NHS
Wolverhampton
Clinical Commissioning Group

Primary Care Strategy 2019 - 2021

May 2019

Version 1.1 DRAFT

Contents

Page Number

Foreword – Mr S Marshall

Current challenges and brief overview of what the strategy hopes to achieve by 2021. Share once happy with the content of the document.

National and locally Primary Care services are experiencing challenging times:

- The population is aging, and patients are more complex than ever
- Patient expectations on what and where they receive care is very high
- The demand on GP and health professional's time is greater and the volumes of patients accessing primary care systems grows year on year
- The workforce is not growing at the rate needed to keep up with higher demands
- The funding will always continue to be challenging.

1.0 Introduction

The NHS Long Term plan, released in early 2019, sets out the new vision for the NHS for the next ten years. This vision, at its core looks to develop new care models in which patients get more options, better support and effective, joined-up care at the right time in the optimal care setting. This way care will be more pro-active, and people will be able to take more control of their own physical and mental health and wellbeing. The Long-term Plan describes what changes need to be made by all healthcare services to give patients an all-round better experience of care in areas such as development of new job roles and how digital solutions such as Apps will support patients to access care in new and different ways. However, at the heart of this plan is the principle that Primary Care is the bedrock on which all other services should be built.

There are 5 major changes identified which build on the aspirations outlined in the GP Five Year Forward View (2016) and have a significant impact on primary care, these are:

This strategy reflects the work that we will undertake over the next 2 years, 2019 to 2021 to strengthen primary care.

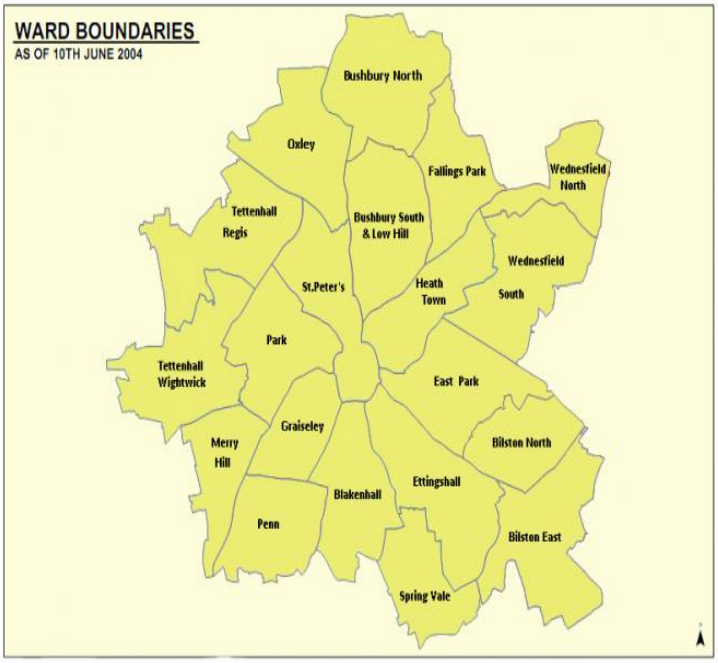
This strategy also details our intensions for our primary care services, so they are future fit. This ranges from how we engage (and will continue to engage) with patients on our key areas of focus through to what clinical services we are focusing on to continue to meet the ever changing, complex landscape.

Who are we

Wolverhampton CCG is responsible for commissioning (both buying and monitoring) healthcare services including emergency/A&E care, routine operations, community clinics, health tests and checks, for its 262,000 registered patients and we spend almost £1 million a day on healthcare.

Our vision for primary care is to achieve universally accessible high quality out of hospital services that promote health & wellbeing for our local community. We seek to ensure that treatment is available in the right place, at the right time and to improve the quality of life for those living with long term conditions and reduce health inequalities.

In Wolverhampton we are supporting the development of new models of care delivery through emerging models that include a small Primary and Acute Care Model and three Multi-Speciality Care Providers. This is helping us to shape primary and community services for the future.



Wolverhampton is a city and metropolitan borough in the West Midlands in England. Historically part of Staffordshire, the city grew initially as a market town specialising in the woollen trade. In the Industrial Revolution, it became a major centre for coal mining, steel production, lock making and the manufacture of cars and motorcycles the effects of which we still see on the health of our population. The economy of the city is currently based on engineering, including a large aerospace industry, as well as the service sector.

Our Vision

Our focus over the next two years is on:

- Treating more patients in the community through development of Primary Care Networks an Integrated Care Alliance
- Extending the range of primary care services, we deliver including some secondary care services
- Develop and continue to implement initiatives which support Primary Care

Our vision for Primary Health Care in Wolverhampton is to 'deliver universally accessible high quality out of hospital services that: promote the health and wellbeing of our local community ensure that our population receive the right treatment at the right time and in the right place with an appropriate professional whilst reducing early death and improve the quality of life of those living with long term conditions; and reduce health inequalities.

Our key commitments for Primary Care are:

Reduce the years of life lost from causes amenable to health care by 13.5% over 5 years	Reduce the gap in life expectance between wards by 10% by 2020	Reduce the gap in health life expectancy at birth between Wolverhampton men and women and the national average by 10% by 2020
Improve Access to a Primary Healthcare Clinician 24 hours a day	Introduce alternative approaches to face to face consultations	Support more people to self-manage their Long-Term conditions
Reduce emergency admissions for appropriate conditions which can be treated and managed in Primary Care	Increase % of budget on out of hospital services	Increase in total FTE employed in Primary Care.

Supporting the continued improvement and development of Primary Care in Wolverhampton is one of our main priorities over the next 2 years which we will achieve through implementing this strategy.

Related CCG Strategies and Policies		
Urgent Care Strategy	Planned Care Strategy	Mental Health Care
Children and Young People Strategy and SEND	Self-Care and Prevention Strategy	Workforce Development Strategy
Estates Strategy	IM&T Strategy	Procurement Policy and Strategy
End of Life Strategy	Integrated Care Strategy / Better Care Fund	Quality Strategy

This strategy is just one in a number of aligned CCG strategies all designed to make a real difference to how we deliver excellent patient care.

Scope of this Strategy

Since then a lot has changed in Primary Care. So that the CCG continues to commission high quality care for its population Wolverhampton CCG made the decision to revise its current strategy to include the changes laid out in the NHS's Long-Term Plan published in January 2019.

The principles underpinning development of this strategy recognise and respond to the influences of NHSE's General Practice Five Year Forward View and the new NHS 10 year-long term plan. This strategy also reflects our ambitious programme of system-wide, large-scale change and recognises the importance of primary care as the foundation of our entire health system.

However, it's important to recognise that this strategy will continue to focus on general practice services and will not directly cover other primary care services such as dentistry and ophthalmology. This reflects the fact that the CCG's membership is comprised of general practitioners and the CCG's responsibility to ensure the continuous improvement of primary medical services. These other services are still being commissioned by NHS England however, how these change in response to the 10 Year Plan, and changes to any plans will be undertaken in due course.

2.0 Our Primary Care Services: - An Overview

Wolverhampton has 40 registered GP Practices with a combined patient list size of 294,000 patients. These practices provide the full range of standard primary medical services that patients would expect to use during core working hours and it also provides essential services 24 hours 7 days a week, through a combination of GP practice, Extended Hours and Out of Hours Services provision.

Over the last 2 years our Primary Care services have worked tirelessly to:

- Encourage practices to network, all practices have actively engaged to afford more resilience and improve patient care.
- Improve access to general practice, providing additional appointments through introducing hubs in the community with appointments available until 8 pm weekdays plus weekends and bank holidays.
- Building on the work our practice groups there are more services available at weekends including dedicated nurse appointments, pharmacy reviews, phlebotomy and other specialist clinics available for patients to access.
- Commissioned a primary care counselling service for patients to access in a timely manner closer to home and without referral to mental health services.
- Introduced a CCG commissioned Special Access Service for patients who have been excluded from General Practice lists as a result of violent or aggressive behaviour.
- Developed and implemented a local Quality Outcomes Framework (QOF+) focussing on the prevention and treatment of conditions including diabetes, obesity, alcohol, hypothyroidism, COPD and Asthma and also included in the scheme are physical health checks patients on learning disability or serious mental illness register(s) and finally cancer screening too.
- Support individuals to be treated at home or in a nursing home when previously they would have been treated in a hospital
- Increase the palliative care services available to those who wish to die in their place of choice

- Improve the health and social care of people with Long Term Conditions including:
- Diabetes, CVD (AF diagnosis, warfarin treatment and NOACs, hypertension, heart failure and stroke, cardiac rehab following MI) and COPD
- Improve the health and social care of the frail elderly
- Develop a strong emphasis on putting the patient at the centre of our planning and encouraging primary care to work together to achieve improved population-based health and well-being

Through discussions with practice members, staff and patients we have identified a number of new priorities which will be our focus across the next two years. These are:

Our Priorities for Developing Primary Care		
Developing a long-term plan including population health management	Setting up an Integrated Care System	Setting up Primary Care Networks

Our Local Clinical Priorities for Primary Care	
Frailty	End of Life Care
Children and Young People	Mental Health

Each of these work streams are clinically led and co-chaired by a General Practitioner and Consultant lead.

Working groups have been set up to manage delivery of each of the work streams' aims and objectives and these groups feed into monthly steering groups.

Our Primary Care Services: - What we have delivered so far

We are piloting initiatives, chosen as part of our previous strategy with the aim of both improving general primary care services and supporting a shift of care into the community. Examples of these include:

GPFV Care Redesign & Workload

- Improved access to a range of standard primary medical services 8am to 8 pm Monday to Friday and also limited opening during weekends and bank holidays through a combination of GP practice, extended hours and improving access hubs.
- Use of technology to develop a number of non-face-to-face consultations including emails, telephone triage, online triage, video etc
- Encouraging patients to play an active role in the management of their own care particularly for those with long term conditions has been achieved through coaching and a range of self care resources including access to online videos.
- In part this these initiatives have resulted in a reduction in unnecessary appointments.

Introduced a range of **Extended Primary Care Services** that will provide more services closer to home:-

- New services which treat patients at home or in a nursing home when previously they would have been treated in a hospital
- Better end of life care services
- Refugees and Migrants – services specifically tailored to this population
- Looked After Children – to ensure this population receives all necessary support
- Young People – primary care services tailored to reduce unnecessary use of emergency and GP services.

Patient Centred Care
We have supported a more joined up way of working to ensure that patients care includes input from a cross section of the health and social care professionals and, have a real focus on implementing local place-based models of care that deliver improved access to better coordinated community and primary care.

GPFV Workforce
- Encouraged the introduction of Clinical Pharmacists, Care Navigation, Social Prescribers
- Physicians Associates have been appointed by practices, two practices have worked with the CCG & Health Education England to implement a internship
- Investment in training and development for clinical and non clinical practice team members including Practice Managers, Administration & Reception Staff & specific training for nominated personnel from within the team to enable a consistent approach to processing clinical correspondence in practices
- Appointment of Post CCT Fellowship doctors working in general practice & secondary care.
- Active participants in the Black Country General Practitioner Retention Intensive Support Site (GPRISS) that has been recognised nationally for it's successful delivery of multiple projects to retain GPs. This work continues and has been extended to Practice Nurses and Pharmacists.

Pilot Projects:-
- Frailty clinics and
- Occupational Therapists in practices
- GP Home Visiting Service

Infra-structure
In addition to different consultation types practices have been able to access funding to improve their buildings offering better facilities for patients. This programme continues.

We use data and population health analysis to understand the needs of our patients. Through this we have targeted our resources into long-term conditions such as diabetes, alcohol abuse, obesity and cancer screening (QOF+). We are also redesigning key pathways, developing new roles and improving the way in which care is delivered we aim to strengthen all our primary care services, which will in turn help us to improve the health of patients and to continue to deliver an improved and consistent level of service.

Arrangements for Commissioning and Delivering Primary Care from April 2019

The Long-Term Plan has committed to increase available funding for community and primary care. We will use this additional funding on improving our services. For example, developing of our Primary Care Networks, a key part of this strategy.

Supporting the continued improvement and development of Primary Care is a key ambition for Wolverhampton CCG, reflected in the plans set out in this Strategy however introducing reforms to Primary Care will not occur over night and bring with them both structural and operational challenges.

We have assumed fully delegated responsibility for commissioning primary care and undertaken significant work to support emerging clinical groupings to meet the needs of their patients, in line with the priorities set out in the *GP Forward View and the newly released Long Term Plan*

We have set up our new QOF+ (Quality Outcomes Framework) programmes to ensure that we are able to tackle the key issues affecting the local population

We have supported the new deal for General Practice, the new Contract (2019) and funding arrangements which include:-

- Network DES funding is predicated on practices confirming their willingness to collaborate and work together as a network (not necessarily merging existing contracts) whilst maintaining their independence. The network application process concluded in May 2019 and 6 networks have been approved for the city. Funding will flow to the Network's nominated provider as set out within the respective Network Agreement.
- Individual practices who have signed up to the Network DES will receive an additional payment for engagement with the Primary Care Network Scheme. This is the only funding that is paid directly to practices for participation in the DES.
- In support of the DES NHS England will invest in a number of new roles, importantly the introduction of a Clinical Director in each network and a proportion of funding for this role on a basis of 0.25 WTE per 50,000 patients, at national average GP salary (including on-costs). This will be provided on a sliding scale based on network size and will rise in subsequent years.
- Funding for new roles including Social Prescribing Links Workers (100%) and other professionals including Clinical Pharmacists, Physicians Associates, First Contact Practitioners and Paramedics (75% contribution).

New roles will be introduced over a 3 year period, further detail can be found later in the strategy.

3.0 Primary Care Networks and Integration within Wolverhampton

A key requirement within both the GP5YfV and the NHS Long Term Plan was that all CCGs in England set up Primary Care Networks by May 2019. In Wolverhampton we have worked with our General Practice colleagues to deliver this.

What is a Primary Care Network?

Simply put a primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. These networks provide care for 30 – 50k patients there is a greater opportunity for GP practices to provide a wider range of services situated closer to the patient's residence.

To do this they will be provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing. Networks will receive specific funding for clinical pharmacists and social prescribing link workers in 2019/20, with funding for physiotherapists, physician associates and paramedics in subsequent years.
These networks will be the footprint around which integrated community-based teams and community and mental health services will develop. Networks will use data to assess the needs of the local population to identify people who would benefit from targeted, proactive support.
Although the GP practice will be part of a wider network of practices in their area they will still retain their unique identity and relationship with their own patients and therefore still provide local services to our communities.

Location(s) of our Primary Care Network(s)?

We have worked with our member practices to form six networks that will strengthen the services provided to our patients. This will support all network members to be able to develop their services based on population health need.

Name	Composition
Wolverhampton North Network	7 practices | 52,584 patients
Unity East Network	8 practices | 32,867 patients
Wolverhampon South East Network	7 practices | 56,933 patients
Vertical Integration	8 practices | 55,516 patients
Unit West Network	5 practices | 38,197 patients
Wolverhampton Total Health	6 practices | 56,321 patients

The composition of each network is detailed in Appendix 1.

Recognition is given to the possibility of movement/change based on the preferences of practices should contractual arrangements change or be an influencing factor for change (Network DES 2019/20).

The initial key milestones in our PCN journey are:-

PCN Formation Milestone Dates	Requirements
3 April 2019	Practices briefed on national guidance emphasising the importance of geography, functionality & patient engagement.
15th May 2019	Submission of contract application to the CCG which confirms; clinical lead, patient coverage, list sizes and nominated payee
31st May 2019	CCG confirm network coverage and approve variation to GMS, PMS and APMS contracts & STP sign off.
Early June 2019	NHSE and General Practitioners Committee (GPC) England jointly work with CCG's and Local Medical Committees (LMC) to resolve any issues
By 30 June 2019	Network Agreements fully populated & development plans demonstrating areas of priority fully articulated.
1st July 2019	Network Contract DES* goes live across 100% of the country
July 2019 – March 2020	National entitlements under the 2019/20 Network Contract starts
CCG Support to Networks to ensure development in accordance with Network Agreements and National Guidance. Monitoring and assurance will be reviewed at quarterly intervals via the Milestone Review Board ensuring that all assurance statements are duly satisfied.	

PCN Development

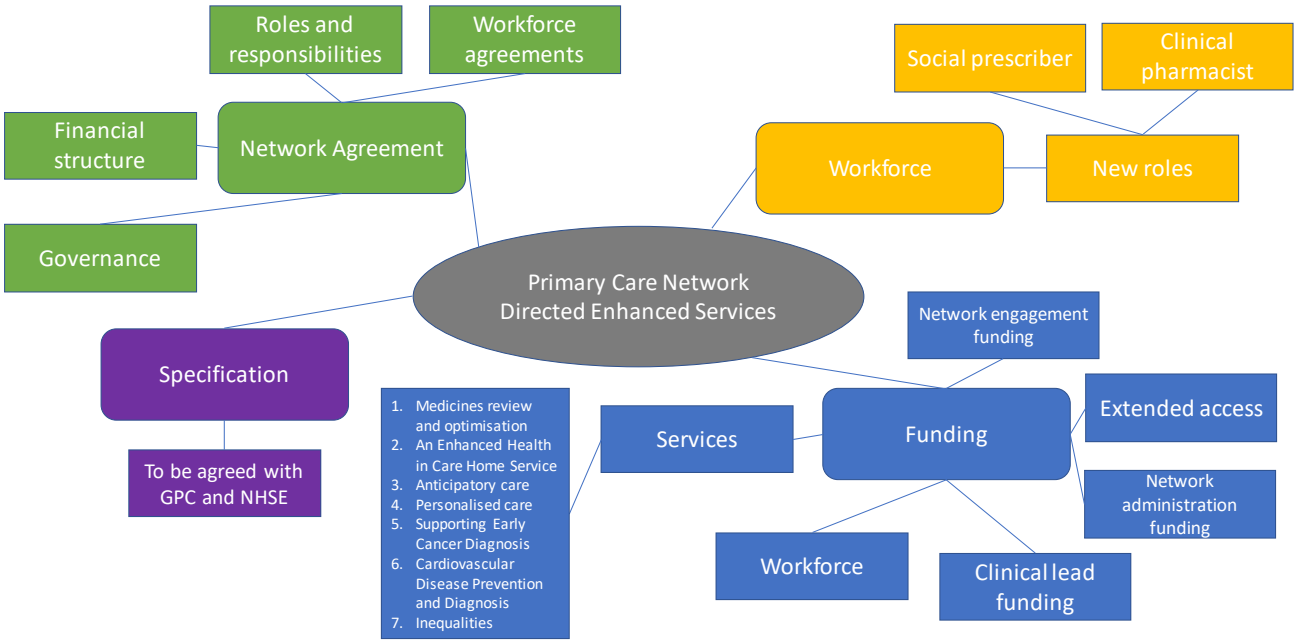
All six networks will be supported by the CCG to mature in a timely manner as per national expectations. Recognition is given to the challenges PCNs will face given the competing priorities they will encounter at network level. All networks will be required to identify from available data their population health needs and prepare a full Network Agreement in June that addresses each of the following components:-

Schedule 1 – Network Specifics
Schedule 2 – Additional Terms
Schedule 3 - Activities
Schedule 4 – Financial Arrangements
Schedule 5 - Workforce
Schedule 6 – Insolvency Events
Schedule 7 – Arrangements with organisations outside the network

Network agreements will be regularly updated to reflect maturity and changes that arise in the implementation phase and arise as part of the network maturing. The Network DES recognises that practice independence remains in accordance with general medical services contract types and there may be occasions when a practice may leave or join a network, these changes will be proposed to the CCG Commissioning Committee to ensure that the requirements of the Network DES (specification and guidance) have been met prior to any change arising.

By the end of 2019/20 there will be new national service specifications attached to the Network DES to be enacted in 2020/21 the DES will continue to be developed over subsequent years as part of the 5 year deal for GPs.

Development over a relatively short period of time, in line with the national guidance with be critical to the maturity and effectiveness of each of our networks in Wolverhampton. The CCG remain committed to supporting and encouraging network development to compliment work with other stakeholders and partners that strive to achieve better services for patients.



Directed Enhanced Services

One of the most critical parts of developing a Network is how funding will be allocated. The main way that this will happen is through an agreement called a Directed Enhanced Services (DES), also being referred to as the 'Primary Care Network Contract'. The DES details how the funding will be allocated by services and the diagram below highlights which DES's we are focusing on and what we need to consider implementing this effectively.

Having agreed, signed off contracts for services and the new way of working begun, the networks will have a good level of financial security. This security means that the networks can focus on formation and the delivery of front-line patient care without having to worry about current funding streams.

Other DES Specifications that the CCG actively encourage practices to participate in are as follows:-

- Learning Disability Health Checks
- Minor Surgery
- Vaccination Programmes (Shingles Catch Up, Pertussis, Meningococcal Freshers, Seasonal Influenza & Pneumococcal Polysaccharide Vaccination Programme 2019/20)
- Extended Access (till July 2019)

Practices are required to 'sign up' to these direct with NHS England and collaborative monitoring takes place in year with the CCG. NHS England may alter/vary their offer in years beyond 2019/20.

Public Health also commission services from General Practice, primarily NHS Health Checks.

Quality Outcomes Framework (National)

NHS England commission a national framework for general medical services contract holders in England. This is a voluntary scheme comprising of a collection of clinical and public health indicators organised by disease or intervention categories and have been selected representing care that is principally the responsibility of general practice and there is good evidence of health benefits that are likely to result from improved care provided in primary care.

There are a number of clinical domains including atrial fibrillation, heart failure and hypertension and dementia and mental health. In 2019 more indicators will be added to some domains including diabetes, blood pressure control and cervical screening. A new quality improvement domain (QI) that focuses on prescribing safety and end of life care have also been introduced but the QI domain is likely to be subject to change year on year.

The Quality and Outcomes Framework (QOF) was introduced as part of the General Medical Services (GMS) contract on 1 April 2004. The objective of the QOF is to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients. This publication provides data for the reporting year 1 April 2017 to 31 March 2018 and covers all General Practices in England that participated in the Quality and Outcomes Framework (QOF) in 2017-18. Participation in QOF is voluntary, though participation rates are very high at 94.8 per cent nationally. All practices in Wolverhampton CCG participate in QOF.
The total number of points that can be achieved is 559.
The QOF results for year 2018/19 are not yet available however for year 2017/18 out of the then 42 practices 29 achieved points above the CCG average of 538 points with 13 practices achieving less than the CCG average with 2 practices achieving more than 20% lower than the CCG average. Three practices achieved 100%.
The average number of points achieved across England is 537.5 with CCG achievements the same as above.

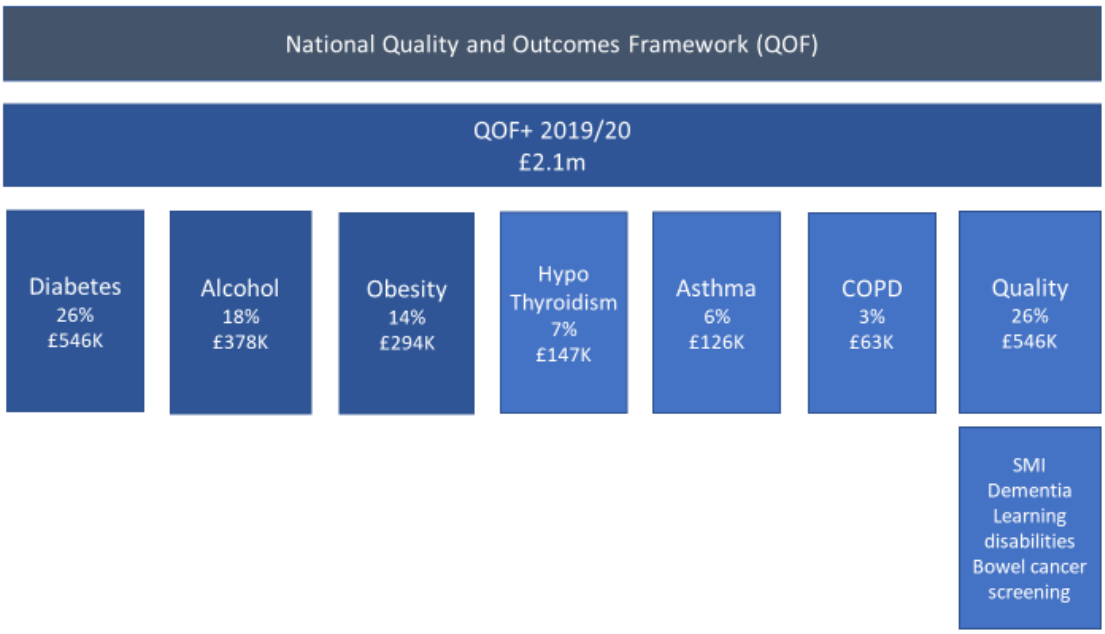
Quality Outcomes Framework (QOF+ Local)

Locally, the CCG introduced QOF+ in 2018/19 with particular focus on prevention of deterioration and/or ill health. The scheme was designed in conjunction with GPs from within the membership and designed to complement work already taking place in QOF whilst tackling areas of concern in the city.

The initial priorities including diabetes, alcohol and obesity and comprised of 19 indicators for practices to work towards the scheme has been developed further in 2019/20 and spans other priorities including COPD, Asthma, Hypothyroidism and a small compliment of quality requirements.

There are now 34 indicators and the value of the scheme has increased to £2.1 m in 2019/20.

L



Local Enhanced Services

The CCG invests additional local funding based on population health needs, these are of course prioritised to ensure

- QOF+
- Minor Surgery (Networks)
- Improving Access
- Minor Injury
- Basket of Services

All practices are actively encouraged to participate at practice and/or network level affording patients localised care delivery, closer to home.

Our Approach to Integration

The Long-Term Plan states that by 2021 Integrated Care Systems (ICSs) will cover the whole country. Integrated care is what happens when NHS organisations work together to meet the needs of their local population. Integrated Care Systems bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

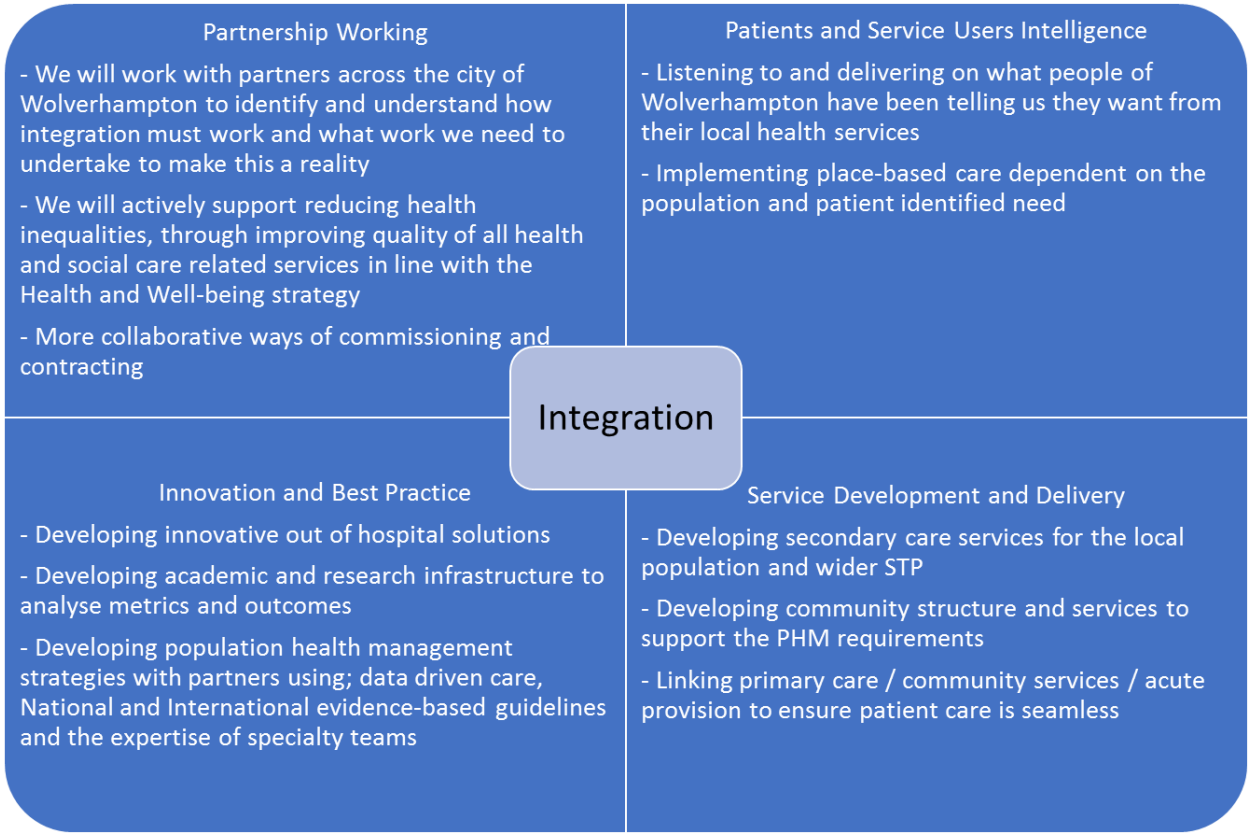
Nationally there has been the development of a new integration framework. We are a committed partner within the Black Country and are supporting the development and adoption of this new Integrated Care approach has been created to ensure that all associated organisations:

- Are committed to working in partnership in the best way possible to support our service users, carers and their families
- Support the development of integrated care for more specialist services
- Listen and co-produce services with our service users and stakeholders
- Play a pro-active role in developing the Wolverhampton Integrated Care Approach.

We also recognise that integration is an important enabler within Primary Care Networks and our aims for delivering integrated care within Wolverhampton can be split into the following areas:

- Partnership Working
- Patients & Service User Intelligence
- Innovation & Best Practice
- Service Development & Delivery

The illustration below provides more detail about how integration will be achieved for each component.



As part of the integration plan, the CCG will support the development of Multi-Speciality Community Provider and Primary and Acute Care Systems which will deliver new ways of delivering more integrated services in primary care and community settings.

Clinicians have identified a range of clinical priorities with the overall objective of improving experiences of care for patients first and foremost whilst also improving the way in which primary and secondary care professionals work seamlessly to improve care for their patients.

Challenges Facing Primary Care in Wolverhampton

The City of Wolverhampton's population has been growing in recent years, and now stands at in excess of 290,000 in April 2019.

The city is ethnically diverse, with 35.5% of residents in 2011 being of BAME (Black and Minority Ethnic) heritage. Furthermore, 16.4% of the population in 2011 were not born in the UK. Many religions are followed, and the city has the second-highest proportion of Sikh residents in the country. A fifth of the population is disabled, which is like the English average.

The social composition of Wolverhampton tends to be predominantly working-class, when examined using Experian's Mosaic classification system updated in early 2016. The largest proportion of households in the city are the Family Basics group (18,585 or 17.8%) who are described by Experian as "families with limited resources who have to budget to make ends meet". The second most common household type is Transient Renters (15,798 or 15.2%), households comprised of "single people privately renting low cost homes for the short term". The third most common household is Modest Traditions (13,188 or 12.7%), who are "mature homeowners of value homes enjoying stable lifestyles".

Wolverhampton has a number of health challenges relating to the location and deprivation within the city including childhood obesity, child poverty are at their highest, infant mortality is higher than the England average but improving with fewer secondary school age pupils having tried/smoking. Whilst teenage pregnancy rates have improved (better than England average), rising trend of pupils achieving Maths and English grades (9-5), Further details can be found in the city's Joint Health & Wellbeing Strategy 2018-23.

Through adopting a collaborative approach between the CCG, Public Health and our practice groups NHS Health Checks are at the highest rate they've ever been in the city having been one of the worst performing CCGs/Local Authorities in England in 2016/17.

We know that Primary Care plays an important role in improving the health of local populations, but we also recognise that changing how patients receive care will be a collective responsibility of patients not just be the responsibility of Primary Care Networks and the Practitioners that work within them. We have to continue to develop and implement a programme of at scale initiatives.

We are introducing a genuine parity of esteem through transformation of services, policy change and societal attitude.

Responding to the NHS 10-year Plan's focus on Mental Health we are creating a system where patients have easier access to services, get early diagnosis and prevention, have smoother transition from child to adult MH services, grow stronger, and early links with education, ensure that primary care is supported to help but does not become the default for every patients, make sure that all patients in crisis have support 24/7, can access same day emergency and can get help to prevent suicide when they feel this is the only option left to them.

We are continuing to Integrate systems by ensuring we place Primary Care at the centre of the patient's pathway and work with, for example Local Authorities and the third sector taking advantage of their experience and knowledge for example contributing and signing up to key frameworks such as the Social Care Green Paper.

To help us to continue to meet our aspirations will draw on a number of key support functions to help deliver on the above. These include workforce development, contract management, IT and estates. By doing this we will ensure that any new service development or pathway changes are robust and that the needs of the patients and the staff will be met.

Health and Wellbeing – How are we looking to deliver Public Health Priorities and Reduce Health Inequalities

Improvements in life expectancy are a key success indicator and focus for all the partners within Wolverhampton. To achieve these, the council and public-sector partners will be working together as one to transform health outcomes across the city. Public Health will support and provide external advice to partners beyond the NHS and social care in taking a place-based approach.
Key to extending the reach of public health will be a primary care service equipped with the skills to engage, influence and persuade, with the ability to tell the story using data and evidence, whilst continually strengthening relationships.
The population of the city is projected to rise to 286,384 by 2041, an increase of 11% from the base year of 2016. Although the City of Wolverhampton is younger than the English average, it still has challenges from an aging population, and by 2041 is projected that 60,935 residents will be aged 65+, which is a rise of 42% from the present day. However, this does not necessarily mean those in this growing group will be living well or in good health. If anything, these could be experiencing poorer health over a longer period and therefore the requirement to commission and provide a wider more complex set of services will be needed.
We cannot ignore the fact that this will inevitably cost more and therefore the need to mature our plans on Networks and integration is of paramount importance.

What are the priorities for the City?

In response to the future challenges which all services will experience the City of Wolverhampton has a Health and Wellbeing programme, which we fully support and are a key partner in developing and delivering. The Joint Health and Wellbeing Strategy 2018-2023 has created three overarching priorities are thematically grouped as follows:-

Growing Well	• **Priority 1 Early Years - s**upporting patents to be active in their child's development • **Priority 2 Children and young people's mental wellbeing and resilience-** Working to improve children and young people's mental health
Living Well	• **Priority 3 Workforce- s**upporting people to stay healthy throughout their working lives, and helping people stay in work when they experience health problems (mental or physical). Develop, attract and retain high quality staff to ensure a health and social care workforce equipped for the future. • **Priority 4 City Centre** – Improving the city centre e.g. transport links that enable walking and cycling, reducing rough sleeping and tackling problems associated with alcohol misuse and public safety. • **Priority 5 Embedding prevention across the system** – Enabling people to live longer and healthier lives by helping them change their lifestyle and improving the environment in which they live.
Ageing Well	• **Priority 6 Integrated Care; frailty and End of Life** – Health partners working together more effectively, in particular, for people who are frail or at the end of life. • **Priority 7 Dementia Friendly City** – Working together to enable the City to be Dementia Friendly for people living with Dementia and their families.

As part of our work going forward we will ensure a continued focus that the role Primary Care has in supporting each of these themes.

4.0 Challenges Facing Primary care in Wolverhampton

Estates

Our estates plans have been developed in response to the national and local drivers for change and through building on our progress to date, we will continue to develop a fit for purpose estate and support management system to:-

- Improve the capability and capacity for Primary Care provision, including to address population growth and demographic change
- Support and enable the delivery of clinical strategies and new models of care
- Deliver better service integration, improvements in service efficiency and better outcomes for our residents
- Improve the effective utilisation of the estate
- Increase efficiencies and ensure value for money both from our existing estate and from any investments in estate developments
- Improve the quality, flexibility and condition of the estate
- Reduce risk and improve service resilience at local and system levels
- Rationalise and dispose of surplus or unfit estate.

Our estates team will, through our governance systems and continuing stakeholder engagement, ensure that the plans remain as live documents and will be updated to reflect emerging new models of care, changing need and funding resources.

There is close collaboration between the estates function, primary care commissioners and the locality planning infrastructure; also, the Local Estates Forum and other planning forums ensure close collaboration with the wider health and care stakeholders. The estate strategy will continue to be service led and the estates strategy will enable us to achieve clinical and service aims and plans.

The CCG will maintain a focus on efficient management and utilization of and value for money from the existing estate and there are many alternatives available other than new or extended buildings.

Digital

The Long-Term Plan identified a move towards improved access for patients, this means patients will have better access to their health care records. This will be facilitated through the deployment of an integrated online triage solution that is accessible via the NHS Patient Access app and directly through the patient access portal on the GP Practices websites. Improving patient choice will further be expanded through the deployment of online Video Consultation solution which will, provide choice to patients in the type of consultation they receive and support patients who struggle to access services at the practice but would be able to access them at home.

Improvements in patients care is at the forefront of the Digitisation Programme, the development of the Insight Shared Care Record to allow clinicians to access the patients full record as they move between healthcare professionals will ensure that clinicians are able to support the patients utilizing the information available.

Expanding access for patients through the 111 service is also a priority with access being provided to the 111 service to book patients directly into GP appointments at practices with Wolverhampton.

With the moves towards Cloud computing a number of the clinical systems have been moved to the cloud and the use of Video consultation the requirement to improve network connects has been identified.

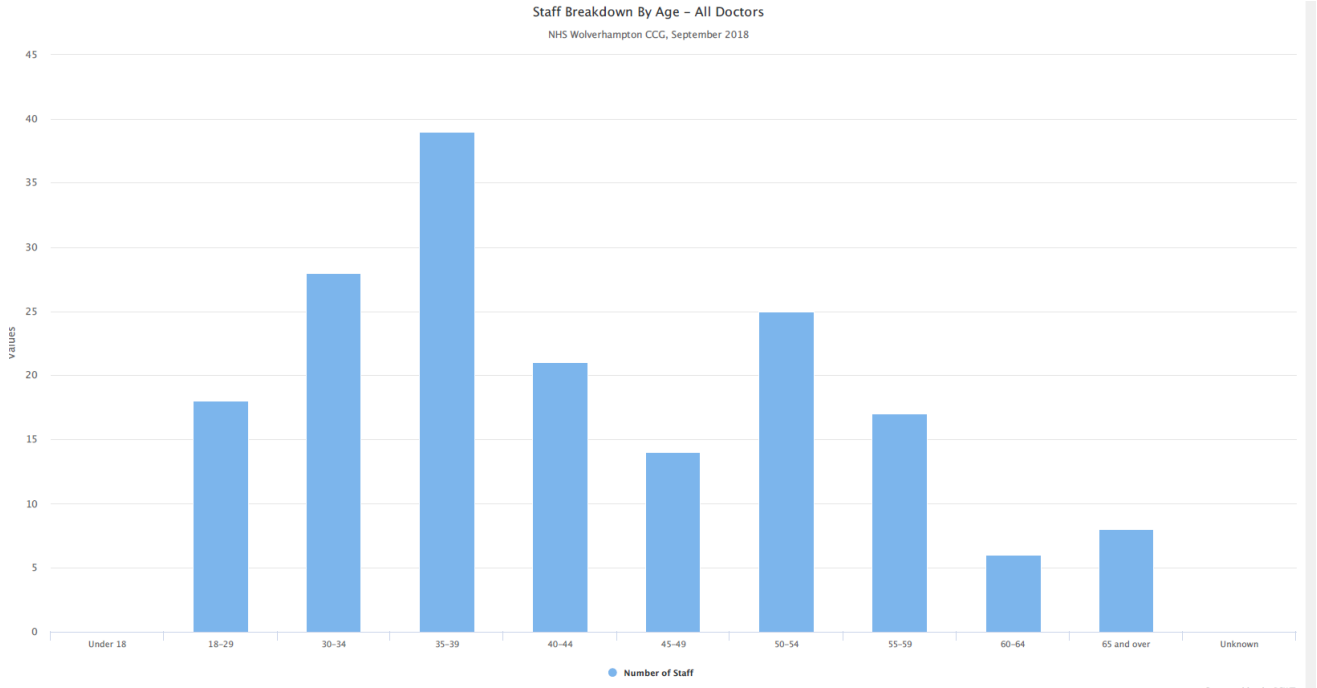
Through the HSCN programme the CCG is installing a brand-new network infrastructure replacing the old broadband N3 lines with scale able IPVPN lines that will allow the network to expand with the requirements of the organisation moving forward.

Predictive techniques will be made available to support Primary Care planning and to optimise care. Secured clinical, genomic and other data will be used to support new medical breakthroughs and will lead to a more consistent quality of care.

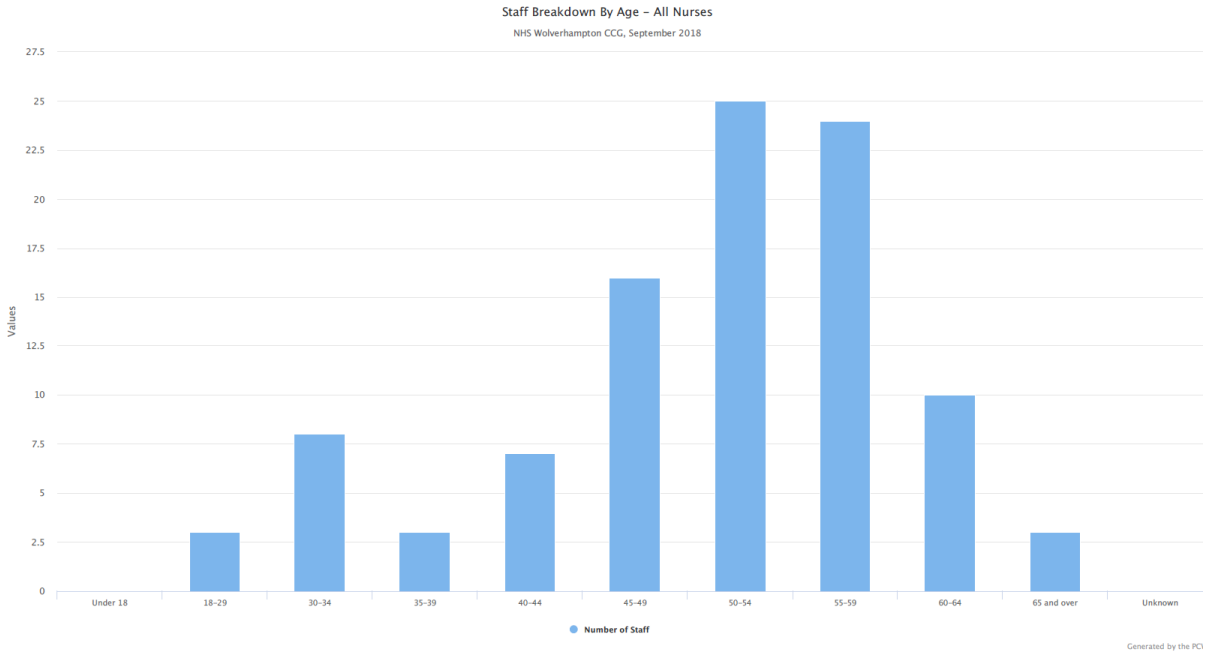
Workforce

Since 2016 the responses made to the General Practice Forward View was a catalyst for significant change in Primary Care, particularly General Practice. The unprecedented demands General Practitioners face has been a significant cause for concern due to the number of GPs either leaving the profession or students not wanting to enter the profession at all. Locally there are added complexities with the aging demographic of GPs and this has been recognised through the partnership work that has taken place with the Black Country and NHS England as it's Intensive Support Site funding allowed greater interaction and co-design of a series of initiatives that seek to attract and retain GPs in the Black Country. Here is Wolverhampton we are establishing stronger links with our training practices and Training Programme Directors to support GP Trainees to complete their training and find substantive employment in the area. Our current demographic does however emphasise the importance of close working with GPs to ensure we achieve a sensible flow of GPs both at early, mid and late career – the objective being to keep GPs in the profession in order to sustain an even distribution across the age profile.

There are a number of GP workforce retention initiatives that are actively promoted and being accessed by Wolverhampton GPs affording mentoring, networking and portfolio careers and also access to expert advice on career planning and other support for GPs who wish to return to practice and want to be part of our membership.



Similarly our demographic for practice nurses emphasises the importance of working in partnership with practices to develop and promote general practice nursing as a career for the future. A high proportion of practice nurses are nearing retirement and through our local engagement with the workforce and educational providers a series of retention projects will be co-designed to improve practice nurse retention in general practice. Improved rates of student placements have begun to be realised however more work needs to be done to develop and strengthen our workforce. The STP General Practice Nurse Strategy is also due to be launched in July 2019.



The Long-Term Plan requires the NHS to become a more flexible and responsive employer, this will mean greater flexibility & development opportunities in practices/networks.

There will be an expansion of nursing and other undergraduate training places and there will be an increase in international recruitment. There will also be an increase in the number of volunteers.

2019

Retention Schemes for GPs, Pharmacists, & Practice Nurses

Student placements for Social Workers, Nurses, GPs

Attraction to vacancies in practices & networks

New roles including Physicians Associates, Pharmacists, Nursing Associates

Apprenticeships (nursing)

2020

Retentiion Schemes spanning all staff groups including admin & other roles.

Practice Nurse Developmet

Apprenticeships spanning clinical & non clinical roles

STP Training Hub Mobilisation

2021

STP Training Hub fully established & functioning line with the needs of primary care networks.

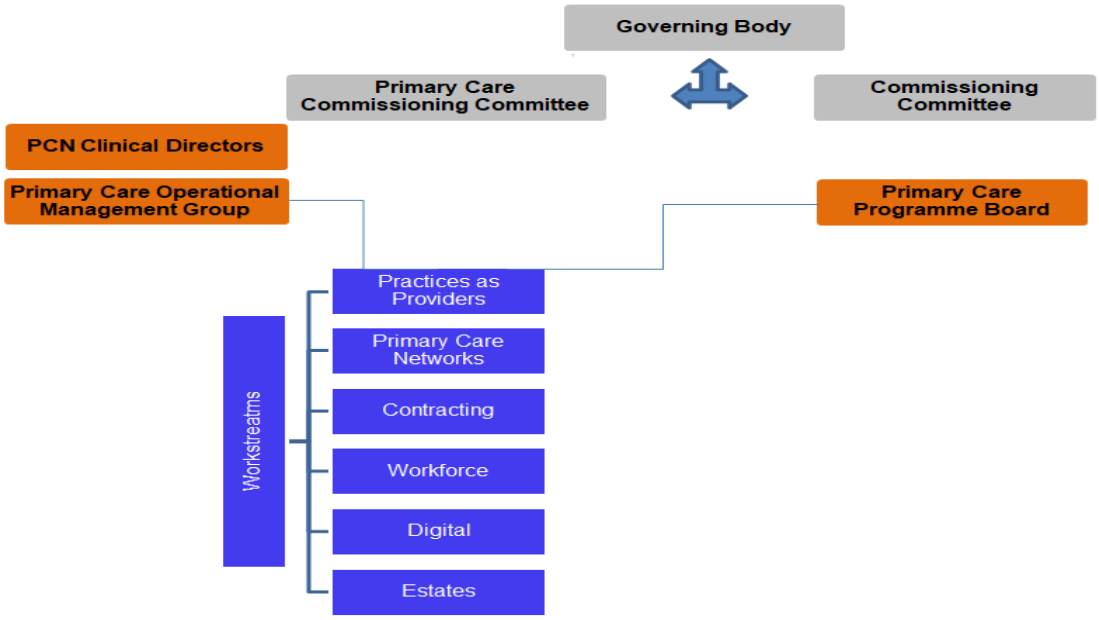
5.0 Being Accountable to our Patients, our Communities and Ourselves

The changes within Primary Care are happening at a pace not seen before within the NHS. Formation of Networks, introduction of new Primary Care roles for staff such as the Physicians Associate, changes to contracts and new contracting and funding flows all make the need for good, robust governance and therefore accountability vital.

Being able to continually demonstrate that we consider these changes in Primary Care and the impacts on patients, individuals and our organisation is of paramount importance. This focus on accountability helps to keep the organisation transparent and ensure that the services it commissions are safe and deliver quality that all would expect in the 21st Century.

We do this through our clinical and non-clinical advocates as part of our Board and sub-committees. At the forefront of this is our commitment to ensuring we really 'hear' our patients and the experiences of care they had received by our services. Our engagement processes must therefore be robust and effective to reflect this.

As a CCG we have implemented the below accountability structure so that we are able to demonstrate to all stakeholders how we make decisions and how we hold ourselves to those decisions. This also aids us to have oversight on service changes and understand what the impact on our populations will be.



This structure also supports us with effective communication and information sharing between and across all stakeholders.

Another process we have introduced to ensure our front-line services are of high quality, safe and efficient is peer review. Clinical peer review sees GPs retrospectively reviewing each other's referrals to provide constructive feedback in a safe learning environment. This in turn encourages changes in practice that support the wider system to ensure that patients are seen and treated in the right place, at the right time and as quickly as possible.

Measuring and Monitoring Quality in Primary Care

The Primary Care Contract Review process will be a significant influence in the measurement of practice and network quality to ensure our Primary Medical Services Contracts (GMS, PMS and APMS) are robust and are delivering the outcomes they said they would. We have implemented an on-going programme of contract monitoring and review visits (see appendix x) this enables us to make declarations to NHS England with confidence.

We have introduced our primary care dashboard that provides information on a wide variety of indicators and measured held within contracts. This allow us to identify which Practices are achieving well and which of those need support.

Accountability to Our Patients

As this strategy shows, we aim to increase the support to patients, within primary and community settings so they are better equipped to manage their own health needs.

Our focus on areas such as diabetes prevention and management, asthma and respiratory conditions, maternity and parenting support and online therapies for common mental health problems will, in part, help to achieve this. We will also be introducing social prescribing, as part of the Network requirements to further support care being delivered in the community and closer to patients' homes. Social prescribers are included in both our workforce plans and Network structures.

Communication, Engagement and Participation

We recognise that robust engagement processes and procedures will be essential to ensuring we meet our operational priorities. We remain committed to engaging with local people and communities in a meaningful way that enables us to understand their needs and improve their experience of care.

Over the past 12 months we have worked across Wolverhampton to strengthen our communication and engagement processes. This is enabling us to involve local people in Wolverhampton-wide service change. Our commissioning intentions are based partially on what we have heard from our community. There are a plethora of ongoing engagement sessions that take place across the city, some disease specific others more generic.
From our engagement sessions held in May 2019 on Primary Care services we have been told that patients want:

- Easy access to urgent GP services 24 hours a day 7 days a week – different individuals wanting this provided in different ways, but the key themes were urgent and preferably with a GP who has access to information about their health problems
- Less urgent access to as wide a range of services as possible close to home – with this access being as equal as possible for all but recognised that other age groups might want increased appointments at other times – debate on when these less urgent services should be available – different for different patient groups – and questions on what the NHS can afford and if there are enough staff to provide it.

We are continuing to engage locally about both health and social care services delivered locally, and across the Black Country footprint. We will build on the collective work we have undertaken with partners so that we continue to play our part in delivering integrated care by place and across the Black Country. In this way, we will ensure Wolverhampton residents have a role in the developing health and care landscape and that their voices are heard.

In May 2019 we undertook a series of engagement sessions with our patients and service users to understand what matters to them and to discuss some of our plans for the future. The messages we received from the patients who attended were consistent.

On the whole patients would be happy to see a variety of health professionals in primary care for minor ailments, provided they had the training required and were able to make easy onward referrals to the GP or other services. Patients with multiple long term conditions were more hesitant to see alternative health professionals as they thought it was important that the health professional understood their history and they valued consistent, face to face care.

When discussing the digital agenda, the groups felt that they needed further education to understand the solutions being investigated and what this would mean in practice. They also felt that if results were made available electronically they may need support to understand them and it may not be suitable to make all results available online. Concerns were raised regarding data security and the level of information being made available between care groups and professionals it was felt that more detailed information could be shared face to face in MDT meetings and any information sharing between groups and professionals must meet data security requirements.

We will continue to use the outcomes from the event in May and other previous and forthcoming events to help shape how we integrate our services and deliver first class care.

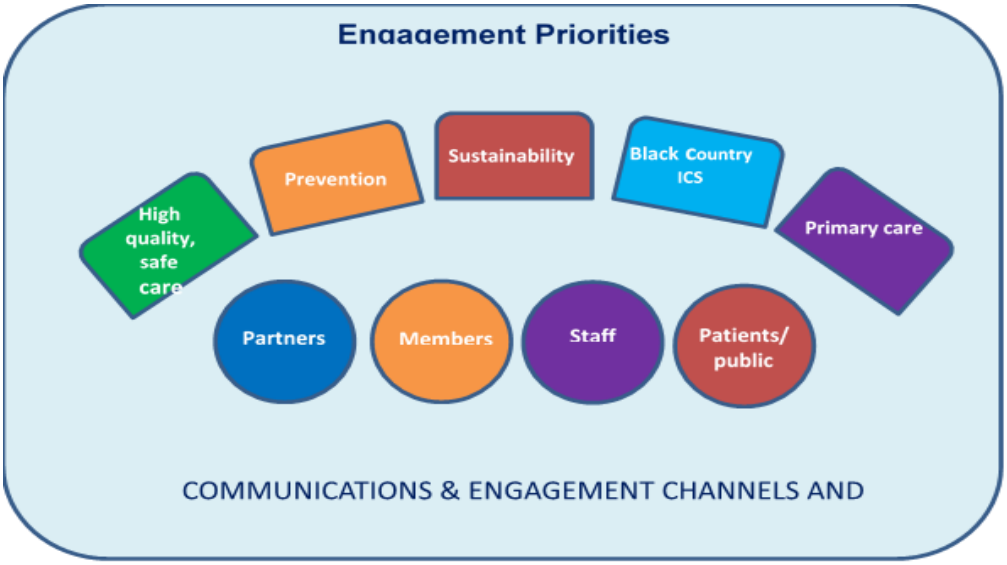
We will continue to draw on a range of two-way communication channels and engagement techniques to reach and listen to our target groups, including:

- Regular stakeholder mapping – to refine our understanding of the communities we need to engagement with
- Outreach activity such as events and roadshows
- Press and public relations including regular content for print and broadcast media, where appropriate
- Social media
- Newsletters and other communications collateral
- Surveys and formal consultations

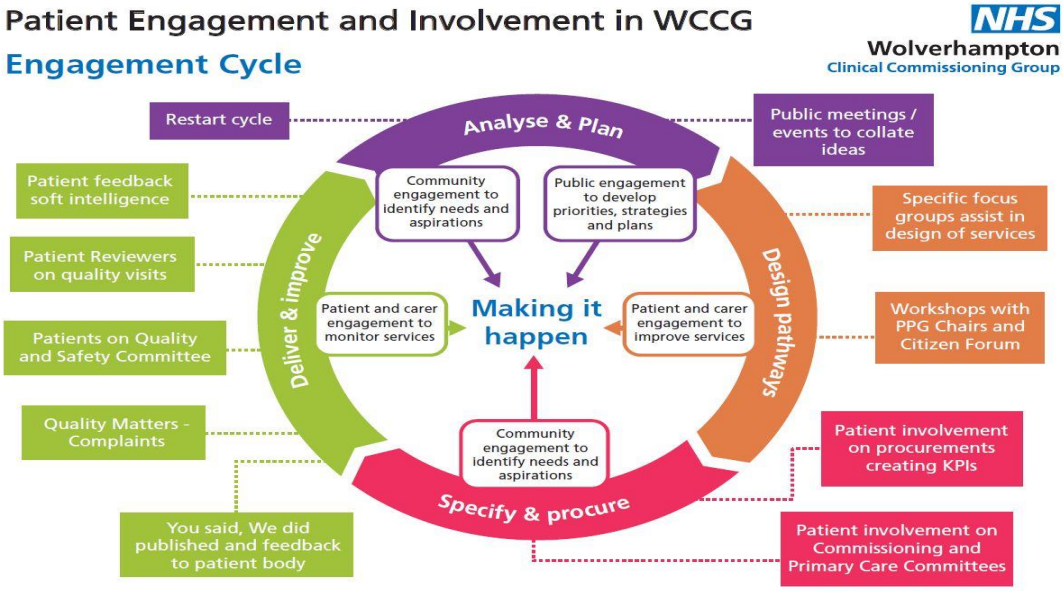
The Primary Care Team have a series of engagement activities scheduled for 2019 and also plan to extend 2021 these briefly comprise of the following areas of importance although this is not an exhaustive list:-

- Frailty & OTs in general practice
- End of Life Care
- Paediatric Pathways
- GP Home Visiting Service
- Primary Care Network Development
- Different Consultation Types & New Roles in General Practice
- Redesign of Wound Care Services

Engaging with and involving our CCG colleagues will have additional focus over the coming year as we understand the implications of the Long-Term Plan for the future of clinical commissioning groups. We know that colleagues welcome regular staff briefings, which are led by our Accountable Officer. Our staff also have the opportunity to engage with our Executive Team on their floor walks or take time for a brief chat with our 'Coffee with the Chair' which is held monthly.



Engagement with our community will be in accordance with the CCGs Engagement Strategy, an extract from the strategy provided below confirms the engagement cycle that is applied. Primary Care is one influencing factor included in the cycle along with other clinical priorities.



6.0 Implementing the Strategy & Monitoring Progress

Our Priority Programmes for Primary Care

Through discussions we have developed a comprehensive programme of work which will support us to meet the Primary Care challenges and our aims and aspirations outlined within this strategy. Our work programme, which we will deliver over the next 2 years, has been developed from; our conversations with patients on their experiences, from our clinicians on where they know patient care can be improved, from our internal teams, from the data and information we constantly review and those national must-do's.

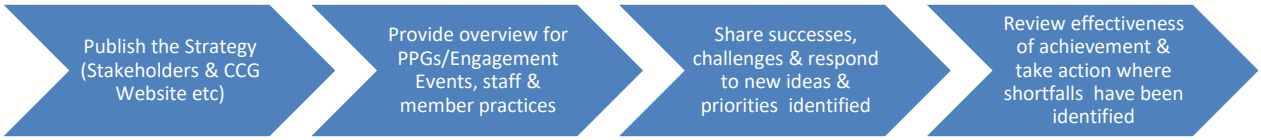
More detail regarding the work programmes affecting primary care can be found in Appendix 2.

Implementing the Strategy and Monitoring our Progress

There are many priorities identified in this strategy. In order for the priorities to be worked through sufficiently they will all be captured in the CCGs Work Programmes, many firmly rooted within the Primary Care Team. There are six task and finish groups that have defined work programmes to manage the workload in a prioritised and co-ordinated way. The activities arising from the individual work programmes will be routinely reviewed by the responsible executive(s) and committees in order for timely assurance to be provided to the CCGs Governing Body. Periodic reports will be provided for the entire programme to the Milestone Review Board. A robust programme management office approach has been adopted to ensure that delivery & non-achievement are actively captured and reported.

The assurance reporting provided to Milestone Review Board (quarterly) is intended to provide a balanced view of delivery (and non-delivery) across all priorities from each respective task and finish group.

Following approval by the responsible Committee, Primary Care Commissioning Committee there will be a series of activities that take place to ensure the strategy reaches a range of stakeholders as defined in the diagram below:-



Engagement events will be taking place on an ongoing basis based on the CCGs Commissioning Intentions, Primary Care Network activities and other associated CCG engagement priorities with both staff and the local community to ensure that the work programmes understood and the benefits are being realised to meet the needs of our community.

Conclusion

Primary care is now more important than ever with the formation of Primary Care Networks. The Long-term plans in place are pointing towards primary care as the foundation for new care models. All the above strategies designed to give us the best change to make care accessible for patients and uses new digital solutions that benefit the patients and staff across Wolverhampton.