

Primary Care Strategy

Draft for Consultation

November 2016

Introduction

- Welcome to the Isle of Wight CCG's draft Primary Care Strategy. The CCG is required to develop and publish a strategy that sets out the future direction for GP services on the Island.
- We have developed this document alongside our GPs, taking into account national policy, our local context the views of our primary care professionals and some of the their patient groups.
- We now need a wider group of stakeholders and patients to let us know what they think. There are a number of questions throughout this document that we would like you to answer to help us ensure that this strategy is right for the island.
- This consultation will run until February 17, 2017.

You can let us know what you think in a number of ways:

By post to: Primary Care Strategy
Consultation,
Isle of Wight CCG
The Apex
St Cross Business Park
Newport PO30 5XG

By e-mail to: CCG@iow.nhs.uk

If you would like someone to come and present this strategy to a group that you run or are involved with, please e-mail emily.galt@iow.nhs.uk and we will see if we can arrange for someone to attend to talk to you.

The Island Context



Small, remote island 23 miles wide by 13 miles long

Accessible only by sea/air (weather dependent)

Population of 142,000; est'd £300m health & social care budget

2.5m visitors p.a.; 2 large music festivals

Single system, single boundaries (1 CCG, 1 Trust, 1 Council)

Low earnings; higher than average long term unemployment; 20% children live in poverty; low GCSE attainment (45%)

Recruitment and retention issues

Increasingly elderly population; 26% over 65 (17% england average) and over 12% over 75 (8% england average) 4% over 85 (2% england average)

Scope of Strategy

- This strategy relates to Primary Medical Care (GP services) on the Isle of Wight.
- It does not touch on the other primary care professions including pharmacy, dentistry and optometry. This is because those three groups are commissioned by NHS England and not the Isle of Wight CCG.
- It is noted however, that there are significant overlaps between primary medical care and pharmacy and optometry, these will need to be factored into the vision and direction for primary care on the island as further announcements for those particular groups are made.

Rising Demand for GP services

As part of the Whole System Integrated Review (WISR), the CCG commissioned work to understand what the future of primary care would look like in 10 years time.

This showed that demand for GP services is going to rise significantly whereas the numbers of GPs will fall.

This means that we urgently need to support recruitment and retention and we have to think about different ways of delivery of primary care on the island to make sure that people get the care that they need.

“The number of over 65s per practice is around 90% higher than the national average. Given the large forecast growth in this age group this raises issues about the sustainability of the primary care sector, especially when considered alongside the age profile of the current GPs.” (KPMG)

By 2024/25 a significant increase in GP & Nurse led appointments is predicted:



57,372 Additional GP appointments, 10% increase



29,258 Additional Nurse led appointments, 10% increase

By 2024/25 a significant increase staffing is required:



9 Additional GP's (on top of 10 GP vacancies currently required, and turnover of potentially 30 GPs)

Challenges in Primary Care

Primary Care, like many parts of the health service is under increasing pressure and is struggling to deliver ever more complex services in its current form. In developing this strategy and working with GPs and patients, we have identified the following challenges that are being experienced by primary care on the island:

- Maintaining high quality primary medical care services in the face of increasing demand for services and reducing budgets
- The perception of reduced access to GPs from patients combined with growing expectations
- The need to provide integrated community services across the Island, breaking down barriers between different parts of the health and wellbeing system to support patients.
- Finding an increasing amount of time in an already busy day to spend on preventing people from becoming unwell
- Ensuring that we increase the number of people having a positive experience of care outside hospital in primary care and in the community
- Dealing with the need to change the workforce and reduce workload and increase recruitment and retention across all professionals in primary care
- Ensuring continuous quality improvement in core care, delivered consistently across the system
- Moving from working as individual practices to system working and delivering primary care “at scale”
- Ensuring that the buildings we use to provide care are fit for purpose and in the right places to meet the needs of our changing demographics
- Implementing new contract forms and models – including outcomes based contracting and new models of care

Vision for General Practice

- **We will develop a seamless system of primary and community care** based around locality and neighbourhood services that meet people's needs
- **We will sustain and improve access to primary care**, increasingly through digital means. Self management will be supported wherever possible. There will be access to GP services at weekends
- **Premises and IT will be fit for purpose**
- **We will improve the way we support people with urgent needs.** Technology will be in place to support people to achieve the care they need alongside telephone and face to face access
- **Patients with complex and long term conditions will experience joined up coordinated care.** Patients will be at the centre of the care they receive, with their GP surgery working as part of an integrated locality service
- **Patient outcomes will continue to improve** as professionals increase their skills, knowledge and competence
- **Primary Care professionals will feel supported and fulfilled** as we reduce bureaucracy, develop new job roles, and enable professionals to reduce personal liabilities
- **Practices will be run with sustainable business models**

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To achieve our vision we will...

- support and enable **innovation** in the organisation and delivery of care for patients
- develop primary care **infrastructure** specifically in relation to premises and IT that sustains innovation, quality and patient satisfaction
- increase the available **workforce** and resources for primary care and support improved work-life balance
- maintain high levels of **patient satisfaction** with primary care services
- maintain the high **quality of care** that patients receive, ensuring that the CCG delivers its statutory requirements to support continuous quality improvement and choice

System Transformation

- Develop the GP federation and encourage collaboration between member practices to deliver services at scale
- Develop and deliver the model for services for the Island that will deliver integrated community and primary care services based on three localities
- Let contracts that reflect new ways of working across multiple practices and organisations (such as alliance/prime provider contracts)
- Support and enable workforce development to enable staff to undertake new and extended roles
- Implement technology which allows staff to work remotely and across multiple sites and patients to access services electronically
- Support recruitment and retention of GPs and nurses
- Create common procedures across Island GPs that reduce variation between practices and support high quality care
- Enable new models of practice ownership

Improved Access

- The CCG will make sure that access to primary care improves. We will:
 - Preserve core hours (8.00 – 6.30 Mon-Fri) within GP practices
 - Continue to commission practice-based extended hours (ie after 6.30 and at weekends)
 - A new requirement to commission 7 day routine and urgent access to primary care (see next slide)
- We will increase the ability of patients to do things for themselves including extending online booking; prescriptions; queries and implementing online signposting across all practices. This will reduce demand on GP practices while improving the patient experience. We will explore how to create a shared back-office for GP practices including call management to speed up communications for patients
- We will implement new ways of consulting including using video; telephone and e-consulting, so patients can access primary care without needing to travel to a surgery unnecessarily
- GP practices report that many of the demands made of them are not part of the services they are commissioned to provide. We will seek to engage with practices and the public to measure how effectively demand is met and understand the role of GP practices in managing healthcare concerns.

Consultation questions:

Q: How do we encourage patients to access primary care using online services?

Q: What do we need to do to support people to try new ways of consulting?

Q: How should we go about working with patients to understand what is a reasonable request of a GP practice?

7 Day Primary Care Services

- The CCG will commission a new 7 day primary care service in 2017. This will
 - Include access to routine and urgent primary care services
 - be available from 6.30 – 8pm each day and on Sat, Sun and BH according to local demand
 - include online booking and new ways of working such as online / remote consultation.
- This new service will be staffed by a team of professionals, so patients will see a mixture of GPs, nurses, healthcare assistants, and pharmacists. We have identified that it is not practical for this service to be offered at each GP practice, however there are two other options
 1. to deliver a 7 day service in 3 areas, one in each locality
 2. to deliver a single 7 day service across the whole island
- The CCG has been working with GP practices to identify where routine services could be improved through longer opening hours. The kinds of services that we are considering include:
 - Sexual health - asthma clinics and services for younger people –
 - vaccinations - minor surgery – phlebotomy - leg ulcer management -
 - palliative care - follow up over weekend of people at home who are acutely unwell preventing hospitalisation where possible

Consultation questions:

Q: Should we commission a service based on three localities or a single all island service?

Q: What times on a Saturday and Sunday do you think we should provide this new service?

Q: Are there any other services that we should consider providing during these extra hours?

A new approach to urgent care

We need to reshape the care we provide to people who have urgent needs, so that we can meet that need quickly. To do this we will:

- Redesign in-hours urgent GP care to support practices to manage workload, including:
 - Implement software which supports patients to access urgent care on line
 - Implement Locality working to share pressures of increasing patient demand – develop “overflow” locality team within existing resources
 - Implement island-wide common approach to urgent care triage
 - Implement an acute visiting service
 - Develop a call centre for urgent care
- Redesign Out of Hours care to enable:
 - Simplified approach to accessing services
 - Community rather than a hospital response
 - A new Out of Hours GP service within the urgent care centre
 - A new 7 day routine primary care

Consultation questions:

Q: How can we make access to urgent care more equitable across the island when GP practices are open?

Q: What issues should we consider when designing a GP visiting service?

Q: Should we create an all island call centre for primary care or have one in each locality ?

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Chronic Disease Management

As part of the Whole Systems Integrated Review, we looked at how services for people with chronic diseases should be looked after. As a result of this work, we think that we should:

- Find ways to enable primary care professionals to spend more time with the most complex and vulnerable patients by implementing island-wide Care Planning and risk stratification
- Safeguard continuity of care for people with complex chronic diseases by recognising the importance of the named GP for those patients
- Implement a wellbeing model of chronic disease management by
 - developing a cadre of health coaches actively supporting behaviour change
 - Investing in services that support patient activation
 - Encouraging self care with patients taking greater responsibility for their own health
- Support the development of Multi-Disciplinary Teams across primary and community care that support more complex or frail patients
- Ensure that our contracts incentivise the management of complex patients in the community rather than in hospitals

Consultation questions:

Q: How can we manage demand for primary care services better so professionals can dedicate time to the most vulnerable?

Q: What issues should we consider when designing a health coaching service?

Q: How do we help people understand that they need to take more responsibility for their own health?

Workforce

A significant part of the driver for change in primary care is the changing workforce and a nationwide lack of GPs, together with some particular issues that we have locally attracting people to work on the Island. We need to find ways to attract a minimum of 39 Whole Time Equivalent GPs to the island by 2021 in order to sustain the same number of GPs per patient as today. We are proposing that

- The CCG considers funding a local bursary scheme to attract GP recruits
- We continue to change the workforce in primary care by increasing the number and range of clinicians working in primary care – e.g. Advanced Nurse Practitioners, Pharmacists and physiotherapists who can undertake some of the role currently done by GPs.
- We support practices to further develop team working to reduce reliance on GPs
- We increase training and development in nursing and pharmacist workforce
- The CCG develops a marketing campaign to attract staff into primary care and to the island

Consultation questions:

Q: The CCG has very limited scope for investment, so should we fund a bursary scheme for GPs in training as a priority?

Q: How can we help patients recognise and trust the skills and experience of other professionals in a primary care practice?

Q: Should the CCG as a commissioner invest in marketing on behalf of primary care providers?

Workload

GPs and other clinicians undertake a number of tasks – particularly paperwork - that can be done by other members of staff using approved protocols and with clear guidance. This will free up around 15% of clinical time to spend with patients or planning care. The CCG intends to:

- Develop non-medical workforce to undertake greater range of tasks in practice including undertaking some administrative tasks currently undertaken by GPs and signposting and care navigation
- Simplify the NHS bureaucracy – reduce number and complexity of transactions between commissioners and practices using the functionality of TPP (the GP IT system) to best effect
- simplify access to information for practices through better use of electronic and internal communications
- Work towards developing a locum market for GPs on the island

Digital Enablement

Primary Care has already implemented electronic record keeping and is increasingly paperless, however we are not currently making the best use of the opportunities that digital services offer. The CCG will:

- Implement Hampshire Health Record to facilitate record sharing with mainland hospitals
- Install Wi-Fi access in all GP surgeries for both staff and patients supporting self management
- Increase patient access to online records, digital prescriptions and appointments.
- Actively support and increase the ability of patients to use the self-service functions described above
- Increase ability of other primary care professionals to access summary care records
- Create culture where paperless management of prescriptions and referrals are the norm

Future Primary Care Estate

Some of the buildings that we currently use to deliver primary care are not fit for purpose, and some of our smaller practices will struggle to survive as the complexity of care and demand from patients intensifies and existing GPs reach retirement age.

Having looked carefully at the demographics on the Island, transport links and the existing building stock, we think that to deliver the vision for primary care, we need to identify our strategically important locality and neighbourhood GP services.

- In line with the My Life a Full Life strategy, our three localities will deliver extended primary and community care services 7 days a week. Some more specialist services will also be delivered from these locations including services for highly vulnerable patients, group consultations and a single point of access to services and other outpatient services.
- Our neighbourhoods will deliver core family medicine 5 days a week and may also deliver some extended community care such as housing support and telemedicine monitoring .
- In time we will create larger sustainable practices and extend registration areas within localities, creating greater choice of practice for all patients on the Island
- We will continue to support our smaller surgeries while GP partnerships are able to sustain services from those locations, however we need to have a clear policy on how we support practices that appear unsustainable.
- We will *not* close any existing building working outside the neighbourhoods, however should any of these become unviable, for instance because doctors retire or leave, we will seek to disperse patients to the nearest neighbourhood surgeries.

- 3 Localities:
 - Sandown
 - Ryde
 - Newport
- 8 Neighbourhoods:
 - Shanklin
 - Ventnor
 - Brighstone rural
 - Freshwater
 - Cowes
 - East Cowes
 - St Helens
 - Wootton

Consultation question:

Q: Have we accurately identified where GP services need to be concentrated in the future?

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CCG facilitation and support

- The CCG will provide support to achieve transformation within each of the localities. This will include at least one CCG staff member assigned to each locality to provide:
 - Facilitation to GP practices to help develop and deliver innovative ways of delivering services
 - Help with change management tools and techniques
 - Support with project management and planning
 - Time and energy to drive change
- We will seek to link new investment into primary care to delivery of projects that achieve transformational change.

Patient and Public Engagement

- The CCG will improve patient engagement in the future of primary care through Patient Participation Groups (PPGs) and patient interest groups
- The patient groups we have spoken to have advised that we should:
 - Be honest about our intentions and brave in the way we communicate these
 - Celebrate what is good in primary care
 - Invest in education for patients on how to use primary care
 - Provide a clear explanation of how services will be delivered
 - Communicate in such a way that we create confidence in new roles – such as Advanced Nurse Practitioners
 - Rebrand primary care

Proposed Implementation timeline

	17/18	18/19	19/20	20/21	22/23
Primary Care Transformation Programme Funding	█	█			
Implement and deliver 7 day services	█				
Implement on-line consultation and digital access	█	█			
Training for clerical staff to support signposting and care navigation	█				
Workflow redesign to release GP time	█	█			
Primary Care involvement in Integrated locality working	█	█	█		
Implement new contracting models as existing services are recommissioned	█	█	█	█	█
New Technology and digital enablement programme	█	█	█		
Develop wider Patient involvement in transition and change	█	█			
Redesign CCG team to support primary care in transformation	█				
Reduced Bureaucracy Programme	█	█	█		
Fully implement E-Referral and repeat e-dispensing	█	█	█		
Develop and implement estates programme	█	█	█	█	█
Primary Care recruitment and retention campaign	█	█	█	█	█
Scope and implement Acute Visiting Service		█	█		
Scope locality based urgent care and implement solution		█	█		
Workforce development and redesign	█	█	█	█	█

Primary Care Investment Plan 17/18 – 18/19

The CCG will make the following investments in primary care over the next two years in line with the 2016/18 Operating Guidance. The table below identifies the monies that have been made available and how they will support the implementation of the primary care strategy.

Area	2017/18	2018/19
Primary Care Transformation Fund. To be used to support the programme of change in primary care. This will come from existing CCG resources and will be funded for two years	£213,000	£213,000
Extended access fund. New money allocated nationally to support the implementation of 7 day working in primary care	£948,000.00	0
Care navigators/Active signposting. Non recurrent national allocation to support training of reception staff to signpost patients to the most appropriate service and further training for care navigation and Medical Assistants	£24,525.79	0
Workforce development. From existing CCG resources, this fund supports innovation in workforce development and allows practices to experiment with new staff roles	£0.00	£300,000
Online consultation systems . New recurrent money from a national allocation to support implementation of online consultation software in primary care.	£37,053.33	£49,613.46
Digital Roadmap. Utilising a variety of funds including capital allocations, GP IT funding and the Estates Technology Transformation Fund, this will improve the digital infrastructure in primary care	TBD	
Estates Strategy. The CCG will be working with a range of third part developers and through the One Public Estate strategy to identify funds streams to support new buildings	TBD	
Total investment	£1,222,579.12	£562,613.46

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Consultation Questions

Beyond the specific questions that we ask throughout this document, we have a number of broader questions that we would like you to consider:

- Do you think our vision will deliver the changes needed to create sustainable primary care on the Isle of Wight? If not what is missing?
- Do you think the actions outlined to create a new model of care are right?
- Have we captured the key components of developing a sustainable workforce?
- What else needs to happen to ensure that health and care information systems provide the right level of quality information and accessibility to patients?
- What outcomes are important for patients, carers clinicians and stakeholders and how should we measure them?
- How should we continue to engage patients in this transformation programme?
- Does anything need to be added or changed?