STP aide-mémoire: Primary care

Gateway no. 05295

1. Introduction

Primary care services are the front door of the NHS, with 300+ million patient contacts every year. But general practice is under pressure after years of relative under investment. The General Practice Forward View (GPFV) sets out a national programme to invest £2.4bn by 2020/21, tackling workload, building the workforce and stimulating care redesign.

STPs should translate the aims and key elements of the GPFV into local plans. This document distils the top priorities that STP leaders should consider as they develop their submission for the end of June.

2. Success in 2020

STPs should set out plans to make progress in the following key areas:

i. Support and grow the primary care workforce

- Expand the workforce in general practice in line with the national objective to recruit 5,000 additional doctors and 5,000 additional clinical and support staff.
- Introduce new roles to support patients beyond traditional GP consultations, including 3,000 primary care mental health counsellors/therapists, physician associates and 1,500 clinical pharmacists in community settings.
- Retain the existing workforce, supporting professionals' health and wellbeing and giving primary care practitioners opportunities to develop.

ii. Improve access to general practice in and out of hours

- People have easier and more convenient access to GP services, with the option to book appointments either in or out of hours (after 6.30pm weekdays, and weekends).

iii. Transform the way technology is deployed and infrastructure utilised

- Patients benefit from new ways of interacting with services, providing alternatives to face-to-face contact including the use of phone and online consultations.
- Primary care records shared across the local health economy, including community pharmacy, with the introduction of common standards, paperless transfer of notes and digital summary care records.
- Patients benefit from improved infrastructure and 'fit for purpose' premises.

iv. Better manage workload and redesign how care is provided

- Every practice benefiting from the use of the 10 High Impact Actions to release time for care.
- Most practices work collaboratively to capture economies of scale, improve quality, develop their workforce and provide enhanced services including extended in and out of hours access.
- Many go beyond this to form Multispecialty Community Providers (MCPs), a new clinical and business model to integrate provision of primary and community services based on the GP registered list, with a single budget and responsibility for their aspects of population health delivery.

3. How are we going to get there?

i. Support and grow primary care workforce

• Establish a baseline that includes assessment of the supply side including, workforce, existing provider collaborations, struggling practices and financial status. • Assess workload and demand. • Develop initiatives to attract and retain GPs and other practice staff.	• Adapt ways of working to ensure GPs are operating at the top of their license, for example through use of clinical pharmacists in a community setting and upskilling other health care professionals to manage less complex health problems. • Develop, fund and implement local workforce plans in line with the GPFV.	• Facilitate an expanded multi-disciplinary team and greater integration across community services to optimise out of hospital care for patients including access to premises, diagnostics, technology and community assets. • Monitor and deliver sustainable improvements in primary care workforce (staff numbers, recruitment, retention).

ii. Improve access to general practice in and out of hours

• Establish a baseline that includes inequalities, local variation in access, assessment of current extended hours practices and patient preference. • Segment population to understand what is most convenient for local populations.	• Develop trajectory that delivers on full coverage of extended access by 2020, scaling from 17/18 onwards, making the strongest case for early national funding. • Build wider primary care, including dental, optometry and community pharmacy, into plans for alternative pathways of care.	• Design approach to link extended access with GP out of hours, UEC and 111. • Simplify and align access points for patients.

iii. Transform the way technology is deployed and infrastructure utilised

• Map current infrastructure, estate and technology, IM&T provision, integration/ interoperability in working, finance and risks.
• Identify aspects of vision that are dependent on or would be improved by digital solutions.
• Deliver requirements set out in GP IT Operating Model 2016/18.
• Develop a primary care estates and infrastructure strategy.
	• Incorporate primary care requirements into Local Digital Roadmap including:
	  ○ Interoperability;
	  ○ digital record sharing;
	  ○ expansion of online services for patients – focusing initially on transactions such as repeat prescriptions.
	• Build technology requirements into infrastructure and estates planning.
		• Identify technologies that facilitate new models of care; for example, remote access to diagnostics; telephone or online consultations; assistive technologies for self- care, etc.
		• Optimise use of community assets and other public sector estate, especially local government.

iv. **Better manage workload and redesign how care is provided**		
• Support practices to engage with the forthcoming national development programme to accelerate implementation of the 10 High Impact Actions. • Identify practices that are or want to collaborate; actively catalyse these partnerships or federations, starting with tangible initiatives such as extended access hubs. • Engage GPs that want to go further to develop a population health MCP model, with a stronger focus on prevention, extending not only in scale but also in scope of services, and taking on a single population budget.	• Articulate a clear set of propositions in the STP: what GPs will work together where, to take responsibility for which population, extending what scope of services? How will they use the MCP model to implement this proposition? • Outline expected system impacts – for example emergency admissions; patient experience, efficiency – making the strongest possible case for early national transformation funding.	• Plan for the technology and workforce changes that are needed to underpin a strong plan for MCPs; for example, integrated multidisciplinary teams. • Identify early opportunities to shift activity and resource from hospital to out-of-hospital care; for example community clinics. • Identify early opportunities to tackle unwarranted variation in detection and secondary prevention in high risk conditions, such as high blood pressure, atrial fibrillation, high cholesterol and diabetes.