



Essex Health and Wellbeing Board	HWB/11/14
Date: 27 th March 2014	

PRIMARY CARE STRATEGY

Report by: Ian Stidston, Director of Commissioning, NHS England (Essex Area Team)

Enquiries to Ian Stidston

1. Purpose of the Report

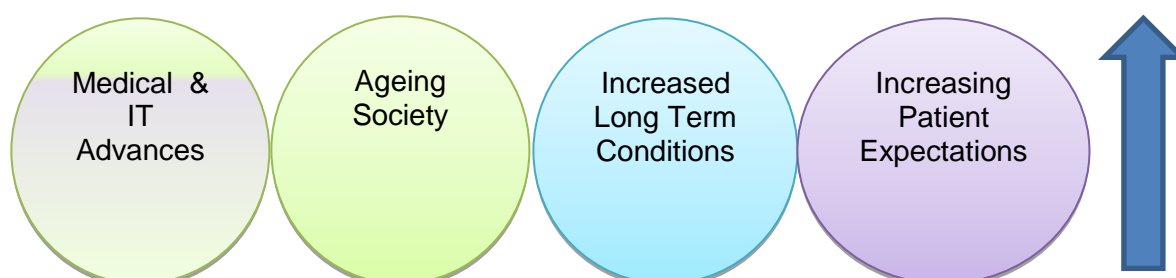
- 1.1 The Essex Area Team is developing a new primary care strategy for Essex. A strategy has been produced following engagement with stakeholders across Essex. A full version of the draft strategy will be available at the end of March. The Area Team will then have a series of engagement events across Essex co-hosted with the respective CCGs. A final primary care strategy will be produced for the end of June 2014.
- 1.2 This report provides the HWB with some key headlines from the strategy.

Primary care is the heart of the wider health and social care system. Our vision for primary care in Essex is that it should provide the same high quality service over seven days a week fully integrated with other services creating new models of care and pathways that patients use confidently.

2. Background

- 2.1 The strategy is being co-produced by NHS England and our seven CCG's.
- 2.2 Over the years our local GP practices as well as pharmacists, dentists and optometrists have delivered excellent care for the population.

The way in which we live our lives has changed and continues to change, effecting our healthcare needs and our expectations. The opportunities patients have to live longer and more fulfilled lives have increased along with the expectations patients have. Medical advances have meant more interventions are possible, many of which can now be provided in a primary care setting.



- 2.3 Following the reconfiguration of health commissioning, it is essential to begin to drive forward new models of primary care that are responsive, integrated and deliver a consistent service for patients.

NHS England recognises that a primary care strategy is needed for Essex, and within that strategy flexibility is needed for each CCG area to adapt their own strategy in line with the needs of their population.

In forming the strategy a series of engagement events were organised in October 2013 which asked a series of questions that helped inform the draft strategy. We also used this as an opportunity to link with the nationwide programme of 'Call to Action' for GPs.

3. Proposals

3.1 Why is Change Needed?

The traditional model of how primary care is delivered is not sustainable going forward. This is because:

- Inconsistent quality and interventions
- Primary care services are not integrated and do not offer a seamless service for patients
- There is no new investment available but demands on health services are increasing
- The GP workforce is struggling
- The primary care estate is variable, lacks flexibility and is not being fully utilised
- The current model is not flexible enough to adapt services for the most vulnerable in our community
- The demographics of the population is changing

3.2 What will Primary Care Look Like to the Patient/Carer?

The strategy will be set from a patient's perspective about what is needed and will make a number of statements

- Make it simple for me or my family/carer to access and receive primary care services and advice.
- Help me or my family/carer's awareness of how to self-care and detect health issues early
- Support me to manage my acute or long term physical or mental condition.
- If my need is urgent, provide me with guaranteed same day access to my primary care team.
- Improve my care, experience and outcome by ensuring early senior clinical contact is given
- Wherever appropriate, manage me where I present (including at home and over the telephone).
- If it's not appropriate to treat me where I seek help from (including at home and over the telephone), direct me to a place of treatment within a safe amount of time.
- Make sure information, critical for my care, is available to all those treating me.
- Where I need wider support for my mental, physical and social needs ensure it is available and easy to access.
- I can be confident that the quality of my care is good and I am protected from harm

3.3 Our Commitments to the People of Essex

Our new model of primary care will make a commitment to deliver the following key areas:

C	Consistent
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Wherever you live in Essex, you can expect to have easy access, online or in person to information, advice and support. This will be delivered through national initiatives (111) and local services.

You will know that the advice and care provided by your primary care professional is consistent with best practice.

H	High Quality
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You will be seen and treated by highly trained health care professionals who are committed to delivering the best quality care to the patient

You will be treated as an individual by professionals and respected at all times

All patients should receive high quality care without unnecessary delay' NHS Constitution

R	Responsive and Accessible
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The way you are able to access information and be sign posted to appropriate services will be transformed through the use of new technology and social media.

You will be able to access services over the weekends at access points not currently available.

You will be able to have access to a primary care professional within 24 hours where you feel your primary care need is urgent.

You will not have to wait more than five days for a routine appointment with a GP.

You will be able to change your GP practice easily.

You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons' NHS constitution'.

I	Integrated
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You will find that services are working seamlessly together with you to co-ordinate your care and deliver the support you need to manage your condition. Holistic care will be delivered that addresses peoples physical, mental health and social care needs together and not separately. There will be no duplication.

You will have greater involvement of the voluntary sector, community pharmacists and nurses and social care in the delivery of care for you.

The NHS commits to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them' NHS Constitution.

S	Sustainable
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You know that the primary care service you are receiving today will be dynamic and evolving but will be there for you over the next 25 years.

P	Preventative
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Primary Care Professionals will act as Community Health Leaders.

You will be actively involved in the management of your own health and care.

You will receive more information on maintaining your health.

Underpinning this is the need for services to be innovative and continuously evolve and learn.

3.4 What will the new Primary Care model look like?

The new model for primary care will eventually see:

- Primary care providers working at larger scale within 'primary care hubs'. These can be virtual hubs, but where it makes sense will bring together providers physically into one centre.
- Primary care hubs will be fully integrated with community services and aligned fully with social and acute.
- There will be significant shifts in acute urgent care activity as primary care is redesigned to minimise this patient need.
- Real shift in resources and activity from the acute sector into primary care will have taken place.
- Although offering a cradle to grave service, the way primary care is provided will be different for different groups of patients. For example a new way of delivering primary care to patients with long term conditions will be implemented.
- Pharmacists, dentists and optometrists become a fundamental part of the primary care team within the primary care hub.
- Primary care facilities will be fully utilised across seven days a week within a primary care hub.
- The primary care workforce will change with a greater role for nurses, community pharmacists and health care assistants. There will be new and innovative

opportunities for staff development within each hub.

- Patient voice will be strengthened within each primary care hub building on the further development of patient participation groups.

4. Releasing the Potential

4.1 Workforce

There is a need to fully utilise and develop our primary care workforce. As well as giving a strong commitment for additional training facilities within Essex for all professionals (including health care assistants), there is also a need to develop new career pathways and support for staff. The role of the prescribing pharmacist and Independent prescribing Optometrists should be developed and fully utilised, support will be needed from all professionals to ensure this happens.

A training hub for Essex is needed to drive forward a new wave of primary care workforce which is flexible and adaptable to the new models of primary care that will be developed. With this in place, Essex will become a County that people will want to come to and stay

4.2 Optometry

Optometry in Essex has for many years been active in promoting patient care in the community and has some geographical areas of excellence in service. Optometry as a profession is well equipped, well trained, geographically evenly spread and much underused to its full capacity particularly in relation to its wide skill set.

Child eye care, adults with learning disabilities and hard to reach groups need improved knowledge on how to access eye care. The elderly with failing eyesight need equal access to support with good signposting within organisations.

4.3 Dentistry

The provision of dental care has never been joined up between high street dentists, community dental services and hospital services. This will now happen with patients experiencing a seamless service. Dentists will take on a greater role in the community and deliver services closer to where patients live.

4.4 Pharmacy

The public use pharmacies as a regular source of healthcare advice, for maintaining good health and to self-treat simple conditions without needing to see their doctor or practice nurse. Pharmacies already routinely offer a range of

services including stop smoking and sexual health; these services have proven popular with the public who like the ability to access the services without an appointment.

Pharmacy services could be extended to enable greater choice for patients instead of having to attend the GP practice, for example, routine monitoring for medicines treatment, such as that required for anti-coagulant therapy

Pharmacists should become the first point of call for the public, able to triage, treat, refer or signpost as appropriate to help patients access the right service at the right time, reducing duplication of effort and pressure on GPs, out of hours services and A&E departments.

There are already pharmacy prescribers in the community, but this valuable resource is rarely used and should be developed further.

4.5 The Resident

People who become fully engaged with their own health are much better able to manage their conditions and reducing demand on services.

Obesity, children's diet, smoking cessation along with regular exercise, good nutrition and moderation reducing alcohol intake can have an effect in extending years of healthy life. It should be the aspiration of all to help bring this about.

4.6 Information

Too many times we have seen systems fail due to insufficient information being available or not being shared within health and social care. Through the correct use of information with appropriate controls patient care will improve.

The increasing information sharing technology amongst the general population should be used more effectively to share public health messages and enable patients to navigate easily through the health system utilising new methods of health professional consultations.

4.7 Technology

New technology has enormous potential to improve systems and communications. This technology must be utilised and taken advantage of.

It is likely that patient contacts conducted through a digital health environment will exceed face to face contacts in the future. Across Essex only a small percentage of practices are currently utilising their technological capability

(patients having access to records, patients booking appointment online, ability for patients to order repeat prescriptions online).

Electronic Prescription Service (EPS) is being introduced across the country. All GPs and pharmacies are encouraged to make full use of the Electronic Prescribing System which will improve services for patients. For example, patients stabilised on long term medications should find it much easier to obtain their repeat medications without having to order prescriptions from their GP.

4.8 Changes in Medicine

The use of shared data and consistent IT systems that can talk to each other is essential. National Institute for Health and Care Excellence (NICE) makes recommendations based on the best available evidence of the most effective care. In Essex we will use NICE guidance to revise pathways of care for patients ensuring they benefit from the most up to date expert recommendations.

5. Initial Questions for Engagement

Do stakeholders endorse the objective to bring primary care services together to form hubs which provide a superior service for patients?

How far should these hubs go?

Should clear statements about minimum standards patients can expect to receive be included in the strategy?

Do you welcome seven day working for primary care?

Do you think pharmacists, dentists and opticians could be doing more in the community? If so, what could they be doing?

Should we embrace new technologies to deliver primary care services differently?

Should the strategy state that all GP contracts should eventually (in the next five years) be held by at least two GPs in partnership to ensure stability and sustainability?

6. Diversity and Equality

The primary care strategy will have a focus on why primary care services need to change to ensure the most vulnerable in our communities have access into services

Report Author Contact Details:

Name: Ian Stidston

Telephone: 0113 8249014

E-mail: i.stidston@nhs.net