

A Plan for a Plan

Primary Care Networks

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Description

(Source: soon to be published NHSE Network Reference Guide)

- Primary care networks support groups of practices to come together locally, in partnership with community services, social care and other providers of health and care services.
- Build on core of primary care and enable greater provision of proactive, personalised, co-ordinated and integrated health and social care.
- Small enough to provide personalised care & larger enough to have impact & economies of scale through deeper collaboration between practices & partners in local systems
- Provide platform for sustainability of care



Our networks

- Rapid development & buy-in from general practice
- Concept to first plans (June to October)
- 10 networks – 4 in east Berkshire
- All have clinical leads identified
- Some align to Federation footprints but not all
- Range in size from 28,000-156,000 across ICS
- Meet regularly to enable whole system learning and efficiencies

Next steps: refine network plan & delivery model and use as building block for 19/20 ICS general practice plan.

Frimley ICS GP Maturity Grid: Plan on a Page

Aims:- Improved care quality * Sustainable general practice * Strong voice within system

NHSE Pillars	<i>Foundations for transformation</i>	<i>End State Step 1</i>	<i>End State Step 2</i>	<i>End State Step 3</i>
Right Scale	<p>Plan</p> <p>There is a plan in place to achieve full geographical coverage articulating a clear end state vision and steps to getting there, including actions required at practice, network and system level.</p>	Practices identify partners for network-level working. Full geographical coverage across the ICS. Year 1 plans agreed.	End state business, relationship between network partners is discussed and stepped plans developed.	Agreed business model at network level fully operational. Interoperable systems. Shared workforce and optimum estate usage.
Integrated Working	<p>System responsibilities to include:</p> <ul style="list-style-type: none"> Articulation of system wide network benefits Development needs identification Resources to support: money, people, technology, estate Agreeing levels of ambition and baseline and pace of change with general practice 	Opportunities and benefits for integrated care delivery are identified. Form part of year 1 plans	New care delivery models are agreed, designed and tested. Fully functioning integrated care teams covering all networks.	New care delivery models embedded and benefits evidenced. Person level data is linked and shared between service delivery partners
Targeting Care		Outline plans to reduce unwarranted variation in care & outcomes identified . Inform year 1 plans. Development /educational needs are identified.	Process to analyse & discuss variation between practices have been agreed and acted upon. Required data and analysis support is available.	Networks can track population resource usage using real time data and information.
Managing resources		Opportunities for shared skills, workforce planning and delivery discussed and agreed. Clinical and back office. Form part of year 1 plans	Plans implemented. Career opportunities across the network described.	Networks have the opportunity to take collective responsibility for funding.
Empowered primary care	<p>Engagement: GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there.</p>	Relationship between the networks and the provider voice on the ICS Board described.	General Practice as a provider has a seat at the table for all system-level decision making	Single voice from general practice represents the views of networks (internal relationships) and influences system decision making (external relationships).



Overview – first draft plans

Prioritised ambitions across ICS:

- **Workforce** as a priority shines through all plans: own sustainability, improved patient outcomes, demand management role within system
- Improved general practice offering for **same day access**: developing plan to support winter pressures
- **Reduce variation** in vaccination, immunisations & screening rates: area of focus may vary but opportunity to all work with public health to better understand local population health behaviours & how to target interventions (in partnership)....will form foundations for PHM at place & neighbourhood levels



Overview – first draft plans

Further commonalities included:

- Aspiration to **set system wide delivery goals** to improve patient experience of general practice & outcomes: **early focus learning disabilities** & health checks
- Recognition that pace may differ in some areas: sharing experience around **back office scale** aspirations & delivery successes/challenges
- Needs to align managerial delivery support closer to networks: CCG & ICS review of capacity. Likely to require some further investment in **project and clinical leadership** capacity & development
- Plans require move to **longer term contracts** (LCS) & **recurrent investment** to stabilise workforce, improve quality of care and support future system sustainability

So what do we need to do next...?

Ambitions and Priorities

- 1:1 meetings with PCN leads – should be in diaries in November
- Opportunity for PCNs to articulate their ambitions and outcomes
- PCNs carried out further engagement with members and considered peer PCN plans for reflection
- Shared ambitions across CCG programme leads
 - **November 2018**

Resources

- Alignment to ICS strategy and existing available resources of PCN priorities
- Additional funding from ICS request for longer term commitment
 - **November/December 2018**

Delivery

- Clarity on requirements for successful delivery within timelines - time, capability and funds
- Engagement with members of delivery and other partners – CCG support role
 - **December 2018 – March 2019**