County Durham Care Partnership

NHS County Durham Clinical Commissioning Group

County Durham Primary Care Commissioning and Investment Strategy 2020/21 – 2021/22

March 2021

In memory of Dr Poornima Nair, GP at Station View Medical Practice in Bishop Auckland and all the other NHS staff who lost their lives during the COVID-19 pandemic.

Contents

Foreword

Welcome to our Primary Care Commissioning and Investment Strategy.

Primary care is the cornerstone of the Clinical Commissioning Group's vision to deliver better care, closer to people's homes, which is central to improving people's health and wellbeing. This document describes our vision and priorities for primary care, mostly focusing on general practice.

The NHS Long Term Plan was released on 7 January 2019. Its goal is to support integration of care and to dissolve the divide between primary care and community based health services. An important building block for the future health and care system is therefore at 'place'. In County Durham we have strong existing partnership arrangements between the CCG, local authority and NHS secondary care bodies for acute and mental health services called the County Durham Integrated Care Partnership. These arrangements are co-terminus with our local authority boundary.

NHS England/Improvement have proposed in the consultation document published on 26 November 2020 'Integrating Care', a direction that builds on the route map set out in the NHS Long Term Plan for health and care to be joined up locally around people's needs. It advocates stronger partnerships in local places between the NHS, Local Government and others with a more central role for primary care in providing joined up care. NHS County Durham Clinical Commissioning Group (CCG) will build on its current 'place based' arrangements during the timeframe of this strategy.

NHS England has now decided that all areas of England will be covered by an Integrated Care System (ICS). In our area this ICS will cover the North East and North Cumbria and will take over the functions of existing CCGs. The ICS will form an ICS NHS Body and an ICS Partnership Board. CCGs will no longer exist as statutory bodies after March 2022. NHS Partnership Boards and the ICS NHS Body have the power to delegate some of their functions and a budget to 'place'. As a health and social care system in Durham we need to ensure that the footprint of place based services makes sense for the population of Durham and the General Practices that make up our Primary Care Networks (PCNs).

Through the ongoing development of Primary Care Networks our aspiration is not only to improve the quality of primary care delivery and improve health outcomes, we also want to ensure the future sustainability of primary care.

We will use our Local Improvement and Integration Scheme (LIIS) as a vehicle to bring together all elements of the Primary Care Strategy and the various strands of the GP contracts. The scheme seeks to reduce inequality, reduce any opportunity for a post code delivery of services and encourage prevention, integration and the future development of Primary Care Networks as the building blocks of 'place based' services across County Durham. From April 2021 it is intended the LIIS will become a three year scheme.

SARS-CoV-2, better known as Coronavirus or COVID-19, is arguably one of the greatest public health challenges of our time – not least for general practice. Due to the pandemic, general practice had to change how it operates overnight. Over recent

months primary care has shown an extraordinary resilience, capacity for innovation and ability to move quickly for our patients. We now face the double challenge of continuing to operate in a world with COVID-19 while also responding to the urgent non-COVID needs of our patients and their local communities.

The publication of this strategy was delayed due the COVID-19 pandemic. We are grateful for the input and constructive feedback we have received from stakeholders during the development of our strategy and look forward to working with our partners as we implement our strategy.

[Insert signature]

Dr Neil O'Brien
Accountable Officer/Clinical Chief Officer

[Insert signature]

Dr Stewart Findlay
Chief Officer

[Insert signature]

Joseph Chandy
Director of Commissioning Strategy and Delivery for Primary Care

[Insert signature]

Dr David Robertson
GP and Hon. Secretary County Durham and Darlington Local Medical Committee

Our Vision

'Investing in General Practice'

Our commissioning and investment strategy aims to increase the scale and integration of 'out of hospital' services, based around local communities and improve population health outcomes, through the ongoing development of Primary Care Networks (PCNs). Our ambition is to deliver more personalised, proactive and co-ordinated care to improve health outcomes; we also want to ensure the future sustainability of primary care.

New national investment in general practice will support the transformation of local services to enable them to deliver better care, closer to people's homes; improving people's health and wellbeing.

Our vision for general practice aligns with the County Durham vision for integrated care, which is '*To bring together health, social care and voluntary sector organisations to improve the health and wellbeing for the people of County Durham*'; and aligns with the Health and Wellbeing Board's vision '*County Durham is a healthy place, where people live well for longer*'.

From engagement feedback we recognise the need to develop a new single shared vision – so all parties involved in health and wellbeing in County Durham are aspiring to achieve a common vision. This will be taken forward in 2021.

Based on what our stakeholders told us, the national and local policy context and taking into consideration the impact of COVID-19, we have identified a number of strategic themes and interdependent delivery priorities, shown in the figure below.

Strategic Themes

Working together better	• Building on integrated partnership arrangements in County Durham; with the CCG primary care team working with acute hospital, community and local authority partners through a joint work plan, so that primary care is more involved in the 'placed based' business.
Making primary care sustainable to manage current and future demand	• Continuing sustainability of primary care by building on the current investment to support the out of hospital agenda and encourage closer working with secondary care.
Right scale working	• Supporting at scale working with Primary Care Networks and Federations and ensuring they have a provider voice at 'place' and the Integrated Care Partnership/System level.
New model of primary care	• Developing Primary Care Networks as the collaborative model for local integration of health and care and greater use of additional roles to broaden the workforce.

Priorities

Supporting self-care	• Enabling people to self-manage their health through a range of approaches including access to non-clinical support that helps build knowledge, skills and confidence.
Improving access to care, through technology	• Enabling people to have more flexibility in how they access primary care services; and using technology to enhance patient care.
Broadening the team	• Widening the range of health and care professionals working in primary care to meet the needs of the population.
Joined up care, closer to home	• Ongoing development of Primary Care Networks to deliver more joined-up care closer to home; with general practice coordinating patient care between all agencies in the pathway via Teams Around Patients.

Our strategy outlines our plans for commissioning activity and where we will target increased investment over the next two years to support the delivery of our vision and priorities for primary care, in keeping with the implementation of the NHS Long Term Plan.

Successful implementation of our strategy will also support the North East and North Cumbria Integrated Care System to deliver its ambitions for primary care and to improve health outcomes for the people of the North East and North Cumbria, whilst better managing the 'here and now' operational challenges and achieve sustainability.

What are the benefits of our strategy?

The benefits of our strategy can be are summarised, as below.

For patients	For general practices and other providers	For the whole system
• Patients feel supported and have confidence to self-manage their own health • Different ways of accessing appointments helped by technology • Access to a wide range of services and professionals • Coordinated and safe services where patients only have to tell their story once • Patients feel in control and have responsibility through shared decision-making opportunities about how their health and care is planned and managed	• Greater resilience across general practice by making the best use of shared staff, buildings and other resources • Better work satisfaction with each professional able to focus on what they do best, spending time with patients where most needed • Improved care and treatment for patients by expanding access to specialist and local support services including social care and the voluntary sector • Greater influence in the wider health system, leading to more informed decisions about where resources are spent • A workforce which feels supported in safeguarding processes • More attractive to new people to come and work in general practice, with greater retention of workforce	• Coordinated care through collaboration and cooperation across organisational boundaries and teams with shared accountability • Ensuring a collaborative approach to safeguarding children and adults and looked after children across the system • A range of services in a community setting, so patients do not have to default to hospital services • Resilience across the health and care system • Providing services that are affordable

Primary Care Landscape in County Durham

NHS County Durham CCG is a clinically-led organisation made up of member practices. As at 1 January 2020, there were 64 general practices in County Durham; with a total registered population of 558,283. The average practice list size was 8,723; the largest practice having 34,886 registered patients and the smallest having only 1,647 registered patients.

Primary Care Networks (PCNs) were introduced as part of the NHS Long Term Plan. Networks are based on GP-registered lists, typically serving communities of around 30-50,000. They are small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and to support the development of integrated teams.

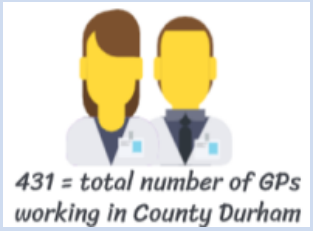
Primary Care Networks support groups of general practices to come together locally, in partnership with community services, social care and other providers of health and care services. They are intended to create more integrated services for the local population, improve quality of care and support the sustainability of general practice. In total, there are 13 Primary Care Networks across County Durham. A map showing Primary Care Networks in County Durham is included in **Appendix 2**.

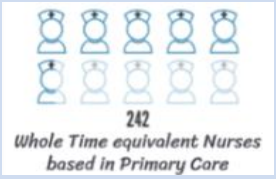
We also have six GP Federations across County Durham. GP Federations are when groups of general practices come together to form an organisational entity to work together within the local health economy. The remit of a GP Federation is generally to share responsibility for delivering high quality, patient-focussed services for its communities. GP Federations are different to Primary Care Networks, they are generally a group of practices that come together to deliver services whereas a Primary Care Network is a broader collaboration of practices and other health and care partners.

The commissioning responsibility for general practice services sits with the CCG which has taken on delegated responsibility from NHS England. This provides an opportunity to integrate general practice into the wider health and social care system, enabling greater flexibility and influence at a local level over the way in which services are delivered to patients.

In November 2020, NHS England launched the consultation on Integrating Care: Next steps to building strong and effective integrated care systems across England. The document sets out options for giving Integrated Care Systems a firmer footing in legislation, likely to take affect from April 2022. This signals a change to CCGs, subject to a Parliamentary decision. The document describes the ambition for 'place-based' partnership arrangements between primary, community, local acute and social care. It is anticipated the Primary Care Networks as part of the County Durham Integrated Care Partnership, will help shape this agenda. All providers of primary, community, local acute and social care will need to strengthen their integrated arrangements in the 'new world' and be prepared to manage an integrated devolved budget to support local people and communities. This will be facilitated through the County Durham Commissioning and Delivery Plan 2020-2025, which our Primary Care Commissioning and Investment Strategy, feeds into.

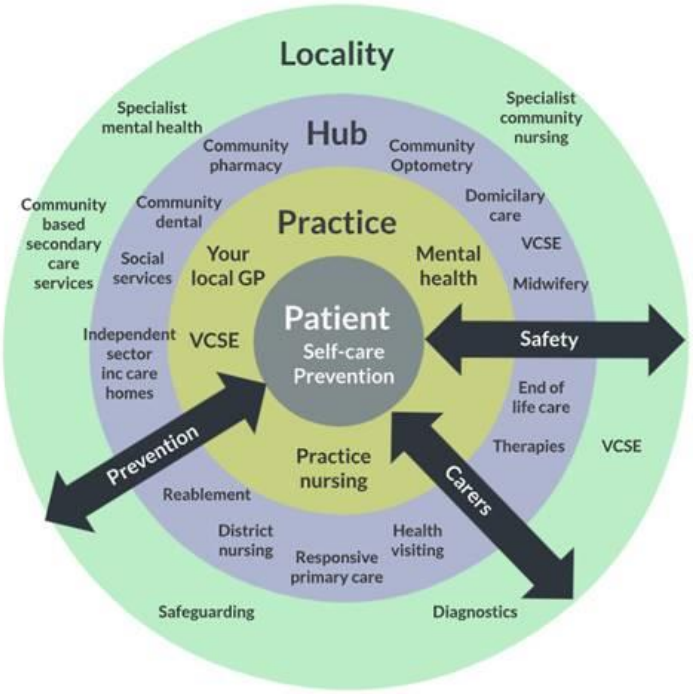
Primary Care Headlines





Our Integrated Community Care Model

Across County Durham health, social care and voluntary organisations have already come together to agree a model of integrated care, as represented in the figure below.



In support of this, a new community contract came into effect in 2018, to enable the provider (County Durham and Darlington NHS Foundation Trust) to organise its community services offer around GP registered patient lists and establish multidisciplinary teams working in collaboration with general practice, known as Teams Around Patients (TAPs). TAPs play a key role in coordinating care 'wrapped around' the patient, providing a seamless transition between services.

More recently Primary Care Networks have been established across County Durham. TAPs are an integral part of the Networks.

Community based mental health has also been aligned to Primary Care Networks, with specialist services for the most complex patients being provided at a locality level.

The County Durham Integrated Care Board brings together partners across health and social care, including Primary Care Network/GP representation. These are called our 'place based' arrangements for greater integration of organisations for the benefit of person-centred pathways.

Whilst the Board does not replace existing governance arrangements within individual organisations, it allows for a common view of issues and priorities; and ensures a joined up approach as we work together to deliver improvements. In 2021 these 'place based' arrangements will be progressed further.

What has our current Primary Care Strategy delivered so far?

We want to build on the success of our previous primary care commissioning strategy. Examples of our achievements are as shown below.

Improving access

- People can now access general practice any day of the week; extended access services offered 64,674 appointments above normal practice hours in 2019/20.
- All practices across County Durham offered online consultations. This was ahead of the national target (April 2021).
- Over 600 practice staff have been trained in care navigation to enable them to actively signpost people to the right health and care professional; the scheme has been independently evaluated by Healthwatch County Durham; the report was published in March 2019.

Community Integrated Care Model

- Established the Teams around Patients or TAPs model i.e. teams of doctors, community nurses, specialist nurses, therapists and voluntary service representatives, serving communities of between 30,000 and 50,000; this was enabled by a change in the community contract in 2018. This approach puts people and patients at the centre of care services with multi-disciplinary teams being 'wrapped around' groups of general practices.
- Investment through the Mental Health and Learning Disability Partnership Board has enabled the introduction of the practice-based mental health worker service, which delivers practice based capacity to support people with mental health needs.

Workforce

- Over 40 GPs accessing the CCG's GP Career Start scheme; of those GPs who have completed the programme 90% are still employed within County Durham.
- 49 registered nurses have completed the CCG's Career Start Practice Nurse programme; 86% of these nurses remain employed in the area.
- A Clinical Pharmacist Network has also been developed across County Durham; delivering a range of education sessions to health care professionals and administration staff within primary care.
- Strengthened the safer recruitment procedures and provided development opportunities to the emerging Safeguarding Practice Leads in the wider safeguarding landscape.
- Primary Care Networks have progressed with the recruitment of additional roles such as clinical pharmacists, Social Prescribing Link Workers and first contact physiotherapists. They have plans to recruit more roles over the next five years.

Investment

- Through the Local Incentive Scheme (LIS) the CCG has invested an additional £6.3m in primary care in 2019/20 - the LIS is a CCG led process to engage GPs in priority areas, for example health checks for people with a learning disability.
- The budgeted investment for the scheme is £7.6m in 2020/21.

We recognise that there were some workforce areas of the strategy that we did fully deliver on, specific to GP recruitment. These included participation in the International GP Recruitment Programme and Federated employed GPs.

The International Recruitment Programme, aimed at recruiting GPs from oversees, recruited 53 GPs nationally, nine in the North of England and two in North East. The CCG only managed to secure two GPs to work in County Durham. This programme was paused due to COVID-19.

What our stakeholders are telling us

Common themes identified through engagement with our patients and practices, both before and during COVID-19, are as follows. See **Appendix 3** for more detail.

Supporting people with self-care

- More focus should be given to prevention and helping patients to self-care.

Access

- More information and education is needed to enable people to make the best choice when accessing services.
- Greater use of digital technology – with a plea to consider those who do not have access to/are unable to use smart devices/computers.

Improving integration

- Strengthening existing relationships with Teams Around Patients (TAPs) and social care.
- Reducing the need for people to repeat their story.
- Care homes alignment with practices - including robust medical management of residents and improved working relationships.
- More joined up approaches and new models of care between primary, community and secondary care.
- More mental health support is needed, especially at a local level, to meet the growing need and the impact of the COVID-19 pandemic.
- Shared decision making – supporting individuals to make decisions that are right for them.

Workforce

- General practice is facing an ever growing workload.
- Recruitment and retention of the GP workforce is a real concern.
- Other health professionals could be used to support GPs.
- Training and mentorship is required to develop of the primary care team.

Our Priorities

We have set out our four priorities for this strategy:

Priority 1: Supporting self-care

Our goal is to support people to self-manage their health through a range of approaches including access to non-clinical support to help build knowledge, skills and confidence; and through our existing care navigation scheme.

We want to encourage and enable everyone in County Durham to take greater control of their own health and wellbeing; making it easier for people to find out what help and support is available and how to access it through active sign-posting. With an increased focus on prevention people will be able to take charge of their own health, enabling them to stay well for longer.

Social prescribing has more recently been introduced to provide support for all aspects of people's emotional, social and physical wellbeing by connecting people with non-clinical community-based support and activities such as befriending schemes, social groups, physical activities and housing and debt support. The actions of the Social Prescribing Link Workers during COVID-19 have been invaluable in helping to support shielded/isolated patients and their families.

Our priority of supporting people to self-care aligns with the County Durham 'Approach to Wellbeing' model; with social prescribing offering opportunities for people to access local, community-based help as they need it.

Whilst our initial focus is from a GP practice and Primary Care Network perspective, we recognise the valuable contribution of community pharmacies, opticians and dentists in the ambition to support self-care and prevention.

We will

- Recruit additional roles into primary care, as part of the NHS Long Term Plan, and build them into local care navigation to ensure the appropriateness of appointments. Examples include physiotherapists, mental health practitioners/ support workers who are integrated into the primary care team. Also health and wellbeing coaches and care coordinators, who will work with people to help them be active participants in their own health care and to identify their care and support needs in a holistic way.

- Communicate effectively with people of County Durham so that they understand the purpose of care navigation (active sign-posting) and its benefits.

- Increase and reduce variation in referral rates to social prescribing services, by promoting the role of Social Prescribing Link Workers and embedding

referral pathways within care navigation (which aligns with the new Investment and Impact Fund). Social Prescribing Link Workers provide a further opportunity to promote access to prevention and self-care programmes and services across County Durham.

- Strengthen relationships with the voluntary, community and social enterprise (VCSE) sector – making them partners in improving the health and wellbeing of our communities. For example, Chester-le-Street Primary Care Network, through community investment funding, is helping local groups and organisations to deliver a range of projects aimed at supporting their patients including 'If U Care Share', Live Well North East, Refuse and Handcrafted.

- Hold a development session early in 2021, to understand how Primary Care Networks can work more closely with social services and VCSE organisations; expand the role of volunteers in support of the pandemic effort and also the contribution VCSE organisations can make to support the wider determinants of health to help us decide where best to target investment.

- We also recognise the importance of the work undertaken by the 14 Area Action Partnerships (AAPs) across County Durham. We will provide an opportunity for Primary Care Networks to link with their AAPs.

- Ensure a collaborative approach with partner agencies for the safety and wellbeing of our patients.

- Support patients to self-manage their health and live healthier lives for longer through education. It has long been an aspiration of General Practice to develop expert patient groups, to support people with long term conditions (LTCs) and promote mental wellbeing. We will consider how technology can used to support patient education.

- Explore with Tees Esk and Wear Valley NHS Foundation Trust, further opportunities to support people's mental health and emotional wellbeing.

Planned investment

Scheme	Funding Source	Planned investment 2020/21
Care navigation	GP Five Year Forward View* (Legacy funding maintained in the system to support a rolling planned investment strategy)	£74k
Social Prescribing Link Workers	Additional Roles Reimbursement Scheme as part of the Network Direct Enhanced Service Contract	Included under workforce
Health and Wellbeing Coaches and Care Coordinators	Additional Roles Reimbursement Scheme as part of the Network Direct Enhanced Service Contract	Included under workforce
Engaging the voluntary community and social enterprise sector	Better Care Fund	£100k per annum over 3 years

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Priority 2: Improving access to care through technology

Our goal is to continue to improve access to care through the greater use of digital technology, enabling people to have more flexibility in how they engage with primary care services; and to use technology to enhance patient care.

We will improve access to care through innovative technology.

Digital technology is a part of our everyday lives, improving the way we socialise, shop and work. It also has the potential to transform the way we deliver health and care services. Through our strategy we will deliver consistent digital and online services to the population of County Durham. People will be able to choose how they access services. Online services will help people to manage their health and wellbeing needs, backed up by face-to-face care when needed. We will also use digital technology to promote healthy living and self-management.

We acknowledge that while the use of technology should increase and enhance patient care, we will ensure those who do not have access to digital devices are not excluded or receive a lesser service. We also recognise that the increased use of digital technology poses a potential risk and we will support professionals to practice safely in virtual settings.

Embedding digital technology will require an ongoing culture change for patients and the workforce. Ultimately we want to maximise the potential of new technology to improve care pathways and wider integration.

We will

- Continue to promote the 'triage first' model in primary care - as part of a blended approach with face-to-face appointments/consultations. Face-to-face consultations will remain an important element of service provision.

- Engage Social Prescribing Link Workers and the voluntary, community and social enterprise (VCSE) sector to support and encourage patients in the use of digital technology enabling them to book appointments, order repeat prescriptions, view their own care record, choose how their data is used and provide an alternative to face to face appointments/consultations to access GP advice and support.

- Enable the remote monitoring of patient symptoms and clinical observations including blood pressure and blood oxygen levels, through the provision of appropriate equipment and software.

- Through our training offer, support the primary care workforce to embrace and utilise new technologies; including the use of video software to support multi-disciplinary team (MDT) meetings as appropriate.

- Offer support to care providers in the use of digital solutions that interface with health and social care; promoting better use of technology in care homes through the accelerated roll out of telehealth solutions including Healthcall.

- Facilitate seamless care across primary, community and secondary care, enabled by the continued development of a digital shared care record through the implementation of a Health Information Exchange and Patient Engagement Platform.

In addition to developments around digital technology, the current GP Extended Access scheme and Extended Hours Direct Enhanced Service for primary care are under review by NHS England. A new joint specification is due to be published later in the year with a new service go live date of 1 April 2021. There is an indication this may now be 1 October 2021 due to COVID-19. We will work with our Primary Care Networks and GP Federations to ensure the newly designed service is delivered in primary care in accordance with any new specification.

Planned investment

Scheme	Funding Source	Planned investment 2020/21
Online consultations	NHS England	£138k
Video consultations software	NHS England	To be determined after procurement
Large monitors and cameras to support video consultations	NHS England	£202k
Two way text messaging	NHS England	£10k
Practice/PCN website support and redesign	NHS England	£13k

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Priority 3: Broadening the team

Our goal is to broaden the range of health and care professionals working in primary care to meet the needs of the population; and to support the development of new roles.

To maximise the potential of Primary Care Networks we need a sustainable workforce and reduce the reliance on locum cover. The primary care workforce will become much broader in terms of skills and roles to meet the needs of our population; so it is likely that primary care will look different in the future. **Appendix 6** offers information on the new roles being introduced into primary care under the national Additional Roles Reimbursement Scheme (ARRS).

As well as broadening our workforce we value the importance of attracting and retaining GPs, nurses and other clinical staff to work in County Durham; building on the positive work to date.

Working closely with Health Education England (HEE), the training hubs will provide an opportunity to meet the educational and training needs of the multidisciplinary primary care workforce, as well as aligning with national guidance.

We will

- Develop a Primary Care Workforce Plan by April 2021; this will describe in detail the investment and actions to address workforce challenges and develop a workforce that are key to enabling primary care transformation through engagement with Primary Care Networks, wider professionals and stakeholders. The workforce plan will detail the staff baseline and trajectories for the different new roles. Indicative plans submitted by Primary Care Networks suggest that there will be 142 whole time equivalent additional roles by the end of March 2021, and this will increase to 289 whole time equivalent additional roles by the end of March 2024.

- Provide a tailored offer of support to Primary Care Networks to implement their workforce plans, for example brokering arrangements with community partners; assisting with recruitment and a financial contribution towards non-reimbursable costs; working with Networks to understand their workforce requirements linked to the national Additional Roles Reimbursement Scheme (ARRS).

- Promote County Durham as a great place to work, and support the retention of doctors and 'return to practice' through national programmes. We will continue to be part of the international recruitment programme.

- Continue to financially support our GP Career Start scheme. This scheme is aimed at attracting doctors to take up a post in general practice. The Career Start GP scheme supports and mentors newly qualified GPs to help them develop their medical knowledge and undertake additional qualifications. Funding is available for 20 places per annum.

- Develop the primary care nursing workforce through a number of ways including the continued roll-out of our Practice Nurse Career Start Programme, access to the recently established training hubs, and support for continuous professional development (CPD) through our Practice Nurse Link Workers.

- Support the development of pharmacists, including training for pre-registration pharmacists; we will also help to develop the pharmacy technician role, which is one of the new roles that Primary Care Networks can recruit to. Pharmacy technicians work under supervision to ensure effective and efficient use of medicines.

- Source and support education and training and engage with Health Education England (HEE) to develop the primary care workforce at the Integrated Care System (ICS) level with the training hub. At a County Durham level we also have a training fund for supporting professional groups.

- Financially support the Intending Trainers Course which will increase the number of GP trainers across the CCG. This initiative has created a foundation and culture of clinical training and development across the CCG and has maximised the opportunity to retain increasing numbers of GP trainees in the GP workforce.

- Promote the new NHS England funded Partnership Payment Scheme. This scheme aims to increase the number of clinical partners in general practice. The scheme gives eligible participants a sum of up to £20k plus a contribution towards on-costs of up to £4k (for a full time participant) to support establishment as a partner, as well as up to £3k training fund to develop non-clinical partnership skills.

- Support the training and development of administrative and clerical staff across all general practices. A training package has been developed for staff to increase their skill set, including the ability to manage difficult conversations. Training modules will be rolled out from the end of March 2021.

- Support the development of Practice Managers through established programmes, for example those organised by the NHS North East and Yorkshire Leadership Academy (NELA).

- Ensure all practice staff meet the safeguarding children and adult and looked after children training requirements as identified in national guidance.

Planned investment

Scheme	Funding Source	Planned investment 2020/21
Additional Roles Reimbursement Scheme (ARRS)	Additional Roles Reimbursement Scheme as part of Network Direct Enhanced Service Contract	£4,179k (based on workforce plans submitted by PCNs)
CCG contribution to non-reimbursable costs (ARRS)	CCG baseline allocation	£476k
Career Start GPs	CCG baseline allocation	£300k
Career Start Nurses and development	CCG baseline allocation	£267k
Intending Trainers Course	CCG resilience funding	£36k
Reception and administrative training	GP Five Year Forward View* (Legacy funding maintained in the system to support a rolling planned investment strategy)	£189k
Practice nurse and nursing associate personal development	Health Education England	£104k

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Priority 4: Joined-up care, closer to home

Our goal is to support the ongoing development of Primary Care Networks, as part of our integrated system approach, to deliver more joined-up and coordinated care closer to home; with general practice co-ordinating patient care between all agencies in the pathway.

We want to enable strong Primary Care Networks to be the foundational element of service delivery at community and neighbourhood level, where true integration will take place. Primary Care Networks are core to our strategy to deliver integrated services locally and to support the workforce in primary care. Networks will be supported to provide fully integrated community-based health and care working seamlessly with community and social care partners.

We will

- Work with Primary Care Networks on the delivery of the service requirements specified in the Network Contract Directed Enhanced Service Contract Specification 2020/21 (more information is included in **Appendix 7**)
  - Extended hours access
  - Structured medication reviews for priority groups
  - Enhanced health in care homes
  - Early cancer diagnosis
  - Social prescribing service

- Work with Primary Care Networks to deliver additional services requirements included in the Network Contract Directed Enhanced Service Contract Specification 2021/22 which will likely include:
  - Anticipatory care
  - Personalised care
  - Cardiovascular disease (CVD) prevention and diagnosis
  - Tackling neighbourhood inequalities

- Continue to support initiatives that enable better integration of primary care with urgent care and the ability to reduce potentially avoidable attendances at A&E and support people to stay well at home - urgent and emergency care will remain a key area of focus. Initiatives include:
  - Actively promoting the 'Talk Before You Walk'
  - Direct booking into GP practices from NHS 111
  - Home visiting services, by qualified advanced nurse practitioners
  - Care navigation pathways

- Continue to work in partnership with Primary Care Networks, the mental health trust and other organisations to implement the new integrated model of primary and community mental health care (in line with national framework for community mental health services), which will support adults and older people who have severe mental illness; increasing choice and control over care and support them to live well within communities.

- Work hard to improve our learning disability registers to ensure all people with a learning disability are identified and receive the right level of support and access to services. Through our Local Improvement and Integration Scheme (LIIS), we will increase the number of people with a learning disability and a severe mental illness receiving an annual physical health check. We will also

promote the 'STOMP' initiative, aimed at stopping the over medication of people with a learning disability, autism or both.

- In support of the national plan to bring together the funding for the Network contract Direct Enhanced Service (DES) extended hours with the wider CCG commissioned extended access service, we will review all of our urgent and emergency care services, with a view to transfer the funding to Primary Care Networks, to enable a single combined access offer.

- Work with providers to review the role of Community Specialist Practitioners and Vulnerable Adult Wrap Around Service (VAWAS) nurses, in the context of Primary Care Network development and strengthened integration; recognising the valuable contribution these nurses have to make in supporting our vulnerable care home population.

- Work with system partners to foster relationships and enable the development of new models of delivering patient care closer to home. These models may be delivered at a practice, Primary Care Network, or locality level – dependent on available resources including community hospitals. Examples include, but are not limited to, community outpatient phlebotomy services and electrocardiogram (ECG) tests.

- Work towards better integration with secondary care; moving away from the previous commissioner/provider relationship which was a consequence of previous NHS reform and driven by the Payment by Results system. We will work together, supporting the health needs of local people, whilst balancing the books across the system. In support of this a Director of Integrated Community Services was appointed in 2020. This is a joint post between the CCG, County Durham and Darlington NHS Foundation Trust and Durham County Council.

Planned Investment

Scheme	Funding Source	Planned investment 2020/21
Extended Hours Access	Network Direct Enhanced Service Contract	£800k
Enhanced Health in Care Homes	Network Direct Enhanced Service Contract/Care Home Premium	£315k (part year effect)
Annual health checks for learning disability	Local Incentive Scheme	£254k
Community outpatient phlebotomy services	Local Incentive Scheme	£315k
Pathology and ECG tests for mental health service users	Local Incentive Scheme	£70k

Note: 2021/22 investment is dependent on confirmation of the CCG allocation by NHS England/NHS Improvement.

Health Inequalities and Prevention

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. Health inequalities can involve differences in:

- Health status, for example, life expectancy and prevalence of health conditions.
- Access to care, for example, availability of treatments.
- Quality and experience of care, for example, levels of patient satisfaction.
- Behavioural risks to health, for example, smoking rates.
- Wider determinants of health, for example quality of housing.

Identifying health inequalities is a key priority for the NHS and its partners. Whilst the best way to narrow health inequalities is through actively tackling the social determinants of care such as access to good early years education, better employment opportunities and improvements in housing, we recognise that general practice is well positioned to have a positive impact on health inequalities through clinical care, wider patient advocacy, community engagement and influencing the wider political agenda.

Unfortunately, the Primary Care Network service requirement aimed at tackling inequalities in health and healthcare was postponed due to COVID-19. It is expected this will be re-introduced as a future Network Direct Enhanced Service and will feature in the Local Improvement and Integration Scheme during the time period of this strategy.

Supporting the system to address inequalities in health is of vital importance given that the ongoing pandemic has impacted disproportionately on certain people across the County, particularly our older population, people with existing/underlying health conditions such as diabetes and obesity, our BAME populations as well as those living and working in more disadvantaged circumstances. We have also seen how the virus has had a direct impact on our communities in terms of their health and also a wider indirect impact through lockdown on mental wellbeing.

We also recognise that a continued focus on continuous quality improvement and achieving equitable access is the foundation for addressing health inequalities.

The County Durham health and care system has had prevention at the heart of its priorities for several years. This is further enhanced with the continued development of Primary Care Networks which includes a strong focus on prevention. We will continue to work in partnership, in line with the principles of the County Durham Placed Based Commissioning and Delivery Plan 2020-2025, building on the principles of early intervention and prevention and take a more proactive approach that supports people to become healthier, resilient and empowered, and able to achieve their full potential.

We recognise that primary care providers play a very important role in prevention and early detection. GP practices and community pharmacy already deliver many

prevention services like flu immunisation and cancer screening programmes. Regular eye or dental checks can identify the initial indications of some health conditions such as diabetes, high blood pressure and cancer. The advice and support of pharmacists can help people at higher risk to self-care or better manage medicines to protect themselves. With an increased focus on prevention people will be able to take charge of their own health, enabling them to stay well for longer.

GP practices play an important role in prevention and early detection; supporting the shift from reactively providing appointments to patients to proactively caring for people and communities. This means doing much more to prevent ill health, diagnose it early and treat it quickly.

Examples of local schemes supporting the prevention agenda include:

- *Making Every Contact Count* - an approach to behaviour change that utilises day-to-day interactions to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.
- Improving the uptake of physical health checks for the seriously mentally ill and increasing in the number of annual health checks offered to people learning disabilities.
- Supporting type 2 diabetes prevention and management through initiatives such as the National Diabetes Prevention Programme and an enhanced diabetes model of care.
- Supporting the delivery of prevention programmes e.g. smoking cessation, flu vaccinations and immunisations; and more recently the COVID-19 vaccination programme.
- Roll out of the Primary Care Network cardiovascular disease diagnosis and prevention service requirements.
- Roll out of the Primary Care Network supporting early cancer diagnosis service requirements, aimed at increasing the proportion of people who are diagnosed at stage 1 and 2; this takes into consideration improving local uptake to cancer screening programmes.

Working collaboratively in Primary Care Networks, GP practices together with community pharmacy, dentists, community care providers, Public Health and the voluntary sector, will lead a re-invigorated approach to prevention – with innovation and shared responsibility at its centre. Prevention of ill health will be embedded as a common thread across all areas of health and social care in County Durham.

Initiatives included within our strategy will be subject to an Equality Impact Assessment, to ensure that any proposed changes in pathways/services do not discriminate against anyone and that, where possible, we promote equality.

Our CCG Offer

In addition to our priorities the CCG will continue to support the development of general practice as part of the CCG offer below.

Quality and Safety

Whilst practices are accountable for the quality of the services they provide, CCGs and NHS England have a shared responsibility for quality assurance. Our Primary Care Quality Assurance Sub-committee provides oversight, monitoring and improvement support in relation to quality within general practice services and forms part of the CCG's overall approach to quality.

We will work with practices to support continued improvements in quality and to address variation through a range of methods. This will include but is not limited to the following:

- Benchmarking with peer organisations and promoting best practice to reduce variation in health outcomes.
- Ongoing use of the Clinical Support Information (CSI) system, which holds a library of evidence based guidelines and information compiled by clinicians offering advice on best practice and support with referral management.
- Immunisation and flu preparedness.
- Supporting the development of the learning disabilities register on practice. clinical systems, to assist with planning of health and care services for people with learning disabilities and support the ability to anticipate an individual's needs before they attend health or care settings.
- Medication safety audits, guidelines/resources and sharing lessons learnt from medication related incidents.
- Ongoing monitoring of prescribing data to ensure safe prescribing practice including Controlled Drug monitoring.
- Sharing of prescribing information and reducing variation in prescribing patterns; linking in Primary Care Networks to the medicines decision making process and implementation of prescribing guidelines.
- Supporting practices with a Care Quality Commission (CQC) rating of 'requires improvement' or 'inadequate'.
- Ensuring arrangements are in place to safeguard and promote the welfare of adults and children in line with national policy and guidance.
- Child and adult protection audits, guidelines/resources and sharing and embedding lessons learnt from Child Safeguarding Practice Reviews, DHR's and related incidents.
- Facilitating the sharing of best practice and key learning in response to the National GP Patient Survey results, to improve / reduce variation in overall patient experience across County Durham.
- Providing advice and guidance on infection prevention and control via the Infection Prevention and Control Nurses, including guidance on practice and premises in accordance with the Health and Social Care Act, and any specific additional guidance during the COVID-19 pandemic.

- Responding to professional performance concerns.
- Training and education delivered through the protected time for learning (PLT) events.

The CCG will continue to meet the requirements stipulated in the NHS Safeguarding Accountability and Assurance Framework, provide support and advice to primary care professionals to ensure the effective safeguarding of children and adults in the local population. The Safeguarding team includes the statutory roles of Designated Professionals and Named GPs and recognises the importance of development and support of locally based excellence in the form of practice safeguarding leads. The CCG will continue to work with the wider partnership to ensure that there is a joined up approach to safeguarding across the life course. We will ensure that the voice of our vulnerable patients is captured and informs service development.

We plan to increase the primary care section of the Quality Strategy 2017-2020 when the document is refreshed. Through our Quality Strategy we will also continue to develop appropriate high quality provision of primary care services; secure rapid improvements to the quality of care in vulnerable practices and drive up quality and foster a culture of safety across primary care.

Local Improvement and Integration Scheme

The Local Improvement and Integration Scheme (LIIS) is commissioned by the CCG to engage GPs in priority areas such as integration and moving care from secondary care closer to the population. It is also used to focus practices on achieving targets that are not included in other parts of the GP contract.

The LIIS is a vehicle to bring together all elements of the Primary Care Strategy and the various strands of the GP contracts. It seeks to reduce inequality and reduce any opportunity for a post code delivery of services. It encourages prevention, integration and the future development of Primary Care Networks as they will be the building blocks of future 'place based' services across County Durham.

Over recent years the LIIS has supported the development of care coordination for those who are frail, health checks for people with a learning disability, veteran health, effective prescribing and consistency in clinical reporting.

In terms of investment, 8% of the primary care annual budget is allocated to the Local Improvement and Integration Scheme in 2020/21. By investing in primary care through this scheme, County Durham CCG will continue to strengthen the GP practice being at the heart of patient care. It will also encourage the integration of primary care services, community teams, local acute services, mental health and social care. The scheme includes element of all the above services and includes both acute and planned care.

The scheme supports many elements central to the CCG primary care strategy including:

- Improved patient experience.

- A higher proportion of patients feeling supported to self-manage their own conditions.
- Better integration with GP out of hours and community teams, supported by improved IT solutions.
- Improved quality in levels of care.
- Improving the ability to manage patients out of hospital nearer to or within their own homes.
- Improved pathways of care between primary, community and secondary care services.

The scheme allows practices to fund the additional staff they will need to manage this shift of work from secondary care to primary care.

Practices that take on this additional work will enhance their role as the coordinators of care for their registered population in all areas outside of an acute admission to a hospital.

The refreshed scheme will take the form of a three-year contract arrangement (2021/22-2023/24) and practices that choose to sign up to it, will have the option to deliver the enhanced services themselves or to deliver those services through their Primary Care Network or Federation.

Owing to the length of the contract, the scheme will be dynamic to enable alterations to be made by agreement throughout the period of the contract. We appreciate that during future waves of COVID-19 or exceptional winter pressures, some elements of the scheme will need to be stood down, to divert resource to focus on a surge in COVID-19 or to support the vaccination programme.

A summary of the proposed mandatory components within the scheme is provided in **Appendix 8**. These have been through the CCG engagement process and are subject to formal sign-off in February 2021.

Medicines Optimisation

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

The Medicines Optimisation Team in County Durham CCG contributes to the delivery of our Primary Care Commissioning Strategy by:

Safety

- Supporting medicines safety initiatives, promoting incident reporting and investigation and assisting with local and national medication safety alerts
- Ongoing monitoring of prescribing data to ensure safe prescribing practice including Controlled Drug monitoring

Increasing the workforce in primary care

- Providing support to all Primary Care Networks and general practices in employing and increasing the number of clinical pharmacists working across County Durham
- Supporting nine cross-sector pre-registration pharmacist posts across County Durham for 2020/21

Helping to provide financial balance

- Supporting practices and pharmacists in monitoring prescribing budgets
- Ensuring cost-effective prescribing across County Durham
- Monitoring financial delivery in line with the CCG plan (to improve patient care whilst ensuring the cost effective use of the primary care prescribing budget)

Education and training

- Providing education, training and peer support to the GPs, nurses, pharmacists and other members of the practice team
- Hosting regular network meetings for pharmacists working in general practices within County Durham

Communication

- Providing communication of medicines-related issues via locality prescribing groups, patient reference groups and monthly via the Durham Medicines Bulletin

Communication and Engagement

To ensure our vision and strategy delivers the maximum benefits for patients, communities, practice staff and system partners, we will actively engage with stakeholders to inform the ongoing development and delivery of the strategy.

Engagement will include (but will not be limited to):

- Public, patients and carer representatives.
- General practices.
- Primary Care Networks.
- GP Federations.
- Other stakeholders including the local authority, acute and community services, mental health services, Safeguarding partnerships, voluntary community and social enterprise services and Healthwatch.

The CCG will continue to engage with the public, patients and patient representatives through established mechanisms (subject to the planned review aimed to strengthen and enhance those mechanisms) for example and including, Practice Participation Groups, Patient Reference Groups and the Patient, Public and Carers Engagement Committee.

Due to COVID-19 and the need for social distancing we have needed to be creative about how we engage with people. We are committed to working with all our stakeholders to overcome any barriers.

Through the development of the new strategy we have had to work to overcome barriers regarding how people have been able to contribute their views. This has also presented us with new opportunities in terms of how we approach such conversations in the future.

Looking to the future, it will be possible to blend digital opportunities (for example recordings or presentations, video meetings and online discussions) with more traditional face to face approaches.

Communication and engagement plans will underpin key areas of work and specific projects within our strategy.

We want to strengthen the public and patient voice in service delivery and service transformation. We will encourage Primary Care Networks to establish closer links with public and patients so that they shape and inform service provision and service development. Patient engagement will be included as part of the Local Improvement and Integration Scheme.

We value the role Healthwatch has to play in engaging with local people about NHS services. Independent evaluations undertaken by Healthwatch County Durham will further help us understand how we can ensure the views of our patients and communities are known and addressed in future plans.

Where appropriate to do so, we will adopt a 'co-production' approach to designing services. Co-production involves members of staff, patients, carers and the public working together, sharing ownership and responsibility across the entirety of a project.

Commissioning and Delivery Team Support – Primary Care

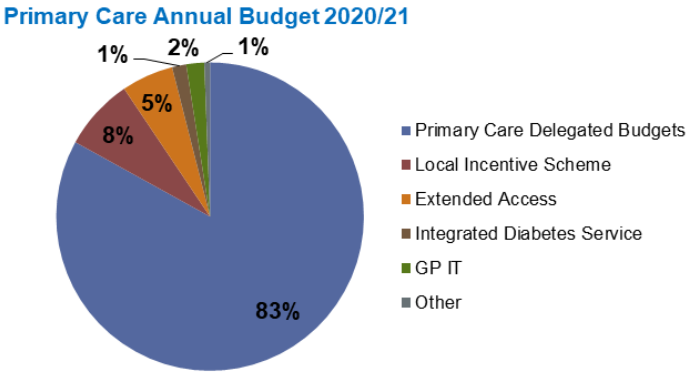
This team support both primary care development and primary care commissioning. The CCG will continue to support practices which are considering mergers, branch and practice closures. Typical areas of support include communication and engagement with relevant stakeholders and patients, the production of relevant documents, for example dispersal plans, and ensuring NHS policy is followed.

Financial Investment

Investment into General Practice

Our plan will ensure that additional investment stabilises and transforms general practice, enabling it to play its role as a core system partner and support the delivery of the aspirations set out in the NHS Long Term Plan.

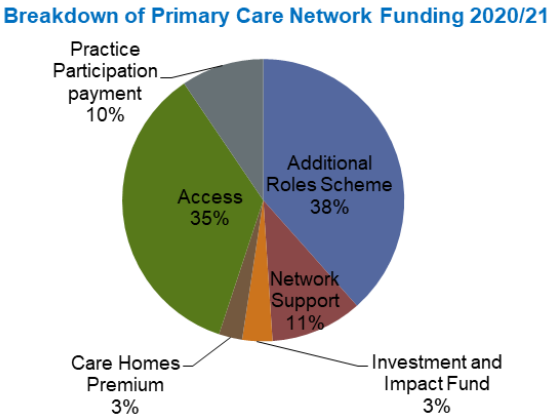
In 2020/21 the annual budget for primary care is approximately **£100m**; which is 10% of the CCG's overall funding allocation. A breakdown of the primary care annual budget for 2020/21 is shown in the chart below. Further information can be found in **Appendix 9**. Throughout the lifespan of our strategy, this budget will be refreshed on an annual basis.



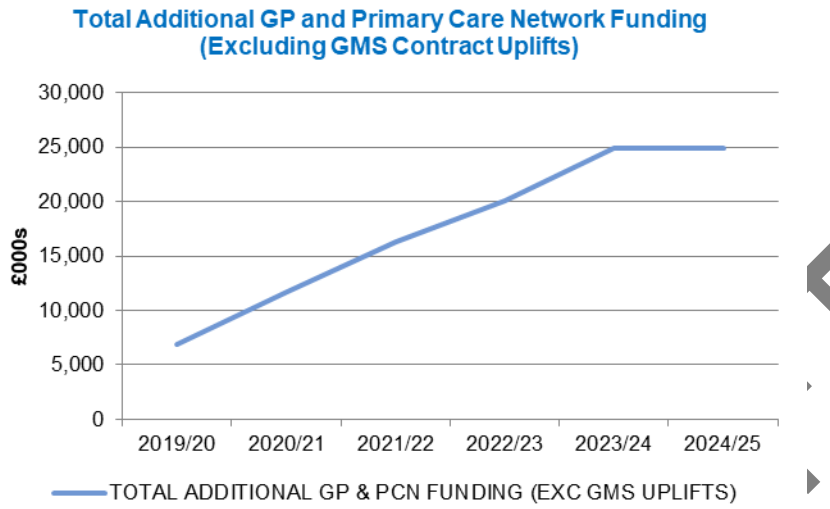
The 2020/21 budget above represents the position set at the start of the financial year. In response to the COVID-19 pandemic, temporary financial arrangements have been implemented across the NHS during 2020/21. There is currently uncertainty over financial arrangements for the NHS in 2021/22.

Projected Funding of Primary Care Networks

The chart below provides a breakdown of how Primary Care Network funding will be spent in 2020/21 (pre-COVID-19 position). As shown in the chart, the greatest proportion of funding is going towards expanding the workforce and improving access for patients. More detail is provided in **Appendix 8**. This will also be refreshed on an annual basis.



The chart below shows the investment relating to Primary Care Networks over the next five years.



GP Practice Resilience

In the previous strategy the CCG introduced many initiatives to support general practice resilience. In 2019, NHS England set out national strategies to support GP resilience which builds upon our local initiatives. These include:

- A GP Fellowship Scheme for newly qualified GPs. This builds upon our local successful GP Career Start Scheme.
- GP international recruitment and County Durham is already the beneficiary of two recruits.
- GP retainer and retention scheme to enable GPs more flexible working options that accommodate deferring immediate retirement or family / carer responsibilities.
- New partnership to payment scheme to provide a bursary for those clinicians that are considering partnership and have financial constraints to overcome.
- GP practice crown indemnity so that practice staff and Primary Care Network staff can work across practices flexibly without the constraints of the previous GP practice individual indemnity schemes which were restrictive.
- Primary Care Networks and additional roles across a number of general practices to allow greater skill mixing in general practice and utilising the GP resource at the right time for the right conditions.

Mergers and Dispersals

General practice can vary in terms of size and the population it serves. On occasion it is necessary for practices to merge and the CCG supports them, through an initiative fund, to work together to enable this to happen as smoothly as possible. Practice mergers have provided an increased resilience of service for the local population. Merged practices have usually resulted in an increase in workforce.

In some cases practice dispersals are inevitable. Often this is where a single handed GP has been unable to secure a replacement. In these cases the CCG will engage with the population affected by this change, listen to their concerns; and work with NHS England and local practices to identify alternative GP provision for patients.

GP Federations and Confederations

The last primary care strategy focused on the development of GP Federations to support general practices at scale to compete for services that benefit their population.

As CCGs scale up in size nationally and Integrated Care Systems look at population health there will be a need for GP Federations across County Durham to have a confederate approach to some services or conversations.

There are a number of ways how a confederate approach would exist - from being a Council of Members gaining consensus on key issues to a full merger as we have noted in Leeds.

We would support GP Federations to decide for themselves how they should group together, with the CCG as an enabler for the following two aims:

1. One voice for GP Federations representing the six GP Federations at both 'at place' and Integrated Care System level.
2. To explore at scale viable alternative provision to work with community services, local authority and Primary Care Networks to provide workforce for the fast expanding general practice.

Integration of Primary Care, Secondary Care and Social Care

As we develop 'place based' arrangements it is vital that the staff within the various organisations work closely so that care and pathways for patients are seamless without the need for different organisation approvals getting in the way of patient care. We will therefore develop plans that explore how the CCG primary care team can integrate with our community and local authority teams, and also secondary care, so that every organisation works to a joint work plan for patient benefit. These plans fit into the wider policy of developing our 'place based' integration plans.

Estates

We are currently linked into estates forums across County Durham and Darlington and feed into Integrated Care System (ICS) wide estates discussions for Cumbria and the North East. This ensures that sufficient priority is given to schemes in primary care and community services, particularly when accommodating the expansion of the primary care workforce and new model of workings.

An estates strategy will be produced following a baseline review of the current estate. Any new strategy has to consider:

- What is the current standard of our primary care estate and does it meet all the statutory and regulatory compliance?
- Does the accommodation have sufficient room to accommodate the expanding Primary Care Network workforce?
- Is there sufficient funding set aside for premises improvements, expansion or new build premises?
- Are opportunities for lease re-negotiations optimised?
- What is the impact of technology and new ways of working?
- How can co-location opportunities be maximised?
- Is the process for general practice simple and devoid of bureaucracy?
- Will any future national premises directions address the barriers that face GPs as property owners or leases and succession planning?

We will further develop/maintain close links with the local authority planning department, to maximise investment to improve GP facilities where appropriate. For instance, if new housing is built, the subsequent rise in the local population necessitates increased capacity and new healthcare facilities within the local area.

Delivering our Strategy

Our strategy will be implemented through the Primary Care Delivery Plan, which details initiatives, key tasks and project milestones. The primary care team will continue to work with stakeholders to deliver the ambition to transform primary care; providing quarterly progress updates against the delivery plan to the CCG Executive Committee and the Primary Care Commissioning Committee.

The County Durham Primary Care Commissioning Committee makes decisions relating to the commissioning of primary care services, for example applications for practice mergers, practice dispersal etc. The Committee reports to the CCG Governing Body and NHS England/Improvement. Members of the public are invited to attend the meetings to observe the Committee at work in order to listen to the business being discussed and to have the opportunity to ask questions relating to the items on the agenda.

To understand whether our strategy is making a difference, a number of measures will be developed and used as indicators of success – including indicators based on the NHS 'Triple Aim' approach (see **Appendix 10**). As part of the Local Improvement and Integration Scheme and through our existing contracting arrangements, we will also monitor a range of other indicators. We will use data for continuous improvement and will develop a mechanism for communicating and celebrating success.

Concluding Remarks

Our Primary Care Commissioning and Investment Strategy has been informed by the aspirations for primary care set out in the NHS Long Term Plan and insights generated through our engagement process. Further engagement will be needed to check that our vision and the strategy set out above remains focused on what matters most to our local population, workforce and providers.

Acknowledgements

We would like to thank everyone who has made a contribution to the development of our strategy, including all those who have taken the time to respond to surveys and feedback comments.

We would like to thank members of the GP Practice Focus Group who have input into the strategy and also provided editorial oversight. Members of the group included Dr D Robertson, Dr F Whalley, Dr D Samuel, Dr J Levick and Practice Managers, Paul Dodds, Martin Bell, Caren Purvis.

During 2019, the local authority Adult Wellbeing and Health Overview and Scrutiny Committee (OSC) formed a primary care task group to look at resilience issues that had been a feature of primary care in County Durham. A report was written up by the OSC officer Stephen Gwillym. Recommendations within this report have been fed into this strategy.

The Primary Care Network Clinical Directors undertook a workshop to input into how Networks will develop, as the landscape changes.

The Patient Reference Groups feedback has also influenced both the content and style of this strategy; with thanks to Linda Allison and Jill Matthewson for proof reading the document.

Appendices

Appendix 1: National and Local Context

National Context

In January 2019, NHS England published the NHS Long Term Plan setting out the overarching long term goals for the NHS and specific changes for primary care through dissolving the divide between primary care and community based health services.

Building on the ambitions set out in the NHS Five Year Forward View and the General Practice Forward View, the plan emphasises a shift of focus away from hospitals and towards community and primary care and acknowledges the challenges currently being faced in general practice such as:

- increase in an aging population with multiple long term conditions (LTCs) and health inequalities;
- workforce demands including challenges with recruitment and retention of GPs, practice nurses and practice managers;
- increase in the number of financially vulnerable practices; and
- demands on secondary care with expectations of more specialist care delivered closer to home.

The NHS Long Term Plan places primary care at the centre by, developing Primary Care Networks (PCNs) as the foundation for Integrated Care Systems (ICSs), focusing on preventing ill health and tackling health inequalities, supporting the workforce, as well as maximising the opportunities presented by data and technology with a continued focus on efficiency and introduces a key role for community pharmacy in helping to deliver this ambition.

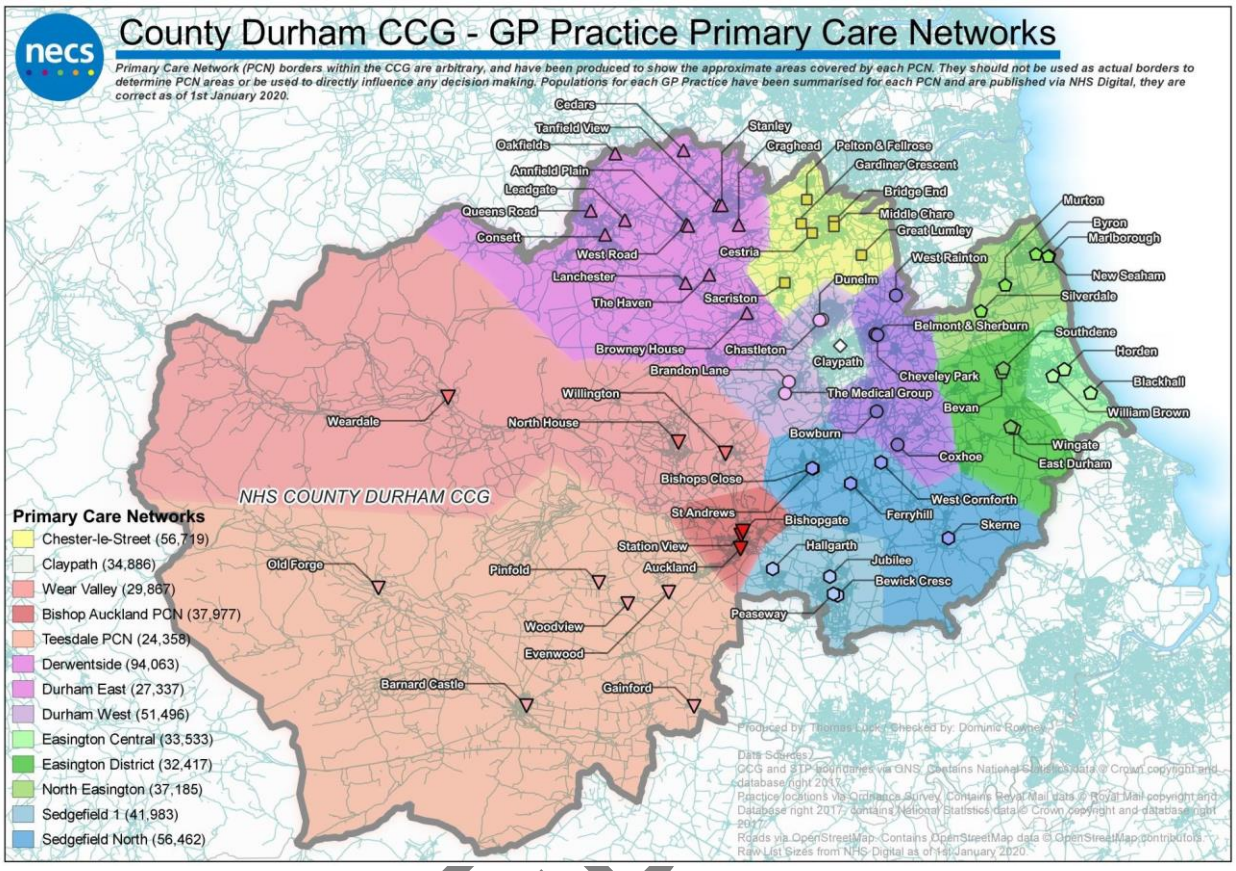
The five-year GP and community pharmacy contract reforms further support the delivery of the plan, all of which provides a strong platform to set the ambition of going further and faster at a local level across the next five years to integrate care.

County Durham Context

Whilst health and wellbeing has improved significantly in County Durham over recent years, it remains worse than the England average. County Durham has an ageing population with higher than average numbers of people living with long term conditions many with complex health needs. Access to effective, high quality primary care to help achieve improved health outcomes and reduced health inequalities, is essential.

An increasing population coupled with high deprivation levels in some parts of County Durham means that demand for GP services is likely to increase and in order to meet this anticipated demand we need to ensure that the County has an adequate numbers of GPs and other healthcare professionals and that practices have effective appointment systems and a wide ranging skills mix within their practice teams.

Appendix 2: Map of Primary Care Networks in County Durham



Appendix 3: What are our stakeholders telling us?

Our Patients

The key issues raised by patients in regard to primary care through pre-COVID engagement activity included:

Access: People are having to call practices many times before getting through; difficulty accessing same day appointments and not being able to book appointments in advance.

Continuity of care: People want to see the same GP who knows them, as they find it exhausting having to repeat their story; they also want to see the use of locum GPs minimised.

Use of digital technology: Older people are worrying about online bookings - they just want to be able to phone or call into the practice; concerns were raised about ordering repeat prescriptions electronically.

Integration and care closer to home: Teams Around Patients (TAPs) and Primary Care Networks (PCNs) are working well, but social care input needs to be strengthened; better access to mental health support is needed to meet demand; we also need to enable shared decision making with patients.

Prevention and self-care: More focus should be given to prevention and helping patients to self-care.

Workforce: This is an area of real concern - we need to recruit more GPs and use other health professionals to support GPs.

The COVID-19 pandemic has meant that NHS healthcare staff have needed to use different ways of providing clinical consultations to ensure that patients still get the healthcare they need. As well as the traditional methods such as face-to-face; GPs, nurses and hospital staff have been using other, safer ways to consult such as telephone, online or video consultations.

Throughout June and July 2020, County Durham CCG, Sunderland CCG and South Tyneside CCG together undertook a collaborative piece of research to understand the thoughts of the general public on the different ways people can consult with a healthcare professional at their general practice.

Key findings are follows:

- 1,157 of the 1,710 respondents were from County Durham.
- Of those who were offered an appointment since the COVID-19 lockdown, 67% were offered a telephone consultation, 37% were offered a face to face consultation and 7% were offered a video consultation (respondents were able to select more than one response, hence percentages do not add up to 100%).

- Benefits outlined by patients/carers included the reduced spread of infection, quicker access and convenience.
- Concerns were raised about some cohorts of the population being less able to access such technology including older people and those with a learning disability; also that a condition may be missed where virtual consultations are carried out.

Our Practices

In November 2019, practices completed an online survey to help us develop our strategy. Emerging themes from responses included:

Access: Whilst extended seven day access and telephone consultations have had a positive impact and helped to manage demand, more awareness and education is needed to enable patients make the best choice when accessing services.

Integration: We need to maintain a focus on developing joined-up, out of hospital care. The need to integrate health and social care was highlighted along with greater emphasis on prevention.

Workforce: Retention and recruitment of GPs and Practice Nurses remains a serious issue. Training for all staff, including administrative staff and managers was deemed important.

Sustainability and resilience: Resilience in primary care is being tested to the limit and help to manage the ever growing workload is needed. Support with practice mergers was welcomed.

Digital technology: Greater use of digital technology and a mechanism to enable data sharing between practices and community services was needed.

Communication and engagement: More engagement is needed with practices at grass roots level and with patients. We need to become better at publicising our successes.

Less bureaucracy: Practices want to free up GP time spent on non-clinical work for direct patient care and to see a less bureaucratic system.

Funding: Practices highlighted the need for sustainable/recurrent budgets.

In May 2020, 152 practice staff responded to an online survey regarding changes to working practices catalysed by COVID-19 and the changes needed in the light of recent experiences. Areas for development highlighted by practice staff are as summarised below.

Consultations and remote working: Improved quality of patient access; opportunity for ‘at scale’ working to manage telephone calls; potential to work differently across primary and secondary care; improved working practices for staff.

Relationships with Teams Around Patients (TAPs) and Social Care: Ongoing development of Primary Care Networks (PCNs); working together to ensure integration with the wider health and care system.

Future changes in Primary Care: Use of digital solutions; upskilling staff; collaborative working across practices.

Care Homes: Care home alignment with practices; robust medical management of patients, improved working relationships and ownership.

Secondary Care: Joined up approach to care; improved relationships across sectors; more effective communication and improved usage and effectiveness of technology.

Primary Care Network Clinical Directors

A development session was held on 23 October 2020 with County Durham Primary Care Network Clinical Directors. The following questions were posed:

- What is the role of Primary Care Network Clinical Directors in a place based organisation?
- What is the role of Primary Care Network directors in the North East and North Cumbria Integrated Care System?

The themes that came out of the discussion included:

- Is there enough PCN representation on the Integrated Care System (ICS) and Integrated Care Partnership (ICP) boards? Time and funding to provide representation was an issue.
- Scope to form a confederation model (a collective or merger of GP Federations) across County Durham
- Concern over losing current level of CCG support in times of change.

Appendix 4: Impact of COVID-19

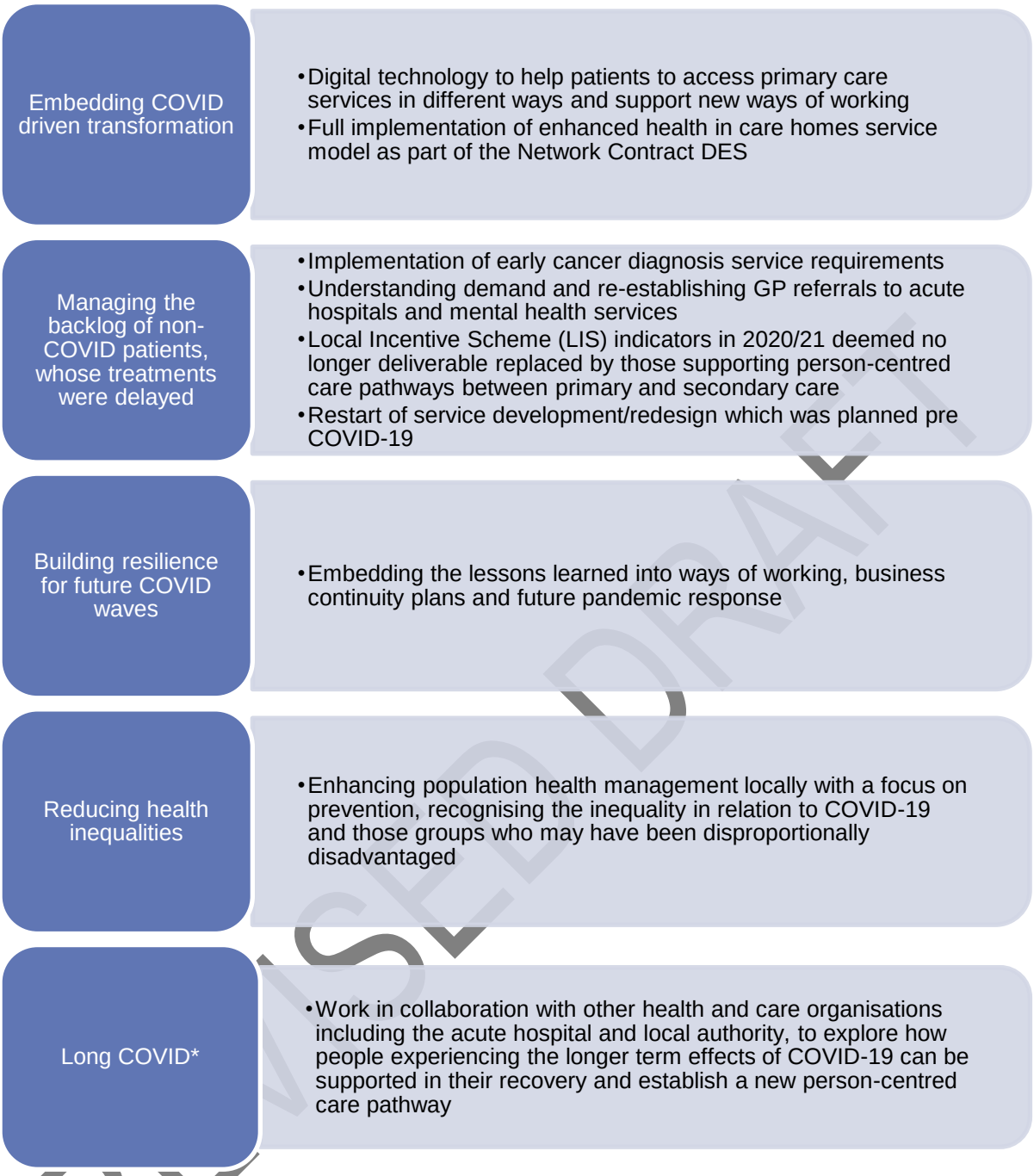
The COVID-19 pandemic has impacted disproportionately on certain segments of our population, namely our older population; those with existing underlying health conditions such as diabetes and obesity; our BAME (black and minority ethnic) population and those living/working in more disadvantaged circumstances.

COVID-19 has also had a significant impact on the way that health and care services are delivered to people in County Durham and it is likely that the impact will be ongoing for some time as long as COVID-19 remains a risk to health.

As part of our response to COVID-19, we were required to mobilise some urgent system changes, based on advice from NHS England, to release clinical staff from primary care to work in other health settings and to support patients where needed.

One of the first things to happen was a move to a 'triage first' model and greater use of online and video consultations, so that patients did not have to attend a practice in person and enabling clinical staff to work remotely if needed. Primary Care Networks (PCNs) were also required to deliver a package of support to care homes ahead of the Network Contract Direct Enhanced Service (DES) requirements.

To ensure that the positive transformative changes are not lost, we must take steps to lock-in these improvements moving forward. As part of our refreshed primary care strategy and COVID-19 recovery planning we will take into consideration the following dimensions.



*Long COVID is a non-medical term given to the longer term effects of COVID-19. Some estimates suggest that 10% of COVID patients may experience symptoms more than three weeks after infection, with a proportion of people suffering from long COVID symptoms for more than three months. Symptoms can include breathlessness, chronic fatigue, neurological symptoms, anxiety and stress and 'brain fog'.

Appendix 5: North East and North Cumbria Integrated Care System (ICS)

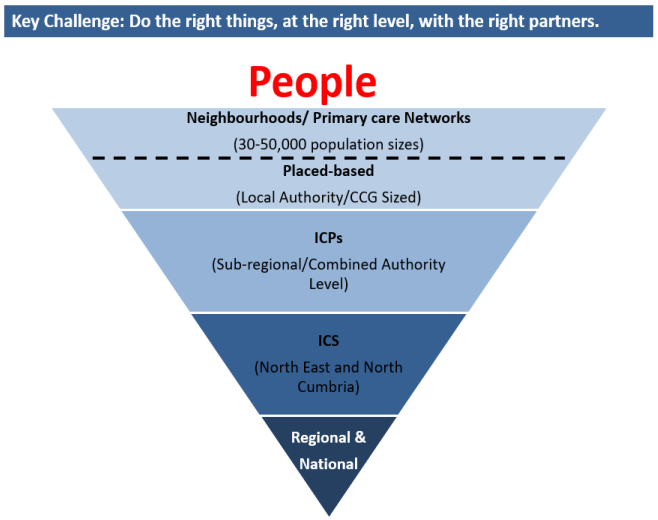
In June 2019, North East and North Cumbria, was confirmed by NHS England as one of a small number of 'Integrated Care Systems' across the country. The North East and North Cumbria Integrated Care System (ICS) is a regional partnership between the NHS, local authorities, and others, taking collective responsibility for resources, setting strategic objectives and care standards, and improving the health of the 3.1 million people it serves. The NHS Long Term Plan set out clear expectations for all Integrated Care Systems.

Our ICS is a collaboration of NHS commissioners and providers, and our partners, and not a new organisation with statutory powers. The majority of our work is focused in 'places' and 'neighbourhoods'; but, alongside this, our ICS provides a mechanism to build consensus on those issues that need to be tackled 'at scale'.

Our ICS builds upon existing local place-based leadership and responsibilities of Clinical Commissioning Groups to plan and arrange services for local populations. This involves local Primary Care Networks (GPs and other health and care professionals) and NHS foundation trusts, working with local authority and voluntary sector partners, in improving health and wellbeing through extending the reach and effectiveness of our services.

The North East and North Cumbria ICS is focussed on 'at scale' priorities that multiplies our collective impact around overarching clinical strategy and clinical networks, strategic commissioning (e.g. for ambulance services) and shared policy development. It is supported by four Integrated Care Partnerships (ICPs). In County Durham, South Tyneside and Sunderland NHS organisations came together, working with local authorities, to lead and plan care for their population in a coordinated way as the Durham, South Tyneside and Sunderland Integrated Care Partnership (ICP).

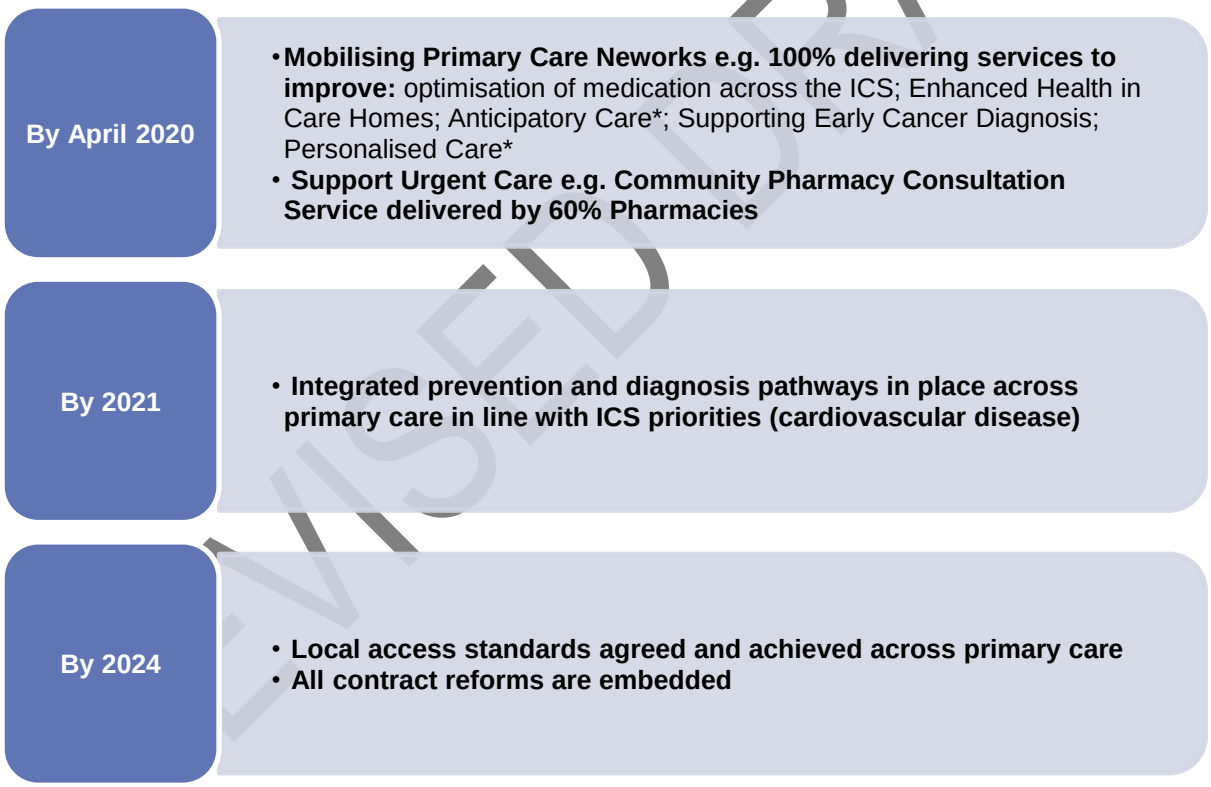
The figure below shows the different scale of working across our ICS.



Our ICS Five Year Strategic Plan, published in November 2019, outlines how we will:

- bring together local organisations in a pragmatic and practical way;
- ensure patients get more options, better support, and properly joined-up care at the right time and place;
- relieve pressure on accident and emergency departments (A&Es) through more effective population health management and service coordination;
- strengthen our contribution to prevention and tackling health inequalities to help people stay healthy and moderate demand on the NHS; and
- develop a new 'system architecture' that delivers strategic action on workforce transformation, digitally-enabled care, and the collaborative approaches to innovation and efficiency that will restore our whole ICS to financial balance.

Our ICS strategic plan also sets out its ambitions for primary care. Our primary care commissioning and investment strategy, given its focus on Primary Care Network development, will help the ICS achieve its ambitions for primary care.



* Since deferred until 2021

Appendix 6: Additional Roles in Primary Care

Expanding the workforce is top priority for primary care and is fundamental to boosting capacity to:

- alleviate workload pressures on existing staff;
- improve patient experience of access; and
- improve the quality of care and implementation of the NHS Long Term Plan goals, including the integration of care.

The Additional Roles Reimbursement Scheme will enable Primary Care Networks to recruit additional staff roles to help meet the needs of the population and deliver the new service requirements. Primary Care Networks will have flexibility to select from the roles tabled below in 2020/21; with the addition of a mental health practitioner role from April 2021.

Social Prescribing Link Worker	Promotes and provides connection to community groups and statutory services
Health and Wellbeing Coach	Promotes and supports positive behaviour change
Care Coordinator	Holistically brings together all of a person's identified care and support needs, and explores options to meet these within a single personalised care and support plan based on what matters to the person
Clinical Pharmacist	Patient facing member of practice multi-disciplinary team (MDT), supports patients with complex polypharmacy/medication regimes
Pharmacy Technician	Patient facing and patient supporting role for medicines optimisation
First Contact Physiotherapist	Provides assessment, diagnosis, triage and management of patients, including first line treatment options (e.g. self-management, referral to rehab etc.)
Physician Associate	First point of contact for patients, provides health/disease promotion and prevention advice and supports management of patients' conditions
Occupational Therapist	Provides support and care to patients to manage their physical and mental health long term conditions
Dietitian	Provides specialist nutrition and diet advice via a nutrition support service
Podiatrist	Educates, assesses, treats and manages patients with lower limb conditions and foot pathologies.
Nursing Associate	Supports registered nurses to focus on the more complex clinical care, by performing and recording clinical observations, and with training - providing flu vaccinations, ECGs and venepuncture.
Nursing Associate Trainee	Works under the direction and supervision of registered nurse with a focus on promoting good health and independence, whilst completing 2 year nursing associate training programme.

Appendix 7: Network Directed Enhanced Service Requirements 2020/21

Extended Hours Access	• Emergency, same day or pre-booked appointments available outside of the core practice opening hours • Appointments may be provided face to face, by telephone, by video or by online consultation
Structured Medication Review and Medicines Optimisation	• Focus on priority groups including the care home residents; frail elderly; those on 10 medications or more • Directly tackling over-use of medication, including inappropriate use of antibiotics
Enhanced Health in Care Homes	• Named lead GP with responsibility for the service • Weekly 'home round' for people living in the care homes • Multidisciplinary team arrangements in place • Personalised care and support plans
Early Cancer Diagnosis	• Ensuring high and prompt uptake of cancer screening programmes • Review the quality of Practice referrals for suspected cancer against NICE guideline recommendations
Social Prescribing Service	• Social Prescribing Link Workers assessing how far a patient's health and wellbeing needs can be met by services and other opportunities available in the community • Co-production of a simple personalised care and support plan for patients and their carers

Appendix 8: Local Improvement and Integration Scheme 2021/22-2023/24 (Draft)

Component	Brief description	Alignment to strategy
CORE SECTION		
Engagement	Regular practice attendance at relevant CCG meetings to allow representatives time to come together for collective decision making, allow the CCG to engage with practices to promote and improve the safety, quality and cost effectiveness of prescribing and support practices to work collaboratively with patient groups at a practice and Primary Care Network level.	• Supports all priorities
Care Navigation	Formal signposting role to support general practice access and ensure patients receive the right care by the right person in a timely manner.	• Priority 1: Supporting self-care
Improving Access	Building on current systems, ensuring patients have better access to care with the use of technology and Primary Care Network support roles.	• Priority 2: Improving access to care, through technology
Urgent and Emergency Care	Supports the national standards, ensuring patients get access to same day urgent care where needed and seen at the most appropriate place. Allows for health and social care partners to work together.	• Priority 2: Improving access to care • Priority 4: Joined up care, closer to home
Data Sharing Agreements	Supports safe and effective delivery of patient care and share non-clinical data to support Network analysis.	• Priority 2: Improving access to care, through technology • Priority 4: Joined up care, closer to home
Practice Clinical Systems (Ardens, Qmaster or DCS)	Supports consistency in management of patients and recording of patient information.	• Priority 2: Improving access to care, through technology • Priority 4: Joined up care, closer to home
National Workforce Reporting System	Captures practice level data on workforce, including absences and vacancies.	• Priority 3: Broadening the team
Supporting Integration	Supports the development and sustainability of Primary Care Networks and promotes a more coordinated approach to patient care.	• Priority 4: Joined up care, closer to home
Mental Health	Supports improvement in access to and the quality of physical health checks for people with severe mental illness. Practices are required to submit an action plan, if they fall below the target of 50%.	• Priority 4: Joined up care, closer to home
Enhanced Treatments	Providing more equitable care across the area and providing options for patients to access services closer to home for example community outpatient phlebotomy services.	• Priority 4: Joined up care, closer to home
COVID-19	Ongoing support to pandemic in line with national guidance and work to support patients suffering from Long COVID.	• Impact of COVID
Patient Services	Delivery of ongoing services and access to specialist community nurses.	• Priority 4: Joined up care, closer to home

Component	Brief description	Alignment to strategy
Direct Access Services	Services available to practices where the hospital provider allows, for example diagnostic imaging and scans.	• Priority 4: Joined up care, closer to home
Demand Management	Practices to look at data reports to understand and identify areas that require work/support. Carry out audits on cases to see what can be learnt from them and improve pathways using individual patients' scenarios.	• Priority 4: Joined up care, closer to home
QUALITY & PRESCRIBING SECTION		
Flu Vaccinations	Practice staff (clinical and non-clinical) to have an annual flu vaccination; target 80%. Delivering patient flu vaccinations; target minimum of 75% of adults 65 and over.	• Priority 1: Supporting self-care (and prevention)
Learning Disability	Practices are required to carry out annual health checks on 75% of registered learning disability patients by 2023 (aged 14 and over). Targets: 2021/22 – 70%; 2022/23 – 73%; 2023/24 – 75%.	• Priority 4: Joined up care, closer to home
Stopping over medication of people with a learning disability, autism or both (STOMP)	Ongoing management and review of adult patients on the learning disability register that are on anti-psychotic medication with no diagnosis of psychosis.	• Priority 4: Joined up care, closer to home
Cancer	Patients referred within the two week wait for suspected cancer will receive the appropriate patient information leaflet; target 90%. Cancer care review to be completed on patients within six months of diagnosis.	• Priority 4: Joined up care, closer to home

Appendix 9: Investment

Investment in Primary Care

The General Practice Forward View indicated that there would be increases in CCG funding to general practice at least equal to and ideally more than the increases in CCG allocations.

There is commitment from the CCG to support primary care and deliver the expectations of the General Practice Forward View. The table below provides a breakdown of the 2019/20 annual budget by our predecessor CCGs (this was the budget before Primary Care Networks) and the annual budget for County Durham CCG in 2020/21, which also excludes Primary Care Network funding.

	2019/20	2020/21
	DDES CCG and North Durham CCG Combined £m	County Durham CCG £m
Primary Care Delegated Budgets General Medical Services (GMS) is a national contract and payments are in line with the Statement of Financial Entitlement; Primary Medical Services (PMS) is a local contract and payments are in line with the Statement of Financial Entitlement; Quality Outcomes Framework (QOF) covers clinical and public health, practices can chose to provide this service; Enhanced services covers payments made to practices which provide extended hours, minor surgery, learning disability, dementia, extended patient choice and unplanned admissions; Premises costs relate to rent, rates and water and are paid in line with the GMS/PMS directions; and Other GP services relate to payments for seniority, needles and syringes, interpretation, locums and suspended GP's.	**£80.6**	**£83.6**
Primary Care Scheme - Local Incentive Scheme* Relates to the Practice Based Budget schemes within the CCGs - the purpose of the schemes is to increase investment in primary care/community services and reduce variation in spend between practices.	**£6.3**	**£7.6**
Extended Access Relates to home visiting services provided via GP Federations, agreed by the Local A&E Delivery Board (LADB), funded from CCG resilience monies; plus additional extended access services on evenings and weekends, over and above those contracted via the Delegated Budget enhanced service above, funded from Improving Access to General Practice £6 per head.	**£5.4**	**£5.5**
Integrated Diabetes Service Provided via GP Federations.	**£1.5**	**£1.5**
GP IT Covers information technology services and support provided to general practices.	**£2**	**£1.9**
Other Minor Ailments are payments to Pharmacies for other commissioned services including the minor ailment service; Career Start Nurses relates to the Practice Nurse Career Start Scheme funded by the CCGs; and Protected Learning Time (PLT) supported by the CCG.	**£0.7**	**£0.6**

*In 2021/22 the Local Incentive Scheme will be change to the Local Improvement and Integration Scheme.

The table above incorporates all of the investment in respective priorities highlighted earlier in the document.

The 2020/21 budget figures included above represent the budgets set at the start of the financial year. In response to the COVID-19 pandemic, temporary financial arrangements have been implemented across the NHS during 2020/21. There is currently uncertainty over financial arrangements for the NHS in 2021/22.

Projected Additional Investment into General Practice and Primary Care Networks

At a national level, funding for the core practice contract (i.e. excluding the Network DES) has been agreed and fixed for each of the next five years, and increases by £978 million in 2023/24[1]. The Network DES contract will further increase investment over the five years to be worth up to £1,799 billion in 2023/24[2]; comprising of four components:

1. Additional roles
2. Network support
3. Access
4. Investment and Impact Fund (IIF)

In addition to the above components, a care home premium has been introduced as part of the updated GP contract agreement 2020/21-2023/24.

Assuming a raw registered population of **558,283** (as at 1 January 2020, NHS Digital) and weighted population of 635,733 across County Durham, it is possible to project practice contract funding and Network funding over the next five years. The notional figures in the tables below are based on the assumption the population remains static over the course of this strategy. The table below only shows the increase on the General Medical Services (GMS) baseline contract.

Projected Practice Contract Funding

		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Cumulative increase	£000's		781	1,301	1,621	1,488	1,647	TBC
Annual increase	%		1.4	2.3	2.8	2.5	2.7	TBC
Further increase*	£000's			199	199	199	199	TBC

*Share of £20m announced in March 2020 re QOF and Post Natal checks.

Projected Recurrent Network Funding

	£ 000's					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1. Additional Roles Scheme (starts Jul-19)*	701	4,504	7,810	10,751	14,782	14,782
2. Network Support						
£1.50 per head from CCG general allocation	832	832	837	837	846	846
GP PCN leadership (0.25 wte/PCN, starts Jul-19)	285	400	395	405	414	414
4. Investment and Impact Fund	0	404	1,379	2,069	2,758	2,758
5. Care Home Premium	0	315	630	630	630	630
TOTAL PCN FUNDING	**1,818**	**6,455**	**11,051**	**14,692**	**19,430**	**19,430**

*Maximum funding available, dependent upon pay grade and numbers of additional staff employed.
2024/25 figure to be confirmed.

[1] https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf Page 51
[2] https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf Page 52 & 53

	£ 000's					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
3. Access						
Extended Hours Access DES*	609	800	800	800	800	800
Improving Access to General Practice at £6/head**	3,350	3,350	3,374	3,457	3,540	3,540
TOTAL PCN ACCESS FUNDING	**3,959**	**4,150**	**4,174**	**4,257**	**4,340**	**4,340**

* Includes Extended Hours paid to practices until 30 June 2019, excludes GMS contract element.
** Includes Improving Access to General Practice paid to General Practice until 31 March 2021.

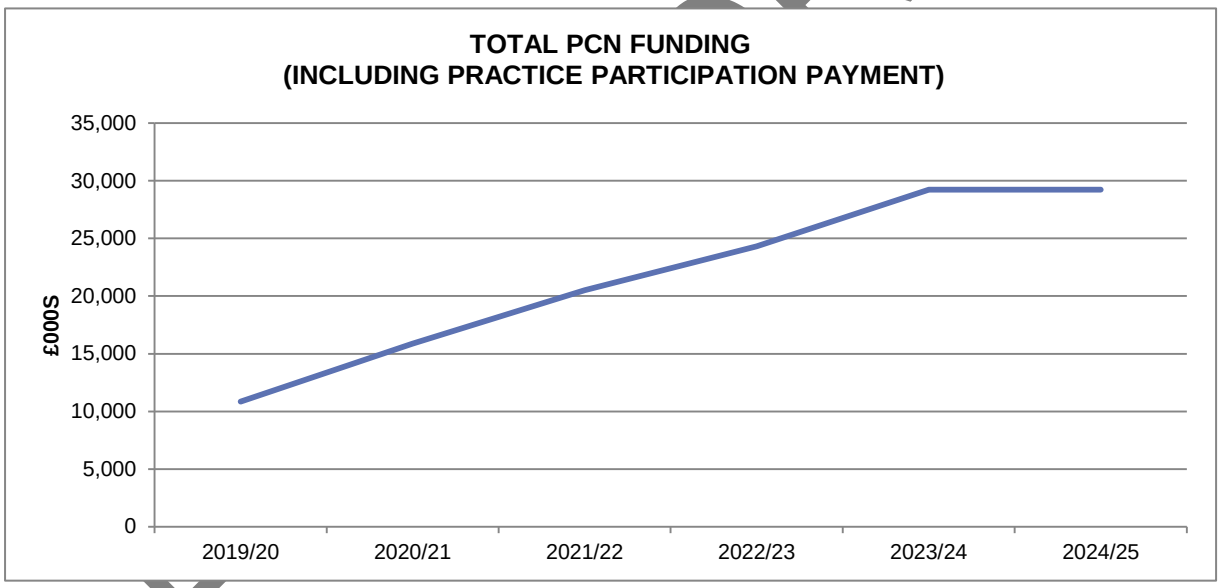
General Practice funding linked to Network

	£ 000's					
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Practice Participation payment**	1,112	1,112	1,112	1,112	1,112	1,112
TOTAL ADDITIONAL GP & PCN FUNDING	**7,670**	**13,217**	**18,157**	**21,748**	**26,728**	**26,728**

*Paid directly to General Practice for participation in Primary Care Network scheme.

Funding direct to GP practices
Funding to Primary Care Networks

The chart below shows the projected growth in investment into Primary Care Networks and general practice over the span of this strategy. Figures exclude the General Medical Service (GMS) practice contract budget.



Appendix 10: Measuring Outcomes

We will adopt the NHS 'Triple Aim' approach to performance, which focuses on better health for everyone, better care for all patients, and sustainability, both for their local NHS system and for the wider NHS. Triple Aim outcome measures put patients at the centre of care. At its core, the focus of the Triple Aim is to improve the lives of our patients.

We will continue to use the National GP Survey results as a measure of overall experience of general practice as well as the Long Term Plan 'headline' metrics relevant to primary care. We recognise that primary care is not wholly responsible for any area of care, but equally, is intimately involved in everything. Examples of outcome measures are shown below.

Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
• Rates of polypharmacy • Rates of late cancer diagnosis • Rates of cardiovascular disease (CVD) • Rates of diabetes diagnosis • Mental health and wellbeing patient reported outcomes measures (TBC) • Rates of healthy life expectancy in people with learning disability (TBC) • Percentage of patients dying in preferred place of care	• National GP Survey – overall experience of general practice • GP contract/PCN patient reported access measure (TBC) • Rates of electronic consultations	• Number of GPs employed in NHS (CCG level data) • Number of full time equivalents, above baseline, in the PCN additional role reimbursement scheme • Proportion of providers with an 'outstanding' or 'good' rating from the Care Quality Commission for the 'well led' domain

Key points to note:

1. Baseline measurements will be undertaken on the agreed 'Triple Aim' indicators and improvements will be included in the annual primary care report.
2. The workforce plan will set out a baseline and trajectory for workforce expansion.
3. The Primary Care Network Direct Enhanced Service (DES) provides a suite of indicators that will allow us to measure improvements for aging well, integration and workforce expansion.

Appendix 11: Timeline

	Initiative	2020/21	2021/22
Self-Care	Ongoing development of Care Navigation – linked to new roles / services	■	■
	Embedding the Social Prescribing Link Worker role into PCNs	■	■
	Support PCNs with recruitment of Health and Wellbeing Coached and Care Coordinators	■	■
	Voluntary community and social enterprise sector – detail TBC	■	■
Access to care through technology	Triage First - embedding COVID driven transformation and learning	■	■
	Implementation of digital solutions including booking appointments; online/video consultations; ordering repeat prescriptions; enabling patients to view their own care record – in line with the regional strategy	■	■
	Telehealth in care homes	■	■
Broadening the team	Development of our Workforce Plan	■	
	Implementation of the Additional Roles Reimbursement Scheme	■	■
	GP Career Start Scheme	■	■
	Ongoing Practices Nurses Career Start Scheme and nurse development	■	■
	Education and training – engagement with HEE	■	■
	Intending Trainers Course	■	■
	Reception and administrative training	■	■
Joined-up care, closer to home	Implementation of Network DES service requirements - Extended Hours Access	■	■
	Implementation of Network DES service requirements - Structured Medication Review and Medicines Optimisation	■	■
	Implementation of Network DES service requirements - Enhanced Health in Care Homes	■	■
	Implementation of Network DES service requirements - Early Cancer Diagnosis	■	■
	Implementation of Network DES service requirements - Social Prescribing Service	■	■
	Implementation of Network DES service requirements - Anticipatory care		■
	Implementation of Network DES service requirements - Personalised care		■
	Implementation of Network DES service requirements - Cardiovascular disease (CVD) prevention and diagnosis		■
	Implementation of Network DES service requirements - Tackling neighbourhood inequalities		■
	Review of Community Specialist Practitioners and Vulnerable Adult Wrap Around Service (VAWAS) nurses role in the context of PCN development and integration	■	
	Community outpatient phlebotomy services and ECG tests	■	
	Community Mental Health – practice based mental health workers (interdependency with Mental Health Chapter in the County Durham Commissioning and Delivery Plan 2019-25)	■	■
	Promote annual health checks with people living with learning disabilities and health checks for patients with autism to be piloted	■	■

NB: Each initiative will have its own project plan, communication and engagement strategy and equality impact assessment.

Glossary

Acute Trust: NHS body that provides medical and surgical services from one or more hospitals.

Additional Roles Reimbursement Scheme: Funding to enable new roles to be introduced into Primary Care Networks; to help solve the workforce shortage in general practice.

Area Action Partnerships (AAPs): Partnerships that consist of members of the public, representatives for Durham County Council, town and parish councils, police, fire, health, housing, business, university and voluntary organisations. Together they work with communities and organisations to meet the needs of the community, through identifying local priorities and actions required to tackle them; allocate funding to local organisations and support their development; monitor the difference that funding and support is making to communities; ensure that people can get involved with consultation activities, and are aware of what's going on in their community.

BAME: Stands for Black, Asian and Minority Ethnic and is defined as all ethnic groups except White ethnic groups.

Cardiovascular disease (CVD): Also known as heart disease refers to diseases that affect the heart or blood vessels. Hypertension (high blood pressure) is the most common form.

Care Home Premium: A Primary Care Network is entitled to a payment to facilitate delivery of services to patients in care homes. The payment is calculated on the basis of £60 per bed for the period 1 August 2020 to 31 March 2021.

Care Pathway: the care and treatment a patient receives from start to finish for a particular illness or condition, irrespective of which part of the health services or social care services deliver the care or treatment, and include care received at home, in community and hospital settings.

Care Quality Commission (CQC): Independent regulator of all health and social care services in England. Its role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Clinical Commissioning Group (CCG): An organisation which plans and organises (commissions) health services which replaced primary care trusts (PCTs) in April 2013. CCGs are led by GPs that are responsible for how NHS funding in their community will be spent.

Commissioning: A means of getting best value for the local population through translating aspirations and need by documenting service requirements and then buying those services.

Co-production: Services are co-designed and co-produced with the people who need them, as well as their carers.

Crown Indemnity: Government-funded scheme provides GPs and others providing NHS services for general practice with comprehensive, automatic cover for clinical negligence claims.

Directly Enhanced Service (DES): Additional services that GPs can choose to provide to their patients that are financially incentivised by NHS England; a contract to provide extra services.

Electrocardiogram (ECG): A test of the electrical activity of the heart.

Engagement: Developing and sustaining a working relationship with the local community in order to help understand and act on the needs or issues that arise.

Enhanced Services: These are elements of essential or additional services delivered to a higher specification, or medical services outside the normal scope of primary medical services, which are designed around the needs of the local population.

GP Federation: Group of general practices or surgeries forming an organisational entity and working together within the local health economy. The remit of a *GP Federation* is generally to share responsibility for delivering high quality, patient-focussed services for its communities.

General Medication Services (GMS): A type of GP contract between general practices and NHS England for delivering primary care services to local communities.

Health and Wellbeing Board: Forum for local representatives from the NHS, public health and social care, councillors, and Healthwatch to discuss how to work together to improve the health and wellbeing outcomes of the people in their area.

Health Outcomes: Changes in health that result from measures or specific health care investments or interventions.

Healthwatch: The independent consumer champion for the public - locally and nationally - to promote better outcomes in health and social care.

Integrated Care System (ICS): These have evolved from Sustainability and Transformation Plans and take the lead in planning and commissioning care for their populations and providing system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

Integrated Care Partnerships (ICP): Integrated Care Partnerships (ICPs) are alliances of NHS

providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

Investment and Impact Fund (IIF): This has been introduced as part of the amended 2020/21 Network Contract Directed Enhanced Service (DES). It is an incentive scheme that will support PCNs to deliver high quality care to their population, and the delivery of the priority objectives outlined in the NHS Long Term Plan.

Local Incentive Scheme (LIS): A scheme commissioned by the CCG to engage GPs in priority areas such as integration and moving care from secondary care closer to the population. It is also used to focus practices on achieving targets that are not included in other parts of the GP contract. The LIS will be replaced by the Local Improvement and Integration Scheme (LIIS) from April 2021.

Medicines Optimisation: This looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

Patient: Someone who uses health services. Some people use the terms service user or client instead.

Patient Participation Groups (PPG) Group organised within a GP practice to ensure that patients are involved in decisions about the range and quality of services provided by the practice.

Patient Reference Group (PRG): The PRG is where a representative of each PPG from a geographical area come together to discuss a range of common issues raised by their PPGs.

Practice Participation Payment: A payment made to practices for participating in a network; supporting GP practice engagement.

Practice Protected Learning Time (PLT): This provides an opportunity for practice staff to address their own learning and professional development needs. Put simply, practices close for an afternoon to allow for Continuing Professional Development (CPD) learning activities.

Primary Care Network (PCN): A Primary Care Network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks would normally be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams.

Quality Outcomes Framework (QOF): A voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

Safeguarding: This is about protecting a person's rights to live in safety and free from abuse and neglect.

Secondary Care: More complicated or specialist healthcare, either outpatient or inpatient, that is usually provided by hospitals, and is normally received following a referral by another health professional rather than being universal or open access for all patients. Secondary care also included mental health, which is not always hospital based.

Service Specification: This is a document describing the requirements of a particular service.

Shared Decision Making: An approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.

Social Care: A range of non-medical home-based community or residential services arranged by local councils to help people who are in need of support due to illness, disability, old age or poverty. Social care services are available to everyone, regardless of background however, rules about eligibility apply.

Stakeholder: A person, group, or organisation who affects or can be affected by an organisation's actions.

Teams Around Patients (TAPs): Teams of doctors, community nurses, specialist nurses, therapists and voluntary service representatives, serving communities of between 30,000 and 50,000 – providing 'wrap around' and coordinated care to patients.

Triage First model: In response to the COVID-19 pandemic, NHS England and NHS Improvement have supported all GP practices in England with the rapid implementation of a 'total triage' model using telephone and online consultation tools. It involves a clinician contacting the patient and assessing whether the patient's medical problem can be managed without the patient having to come into the practice for a face to face appointment.

Voluntary Community Social Enterprise (VCSE) sector: Not-for-profit organisations set up to offer services to specific groups in society. These can be run by paid professionals as well as volunteers and may be eligible to provide commissioned services through the CCG.