

# JHOSC Primary Care update

23<sup>rd</sup> November 2023

# Update on JHOSC recommendations from July 2022

## Primary care contracting

Recommendation	Response
<p>The Committee recommended that the reporting from GP practices on the GP FTE workforce ratio into the National Workforce Reporting System should be a requirement that was enforced.</p>	<p>The National Primary Care Regulations were updated to include the requirement for GP practices to report in the National Workforce Reporting System. The ICB have started identifying practices where their workforce data does not appear to be correct and are working with those practices to improve the reporting.</p>
<p>While Members of the Committee welcomed the publication of concerns relating to a specific practice on the ICB website, they felt that most patients would not necessarily know where to find this information. The Committee recommended that there should be greater clarity on how this information would be communicated to patients and suggested that this could include a link to the relevant information on the website of the GP practice concerned.</p>	<p>Practice cases are discussed at the Primary Care Contracting Committee (PCCC) meeting in public. Where a particular practice is on the agenda, the ICB will ask the practice to include the meeting link on their website and notify patients that they can view the papers and refer any questions to the Committee prior to the meeting. This step will be taken in addition to any wider patient and stakeholder engagement that has occurred prior to the case being referred for a decision. The Committee meeting notification and papers are published on the ICB website and we are looking at ways to highlight information of interest to all for example the practice level Quality &amp; Performance report.</p>

# Update on JHOSC recommendations from July 2022

## Enhanced access services

Recommendation	Response
<p>The Committee recommended that the availability of hub services, or any other appropriate services, should be more clearly communicated by GP. This should include wider dissemination of information about alternative service provision to the GP practice staff that deal with patient appointments.</p>	<p>Our patient engagement also reinforced the need for greater awareness of these services and how patients can access them. The ICB is providing communications support to practices on this. This includes:</p> <ul style="list-style-type: none"><li>• Sharing national resources with practice teams alongside tailored local messages for use with patients and asking practices to adopt standardised telephone messaging about hub services and (where possible) call diverts to hub telephone numbers out of hours</li><li>• Reviewing practice websites and alongside digital colleagues supporting practices with standard content and advice on where to place this information on their websites</li><li>• Clear messaging about hub services on the NCL ICB website and social media platforms</li><li>• Stakeholder packs for providers and partners documenting changes and noting how patients can contact their local hubs</li><li>• Working with secondary care providers on how they can also advertise these services to patients</li></ul> <p>We will continue to promote this across staff teams and engage patients as part of our evaluation.</p>
<p>The Committee also recommended that, with regards to the proposed bridging service running from October to March, the number of patients likely to use this service should be carefully considered. If these figures were low then it would not necessarily represent an efficient use of resources and so patients could otherwise be treated by different services.</p>	<p>Activity monitoring for these services is in place, and will be reviewed regularly to ensure that services are still being well-used once the new arrangements are in place. If data shows appointments are not being utilised as expected, we will work with service providers to ensure that this capacity is repurposed and ensure our medium term arrangements reflect this new trend in utilisation. We anticipate that these services will continue to be busy – especially over the winter period.</p>
<p>Further information to be provided on the financial implications of the changes to enhanced access hours.</p>	<p>The Enhanced Access PCN DES specification is nationally funded and is paid to PCNs from 1<sup>st</sup> October 2022 via the delegated primary care budget which is reported at PCCC. The annual cost of bridging arrangements for evenings, weekends &amp; bank holidays is approximately £4million and will be supported by ICB access funding previously allocated to the hubs. The overall financial impact &amp; value for money of these arrangements will be monitored.</p>

# Response to JHOSC questions November 2022

Request	Topics Covered	Slide reference
<p>Details of how practices signpost patients to other services when they are unable to offer appointments. Arrangements for training practice receptionists to provide signposting or offer other support.</p>	<ul style="list-style-type: none"> <li>Community Pharmacy Consultation Service (CPCS)</li> <li>GP administrator training</li> <li>Social prescribing</li> </ul>	<p><b>26</b></p> <p><b>28</b></p> <p><b>30</b></p>
<p>Examples of how social care and mental health teams are co-locating in Haringey and how they link with GPs / Primary Care Networks.</p>	<ul style="list-style-type: none"> <li>This work is currently in the planning phase, but an update on plans, and some examples of MDT working in primary care been included.</li> </ul>	<p><b>32</b></p>
<p>Update on neighbourhood development or locality hub work – the response to the Fuller Report and how this will be implemented in NCL.</p>	<ul style="list-style-type: none"> <li>Fuller response slides</li> </ul>	<p><b>38</b></p>
<p>Summary of the contracting process for GP practices including commissioning criteria. Focus on patient feedback and engagement, and how this determines whether we go to procurement</p>	<ul style="list-style-type: none"> <li>Contracting update</li> </ul>	<p><b>40</b></p>

# Key updates for JHOSC (1/3)

## Access to General Practice

- The number of primary care appointments in NCL continue to rise. Rates of face to face appointments are slightly lower than national average but NCL offers one of the highest rates nationally of same day appointments.
- Age, deprivation and number of long-term conditions are important factors driving practice utilisation in NCL with 27% of the registered population accounting for 80% of GP appointments.
- All Primary Care Networks (PCNs) in NCL have successfully launched their Enhanced Access services and the ICB continues to commission additional appointments from extended access hubs for evenings, weekends and bank holidays – this represents an overall increase in out of hours primary care capacity.
- These slides include examples of work to improve access by optimising other appropriate primary care services (for example Community Pharmacy) and social prescribing.

## Primary Care Workforce

- GP numbers have risen in NCL - although the overall GP 'whole time equivalent' remains static. GP nursing numbers continue to decline. NCL performs very well nationally in recruitment of wider roles that now form a key part of the practice team e.g. pharmacists, social prescribing link workers, healthcare assistants.
- Workforce challenges include recruitment, retention and burnout amongst primary care staff. We are working with the NCL Training Hub and our provider teams to mitigate these risks.

## Winter planning

- Our winter plan is being developed in collaboration with providers. It will blend additional primary care capacity (additional staff and appointments for winter) with service development linked to borough needs (clinics for under 5s in Enfield, over 65s in Barnet) and proactive care.

# Key updates for JHOSC (2/3)

## The wider primary care team

- NCL GP practices are referring thousands of patients with minor illnesses to the Community Pharmacy Consultation Service (CPCS). This collaboration between practices and pharmacies optimises our workforce, supports easy access to care and offers a positive patient experience.
- Social prescribing is also flourishing in NCL and is a key route through which to support people presenting to primary care, however demand is starting to outstrip supply of PCN-based Social Prescribing Link Workers so we need support to continue to grow and develop this workforce.

## Primary care transformation

- The NCL Training Hub is running a broad programme of workforce development. They focus on both implementation of national workforce policy and place-based responses to local workforce challenges and priorities. They are currently supporting training of reception and admin staff, PCN workforce development, training to support digital transformation and the development of workforce skills and approaches that support proactive care and long-term condition management.
- In Summer the *Next Steps For Integrating Primary Care – the Fuller Stocktake Report* was published. This is a national document which will inform our system plans for integrated care at place and neighbourhood. The recommendations require a whole system response. It's three main areas of focus are:
  - Streamlining access and a more joined up model to access in each neighbourhood, in particular for same day care
  - Proactive and personalised care for those who will benefit the most
  - A joined-up approach to prevention of ill health.

# Key updates for JHOSC (3/3)

## Contracting

- The ICBs new Primary Care Contracting Committee (PCCC) has met twice with a refreshed Terms of Reference and new membership. The Committee is Chaired by a Non-Executive Member of the Board. Its membership includes our Chief Medical Officer and an Independent GP. There is a lead from every Borough. We also have membership from a Director of Public Health, Healthwatch, the VCS and two community members. The Committee meets in public and Cllrs and members of the public regularly attend.
- Our management of the GP contract is conducted via PCCC under delegation from NHS England. The Committee takes key decisions in relation to these contracts and monitors performance and quality. We have 3 types of contract set nationally (GMS, PMS, APMS). Primary care contracts are managed with due regard to national legal and procurement frameworks, local commissioning information and engagement with providers, patients and stakeholders. The procurement/reprocurement process is an area of particular interest and is described in this pack.

# Our ask of JHOSC

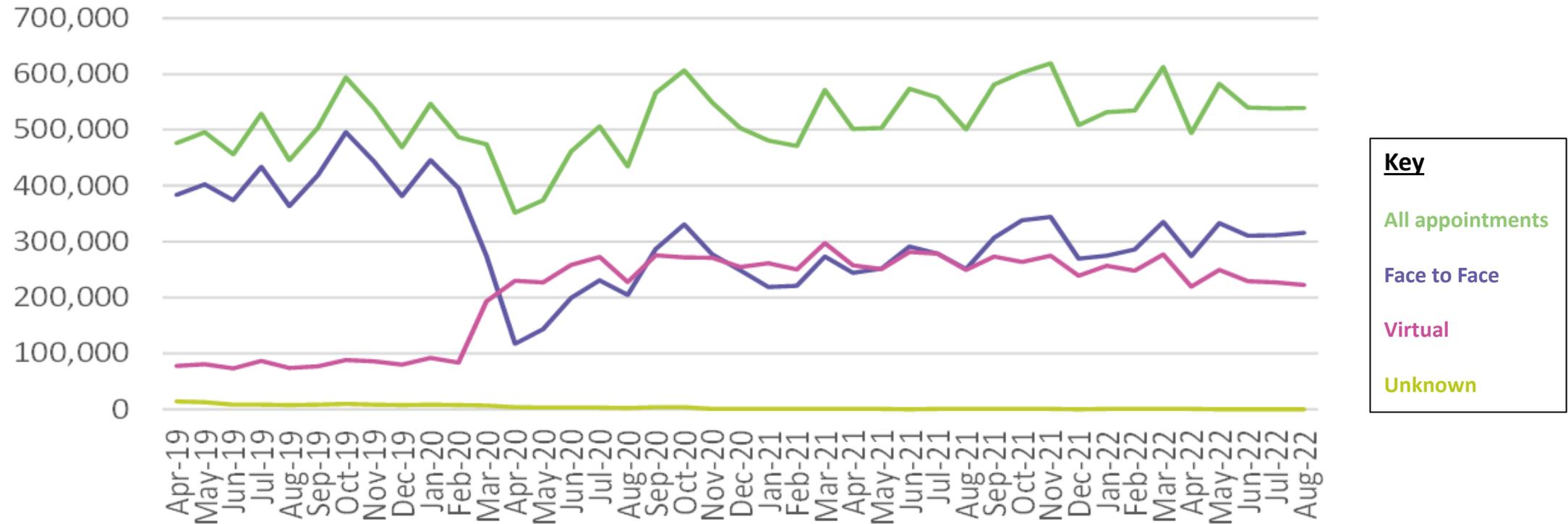
## **Work with NCL ICB to promote awareness of...**

- The significant amount of work being supported by our GP practices and wider primary care providers
- The successes, innovation and transformation described in this pack;
- The range of clinical and non-clinical roles that form part of the practice team and are critical to the services offered at our GP Practices and help us build the confidence of patients and residents in these models;
- The centrality of Borough Partnership efforts to accelerate the development of integrated neighbourhood working in NCL – recognising this is key to the future of general practice and primary care as described in the Fuller report.

## Appendix 1: Primary care activity, pressures and winter planning

- GP appointment data
- GP patient survey response
- Digital inclusion
- Enhanced access
- GP workforce data
- Workforce challenges and initiatives
- Primary care winter planning

## GP appointment numbers – Face to face / virtual



### Notes on GP appointment numbers

- In August 2022, GP practices in NCL delivered **587,954 appointments** (*excluding* vaccination activity) This is 36,109 more appointments than in August 2021 and reflects the trend of increased overall appointment numbers.
- There is an ongoing increase in the % of appointments being delivered face to face from the initial drop when the Pandemic hit
  - 60% appointments in August 2022 were delivered face to face, which is lower than the national average of 66% (range 51% to 81%)
  - 51% appointments were booked and delivered on the same day - above the national average of 45% and one of the highest rates in the country (range 38% - 53%)
- The NCL primary care team continue to work with NHS England on efforts to improve granularity and quality of appointment data

# Local primary care quality & performance data



## PCCC - Primary Care Quality & Performance Report

Locally collected and assured primary care data is available via the NCL primary care quality & performance report.

This provides practice-level data against a set of key indicators.

This report is refreshed for each Committee and is available via the publicly available [Primary Care Commissioning Committee papers](#) on the NCL ICB website.

This report is being iteratively improved to enhance its utility in identifying and monitoring trends over time.

Borough teams act on this data, actively reaching out to practices who may be outliers and/or where we see key changes

Borough	Practice		Practice Demographics					Healthchecks		Practice Survey					Workforce				Quality	
	Practice Name	PCN	QOF Score (2019)	List Size - August 2022	List Size - age 40+	List Size Change - July/Sept (Q2)	% of Patients with a Long Standing Condition	No. of Patients who have received an LD Healthcheck - Jun 21-Aug 22	No. Patients that have had an SMI Healthcheck - Oct 20-Sept 21	% who have a positive experience of their GP practice	% satisfied with phone access	% satisfied with practice appointment times	% reporting good overall experience of making an appointment	FTE GPs	FTE GPs Rate Per 1000 (UK Average - 0.45)	FTE GP Nurses	FTE GP Nurse Rate Per 1000	QOC Overall Rating	Date of Last Inspection	
Barnet	Colindale Medical Centre	BARNET 1D PCN	543	10658	3,490	0.0%	37%	2.06	1.22	81%	61%	55%	71%	3.09	0.29	0.53	0.05	Good	12/05/2018	
Barnet	Hendon Way Surgery	BARNET 1D PCN	545	8860	3,552	0.4%	36%	2.03	0.57	71%	57%	53%	62%	3.28	0.37	ND	0.00	Good	20/10/2021	
Barnet	Jai Medical Centre	BARNET 1D PCN	530	9019	4,216	-0.7%	44%	4.32	4.10	86%	72%	72%	78%	1.32	0.55	2.80	0.31	Good	22/06/2017	
Barnet	Mulberry Medical Practice	BARNET 1D PCN	521	8896	4,401	-0.6%	44%	2.02	1.90	54%	37%	36%	37%	5.57	0.63	1.52	0.17	Good	26/10/2016	
Barnet	Oak Lodge Medical Centre	BARNET 1D PCN	555	17737	7,490	-0.2%	33%	4.00	2.53	88%	44%	62%	66%	12.34	0.70	3.08	0.17	Good	25/09/2021	
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	524	4321	2,025	0.3%	41%	1.16	4.42	80%	69%	69%	75%	1.28	0.30	0.24	0.06	Good	30/03/2017	
Barnet	Parkview Surgery	BARNET 1W PCN	6501	2,762	0.4%	46%	0.00	1.53	0.85	83%	77%	81%	81%	2.00	0.31	0.60	0.00	Good	13/07/2017	
Barnet	The Everglade Medical Practice	BARNET 1W PCN	541	10720	3,567	1.2%	46%	4.48	1.04	74%	54%	55%	64%	6.71	0.63	1.01	0.09	Good	13/05/2017	
Barnet	Watling Medical Centre	BARNET 1W PCN	546	17365	7,990	0.5%	40%	0.17	1.74	83%	62%	62%	72%	16.04	0.92	4.00	0.23	Good	23/06/2018	
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	552	8502	4,690	0.5%	46%	7.17	2.01	63%	61%	34%	41%	8.24	0.97	1.97	0.23	Good	14/12/2016	
Barnet	Colney Hatch Lane Surgery	BARNET 2 PCN	540	5229	3,627	-0.9%	47%	7.27	2.65	88%	78%	72%	79%	2.16	0.41	0.72	0.14	Good	20/02/2018	
Barnet	East Barnet Health Centre	BARNET 2 PCN	540	11387	5,900	0.0%	45%	3.69	0.97	81%	59%	55%	65%	7.01	0.62	1.28	0.11	Good	05/07/2002	
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	551	9854	4,695	0.9%	48%	4.47	1.64	78%	59%	53%	66%	6.61	0.67	1.00	0.10	Good	19/01/2017	
Barnet	St Andrews Medical Practice	BARNET 2 PCN	530	11353	6,028	-0.3%	52%	0.26	0.88	79%	56%	52%	63%	8.39	0.74	2.64	0.23	Good	23/06/2016	
Barnet	The Clinic (Oakleigh Rd North)	BARNET 2 PCN	488	9244	4,797	0.0%	43%	0.00	0.00	82%	85%	63%	74%	7.07	0.76	0.00	0.00	Good	22/11/2017	
Barnet	The Village Surgery	BARNET 2 PCN	529	5321	2,798	1.3%	39%	1.50	0.57	85%	81%	66%	71%	2.63	0.49	0.69	0.11	Good	13/09/2018	
Barnet	Addington Medical Centre	BARNET 3 PCN	541	9462	4,972	1.1%	43%	8.88	0.21	88%	74%	65%	74%	3.88	0.41	0.00	0.00	Good	12/05/2016	
Barnet	Curmawall House Surgery	BARNET 3 PCN	529	5754	3,196	0.6%	39%	4.34	0.87	69%	46%	45%	53%	4.80	0.83	0.29	0.05	Good	05/12/2021	
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	558	5601	2,848	0.5%	38%	2.50	1.61	88%	83%	56%	76%	3.43	0.61	0.53	0.10	Good	30/05/2021	
Barnet	East Finchley Medical Centre	BARNET 3 PCN	494	7752	4,014	0.1%	40%	2.45	0.00	74%	60%	46%	65%	2.53	0.33	0.85	0.11	Good	23/05/2017	
Barnet	Gloucester Road Surgery	BARNET 3 PCN	487	1222	1,150	-29.6%	40%	4.91	0.69	85%	85%	53%	69%	1.10	0.90	0.09	0.08	Good	06/12/2021	
Barnet	Litchfield Grove Surgery	BARNET 3 PCN	551	6583	2,849	0.1%	46%	4.86	2.28	93%	72%	65%	87%	2.24	0.34	0.32	0.06	Good	04/10/2017	
Barnet	Longrove Surgery	BARNET 3 PCN	537	17458	9,185	0.3%	48%	8.48	1.21	78%	63%	50%	67%	10.77	0.82	2.09	0.12	Good	18/01/2022	
Barnet	Rosemary Surgery	BARNET 3 PCN	552	6082	2,429	-0.7%	45%	0.66	1.14	86%	84%	70%	74%	4.16	0.68	0.00	0.00	Good	23/07/2016	
Barnet	Squires Lane Medical Practice	BARNET 3 PCN	553	5574	2,863	-0.6%	41%	0.00	1.61	65%	37%	39%	51%	2.63	0.47	0.21	0.04	Good	12/05/2017	
Barnet	The Mountfield Surgery	BARNET 3 PCN	536	4944	2,725	0.2%	47%	0.40	0.20	87%	86%	82%	78%	2.03	0.41	1.20	0.24	Good	08/11/2018	
Barnet	The Old Court House Surgery	BARNET 3 PCN	557	8724	4,622	1.4%	44%	1.60	1.51	83%	78%	71%	80%	7.81	0.90	0.96	0.11	Good	N/A	
Barnet	The Speedwell Practice	BARNET 3 PCN	544	11394	5,640	0.8%	37%	1.49	6.39	66%	49%	46%	54%	6.33	0.56	1.85	0.15	Good	15/01/2018	
Barnet	Torrington Park Group Practice	BARNET 3 PCN	524	12418	6,504	-0.7%	52%	0.64	2.01	85%	56%	57%	60%	7.64	0.87	1.97	0.16	Good	01/09/2015	
Barnet	Vale Drive Medical Practice	BARNET 3 PCN	538	6,266	0.00	38%	0.00	0.00	68%	45%	38%	49%	0.00	0.00	0.00	0.00	Good	N/A		
Barnet	Wentworth Medical Practice	BARNET 3 PCN	527	12983	6,318	0.4%	42%	2.16	2.24	71%	44%	57%	52%	5.71	0.44	4.81	0.37	Good	17/10/2017	
Barnet	Woodlands Medical Practice	BARNET 3 PCN	550	4760	2,238	0.5%	47%	3.57	1.90	70%	52%	45%	47%	2.11	0.44	0.40	0.08	Good	13/10/2021	
Barnet	Lane End Medical Group	BARNET 4 PCN	540	14396	6,177	0.7%	53%	8.54	2.80	80%	65%	54%	57%	9.68	0.67	1.00	0.07	Good	21/03/2019	
Barnet	Langstone Way Surgery	BARNET 4 PCN	521	9127	3,772	0.5%	42%	1.64	1.87	64%	39%	45%	56%	4.13	0.45	3.91	0.43	Requires Improvement	28/06/2022	
Barnet	Milway Medical Practice	BARNET 4 PCN	558	20127	9,163	0.8%	41%	3.08	2.10	81%	64%	48%	68%	11.93	0.59	2.63	0.13	Good	08/08/2019	
Barnet	Penshurst Gardens Surgery	BARNET 4 PCN	544	6186	3,377	-0.6%	45%	2.91	1.77	65%	23%	37%	30%	4.01	0.65	0.91	0.15	Good	20/07/2021	
Barnet	Cricklewood Health Centre	BARNET 5 PCN	481	4053	1,531	1.6%	43%	1.73	0.75	78%	64%	63%	68%	2.07	0.51	0.96	0.24	Good	N/A	
Barnet	Dr Airm and Partners	BARNET 5 PCN	469	8820	3,586	0.2%	33%	3.40	2.05	56%	36%	41%	40%	3.59	0.41	0.81	0.00	Good	22/06/2017	

# What we know about GP appointment utilisation

This year NCL's HealthIntent team reviewed trends in utilisation following the Covid-19 pandemic. Based on a broadly representative sample (just under a third of NCL GP practices) they found that:

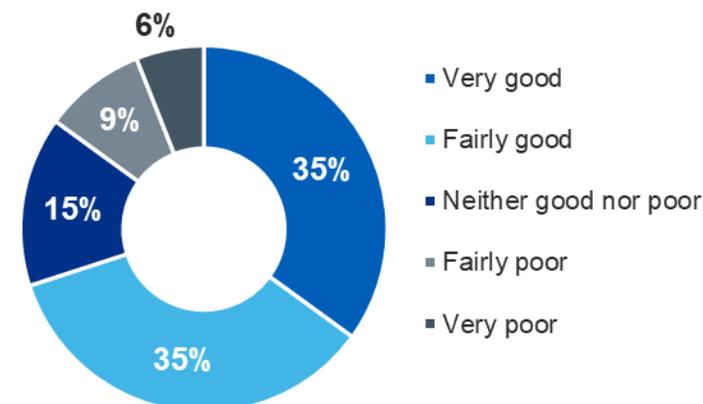
- 27% of the population accounted for 80% of GP attendances
- Just 1.5% of the population account for 1 in every 9 attendances
- GP practices saw a smaller drop in activity than other services and this recovered more quickly than it did in many other services during the first wave of Covid.
- Despite there being an increase in the NCL population, there are now *more GP appointments per person* on average than there were in 2019.
- As expected, there are far greater rates of GP practice utilisation by the younger and older age groups. The analysis found that the age at which utilisation rates increase in adults is younger in General Practice than in Acute settings suggesting effective 'primary care'.
- During Covid reduced utilisation of general practice was most significant in more deprived areas within NCL and there was slightly faster post-Covid recovery of utilisation rates in more affluent areas.
- Analysis by ethnicity shows the lowest return to pre-Covid appointment levels amongst Chinese and Black communities.
- We know GP attendances increase in line with the number of long term conditions someone is managing. The reduction in activity in Covid wave 1 was primarily seen in patients with no long term conditions. Recovery after the 2nd Covid wave is more complex, with conditions such as Diabetes and Asthma accounting for less appointment activity post-Covid.

# NCL GP patient survey results – July 2022 (1/2)

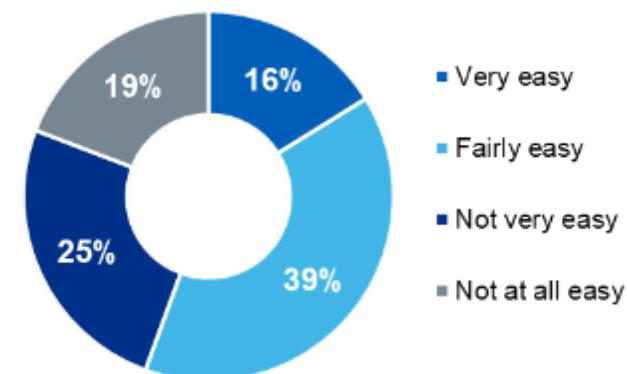
## Headlines

- Nationally, but especially in London, patient reported experience of general practice has deteriorated over the last year.
- The average survey results for NCL as a whole are in line with this national picture and the overall London picture.
- Although average performance for NCL is in line with the rest of London, taking averages of the scores of ~180 individual practices hides significant variation. For each question reviewed there are practices who have scored much higher than the NCL and the national average, and there are practices who have scored much lower.
- Variation between the highest and lowest scoring practices has increased since the 2021 survey for key measures such as ‘ease of getting through to the practice on the telephone’.
- In this variation we recognise an opportunity to learn from practices who have improved their performance, or who have performed higher than the NCL / national average for these measures of patient experience, and to directly work with those who are struggling the most.

NCL results: *Overall, how would you describe your experience of your GP practice?* (national avg. 70% very or fairly good)



NCL results: *Generally, how easy is it to get through to someone at your GP practice on the phone?* (nat avg. 53% very or fairly easy)



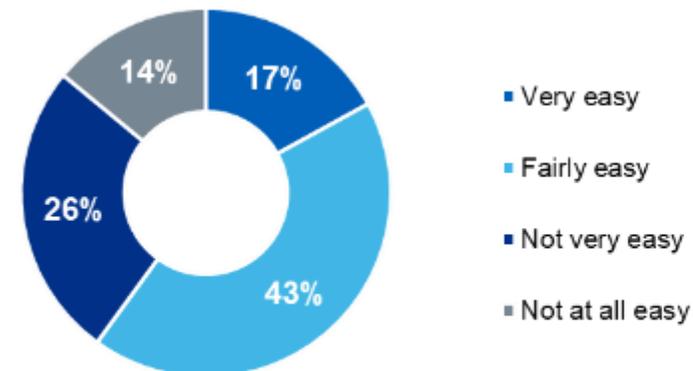
# NCL GP patient survey results – July 2022 (2/2)

## Survey response

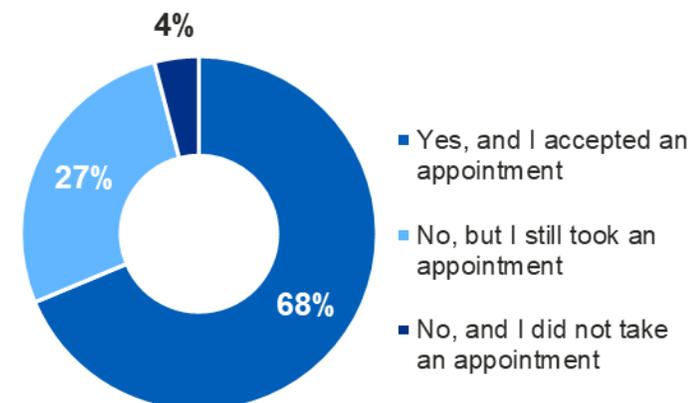
NCL ICB has already taken a number of actions to support primary care to respond to the GP survey results and other insights for example from several recent HealthWatch reports:

- Promotion and support to practices to sign up for the funded national *Access Improvement Programme* run by NHS England – additional waves of the programme are anticipated in future, and GP survey results will be used to identify those who would most benefit from participation.
- Funded offer for practices from Digital First and Redmoor Health to improve the quality of practice websites and use of social media to communicate with patients.
- Survey results being used to inform winter planning conversations in boroughs, specifically in allocating borough-based practice resilience and GP retention funding.
- The 2022-23 Quality Outcomes Framework (QOF) requires that all practices participate in a locally led quality improvement project to improve patient experience of accessing general practice. NCL survey analysis has been shared widely to support practices in identify areas for improvement.

NCL results: *How easy is it to use your GP practice’s website to look for information or access services?* (nat avg. 60% very or fairly good)



NCL results: *Were you satisfied with the appointment (or appointments) you were offered?* (nat avg. 72% yes)



# Update on enhanced access arrangements

## Recap from previous JHOSC paper

- From 01/10/22 national funding for practice-based *extended hours* appointments was combined with funding for *extended access hubs* and a new national specification for out of hours primary care appointments was issued to primary care networks (PCNs).
- Our 32 PCNs are being funded to deliver weekday evening and Saturday appointments for their patients offering a full range of GP services.
- NCL ICB has worked with PCNs on this. Work has included engagement with patients on their appointment preferences. All 32 PCN plans were approved by the ICB Executive in August with set up in September and go live in October.
- Given London has long had 7 day Primary Care, the ICB has maintained additional local access hub capacity to cover Sundays, Bank Holidays and additional slots for 111 bookings. Overall primary care appointment capacity has increased as a result.

## Next steps

- PCN services launched 01/10/22 and are now delivering in line with their agreed plans. Extended access hubs are providing 111 bookable appointments and Sunday / Bank Holiday capacity.
- The mobilisation has largely been smooth. Some PCNs are making adjustments to services based on early patient feedback. Some issues with IT are also being addressed locally to ensure effective running of the service.
- The ICB continues to support PCNs with communications materials for use with patients and local stakeholders. We will also be supporting ongoing patient engagement to raise awareness of 7 day primary care amongst patients.
- In response to pervious JHOSC feedback, we will continually review patient engagement as we monitor these services. Should monitoring show an under-utilisation of extended access services we work with providers and other urgent care stakeholders to take appropriate action.

# Our approach to digital inclusion in NCL

Issues of digital inclusion affects around one 1 in 7 people in the UK and it is possible to 'segment' & identify the groups of patients most affected. As digital approaches become key to delivering services, there will need to be a parallel exercise to mitigate digital exclusion amongst residents and patients.

NCL ICS has produced a digital inclusion framework shaped collaboratively by Councils and NHS organisations across NCL.

This helps us:

- Identify people likely to be at risk of digital exclusion
- Understand the barriers people face
- Recognise a 'digital hierarchy of needs'
- Collaborate with others to address these needs

Plans across NCL will be developed around this digital inclusion framework in 2022/23.

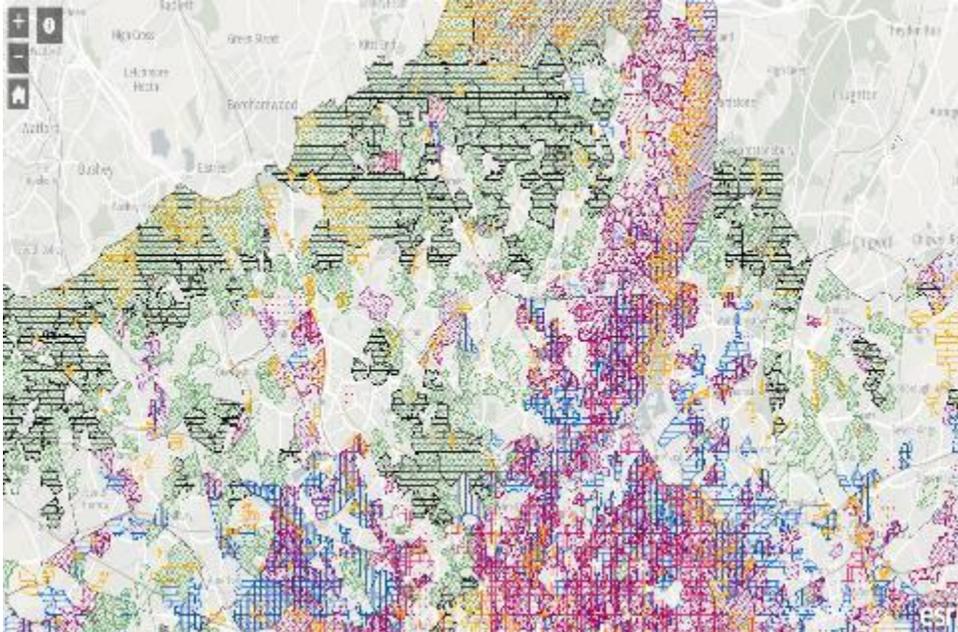
## What is the Goal?

*For those at risk of digital exclusion, we want to improve people's ability to successfully access digital solutions across NCL to support their health, wellbeing, independence & life chances.*

- We are seeking to do is to *reduce* the number of people *not* able, willing or motivated to use digital solutions in population, even if mediated by others
- However, we should acknowledge there will remain a **core of people who can or will not be able to use the specific solution** – and we need to decide how to respond to their equivalent needs to reduce the risk of the digital divide exacerbating variations in access, outcomes and experience



# Mapping digital exclusion in primary care

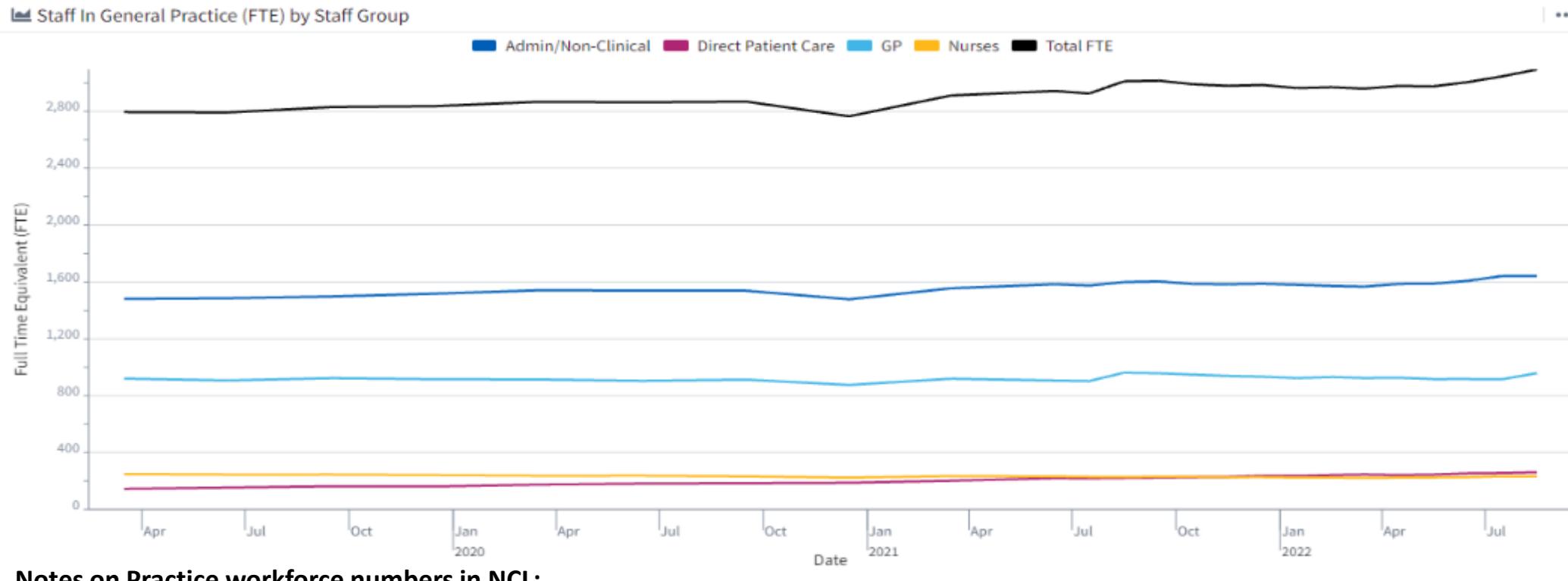


- Extract from *London Office of Technology and Innovation* Map of communities likely to be digitally excluded.
- Colours/shading represents different densities of population groups at risk of digital exclusion, e.g. concentration of deprivation or low income families, older people, those with disabilities etc.
- There is often a perception from patients that virtual appointments are not suitable for them

## Next steps

- Work with PCNs to review existing F2F/virtual consultation ratios & look at consultation mode used with particular key groups (e.g. older people) pre & post pandemic;
- Use combined intelligence to identify groups of patients within a PCN who may be at risk of digital exclusion;
- Gain local insight from PCNs & patients & consider how to respond through support and/or a different offer to patients;
- Solutions might include:
  - Work between partners (ICB, Councils, PCNs & VCSE organisations) to engage and improve peoples use of existing digital offers where they are willing (this will also provide an opportunity for some health promotion work);
  - Work with existing services and teams (e.g. social prescribers) and others (e.g. VCSE) to shape and deliver digital enablement schemes e.g. 'Coffee & Computers' in Haringey

# Practice workforce in NCL



## Notes on Practice workforce numbers in NCL:

- In NCL ‘direct patient care’ roles (clinical roles employed by practices other than GPs and Nurses e.g. Pharmacists) are increasing at the highest rate nationally.
- Our GP headcount has grown 6%, but FTE has remained static. This is reflective of an increase in GPs wanting flexible working & having a ‘portfolio’ career which aids retention of GPs.
- London’s patient:clinician ratio is higher than the national average. Deprived areas tend to have a lower ratio of clinicians to patients.
- GP Nursing numbers have been in steady decline for the last 5 years. Work continues to address this with the ICS Chief Nursing Officer now in post
- In 2022/23 NCL has approx £350k of retention funding to fund borough-based schemes including fellowship roles, nursing development and retention schemes delivered by the NCL Training Hub.

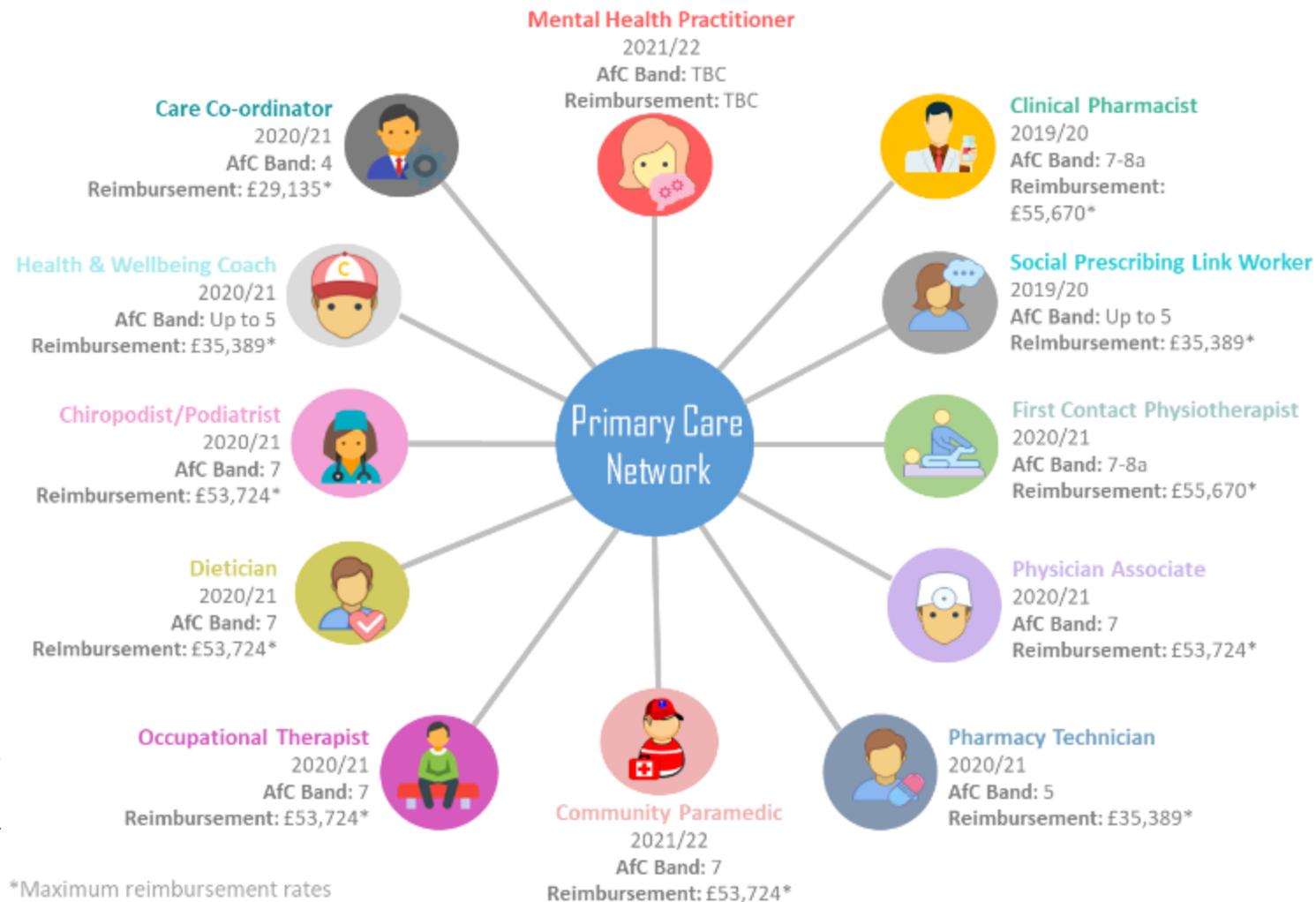
# Primary Care Network (PCN) Workforce

## Background

- A range of primary care roles are available through the **PCN additional roles reimbursement scheme (ARRS)**. ARRS-employed staff work across PCNs, and PCNs can choose how they spend their ARRS budget based.
- In 2022/23 ARRS was expanded to include two new roles: GP Assistants and Digital and Transformation Managers.
- PCNs are required to develop and submit regular recruitment intention plans to NHS England.
- ICBs have a responsibility to support PCNs with recruitment of ARRS staff to meet their plans and ensure they are maximising use of their allotted funding.

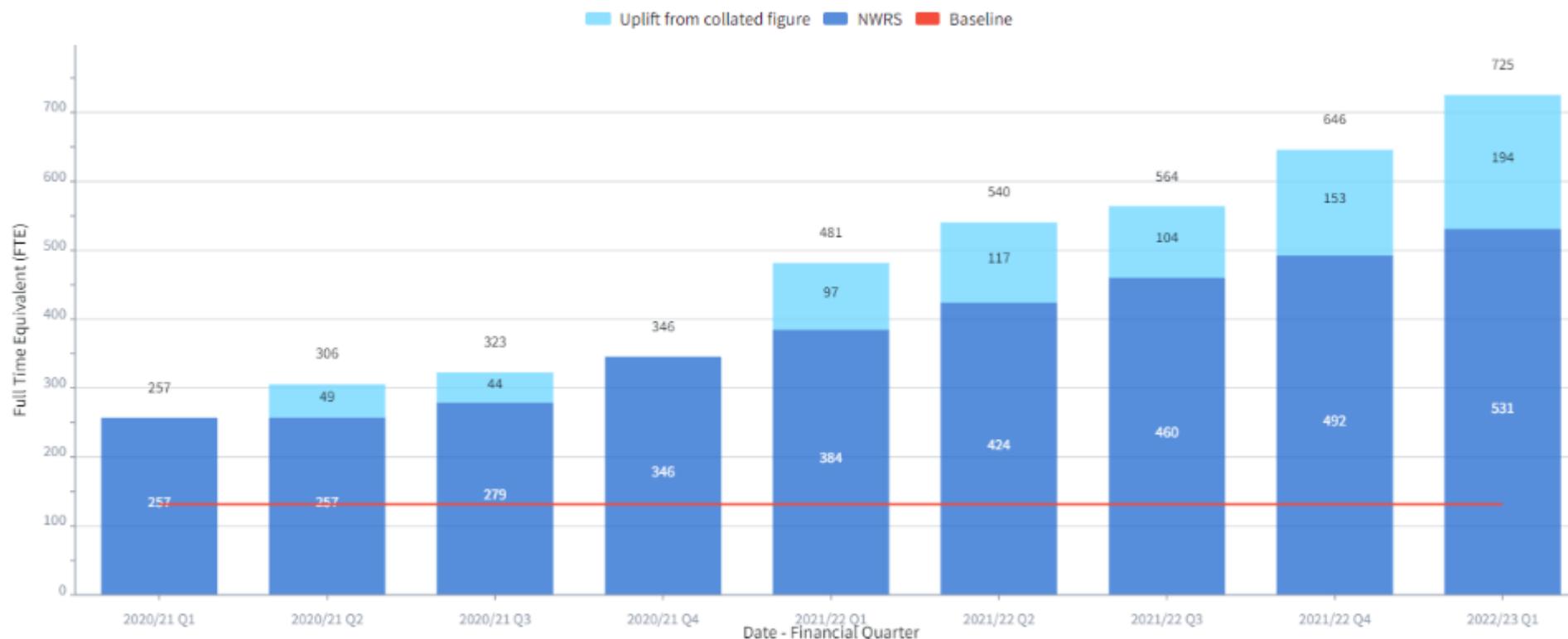
## Challenges recruiting additional roles for PCNs

- Current reimbursement scheme doesn't offer London weighting or cover costs of IT equipment or estates.
- Cost / time needed for supervision and training is not built into the reimbursement scheme but is a requirement for all roles
- Understanding of the opportunity in these roles e.g. how paramedics can best be integrated into the practice team is still being generated
- There is variation in pay and employment terms across NCL although Agenda for Change helps manage this for new roles.



# Primary Care Network workforce in NCL

☰ Total direct patient care collated FTE roles in general practice and PCNs



**Note:**

Total PCN workforce in NCL is a combination of:

**PCN-reported staff**

**Adjustment for data quality using other sources**

**Notes on PCN workforce numbers**

- Since its introduction in 2020/21, NCL currently has seen 725 staff employed in primary care networks through *the Additional Roles Reimbursement Scheme (ARRS)*.
- PCNs have all refreshed their recruitment intentions (Oct 22). They receive support from the ICB and NCL Training Hub to recruit, train and retain ARRS staff.
- NCL performs very well nationally on claiming its allocated share of ARRS funding.

# Additional workforce information

## General Practice Nursing

- Our GP Nurse numbers continue to decrease with an 11% decrease in FTE GP Nurses over the last 5 years
- **Response:** *through Training Hub GP Nursing Strategy and initiatives such as trainee nursing associate programme and Islington practice nursing hub but instability of funding for posts to deliver this work*

## Workforce data quality & corresponding funding

- Data is collected monthly for practices and quarterly for PCNs via National Workforce Reporting System (NWRS)
- 43% of our practices have not logged on (and therefore not updated) in the last 3 months.
- For our PCNs this is 37% - with 5 PCNs never having submitted any workforce data
- **Response:** *through targeted work underway with PCNs and Practices to improve recording with support from boroughs*

## Additional Roles Reimbursement Scheme (ARRS) & other Direct Patient Care workforce support & retention

- In NCL we have had the highest % increase nationally of Direct Patient Care roles employed by practices. This is additional to ARRS recruitment –this volume of recruitment requires development of supervision and peer support models.
- **Response:** *all roles are individually supervised and managed with responsibility for this resting with Practice Partners. Workforce development through Training Hub supports the practices, with contractual oversight via the Primary Care Contracting Committee*

## Pace of change

- Model of care has evolved and continues to evolve at a rate never seen before in General Practice
- Further change to come with the development of Integrated Neighbourhood Teams
- In addition to this, General Practice is seeing more patients (NCL 23% increase in booked appointment between Feb 2020 and Feb 2022 with practices exceeding pre pandemic appointment levels)

# Workforce initiatives

## EXAMPLE successful workforce schemes

- **GP Fellowship Scheme** - national scheme with local implementation, 100% offer to newly qualifying GPs with high uptake – will continue to be funded through Training Hub and GP retention funding.
- **Mentoring Scheme** - national scheme in place & local scheme extended to cover broader workforce.
- **ARRS budgets utilisation** – NCL is significantly higher than national average, which means our PCNs are maximising the opportunity to bring additional clinical staff into primary care.
- **Wellbeing pilot** delivering a 20% increase in Primary Care staff support referrals to *'Keeping Well NCL'* with plans developing to support primary care staff through winter.
- **Trainee Nursing Associate programme** covering recruitment into health & social care – on track to exceed 22/23 target – this is seen as a flagship initiative for London.

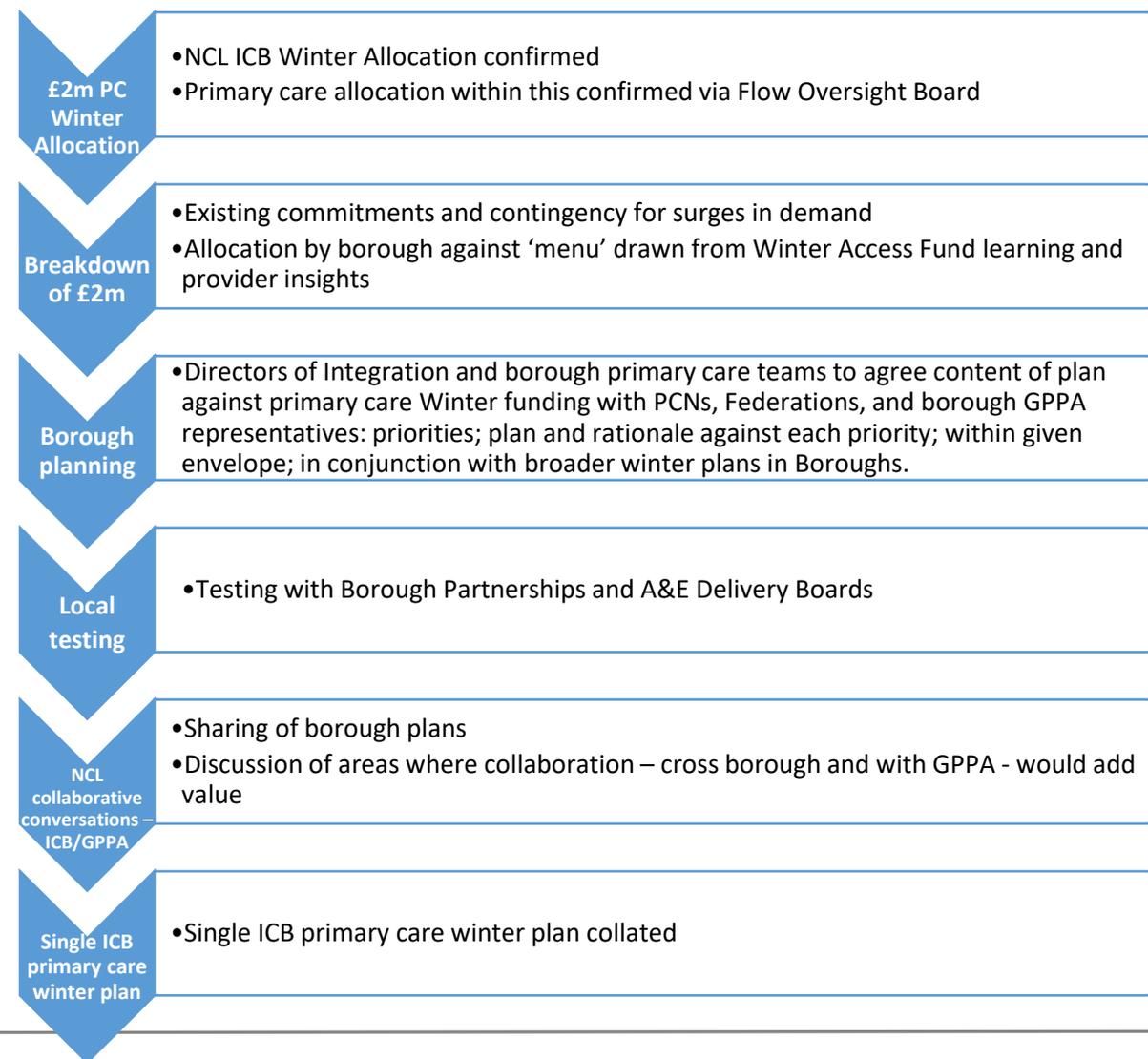
## EXAMPLE Initiatives with challenges

- **GP Nursing** – take up of nursing fellowships is very low as it was only open to newly qualified nurses. However, noting General Practice tends not to be the first destination for newly qualified nurses, this programme has recently been extended as an offer to any career stage nurse transitioning into General Practice. Wider work to reverse the declining trend in GP nurses (e.g. Islington practice nursing hub) is also in progress and being shared across practice leads.
- **Building peer networks** – to reduce professional isolation e.g. where a lone professional may be responsible for a PCN and lack peer support. Some areas of good practice now exist (e.g. social prescribing link worker peer support, PCN Pharmacist networks, ARRS roles being hosted by organisations with larger workforces and developments offers) but this needs further expansion.

# Primary care winter planning for 2022-23

## Principles and approach.

- Build from learning and evaluation of the 2021/22 Winter Access Fund which used data to focus resources on areas of greatest activity, need and deprivation
- Recognises priorities from Fuller Review and wider policy context e.g. urgent care and same day access to primary care;
- Plans built collaboratively with GP Provider Alliance, Borough Partnerships & system clinical colleagues;
- Recognises the value of sustained focus on prevention (for example immunisations) but also key areas of delivery during Winter (e.g. additional workforce capacity, access, workload management);
- Considers scalability of initiatives for where further funding may be made available at short notice nationally.



# Draft primary care winter plan

Focus area	Description	Leadership
<b>Extended access hubs</b>	Additional ICB funded capacity for Saturday evenings, Sundays, Bank Holidays and 111 bookings to provide additional out of hours primary care appointments and 7 day cover during winter and beyond.	NCL ICB primary care team
<b>Access</b>	Primary Care support to front door at our most challenged ED - the North Middlesex	Enfield & Haringey Borough Partnerships with GP Provider Alliance
	Contingency for spikes in demand and activity plus work to mitigate activity for example Pulse oximetry courier services to deliver devices to patients	NCL ICB primary and urgent care teams
<b>Borough allocation: menu of options for review</b>	<ul style="list-style-type: none"> <li>Accelerating PCN models for Integrated Urgent Care &amp; prioritising specific pathways e.g. respiratory, palliative care rapid response;</li> <li>Working with High intensity users (building on established model in Camden);</li> <li>Dedicated paediatric clinics to manage urgent 0-5 demand (building on Enfield &amp; Haringey model);</li> <li>Sustainable model of proactive care for clinically and socially vulnerable patients – data driven approach</li> <li>Telephone triage at PCN level;</li> <li>Implementation of digital tools;</li> <li>PCN online consultation hubs;</li> <li>Community pharmacy developments;</li> <li>Targeted capacity increases (e.g. admin, HCA, locum, social prescribing link worker)</li> <li>Other – with rationale</li> </ul>	<p>ICB Directors of Integration and borough primary care teams</p> <p>Plan shared with Borough Partnerships and A&amp;E Delivery Boards</p> <p>Plans collated for NCL-wide conversation with GP Provider Alliance re: areas where collaboration would add value</p>
<b>Primary care access project</b>	<ul style="list-style-type: none"> <li>Further development of weekly practice SITREP process to capture quantitative and qualitative data providing more in depth reflections on patterns of demand and activity, includes: <ul style="list-style-type: none"> <li>impact of advice and guidance on primary care</li> <li>understanding demand - what prevents today's work being done today?</li> <li>Note Secretary of State priorities includes general practice SITREPs and telephone access audit</li> </ul> </li> <li>Response to access recommendations from HealthWatch and wider public engagement – models and principles of primary care access</li> <li>General Practice Impact assessment of Advice and Guidance</li> </ul>	GP Provider Alliance

## Appendix 2: broadening primary care access – case studies

- Community Pharmacy Consultation Service
- How Community Pharmacies support GP access
- Signposting and administration
- Social prescribing
- Case study – co-location of mental health and primary care services

# Community Pharmacy Consultation Service

## General Practice referral pathway to the NHS Community Pharmacist Consultation Service (CPCS)

Up to 6% of all GP consultations could be safely transferred to a community pharmacy, saving up to 20 million GP appointments per year.

Since November 2019, over 10,500 patients a week have been referred by NHS 111 for a CPCS consultation

Quotes taken from patients referred to the service in the pilot area

"Same day or appointments that suit our needs"

"Time saving"

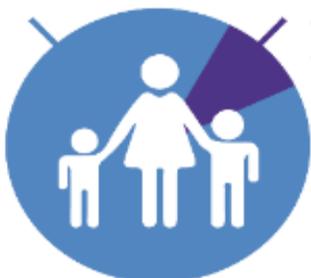
"Convenient"

88% of patients in the pilot of the service in GP practices were advised or treated by the pharmacist

10% of patients in the pilot of the service in GP practices required escalation to another service

94% of pharmacies are offering the service

GPs can save time and free up appointments for patients with serious conditions and improve access for patients with minor illnesses.



GPs can now refer to CPCS subject to agreed local pathways.

The CPCS aims to free up GP appointments for patients with complex needs

Community pharmacists are experts in medicines and managing minor illnesses

Practice teams can determine which minor illness condition and patient groups are appropriate for referral to a community pharmacist.

## Community Pharmacy Consultation Service (CPCS)

- CPCS launched in North Central London July 2021.
- Practices identify which patients are most suitable for referral to the community pharmacy
- Referrals have been increasing with 5,400 referrals since April 2022 across North Central London, (approx. 1000 referrals per month)
- Referral rate is second highest in London
- Local Pharmaceutical Committees have supported implementation with local practices
- Further work being undertaken with practices ahead of winter pressures to increase referrals.

# How Community Pharmacies support GP access

## Nationally commissioned pharmacy services

- Discharge Medicines Service
- Blood Pressure Screening : opportunistic, GP Referred routine BP monitoring & Ambulatory
- Flu/Covid vaccination delivery. Polio also commissioned in London
- New Medicines Service
- 111/GP Referrals
- Oral Contraception Service (from Jan 23)
- Signposting of patients to wide variety of services including public health (smoking, obesity etc) and support for cost of living crisis

## Locally commissioned pharmacy services

- Self Care Pharmacy First Pilot (see opposite)
- Sexual Health Services: Emergency Hormonal Contraception; piloting oral contraception services
- Substance Misuse services: supervised self administration scheme, needle and syringe exchange

## Pilot self-care pharmacy first

- Pilot scheme provides over the counter treatments free of charge to socially vulnerable patients
- Patients can self-refer or be referred via GP
- Criteria for social vulnerability similar to scheme operating in City and Hackney borough
- Pilot operating in Camden, Islington and East Haringey
- Activity approx 800 consultations per month
- Non-recurrent funding for pilot - scheme will run until 31 March 2023 as it stands
- Aims to reduce workload on practices and make effective use of local offer from pharmacies

# Workforce signposting and admin training

Since 2016/17 NCL has offered training to Reception & clerical staff. This has included dedicated training on active signposting to ensure front of house practice staff can direct patients to the most appropriate service and clinician. For 2021-22, this offer was further enhanced via the Winter Access initiative as below. There is a high degree of turnover in this workforce so training is an ongoing need via Training Hub .

<p>What did you do?</p>	<ol style="list-style-type: none"> <li>1) Training offered to admin staff on secondary care banks to support them to work in General Practice</li> <li>2) Offer open to existing primary care admin staff and includes managing difficult conversations, dealing with aggression or abuse and customer service etc.</li> <li>3) Bolt-on wellbeing support offer for primary care administrative staff regarding difficult conversations / managing violent patients</li> </ol>		
<p>Impact on the lives of patient's accessing or staff members delivering primary care:</p>	<p>How do you know this? What additional <i>quantitative</i> evidence / data has been collected?</p>	<p>How do you know this? What <i>qualitative</i> evidence or feedback has been collected?</p>	<p>Lessons learnt on boosting capacity and improving access:</p>
<p>Improved staff ability to manage patient conversations, increased staff resilience and improved patient experience. Improved incident reporting leading to reviews in practices, using incidents as learning opportunities.</p>	<p>Four courses were held and fifty places offered on each with a total of 109 attendees. Understanding the role of the organisation in the reduction and management of patient conflict (PMs and senior partners) . Improving interpersonal skills and dealing with common patient scenarios (all staff). Employer and organisational responsibility following serious incidents</p> <p>Sessions were evaluated. All elements relating to the content of the course were rated either strongly or mostly agree.</p>	<p>Delegates valued the content and being listened to. Many have felt their stories go unheard and little is done to support them. Practical training such as this was well received by the attendees and they felt better equipped to manage patient conflict and to refresh policies relating to duty of care and incident reporting. Delegates valued the opportunities to reflect on their own behaviour and how this could impact on situations, by either inflaming or calming.</p>	<ul style="list-style-type: none"> <li>• Last session had a lower attendance, contributing factors for March event were QAF and holidays.</li> <li>• Virtual events offered significantly better access due to staff attending at work hours without paid release however quality of learning was impacted as some attendees were still working and other lacked suitable a/v equipment for full engagement.</li> </ul> <p>Additional training on triage is being arranged and will be offered later in the spring.</p>

# Further training planned 22-23: GP Assistants

## What are General Practice (GP) Assistants?

General Practice Assistants provide a support role - carrying out administrative tasks, combined in some areas with basic clinical duties. They can help to free up GPs time and contribute to the smooth running of appointments, improving patients experience in the surgery. They form part of the wider team in general practice.

## What does a GPA do?

GP Assistants support doctors in the smooth running of their surgery by handling the routine administration and some basic clinical duties enabling the GP to focus on the patient. Depending on your practice's needs, a GP Assistant can be trained to help with:

- Sorting all clinical post and prioritising
- Extracting information from clinical letters that needs coding
- Dealing with routine clinical post directly e.g. DNA letters, 2WW etc.
- Arranging appointments, referrals and follow up appointments of patients
- Preparing patients prior to going in to see the GP, taking a brief history and basic readings in readiness for the GP appointment.
- Dipping urine, taking blood pressure, ECGs & phlebotomy
- Completing basic (non-opinion) forms for the GP to approve and sign such as insurance forms, mortgage forms e.g. ESA113 etc
- Explaining treatment procedures to patients including arranging follow up appointments
- Helping the GP liaise with outside agencies i.e. getting an on-call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s)
- Support the GP with immunisations/wound care

## Support available for GP Practices and Primary Care Networks (PCN)

- Salary reimbursement for the GP Assistant role as part of the PCN Additional Roles Reimbursement Scheme (ARRS)
- Health Education England (HEE) funded training programme
- HEE developed competency framework

# Social prescribing

*Social prescribing is... a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners. Social prescribing works for a wide range of people, including people: with one or more long-term conditions; who need support with their mental health; who are lonely or isolated; who have complex social needs which affect their wellbeing.*

## Social prescribing numbers (latest data from Q1 22-23)

- Social prescribing link workers are predominantly funded through the PCN ARRS scheme to work in primary care.
- Primary Care Networks in NCL have recruited 47.1 FTE social prescribing link workers (against a 2022-23 target of 35 FTE).
- Since the launch of the PCN DES in 2020-21, at least 33,600 residents have been referred to a PCN-based social prescribing link worker.
- We know that significant social prescribing activity is also taking place outside of the PCN DES, e.g. council or voluntary sector funded, but the NHS does not record data on this activity.

## Key messages

- Social prescribing staff and referrals continue to increase ahead of our NHS England set targets, though referrals continue to outstrip supply, and PCNs will consider this as part of their recruitment intentions for future funding.
- Further expanding capacity will need to be a system-wide effort rather than a purely primary care offer.
- A training and peer support offer is available to for link workers, led by the NCL training hub to improve retention of staff and develop skills and capacity of the workforce.
- Evaluating the impact of social prescribing is complex but national evaluations demonstrate a reduction in healthcare usage following a successfully completed SP intervention.

# Social prescribing development in NCL

## Proactive social prescribing - PCN DES requirements

From 1<sup>st</sup> October 2022 the PCN DES specification required each PCN to identify an initial cohort for a proactive social prescribing offer:

- Identify a patient cohort with unmet needs who could be better supported through social prescribing, care-coordination and health and wellbeing coaching.
- Deliver a proactive social prescribing service which reaches out to this cohort, with plans to expand to other cohorts in March 2023.
- Note: As part of winter planning, PCNs are being encouraged to expand the rollout of this work to other cohorts, specifically to high intensity users of healthcare services (including EDs) to allow redirection of activity that can better sit in primary care.

## NCL response

- We are planning a workshop with PCNs and other stakeholders to support them with delivering of the specification by sharing data, best practice case studies and examples of local schemes that can support the work.
- We will also work with PCNs to link their work up to other NCL initiatives tackling inequality of outcomes and wider determinants of health such as CORE20PLUS5 to ensure maximum impact.

## Children and young people's social prescribing pilots in NCL

### The challenge

As Social Prescribing (SP) Services have expanded to every PCN in London, there remains very few services which are available for children and young people (CYP) specifically. Interest in scaling provision of CYP Social Prescribing is growing across London. SP services for CYP require a different approach to adult services.

### The solution

- Funding has been secured from NHS London to support some pilots and testing of new models of CYP SP services across 3 ICS areas in London (NCL, NEL, SEL).
- Healthy London Partnership are supporting 3 new pilots in NCL and the management of an CYP SP working group which meets monthly. The pilots are in the early stages in Camden, Haringey and Barnet, with pre-existing projects already in delivery in Enfield and Islington.
- The aspiration is to reach all London boroughs by 2023/24 and ensure local systems are better informed on setting up and scaling CYP SP services.

# MDT working in primary care

Multidisciplinary Team (MDT) working has long been a feature of primary care, but as the pace of integration accelerates, and neighbourhoods and localities develop across NCL we are seeing greater development of integrated MDTs centred around primary care. MDT working adds capacity and expertise into primary care and allows teams to be creative about how they support their most complex patients.

## **Integrated Paediatric MDTs**

Integrated Paediatric MDT are now running across NCL as part of a collaborative quality improvement programme of work with the *Institute for Healthcare Improvement*. Boroughs are working with local stakeholders to run MDTs, and use data to target these towards children and young people where they can add the greatest value.

## **Long Covid MDTs**

All NCL boroughs have active Long Covid MDTs, where primary care clinicians join specialists from the UCLH Post-Covid Clinic, and bring together representatives from local community and mental health trusts to support patients in out-of-hospital settings.

## **Frailty / Anticipatory Care MDTs**

Frailty-focused MDTs bringing together primary care with specialists in medicine for the elderly have been well-established in some NCL boroughs for years. This work is now spreading across NCL through to deliver the ICS aging well strategy. Primary Care Networks will drive this work as they deliver the incoming anticipatory care PCN specification.

## **Development of Mental Health MDTs in Haringey MDTs**

Haringey borough partnership are preparing to launch integrated mental health MDTs in the coming months. These will target their work based on inequalities and need data, and will include peer support and community roles alongside mental health and primary care professionals.

## Appendix 3: Primary care transformation

- NCL Training Hub programme
- NCL response to the Fuller Stocktake

# NCL Training Hub - overview



## Vision (as set by NCL Training Hub)

We enable the “placed based” delivery of high quality health and social care to our community across North Central London. We build, support and develop a skilled diverse and inclusive workforces who are empowered to reach their full potential.

## Values:

- **Partnership:** With a distributive leadership model that recognises the importance of system, place and neighbourhood, operating across professional teams
- **Excellence:** With cost-effective and evidence-based interventions that respond to existing needs and anticipate and develop services to meet emerging needs
- **Responsibility:** With interventions that reflect the economic and social needs of our communities and our core responsibility to reduce health inequalities & improves health outcomes
- **Inclusivity:** With an approach which recognises and celebrates difference, provides space for all to fully participate and realise their full potential and is resolutely anti-racist

## HEE & NHSE/I objectives (as per spec & operational guidance)

- Primary Care workforce planning
- Supporting the development of educational programmes
- Supporting Equality, Diversity & Inclusion
- Expanding and managing innovative and high-quality learning environment
- Increasing capacity and capability of educators
- Embedding new roles as part of the Additional Roles Reimbursement Scheme, supporting retention

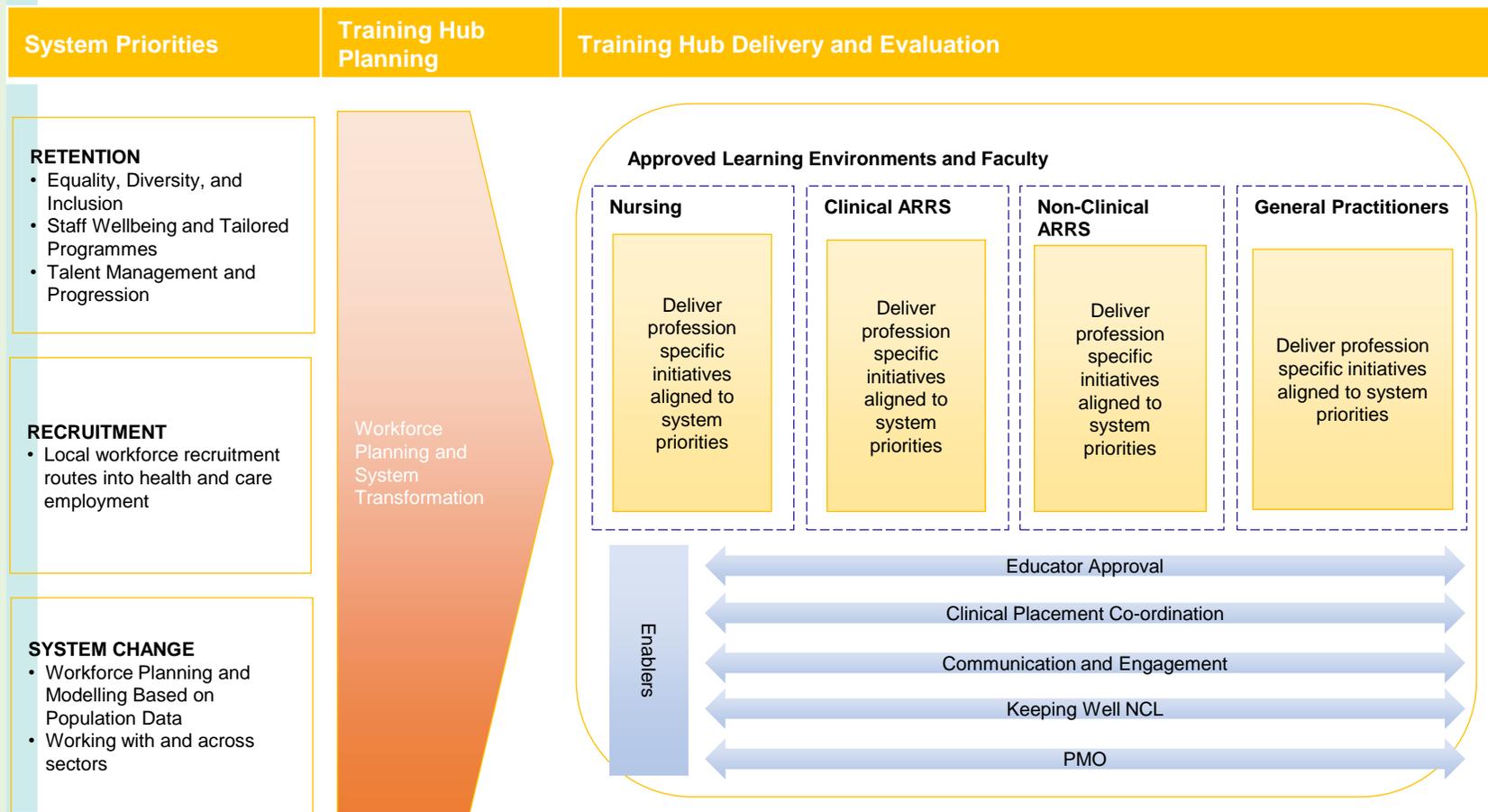
## Agreed Workforce Strategy Joint Priorities for HEE and NHSE/I



# NCL training hub – delivery model



North Central London’s Training Hub has been established to ensure that it can support the delivery of NCL high-impact workforce priorities through a distributed leadership model. The diagram below illustrates the way in which NCL Training Hub ensures that these high impact priorities can be met:



## The NCL Training Hub Delivery Model Explained

- The diagram to the left illustrates NCL Training Hub’s Delivery Model. This demonstrates how the system high-impact priorities are understood, and plans for their delivery developed, before being implemented across professional groups.
- To ensure that all people receiving support from NCL Training Hub receive high quality education and training, all delivery and evaluative work takes place within a framework of approved learning environments, supported by appropriately skilled and trained faculty.
- The delivery of training programmes, to support system ambitions of recruitment, retention, and system change, are aligned to professional groups. This means that NCL Training Hub is highly responsive to the needs and requirements of discreet professional groups.
- This work is underpinned by key enabling workstreams which ensure that the training hub can focus on ensuring the high-impact workforce priorities can be delivered.
- Activities are co-ordinated at an NCL level and leadership is distributed to Boroughs to ensure local needs and priorities can be met.

# NCL training hub – current programme



North Central London  
Integrated Care System

<b>Project plan period</b>	April 2022 – March 2023
<b>Project Lead</b>	Michael Fox / Dr Sarah Morgan
<b>Enablers / Dependencies</b>	NCL ICS Nurse Programme; NCL Social Care Workforce Plans; ICP developments

## Desired outcomes

We enable the “placed based” delivery of high quality health and social care to our community across North Central London. We build, support and develop a skilled diverse and inclusive workforces who are empowered to reach their full potential

Programme area	Core deliverables	Description (incl. Objective)	Target sector
<b>Infrastructure</b>	<ul style="list-style-type: none"> <li>Core staff infrastructure including clinical, programme management &amp; management costs</li> </ul>	<ul style="list-style-type: none"> <li>Core infrastructure for 5 borough Training Hubs and NCL Training Hubs to discharge core functions.</li> </ul>	N/A – supports delivery across sectors
<b>Workforce Planning</b>	<ul style="list-style-type: none"> <li>Workforce plans with PCNs</li> <li>Workforce plans aligned to ICP &amp; population needs identified</li> </ul>	<ul style="list-style-type: none"> <li>Using HEE Workforce Planning Masterclasses methodology, engagement with GP Practices &amp; PCNs</li> <li>Facilitate interface with boroughs to support integrated neighbourhood teams agenda</li> </ul>	<ul style="list-style-type: none"> <li>GP Primary Care</li> </ul>
<b>Recruitment</b>	<ul style="list-style-type: none"> <li>Clinical Placements</li> <li>GP &amp; GPN Fellowship Scheme</li> <li>Primary Care Anchor Networks</li> </ul>	<ul style="list-style-type: none"> <li>Promotion &amp; expansion of clinical placements &amp; management of placement tariffs</li> <li>Delivery of National GP &amp; GPN Fellowship Scheme</li> <li>Expansion &amp; promotion of entry point roles &amp; Anchor Network agenda into local communities</li> </ul>	<ul style="list-style-type: none"> <li>Primary + Social</li> <li>GP Primary Care</li> <li>Primary + Social</li> </ul>
<b>Career support &amp; retention</b>	<ul style="list-style-type: none"> <li>Equality, diversity &amp; inclusion</li> <li>Staff wellbeing &amp; tailored support</li> <li>GPN Toolkit Delivery</li> <li>GP Mentoring Scheme</li> <li>Local GP Retention Scheme</li> <li>Nursing CARE leadership programme</li> </ul>	<ul style="list-style-type: none"> <li>Co-ordination of Primary Care into EDI Network &amp; training</li> <li>Health and Wellbeing Lead &amp; Steering Group to promote Keeping Well NCL across sector</li> <li>Delivery of GPN initiatives for preceptorship, wellbeing, masterclasses, leadership development</li> <li>Delivery of National GP Mentoring Scheme matching mentors and mentees in first 5 years</li> <li>Delivery of local leadership development and mid-career retention initiatives with borough teams</li> <li>Delivery of local training offer in partnership with National Association of Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>Primary + Social</li> <li>Primary + Social</li> <li>Primary + Social</li> <li>GP Primary Care</li> <li>GP Primary Care</li> <li>Primary + Social</li> </ul>
<b>Embedding new roles</b>	<ul style="list-style-type: none"> <li>PA Ambassadors</li> <li>Peer support, induction &amp; mentoring offers for ARRS roles</li> </ul>	<ul style="list-style-type: none"> <li>Hosting of PA Ambassadors to promote role across NCL</li> <li>Programme of initiatives to assist PCNs in recruiting ARRS roles</li> </ul>	<ul style="list-style-type: none"> <li>NCL Workforce</li> <li>GP Primary Care</li> </ul>
<b>Education &amp; Training Programme Development</b>	<ul style="list-style-type: none"> <li>Workforce development funding</li> <li>AHP &amp; Nursing £333 CPD</li> <li>Digital Care Homes Training</li> <li>LTC LCS Training</li> <li>Personalisation</li> <li>HEE Clinical Fellow – Place MDT Training</li> </ul>	<ul style="list-style-type: none"> <li>Programme of NCL &amp; borough initiatives aligned to HEE star</li> <li>Programme of initiatives for Primary Care GPNs &amp; AHPs</li> <li>Programme to support Digital Journey (Remote monitoring, Acoustic Monitoring, DSPT)</li> <li>Programme to support Primary Care LTC LCS Readiness and Training</li> <li>Promotion of NHSE model or personalised care across ICS – 5 target groups agreed through ICB oversight group</li> <li>HEE Clinical Fellow - Development of multiprofessional training opportunities at place level</li> </ul>	<ul style="list-style-type: none"> <li>GP Primary Care</li> <li>GP Primary Care</li> <li>Social Care</li> <li>GP Primary Care</li> <li>NCL Workforce</li> <li>NCL Workforce</li> </ul>
<b>Education Faculty &amp; Quality Assurance</b>	<ul style="list-style-type: none"> <li>Local Faculty Groups</li> <li>Approved Learning Environments</li> <li>Faculty of multiprofessional educators</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of faculty board and borough multiprofessional faculty groups building on existing GP VTS Trainers</li> <li>Development of Assessments of learning environments and for new trainers in transfer from HEE Quality Team</li> </ul>	<ul style="list-style-type: none"> <li>Primary + Social</li> </ul>

# NCL training hub – supporting transformation

## NCL Training Hub is currently actively involved in 3 areas of Change Management Support within NCL

- Remote monitoring technology in care homes. Using NHSx Funding we host teams to roll out remote monitoring technology for monitoring early warning scores, DSPT compliance, digitisation of medical records and acoustic monitoring for falls prevention.
- Long-term conditions support. Hands on support for GP practices in preparation for launch of the planned Locally Commissioned Service. A team of quality improvement facilitators, business change facilitators and clinical leads, working with ICB and NCL GP practices
- PCN Digital Champions. Working with ICB Digital First Team and Redmoor, we have established a community of practice for PCN digital leads to support tech innovations aligned to Digital First priorities (e.g. demand /capacity analysis, update of websites / social media, cyber security, call & recall solutions, e-consultation and video consultations)

## Support offer to primary care networks

The Training Hub has a longstanding core offer to support PCNs in embedding new ARRS roles. This has included peer support, induction, recruitment and training.

Borough Training Hub teams proactively engage PCNs to provide workforce planning support, link in with system partners (e.g. mental health and community trusts) and promote best practice to ensure all groups well supported (e.g. borough peer support groups for Physician Associate, Pharmacy, Social Prescribing etc).

NCL Training Hub works closely with the ICB, to identify further opportunities to align work in support of PCN DES delivery.

## Expansion of primary care support offer for 2022-23

Additional priorities identified for 2022-23 includes

- Further support to training and recruitment of trainee nursing associates and pharmacy technicians
- Support to align PCN plans for new ARRS workforce roles into priorities set by Fuller
- Extending existing training offers to cover the new GP assistant roles, and exploring PCN digital champions into the new ARRS-funded digital and transformation leads

# Primary Care Transformation - Fuller report

In November 2021 NHS chief executive Amanda Pritchard asked Dr Claire Fuller, of Surrey Heartlands Integrated Care System, to identify the next steps for general practice within new Integrated Care Systems. Out of scope of the review was funding and contracting of General Practice.

Engagement was broad with over 12,000 individual visits to the engagement platform, over 1.5 million Twitter impressions of #FullerStocktake, and close to 1,000 people directly involved through workstreams, roundtables and one-to-one meetings.

Claire Fuller's **Next Steps For Integrating Primary Care Fuller Stocktake Report** was the output of this work. At the heart of this report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

- streamlining access to care and advice for people who get ill but only use health services infrequently
- providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs
- helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

The new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations.

This work will be progressed in NCL under the umbrella of our Population Health Strategy and through our work with Borough Partnerships to develop Neighbourhood working and support primary care. The ICB is working closely with Local Councils and providers on next steps.

# Fuller report – London launch July 2022

This brought together health and local govt to consider how Fuller recommendations might be delivered in NCL.

## Objectives of the launch:

1. Absorb content & recommendations
2. Consider actions we need to take as a system
3. Decide if there are any areas we want to go further or faster in London
4. Focus on Integration of Primary Care within broader system & system actions needed for implementation

## Key messages from the launch:

- Fuller is a **report for whole system change** – not a General Practice or Primary Care Report, focus on whole system ownership
- **Context setting** – where we are starting from in London (workforce, digital, estates, borough identity & infrastructure)
- **Covid response as an enabler** – how we harness & build on relationships built during Covid with system partners & with our communities as partners in healthcare and prevention response
- Focus on Neighbourhoods and a **shared definition of neighbourhood** across the system
- **Learning from previous London 2018 framework** – financial incentives alone don't work, nationally defined contractually prescribed implementation doesn't work, driving change through General practice alone doesn't work
- Approach same day access and Continuity of Care as 'two sides of the same coin' - need robust infrastructure as **enabler to same day access to free up capacity for continuity of care.**

## Case studies:

- Harrow Integrated Neighbourhood Teams
- Lambeth Child Health Multidisciplinary team

## Breakout rooms focusing on

- Estates
- Digital
- System Infrastructure
- Urgent same day access
- Continuity of care (*facilitated by NCL*)
- Preventative Healthcare

## Appendix 4 – Contracting

- APMS update – process and timelines

# Process for procuring APMS contracts

## Current Procurement process

- The NCL Primary Care Contracting Committee (PCCC) oversees all GP core contracts (GMS, PMS, APMS). APMS contracts are time limited.
- NCL ICB can shape the outcomes and services it is seeking and must conduct procurement processes in accordance with the *Public Contracts Regulations (2015)* – the current national legal framework
- NCL ICB APMS procurements are published nationally through the e-procurement portal ProContract. Local NCL Providers are also notified directly through the CCGs communication routes and are informed when the tenders will be published. See next slide for process.
- Prior to the procurement being published the ICB carries out patient and Stakeholder engagement over 6-8 weeks. Patients are notified via letters, website, text message and in practice via forums. Our patient survey focuses on a range of topics i.e. Surgery Opening times, appointments, receptions, support to manage their health, involvement in decision making, website, support for patients with disability
- Stakeholders are notified and requested to share their views on the changes to the practice.
- In a recent review of 4 APMS contracts local engagement was undertaken & patient and stakeholder views were included in the report to the PCCC to inform the decision on whether to extend or procure the contracts

## National Procurement Regulations

- Following National consultation by NHS England the Procurement Regulations will be updated
- Under the PSR it provides more emphasis on identifying and selecting providers based on the following criteria;
  - Quality, safety and innovation
  - Value for money
  - Integration and Collaboration
  - Access, Inequality and Choice
  - Service sustainability and Social Value
- Although the PSR will not be implemented until 2023, NCL ICB will be reviewing the current processes to identify where the ICB can reflect some of the PSRs key criteria into the current procurement processes

# Process for procuring APMS contracts

## Current Procurement process

- The patient survey is tailored to capture patients views on service delivery and what they would like to see in the future
- Stakeholders are also notified in advance of the changes to the practice and requested to share their views
- The Stakeholders who are engaged with are Healthwatch, MPs, Local Councillors, Community local providers, Londonwide LMC etc.
- The outcome of the patient and stakeholder survey is shared with the bidders who are required to respond via the procurement questions to demonstrate how they will address the patients needs
- To ensure the strategic fit to the local area and demographics of the population, bidders are invited to provide a response to a range of generic and specific questions for example;
  - Access needs and Health Inequalities
  - Strategic fit to the local area and Integration with local partners
  - Support for carers and Social Value
  - Continuity of Care, Preventative medicine, Mental Health, Prescribing
  - Safety management such as Safeguarding, Medical emergencies
  - Workforce, capacity and capability (performance)
- The bidder responses are evaluated by subject matter experts, which include Clinicians (GP, Nursing etc), patient representatives, lay members of the ICB, Commissioners, Quality, Finance, GPIT etc. This involves a formal scoring and moderation process with feedback to bidders. Interviews are also held with the bidders and the subject matter experts are also the panel members
- The ratification of the procurement process, decision and approval of contract award is taken by the NCL ICB Primary Care Contracting Committee who meet bi-monthly with involvement of the ICB Procurement Oversight Group.
- APMS contracts are procured under an initial 5 year term with an option to extend up to 10 years. At each 5 years there is a break whereby the ICB can take a decision to extend the existing contract or re-procure a new contract. This provides the ICB greater flexibility to monitor and drive performance over the term of the contract