Humber Coast and Vale Healthcare Partnership

Primary Care Strategy- Background

2019-2024

Requirement:

Every Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS) must a Primary Care Strategy covering 2019/20 to 2023/24; in place and approved through their local STP governance structure/programme board and assured by the region by 1 June 2019.

Background

In 2017/18 every STP across the North Region was asked to develop and submit GP Forward View (GPFV) delivery plans highlighting how the various chapters of the GPFV would be delivered over the five years of the programme.

In Humber Coast and Vale (HCV), the Healthcare Partnership decided to develop a Primary Care Delivery Plan which not only described how the GPFV programme would be delivered across HCV but set a vision for Primary Care Transformation and how the GPFV would be used as a catalyst for transformation.

The Healthcare Partnership Primary Care delivery plan was signed off by all CCGs across HCV, NHS England and finally the ICS in February 2018 and articulated a vision for transformed primary care services over the next five years.

Therefore, the HCV Healthcare Partnership Primary Care Strategy 2019/20 – 23/24 will build on the ambitions and vision described in the Healthcare Partnership Primary Care Delivery Plan to achieve and exceed the commitments made in all key recent publications, Long Term Plan, GPFV, GP Partnership Review, and the GP Contract Reforms.

The Vision for Primary Care

Primary Care has embarked on a process of transformation to provide a service that is sustainable, efficient, effective and attractive to work in. It will play a central role in primary and community care operating at scale to close the three gaps identified in the 5 Year Forward View (i.e. health and wellbeing; care and quality; finance and efficiency) and deliver the commitments set out in the NHS Long Term Plan through the five-year framework for the GP services contract (Investment and evolution: A five year framework for GP contract reform to implement The NHS Long Term Plan).

The HCV Primary Care Strategy (HCVPCS) will encourage and support Primary Care Networks (PCNs) (which in this context includes General Practice, other independent practitioners and all community health and care services and the voluntary sector) to fulfil their roles in emerging ICS's.

The following combines not only a list of some of the **key principles and components** of a transformed primary care system but **key components** of the PCS;

- Primary Care working at scale in PCNs forming the list based operational building block for larger system delivery and progression towards Integrated Care Providers and Integrated Care Systems.
- The 4 characteristics of PCNs are: -
    - Provision to a defined registered population of approximately 30 – 50,000[1].
    - An integrated workforce, with a strong focus on partnerships spanning primary, secondary social and voluntary care
    - A combined focus on personalisation of care with improvements in population health outcomes
    - Aligned clinical, quality and financial drivers

Key Aims and Aspirations for (Clinical) Services in PCNS

Primary Care Medical Services –

- For GPs to diagnose earlier and to manage complex disease including multi-morbidity, they need to spend more time with patients. This will require longer consultations, potentially up to 20 minutes and increased support from a wider clinical and administrative team to facilitate this. Attention must be given to transforming how and when patient access primary care, the use of digital solutions must be maximised.

- Every patient who needs a same day intervention will be able to get one. This intervention will not necessarily be face to face and with a GP, with online access and advice, telephone consultations and alternate practitioners increasingly available. In order to improve productivity and quality, some larger practices and integrated systems have separated acute from routine care to ensure patients are seen by the most appropriate health care professional and to minimise disruption of core primary care.

[1] *local variation on the upper limit*

- All professionals involved in a patient's care will contribute to an electronic shared care record, with access appropriate to their role. All Providers will commit to sharing their data for direct care and ensure their systems are interoperable with the shared care record. Patients will be informed about information sharing and given choices about how their data is used.

- Patients will be able to access their electronic shared care record and use a range of online tools for managing aspects of their care.

- All services that can be delivered safely and according to best practice in the community will be provided within a primary care network, thereby ensuring that patients can access care closer to where they live, avoiding the need to attend hospital unnecessarily. This includes both elective and non-elective care.

- Population Health Management and prevention will be a central feature of primary care and indeed be a golden thread throughout the Integrated Care System. This includes primary, secondary and tertiary prevention and also education around self-care and promotion of wellbeing.

- Social prescribing and community empowerment will be a key feature of primary care delivery which will enable more self-care and more resilient communities.

- The primary care workforce will have expanded to include a number of new roles, some of which will qualify for reimbursement through the national additional role reimbursement scheme which will be implemented from 2019 to 2021. Whilst the national role reimbursement scheme includes 5 roles (clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and community paramedics) other new roles will also be in place such as medical assistants and care navigators and all staff will be up-skilled to work at the "top of their licence".

- The important interdependencies between mental health, cancer and urgent and emergency care will be addressed through more integrated working within PCNs.

<u>Eye Health Services</u>

- Patients will be able to access a consistent and integrated Primary Eye Care Service within each Primary Care Network across the Healthcare Partnership. The evidence based schemes in terms of improved outcomes and cost effectiveness are: -

- Glaucoma Referral Refinement
- Pre and Post Cataract Service
- Minor Eye Conditions Service
- Children's post screening eye test service
- Low vision service

- Further community based eye care services in primary care will be developed within each Accountable Care System to shift secondary care activity closer to home.

Pharmacy Services

- Community pharmacy will act as the facilitator of personalised care and support for people with, long term conditions maximising services within the national contract, locally commissioned services and the pharmacy integration fund to work more closely with and reduce the workload of General Practice.
- Community pharmacy will become a trusted, convenient first port of call for self-care, healthcare advice and treatment and will be integrated with NHS111 for services such as NUMSAS and DMIRS and providing similar services on a "walk in" basis.
- Community pharmacy will be seen as an equal and integral partner in delivery of neighbourhood health and wellbeing services provided by PCNs
- Community pharmacy will become a hub for lifestyle advice building on the Healthy Living Pharmacy programme and providing the opportunity to detect conditions such as Hypertension, Atrial Fibrillation and Diabetes through screening services as signalled in the NHS long term plan.
- Community pharmacy will be an integral partner in the HCV medicine optimisation strategies, combatting waste and ensuring patients get the most from their medicines in general and when transferring across care settings and helping them retain their independence.

Oral Health Services

- Dental care services will be accessible, clearly signposted, supporting prevention and daily patient care. Pathways from primary care to specialist dental services will be clear and easy for practices and patients to navigate.

- Dental and oral health services will be integrated with wider primary care systems working in PCNs and emergency care systems ensuring benefits to patient's oral health, also linking to wider health and social care provision where appropriate.

- Through these developments, practices will be able to transform and enhance their services for example "Starting Well", increasing patient satisfaction and making maximum use of their staff skill mix.

Introduction

The NHS Long Term Plan provides the foundation of our strategic plan and supports our vision of delivering improved health outcomes for patients as well as providing high quality and safe patient care. Primary Care will be the critical component of delivering integrated Health and Social Care within PCNs across HCV focussing on population health and inter-professional partnership working spanning organisational boundaries.

Integrated working will be core to the PCNs based around populations of approximately 30-50,000. PCNs will see GP practices working in clusters based on local populations and their needs with a redesigned primary care workforce to support access and sustainability of Primary Care. New roles of clinical pharmacists, physician associates, first contact physiotherapists, first contact paramedics and social prescribing link workers are to be introduced in a phased approach with increased funding to support new ways of working in Primary Care and enable patients to be seen at the right time in the right place by the right person.

The following strategic workstreams will underpin and be the core enablers in the delivery of the Primary Care strategy; PCN development aligned to the GP contract reforms, Estates, Digital and Technology, Workforce, Communication and Engagement, Finance & Investment.

Enablers to support implementation include: -

- A secure and improved funding path for the NHS, averaging 3.4% a year over the next five years, compared with 2.2% over the past five years.
- Wide consensus about the changes now needed, confirmed by patients' groups, professional bodies and frontline NHS leaders.
- An acknowledgement that work that commenced after the NHS Five Year Forward view is now beginning to bear fruit, providing practical experience of how to bring about the changes set out in the Plan.

The five-year framework for GP Contract Reform translates commitments in the NHS Long Term Plan into a five-year framework for the GP services contract and confirms the direction for primary care for the next ten years. The five main goals are: -

- Secure and guarantee the necessary extra investment;
- Make practical changes to help solve the big challenges facing general practice, not least workforce and workload;
- Deliver the expansion in services and improvements in care quality and outcomes set out in The NHS Long Term Plan, phased over a realistic timeframe;
- Ensure and show value for money for taxpayers and the rest of the NHS, bearing in mind the scale of investment;

- Get better at developing, testing and costing future potential changes before rolling them out nationwide.

This primary care strategy sets out a detailed, costed package of investment and reform for primary care now through to 2024. It is a strategy that delivers real opportunity to deliver a sustainable shift in care and activity out of hospital and develop how services are provided within local PCNs. The plan utilises the funding and resource available within the GPFV and GP contract reform in addition to additional local investment in primary care from commissioners across the ICS. Its implementation will mean more convenient access to care and advice, a stronger focus on population health and prevention, more GPs and a wider range of practice staff, operating in more modern buildings, and better integrated with community and preventive services, hospital specialists and mental health care.

The HCV Primary Care Programme Board will own the primary care strategy and monitor progress against implementation.

Components of the Primary Care Strategy

There are 9 components that make up this Strategy: -

Component 1: Investment plans for local primary care transformation based on their local identified priorities;

Component 2: PCN development plan

Component 3: Workforce

Component 4: Digital and technology

Component 5: Population Health Management

Component 6: Estates Technology Transformation

Component 7: Quality and Digital Standards

Component 8: Patient Empowerment and Personalised Care

Component 9: Local Professional Networks for Dental, Eye Health and Pharmacy Services

Each Component is considered in greater detail in the following sections of the strategy

Component 1: Primary Care Investment

Our Vision for Primary Care Investment is that we make full use of all monies available for the support and development of Primary Care

The NHS commitments regarding Primary Care originally detailed in the GPFV were to invest a further £2.4 billion a year by 2020/21 compared to the baseline year of 2015/16. The HCV Healthcare Partnership Primary Care Delivery Plan 2017/18 – 20/21 was produced identifying an investment of 388 million across 9 GPFV programmes.

Table 1

Professional	2016/17 (£m)	2017/18 (£m)	2018/19 (£m)	2019/20 (£m)	2020/21 (£m)	Total (£m)
General Practice Resilience Programme	3.79	1.98	1.98	2.01	2.12	**11.88**
The Vulnerable Practices Programme	2.57	-	-	-	-	**2.57**
ETTF					289.8	**289.8**
Training care navigators & medical assistants	-	2.43	2.43	-	-	**4.86**
Online Consultation	-	3.65	4.85	3.91	3.79	**16.2**
Access Funding			47.67	TBC	TBC	**47.67**
Career Plus Scheme	-	1.0	-	-	-	**1.0**
GP Retention	-	-	2.06	3.19	3.18	**8.43**
Reception and Clerical Training	-	-	2.40	2.93	-	**5.33**
Total	**6.36**	**9.06**	**61.39**	**12.04**	**298.89**	**387.74**

The above investment only identifies NHS England funding.

In January 2019 the NHS published “The NHS Long Term Plan” which committed to increase investment in primary medical and community health services as a share of total NHS revenue spend across five years from 2019/20 to 2023/24. Spending in these areas will be at least £4.5billion higher in five years’ time.

In support of the NHS Long Term plan a revised set of CCG allocations have been published which both demonstrates the NHS’ intention to continue to invest heavily in Primary Care Services and to take the investment in Primary Care beyond the levels originally detailed in the GPFV.

The main source of funding is detailed in the Delegated Commissioning allocations detailed in table 2 below: -

Table 2

CCG	2019/20 (£m)	2020/21 (£m)	2021/22 (£m)	2022/23 (£m)	2023/24 (£m)
Hull CCG	47.45	49.04	51.25	52.96	54.76
East Riding CCG	44.49	46.16	48.45	50.32	52.32
Vale of York CCG	47.17	49.75	52.43	54.58	56.79
Scarborough and Ryedale CCG	18.31	18.98	19.89	20.62	21.39
North Lincolnshire CCG	25.59	26.99	28.63	29.98	31.39
North East Lincolnshire CCG	29.59	30.33	31.39	32.09	32.80
HCV Total	**212.6**	**221.25**	**232.04**	**240.55**	**249.45**

In addition to the delegated commissioning allocations, We expect that CCG's will want to invest further in Primary Care services from within their Core CCG allocations and will continue to receive and invest in year allocations for Primary Care from the GPFV programme which has a further two years remaining.

As part of NHS England's new operating model, increasingly more responsibility and ability to take decisions locally, will sit at an ICS level. This approach empowers and enables the ICS and CCGs to decide collectively, how best to deploy primary care funding including GPFV funding. HCV will develop an investment plan as required as part of the planning guidance to enable the Healthcare Partnership to receive funding at a system level for the 4 GPFV programmes, for which funding will be allocated in June 2019.

The 4 programmes are: -

- Practice Resilience
- GP Retention
- Reception and Clerical Staff Training
- Online Consultation

The care partnership will consider how best to utilise these monies using the following principles that the 6 CCG's within HC&V Healthcare Partnership are committed to regarding Primary Care investment: -

- Each CCG will invest in full 100% of their Delegated Commissioning allocations on Primary Care Services.

- Each CCG will invest in full 100% of their GPFV allocations or another specific primary care allocation in accordance with the National Directives pertaining to those allocations.
- Each CCG will invest on a recurrent basis £1.50 per head of population from their CCG Core Allocations in accordance with the planning guidance.
- Each CCG will maintain their existing investment in Primary Care and where financially viable invest further in Primary Care using CCG Core Allocations.
- The CCG's collectively agree to pool resources when and where appropriate across HCV.
- The CCG's collectively agree to support the ICS Digital lead and the NHSE Digital lead to develop Technology developments and investments for and across the HCV Healthcare Partnership as a whole to ensure the Healthcare Partnership footprint has parity in its IT infrastructure.

Table 3 below provides details of total resources planned to be utilised across the Healthcare Partnership Primary Care system: -

Table 3

Allocation Description	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	Total £m
Delegated Commissioning	212.60	221.25	232.04	240.55	249.45	**1,155.89**
Core CCG £1.50 per head	2.16	2.18*	2.20*	2.22*	2.25*	**11.01**
Core CCG GPFV Access Included in Recurrent Baselines	3.63	8.72*	8.80*	8.89*	8.98*	**39.02**
PCN Clinical Director Investment	0.73	0.99*	1.00*	1.01*	1.02*	**4.75**
GPFV Programme Investment	1.15	1.25	1.25	1.26	1.26	**6.17**
CCG Primary Care Investment (if known)	1.27	0.50	TBC	TBC	TBC	**1.77**
International Recruitment	0.41	TBC	-	-	-	**0.41**
Clinical Pharmacist Investment	1.91	1.76	1.85	1.97	2.14	**9.63**
Total	**223.86**	**236.65**	**247.14**	**255.90**	**265.10**	**1,228.65**

** Based on 1% population increase across the Healthcare Partnership*

Component 2: **PCN development plan**

Our vision for PCNs is: -

- Networks will deliver tangible benefits for patients and clinicians resulting in:
  - improved outcomes for patients;
  - an integrated care experience for patients;
  - more sustainable and satisfying roles for staff, promoting development within multi-professional teams.
- Networks will assess population health - focusing on prevention and anticipatory care - and operate in partnership with other agencies to address the wider determinants of health.
- Care will be delivered as close to home as possible, with networks and services based on natural geographies, population distribution and need rather than organisational boundaries.
- Seamless care (for both physical and mental health) across primary care and NHS community services, will remove the historic separation of these parts of the NHS.
- Integration across PCNs and secondary care/place-based care will reduce demand for hospital-based care, with more clinically-appropriate secondary care in primary care settings.
- Joined up care planning, coordination and delivery will take place between primary care, community care, voluntary sector, social care, and other parts of local government, including public health, with NHS and social care teams working together in multidisciplinary teams (MDTs) and hubs. Services will respond to the needs of the communities they serve.
- Networks will fully harness the opportunities available from technology, including digital provision of care for patients (e.g. a digital front end), real time-shared care records and business intelligence systems.
- Staff will have a more sustainable workload and more attractive, structured career pathways, that enable multidisciplinary working, portfolio careers and the ability to move between care sectors.
- Integration and partnership working with wider partners will help to address wider determinants of health.

- A business model to incentivise networks, with a contract for outcomes based commissioning, appropriate payment models and removal of potential barriers to integration, including estates and indemnity.

PCNs (PCNs) are an essential building block of every Integrated Care System, and under the new Network Contract DES, general practice takes the leading role in every PCN. This will mean much closer working between PCNs and their Integrated Care System (including ICPs and CCGs).

To support the on-going development of PCNs, HC&V will utilise the Lancashire and South Cumbria local Primary Care Network and Neighbourhood Development Support Tool which has been developed to build on the NHS England PCN Maturity Matrix. The tool forms the basis of development discussions between CCGs and Neighbourhoods/Networks to understand their current progress and future ambitions. The tool provides simple ladders of maturity across six development themes: -

1. Leadership and Corporate Governance
2. Population Health Management and Care Models
3. Empowering People and Communities
4. Care Teams and Clinical Governance
5. Resource Management
6. Provider Collaboration

The tool is accompanied by an action planning template and identifies what support products will be developed and provided to PCNs/Neighbourhoods. The Healthcare Partnership will agree a timescale for completion of an initial assessment following the national requirements to agree PCNs and be in place for 1st July 2019, the likely timescale for roll out is in Quarter 3 of 19/20.

HCV has 29 PCNs as shown in Table 4 below

Table 4

CCG	Population @ 31/12/2018	No of PCNs
North East Lincolnshire	170,398	5
North Lincolnshire	180,064	3
Hull	301,099	5
East Riding of Yorkshire	305,584	7
Vale of York	360,758	6
Scarborough and Ryedale	120,844	3
Total	**1,438,226**	**29**

Component 3: Growing the Workforce

Our vision for primary care workforce is: -

- Develop our existing workforce to deliver place based person-centred care. Changing the conversation to personal strengths and assets;
- Create more learning opportunities for all professions to work together in Primary Care;
- To ensure that there is a sustainable, efficient, productive workforce sufficient to meet demand;
- Offer more career opportunities by working with partners to ensure that the workforce is representative of the population it serves;
- Ensure that HCV have a Primary Care workforce that is fit for purpose, fully supported and empowered to deliver the care required by the local population.

The workforce contribution is key to delivering service transformation and high-quality care within financial constraints. In HCV, the challenges of recruiting and retaining a skilled primary care workforce are a growing concern. There is an ageing workforce and simply put, not enough younger replacements coming through. What's more, a growing ageing population with complex needs, poor health outcomes and deprivation levels that place some localities at the top of the Index of Multiple Deprivation rankings, underline the fact that "doing nothing" is not an option.

Workforce is a crucial part of delivering the NHS Long Term Plan. CCGs across HCV are developing individual workforce strategies in Primary Care settings covering the lifespan of a career in Health and Social Care provision. We will continue to support the development of the workforce over the next five years. We will work in collaboration with Health Education England to look at innovative new roles to attract the best people into the health service, whatever stage of their career they are at.

Figures released by Health Education England (HEE) in October 2018 revealed the highest ever number of people accepting an offer of GP training in NHS history. The figure of 3473 meant the annual target of 3250 had been surpassed for the very first time with more than 300 additional trainees successfully choosing specialty training compared to the previous year, an increase of over 10% and a 30% increase since 2014. However, the current attrition rate of doctors leaving general practice is such that overall increase in GP numbers (FTE) will not be achieved simply by this increased future supply.
We will plan to deliver our commitment to increase our clinical workforce in line with our Workforce Strategy that will be available in Summer 2019.

We will ensure our current workforce are recognised, supported and developed by providing access to training and development programmes for example, Building Bridges, GP Mentorship, Training Hubs, GP Fellowship and support growing our own workforce through the HCV Excellence Centre.

We will support the development of Clinical Leadership and succession planning.

We will work with our partners to deliver on our commitment through the Primary Care Workforce Development Group

The local position for 2019 placements is detailed in the table 5 below: -

Table 5

Region	Rotations Available	Rotations filled August 2019
York	17	15
Scarborough and Ryedale	4	2
Northern Lincolnshire	4	4
Hull	25	25
Total	**50**	**46**

Whilst 92% or rotations have been filled for August 2019 this is short of the estimated need for 86 trainees to be appointed in HCV any one year. This is based on HEE Yorkshire and Humber target of recruiting 351 trainees and the HCV programmes share of this based on patient population.

HCV Workforce Board, Partnership forum are continuously reviewing data to understand the current supply (availability of new GPs) and need (demand both to fill existing or expected vacancies to meet future out-of-hospital provision) to be able to deliver an increase in medical workforce working within general practice, with the new Long-Term plan and contract reform we have an opportunity to plan more coherently.

Working with the local Primary Care Workforce Development Group we will maximise all opportunities from all national programmes and build on the excellent local work that is already underway and detailed in the table below.

Other workforce initiatives

In addition the defined workforce programmes listed above there are also several other workforce programmes being progressed as set out in the table below: -

Description	Progress to date
Care Navigators	CCGs have rolled out a series of training sessions across the Healthcare Partnership to support the development of care navigators who will relieve pressure on GPs by signposting patients to the most appropriate solution for their need.
Practice Managers Training	A series of Practice Management sessions have taken place across the Healthcare Partnership with further sessions planned for 2019/20 led by Humberside LMC and North Yorkshire LMC
Reception and Clerical Training	CCGs have rolled out a series of training sessions across the Healthcare Partnership to support the development of reception and clerical staff to play a greater role in navigation of patients and handling clinical paperwork to free up GP time
Workforce Planning	The Healthcare Partnership has signed up to roll out Apex Insights workforce tool across all GP practices and extended access providers with the deployment expected to be completed by end of Quarter 1 2019/20
Non-medical Prescriber Course	Partnership working with Hull University and York University to secure as many places for primary care staff to support career development
Online Consultation	The Healthcare Partnership has undertaken a procurement to secure a provider for online consultation across the STP with deployment underway 51% of patients can

	currently access online services
Medicines Optimisation in Care Homes	HCV was successful in NHS England have introduced a Medicines Optimisation in Care Homes (MOCH) programme, the focus being on care home residents using the Pharmacy Integration Fund (PhIF) to support the deployment of expert pharmacy teams to work in care homes from 2018/19 to 2019/20. The Medicines Optimisation in Care Homes programme focuses on care home residents, across all types of care home settings and aims to deploy dedicated clinical pharmacy teams. This scheme has been rolled out across the Healthcare Partnership in 2018/19
Cervical Cytology Training	NHS E has funded training for 80 nurses across the Healthcare Partnership including additional mentorship. The programme has now commenced with cohort 1. The programme has been developed in partnership with Haxby ATP
Leadership and Management Development Programme – Junior Managers	Funding for 25 places onto the programme aimed at supporting junior managers who work in a healthcare environment with the skills and supporting theory that will help them perform well in their role. It is suitable for new managers or team leaders in either non-clinical or clinical roles.
Social Care Prescribing Link Workers	Individual CCG support to bids from all practices for a Community Link service to navigate patients into social prescribing pathways. This was ahead of the national announcement for every primary care network to be fully funded for 1 social prescribing link worker with effect from 1st July 2019 as part of the network DES
Complex Care Team – Supporting frail and vulnerable people in care homes	This service is commissioned to support frail and vulnerable people in care homes with advanced care planning

Primary Care Mental Health	Improving quality of services to patients with mental health conditions. The service provides joined up working and case management of patients with complex mental health needs or particular vulnerability which affects their ability to study and/ or remain at University.
Falls	The project helps people remain independent in their own homes, and provide a rapid and effective response to any patients who do experience a fall, with a view to helping to avoid unnecessary hospital attendances/admissions
Learning Disability	Project to improve numbers of learning disability patient checks in the city of York to:- • Improve the quality of these checks • Develop a team to act to signpost resources for LD patients and carers • Improve patient screening • Run clinician and carer training events annually
Integrated Care Team	The Integrate Care Team will review each patient to understand what intervention is required and use an MDT approach to develop care plans or signpost the patient to the most appropriate option. The aims of the service are: - • To put service users at the centre of hub delivery • To improve defined population-based health and care outcomes • To reduce population-based healthcare costs, social care costs and associated costs • To improve the quality and equity of health and care services for the hub population as measured through defined information/outcomes • To provide proactive and preventative healthcare and health promotion through, for example, self-care and measures of patient independence

Mental Health Training	As part of the North Lincolnshire Out of Hospital Transformation Programme, partners recognised that there was a shortage of low level mental health training available. In order to increase confidence in what to do if someone is distressed or in a crisis situation, and help individuals with personal resilience, North Lincolnshire CCG and RDaSH have teamed up to offer free Mental Health First Aid training. General practice, commissioning staff, PPGs and local hospice staff have been invited to access the training. Initially 48 training places have been offered.

Component 4: Digital Transformation in Primary Care

Our vision for Digital Transformation

This component of the strategy sets out the vision for the digital transformation of primary care across HCV and will be accompanied by a HCV Digital Strategy, a draft is planned to be produced for June 2019.

We live in a digital age, when many of the services we use on a daily basis are provided or enabled by the use of technology.

However, we are also working in the world of health and care, where people come first, and the very essence of care is human contact and involvement.

Digital must never be seen as a replacement for face to face care when it is needed, but should be seen as a way to extend and enhance care offerings, support clinicians and other staff to deliver the care workload more effectively, sharing that workload to the most appropriate healthcare setting for the patient, enabling clinicians to focus more time on those who really need their skills, and to give patients and their carers options about how they access health and care services, specifically in this case, primary care services.

Digital can also provide new insights with the better use of analytics to support population health management, and the introduction of artificial intelligence to speed clinical decision making (not replace it).

There are, however, many situations where face to face consultations may not be needed, or those face to face discussions can take place away from a GP, with other practice staff, or other primary care practitioners.

Digital can help to enable this, giving patients choice in how and when they access services, supporting clinicians to deliver the services they need to, and helping to relieve some of the primary care, especially GP, workload pressures that are faced.

HCV has developed a digital roadmap prioritising IT workstreams for the coming years.

The following programmes relevant to Primary Care have been prioritised for deployment: -

- GPIT - Project to replace devices 4-5 years old as funding allows
- Windows 10 roll out - all Devices must be upgraded to Windows 10 by Mid Jan 2020
- Health and Social Care Network
- GPIT Contract Changes
    - Practices will be expected to make 25% of appointments bookable online, 'improve their online presence' and give new patients access to their digital records as standard.
    - By July 2019
    - Practices to improve online presence
    - All patients will have the right to digital-first primary care, including web and video consultations in 2021;

- Give newly registered patients **FULL** access to their digital records as standard
- Patients should also have digital access to their full records & clinical correspondence from 2020 - with the ability to add to the record;
- Patients required to opt-out rather than opt-in;
- All patients should be able to order repeat prescriptions electronically from April 2019;
- From 2020 onwards, resources will be available to enable practices to offer online and video consultations;
- NHS England has said there will be additional funding of IT to help patients make use of these technologies;
- NHS 111 will begin direct booking in to practice appointments. Practices will be expected to make one appointment per 3,000 patients available each day for this;
- *NHS111 will only book the appointment after Clinical triage*;
- Practices will have access to a data protection officer through their CCG to provide support on GDPR issues;
- Appointing a DPO remains a practice's legal responsibility;
- With appropriate governance in place recognising patients' preferences, practices will be expected to share data for digital services as outlined in the NHS Long Term Plan, like the NHS App and including contributing data to Local Health and Care Record initiatives as they come online to support information sharing with other services, in line with LHCR expectations for timeliness of data sharing;
- Practices will also have the critical role in creating and updating care plans for all appropriate patients, in as near to real-time as possible, to the Summary Care Record and to Local Health and Care Records when they are available. This will enable patients, their carers and professionals involved in their care are able to see the same information;
- No Fax machines to be used by April 2020;
- From October 2019, practices will register a practice email address with MHRA CAS alert system and monitor the email account to act on CAS alerts;
- Digitalisation of Lloyd George notes to be completed by 2022.

- IT Service Procurement Process
  - About to start final year of existing LPF contract;
  - Need to formally procure new service;
  - Procurement team formed;
  - Mobilisation expected Jan 2020.
- Record Sharing
- Care Homes IT

Approach

The programme of work to support delivery of Digital Roadmap for the HCV will facilitate and support the implementation of the NHS Long Term Plan and GP Contract Reform document and also build on what has been achieved to date.

A key priority is to ensure that we move the whole Healthcare Partnership forward, with all practices and all PCNs benefiting from Digital First. It is acknowledged however that different areas will be at different stages on their digital journey, both technically, but also culturally, and a priority will be to ensure that there are minimum standards, but also enabling digital innovation by those who are further advanced.

Component 5: **Population Health Management**

Our Vision is that the particular needs of local populations are fundamental considerations in the delivery of services through PCNs

Taking a whole population approach means working collaboratively beyond the boundaries of health and care services to support people to stay healthy and avoid complications from existing illnesses. This is one of the key new ways of working outlined in the NHS Long Term Plan, published earlier this month. It will enable care to be delivered in the right place and at the right time for local people and their families

Through Population Health Management, we can use information which is already held about people to look at the best way to help people live longer, providing personalised care tailored to their needs. One example is using data to identify people who have multiple long-term conditions and understanding the ways in which they can be supported to prevent complications and live independently. This approach will be developed across HCV to make a real difference to people's lives.

Nearly half a million pounds is going to be spent in local communities across HCV, tackling the factors which have the greatest impact on people's health.

Component 6: Estates Technology Transformation Fund

Our Vision for the ETTF is to maximise the use of the funds available to us to produce infrastructure improvement across the Primary Care landscape

Humber, Coast and Vale Healthcare Partnership have continued to work with Practices and CCGs to best utilise capital for estates and technology investments.

The details of the Humber, Coast and Vale Healthcare Partnership Primary Care Capital Investments are detailed in Table 6 below:

Table 6

Programme	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	Total £m
Estate & Technology Transformation Fund	4.18	2.78	-	-	-	**6.96**
Business as Usual	0.31	0.31	0.31	Tbc	Tbc	**0.93**
Total Capital Plans	**4.49**	**3.09**	**0.31**	**-**	**-**	**7.89**

Estate and Technology Transformation Fund (ETTF) – it is the intention to utilise this resource initially to invest in the development of the Primary Care premises infrastructure across Humber, Coast and Vale. Initial plans are to invest this capital resource to progress a number of new Primary Care Health Centres and to develop a number of existing Practices through premises improvements and extensions. There is uncertainty around the ability to support New Build schemes through ETTF however the Healthcare Partnership would be keen to develop the business cases for these schemes to ensure they're progressing and in a better position to access future Healthcare Partnership capital.

If it is financially viable, investments in Technology benefitting Primary Care across the whole of the Healthcare Partnership will be undertaken to utilise any slippage in spend. The Technology schemes will be developed and held in reserve pending the identification of local slippage or the release of regional and or national slippage.

It must be noted that the ETTF programme is due to be completed by 31st March 2021, at this stage it is unconfirmed whether a further similar scheme will be implemented.

Business as Usual – this resource will be used to invest in the cyclical refresh of GP IT equipment and to invest in Primary Care premises by way of Improvement Grants to

practices. Further investments in the Learning Disabilities Transformation Fund schemes will also be undertaken.

At this stage capital plans for 2019/20 to 2021/22 have been submitted to the NHS England Northern Region. Further plans will be developed on an on-going basis to ensure a pipeline of schemes is in place for when future capital funding routes are known.

Component 7: Quality and Digital Governance Standards

Our vision is that all service users accessing Primary Care Services in the HCV area can be assured that provision is underpinned by the most robust and comprehensive governance and quality structures

Within HCV Healthcare Partnership there are examples of local quality schemes developed by CCGs, the aims of the schemes are to: -

- Provide the opportunity to shift the balance of resource in the system from Acute to Out of Hospital;
- Ensure the best use of NHS resources and clinical skills within the care networks to avoid unnecessary referral. This includes the use of Advice and Guidance;

As part of continuing to improve outcomes the scheme is regularly under review and will be shared as part of sharing best practice across the Healthcare Partnership through the Primary Care Programme Board Committee.

Primary Care Quality Assurance and Improvement Framework – there are examples of a set of quality standards for primary care being developed across the Healthcare Partnership with the aim of having a consistent quality assurance approach being established which is driving improvements and enhancing safety within the practices across the region.

The standards cover a wide range of areas including traditional clinical quality markers, prevention, access etc and also describe what the team feel are key enablers of quality improvement such as shared decision making, information technology etc.

We will monitor the progress of PCNs through the network dashboard and share best practice.

We will monitor PCNs development across the six development themes covered within the maturity matrix.

We will work closely with the HCV Quality Improvement Group to develop robust systems of reporting and quality improvement that are consistent across the whole HCP. We will work with individual CCGs to support them with their research and quality improvement work and work in partnership with the RCGP and academic institutions to embed quality initiatives with PCNs.

Component 8: Patient Empowerment and Personalised Care

Our Vision is that Patients and Service users are fully involved in decisions with services commissioned at CCG and HCV level and the means by which the services are delivered to them

Personalised care means people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences. This happens within a system that supports people to stay well for longer and makes the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences. This is one of the five major practical changes to the NHS service model in the NHS Long Term Plan. It recognises that personalised care is central to a new service model for the NHS, including working through PCNs, in which people have more options, better support, and properly joined-up care at the right time in the optimal care setting.

This shift represents a new relationship between people, professionals and the health and care system. It provides a positive change in power and decision making that enables people to feel informed, have a voice, be heard and be connected to each other and their communities.

Personalised care takes a whole-system approach, integrating services including health, social care, public health and wider services around the person. It provides an all-age approach from maternity and childhood, through living with frailty, older age and end of life, encompassing both mental and physical health and recognises the role and voice of carers. It recognises the contribution of communities and the voluntary and community sector to support people and help build resilience.

The Comprehensive Model for Personalised Care has been co-produced with people with lived experience and a wide range of stakeholders and brings together six evidence-based and inter-linked components, each of which is defined by a standard, replicable delivery model. The components are:

1. Shared decision making;
2. Personalised care and support planning;
3. Enabling choice, including legal rights to choose;
4. Social prescribing and community-based support;
5. Supported self-management;
6. Personal health budgets and integrated personal budgets.

Through these standard models we seek to create the balance between specifying a national, consistent standard and enabling flexibility for local adaptation and implementation. We also seek to align to or build on existing personalised approaches that have been adopted by both social care and health in the HCV area.

We will educate the population to choose appropriate treatments and enable them to manage their long-term condition and what self

Component 9 – Local Professional Networks for Dental, Eye Health and Pharmacy Services

Our Vision is that Dental, Eye Health and Pharmacy Services will be fully integrated members of the PCNs

In 2012 securing Excellence in Primary Care committed to the development of the Local Professional Network (LPNs) for Dentistry, Pharmacy and Eye Health, to provide local clinical leadership working with key stakeholders/Partners on the development and delivery of local priorities to deliver the National Strategy and Policy.

Integrated working with partners in Dental, Pharmacy and Eye Health is a key theme within the Primary Care strategy to ensure the best use of collective skills and knowledge are maximised to meet the challenges, reduce duplication and maximise opportunities for early intervention to improve patient outcomes. Primary Care services including dental, eye care, pharmacy and general practice are central to bringing care closer to home, managing long term conditions, preventing unnecessary hospital admissions and helping people stay well and healthy. Our patients want better access to GP and wider primary care services; to be better informed about self-care and health services generally and wrap around joined up care when needed.

HCV do not currently have any Local Professional Networks Pharmacy in place and haven't done for a number of years. The Primary Care Programme Board will consider a key role for itself over the next twelve months to promote the establishment of these networks and integrate these within PCNs (through their Clinical Directors) to promote full integration.

Signed

Dan Roper – Chair, Hull CCG

Geoff Day – Head of Co-Commissioning, NHS England

Humber, Coast and Vale