North East Lincolnshire
Clinical Commissioning Group

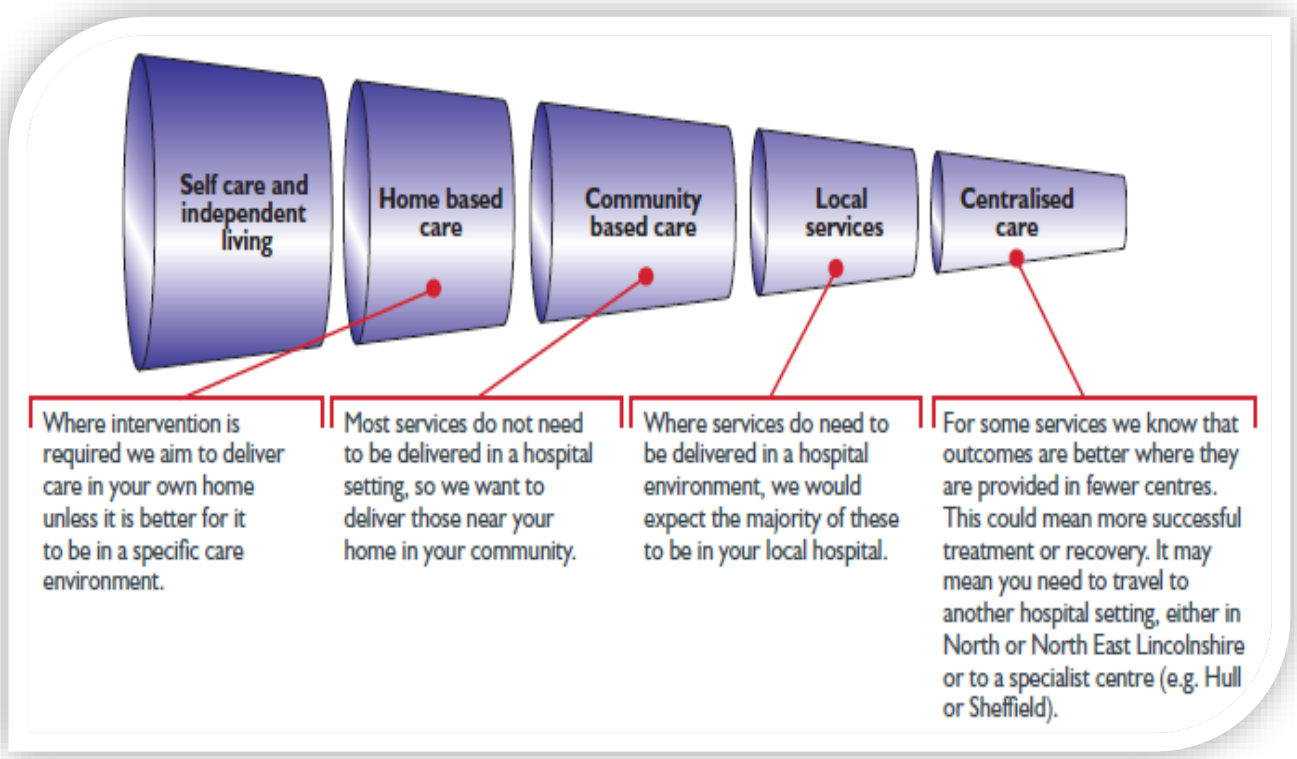
# NORTH EAST LINCOLNSHIRE CCG

# A Strategy for Primary Care

# 2019 to 2024

## 1. Vision

The North East Lincolnshire locality, or 'place', is working towards improving outcomes for individuals through integrated care provision, delivered by a partnership of organisations: the Integrated Care Partnership (ICP), set out at Appendix 1. General practice sits firmly at the heart of this, and primary care has a significant part to play in supporting self-management and ensuring individuals get the right care at the right time, when they need it. The ICP will work collaboratively across the Humber, Coast and Vale Partnership footprint (or Integrated Care System – ICS) to ensure access for the local population to good quality care for services that are delivered across a wider footprint. The ambition for care delivery has been outlined for a number of years as follows:




Building on a strong history of joint working between the CCG (and predecessor organisation) and North East Lincolnshire Council (the LA), the CCG and LA are taking forward a 'Union', i.e. formal joint working between the CCG and LA to focus on those areas where shared decision-making and commissioning approaches can make a real difference to the outcomes for the local population. This is supported by a set of shared outcomes for the North East Lincolnshire area (Appendix 2); all local plans are influenced by, and will contribute towards achievement of, these outcomes.

Within this context, there is an ambition to have a strong and stable primary care sector at the centre of the integrated care models that are being developed. However, it is acknowledged that this cannot be delivered by individual practices operating in silos. To deliver consistent and sustainable services practices will collaborate to achieve economies of scale and appropriately skilled and resilient services, where appropriate. Care will be organised and delivered by care networks, comprised of general practice staff working alongside colleagues from other local care organisations and focused on the registered list of the constituent practices, with teams covering a population size of around 30,000 to 50,000. North East Lincolnshire's general practice community is already well on the way in its journey to facilitate delivery of

integrated care, with the creation of 3 local general practice federations (groups of practices working together), which are partners within the ICP. Building on these foundations, the federations and the ICP partners have agreed the concept of developing multi-disciplinary teams from across the partners, focused around the combined practice populations, creating a care network approach. This aligns with the expectations set out within the NHS Long Term Plan for Primary Care Networks.[1]

The pyramid below sets out the vision for general practice service delivery:


In developing this primary care strategy the CCG has had regard to its statutory duties.

## 2. Local Context and Case for Change

North East Lincolnshire CCG recognises that the health and care needs of the population are no longer best served by the traditional organisational structures; patient expectations are higher, demand has increased and individuals are living with multiple long term conditions. Significant health challenges and inequalities in outcomes still exist, as can be seen within the graphic at Appendix 3. Local disease prevalence figures for some conditions also suggest there is unmet need.

[1] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf

In terms of general practice services, NHS Digital October 2018 data shows there were 105,308 total general practice appointments (all types of professionals). Of those, 36% were GP appointments, 58% were nurse appointments and 6% were 'other'.[2] Extrapolated to a whole year, this would equate to 1.2 million appointments per annum, roughly 7.4 appointments per head of population. This is the highest rate when compared to CCG peers within the Humber, Coast and Vale area (HCV), which could suggest that there is a greater reliance on GP services amongst our population. Practices appear to be handling on the day requests relatively well when compared to peers, as 45% of appointments are made on the day, which is the highest percentage across the HCV area. However, the caveats expressed by NHS Digital regarding this publication are noted (see footnote). The total number of missed appointments in October 2018 due to patients not attending was around 4,600[3], which equates to 766 hours based on 10 minute appointments. The annual GP patient survey shows that 12% of patients chose to attend A&E when they couldn't get an appointment at their practice, which is slightly above the national average of 11%. A Healthwatch North East Lincolnshire survey of patients who attended the local A&E department, undertaken in October 2018, showed 7% (8 out of a total of 104 patients surveyed) stated they went to A&E because they couldn't get a GP appointment and a further 14% (15 out of 104) said they had been advised by a GP or nurse to attend due to their type of condition, or had been seen previously by a GP or nurse and told to go to A&E if their condition worsened.[4]

Good progress has been made within North East Lincolnshire practices in terms of developing a broader and more varied workforce to support general practice service delivery, as demonstrated through the CCG's performance against the NHS England CCG Integrated Assurance Framework (IAF) Indicator relating to the combined number of GP and Practice Nurses, which shows a rate of 1.22 full time equivalents per 1,000 weighted patients[5]. The reliance on a recommended number of patients per GP is somewhat undermined by the increase in a broader range of professionals to support GP work; however, the September 2018 workforce data shows that the CCG has a rate of GPs per 100,000 patients which is lower than the national average at 49 per 100,000 (national average = 58). The data for nurses and other direct patient care roles show higher than average rates; for nurses the rate is 45 per 100,000 versus the national average of 27 per 100,000. Retention of GPs and nurses remains a challenge, with 33% of GPs (national average = 19.7%) and 26% of nurses (national average = 33.3%) aged over 55 and eligible to retire[6].

Patient expectations in relation to access remain high and although the latest national patient survey results show improvement in some areas between 2017 and 2018[7], there has been a deterioration in the overall satisfaction with the experience of making an appointment (which is reflected at a national level). This survey also continues to demonstrate that the awareness, uptake and provision of online services remains

[2] https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/oct-2018. This is a very new data publication and NHS digital note 'The publication includes important information however it does not show the totality of GP activity/workload. The data presented only contains information which was captured on the GP practice systems. This limits the activity reported on and does not represent all work happening within a primary care setting.

[3] Local data collection from all 26 practices, March 2019

[4] HealthWatch North East Lincolnshire A&E report

[5] NHS England IAF Indicator 128d, Number of GP and Practice Nurses full time equivalent per 1,000 weighted patients https://www.england.nhs.uk/commissioning/regulation/ccg-assess/iaf/

[6] NHS Digital General Practice Workforce September 2018, North East Lincolnshire CCG https://app.powerbi.com/view?r=eyJrIjoiNmY4NGNiMWQtMGVkZi00MzU2LThiZGMtMTFlZjY2NGE0NTZmIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

[7] National GP survey http://www.gp-patient.co.uk/slidepacks2018#N 'NHS North East Lincolnshire CCG'

lower than the national average. Furthermore, data from a CCG survey undertaken in late 2016[8], and the data from North East Lincolnshire Council's 'Our Place Our Future' survey in 2018[9], shows that there is a preference for alternative methods of access that is not currently being fully met. Feedback during the development of this strategy from Healthwatch North East Lincolnshire and from public and patient groups has reflected this, and frustrations with varying approaches to access and methods of making appointments have been shared. Work undertaken to understand inequalities in access during the development of the CCG's extended access arrangements showed that those groups potentially most disadvantaged are carers, the homeless and those with long term conditions[10]. The national GP survey also showed that 20% of patients with long term conditions stated that they do not feel properly supported.[11]

In terms of quality, outcomes for local general practice remain relatively good: overall Quality and Outcomes Framework (QOF) scores are above the national average (although 4 conditions are lower than the national average)[12]; all practices, except for one, have a Care Quality Commission (CQC) rating of 'Good'[13]. The national primary care web tool shows that there are no practices within North East Lincolnshire that are outliers in 6 or more indicators, which is the nationally agreed trigger for further review. Information collected through CCG intelligence systems suggests there are no common significant concerns. Commissioning related indicators show good performance too; referral rates and non-elective admissions are comparatively low and within the best performance nationally, and the CCG experienced the second lowest cost growth levels across Yorkshire and Humber for prescribing costs in 2018**.** However, the total number of items prescribed are higher than national average and across a number of indicators there is variation between individual practice performance.

There have been relatively high levels of investment in primary care estate and general practice personal medical services (PMS) in the past. However, the current allocation formula deems that the CCG is above its fair share allocation and will therefore receive a lower uplift than many other CCGs in future years to bring funding levels nearer to the fair share target.

## 3. Objectives

This strategy aims to address the challenges set out by delivering against the following objectives:

- To continue to stabilise general practice services and improve capacity through freeing up GP time and creating efficiencies
- To continue to develop a workforce that can better respond to the care needs of the population
- To develop new models of care and the supporting infrastructure that can respond better to the care needs of the population and support improved outcomes

[8] North East Lincolnshire CCG 'Keeping the Door Open', 2016, https://nelccg-accord.co.uk/data/uploads/documents/reports/final-report-keeping-the-door-open-survey-v4-final.pdf
[9] North East Lincolnshire 'Our Place Our Future', 2018, http://www.northeastlincolnshireccg.nhs.uk/data/uploads/feedback/our-place-our-future-2018-feedback.pdf
[10] North East Lincolnshire CCG, 'Inequalities in Access to General Practice Services', 2019 [awaiting publication]
[11] National GP survey http://www.gp-patient.co.uk/slidepacks2018#N 'NHS North East Lincolnshire CCG'
[12] NHS Digital QOF publication 2017/18, https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof
[13] Care Quality Commission, GP Services in North East Lincolnshire https://www.cqc.org.uk/search/services/doctors-gps?location=North%20East%20Lincolnshire&latitude=&longitude=&sort=default&la=&distance=15&mode=html

- To continue to improve access to general practice services for the local population through improving the range of access methods and to continue to improve the quality of services through enhanced quality improvement support
- To ensure continued investment in general practice services is used to best effect, within the context of primary care networks

### 3.1 To continue to stabilise general practice services and improve capacity through freeing up GP time and creating efficiencies

General practice services will be supported to free up capacity wherever possible, through avoiding unnecessary work and identifying ways to manage workload differently. This will free up GP time to focus on those patients that most need their clinical expertise and skills.

Work with NHS England to deploy the GP Resilience Programme funding to Practices in need of support has already been undertaken and will continue for the remainder of the national programme. The type of support provided to date includes funding to support recruitment, organisational development, costs of practice mergers, review of clinical processes, and backfill to allow developmental work. Decisions to approve bids for funding will be taken within the context of a networked approach. The CCG will also explore opportunities for use of GP Resilience Funding across the HCV area where a collaborative approach could be of benefit, e.g. establishing a GP mentor and support service.

To alleviate practice workload, work will continue on improving adherence to the NHS standard contract hospital and primary care interface requirements. The CCG will continue to achieve improvements through working jointly with the Local Medical Committee (LMC), GP representatives and the local acute providers to develop an interface agreement, based on those contractual requirements, and agree ways to embed and support those requirements at a practical level. It is recognised that real change will take some time, but improvements will be delivered during 2019/2020, starting with the areas where most breaches occur, which were identified through a recent practice audit.

A number of local practices were supported to undertake a structured general practice development programme in 2016/17, funded by NHS England; this brought about some improvements to ways of working and efficiencies. The CCG will continue to provide opportunities for improvement support, working with existing support agencies, such as the Academic Health Science Network (AHSN). The spread of the NHS England 10 High Impact Actions (HIA, see Appendix 5), aimed at reducing general practice workload, has been supported in the past through shared learning events. Non-recurrent funding for the development of the federations has included a requirement to implement 10 HIA and share learning across the constituent practices. It is expected that these will continue to be a feature of the primary care network plans, but the CCG would expect to see a particular focus on reducing DNAs within all plans; this will be supported by the CCG through public communication campaigns.

Care Navigation rollout and training will continue to be supported, enabling patients to be signposted to appropriate services more quickly and relieving pressure on GP appointments, and the CCG will expand the list of alternative services to which patients can be signposted year on year. In 2019/20 the services to be added include Musculo-skeletal (MSK) Physiotherapy, the NEL Carers Service and Thrive NEL (Social Prescribing Service), and this will be reviewed and expanded on an annual basis as a minimum, or sooner if

more services become available for self-referral. The CCG is also supporting the implementation of self-care apps for long term conditions, specifically 'MyCOPD' in 2018/19, and this will continue to be promoted. The NHS App offers opportunities for broadening the availability of these apps across other long term conditions. These opportunities will be explored and prioritised during 2019.

Further correspondence management training is being made available, enabling administrative staff to take on the checking of incoming tasks and paperwork that might previously have been undertaken by GPs, supported by agreed protocols and overseen by the GP. In 2019/20, individual bespoke support for practices is being made available, supported by the NHS England national funding.

Rollout of the Apex Insights tool will support practices, and primary care networks, to undertake detailed analysis of capacity and demand and run workforce modelling scenarios to identify the most effective way of meeting demand. Collation of this data at CCG and HCV level will further support the development of robust workforce plans and provide evidence to support funding opportunities as they arise. The CCG will work with colleagues across the Humber Coast and Vale area to develop more detailed and sophisticated workforce planning as this data becomes more readily available.

### 3.1.1 Working with Community Pharmacy and Optometry

The CCG will work with community pharmacy and optometry to support the delivery of primary care outside of the general practice setting, where appropriate, and promote and encourage self-care.

The CCG recognises the important role that these services can play in supporting patients to self-care and in managing demand; a significant proportion of patients surveyed said that they would usually turn to their community pharmacy first with any medication queries.[14] The CCG will continue to promote this, where applicable, and will build on existing arrangements and explore new initiatives as follows:

- Continue a minor ailments scheme, enabling vulnerable patients to directly access their community pharmacy for advice and prescriptions for minor ailments;
- Work with partners across the HCV area to co-ordinate workforce initiatives for the clinical pharmacist role, and explore opportunities for establishing rotational posts across the various sectors ;
- 'Transfer of Care' from acute trusts, whereby the prescription determined by the acute trust is sent directly to a community pharmacy of the patient's choice to avoid the need for GP appointment, will be explored;
- The role of the community pharmacy in screening and prevention and self-care could be expanded, and this will form part of the on-going work with NHS England and local pharmacies
- As they mature, the primary care networks could also explore opportunities for linking more closely with community pharmacy;
- Explore potential for training pharmacy staff in care navigation, enabling them to navigate patents to the same services as those offered as a choice by the practice care navigators.

Likewise, working with local optometrists, the CCG will:

- Continue to commission a glaucoma referral refinement scheme;

[14] North East Lincolnshire CCG 'Keeping the Door Open', 2016, https://nelccg-accord.co.uk/data/uploads/documents/reports/final-report-keeping-the-door-open-survey-v4-final.pdf

- Explore potential for a minor eye conditions service, which could be directly accessed by patients and reduce the need for GP appointment/referral; this could also include the potential for review of GOS18 (optometry advice and referral notification to GP) forms;
- Explore potential for training optometry staff in care navigation, enabling them to navigate patents to the same services as those offered as a choice by the practice care navigators.

For both pharmacy and optometry services, there are issues in relation to data sharing and access to NHS net which are a barrier to greater integration, and the CCG will continue to work with NHS England to explore opportunities for improving this.

**3.2 To continue to develop a workforce that can better respond to the care needs of the population**

The CCG will work with local practices and primary care networks to support the recruitment and retention of staff, enhance skills and expand the range of professional roles. Whilst there is currently a good rate of direct patient care staff working within general practice, there needs to remain a focus on increasing the number of GPs. The following initiatives will support the recruitment, retention and training of staff:

- Humber Coast and Vale International GP recruitment programme, which currently has a focus on Spain. There is now a 'pipeline' of recruits to go through the English test and the Induction and Refresher Scheme. It is expected that it will take 12 to 18 months from the start of the process to GPs being in post. There is an ambition to recruit 65 GPs across the HCV area by 2021, with up to 10 being employed within North East Lincolnshire;
- Local retired GPs who wish to remain in general practice will be supported through the NHS England GP retainer fund, where appropriate. The CCG will work with local primary care networks to develop additional support including greater help with appraisal (a 1-1 meeting and mid-year review), greater flexibility within roles, and supporting continued skills enhancement through regular protected learning time events;
- The CCG will work alongside the primary care networks to undertake targeted work with those practices with GPs of retirement age to ensure retirement plans are clear and robust, and aligned as far as is practical with plans for recruiting new GPs;
- A fixed term role will be created to attract newly qualified GPs and support development of greater experience, additional skills and orientation within NEL. This will be half time within general practice/primary care network and half time within a community based specialist service to create a GP with Enhanced Role (GPwER) and support local out of hospital service developments, e.g. cardiology services;
- The CCG will explore the establishment of a network to support local newly qualified, salaried and locum GPs to develop broader system knowledge and leadership skills, linking to the Health Education England (HEE) 'next generation GPs' programme;
- A local skills and competency framework for nursing and Health Care Assistant (HCA) roles has been developed and training sessions are provided as part of the local protected learning time (PLT) events, which will continue to be supported;
- The CCG will work with the local spoke of the training hub to further develop nurse training support and development initiatives, and will promote and encourage uptake by practices and PCNs of programmes such as the Nurse Associate Ready Scheme;

- A local Practice Manager Development programme has previously been supported, and delegates continue to meet as a network; the CCG will support this by providing input to specific topic discussions, where required. Training programmes for reception staff will continue to be supported with national funding;
- The CCG will work with the primary care networks to expand the recruitment of Clinical Pharmacists within 2019/20; in line with the NHS Long Term Plan and GP Contract. Working with the HCV CCGs, the CCG will also work with the Local Pharmaceutical Committee to explore rotational posts across various sectors, recognising the need to work collectively to mitigate recruitment pressures elsewhere, but particularly within acute trusts and community pharmacy;
- The CCG will work with the primary care networks to secure additional Social Prescribing link worker roles within 2019/20, in line with the NHS Long Term Plan and GP Contract. It is expected that these posts will complement and support the existing social prescribing service and Wellbeing Service;
- The CCG will explore whether the recruitment of Physicians Associates, Paramedics and Physiotherapists across the primary care networks could be accelerated within 2019/20, ahead of the timeline set out within the NHS Long Term Plan and GP Contract, where networks are in a position to do that. This could be supported by the CCG through the flexibility provided as a result of the PMS premium reinvestment funding;
- Greater integration between the expanded IAPT workforce and the primary care networks will be achieved as part of the primary care network development;
- There is a focus across partners within North East Lincolnshire (public, private and voluntary) to better support the development of a local workforce, through developing a collective approach to programmes such as work experience and apprenticeships. The CCG will support local health partners, including general practice, to engage in this approach.

### 3.3 To develop new models of care and the supporting infrastructure that can respond better to the care needs of the population and support improved outcomes

The CCG will support the process to ensure that local practices are part of a primary care network (PCN) by July 2019, and will support development of the networks over the next 5 years, to build multi-professional and multi-disciplinary teams around their combined populations, which can better support targeted work on improving outcomes.

Every practice within North East Lincolnshire is already a member of a GP federation and discussions are currently underway as to how these could transition into the new primary care networks. The federations are members of the Integrated Care Partnership (ICP) and there has been agreement in principle with partners within the ICP regarding the development of integrated care teams, which can work together more effectively to deliver care to the PCN populations. The CCG will work with PCNs and the ICP to develop detailed plans for the alignment of community teams around the PCN populations.

Access to analytical data to support networks to better understand the health and care needs of their population, and to adopt a population health management approach, will be provided to support the development of teams which focus on addressing those needs and improving outcomes. The CCG and the Public Health team within the local authority have already begun work on pulling together datasets to support the networks, and the NHS Long Term Plan sets out a commitment to deploy population health

management solutions during 2019. This will support the networks to identify their priorities, but there will also be a focus on the areas set out within the NHS Long Term Plan (targeted support offer to address obesity; improved uptake of the Learning Disability (LD) Health Check; early identification of cancer; improved effectiveness of health checks; active case finding; better support for heart failure through direct access to diagnostics; improved diabetes care; earlier diagnosis of long term conditions), where this aligns with local need, developing services over the duration of this strategy. The health and wellbeing challenges set out at Appendix 3 will also need to be considered as priorities for targeted intervention by the networks. This will be supported by community based specialist services that are already in place or planned as part of the CCG's overall strategic direction.

The services delivered by the primary care networks will be expanded in line with the NHS Long Term Plan and GP Contract to include the extended hours Directed Enhanced Service (DES) in 2019 and support for those in care homes, undertaking medication reviews, and improving personalisation and anticipatory care by 2020. A number of services are already being delivered at federation level including the management of complex long term condition patients and the interim extended access service; these will need to be reviewed during 2019/20 in light of any potential changes to the federations as the PCN plans evolve. An annual local quality scheme also encourages a focus on medicines optimisation, referral management and specific clinical quality areas. This scheme is revised each year and it will be revised for 2019/20 to reflect local priorities and to focus on delivery at primary care network level from July 2019. Where it is deemed to be appropriate, the CCG will consider alignment of CCG commissioned enhanced services at primary care network level.

The networks also provide opportunities for peer support on performance improvement and supporting member practices' resilience. As the primary care networks evolve, the CCG will work with them to develop workforce models that are more consistent across the member practices, and to develop greater granularity regarding the CCG's expectation of type of service delivery at individual practice level, those at the network level and those that require a greater population size. The ambition to develop the infrastructure of the networks, as set out within the LTP and the GP Contract, will facilitate supervision and support to member practices at network level.

The networks will also need to develop close links with local voluntary and community resources to be able to co-ordinate and signpost patients to alternatives that can support them to remain as well and independent as they can. The Local Authority's Live Well service and the CCG commissioned social prescribing service – Thrive NEL – are both key services to support access to non-medical lifestyle support. Links to community based voluntary services will be strengthened, starting with initial engagement with the voluntary sector alliance in 2019/20.

The organisational development (OD) requirements of creating effective multi-disciplinary teams drawn from different organisations is not underestimated, and the CCG will support this aspect of development. The CCG will work with the primary care networks and the ICP Board to determine what OD support they require, but it is expected to include areas such as team development, clinical governance, change management, data sharing agreements and pathway development. The CCG will also support the administration of the primary care networks through recurrent funding equivalent to £1.50 per head per annum, as required within the NHS Long Term Plan and Planning Guidance.

The expectation, based on sites where the network model has been implemented elsewhere in the country, is that this network team approach will improve staff morale and job satisfaction, recruitment and retention

and patient experience. The NHS Long Term Plan also provides information regarding the success of the Vanguard primary care networks in containing demand for emergency services.[15]

### 3.3.1 Premises & Infrastructure

Services will be provided from premises that are fit for purpose and able to accommodate the network model. Historic investment in general practice estate within North East Lincolnshire has resulted in excellent, modern general practice centres, many of which already accommodate other services beyond general practice. This provides a good physical infrastructure for the primary care network teams to be able to co-locate, and means that there is less of a requirement for significant investment in estates. However, there is still a requirement to ensure that these premises are being put to most effective use.

Beyond a small number of refurbishment schemes which were submitted and approved as part of the NHS England Estates and Technology Transformation Fund (ETTF), it is not anticipated that there will be a need for significant investment in new premises. However, the impact of planned housing developments is not yet fully understood. The principle will be that existing centres will continue to be supported and utilised for extended general practice and development of primary care network teams. If new housing developments are placed in areas that are less accessible to existing primary care centres, the CCG will consider whether consulting space within new community facilities would improve access, although more specialised and complex services will always be delivered from the centres. These would be considered on a case by case basis. There are a very small number of surgeries or branch surgeries that are still accommodated within older buildings; in the cases where access would be significantly affected without retaining premises in a particular locality, refurbishments and/or potential new builds will be considered on a case by case basis, should they become unfit for service delivery.

The CCG will consider providing additional hardware to enable remote and agile working across integrated teams. This has recently been expanded to support all NEL Care Homes, enabling staff within Care Homes to have access to the summary care record and NHS Mail and supporting professionals visiting Care Homes to access their native systems. The use of e-consultations from Care Homes to general practice is also being piloted. Further rollout will take place if this proves successful.

The arrangements for upgrades of the existing NHS net connections to superfast broadband are currently being finalised and will be implemented imminently. This should significantly improve the network speeds within the primary care centres.

Many local partners now use the SystmOne clinical system, but this does not currently fully support professionals to access a single shared care record, and other systems are in use. The development of a shared record is already underway (Leeds model). The Yorkshire and Humber Care Record programme is part of a national programme Local Health and Care Record (LHCR) exemplars. It will enable the safe and secure sharing of an individual's health and care information as they move between different parts of the NHS and social care. In Humber, Coast and Vale, the first phase of implementing the Yorkshire and Humber Care Record programme is to roll out the technology behind the Leeds Care Record to a limited number of organisations in order to prove the technological solution will work in Humber, Coast and Vale. After this pilot is complete, a wider rollout will be planned to take place throughout 2019 and beyond, which will seek to integrate data from provider organisations across Humber, Coast and Vale into the record. A total of 9 GP

[15] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf, page 13

practices will go live with the first phase of implementation of the shared record before 1st April 2019. Our ambition is to focus the initial deployment around end of life and cancer. In the meantime, the summary care record will continue to be promoted. Work on capturing enhanced Summary Care Record (eSCR) consent will continue and the use of 'MJoG' software is to be adopted to enable SMS Text Messaging to and from patients.

The CCG area is also part of a pilot for direct integration between EMIS and SystmOne, which will connect together all practices on EMIS and all other organisations, not just general practices, on SystmOne. The two main patient record systems used across the region (EMIS Web and SystmOne) are now working together for the first time to share information. After a successful pilot, this integration has now been rolled out across North East Lincolnshire and the rest of the Humber region. This is a first in the UK and has been welcomed by local clinicians. Developing this integration has improved patient safety and care, by allowing health professionals to share information in an efficient, accurate and timely way.

### 3.4 To continue to improve access to general practice services for the local population through improving the range of access methods and to continue to improve the quality of services through enhanced quality improvement support

#### 3.4.1 Access

Patients will be more easily able to access general practice services, both in hours or within extended services during evenings and weekends, through a range of methods including digital options, not just face to face. The CCG will ensure that the NHS Long Term Plan commitment to a right to digital first services by 2023 is met.

By the end of March 2020, the CCG aims to achieve at least 75% coverage of the population for online consultation across the primary care networks, and by the end of March 2021 there will full coverage of online and video consultations, in line with GP contract requirements. The CCG will work with the primary care networks to encourage sharing of best practice and consistency of access methods, as well as coverage of online booking of appointments, ordering of repeat prescriptions and electronic repeat dispensing. This could include an initial focus on targeted support to those practices that are rated below the CCG average within the annual GP patient survey. In line with GP contract requirements, the CCG will work with practices to ensure that 25% of appointments are available for online booking by July 2019, new patients have access to prospective data within their online record from April 2019 and all patients have access to their full online record by April 2020. The rollout of the new NHS App across all local practices will be supported; the NHS App provides a simple and secure way for patients to access a range of NHS services on their smartphone or device. It is due to be fully enabled for all patients by July 2019, and the CCG will work with practices and PCNs, as well as local patient groups, to promote and encourage use of the App.

Given the challenges with GP capacity, the lower than average levels of patient satisfaction with access and service user desire for non-face to face solutions, the CCG will closely monitor progress of those 2019/20 requirements and plans will be reconsidered in light of this in 2020. If it is identified that additional support is required, this could include services from digital providers, as referenced within the NHS Long Term Plan. In reaching any decisions, the CCG will be cognisant of the outputs of the NHS England access review during 2019, and their wider review of out-of-area registration arrangements and patient choice of digital-first

primary care. The CCG would also need to consider the implications of progressing potential plans for additional digital support ahead of the new NHS England framework, which is expected in 2021. Any plans that may be agreed to secure additional provision would be supported by a market engagement exercise prior to any procurement.

Making a distinction between the handling of immediate, on the day, requests for one-off/episodic care and ensuring continuity and longer consultation times for patients with long term conditions and more complex needs could help to improve satisfaction with access. The CCG expects that on the day demand for episodic /one-off support will increasingly be managed across primary care networks to make most effective use of resources and improve access. To support urgent access, all practices will provide 1 appointment per 3,000 patients for direct booking from NHS 111 during 2019. It is expected that the on-going relationship with known professionals and / or team for patients with long term conditions, or those who require regular contact, would be provided by the registered practice or primary care networks, depending on complexity. Appointments should be of sufficient length to ensure that there is time to complete full reviews and to support patients with self-management and anticipatory care planning.

The CCG will continue to develop the commissioning arrangements for the extended access service, moving it from the current interim arrangement to a longer term service by March 2020. The CCG is working with the federations to gather greater insight and understanding of demand, to inform the future requirements. The future service will offer consistent access times for patients across North East Lincolnshire and will identify a specific amount of on the day appointments to support the urgent care system, bookable via NHS 111.

It is expected that the primary care networks will link closely with other providers to support the development of the local integrated urgent care system, enabling 24 hours a day, 365 days a year, GP cover across the urgent care system. The aim is to ensure that all services link together effectively to make the most effective use of resources. All elements of the new integrated urgent care system will be fully operational by March 2020.

**3.4.2 Quality**

The oversight, monitoring and improvement support in relation to quality within general practice services forms part of the CCG's overall approach to quality.

The CCG will continue to work with practices to support continued improvements in quality and to address variation through a range of methods. This will include but is not limited to:

- Proactive support ahead of Care Quality Commission (CQC) inspection visits, and continued post-inspection support to help to address any issues identified, where required;
- A rolling programme of contract visits, with a focus on the domains of quality;
- Targeted support for practices with the lowest rate of satisfaction for booking appointments or where CCG intelligence indicates a need to support improvement in a particular domain of quality (safety, effectiveness or experience);
- Revised local quality scheme, aimed at addressing areas of greatest need and variation between member practices and national indicators;
- Continued training and education delivered through the protected time for learning events (8 per year);

- Full rollout of advice and guidance from specialists to support decisions to refer and to improve feedback and learning within practices;
- Work to support local practices to adopt the new Quality Outcome Framework (QOF) requirements, as set out within the NHS Long Term Plan and the GP Contract, will be undertaken once these requirements are clarified.

**3.5 To ensure continued investment in general practice services is used to best effect, within the context of primary care networks**

This strategy will be supported by national and local funding. The NHS has increased, and will continue to increase, the global sum payment for core general practice activity. To counteract and mitigate the impact of the CCG's transition to its fair share of funding, it will continue to use the flexibilities of the funding freed up through the PMS contract reviews, which released the premium back into the CCG for investment in local general practice service provision. Investment decisions will need to be prioritised to ensure the most effective use of local primary care funding.

There are a range of initiatives within this strategy which were initially outlined within the General Practice Forward View and are currently backed up with national funding. The CCG will continue to direct this funding as follows:

- Reception training
- Online consultation
- GP Retention
- International GP Recruitment
- Extended Access

The CCG has continued to invest the PMS premium back into general practice services and has provided additional recurrent funding, as well as mandated uplifts to recurrent funding in 17/18 and 18/19. The local primary care schemes (services over and above core) are currently being reviewed and this will include an assessment of whether these would be more effectively delivered at network population size level, where appropriate. The CCG will also work with the networks to consider using the flexibility of the PMS premium reinvestment to support local networks to move further faster with the workforce requirements, e.g. 70% funding of physio and paramedic posts. The use of the remaining PMS reinvestment funds will be considered in light of this strategy and prioritised to best effect.

In line the NHS England requirements, non-recurrent transformational funding has been provided by the CCG across 2017/18 and 2018/19 to support implementation of the GP Forward View plans. Further non-recurrent funding could be made available to support the organisational development requirements set out within this strategy, subject to finalisation of the CCG's financial plan.

The NHS Long Term Plan sets out a commitment to increase funding into primary and community care to £4.5 billion per year by 2023/24 nationally; this will be invested into the new primary care networks and will fund expanded multi-disciplinary teams. From 2019 the CCG will commit 1.50 per head of population on a recurrent basis to support the administration costs associated with the new primary care networks, in line with the NHS 2019/20 operational planning guidance.

The NHS Long Term Plan and GP Contract document sets out an expectation of establishing a national Investment and Impact Fund for the primary care networks to support delivery of the Long Term Plan; this is expected to start in 2020. The CCG will work alongside the integrated care system and networks to understand the detail of this scheme and ensure monies earned from the fund are invested into workforce expansion and services.

## 4. Next Steps and Implementation

The CCGs within the Humber Coast and Vale Care Partnership will be working together to produce a single primary care strategy by Autumn 2019, in line with the NHS Long Term Plan requirements; it is recognised that this work could result in revisions to this strategy. This strategy will remain a dynamic document and will be updated to reflect any changes as and when required.

A timeline of delivery against the key work streams is attached at Appendix 4. Further development of detailed implementation plans will be undertaken, and these will be reviewed in light of any updates to the strategy. Progress will be overseen by the CCG's Primary Care Commissioning Committee.

**Appendix 1**


**Appendix 2**

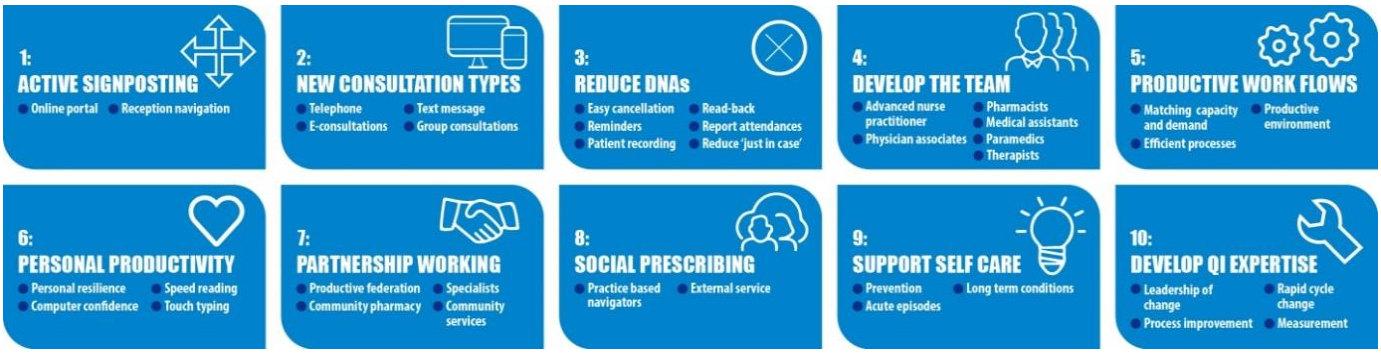
**Appendix 3**


All People in North East Lincolnshire Enjoy Good Health and Wellbeing
Strengths
In 2017/18 71% of children in North East Lincolnshire achieved a good level of development at the end of reception year. This is similar to the national average and higher than the regional average.
The proportion of children achieving a good level of development has increased from 51% in 2012/13.
The number of opiate users in treatment is decreasing year on year. In North East Lincolnshire the number has decreased from 950 in 2012/13 to 740 in 2017/18.
The local 'Our Place' survey found that 82% of older people (aged 65 and over) who want to live independently feel safe to do so.
93% of people aged 65+ who were eligible for reablement/ rehabilitation services were still at home 91 days after they were discharged from hospital. The local proportion is higher than the England figure and its neighbouring local authorities.
Males in North East Lincolnshire rank highest (best) in the Yorkshire and Humber for the number of disability free years. It is estimated that at age 65, males in North East Lincolnshire can expect to live 17.8 years, 11.2 of those years disability free.
Weaknesses
Smoking prevalence amongst adults in North East Lincolnshire is estimated to be 20%, third highest in the region and is significantly higher than the England average of 14.9%.
The North East Lincolnshire smoking prevalence is decreasing at a rate similar to the national and regional average, however a significant gap remains between the local and national rates.
North East Lincolnshire has the joint third highest premature mortality rate in the Yorkshire and Humber region. With a rate of 401/100,000 is significantly worse than the England rate of 334/100,000.
The local rate has declined but a significant gap remains with the national rate.
In 2016/17 22.3% of women in North East Lincolnshire smoked at the time of delivery, this is more than twice the national rate of 10.7% and ranks second highest in the Yorkshire and Humber region.
East Marsh has the highest rate of 39.3% , closely followed by West Marsh with 37.4%, Wolds have the lowest rate with just 2.9% (local rate is 2017/18).
The proportion of 10-11 year old children in North East Lincolnshire who are classed as overweight or obese is 37.8%, higher than the regional rate of 34.6% and significantly higher than the national rate of 34.2%. The North East Lincolnshire rate is the second highest (worst) in the Yorkshrie and Humber region.

## Appendix 4

| Initiative | Responsbility | 19/20 | 20/21 | 21/22 | 22/23 | 23/24 |
|---|---|---|---|---|---|---|
| **Freeing up capacity:** | | | | | | |
| Resilience funding | ICS, NHS England & CCG | Y | tbc | tbc | tbc | tbc |
| Improve interface issues | CCG | Y | Y | | | |
| 10 High Impact Actions (focus on DNAs) | CCG | Y | Y | | | |
| Care Navigation - increase range of services | CCG | Y | Y | Y | Y | Y |
| Explore expansion of self-care support, including apps | PCNs, CCG | Y | Y | Y | Y | Y |
| Correspondence Management - targeted support | CCG | Y | | | | |
| Apex Insights Tool - complete rollout and begin analysis | CCG, PCN & Practices | Y | | | | |
| Explore alternatives with Community Pharmacy and Optometry | CCG | Y | Y | Y | | |
| **Workforce:** | | | | | | |
| International GP recruitment - continued engagement | ICS IGPR team and CCG | Y | Y | | | |
| International GP recruitment - commencement on scheme | ICS IGPR team and CCG | Y | Y | | | |
| Retirement planning & recruitment plans | CCG, PCN & Practices | Y | Y | | | |
| Post CCT Fellow Role | CCG and specialist service | Y | Y | | | |
| Explore establishment of network of future GP leaders | CCG | Y | | | | |
| Develop and promote nurse training opportunities | ATP hub, supported by CCG | Y | Y | | | |
| **New Models of Care:** | | | | | | |
| Develop proposals for primary care networks | Practices | Y | | | | |
| Approve establishment of primary care networks | CCG | Y | | | | |
| Implement PCNs | PCNs, supported by CCG | Y | | | | |
| Develop plans for alignment of community services with PCNs | PCNs, ICP, CCG | Y | | | | |
| Implement plans for alignment of community nursing service | PCNs, CPG, CCG | Y | | | | |
| Implement plans for alignment of all community services with PCNs | PCNs, ICP, CCG | | Y | Y | Y | Y |
| Review Local Quality Scheme in light of PCN | CCG | Y | | | | |
| Review commissioning arrangements for extended access and primary chronic and complex services | CCG | Y | | | | |
| Expand PCN services in line with LTP and GP contract DES requirements | PCNs, CCG | Y | Y | Y | Y | Y |
| Consideration of commissioning arrangements for enhanced services, in light of PCNs | CCG | Y | | | | |
| Engage local Voluntary Community Sector Alliance in PCNs | PCNs, supported by CCG | Y | | | | |
| Develop initial analytical data packs for PCNs (population health management) | CCG and LA | Y | | | | |
| Complete ETTF approved scheme - Laceby branch | Practice, NHS England and CCG | Y | | | | |
| Review utilisation of primary care centres | Union (one public estate) | Y | | | | |
| Upgrade to NHS Net | Humber digital support team and network provider | Y | | | | |
| Implement Yorkshire and Humber Local Health and Care Record | Humber digital support team, CCG | Y | | | | |
| Continue rollout of enhanced summary care record | Humber digital support team, CCG | Y | | | | |
| **Access:** | | | | | | |
| Online consultation 75% coverage by March 2020 | Practices, supported by CCG | Y | | | | |
| Implement 25% booking of appointments online by July 2019 | Practices, supported by CCG | Y | | | | |
| Full access to patient record online by April 2020 | Practices, supported by CCG | Y | | | | |
| Improved utilisation of patient online - access to record, booking of appointment, repeat prescriptions | Practices, supported by CCG | Y | | | | |
| Full coverage of online consultation and video consultations | Practices & PCNs, supported by CCG | | Y | | | |
| 111 direct booking into general practice appointments (1 per 3,000 patients) from April 2019 | Practices, supported by the CCG | Y | | | | |
| Develop measures for 2019/20 progress towards improved capacity | CCG | Y | | | | |
| Review 19/20 progress and determine if additional actions required | PCCC | Y | Y | | | |
| Sharing and adopting best practice in appointment systems, across PCNs | CCG and PCNs | Y | Y | | | |
| Explore and develop collaborative approach to managing on the day demand | PCNS, supported by CCG | Y | Y | | | |
| Rollout NHS App | Humber digital support team and CCG | Y | | | | |
| LTP Commitment to Patient right to digital first | CCG and PCNs | | | | | Y |
| **Quality** | | | | | | |
| Proactive support to pre-CQC inspection (process already developed) | CCG and Practices | Y | Y | Y | Y | Y |
| Rolling programme of contract visits, including focus on quality domains | CCG | Y | Y | Y | Y | Y |
| Continued training and education through protected learning events | CCG | Y | Y | Y | Y | Y |
| Full rollout of electronic Advice and Guidance from specialist services | Providers | Y | | | | |
| Implement processes to support achievement of revised QOF indicators | Practices, supported by CCG | Y | Y | | | |
| **Investment** | | | | | | |
| Recurrent investment of £1.50 per head into PCNs | CCG | Y | Y | Y | Y | Y |
| Agree investment of remaining PMS premium | CCG | Y | Y | | | |
| Support PCNs to implement Investment and Impact Fund | PCNs, supported by ICS, CCG | | Y | | | |

## Appendix 5


1:
ACTIVE SIGNPOSTING
Online portal
Reception navigation
2:
NEW CONSULTATION TYPES
Telephone
Text message
E-consultations
Group consultations
3:
REDUCE DNAs
Easy cancellation
Read-back
Reminders
Report attendances
Patient recording
Reduce 'just in case'
4:
DEVELOP THE TEAM
Advanced nurse practitioner
Pharmacists
Medical assistants
Physician associates
Paramedics
Therapists
5:
PRODUCTIVE WORK FLOWS
Matching capacity and demand
Productive environment
Efficient processes
6:
PERSONAL PRODUCTIVITY
Personal resilience
Speed reading
Computer confidence
Touch typing
7:
PARTNERSHIP WORKING
Productive federation
Specialists
Community pharmacy
Community services
8:
SOCIAL PRESCRIBING
Practice based navigators
External service
9:
SUPPORT SELF CARE
Prevention
Long term conditions
Acute episodes
10:
DEVELOP QI EXPERTISE
Leadership of change
Rapid cycle change
Process improvement
Measurement