



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 a wider range of services closer to home, 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 has recently published the [Delivery plan for recovering access to primary care](#) 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 Developing our vision for providing a wider range of services closer to home, improving patient outcomes and experience.

What are we going to do?

First, we will develop some overarching principles and our strategic vision for future primary care delivery supporting our ambition to deliver cohesive primary and community care services across Norfolk and Waveney.

We will build on this to develop a detailed general practice and dental strategy which we will begin to implement across the second year of this plan.

We will develop our local delivery plan for the existing East of England Partnership Strategy for Community Pharmacy, recognising that this strongly supports the Fuller Stocktake vision for integrating primary care.

We will develop our plans for implementing the referral pathway for NHS 111 and urgent care providers to the Community Pharmacist Consultation Service to reduce the need for patients to attend their GP practice when their needs can be met by a pharmacy.

We will also develop our plans for implementing the Pharmacy First approach, which is planned to be launched by NHS England by the end of 2023 to support pharmacies to provide treatment for seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP.

We will also develop our strategy for Optometry services alongside the on-going system Eye Health transformation.

Currently, our PCNs work as groups of general practices to deliver care to their population. Our next step is to provide our Community Pharmacy PCN Leads with the support, training and mentorship to develop the skills they need to integrate local community pharmacies into Primary Care Network planning and activities.

Going further, our vision is to create Integrated Neighbourhood Teams that will deliver joined up primary and community care in a model that is closer to patients' homes.

The specific delivery model will be designed locally by our Place teams where they will decide which services are needed and how this will improve patient outcomes and experiences. We will deliver services at scale where possible and at PCN level where more targeted local services are required.

How are we going to do it?

We will support our Community Pharmacy PCN Lead roles to engage with the Integrating Community Pharmacy into Primary Care Networks programme.

We will agree a local definition of an Integrated Neighbourhood Team and how we will approach new ways of working.

We will use population health data to identify the priorities for developing new models to meet local population health and care needs.

We will work collaboratively and in partnership with our partners in secondary care, community services, VCSE and wider groups to support a blended model of care that not only focusses on a patient's health needs, but also their socio-economic needs providing more holistic and joined up care, including management of clinical risk.

How are we going to afford to do this?

We will work with our partners to agree how new pathways of care will be resourced and funded from within the current funding allocations across the system.

What are the key dates for delivery?

● Year 1 April 2023 – Sep 2023

- Develop an outline for key milestones for strategy development including which stakeholders we will engage with and by when.
- Review population health data to identify key priorities and need within each Place.
- Develop local definition of an Integrated Neighbourhood Team.

● Year 1 Oct 2023 – March 2024

- Overarching Primary care strategy vision and principles developed.
- Engagement with our local population and system partners.
- General Practice Strategy developed.
- Dental strategy developed.

● Year 2 April 2024 – March 2025

- Implement the first stage of the General Practice and Dental strategy.
- Develop the delivery model for Integrated Neighbourhood Teams at Place and PCN level.
- Local delivery plan for the East of England Community Pharmacy Partnership strategy developed.
- Develop strategy for Primary Optometry services alongside the system ICS Eye Health Transformation programme.

● Year 3 to 5 April 2025 – March 2028

- Continue to implement the new strategy with frequent monitoring of outcomes.

How will we know we are achieving our objective?

We will have published the first stage of our overarching vision and our strategy for general practice by March 2024, informed by strong public engagement and using data to meet the needs of our population.

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?

Develop a near term plan to identify and prioritise populations in the greatest need of access to NHS dental services using data from the renewed Oral Health Needs Assessment (OHNA) and Public Health data for Norfolk and Waveney. This will ensure we can deliver short term interventions and begin to improve access to NHS dental services by Autumn 2023.

Next, we will develop a Norfolk and Waveney strategy to improve the oral health of our population and explain our approach to build resilience across all our NHS dental services including our local workforce plan. This five-year strategy will be ready for implementation from April 2024.

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

How are we going to do this?

We will develop a 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 develop a five-year dental strategy for Norfolk and Waveney:

- Establish a 'Dental Taskforce' to hear to the challenges faced by the profession and work collaboratively to find solutions to improve access to dental care.
- To listen to our patients and hear about their lived experiences, and 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, OHNA we will 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 Oral Health Needs Assessment published in 2023.

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 2023 – Sep 2023

- Updates to the OHNA published in Spring 2023 and updated in Summer 2023.
- Develop plan for short term interventions based on updated to the Oral Health Needs Assessment targeting the areas requiring the greatest interventions.

Year 1 Oct 2023 – March 2024

- Develop a Dental Strategy to outline our commissioning intentions for the next three to five years, our strategic approach to commissioning and how we plan to build resilience across all our NHS dental services alongside the development of our local workforce plan for Norfolk and Waveney.

● Year 2 April 2024 – March 2025

- Implement the first stage of the dental strategy.

● Year 3 to 5 April 2025 – March 2028

- Continue to implement the new strategy with frequent monitoring of outcomes.

How will we know we are achieving our objective?

We will have published our strategy for dentistry by March 2024, informed by strong public engagement and using data to meet the needs of our population.

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".