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Primary Care Sustainability Update

Tees Valley Joint Health Scrutiny Committee
Monday 11th March 2019



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INTRODUCTION

- The General Practice Forward View (2016) set a “*new direction and opportunity to demonstrate what a strengthened model of general practice can provide to patients, those who work in the service, and for the sustainability of the wider NHS*”.
- This update focuses on :
 - **Q3 workforce information (updated from previously presented Q1)**
 - **Current schemes to assist with primary care sustainability**
 - **Future workforce plans in 5yr GP contract – development of Primary Care Networks**



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GP WORKFORCE UPDATE



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GP Staffing Levels

CCG	No. of GPs [Head count]		No of GPs [FTE]	
	Q1 2018	Q3 2018	Q1 2018	Q3 2018
Darlington	74	72	53.3	53.3
Hartlepool and Stockton-on-Tees	160	159	127.5	130.5
South Tees CCG	167	171	122.9	124.0

Eligibility for Retirement in next 10 years

CCG	GPs aged 55+ [Head count]		GPs aged 55+ [FTE]	
	Q1 2018	Q3 2018	Q1 2018	Q3 2018
Darlington	10	Data not published for Q3	9.25	11.11
Hartlepool and Stockton-on-Tees	27		23.15	21.74
South Tees CCG	49*	49*	28.13	27.60

*total number of GPs aged over 55



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Average No of Patients per GP

CCG	Average Number of patients per GP [Head Count]		Average number of patients per GP [FTE]	
	Q1 2018	Q3 2018	Q1 2018	Q3 2018
Darlington	1,865	1,858	2,950	2,952
Hartlepool and Stockton-on-Tees	1,741	1,775	2,330	2,428
South Tees CCG	1,570	1,573	2,283	2,416
North East Average	1,414	1,376	2,141	2,195

GP Vacancies

CCG	Q1 Vacancies	Q3 Vacancies
Darlington	3	0
Hartlepool and Stockton-on-Tees	Hartlepool – 2 Stockton – 3	Hartlepool – 2 Stockton – 3
South Tees CCG	2	3

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Schemes to assist with primary care sustainability

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Practice manager development

Awarded funding from NHS England to support the development of practice managers alongside the wider New Models of Care/primary care networks programme of work. In South Tees CCG a local leadership and resilience programme funded by NHS England will be delivered for practice managers by the North East Leadership Academy (NELA). A talent management programme is also being developed in South Tees for aspiring practice managers supported by NHS England resilience funding.

Behavioural health coaching (Darlington CCG)

Working with the GP Federation [PHD] in Darlington to develop a behavioural health coaching programme for clinical primary care staff to support patients to manage their condition more effectively.

GP retention programme

Seven GPs in Hartlepool and Stockton-on-Tees are being supported to release one session per week to enable them to undertake alternative activities to support the practice or overall system [eg research, HIAs]



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GP retention scheme

CCGs offer eligible GPs the opportunity to apply to this scheme, aimed at retaining GPs who would otherwise leave the profession, by enabling them to work in a more flexible way. One Stockton GP has joined this scheme, **along with one GP from South Tees CCG.**

Time outs

South Tees, Darlington & HaSt CCGs provide regular education and training events to GPs, Nurses and Health Care Assistants.

National workforce reporting system

Practices and the CCGs are now able to access more detailed information about workforce to help to plan primary care services in the future.



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GP Career Start (South Tees CCG)

The scheme offers one paid day per week for 12 months to enable newly qualified GPs to develop a portfolio career, seek additional clinical experience and develop additional skills such as medical teaching. It is funded jointly by South Tees CCG and Health Education England.

Two GPs have been employed through the scheme, with practices stating this package was a deciding factor for candidates. Two more GPs are currently exploring what the programme can offer them. Support from local Foundation Trusts through exposure to clinical services is vital and has been excellent.



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Time for care programme

Encouraging practice teams to participate in this programme and support them to consider and implement a range of systems and processes to help manage their workload to free-up clinical time for care.

General Practice Resilience Programme

Two primary care projects in Darlington and one in Hartlepool and Stockton have been funded through NHS England to support new ways of working.

Care co-ordinators

Service commissioned by the CCG providing dedicated staff into GP practices providing proactive support to patients to manage their own health and wellbeing; already established in Hartlepool and Stockton-on-Tees and due to commence in Darlington in April 2019.



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Active signposting

Admin staff in practices across Darlington, Hartlepool and Stockton-on-Tees have been trained to connect patients with the most appropriate service, thereby freeing up essential GP time.

To support this a directory of services is being developed for use in each locality to support practice staff in directing patients to alternative services, where appropriate.

All practices in South Tees have been delivering care navigation for the last 12 months and have practice staff who are trained to sign post patients to appropriate services.



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Online-consultations

Online-consultations in Darlington, Hartlepool and Stockton on Tees commenced in 2018. They are now being offered in 7/11 practices in Darlington and 17/33 practices in HaST.

Patient and staff feedback is proving extremely positive, with Darlington reporting as one of the highest performing in the Country. The CCGs have an aspiration of 100% coverage by March 2020 and the CCG are working with practices to share learning and best practice and support them to adopt new ways of working.

All South Tees practices will be offering online consultations through EConsult or smart phone apps (Mjog Smart) by 31st March 2019



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NHS

'Investment & Evolution' 5yr GP Contract Workforce Plans



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Primary Care Networks - Context

- New Directed Enhanced Service (DES) for general practice in 19/20
- Primary Care to take the leading role in every Primary Care Network (PCN)
- PCNs are intended to dissolve the historic divide between primary and community health services
- The PCN is a foundation of all Integrated Care Systems (ICS); and every ICS will have a critical role in ensuring that PCNs work in an integrated way with other community staff such as community nurses, community geriatricians, dementia workers, and podiatrists/chiropractors
- PCNs are about provision **not commissioning**, and are **not new organisations**
- PCNs are expected to be established by 1st July 2019

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Primary Care Network – Formation

Size

Population of between 30,000 – 50,000

Boundary

Each PCN to have a network area or boundary that makes sense to:

- its constituent practices;
- to other community-based providers, who configure their teams accordingly; and
- to its local community.

Although a practice's catchment area may span more than one network, the practice will only join one network

Non-participation

The CCG is responsible for ensuring 100% population coverage, and the patients [and all associated financial entitlements and benefits] of any practice not participating will be transferred to another PCN through a locally commissioned agreement.



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Primary Care Network – Formation

- **Extension of the core GP contract – with 3 parts:**
 - Network Service Specifications (These sections set out what **all networks have to deliver**)
 - Network Financial Entitlements
 - Supplementary Network Services (CCGs and Primary Care Networks may develop local schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources)
- The PCN as a whole that becomes responsible for delivery
- **Each PCN to decide its own delivery model**
 - A lead practice
 - GP federation
 - NHS provider or;
 - Social enterprise partner



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Workforce

- 20,000+ additional staff to be employed over 5 years in networks and there will be an additional role reimbursement scheme established to support the funding of the new workforce
 - These five reimbursable roles are clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics
 - 2019/20 - **clinical pharmacist role and social prescribing link workers**
 - 2020 - **Physician associates** and **First contact physiotherapists**
 - 2021 - **First contact community paramedics**
- GP workforce programmes extended including:
 - GP retention programme
 - International recruitment
 - Practice resilience programme
 - Time for Care national Development Programme
- New voluntary 2-year primary care fellowship programme for GPs and Nurses
- Undergraduate Practice Nurse places and credentialing for Advanced-level Nurse Practitioners
- Co-location of IAPT workers and community mental health staff with PCNs



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Workforce cont

- **PCNs will decide** which organisation[s] in future will employ the staff e.g. single lead practice, GP Federation, Trust, VCSE etc. (PCNs will not be a legal entity to employ staff directly)
- Funding is for new staff posts only – not existing
- Fuller guidance to be issued March 2019



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Primary Care Network – Service Specifications

The increase in investment under this agreement includes the introduction of seven specific national service specifications under the Network Contract DES that the Networks will be required to deliver from 2021

1. **Structured Medications Review and Optimisation** (2020/21) to be undertaken the clinical pharmacists working in the PCN
2. **Enhanced Health in Care Homes** (2020/21) to implement the vanguard model
3. **Anticipatory Care** (2020/21) targeted proactive support for high risk/need patients delivered by a fully integrated primary and community health team
4. **Personalised Care** (2020/21) to implement the NHS Comprehensive Model
5. **Supporting Early Cancer Diagnosis** (2020/21) including timely uptake of screening
6. **CVD Prevention and Diagnosis** (2021/22)
7. **Tackling Neighbourhood Inequalities** (2021/22)

19/20

From July 2019 PCNs will be required to deliver the existing GP extended hours DES to ensure 100% population coverage



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Primary Care Networks - Investment and Impact Fund

- Fund will start in 2020 to help PCNs plan and achieve better performance against metrics in the network dashboard
- Part of the Fund on wider NHS utilisation will be dedicated to The NHS Long Term Plan commitment to the principle of 'shared savings':
 1. **Avoidable A&E attendances** - which PCNs will increasingly be able to impact through the digital and access improvements, including 111 direct booking
 2. **Avoidable emergency admissions** - impacted through the Anticipatory Care Service and Enhanced Health in Care Homes
 3. **Timely hospital discharge** - helped by the development of integrated primary and community teams
 4. **Outpatient redesign** - aided by the national ambition to redesign outpatients services to avoid up to 30m outpatient appointments per year, PCNs will have a critical role in supporting this ambition, whilst also increasing referrals for cancer, e.g. direct access diagnostics
 5. **Prescribing costs** - NHS England will review past and existing prescribing incentive schemes in 2019 to develop a standard national model
- Access to the Fund is anticipated to be a network entitlement from 2020/21

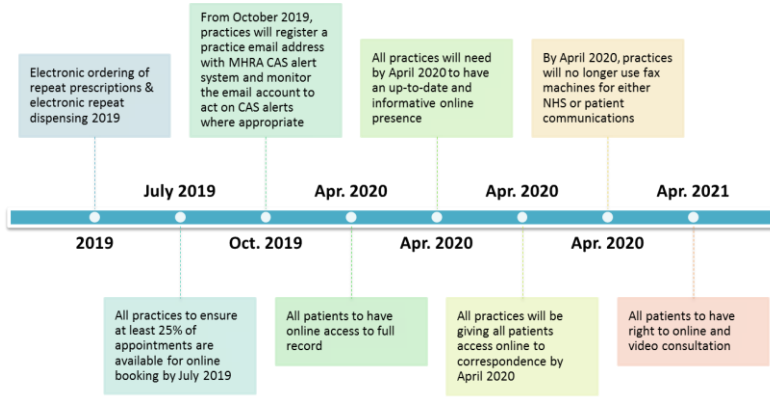


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FURTHER INFORMATION

For further information on the General Practice Forward View, please see: <https://www.england.nhs.uk/gp/gpfv/>

Any Questions??



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