Mid and South Essex STP
Investing in Our Future - Primary Care Strategy

Southend People Scrutiny Committee

Tuesday 10th July 2018

Dr Jose Garcia – Chair, Southend CCG
Margaret Hathaway – Interim Accountable Officer, Southend and Castle Point & Rochford CCGs
Andy Vowles, Project Director

Background

The Primary Care Strategy focuses on GP practices and the services they provide…

…it links with and supports wider plans for out of hospital services (such as the development of localities in SE Essex)…

…and builds on the existing plans that the five CCGs have been developing

It does not look at other primary care services, such as pharmacy or dentistry

Background

In late 2017 the Joint Committee of the 5 CCGs recognised our plans for Primary Care were under-developed compared with the STP hospital strategy…

…this was also a clear theme from the consultation and a concern expressed by partners (including Southend HWB and People Scrutiny)

The Committee agreed to move at pace to fill this gap and develop a 'unifying' vision and plan, together with *locally focused* implementation plans

The work has been guided by a small number of principles…

- single STP strategy, delivered locally
- 'bottom up' approach building on and respecting practices' aspirations
- thinking tested at each stage with practices
- focus on core general practice first, before 'building out' to the wider out of hospital strategy

A Steering Group (Chaired by Jose Garcia) has overseen the work, supported by a working group

The case for change

We have major a workforce challenge which affects workload, morale and patient experience

General practice is significantly understaffed for both GPs and nurses, resulting in a heavy reliance on locums (with particularly low numbers of nurses in Southend)

Our workforce is ageing, with a high proportion able to retire soon - we could lose up to 50% of our GP workforce and 25% of our nursing workforce by 2020/21

Our GPFV recruitment target (682 v baseline of 562) is challenging and highly reliant on International Recruitment (241)

General practice currently has enough capacity to meet only ~83% of the demand for appointments

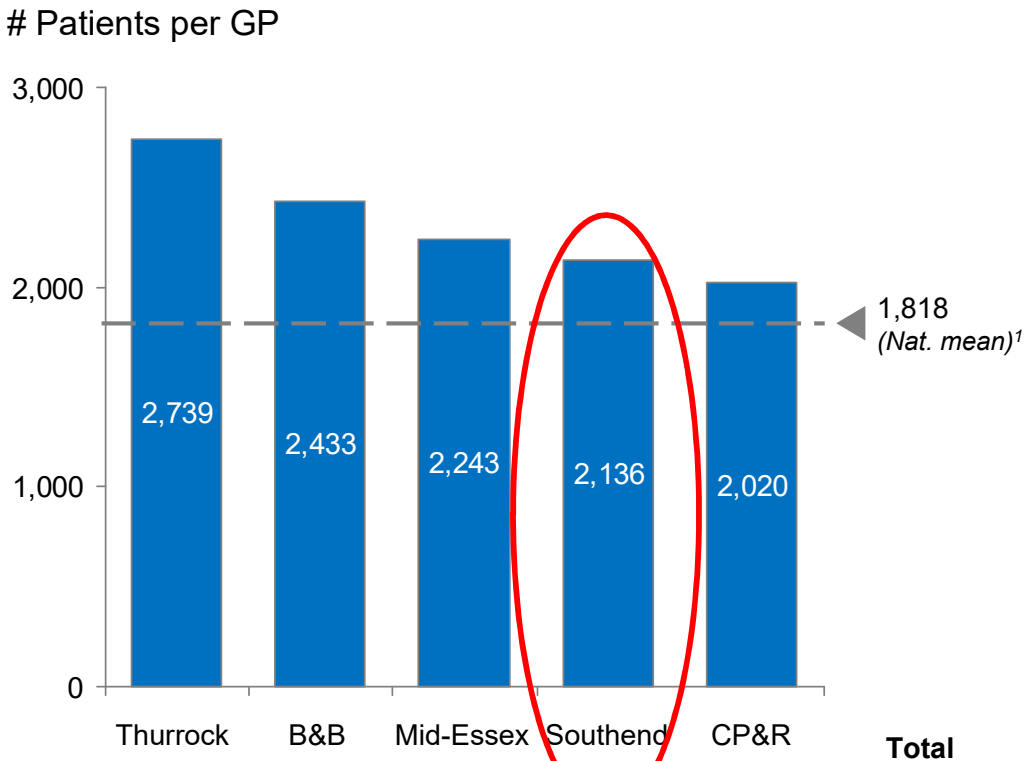
These factors result in a very high workload in general practice, poor morale, and we struggle to recruit and retain the staff we need

As a consequence, patient experience is sometimes poor, and outcomes are variable

Case for change – staffing

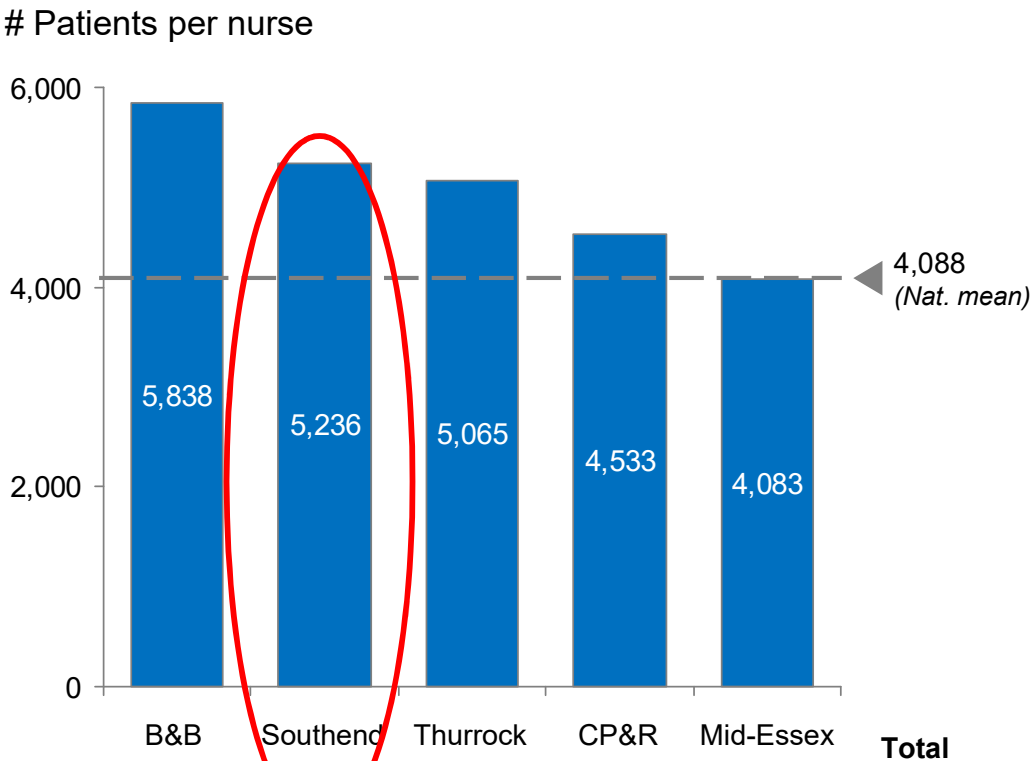
We have significantly fewer GPs and nurses per head than average

M&SE STP is relatively understaffed for GPs



	Thurrock	B&B	Mid-Essex	Southend	CP&R	Total
GP FTE[1] *(Excluding locums)*	64	113	174	87	93	531
GP FTE gap to avg.	32	38	41	15	10	128

M&SE is relatively understaffed for nurses



	B&B	Southend	Thurrock	CP&R	Mid-Essex	Total
	47	36	35	41	96	254
	20	10	8	4	0	43

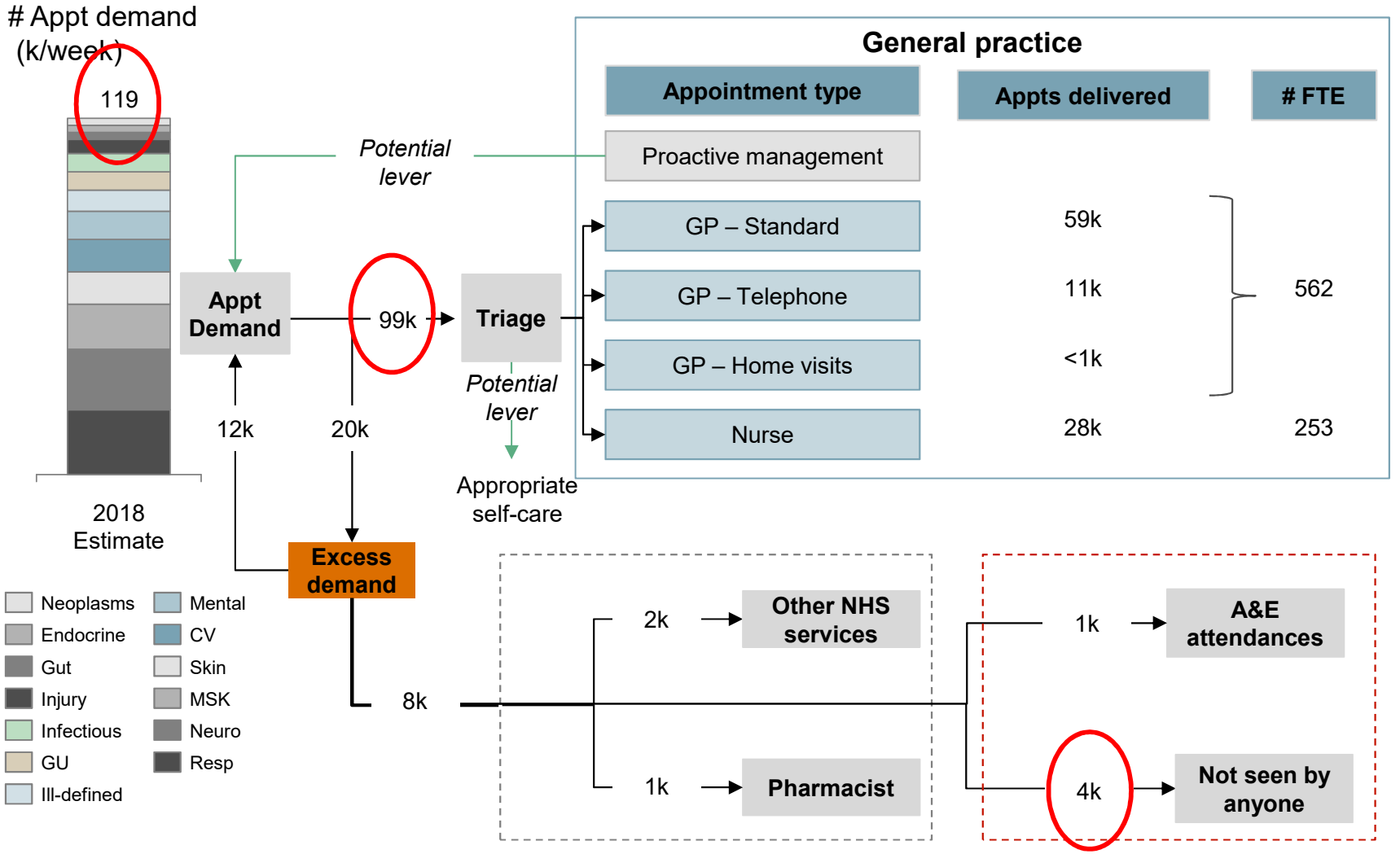
1. Excluding locums, but including registrars
Source: GP data from Sep-17 MDS (unmodified) ; Nurse data from March 17 MDS (updated by CCG leads)

Case for Change - demand and capacity analysis

Currently, demand for appointments exceeds capacity by about 20,000 a week…and if we do nothing this gap will widen as demand goes up and capacity shrinks

1.2m pts needing 119k appts/week

99k appointments in primary care, mismatch may spill to acutes



Key assumptions

- Demand of 98 appts per 1k population (Based on GP survey for M&SE, avg. of 83% of patient get an appointment)
- GP sees ~125 patients per week (based on audit of 132 practices & ~240k appts in M&SE for Jan-18)
- Nurse has 37.5 hours patient-facing; appt length of 20 minutes
- If unable to get apt; 20% do nothing, 6% pharmacists, 7% A&E, 8% other NHS service, rest retry GP

Note: Numbers may not sum because of rounding Source: NHS Digital; ONS; Fleming et al. 2005; M&SE GP Forward view Delivery Plan v2; GP Patient Survey

The main building blocks of our strategy

There are four main elements at the heart of our plan

Move from a GP *delivered* service to one which is GP *led*…

- GP remains accountable for care, but patients seen by the clinician that best meets their needs
- Frees up GP time to focus on the patients that most need their skills

…recruit a much wider workforce (HCAs, physios, paramedics etc) that are controlled by practices

- Recruitment of new staff increases capacity and reduces pressure on GPs
- Practices able to triage patients and direct to a range of professionals

…and increasingly work together in practice-led localities of ~30-50,00 people

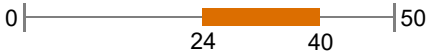
- Localities will make recruitment of new staff possible, even for small practices
- Practice will control how localities operate
- Localities will provide a platform for integrating other services, such as community nursing, social care etc
- Practices will be able to collaborate to deliver services and offer ‘mutual aid’

Manage demand more effectively

- Expand care navigator role
- Introduce telephone led triage systems
- Wider deployment of digital solutions to support care planning

Balancing demand and capacity

We have identified three main areas which, taken together, can restore the demand-capacity equilibrium

Levers for future model		What solutions could we offer to practices in a locality?	Potential impact
Manage demand	**Improved front-door triage**	• Training for reception care navigators and social prescribers • Training for nurse/GP-led telephone triage systems • Access to free/subsidised e-consult and AI triage systems • Opportunity for shared triage in community hubs/via NHS 111	• 3–15% reduction in appointment demand 
	Proactive management and risk-stratified care	• Enhanced care home services, with support from acutes • Improved EOL care in the community, with support from acutes • Self-care tools and Apps proven to drive behavioural change • Targeted outreach calls reduce primary & secondary care activity	• Up to 4% reduction in appointment demand • Future benefit from improved LTC case finding 
Create capacity	**Improved use of the wider workforce**	• Pump-priming to hire wider workforce roles, with minimum effective uptake req. per role (e.g., no less than 0.5 FTE/practice) • Tailored needs analysis and skills audit per locality • Training to up-skill existing staff	• Up to 24–40% reduction in GP clinical appointments based on model used 
	Reduced GP admin burden	• Pump-priming to hire GP admin assistants • Access to free/subsidised personal productivity tools and training • Opportunity for shared back-office functions in locality hub	• Up to 3–16% reduction in GP workload 
Operate at scale	**Locality hub model of working**	• Infrastructure to support working in virtual or physical hubs • Community hub estates and co-location of services to support MDT working with a wide range of partners	• Demand redistribution and reduced locum use • Increased staff satisfaction and retention

Enablers

We are working together across the five CCGs in three main areas

Workforce

- Improve GP and nurse recruitment and retention
- Move to mixed skill
- Increase staff and practice resilience
- Co-locate services for collaborative working
- Enable and prepare the workforce

Estates

- Develop a consistent approach across STP to our estates planning
- Encourage collaboration but plan for models that maximise utilisation
- Ensure we have sufficient capacity to meet our future model

Digital and innovation

- Accelerate implementation of solutions core to our future model of care
- Promote the culture change and new ways of working
- Prioritize options with a clear impact today or high future potential

Our financial model

We plan to invest an additional ~£30m recurrently by 2020/21 to deliver our plan

	2018/19 £m	2019/20 £m	2020/21 £m
Workforce	7.7	15.8	19.8
Estates	0.5	1.9	4.6
Enablers (e.g. digital, OD)	2.9	3.6	4.3
TOTAL			**28.7**

…and CCG are working up detailed plans for capital investment in new or refurbished premises

Southend Local Implementation and Investment Plan

- Southend CCG has been working to deliver the GP Forward View, Improve Access, Develop Primary Care at Scale and establish locality based models for the past two years – this work is a continuation of this

- The shared Primary Care Strategy and local Implementation and Investment Plan was approved Governing Bodies on 28th June 2018

- Our Implementation Plan focuses on diagnosing locality challenges and developing plans to address

- Southend CCG intends to invest further **£4.5m** into primary care by 2020/21

- Across the STP we have committed to agreeing a number of “leading-edge localities that have the potential to quickly develop and test new models – three of the four Southend localities have put themselves forward and work is underway to agree plans

Developments have already commenced in Southend

Service developments

- **Enhanced access across all practices operational – weekends and evenings**
- **Care home support operational**
- **Care Co-ordination service operational**
- **I-plato to reduce DNAs**
- **Core hours enhanced access across localities operational quarter 4 – this will see expanded clinical teams working across practice groups.**
- **GP recruitment and retention programmes in place**

Practice development

- **Care navigation training across GP practices**
- **12 practices signed up for "productive general practice"**

Wider developments

- **Heath and social care collaborative work to develop full out of hospital care**
- **Digital and estate solutions**