GM - Primary Care Blueprint
3 July 2023

BURY **INTEGRATED CARE** PARTNERSHIP

Part of Greater Manchester Integrated Care Partnership

Presentation by:

Cathy Fines/Kiran Patel

Primary Care Blueprint

Engagement draft - April 2023

GM Primary Care Blueprint Engagement draft

Background and intent

- Document co-created by leaders drawn from GM Primary Care Provider Board and NHS GM Integrated Care's locality and central teams
- Each chapter must reflect all parts of our Primary Care system (Dental, General Practice, Pharmacy and Optometry)
- Response to GM Integrated Care Partnership Strategy (March 23) and Fuller Review of Primary Care (May 22)
- Engagement draft intended to provide an opportunity for primary care, health and social care partners, VCSE and others to inform and shape the final version
- Aims to generate a healthy response and give a sense of the ambition and vision for primary care
- Views requested by 30 June 2023

GM – Primary Care Blueprint Engagement draft

Overarching issues (1 of 2)

- Primary Care must be viewed as an integral part of each of our 10 localities, including via formal representation on Locality Boards and other locality governance
- Completion of the implementation of the financial flows model previously agreed where money flows to Primary Care providers as directly and smoothly as possible
- Securing full implementation and visibility of our Primary/ Secondary Care and GP/ Community Pharmacy interface principles which will be important in managing pressures in our system but also in cementing the joint working which will be crucial to the delivery of the Blueprint

GM – Primary Care Blueprint Engagement draft

Overarching issues (1 of 2)

- The implementation process will need to be supported by:
    - An agreed programme delivery approach
    - Clinical leadership engagement and development
    - An organisational development process
- We will work to ensure some "early wins" to move forward on a series of issues which have been in train for some time, including but not limited to:
    - Occupational Health provision
    - Phlebotomy Services
    - Implementation of an updated "Sitrep" pressures management process

Split across 9 areas, the Blueprint sets out a vision for a GM Primary Care system that will:

1. Provide timely appropriate access to care delivered by a system which has sufficient capacity to meet the needs of service users, where processes are simple and straight forward

2. Be part of a wider neighbourhood team, where individuals and communities are supported to take more control over their own health and where providers work together with the shared aim of improving the health of the population

3. Ensure that we do not exacerbate health inequalities and takes practical steps to tackle these inequalities wherever we can

4. Help people to stay well and focuses on disease prevention, early detection and effective management of long-term conditions

5. Be viable for the long term, ensuring that services are available when and where needed

6. Empower citizens and providers with gold-standard, digitally enabled Primary Care

7. Be delivered from facilities which are appropriate for the provision of 21st century Primary Care

8. Be standards based, with a focus on quality improvement

9. Be recognised as a career destination for a happy, healthy and engaged workforce, trained to a consistent standard with knowledge and expertise to meet the needs of our population and provide timely, exemplar services

Feedback submitted from the Bury system

Verbal update

Primary Care Recovery and Transformation
3 July 2023

Part of Greater Manchester
Integrated Care Partnership

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Access to General Practice

BURY INTEGRATED CARE PARTNERSHIP

Department of Health & Social Care

NHS England

Delivery plan for recovering access to primary care

May 2023

TWO KEY AMBITIONS

- **To tackle the 8am rush and reduce the number of people struggling to contact their practice**
  - Patients should no longer be asked to call back another day to book an appointment

- **For patients to know on the day they contact their practice how their request will be managed.**
  - If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. (or next day)
  - If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks
  - Where appropriate, patients will be signposted to self-care or other local services (eg community pharmacy or self-referral services).

Access to General Practice

FOUR KEY COMMITMENTS

- **Empower patients**
- **Implement Modern General Practice**
- **Build Capacity**
- **Cut Bureaucracy**

Department of Health & Social Care

NHS England

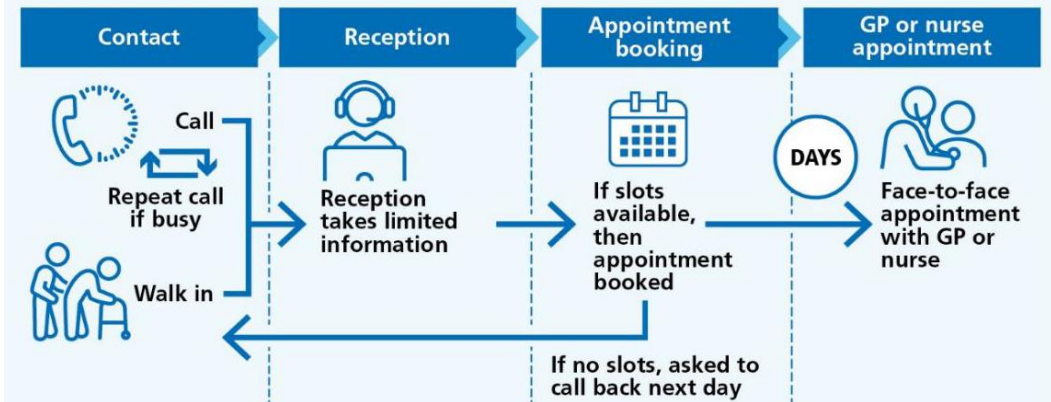**Delivery plan for recovering access to primary care**

May 2023

- Improving information for patients
  - The NHS.uk website

- NHS app Functionality
  - View records
  - Make appointments
  - Order repeats

- Increasing self-directed care – where clinically appropriate
  - MSK
  - Audiology
  - Podiatry
  - Equipment

- Expanding community pharmacy Services
  - Expanding oral contraception and blood pressure services
  - Pharmacy first Across 7 common conditions inc prescribing POM
    - ✓ sinusitis, Sore throat, earache, bites, impetigo, shingles and UTI

Patient online management information (POMI)
Online services by Sub ICB Location - repeat prescription ordering

1) Select reporting period (required): Sunday, April 30, 2023
2) Select Sub ICB Location (required): NHS Greater Manchester ICB - 00V

What percentage of practices offer patients the ability to order repeat prescriptions online?

NHS Greater Manchester ICB - 00V	100.0
NHS Greater Manchester Integrated Care Board	100.0
NORTH WEST COMMISSIONING REGION	99.8
ENGLAND	99.7

Practices in selected Sub ICB Location:
(scroll for more)
P83009
BLACKFORD HOUSE MEDICAL CEN...
Yes
P83001
FAIRFAX GROUP PRACTICE

What percentage of patients are enabled to order repeat prescriptions online?

NHS Greater Manchester ICB - 00V	29.5
NHS Greater Manchester Integrated Care Board	42.0
NORTH WEST COMMISSIONING REGION	46.6
ENGLAND	49.3

29.5%
70.5%

Practices in selected Sub ICB Location:
(scroll for more)
P83001
FAIRFAX GROUP PRACTICE
29.91
P83004
THE UPLANDS MEDICAL PRACTICE
21.93

Percentage of patients by practice in my Sub ICB Location
Hover over the bars to view the details for each practice, including name, total number of patients and percentage of patients registered to view their detailed coded record online.
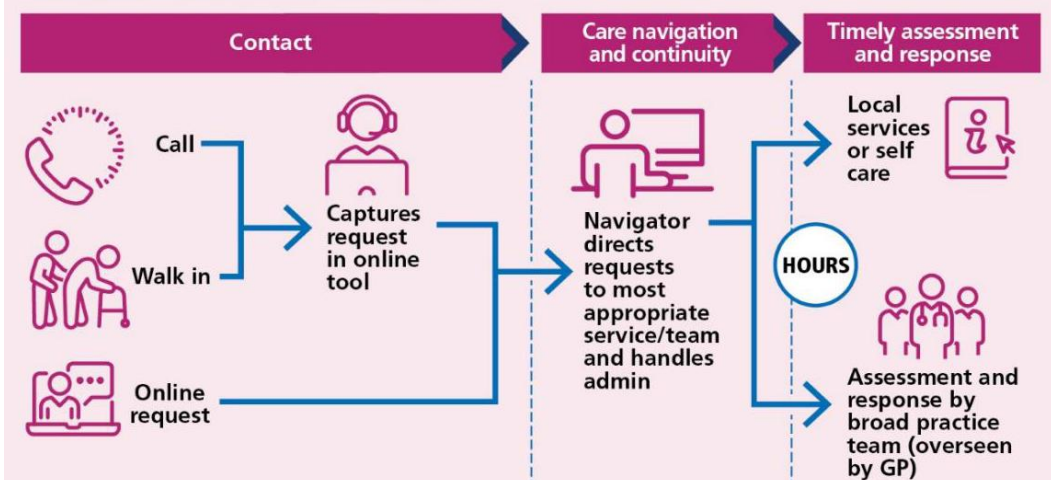
- Better digital telephony
  - Call back
  - Call routing

- Simpler Online requests
  - Easier for patients but overwhelming
  - Single tool to be developed

- Faster navigation, assessment and response
  - Same day for clinically urgent
  - Within 2 weeks for others that need an assessment (F2F or virtual)
  - With the right person

- Larger multidisciplinary teams
  - ARRS spending

- More new doctors
  - Review training and placements
  - Portfolio offers

- Retention and return of experienced GPs
  - Roles and activities that help retain

- More estates (especially new developments)

Reducing recording targets

- IIF streamlined from 36 to 5 indicators
  - Flu x 2; LD; FIT; Appointment within 2 weeks
- Reduction in QOF indicators

Improving the primary – secondary care interface

- Onward referral
- Complete care – fit note, prescriptions
- Call and recall – follow tests and review interventions
- Clear points of contact – for practice and patients

Bureaucracy busting concordat

- Reducing the need to ask for factual information or opinion
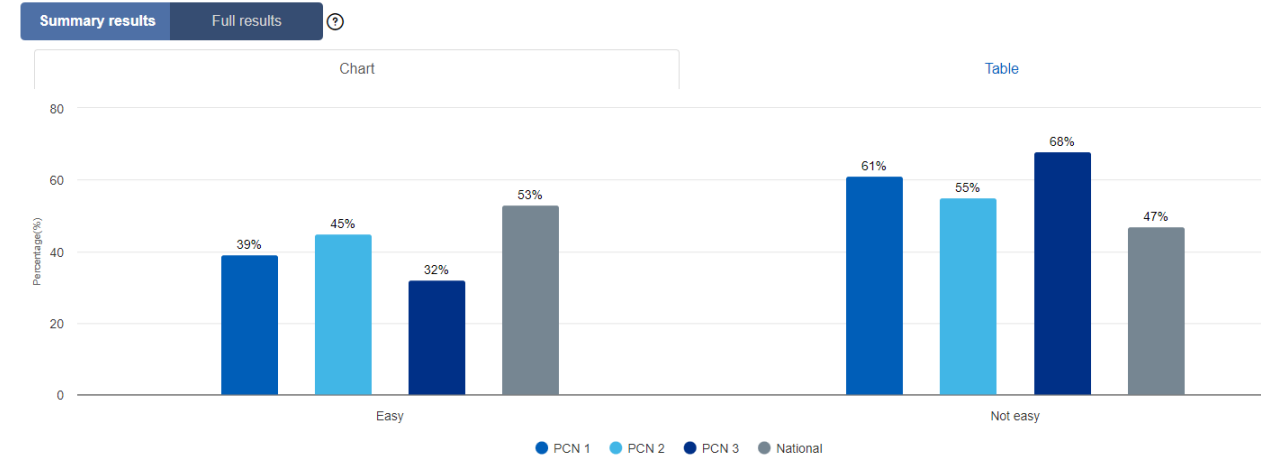- digital standardised forms

Via PCNs – redirecting IIF payments

- 70% provided unconditionally (£2.76)

- 30% - Capacity and Access Improvement Plan (£1.18) - based of improvements in:
  - Patient experience of making an appointment – patient surveys
  - Ease of access and demand management
    - Digital telephony
    - Online consultation, messaging and booking facility in place
    - Online consultation usage per 1000 patients
  - Recording activity accurately
    - Accurately recording appointments
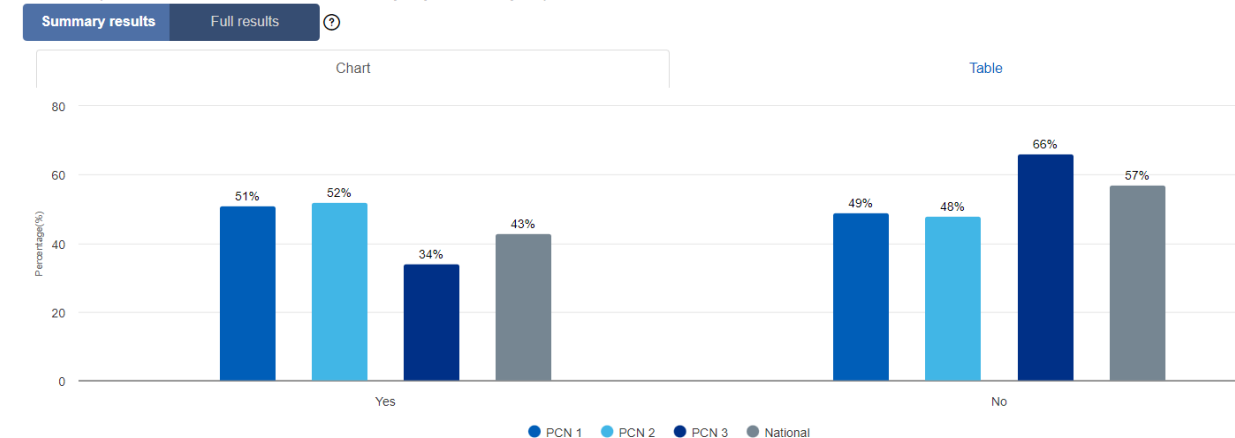   - GPAD Dashboard

Primary Care Access Improvement Plan

BURY INTEGRATED CARE PARTNERSHIP

By Friday 23rd June - PCNs submit their baseline assessment as part of their CAIP submission to enable virtual sign off by GM PCCC by 30th June – sign off will be based on assurance of process in terms of the baselining exercise

By 30 June 2023 – PCNs to submit their capacity and access improvement plans to the ICB as part of the Network DES

30 June –update to Primary Care System Board

By 21 July – submission of PCN Access Improvement Plans to be incorporated into the NHS GM Improvement Plan for virtual sign off by **PCCC w/c 24 July** to present to **PC System Board on 28 July**

By 31st July 2023 - Complete PCN/practice access improvement plan with committed offers

By 31st July 2023 – for those practices already on digital telephony, ensure call-back functionality and queuing is enabled **and by 31 March 2024 for all other practices**

October / November 2023 – present NHS GM Primary Care Access Improvement Plan including primary / secondary care interface to ICB Board (public)

Ongoing 2023/24 – optimise full use of ARRS; improving primary/secondary care interface; update websites, promote online tools, enhance care navigation

Early insight

Patient Experience of Contact	Ease of Contact and Demand Management	Accuracy of Recording in the Appointment Book
Ensure all practices submit FFT data to CQRS on monthly basis: look at plan around improving Friends and Family Test responses, improving uptake from patients and submissions from practices	Improve ease of access - all PCN practices to meet England average of 53% in this area	Improve recording of ARRS appointments, utilising single instance of clinical system i.e. GP Fed instance of EMIS, to create shared appointment book, thus more accurately recording GP practice activity
	EPS - increase number of patients enabled for online access and electronic prescription requests	
Cloud-based telephony to be implemented across all PCN practices, to reduce wait times on hold to practices/help practices to better utilise resources at busier times of the day	Examine current utilisation data of ARRS staff and services and ensure equity of use across all PCN practices, with the aim of providing greater access in each	Explore possibilities to make Extended Access appointments 'online bookable' as a way of increasing patient access to online-bookable appointments
All patients will be encouraged to use the NHS app and practices will promote the usage of this by enabling prescription requesting, messaging and appointment booking	Care Navigation – The PCN practices will engage with training programmes and support to upskill staff in care navigation	
	Enhanced Access – All practice staff will be trained to book patients directly into enhanced access, roles available in enhanced access and what they can do.	Appointments to be directly bookable through GP connect – allowing better access as patients can attend other practices if appropriate.
Engagement sessions with all member practices to identify best practice and share ideas.	Establish how many call handlers each practice uses and identify what times of the day more or less are deployed.	

Bury General Practice Strategy Alignment

Goal 1 – Develop and promote a new model of general practice

Goal 2 – A resilient workforce and an attractive place to work

Goal 3 – Increase capacity within general practice and meet appropriate demand

Goal 4 – Strengthen the relationship between provider partners across the Bury system

Goal 5 – Improve outcomes for patients by reducing inequity and variation in access and quality of care

1 Empower patients	✓	Provide timely appropriate access to care delivered by a system which has sufficient capacity to meet the needs of service users, where processes are simple and straight forward
	✓	Be part of a wider neighbourhood team, where individuals and communities are supported to take more control over their own health and where providers work together with the shared aim of improving the health of the population
2 Implement new Modern General Practice Access approach	✓	Ensure that we do not exacerbate health inequalities and takes practical steps to tackle these inequalities wherever we can
	✓	Help people to stay well and focuses on disease prevention, early detection and effective management of long-term conditions
3 Build capacity	✓	Be viable for the long term, ensuring that services are available when and where needed
	✓	Empower citizens and providers with gold-standard, digitally enabled Primary Care
	✓	Be delivered from facilities which are appropriate for the provision of 21st century Primary Care
4 Cut bureaucracy	✓	Be standards based, with a focus on quality improvement
	✓	Be recognised as a career destination for a happy, healthy and engaged workforce, trained to a consistent standard with knowledge and expertise to meet the needs of our population and provide timely, exemplar services.

General Practice Strategy – Chosen Actions

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At Scale Solutions
- Women's Health Hub
- Suite of Central Back Office Functions
- Minor Surgery at scale

Effective Pathway Navigation
- Triage and Navigation Training
- Primary Secondary Care Interface (embedding adoption of the principles)
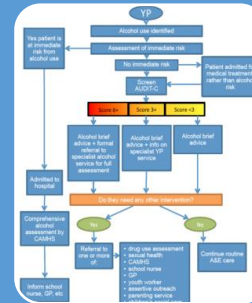- Datix and process around it
- Deflection of inappropriate asks

Workforce Recruitment, Development & Retention
- Workforce Strategy
- Bury HIVE programme
- Implementation of Workforce Strategy

Data and Digital Ambition
- Real time searching and reporting
- Data driven inequality identification

Communication and Engagement
- Primary Care Family
- Directory of Services

Quality & Assurance
- Identify key interventions to target and reduce inequalities identified through the data and digital ambition work.

Effective Pathway Navigation
- Triage and Navigation Training
- Primary Secondary Care Interface (embedding adoption of the principles)
- Datix and process around it
- Deflection of inappropriate asks

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Reducing Bureaucracy	Care Navigation
Reduce referrals going via the practice e.g. C2C policy (review needed), increase self referral and inter referral options in community services	Provide customer service/resilience training
Reduce f/up actions from A&E attendance. Current wordings set expectations of timeframes and outputs (further exploration needed)	Provide Care Navigation Training (on a regular basis)
Education and training of the public to navigate benefits, housing queries etc these should not be coming to the GP	Develop a DOS for clinical use (with professional contact phone numbers/remits)
Make Datix less complicated so practices can raise issues in a timely manner (and improve feedback process)	EMIS quick launch navigation template to digitally facilitate the process for navigators
Instructions to GP to carry out treatments without a shared care/prior agreement (including unclear or inappropriate requests)	Identify and promote alternative services available to patients
Ensure your test your responsibility is followed	Improve links with housing/financial services
Referral secretaries being aware of the impact of suggesting patients contact their GP to escalate referrals where long waits are known	Communication – standard messages to educate patients/ carers, manage patient expectations
Stop schools requesting that a GP Sick note is needed	
Communications between system partners to be clear, relevant, concise with GP actions/recommendations clearly shown	