Primary Care Health and Well-being Strategy 2016-2021

High quality care at the right time, in the right place, by the right person

Contents

Executive Summary

(To be added after the co-production phase)

Introduction

Scope

This strategy sets out Bury's ambition for primary care. It describes primary care's contribution to the Bury vision of a 'population that is healthy, happy and as independent as possible', working together to promote 'self-help, prevention and early intervention' in a 'co-ordinated and seamless health and care system', with services designed to be 'person-centred' that 'build upon and develop local community assets'.

When this strategy refers to primary care it is talking about it in its widest sense, recognising the contribution made by the workforce in GP, dental, ophthalmic and pharmacy practices. It appreciates that for true change to take place we must also understand and appreciate the input of other professionals working in the expanding primary care sector e.g. physiotherapists, podiatrists, social care staff. The strategy also looks to the third sector, to voluntary and community groups, and to local assets, to improve the health and well-being of those living in Bury.

Approach

Traditionally strategies describe the current situation, highlighting what the deficiencies are to help build a case for change before describing a new utopian vision. This strategy is different, it builds its case by looking at the positives and how we use them as our foundation for change. The strategy will not only describe a positive deviance approach shaped by our strengths, to primary care and well-being, but will be written in a style that reflects this.

At the time of writing the Health and Social Care system within the Greater Manchester conurbation is undergoing the most radical change ever seen. The pace of movement is fast; for this reason the strategy focuses on the function rather than the form. It will describe where we want to get to with a steer on how we get there, but with the recognition that the structural models of care required to provide this may change and may still need to be conceived.

Co-production Question 1. 'Are you supportive of the proposed scope and approach for this strategy as described above?-please provide comments'

Audience

The main audience for this strategy are primary care professionals working in the Bury locality. However the vision in this strategy needs to be shared with the whole Bury population and to be translated into terminology that resonates with them.

Consultation

The original framework of this strategy was formulated and influenced by the key policy documents that are shaping primary care in Bury. It follows the direction set in the Bury Locality Plan and is shaped round the Greater Manchester Primary Care Strategy recognising the wider commissioning system created by Devolution Manchester and the national context set by the NHS 5 Year Forward View and the General Practice Forward View. The views previously captured in CCG membership engagement events were also incorporated.

The framework was then shared with the CCG membership to co-produce the draft strategy which underwent a wide stakeholder consultation, see appendix XX. This ensures that the final ratified strategy is owned by all of those receiving and providing primary care services in Bury.

Implementation

This is a strategy and as such describes where we wish to get to- it does not describe the path we will take to get there. A detailed action plan will be produced clearly mapping the route to our vision. To achieve success the action plan will need to be influenced and owned by all; through co-production, the ambition described by this strategy will be a reality by 2021.

Primary Care and Well-being in 2016

We have a lot to celebrate in Bury and strong foundations to build our vision on. We have a history of innovation, for example, pioneering 7 day access as part of the Prime Minister's Challenge Fund and being one of the first areas where all practices are open from 8am to 6:30pm Monday to Friday with guaranteed appointment availability- ensuring the Bury population have access to a GP at a time that best suits them; general practice making a clear commitment to patients with dementia by taking over the routine assessment, diagnosis and management and striving towards 'dementia friendly' status; and introducing the paramedic 'Green Car' scheme as an alternative to taking patients to hospital.

(*Case study demonstrating one of the innovations described above)*

We have also worked closely with our partners, expanding the reach of our innovation. Working with the GP Federation we have jointly commissioned clinical pharmacists to support every practice. We are ensuring parity of esteem, by creating

Improving Access to Psychological Therapies (IAPT) services focused on patients with LTCs collaborating with the third sector and were one of the first CCGs to adopt the jointly managed optometry and pharmacy Greater Manchester Minor Eye Conditions Scheme. Our work with the Local Authority has seen us excel at delivering NHS Health Checks and meeting our influenza vaccination targets. All of this has been achieved with a historically underfunded but improving financial position, demonstrating our ability to think creatively.

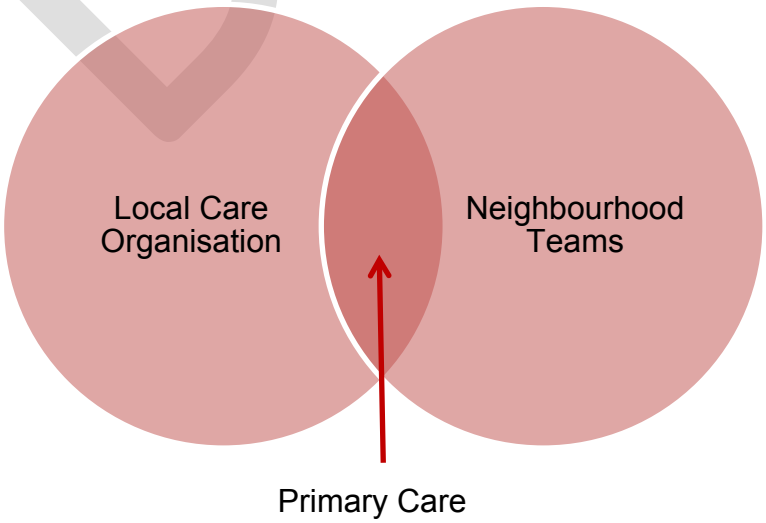
The CCG membership has worked together to achieve the biggest reductions in non-elective admissions in Greater Manchester in 2015/16. We continue to have some of the lowest prescribing costs in the North West and 80% of GP practices that have been subject to a CQC inspection have been rated good or excellent.

With over 100 traditional primary care providers across the locality comprising of 24 dental practices, 31 GP practices, 19 optometry practices and 43 community pharmacies, primary care is ideally placed to support the health and well-being of the Bury population. The registered list model held by general practice is complimented by the open access approach of the dental, optometry and pharmacy practices. The primary care architecture is available and this strategy will describe how we utilise its full potential.

Co-production Question 2. 'What other areas of innovation or close partnership working would you like to see highlighted in the final strategy?'

Primary Care in 2021

This strategy is our opportunity to describe primary care's place in the evolving Bury Health and Social Care System. The health care led development of Local Care Organisations (LCO) and the local government led development of neighbourhood teams require primary care to be at the centre. This is consistent with the vision laid out in 'Taking charge of our Health and Social Care in Greater Manchester'.



(Further detail to be added following the co-production stage)

By 2021 primary care, working with our partners will have contributed to the following outcomes for our population:

- *(outcomes to be included after to co-production phase)*

Co-production Question 3. 'What do you think will be the strengths of primary care in 2021? What outcomes do you think we should be achieving'

Key Themes

The Greater Manchester Primary Care Strategy describes 5 key themes:

- Theme One- People powered changes in health and behaviour
- Theme Two- Population based models of care
- Theme Three- Consistently high quality care
- Theme Four- Inter-professional working
- Theme Five- Innovation

This strategy will explore these themes and describe how they will be developed in the Bury locality. It will also highlight the main enablers that will help us meet our vision:

- Estates
- Technology
- Finance, contracts and incentives
- Workforce
- Communication and engagement

Co-production Question 4. 'Do you agree with the themes and enablers described? Are there any missing?'

Theme One- People powered changes in health and behaviour

Our vision is for a healthy, happy and independent population. This will be achieved by primary care empowering our patients to prevent ill health, enabling them to self-care and providing them with the support required to manage any health and well-being conditions they may develop. Every contact with a primary care provider is an opportunity to get to know the patient, to understand and build on their strengths, to work with the population to meet our vision. We will create an asset-based, every-contact-counts approach, the key components of which are described below.

We will…

- *(to be completed after the co-production phase)*

Many of the health conditions present in our population could have been prevented or had their severity limited by early intervention. Late diagnosis causes unnecessary

suffering to our population and increases pressure on NHS services. In Bury we recognise the expertise of our public health colleagues in the promotion of wellbeing, prevention and early detection of disease. Moving to a single commissioner will reduce some of the current constraints to placing prevention at the heart of everything we do. Commissioning teams in both the CCG and the council are starting to work together and will continue to do so. We will work together, with our partners to identify areas of focus, key clinical and geographical areas where focussed interventions are required. This approach matched with targeted supported for those members of the population ready to change will ensure our actions have the biggest impact.

In Bury we have already set the enablers in place to support patients to self-care self-limiting conditions as expressed in the Prescribing for Clinical Need Policy. The pharmacy-led minor ailments scheme and the optometry-led minor eye conditions schemes have provided patients with a more appropriate route for NHS treatment. This is just the beginning of the cultural change; self-care messages will continue with the ambition that the population will be equipped to access high quality care at the right time in the right place by the right person. We will provide our population to take control of their own health and wellbeing, to see this as a priority. Where appropriate we will remove the current barriers that prevent patients from self-referring to services such as IAPTs, district nurse and health visitor services. We live in a 24/7 world where for a lot of our population accessing the internet is a daily norm, we need to embrace technology giving our population the tools to self-care, steering them in the direction of reputable websites and mobile apps, sharing evidence based practice in a manner that suits them.

To make the change we have articulated we need to move away from the traditional model of looking at what is wrong and trying to fix it. We need to start adopting a positive deviance, asset-based approach, building on our strengths. A key tool in achieving this ambition is social prescribing, enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services. We wish to build on the inspiring work that produced the Bury Directory and the ‘I will if you will’ exercise programme. We will implement a social prescribing system. This strategy does not define the model that will be introduced; that will be designed by a multi-agency co-production approach. We recognise that for social prescribing to truly be successful it needs to implemented across the locality, changing routine practice and using the skill sets of the community. Results will take time and the third sector will need support in meeting this change in demand. We will make this commitment and general practice will be key in the design, implementation and evaluation of the chosen model.

(*Word picture describing social prescribing)*

Co-production Question 5. 'What other initiatives should be included to meet theme one?'

Theme Two- Population based models of care

We have articulated a desire to achieve a person-centred co-ordinated and seamless health care system, placing the needs of the individual and the population at the centre of what we do. This requires a change in the way we structure the numerous organisations committed to improving the health and well-being of the Bury population. Work is already progressing on the development of a LCO for Bury. The Bury GP Federation is a key partner in developing the primary care offer and there is a commitment to develop this model from the bottom up recognising that front line professionals and the Bury population have the knowledge and passion to create a care model that meets Bury's needs. The function of the LCO is emerging and the form will develop, we recognise that as relationship advance contractual paradigms will shift.

We will…

- *(to be completed after the co-production phase)*

In Bury commissioners have developed two very high level objectives for the early programmes of work for the emerging LCO. The first focuses around the pressing need to stabilise our urgent care system. The second looks to the future increasing the number of years our population enjoy happy healthy lives. The work of primary care will contribute to both of these objectives.

(*Word picture for LCOs)*

The LCO will be built around GP registered lists and will have primary care at its heart. The registered list verse resident population dynamic will need to be resolved. The CCG membership sectors will shape and pilot different prototypes sharing learning to develop the optimal model that will be adopted across the whole Bury locality, ensuring our population have access to consistent and high quality care. The CCG is committed to the development of one LCO and supporting its development will be a priority over the period of this strategy.

We have much to learn from the focussed work we have done with seldom heard groups such as the BME community, patients with learning disabilities and dementia patients. By translating this learning we will build new models of care that will benefit the whole population.

Co-production Question 6. 'What other initiatives should be included to meet theme two?'

Theme Three- Consistently high quality of care

Effective, safe and high quality care is a primary motivator for the whole of primary care. Primary care providers in Bury have an ambition to be the best and this is matched by a population desire for us to be the best. The Bury population will be confident that any advice, support or care they receive in Bury will be to the highest possible standard, wherever they are in the Borough.

We will…

- *(to be completed after the co-production phase)*

At a fundamental level contractual compliance is a key marker that a primary care contractor is providing safe, effective and quality services. Monitoring of contractual compliance is not solely in the remit of the CCG, dental, general ophthalmic and pharmaceutical services are commissioned and managed by the Greater Manchester Health and Social Care Partnership (GM H&SCP). The CCG has delegated responsibility for primary medical services, GP practices and dental practices are subject to CQC inspections and community pharmacy premises undergo comprehensive monitoring by their professional regulator- the General Pharmaceutical Council. We commit to ensuring all GP practices are fully compliant with their contract and the membership will work together to reach the goal that all of these practices will achieve a good or outstanding rating from CQC. As a CCG we recognise that sub-optimal performance of primary care providers who we do not hold core contracts with is not simply a problem for the GM H&SCP. These contractors provide care for our population and therefore we commit to working with our partners to ensure minimum contractual standards are maintained.

Contractual compliance is just the minimum standard expected; we want to go beyond that to provide the Bury population with the highest quality care in Greater

Manchester. General practice has demonstrated its commitment to this goal with all practices signing up to the Quality in Primary Care Contract and all practices will have met these standards before the end of 2018 demonstrating excellence and reducing inequalities in care. This work is further complimented by our commitment to achieve designated Quality Premiums. Dedicated achievement of these goals brings triple rewards; they drive up standards, reduce inequalities and provide funds to enable further investment in primary care.

The GM H&SCP are developing more provider-specific standards for the remaining three primary care providers and we make a promise to play our role in the successful implementation of these standards. All of the standards include a focus on patient safety and a culture of sharing learning and continuous improvement to embed a safety culture in primary care is a must do.

For us to truly tackle inequalities we not only need to work across organisations to identify and address variance, but take a pro-active approach- spotting and addressing challenges before they become ingrained. Regular triangulation of the quality indicators held by various organisations will help us to achieve this pro-active management. We have already invested in technology that will support this and a successful monitoring system will be developed and incorporated in the assurance process. By using this technology practices can benchmark their performance against their peers, giving them the ability to consistently improve the high quality of services they provide.

The Healthy Living Practice Framework was pioneered by pharmacy contractors, supported by Public Health England and aims to make every contact in a community pharmacy count. The GM H&SCP are working with dental, ophthalmic and primary medical services providers to develop suitable frameworks for these contractor groups. The Dementia Friendly Pharmacy Framework sees pharmacy teams take pro-active steps to support patients with dementia in their neighbourhoods; again work is taking place to develop suitable frameworks for the whole of primary care. It is clear that we need to and will support the implementation of these concepts creating over 100 health and well-being hubs within our locality. Each of these hubs will bring with them their own ideas generating fresh innovation which will be captured and shared across our workforce.

(*Case study demonstrating healthy living pharmacy)*

Co-production Question 7. 'What other initiatives should be included to meet theme three?'

Theme Four- Inter-professional working

Achieving co-ordinated and seamless care built upon local assets will see a shift of services from secondary care allowing patients to be cared for closer to home. This shift will require primary care professionals to continue to work closely not only with their secondary care colleagues but with each other and the third sector. We will build on successful models of inter-professional working, such as the Clinical Pharmacists in General Practice pilot, Extended Working Hours, IAPTS practitioners working in primary care and Healthier Radcliffe to further strengthen the primary care offer. We recognise that the movement of services from secondary care cannot all fall on to one provider, but by working together using the skill mix of the whole of the traditional and non-traditional primary care workforce and by adopting news skills and ways of working we will meet our vision.

We will…

- *(to be completed after the co-production phase)*

The CCG is fortunate that as a membership organisation it has a vast resource of knowledge and experience in primary medical services within its structure. We will continue to use this expertise to develop stronger relations across the whole of primary care. With the current commissioning arrangements comprehensive knowledge and understanding of the potential of dental, ophthalmic and pharmacy colleagues is not within the CCG. Local Professional Networks (LPNs) exist for all three of these professional groups. LPNs are Greater Manchester wide networks of commissioners and providers in the respective professional groups reporting to the GM H&SCP. We will build links with these networks, listening to their suggestions and seeking their views on how to achieve a seamless primary care system. LPNs have created model service specifications and referral pathways for commonly commissioned services across Greater Manchester, such as community pharmacy minor ailment schemes and cataract referral refinement services. Where we are commissioning one of these services we will move towards the specifications designed by the relevant professional groups. Where new services are created we commit to considering commissioning where there is a clear connection to our vision and the aims of our locality plan.

Co-production Question 8. 'What other initiatives should be included to meet theme four?'

Theme Five- Innovation

The Greater Manchester Health and Social Care Partnership have been very clear that the aims of devolution cannot be achieved by continuing to do more of the

same. Equally we know that we cannot achieve our vision without change. We have a history of innovation and are not afraid to adapt and challenge our ways of working. We are proud of this. We empower our workforce to think differently, to think differently to try new things, to encourage leaders at all parts of the system, to share learning and innovation. We will build on learning from the wider health and social care system, from across Greater Manchester, England and the World. Where evidence exists for a new scheme we will use that to introduce locality wide change. Where schemes are new and not supported by an evidence base we will follow a process of positive enquiry and evaluation.

We will…

- *(to be completed after the co-production phase)*

As part of the devolved Greater Manchester Health and Social Care System we are very fortunate. Devolution is being supported by a dedicated transformation fund which will be spent on the Greater Manchester population, without the need to compete with other areas of England. Bury is just one locality in this devolved system, we need to be proactive, clear on our ambition and how we will achieve our vision, ready with plans to bid for funds as they are announced. Clear, uncomplicated mechanisms will be designed to ensure innovative ideas are captured and developed in expedient timescales, eliminating unwarranted bureaucracy.

Co-production Question 9. 'What other initiatives should be included to meet theme five?'

Enablers

To achieve our vision and to reach the goals described there are a number of enablers that will support us. This section describes these and expresses what we require from them.

Estates

Our estates vary significantly in terms of quality, condition and suitability. These estates need to cope with increasing patient activity as care moves out of hospital. We equally have void spaces within our own estate portfolio and our move to integrated commissioning and care provides us with the opportunity to make best use of the whole of the public services estate infrastructure. A detailed estates plan is outside the scope of this strategy, responsibility for that is within the remit of the Strategic Estates Group. Our steer to them is that we require fit for purpose estates to provide services with void spaces kept to a minimum.

We will…

- *(to be completed after the co-production phase)*

Co-production Question 10. 'Are there any other requirements from this enabler- estates?'

Technology

Bury has always been at the forefront of IT, early adopters of technology that will reduce unnecessary administrative burden and create a seamless patient journey. We will continue on this path of innovation. The Integrated Digital Care Record will soon be a reality, improving efficiencies, safety and allowing the patient to only have to tell their story once during their care journey.

Technology will be used to support communication amongst primary care providers, the roll out of NHS mail to all providers and the recently granted access to Summary Care Records for community pharmacists is just the beginning.

Technology will play a pivotal role in equipping our population with the right tools and advice for them to appropriate self-manage their own health and wellbeing. We will make the population aware of clinically endorsed websites and apps, such as NHS choices.

We will…

- *(to be completed after the co-production phase)*

Co-production Question 11. 'Are there any other requirements from this enabler- technology?'

Finance, contracts and incentives

A key enabler to achieving the LCO model described in theme two is the introduction of the Multi-Speciality Community Provider (MCP) contract. This nationally developed contract will allow the creativity and flexibility required to support our vision. It will be fundamental in removing barriers that exist due to current constraints, allowing organisations to work together.

We will move to rewarding the outcomes of interventions, rather than the volume that take place, recognising that some outcomes may take a number of years to be realised. We do not just want a happy and healthy population today, we will put the contractually mechanisms in place to ensure that this vision continues for the next 10, 20, 30 years and beyond. Outcome-based incentives will allow gains as well as risks to be shared. Key to this is the quality of the data held by our membership practices and plans will be developed to raise confidence in the data held allowing robust commissioning decisions to be made.

We are committed to ensuring patients receive high quality care, at the right time, in the right place, by the right person. This will see the movement of more services into

the community, this again strengthens our need to be pro-active in our thinking ensuring that we have access to transformational funding.

We will…

- *(to be completed after the co-production phase)*

Co-production Question 12. 'Are there any other requirements from this enabler-finance, contracts and incentives?'

Workforce

Our vision of a happy and healthy population extends to our workforce. The health and well-being of those providing primary care in Bury must be one of our main priorities, our positive deviance approach, which builds on our strengths, is not limited to the population. Primary care professionals should be ambassadors to the population leading by example and Bury CCG along with all other organisations in the Bury system should be enabling people to achieve this vision. The CCG will continue to have strong links with our memberships and recognises that stress often occurs at times of stress. Though the structure of our relationship may change, the CCG remains committed to supporting its membership.

To achieve our vision we need to develop and nurture our workforce to create strong leaders. Clinical leadership across the whole of primary care is vital. We will support the development of our leaders. Support will be given to our workforce to prepare them the changes ahead, our commitment to education and training remains and opportunities to share knowledge across the whole of the primary care workforce will be developed. This will be articulated in a clear workforce, education and training strategy for Bury.

We need to consider the skill mix held across primary care. A skill mapping exercise will take place to identify our strengths and opportunities to work together. By working together to meet the Bury vision we will create a locality where talent is attracted and retained. We will promote inter-professional working, adopting evidence based jointly owned clinical pathways and promoting excellence.

We will…

- *(to be completed after the co-production phase)*

Co-production Question 13. 'Are there any other requirements from this enabler-workforce?'

Communication and engagement

Communication and engagement is vital. The Bury vision can only be delivered if we are all clear on what we are trying to achieve, working together and communicating with our population. We need to develop ways to share good practice, celebrate and build on our successes, to learn together.

Fundamental to any communication and engagement plan is to ensure there are clear, consistent message that all primary care professionals promote. We need to work with our population in new innovative ways allowing them to take responsibility for their own healthy lifestyle choices and access to the most appropriate support for their health care needs.

We will…

- *(to be completed after the co-production phase)*

Co-production Question 14. 'Are there any other requirements from this enabler-communication and engagement?'

Summary and conclusion

(To be completed after the co-production phase. To include a pictorial representation.)

Glossary

(To be completed after the co-production phase)

Facts and figures

(To be completed after the co-production phase)

High level action plan

(to be completed following the consultation phase)

Co-production Question 15. 'Is the vision of the strategy clearly articulated? If not, what would be required to make it clearer?'

Co-production Question 16. 'Do you have any case studies which could be incorporated into the strategy?'

Co-production Question 17. 'Do you have any further comments?'