



Ambition 2: Primary Care Resilience & Transformation

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“The aim is to integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team. This will deliver more proactive care, preventing illness and improving outcomes, for local communities closer to home.”

Our objectives

- a) Developing our vision for providing accessible enhanced primary care services, improving patient outcomes and experience.
- b) Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years.

What would you like to see in our five-year plan for health and care services? What matters most to you?

Recent JFP consultation feedback: “Primary care needs to be top of the list. People are attending A&E because they cannot see a GP, that needs transforming first. It’s been the same for years”. “Preventing and managing ill health starts in primary care.” “NHS dentistry should be a priority within the primary care focus”. “For me personally, primary care and specifically the GP surgery is the key priority. I believe that all the other priorities are heavily dependent on the performance of GP surgeries.”

Why we chose these objectives

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care is an umbrella term which includes general practice, community pharmacy, dentistry, and optometry (eye health) services.

Nationally, all primary care services are facing greater challenges than ever due to workforce shortages, alongside an increasingly complex workload. Norfolk and Waveney have an ageing workforce within general practice with approximately 30% of staff being over the age of 55. In the last 10 years, the number of dentists has declined in our area compared to the East of England region and the whole of England. This decline has a greater impact in Norfolk and Waveney due to higher levels of need, areas of deprivation and a higher number of residents in later life. Poor oral health is widely considered to be an important aspect of our general health and wellbeing and is largely preventable and can have a significant impact on quality of life, such as eating, speaking, discomfort and cause an increase in days lost from work and school. Our ambition aligns with [The next steps for integrating primary care: Fuller stocktake report](#) which outlines the new vision for integrating primary care services to improve access, experience and outcomes for our patients and communities.

NHS England published the [Delivery plan for recovering access to primary care](#) in 2023 which focuses on the need to streamline access to care and advice, reducing the number of people struggling to contact their practice and so that patients know how their request will be managed, on the day they contact their practice. The plan also outlines the ambition for expanding community pharmacy services to make them the first port of call for minor common conditions, supporting better integration in line with the vision set out in the Fuller stocktake report. Objective 2a includes our plans to implement this, and it’s called Pharmacy First.

Objective 2a Developing our vision for providing accessible enhanced primary care services, improving patient outcomes and experience

What are we going to do?

We will agree principles and develop an **overarching vision for those receiving, delivering or planning primary care services** across Norfolk and Waveney over the next five years.

Principles will reflect our commitments to using population health data and the goal of access to holistic and joined up care for all.

The shared vision will underpin **long-term plans for dentistry**, due to be published in April 2024 (there is more detail in Objective 2b), **community pharmacy and general practice** due to be published during 2024/25 **together with optometry (eye services)** during 2025/26

Long term plans will be developed, together with key stakeholders, and will describe our approach to supporting resilience and enabling transformation to make sure:

- those who need care understand how they can access what they need, when they need it within their local community
- those delivering care can respond to the ongoing challenges and demands they face, as part of a wider primary care family within their local communities
- those planning care do so in a way that enables everyone to play a meaningful role in accessing and providing sustainable services across primary care - the front door of our NHS

A **model of care framework** will be agreed to support partners who work locally at place level to consider and test new ways of organising and delivering healthcare together to meet the needs of their local population. The framework will be designed to highlight inter-dependencies and commitments within other strategies, and map activities across all primary care long term plans to support detailed, locally owned plans for achieving better outcomes through an **integrated approach at neighbourhood level**. Joining things up and doing them together so we do them once is a key opportunity.

The model of care framework will set out our approach to **Integrated Neighbourhood Working** and support a localised approach to building **integrated neighbourhood teams**. The framework will bring together key

enablers for delivery, such as the use of digital tools, remote monitoring equipment, shared use of buildings, etc.

We will embed and grow **Pharmacy First Services** launched on 31st January 2024, the national initiative to enable community pharmacies to provide treatment, if required, **for seven common conditions** (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women)

How are we going to do it?

We will engage with those who receive, provide and plan primary care to agree principles and develop an overarching vision for primary care by:

- Using existing data and research (including but not limited to patient feedback, workforce surveys, population health data)
- Engaging with key stakeholders for their views

The development of long term plans will reflect:

- the use of available data to understand and prioritise population need
- meaningful engagement with professionals and providers to understand the challenges they face and the enablers required to address them
- listening to service users about access and experience
- the views of wider partners on working with primary care to positively address the wider determinants of health and health inequalities
- opportunities for working at scale, workforce recruitment and retention, shared systems and processes and a collective approach to estates

We will take the learning from the **Community Services Review (CSR)** to develop of a model of care framework, to support local development of Integrated Neighbourhood Teams and the evolution of Primary Care Networks. A key part of the CSR includes looking at how we integrate the work of our community providers with social care, primary care, council services, public health and voluntary, community and social enterprise (VCSE) sector groups and also incorporates local initiatives designed to test how teams can work together more closely to deliver care on the ground.

A key pillar for primary care integration and improving access is the [national Pharmacy First Scheme](#), introduced at the end of January 2024.

Through our Community Pharmacy Primary Care Network roles we will look to strengthen working relationships between community pharmacy and general practice and streamline processes to provide a better experience for people accessing Pharmacy First services.

How are we going to afford to do this?

We will use existing funding allocations to commission outcome-based services with flexibility to deliver against agreed priorities, including targeted support for identified population needs and working at scale.

What are the key dates for delivery?

● **Year 1 April 2024 – March 2025**

- Agree principles for overarching primary care vision
- Work with key stakeholders to agree and publish long term plans for community pharmacy, dentistry (see objective 2b for dentistry) and general practice
- Agree strategic framework to support integrated working by Place Partners
- Integrate and maximise Pharmacy First

● **Years 2 to 4 April 2025 – March 2028**

- Start delivery against long term plan to improve access to dentistry services during April 2025 (see objective 2b)
- Start delivery to achieve ambitions set out in long term plans for community pharmacy and general practice by April 2026
- Agree and publish a long term plan for optometry by March 2026
- Start delivery against plans to achieve agreed optometry ambitions by April 2026

This objective will be refreshed for Year 5 or sooner, and may be retired or replaced based on current priorities at that time.

How will we know we are achieving our objective?

We will have a rolling programme of targeted actions to respond to people's experience of poor access to primary care services

We will use feedback to understand any increased awareness and confidence in use of digital tools across primary care and our communities (e.g. NHS App)

We will have a roadmap for protecting the provision of core primary care services locally as they are now, whilst supporting a transition to a more sustainable integrated neighbourhood model of care

Objective 2b Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years

What are we going to do?

Publication of our Norfolk and Waveney Short Term Dental plan in September 2023 was about addressing immediate priorities such as being able to access an Urgent Treatment Service, and stabilising services through workforce recruitment and retention schemes. You can read the [Short Term Plan here](#). We are now well on the way to developing a follow-on Long Term Dental Plan and taking steps to make improvements, but there is much to do and this will take a number of years.

The Long-Term Plan will set out what we plan to prioritise over the next two years from April 2024 onwards, and then outline our aims and a more strategic piece of work over the next three years. This will enable us to develop a dental strategy, as part of the wider primary care strategy which is referenced in Objective 2a.

The Long-Term Plan has some key programmes of work:

1. Develop capacity in our dental teams through our workforce
2. Improve access for everyone, but with an initial priority on children and young people and those individuals and patient groups with greatest need
3. Promote good oral health, in our population overall but especially in children and young people

NHS England published the national [Dental Recovery Plan](#) in February 2024 setting out key proposals for implementation during 2024/2025. We will implement the Plan for our local population, working with system partners.

The Long-Term Plan and the national Dental Recovery Plan work will be co-ordinated and undertaken together where it makes sense to do so. We will develop measurable outputs and milestones to track the outcomes we want to achieve for our local population as a result of these plans.

How are we going to do this?

By working with key stakeholders and system partners to develop solutions for securing access to NHS dental care for the whole population.

We will develop a two-year plan for the near term to address immediate needs:

- We will use all available data to understand and prioritise the immediate dental need. This may be a clinical need or a geographical need.
- We will seek interest from current dental providers to increase the number appointments they are able to offer on a short-term basis.
- We will monitor the impact these actions have to improve access to dentistry and build this information into our next part of the objective – to develop a dental strategy for Norfolk and Waveney.

Next, we will extend this timeframe by another three years to develop a five-year dental strategy for Norfolk and Waveney.

We will:

- Continue to engage with the profession and the ICB's 'Dental Development Group' to hear to the challenges faced by the profession and work collaboratively with system partners and key stakeholders to find solutions to improve access to dental care.
- Listen to our patients and hear about their lived experiences, to ensure our local population has access to oral health prevention advice, working with local authorities and the voluntary sector in Norfolk and Suffolk.
- Use our population health data, Dental Data Review, and ensure our strategy is evidence based, balanced to meet the needs of residents, and reduces health inequalities.
- Identify steps to retain, grow and develop our local dental workforce to meet our patients' needs. We will work with our local providers to begin to build multi-skilled dental teams, including roles such as Dentists, Dental Nurses, Dental Hygienists and Dental Therapists.

How are we going to afford to do this?

We will utilise our existing dental funding allocation to commission services with flexibility to meet the needs from the Dental Data Review published in 2023/2024.

We will work with partners, such as NHS England, to ensure their funding is invested appropriately across Norfolk and Waveney and to meet our workforce development and training needs.

What are the key dates for delivery?

● Year 1 April 2024 – March 2025

- Implement the first stage of the Long-Term Plan
- Implement the national Dental Recovery Plan for Norfolk and Waveney
- Determine the key metrics we are going to measure and develop trajectories for improvement for each of the key programmes of work.

● Year 2 April 2025 – March 2026

- Implement the first stage of the Long-Term Plan

● Years 3 to 5 April 2025 – March 2028

- Continue to implement the individual elements set out in the new long-term plan and wider primary care strategy with frequent monitoring of outcomes.

How will we know we are achieving our objective?

We will have published our Long-Term Plan for dentistry by Spring 2024, informed by strong public engagement and using data to meet the needs of our population.

Improved access for our population to urgent treatment services, and reduced impact on Emergency Departments and other system partners.

Improving access for our local population through management of health inequalities and for children and young people.

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Why are we
doing this?

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Case Study

Working in the Voluntary, community and social enterprises (VCSE) sector there is so much to be gained. Meet Joe.

Joe Worsley is on a Health Leadership, Graduate Management Scheme with an interest in the charity sector and was pleased to take a flexi opportunity and work at Access Community Trust. Joe helped to develop and roll out their Customer Relationship Management system which hopes to measure the social value of the work that Access do.

The Access Community Trust's vision is to promote social inclusion for the community benefit by preventing people from becoming socially excluded, relieving the needs of those who are socially excluded and assisting them to integrate into society. Aimed at young people and adults they provide a range of services from house related support, learning, development, employment and providing support with mental health and wellbeing. With social enterprises such as the STEAM house cafes offering a safe space for those in mental health crisis day and night.

Joe says "that it is important that Access can measure the social value of the work they do, so they can demonstrate the value their work provides the Community which often goes far beyond their initial remit. This will help to secure further government funding and enable them to self-evaluate where they need to further focus their efforts, continuing to reduce health inequalities by providing essential services to customers at risk of social exclusion.

The work of Access is vital as it supports complex customers who otherwise might fall through the gaps between health and social care and multiple providers. Access can support a customer's journey from sleeping rough to temporary accommodation, permanent accommodation, and employment.



Joe says, "this placement gave me a real insight into how much value the 'third sector' can bring and how much there is to be gained by integrating the Voluntary Sector and Social Enterprises such as Access, with all healthcare providers".