

# **Somerset Integrated Care Systems**

## **Primary Care Strategy Phase 3**

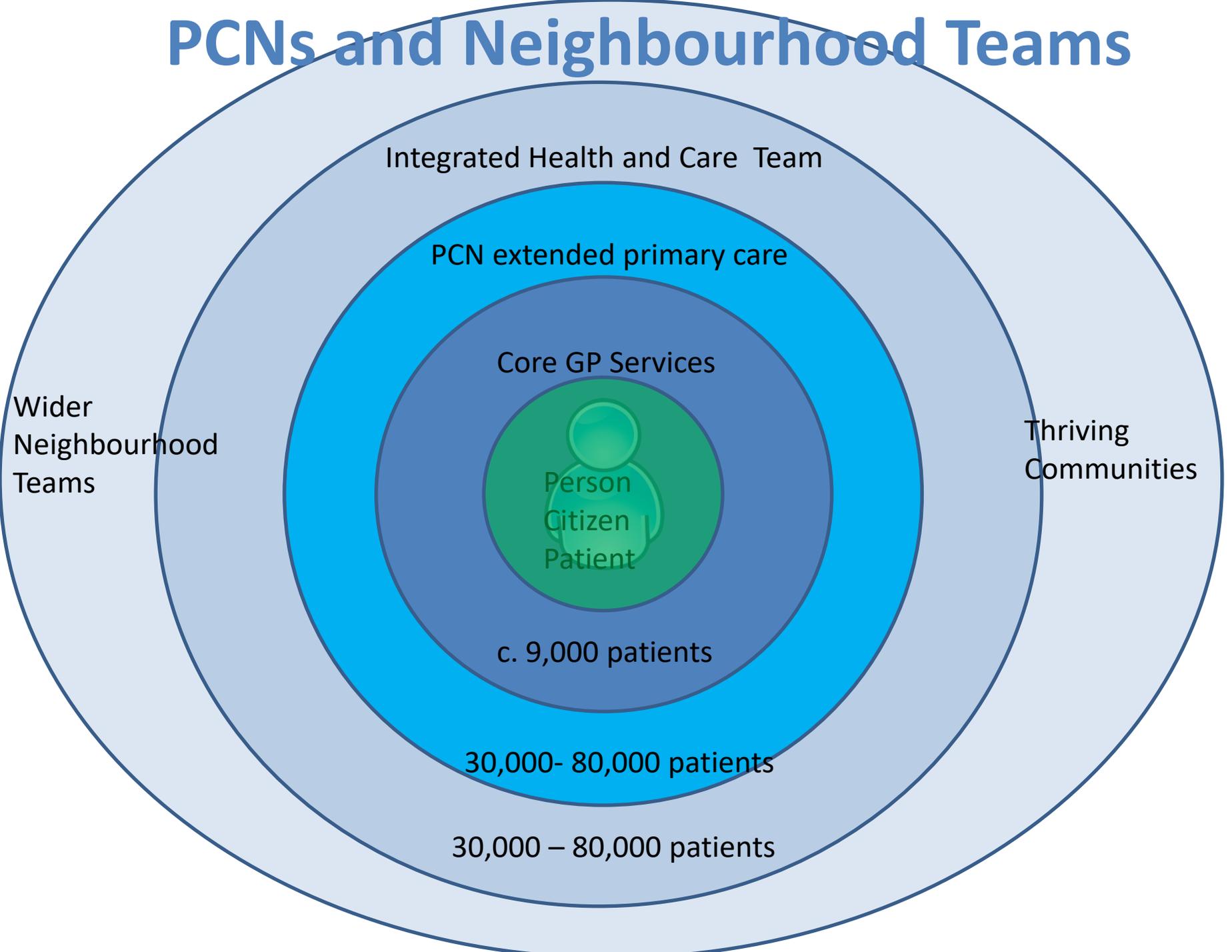
# Primary Care Strategy

- GPs are the first point of contact with the NHS for most people and this strategy relates to those services provided by general practice.
- Other primary care providers include dentists, community pharmacists and optometrists which are not directly commissioned by the CCG.
- 54 providers operating 65 practices
- 80% of urgent care provided by primary care each with different systems in place to deal with urgent care needs, routine care, and home visits
- Increased demand from patients due to an aging population with increasing complexity
- Primary care presentations being seen in other parts of the system as unmet need flows through to Out Of Hours/acute services/Emergency Department
- Challenges in recruitment and retention of both GPs and primary care staff locally and nationally affect both resilience and capacity

# Primary Care Networks (PCNs)

- PCNs are key partners in the development of integrated care and expected to be the building blocks within the system
- There are 13 PCNs with each network having allocated funding to support development of services and build additional capacity
- During Covid-19, PCNs have worked closely with neighbourhood teams made up of a range of local providers including voluntary sector
- This has been exemplified by Enhanced Health in Care Homes (EHCH) work which was being supported by PCNs on a voluntary basis until it came in contractually from 31<sup>st</sup> July

# PCNs and Neighbourhood Teams



# PCN Directed Enhanced Service (DES)

DES specifications for 20/21 include Enhanced Health in Care Homes, Structured Medication Reviews and Early Cancer Diagnosis and begin contractually in October 2020 and form the focus of the PCNs.

Each PCN has an annual allocation of additional roles reimbursement scheme (ARRS) funding available for the recruitment of additional staff to support delivery of the PCN DES.

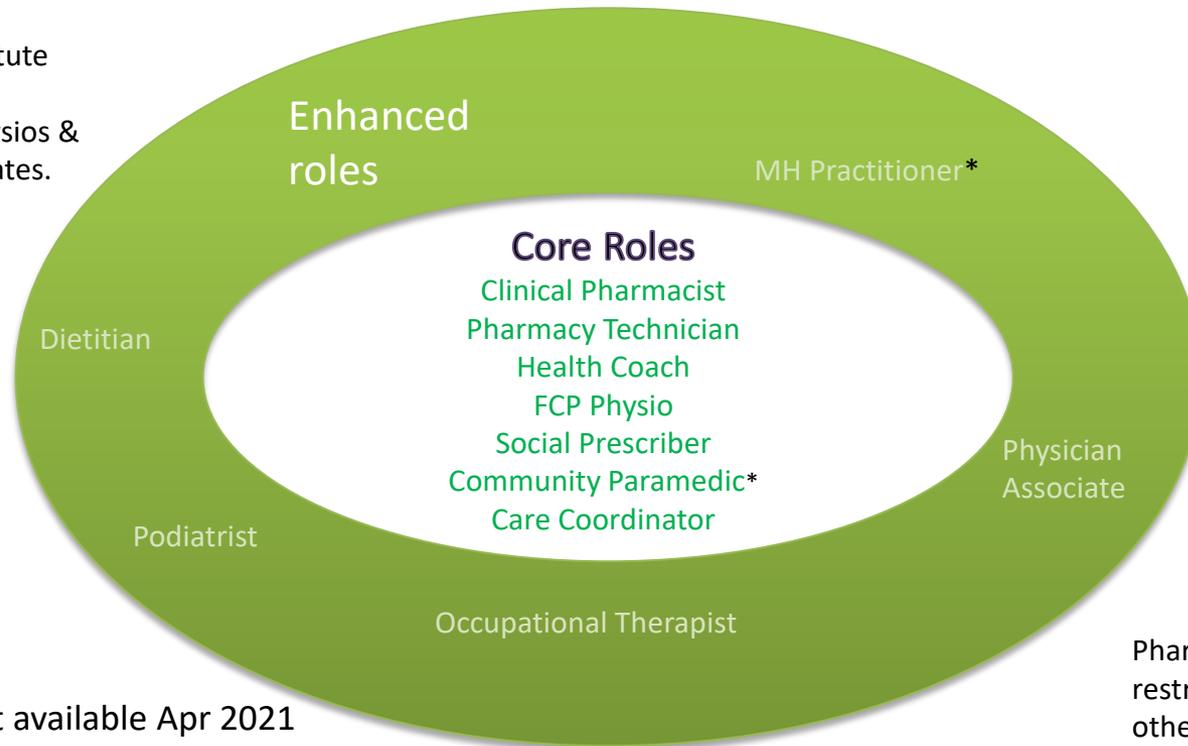
There are currently 10 roles to choose from:

- Clinical Pharmacists & Pharmacy Technicians
- Social Prescribing Link Workers, Health & Wellbeing Coaches & Care Coordinators
- Physician Associates
- First Contact Physiotherapists, Dieticians, Podiatrists, Occupational Therapists
- From April 2021 Paramedics and Mental Health Practitioners will be added into the scheme
- ARRs funding is drawn down nationally once the CCG has made payments against PCN claims
- Unspent monies do not come into Somerset and is lost to General Practice

# Model For PCN workforce

We know from previous experience of health professionals working in Somerset practices that there are key roles that have contributed a significant impact on practice sustainability and patient experience. Their inclusion on the ARRS list also highlights the importance of their role in delivering the PCN DES as their skills are inextricably linked to the primary deliverables. We would recommend these as the core roles for PCNs to recruit with the remaining roles providing an enhanced skill mix.

PCNs may substitute between Clinical Pharmacists, Physios & Physician Associates.



\*reimbursement available Apr 2021

Pharmacy Technicians are restricted to one per PCN; other roles are not limited.

# Our existing priorities for primary care

We have three clear priorities for primary care, agreed pre-covid

To improve the lives of the people of Somerset through the organisation and delivery of integrated out of hospital care including general practice through:



Ensuring that there are no unplanned closures or service reductions to GP practices



Make sure that there are enough health and care professionals locally to meet the needs of the population



Improve the integration of the different services in each neighbourhood, that includes primary care, to improve quality, access and continuity of care

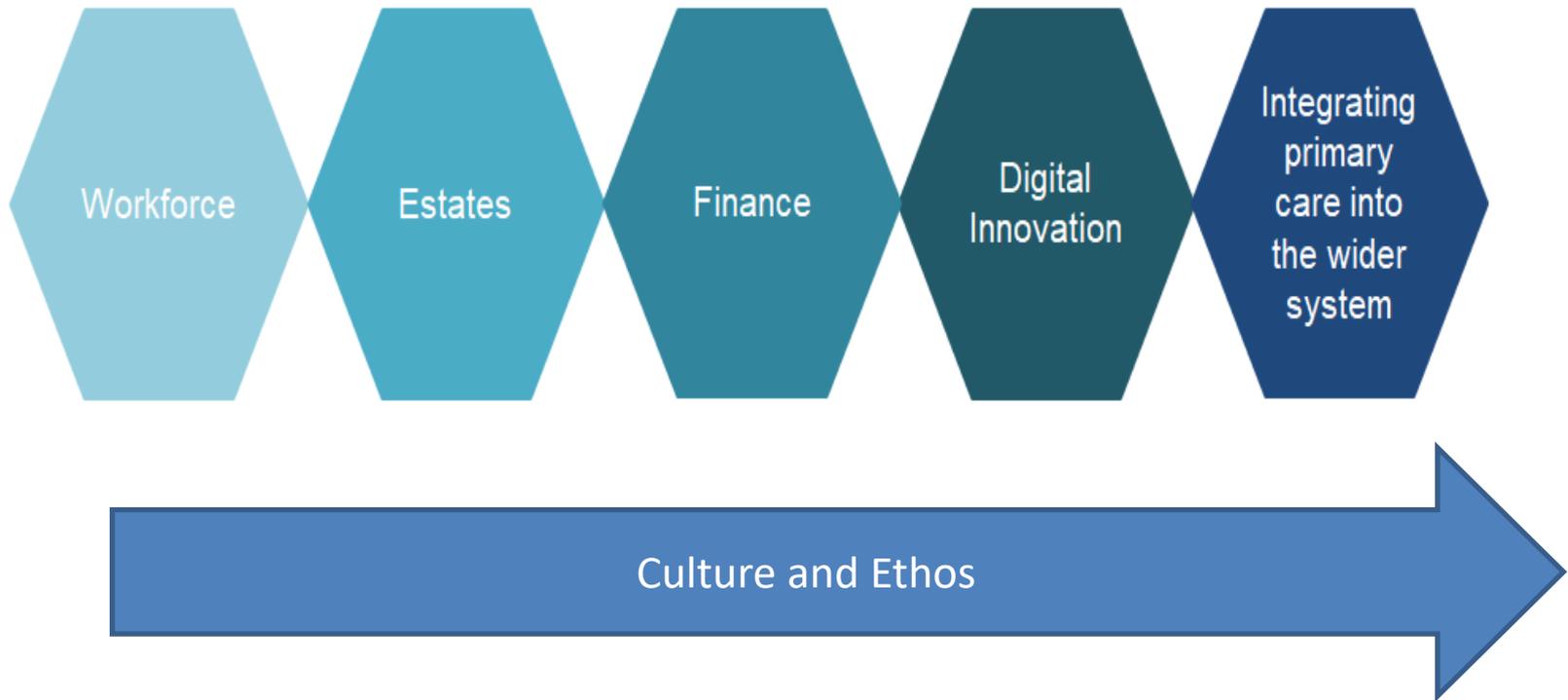
# Forward not back

- Despite the challenges that Covid has brought, it has been a catalyst for true system working
- Digital has been a key enabler with remote working and total triage
- Digital Multidisciplinary Teams (MDTs) have been implemented in many areas and existing good practice strengthened
- Key links have been made across the health and social care system as well as the voluntary sector
- Organisational boundaries have become blurred
- Closer working with community and secondary care teams have supported proactive and timely reactive responses to patients health and social care needs
- 111 has supported triage of patients with Covid and local Clinical Assessment Service (CAS) has reduced the number of contacts to primary care
- Patients understand there is a need for them to access health and care support differently going forward
- BUT there is still much to do and the wider team are critical to a flourishing primary care in its broadest sense

# Challenges

- Primary Care is now seeing the results of the unmet need of patients which have accumulated during lockdown increasing workload
- Face to face appointments have been reduced and when they take place, are more time consuming because of Personal Protective Equipment (PPE)
- If Primary Care is unable to manage activity, because of workforce, capacity or the lack of resources closer to home, there is a real risk that hospital activity will increase to a level greater than that seen pre-Covid
- Covid demand is unpredictable

# Enablers for primary care



# Revised priorities for primary care in Phase 3

In addition to continuing to deliver the existing priorities, we also need to provide strong leadership in the following key areas:

Ensuring that primary care can respond to continuing presence of Covid-19, including being able to respond to potential additional waves of Covid-19 activity

- 1. Ensuring there is equitable and timely access for all patients appreciating the reduction in capacity resulting from PPE being worn, staff members self-isolating/shielding with demand being managed safely and effectively**
- 2. Ensure that primary care can manage demand particularly over the winter period**
- 3. Rapid implementation of Fit For My Future integrated out of hospital care model.**

These are described in more detail on the following slides.

# Priority1:

## Ensuring that primary care can respond to continuing presence of Covid-19, including ability to respond to potential additional waves

This means that:

- Primary Assessment Centres (diagnostic and treatment centres for Covid positive or Covid likely patients) must continue to operate or be able to be mobilised rapidly if needed
- Zoning of practice buildings or Primary Assessment Centres (PAC) sites within a PCN must continue
- Shielded patients need to be seen at home or managed safely within a separate zone if this is not possible
- Footfall in practices must be minimised to reduce potential spread of virus
- Continued use of PPE and face coverings for staff and patients
- Effective, consistent public messaging and patient information
- NHS support to care homes will continue to be a key focus

# Priority 2

## Ensuring that routine demand can be met safely and effectively

This means that:

- A digital first approach must remain the priority which includes optimisation of triage services
- The shift of minor conditions to self-care, 111, community pharmacy and voluntary sector must continue
- Optimising the role of the CAS in primary care
- Population health activities including screening, immunisations and vaccinations are vital and must continue
- Long-term condition management needs to return to pre-covid levels and evolve with wider integrated team involvement
- Primary Care in Somerset will ensure that those health inequalities that have widened during the Covid pandemic, particularly seen within our Learning Disability population are mitigated against by ensuring proactive management through prioritising health checks and ensuring equitable access to primary care health services taking into account their needs
- System wide plan across providers (primary and secondary care) to ensure capacity challenges not 'shifted' from one element to another without the associated workforce or resources to deliver

## Priority 3

# Rapid implementation of FFMF integrated out of hospital care model

This means that:

- The integration and development of neighbourhood teams is critical
- PCN development must continue and accelerate, to increase the number of PCN new roles workers and fully implement the nationally set PCN priorities of cancer diagnosis, structured medication reviews and enhanced health in care homes
- Promote prevention and self-care building on the wider neighbourhoods work
- We cannot underestimate the importance of the wider integrated health and care team to include the community services teams such as District Nurses and the wider Voluntary Community and Social Enterprise (VCSE), to the success of Primary Care and the system as a whole

# System challenges

1. Digital - digital innovations underpin all our key deliverables and include the ability for us to communicate digitally with our patients and across our health and social care community as well as allow us to share information
2. Integrated care – clear interlinks with commissioning approach and system working
3. Urgent care - whole system approach needed, particularly in respect to winter including Clinical Assessment Service and Urgent Treatment Centres (UTCs)
4. Elective care restart- need whole system approach
5. Mental Health - increased incidence of mental health problems due to Covid that need to be addressed along side the pre-covid-19 levels seen
6. Learning disabilities and other vulnerable groups - need to ensure service adjustments are made system wide to reduce the impact Covid-19 has had on this group of patients and that adverse outcomes are mitigated against
7. Women and children - need to respond to SEND (Special Educational needs and Disability), early intervention for “behaviours that challenge”
8. Need to respond to the increased levels of domestic abuse and safeguarding that have been seen during Covid-19 working more closely with the wider system beyond health
9. Advanced care planning and treatment escalation plans on an individualised basis to remain a high priority across the health and social care system
10. Health inequalities are addressed countywide

# Primary Care Challenges

- National guidance has at times been delayed or difficult to interpret
- Digital innovations- challenges around video consultation platforms and future funding as well as software platforms to allow consultations to take place across practices and other parts of the health and care system
- Primary care workforce (clinical and non-clinical staff) health and wellbeing- currently low levels of sickness but appears to be increasing, many colleagues exhausted
- Multiple concurrent priorities including flu and cancer

# Risks-System-wide

- Test and Trace may have unintended consequences on system resilience
- CAS has not yet reached its full potential and discussions are happening at a PCN level but one size will not fit all
- Winter capacity and demand
- Many of the initiatives that have supported primary care in a proactive and timely response are funded on an interim basis

# Moving forward

- 3 clear priorities:
  1. Continue to respond to Covid-19
  2. Provide comprehensive services
  3. Move forward with innovations
- Primary Care Cell continues to co-ordinate
- Constant focus on operational delivery