



Fuller Report : The Future of Primary Care -

Health and Adult Social Care Overview and Scrutiny Committee Shropshire LA

11 July 2022

• Fuller Stocktake Report May 2022 'Next steps integrating primary care'

This national report was commissioned by NHSE/I Chief Executive Amanda Pritchard, and provides recommendations for how newly formed ICBs can support integrating primary care.

The report was submitted to NHSEI with a letter of support signed by all 42 ICB Chief Executives.

NHSEI's response to the report is awaited.





What the report looked at

How?

- Engagement with @ 1,000 people through workstreams, roundtables and one-to-one meetings
- Over 12,000 individual visits to a dedicated engagement platform
- Over 1.5 million Twitter impressions.
- Consensus on what is not working and on what we can do differently

In scope :

- What works well and why
- How we can accelerate the implementation of integrated primary care (incorporating the current 4 pillars of general practice, community pharmacy, dentistry and optometry) across systems.

Out of scope:

• The partnership model, the GP contract and the funding formula.



Improving the access, experience and outcomes for our communities which centres around three essential offers

Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention. Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple longterm conditions

Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it





Access and continuity are the biggest challenges, both for patients and for GPs' job satisfaction.

Four Key
Areas of
InterventionBuilding integrated teams in every neighbourhoodInterventionImproving same-day access for urgent care

Creating the national environment to support locally driven change

Hard-wiring the system to support change





To make the neighbourhood change requires two "shifts in mindset":

More psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and

Realignment of the wider health and care system to a populationbased approach The creation of integrated neighbourhood 'teams of teams', which need to "Evolve from PCNs"

More than just general practice

Be developed form an understanding of population health and local needs

Involve people and communities " strength based approach"





Managing same day access for urgent care for individuals releases capacity for personalised continuity of care for others.

Look beyond the traditional definition of primary care as just being general practice

Urgent care is where and how the patient access first for information/treatment in their communities.

Can be online advice, self care, pharmacies, a appointment at a General Practice, urgent treatment centre, 111, online consultation.

Requires system working together to create an integrated urgent care pathway in the community. Direct access to key diagnostics is essential, and not currently consistently available.



Redesigning the same day urgent care pathways will create additional capacity for **continuity of care** which is important for some individuals particularly those with long term conditions and chronic or complex health issues. This allows **personalised care**.

There is a recognition that identifying who will most benefit from a different model of care is not straightforward, and **personalised care** requires risk stratification, professional judgement, and the view of patient at the centre in the context of shared decision making.

Integral to the delivery of preventative care is the delivery of Core20PLUS5. (NHS England)





REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement



CORE20 The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



ICS-chosen

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities



MATERNITY ensuring continuity of care for 75% of women from BAME communities and from the most

deprived groups

SEVERE MENTAL ILLNESS (SMI)

ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



CHRONIC RESPIRATORY DISEASE

a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



EARLY CANCER DIAGNOSIS 75% of cases diagnosed at stage 1 or 2 by 2028



HYPERTENSION CASE-FINDING

to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke Stocktake found that the three area seen as important to achieve changes in the model and vision for primary care

WorkforceRecruitment (confronting the gaps) RetentionParity and connectivity with wider system

EstatesMoving away from traditional modelsA catalyst for integration not a barrierInnovate and connect with Local Authorities

DataGive clinicians the intelligence to develop and
target their teams to deliver for local populationsHarness learning from covid vaccinations



Role national government, organisations and integrated care systems (ICS) have to play in creating the environment to support the changes in the vision for integrated primary care.

Enabling primary care system level		care l throu	ding primary eadership ghout the ystem
Access	Back existing practices and new models of care		Local led investment and support
Data and Digital	Estates		Workforce





Professor Martin Marshall, Chair of the Royal College of GPs, said:

"Delivering this vision, as the report recognises, will depend on progress being made to expand the general practice workforce, and provide the resources to ensure that GPs and our teams are working in premises that are modernised, digitally-enabled and have the space to accommodate an expanded workforce and diagnostics in the community.

To this end, we are encouraged by the recommendation for flexible funding and more support to integrate the new ARRS roles in primary care.





Simon Whitehouse ICB AO part of the group of ICB chairs who contributed into report and has signed letter of support of its recommendations to government

Government will review and respond

Arranged for Claire Fuller to speak to local primary care representatives and wider community colleagues to enable discussion

Plans for next steps are that a report will be taken to September Integrated Care Board detailing our local implementation plans to begin moving towards this vision .

This will build on what we are already doing in STW around integration, new models of care, population health and addressing health inequalities.









Thank you