

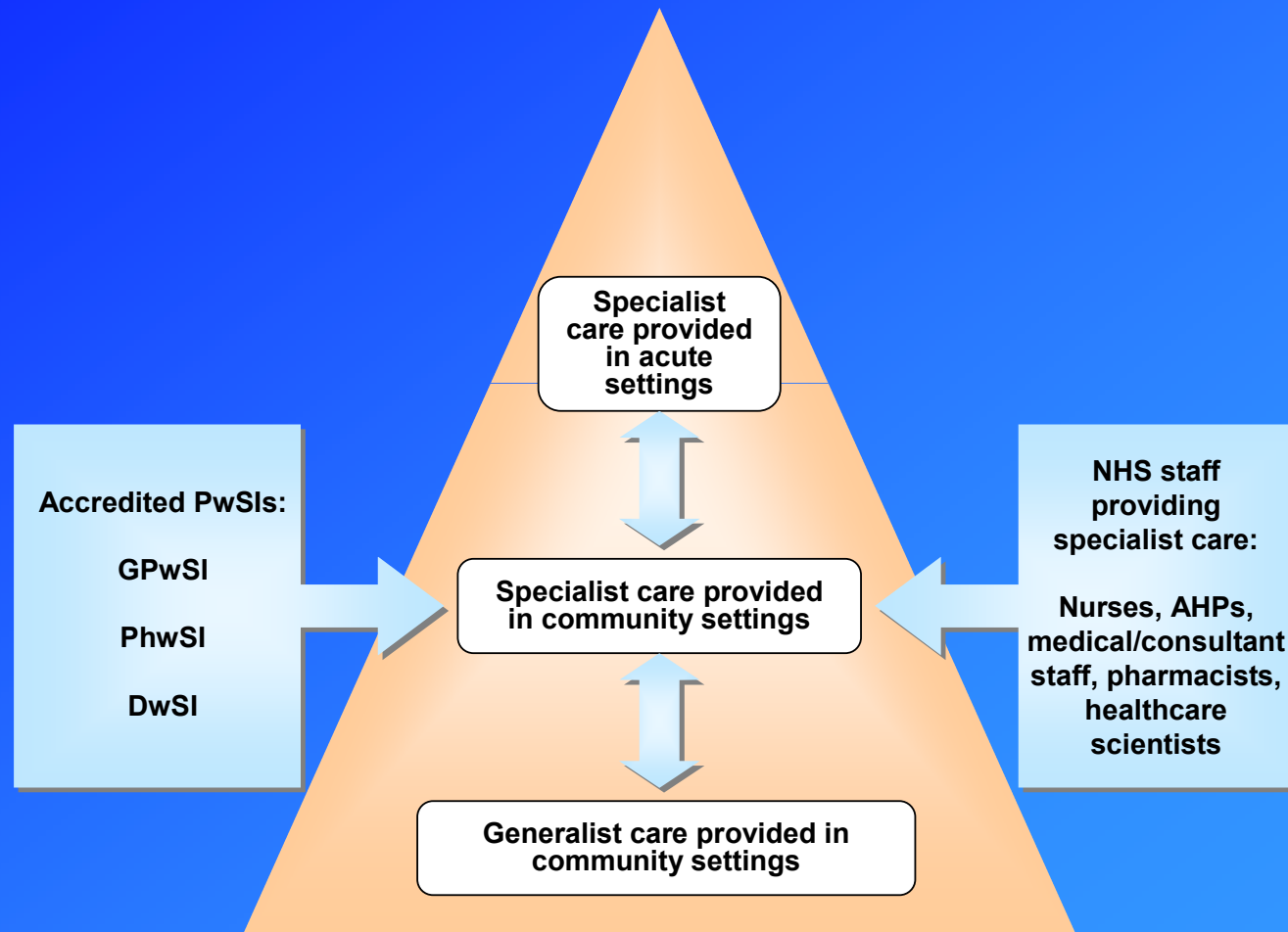
Benefits of a first contact in primary care. (Starfield)

- Higher patient satisfaction with health services
- Lower overall HS expenditure
- Better population health indicators
- Fewer drugs prescribed per head of population
- The higher the number of family physicians the lower the hospitalisation rate.

Our health, our care, our say – a new direction for community services

- Ambition
- Enabling health, independence and well being
- Better access to GP
- Better access to community services
- Support for people with longer term needs
- Care close to home
- Ensuring reforms put people in control
- Making sure change happens

Who can provide care closer to home?



Keeping it Personal

- Build on the best of traditional General Practice
- Primary Health Care more than general practice
- ...but registered population and 80% of all NHS clinical consultations
- 90% of care solely undertaken in primary care
- Support for self care
- Long term conditions management
- Care Closer to home
- The practice can link the wider public's health and bio-clinical care
- The practice as the local micro yet strategic health organisation

Next Stage Review

Our NHS, Our Future

- **Fair** –Mal-distribution, Often lower performance for patients from socially deprived communities-
- **Personalised** – White paper ambition, a want is a need, segmentation, PROMs
- **Effective** –VFM, skill mix, variation in performance even when similar demography, reflective practice, use of evidence base, inappropriate/ineffective interventions
- **Safe** –Accreditation and regulation, NPSA advice
- **Locally accountable** – ‘transparent accountability leads to transparent autonomy’, PPG, different forms of ownership

And focused relentlessly on improving the quality of care
=‘What patients value’

Next Stage Review Interim Report

- New GP practices for deprived areas
- GP-led health centres for all PC
- Extending opening hours for at least 50% of GP practices
- Linking greater proportion of pay to patient satisfaction
- Key information about all GP practices

What we heard from you

Overview of findings of clinical pathway groups

Staying healthy

- Support people to take responsibility for their own health, through reaching out to disadvantaged groups

Maternity & new born

- Women want greater choice over place of birth and a more personal experience, with care provided by a named midwife

Children's

- Services needed to be more effectively designed around the needs of children and families, delivered in schools and children's centres too

Acute care

- Saving lives by creating specialised centres for major trauma, heart attack and stroke care, supported by skilled ambulance services



What we heard from you

Overview of findings of clinical pathway groups

Planned care

- More care should be provided closer to people's homes, with greater use of technology and outpatient care not always meaning a trip to hospital

Mental health

- Extending services in the community, benefits to general wellbeing and to physical health arising from stronger mental health promotion

Long-term conditions

- Need for true partnerships between people with long-term conditions and the professionals and volunteers caring for them

End of life

- Necessity for greater dignity and respect and desire to have round the clock access to palliative services



Case for change

Strengths

✓ Personal continuity of care & strong ties to local communities

✓ Professional ethos and high levels of patient trust

✓ Improvements in quality of care, e.g. for people with LTCs

✓ Progress in bringing together health and local government

Challenges

• Services that do not fit together and are confusing to navigate

• Unwarranted variation in quality of care & access to services

• People want more involvement in their health and care

• Changes in public expectations, technology, demographics, and nature of disease

Primary and community care strategy: key themes

- Not a national blueprint
- Setting a clear vision ...

Shaping services around
individuals

Promoting healthy lives

Continuously improving
quality of care

- ... and creating the right environment for leading local change

**Patient power
and choice**

**Clinical
leadership**

**World class
commissioning**

Shaping services around individuals

Locally led change

- **Listening and responding to patients & local communities**
 - systematic approach to collecting & acting on patient views
- **Services that fit together and make sense**
 - wider & more integrated range of community-based services
 - exemplified by integrated systems of urgent care
- **Extending choice across primary and community care**
 - greater and more informed choice of GP practice
 - flexible access to range of other community-based services (e.g. pharmacies, health centres)
 - PCT guide to local services
- **Helping people take control of their health**
 - everyone with LTC offered their own personalised care plan
 - coordination of care for those with the most complex needs
 - excellent support for self-care
 - web-based communications between individual and care team
- **Individual budgets**

National enablers

- GP patient survey
- PBC development
- NHS Care Records Service
- CCH evidence & best practice
- Fair GP funding formula
- NHS Choices (including electronic registration system)
- Roll-out of care plans
- Patients' Prospectus
- 'HealthSpace'
- Ambitious pilot programme

Promoting healthy lives

Locally led change

- **Working across health and local government**
 - joint strategic needs assessments & LAAs
 - pooling budgets
- **Promoting health throughout life:**
 - child health promotion programme
 - making primary care teenager-friendly
 - health, employment and work
 - vascular risk assessment for people aged 40-74
 - prevention services for older people
- **Improving access to wellbeing services**
 - greater range of open-access services
 - easier to make referrals to healthy living services
- **Promoting equality**
 - pivotal role in tackling health inequalities
 - enhanced services for people with learning disabilities
 - specialised primary care, e.g. drug misuse, homeless

National enablers

- Develop fuller suite of health and wellbeing indicators
- Piloting integrated services to support people in returning to work
- Implementation of vascular screening programme
- Fairer GP funding system (end MPIG, fair QOF prevalence adjustment)

Continuously improving quality of care

Locally led change

- **Transforming community health services**
 - professional development & evidence-based practice
 - world class commissioning of community services
 - identifying best organisation/governance models
 - encouraging growth of social enterprises
- **Driving continuous quality improvement**
 - collecting & publishing range of comparative data
 - supporting choice & rewarding responsive services
- **Delivering essential standards**
 - tackling persistently poor performance
- **Training tomorrow's clinicians**
 - expansion of training
 - multi-professional training

National enablers

- National board
- Metrics and currencies
- Model contract/pricing framework
- Advice on organisational models
- 'Right to request'
- Pensions for staff who transfer
- QOF reform: independent process (NICE), fewer process indicators, greater local flexibility, use of PROMs
- NHS Choices
- Accreditation (e.g. RCGP)
- Care Quality Commission to register GP and dental practices

Transforming Community Services

Our vision for primary and community care

Transforming Community Services Programme

High level aims

1

Clinical and service improvement

Development of clinical and leadership skills and resources to deliver high quality evidence based care and services that promote health and well being with action on inequalities.

2

Business improvement

Strengthening business process. Reforming the provision and commissioning of community services. Enabling performance and outcomes to be demonstrated and benchmarked, driving-up quality and reducing variation in performance.

Leading local change

Reinvigorating PBC

- Repositioning PBC: clinical leadership & health outcomes
- Incentives for more multi-professional engagement
- Entitlement to management and financial support
- Holding PCTs to account through assurance framework
- Different levels of engagement
 - entry-level PBC (dependent on quality of primary care)
 - increasing freedoms for high-performing, multi-professional and accountable PBC groups

Piloting new models of integrated care

- Clinical collaboration across primary, community and secondary care
- Integration between health and social care
- 'Integrated care organisations' managing capitated budgets
- Testing safeguards for choice and competition
- Specifying service quality and financial management

Leading local change

World Class Commissioning for primary care

- World class commissioning guide for primary care
 - understanding needs of local communities
 - clinical leadership and clinical engagement
 - incentives for integrated care and upstream prevention
 - information for patients and the public
 - applying system rules
 - stimulating innovation and choice (market making)
- Support and development
 - predictive modelling and risk stratification
 - public engagement and social marketing
 - dataset development (including equality monitoring)
 - contract management
 - estates strategies

Supporting integration of health and social care

- Joint strategic needs assessment & LAAs
- More integrated working between SHAs and GOs
- Ministerially-led group to identify how to support organisations that want to go further

The Primary Care 'Home'

- Population based primary care is where the needs of the individual and of the community can be met
- Care closer to the patient's home
- Where bio-clinical focus and addressing the social determinants of health can be the responsibility of one provider organisation
- The 'home' for extended skills and services

Optometry

- Need to be part of the 'new' primary care
- So essential part of care pathways
- Potential of PBC
- Happy to be part of the marketing of your services
- I know many of you provide extended services beyond the 10m eye tests eg glaucoma care, cataract referral, retinopathy screening
- But tell me more