

Our strategy for primary care in Harrow

Incorporating our implementation plan for the General Practice Five Year Forward View, 2018/19 to 2020/21

Executive Summary

The purpose of this Strategy and implementation Plan is to set out Harrow's local response to the challenges that are currently faced in General Practice.

The response will be through the delivery of a transformative programme for change in primary care to ensure that patients receive the highest quality care in settings close to their home and that the services we provide are strong, stable and equipped for the future.

The Strategy sets out our vision and objectives for this transformation of primary care, and sets out where we are now, and where we need to get to, in order to deliver the change we need to see.

Health and wellbeing

- The number of people aged over 85 is expected to increase by 20.7% by 2020/21 and 43.8% by 2025/26. These people are likely to have more and more complex, long term conditions
- Nearly half of our 65+ population are living alone, increasing the potential for social isolation
- 1 in 5 children aged 4-5 are overweight, 10-28% of children live in households with no adults in employment

Patient Demand

- Growing patient demand and increased activity in out of hospital and acute services
- Patient demand is outstripping our ability to deliver care
- General practice is struggling to meet the needs of urgent Primary Care and same day appointments
- This had had a negative impact on A&E Primary Care attendances and Non-Elective Admissions (NELs)
- There is variation in access to Intermediate Care Services across NW London

Finance, infrastructure and workforce

- Financial pressure across health and social care economy has left the long-term affordability and access of health care at risk
- Social Care providers struggle to provide care in the face of continued financial pressures and to recruit the necessary workforce
- Recruitment and retention in General Practice, in particular an ageing workforce, is also problematic
- The condition of much of the NHS estate in NW London is poor, and requires financial investment
- Our current IT infrastructure does not readily support the sharing of information across systems

Care and quality

- Continued financial pressure on Social Care providers risks destabilising the market and compromising quality and safety
- Inadequate access to Primary Care below the national average
- Only 60% of people with a long-term condition feel supported to manage their condition
- 23% of practices inspected by the CQC are performing below the national average
- There are inconsistent levels of care leading to unwarranted variation in the management of long-term conditions (LTCs), such as diabetes, atrial fibrillation, hypertension and chronic obstructive pulmonary disorder (COPD)



Figure 1: The challenges facing Primary Care

The Vision: Strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow

Which we will deliver through:

Primary care at scale

Care redesign and service integration

Workforce development and reduction of workload

Improving Access to General Practice.

Robust delivery of Harrow CCG's delegated commissioning role

Improving outcomes and reducing variation

All underpinned by strong practice estate and IT infrastructure to deliver:

Excellent patient experience, equitable access and high quality outcomes for everyone using primary care services in Harrow.

A happy and motivated primary care workforce equipped with the skills they need to deliver high quality primary care services.

A financially balanced health care system, where increased investment made in primary care results in a demonstrable reduction in hospital activity and spend.

A single federation, coordinating the delivery of care closer to home through General Practice, leading our practice resilience programme and at the table as a system leader for service transformation.

Provider networks delivering integrated multidisciplinary team-based care for a specific population and in partnership with local community providers.

Role of federations:

- Deliver “patient facing” services, where this is most appropriately delivered at borough level
- Lead provider role, coordinating activity to ensure borough wide access to services for patients, which may be delivered at a network level
- Develops a service offer to the Networks for back office and ‘professional-facing’ services
- Provides an offer of borough wide functions for General Practice, including Governance, Human Resources, commissioning, contracting, performance management, Continuous Quality Improvement, implementation of demand and capacity tools across the networks and workload/workforce planning (including Primary Care ‘bank’)
- Supports professional development and career pathways
- Acts as the voice of primary care in an Integrated Care System and Integrated Care Partnership context

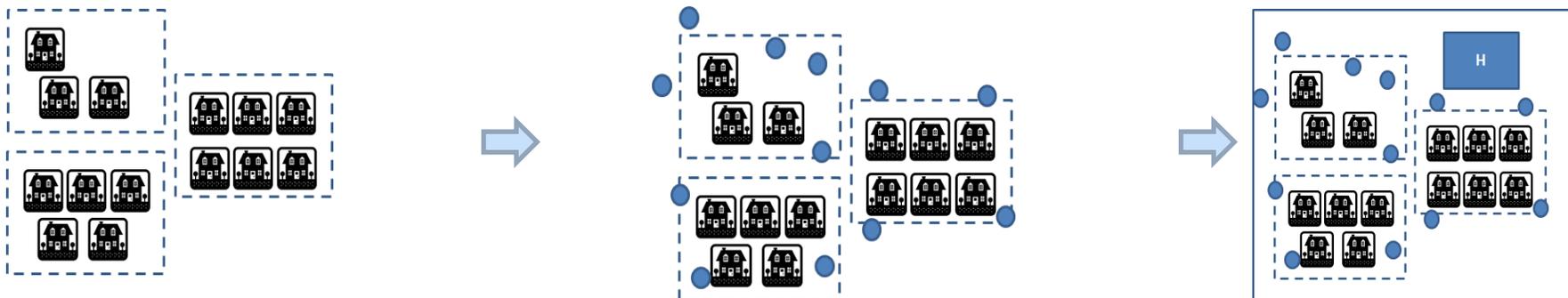
Role of Networks:

- The key point for delivery of integrated, multi-disciplinary care for their defined population group. This is also referred to as the “Primary Care Home”, Supporting Practices to work collaboratively to develop their service offer and define the health outcomes for their populations, for example, using the WSIC dashboard to identify population health needs
- The mechanisms for General Practice to:
 - identify and develop partnerships with community, social care and voluntary provider
 - Co-design care pathway(s) between commissioners, providers and patients
 - Ensure patient and public engagement
 - Implement the ten high impact areas
- Monitoring and managing local workforce issues
- Taking a data driven approach to local service quality improvement.

Dissolving the traditional boundaries between healthcare services to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs.

Building on our at scale programme, we will work to deliver at pace over the next three year locally based teams, across organisational boundaries, delivery true integrated care for their local populations. Primary care will be at the heart of these developments, as population based care starts to evolve how care is delivered.

In Harrow, the development of primary care at scale will be central to delivering integrated care. We are seeking to achieve local delivery of primary care services through the **Primary Care Home model**. The primary care home model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes.



Stage 1. Primary care comes together into “at scale” networks, geographically aligned with populations of between 30k – 50k. Working arrangements across organisations established. Core General Practices continue to provide continuity of care for their registered list

Stage 2. The network structures evolve into the primary care home model. MD T working is established. Sharing of skills and experience to benefit patients in routine.

Stage 3: A borough level integrated care partnership, bringing together all care that is provided in Harrow.

Integration of services around people is extended across health and social care. One budget, one approach

To deliver these ambitious changes, the General Practice workforce will need to be strengthened and remodelled, with developments underpinned by the Ten High Impact Actions for General Practice.

1. Short to medium term.

This will cover our immediate plans to improve our Recruitment, Retention and Return amongst the Primary Care Workforce, in line with "Building the Workforce - The New Deal for General Practice". Much of this work will include workflow re-direction within practices and supporting transformation through the adoption of the Releasing Time to Care programme.

A programme of up-skilling reception and clerical staff has already commenced to develop greater skills in supporting the process of coding and identifying clinical streaming of information – supported by a national funding stream. There has also been work commenced on up skilling the non-medical workforce through education and apprenticeships, and attracting nurses into primary care.

10 High Impact Actions



@robertvarnam #TimeForCare

2. Longer term strategic future (i.e. until 2021). This will set out the skills, capacity and clinical/caring roles that will be needed to deliver. It will be timed to guide HEENWL and Harrow CEPN in the design of their future courses, to ensure that the staffing complement we require is available in a timely way. The first cut plan will need future reiterations, as our thinking and planning become clearer in the light of emerging requirements.

4) Improving access to General Practice

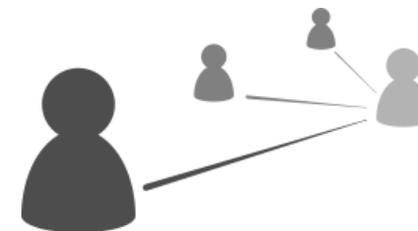
In response to this important priority area for patients and clinicians, commissioning additional consultation capacity, increasing the use of digital technology in the delivery of care and ensuring equitable access for all to the local improvement services offered in Harrow.

Harrow CCG is committed to ensuring that all patients in Harrow have excellent access to General Practice services, both in and out of core hours. Priorities include:

- Ensuring all Practices are providing core hours services
- For extended hours access, we will enhance our monitoring of take-up of pre-bookable appointments, at a Practice level, to ensure there is equity in how these additional consultations are being applied across the borough.

We will continue to work with our Patient Participation Groups (PPGs) to understand how our initiatives to improve access are being experienced on the ground and how we can continue to enhance the use of new technology to improve access to General Practice.

Central to our objective to improve access not only relates to access to GP appointments, but also equity of access to enhanced services that are provided within General Practice. Our commissioning intention is for 100% population coverage of all services that are commissioned through General Practice services. To achieve this, in 2019/20 we will move to commissioning enhanced primary care services through Primary Care Networks, rather than with individual practices. The Contracts that are held with Primary Care Networks will require 100% coverage of services, which may mean patients accessing services outside of their registered practice.



5) Robust delivery of Harrow CCG's delegated commissioning role

To ensure strong delivery of our primary care commissioning function and realising the opportunities it has presented to fully align primary care development to wider system transformation.

Harrow CCG fully recognises the opportunities that are afforded through delegated commissioning responsibilities to strategically align primary care developments with those in the wider healthcare system. With the delegated commissioning responsibilities, also comes the role of ensuring robust management of the Contracts that are held within General Practice.

We will ensure that every Practice in Harrow receives a visit relating to their Core Contract at least every three years; more often if needed. We will take a data driven approach to identifying Practices who would benefit from a visit, based on what we know about challenges they may be facing. These visits will be supportive in nature.

In addition, Harrow CCG will work with our local LMC to complete the review of PMS Contracts in 2018/19 and use the funding released from this review to ensure equity of access to additional primary care services across the whole of Harrow.



**NHS England
Standard General
Medical Services
Contract 2017/18**

6) Improving outcomes and reducing variation

To increasingly focus on an outcomes based approach in the commissioning of primary care services to reduce health inequalities and to reduce unwarranted variation in outcomes in the services our local population access.

Over the next three years, we will strengthen our commissioning approach to focus increasingly on the outcomes that are delivered through primary care services, which will be commissioned at a Primary Care Network level. Through shifting the way we Contract for services from activity based payments, to outcomes based payments, we will show the real potential that General Practice has to further reduce demand for acute based services. Data tools such as a GP dashboard that is being developed to highlight practice-level referral information into secondary care specialties will be rolled out in 2018/19 to support Practices to work collaboratively to deliver healthcare system change.



We want to hear the views of all stakeholders and we continue to develop our Strategy for Primary Care in Harrow. Please do feel free to feedback on any aspect of our primary care services, or respond to the following questions:

1. What are you things you most value about primary care in Harrow? What must we make sure we build on?
2. What do think are the greatest challenges faced in primary care currently,
 - a) For GP Practices?
 - b) For patients?
 - c) For the healthcare system?
3. Based on this, what do you think the priorities for primary care development over the next three years should be and how would be know if we were successful?
 - a) What would experiencing primary care in Harrow feel like for patients?
 - b) What would working in primary care feel like for our Practice teams?
 - c) How would primary care be working with the wider healthcare system?

4. Any other comments you have.

To view the full version of Our Strategy for Primary Care in Harrow, please visit our website:

www.harrowccg.nhs.uk

Please email your responses to this draft strategy to us at: haroccg.harrowprimarycare@nhs.net

- We are now engaging widely with stakeholders on the working version of *Our Strategy for Primary Care in Harrow*. All feedback will be recorded and the Strategy will be updated accordingly.
- We have developed an implementation plan for the Strategy which will be adapted as we move through engagement.
- An quality and equalities impact assessment will be conducted as we move to a final version of the strategy
- We are aiming for a final Strategy to be in place by November 2018.