

in good health

Vision for the future model of Primary Care in Norfolk and Waveney

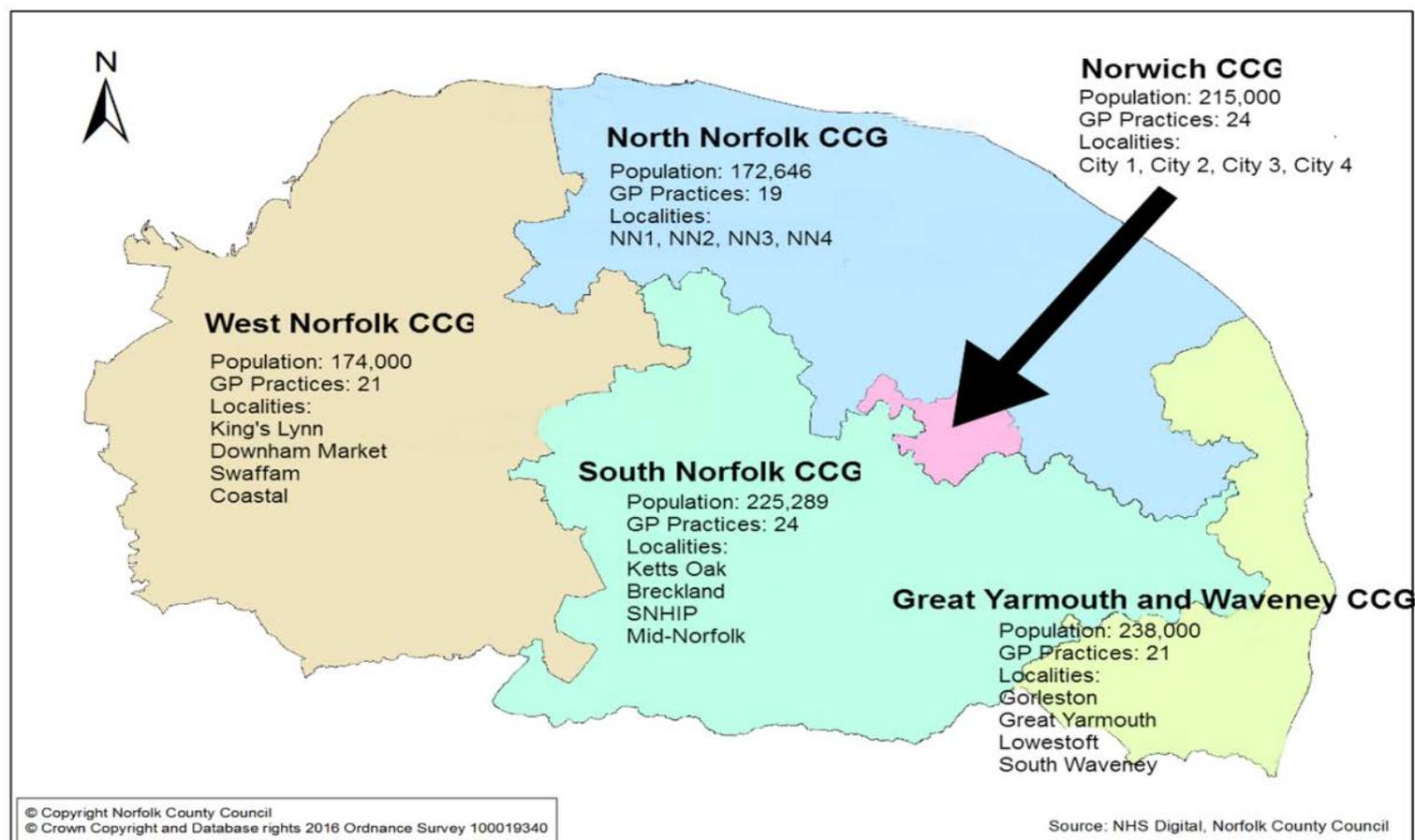
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Background

- People are living longer - mainly because of better living standards but a little bit because of modern medicine.
- Although people are smoking less, they are less active and more overweight - which causes health problems like diabetes, heart trouble, joint conditions and cancer.
- People are living longer, some with more complex long term conditions that we could not have treated in the past.
- Our health is affected by a wide range of issues, such as housing and social exclusion.

Norfolk and Waveney footprint

- 109 GP practices across Norfolk and Waveney
- 557 GPs FTE (2015 baseline)





The current picture: a challenged workforce

- **Ageing workforce:** 23% of local GPs are aged over 54, compared with 22% nationally.
- **Challenges recruiting:** For various reasons including workload, income, pension changes and demography. If we do nothing by 2020 there will be a shortfall of 85 GPs across Norfolk and Waveney.
- **Variation in outcomes:** Significant difference in life expectancy between the most and least deprived parts of Norfolk and Suffolk.
- **Patient demand:** Nationally demand for appointments has risen about 13% over the last five years.

Addressing the challenge

- A more holistic approach to health and wellbeing with a specific focus on prevention and self-care, supporting patients to live well at home for longer.
- Workforce development and skill mix opportunities to deliver a more responsive and accessible NHS (in line with national directive on 7 day a week working).
- Improved end of life planning for patients wishing to die at home or elsewhere.
- Much more joined up and integrated primary and community services for sharing expertise and resource across localities to build resilience and sustainability.

Addressing the challenge cont'd

- Pro-active older peoples care by proactively identifying the most vulnerable and high risk patients requiring focused and in-depth interventions.
- Better care co-ordination so there are fewer people involved in care and reducing the burden of appointments.
- Released time for GPs to focus on people with the most difficult problems.
- GPs heading a team which includes different health workers e.g. physician associates and medical assistants.
- New specialist support services across primary and community care helping the GP team and their patients.
- GP practices working together to share skills, expertise and resource.

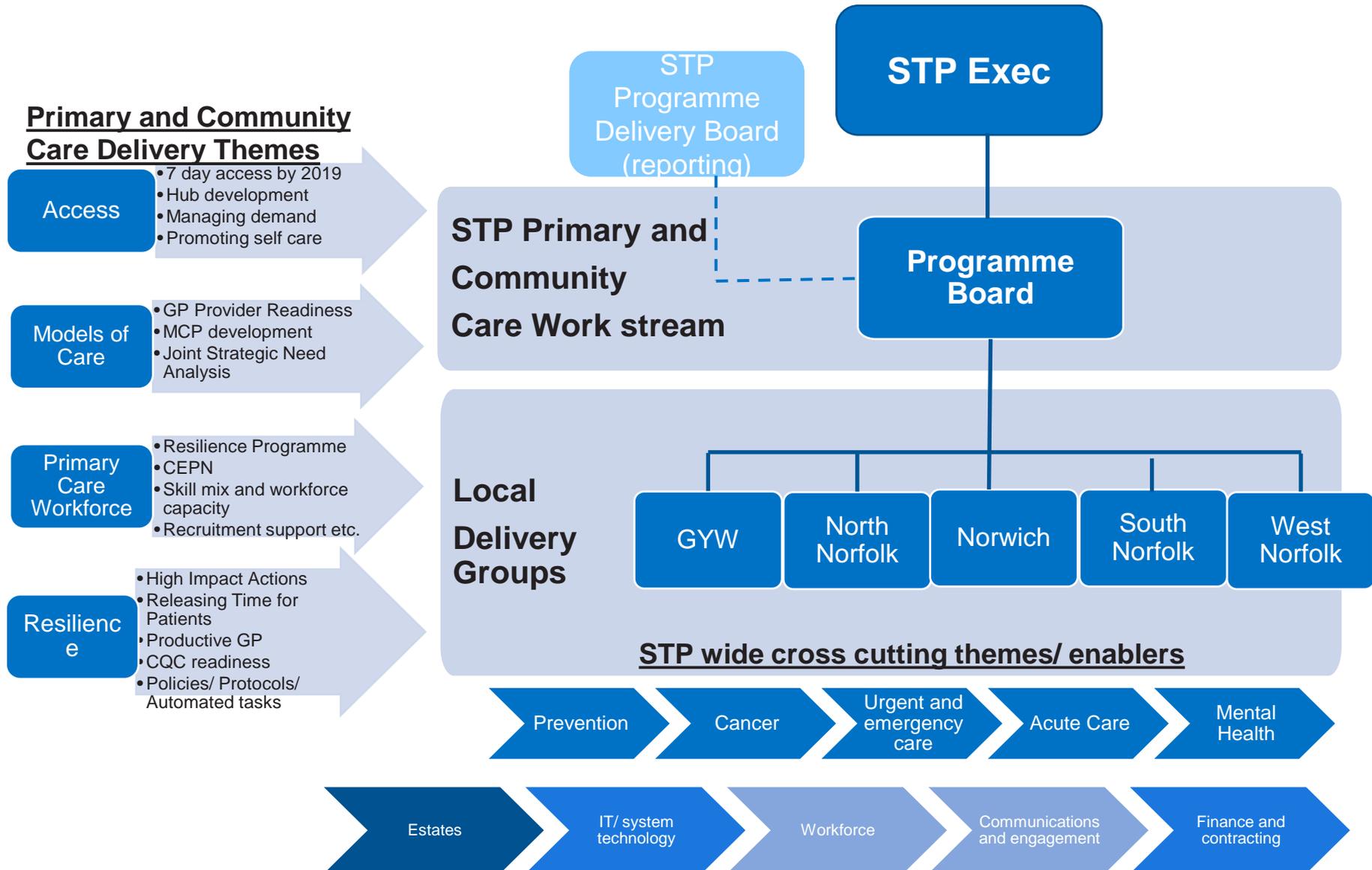


STP Primary Care Workforce Strategy and delivery plan

- Successful international recruitment bid for £2.66 Million to recruit 70 GPs across Norfolk and Suffolk over next 2 years.
- Development of GP Fellowship posts recruited using Health Education England funding.
- Implementation of the NHS England 'GP Career Plus Scheme' in GYW to retain GPs in the local system. Funding secured for further roll out across STP.
- Practice nurse development in areas including asthma and palliative care
- Introduction of new roles e.g. Clinical Pharmacists, nurse practitioners and physician associates posts established in practices
- Practice Manager Development Funds (£42k 17/18) to support coaching and mentoring distributed via CEPN. *in* good health

Proposed Governance

STP Primary and Community Care Programme





Local Delivery and impact

NHS England published a document called the GP Forward View in April 2016. It sets out what the future looks like for GP services:

- It introduces the concept of locality / hub working and 'working at scale' in general practice.
- GP practices working together to share skills, expertise and resources.
- GPs heading a team which includes different health workers e.g. physician associates and pharmacists.
- GPs focussing on people with the most difficult problems.

As well as practical advice for GPs to improve capacity, capability and resilience in practice via the '10 High Impact Actions'.

Ten high impact actions

The GP Forward View sets out ten actions that will have the biggest impact on improving primary care:

1:
ACTIVE SIGNPOSTING



2:
NEW CONSULTATION TYPES



3:
REDUCE DNAs



4:
DEVELOP THE TEAM



5:
PRODUCTIVE WORK FLOWS



6:
PERSONAL PRODUCTIVITY



7:
PARTNERSHIP WORKING



8:
SOCIAL PRESCRIBING



9:
SUPPORT SELF CARE



10:
DEVELOP QI EXPERTISE



GPs working at Scale

- West Norfolk Health Limited - all practices are members and have experience of bidding for and providing contracts such as referral management and community cardiology.
- North Norfolk Primary Care - all practices are members and have a long history of working collegially as one group.
- *OneNorwich* - GP alliance with the legal vehicle Norwich Practices sitting behind it. One Norwich has a track record of engaging practices to deliver local practice based interventions and are developing strong relationships with NCHC.
- South Norfolk or '4SN' - the practices have begun to work together to form a single voice for South Norfolk and they have called the emerging organisation 4SN.
- GY&W are currently developing localities and supporting resilience and stability in general practice.

Local delivery and impact cont'd

- **Active sign-posting and self care** - Promoting self-care and responsible health seeking behaviours from the public. Practice staff are currently under going sign-posting training e.g. Norwich have trained 42 reception and clerical staff and GY&W trained 70 staff members including GPs.
- **Social prescribing** - Better use of referral and signposting to non-medical services in the community that increase wellbeing and independence, adopting a holistic approach to patient care e.g. South Norfolk where 19 practices signed up to South Norfolk District Council Social Prescribing project
- **Improved Extended access** - Delivering 7 day access across primary care by October 2018, local pilots are being implemented aligned to patient need.
- **New consultation types** - Using new technology to improve continuity and care for patients adopting a shared approach with tailoring for local need e.g. Online consultation, skype etc.

Recommendations:

- Promote self-care and responsible health seeking behaviours from the public
- Broaden the range of staff working in general practice
- Introduce new consultation and communication methods
- A focus for GPs on people with the most difficult health problems
- Bring GP practices to work more closely together