NHS
Darlington
Clinical Commissioning Group

Primary Care Strategy – Interim Report

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www.darlingtonccg.nhs.uk

What We Did

- Visited all GP practices to listen to views of all GPs and Practice Managers
- Held two events for nursing and administration teams where they had an opportunity to voice their views of primary care
- Spoke to the Community Council to listen to the patients
- Launched a Survey Monkey at the 'Your Health, Your Say' event to allow patients to voice their opinions
- Liaised with the FT & TEWV via a short questionnaire to hear what they value about primary care and what they would like to see improve
- Took part in local, regional and national events regarding the direction of primary care

What We Found

Public Opinion:

- General Practice is valued
- Patients are willing to see any health care professional, either at their own practice or at a different practice/location, if they need an urgent/same day appointment
- Value continuity of care with their own GP/health care professional, especially patients with long term health conditions
- Value the ability to have a variety of appointment and walk-in service
- Agreed to telephone and email as alternative ways of communicating with the health care team

Nursing Event:

- Nurses feel undervalued and disconnected from practices and CCG's
- Standardisation of contracts, terms & conditions, training and clinical supervision
- Strong desire to work more closely between practices, e.g. standardised templates, appointment systems, shared resources for backfill/sickness and holiday cover
- Better working with community nursing teams
- Better use of PLT sessions

Administration Event:

- More flexible appointments with GPs
- Less time out for GPs to attend meetings etc.
- More sharing of best practice workings
- Contract, terms & conditions and training to be standardised across practices
- Buddying of practices to share workload and other back office functions
- Better use of PLT sessions

CDDFT Opinion:

- Good communications
- Robust IT systems
- Failure to act as a filter to the hospital
- Out Of Hours issues, particularly weekend cover
- Gaps in basic knowledge and common pathways with secondary care

TEWV Opinion:

- Good uptake of shared prescribing and working
- Mental health forum
- Difficulty in speaking to GPs
- Variation in approaches and skill across practices
- High referral rates for crisis intervention

GP's & Practice Manager's Opinion:

- Increasing pressure of work, both from patients and secondary care
- Access issues for a variety of reasons
- Traditional/inflexible GP working
- Ageing population of GPs and nurses who seem more resistant to change, innovation and trying things differently
- Not enough GPs or health care professionals to provide everything in every practice
- Concerns around uncertainty of primary care funding (PMS)

The National Picture

- Status quo not an option
- Need a mix of support, incentives and contractual levers within a national framework for primary care
- Benefits of ‘at scale’ general practice need to be considered alongside choice and competition
- Aspiration of an integrated model based on local population needs
- New models need full evaluation of outcomes
- GP provider leadership critical
- Department of Health, NHS England and CCGs can set strategic directions but……
- GP providers need to drive their own business future

Other Drivers

- As small businesses we are vulnerable to marginal reductions in income – diversify income streams for sustainability
- Typically have insufficient staff required to accommodate new clinical, administrative and regulatory roles and requirements
- Reduced income requiring more efficient business model
- Potential to increase scope of business but need scale and different skill set
- Flat partnership structure not sustainable in the long term
- Are we slightly bored of the status quo and looking for a fresh challenge?

Local Projects

- Darlington specific urgent care
- Long term conditions Darlington collaboration
- Frail and elderly summit

So what now?

1. Nothing – is **NOT** an option

2. Address some of the small local issues
   - Improve PLT sessions – a new working group has now been set up
   - Nurse and admin contacts, terms & conditions etc.
   - Access – to be discussed at the November PLT session
   - Sharing extended hours/weekend opening etc.

3. Look at options of primary care redesign for Darlington
   - Networks
   - Federations
   - Super-partnerships

   } to involve one or two or all eleven practices

4. Work in partnership with the CCG, Local Area Team and NHS England to look at developing a true integrated (primary, secondary, community & social) model of care for the people of Darlington

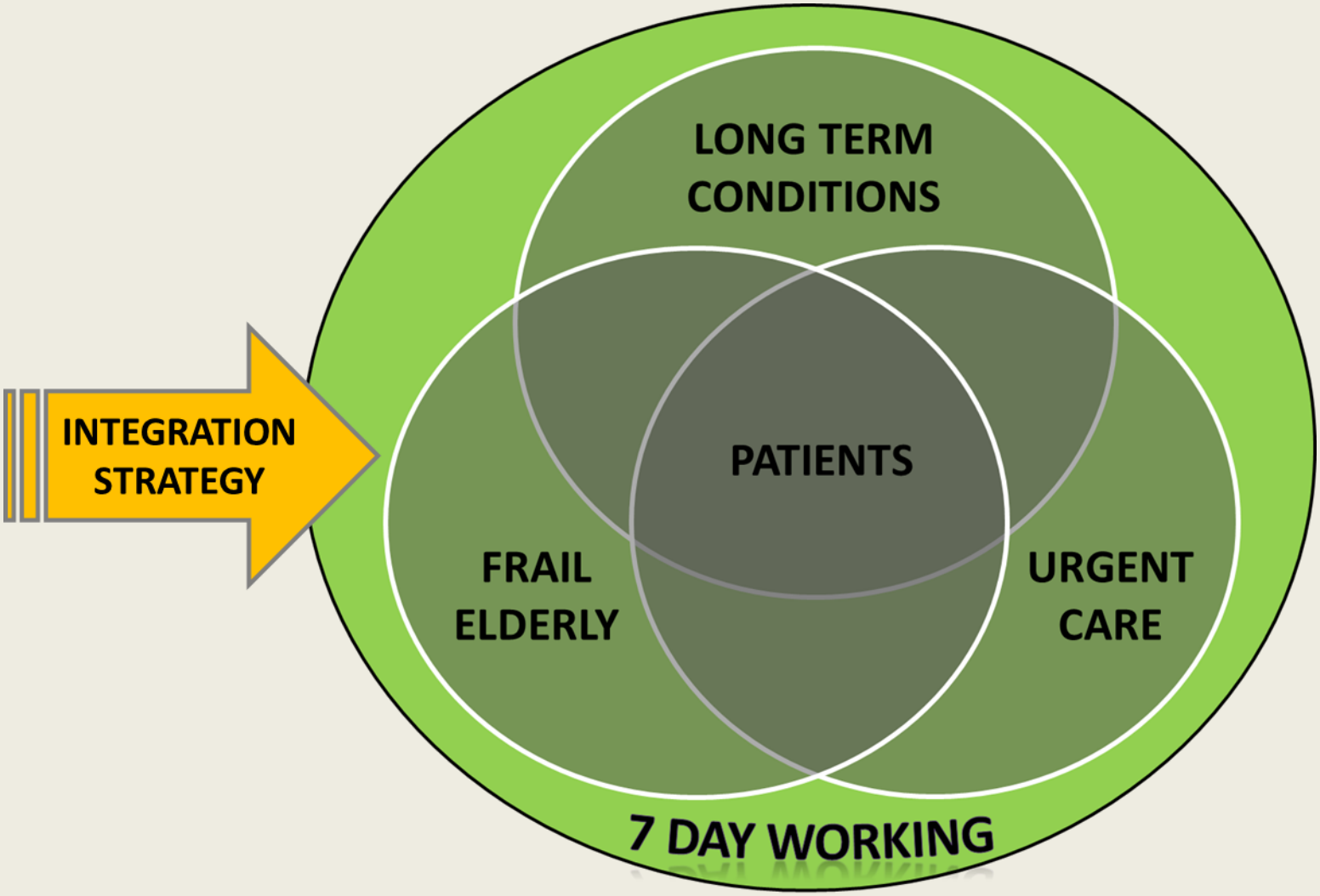
Next Steps

Option 2 & 3:

- Would need to be provider led
- The Local Area Team would help and support but this would be independent (as much as it can be) from the CCG
- Would need cash injection from practices that sign up to get started
- There is lots of support out there from areas that have already started on this journey

Option 4:

- The Local and Regional Area Teams and NHS England are keen to support *Local Innovative Projects*
- It would be a pilot with support and collaboration with the Local Area Team, NHS England and the CCG
- It would need strong clinical leadership and an agreement from all practices to sign up to and engage with the work that is done and support it at all levels


INTEGRATION STRATEGY
LONG TERM CONDITIONS
PATIENTS
FRAIL ELDERLY
URGENT CARE
7 DAY WORKING