

Primary Care Update



February 2022

Update



General Practice Leadership
Collaborative



Challenges and Opportunities



Tackling Health Inequalities

General Practice Leadership Collaborative

Who are
we?

Neighbourhood Clinical Leads

PCN Clinical Directors

GP Federation Leaders

Practice Manager Representative

Practice Nurse Representative

LMC Secretary

CCG Primary Care Representatives

System Leaders

General Practice Leadership Collaborative

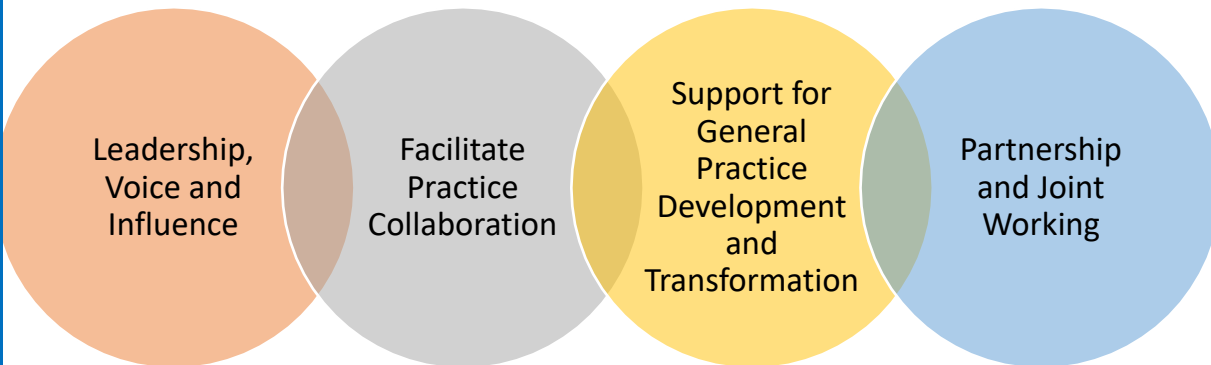
Purpose: To be the body through which practices in the borough are represented via their membership of Primary Care Networks, Bury GP Federation and the Local Medical Committee (LMC)

Objectives:

- Develop strong & unified leadership and voice for general practice.
- Develop a clear vision for sustainable, resilient and high quality general practice and its role within the integrated health and care system.
- Lead and advise on the strategic development of programmes that impact on the future resilience, quality and sustainability of general practice.
- Identify opportunities for collaboration, including the provision of support functions and the delivery of services.

- Provide a Forum for the sharing and adoption of good practice
- Draw on and utilise the expertise of all parts of general practice including expertise about provision of services, clinical matters including from medical, nursing and allied health professionals, managerial matters, commissioning and population health matters.
- Share information and keep members up to date with developments including policy and contractual changes; service redesign/ improvement programmes; leadership & development opportunities; new resources and investments.

Role:



Behaviours:

1. Solution focused. Bringing positivity; constructive challenge and problem-solving approaches into meetings.
2. Foster trust/stronger relationships by using transparent, open and honest communication.
3. Seek to understand motivation: behaviours that allow a greater understanding of motivation before a judgement is made.
4. Promote decisiveness/clear accountability for decisions and actions that are agreed by the membership.
5. Promote respect behaviours.
6. Encourage collaboration.

We will:



Optimise outcomes that matter to the people we serve with the resources available.



Provide high quality general practice equitably [to reverse the inverse care law]



Be sustainable (especially, but not limited to, positive and motivated people working in General Practice)



Be more effective by operating within general practice at multiple levels (practice, neighbourhood, locality and GM) – whichever provides greatest value and outcomes



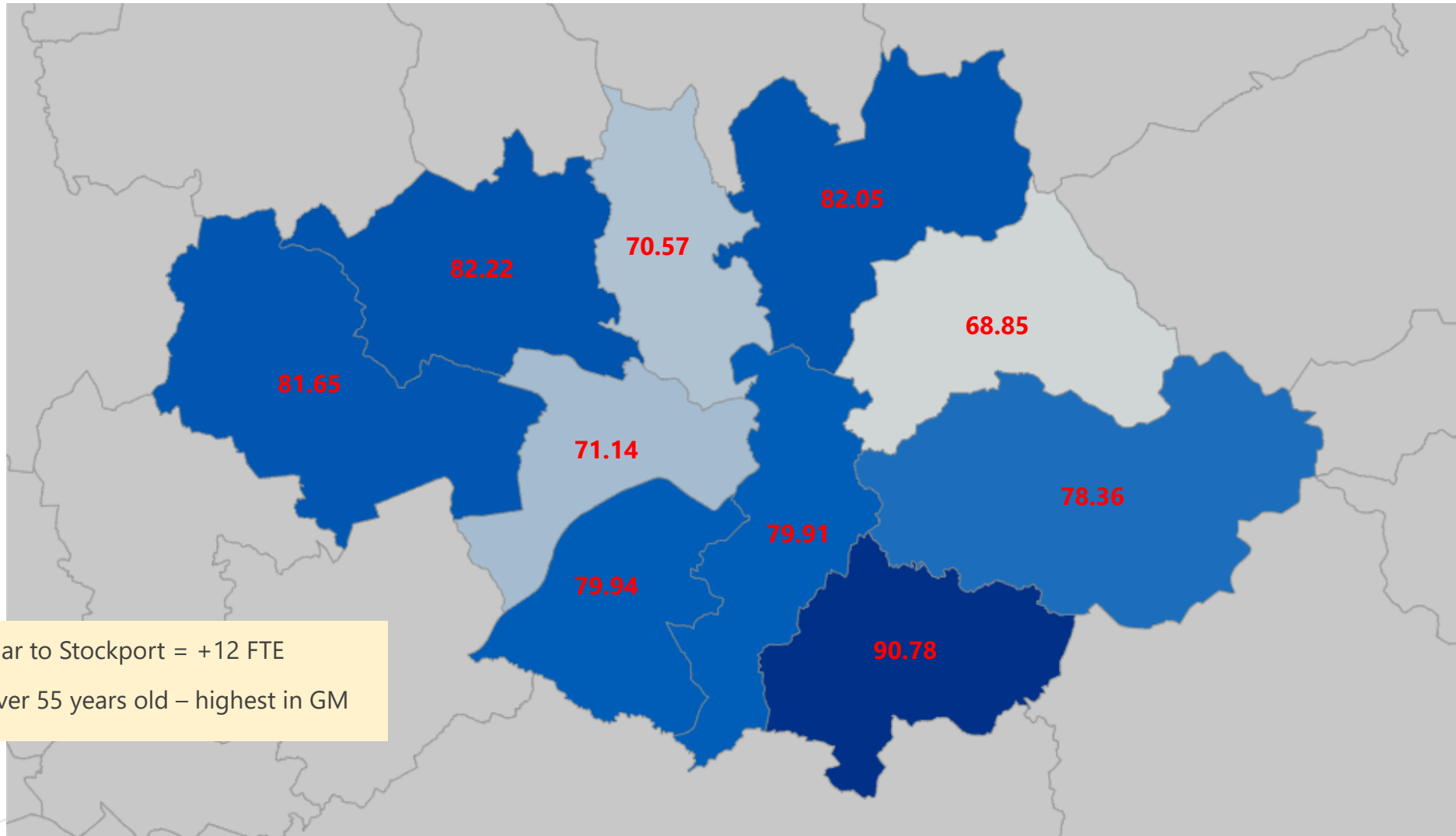
Work collaboratively with others outside general practice at neighbourhood level; town-wide integrated services and GM level (e.g. through the GM ICS and associated sub-groups)



Be accountable to each other, and the people we serve by monitoring and publishing progress on the five principles above

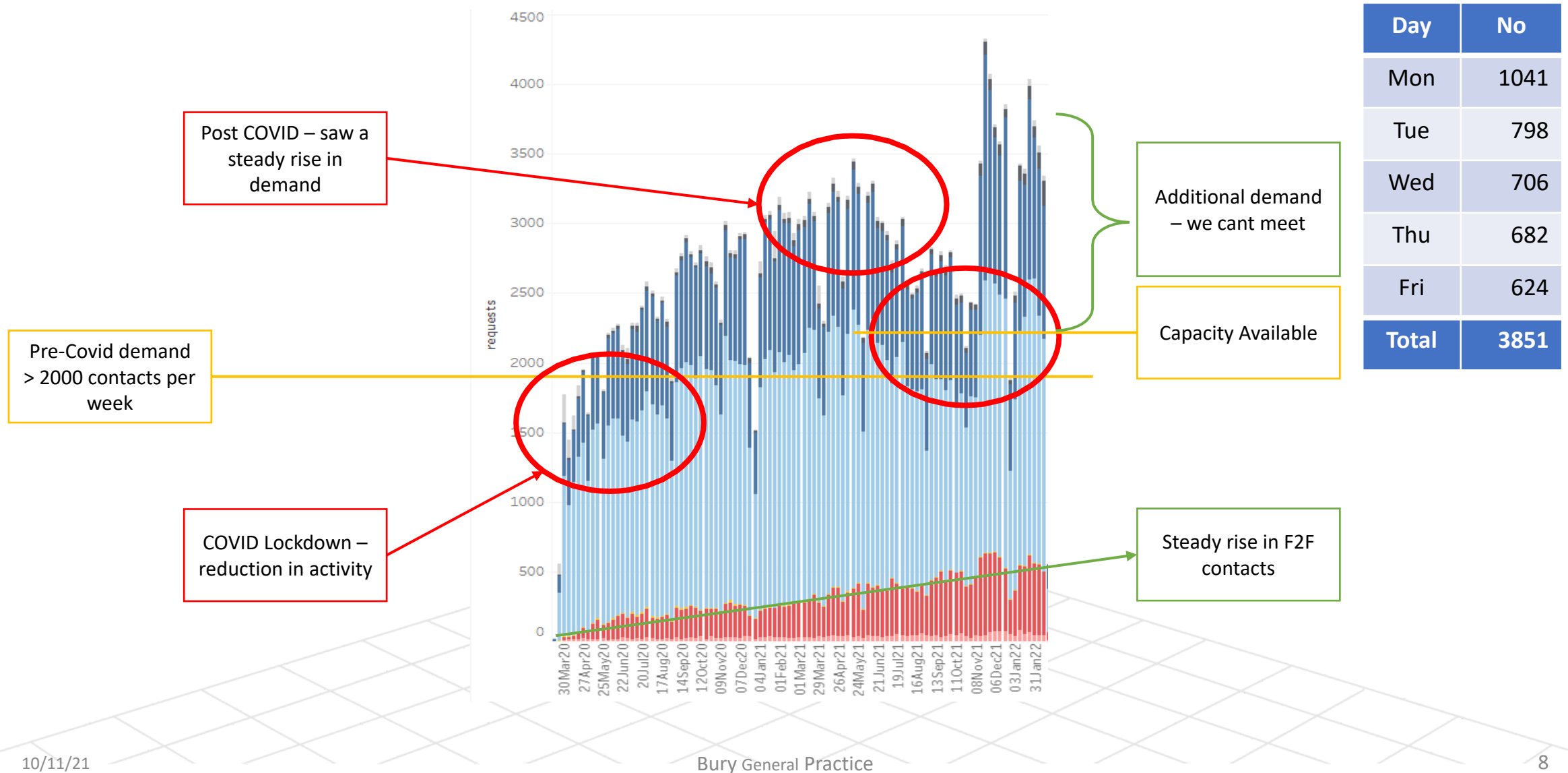
Challenges and Opportunities

Number of GPs in GM per 100k - Headcount

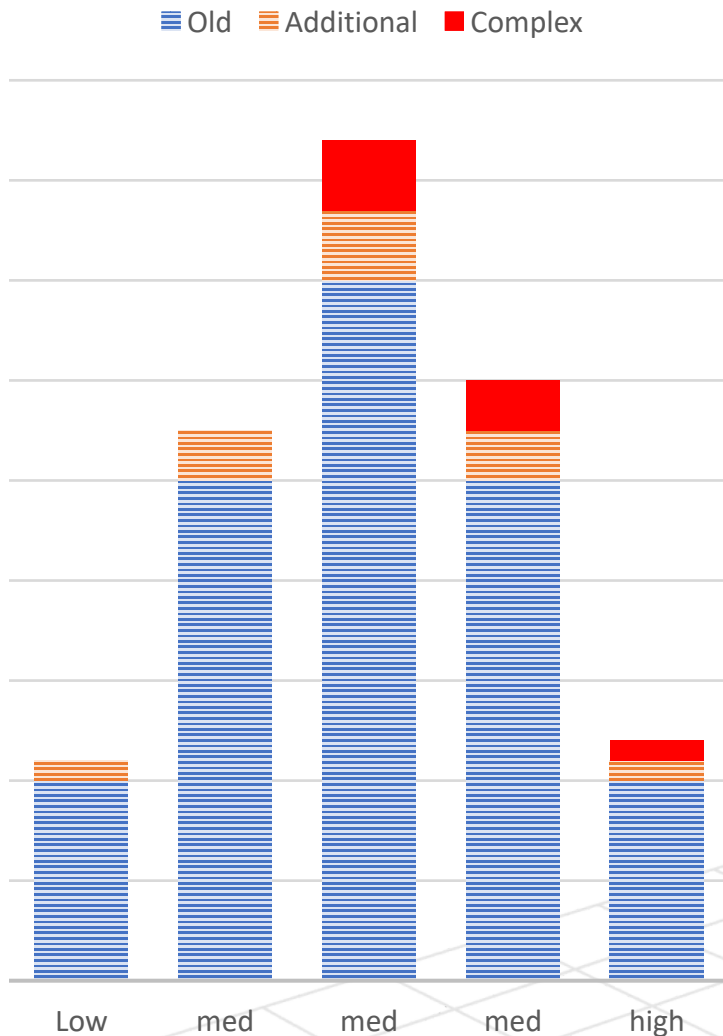


If Similar to Stockport = +12 FTE
23% over 55 years old – highest in GM

Demand in General Practice – Tower Experience



Issues for General Practice



Changes in demand

- Definite Additional Need
- Increased Complexity

Problems

- Staffing Shortages
- Premises & IT

Solutions

- Different workforce
- Neighbourhood working

However

- Can't deliver everything
- General Practice will be different

Risk

- Miss those with genuine clinical need

Tackling health inequalities

A thick, hand-drawn style orange line underlining the text.

Neighbourhood Teams are tasked with developing Neighbourhood Health & Care plans for 2022-23

This requirement is mirrored within the Bury Locally Commissioned Service 2021-22 with the expectation that Practices working with their wider Neighbourhood colleagues identify both core and discretionary outcomes for delivery from 2022/23.

CORE (priority outcome applies to all Neighbourhoods but Neighbourhood level delivery plan may vary)	
1	Application of the Active Case Management (ACM) / Multidisciplinary Team (MDT) Quality Framework and SOP
2	Public health and prevention, relevant to that neighbourhood
3	A transformation programme (Elective, Palliative, Frailty, Mental Health, Strength based Conversations etc) again relevant to that neighbourhood
4	One specifically related to ACM outcomes and impact
DISCRETIONARY (Neighbourhood specific)	
5	Focus on the neighbourhoods top three attendances or admissions (to health or care) and designed by the neighbourhood team
6	Focused on 'what matters to me', and people in the neighbourhood, and designed by the neighbourhood team

Approach

The approach being taken is to as far as possible align Neighbourhood priorities and plans with relevant elements of the PCN DES. By taking this approach we are seeking to:

- Remove duplication of effort and resources
- Recognise that tackling health needs and reducing health inequalities at a population level requires a collaborative, systematic approach
- Focus resources at a Bury-wide and Neighbourhood level on reducing inequalities in access and outcome using evidenced based interventions

Public health and prevention priority

With respect to the public health outcome the proposal is to focus on the prevention of **cardio-vascular disease**. The rationale is that:

- CVD is a one of the most significant causes of preventable death in our population
- Bury is an outlier when compared with the national average
- There are known inequalities in access and outcome in our population and it is possible and realistic to target interventions in a way that will reduce these inequalities
- There are evidence-based interventions and treatments that can have a positive impact in reducing risk through primary, secondary and tertiary intervention
- Many of the preventative interventions for reducing the risk of CHD will have wider health improvement benefits
- There is the potential for achieving greater impact by public health, primary care, community and voluntary sector services working together at a Borough-wide and Neighbourhood level
- There is close alignment with the PCN DES [and in particular the requirements relating to tackling health inequalities and CVD prevention and diagnosis] and some QOF measures

Additional priority outcomes

In setting the other core and discretionary outcomes the attention where possible is to similarly align with relevant DES requirements:

- Anticipatory care
- Personalised care – personalised care planning, shared decision making and proactive social prescribing

For example, targeted Active Case Management through Neighbourhood MDTs could be a mechanism for delivering these requirements in a collaborative way.

Planning Process

The intention over the next period is to engage with practices and other stakeholders through Neighbourhood meetings and via PCNs to define the priority outcomes and then develop the plans to deliver these.

Engagement with PCN Clinical Directors and member practices	21 st Feb – 30 th Mar
Engagement with practices & Neighbourhood stakeholders	21 st Feb – 30 th Mar
Engagement with Bury Integrated Delivery Collaborative Board	16 th Mar
Engagement with Voluntary Community & Faith Alliance Health & Care Network	30 th Mar
Update to Bury Public Service Reform Steering Group	1 st Apr
Final proposal to GP webinar	6 th Apr
Development of Neighbourhood H&C delivery plans	11 th Apr – 31 st May
Neighbourhood H&C delivery plans sign-off at Neighbourhood Delivery Team	17 th June