

# Southampton TARGET Event

Thursday 26<sup>th</sup> September 2024



## Fire Regulations

If attendees will be leaving the event before 5.05pm please could you confirm this with the Primary Care team before leaving



## SIGN IN TO THE EVENT

Please ensure you scan the QR Code which is also printed at the bottom of your agenda to sign in to the event.

If you do not sign in to the event, the ICB will not be aware of your attendance.



## Evaluation Sheets

We have made some changes to the evaluation forms and certificates; these will now be sent through via email

Every single sheet is reviewed by the primary care team and your feedback is crucial



# Heads Up Agenda

Topic	Speaker
Introduction	Josie Teather-Lovejoy
Primary Care Strategy for HIOW	James Roach / Tom Bertram
Local Update	Josie Teather-Lovejoy / Sarah Young
Introduction to the Peer Ambassador Programme	Dr Mead Matthews



# Primary care Strategy Update

**September 2024**



## National context

- New government
  - NHS broken... but not beaten
  - And no money...
- Darzi report: NHS in critical condition; deterioration in nations health
  1. Austerity and capital starvation
  2. Impact pandemic and aftermath
  3. Lack of patient voice and staff engagement
  4. Management structure / systems (undermanaged)
- Advocates need for investment in integrated preventative care, highlighting disproportionate spend in hospitals

## ICB context

- Successful national primary care transformation visit
  - One of ten ICBs
- Winter resilience / INT/ virtual ward investment case in progress
- Planning for 25/26: shift to left
  - Primary and local care investment
  - Investment in prevention
  - Key focus on primary-secondary care interface
- Increasing focus on providers not meeting financial plan
- Organisational redesign



## Call for nominations for ICB board primary care partner member

- Email via LMC/LPC/LOC/LDC with call for nominations
- One member must be a current provider of primary care services (within primary medical, pharmacy, optometry or dental services being a registered clinician within any of these settings to include nursing and allied health professionals), working a minimum of two sessions per week in a primary care setting within Hampshire and Isle of Wight
- One member must be a current provider of general medical services, working a minimum of two sessions per week in a primary care setting within Hampshire and Isle of Wight.
- Nominations process: each GP practice within Hampshire and Isle of Wight, is defined as a nominating organisation. You are able to make up to two nominations per organisation. Each nomination needs to be seconded by one of the other nominating organisations within the system.
- Once nominations have been received, a list of all eligible nominations for each partner member role will be shared with you. You will have ten working days to consider the full list of nominations for progression to the next stage of the process. Any concerns or objections should be communicated as soon as possible.
- The next steps in the application process includes providing a CV, supporting statement and a discussion with the appointments panel as well as undergoing safer recruitment and fit and proper person tests.

## Horizon

- Single Primary Care Team aligned with nursing and quality operating at system level to strengthen our local offer
- PCOGs remain in situ with enhanced support from PCAC as a Sub- Committee of the Board
- A refreshed Primary Care Strategy to align with renewed ambition and Government direction of travel
- Primary Care in the planning round and at the centre of all system transformation programmes
- Planning 25/26: reduce spend in acute providers, to shift funding to primary / local care
- A General Practice resilience scheme aligned with the realities of delivery and a clear request for resource
- Primary Care Provider Collaborative – scale, relevance and positioning
- Strategic estates review –redirecting system capital to support and enhance the needs of General Practice
- Financial planning beyond the transactional year – ready reckoner and supporting the business of General Practice
- Governance that adds value and grows our profile in the system – The Primary Care Provider Board
- Public and political engagement –*“It takes a team”*
- Workforce pipeline and our work with the Primary Care School –ie PN Conference
- **Integration ( across Primary Care) Integration ( with our community ) integration ( with our providers)**
- Transformation programmes:
  - Priority INTs
  - Primary care core part of all programmes
  - Same Day Access
  - Digital and workforce strategies

Thanks to Tim Cooper

Clinical Director for Primary & Local Care

Background

What does success look like?

Good communication

*Commit to improving our communication strategy*

Strong relationships

*Practice, PCN, scale organisation, ICB*

*Prioritise time to visit you where you work*

Effective primary care strategy

*More to follow*

High level of trust

*Deliver against our objectives*

# Approach to sustainability

## Practice

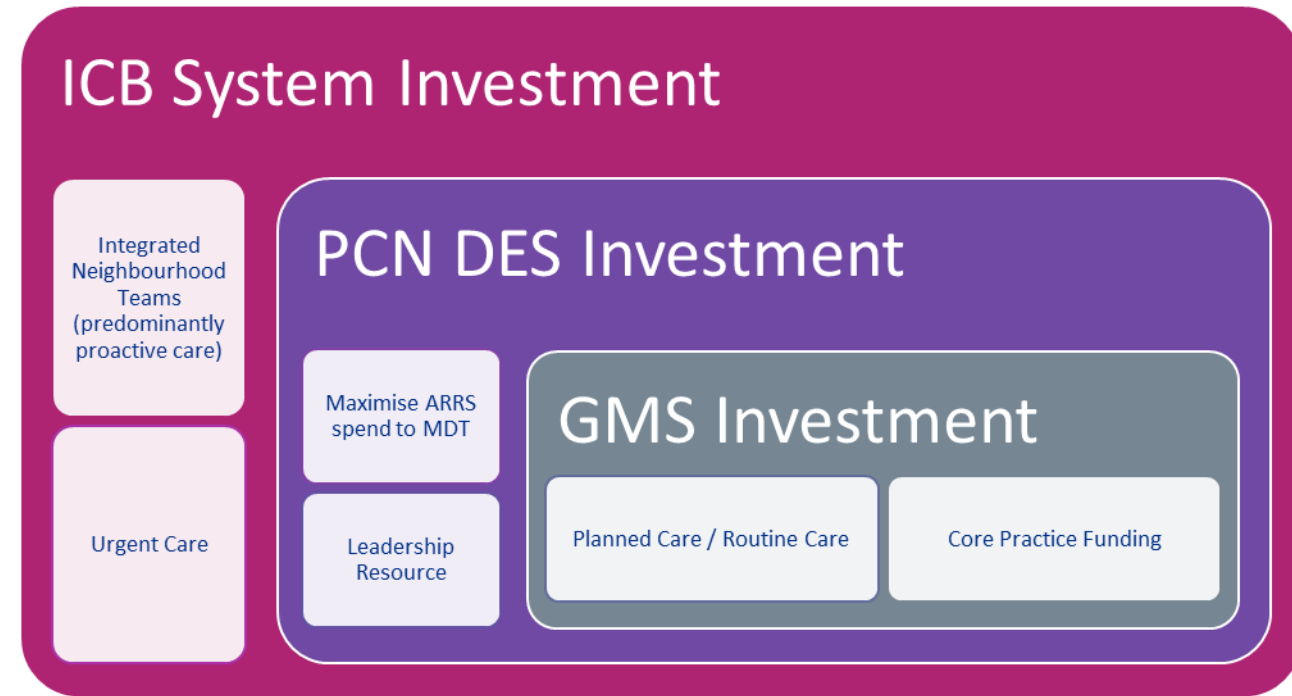
- Known increase in GMS with aim to secure further investment in GMS moving forward
- Development of the HIOW Primary Care Resilience Scheme
- Level of investment beyond GMS, infrastructure support, high impact actions, quality improvement
- Securing and maintaining levels of investment beyond GMS contracts
- Strong independent practices
- Addressing estates challenges through proactive dialogue with the DV and NHS Prop Co.

## PCN

- Maximise ARRs spend and plan to utilise underspend
- Pharmacy First
- Estates modelling, and future strategy
- Clinical model promoting continuity of care

## Primary care at scale

- Investment case for INW and same day access
- Support with management of cost pressure
- Development of a Primary Care Provider Collaborative



### 3 layers of investment

**GMS – Core BAU\***

**PCN DES – expansion of MDT/scale working**

**ICB System Investment – Increased capacity**

# Priorities for Clinical Input



Hampshire and Isle of Wight

## Clinical Leadership:

- Leadership across all 4 workstreams feeding into Local Care Programme Board
- Leadership for delivery at Place & Neighbourhood Level
- Clinical Peer Ambassadors.

Neighbourhood Access	<ul style="list-style-type: none"><li>• Implementation of risk stratification &amp; senior decision maker led models for routine &amp; urgent</li><li>• Identification of phase one for Neighbourhood Access Hubs (evolution of Infection Hubs)</li></ul>
Integrated Neighbourhood Teams	<ul style="list-style-type: none"><li>• Identification of prioritisation of Neighbourhoods</li><li>• Development of INT models with ICP partners</li><li>• Leadership for delivery at Place/Neighbourhood Level by segmented populations (Priority - Frailty)</li></ul>
'Home is Best' Intermediate Care	<ul style="list-style-type: none"><li>• Intermediate care</li><li>• Integrated Frailty Admission Avoidance (including Virtual Wards)</li></ul>
Virtual Care	<ul style="list-style-type: none"><li>• Clinical leadership for Virtual Care Design Group for the digital infrastructure across the continuum care (proactive/ reactive)- Scope to be defined does this include SPOA, advice &amp; guidance etc)</li><li>• Collaborative leadership for Virtual wards across Frailty, Respiratory, Heart Failure &amp; Paeds)</li></ul>
Frailty and other Major Conditions	<ul style="list-style-type: none"><li>• Reducing unwarranted variation to improve outcomes at Place &amp; Neighbourhood</li><li>• Community Service Redesign</li></ul>

# Improving the way we communicate

All places have;

- Touchpoints with their PCN CDs

- Communication with their practice managers

Only some areas reach out to all GPs/practices

GP Bulletin

- Who receives this? Who reads this?*

LMC/ICB webinar

- Who has an invite? Who is able to attend?*

Hampshire and IOW wide primary care webinar

- What would you like it to look like?*



# Questions!

armacy



Hampshire and Isle of Wight

# Local Update

Josie Teather-Lovejoy /  
Sarah Young







Hampshire and Isle of Wight

# Introduction to the Peer Ambassador Programme

Dr Mead Matthews





England

# Your Friendly Neighborhood :

# Peer Ambassador

xxxxxx



# Our Charter – Why, How, What, Not...

- **WHY** is there an Ambassador's programme?

- ❖ Our support programme is founded on the belief that peer support is a powerful tool in the world of General Practice. We all face similar challenges, and we aim to foster an environment that supports and effectively empowers practices to learn from each other. We want to help each other be the best we can be.



- **WHAT** do we want to achieve?

- ❖ We want to empower you to lead your team through effective improvement. We can help you understand where you're ready for change and how to get ready where you're not. We want to help unlock lightbulb moments.



- **HOW** do we support?

- ❖ We are empathetic and understanding, fair and safe. We want to build and maintain your trust. We will share our experiences with you and build confidence using data.



- **What are we NOT?**

- ❖ We are not performance management or experts in your practice. We do not make decisions. We will not be biased or impose our support on you. We are not spies looking for problems.

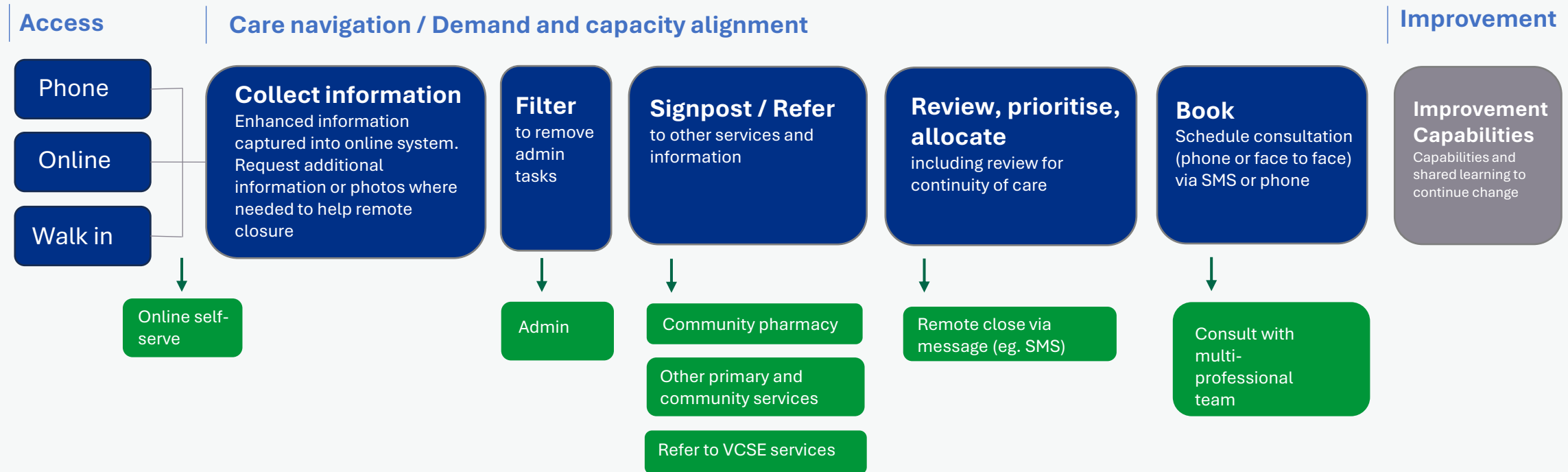


# Modern general practice

## Objectives



## Modern general practice model



# Improving patient and staff experience of general practice involves aligning multiple elements

Well-designed patient journeys and well-designed workflow supported by digital tools are critical enablers

## 1. Goal

**Improvement in patient experience / practice experience of general practice**  
Better alignment of existing capacity with need

## 2. Model

**Modern general practice model**  
A fairer, safer, more sustainable model for general practice

## 3. Plan

**Primary Care Access Recovery Plan (PCARP)**  
System ownership

## 4. Critical enablers

**GP websites**  
Highly usable and accessible patient journeys for key tasks

**NHS App**  
Supporting self-service + better integration with practice workflow

**Digital and Data tools**  
Better digital and data tools for practices; telephony, online consultation, booking and comms tools

**Pharmacy First**  
To increase wider primary care clinical services

**Workforce**  
To build capacity, skills and leadership

**Incentives**  
Transition and Transformation cover, CAIP

## 5. Transformation support

**General practice improvement programme (GPIP) and Care Navigation Training**  
Universal and 'hands on' support for practices and PCNs to implement modern general practice using an improvement approach and build capability within teams for continual improvement

## 6. Communications

National and local public communications