Background

Shropshire Clinical Commissioning Group (SCCG)

* The CCG covers a large geographical area of roughly 1,235 square miles, with a population of around 306,100
* Shropshire has a larger number of older people than many other locations across the country
* The over 65s represent 20.7% of the population compared to 16.4% for England and Wales *(2011 census)*

* 43 practices
* 2 have merged (Mount Pleasant & Haughmond View) to form Severn Fields Medical Practice
* 18 practices dispense medicines to their patients
* 9 practices currently PMS practices (Personal Medical Services)
* 34 are GMS (General Medical Services)

Primary Care Governance Arrangements

Governance and Links to NHS England

* April 2015 Shropshire CCG adopted full delegated commissioning arrangements for the management and commissioning of the majority of GP contracts
* A Primary Care Commissioning Committee established to review planning and procurement of Primary Care services in Shropshire –NHS England provide dedicated support
* Terms of reference are in place for the PCCC, which detail its membership and representation; meetings are held in public monthly and are chaired by a lay member

* A Primary Care Working Group was set up to facilitate effective working between CCG teams and other key stakeholders [e.g. NHS England] in order to ensure robust oversight of Primary Care medical contracts and service provision
* A Primary Care and Quality Director (Interim) provides leadership and direction

Quality of Primary Care

Quality Assurance of Primary Care

CCG assures quality and performance by:

* Providing regular data and information to practices (dashboard) on key quality outcomes
* Regular visits to practices to support and provide appropriate challenge

Care Quality Commission (CQC)

Assures quality by:

* Gathering data, evidence and information
* Using feedback from patients and public
* And inspections carried out by CQC experts.

Quality of Primary Care Quality Commission (CQC)

* CQC monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety

* CQC set out what good and outstanding care looks like and ensure services meet fundamental standards below which care must never fall

* There are 4 categories of inspection criteria:
  * Outstanding
  * Good
  * Requires improvement
  * Inadequate

Shropshire CCG Practices CQC Outcomes

* The CQC inspection team has inspected and published reports on 33 Shropshire practices since October 2014

* 5 Shropshire practices have a rating of outstanding overall

* 2 have good overall with outstanding elements

* 18 have a rating of good overall

* 5 practices are good overall with requires improvement in some elements

* Only 1 practice requires improvement

* There are no practices falling into the 'inadequate' category

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Shropshire
Clinical Commissioning Group

Quality of Primary Care Shropshire CCG

* Monthly reports provided to practices
* Visits to practices which include key individuals from the CCG senior team and directors (depending on the needs of the practice)
* Locality board meetings where peer to peer review is also undertaken

* Dedicated primary care support team made up of pharmacists, nurses, pharmacy technicians, dieticians and individuals with social care experience
* To support the CCG to deliver high quality services

At the heart of Shropshire's health

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Quality of Primary Care Shropshire CCG – Good practice

Medicines Management and 'Polypharmacy',

* The concurrent use of several medicines by one individual, leads to adverse reactions, side effects, medicine interactions and impaired quality of life

* During 2015/16 GP practices and CCG pharmacists have teamed up to systematically assess the medicines of patients as part of a 'Polypharmacy Review Scheme' – this continues into 16/17

* 4,500 reviews were undertaken in 15/16, with which has resulted in patients having more streamlined medicine regimes with a significant reduction in medicines waste

The Community and Care Co-ordinator (C&CC)

* project involves non-clinical individuals, working as part of the practice team, to proactively case-manage people at risk of loss of independence and hospital admission as a result of more pastoral or social unmet need

* It improves communication between the local authority, voluntary sector, community groups and the practice; identified frail and vulnerable patients at risk of inappropriate hospital admission

* During 2015/16, almost 6,000 people received support from their practice-based C&CC

* It has been identified by NHS England as a high-impact project

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Polypharmacy review project – outcomes
Average number of unique medicines that a patient is prescribed in Shropshire for the year 2015/16 compared with national CCGs – the CCG is below average (all patients, patients aged 65, 75 and 85 years and over)
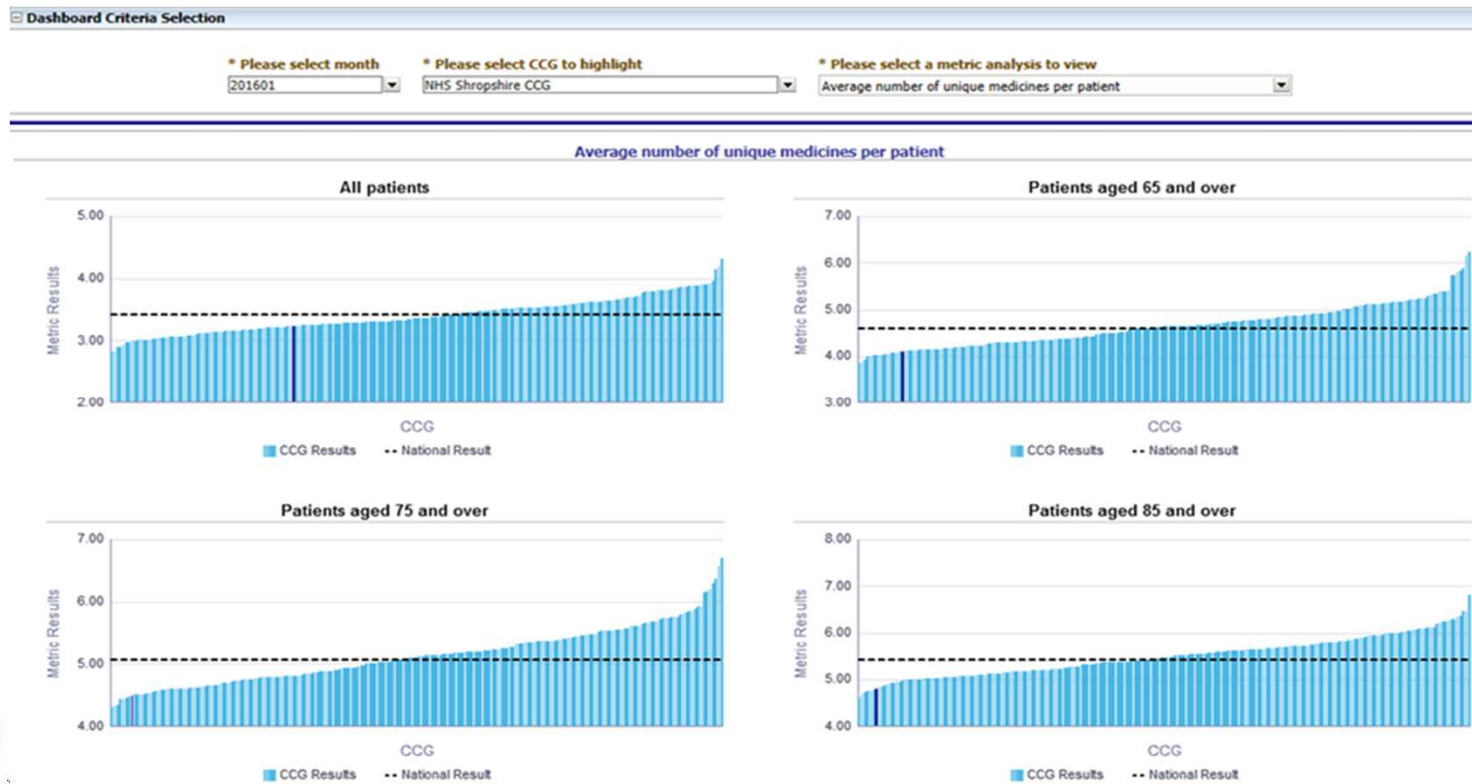
Polypharmacy review project – outcomes
The percentage of patients (all patients, patients aged 65, 75 and 85 years and over) on 8 or more medicines
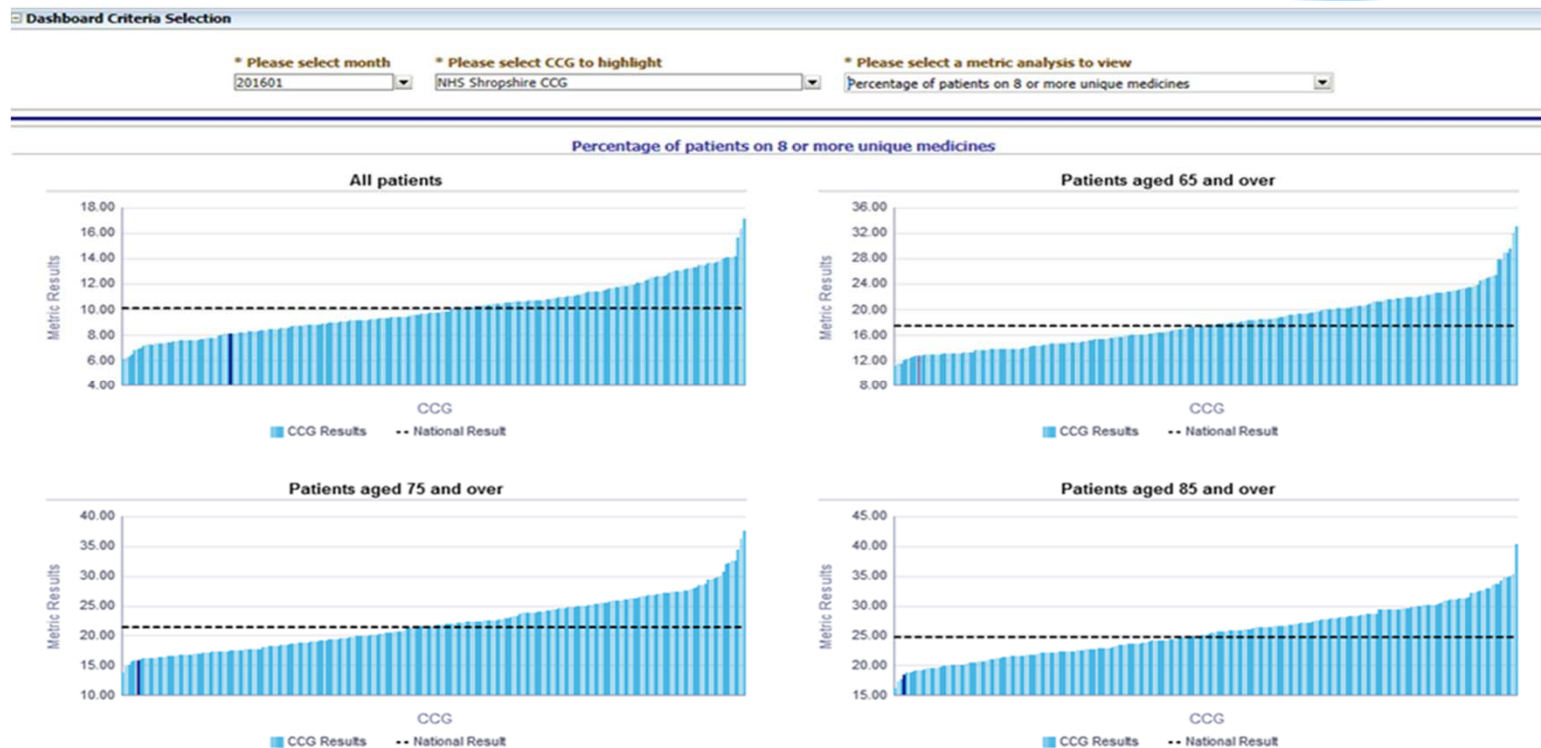
Primary Care – going forward

Primary Care Strategy

Primary Care Strategy

published Jan 2016 - identified 8 key strategic aims:

1. The Benefits of Scale - Practices should, wherever possible, be large enough to provide the full range of services

2. Workforce – develop opportunities for more collaboration between practices and different staffing models

3. Collaboration between practices "GP Networks" – Support practices to manage workload - sharing good practice, functions, support staff and services.

4. Integrated care - Primary and community health and care services should work in a more closely integrated way, supported by hospital specialists

5. Information Technology - enable different methods of communication and facilitate the development of new models of care and the provision of a more integrated service

6. Premises – ensure appropriate premises to deliver services

7. Supporting change - to support organisational development, clinical leadership and the professional development of front line staff

8. Commissioning - use the levers and flexibilities available to them to facilitate innovation, improvement and integrations

Primary Care Needs Assessment (PCNA)

* **Work has commenced in Shropshire on the PCNA** – which is designed to assess the current landscape of Primary Care in Shropshire

* To provide support to the emerging Sustainability an Transformation Plan (STP)

Key Elements of the Needs Assessment

* Assessment of ill health & inequalities

* Baseline mapping of services – capacity and workforce issues, service supply & demand

* Evidence of effectiveness - models of care

* The expected outcome is to have a publication which contains up-to-date relevant information, on which the CCG, Local Health Economy and STP can base future decisions, on how to further improve and support Primary Care in Shropshire.

* The PCNA will also cross reference with other important strategies, such as the CCG Primary Care Estates Plan, the wider Five Year Forward View, STP, and will be used to define priorities and future investment in Primary Care going forward.

Estates Strategy

* A draft estates strategy was published in June 2016

* Work is ongoing to publish a final version that cross references to the wider health economy need that is emerging through the neighbourhood plans of the STP

Workforce Capacity and Planning

* Shropshire CCG has commenced a workforce plan collaboratively with other Shropshire and Staffordshire CCGs and is currently gathering data on workforce capacity

* This data will be collated and used together with the national data to provide a starting point for a Pan Staffordshire and Shropshire Workforce plan 2017-2021

* Practices are asked to consider their workforce implications over the next 5 years

* It will provide information on those practices that are at highest risk from recruitment and retention problems so that we can target innovation in workforce development and training and new ways of working

Workforce Capacity and Planning cont.

National and Regional Support Programmes

General Practice Resilience Programme (GPRS)

* This programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients

* NHS England is committed to investing £40m in the GPRP over the next four years.

* Fair shares at this footprint have been calculated on a registered patient population basis. Local teams will work with key partners to ensure the funding is used to target support at areas of greatest need and will work in line with the processes set out in this guidance to deliver support to practices.

* Menu of support available:

q Diagnostic services to quickly identify areas for improvement support.

q Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance

q Coaching / Supervision / Mentorship as appropriate to identified needs

q Practice management capacity support

q Rapid intervention and management support for practices at risk of closure

q Coordinated support to help practices struggling with workforce issues

q Change management and improvement support to individual practices or group of practices

Workforce Capacity and Planning cont.

National and Regional Support Programmes

Targeted investment in recruiting returning doctors pilot for 2016 - a new pilot scheme to invest resources in practices which can evidence that they have historically encountered difficulty in recruiting GPs (held vacancies for a minimum of 12 months). The pilot scheme offers support to promote their practices and advertise their posts.

* The support includes: i. up to £2,000 to enable cover when the new GP accesses education and development (within the first twelve months of employment) iii. access to up to three days (or equivalent) marketing support iv. up to £8,000 relocation allowance for the practice to give to a newly employed GP.
* One practice in Shropshire is taking part in this pilot.

Vulnerable Practice Programme

* £10m investment nationally in externally facilitated support
* Support has been delivered locally through the already established Supporting Change in General Practice.

Identified Risks – Primary Care

Workforce capacity

* Failure to recruit and retain GPs in Shropshire (a national picture) poses threat practice sustainability

Premises Development

* Risks associated with premises development affecting several practices in Shropshire for various reasons

Changes to Personal Medical Services (PMS)

* Contracts will impact financially on 9 practices if action not identified and addressed before nationally stated timeline of 2020.

Sustainability and Transformation Plan (STP) Vision and Objectives

Our Vision

We have a unified vision for our population to be as healthy as possible. To achieve this goal we need to have the safest acute provision, independence into older age for the majority of our population and integrated delivery models; we need to develop shared learning and enviable reputations as employers of choice with a unity of purpose being seen and acted out across our health and care sectors.

We will embed social care and wellbeing into all health delivery and work with our population to establish social capital to improve public engagement and accountability, with wellness replacing a sickness paradigm.

Integrated technology and data moving freely across our system will support a placed-based delivery model, backed up by a one public estate philosophy which maximises the use of public assets to the full.

Our deficit reduction plan will track the transformational process and the changes necessary to support the investment shift into prevention, maintenance, early detection and treatment; this will allow a shrinking of secondary care provision.

Our Objectives

* To build **resilience and social capital** into people's environment so they have the knowledge and skills to help themselves to live healthier and happier lives enabled by current and emerging digital technologies.

* To develop a model of **coordinated and integrated care across the NHS, Social Care and the Voluntary Sector** that reduces duplication and places the patient and service user at the centre. We intend to achieve this by connecting Health and Care systems ensuring that data flow freely to those who need to see it.

* To work as **one Health and Care system** to deliver for patients and citizens and develop a single shared view of the place-based needs of the population using advanced business intelligence capabilities.

* To develop a **sustainable workforce** that is fit for purpose, is supported by modern technology, and can deliver evidence-based care in new ways that suit user's lifestyles and where they live.

* To develop a transformed system of care that is **high quality, financially sustainable**, efficient and delivers on national standards all the time.

* To use evidence from around the world to develop excellence in care and **pioneering services** through the use of high quality research and use of new technologies.

Neighbourhood working /Shropshire/Resilient communities

## Resilient communities - Progress to date

- **Active and effective VCS** – at risk from reducing grant/contract funding
- **Active community groups** - need support to thrive
- **Formal and informal volunteering** – needs strategic development
- Resilient Communities
- **Care & Community Co-ordinators** - based in GP practices to assist patients and signpost services
- **Compassionate Communities** – volunteer befriending service to help people with long term illnesses stay in touch with the local community
- **Let's Talk Local hubs** – offer support and advice on issues such as loss of independence, isolation, role of carers, benefits advice etc
- **Everybody Active Towns** – to encourage physical activity
- **People2People** Carers project
- **Early Help Strengthening Families** – Shropshire's Troubled Families initiative

Resilient Communities -implementation

- 4 pilot areas implemented, roll out for rest of county ongoing
- Development of Oswestry as pilot for linking community activity with social prescribing and service redesign (Autumn 2016)
- Assessment of community resilience using toolkit – strengthening weaknesses and filling gaps

Sustainability & Transformation Plan
Neighbourhood working/Shropshire/Neighbourhood Care Teams
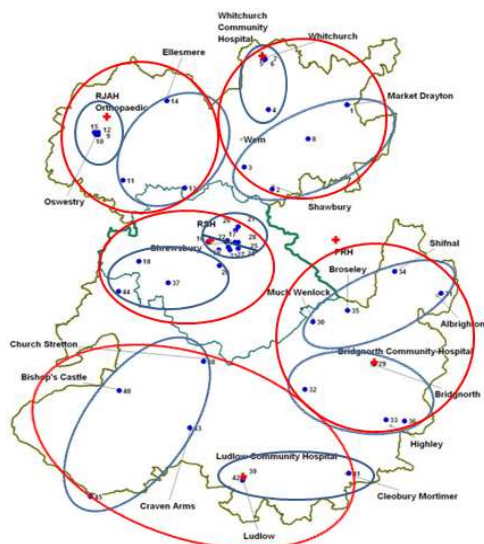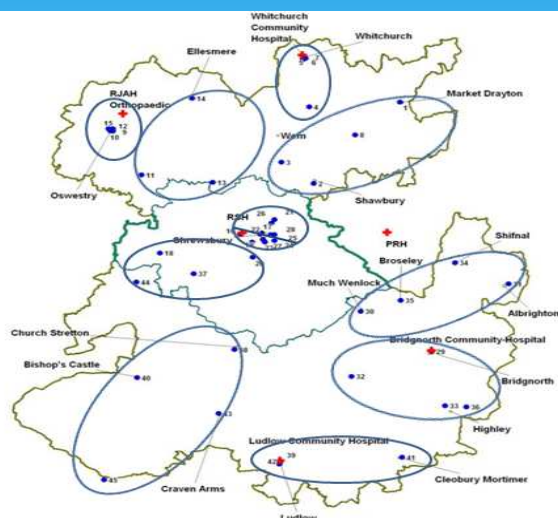
Neighbourhood teams provide:

▸ Planned Care
▸ Condition specific pathways (Frailty/CKD etc)
▸ Long term condition management
▸ Interface between teams and Social Capital/Voluntary Sector (step up & step down)
▸ Point of Care Testing
▸ End of Life
▸ Domiciliary Care
▸ Early intervention for Mental Health conditions

Community Hubs provide:

∗ Same Day response
∗ Unplanned and or an Increase Care/Support
∗ Expert advice & reassurance
∗ Rural Urgent Care (MIU/DAART/Ambulatory Care)
∗ ICS – Admission avoidance
∗ Therapy coordination/pathways
∗ Specialist Nursing Teams
∗ Mental Health Specialists.
∗ Comprehensive Geriatric Assessment
∗ Point of Care Testing
∗ Diagnostics

Neighbourhood Population	
Bridgnorth North	30543
Bridgnorth South	24881
Ludlow	23155
North East	29175
North West	17068
Oswestry	34523
Shrewsbury North	42555
Shrewsbury Rural	18223
Shrewsbury South	39154
South West	20261
Whitchurch	24261
Grand Total	**303799**