



Next Steps⁺
for primary care

Next Steps for Primary Care

Introduction

Everyone should be able to access and receive excellent care, but this isn't always the case.



The primary care transformation programme is committed to facilitating the delivery of accessible and high quality primary care for the people of Greater Manchester.

We will work with people, carers, providers and commissioners to reduce the variation in services and increase the quality of care for everyone. By improving primary care we aim to help the people of Greater Manchester to stay healthy and remain independent. The new primary care strategy for Greater Manchester will aim to empower communities to adopt healthy living practices, deliver care at the right time through integrated care pathways that co-ordinate input from the health, social, community and voluntary sectors.

Primary Care commissioning decisions will be made on the basis of the best outcomes for people and patients. In Greater Manchester we may seek to set primary care services above national standards and specifications, and work with local providers to put in place specific measures to achieve this.

The primary care strategy is being developed in line with local and national strategic priorities, particularly the Five Year Forward View and Greater Manchester Health and Social Care Devolution. We will work collaboratively with a wide range of stakeholders and aim to develop a strategy that is right for the people of Greater Manchester.

We need your help to develop a strategy that we can collectively deliver across Greater Manchester. In this document we have proposed some high level themes; let us know what you think of them. You can send your feedback to: england.primarycaretransformation@nhs.net

Achievements so far

We have been working on our vision for Primary Care for a number of years, with some major achievements along the way:



- ⊕ In February 2014, following wide engagement across a number of stakeholders, we agreed the first Primary Care Strategy for Greater Manchester. This outlined key commitments of access and responsiveness, involvement in care, multidisciplinary care, increased community based care - all underpinned by quality and safety.
- ⊕ As part of the work to develop the strategy, we launched six primary care demonstrator sites across Greater Manchester. These innovative pilots aimed to test out elements of the primary care strategy. The programme was independently evaluated by the National Institute for Health Research and Manchester University, providing a series of key themes and messages which are now being carried into our wider rollout
- ⊕ At the 4th Greater Manchester Primary Care Summit, we reaffirmed that, “by the end of 2015, everyone living in Greater Manchester who needs medical help, will have same day access to primary care services, supported by diagnostic tests, seven days a week”. Our ambition is to move from 7-day access hubs towards integrated specialist centres, where integrated health and care can be delivered, including support for the frail elderly population or those with long term conditions
- ⊕ We have completed a very significant piece of work to deliver a step change in core primary care delivery through the agreement and implementation of a suite of Greater Manchester Primary Care General Practice Medical Standards. These standards were developed based on the ‘Bolton Quality Contract’ and will be implemented across Greater Manchester by December 2017.
- ⊕ We are ensuring that the value of all professional groups is fully utilised. For example, working with the Local Professional Network to deliver the Pharmacy Think Tank. This generated a wide range of ideas and led to the development of the pharmacy transformation plan.
- ⊕ We delivered a ‘**Thought Leadership**’ event, with wide representation across Greater Manchester. The event aimed to stimulate thinking about the next steps for primary care in Greater Manchester

Key principles

There are a number of big opportunities for Primary Care to contribute to improving health care and economic growth in Greater Manchester.

Some key principles to delivering those opportunities include:

A population based approach to improving health and care

- Making use of integrated sets of patient information and segmentation to create a data-based view of the needs and cost of a population
- A neighbourhood model that would see multidisciplinary teams working to serve a population of 30-50k with a hub where integrated health and social care teams can work together and collocate to deliver services

Removal of silos of provision to incentivise providers over health not activity

- The opportunity to explore different payment models such as capitation (where healthcare service providers are paid a set amount for each person, whether or not that person seeks care)
- The potential to create incentives for the whole team linked to delivering the goals of the system e.g. reducing hospital activity

Better information flow and use of shared records, patient record access and goal setting

- Consideration of a single electronic patient record that spans health and social care and is shared across providers
- People receiving full access to their electronic health records
- The continued spread of innovation to deliver primary care differently

Broadening the workforce beyond GPs

- Exploring and harnessing new roles in primary care such as physicians associates, clinical pharmacists, GPs with consultants in the community
- Better utilisation and integration of the wider primary care workforce such as pharmacy treatment of common ailments and community optical practices for minor eye conditions
- Greater investment in multidisciplinary teams

High Level Themes

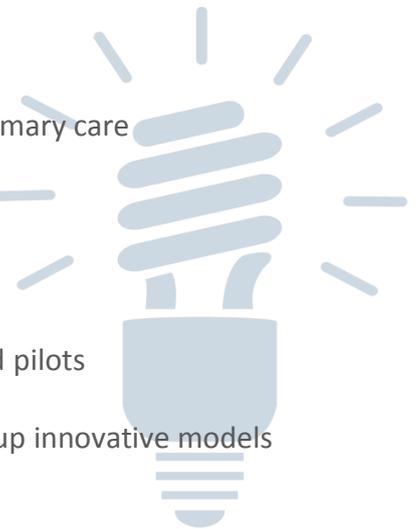
Below we have described 5 high level themes for the future offer from primary care to the people of Greater Manchester.



These themes begin to outline a model which is engaged with individuals and communities. By working with commissioners and providers, we will collectively support our population to improve and maintain their own health and wellbeing, by giving them the knowledge, skills and support they need to adopt healthier behaviours.

Innovation

- ⊕ Looking for examples of new/innovative models of delivering primary care
- ⊕ Encouraging the testing of new models and sharing the learning
- ⊕ Developing 'organisations without walls'
- ⊕ Learning from the Vanguards and Prime Minister Challenge Fund pilots
- ⊕ Building up a repository of best practice and proactively scaling up innovative models
- ⊕ Using intelligence to measure and understand need



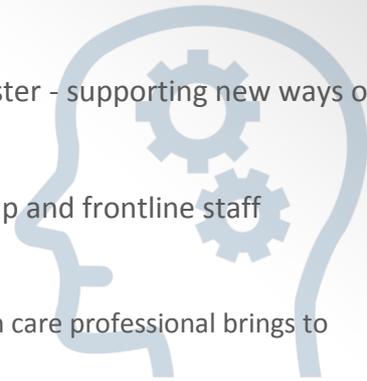
Consistently high quality care

- ⊕ Reducing health inequalities and improving outcomes
- ⊕ Delivery of the Greater Manchester Primary Care Medical Standards
- ⊕ Development of primary care medical standards for dental, optometry and pharmacy
- ⊕ Transparent use of performance information shared in real time
- ⊕ Intelligent commissioning - understanding the needs of the local population and commissioning accordingly
- ⊕ Shared learning across primary care providers with focus on service innovation and improvement
- ⊕ Improving access for vulnerable population groups



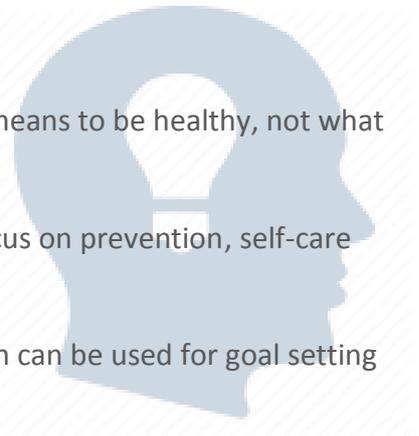
Provider and workforce development

- ⊕ Optimising the provider landscape across Greater Manchester - supporting new ways of delivering care and developing the wider workforce
- ⊕ Large scale organisational development including leadership and frontline staff development
- ⊕ Inter professional working to realise the benefit that each health care professional brings to patient care
- ⊕ Building a workforce that is fit for the future
- ⊕ Greater Manchester known as 'a great place to work'



People powered health and behaviour change

- ⊕ Asset based approach to primary care - looking at what it means to be healthy, not what it means to be ill
- ⊕ Strengthening the focus on wellbeing, including greater focus on prevention, self-care and public health
- ⊕ People in control of their own health and care record which can be used for goal setting and tele monitoring
- ⊕ Acknowledgement of people as an asset - supporting people to connect with community resources and make their own contributions
- ⊕ Generation of a social movement, enabling people to make their own informed lifestyle choices
- ⊕ Looking for new and innovative ways to reward and incentivise health and wellbeing
- ⊕ Building behaviour change support, self-care and self-management into all relevant clinical pathways and care plans
- ⊕ Providing holistic patient centred care



New models of care

- ⊕ New organisational forms put in place (e.g. joining up of primary care, hospitals, community and mental health services or more specialist care out of hospitals and into communities) or significant changes in existing structure
- ⊕ Opportunities to look for new organisational forms in order to deliver primary care transformation at scale
- ⊕ Opportunities to utilise the wider primary care workforce e.g. pharmacist and dental support in care homes.
- ⊕ Capitalise on vertical integration linking primary, secondary and tertiary care and horizontal integration linking similar levels of care e.g. multidisciplinary teams
- ⊕ Acknowledgement that primary care is at the forefront of integration



⊕ Supporting Enablers

To support the transformation of primary care, we will need to invest in better information systems and technology, improved primary care estates, the right incentives and significant workforce development.



IM&T

- ⊕ Modern, connected infrastructure, systems and intelligence enabling practitioners and linking services and people across health and care.
- ⊕ Providing integrated records that have the ability to be interlinked across GM and beyond. Establishing a GM wide consent and information sharing model and robust data standards, security and quality.
- ⊕ A common, digital front door to our services, complementing traditional interactions. Enabling increased public and patient control and empowerment, moving away from paternalistic culture of care.
- ⊕ Reducing duplication and increasing pace by establishing a new, inclusive governance model with commissioners, providers and receivers of care and creating innovation hubs in GM sectors / localities.

Estates

- ⊕ Premises which are of a consistently high standard and create new opportunities to promote health and wellbeing and the delivery of a wider range of more collaborative community based services
- ⊕ Purpose built estates to allow for multidisciplinary working and convenient access
- ⊕ Identified surplus estate being consolidated/disposed and used to support new estate
- ⊕ Better utilisation of existing estate to support multidisciplinary working
- ⊕ Estate should be fit for purpose, managed and operated efficiently and have the flexibility to respond to the changing needs of the population and service delivery models.
- ⊕ The locality approach should consider and include estate requirements to encompass the wider local needs that could form part of any new investment particularly if funded via Local Authorities.

Finance, contracts & incentives

- ⊕ Advanced contractual and payment mechanism or a new payment mechanism entirely (e.g. a number of providers entering into an agreement to share the risk and reward, measured against a set of performance indicators) that would facilitate integrated care
- ⊕ Payment directly linked to measurable changes in performance
- ⊕ Remove silo working and look for opportunities to deliver holistic patient care and health outcomes

Workforce

- ⊕ Large scale upskilling, reorientation and refocusing of the workforce
- ⊕ Creation of new roles entirely, large changes in existing roles
- ⊕ Creation of new and exciting training opportunities in primary care
- ⊕ Ensure career path for primary care staff

Questions

In order for us to develop a primary care strategy that is right for the people of Manchester, we need your help. Please share your feedback, based on the questions below:



Are these the right themes for a new primary care strategy?



What else would you like to see included?



What do you see as the main risks for making these happen?



What are the opportunities for you and your contractor group/profession/ organisation?

Please send your feedback to:

england.primarycaretransformation@nhs.net

Next steps/further Engagement

The new primary care strategy will be developed in conjunction with commissioners, provider and the people of Greater Manchester. Engagement with all our stakeholders is a priority and will be facilitated in a number of ways including:

-  Ongoing engagement with Healthwatch, Local Representative Committees, Local Professional Networks, GP Federations, CCGs/commissioners, public health, local authority, secondary care providers and other stakeholders via attendance at meetings or specific events
-  Public ‘conversations’ via social media
-  5th Primary care summit in November 2015