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Meeting:	Governing Body
Item Number:	Item 6.0
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Report Title:	NL CCG Primary Care Strategy
Decisions to be made:	For ratification.

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):	
<p>The implementation of the General Practice Forward View is one of the 'must-dos' outlined in the NHS Operational Planning and Contracting Guidance 2017- 2019. The guidance states that CCGs must :</p> <ul style="list-style-type: none"> • Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high Impact changes. <p>The North Lincolnshire CCG Primary Care Strategy is the means by which the CCG will implement the General Practice Forward View (GPFV) locally. The strategy has been developed specifically around the key priority areas identified within the GPFV to support the sustainability of general practice by addressing the key areas of:</p> <ul style="list-style-type: none"> • Investment • Infrastructure • Workforce • Workload • Care re-design <p>Medicines management, Quality and Patient Engagement are also addressed in the strategy. The implementation of the strategy over the next 2-3 years will aim to develop and support the future sustainability of high quality general practice across North Lincolnshire.</p> <p>The Strategy and the associated action plans were submitted from NL CCG as part of the GPFV Planning requirements as set out by NHSE in December 2016.</p> <p>The NL CCG Primary Care Strategy was presented to The Joint Commissioning Committee in December 2016 where it was noted and commended, along with the associated action plans, for adoption by the NLCCG Governing Body.</p> <p>The Governing Body is asked to support the adoption and ratification the attached NL CCG Primary Care Strategy and associated action plans.</p>	

Equality Impact	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Complete – do negative impact identified
Sustainability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Complete, potential benefits of bringing services closer to patients, reduced travel and so potential to reduce impact on the environment. More sustainable services delivered on a larger foot print.

Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patient Participation Group Chair's conference	Clinical:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Council of Members, ER members
Public:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Matters Event	Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Joint Commissioning Committee

Primary Care Strategy for North Lincolnshire 2016 – 2020

Sustainability and Excellence in Primary Care

Version control sheet

Version No.	Date	Change	Owner	Status
1.0		Draft for consultation	October 2016 Julie Killingbeck	Draft
2.0	Feedback from consultation	Awaiting ratification/approval	9 th December 2016	Draft

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North Lincolnshire CCG 'Vision' for Primary Medical Care in North Lincolnshire

Our strategic vision for primary health care is founded on a compelling case for change, as detailed within this primary care strategy. Our vision is:

North Lincolnshire Clinical Commissioning Group's vision for primary health care services across North Lincolnshire sees quality primary medical care as the foundation on which to build the very best healthcare for our population. From this foundation we will aim to deliver high quality, equitable and accessible primary care services that have the patient at the centre of clinical effective care.

Through adopting both a targeted and holistic approach, the strategy will provide a framework to allow each strand to compliment and enable the wider aims through which to address the 3 principles identified in the FYFV¹ and delivery of the GP Forward View (GPFV).

This strategy provides the background and context from which we deliver our vision for primary care in North Lincolnshire.

¹ The 3 principles of the FYFV are to close the following gaps health care: The health and wellbeing gap, the care and quality gap and the funding and efficiency gap.

1. Executive Summary

This Primary Care Strategy tells the story of general practice in North Lincolnshire. Building on the previous strategy of 2014- 2016, the strategy recognises that status quo is not a viable option against the backdrop of the emerging and constantly changing national picture of health and social care provision demands, priorities, expectations and budgetary restraints. It is, therefore, a vision for a sustainable, as well as a high quality primary care service.

However, the strategy also recognises that primary care is not just about GPs. Nursing staff in various guises (healthcare assistants, practice nurses, specialist nurses, nurse practitioners and emergency care practitioners) all play vital roles in providing and maintaining a viable service.

Neither does primary care exist as an isolated island amidst the rest of the National Health Service. GP practices are no longer autonomous in terms of how they care for patients, if indeed they ever truly were. More than ever before, practices are reliant on inter-agency working (including integrated styles of care involving community nursing teams, social worker, mental health workers, the ambulance trust, care home staff, and voluntary agencies). Such a multi-disciplinary team approach is also what patients are starting to expect from a 'joined-up' health and care service within the 21st century.

It is fair to say that Primary Care in North Lincolnshire is at a crossroads. Recent years have started to see increased cooperation between practices, and greater involvement of GPs with the work of the Clinical Commissioning Group. It is hoped that such collaboration will allow a currently understaffed, under-resourced and over-stretched service, start to flourish and ultimately provide a service that everyone can be proud of.

It is the start of a long-overdue journey, but one worthy of taking despite the enormous challenges that lie ahead. When considering any significant undertaking of daunting prospects and impossible odds, the words of the 19th century Christian Missionary, James Hudson Taylor, serve to provide some inspiration. He said 'at first it is impossible, then it is difficult, then it is done'. North Lincolnshire has gone beyond the 'impossible' stage and we have now reached the arduous trek of the 'difficult' period. However, it is intended that this 2016-2020 primary care strategy will allow us all to reach that heady moment of considering the task 'done'.

Dr Robert M Jaggs-Fowler
Director of Primary Care

July 2016

2. Introduction

This strategic plan recognises that the world in which general practice existed at the foundation of the NHS in 1948 was a very different place to the current day world. Although general practice has changed to some extent over those ensuing sixty-eight years, it is still far from being the modern version required by the fast-moving, highly technical world that people now inhabit on a 24-hours per day, 7-days per week basis.

There is increasing recognition at a national level that as well as endemic system wide pressures across the NHS, general practice is experiencing unprecedented stress as levels of demand increase, amidst growing workforce concerns, and increasing challenges with recruitment. In response to these and wider issues national strategies such as the *NHS Five Year Forward View (FYFV)* (2014) and the *General Practice Forward View (GPFV)* (2016), have been developed to support and direct system wide change to address the issues, including the steps necessary to redefine the role of general practice as the cornerstone of the NHS.

This strategy provides an overview of the national direction of travel in relation to the development of general practice in particular and how this is being translated locally, including the emerging new models of care. The local picture is also summarised in respect to the GP Federation for North Lincolnshire, the nature of current Out-of-Hours Service, the *Health Lives Healthy Futures* programme, North Lincolnshire's Care Networks, the newly emerging Accountable Care Partnership (ACPO) and the Sustainability Transformation Plan footprint (STP).

The plan then describes the key challenges facing general practice and examines the local picture in respect to what is currently in place and the steps and actions required to transform general practice at a local level to a thriving, sustainable model that meets the challenges of the 21st century.

These key elements include the five action areas detailed in the GPFV:

- Investment
- Workforce
- Workload
- Infrastructure
- Care-design
- Local estates strategy for primary care
- Information management and technology (IMT)
- Medicines optimization.

There then follows a discussion around the key enablers required to achieve the priorities in respect to the above, before detailing how the strategy will be implemented, delivered, monitored and reviewed.

Quality in primary care is a vast subject, without which no strategy or service would be complete; nor would it be necessarily safe. These two factors are therefore considered separately from the rest of the strategy, although they both effectively thread through both the strategy and its delivery.

The views of the service users are also of paramount importance. Thus a chapter is specifically set aside for the topic of patient engagement and experience.

A conclusion then draws the entire strategy back together, taking an overarching view of its importance and planned delivery.

3. National and Local context

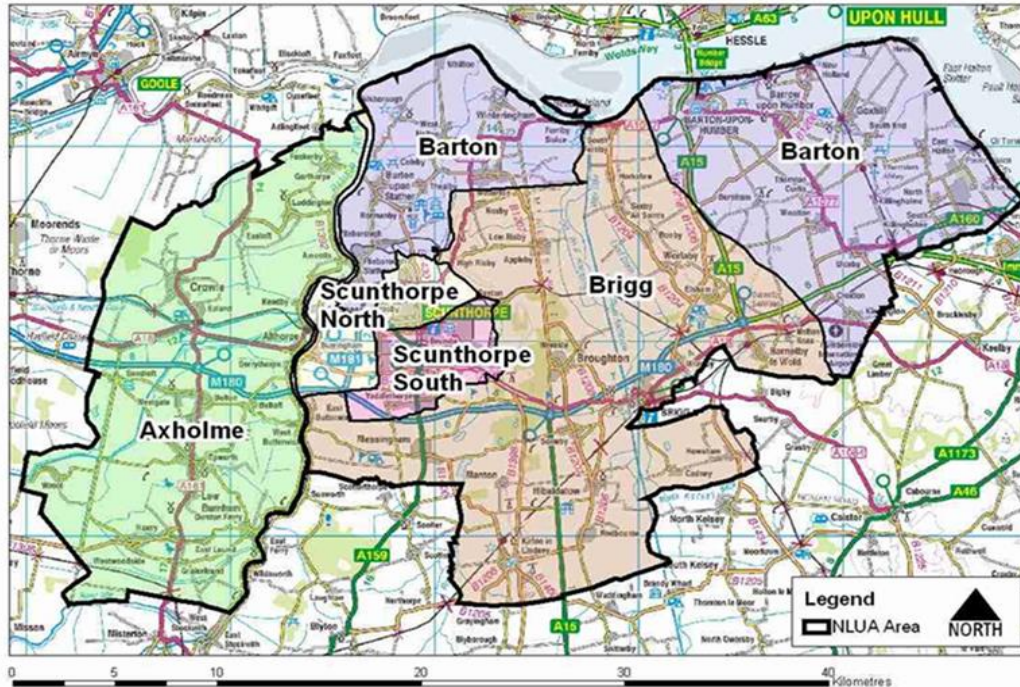
Primary health care, and in particular, primary medical care has been a cornerstone of the NHS since its inception. While facing many challenges in terms of increasing demand and stretched capacity, general practice remains one of the UK's most important and valued public services.

Primary health care manages a vast and increasing workload, and remains the first point of contact for over 90% of patients and service users to access care (Kings Fund), with more than 300 million people seen and treated by General Practitioners (GPs) and practice nurses every year. GPs and their practice teams play a crucial role in coordinating the treatment and management of long term conditions patients, health promotion, diagnostics and early intervention, ensuring that where necessary, patients are referred on for appropriate specialist treatment and management in a timely manner.

Demands on general practice have never been greater. In addition to an ageing population, lifestyle choices are increasingly impacting on the health and wellbeing of the population: managing patients with multiple long term conditions (LTCs) is becoming the norm rather than the exception across the country.

Local Context

Figure 1 – North Lincolnshire Boundary map



North Lincolnshire CCG area is geographically large, with more than half of its population living in rural areas. There are currently 19 practices covering a population of 171,905 (April 2016). At present the population is served by one main acute and Community Services provider, (Northern Lincolnshire and Goole Foundation Trust, NLAG), one specialist acute provider (Hull and East Yorkshire Trust, HEYHT) and one Mental Health provider (Rotherham, Doncaster and South Humber Foundation Trust, RDaSH).

While the age profile for the area is similar to the national average, the *average* age of the population is greater than the national average. Life expectancy has risen by more than 5 years for males and 3 years for women since 1991, though there has been no significant local improvement in male life expectancy in the last 5 years (JSNA).

Given the increase in older people, it is anticipated that many more people will be living with LTCs, such as Heart Disease, Diabetes and respiratory conditions such as

asthma in the future. In line with national trends, locally, more people than ever are living with more than one long term condition (LTC) and often have complex health needs, which creates increasing demands upon health care. People with multiple LTCs tend to be more intensive users of health services; while they represent around 31% of the population, they account for 52% of GP appointments and 65% of planned hospital appointments.

North Lincolnshire also has pockets of deprivation and has higher rates of smoking, obesity, alcohol consumption and physical inactivity than the national average, increasing the risk of people developing lifestyle related ill health. While the number of people at risk of premature disease and disability has improved, this has not increased proportionately to life expectancy which means that for many, the extended years of life are often spent in relatively poor physical and/or mental health. Currently, there is a 8.9 year gap in life expectancy for men and 8.8 year gap for women, between our most and least deprived.

As is the picture nationally, funding for primary care to meet the added demands of a growing and ageing population, characterised by increasingly complex health needs, has not kept pace. Added to this are the challenges around workforce recruitment and retention, which have led to the unprecedented pressure that primary care is currently facing. As demand and pressures within primary care increase, so it becomes more apparent that new ways of working are crucial if general practice is to be a sustainable model of care going forward.

In order to begin redressing some of these issues on both a national and local level, NHS England have signalled a shift in strategic direction, underpinned by a significant investment programme, initiated with the publication of the FYFV, published in October 2014.

3.1 NHS Five Year Forward View

The FYFV set out a clear direction for the NHS, detailing the case for change, and what the future NHS health care system is expected to look like. The document sets out three key principles for change relating to gaps in healthcare that the new strategic direction will seek to address. These include:

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

The document describes the challenges currently facing primary medical care and presents a compelling case for change to ensure that the NHS will close all three of the gaps and meet the needs of future patients in a sustainable way. The proposed change set out in the FYFV will see the NHS become a more proactive agent of change, as opposed to continuing in the traditional reactive manner in which the NHS has typically responded to increasing demands.

There is recognition that the NHS will not succeed in closing these three gaps by delivering care in the same way. Success is dependent upon new ways of thinking and working that require the blurring of statutory and organisational boundaries if we are to meet the diverse and increasingly complex needs of the people who access health services. An increased focus on prevention and public health is called for that will require closer integration across health and social care and increased collaboration between local and national government. Meaningful engagement with individuals, communities and voluntary sectors is also key if we are to create the synergy required to generate the local drive necessary to create and sustain the vision going forward.

In order to facilitate the delivery of the vision described within the FYFV, new models of care delivery options have been proposed. The new models of care allow a degree of local flexibility and seek to remove the traditional divide between primary, community and secondary care. The proposed new models of care support

increased integration of care delivery to improve patient experience and outcomes. They represent a shift towards developing networks of care, as opposed to separate organisations. The new models of care most aligned to general practice include:

- Multispecialty Community Providers
- Primary and Acute Care Systems
- Enhanced Care in Care Homes

The approach of North Lincolnshire CCG to the emergent new models of care will be described in section 6.4 of this strategy.

3.2 General Practice Forward View

As described above, the FYFV recognised that GPs and practice teams are under unprecedented pressure and it has become clear that action is needed to ensure the sustainability of general practice service delivery in the future.

In response to this, 'The General Practice Forward View' (GPFV), published in April 2016, details a plan, backed by significant investment, to stabilise and transform general practice by 2020/21.

The plan contains specific, practical and funded steps to facilitate growth and development of the workforce, drive efficiencies in workload and relieve demand pressures. In addition, there are specific plans to modernise primary care infrastructure, improve access and utilisation of technology, and support to local practices to redesign the way modern primary care is offered to patients.

The key elements of the GPFV will form the basis of the action plans that accompany this strategy and will be discussed later in the strategy, they include Workforce:

- Workload
- Infrastructure
- Care redesign

Together the FYFV and the GPFV aim to ensure that by 2020 general practice is fit for the future, able to work at scale and make the best use of resources and technologies. There will be an expansion of workforce and improved premises and patients will be signposted to the most appropriate member of a practice team. New models of skill mixes within practices will support better signposting of patients to the most appropriate clinician or service, and where practical, to self-care.

This strategy sets out North Lincolnshire CCG's plans to transform these national aspirations into a reality at a local level.

4. North Lincolnshire health provision overview

4.1 North Lincolnshire GP Federation

As noted above, the GPFV recognises that new emerging models of care are dependent upon GPs working more collaboratively, including the development of GP Federations. North Lincolnshire has an established GP Federation comprising membership of all 19 local practices – 'Safecare Network Ltd'. The organisation is already working in partnership with the CCG and the local authority to develop three care networks to integrate out of hospital health and social care; they also provide a community based geriatric assessment/fall prevention service, commissioned by the CCG.

4.2 Out-of-Hours Service (OOHs)

GP OOHs in North Lincolnshire is commissioned as part of the Integrated Urgent Care Model, and provided by Northern Lincolnshire & Goole Hospitals NHS Trust.

The GP OOHs element of the service is available either via NHS111 or for those patients that attend A&E and are deemed to be suitable and appropriate for primary care. Referrals from NHS111 are those that are assessed as requiring a primary care service outside of GP core hours and within the timeframe of the OOHs period.

Where possible, calls are transferred directly in to the local Single Point of Access. The local single point of access works with the GPs in GP OOHs to manage all inbound referrals from 111 and telephone calls from other services such as EMAS etc. The local SPA number is not available to the public; all calls for OOHs care are via NHS 111.

4.3 Health Lives Healthy Futures (HLHF)

HLHF is the framework for all health and care organisations across North & North East Lincolnshire working together to improve quality and outcomes for local people. Health and care organisations across North and North East Lincolnshire have been shaping and developing the foundation blocks for our approach to population health management, and considering the implications within this for commissioning and contracting options. This work has resulted in a proposed new model of care which builds on the work already undertaken within [Healthy Lives, Healthy Futures \(HLHF\)](#) and addresses some of the key issues identified as part of the HLHF programme.

After careful deliberation of the emerging evidence from national and international sites implementing new models of care, an agreement has been reached with NL CCG Engine Room, Council of Members, Governing Body, and with Local Authority Officers, regarding a proposed new model of care. Within the context of this strategy, the focus will be on the primary care led elements of the new model, with a particular focus of developing the Out of Hospital model through the development of 3 Care Networks across North Lincolnshire.

4.4 North Lincolnshire Care Networks

The case for change for primary medical care has been established, if we are to secure a sustainable future for primary medical care locally, as in line with national direction, it is clear that more of the same is not an option. While the HLHF provides the framework for system wide change locally, the developing care networks provide the framework through which we will work to secure a sustainable model of primary medical care that is fit for the future across North Lincolnshire.

The Care Networks will bring together teams of health and care professionals across each network, working together to meet the comprehensive needs of their population's well-being. The Care Network model is based around several key defining core principles, these include:

- Person centred – care and support designed to reflect need
- Based around General Practices and other care services within the locality
- Dedicated Proactive (planned/managed) Care for adults with long term conditions and frail elderly
- Well-being: prevention, health promotion and self-care support

Family, friends and communities will be encouraged/incentivised to enable the Care Networks to thrive.

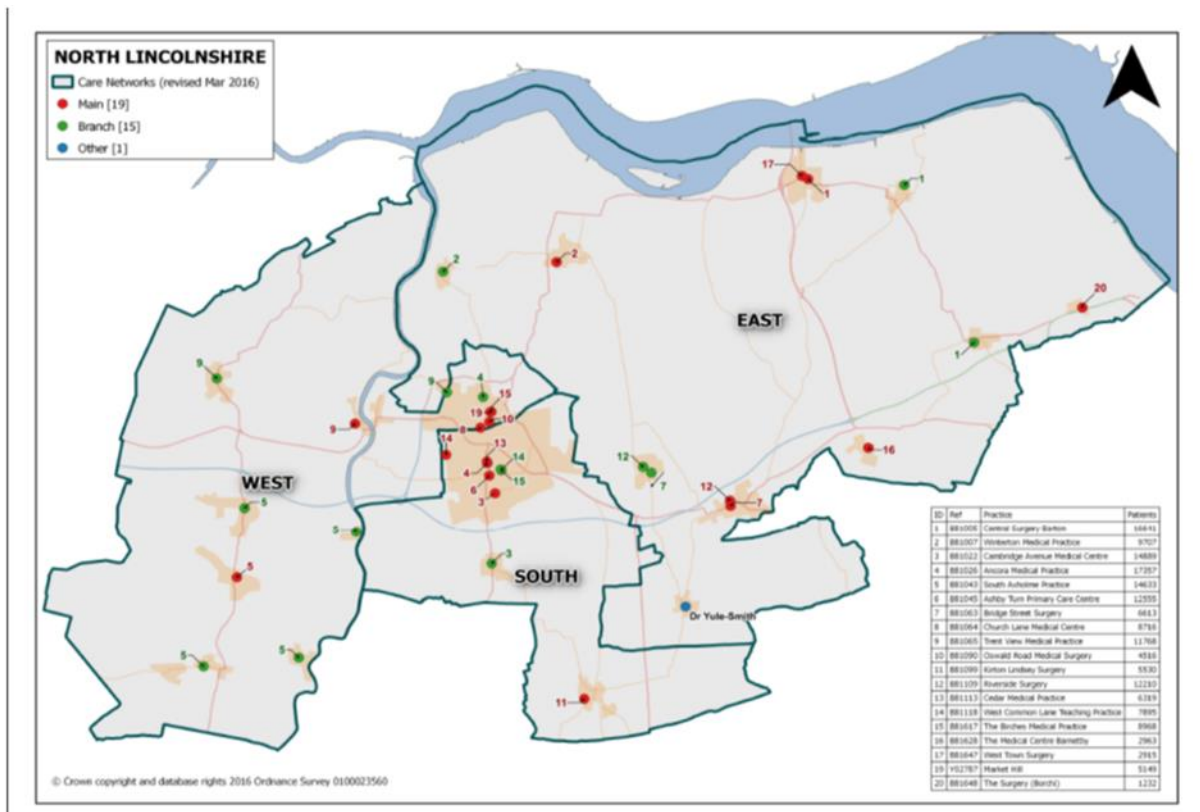
4.4.1 The Networks

There are 3 Care networks across North Lincolnshire:

- West = 54,032 (32%) + 2 Wellbeing Hubs
- South = 64,888 (38%) + 1 Wellbeing Hub
- East = 52,352 (31%) + 4 Wellbeing Hubs

The networks share similar populations which were apportioned to take into account the geographic spread of the area; whilst East network is smallest in population, it is largest geographically. Similarly, whilst south largest in population – it is the most compact: all contain pockets of deprivation. Current network assets include 20 GP Practices (19 NL CCG + 1 Lincolnshire West CCG practice) that fall within the North Lincolnshire LA boundary), 7 Well-being Hubs and 62 Care Homes.

Figure 1: Map of North Lincolnshire Care Networks:



The networks will be the focused driving point of the future development of primary care going forward. The overarching aim of the care networks is to develop a sustainable new model of care, with primary medical care at the centre, driving up quality and building out of hospital system resilience. It is through the networks that we will deliver the high quality patient centred primary medical care that is reflected in the vision of this strategy.

4.5 The Accountable Care Partnership, and Sustainability and Transformation Plans Footprint

4.5.1 The Accountable Care Partnership (ACP): New models of Care

North Lincolnshire CCG has considered the models of care set out in FYFV (2014) and the emerging national and international evidence around them. The Multi-speciality Community Provider (MCP) model has afforded the basis on which to build the NL CCG approach, with list-based general practice at the heart.

North Lincolnshire CCG has agreed a model with all partners across North and North East Lincolnshire which includes an ACP within North Lincolnshire, along with a model for delivery at scale. Decision making will be through a single System Management Board accountable for deciding what is delivered in place or at scale; Safecare Network Ltd are at the heart of the model. (For more detail see [NLCCG Strategic Plan](#))

In relation to primary care and general practice, during 2016/17, there will be a drive to further develop and implement the Care Networks whilst simultaneously building the framework for the new NL Accountable Care system.

4.5.2 Sustainability and Transformational Plan (STP)

The STP footprint comprises 6 CCG's;

- East Riding of Yorkshire
- Hull
- North Lincolnshire
- North East Lincolnshire,
- Scarborough and Ryedale
- Vale of York

These CCGs, working together as Humber, Coast and Vale Sustainable Transformation Collaborative are currently developing plans to identify areas suitable for commissioning services at scale to improve outcomes and safeguard the future sustainability of services.

As part of the developing STP plans, a Primary Care sub-group has been established with the remit of identifying and maximising opportunities to work at scale with primary care within the STP footprint whenever possible. This group is in the early development stages at the time of writing the strategy. North Lincolnshire CCG are working closely with primary care colleagues across the STP footprint to ensure that, wherever possible, general practice in North Lincolnshire benefits from

identified opportunities for improving efficiencies and increasing capacity through economies of scale. The CCG will ensure that practice members are up-dated and involved in developments going forward.

5. Taking forward the FYFV in North Lincolnshire

The national commitment to investment in general practice is reflected in the 'Delivering the Forward View: NHS Operational Planning Guidance for 2017/18 – 2018/19', with one of the 9 priority 'must dos' being a requirement for every local system to develop and implement a local plan to deliver the GPFV and address the sustainability and quality of general practice going forward ('Delivering the Forward View: NHS Operational Planning Guidance for 2017/18 – 2018/19'). This strategy is the vehicle through which North Lincolnshire will deliver the GPFV locally.

The strategy will now describe how NL CCG will work in partnership with our constituent member practices to develop a local system of primary medical care that is fit for the future, creates an environment that supports recruitment and retention, increases patient access and delivers continuous quality improvement. In order to reflect the national direction of travel, the strategy will describe each priority area set out in the GPFV in terms of, where we are, what our aspirations for the future are, and how we aim to reach our aims by 2020.

6. Delivering the General Practice Forward View

6.1 Workforce:

GPFV sets out the national agenda for developing the primary care workforce. This includes details on action to double the growth rate in GPs through new incentives for training, recruitment, retention and return to practice. The aim is to add a further 5,000 net GPs in the next five years. In addition, 3,000 new fully funded practice-based mental health therapists, an extra 1,500 co-funded practice clinical

pharmacists, and nationally funded support for practice nurses, physician assistants, practice managers and receptionists.

To take forward the GPFV we need a multi-skilled primary care workforce that can meet the growing demands on general practice. Recruitment and retention will be a priority going forward, as will supporting training and development opportunities for primary care staff.

In addition we will work with practices within the care networks to further develop new models of primary care delivery that will support future sustainability and maximise efficiencies where possible.

Details of how we will achieve the vision for primary care is included in the accompanying action plans at the end of this document. In terms of workforce, these enablers include:

- Bench mark of current workforce to be undertaken
- Development of a NL CCG Workforce Recruitment and Retention strategy
- Established links with workforce development groups and recruitment campaigns will inform our investment strategy
- CCG will continue to fund Bluestream Academy to support staff training
- Working in partnership with the STP primary care sub group and the LMC to develop national, regional and local recruitment campaigns
- Maximise training opportunities for Nursing Staff and Health Care Assistants to support development of new models of delivering primary care services
- Support practices to utilise the role of Physicians Assistants (PAs) within primary care
- Support practices/care networks to access national funding streams that can support recruitment/retention
- Support access to GP/PAs trainees to bolster capacity where appropriate
- Implementation of the CCG Nursing strategy

What more are we going to do?

We will continue working closely with other CCGs within our STP footprint to maximise the impact of national, regional and local recruitment campaigns. More details of our approach to tackling recruitment and retention over the next five years in line with the GPFV can be found in the action plan at the end of the strategy.

6.2 Workload

General practice is facing increasing pressures associated with growing demand and associated workloads. The GPFV details a new practice resilience programme to support struggling practices, changes to streamline the Care Quality Commission inspection regime, support for GPs suffering from burnout and stress, a reduction in red-tape, limits on administrative burdens at the hospital/GP interface, and action to cut inappropriate demand on general practice.

An overview of how we will achieve our vision for managing primary care workload is included in the accompanying high level action plans at the end of this document. These high level action plans are underpinned by detailed programme plans to support and manage delivery within defined timelines.

These enablers include:

- The CCG will actively work with secondary care and other providers to ensure contract compliance to the new national contract requirements
- We will develop a 'new offer' to general practice, with the aim of increasing capacity and sustainability in primary care through identifying opportunities to relieve some of the pressures on individual practices
- We will review current Local Enhanced Services with a view maximising efficiencies and re-investing the monies to create a more streamlined offer that will include elements of shared care
- Develop a primary care investment strategy to deliver the GPFV

- We will continue to work closely to support the further development of the NL GP Federation 'Safecare Network Ltd'
- We are developing a new model of care for care home support to reduce the demand on practices
- We will develop and actively implement a workforce and recruitment strategy to tackle recruitment and retention issues
- We will invest resources to take forward the development of the care networks within North Lincolnshire to support new models of providing care across care networks
- We are investing in the General Practice Improvement Programme
- We have invested in the new Primary Care Directorate with responsibility for delivering the GPFV
- We have also invested in a management team that will work closely with primary care to support the development of the ACP in North Lincolnshire.

What more do we need to do?

We will continue working closely with our member practices and ensure we work in partnership when developing new initiatives to ensure that they meet the needs of general practice, support development and sustainability and deliver the vision for primary care across North Lincolnshire.

6.3 Infrastructure

The GPFV details upgrades to practice premises, through the Estates and Technology Fund (ETTF) that will offer funding to new proposals to allow up to 66 per cent reimbursement of premises developments, direct practice investment technology to support better online tools and appointment, consultation and workload management systems, and better record sharing to support team work across practices.

National Level

The FYFV emphasised the importance of using technology to support change, and makes a commitment that by 2020 there will be fully interoperable electronic health

records. This was supported by a Government commitment in Personalised Health and Care 2020, that “all patient and care records will be digital, interoperable and real-time by 2020”

Better use of data and technology has the power to improve health, transforming the quality and reducing the cost of health and care services. It can give patients and citizens more control over their health and wellbeing, empower carers, reduce the administrative burden for care professionals, and support the development of new medicines and treatments.

Digital technology has a significant role to play in sustainability and transformation, including delivering primary care at scale, securing seven day services, enabling new care models and transforming care in line with clinical priorities.

National investment focuses on:

- Increased provision of IT Services for GP Practices
- Online consultation systems for every Practice
- Online access for patients to clinical triage systems
- Wi-Fi services in GP Practices for staff and patients
- Improved access to primary care

What are we doing now? - IMT

The Local Digital Roadmap (LDR) has been developed and sets out how the CCG will achieve the ambition of operating paper-free at the point of care by 2020.

The scope of the LDR vision has key themes which will integrate with sustainability and transformation through to delivery of digital enablement in Primary Care at scale, securing seven day services, enabling new care models and transforming care in line with clinical priorities.

- Integration and interoperability of “paper-free” systems across health and social care to enable real time accessibility of care records and information at the point of care, enabling information empowered care and speedier, informed decision making,
- Digital access for patients, third sector and the public to care data, advice and information that will support greater self-care, prevention and community support
- Data sharing to support data analytics, population health & wellbeing management and effective strategic/individual care commissioning
- Maximum efficiency in back office and service delivery working practices including agile/mobile working, avoidance of duplication, and reduction in non-productive activities

GP Practice Level

Alongside the Local Digital Roadmap the IT strategy for primary care seeks to build on the following priority areas going forward:

- A refresh of current IT Estate replacing current desktops with laptops enable a mobile workforce
- Care Home Connectivity to develop the mobile working infrastructure to support GPs and the wider primary, community and social care work force.
- Video Consultation in GP Practices - to reduce the amount of travelling between Practices but to also support the opportunity to provide additional methods of communication and access to North Lincolnshire patients.
- DXS will provide a decision support tool for GP's with access to local and national pathways, triage system, referral documentation and a comprehensive directory of services. The main aim is to reduce variation in referrals and support GP's to identify the most appropriate referral routes
- Implementation of shared agreements to enable the direct integration of records between clinical systems

What are we doing now? Primary Care Estates

The NL Local Estates Strategy is being developed through the Healthy Lives Healthy Futures programme (of which the Care Networks are a part), and takes account of the 'One Public Sector Estate' strategy. This strategy involves the mapping of all public estate for use across the locality and identifying how to make best use of underutilised estate for all public services. At present a mapping of all local estate is underway to support links to the ETTF process, with the aim of maximising what estate we have locally to support development of care networks and facilitate full integration of services locally to the benefit of local population.

The North Lincolnshire CCG Estates Plan provides a stocktake of current primary care estates. The plan will support forward planning at a strategic level and will be further developed in light of NL CCG practice bids submitted as part of the Estates and Transformation Fund (ETTF).

What are we currently doing - Estates?

- Further development of the NL CCG Estates Plan to inform future planning/prioritisation
- Support to practices in submitting bids to the ETTF, including support to develop business cases/PIDs where appropriate
- We are involved in the One Public Estate Group across North Lincolnshire
- Infection Control visits to support practices in meeting requirements to ensure premises meet the required standards

More details of our approach to IMT development over the next four years can be found in the North Lincolnshire CCG IT Roadmap.

What more do we need to do?

Will actively monitor implementation of the NL Digital Road map to ensure we are on target to address the key challenges to support closer integration and improved access across the care networks. In addition, we will continue to support practices to

access ETTF resources to support development of primary health care infrastructure to facilitate the further development of new models of care.

6.4 Care Re-design

The GPFV details practical support for individual practices and for federations and super-partnerships; this includes, direct funding for improved in hours and out of hours access, including clinical hubs and reformed urgent care; and a new voluntary GP contract supporting integrated primary and community health services.

Much progress has been made across North Lincolnshire in the developing the emerging care networks and clinical hubs. We will build on this momentum going forward, with further investment to support full integration of health and care and empowering care networks to deliver to the needs of their population.

Key enablers to deliver our outcomes include:

- Support to the development of care networks, including investment to establish a Primary Care Directorate in the CCG and investment in management to support the development of the Accountable Care Partnership
- Developing the Out of Hospital Model through HLHF, ACP and care network development, including developing clinical hubs in each of the care networks
- Support integration of primary, community and social care through the clinical hub development /within each care network
- We are working closely with our main urgent care provider to remodel the current service, with GP and community nursing staff at the front end to ensure patients are seen by the most appropriate professional
- Active engagement in the developing STP plans, including the Primary Care sub group for HCV STP
- Close working relationship with Safecare Network Ltd (local GP Federation)
- Development of a 'new offer' to primary care that will support care network development and delivery of services at a network level

- Review of current LESs to maximise efficiencies and reinvest to deliver more primary care services within care network/clinical hub to relieve pressure on primary care and support development of care network 'identity' for member practices
- Reviewing the new MSCP 'voluntary contract' to evaluate the potential opportunities it may offer opportunities for new ways of procuring and commissioning services going forward
- We will work on a care network/Federation level to develop a model of increased access to primary care as set out in the FYFV
- We are developing more primary care clinical pathways to support the out of hospital model and shifting resources to support delivery in primary care where possible

What more do we need to do?

Successful delivery of new models of care across North Lincolnshire is dependent upon closer integration of health and care through our developing care networks. We will work closely with our member practices, GP federation and emerging ACP to re-model how care is provided across the North Lincolnshire footprint, including developing plans to meet the required improvements in access to primary health care through 7 day working.

More detail of how we will achieve our vision for care re-design over the coming years is included in the accompanying action plans at the end of this document.

6.5 Investment

The NHS Planning guidance 2017-19 details the investment to support primary care in general and delivery of the FYFV in particular. The NL CCG Primary Care Investment Strategy will provide further details of how this investment will be utilised in North Lincolnshire to support delivery of the GPFV. The strategy will also detail additional investment from the CCG and plans to work with practices to develop a gains-share investment plan that will also seek to redress GP

variation in outcomes. Working in close collaboration with our practices members, the first stage will involve working to bring all practices in line with the CCG average to release savings that can be re-invested to support system wide improvements with the aim of releasing further resources for re-investment.

What are we doing now?

- ETTF investment to support premises improvements
- Investing in Care Network development (including investing in New Models Of Care managerial support team)
- Funding 6 sessions per year of Protected Learning Time for GPs/Clinical staff
- Investment in establishing a Primary Care Directorate
- Re-design of enhanced services to create a 'new offer' to primary care
- Developing an incentive programme based on reducing practice variation and driving up quality outcomes
- Developing a local investment strategy for primary care

More details on our approach to managing investment in primary care will be provided the NL CCG Primary Care Investment Plan.

6.6 Medicines Optimisation

The aim of medicines optimisation is to ensure high quality and safe prescribing in primary care that takes into account existing national and local guidance. The strategy for medicines optimisation includes using medicines management resources to support GP practices in improving diagnosis, addressing unmet pharmaceutical need, reducing unsafe prescribing and improving patient use of medicines (including reducing wastage).

What are we doing now?

Workforce:

- Use of electronic prescriptions

- Use of repeat dispensing via electronic prescriptions. (The authorisation of repeat stabilised medicines by a GP for up to 12 months, whereby the pharmacy pull the prescription from the EPS2 spine when needed at set intervals)
- Use of skill mix in a practice - clinical pharmacist for management of LTC, technician role to support reconciliation. Supported by NHSE pilot. Triage of minor ailments.
- Use of medicines managers in GP practices, (process, repeat prescription ordering management)
- Discharge planning from secondary care and involvement of medicines review into primary care to reduce risk of prescribing incidents. Pharmacist involved.
- GP/pharmacist review of continued medicines STOP/START tool
- Use of MUR and NMS service in community pharmacy to support use of medicines and ensure medicines are taken as intended (reduce waste, increase adherence)
- Technicians – training to support processes within practices- discharge letters, best use of medicines,

Care homes

- Handling and storage of medicines in the care home setting. View to reduce waste by improved medicines management principles.
- Use of original packs rather than MDS/dosette boxes (reduced shelf life, cannot be used in hospital)
- **Clinical medication reviews**
 - Pharmacist delivered clinical med reviews at point of transfer of care, ensure appropriate monitoring of medicines, advise & implement changes to therapy to reduce polypharmacy and make regimes simpler
- Partnership with hospital and community pharmacy teams to deliver joined solutions for patients on discharge.

Medicines Optimisation – gaining best outcomes from medicines and best use of resources

- Consideration of items which are best managed by specialised service off FP10 i.e. nutritional supplements, wound care.

- Embedding of formulary updates and use of formularies across the health economy (ostomy, incontinence, dressings, and oral nutrition).
- Having a health economy approach across the CCG for cost effective prescribing and entry of new drugs to the formulary. Including inclusion of prescribing impact in service redesign and also, considering impact of new drug on service pathway.
- Adherence to APC formulary and APC decisions.
- Robust entry of new drugs and devices via the APC. Clear outcomes and improvements needed to patients health with known improvement stated.
- Inclusion of prescribing considerations within all commissioning decisions
- Generate engagement from all member practices with achieving managed growth within the prescribing budget and achievement of QIPP.
- Adoption of cost effective products as a formulary decision across the CCG.

6.7 Quality

North Lincolnshire CCG is responsible for supporting GP Practices to improve patient quality of care, and work to reduce variability in quality across North Lincolnshire. Quality and safety in the delivery of health services, is a fundamental responsibility of all organisations. Within North Lincolnshire CCG, we see quality to comprise clinical effectiveness, patient experience and patient safety. This is also reflected in the North Lincolnshire CCG Quality Strategy which identifies the key objectives for the CCG to work with primary care as:

- Secure continuous improvement in service delivery
- Secure reduction in unwarranted variation of care and promote harm reduction
- Scrutinise and understand mortality data in primary care; work in partnership with other organisations to reduce mortality preventing people dying prematurely.
- Work with primary care practitioners to support re-validation and recruitment
- Support registration of practices with the Care Quality Commission

- Enhance the skills and capacity of the primary care workforce improving recruitment and retention
- Improve access to primary care services including increased seven day working
- Ensure that the patient voice is central to service planning and evaluation
- Support research and innovation

We will be open and transparent about the quality of primary care and where appropriate publish quality information on our website. During 2016/17 the CCG will further develop the primary care quality dashboard assurance tool. This will be shaped and informed by our member practices. We will use this dashboard to improve quality, reduce variation and to inform the development of targeted improvement programmes.

Safeguarding

All children and Young People (birth to 18 years) are entitled to protection from abuse and neglect. Under section 11 of the Children Act 2004 NHS organisations or providers of NHS Services have a statutory duty to ensure that their functions, and any services that they contract out to others, are discharged - having regard to the need to safeguard and promote the welfare of children.

Primary Care has a duty to take part in child protection procedures including going to child protection conferences (or supply a report if unable to attend), strategy meetings and case reviews.

It is a requirement of all health and social care providers to ensure Safeguards are in place to guard against poor practice, harm and abuse. In order to deliver this requires working collaboratively to improve outcomes.

6.8 Patient Engagement and Experience

In fulfilling its duty to secure continuous improvement in the quality of primary medical services in accordance with the requirements of the Health and Social Care Act 2012 (section 14S), the CCG recognises the importance of:

- promoting the involvement of patients and carers (Health and Social Care Act 2012 – section 14U)
- ensuring that the patient is at the heart of everything the NHS does (NHS Constitution – principle 4)
- building strong relationships with stakeholders and effective methods of public and patient involvement (North Lincolnshire CCG Engagement Strategy 2016 – draft vision)

The CCG will seek to promote effective public, patient and carer involvement and engagement on three levels:

- **National Level** – Although there is much that can be done locally to improve the quality and effectiveness of primary care, the commissioning of primary medical services is likely to continue to be based around nationally negotiated contractual requirements. The CCG will therefore:
 - make available to North Lincolnshire patients information regarding the services GP practices are required to deliver under the terms of their contracts
 - encourage North Lincolnshire patient representatives to seek to influence the content of national GP contracts through taking advantage of annual engagement opportunities promoted by NHS England to determine contract negotiation priorities
- **North Lincolnshire Level** – In commissioning primary medical services (jointly with NHS England) and in seeking to develop the quality and capacity of primary care the CCG will act in accordance with the key principles set out the CCG's (draft) engagement strategy. In particular the CCG:
 - will meet its statutory duties to involve, engage and consult the public
 - expects to be accountable for the way in which it involves, engages and consults
 - believes responding to feedback from the public is as important as receiving it
 - believes in consistency and coherence in engagement but will vary its approach to reflect local circumstances and sensitivities

- believes engagement must be authentic by operating within the context of financial and operational realities
 - will learn lessons from its engagement activity and respond accordingly
 - will ensure that people who engage with the CCG are fully supported to do so
- **GP Practice Level** – With effect from April 2015 GP practices have been contractually required to ‘*establish and maintain a group known as a “Patient Participation Group” comprising of some of its registered patients for the purposes of— (a) obtaining the views of patients who have attended the contractor’s practice about the services delivered by the contractor; and (b) enabling the contractor to obtain feedback from its registered patients about those services*’. Although patient participation groups (PPGs) have existed in most local GP practices for some time, the CCG recognises that there is a need to develop their effectiveness in driving service improvement at a practice level and in contributing to the development of primary care throughout North Lincolnshire. The CCG will therefore:
 - offer to provide development sessions for individual PPGs
 - produce and regularly update an induction pack for new PPG members
 - facilitate quarterly meetings of the North Lincolnshire PPG Forum comprising the chairs and members of all local PPGs
 - promote an annual PPG members’ conference

7. Conclusion

This strategy has provided an overview of the case for change, the national drivers that will shape the future landscape of primary health care and the CCGs progress to date. The strategy has been modelled around the key principles of the GPFV and the FYFV to ensure that the quality and sustainability of primary health care are central to our programme of work to deliver the GPFV across North Lincolnshire. The strategy is the means through which we will deliver our overarching aim for the development

of a sustainable model of high quality primary medical care in North Lincolnshire that reflects our strategic aim for primary health care:

North Lincolnshire Clinical Commissioning Group's vision for primary health care services across North Lincolnshire sees quality primary medical care as the foundation on which to build the very best healthcare for our population.

From this foundation we will aim to deliver high quality, equitable and accessible primary care services that have the patient at the centre of clinical effective care.

The action plans accompanying the strategy provide details of the enablers that will enable us to deliver of the strategy.

8. Implementation, Delivery, Governance and Review

The associated action plans to deliver the GPFV will be implemented and monitored though an overarching programme management approach. The action plans will detail key targets, milestones and deliverables to support implementation, monitoring/review and reporting of progress.

The overall responsibility for delivering the strategy will sit with the newly established Primary Care Directorate. Progress will be reported though the Demand Management Transformation Group and reported to the NL Joint Commissioning Committee., with regular up-date reports to NL CCG Governing Body

The strategy will be reviewed in April 2020, or earlier in line with any new guidance.

Appendix 1: Delivering the General Practice Forward View 2016-2020

High level Action Plans:

*These high level action plans are underpinned by more detailed delivery plans as part of the programme management of implementing the NL CCG Primary Care

Strategy

Delivery Area 1: Investment – increasing the levels of investment in primary care

Key Area	Action (s)	Milestones:	Target Date:	Lead:	RAG?
Develop Local Primary Care Investment Plan (revenue and capital)	We are developing a Primary Care Investment Plan that will support our strategic direction for Primary Care. National and local investment will be detailed with areas for prioritisation identified to support implementation of the General Practice Forward View (GPFV) locally, including resources dedicated to supporting the development of new care models and Accountable Care Partnership (ACP) locally.	Draft:	Jan 2017	Head of Primary Care (HoPC) / Director of Finance (DoF)	
		Consultation:	Feb 2017		
		Ratification:	March 2017		
		Implementation:	April 2017		
Reduce practice variation and drive quality outcomes	Develop programme of work tackling practice variation to support implementation of incentivised quality improvement through unlocking resources for reinvestment.	Annual work programme with targeted areas.	1 April 2017	HoPC	
Create new offer to primary care	Review existing Enhanced Services with a view to developing a new offer to Primary Care with the aim of maximising efficiencies, reducing bureaucracy and improving Quality Outcomes.	New offer agreed with PC and implemented	1 April 2018	HoPC	

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Establish a PC directorate	Primary Care Team in place ACP Team in place	Director, Head of and Manager recruited.	December 2016	Director of Primary Care	
Support Care Network development strategy	Work closely with New Models of Care (NMC) Team to support development of Care Networks with particular focus on ensuring Primary Medical Care are supported and enabled to work at scale.	Care Networks model in place.	2020	HoPC / Head of NMC	
Support premises improvements through Estates and Technology Transformation Fund (ETTF)	On-going support to practices with schemes going through ETTF process. Identify potential investment required from North Lincs Clinical Commissioning Group to support schemes.	Approved bids identified and supported.	April 2017 – March 2018	HoPC / DoF	

High level Action Plans:

Delivery Area 2: Workforce – expanding General Practice workforce

Key area	Action (s)	Milestones:	Target Date:	Lead:	RAG?
Recruitment and Retention Strategy	Benchmark current workforce and training needs. Development and implementation of a local workforce recruitment and retention strategy that will aim to strengthen and further develop the primary medical care workforce.	Draft Strategy	End Jan 2017	HoPC	
		Consultation / Ratification	Feb-March 2017		
		Implementation Plan	1 April 2017		
Recruitment campaigns	Active engagement in discussions across the STP footprint on developing national and international recruitment campaigns. A programme of work has begun in line with a proposal from NHSE to explore a bid to seek international GP placements.	Approved proposal for STP international recruitment	1 April 2017 (to 31 March 2018)	HoPC	
Staff Training	To be included in the Recruitment and Retention Strategy to maximise training opportunities for practice staff to support development of new models of care delivery. NHSE funding utilised for Care Navigator and Clinical Coding training.	Linked to Recruitment and Retention Strategy Clinical coding training procured. Care navigator training procured.	1 April 2017 March 2017 April-Sept 2017	HoPC	

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Supporting development of new models of delivering primary care services	Support general practice to develop new models of care delivery to ensure the most efficient use of clinical and non-clinical time within practices, ensuring that the patients receive the most appropriate care for their needs.	PC Directorate and NMC Team in post will offer on-going support	2016-2020	HoPC/ Head of NMC	
Utilising role of Physicians Assistants (PAs) and other allied health professionals (pharmacists, physiotherapists)	Support practices to utilise the role of PAs and other allied health professionals (pharmacists, physiotherapists) within primary care.	Linked to Recruitment and Retention Strategy	2016-2020	HoPC	
Funding	Actively identify available national funding streams to support implementation of the GPFV. Potential areas for further investment to be identified within the primary care invest strategy.	Linked to CCG Investment Strategy	2016-2020	HoPC	
Implementing CCG Nursing Strategy	Align outcomes of CCG Nursing Strategy to support workforce planning	Linked to Recruitment and Retention Strategy	1 April 2017	Director of R & Q Assurance	

High level Action Plans:

Delivery Area 3: Workload – reducing practice burdens and releasing time

Key Area	Action (s)	Milestones:	Target Date:	Lead:	RAG?
Increasing capacity and sustainability	<p>Develop new offer to PC.</p> <p>NMC delivery to maximise skill mix within Primary Medical Care.</p> <p>Development of Recruitment and Retention Strategy.</p> <p>Further development of Care Networks.</p>	As detailed throughout the Actions Plans.	On-going	HoPC	
Maximise efficiencies and re-invest	Identify services that can be provided on Care Network level to maximise resource impact (increase capacity within PC).	Annual work programme linked to commissioning intentions of the CCG to support Out of Hospital model.	1 April 2017	HoPC	
NL GP Federation 'Safecare Network Ltd'	<p>Continue to work in collaboration with Safecare Network Ltd as our preferred provider of Primary Medical Services at scale.</p> <p>The CCG will continue to support the organisational development of the GP Federation as it evolves within the developing ACP to ensure that primary care is at the centre, driving forward improved outcomes and extended access to health and social care across North</p>	Full engagement with Safecare Network and CCG PC Directorate established.	December 2016	HoPC	

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	Lincolnshire.				
New model of care for care homes	Establish Task & Finish Group to develop new model of care for care homes to address the pressures general practice face with current demand.	Task & Finish Group established. Pilot Model. Phased implementation.	December 2016 January-March 2017 May 2017	HoPC	
Development of Care Networks	Targeted programme of work to support organisational development of Care Networks in collaboration with the NMC Team.	Annual work programme developed and begin implementation	1 April 2017	HoPC	
Invest in GP improvement programme/protected learning time.	Practices undertake Productive General Practice 'Quickstart' programme. On-going commitment to fund protected learning time for primary medical care staff.	Practices committed to take part. Programme to commence December 2016	December 2016	HoPC	
Implementation of the 10 High Impact Changes for General Practice	Prioritisation of High Impact Changes	Aligned to work programmes		HoPC	

High level Action Plans:

Delivery Area 4: Infrastructure – developing primary care estate and improving technology

Key Area:	Action (s)	Milestones:	Target Date:	Lead:	RAG?
Implementation of NL Digital Roadmap and associated Action Plans.	Monitoring of Action Plan delivery.	Key milestone identified from the Roadmap and assurance of delivery sought.	On-going	HoPC	
Further development of CCG estates plan.	Review of current CCG Estates Plan	Estates Plan refreshed and reflective of Care Network Development	April 2017	DoF	
Support premises improvements through ETTF	On-going support to practices with schemes going through ETTF process.	Approved bids identified and supported.	April 2017 – March 2018	HoPC/DoF	

High level Action Plans:

Delivery Area 5: Care Re- Design – providing improvement support to practices

Key Area	Action (s)	Milestones:	Target Date:	Lead:	RAG?
Support to Care Networks	Establish a Primary Care Directorate to support development of Care Networks. Invest in NMC Team to support care re-design – with a focus on integration of care.	Directorate established	November 2016	Director of PC	
Development of Clinical Hubs to support development of the Out of Hospital Model	Identify ‘clinical hubs’ for each network – link to ETTF bids.	Clinical hubs identified	April – July 2017	HoPC	
Integration of care	Investment in NMC Team to support integration of care at a care network level.	Full Integration of care established across the care networks	April 2018	HoPC	
STP Plans	Engagement in STP level primary care sub group to establish what can be delivered/ provided/ commissioned at scale.	Active engagement in STP Primary Care sub-group	October 2016	HoPC	
Improved access to PC (8-8, 7 days per week)	Establish base line of current provision. Develop trajectory to deliver improved access. Identify funding to support improved access.	Base line established Trajectory developed Funding identified Implementation plan developed for	April 2017 Dec 2016 April 2017	HoPC/DoF	

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	Phased implementation on improved access across the care networks.	implementation	April 2017		
Develop PC clinical pathways to support out of hospital model	Develop a programme of work to identify clinical pathways that can be provided in primary care. Review AQP	Annual programme of work developed to identify priority areas	April 2017	HoPC	
Review of Urgent Care Model to support in and out of hours urgent care service.	Support the Urgent Care Review with PC insight.	Support development of new / reviewed model	December 2016-April 2018	HoPC	

High level Action Plans:

Delivery Area 6: - Medicines Optimisation

Key Area:	Action (s)	Milestones:	Target Date:	Lead:	RAG?
Develop a medicines optimisation plan for North Lincolnshire primary care (including care homes/nursing homes)	Development of plan – key priorities identified, programme of target work agreed – implementation plan developed.	Key milestones identified	April 20-17	Head of MO/HoPC	
		Priorities agreed	April 2017		
		Implementation of plan monitored and reviewed annually	April 2017 – on-going		
Support to care homes to reduce waste and review medicines policies	Develop a programme of work to support care homes – targeting highest need.	Work programme developed and implemented – reviewed annually	April 2017 – on-going	Medicines Management Team	
Strengthen the role of the Area Prescribing Committee	Highlight the role of the ACP and seek adherence to ACP formulary and decisions.	Increased awareness of the role and remit of the ACP across NL practices.	April 2017 – March 2018	HoPC Head of MO	

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