NHS England, Derbyshire and Nottinghamshire Area Team Primary Care Strategy: Engaging with Key Partners

This engagement process is designed to ensure our key partners are formally involved in the production of the primary care strategy for Derbyshire and Nottinghamshire. Primary care covers General Practice, community pharmacy, optometry and dental services.

The abridged primary care strategy is attached (Appendix 1), for a copy of the full version please contact Jennie Birch, Project Support Officer, Derbyshire & Nottinghamshire Area Team, NHS England, Birch House, Southwell Road West, Rainworth, Nottinghamshire, NG21 0HJ Tel: 0113 8255490 email: jennie.birch@nhs.net

This work will complement the extensive engagement already undertaken and ongoing with patients and the public in our region as part of the Call to Action.

The vision of the Strategy is:

Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving

There are five objectives to be delivered by 2019; these outline how NHS England, Derbyshire and NottinghamshireArea Team will deliver to the vision. Each objective has an associated outcome and impact:

- 1. Ensure **patients** have access to a core offer of high quality primary care that is continuously improving and delivering better health outcomes
- 2. Develop and improve **our people** to be the best healthcare workforce
- 3. Support the **processes** of transformation by innovation, excellence in monitoring and evaluation, and development at pace and scale across primary care
- 4. Align **our premises** to meet the needs of the population
- 5. Develop the **payments** and incentives system to reward improved outcomes and secure value for money

The Department of Health Mandate to NHS England (Department of Health 2012) highlights: "An important responsibility to drive improvements in the quality of primary care, reflecting the vital role that stronger primary care will play in supporting delivery of objectives across this mandate"

As a result, the Area Team have developed a draft Primary Care Strategy to deliver its statutory responsibilities and NHS Mandate duties.

We are really keen to seek the views of statutory partners and stakeholders in the development of the strategy and would welcome comments on the feedback form below (Appendix 2). You can contribute by completing our feedback form and e-mailing this to jennie.birch@nhs.netor alternatively completing survey monkey. The survey opens on 13 March and closes on 27 March 2014. If you require the documents in large print or in a language other than English, thenplease contact jennie.birch@nhs.net.

This strategy and plans will remain in draft until the end of April 2014 whilst we await views from all our stakeholders. We will separately engage with and seek feedback from primary care providers, patients and the public.

Appendix 1

Abridged version of the draft primary care strategy

SYSTEM VISION - PLAN ON A PAGE FOR PRIMARY CARE

Everyone has greater control over their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

OUR AIM IS TO PROVIDE THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME

System Objective One

Improving Primary Care

Ensuring Patients have access to a core offer of high quality primary care that is continuously improving and delivering better health outcomes

System Objective Two

Developing and improving our People to be the best healthcare workforce

- Co-production and engagement of patients in strategy, services and vision
- Health plans for all patients over 65 by 2016 (or targeted groups) - see appendix
- Health plans for the population by 2019
- Longer and more comprehensive appointments for complex care
- Improved use of Technology
- Named lead clinician, GP, Pharmacist, Optometrist, Dentist
- Transparent, timely reporting of activity and outcomes
- Better access for hard to reach groups
- Appraisals for all staff
- Workforce /organisation development plans at contractor level
- LETB/HEEM commissioned plans to increase trainees and develop new pre and post registrar programs/CPD
- Joint education and training across all professional groups
- Customer care training for all first contact staff
- Stakeholder co-production and engagement
- Increased training placements and training practices
 Develop role of pharmacy and dentistry in OOH, urgent care

System Objective Three

Transforming Primary Care

Supporting the Processes of

transformation by innovation, excellence in monitoring and evaluation, and development at pace and scale across primary care

AREA TEAM

- Systematic quality assurance framework for GPs, PODS, including fitness to practice and revalidation
- Support CCGs to integrate other primary care contractors into local plans
- Support LPN's to deliver POD strategies
 AT programme management to facilitate fast track delivery
- Contractual changes to support new ways of working and transformation
- Evaluation of programmes delivered through CLAHRC
- Share, diffuse best practice through the Local Learning Collaborative, AHSN, Senate and Networks, LPNs
- Eye and Oral health needs assessment
- Promote role of community Pharmacist for health advice Improved, shared and responsive IT mechanisms

DERBYSHIRE

- Patient Engagement Access 8-8 7 days, IT
- Integrated care
- Rightcare
- Care home support
- GP Federations Online booking
- Online registration Health Apps

NOTTINGHAMSHIRE

- Joint health and social care
- Engaged practice scheme Access 8-8 7 days IT Extended GP teams
- GP federations
- Extended hours
- GP at A & E and MIU
- Online booking
- Online registration
- Integrated care hubs

System Objective Four

Our Premises will be aligned to meet the needs of the population

System Objective Five

Rewarding delivery of better outcomes

To develop the Payments and incentives system to reward improved outcomes and secure value for money

- Clear policy and guidance on future developments aligned to strategies at local level
- Identifying and monitoring position on all premises, taking account of developments, demographic changes, CQC compliance and strategic fit.
- Ensuring all baseline contract metrics are available at locality level
- Develop metrics to support change programmes
- QIPP programme management Reduce variation in payments across the area
- Annual review of MPIG, PMS review and discretionary payments
- Lobby and apply for nationally agreed payments

Overseen through the following governance arrangements

- Area Team Corporate Management Group
- · Area Team (AT) Strategy Steering Group
- · Direct Commissioning Performance Group with Primary Care Assurance and Performance List Decision Panel Sub Groups
- AT Primary Care Work Stream
- Primary Care Panel with professional representatives
- CCG and AT assurance meetings
- CCG Governing Bodies
- Health and Wellbeing boards

Measured using the following success criteria

GP

Patient satisfaction of access care, consultations GPOS and HLIS

- New cancer cases 2 weeks
- Flu vaccinations for at risk
- Identification of depression CQC

- Medicines optimisation Out of hours / urgent care
- Self care
- First contact
- Lead clinician

For All Contractor Groups

- Patient Engagement
- Min. of 10 deep dive reviews pa per contractor group
- Improvement in health outcomes top 5 health indicators
- Improved satisfaction consultation, care, access
- Health outcomes via JSNAs
- Plans to target inequalities, and promote equity % increase in use of Technology to improve access, and self -management
- Reduced number of practitioners under performance
- Reduced serious incidents and complaints
- Increase in workforce, decrease in leavers, workforce plan
- Learning shared and diffused at pace and scale
- QIPP Targets met for inappropriate use of care
- Increase in funding from redistribution to primary care
- Non-medical prescribers one per 5,000 population Improved record sharing for all provider groups

Dental

- Dental access % 24 month
- No of course treatments p 100,000
- GPPS % Positive experience
- Review and redirect pathways
- Increase access hard to reach
- RTT in secondary care

Optometry

- Eye test p 100,000 % tints, % prisms per
- voucher
- % repairs per voucher and replacement
- Annual public health
- Review and redirect pathways

System Values and principles

- Respect and dignity
- Working together for patients
- · Committed to the quality of care
- · Dedicated to improving lives
- Shows compassion Everyone counts

Questionnaire and Feedback Form

1. Do you agree with the vision for primary care?
Yes No If no, please suggest below why, and if, you have an alternative vision
Do you agree with objective 1 and the outcomes (please see appendix below for more detail on Personal Health Plans)
Yes No If no please suggest below what you would want to see included
3. Do you agree with objective 2and the outcomes
Yes No If no please suggest below what you would want to see included
4. Do you agree with objective 3and the outcomes
Yes No If no please suggest below what you would want to see included
5. Do you agree with objective 4and the outcomes
Yes No If no please suggest below what you would want to see included
6. Do you agree with objective 5and the outcomes Yes No If no please suggest below what you would want to see included

7.	People tell us that many of our primary care services are good, but can you tell us what would make them great? Whether it's a big thing or a little thing, we are keen to hear your views		
8.	If you have any other comments about our draft Strategy plan for primary care, please let us know below:		
9.	If you have any other comments about our other areas of commissioning please let us know below:		
AND FINALLY			
We	About you would like to know a little about you. This will help us to know if we have heard from a le range of partners and stakeholders. Please complete the section below:		
Name:			
Job title:			
Name of the organisation/company that you are representing:			
We would like to include some comments from our partners in our strategy. If you are able to provide a statement please use the space below and sign the bottom of the form so we have your permission to include your comments.			
	ank you for your contribution. ned: Dated:		
NH	ase email your completed questionnaire to jennie.birch@nhs.netor send to: Jennie Birch, S England, Birch House, Ransom Wood Business Park, Southwell Road West, Mansfield, ttinghamshire, NG21 0HJby 27 March 2014		
	etribution: lef Executives and Chief Operating Officers of NHS organisations and out of hours		

Health and Wellbeing Boards (includes Healthwatch)
Health Education England East Midlands

Local Professional Network	
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Please note we will be separately engaging with our providers/contractors and are working with Clinical Commissioning Groups to engage further with local people and patient groups

Example of Personal Health Plan for Patients with Long Term Conditions

What are Personal Health Plans?

A Personal Health Plan (PHP) is a single overarching care plan bringing together all the information about a person, taking into account all their needs. The plan is targeted at people who are living with a Long Term Condition; it is developed and maintained by the patient themselves with the help of a Key worker, a carer or their community matron.

The uptake of PHP is optional. People with a Long Term Condition can fill out as much as they want, when they want to and decide who to share the information with. It is also designed to be regularly reviewed.

The PHP provides a record of health planning discussions between the patients and their health care professionals, as well as recording other sources of support and services available to help them live with their condition.

What are Personal Health Plans for?

PHPs aim to empower people with a Long Term Condition to be more involved with their care. It provides people living with Long Term Conditions with greater ownership and responsibility in the management of their care. PHPs will support people to develop confidence and competence in managing their own health. They are an important tool that support people to self-care but they are not about forcing people to self-care.

Who is responsible for Personal Health Plans?

The PHP is owned, completed and kept by the individual and they determine what information they wish to include in the PHP.

The individual can employ the help of a key worker to complete the PHP. A key worker is someone who is familiar with the health care system and acts as their primary contact. The role of the health care professional is to check that medical information is correct and to signpost the individual to relevant places for further information and support. It is important that the patient fills in most of the information, and has ownership of the plan. There are a number of people who can be a key worker. These can include health care professionals such as community matrons, case managers, practice nurses, physiotherapists, occupational therapists, GPs and a voluntary sector representative. The Personal Health Plan is private and confidential and the patient chooses who to share the information with.

What are the benefits of having a Personal Health Plan?

The benefits of having a personal health plan include:

- Empowerment of patients as they have increased confidence in their ability to manage their own condition
- Patients' use of consultation and the quality of consultation are improved, as they
 have access to the information they require about their condition, medication and the
 tests they may need
- Informed decision making, reducing poor compliance with treatment decisions
- Significant long term improvements in supported self-care in people with a Long Term Condition, with potential reduction in healthcare appointments and attendances.
- When used properly, the Personal Health Plan will enable individuals to go to the right place for the information and services they need, knowing what to do if their health gets steadily worse.

What if a patient does not want a Personal Health Plan?

It is important to know that not all people living with long term conditions will take up the offer of Personal Health Plans. Some will still be happier with healthcare professionals in charge

of making decisions about their health. However, their view may change with time and it is important that they have the opportunity to have the Personal Health Plan at a later date.

Some patients who have been diagnosed many years ago will have a good understanding of how to look after their health. They may initially see the Personal Health Plan as too much work. They need to be reassured that they can fill in as much or as little as they want, as not all parts of the Personal Health Plans will be relevant to every patient. However, they may find their Personal Health Plan a useful place to keep a record of their medication and recent test results.

Courtesy of the South East Essex – Long Term Conditions Team For more information please visit http://www.myhealthplan.see.nhs.uk/ or http://www.nhslocal.nhs.uk/sites/default/files/pcp_quidebook.pdf