

Greater Manchester Joint Commissioning Board

Date: 21 January 2020

Subject: GM Primary Care Strategy and Implementation plan, with the GM Primary Care Workforce Strategy

Report of: Sarah Price, Executive Lead for Commissioning and Population Health, GMHSCP

PURPOSE OF REPORT:

The purpose of this paper is to seek approval of the Greater Manchester primary care strategy and primary care workforce strategy.

KEY ISSUES TO BE DISCUSSED:

The ambition for primary care is for people in Greater Manchester to live well and to their full potential, with more people in employment, living healthier lifestyles and with good mental health.

GM aims to provide the best primary care to the population of Greater Manchester as well as ensure we have the adaptability and underlying support to continue to do so for many years to come. However, certain things are necessary to achieve this level of sustainability. We need the right number and types of organisations, in the right setting, as well as the right workforce to provide primary care. We need leaders who can work across Primary Care Networks, neighbourhoods, localities and GM to develop systems and local responses fit for both current and future needs. We must also have the infrastructure in place to meet the changing demands of primary care provision as it evolves over time. This includes understanding the environmental impact of everything we do.

The GM primary care strategy and primary care workforce strategy aims to achieve this by expanding the traditional concept of primary care with more focus on digitally enabled, multidisciplinary, integrated preventative support, based in the right place for local populations. This will not only aim to improve the quality of primary care delivery and improved population health outcomes, it will also help to ensure its future sustainability.

RECOMMENDATIONS:

The Greater Manchester Joint Commissioning Board is asked to:

- Note progress to date
- Support the revised Primary Care Strategy and implementation plan for Greater Manchester
- Support the Primary Care Workforce Strategy
- Agree next steps

CONTACT OFFICERS:

Laura Browse

laura.browse@nhs.net

Angela Osei

angela.osei@nhs.net

SYSTEM ENGAGEMENT

Please complete the information below to outline the discussion with sectoral governance groups prior to submitting to the GM Joint Commissioning Board. If it is not appropriate / deemed necessary for a discussion with a particular group please state why.

PRIMARY CARE PROVIDER BOARD (PCB)

Has the paper been discussed by PCB? Yes

Date of meeting: 24/04/19 and 29/05/19 (and discipline specific boards for GP, dental, optometry and pharmacy)

Key points to be fed into JCB:

- Recognition of the contribution of wider primary care in the delivery of Taking Charge

PROVIDER FEDERATION BOARD (PFB)

Has the paper been discussed by PFB? Yes

Date of meeting: 13/09/19 and 10/01/19

Key points to be fed into JCB:

- Reflection of other GM plans

WIDER LEADERSHIP TEAM (WLT)

Has the paper been discussed by WLT? No

If no please outline the reason: Primary care strategy will be shared with stakeholders as part of wider engagement

STRATEGIC PARTNERSHIP EXECUTIVE BOARD (PEB)

Has the paper been discussed by PEB? No

If no please outline the reason: Scheduled for 23/10/20

GM CCG DIRECTORS OF COMMISSIONING (DOCS)

Has the paper been discussed by DoCs? Yes

Date of meeting: 13/08/19 and 10/12/19

Key points to be fed into JCB:

- Recognition that there is no financial commitment from CCGs and CCGs will implement as appropriate

GM CCG CHIEF FINANCE OFFERS (CFOS)

Has the paper been discussed by CFOs? Yes - Joint session with Directors of Commissioning

Date of meeting: 10/12/19

Key points to be fed into JCB:

- As above

GM LA HEADS OF COMMISSIONING (HOCS)

Has the paper been discussed by HoCs? No

If no please outline the reason: Primary care strategy will be shared with stakeholders as part of wider engagement

GREATER MANCHESTER PRIMARY CARE STRATEGY AND PRIMARY CARE WORKFORCE STRATEGY

1.0 PURPOSE

- 1.1. The purpose of this paper is to seek approval of the GM Primary Care Strategy and Primary Care Workforce Strategy.

2.0 INTRODUCTION

- 2.1. The refreshed primary care strategy aims to deliver the best outcomes for the GM population as well as the workforce. It describes the renewed ambition for primary care and its contribution to the delivery of 'Taking Charge', with everyone in Greater Manchester having the opportunity to proactively manage and take more responsibility for their own physical and mental health and wellbeing. This means giving them easily accessible, timely access to good quality primary care, seven days a week, in familiar settings close to where they live.
- 2.2. The NHS Long Term Plan describes how digitally enabled, Primary Care Networks (PCNs) will take a proactive approach to managing population health and better identify those that would benefit from more targeted support, including dedicated support to care home residents. It states that fully integrated community-based health care will be provided by multidisciplinary teams including GPs, pharmacists, district nurses, and allied health professionals, working across primary care and hospitals. In Greater Manchester, our ambition exceeds this.
- 2.3. People and communities in GM will have access to high quality, fully integrated, place-based care and be provided across neighbourhoods of 30-50,000 people. The power of the 67 Primary Care Networks (PCNs) will be integral to the design and delivery of these neighbourhoods and will collaborate, as a vital part of their local communities, with general practice, pharmacy, dentistry and optometry operating within a single system.
- 2.4. With the introduction of new roles working in PCNs, the primary care workforce will be much broader in terms of roles and skills. They will feel recognised and valued, with parity of esteem across organisations and sectors. They will enjoy fulfilling work that provides opportunities for development and career progression.
- 2.5. Both strategies aim to provide an overarching framework for the whole of primary care (general practice, dentistry, optometry and pharmacy) which is flexible enough to be interpreted at a locality level.

3.0 BACKGROUND

- 3.1. GM launched its five-year primary care strategy in early 2016 – 'Delivering integrated care across Greater Manchester: The primary care contribution' – which

outlined how primary care providers and professionals could collectively work towards achieving the ambition for Greater Manchester.

- 3.2. The refreshed primary care strategy builds on previous successes, including the roll out of 7-day extended access, training of over 1700 general practice administration and clerical staff, supervised tooth brushing schemes in over 700 early years settings, over 2500 'dementia friends' in community pharmacy and the roll out of enhanced sight tests for people with learning disabilities. These are just a few of the highlights.
- 3.3. Although we are near the end of the current primary care strategy, it is appropriate to review and reflect on progress in the context of neighbourhoods, place-based working and the publication of the NHS Long Term Plan. This offers a chance to build on what has already been achieved and continue to address the challenges that GM still faces.
- 3.4. With more responsive primary care, people will experience more joined-up services and have greater involvement in decisions about their care. There will be better access to a wider range of professionals in the community, with different ways of accessing advice and treatment such as digital, telephone and physical services. This place-based approach will redefine services and place individuals, families and communities at the heart.
- 3.5. The aim is for our GM workforce to experience more satisfying work by concentrating on what they do best – providing high quality health and care to the 2.8m population of Greater Manchester. The outcome of this will be to provide better care for the population and offer the workforce improved work-life balance.
- 3.6. To make these plans a reality the refreshed primary care strategy focuses on:
 - Delivering a neighbourhood, place-based approach, bringing care closer to home
 - Supporting personalised care through trusted relationships developed over time
 - Improving primary care quality across Greater Manchester, reducing unwarranted variation and supporting better health and wellbeing for everyone
 - Making the system sustainable, so primary care can manage both current and future demand
- 3.7. The primary care workforce strategy is a key enabler to the delivery of the GM primary care ambition, focusing on:
 - Delivering 21st century care
 - Creating a sustainable workforce
 - Making Greater Manchester a great place to work

- Developing a new operating model

4.0 THE GREATER MANCHESTER PRIMARY CARE STRATEGY

4.1. The refreshed strategy describes the future for primary care within the context of place-based, neighbourhood working.

4.2. It aims to move away from the traditional siloed approach to health and care, enabling people to access the most appropriate professionals and services directly. This might include physiotherapy, midwifery, district nurses, podiatry, work advisers, social care, or the c15,800 voluntary, community and social enterprise (VCSE) organisations in GM. New and enhanced roles in primary care, such as pharmacists in General Practice, social prescribing link workers and physician associates, will further ensure that people are always seen by the most appropriate professional, and in the most appropriate setting. Other roles such as community paramedics and first contact physiotherapists provide opportunities for rotational roles across primary, community and secondary care.

4.3. Our Model of Care

4.3.1. The strategy describes the ambition to create a system in Greater Manchester that understands the relationship between health and the wider determinants of health. This will mean people can access support to identify and address their medical, social and emotional needs in one process, so they receive more timely and appropriate help from the professionals and services best placed to provide it.

4.4. Primary Care Quality

4.4.1. Reducing unwarranted variation and improving quality continues to be a key theme of the primary care strategy. Quality means ensuring everyone gets equitable access to consistently high standards of care, with services based on evidence of what benefits patients and delivered in the best way possible by people with the right skills and experience. To keep improving the quality of primary care in Greater Manchester we need to address issues such as inconsistencies in care and health inequalities affecting sections of our population or specific localities and neighbourhoods.

4.5. Sustainability

4.5.1. GM aims to provide the best primary care to the population of Greater Manchester as well as ensure we have the adaptability and underlying support to continue to do so for many years to come. However, certain things are necessary to achieve this level of sustainability. We need the right number and types of organisations, in the right setting, as well as the right workforce to provide primary care. We need leaders who can work across Primary Care Networks, neighbourhoods, localities and GM to develop systems and local responses fit for both current and future needs. We must also have the infrastructure in place to meet the changing

demands of primary care provision as it evolves over time. This includes understanding the environmental impact of everything we do.

5.0 THE GREATER MANCHESTER PRIMARY CARE WORKFORCE STRATEGY

5.1. The primary care workforce strategy sets out a vision for the primary care workforce as one of the key enablers to achieving the Greater Manchester ambition.

5.2. The primary care workforce strategy aims to tackle the workforce challenges as well as develop a workforce that is fit for the future. It provides a framework for a range of initiatives, solutions and interventions. It focuses on practical and deliverable long-term solutions to key challenges, bringing together local, GM and national priorities.

5.3. Delivering 21st century care

5.3.1. Increasingly primary care providers are expanding their services to accommodate the needs of people who would previously have been treated in hospital. Across Greater Manchester, primary care will be upskilled to deliver these services. The workforce will be supported to enable them to work with new technologies and innovations while continuing to provide quality services that are accessible to all. New roles, such as the nurse associate, will bring additional capacity and skill mix into primary care.

5.4. Creating a sustainable workforce

5.4.1. Improving the retention of existing staff will reduce the reliance on new staff or locums to meet increasing demands. Opportunities presented through 'Return to Practice', retire and return programmes and international recruitment will need to be maximised. The workforce will have opportunities to improve their skills which may include rotational working, opportunities to undertake research, mentoring and enabling backfill to undertake training.

5.5. Making Greater Manchester a great place to work

5.5.1. Work is ongoing to develop a consistent offer for talent in GM and a future talent pipeline for leaders and workforce across the breadth of public services. Primary care leaders in GM will need specific expertise required to lead a 'place' across organisational and professional boundaries, and a system in which people take priority over process. New models, such as group consultations, could become a routine model of care for people with long term conditions, and delivered by a much broader range of staff.

5.6. A new operating model

5.6.1. The Greater Manchester Training Hub is a collaboration of four Enhanced Training Practices, providing support around workforce development and retention. It is designed to meet the educational needs of the multi-disciplinary primary care team, ensuring the workforce have the necessary skills, at the right time in the right place. This will be enabled through close working relationships with higher education

institutes, ensuring that primary care is seen as the career of choice in Greater Manchester.

6.0 STRATEGY DEVELOPMENT AND ENGAGEMENT

6.1. An early draft of the primary care strategy was developed by a time limited task and finish group. The group had representation from primary care commissioners, primary care providers (including LMC), Person and Community Centred Approaches and Population Health.

6.2. Further feedback was received and incorporated from the Primary Care Provider Board (and discipline specific boards for general practice, pharmacy, eye health and dental), GM Directors of Commissioning, Delegated Management Oversight Group, LCO Network, LCO Chief Officers Group, Commissioning Leadership Group, Joint Commissioning Board, Provider Federation Board, the VCSE sector and patients and the public. It is aligned to the GM Primary Care Workforce Strategy, the transformation plans for the GM Local Professional Networks, as well as Taking Charge: The Next 5 Years and the NHS Long Term Plan.

6.3. Throughout the engagement process, thinking regarding the strategy has evolved. Through further iterations the primary care strategy reflects the LCOs and PCNs as enablers to the GM neighbourhood model, as well as having greater emphasis on 'place' and the opportunities for greater secondary, community and primary care collaboration.

6.4. Implementation

6.5. Primary Care Strategy

6.5.1. A system wide co-production workshop was held in October 2019 to facilitate the development of the primary care strategy implementation plan. The workshop was well attended with 25 colleagues representing primary care providers, commissioners, LCOs, acute trusts and workforce.

6.5.2. The primary care implementation plan describes each project within the primary care programme. However, workshop attendees prioritised the following programmes of work within the strategy as follows:

- Integrated neighbourhood working – including estates, PCN development, communications and engagement, and Organisational Development and leadership
- Digitally enabled primary care – including online consultations, digital first primary care and transactional services
- Workforce development – across the breadth of primary care
- Managing demand – including urgent and emergency care and extended 7-day access

6.5.3. The implementation plan includes projects that are in the 'delivery' stage e.g. *Pride in Practice* and projects in the 'discovery' or 'define' stage such as *Increasing Research in Primary Care*.

6.5.4. Each project details the 'ask' of localities and the 'ask' of Greater Manchester. Funding, where known, is detailed on page 11 of the implementation plan. No financial commitments have been made in the strategy or implementation plan on behalf of localities. Where there is a commissioning requirement, this has been detailed in the locality 'ask' and will progress through the usual GM governance for approval/agreement.

6.6. *Primary Care Workforce Strategy*

6.6.1. Although the implementation plan for the primary care workforce strategy is comprehensive and still under development, the following have been highlighted as priorities:

- Governance and system architecture – including the role of the GM Training Hub
- Identifying critical gaps – including workforce data, trajectories and planning across all primary care
- PCN new roles – this will be wider than GPs, including employment mechanisms and ensuring staff are 'primary care ready'
- Nursing – including the recruitment, retention and flexible employment models for general practice and dental nurses
- Digitally enabled primary care – including the development of the primary care platform and preparing staff for the move towards technology
- The locum workforce – including review of usage across all disciplines and roles, engagement and development/sharing of best practice
- New models of care – including employment models, blended roles and rotational working

6.6.2. Work will continue to develop the implementation plan in conjunction with other programmes including (but not limited to) the Medical PMO, the GM Delivery Group (nursing and Allied Health Professionals) and Adult Social Care.

7.0 RISKS AND MITIGATIONS

7.1. There are a number of high-level risks (detailed below) to the delivery of primary care transformation in Greater Manchester. Detailed risks are captured as part of the GM Primary Care risk register.

- 7.2. **Alignment of primary care and the GM place-based neighbourhood model** – Primary care networks and wider primary care are key enablers to the development of the GM neighbourhood model. However, there is a risk that the GM neighbourhoods and primary care may develop in isolation.
- 7.2.1. **Mitigation** – The Primary Care Provider Board (and discipline specific boards), along with the GM Local Leaders Network, LCO Chief Officers Group and commissioners will work in collaboration to ensure that the priorities of the neighbourhoods and PCNs remain aligned.
- 7.3. **Primary care workforce** – Primary care cannot achieve its plans for transformation without a sustainable workforce. In general practice there are several GPs and nurses reaching retirement age and there is much to do to improve recruitment and retention. In dentistry an increasing number of dentists are choosing to work in private practice rather than provide NHS services. There are also significant issues in recruiting dental nurses. If we could utilise pharmacy staff such as technicians better, this would improve retention as well as release capacity of community pharmacists
- 7.3.1. **Mitigation** – The implementation of locality workforce plans, Local Professional Network (LPN) plans for workforce and the Greater Manchester Primary Care Workforce Strategy will ensure that GM develops an integrated workforce that is sustainable now and able to adapt to future changes
- 7.4. **Development of system leaders across primary care** – Through the development of PCNs there will be significant leadership development opportunities for GPs/Clinical Directors. There is no resource in place for emerging pharmacy, dentistry and optometry leaders in 19/20, however in 20/21 the PCN development fund will cover the breadth of primary care, which will deliver truly place-based care.
- 7.4.1. **Mitigation** – Primary Care Transformation Programme to work with The Primary Care Provider Board, Local Professional Networks and expand the GP Excellence Programme to the GM Excellence programme to facilitate leadership support across all primary care.

8.0 NEXT STEPS

- 8.1. The operational oversight of the primary care strategy implementation plan will be through the *GM Primary Care Strategy Implementation Group*, which will commence from February 2020. The group will report into the Primary Care Provider Board and the Joint Commissioning Board. To ensure the delivery of the primary care strategy remains aligned to the wider GM strategy, the newly formed group will seek nominated representation from the Primary Care Provider Board, Local Professional Networks, Provider Federation Board, Joint Commissioning Board and LCO Chief Officers Group.
- 8.2. The oversight of the Primary Care Workforce Strategy will be through the *Primary Care Workforce Core Steering Group*, which reports into the Strategic Workforce

Collaborative Board. The core steering group has representation from the GM workforce programme, primary care, Health Education England, the GM Local Professional Networks and the medical and nursing PMOs. The *GM Primary Care Implementation Group* will have representation from the core steering group to ensure both programmes remain aligned.

- 8.3. To ensure alignment with locality plans, there is a newly established *GM Primary Care Workforce Leads Network* meeting, which is a subgroup of the core steering group. The group will comprise of locality and GM primary care workforce leads (commissioning and clinical).
- 8.4. Work is underway to develop a detailed primary care workforce implementation plan. In the interim, a stocktake and baselining exercise is being undertaken to determine impact to date of existing projects and the phasing of new and early stage projects.
- 8.5. The primary care strategy and primary care workforce strategy will be presented at the Partnership Executive Board on 24 January and the Health and Care Board on 31 January 2020. A short public facing summary of the strategies will be developed for the Health and Care Board.

9.0 RECOMMENDATIONS

- 9.1. The GM Joint Commissioning Board is asked to:
 - Note progress to date
 - Support the revised Primary Care Strategy and implementation plan for Greater Manchester
 - Support the Primary Care Workforce Strategy
 - Agree next steps