Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Sheffield Primary Care Strategy

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Primary Care Commissioning Committee meeting

20 June 2019

Author(s)	**Sarah Burt, Deputy Director or Delivery – Care Outside of Hospital** **Melanie Myhill, Senior Programme Manager Primary Care - Accountable Care Partnership**
Sponsor Director	**Nicki Doherty, Director of Delivery – Care Outside of Hospital**

Purpose of Paper

To agree the updated Sheffield Primary Care Sheffield Strategy that has been written and recommended by the Accountable Care Partnership Board for Primary Care outlined at Appendix A

Key Issues

- The strategy is about the future of a sustainable model of primary care for Sheffield in light of the NHS Long Term Plan, the wider publication of the new GP Contract and the introduction of Primary Care Networks.
- It has been agreed at Accountable Care Partnership Board that this document is for development as the Accountable Care Partnership matures and any recommendations will feed in for future revisions

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by the Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to:

- Approve the updated Sheffield Primary Care Sheffield Strategy

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

1. To improve patient experience and access to care
2. To improve the quality and equality of healthcare in Sheffield
4. To ensure there is a sustainable, affordable healthcare system in Sheffield
5. Organisational development to ensure CCG meets organisational health and capability requirements

Are there any Resource Implications (including Financial, Staffing etc)?

Yes – Potential system implication both financial and staffing

Have you carried out an Equality Impact Assessment and is it attached?

No – Would be carried out as development of individual plans.

Have you involved patients, carers and the public in the preparation of the report?

No

Primary Care Sheffield

Sheffield City Council

NHS
Sheffield Children's NHS Foundation Trust
Sheffield Clinical Commissioning Group
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Primary Care Strategy

June 2019

To ensure that the people of Sheffield have excellent local, joined up, sustainable primary and community support to enable them to live their lives to the full.

Executive summary

In January 2019, the NHS published its Long Term Plan. As society develops and medicine advances to keep pace with the changing population and its evolving health needs, the NHS must transform in order to ensure that future services are responsive to their users and are sustainable in the longer term.

The Long Term Plan introduces a new service model 'fit' for the 21st Century, this will focus on:

- boosting 'out-of-hospital' care, to finally dissolve the historic divide between primary and community health services
- giving people more control over their own health and more personalised care when they need it
- supporting digitally-enabled primary and outpatient care to go main stream across the NHS
- increasing focus across all organisations on population health, moving towards integrated care systems
- focus on health inequalities, including smoking, obesity, alcohol, air pollution and antimicrobial resistance
- Focus and progress on care quality and outcomes
- Growing the workforce to ensure we have trained clinical and non-clinical staff to support the growing and changing population of Sheffield
- Delivery of services in primary care networks and neighbourhoods.

1. Background and Context

1.1 The National Context

In January 2019, the Long Term NHS Plan was published, with a focus on prevention, population health and integration. The plan has committed £4.5 billion more for primary medical and community health services by 2023/24 and £2.3 billion for mental health services.

The new GP contract framework (2019) marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan. The contract will ensure general practice plays a leading role in every Primary Care Network (PCN), which will include bigger teams of health professionals working together in local communities to deliver care to to their populations whilst influencing

system changes at both Place level and within broader Integrated Care Systems. What will be crucial is aligning Clinical Director and PCN priorities to the broader Place and ICS strategy to ensure that the transformation agenda delivers meaningful improvement in outcomes for the individual, the family, the neighbourhood and the population.

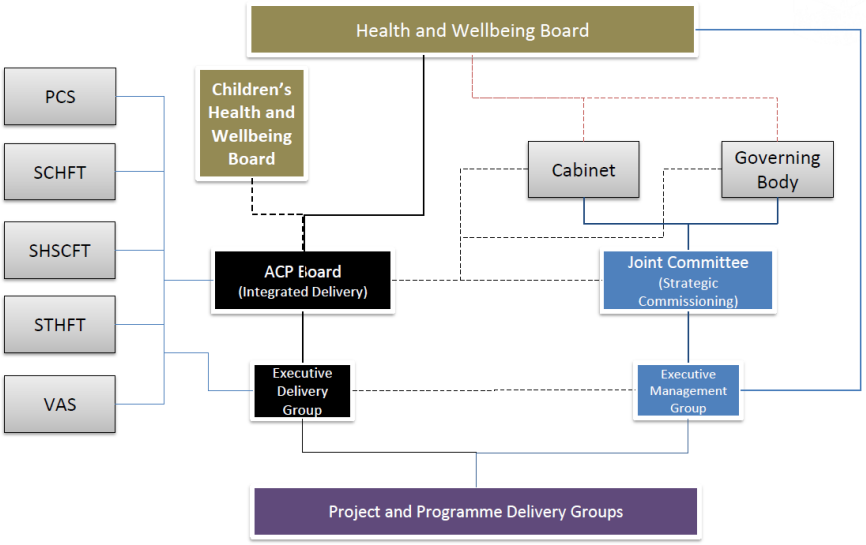
1.2 The Regional Context

The South Yorkshire and Bassetlaw Integrated Care System (ICS) was established in 2017 and was one of ten first-wave ICS's identified nationally to develop the blueprint for system working across health and care organisations. In the same year, Sheffield Accountable Care Partnership (ACP) was one of five "places" established across South Yorkshire and Bassetlaw. The different health and care organisations across the five SYB places form the ICS footprint. The ICS is currently developing its response to the NHS Long Term Plan which sets out the requirement for systems to work together with partner organisations to produce a five-year strategic plan by the autumn of 2019. The plan builds on the 2016 SYB Sustainability and Transformation Plan, and will focus on improving population health and wellbeing through prevention, integrating care and partnership working.

ICSs bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. They will have a key role in working with Local Authorities at 'place' level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

Our partners are committed to working in collaboration with practices across Sheffield to ensure the priorities for the ICS are embedded into the local primary care strategy for Sheffield.

Accountable Care Partnership Summary Governance Structure



Primary care services are an integral part of the wider health and social care system with no part of the system working in isolation. The interdependencies are myriad and complex. Planning the provision of primary care services must, therefore, be considered within the context of community, mental health, hospital, social care, community and voluntary organisations and specialist services. Sheffield's Accountable Care Partnership draws together Sheffield's key Health and Social Care partners into a governance structure shown overleaf; this allows for a wider integration and accountability

1.3 Local Context

This strategy is about the future of a sustainable model of primary care for Sheffield in light of the NHS Long Term Plan, the wider publication of the new GP Contract and the introduction of Primary Care Networks. We are also awaiting the national community pharmacy contract to be issued this year with the Pharmacy Services Negotiating Committee and Department of Health and Social Care currently in negotiation. The Accountable Care Partnership is a key vehicle to deliver the Shaping Sheffield plan (a 5 year strategy for health and social care in Sheffield) of which this strategy will also play a key role in providing care in a different way.

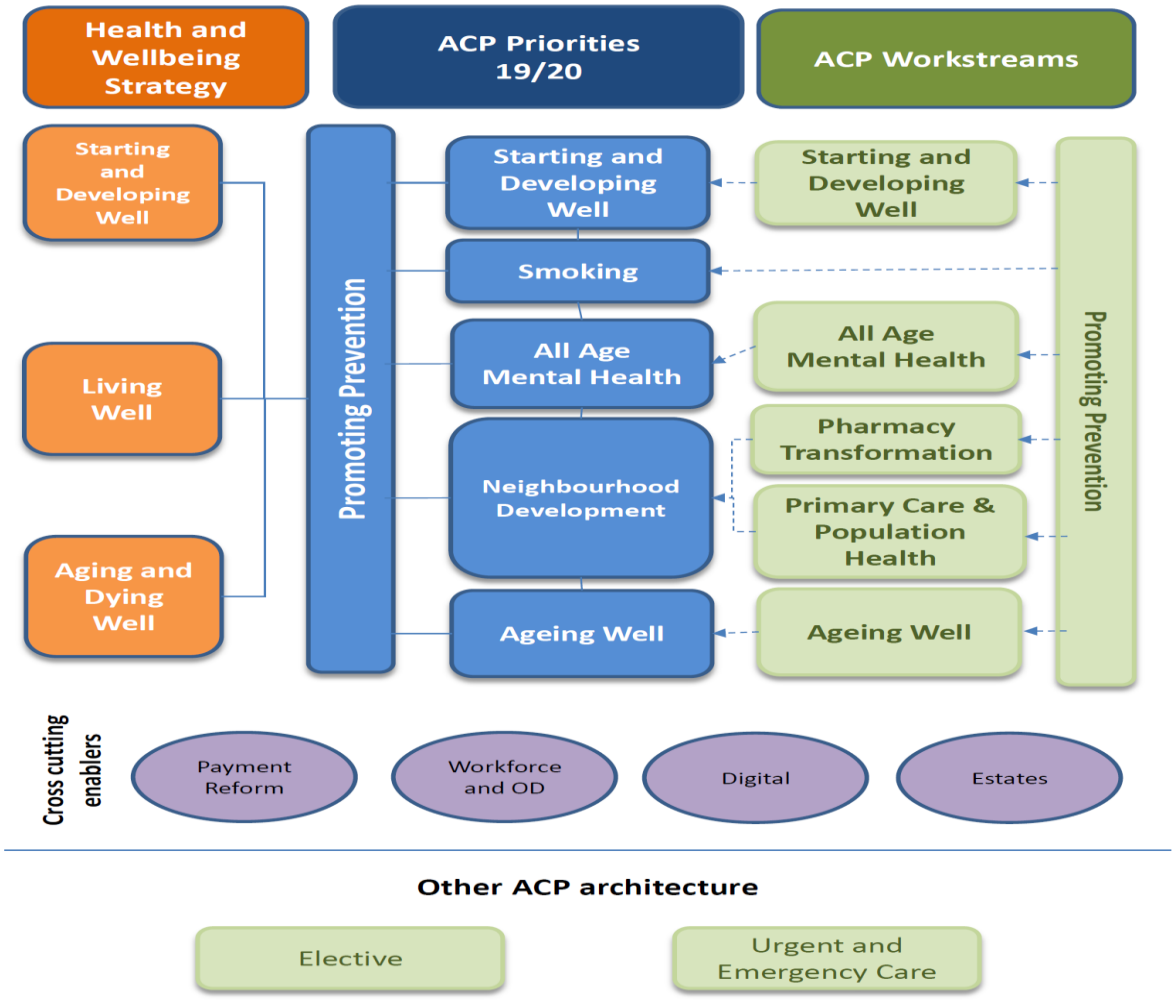
The ACP partnership comprises of seven partners across the city

- Primary Care Sheffield Ltd
- NHS Sheffield Clinical Commissioning Group
- Sheffield City Council
- Sheffield Teaching Hospitals NHS Foundation Trust
- Sheffield Children's NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Voluntary Action Sheffield

The Shaping Sheffield Vision is Simple:-

Prevention, well-being and great care together

The Accountable Care Partnership have the work streams shown overleaf to achieve its vision, one of the core work streams is Primary Care and population health.



There is a commitment of oversight from a multiagency delivery board to ensure the delivery of the transformation of primary care services across Sheffield to ensure that:

The people of Sheffield have excellent local, joined up, sustainable primary and community support to enable them to live their lives to the full.

This strategy therefore aims to:

- Have high quality, sustainable primary care services that are fit for purpose now and in the future
- See health, social and voluntary care services working collaboratively for the benefit of individuals with a key focus on neighbourhood development and population health outcomes
- Work with system partners to address the wider determinants of ill

health by taking a positive approach to prevention and supporting neighbourhood development across Sheffield.

If the changes in this strategy are implemented we can expect the following outcomes:

- Reduced health inequalities and delivery of positive health and social care outcomes for people living in Sheffield; this means improving how people manage their own health and ill health and making sure they have equal access to the support they need, regardless of their social circumstances and of any barriers that are presented to people arising out of protected characteristics as outlined within the Equalities Act

- Sustainable primary care services with sufficient numbers and skill mix of staff to manage demand as well as the technology and buildings that support and enhance service provision

- People receiving the right interventions at the right time from the right professional

To achieve these objectives will require a change in behaviour and culture for people, providers and commissioners, which include greater awareness of the disadvantages and barriers to access faced by many members of the community:

- **People** will be encouraged and enabled to seek support and interventions from a wider range of professionals from the wider Primary Care setting; they will play a much bigger part in managing their own health and wellbeing

- **Providers** of primary care services will be encouraged and enabled to work differently – from the way they interact with patients to their working relationships with the health, social care and the voluntary sector to sharing contracts and resources with other providers at appropriate scale and location

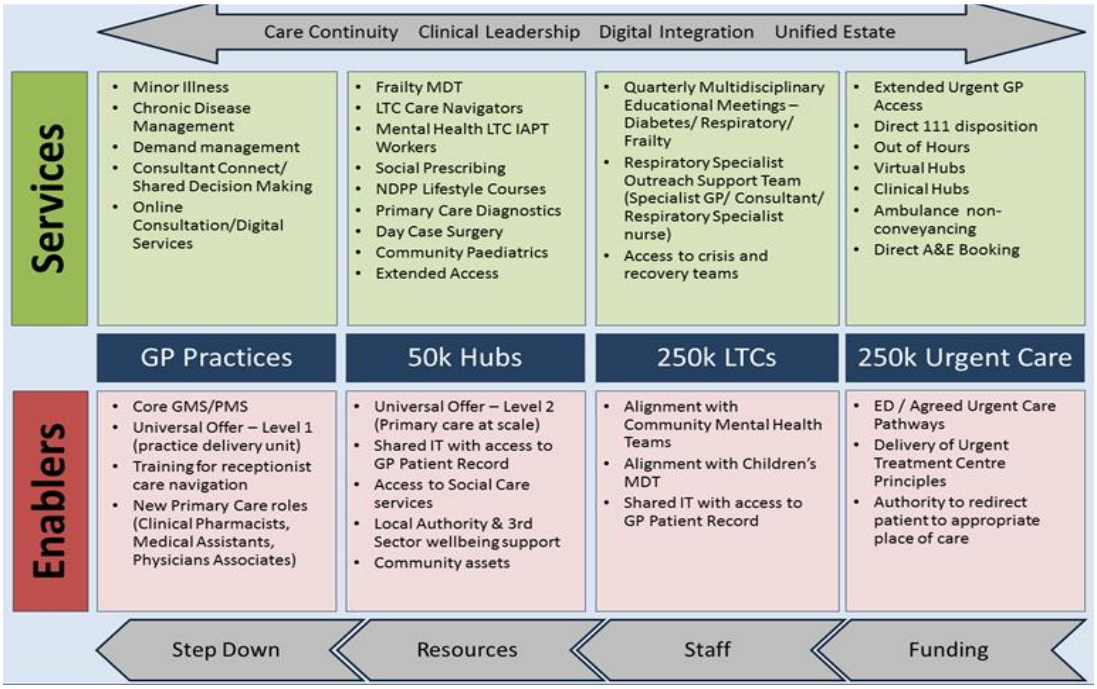
- **Commissioners** of health and social care services will need to take advantage of enablers within the system, i.e. change the way they contract and pay for services; shift more resource into primary care; lead on the changes needed to grow the primary care

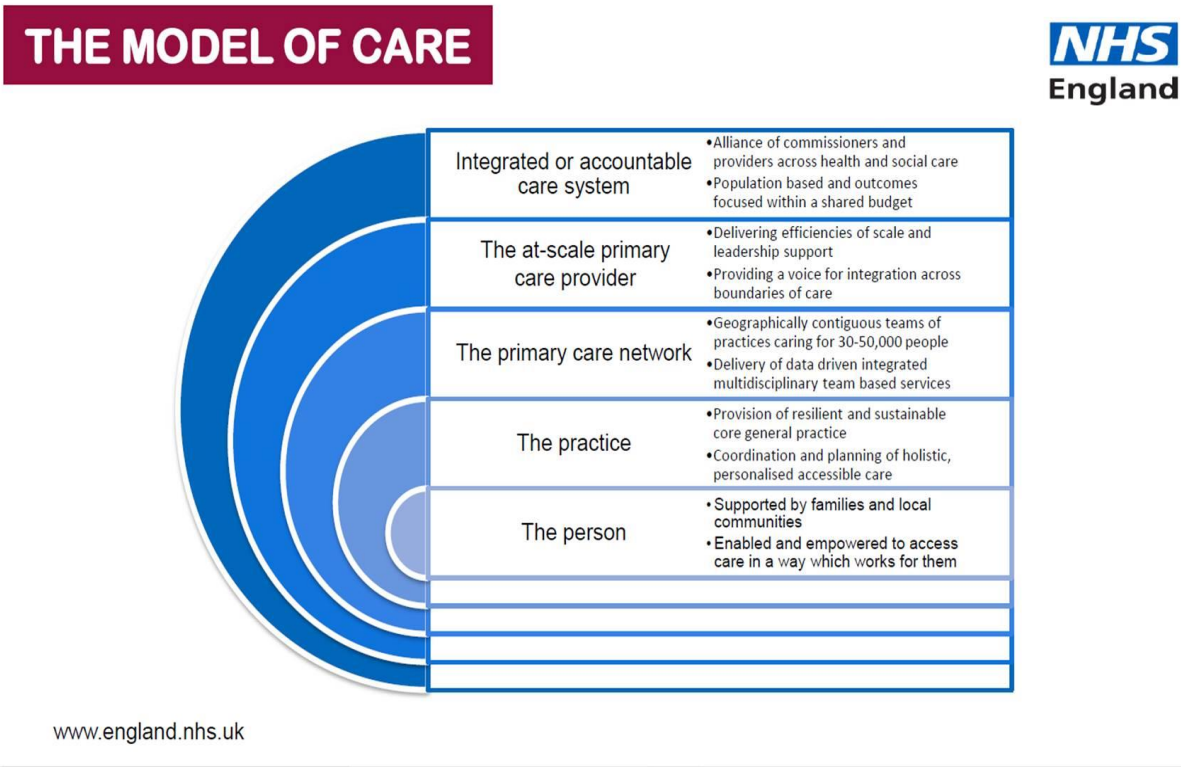
workforce and develop the right technology and estate infrastructure. It is important that commissioners are able to ensure that other commissioning decisions compliment and support the primary care strategy

Our vision

Our vision is to ensure that the people of Sheffield have excellent, local, joined-up, sustainable primary and community support to enable them to live their lives to the full. To do this, we will therefore shift the focus of care and support towards primary and community care. We will do this through the development of provision at the relevant scale including existing services, such as General Practices, mature neighbourhoods wrapped around Primary Care Networks and City-wide solutions.

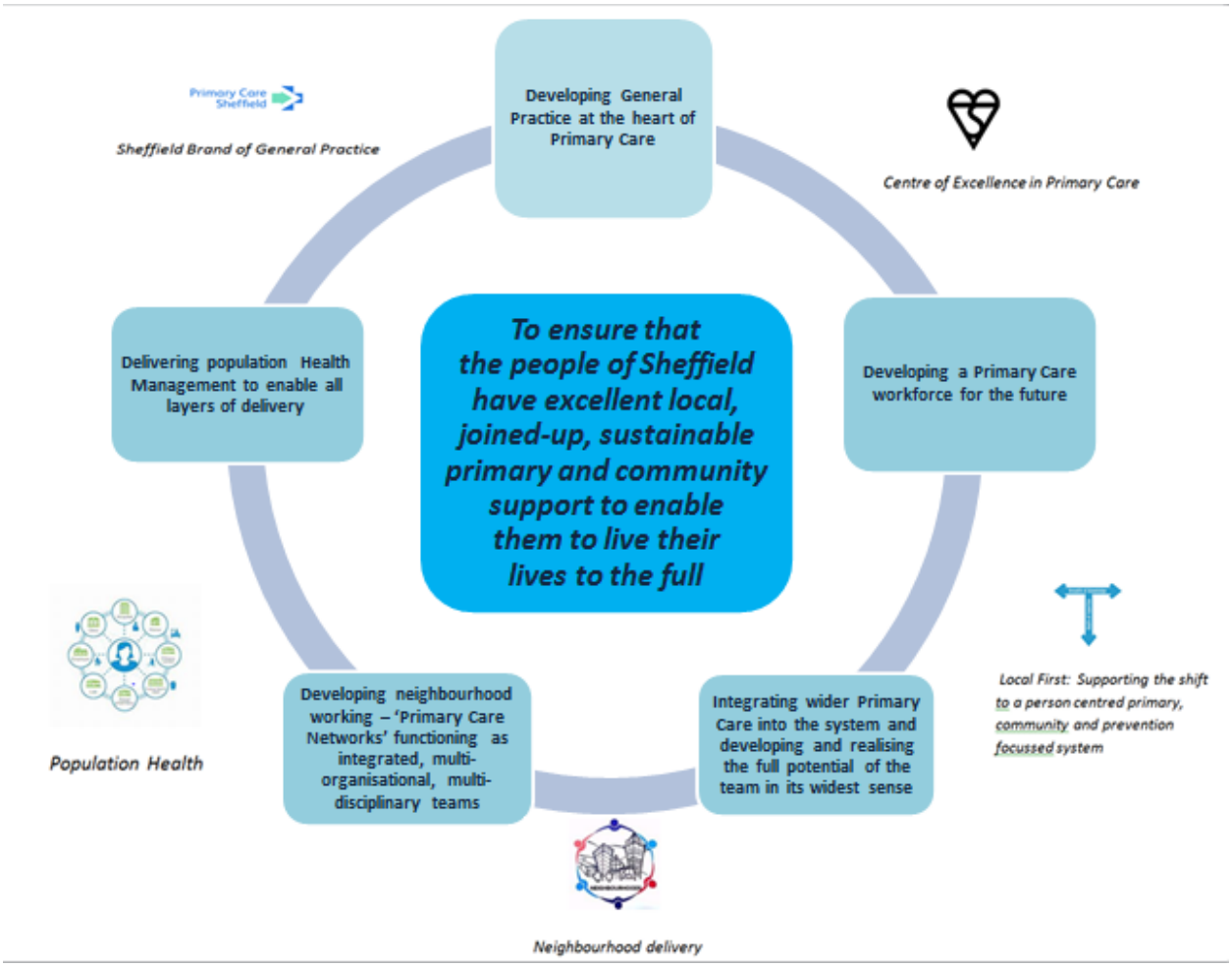
The following diagrams demonstrate the different levels of scale and delivery across the city. We anticipate that the unit of delivery eg neighbourhood will reflect the scale or efficiency required





Through the ACP Primary Care Work Stream we will support

- The shift of a person centred primary, community and prevention focussed system
- The development of a Primary Care Workforce for the future taking account of the Shaping Sheffield workforce and organisational development strategy as a key enabler of our place based delivery
- The development of Neighbourhood working, with Primary Care Networks functioning as integrated, multi-organisational, multi-disciplinary teams
- The development of Population Health Management using infrastructure, intelligence and intervention methodology to design care models, outcome and evaluations.
- The development of General Practice at the heart of Primary Care, placing Sheffield General Practice as a market leader for its quality and consistency in delivery.



1.4 Primary Care Networks and Neighbourhoods

Significant changes will be made over the next 5 years, with the formation of Primary Care Networks. Primary Care Networks are a group of GP practice working together in their local neighbourhood, typically covering upwards from 30,000 – 50,000 population size.

Wrapped around our Primary Care Networks will be our Neighbourhoods. Neighbourhoods are made up of number of organisations that all make a contribution to working in an integrated way. Neighbourhoods will support integrated working between health, social and voluntary care to support their local populations.

Aligned to Networks and Neighbourhood development are the following enablers:

- Primary care workforce at scale and new roles
- Primary care estate solutions
- IT & Digital Solutions
- Primary Care Development and support
- Patient education and Public Involvement
- VCS engagement and involvement

2. The case for change

The case for change is clearly laid out in the NHS Long Term Plan; The South Yorkshire & Bassetlaw ICS response to the delivery of the long term plan and the place based Shaping Sheffield Plan.

All these organisations are working jointly to define a system of services that will deliver the highest quality health and social care for people living in Sheffield. Aligned to this is a more detailed piece of work that has been completed by the CCG. The CCG has set out a strategy for Care Outside of Hospital which takes a whole system approach to the planning and delivery of all care services provided in a community or primary care setting.

The detail of the changes required are described in the key documents - The Shaping Sheffield Plan, the Urgent Care Strategy and the Active Support and Recovery (AS&R) strategy.

In summary, the strategies collectively describe how services will be provided differently in the future with the key messages being:

- We need to manage a greater volume of patient demand in a different way by using workforce skills more appropriately
- We need to keep ensure the most skilled workforce and resource is available for the for the patients in greatest need
- We need to maximise the resources that we have across our population based on complexity and need in order to address inequalities in the city.
- We need to see patients where its most appropriate – only going to hospital when it is needed
- We need to support patients to be fit and well and stop the most frail and complex patients from being admitted to hospital when their care can be managed in the community
- We need to work in an integrated way across organisational boundaries to achieve our ambitions
- We need to demonstrate our commitment to Parity of Esteem through the integration of mental health services into primary and neighbourhood delivery

2.1 National drivers for change

These drivers are well documented and can be summarised as:

2.1.1 The NHS Long Term Plan

2.1.2 The New GP Contract including the Primary Care Network Direct Enhanced Services

2.1.3 The number and proportion of older people in the population is increasing; the health and social care needs of older people are often more complex.

2.1.4 The prevalence of long term conditions and multimorbidity; this impacts upon the demand for services and demands a different type of service provision.

2.1.5 The prevalence of mental health needs and co-morbidity of physical and mental health illness.

2.1.6 The healthcare expectations of the population are changing in line with greater consumer choice, 24/7 access, fast response times and better informed consumers.

2.1.7 The approach to healthcare provision is shifting away from a paternalistic model towards a greater onus on patients taking a more active role in the care of their own health; the Collaborative Care and Support Planning (CCSP) or person-centred care approach.

2.1.8 Significant differences in health outcomes for different population groups; a persistence of health inequalities

2.1.9 Funding levels have decreased in real terms; the same resources are being spread more thinly requiring more efficient use of funds available.

2.1.10 Greater integration between health and social care commissioners as a result of the Care Act and introduction of the Better Care Fund (BCF).

2.1.11 Changes in technology are enabling improved survival rates, more complex conditions to be managed in a community or home setting and alternative ways of seeing and assessing patients.

2.1.12 There are significant workforce issues in many parts of healthcare and this is keenly felt in primary care where fewer GPs are entering the profession and more are leaving it early[7]; there are too few practice nurses and a lack of dedicated training and career structure and the new roles to Primary Care are likely to see demand outstrip capacity as nationally all areas of the country attempt to recruit at the same time.

2.1.13 A combination of workload and workforce pressures and in some cases reductions in funding are pushing some general practices and Community Pharmacies to consider closure.

2.1.14 A shift in culture towards person centred care and asset based approaches

2.1.15 We are also awaiting the impact from the publication of the Social Care Green Paper

2.2 Local drivers for change

There are many local drivers for change; the most pressing of these are:

2.2.1 The implementation of Primary Care Networks and the Neighbourhood working wrapped around them.

2.2.2 The Shaping Sheffield Strategy

2.2.3 Local Health Inequalities including the variation in life expectancy and healthy living age

2.2.4 We do not have sufficient numbers of workforce to deliver traditional services but need to diversify our clinical professions.

2.2.5 By making the best use of all the assets in the city we can improve outcomes and people's experiences

It is imperative that the strategy for primary care addresses these issues. Primary care services must:

2.2.6 Have clearly defined and interlinked levels of scale and delivery.

2.2.7 Be of a consistent standard and quality

2.2.8 Engage with and be accessible to anyone regardless of their social circumstances

2.2.9 Ensure people with mental ill health and disability have equal access to the services they need delivering care as close to the patients home as possible

2.2.10 Have the right workforce, technology and estates to be able to meet people's needs.

2.2.11 Consider investment which is more proportionately related to need.

2.3 Stakeholder Engagement

There has been significant stakeholder engagement for the development of the Shaping Sheffield plan and as a result of the Urgent Care Services review. This engagement has led to core themes from both stakeholders and the general public being identified. People have told us that:

- They are confused about what services to use for what type of need;
- They are unsure what services they can access and when;
- They would like to be seen by their GP where this is appropriate but struggle to get appointments at times;
- The health and social care system is complicated, fragmented and lacks communication between services and organisations – services need to be joined up better with greater integration across health and social care;
- Patients want services in their local community;
- They need more publicity about public and voluntary services in their local area and how they can use these to address their health needs before escalating to their GP, 999 or A&E;
- They want to be treated as a whole, with their mental health needs treated as equal to their physical needs;
- They use urgent care services for convenience if they have difficulty in getting a GP appointment.
- There is inequality of access and experience for people from the protected characteristic groups covered by the Equalities Act.

The most recent refresh of how staff, stakeholders and the public feel about urgent care which took place between December 2018 and May 2019 has highlighted the following:

- There is praise for the quality of services, especially the quality of care in local GP practices.

- **Resource** - Access to GP and Nurse appointments remain an issue. What is most important to the public in a recent survey is that they want to be seen by a healthcare professional best able to treat them on the same day at their local practice.

- **Knowledge** - There is some confusion about what services to use for what type of need and when. In specific communities of higher deprivation, transport is an issue and there is limited awareness of alternative services if people can't get an appointment with their local GP practices. Staff said they want better patient and staff education.

- **Pathways** - The health and social care system is complicated, fragmented and lacks communication between services and organisations. Staff have said they want better pathways between services. The public want to be treated as a whole, with their mental health needs treated equal to their physical needs.

- **Behaviours -** The top reasons why people chose the services they go to is because they have experience of that service, know they are open and that they will be seen.

We have listened to these messages and to what providers of primary care services across the city are saying; these discussions have generated ideas and momentum and have resulted in the development of this strategy. In addition to the regular Governing Body, City-wide Locality Group and Locality meetings, where these issues have been discussed, there have been a number of events and meetings dedicated to debating the way forward for primary care.

3.0 The current picture of Primary Care provision in Sheffield

3.1 General Practice services and Federation Development

At 1st April 2019 there were 80 practices. The total registered list size was 608,376 and the average registered list size was 7,605. The smallest registered list size was 1,184 and the largest registered list size 36,154. As each practice is independently contracted, the way services are provided varies, for example, different practices will have different systems in place for accessing services, providing long term conditions management, in the skill mix of their practice team and so on.

For the purpose of provision, general practices have traditionally operated as separate entities; however the new national GP contract and the creation of Primary Care Networks supported by the PCN

DES are catalyst for change. Whilst individual practices retain their core contracts with the introduction of the PCN DES this sees a key shift in the model for General Practice over the next five years with the introduction of additional roles and new models of care via the 7 Enhanced Services that will be introduced along with focus of clinical leadership that will contribute to wider system objectives for the benefits of local populations attracting transformation monies to deliver care in a primary care setting with the contribution of wider neighbourhood teams.

Primary Care Sheffield (PCS) is a city-wide primary care organisation, which includes membership of all practices within the city. The role of PCS is to support primary care and emerging networks where this is what they want in terms of service development. PCS also has a role in delivering services at scale across the city, specifically Extended Access, CASES and other locally commissioned services.

The strategy clearly needs to outline what General Practice services are commissioned at which level of scale and then ensure that these layers are interlinked and delivered seamlessly between the General Practices, Primary Care Networks and Primary Care Sheffield.

3.2 General Pharmaceutical services

There are currently 129 pharmacies across Sheffield providing care and support to their local populations through the provision of core NHS contractual services such as; dispensing medicines and appliances, advice on self-care, disposal of patient returned medicines, sign-posting and health promotion as well as national and locally commissioned services. There are currently four nationally commissioned services; the medicines use review service (MUR), appliance use review service (AUR), the new medicine service (NMS) and a national flu vaccination service. There are currently 16 locally commissioned services available to Community Pharmacies in Sheffield. The new national contract is due for publication in 2019 and Sheffield's Accountable Care Partnership has a work stream specifically focussed on pharmacy services. The latter, is developing an understanding of how the variety of pharmacy services in the city interlink for maximum benefit and this will need to be considered when implementing this strategy.

3.3 Developing joint working between general practice and community pharmacy

There is a desire in Sheffield to further the ambitious work previously undertaken within the city to integrate across General Practice and Community Pharmacies. This collaborative working will be supported by a signed Memorandum of Understanding between Primary Care Sheffield and Community Pharmacy Sheffield facilitating the co-development of primary care services for the benefit of Sheffield citizens. Previously, an ambitious, city wide programme of Community Pharmacists, working with GPs at scale across Sheffield successfully demonstrated a new model of care. This award winning programme, facilitated by Primary Care Sheffield, funded by the Prime Ministers Challenge Fund and supported by Community Pharmacy Sheffield, was the first example of large scale collaborative working between General Practice and Community Pharmacy in the country and demonstrated how Community Pharmacists are making a significant impact on reducing GP workload, improving medicines optimisation and driving the patient-centred care agenda.

Through the Accountable Care Partnership Pharmacy Transformation Group a programme of digital interoperability work is underway to pair up community pharmacists with their local GP practice(s) to begin to work as an extension of the practice team with access to the GP clinical system from their consultation room in their pharmacy. A pilot shared care hypertension management service is currently being developed and rolled out to demonstrate how this new model of integrated shared care, utilising digital interoperability, will enable community pharmacists to play a greater role in long term condition management and prevention, improve health outcomes for patients and support GP practice workload.

Primary Care Sheffield also currently provides clinical pharmacists into approximately 45 of Sheffield's General Practices under the NHSE Clinical Pharmacists in General Practice Scheme. This additional resource is expected to increase as the new roles subsidies are released under the PCN DES. There is ambition to provide this service as a remote hub and spoke service interlinking with other new roles such as First Point of Contact physiotherapists which it also currently delivers into 10 General Practices.

3.4 General Ophthalmic services

There are 62 optometry practices in Sheffield providing services through the national contract. The CCG and Local Optometric Council (LOC) have worked together in recent years to provide optical services in the community for non-sight threatening eye conditions that would otherwise have resulted in a patient attending secondary care. The following locally commissioned services are the product of this joint work, which is very well developed when compared to extended community based optometry provision in most parts of the country:

- Primary eyecare acute referral scheme (PEARS)
- Triage
- Glaucoma referral refinement (GRR)
- Contact applanation tonometry (CATS)
- Child eye screening (PRR).

These services were commissioned by the CCG via Primary Eyecare Sheffield (PECS), a limited company formed by participating optometry practices in the city, which successfully tendered to provide the services from April 2015. Primary Eyecare Sheffield has since merged with neighbouring areas to reflect a larger footprint via a single company to ensure a more standardised service. This new company is called "Primary Eyecare Services"

Primary Eyecare Services are trying to add more pathways to the ones they currently operate including OHT (Ocular Hypertensive) Monitoring.

There are regular meetings between the CCG and PECS to review activity, performance and quality and to work together to solve any issues. There are clear criteria identified for each scheme that participating practices must meet.

There is good coverage of all the above services across the city with around half of all practices belonging to PECS and participating in one or more of the schemes.

3.5 General Dental services

There are 77 general dental practices in Sheffield providing NHS services and 4 specialist orthodontic practices. As with general medical, pharmaceutical and ophthalmic services there is a national contract for general dental provision. There is an alternative national contract currently being trialled across the country and 3 of the dental practices in Sheffield are on this contract.

The CCG does not commission any local services with dentists in Sheffield, however, the local area team of NHS England contracts with 10 practices for Residential Oral Care Sheffield (ROCS) providing services to 78 care homes and with 2 practices for tier 2 Minor Oral Surgery services.

3.6 Voluntary and Community Services

The Voluntary and Community sector has a key role to play in supporting local people with their wider health and wellbeing needs and this is particularly recognised through the delivery of local successful programmes such as the People Keeping Well partnership (PKW).

This partnership was established with a number of third sector providers supporting a network of 17 lead provider areas across the city of Sheffield. The programme is designed to support people to develop

- Friends, connections and a purpose
- Know how to self-care and deal with 'life crises' with coping mechanisms
- A safety net – somewhere to get timely help and support

This is delivered through a range of approaches:

- Sorting 'life administration' via 1:1 casework support such as:
  - Advocacy support
  - Advice on housing, health and social care
  - Support to check benefit entitlements and complete forms
  - Connecting carers to further support

- Healthy lifestyles, 1:1 and group work including:
  - Health trainers / coaches
  - Encouragement to live an active life

    - Smoking cessation
    - Weight management
    - Chronic pain groups
    - Self-care
    - Managing with a long term condition

- Activities to reduce loneliness and isolation and develop peer support including knitting, walking, sporting memories, dementia café, carer groups, craft, food, gardening.

In addition to the PKW framework, Sheffield will also now see the introduction of further roles to support people with their wider health and wellbeing needs through the introduction of social prescribers in the Primary Care Networks.

This is a key opportunity for primary care but will need to be co-designed as a system to support PCNs, VCS and the wider system as the service is established.

We also recognise the importance of supporting the third sector in terms of resource to ensure that people that are referred for support are able to access this in a timely way and without creating additional pressures with the volume of work that could potentially be created.

3.7 Co-commissioning of primary care services

Since the advent of CCGs, primary care services commissioning was the remit of NHS England. From April 2016 CCG's were given delegated responsibility from NHS England for the management of Primary Care contractual issues relating to General Practice. NHS England retained the commissioning responsibility for Community Pharmacies, Dentists and Optometrists.

Co-commissioning was about enhancing and building upon the national contract already in place for practices. With a new GP contract and a Network DES NHS Sheffield CCG remains committed to finding local solutions to tackle local problems. As Primary Care Networks develop the CCG on behalf of the ACP may seek to commission supplementary services from networks that further support the implementation of the Shaping Sheffield plan and the ACP Primary Care Strategy. The CCG Governing Body feels strongly that this approach provides:

- Stronger practice engagement enabling whole system

conversations

- Enhanced engagement in primary care contracting and support
- Supporting quality improvement of primary care provision
- Supporting the delivery of the CCG's emerging strategies
- Supporting a high quality, less bureaucratic approach for Locally Commissioned Services.

In the commissioning and contracting of general medical services, the CCG will work closely with individual practices and their Primary Care Networks, supporting them in their development and implementation of the latest contractual changes. In addition in their Joint commissioning arrangements with Sheffield City Council and their role within the Primary Care ACP Delivery Board they will explore the opportunities presented by Primary Care Networks and their respective neighbourhoods in supporting the delivery of Joint Commissioning objectives. This will undoubtedly involve close links with the South Yorkshire and Bassetlaw Integrated Care System.

3.8 GP Contract five-year framework

The NHS Long Term Plan has committed £4.5 billion more for primary medical and community health services by 2023/24. This is to support better care for patients outside hospital in their local communities.

NHS England and the British Medical Association's General Practitioners Committee have agreed a five-year GP (General Medical Services) contract framework for 2019/20. The new contract framework marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services.

This is a significant shift for how General practice works and will see the contract as an enabler for additional investment and will provide more certainty around key funding streams which will reduce pressure and stabilise general practice as we move forward.

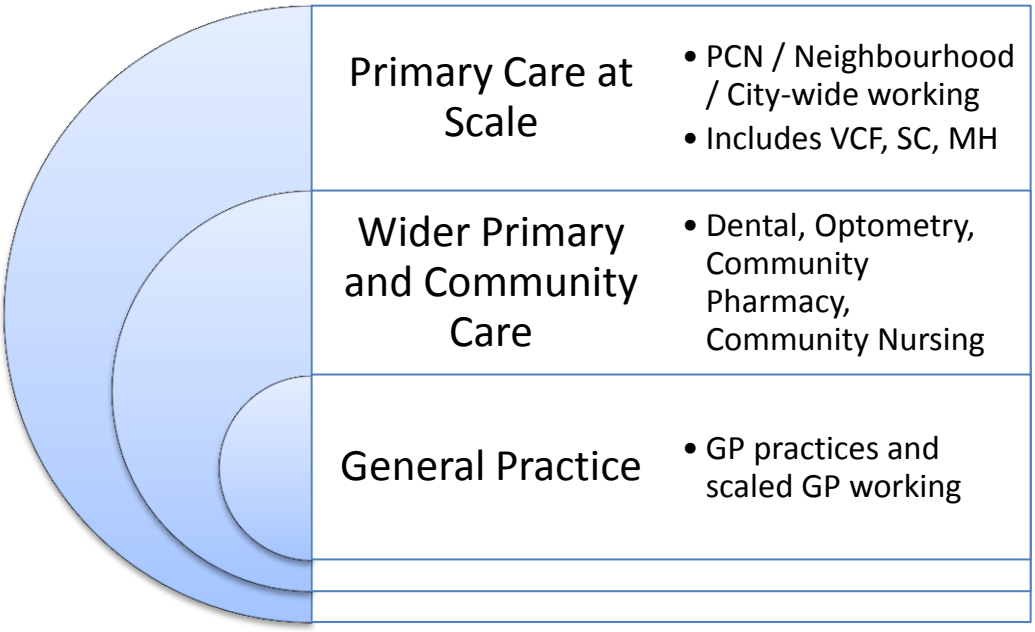
The contract will ensure general practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities as they develop and in turn this will lead to much closer working between networks and their Integrated Care System.

4.0 A primary care service for 2024

4.1 Delivery models for Primary Care

We purposefully distinguish a difference between General Practice and Wider Primary and Community Care as we support PCNs across Sheffield and wider neighbourhood development. Neighbourhoods include Community teams, primary care mental health, social care, voluntary sector organisations and are much broader than the GP practices themselves.

Outside the core provision of Core Contracts, we see the delivery of Primary Care at scale to integrate physical and mental health, primary and secondary care and health and social care.



4.1.1 General Practice

Maintaining the system of list-based care is key to retaining the core values of General Practice and puts General Practice at the heart of a patient's care and the continuity of care that results from that relationship health bringing significant benefits. This has been recently re-affirmed in Nigel Watson's report which emphasises the importance of the Partnership model as the foundation for good Primary Care.

4.1.2 Primary Care

The relationship of integrating seamless pathways and coordinated care amongst the wider Primary Care team is imperative. Links between community pharmacists and General Practice have been described earlier

in this document but we need to consider what benefits could be gained by greater working with dental and optometry providers.

There also needs to be consideration for how the Community Nursing teams work closer with the primary care teams. These issues are highlighted here for consideration by the Primary Care Delivery Board of Sheffield's Accountable Care Partnership.

4.1.3 Primary Care at Scale

The third element of provision for the primary care setting is a greater range of specialist or scaled services. We recognise that there has been a shift from secondary care to primary care for some services in recent years and believe it is beneficial for patients to be managed at home/in their local community where this is clinically appropriate. We would like to enable all providers of primary care to deliver a broader range of services and acknowledge that this must be supported by a different contractual approach, either via the PCNs / Neighbourhoods or via the City-wide providers including Primary Care Sheffield.

The NHS Long Term Plan specifically details additional investment into Primary Care Mental Health. Currently, Sheffield Health and Social Care FT provide and deliver IAPT services into all General Practices in the city. Discussion is currently underway to consider how this could be scaled to provide PCN / neighbourhood-level services and whether there are potential benefits to be realised from their greater scale. This Primary Care Strategy does not intend to detail the strategic direction of Mental Health provision but references it here to highlight the interdependency and strong desire to integrate services around both physical and mental health needs. The Mental Health Board of Sheffield's Accountable Care Partnership is represented at the Primary Care Delivery Board and there is a clear need to interlink these strategies ensuring the two are complementary.

There is also a need to fully align not only the VCS services but other anchor organisations and community assets into the neighbourhood delivery wrapped around the Primary Care Networks to further support the local communities with more holistic and person-centred services. The neighbourhoods will provide the vehicle to do this at a localised level and whilst neighbourhood delivery remains a priority within the ACP as a whole, attention will need to be given to investment in these priorities and the prevention agenda that runs intrinsically alongside them.

To have maximum impact on the health and well-being of local populations we believe that these elements of service must all be

delivered in a way that:

- Addresses mental and physical health needs concurrently.
- Adopts a person centred care approach to all interactions with patients.
- Deliver support to the whole family to understand the family needs, as carers, which will in turn help the patient keep well

4.2 Workforce

There is a well-publicised workforce shortage across Primary Care with a training and employment gap in GPs and Practice Nurses nationally. Sheffield has already seen a wide-spread adoption of new roles including Nurse Practitioners, Clinical Pharmacists, Physicians Associates, First Point of Contact Physiotherapists and the recent recruitment of first point of contact mental health workers (as part of our neighbourhood transformation pilots). There are several schemes supporting this diversification of the GP workforce from HEE and NHSE, the largest of which is within the PCN DES, which offers subsidies for:

- Clinical Pharmacists and Social Prescribing Link Workers from 2019
- Physiotherapists from 2020
- Physicians Associates from 2020, and
- Paramedics from 2021

One of the priorities for the Primary Care Delivery Board is developing a Primary Care Workforce strategy and workforce plan which interlinks directly to the Shaping Sheffield plan. The strategy will cover 3 main areas:

- Sheffield's approach to the workforce requirements in maintaining current activity in Primary Care, replacing the natural turnover of staff and wherever possible increasing efficiencies and relieving demand pressures with appropriate diversification of staff.
- Sheffield's approach to the development, and implementation, of new roles across PCNs and Neighbourhoods. This will include consideration for the use of staff in multi-organisational, multi-professional teams.
- Sheffield's approach to the roles required in Primary Care to deliver any additional activity transferred from other settings.

Data is currently being collected to support this strategy and the strategy is being written in conjunction with the South Yorkshire Workforce Hub. It will be interlinked with the recently drafted Shaping Sheffield strategy. The strategy will address specific issues in:

- Defining the training and OD requirements alongside the recruitment and development of staff.

- Considering the redevelopment of the GP role as a consultant generalist.

- Completing accurate baselines for Primary Care in Sheffield and projecting retirement figures for the next 5 years. From this data, we intend to identify gaps in projected workforce and feed these into our plans.

- Developing career pathways

- Supporting the recruitment of additional roles and exploring international recruitment

- Understanding our recruitment and retention plan as a city

- Understanding how Sheffield interlinks strategically with neighbouring Health and Social Care economies, ICS, Health Education Yorkshire and Humber and education and training providers to identify all opportunities for developing the workforce required

- Working jointly with relevant partners to create placement and mentoring opportunities, create new roles and inform the development of training and education courses. We want to make Sheffield a place that people want to work in and stay working in.

4.3 Technology – 'digital first' and improving access

Digital technology will act as a key enabler for primary care over the next 5 years to support the transformation of how services are delivered in primary care.

The pace and scale of progress for the city wide and General Practice technology ambitions below will be dependent upon securing the funding required, and on effective collaborative working across the Sheffield (and wider) health and social care system.

4.3.1 Strategic Ambitions

The strategic ambitions are detailed in Sheffield's Information Management & Technology Strategy. However, the System will produce a city wide Digital Roadmap which will form part of the system wide implementation Plan. City wide priorities identified to date are for IT to support:

- The development of IT infrastructure to support GP2HP functionality ; System standards; Digitalisation of care records; cyber security
- Digital improvements ; Video Consultations; patient access to full record ; electronic ordering of repeat prescriptions
- Personalised care plans – created and updated electronically

- NHS App for patients re access to care
- Shared Records including patient access, and city wide governance arrangements
- Transfer of Care between services
- Medicines Optimisation
- Wi-fi for public & staff

- Prevention, covering health and social care, self-care, support for patients and citizens.
- Online appointment booking and prescription ordering for patients
- E-consultations
- Mobile Working
- Technology to support the remote assessment and treatment of patients in their own homes via telemedicine and self-observation
- Patient access to records
- Use and accreditation of apps to support treatment and intervention

4.4 Estates

The NHS Sheffield Primary Care Estates Strategy 2017-2022 was prepared to support the delivery of primary care across the city, in response to the GP Forward View. Implementation of the strategy is currently underway, but is at a key milestone where a review and alignment with other emerging Sheffield and ACP strategies is due to be undertaken. The next phase of work includes the development of Neighbourhood & Locality Plans, and will require engagement with GP stakeholders as we sense check and prioritise objectives in line with the new Primary Care Strategy and prepare for Primary Care Networks.

The Primary Care Estates Strategy focuses on GP practices, covering 108 premises in and around Sheffield; these figures include main and branch surgery sites. There has been significant work in assessing the current condition, functional suitability and performance of these premises from an estates perspective. There is now an estates dashboard that can be used to show capacity, relative pressures and opportunities in relation to estate deployment. In addition, there are premises for each of the pharmacy, optometry and dental practices, amounting to a further estimated 260 sites, but other than potential co-location opportunities, these premises do not come under a structured plan – this could be a key outcome of the strategic review.

We are actively developing plans to deliver Out of Hospital care, and these premises offer a real opportunity to accommodate new service models. This model will require estate in each neighbourhood for integrated working with health, social care and VCS. The following are

our strategic primary care estates priorities:

- Divest of poor quality, poorly performing and surplus assets
- Public and patient facing services prioritised for use of high-quality assets
- Develop assets for the delivery of new models of care and service delivery
- Prioritise and enable use of high-quality assets, such as LIFT
- Co-locate services in assets where possible, with shared and/or sessional use
- Increase utilisation of health and local authority assets, to create surplus space
- Develop agile working across city-wide partners
- Co-locate support functions where possible
- Support the continued rationalisation of Sheffield City Council asset base
- Develop agreement on the cost gain / risk share across organisations
- Plan for replacement of aging, poor quality and ineffective assets collaboratively.

In developing the 15 Neighbourhood plans and 4 locality plans, our property portfolio needs to ensure we support the delivery of Urgent Care / Same day care, Extended Hours, 7-day services and support the clinical aims of keeping people well, living independently and ensuring good access to services, close to home.

5.0 Quality

We are committed to improving quality within Primary Care. Sheffield CCG's Quality Strategy for 2019-22 details the support and drive for the vision in quality for Primary Care. Two of the five Sheffield CCG strategy objectives for 2019-20 are to:

- To improve the quality and equality of healthcare in Sheffield
- To improve patient experience and access to care

It further identifies 5 key areas for improvement in Sheffield over the next 5 years:

- Improve all aspects of quality and patient experience at practice level, specifically during transformation.

- Develop and drive a safety culture in general practice.
- Improve quality in general practice by improving the triangulation of data.
- Manage quality and equality improvement in general practice through contracting.
- Ensure that concerns arising from general practice are managed consistently.

The Primary Care Delivery Board has established a sub-group “the brand of GP” which is tasked with considering Sheffield’s approach to quality and consistency. It will support the Quality Contract and the Quality dashboard in producing supportive quality assurance to the system. It will also consider how the system supports the PCN Clinical Directors to approach Quality Assurance and Improvement.

6.0 Finance

Nationally, the Long Term NHS Plan has committed £4.5 billion more for primary medical and community health services by 2023/24 and £2.3 billion for mental health services. This offers a real opportunity to implement a strategic change to Primary Care services in Sheffield.

To further realise the full vision for primary care, the CCG recognises that the way some services are contracted must change. It is widely acknowledged that secondary care contracts incentivise providers to see more patients in a secondary care setting rather than less and that this naturally sets up boundaries between secondary and primary care. To support a significant shift in services from a secondary to primary care setting will require alternative contracting mechanisms to be developed across the wider system. For example, a way of contracting from a collaboration of primary, secondary and social care providers will need to be developed which enables the sharing of both risk and gain across partner providers.

The NHS Long Term Plan alludes to gain- share benefits from the closer integration of primary and secondary care providers via new contractual forms. This will need to be explored by the commissioning organisations to realise full benefit from this strategy as further detail is published.

We await details of the new pharmacy contract and its financial settlement, but we must also be mindful that our strategy requires investment into the VCS and we need to understand how this is realised within the Sheffield system.

As further information is published, we will also consider our approach to test bed sites and ICS transformation monies for new models of care in ensuring that Sheffield patients gains maximum benefit from the available investment.

7.0 Implementation

Whilst the Partners within Sheffield's Accountable Care Partnership will be able to mutually agree to work together and implement changes, not all the changes required can be affected by providers of primary care. The CCG will need to implement system wide changes to enable this new model of working in the following areas:

7.1.1 Catalysing change and implementing contractual change.

7.1.2 Educating and engaging with the public on how to access and use services

7.1.3 Developing and supporting enabling functions such as technology, data sharing, technology, estates and organisational development to support collaborative working, self-care and providing services closer to home

7.1.4 Developing a primary care workforce that is fit for future purpose

7.1.5 Developing governance systems and contracts that support collaborative working

7.1.6 Consider investment into the voluntary and community sector to support resilient communities

None of these can be addressed in isolation by the CCG and it is critical that joint plans are developed with Sheffield City Council (SCC) and other public sector providers.

Whilst the commissioning responsibilities continue to lie with the CCG and LA, the ACP will actively support the implementation of these changes via the Primary Care Delivery Board. The Delivery Board is accountable to the ACP's EDG and oversees sub-groups described overleaf alongside their initial mandates. There is an expectation that these mandates will be refreshed and reinforced upon adoption of this strategy.

Sheffield Brand of General Practice

- Define the vision of sustainable General Practice and what good looks like including how activity is delivered set within wider primary care with appropriate usage.
- Identify markers of success and the metrics to be used in monitoring performance against these markers.
- Influence the Sheffield GPFV focus
- Support discussions around contractual models for incentivising quality in General Practice, defining a clear model of provision interlinking the layers of delivery and the relationships between providers.

Deliver practical support offer to practices around HR, finance etc.

Centre of Excellence in Primary Care

- Develop a Workforce Strategy for wider Primary Care
- Develop a Workforce plan for wider Primary Care in Sheffield including training
- Develop a Primary Care Research and innovation strategy including evaluation measures for success and appropriate population delivery units
- Develop a digital research strategy for Primary Care to support e-consultation, prioritisation models for triage and telehealth and digital interoperability of primary care systems in Sheffield. Develop a shared approach to non-academic training as a centre of learning for primary care to share PLIs, MDT training and sharing of best practice.
- Support the development and delivery of the GPN VTS scheme and consider how Sheffield approaches post-VTS support for all professions

Local First: Supporting the shift to a person centred primary, community and prevention focussed system

- Define the vision and then prioritise and drive new models of care, tailored to population need, where appropriate generalists activity is moved into primary care settings.
- Develop a strategic view of the potential scope and breadth of this shift
- Prioritise areas for action, aligned to population need and linked to the 4 objectives of the ACP
- Promote Person Centred and holistic focus, supporting provider relationships and developing seamless pathways of care.
- Produce business cases for the transfer or integration of generalist services to sit within primary care.

Neighbourhood delivery

- Plan and deliver a neighbourhood quality improvement collaborative with a phased support programme commencing with 3-4 neighbourhoods and rolling out to all neighbourhoods across the city.
- Plan the selection criteria for identifying the initial neighbourhoods and the offer of support to each phase of the neighbourhood collaborative.
- Identify areas for delivery and develop the scope and outcome of each area into a pick-list for neighbourhoods
- Identify a universal offer of support that runs alongside the afore mentioned approach.
- Establish metrics for reporting and evaluating

Population Health Management

- Support appropriate working groups to develop practical operational models to create delivery plans.
- Ensure that the priority areas of the ACP are embedded into the population health approach in all levels of delivery.
- Link with the ICS work and identity / define the scope for the ACP
- Use the 'Infrastructure, Intelligence and Intervention' methodology to design care models, outcomes and evaluations.

7.0 Conclusion

Both the NHS Long Term Plan and the new GP contract framework mark some of the biggest contractual changes in over a decade and establish a positively disproportionate investment into primary care compared with the wider NHS. Delivering on the ambitions set out in these two national documents will be the focus of the next few years and the strong local partnerships within Sheffield's Accountable Care Partnership place us in an enviable position to establish long-lasting and meaningful change.

This strategy sets out a proposed direction to address the issues and key risks that have evolved within primary care over recent years. It also looks beyond mitigating risks and seeks to push Sheffield's primary care to become a market leader of strong, resilient and innovative services working together for the benefit of our city's population. It purposes to provide local priorities embedded within the overall strategic approaches nationally and establishes the collective delivery model through the partners in Sheffield's Accountable Care Partnership.