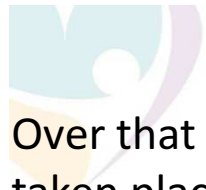




Oldham CCG



## Oldham's Position

Over that last year, with a new leadership team, an objective review of Primary Care has taken place on the work that was commissioned historically with the support of CQC, MiAA, NHS England alongside other partners.

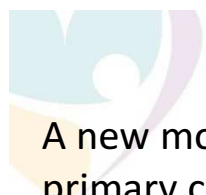
This has raised many issues resulting in focussed work taking place to ensure the safety of patients and support individuals in practice to deliver services.

Work remains ongoing to close down 2016/17, 2017/18 & 2018/19 work which is aimed to be completed by April 2020.

Performance across Primary Care continues to improve despite the challenges known to us all and from the data received from Primary Care Plus is indicating it is, in the main, working as planned by reducing inequalities and improving health outcomes.

Work has commenced to develop a Primary Care Strategy that identifies our priorities. The first draft is currently underway that will identify the CCG priorities as directed by the National and GM position.

Our Primary Care Networks will be part of the development of this and will be asked to support the design of the outcomes expected and the services delivered within each PCN. This will be launched on 1 April 2020 and will support us to deliver our overall commissioning intentions.



## Primary Care Commissioning Intentions

A new model of Primary Care is required across Oldham so we can be assured we have a sustainable primary care offer, with a strong workforce who have a manageable and appropriate workload, that are able to meet the needs of our population's fluctuating demands across our health and social care economy.

We know across Oldham:

- The capacity, scale, resilience and quality of the current business model in primary care across Oldham is not fit to respond effectively to future challenges
- Whilst there are examples of good Primary Care in Oldham, we know that there is considerable variation in access to care and in health outcomes
- Infrastructure plans need to be forward looking and demonstrate how the asset base will be developed to be a key enabler for service transformation
- There is considerable interest amongst local GP's (and other providers) in examining the benefits that may arise from introducing new models of care and realising the benefits of working at scale

We will achieve...	How we plan to commission for this...
A reduction of unwarranted variation in clinical care to help ensure that the health community makes the most appropriate use of the scarce resources that are available	Encourage and support general practice to provide core practice first and foremost
Improve resilience and quality in Primary Care	Development of a primary care assurance framework that delivers 'Good' as standard and develops workforce
Ensure the active engagement of primary care in the improvement of population health management	Develop primary care networks (PCN) and build a local strategy that is based around meeting the needs of each PCN's population with the appropriate workforce to deliver the agreed outcomes



# GP Assurance Framework

## **New Assurance Framework for General Practice in Oldham**

- Visits to practices will take place on an annual basis as a minimum. This supportive process will form part of the ongoing dialogue between practices and the CCG
- As well as a focus on clinical quality performance, the visits will include consideration of practice governance
- The CCG will compile and monitor national comparative data (including QOF and GP patient survey), local information (including safeguarding and infection control), and current CQC inspection ratings. The dashboard will help inform the discussions during the practice assurance visits. The dashboard will be routinely shared with networks to support them in their ongoing work. Data will be put into the context of each provider and used alongside other intelligence to gain an understanding of any potential risk to quality or patient safety
- Where a potential or actual risk is identified, the CCG will take the necessary steps to assure itself that adequate and effective support is being provided to reduce the risk, identify any ongoing areas for improvement and be able to demonstrate and measure that improvement. The focus will be the same for all practices: support to improve, with market exit as a last resort.
- Visits will commence early 2020 following recruitment to the Primary Care Team



## Care Quality Commission Inspections

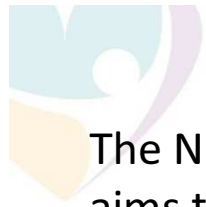
Date	Outstanding	Good	Requires Improvement	Inadequate	Not Inspected	Total
August 2019	4.65% (2)	74.42% (32)	14% (6)	4.65% (2)	2.33% (1)	100% (43)
October 2019	4.65% (2)	72.09% (31)	11.63% (5)	6.98% (3)	4.65% (2)	100% (43)

x5 RI Practices are:

- Jarvis
- St Chads
- Moorside
- Lees
- Kapur

X3 Inadequate Practices are:

- Littletown Family Medical Practice
- The Parks
- South Chadderton Health Centre



## Case for Change

The NHS Five Year Forward View sets out the case for change in healthcare. Oldham CCG aims to enable general practice to play an even stronger role at the heart of more integrated out-of-hospital services. These will deliver better outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources.

Our vision for transformation in primary care is built upon a compelling case for change with a clear set of drivers for improvement. In developing the primary care strategy, key themes have been used to underpin our planning activities in the short to medium term and these build on the work already undertaken and the improvements achieved.

### **Demand and Variation**

- Feedback shows there is still room for improvement when offering a service which is fully accessible to patients. The increasing level of demand both from an aging population and raised patient expectations means that primary care needs to find new ways of both managing activity, whilst at the same time delivering services in ways that meet patient needs. It is well known that there are limited numbers of GPs available within primary care and so assessing skill mix to make the best use of the skills and expertise available should be a focus. Because there are many different contractors providing services, variation is inevitable. However, primary care providers need to come together to make processes and pathways more efficient and consistent across the whole of the service.



## Case for Change

### **Workforce challenges**

- Challenges around sustaining a competent and motivated workforce are well documented through evidence from Health Education England's Workforce Audit Tool, and providers' feedback around the pressures of recruiting and retaining staff. Added to this, Oldham has a significant number of GPs, Nurses and Practice Managers approaching retirement age and continues to struggle as an under-doctored area compared to other CCGs. Staff development and succession planning need a joined up approach with other local partners to avoid the cycle of staff moving around the healthcare system.

### **Contracting and Funding**

- Primary care contracting is complex and not always focussed on outcomes for patients. We recognise that implementing and monitoring contracts across so many providers offers challenges. With the shift of care into the community, effective and properly funded contracts are vital. Integrated approaches which are focused on the needs of the patient and improvements to the quality of care are needed to ensure that different groups of providers work better together.



## Case for Change

### Walk in Centre Review Findings

- High level of un-registered patients attending - approx. 15% of activity
- 15% of total antibiotic prescribing for whole of Oldham
- Current cost for the service is £1.5m with a prescribing budget of £40,265,414 spent to date. This makes up approx. 2% of total prescribing in Oldham.

### Potential Future Service

- Alternative urgent care service to deliver ambulatory care services
- Alternative Long Term Conditions management service to support the reduction in out patient activity





## PCN Deliverables

We need to update and understand where each Network is against the PCN Maturity Matrix. This matrix is not a binary checklist or a performance management tool. It is designed to support network leaders, working in collaboration with systems, places and other local leaders within neighbourhoods, to work together to understand the development journey both for individual networks, and how groups of networks can collaborate together across a place in the planning and delivery of care.

Using the matrix as a basis for these discussions will allow networks to:

- Come together around a shared sense of purpose, identify where PCNs are in their journey of development and consider
- Consider how they can build on existing improvements such as those that may have been enabled by the GP Forward View and other local integration initiatives.
- Make plans for further development that help networks to continue to expand integrated care and approaches to population health, and that can best meet the health and care needs of the population served by the network.
- Identify support needs using the PCN Development Support Prospectus as a guide for framing support plans



## PCN Deliverables

Following the completion of the maturity matrix agreement on how the five reimbursable roles below are delivered:

- Clinical pharmacists (from 2019)
- Social prescribing link workers (from 2019)
- Physician associates (from 2020)
- First contact physiotherapists (from 2020)
- First contact community paramedics (from 2021)