH EAST LONDON

Strengthening Primary Care in North East London

May 2019

East London Health & Care Partnership

Key requirement of LTP
based on 7 existing primary care strategies
Common thread of place based person centred care
combined with NHS Long term plan requirements
Emphasises on the development and maturity of primary care mainly in NMs of working - quality improvement - workforce also considering supporting pc to increase capability and capacity to dleiver person centred care



Our Chairs - Clinical Commissioning Groups

East London Health & Care Partnership

Dr Atul Aggarwal
Chair, Havering
Clinical Commissioning Group

Dr Mark Ricketts
Chair, City and Hackney
Clinical Commissioning Group

Sir Sam Everington
Chair, Tower Hamlets
Clinical Commissioning Group

Dr Jagan John
Chair, Barking & Dagenham
Clinical Commissioning Group

Dr Anwar Khan
Chair, Waltham Forest
Clinical Commissioning Group

Dr Anil Mehta
Chair, Redbridge
Clinical Commissioning Group

Dr Muhammed Naqvi
Chair, Newham
Clinical Commissioning Group

East London Health & Care Partnership

”Person-centred, integrated and comprehensive care delivered by sustainable general practice, that forms the cornerstone of our integrated care systems”.

North East London Primary Care Vision

Purpose and Content

This document builds on individual primary care strategies and progress made in each borough against GPFV delivery in north east London and sets out a vision for primary care in NEL. It outlines the plan for continuing delivery against GPFV and sets key deliverables against NHS long term plan by 2021. The strategy is also a response to NHS long term plan requirement of an STP/ICS primary care strategy to ensure the sustainability and transformation of primary care and general practice as part of the overarching STP priorities to improve population health; and which engages CCGs and primary care providers in its implementation.

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Foreword

Our journey towards integrated care systems started in 2016, when 20 organisations in North East London came together to develop a sustainability and transformation plan. Our joint vision and priorities formed the basis of our partnership working across organisational boundaries and placed general practice and our population at the heart of future integrated care systems in north east London.

We remain committed to the sustainability of our list-based primary care services and will ensure a consistent high quality primary care service across NEL. General practice is the bedrock of our integrated care systems and with the publication of NHS long term plan (LTP), we will ensure that our federations and networks are mature and ready to deliver population based outcomes contract by 2020.

We have many assets in primary care. Our clinical leadership's experience, innovation and commitment to make tangible differences for patient's care is exemplary. Our staff remain motivated and enthusiastic to deliver change despite sometimes working in ambiguity. Our relationships across organisations are going from strength to strength and we are on the road to successfully improve the health and well being of our population.

It is no secret that we need better coordinated services, delivered efficiently with best value for money. The core of this ambition starts in primary care, integrating into community, social and voluntary services with acute hospitals only dealing with complex cases. We have come a long way in meeting some of our challenges but many remain.

Over the next two years, we are faced with unprecedented pace of change in primary care. It is not only challenging our way of working, but also the way we approach things.

Ceri Jacob
Managing Director, BHR CCGs
SRO, NEL Primary Care

Anwar Khan
CCG Chair, Waltham Forest
CRO, NEL Primary Care

No doubt, it will be difficult but it's also exciting. We will need to push our boundaries, challenge our abilities and support each other to develop new skills.

This strategy builds on the existing seven primary care strategies across NE London and gives us a framework for delivery as outlined in GPFV and NHS LTP. Our core values of placed based person centred care remains the same, but we now have more support to deliver our vision.

Our vision of making NE London a place with consistent high quality of care, a dedicated, motivated and multi-skilled workforce with the healthiest and happiest population in England is getting closer to realisation but we can only achieve this by continuing to work together and support each other.

Executive Summary

In October 2014, the *NHS Five year forward View* set the strategic direction for health economies in England and made primary care a priority with a promise of new funding. Subsequent national and regional (London) frameworks reinforced the primary care objectives and in January 2019, the NHS long term plan was published outlining a blueprint for NHS for the next 10 years with focus on prevention, improving services for patients and finally abolishing the divide between primary and community services.

The NEL STP *(published in 2016)* outlined six key priorities to be addressed collectively across NEL, delivered through a place based care model embedded in primary care, seamlessly integrated with community services.

Our Challenges

NEL is an area with significant health and wellbeing challenges. Our population is set to grow by 18% in the next fifteen years, and five out of our eight boroughs are in the lowest quintile for deprivation in the UK. Health inequalities are high, with many residents challenged by poor physical and mental health driven by factors such as smoking and childhood obesity. People frequently move around the patch and are highly dependent on secondary care.

Adding to the above, a reducing workforce in primary care *(more than 25% of GPs being beyond retirement age in one borough),* rising demand in GP appointments, varied primary care quality across NEL *(87% rated good vs 92% for London STPs),* considerable variation across NEL in no. of GPs per 10k population ratio *(4.5 in Redbridge – 6.5 in City & Hackney)* and varied levels of historic investments in primary care makes our challenges unique and places significant pressure on our local services.

Furthermore, our total system financial challenge in a *'do nothing*' scenario would be **£578m** by 2021. Achieving ambitious 'business as usual' cost improvements as we have done in the past would still leave us with a funding gap of **£336m** by 2021. To help reduce this gap, we have identified a range of opportunities and interventions through the STP, with primary care the key enabler.

Where we are

A primary care stocktake was undertaken in June 2018 to give us a clear picture of our progress. This strategy and the three delivery work streams for Quality and Efficiency, New Models and Primary Care Workforce are a direct result of the stocktake recommendations.

Our primary care vision is "**Person-centred, integrated and comprehensive care delivered by sustainable general practice, that forms the cornerstone of our integrated care systems".**

Quality - Since 2015, substantial clinically led progress has been made in primary care development across north east London. Practices have been engaged in various resilience and QI programmes, significantly improving primary care quality across NEL (evidenced by improved CQC practice ratings in NEL).

New models – Over the last 10-15 years, general practice has undergone a major shift to a more collaborative and scaled-up way of working. Across NEL, geographically aligned practices are generally grouped together to lay the foundations of our integrated care systems. These groupings are locally referred to as *neighbourhoods, clusters or localities,* covering 30k-80k population with an overarching GP membership organisation *(Federation)* in each borough to potentially deliver economies of scale and better coordinated care.

We expect our localities to form primary care networks as outlined in the NHS Long Term Plan (LTP), which not only endorses this primary care network working, but has also included it in GP contracts for 2019/20 onwards. This requires a greater pace of change in primary care than before and close working between commissioners and providers.

Across NEL, transformational funding has been used to improve primary care providers' governance, IT, network development and quality improvement. Boroughs such as City and Hackney and Tower Hamlets are leading the way in provider development and we are making sure that other boroughs are benefiting from their experience and good practice.

Through New Models work stream, we need to establish how best our network populations fit with the NHS LTP requirement of 30k-50k and corresponding primary care network workforce.

Furthermore, work is in progress to achieve full coverage for online consultations, explore digital innovations and extended access across NEL.

Workforce – An analysis of primary care staff FTE per 100,000 population highlights the scale of the challenge facing NEL in primary care workforce. In NEL, admin (non-clinical), direct patient care, GPs and nurses are on average 16%, 40%, 14% *(with the exception of City and Hackney and Tower Hamlets)* and 62% less than the England average.

To mitigate against these challenges, we have undertaken an in depth analysis of GP recruitment and retention issues through literature reviews and focus groups and developed a NEL GP retention framework, which has formed the basis of various GP retention schemes across NEL.

Executive Summary

Number of primary care admin staff have already been trained in different skills including sign posting, social prescribing and helping patients with self care. Additional training has been provided to support GPs in admin tasks and further training is planned across NEL.

International GP recruitment has not been as successful as initially planned, however, further recruitment is in progress in collaboration with NHSE and HEE.

Achieving our Vision

An ELHCP Primary Care Transformation Team has been set up to support delivery of the three main delivery work streams as mentioned above, and two task and finish groups *(Finance and Governance included in appendix V).* A primary care transformation board ensures governance and accountability to the STP and a provider forum provides insights and feedback from the primary are provider landscape. The work streams include delivery of NHS long term plan as well as local ambition and vision, especially support and development of primary care networks to deliver new GP network contract and Directed Enhanced Service (DES).

Not withstanding the requirements outlined in GPFV, NHS LTP and specifically GP network contract DES, we are also committing ourselves to 5 key aspirations in each of the delivery work streams to ensure a solid foundation for a sustainable delivery. *Our success measures are included in appendix IV.*

Quality and Efficiency – We will strengthen primary care by embedding a quality Improvement culture across NEL;

Quality improvement has been the main focus across NEL and while patients have access to a number of excellent, high quality primary care services across NEL, as a whole, north east London needs to make significant progress to ensure consistent high quality and equality of access.

Our 5 quality aspirations to be delivered by 2021;

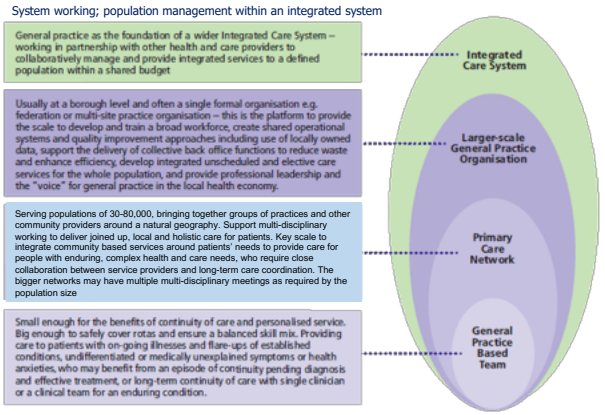
- We will aim to achieve a CQC rating of good or outstanding for 95% of practices in each borough.
- We will aim to have at least one QI expert per network
- We will ensure workflow optimisation in each practice across NEL
- We will develop a NEL wide QI methodology to ensure consistent quality across the STP
- We will aim to implement best practice key principles for at least 5 care pathways across NEL within the available local resources to ensure consistent access and quality of services

We will bring our learnings from the various QI initiatives across NEL under quality and efficiency work stream and support each other in the delivery of consistent high quality care across NEL.

New models - We will develop new models, optimising digital innovations, at-scale working and learnings from new developments to deliver population based comprehensive care.

During 2018/19, considerable work has been done to form the basis of new ways of working across NEL. We have adopted the system working outlined in '*Strategic commissioning framework – next steps'* with GP federations development being fundamental to the delivery of network contracts.

We will continue our progress towards provider maturity, ensure network development as outlined in NHS LTP and explore new and innovative models of care through new models of care work stream.



Our STP primary care estates strategy outlines the development of good quality, cost effective flexible estates infrastructure to support the delivery of new models of care over the next 5-20 years. Even though our hospitals and primary care premises are at full capacity, we have around 60% free capacity in our community estates. We will explore maximising this capacity through new models.

As well as the practice redesign work facilitated by the Digital Accelerator site (Waltham Forest) and the requirements set out in the latest GP contract, some of the key developments underpinning the future ways of working in Primary Care are;

- Expanding the use of e-Referral Service to include other specialities in acute, community and mental health services
- Expansion of the east London Patient Record (e-LPR) into BHR and connecting to the rest of London via the 'One London' Local Health and care record exemplar
- Comprehensive use of electronic ordering of pathology and radiology
- Redesign of Outpatients including the use of 'Advice and Guidance' and the e-LPR

Executive Summary

Our 5 new models aspirations to be delivered by 2021;

- We will have mature federations in each borough delivering population based outcomes via networks
- Each network will have evidence of their response to their population demographics and needs
- Network Clinical Directors will be represented at appropriate system levels to reduce unwarranted inequalities
- We will have standard policies and procedures for all federations, so that all staff are treated and supported equally
- In addition to online consultations, we will have at least one more digital tool (e.g. online referrals) in each practice

- The roll out of NHSMail, access to patient records including discharge summaries and Co-ordinate My Care in nursing homes
- Expanded use of Co-ordinate My Care to support patients towards the end of their life

Primary care workforce - We will make NE London a desirable place to work and train in primary care.

During 2018/19, our focus has been on understanding and developing GP and GPN retention and recruitment models.

We will continue to implement our learnings for GPs and GPNs recruitment and retention across NEL and will expand our focus on wider primary care workforce recruitment and development as outlined in NHS long term plan.

We will work closely with the new models group to develop flexible network based workforce operational models across NEL.

Although there has been a consistent improvement in primary care data quality including GPNs across NEL with percentage of practices requiring estimation (NHS Digital) dropping from 26.7% in September 2015 to 8.4% in September 2018, the data quality will need to improve further to enable effective workforce modelling.

Alignment with wider system programmes

Since the development of NEL STP, there are multiple integration and improvement programmes running across the 7 CCGs. These programmes are delivering a wide range of national and local priorities with patient centred comprehensive care as a consistent theme across all. Across NEL, integrated care programmes have been bringing primary, community and secondary care closer together by redesigning pathways and embedding new ways of working.

Our 5 workforce aspirations to be delivered by 2021;

- We will aim to implement a local salaried portfolio scheme for new and existing GPs across all boroughs
- We will ensure continuous professional development opportunities for each professional category across NEL
- HEE and local CEPNs will develop an STP primary care workforce training hubs at locality level to support the development and realisation of educational programmes for primary and community care workforce at scale
- We will model our future primary care workforce requirement to ensure proactive recruitment.
- We will develop innovative primary care employment models via workforce modelling tool.

It is crucial for us to ensure that the integrated care developments closely align with primary care networks developments across NEL to achieve our vision of General Practice as the cornerstone of our integrated care systems.

We will ensure that we work closely with the wider system programmes to avoid duplication and underpin the culture change in NEL.

Without the complete alignment and collaborative working with wider system programmes we will not be able to deliver our vision fully and are in danger of delivering success in patches.

To deliver our vision and meet the financial challenge, we not only have to keep the pace of change but also explore the avenues beyond our individual organisational boundaries. This demands collaboration and transparency between commissioners and providers at an unprecedented level and we believe that through growing relationships and trust in NEL, we can meet this challenge.

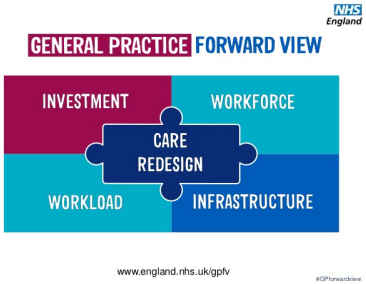
Jane Lindo
Director of Primary Care
North East London STP

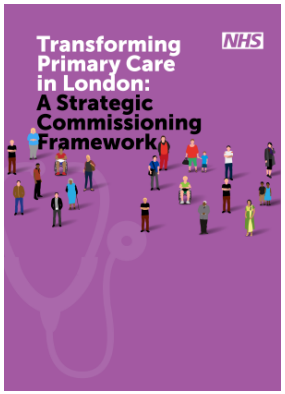
East London Health & Care Partnership

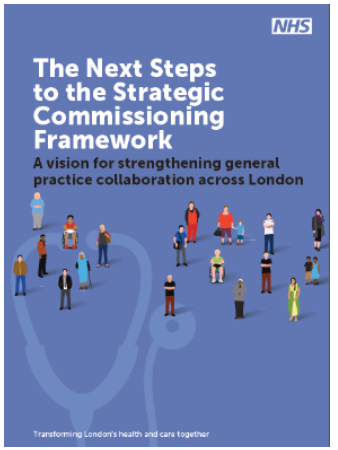
CHAPTER 1

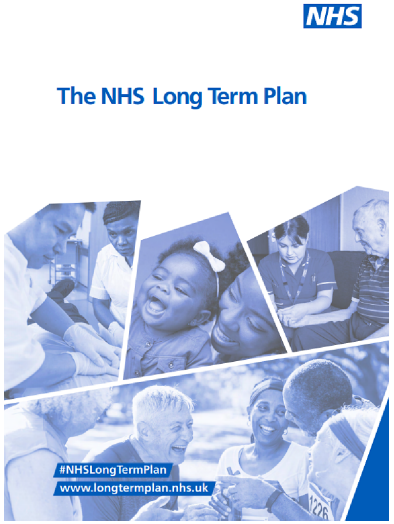
Context and Vision

- National Context
- London Context
- Local Context
- Our Vision









National Context

In line with the FV and GPFV, on 7th January 2019, *NHS long term plan (LTP)* was published outlining a blueprint for NHS for the next 10 years with focus on prevention, improving services for patients and finally abolishing the divide between primary and community services.

Furthermore, the GP network contract and Directed Enhanced Services (DES) specifications were published on 29th March 2019, with three key parts;

1. National Network Service Specifications
2. National schedule of Network Financial Entitlements
3. Supplementary Network Services

Key primary care headlines from the LTP are:

- ✓ Increased funding by at least £4.5bn by 2023/24
- ✓ Development of Primary Care Networks (PCNs) based on neighbouring GP practices covering 30-50k population
- ✓ Development of multidisciplinary integrated community teams aligned with primary care networks, comprising a range of staff including GPs, pharmacists, district nurses, Community geriatricians, dementia workers, allied health professionals, joined by social care and voluntary sector
- ✓ On-going training provided for multidisciplinary teams
- ✓ Community health crisis response service to deliver the service within 2 hours of referral in line with the NICE guidelines. Reablement care to be delivered within 2 days of referral to patients who are judged to need it
- ✓ PCNs to receive a new 'shared savings' scheme to benefit from reduction in A&E avoidable attendances and admissions
- ✓ Individual practices to enter into a multi-year network contract as an extension to their existing contract and have designated network fund through which all resources will flow
- ✓ CCGs to add all locally enhanced services' contracts to network contracts
- ✓ Enhanced health in care homes vanguard scheme to be fully rolled out – linking PCNs to care homes with named GP support for all patients and networks collaborating with emergency services on out of hours care
- ✓ All patients to have the right to access GP consultations via telephone or online within five years
- ✓ LTP funding made available for tackling health inequalities
- ✓ NHS 111 to start booking into General Practice as well as refer on to community pharmacies from 2019
- ✓ Development of a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111
- ✓ 111 Clinical advice service to act as single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care, by 2023
- ✓ Social prescribing, a personal health budget and new support for managing their own health in partnerships with patient's groups and voluntary sector.
- ✓ PCNs to assess their local population by risk of unwarranted health outcomes and working with local community services to provide support to people who most need it
- ✓ By 2020, five geographies, including London, will deliver a longitudinal health and care record platform linking NHS and local authority organisations, three additional areas will follow in 2021
- ✓ In 2020/21, people will have access to their care plan and communications from their care professionals via the NHS App; the care plan will move to the individual's LHCR across the country over the next five years
- ✓ By 2023/24 every patient in England will be able to access a digital first primary care offer

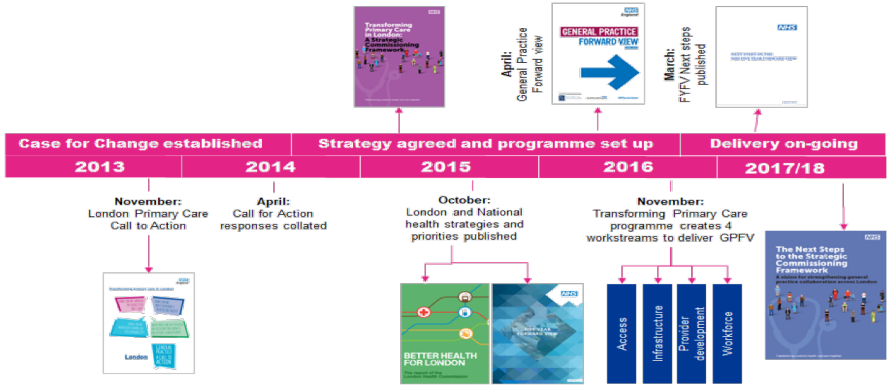
The LTP is further supported by the *NHS planning guidance for 2019/20 operational plans*, emphasising the existing commitments in FYFY will continue to be implemented up to 2020/21.

Locally, in North East London, primary care networks' development will be covered under *'Framework for PCN development – next steps'* document.

London Context

There has been a significant focus on the need for change in primary care over the last 5 years. London Health Commission published its report *Better Health for London* in October 2014 alongside *NHS Five year Forward View*. Both reports set out several overlapping objectives for primary care.

London has also ben working on how some of the challenges faced by general practices can be mitigated. In 2015, *Transforming Primary Care in London: A Strategic Commissioning Framework* was launched. *(The document journey shown in diagram below)*



The *framework* highlighted three characteristics needed for general practice to thrive and deliver the care that patients need and value.

1. Proactive care – supporting and improving the health and wellbeing of the population, self-care, health literacy, and keeping people healthy.
2. Accessible care – providing a personalised, responsive, timely and accessible service.
3. Coordinated care – providing patient-centred, coordinated care and GP-patient continuity.

The framework includes several area of focus to support delivery of the specification *(shown in the diagram)* and sets out an ambitious and attractive vision of general practice that operates without borders, and in partnership with the wider health and care system. A patient and their GP should be at the heart of a multidisciplinary effort to deliver patient-centred coordinated care. This should occur in general practices which are recognised as centres in each neighbourhood, developing community resilience and supporting Londoners to stay as well and as healthy as possible.

Models of Care	• This area proposes collaborating across groups of practices, and with other partners
Commissioning	• This area outlines the importance of supporting commissioners to work together and support to CCGs taking on co-commissioning
Financial Implications	• This includes the estimated cost shift towards Primary Care required to deliver the new specifications, and the year on year funding shift to achieve this (see next slide)
Contracting	• This area looks at contractual considerations of delivering the specifications e.g. contracting at a population level
Workforce Implications	• This area looks at the need for the right roles and skills in a practice and as part of a wider team
Technology Implications	• This area looks at the ways technology could be used to deliver the specifications and maximising its use to support empowerment and innovation
Estates Implications	• This area references the findings of the London Health Commission in terms of the variability of Primary Care estate and recommendation for investment
Provider Development	• This area outlines the importance of supporting providers to deliver the specifications and some of the potential areas for development
Monitoring and Evaluation	• This area outlines ways in which tools (largely already existing) can be used to support faster adoption of best practice, as well as for commissioner assurance

The Framework focuses on 'function' not 'form' and sets out a new patient offer for all Londoners that can only be delivered by primary care teams working in new ways and by practices forming larger primary care organisations. These organisations will need to be aligned to a shared geography in support of a population health model with other health, social, mental health, community and voluntary organisations.

The next steps to the strategic commissioning framework 2018 document sets out a vision for strengthening general practice collaboration across London and outlines two main types of collaborative arrangements between practices; Large scale general practice models (LGPOs) and Primary Care Networks (PCNs).

Local Context

East London Health & Care Partnership

STP Vision

During 2016, 20 organisations across NEL have worked together to develop a *Sustainability and Transformation Plan (STP)*. The joint vision adopted is:

1. To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.
2. To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.
3. To work in partnership to commission, contract and deliver services efficiently and safely.

STP Priorities

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables placed based care and clearly involves key partners
- Using our infrastructure better

STP Delivery Model

- Integrate primary, community & social care
- Primary care at scale with developed networks
- Well informed population re available services
- Coordinated care for complex patients

Our shared framework for better care and wellbeing

Digital technology underpinning the model

Our Primary Care Vision

"Person-centred, integrated and comprehensive care delivered by sustainable general practice, that forms the cornerstone of our integrated care systems"

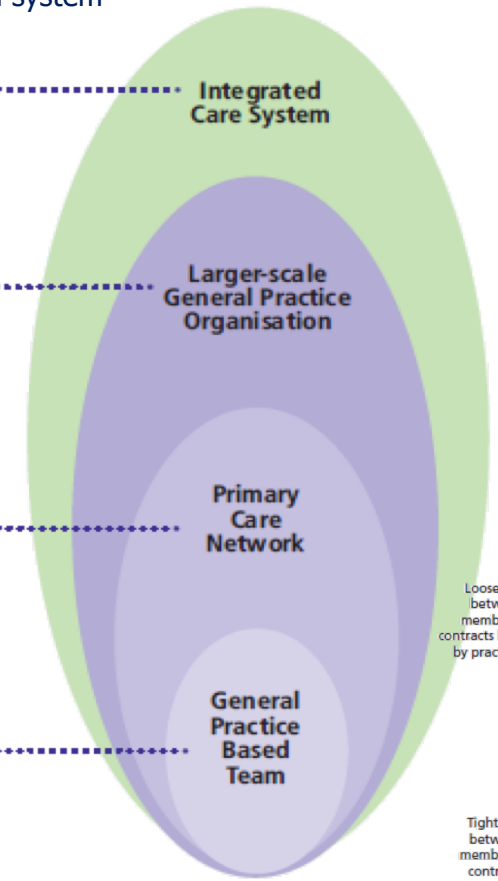
System working; population management within an integrated system

General practice as the foundation of a wider Integrated Care System – working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

Usually at a borough level and often a single formal organisation e.g. federation or multi-site practice organisation – this is the platform to provide the scale to develop and train a broad workforce, create shared operational systems and quality improvement approaches including use of locally owned data, support the delivery of collective back office functions to reduce waste and enhance efficiency, develop integrated unscheduled and elective care services for the whole population, and provide professional leadership and the "voice" for general practice in the local health economy.

Serving populations of 30-50,000, bringing together groups of practices and other community providers around a natural geography. Support multi-disciplinary working to deliver joined up, local and holistic care for patients. Key scale to integrate community based services around patients' needs to provide care for people with enduring, complex health and care needs, who require close collaboration between service providers and long-term care coordination.

Small enough for the benefits of continuity of care and personalised service. Big enough to safely cover rotas and ensure a balanced skill mix. Providing care to patients with on-going illnesses and flare-ups of established conditions, undifferentiated or medically unexplained symptoms or health anxieties, who may benefit from an episode of continuity pending diagnosis and effective treatment, or long-term continuity of care with single clinician or a clinical team for an enduring condition.

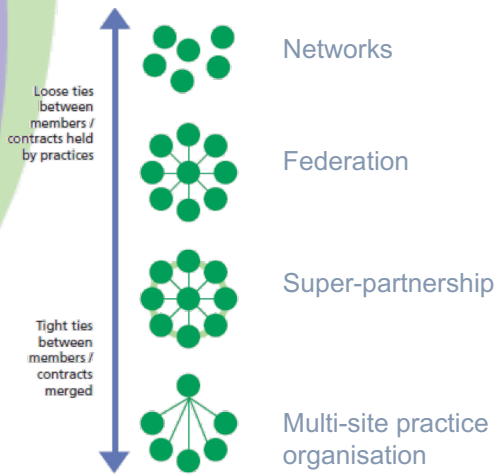


Appendix VI shows various levels of integrated health and care system in NEL and highlights the primary care development under this strategy.

Collaborating to Strengthen General Practice

- A strong general practice voice in the provider landscape
- Strengthened practice resilience
- Effective system partnerships
- On-going quality improvement
- Economies of scale
- Workforce development
- New population based approaches to care
- Innovative approaches to care provision
- Adopting new technology

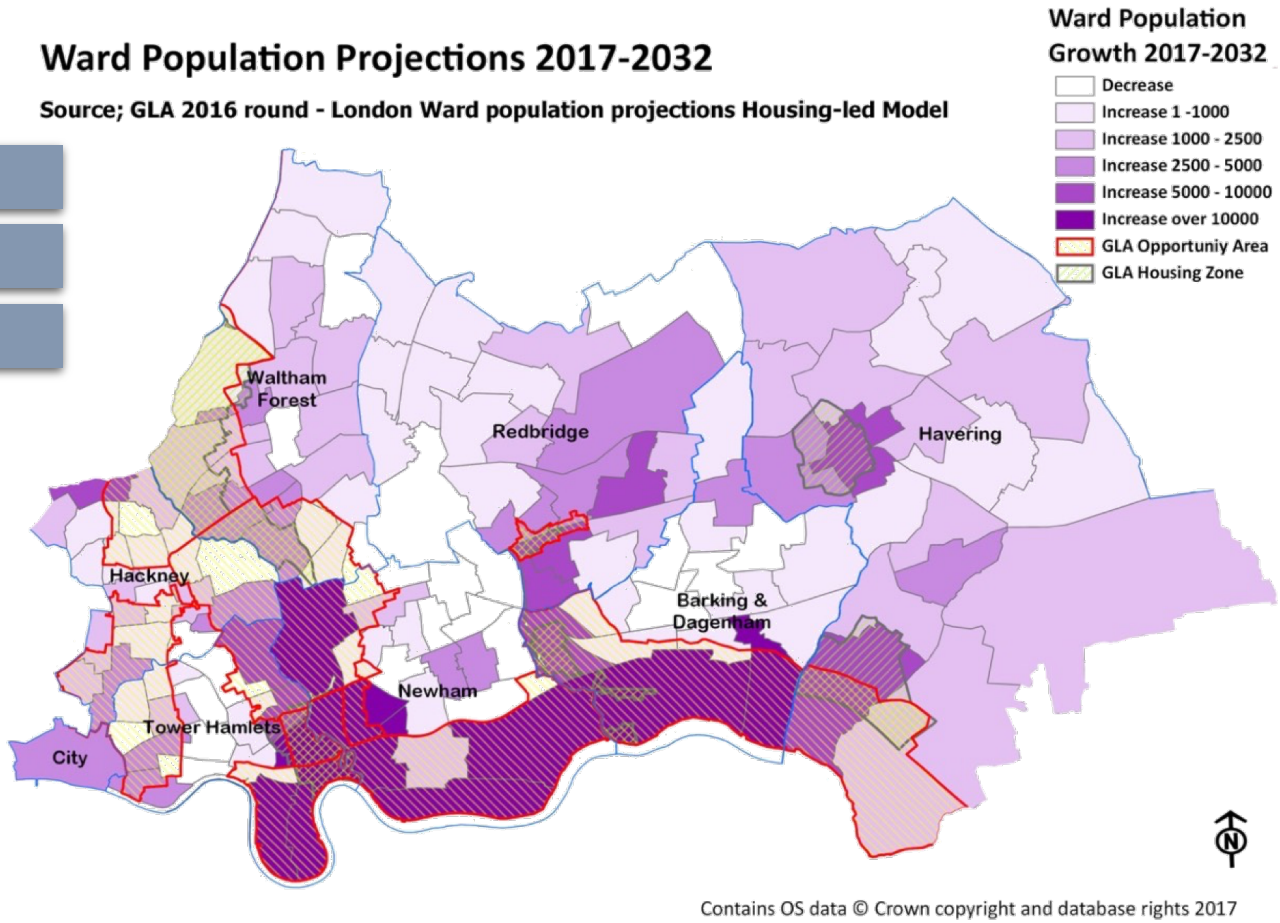
Large Scale GP Organisational Forms



CHAPTER 2

Our Challenges

- Our Challenges as a System
- Our Challenges in Primary Care
  - Quality & Efficiency
  - New Models
  - Primary Care Workforce



Our Challenges as a System

East London Health & Care Partnership

- North East London STP consists of 8 boroughs and covers a population of over 2 million people
- High health inequalities with many residents challenged by poor physical and mental health, life expectancy & life lived with poor health
- Significant projected increase in population of about 345,000 by 2031 *(6.1% in 5 years, 18% over 15 years)*, equivalent of an extra borough
- Challenge in securing the primary care workforce with example of more than 25% of GPs being beyond retirement age in one borough
- Highly mobile population with significant dependence on secondary care and high practice list turnover, generating even more demand
- Significantly below national average on Patient Survey for success in getting an appointment and ease of getting through on the phone
- Highly diverse population with varying healthcare needs.
- Significant deprivation *(5 of the 7 boroughs are in the worst index of multiple deprivation quintile)*
- Higher rates of obesity among children starting primary school than the averages for England and London
- Demand for appointments rising with GP consultation rates increasing, especially for over 74s (*see references for research study)*
- Varied primary care quality across NEL *(87% rated good vs 92% for London STPs)*
- High variation across NEL in no. of GPs per 10k population ratio *(4.5 in Redbridge – 6.5 in C & H)*
- Considerable variation in historic investment and staffing levels in primary care across NEL
- System financial challenge of £578m by 2021

Health and wellbeing challenges

Demographics

- There is significant **deprivation** (five of the eight STP boroughs are in the **worst Index of Multiple Deprivation quintile**). Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is a significant **projected increase in population** of 6.1% in five years and **18% over 15 years**. This population is also highly mobile, with residents who frequently move within and between boroughs.
- There are significant health inequalities across NEL and within boroughs, in terms of **life expectancy** and **years of life lived with poor health.**

Wellbeing

- NEL has higher rates of **obesity among children** starting primary school than the averages for England and London. All boroughs have cited this as a priority requiring system-wide change across the NHS as well as local government.
- **Health inequalities** remain a significant issue in NEL with diabetes, dementia and obesity all disproportionately affecting people in poverty.
- NEL has generally high rates of **physically inactive adults.**

Long-term conditions

- There is an increased risk of mortality among people with **diabetes** in NEL and an increasing 'at risk' population. The proportion of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is variable. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).
- **Cancer screening uptake** is below the England average and emergency presentation is 5% higher than the national average.

Mental health

- With a rising older population, continuing work towards early diagnosis of **dementia** and social management will remain a priority. Two of seven CCGs are not hitting the **dementia diagnosis target.** Right Care analysis identified that for NEL, rates of admission for people aged over 65 with dementia are poor.
- Most CCGs, but not all, are meeting **Improving Access to Psychological Therapies (IAPT) access targets.**
- Parity of esteem has not yet been achieved across NEL.
- Acute mental health indicators in the Mental Health task force report identify good performance, however **concerns have been identified with levels of new psychosis presentation.** Further work is required to quantify and respond to challenges such as **high first episode psychosis rates.**
- There is a **low employment rate** for those with mental illness.

Our Challenges in Primary Care

The implementation of our framework for better care and wellbeing as outlined in our STP and the delivery of NHS long term plan, require a radical transformation of primary care to lead the progression and development of a successful Integrated Care Systems across NEL.

- At present primary care is under unprecedented strain, nationally demand for appointments has risen about 13% over the last five years, recently there has been a 95% growth in the consultation rate for people aged 85-89.
- In response to a BMA survey of 3,000 GPs last year, over half of respondents consider their current workload to be unmanageable or unsustainable; and over half rated their morale as low or very low.
- The primary care workforce is aging and facing a 'retirement bubble' which has the capability to put the system under greater strain.
- Currently there is little support for struggling GP practices, with an increased number of practices facing closure or serious viability issues.
- Significant unwarranted variation in outcomes between practices is a concern, there is little standardisation of practice and collaboration between GPs is very variable.
- Although aligning back office functions have been explored, economies of scale have yet to be delivered in practice.
- Primary care workforce data quality is inconsistent, which is fundamental to any workforce modelling, future planning and developing new models
- Estates, a key enabler of primary care transformation, is not fully aligned with the programme. Acute and GP premises close to 100% utilisation, however, only 40% of community assets being currently used.

Quality & Efficiency

- Lowest overall ratings and lower number of practices rated as good, 87%, compared to other London STPs average of 92%.
- Implementation of productive workflow optimisation in each practice across NEL.

New Models

- Large scale provider organisations' maturity across NEL
- Primary Care Networks development based on progress to date across NEL
- Local Primary Care Networks governance, operational and delivery models
- Additional network workforce recruitment and ways of working
- Online consultations implementation in each practice across NEL
- Primary Care Networks alignment with community services and digital innovations
- Digital innovations exploration
- GP extended access delivery by network
- 100% community assets utilisation (current 40%)

Primary Care Workforce

- Retention and recruitment for primary care workforce
- Wider primary care workforce average per 100,000 population considerably lower than England average

East London Health & Care Partnership

CHAPTER 3

Achieving Our Vision

What we will do …

- Achieving our vision – snapshot
- Quality & Efficiency
- New models
- Primary Care Workforce

Health & Care Community Teams + Primary Care

How will we achieve our vision?

East London Health & Care Partnership

Our delivery Work streams

Quality & Efficiency

- Strengthening primary care by embedding a quality Improvement culture across NEL – Practices to undertake formal QI programmes
- Supporting practices with workload by delivering 10 High Impact Actions
- Access hubs & practices linking into new Integrated Urgent Care service

Recruit & retain workforce

- Local initiatives to support retention such as careers fares for newly trained GPs
- Make north east London a really desirable place to train and work in Primary Care
- Workforce modelling - developing new roles across at scale primary care teams: E.g. physicians assistants, clinical pharmacists, portfolio careers for new GPs.

News models At-scale working

- Developing at scale providers for key role in Integrated Care Systems – leading on QI agenda
- Developing Primary Care Networks for population health approach
- Delivering extended access and digital solutions
- Maximising existing estates in line with developing models and expanding east London patient record to all NE London practices

Task & Finish Groups

Finance & Governance

- Identify value for money initiatives and NEL wide enhanced services
- Greater collaboration across CCGs – consistent approach to delegated primary care commissioning

Enablers

New ways of commissioning – Ensuring best value for money in line with our strategic objectives and vision

Estates – Ensuring that there is sufficient capacity within primary care estates

Digital – Maximizing use of digital technology to manage demand and increase information access to clinicians

Communication – Ensuring NEL wide communication to share best practice

Working with integrated care programmes to ensure Integrated care systems' readiness at all levels

Workforce Data - Ensuring high quality data for modelling

Achieving Our Vision – **Quality & Efficiency**

East London Health & Care Partnership

We will strengthen primary care by embedding a quality Improvement culture across NEL

We will ensure a quality improvement culture through;

- ✓ Regular training for staff and support for appraisals and revalidations
- ✓ Regular communication, sharing good practice across NEL, and using individuals and trained QI experts.
- ✓ Business Intelligence, reviewing clinical outcomes (CEG), supporting assessment of patient experience and evaluation of staff satisfaction
- ✓ Infrastructure support in the form of web-based support, online resources (software and licences)
- ✓ Involving patients as partners in evaluating and improving care at the network level.
- ✓ Establishing quality improvement values for each network
- ✓ Creating opportunities for engagement and sharing at network level
- ✓ The use of information to drive improvement
- ✓ We will work with the new quality improvement domains to ensure consistency across NEL

Our top five aspirations to be delivered by 2021:
✓ We will aim to achieve a CQC rating of good or outstanding for 95% of practices in each borough by 2021.
✓ We will aim to have at least one QI expert per network by 2021
✓ We will ensure workflow optimisation in each practice across NEL
✓ We will develop a NEL wide QI methodology to ensure consistent quality across the STP.
✓ We will aim to implement best practice key principles for at least 5 care pathways across NEL within the available local resources to ensure consistent access and quality of services

Through Quality Improvement schemes, we will;

- Reduce unwarranted inequalities in health outcomes
- Reduce health inequalities of equitable services by addressing variation
- Provide right care at the right time in the right place
- Ensure network clinical directors lead the quality improvement plans across networks
- Enable GPs to spend more time with patients
- Support our practices to better manage their workload and work more efficiently
- Embed a culture of improvement and innovation across NEL
- Increase multi-skill professionals in practices

Achieving Our Vision – **New models**

East London Health & Care Partnership

We will develop new models, optimising digital innovations, at-scale working and learnings from new developments to deliver population based comprehensive care.

What are we trying to do?

- ✓ Put in place seamless care (for both physical and mental health) across primary care and community services.
- ✓ Develop primary care networks (PCNs) with wide-reaching membership including community pharmacy, optometrists, dental providers, social care providers, voluntary sector organisations, community services providers and local government, led by groups of general practices.
- ✓ Deliver care as close to home as possible, with networks and services based on natural geographies, population distribution and need rather than organisational boundaries.
- ✓ Integrate more clinically-appropriate secondary care in primary care settings aligned with PCNs.
- ✓ Ensure PCNs form the core of our integrated care systems and PCN clinical leads are appropriately represented across the health and care system in NEL
- ✓ Assess population health - focusing on prevention and anticipatory care – with other system partners.
- ✓ Promote and support self-care wherever appropriate
- ✓ Build from what people know about their patients and their population
- ✓ Because we want to make a tangible difference for patients and staff alike, with:
  - improved outcomes and an integrated care experience for patients;
  - more sustainable & satisfying roles for staff, & development of multi-professional teams
  - a more balanced workload

Achieving Our Vision – **New models**

East London Health & Care Partnership

We will develop new models, optimising digital innovations, at-scale working and learnings from new developments to deliver population based comprehensive care.

Key features – NEL Primary Care Network

Network Functions

- ✓ Improve equity, access and quality
- ✓ Address variation/unmet need
- ✓ Joined up services in terms of components of care and who is providing it
- ✓ Proactive so focussed on prevention and predictive interventions for those at risk
- ✓ Sharing control e.g. personalised care, self care
- ✓ Educator/deliver health and well being
- ✓ Harness wider community assets through effective collaboration and navigation

Key Participants

- ✓ General practice/Federations
- ✓ Social care providers
- ✓ Community health service providers
- ✓ Mental health services
- ✓ Wider primary care e.g. pharmacy
- ✓ Care homes
- ✓ Voluntary sector
- ✓ Linkages to services provided to wider population e.g. hospitals, integrated care etc
- ✓ Other community organisations

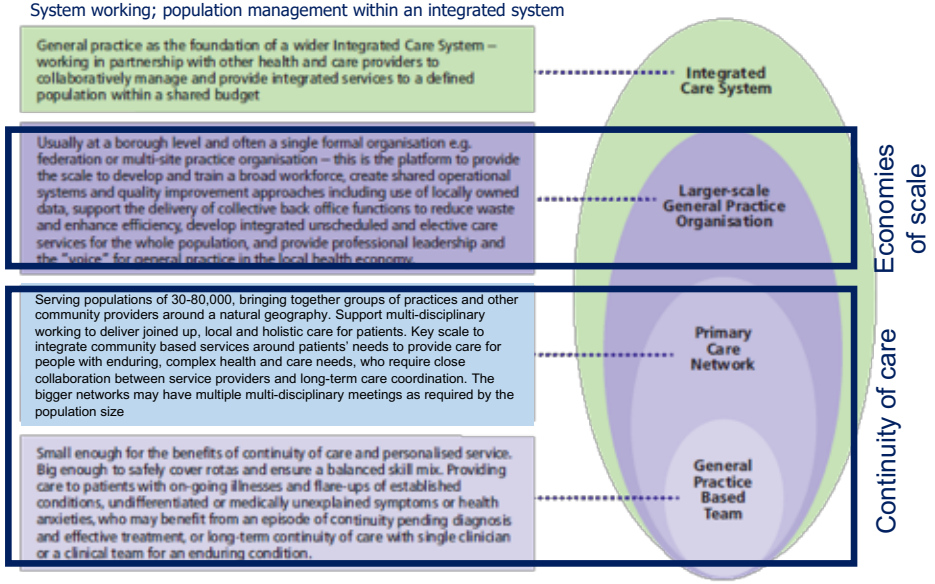
Enablers

- ✓ Analytics (understand variation, demand & capacity modelling)
- ✓ Workforce development, recruitment and retention
- ✓ Shared decision making structures
- ✓ Systematic approach to QI
- ✓ Connected IT and data sharing
- ✓ Pooled resources
- ✓ Commissioning and contractual approaches
- ✓ Approach to estates – some services may be provided in hubs to greater population than individual practice

Outcomes for Networks

- ✓ To be set at system, borough and network level involving residents, patients/users, partners
- ✓ Focussed on improving the health and well being of the population through integrated models of care and ways of working
- ✓ Based on population health and needs analysis
- ✓ DES defined service specification

System working; population management within an integrated system



In addition to NHS long term mandated deliverables;

Our top five aspirations to be delivered by 2021:
✓ We will have mature federations in each borough delivering population based outcomes via networks
✓ Each network will have established their top 2 domains focus based on population needs and analysis
✓ Network Clinical Directors will be represented at appropriate system levels to reduce unwarranted inequalities
✓ We will have standard policies and procedures for all federations, so that all staff are treated and supported equally
✓ In addition to online consultations, we will have at least one more digital tool (e.g. online referrals) in each practice

Achieving Our Vision – **Primary Care Workforce**

East London Health & Care Partnership

We will make NE London a desirable place to work and train in primary care

- ✓ We will use the existing workforce modelling tool to understand the approximate requirement of primary care workforce in NEL.
- ✓ We will define the future composition of our primary car workforce based on local baseline, workforce modelling, new models and population needs.
- ✓ We will work closely with new models of care group to develop a recruitment and retention model for wider primary care workforce.

Our top 5 aspirations to be delivered by 2021:

- ✓ We will aim to implement a local salaried portfolio scheme for new and existing GPs across all boroughs
- ✓ We will ensure continuous professional development opportunities for each professional category across NEL
- ✓ HEE and local CEPNs will develop an STP primary care workforce training hubs at locality level to support the development and realisation of educational programmes for primary and community care workforce at scale
- ✓ We will model our future primary care workforce requirement to ensure proactive recruitment
- ✓ We will develop innovative primary care employment models via workforce modelling tool

GP recruitment and retention

- We will implement our retention model across NEL to provide GPs with appropriate support in managing their workload and give them flexible career options
- We will implement learnings from GP workshops for new graduates and ensure a stable pipeline across NEL
- We will work closely with NHSE and HEE to provide necessary training and support for internationally recruited GPs

GPN recruitment and retention

- We will work in close collaboration with NHSE and HEE to implement GPN 10 point action plan across NEL
- We will ensure an attractive career pathway for existing and new nurse graduates in NEL
- We will bring together the findings from our GPN diagnostic work and focus groups, with key consideration given as to how we both support existing GPN leaders as well as develop and introduce a new cadre of GPN leaders across our system.

Primary Care multidisciplinary workforce

- We will develop wider primary care workforce as outlined in NHS long term plan
- From 2019, each network should have one clinical pharmacist and one social prescriber.
- From 2020, addition of first contact physiotherapists and physicians associates.
- From 2021, all of the above will increase and community paramedics will be introduced.
- by 2024 a typical network will receive 5 clinical pharmacists, 3 social prescribers, 3 first contact physiotherapists, 2 physicians associates and 1 community paramedic.

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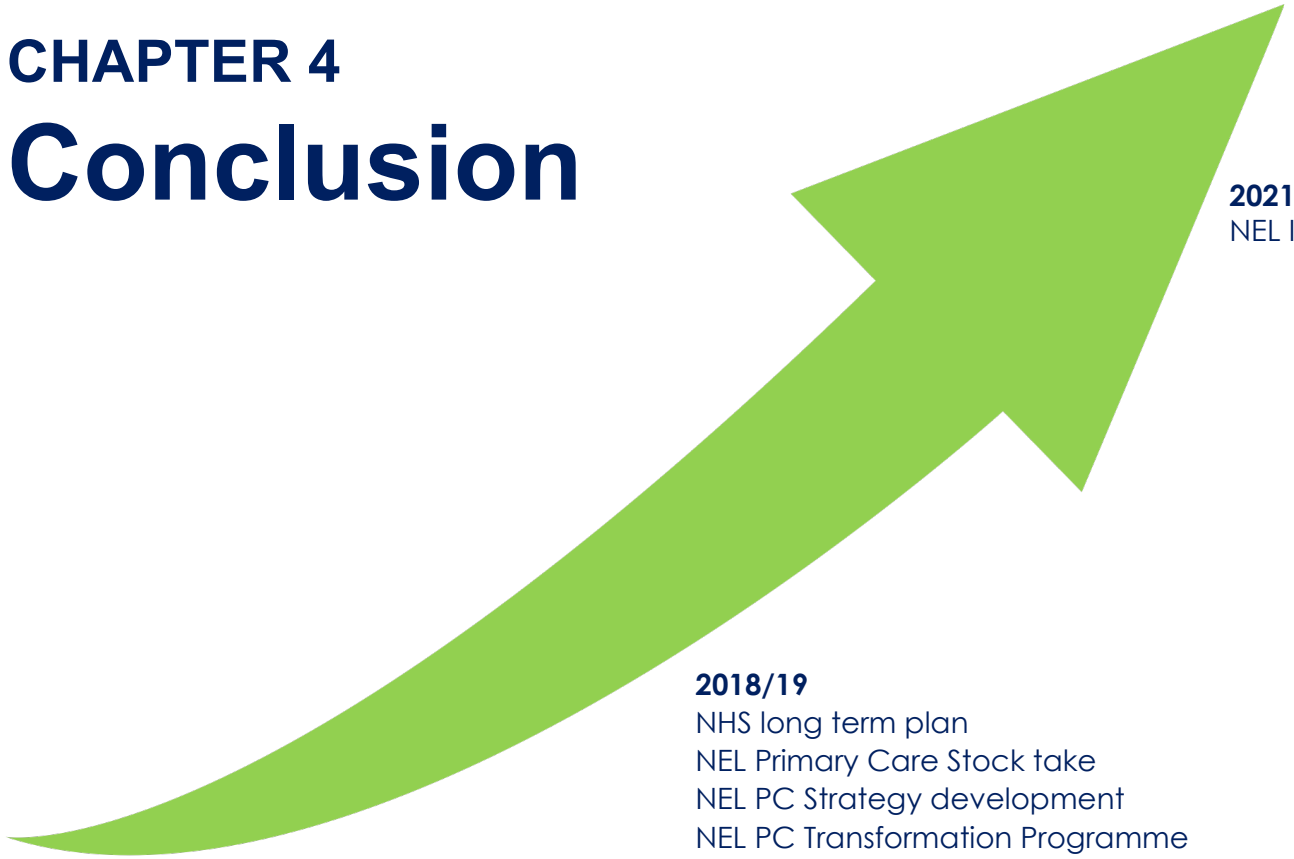
CHAPTER 4

Conclusion



2016
GPFV
STP development
NEL QI Programme start

2018/19
NHS long term plan
NEL Primary Care Stock take
NEL PC Strategy development
NEL PC Transformation Programme
NEL Network development plan
NEL PC workforce strategy

2021
NEL Integrated Care Systems

Conclusion

Primary care is the cornerstone of NEL Integrated Care System with general practice at its heart. Since the Five Year Forward View and subsequent national and regional publications, all stakeholders in NEL have come together and started laying the foundations of an integrated care system by improving all aspects of our primary care.

- ✓ Governance has been streamlined through joint strategic posts and matrix management
- ✓ Working groups have been established with collective memberships to design, develop and share initiatives and learning with each other
- ✓ Joint working and collaboration have increased between providers and commissioners with everyone signing up to one vision
- ✓ Relationships have grown stronger across NEL through close working and dedication of all staff to deliver the best quality of care to our population
- ✓ A central NEL Primary care team has been established with a mandate to support delivery of GPFV and NHS LTP - primary care transformation across NEL
- ✓ Local primary care strategies have been reviewed and brought together under this strategy (NEL Primary Care Strategy), ensuring a joint vision
- ✓ Care quality has been improved considerably since 2015, as evidenced by CQC practice ratings
- ✓ Various initiatives under high impact actions are still in progress
- ✓ Primary care clinical leads have thoroughly engaged with the process and have been integral to the quality improvement
- ✓ Local workforce recruitment and retention have been forensically examined and an NEL wide retention framework has been developed
- ✓ Wider workforce development and models of care are under development
- ✓ Close working relationships with national bodies have been developed, ensuring the alignment of local and national strategic direction

Despite considerable progress, we recognise that we have a long way to go to achieve our vision of delivering high quality seamless care, enabled by new workforce models, better use of estates and resources and connected data and innovative digital technology with General Practice delivering core services and ensuring continuity of care for each individual in our population.

This strategy will provide us with our programme and delivery direction over the next 5 years until 2023/24. To achieve our ambition outlined in this strategy we need to ensure that we have clearly defined interdependencies with other programmes and strategies, such as joint commissioning strategy, joint estates strategy, Joint digital plan and strategy, NEL integrated care programme and Integrated urgent emergency care deliverables.

We need to build on our progress by creating a ‘learn not blame’ culture and support each other every step of the way. We need to develop joint structures build on strong relationships and not the other way round.

We will need a strong communication plan to not only ensure shared learning across NEL but also to highlight our successes and connect skills and talents across the board.

This transformation should result in our population having easy access to primary care through multiple mediums such as 111, digital solutions (online consultations etc.) and traditional in person appointments. The integration with community teams (integrated programmes) and network working will form a cocoon of services around our populations provided on need basis. Acute and emergency services will be provided to the most in need patient and we will have established community links in primary care to address social isolation and loneliness through voluntary and community sector.

We are excited to face the challenges ahead and continue to improve health and well being of our population.

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