



2022-23
A Primary Care
Odyssey

Primary Care in Humber Coast and Vale



Achievements of the GP Forward View, the NHS Long Term Plan, and the five-year framework for GP services for Primary Care

Highlights	
100% primary care network coverage last year, with a total of 39 primary care networks now in operation. Direct enhanced service for care homes successfully implemented.	A total of £266m has been invested in primary care via the six HCV CCGs during 20/21. By the close of the five-year funding programme the total investment will be £1.2billion. Additional £5.4m allocated this year through the GP Covid-19 capacity expansion fund.
Early cancer diagnosis work supporting practices to review their referral systems and patient monitoring, began as planned	Online consultations have improved patient access to care and helped clinicians manage demands on their time. All of Humber, Coast and Vale GP practices now offer online consultations. Digital First Primary Care programme - over £1m in revenue funding was used to support the Yorkshire and Humber Care Record.
Transformation funding through the GP Forward View programme: <ul style="list-style-type: none">• Over £7.5m for delivery of premises projects planned for completion in 2022• £4m for digital transformation.• £1.4m for a local electronic eyecare referral project.• £1.3m to support Covid-19 and maintaining services.	Collaboration between community pharmacies and primary care networks - GP community pharmacist consultation service supporting patients to access the most appropriate healthcare service for their needs. General ophthalmic services – electronic eyecare referral service pilot adopted for the North East and Yorkshire region following launch of national initiative. A provider for the system across HCV was procured and approximately £1.4m funding secured.
	Work ongoing to increase training capacity in local areas struggling with recruitment - Hull, Scarborough and North East Lincolnshire.

Achievements during the pandemic

Primary Care Networks and community pharmacies instrumental in the launch of the national Covid-19 vaccination programme.



Ensured access (including face-to-face appointments) to GP services

Delivered support for high-risk patients



Provided access to adequate supplies of (PPE)

2022-23 – A Primary Care Odyssey

- 2022-23 will be a significant year of change across Humber, Coast and Vale and primary care has an important sector role in shaping the next stage
- New working arrangements will be delivered within the six Places supported by the provider collaboratives working at scale to maximise impact
- New relationships between collaboratives will be forged that recognise interdependencies across the sectors and co design to promote integrated service models
- In addition to the new working arrangements NHS Planning Guidance for 2022-23 has set out some specific asks, which for primary care focus on:
 - a) Improving access to primary care
 - b) Expanding capacity
 - c) Driving integrated working at neighbourhood and Place level



How will we work together...

- The team will continue to talk with the 4 contractor groups to understand and co design actions that support delivery of Collaborative priorities and agree draft plans (see below)
- We are proposing that each of the three workstreams should have a nominated clinical lead from primary care, and an implementation lead to test out ideas, and coordinate delivery of plans
- Links have been made across the Community and Primary Care Collaborative and further work will be undertaken with the Acute Collaborative to identify and agree interdependencies
- Delivery of the Collaborative priorities will be managed through two key dimensions – the priority workstreams and geographical impact
- We will use the collective expertise of the Collaborative to enhance delivery and understand hotspots and where we need to align action to level up
- We will share learning and showcase the best of what we do to accelerate transformation
- Maximise the use of ICB allocations through delivery at scale or at Place as appropriate

Geographical Delivery

PCN

Plans which are best developed and delivered by a PCN/s with a focus on population health needs and inequalities

Place

Working at Place level where delivery partners plan together to improve population health through integrated models of care

ICS

Where there are at scale population health needs and inequalities that require a coordinated system focus and effort to bring about change





Primary Care Collaborative Priorities

Primary Care Collaborative Priorities

Supporting and developing the workforce – expanding roles, shared employment models

Standardisation – using business intelligence and technology to free up clinical time

Focussing on increasing access – integration, digital and estates

Phased delegation of commissioning functions across all contractor groups by 2023





2022-23 NHS Planning

2022-23 – NHS Planning Guidance

There are 10 Priorities in the 2022-23 NHS Planning Guidance

- A. Workforce
- B. Respond to COVID-19
- C. Elective backlog, reduce long waits and improve performance for cancer waiting times
- D. Urgent and emergency care and community care (including expansion of virtual ward models)
- E. **Improving timely access to primary care, expanding capacity and increasing the number of appointments available and driving integrated working at neighbourhood and place level**
- F. Mental health services and services for people with a learning disability and/or autistic people
- G. Population health management, prevention, and addressing health inequalities
- H. Digital technologies - achieving a core level of digitisation in every service
- I. Moving back to and beyond pre-pandemic levels of productivity
- J. Establishing ICBs



Primary Care asks within the planning guidance

1. **Integration** between community services and PCNs
2. **Expanding community pharmacy with anticipated transfer of routine care**
3. Expanding the **primary care workforce**
4. Managing capacity, reducing variation, supporting the workforce
5. Enhanced access through PCNs from October 2022.
6. Offering all patients **digital-first primary care**
7. More **anticipatory care and personalised care**, cardiovascular disease diagnosis and prevention
9. **Catching up on the backlog of care**
10. **Dental - maximising capacity, targeting urgent care**
11. Preparing for Delegated Commissioning

Primary care as a core system partner

Priority	Key Primary Care Ask
Priority A: Workforce	Health Education England (HEE) and NHSE/I will support systems to deliver through: <ul style="list-style-type: none">• A suite of national GP recruitment and retention initiatives to enable PCNs to expand the GP numbers and make full use of the digital locum pool• The Additional Roles Reimbursement Scheme (ARRS) including development of shared employment models and delivery of multi disciplinary teams
Priority C: Tackling elective backlog, reduce long waits and improve cancer waiting times	Timely presentation and effective primary care pathways including: <ul style="list-style-type: none">• Working with PCNs to support implementation of cancer early diagnosis as set out in the Network Contract Directed Enhanced Service (DES)• Running local campaigns to complement national advertising to raise public awareness of cancer symptoms and encourage timely presentation
Priority D: Urgent and emergency care and community care (and virtual wards)	<ul style="list-style-type: none">• Plans [for virtual wards] should be developed across systems and provider collaboratives, rather than individual institutions, based on partnership between secondary, community, primary and mental health services• By December 2023, we expect systems to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual beds per 100,000 population [850 for HCV]
Priority H: Exploiting the potential of digital technologies	General practice promotes the NHS App and NHS.UK to reach 60% adult registration by March 2023



Key Measures from Planning Guidance – numbers to be agreed with 6 Places

Indicators

Number of **personal health budgets** that have been in place, at any point during the financial year to date, per ICS.

Total number of FTE PCN Network **Contract DES** funded social prescribing link workers employed in year

Total number of FTE **ICS funded** social prescribing link workers employed in year

Total number of **social prescribing referrals** in year into social prescribing link workers - can be from any agency not just primary care

Number of new **personalised care and support plans** and reviewed personalised care and support plans

Count of **2-hour Urgent Care Response** first care contacts delivered within reporting quarter

Planned number of general practice appointments

Extended access appointments utilisation rates (booked appointments minus DNA divided by total appointments)



HCV Planning Submission Timeline

Draft Plans: National deadline Thursday 17th March 2022

- March 7 Progress review and check and challenge @ Finance and Planning Leads
- March 10 HCV deadline for draft plan submission
- March 11 Review of Collated position
- March 15 Sign off by HCV Transitional Exec
- March 17 Submission of draft plan to national team

Final Plans – National Deadline Thursday 28th April 2022

- April 4 Review of draft plan feedback and next steps @ Finance and Planning Leads
- April 20 Deadline for final plans for HCV
- April 25 Triangulation of Plans @ Finance and Planning Leads
- April 26 Sign off at HCV Transitional Executive
- April 28 Submission of draft plan to national team





Primary Care Collaborative: Draft Plan

Primary Collaborative Draft Plan: Workforce

Actions	When	Implemented at:	Contribution to 2022-2023 NHS Planning Requirements
<ul style="list-style-type: none"> Link with LMC colleagues to understand Primary Care staff support, mentoring and wellbeing initiatives and ensure these are offered/promoted to Practices across the ICS 	Phase 1	ICS	Invest in our workforce
<ul style="list-style-type: none"> Review 21/22 ARRS plans to quantify any underspend and opportunity for additional recruitment 	Phase 1	PCN	Invest in our workforce
<ul style="list-style-type: none"> Ensure business continuity with Covid laptops and Use Your Own Device remote access 	Phase 1	ICS	Improve timely access to primary care Exploit the potential of digital tech
<ul style="list-style-type: none"> Respond to Covid-19 ever more effectively – delivering the NHS Covid-19 vaccination programme and meeting the needs of patients with Covid-19 – transition to a BAU model 	Phase 2	PCN	Respond to COVID-19 ever more effectively
<ul style="list-style-type: none"> Work up ARRS plans for 22/23 with a view to maximising additionality through these roles 	Phase 2	PCN	Invest in our workforce
<ul style="list-style-type: none"> Continue to develop and promote remote/flexible working arrangements 	Phase 2	Place	Exploit the potential of digital tech
<ul style="list-style-type: none"> Explore if/how 'sessional/hourly rates' for Practice staff vary across services 	Phase 2	Place	Invest in our workforce
<ul style="list-style-type: none"> Explore use of Lantum (workforce rostering platform) across the ICS to support the development of flexible workforce pools 	Phase 2	ICS	Invest in our workforce
<ul style="list-style-type: none"> Review Primary Care training offers across the ICS to update skills and competencies 	Phase 2	ICS	Invest in our workforce
<ul style="list-style-type: none"> Continue to support/develop GP returners and Primary Care staff recruitment initiatives 	Phase 2	ICS	Invest in our workforce



Primary Collaborative Draft Plan : Increasing Access (1)

Actions	When	Implemented at:	Contribution to 2022-2023 NHS Planning Requirements
<ul style="list-style-type: none"> Community Pharmacy Consultation Service 	Phase 1	ICS	Improve timely access to primary care
<ul style="list-style-type: none"> Extended Access & Extended Hours arrangements re-purposing from vaccs to BAU 	Phase 1	Place	Improve timely access to primary care
<ul style="list-style-type: none"> Promote and support increase use of Online Consultations 	Phase 1	ICS	Improve timely access to primary care Exploit the potential of digital tech
<ul style="list-style-type: none"> Standardise Practice Web Sites for consistent 'digital front door' 	Phase 1	Place	Improve timely access to primary care Exploit the potential of digital tech
<ul style="list-style-type: none"> Promote use of the Orcha platform – prescribing of self-help Apps 	Phase 1	Place	Improve timely access to primary care Exploit the potential of digital tech
<ul style="list-style-type: none"> Develop locality based same-day Primary Care access (at scale) with groups of Practices/PCN's collaborating to manage urgent and minor presentations 	Phase 2	PCN	Improve timely access to primary care
<ul style="list-style-type: none"> Review the types of Access Models that are in use across Practices (acknowledging that one size doesn't fit all) 	Phase 2	Place	Improve timely access to primary care
<ul style="list-style-type: none"> Operationalise the 'Inclusive Access Routes to General Practice' toolkit that has been developed by 23 RED and the ICS 	Phase 2	Place	Improve timely access to primary care Exploit the potential of digital tech
<ul style="list-style-type: none"> Review Advice & Guidance plans across the ICS to support Primary/Secondary Care interface and waiting well 	Phase 2	Place	Make the most effective use of our resources
<ul style="list-style-type: none"> Closer integrated working between PCN's, Community Services teams and Voluntary Sector (social prescribing) – compacts/incentives 	Phase 2	Place	Make the most effective use of our resources



Primary Collaborative Draft Plan: Increasing Access (2)

Actions	When	Implemented at:	Contribution to 2022-2023 NHS Planning Requirements
<ul style="list-style-type: none"> Review Primary Care skill-mix to develop an understanding of how to plan and transition from managing increasing acute demand to developing and expanding prevention pathways, social prescribing, and population health management initiatives 	Phase 2	Place	Continue to develop our approach to population health management
<ul style="list-style-type: none"> Increase use of the NHS App across all Practices track progress towards 60% uptake in adults 	Phase 2	ICS	Improve timely access to primary care Exploit the potential of digital tech
<ul style="list-style-type: none"> Establishment of HCV Capital estates group to review pipeline of schemes 	Phase 2	ICS	Making best use of resources
<ul style="list-style-type: none"> Forward projection of financial impact required to invest in estate to support delivery 	Phase 2	ICS	Investing in Workforce
<ul style="list-style-type: none"> Completion of PCN estates Toolkit across the six Places 	Phase 2	PCN/Place	Exploit the potential of existing estate across partnerships
<ul style="list-style-type: none"> Delivery of estates strategies to address utilisation/under provision to support ARRS & service transformation 	Phase 2	PCN/Place	Investing in Workforce/Improve timely access to primary care

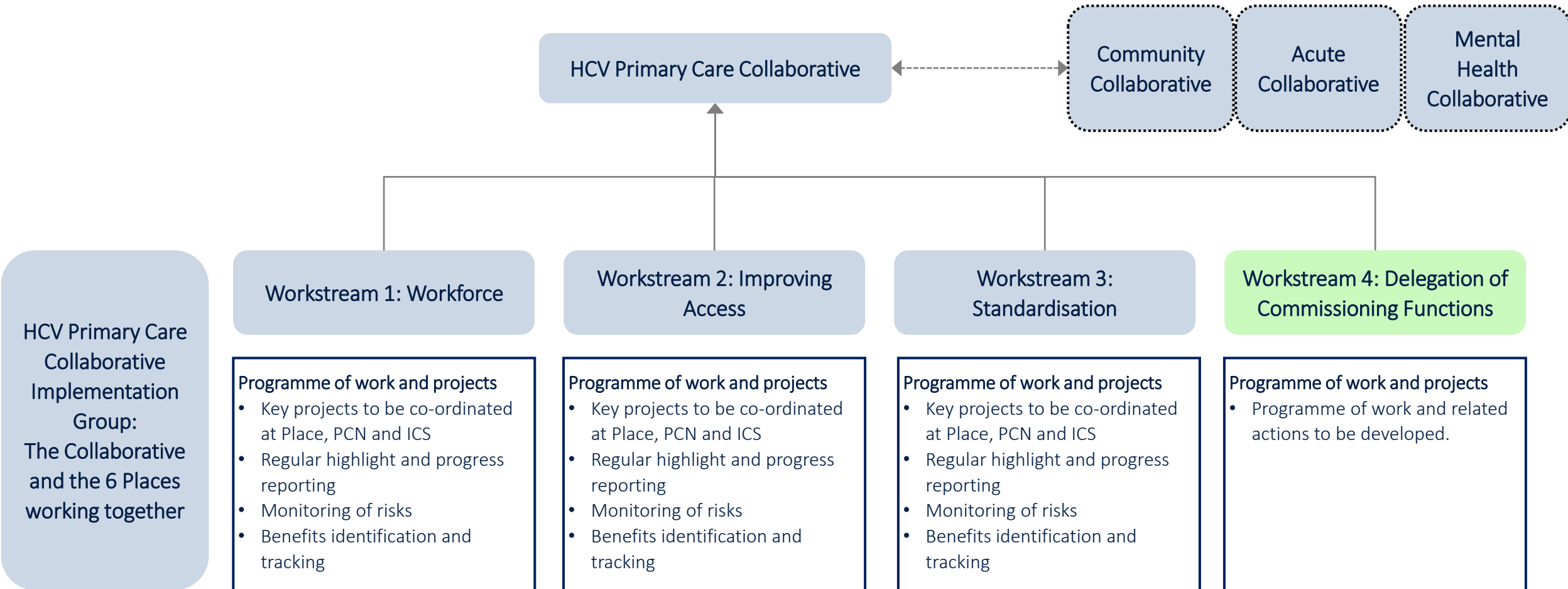


Primary Collaborative Draft Plan: Standardisation

Actions`	When	Implemented at:	Contribution to 2022-2023 NHS Planning Requirements
<ul style="list-style-type: none"> BI colleagues to develop General Practice ‘operational intelligence’ re. appointment numbers/types, urgent vs routine demand, unmet demand, staff skill-mix and patient case-mix 	Phase 1	ICS	Using data and analytics to redesign care pathways and measure outcomes with a focus on improving access
<ul style="list-style-type: none"> Review use of Clinical Decision Support Tools (Ardens, CDRC) to support Practices to standardise their clinical and operational coding 	Phase 2	ICS	Exploit the potential of digital tech
<ul style="list-style-type: none"> Introduce and embed the use of Yorks & Humber Care Record into General Practice workflow to drive joined up care – and reduce duplication 	Phase 2	ICS	Exploit the potential of digital tech
<ul style="list-style-type: none"> Pilot use of ‘robotic process automation (RPA)’ to free up clinical time in practice 	Phase 2	PCN	Improve timely access to primary care Exploit the potential of digital tech Make the most effective use of our resources



Proposed Governance Structure



**HCV Primary Care Collaborative Implementation Group:
The Collaborative and the 6 Places working together**

Enabling support – PMO, Finance, Busines Intelligence, Digital Transformation, Estates