

Community and Primary Care Nursing: Leading and shaping new models of care – responding to the five year forward view

Hilary Garratt

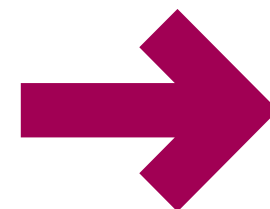
Director of Nursing:
Commissioning & Health Improvement

March 2015

Twitter: [#5YFV](#) [#shapeofcaring](#) [#FutureNHS](#)



Housekeeping



Aims of the day:



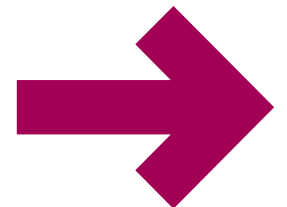
Bring people
together



Time to
think



Take
Action

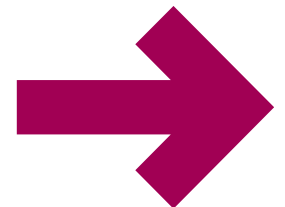


Mrs. Andrew's Story...what went wrong

Five Year Forward View

One of the key aims is:

- To enable general practice, community pharmacy and other primary care services to play a much stronger role, at the heart of a more integrated system of community-based services.



Five Year Forward View – Opportunities for community and primary care nurses

Focus on prevention and public health

- Behaviour change to tackle lifestyle factors

Empowering patients and citizens

- Support and information for self-management and personalised care

Engaging with communities

- Partnership with the voluntary sector and public engagement

New models of care

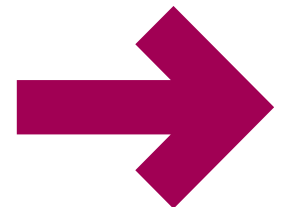
- MCPs/PACs/VsH/Care Homes

Leadership at a local level

- Influence in driving integrated care
- Supporting development of a modern workforce

Improving quality

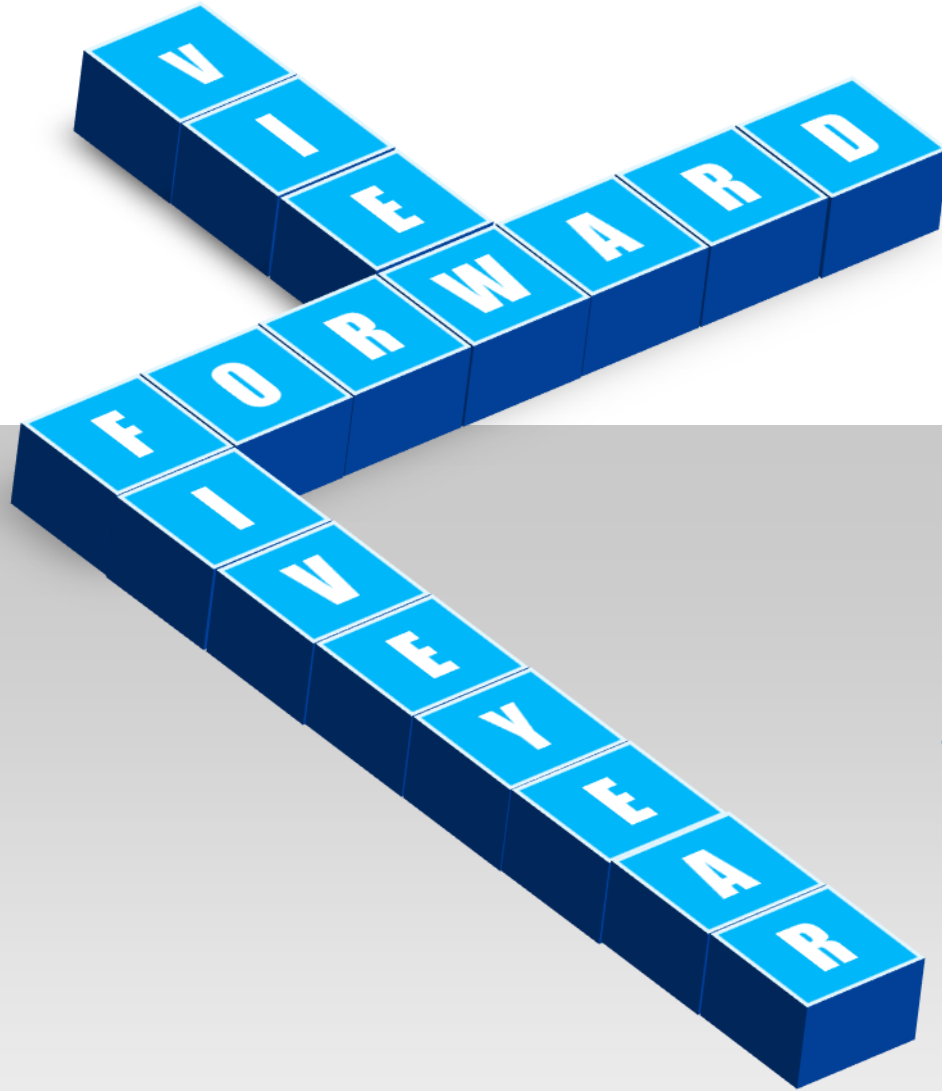
- Patient safety
- Patient experience
- Clinical effectiveness



The 5 year forward view in our region: what does it mean for us in the North

Teresa Fenech
Deputy Chief Nurse
NHS England North





“The NHS now has its own long term plan, backed by just about everybody, and today we're firing the starting gun.

Instead of the usual top-down administrative tinkering, we're backing radical care redesign by frontline nurses, doctors and other staff - in partnership with their patients and local communities.”

**– NHS England Chief Executive
Simon Stevens**

Dawson report 1919

- District hospitals and primary health centres staffed by GPs
- Outpatient clinics with visiting consultants
- Theatres
- X-Ray
- Ambulance and “communal” services
- Labs
- Dentistry
- Maternity

Elements of the Forward View



→
↓ Prevention



→
Empoweri
ng
← Patients



→
Engaging
Communiti
← es




→
New
Models of
← Care



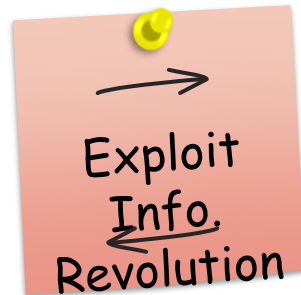
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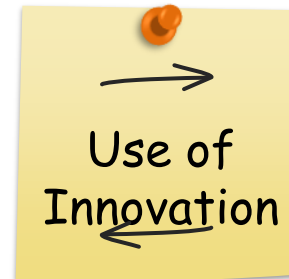
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Drive
Efficiency
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↑

5 Year Forward View: Key Principles.

- Increasingly we need to manage systems – networks of care – not just organisations.
- Out-of-hospital care needs to become a much larger part of what the NHS does.
- Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time.
- We should learn much faster from the best examples, not just from within the UK but internationally.
- And as we introduce them, we need to evaluate new care models to establish which produce the best experience for patients and the best value for money.

Multispecialty Community Providers

What they are

- Greater scale and scope of services that dissolve traditional boundaries between primary and secondary care
- Targeted services for registered patients with complex ongoing needs (e.g. the frail elderly or those with chronic conditions)
- Expanded primary care leadership and new ways of offering care
- Making the most of digital technologies, new skills and roles
- Greater convenience for patients

Out-of-Hospital Care needs to be a larger part of what the NHS does...

“The new care models aim to dissolve the boundaries between primary, community and acute care.”



Vanguard Projects in the North

Multispecialty Community Providers (MCPs) will move specialist care out of hospitals into the community;

- Calderdale Health and Social Care Economy
- West Wakefield and Wellbeing Ltd
- Sunderland CCG and Sunderland City Council
- Stockport Together
- NHS West Cheshire CCG/Primary Care Cheshire

Primary & Acute Care Systems

What they are

- A new way of 'vertically' integrating services
- Single organisations providing NHS list-based GP and hospital services, together with mental health and community care services
- In certain circumstances, an opportunity for hospitals to open their own GP surgeries with registered lists
- Could be combined with 'horizontal' integration of social and care



Vanguard Projects in the North

Integrated Primary and Acute Care Systems (PACS) will join up GP, hospital, community and mental health services;

- Wirral Health and Social Care Economy
- Northumbria Healthcare NHS Trust
- Salford Royal Foundation Trust
- Harrogate and Rural District CCG

Other new care models

- Help sustain local hospital services where:
 - They are the best clinical solutions
 - They are affordable
 - They have commissioner support
 - They have local community support
- Consider adjustments to payment mechanisms
- Explore new staffing models
- New organisational models including:
 - Sharing management across sites
 - Satellite provision on smaller sites
 - Primary and acute care systems

Modern maternity services

- Explore how to improve our current services and increase choice by:
 - Commissioning a review of future maternity units for Summer 2015
 - Ensure funding supports choice
 - Make it easier for midwives to set up services

Enhanced health in care homes

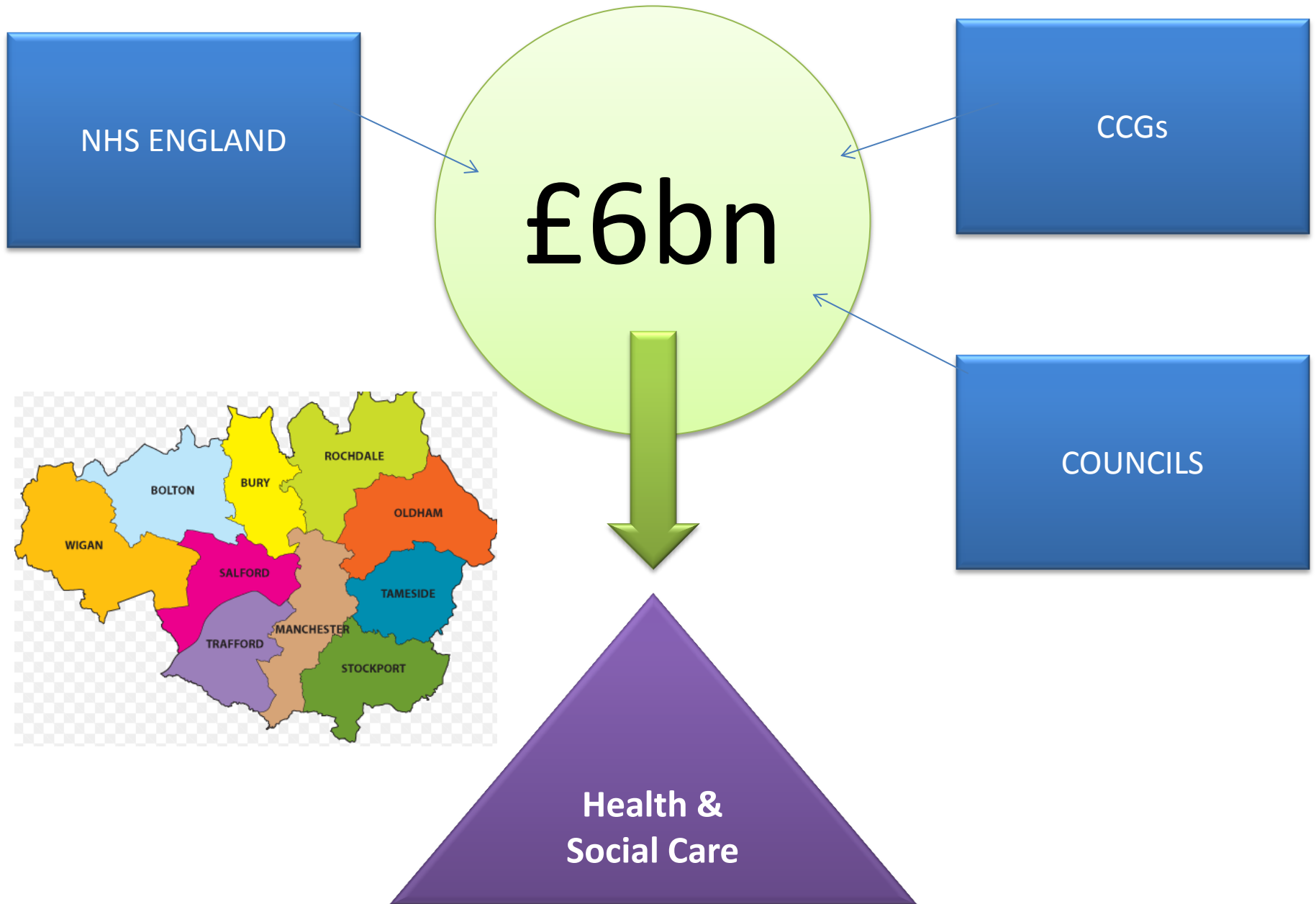
- Developing new models of in-reach support and services by:
 - Working in partnership with social services and care homes
 - Building on existing success

Vanguard Projects in the North

Care Homes will offer model of enhanced health which will provide older people with joined up health, care and rehabilitation services;

- Airedale NHS FT
- NHS Wakefield CCG
- NHS Gateshead CCG

Greater Manchester Health Devolution Plan



Delivering innovation and change

To deliver the scale and pace of change required we will also take steps to:

Align NHS leadership

For example, by moving towards a joint way of assessing and intervening in challenged health economies

Develop a modern workforce

Designing and commissioning new and more flexible roles to support the future NHS

Exploit the Information Revolution

To provide transparent data, develop services that care digitally delivered and use data to improve the NHS

Accelerate innovation

Developing new methods for innovating such as 'test bed' and 'new towns', as well as testing innovations through trials and evaluations

What does it mean for us?

Focusing on prevention

- Incentivise healthier individual behaviours
- Strengthen powers for Local Authorities
- Targeted prevention programmes – starting with diabetes
- Additional support people to get and stay in employment
- Create healthier workplaces – starting with the NHS
- Staff as role models
- Staff as expert in behaviour change

Empowering patients

- Improve information: personal access to integrated records
- Invest in self- management
- Support patient choice
- Increase patient control including through Integrated Personal Commissioning (IPC)
- New relationships
- Sharing the leadership space with patients

Engaging communities

- Support England's 5.5m carers – particularly the vulnerable
- Supporting the development of new volunteering programmes
- Finding new ways to engage and commission the voluntary sector
- NHS reflecting local diversity as an employer



North Region Out of hospital Care Conference for Nurses and Allied Health Professionals

13 Nov2014

AIMS OF THE DAY

- To enable understanding and interpretation of out of hospital care and the changes that are taking place
- What does it mean for us?
- To provide an opportunity to influence
- To understand what is needed to help the change

Over 130 delegates

Key Note Speakers
including:
Dr Mike Bewick
Gill Harris
Hilary Garrett

Developing the workforce

Where are we now?

- Profession led roles rather than patient centred
- Development of Specialist roles
- Repeated assessments and multiple handoffs
- Restricted hours of operation in some services
- B1-4 workforce – do we use them appropriately?
- Some integrated teams but not full integration

The Future Workforce

- Innovative new care models need innovative workforce solutions
- Right numbers but also right skills, values and behaviours
- More flexible workforce- where, when & how
- Integration of integrated teams – patient centred
- Increase productivity
- Motivated workforce

How do we make it happen?

- Workforce mobilisation
- Properly engage with partners
- Shared framework to support delivery via both professional and organisational routes.

Shape of Caring Review

Shaping the recommendations....

Question...


Lord Willis was set this question:

‘How do we ensure the education and training is fit for purpose to support nurses and care assistants in delivering high quality care over the next 10-15 years?’

Challenges

- Population to grow **7% to 68 million** by 2022
- **+80's will rise from 1.4m to 2.4 (2027) and 3.6m (2037)**
- Currently **1.5 million with long term conditions** – 70% of health spend
- **2030 4 million with diabetes.**
- **4.2 million with kidney disease (8.3%)**
- **40% rise in dementia patients (156% by 2050)**
- **46% of men and 40% women obese by 2035**
- **Chronic care costs will rise by up to 75% by 2050**

.....Five years NHS Five Year Forward View:

- Greater focus on prevention
 - Patients will gain far greater control of their own care
 - Barriers will be broken down in the NHS
 - New care delivering models, including development of integrated out-of-hospital care Multi-specialty Community Provider
 - Need to invest in primary care, including community nurses
 - Enhancement of technology and exploiting technology revolution
- 

Future vision of the nursing and care assistant workforce

- **The future nurse and care assistant workforce is likely to be able to:**
- Play an enhanced role in the community
- Enable healthy lives and support self-care
- Enabling whole person and coordinated care
- Have the ability to have more flexibility around roles and pathways
- Support and Lead research and innovation while adhering to the 6Cs

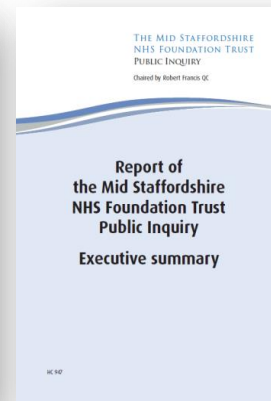
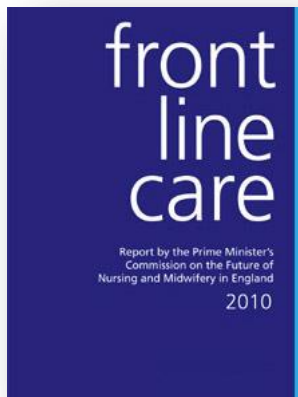


Enhanced
Leadership
and
confidence



Not starting from scratch

- Prime Minister’s Commission on the Future of Nursing and Midwifery (2010): 20 recommendations relating to nursing/midwifery
- Willis (2012): 29 recommendations relating to nursing/HCSW
- Francis (2013): 29 recommendations for nursing/HCSW
- Cavendish (2013): 18 recommendations for HCSWs



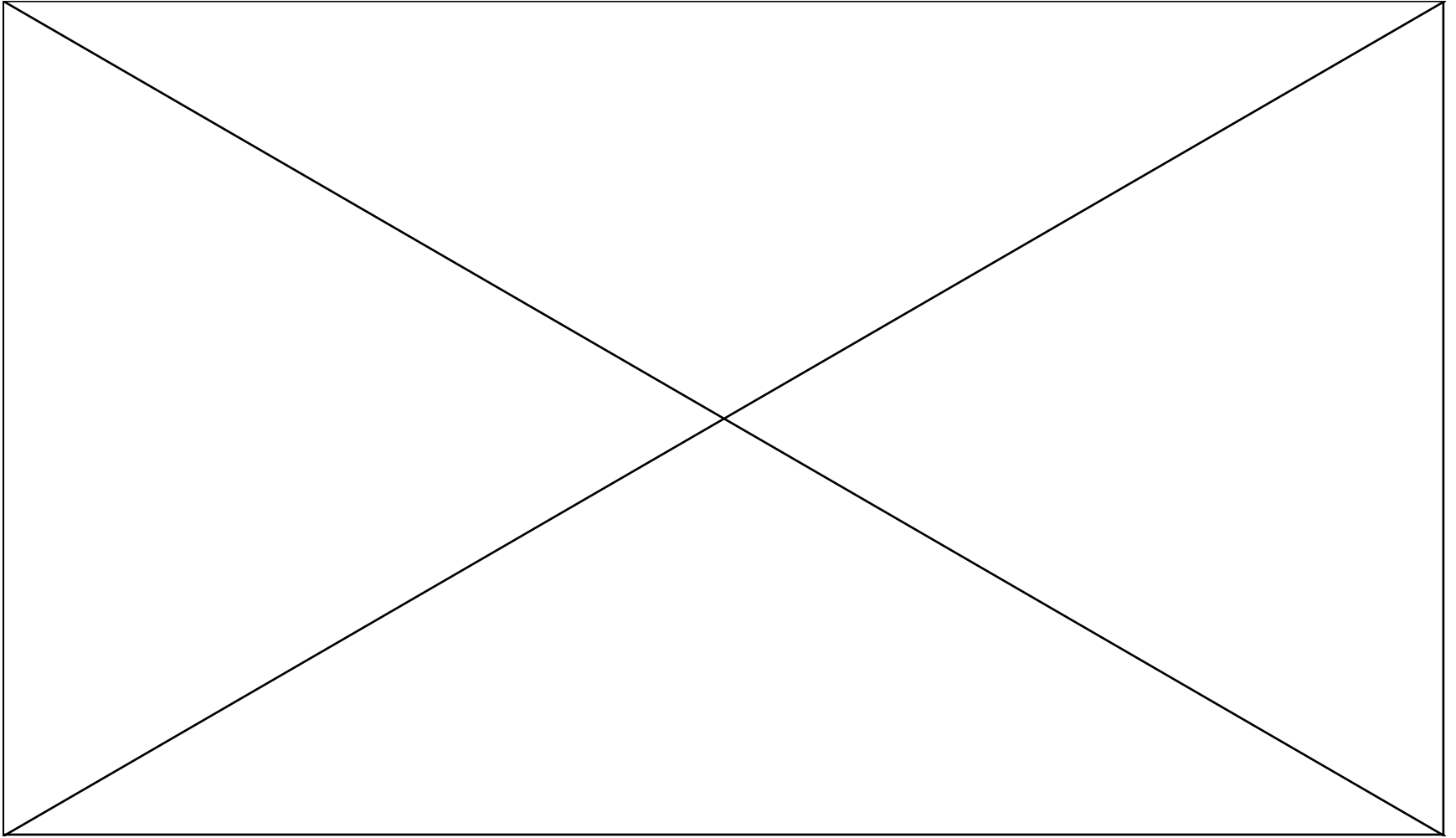
The Evidence?

- 12 visits to view examples of good practice
- 5 Nurse/Care Assistant focus groups:
- 5 Director of Nursing meetings
- 2 patient public focus groups

- Key note speeches at Cardiff, Kingston, RCN Congress and 6Cs Live

- Call for evidence - over 160 Submissions
- Twitter chat – 160,000 accounts reached





Theme – review explores

Theme 1. Enhancing patient voice in Education and training

Theme 2. Valuing care assistants

Theme 3. Widening access

Theme 4. Assuring flexibility in the system

Theme 5. Assuring high quality learning in pre-reg

Theme 6. Assuring sustainable ongoing learning post-registration

Theme 7. Sustainable research and innovation

Theme 8. Assuring high quality funding and commissioning



Theme 1 – Enhancing Patient/carer voice

- Wide variety of existing engagement with patient within education and training – Do we know what makes a difference yet?
- Do we need effective standards and QA process to ensure patient voice heard within education and training
- We not only need to enhance the patient voice within education but the student voice – learn from their learning experience



Theme 2 – Valuing care assistants

- 1.3 million front line staff who are not registered nurses deliver 60% of hands on care.
- There is wide range of training for care assistants **HEE could be the custodians of these standards**
- The **Care Certificate requires strong QA process and needs to be evaluated**
- Need to explore a new bands 3 role with standards which will act as a bridge between currently unregulated care assistants and registered workforce.
- e-Portfolio for approved signed off caring skills



Theme 3 - widening access - role of the care assistant

- Evidence to suggest greater examples of widening access, including vocational qualifications and bridging programmes needed.
- Supportive of pre-degree care which could potentially widen access to nursing for young people and allows participants to understand more about hand-on caring. This has the potential to reduce attrition.
- Could HEI's increasingly accredit prior experiential learning (APEL) entry into pre-registration education if experiential learning improved.
- Note only 35% want to become nurses – but want valuing!



Theme 4 – assuring flexibility

- There needs to be more **work-based learning routes**
- There needs to be an **educational/training skills ‘e-passport’** for both nurses and care assistants
- Need to explore different models other than the current model of the four fields of nursing which could potentially be more appropriate for the future and would ensure that student nurses did not specialise so early?
- Possible options could include: - 2 years multi-specialism/whole person care + 1 year chosen specialism +1 year with preceptorship
- Possible 5th strand Community and General Practice?



Theme 5 - assuring quality learning environments

- Mentorship is a key issue – There is a need to review system and current thinking (Amsterdam Model – Norwich).
- Student need to have the opportunity to have more ‘hands on’ experience
- Skills considered advance need to be part of graduate skill set
- Undergraduate students feedback suggest there is a need for greater consistency across education and training - National Assessment framework?
- Listening to student voice is key annual student feedback to HEE/NMC to inform future policy.



- **Preceptorship could potential be linked to revalidation** and to an enhanced education model (2+1+1)
- Further research will be needed to identify the **knowledge skills and behaviours between the graduate and non-graduate workforce** to better develop appropriate support for both.
- HEE needs to ensure consistency regarding on-going learning by **setting standards and commissioning accredited training**
- There needs to be a greater career pathways there is the potential to develop four pathways (around model of care – shared care, managed care and restorative care) which incorporate different specialisms.
- Potential to review the need to commission training places to support these pathways

Theme 7 –Research and Innovation

There needs to be greater collaboration to develop post graduate doctoral research centres to drive up research and increase clinical careers

There should greater links between Health Science Networks and CLAHRC 's to ensure that the workforce is able to adopt the latest research.

Concerns around the need for **more evidence based practice**

LETB's to adopt Magnet Idea and define framework around **beacon indicators**



Theme 8 –Commissioning and Funding

Challenging to always find the answers to questions regarding funding need expert group to look at planning and unpick

Concerns regarding attrition on pre-registration courses – there needs to be standardised data collection

To commission health for local population there needs to be more equitable funding in place which is not professional orientated.



Start of the journey.....



There will be a need for further debate and work post-publication

Next Steps

The review will publish on 12th March

**There will be a consultation and
development phase before HEE and NMC
takes forward any recommendations**

We look forward to hearing your feedback!

Supporting the development of the Primary Care Workforce

Liz Thomas and Mike Farrell
Health Education North West

*Developing people
for health and
healthcare*

Flexible working

Holistic care

Integrated working

Prevention and Public Health

Enhanced leadership

Self care

NHS

Health Education England

*Developing people
for health and
healthcare*

Leaders of multidisciplinary teams
Compassionate and Insightful carers
Expert clinicians

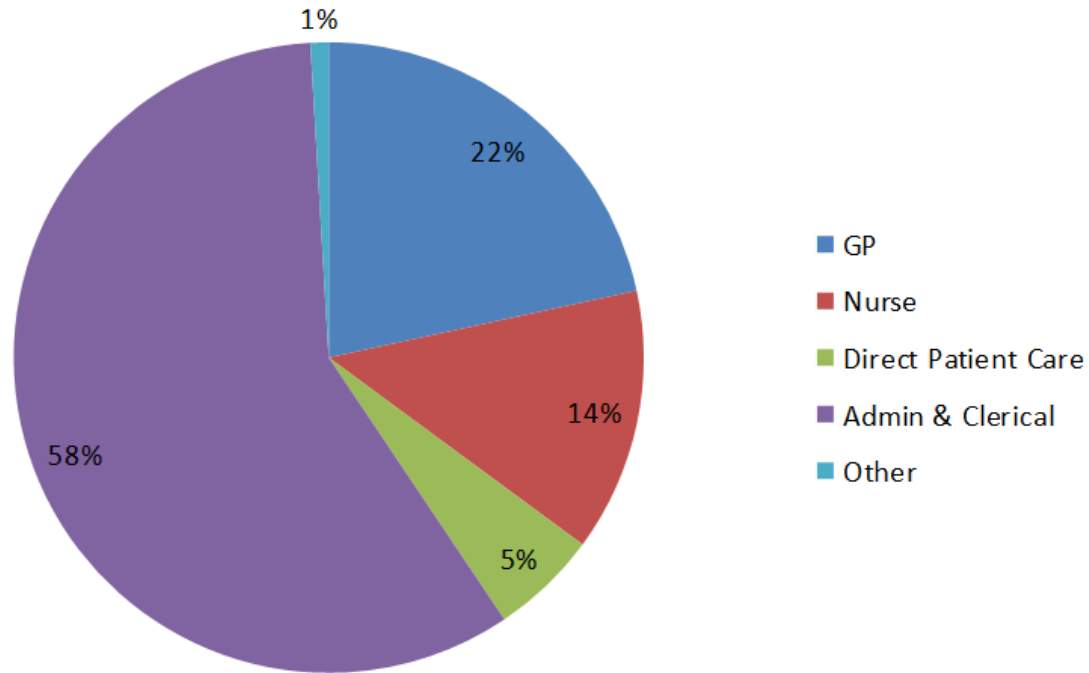
Change agents
Entrepreneurs

NHS

Health Education England

Developing people for health and healthcare

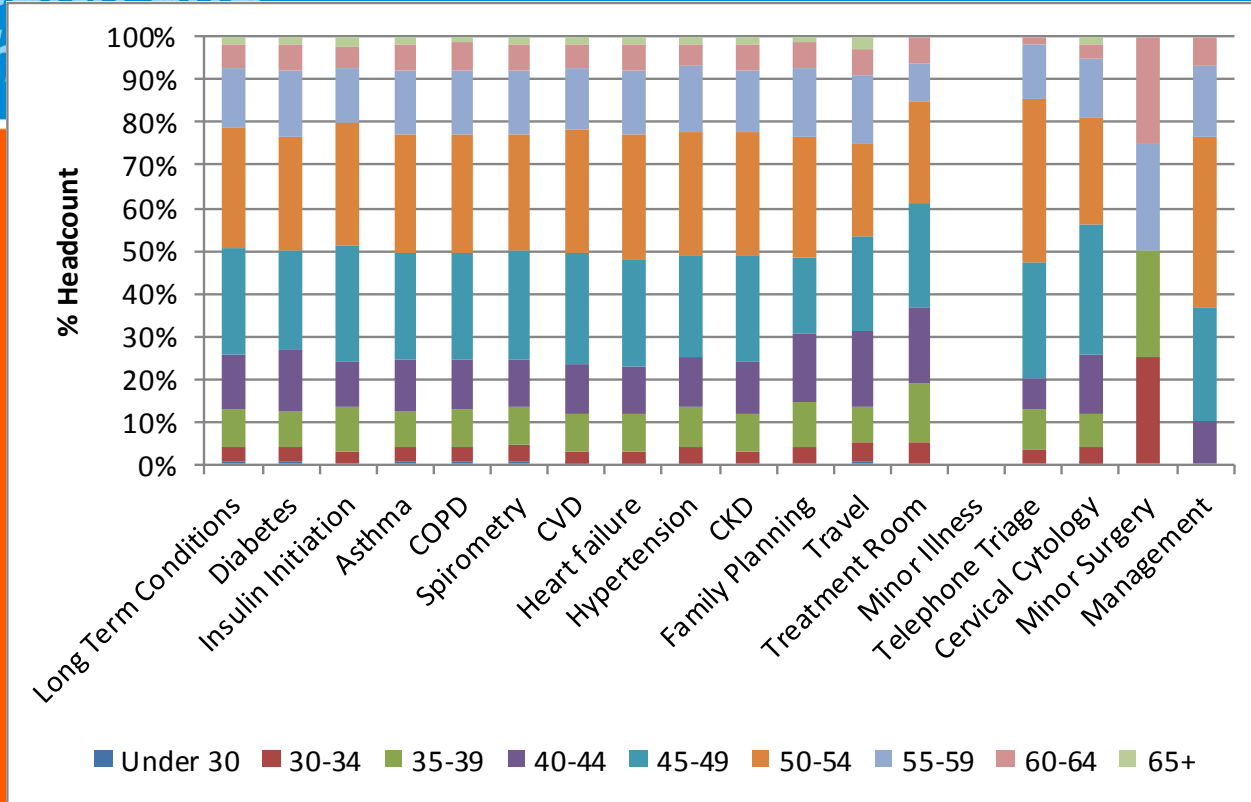
General Practice Team North West: % FTE



Data source: HENW General Practice Data Collection

Data Extraction Date: 01/12/14

% General Practice Nursing Staff Areas of Work by Age Band: North West



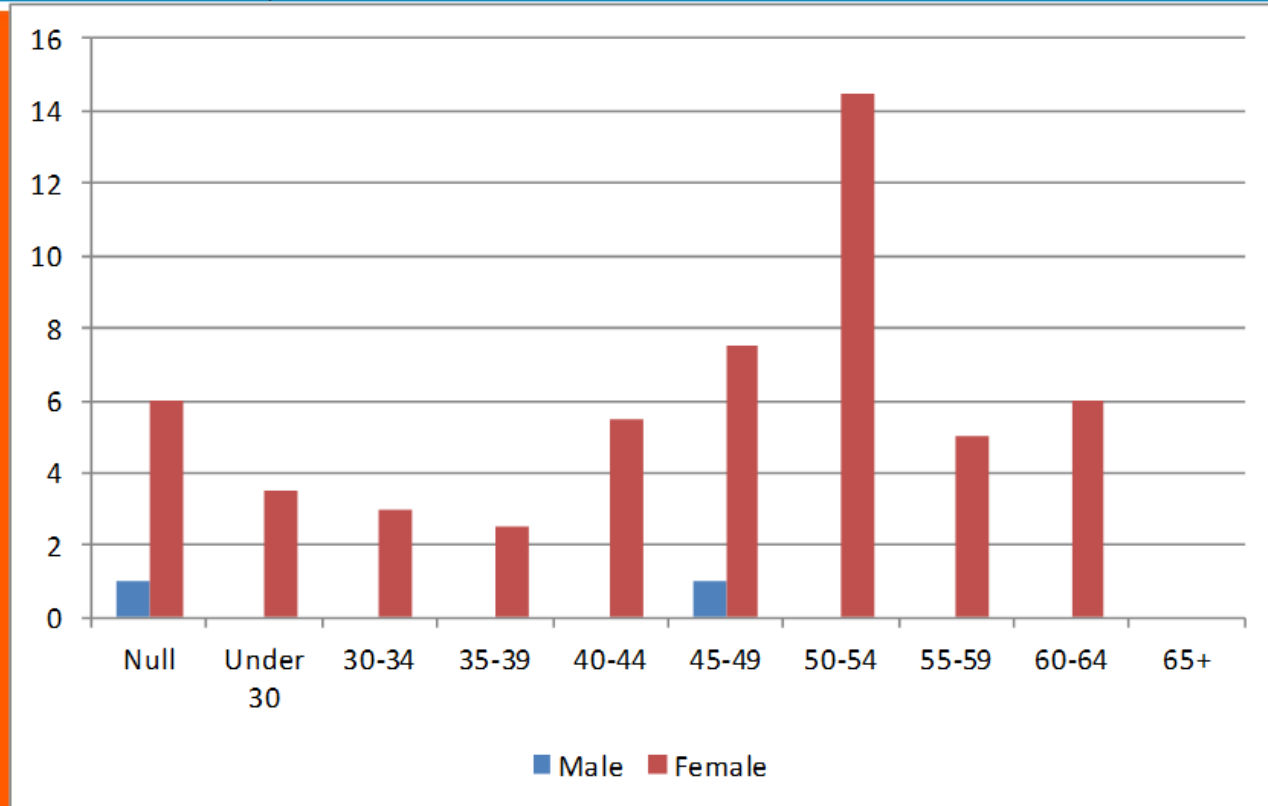
Data source: HENW General Practice Data Collection

Data Extraction Date: 01/12/14

Note: The headcount shown for Areas of Work will include staff who have skills in multiple areas of work. Therefore they might add up to greater than the nurse headcount total. Some nurse staff do not have areas of work returned, please refer to Data Completeness analysis for an evaluation of the impact of this. The FTE shown for nurse staff is impacted by data completeness of the Contracted Hours per Week data field. Please refer to Data Completeness analysis for an evaluation of the impact of this

Developing people for health and healthcare

General Practice Workforce Age and Gender Profile Breakdown Merseyside:
Direct Patient Care, Headcount



Data source: HENW General Practice Data Collection

Data Extraction Date: 01/12/14

To transform the workforce we need;

- More of the same as well as more of something different
- To up-skill the existing workforce
- To develop new ways of working
- We cannot transform the current and future workforce without equipping them with the knowledge, skills and attitudes required to deliver care in a transforming world

Developing people for health and healthcare

Career Framework

Pre-Employment
14 week programme including 10 week placement

All training costs funded through Skills for Health Skills Academy

Cadet
1-2 years apprenticeship

Enabling work experience and qualification
All training and exam costs funded through Skills for Health Skills Academy

Healthcare Assistant/Support Role Apprenticeship
1-3 year employer focused, work-based apprenticeship
Funded through Skills for Health Skills Academy

Assistant Practitioner
2 year foundation degree combined academic and workbased learning

HENW fund full course fees plus Salary Replacement Contribution

Practitioner
3-4 year degree programmes
Range of Professions developed through pre registration programmes through to Professional Qualification and beyond through CPD.

Senior/Specialist Practitioner
CPD Specialist development
HENW funded support via CPD Apply

Advanced Practitioner
2 year MSc Advanced Practice
HENW fund full Course Fees and Salary Replacement Contribution

Physician Associate
2 year postgraduate diploma

Anticipated to be funded from 2015/16

Consultant Practitioner

High level of expertise, including leadership, research, education & training and service development through CPD

Developing people for health and healthcare

Developing people for health and healthcare are workforce responses to the challenges we face in the future

Ensuring sufficient supply

- Annual workforce commissions for non-medical professions
- GP recruitment
- GP returners
- Return to Practice (nursing)
- Cadet & Apprenticeship programmes
- Conversion/Transitions programmes

Up-skilling staff

- Advanced Practitioners
- Community Specialist Practitioners
- Assistant Practitioners
- CPD Funding
- Core Foundation Programme for GPN
- Independent prescribing community pharmacy and optometry

New ways of working

- Core Skills Framework
- Care Certificate for HCAs
- Pre degree programmes
- Physician Associates
- Advanced Training Practice model

Enablers:

Workforce data, Advanced Training Practices for multi-professional learners, GP Training Practices, engagement events

“A suitable learning environment is crucial to enable your learners to learn effectively. This involves not only the venue and resources used but your attitude and the support you give to your learners.”
(Gravells, 2007, p50)

Prevention in the Five Year Forward View

Sabrina Fuller

Head of health improvement

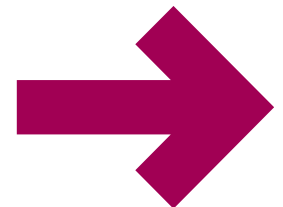
Jane Pilkington - Head of Public Health
Greater Manchester

Julie Kelly – Head of Public health
Cheshire and Merseyside



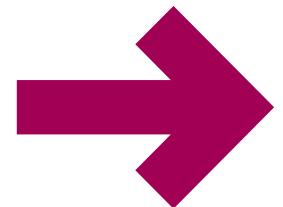
Prevention in clinical work

- Learning from clinical experience – partnership with patients, clients and communities
 - Understanding the context and circumstances
 - Explaining what could make a difference
 - Supporting arriving at solutions and strategies
 - Reinforcement and encouragement
 - Patients, clients, communities determining their own health and well-being
 - Supported by structural change
- Nurses as uniquely well placed to give help and support



Prevention in the Forward View

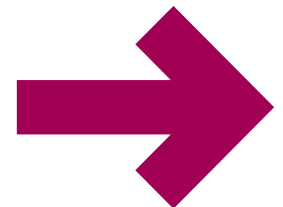
- Seventy percent of the NHS budget is now taken up by long-term health conditions rather than those susceptible to a one-off cure.
- Health behaviours
- Radical upgrade in prevention: failure would result in:
 - stalling of recent progress in healthy life expectancies;
 - health inequalities widening,
 - and an inability to fund the treatment and care that people need because we will be spending billions of pounds on wholly avoidable illness.



Reality: co-morbidity underpinned by cluster of behaviour

Increasing risk:

- Smoking: lung and other cancers, heart disease, stroke, COPD
- Alcohol: hypertension; CVD, dementia, diabetes, liver disease, cancers - breast and gastrointestinal tract; depression, anxiety, trauma
- Obesity: diabetes, CVD, hypertension, dementia, cancers, MSK
- Physically active lifestyle reduces risk including CHD, stroke, type 2 diabetes, some cancers, obesity, MH and MSK conditions.

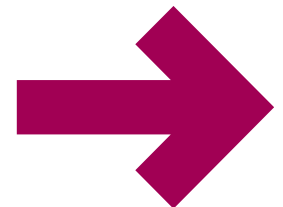


The Forward View challenges the divide between patients and professionals: better health through increased prevention and supported self-care.



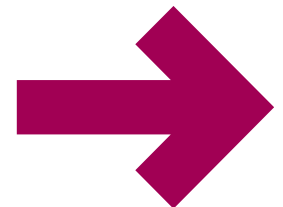
NHS role in prevention

- Local authorities and Public Health England - clear role to play in improving the health of the population
- NHS has role supporting those with risk factors, illness or LTCs maintaining or improving their own health and wellbeing.
- *Mandate: staff should use every contact they have with people as an opportunity to help people stay in good health – by not smoking, eating healthily, drinking less alcohol, and exercising more.*
- *15-16 planning guidance: CCG action plans: behavioural interventions for patients and staff, in line with NICE guidance, with respect to smoking, alcohol and obesity, with appropriate metrics for monitoring progress.*



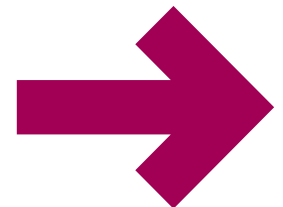
NHS England approach to behaviour change

- Systematic specific approach:
 - updated NICE guidance on individual behaviour change
 - topic specific guidance pathway on obesity, alcohol related harm and on smoking.
- Pathway approach,
 - Identification, assessment of risk, delivery of evidence-based intervention
 - behaviour change interventions of progressive intensity according to the clinician's relationship with the patient and the client's assessed level of risk.
- Supported by training and development



Pathway approach to behaviour change

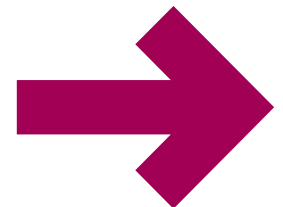
- **Very brief interventions** (MECC) opportunistic
- **Brief intervention:** regular contact with those assessed at risk
- **Extended brief interventions:** regular and longer contacts: assessed higher risk, for example a long term condition with co-morbidities.
- **High intensity interventions**, >30 minutes, number of sessions; behaviour change service; assessed high risk of eg BMI >40; or serious medical condition that needs specialist advice and monitoring



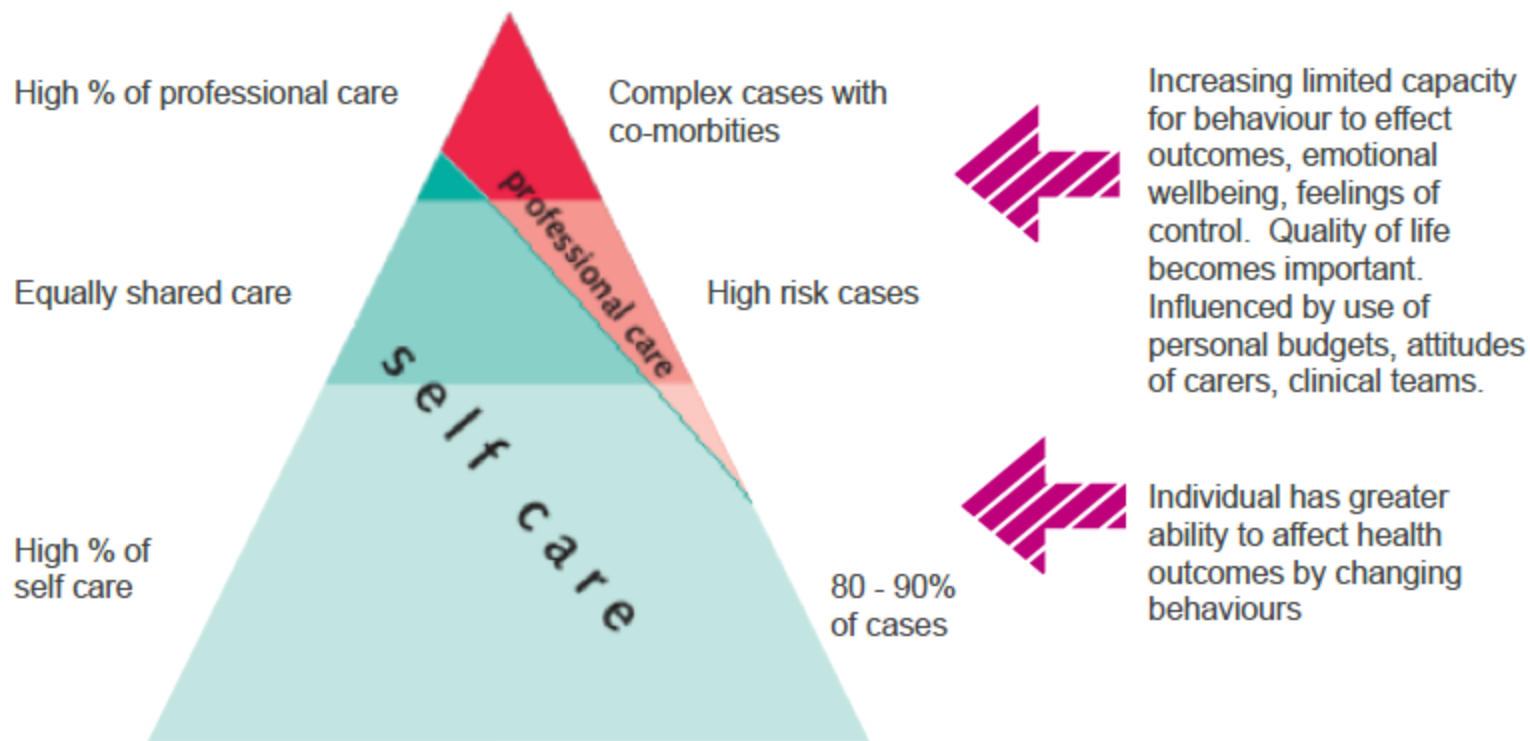
Progressive competency framework

- Listening skills
- Understanding determinants of health
- Motivational interviewing
- States of change model
- CBT

- Distance learning: e-learning for health; RCN; PHE etc
- Bespoke training courses

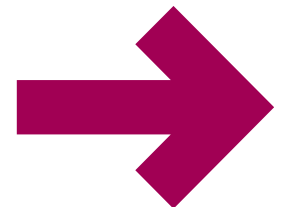


Prevention integrated in to LTC management



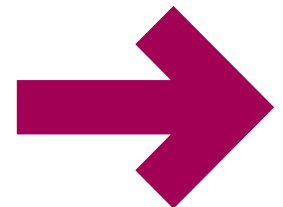
Barriers to implementation

- **Patients don't want to change?** Identify readiness to change, patient activation.
- **Patients might be offended.** Use of listening skills and motivational interviewing techniques.
- **Nurses' own lifestyles.** Organisational support.
- **Too busy.** Reorganising LTC management around people not diseases.
- **QOF drives disease centred management:** Co-commissioning for personal centred, preventive approaches.



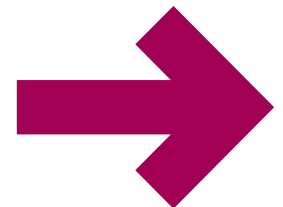
Commissioners

- Commissioning behaviour change as an integral part of care pathways.
- Using commissioning levers: revisit QOF, CQUINs, KPIs etc
- Using contracting tools: specs, LESs etc
- Commission for: delivery of behaviour change interventions by front line clinicians; competencies; staff health and wellbeing.



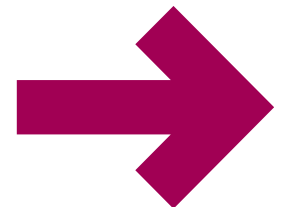
Providers

- Embed behaviour change in pathways, protocols, service design and care planning.
- Organisational support; PDRs, objective setting, PDPs.
- Accredited training and development - acquire and maintain the skills.
- Support staff as well as patients in behaviour change - opportunities for developing healthier behaviours.



NHS England are supporting you:

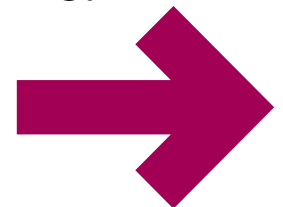
- Clinical leadership: making the case for change to nurse commissioners and providers
- Commissioning tools and levers: identifying and sharing good practice, providing templates.
- Partnership working: with HEE, PHE, DH and others clarifying roles and ensuring infra-structure in place especially re training and development



Case Study:

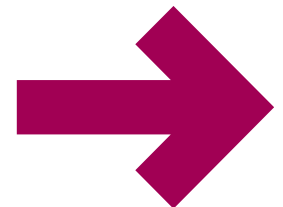
North Manchester CCG- Enabling Self Care

- **Aim:** Developing the skills of frontline integrated care practitioners in enabling self care - working towards a whole system approach.
Promotion of self care identified as core to integrated care
- **Phase one**
Development of a multi disciplinary training and development programme
250 staff trained from across health and social care, significant changes to confidence , awareness and practice
- **Phase two**
Strategic , whole system approach to self care including:
workforce and OD; new patient resources; assistive technology;
engagement of wider partners eg education providers



Hypertension in Cheshire and Merseyside

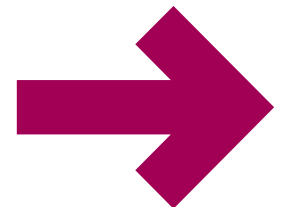
- A “Call to Action” across Cheshire and Merseyside
- To gather insight about perceptions of high blood pressure, and how we might best communicate and deliver proposed actions/changes
- To develop an understanding of how to engage the public
- To develop and commit to future action



Why Hypertension?

High blood pressure is a major risk factor for stroke, heart attack, heart failure, chronic kidney disease and dementia **and it can be lowered**

- Second biggest risk factor for premature mortality in the UK
- Hypertension is the biggest QOF disease register locally (14.8%)
- Most outcomes related to hypertension are worse in deprived groups
- Approximately 1 in 4 adults are affected by high blood pressure and improving the prevention, detection and management of high blood pressure is a key collective priority for the Cheshire & Merseyside DsPH, NHS England and Public Health England

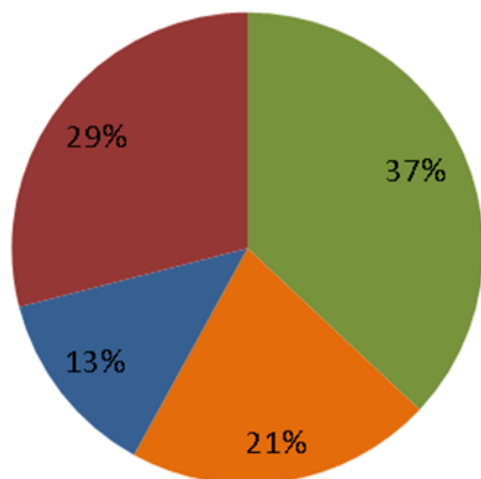


Improvements can be achieved: England

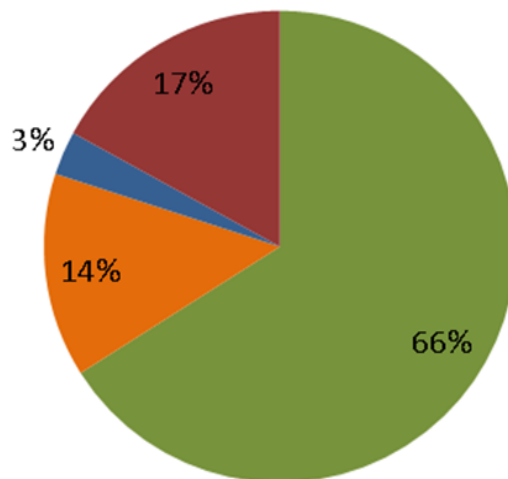
vs Canada - Canada began a systematic initiative to address high blood pressure in the mid-1990s as their treatment and control rates were 13% in early 90's (now 66%) – with reductions in stroke and MI

(Source: Joffres et al, BMJ Open 2013)

England (2011)



Canada (2007-9)



- Treated and controlled
- Treated and not controlled
- Aware, not treated, not controlled
- Unaware



Gearing nurses up for the future

Dr Liz Herring

Director of nursing, quality & development

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Liz.herring@nhs.net

Community and Primary Care Engagement
Event



North Durham clinical commissioning group



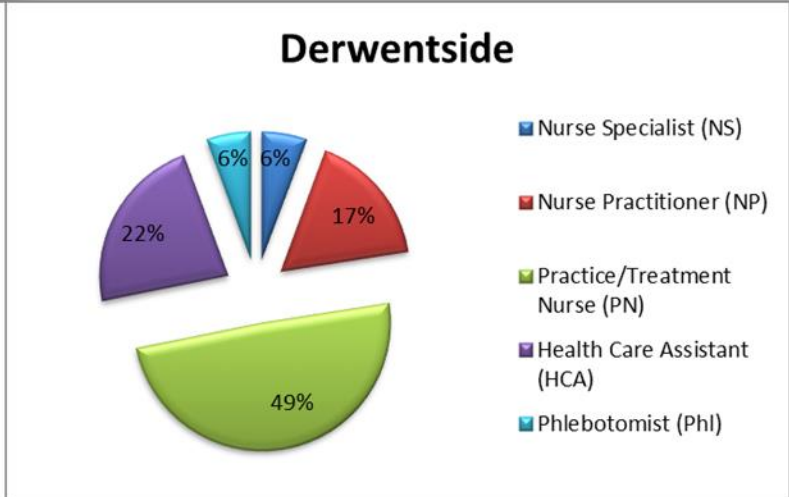
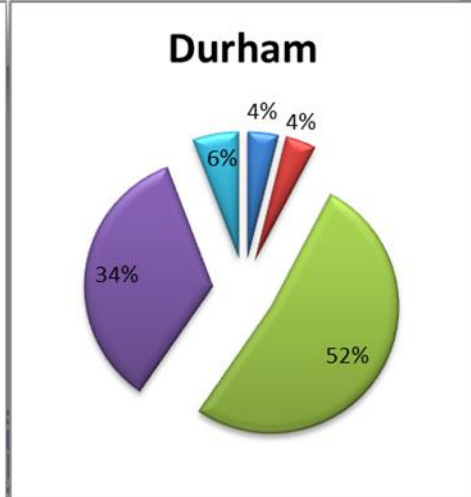
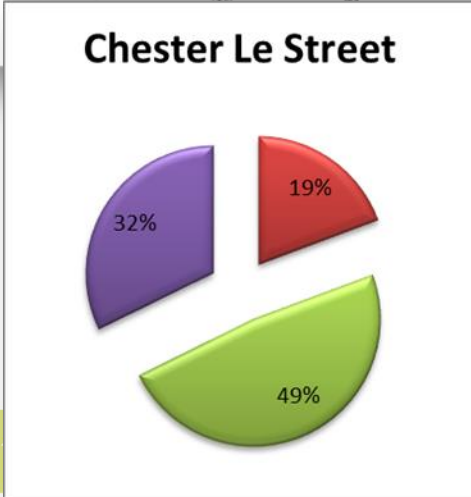
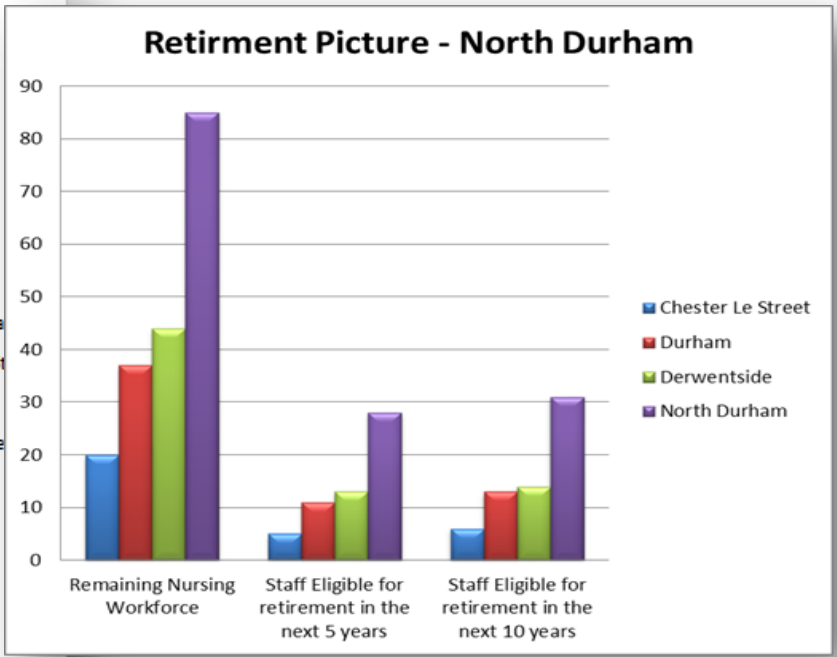
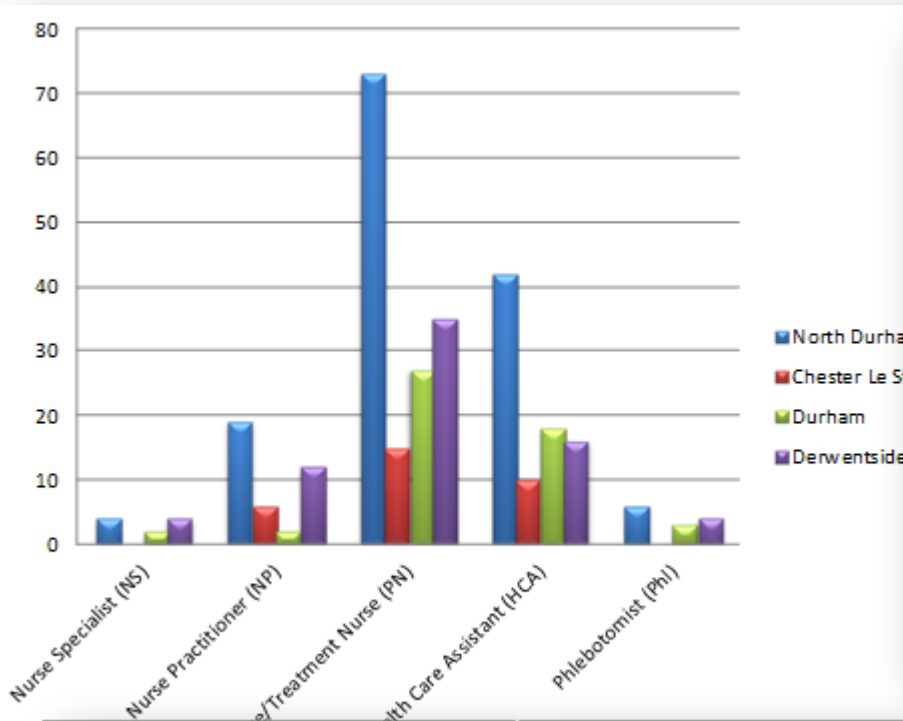
North Durham Clinical Commissioning Group



Better health for the people of North Durham



Mapping nurses and their contribution



Develop & improving quality in primary care

Some of the foundations for engagement, understanding and change.

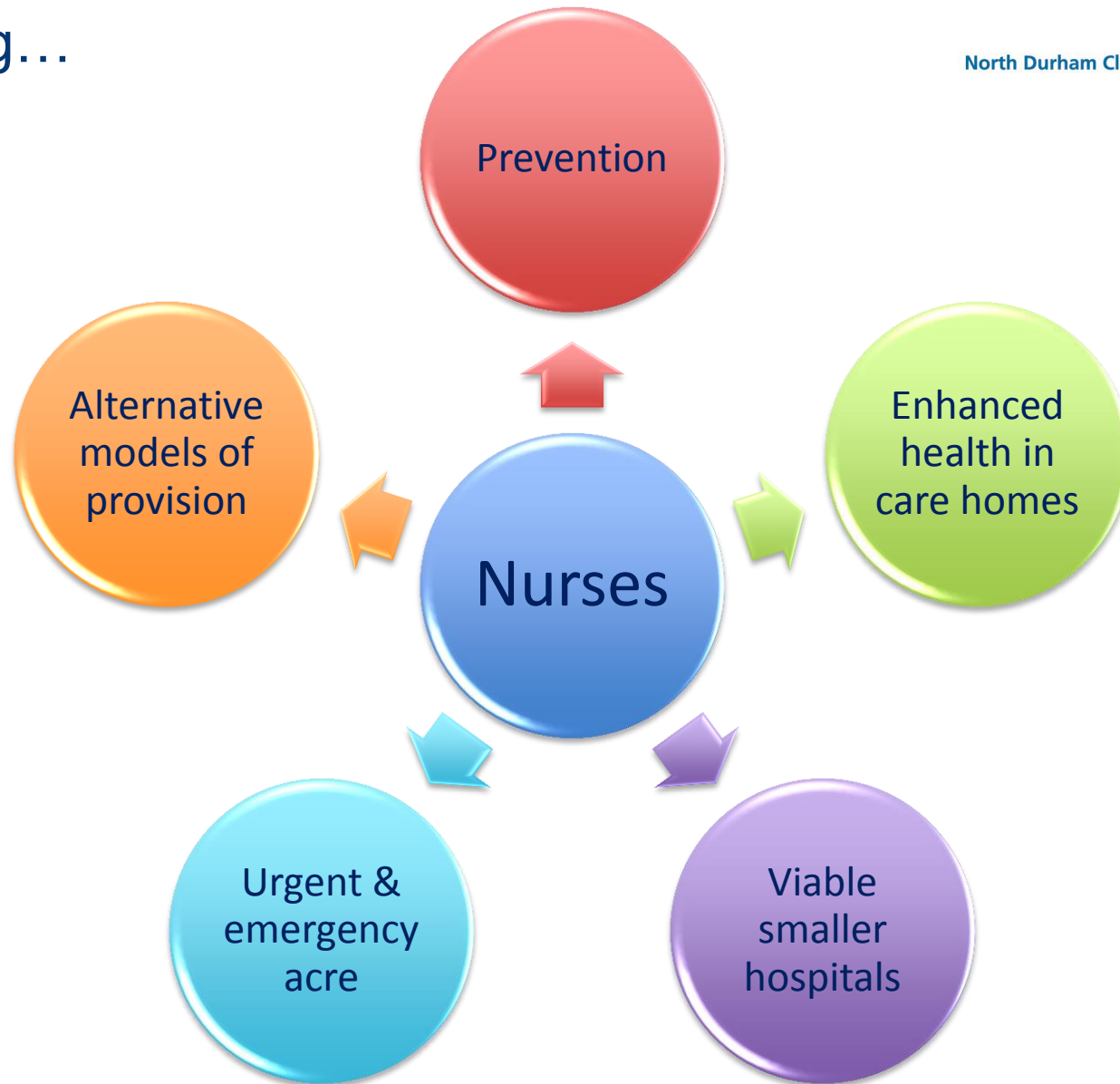
- Strong clinical leadership & engagement with member practices
- Quality improvement Scheme
- Primary care outcomes scheme
- Professional development fund
- Practice nurse link & career start practice nurse programme
- Community & primary care nurse education forum – HENE
- Development of practice federations & MsCP

Coupled with:

- Regular practice nurse development forum
- Restabilising clinical supervision across practices
- Speak out safely
- Signing up to safety



Enabling...



Nursing developments in North Durham

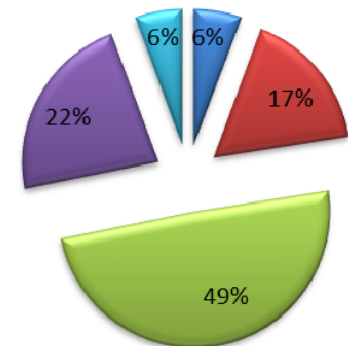
Enhanced care in nursing homes

- Increasing use of nursing home beds for 'intermediate care' delivery
- Funded programme of care home education
- Nursing and senior carer clinical quality forum
- Integral part of our commissioner assurance visit programmes
- Enhanced contract quality standards
- Joint quality assurance approach with local authority

Urgent & emergency care

- Nurse-led minor injuries unit
- Weekend opening for past two years...
- Extended weekday opening
- Workforce redesign - increase in nurses accessing clinical skills & minor injury management
- Recommissioning of out of hours & urgent care

Derwentside



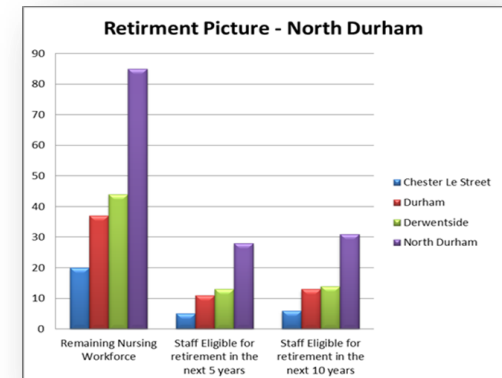
Addressing the workforce gap

Career start practice nurse programme

- Continuation of good practice from PCT
- Strong member practice buy-in
- 13 nurses to date completed
- Part-time programme for 2.5yrs
- Base practice mentors
- Retains nurses locally

Moving forward

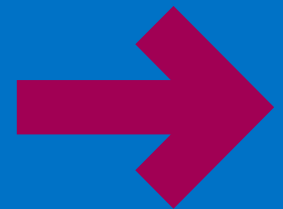
- Accreditation by local university
- Flexible delivery
- Portfolio & core skills approach
- Funding supported by CCG & HENE



Transforming Primary Care in Greater Manchester

Jessica Williams, Head of Transformation,
Primary Care
NHSE Lancashire & Greater Manchester

26th March 2015



Greater Manchester Health and Social Care Reform



10 x Local OSCs

10 Local Health and Well Being Boards

10 models of integrated health and social care, with some GM wide commonality

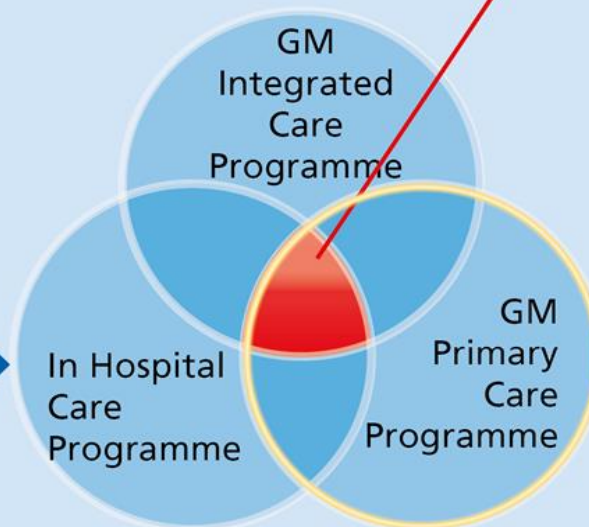
- Core Components of 3 Programmes
- Aligned programme gateways
 - Common Engagement Timetable
 - Patient/Public narrative
 - Programme Support

Clinically led in-hospital redesign acrosss GM
Urgent, Emergency and Acute Medicine
General Surgery
Women's and Children's

Primary Care Commissioning Strategy developed by NHS England working with CCGs, AGMA and others

GM CCGs Committee in Common

Joint OSC



NHS England

Primary Care Strategy

Multidisciplinary Care

Identification of Long Term
Conditions

Best Care Pathways

Medicines Optimisation

Integrated Care Teams

GP as co-ordinator of Care

Involvement in Care

Access to care records

Promotion of self-care

Primary prevention

Patients die in place of their
choosing

Quality & Safety

Access and Responsiveness

Digital Technology; range of
access mediums

Continuity of Care

Increased access to primary care
services

Increased Out of Hospital Services

Locally based enhanced services

Smooth primary/secondary care
interface

Inter-practice referrals

Healthier Together

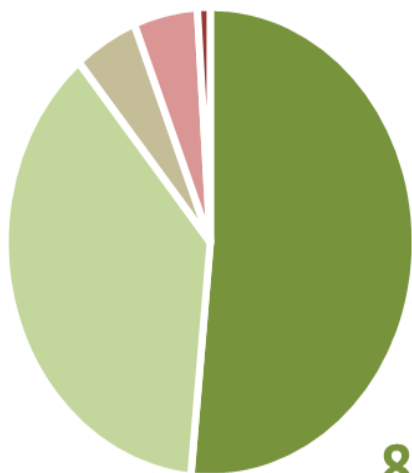
“Our main aims for primary care include:

- 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 diagnostics tests, seven days a week;
- by the end of 2015, people with long-term, complex or multiple conditions such as diabetes and heart disease will be cared for in the community where possible, supported by a care plan which they own;
- community-based care will focus on joining up care with social care and hospitals, including sharing electronic records which residents will also have access to;
- by the end of 2016, residents will be able to see how well GP practices perform against local and national measurements.”



“Do you agree or disagree with the primary care standards?”

Organisations



88%
agree

7%
disagree

NHS Employees



87%
agree

6%
disagree

Other Individuals



82%
agree

9%
disagree



Public Consultation; Public Meetings

Concerns about continuity and quality of care

Support for increased access to GP, but want to see own GP

Concern about GP's capacity; perceived need for more GPs

Sharing records: loss of privacy or improved continuity of care?

Adequately funded community care in place at start of project



Public Consultation; Organisations

General support for primary and community care proposals

Bedrock for HT → changes needed before secondary care reorganisation

Some → more focus needed on community and out of hospital care

Concerns → GP capacity, lack of resources, 'over-worked' community staff

Questions about affordability → needs to be adequately resourced



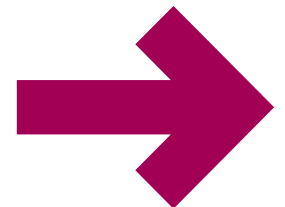
So what are we doing?

- Primary Care Strategy January 2014
- NHSE funded Primary Care Transformation team and programme management structure in place
- Embedded with NHSE Primary Care Commissioning
- Engaging & involving other primary care contractor groups
- 5 “Commitment” areas, all with clinical leads
- “Enabling” workstreams
- Working with CCGs to develop clear way forward in light of co-commissioning and Devolution Greater Manchester
- “Transformation” matrix developed to inform progress



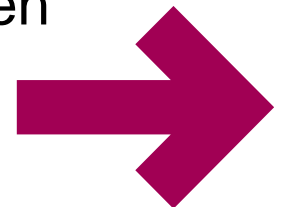
Access

- Demonstrators testing methods to improve access (2013 – 2015)
- Best Practice guide for maximising “in hours” developed and widely disseminated
- Supporting CCGs/Federations with identifying new models of care
- PMCF Wave 1 Bury 200k population (January 2015)
- PMCF Wave 2 optimistic for further 800k population
- Improving access via technology GM wide workshops (and non recurrent funding to kick start projects)
- Doors to be open – but what do we do with it?

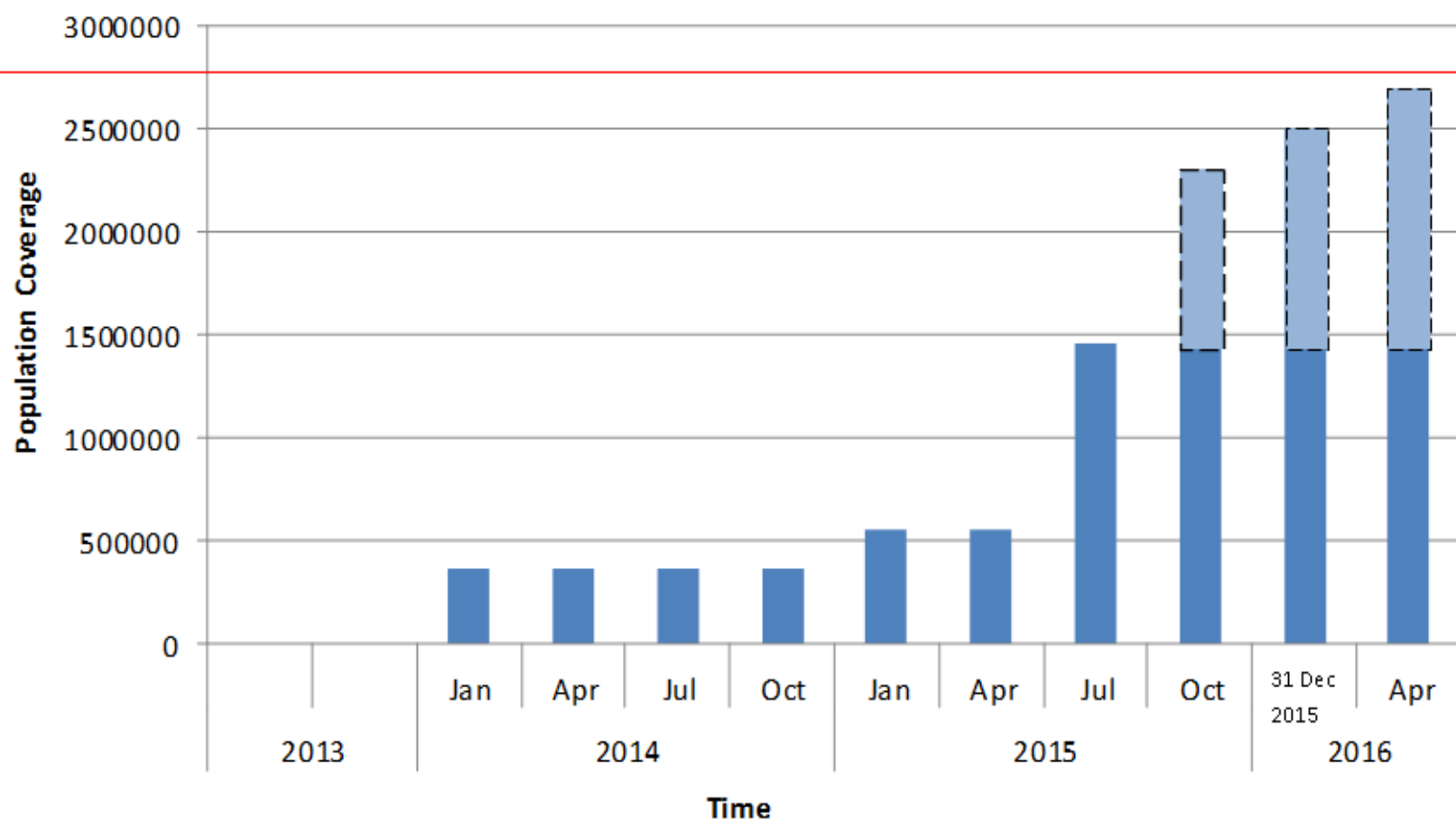


Horwich Integrated Healthcare

- Successful PCIF Bid,
- Currently host physiotherapist, health trainer, pharmacist, phlebotomist, LTC practitioner
- With extended premises, aiming to bring in:
 - District nursing, podiatry, audiology, OH, specialist clinics
 - Urgent care & minor injury nurse led clinics
 - Improved health & social care for +75s including Dementia
 - Clinical observation bays
 - Collaboration with 3rd sector, group & community space
 - Multidisciplinary training
 - Promotion of health and well being services including Physiotherapy gym and Occupational Therapy kitchen
- Extended hours, 7 days per week

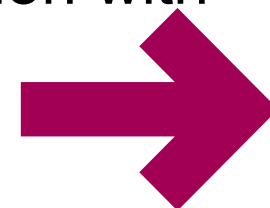


Growth in extended 7 day access coverage in primary care across Greater Manchester



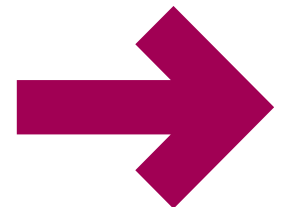
Other Standards

- Clinical Reference Group developing 9 transformational GM general practice quality standards
- Established baseline of practices offering patients access to their own electronic record and with proactive practice managers & nursing staff, developing best practice for patient access to their own electronic health record
- Working across CCGs and other stakeholders to develop joined up Information Governance structure
- Partnership with HEE to understand our collective vision (and demands) of future primary care workforce and developing innovative, exciting solutions
- Established a Pharmacy 'Think Tank' in conjunction with Local Pharmacy Network.



2015/16

- Agreeing GM General Practice Quality Standards, associated metrics and resource implications
- “Visioning” day for Health and Social Care Workforce
- GM Digital Strategy
- Strategic principals for improving opportunities to effectively improve the Public Sector Estate
- Developing plans to support all GM CCGs to increase access alongside PMCF
- Refreshment of Primary Care Strategy
- Continuing to ensure Primary Care remains at the forefront of Devolution discussions
- Carpe Diem



Thank you.

