NHS
North Durham
Clinical Commissioning Group



# Strategy for Primary Care Development

The challenges that primary care faces today, many of which are externally imposed, are at times difficult to manage. Some who work in primary care express that the current direction appears unsustainable. This document describes how North Durham CCG envisages primary care for North Durham in 2019, and provides a starting point in terms of a strategy for its delivery. Input to this strategy from those who work in primary care, and the communities they serve, will continue to be vital to helping us shape the future of primary care in North Durham.

## 1.0 Vision for Primary Care in North Durham

Primary care is the healthcare provided by general practitioners (GPs), nurses and other health care providers in general practice teams, as well as by opticians, dentists and pharmacists. It is typically the first, and most generalised, point of access to health care and can also have a coordinating role in a patient's care.

North Durham Clinical Commissioning Group (CCG) strives for excellence in primary care in order to deliver the highest possible standards of healthcare for North Durham residents. This primary care strategy aims to drive forward health improvements for the entire population of North Durham CCG. There are five main objectives in our primary care strategy, which align with the priorities of North Durham CCG as well as NHS England:

1. High quality primary care services that improve patient outcomes
2. Reduction in variation of quality and patient experiences of primary care services
3. Improved access to primary care services
4. Improved management of long-term conditions
5. Greater collaboration across the health care sector, including social care

Through North Durham CCG's vision of what the primary care could look like five years in the future (2019/2020), a number of key characteristics have been emerged, which have guided the direction of this strategy:

- Improved capability to respond to and manage demand
- High standards of personal care
- Sustainability in working practices for primary care professionals
- Seven day and extended hours availability of primary care, with seamless transition between in-hours and out-of-hours care
- Federated, collaborative working that enables increased efficiency in primary care
- Movement of secondary care services into the primary care domain

- Wrapping of social care and community services around primary care
- ‘Generalist-specialist’ primary care clinicians
- Information sharing systems and culture that promote patient-focused case management and timely access to information, reducing barriers to inter-agency working
- Access to effective and fast diagnostics, increasingly based in primary care investigation centres
- Pathways or protocols for specific disease/diagnosis, to guide consistently high quality care
- Speciality ‘one stop’ clinics, when appropriate with mobile equipment and teams
- GP as coordinator of care, with support from primary care teams
- Specialist care teams (e.g. Admiral Nurse)
- Reduction of unnecessary admissions to Accident and Emergency

North Durham CCG is committed to supporting primary care professionals through the anticipated changes in the years ahead. The CCG also encourages local approaches and innovations to addressing challenges and improving outcomes. Over the past year, North Durham CCG has supported a number of the schemes and projects, aimed at achieving the CCG’s objectives, for example, the *Quality Improvement Scheme* and *Improving Outcomes in Primary Care*. Furthermore, the CCG provides on-going and informal support to primary care, such as through GP variation visits, engagement work in constituencies, and direct feedback mechanisms through constituency leads and deputies.

## 1.1 Context

When exploring the future of primary care, it is imperative that commissioners have a strategic view of the drivers in the health economy. There will be many factors affecting the direction of travel for primary care services over the next five years, not least the growing financial pressure being placed on the NHS. There is a greater demand on services due to an ageing population with more complex health needs alongside increasing patient expectation and limited availability of resources. To ensure better value for money and more cohesive pathways of care, health and social care organisations will increasingly work together to address the challenges being faced. Greater system integration between the NHS and local authorities, utilising Health and Wellbeing Boards as the vehicle for strategic decision making and delivery, will be key to the success of local health and social care economies. In practical terms this will include the introduction of pooled budgets and shared decision making. New models of care are being explored which bring care closer to home, which involve a change in the way both primary care and secondary care is delivered.

This primary care strategy has been developed through a process of consultation and engagement. It represents priorities from both health and social care. Stakeholders that have been involved include the member practices which comprise North Durham CCG, Health and Wellbeing Board, patient reference groups, Local Medical Committee, the Area Team, Durham County Council, County Durham Public Health, and other CCGs within the region. This primary care strategy is a dynamic document and will continue be updated in response to changes in primary care and input from stakeholders.

## 2.0 Empowering patients

The Francis 2 Report (2013) makes it clear that we have a duty of openness, transparency and candour and we need to prioritise patients in all our work in the NHS.

### 2.1 Engagement

North Durham CCG recognises the value of patient participation groups and is working to increase engagement with all of our population through a membership scheme and community engagement project.

The CCG will also support GP practices to adopt the 'friends and family' test, which obtains feedback from their patients as to whether they would recommend the GP practice to their friends and family; and, more importantly, requires the GP practice to act on this feedback to further improve the services they provide.

### 2.2 Access to primary care services

It is increasingly recognised that the current model of general practice, with opening hours between 8am and 6pm from Monday to Friday, no longer caters for the needs of all of our population. Two particular groups have been highlighted: (a) people who work conventional work hours find it difficult to access care, and (b) people who become unwell outside of these hours, who need access to high quality care, provided by someone who has access to their medical records.

The CCG supports changes to primary care that will provide increased flexibility of access for different patient groups and health issues, for example a seven-day service in which patients have access to their team of primary care clinicians over extended hours, such as between 8am and 8pm. The CCG will work with practices to support such a transition in practice. The CCG will also support primary care clinicians to work with colleagues who provide out-of-hours medical services, to ensure that the delivery of care outside of normal working hours is of an equally high standard as that of scheduled care.

An aim of the CCG is to reduce unnecessary admissions to secondary care, and avoid unnecessary attendances at hospital emergency care departments. For example, following the success of the 2012 Winter Pressure Scheme, the CCG provided funding for a similar scheme in winter 2013/14 and we have been encouraged by the greater uptake of this scheme by member practices and the resultant increased patient access to general practice on weekends.

In spite of these changes, the CCG aim is for patients to still, as much as possible, have the choice to see their own GP; continuity of care, and high standards of personal care are vital. The GP will be the coordinator of care, with support from the primary healthcare team.

North Durham CCG will support the development of screening and diagnostic centres across North Durham, including the possibility of creating primary care assessment centres, available for primary care booking seven days a week, over extended hours. The CCG will support the development of specialty clinics, and 'one-stop' clinics, that are available seven days a week, and might rotate between different primary care venues with the use of mobile equipment and teams.

The CCG plans to work with Public Health to build upon the successes of the current cardiovascular screening programme being delivered across all practices. Furthermore, in the near future, advances in the field of genomics and are expected to lead to vital applications in medical care. As a CCG we will look to support the integration of this into primary care, where appropriate.

## 2.3 Managing long-term conditions

The population of North Durham is an ageing population, in which an increasing number of people are living with long-term conditions. The number and complexity of those conditions will continue to increase in the future and consequently the health and social care needs of our population will increase year by year. When this is combined with the limitations on public sector expenditure, it becomes obvious that we must find innovative ways to deliver improvements in care across North Durham. The CCG will support the development of general practice well-being centres and managed care centres, especially for those who live with long-term conditions that affect their physical or mental health.

Current priorities for the CCG include dementia care, carers' care, cancer care, cardiovascular disease, cerebrovascular disease, diabetes, mental health problems, and the physical and mental health issues common in older people. We will support the development of specialist care teams, for example, Admiral Nurses for dementia.

North Durham CCG will develop referral pathways and management protocols for all long-term conditions. These will allow personal management plans to be written for each patient by their primary healthcare team and will provide a tool in the provision

of consistently high quality of care, thereby reducing variation in primary care across North Durham.

### 2.4 Intermediate Care — 'The Place in the Middle'

It is well known, both locally and nationally, that hospital Accident and Emergency (A&E) departments and inpatient wards are under increasing demand and pressure. Inappropriate admissions and readmissions to hospital, and delayed discharges from hospital are negative for both patients and the healthcare system. Yet, our GPs, at times, report that they feel there is a lack of a safe and credible alternative to hospital admission.

Some patients are better, and more appropriately, cared for in the community rather than being admitted to hospital. North Durham CCG is currently working with 'Peopletoo' to develop a new model of Intermediate Care. Through this short-term multidisciplinary intervention service we aim to deliver:

- A reduction of inappropriate admissions and readmissions to hospital, supporting patients to remain in their home when appropriate and safe to do so
- A timely, facilitated, and safe discharge to the most appropriate setting
- A more appropriate place of care (other than hospital) that fits the patients' wishes and clinical needs
- An improved flow-through of patients with seamless transfer of care

North Durham CCG has funded the introduction of GP community beds in 2013/2014, to support these aims. Initial outcomes are encouraging, and the number of care homes offering community beds will increase in 2014/2015.

## 3.0 Empowering clinicians

Primary care is at a pivotal point in its history. In the Government's response to the Mid-Staffordshire Inquiry ("Patients First and Foremost") there is particular emphasis on the need to listen to, and engage with, staff on the frontline to understand the issues being faced. The North Durham CCG recognises that it is vital to promote engagement with primary care staff. The CCG invites all members of primary care staff to be involved in decision making and influencing the way in which services are delivered.

Even though primary care clinicians are faced with increasing pressure of demand and workload, they also have an unprecedented opportunity to manage and influence the future of primary care. We aim to empower clinicians and improve their job satisfaction. The CCG is focused on changes and innovations that result in both improved patient outcomes and increased sustainability of working practices in primary care. Succession planning and workforce retention are vital to the future of

primary care; we encourage this at all stages, beginning with the promotion of student teaching.

## 3.1 Change in primary care

The future of healthcare will see a need to deliver more complex care within primary care and the shift from secondary care into the community and primary care is expected to continue. As previously mentioned, the changing requirements of our population mean that primary care will need to grow and evolve in order to continue to provide optimal care.

We need new models of primary care that empower and enable staff to take greater responsibility for coordination of care for their patients, with solutions that are shared across health and social care for patients with complex needs. The key characteristics of this new model were highlighted in Section 1.0 (page 1).

These changes will require critical shifts to how primary care is delivered. Specifically, North Durham CCG recommends a model of integrated care, both in terms of primary care clinicians working more closely in a flexible team approach, developed around the needs of patients, but also in terms of improved integration of primary, community and secondary care services. Technological innovations will support this integration, including information-sharing systems. It will be increasingly critical to involve patients in decisions about the planning and delivery of their future care.

There is a need to develop greater flexibility in our consulting habits as the traditional consultation model becomes increasingly out-dated. The increase in complexity of health and social needs cannot always be adequately addressed during ten minutes in the GP surgery. It will be crucial to develop innovative models that provide flexibility to:

- Allow varying consultation times to address the complexities of long-term conditions, whilst still providing acute access for short-term problems; this will help appointments run on-time, further improving patient satisfaction
- Encourage access to alternative consultation models, including email, Skype, telehealth, and online discussion
- Assist primary care, secondary care and social care clinicians in working together, as an extended multidisciplinary team

We will encourage the use of technology to:

- Support and encourage appointment attendance, reducing the DNA rate
- Support remote attendance, both for patients and healthcare professionals
- Encourage the use of electronic transfer of prescriptions

North Durham CCG has a pivotal role in leading and supporting these innovative approaches to healthcare delivery.

# 4.0 Working Together for Better Outcomes

## 4.1 Area Team and improved primary care quality

As a CCG, we have responsibility for commissioning secondary and community care services for our population. We also have a responsibility to improve the quality of primary care provided to our population. As primary care services are commissioned by the NHS England Area Team, we are working constructively and collaboratively with the Area Team to improve quality (including understanding where the boundaries lie between the CCG and the Area Team in terms of quality improvement), reduce inappropriate variation and challenge poor performance. The CCG strives to deliver excellence across the CCG in primary care. We will seek out and promote high standards, ensuring that these are embedded into every practice, so that excellence becomes the norm.

North Durham CCG also supports collaboration between primary care and social care, public health and the Care Quality Commission.

## 4.2 Primary care pharmacy, dentistry and optometry

North Durham CCG also recognises that closer working between general practice and primary care pharmacy, dentistry and optometry will create opportunities to improve quality, access, value for money and integration. We encourage the development of clinics, for example, chronic disease monitoring clinics based in pharmacies. NHS England is developing a strategic approach to commissioning community pharmacy, primary care dentistry and primary care optometry. When it is published, North Durham CCG will incorporate this work into our primary strategy.

## 4.3 Federations

North Durham CCG envisages that the critical changes required in primary care might be best supported through a model of collaborative, federated working. Thus, the CCG is committed to supporting federated working among practices. This federated model is expected to enable primary care staff to respond to higher demand with limited resources. The move towards a federated model of primary care, in which practices collaborate to provide certain services, is supported by the CCG as the best identified way to provide future high quality primary care services in the face of increasing demand and limited resources.

Federated practices should be able to offer a greater range of community-based services for their patients, delivered locally, and in a way that will be far more responsive to individual needs. The CCG will encourage the development of primary

care investigation centres, and primary care wellness centres. Working with other practices and providers will also encourage individual expertise to be shared across traditional boundaries, in order to improve standards of healthcare for all patients.

## 5.0 Summary

North Durham CCG is committed to supporting excellent care for patients as well as improving the working lives of those who deliver that care across the thirty-one general practices that comprise North Durham. This primary care strategy, and the vision that underpins it, provides practices with a model for responding to the changes and pressures that primary care is increasingly facing, in a way that supports improvements for both patients and those who work in primary care.

A key part of this proposed model is the federation of practices, allowing for:

- Improved workload management from a central hub, with capacity to respond to urgent demand. This could be used to support care delivery outside of traditional working hours, to minimise unnecessary attendance at emergency care, and to support the transition of care between primary and secondary care (including safe discharge from hospital). This could also include pooled support for flexible coverage of variable workload, holiday and sickness absence.
- A larger primary healthcare team, with pooled and shared expertise, which is able to deliver a greater range of high quality services that can be shared across all practices. This could also lead to improved sustainability of practices, with greater opportunities for staff development, protected learning time, mentoring, peer support, and student teaching.
- Reduced burden on individual practices through shared administrative and business workloads.

## Appendices for Primary Care Strategy

### Appendix 1: National Context and Drivers Affecting Primary Care

Recently there has been a significant increase in the amount of negative press regarding the NHS, specifically in light of the findings of the review of the Mid-Staffordshire NHS Trust. As a result of such inquiries, significant emphasis has been placed on the need to deliver a huge shift in the culture of the NHS, where openness, transparency, patient experience and quality are at the forefront of day-to-day operations. Therefore this strategy will seek to address the contribution that primary care can make in this seismic cultural change.

As part of the recent reconfiguration of the NHS, there is now a noticeable difference in the way in which health services are commissioned (planned and purchased) and indeed provided. Choice and competition continue to play an important role in the drive on clinical quality, with a continuation of market development across the whole system. Primary care is the gateway to the NHS and as a result there is recognition that this setting can be used to deliver more to improve the health and wellbeing of the people it serves.

The commissioning system is complex with many organisations responsible for purchasing different elements of the health economy. In terms of primary care, NHS England is responsible for the formal commissioning and contracting of 'core' services in line with the national GP contract. However CCGs also have a responsibility to build and maintain strong working relationships with their member practices, to address clinical variation and drive up the quality of services delivered within a primary care setting. In fact, it is a statutory duty for the CCGs "to assist and support NHS England in securing continuous improvement in the quality of primary medical services" (The Functions of Clinical Commissioning Groups, Department of Health, 12 June 2012). Delivery can only be realised by collaboration with, and investment by, the Area Team in primary care services. North Durham CCG has made it a priority to work closely with Durham, Darlington and Tees Area Team (NHS England) on the development of our strategy to ensure a shared vision for primary care for our local population.

With respect to the other independent contractors who deliver services within primary care, namely dentistry, pharmacy and optometry, again all core contracts are managed by the Area Team. However, North Durham CCG has a role to play in developing the market to promote the commissioning of additional services within such settings.

## Appendix 2: Local Health Challenges

Many people who live in the North Durham area have significant health challenges and problems. On average, they are more likely to die sooner than those living in other parts of the country. The main causes of early death include high levels of cancer, cardiovascular and cerebrovascular diseases.

Overall, the population of North Durham CCG has grown at a rate of 6.8% over the last ten years. This is much faster than County Durham (4.0%) or the north-east region (3.2%). Specifically this can be seen in Durham (7.6%) and Derwentside (7.8%). Population growth in Durham and Derwentside can be attributed to different drivers. Within Durham the main cause of population growth has been the expansion of the university, with private housing developments as a secondary contributor. Population growth in Derwentside is likely to be the result of housing developments in and around the Consett area. The anticipated population growth of 18,000 in the region will increase the demand on local health services. The North Durham CCG is linked in via NHS Property Services with Durham County Council to ensure that any developments are factored into our plans (see Premises section).

The population of North Durham CCG is ageing primarily due to people living longer (rather than due to migration). 37% of North Durham CCG's population is aged over 50 years, while 8% is over 75 years. The Office of National Statistics subnational population projections suggest that by 2030 24.5% of County Durham's population will be aged 65 and over.

With an ageing population, North Durham will also experience greater demand for hospital services and an increase in illnesses related to older people such as dementia. The large student population in Durham City results in a demand for sexual health, alcohol and harm reduction services.

Other key challenges facing North Durham include:

- Poor lifestyle issues such as smoking, alcohol, obesity
- Economic inequality related to unemployment and low incomes
- Children's health and lifestyles are poorer, on average, than elsewhere in the country

## Appendix 3: Engagement

North Durham CCG applauds all of the valuable work that they have undertaken over the years. We also value the work being undertaken by Healthwatch England, and look forward to increased collaboration with our local team in County Durham (http://www.healthwatchcountydurham.co.uk/). In particular, we are interested in the concept of Patient-centred leadership which is being promoted by the King's Fund. However, it is obvious that there are many groups of our population with whom engagement needs to increase. We need to find innovative ways to engage, and are particularly interested in how we might use the growing role of social media to engage with new people:

- Facebook
- Twitter
- A primary care development blog

We aim to provide the best experience possible for all of our patients. In order to achieve this, all of our services need increased engagement with, and feedback from, our patients.

## Appendix 4: Managing long-term conditions

### 4.1 Dementia care

There are examples of excellent standards of care being delivered for our patients with dementia by medical services, professional carers, voluntary services, and most importantly by their own relatives and friends. However, at times, care for this vulnerable group of patients is fragmented. We will work closely with all of the agencies involved to coordinate and improve delivery of care that is appropriate to the physical and mental needs of every patient. We will:

- Support the training of GPs and primary care nurses to a postgraduate level in dementia care. This will allow us to develop a team of 'dementia champions' across the CCG, and drive up standards of care across all practices.
- Work closely with our colleagues in the Tyne, Esk and Wear Valleys NHS Foundation Trust to improve collaborative care between primary and secondary care services.
- Work closely with Dementia UK (http://www.dementiauk.org/) and in particular aim to set up a team of Admiral Nurses (http://www.admiralnurseacademy.org/) across the CCG.
- Work closely with Social Care, in particular planning future housing needs and care provision.

### 4.2 Carers' care

All too frequently the needs of carers are forgotten. We will ensure that this is not the case. Carers comprise a very heterogeneous group, for example:

- The spouse of an elderly patient with a long-term condition
- The local family of a patient who lives alone
- The child of a young adult with complex health needs

We will work with Social Care, Healthwatch (http://www.healthwatchcountydurham.co.uk/) and voluntary agencies to ensure that carers obtain the support they need.

### 4.3 Cancer care

Cancer remains the single biggest preventable cause of premature death in the UK today. It is responsible for one in five of all deaths in adults aged 35 and over. Between 2008 and 2010 in County Durham 4,531 people died from cancer; almost 40% of premature deaths in County Durham were from cancer. Estimates suggest that over 160 deaths a year might be avoided across County Durham if more cancers were diagnosed early.

The incidence and mortality rates for cancer are significantly higher in County Durham than England as a whole, with higher rates in the more deprived areas of the county. Breast, lung, bowel and prostate cancers account for over half of all new cancers each year. Although cancer can develop at any age, it is most common in older people.

Improvements in cancer care over recent years have led to better treatments and greater survival rates. The UK is leading research in this area, in particular the Cancer Genome Project (http://www.sanger.ac.uk/research/projects/cancergenome/), and great strides are expected in the understanding of the causes of cancer, and therefore the treatment.

**Diagnosis** — we will work closely with our colleagues across secondary care to ensure that diagnosis of cancer occurs with minimal delay. We hope to set up 'one-stop shops' whereby every investigation takes place during one hospital visit following referral by a GP, reducing the need for repeated trips to hospital at what is a very stressful time for the patient.

**Treatment** — we will continue to commission the best possible secondary and tertiary care for the treatment of cancer, ensuring that any delays in the system are eradicated. A patient with cancer will receive the best possible treatment from the most appropriate clinical team with the minimal delay.

**Palliation** — unfortunately, sometimes a cure is not possible. Primary care teams work closely with palliative care teams, including Macmillan and Marie Curie Cancer Care. Staff at St Cuthbert's and Willow Burn Hospices provide fantastic care; as a CCG we will continue to support this, and also hope to be able to develop a 'Hospice at Home' service to improve care further.

### 4.4 Cardiovascular (heart) disease

Across our North Durham we have a high rate of cardiovascular (heart) disease, which we find unacceptable. We are tackling this problem in the following ways:

- Population screening and public health — prevention is the best way to manage North Durham's high level of cardiovascular disease.
- Working closely with the Public Health department of Durham County Council, in particular to ensure that NHS Health Checks and smoking cessation services are accessible to all of our patients.
- Working with Primary Care Pharmacy across our CCG to develop screening services that can be provided in pharmacies.

- Ischaemic heart disease — we will continue to work closely with our colleagues in secondary and tertiary care to ensure rapid access to the best possible diagnostic and management services for patients with suspected or proven heart disease.
- Heart failure — we are developing an improved service for patients with heart failure (suspected or proven) in collaboration with our colleagues in secondary care. This will provide speedy access to diagnostics, and optimal management following diagnosis.
- Atrial fibrillation — we will develop improved services for patients with atrial fibrillation. Excellent management of anticoagulation is provided through collaboration with Primary Care Pharmacy. We will improve detection of asymptomatic atrial fibrillation. We will work closely with our colleagues in secondary care to improve access to cardioversion for appropriate patients.

### 4.5 Cerebrovascular (stroke) disease

Across North Durham we have a high rate of cerebrovascular (stroke) disease, which we find unacceptable. We are tackling this problem in the following ways:

- Population screening and public health — prevention is obviously the best way to manage our high level of cerebrovascular disease.
- Working closely in collaboration with the Public Health department of Durham County Council, in particular to ensure that NHS Health Checks and smoking cessation services are accessible to all of our patients.
- We will work with Primary Care Pharmacy across our CCG to develop screening services that can be provided in pharmacies. Hypertension (high blood pressure) is a particular risk factor for the development of cerebrovascular disease; as this usually causes no symptoms it is vital that we screen our all of our adult population.
- TIA (transient ischaemic attack) — this is commonly known as a “mini-stroke”. It is a strong risk factor for the development of a stroke. We will work closely with our secondary care colleagues to continue to provide the best access to outpatient investigation via a ‘one-stop shop’ service; patients who have had a suspected TIA will be referred to this clinic for rapid assessment and treatment.
- Stroke rehabilitation — recovery from a stroke usually starts in hospital, in a dedicated stroke unit. The recovery may be prolonged, and often continues after discharge from hospital. We will ensure that we commission the best possible multidisciplinary team to promote recovery. As well as the usual members of the primary healthcare team, this will include physiotherapy, occupational therapy, speech and language therapy, and social care (for example, carers, social workers, and

housing).

### 4.6 Diabetes

Across North Durham we have a high rate of diabetes, predominantly Type 2 diabetes. The number of people with Type 2 diabetes is increasing and the average age of onset is decreasing. This is not acceptable. Diabetes is a major risk factor for the development of cardiovascular and cerebrovascular diseases. We are tackling this problem in the following ways:

- Population screening and public health — prevention is obviously the best way to manage our high level of diabetes.
- Obesity is the main cause of Type 2 diabetes. We are working closely with the Public Health department of Durham County Council to develop a strategy for tackling childhood and adult obesity. We also commission an increasing range and number of bariatric surgical procedures to treat obesity.
- We will work with Primary Care Pharmacy across our CCG to develop screening services that can be provided in pharmacies. Diabetes is usually easy to diagnose with a simple blood test which can be undertaken in a GP surgery or a pharmacy.
- Treatment of diabetes — this is provided via a multidisciplinary approach based in primary and secondary care. It is delivered primarily by doctors, nurses, dieticians, podiatrists, the retinal screening service, primary care optometry, and secondary care ophthalmology services. Rising costs of drug treatments, coupled with the increasing number of people with diabetes, in conjunction with the current NHS austerity measures present a real challenge to the North Durham CCG. We are working to develop a strategy for the management of diabetes since providing the best possible care for all of our patients with diabetes, will help to reduce the risk of complications.

### 4.7 Mental health problems

The good mental health of our population is a priority for the North Durham CCG. The majority of patients with mental health problems receive excellent treatment from their GP, practice nurse, or counsellor. Some patients are referred for further care. To ensure our patients receive the best possible standards of care, we will work closely with the Tyne, Esk and Wear Valleys NHS Foundation Trust (http://www.tewv.nhs.uk/) who provide the following services:

- Community mental health teams — including psychiatrists, community psychiatric nurses, psychologists, social workers, pharmacists, Talking Changes (http://www.talkingchanges.org.uk/), and crisis teams

- Child and adolescent mental health teams
- Learning disability teams
- Drug and alcohol services
- Secondary mental health teams (inpatient care)

### 4.8 Older persons

Many elderly people enjoy excellent health. Those who are frail and vulnerable, however, need particular care. The approach to delivering excellent care for these patients must be proactive and planned, rather than reactive. This care must be provided with dignity. We will work across North Durham to ensure that:

- Each elderly patient has a named GP to supervise and coordinate their care needs across in-hours and out-of-hours primary care, district nursing, social care, and secondary care.
- Each patient will have an individual care plan. This will be agreed with the patient, their relatives and carers.
- Fewer elderly patients are unnecessarily admitted to hospital, care being provided in a better and more appropriate way.

## Appendix 5: Research, innovation and health informatics

### 5.1 Research and Innovation

It has long been recognised that involvement in research, at a primary or secondary care level, is linked with high standards of health care. Across the North Durham CCG we have a small, but growing, network of research practices. These are linked to the Primary Care Research Network http://www.crncc.nihr.ac.uk/about_us/pcrn/ny. These practices are involved in research ranging from small local projects to large multinational studies. The CCG encourages the development of primary care-based research, and supports the Durham cluster Research Collaborative.

Innovation is a vital component in our drive for excellence in primary healthcare. The CCG is promoting TeleHealth as one of our Directed Enhanced Services this year. We see this as the beginning of the application of new technology to improve the care of our population.

We will work with the North of England Commissioning Support Unit (NECS) and the Academic Health Science Network (AHSN) to develop technology-supported clinical decision making and work designs.

The most important component of innovation across our CCG will be the application of high quality pathways of clinical care. These will cross all clinical areas, and we will ensure that they become embedded into day-to-day clinical practice. In this way, excellence will become the norm for our population.

### 5.2 Health informatics and communication

A strong information technology (IT) strategy is vital for the development of primary care.

The CCG is working closely with the North of England Commissioning Services (NECS) to develop a fit-for-purpose IT strategy, including:

- Ensuring all practices can migrate to web-based clinical systems
- Ensuring that clinical systems from different suppliers can communicate with each other, thus allowing collaborative working between practices
- Working towards e-prescribing
- Data sorting — developing a safe, open culture of data sharing

Other important work being undertaken includes:

- Collaboration with radiology services to allow use of the ICE system for requesting X-rays, ultrasound scans, MRI and CT scans [completed]

- Work with IT services in pathology to allow access to results through ICE across all Trusts, including mental health services [on-going]
- Promotion of the use of GPTeamNet (information sharing and management tool) across all practices [on-going]

**Appendix 6: Primary Care Premises**

NHS Property Services Limited is an independent organisation which works directly with NHS England. It works on behalf of NHS England to provide support for general practice premises. It has two main roles:

- Strategic estates management — acting as a landlord, modernising facilities, buying new facilities, and selling facilities the NHS no longer needs.
- Dedicated provider of support services such as cleaning and catering.

NHS Property Services Limited is working in partnership with Durham County Council to understand future plans in terms of town planning and the potential impact on local health services. Within North Durham it is anticipated that there will be an increase in population of 18,000, due to substantial redevelopment in Durham city, Consett, and Chester-le-Street. The impact on health services will need to be factored into the design of future healthcare. The North Durham CCG is linked in via NHS Property Services to the on-going work with Durham County Council to ensure any developments are factored into our plans.

It is recognised that in the current financial climate there is limited capability available to develop primary care premises via NHS England. However, there are a number of practices within our CCG which have been identified as priorities for future investment.

## Appendix 7 Working Together for Better Outcomes

North Durham CCG is collaborating closely with the following stakeholders, whose input is vital to our ambition:

- Social care
- Public health
- Care quality commission

### 7.1 Social care

The provisions of the Health and Social Care Act 2012 detail an increase in collaboration between the two streams of healthcare and social care, which have until now been separate in terms of organisation and funding.
We are working with Durham County Council to develop a vision of shared care for our population. Of particular interest for the future are:

- Supported homes — using IT to enable independence **http://www.rcplondon.ac.uk/resources/care-closer-home**
- Supported communities (Pickering pilot) — inclusion matters, density of social interaction
- Community activity centres and gyms

### 7.2 Public health

The recent reforms to NHS England present opportunities for a more proactive approach to prevention and population health, and there is much that individual general practices can do to contribute. However, sustained progress will depend on alliances with other practices, local communities, clinical commissioning groups, local authorities, academic and research groups, and the full range of community partners and providers.

We are working with County Durham Public Health to develop an assertive public health campaign with emphasis on tackling the following problems:

- Adult obesity
- Childhood obesity
- Alcohol misuse
- Substance misuse
- Tobacco control
- Promotion of breastfeeding

We will work with County Durham Public Health to develop more preventative services for our population. Vital to our strategy is the trio of early health risk

screening with diagnostics and appropriate interventions.

### 7.3 Care Quality Commission (CQC)

We value the work being undertaken by the CQC, and especially the recent appointment of the first Chief Inspector of General Practice, Professor Steve Field. It is important to recognise the five questions that underpin CQC inspections, and consider these with regard to all of our primary care services across the CCG:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they well led?
5. Are they responsive to people's needs?

## Appendix 8: Primary Care pharmacy, dentistry and optometry

There are 50 Community Pharmacies in the North Durham CCG area. This includes two distance-selling pharmacies. The following enhanced services are provided by North Durham pharmacies (the figures in brackets are the number of providers):

| | |
|---|---|
| Smoking cessation Level 2 (14) | Anti-coagulation (3) |
| Nicotine replacement therapy (45) | Not dispensed (pilot scheme North Durham) |
| Emergency contraceptives (36) | Gluten free (pilot scheme North Durham) |
| Minor ailments scheme (45) | Checks4life |
| Chlamydia screening (25) | IBA Alcohol |
| C Card (28) | Flu service |
| Needle X (4) | Palliative care service |
| Substance misuse supervised consumption (20) | Food thickening voucher service |

The North Durham CCG area has 34 dental practices and 28 optometry practices. The CCG aims to facilitate closer working between primary care and community pharmacy, dentistry and optometry, as well as between primary care and ophthalmology services within secondary care.