

Primary Care Strategic Overview

Primary Care Commissioning Committee

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North Yorkshire CCG Strategic Objectives

Working Together for Healthier Lives in North Yorkshire

1	Strategic Commissioning:	<ul style="list-style-type: none">• To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.• To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.• To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.
2	Acute commissioning:	<ul style="list-style-type: none">• We will ensure access to high quality hospital-based care when needed.
3	Engagement with patients and stakeholders:	<ul style="list-style-type: none">• We will build strong and effective relationships with all our communities and partners.
4	Financial sustainability:	<ul style="list-style-type: none">• We will work with partners to transform models of care to deliver affordable, quality and sustainable services.
5	Integrated / Community Care:	<ul style="list-style-type: none">• With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.
6	Vulnerable People:	<ul style="list-style-type: none">• We will support everyone to thrive [in the community].
7	Well Governed and Adaptable Organisation:	<ul style="list-style-type: none">• In supporting our objectives we will be a well governed and transparent organisation that promotes a supportive learning environment.

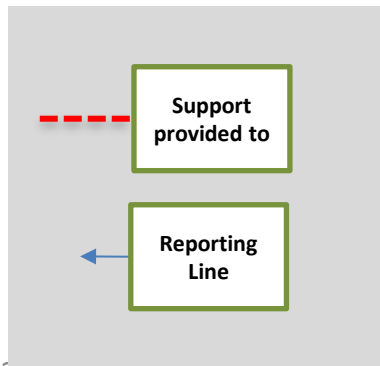
North Yorkshire and York System Governance

Enablers: Comms, service user voice, engagement; digital political relationships; local democracy

North Yorkshire and York Strategic Commissioning Executive

HCV NHS Provider Collaboratives (Acute, Community, MH)

NY&Y Test and Trace programme, incl Outbreak Management Advisory Boards



NY & Y System Leadership Executive (also meets as Covid Gold Command)

HCV ICS Finance and Planning Board and Assurance & Oversight groups

Community Programme & Covid Silver Command

System Delivery Executive (SDE)/ Finance and Planning Group

NY&Y Data Analytics Group

System Recovery and Transformation Workstreams



Programme Management Office

Primary care as an equal partner...

Across primary and community care we recognise the significant benefit of the rapid transformation that we have undergone by working together throughout the Covid-19 response.

We have achieved this through planning with system partners across a wide geography and using our expert knowledge of local communities and providers to mobilise new operating models at pace.

We want to use this momentum not just to manage our recovery, but to reset the balance and focus on a new out of hospital operating model across North Yorkshire and York which is grounded in population health and has a consistent approach to managing organisational and system performance and affordability.

By 2022/23 we will see

- **health and care providers working together around groups of primary care networks with defined places, outcomes and resources**
- **PCNs, representing member practices, established as lead voices in planning services that respond to local population health needs**
- **people and communities as active participants involved in service design, prevention and self care**
- **voluntary sector partners embedded in the redesign of services including self care and end of life care**
- **fewer non elective admissions for frail patients who can be supported at home and more people able to die at the place they call home**
- **primary and secondary care clinicians routinely using technology to improve diagnostic and referral decisions**
- **a confident primary and community workforce that spans health and social care and has good digital capability including shared access to care records**

Primary Care Four things to focus on...

- Primary care resilience – good infrastructure, shared back office functions, stable workforce and delivery of GMS contract
- Good information grounded in a population health management approach to planning and delivery of services
- Strong and effective interface with other system partners where general practice is recognised as an equal partner, with equal influence and through a unified voice
- Identifying real opportunities to work at scale across practices and PCNs, that represent not just a shift of work but can offer a better, more accessible service for patients and where resource follows

Giving PCNs and Clinical Directors more time to think

Primary Care Covid Response & Innovation

- **11 PCNs** incorporating **51 practices** and **2 federations** serving a population of circa 420K
- CCGs working to **accelerate PCN development** to activate primary and community leadership in places through regular PCN CD sessions, standard operating models and support to recruit additional roles
- **Hot 'Covid' pathways** across the places with designated hubs in Harrogate and Northallerton
- Supporting primary care resilience through robust **staff nosocomial transmission prevention and rapid outbreak management**
- **Early implementation of 'Enhanced Health in Care Homes'** with 100% of care homes with an assigned PCN and clinical lead
- All GP practices deployed the **AccuRx video consultation solution** to manage virtual appointments and **rapid roll-out of tablets to care-homes**
- **Clinical summits** in Scarborough in November to strengthen clinical interface between primary care and acute, supporting delivery of system plans. Further summits being planned
- Implementing **Primary Care OPEL escalation framework** to use real time data to manage risk and access system support and mutual aid
- **NECs Data Analytics project** – developing a solution that links activity in primary care to better outcomes through targeted intervention for patient cohorts (links to PHM work)

Supporting Primary Care Capacity - The Covid Expansion Fund

As primary care rises to the challenge of delivering a Covid Vaccination programme, seven priorities for continued focus have been identified

- Increasing GP numbers and capacity
- Supporting the establishment of Covid virtual wards
- First steps in identifying and supporting patients with Long COVID
- Continuing to support clinically extremely vulnerable patients and maintain the shielding list
- Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
- On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021
- Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely

Humber Coast and Vale Operating Principles for Primary Care

- General Practices should use their own professional/clinical judgements in prioritising the services provided to patients based on clinical needs
- Resources that are made available to support General Practice should be used to support the COVID-19 response including maintaining and strengthening access to General Practice services and supporting the integration of wider primary and community care
- Where activity-based payments are protected, practices should ensure that the clinical time to support those services is maintained, albeit redirected to support the system COVID-19 response
- General Practices are supporting our most vulnerable patients in our communities and all general practices are required to deliver the NHS England actions outlined for GPs for clinically extremely vulnerable individuals
- Practices should ensure that there is minimal disruption to patients during the transition of services being re-prioritised e.g. if practices/PCNs change extended hours provisions, they should ensure that any current appointments already in place, are honoured to patients
- All General Practices are required to work within their PCNs and if required across the place, to provide mutual aid to each other and collaborative support to protect the resilience of our General Practices
- Given these principles and the income protection provided, it is expected that General Practices must maintain at least their current staffing levels and investment in their General Practices
- General Practices should work within their PCNs and the CCG to ensure wide circulation of communications in advance of any subsequent reprioritisation and in response to the COVID-19 response

System Priorities

This is the 'triple ask' of the health care system from NHSE:

1. Manage winter
2. Retain as much of Phase 3 restored capacity as possible
3. Manage a peak of a Wave 2 COVID

And Covid vaccination programme.

