

Primary Medical Care Services

Jan Leonard & Tracy Jeffes

Sefton Place



How is General Practice?

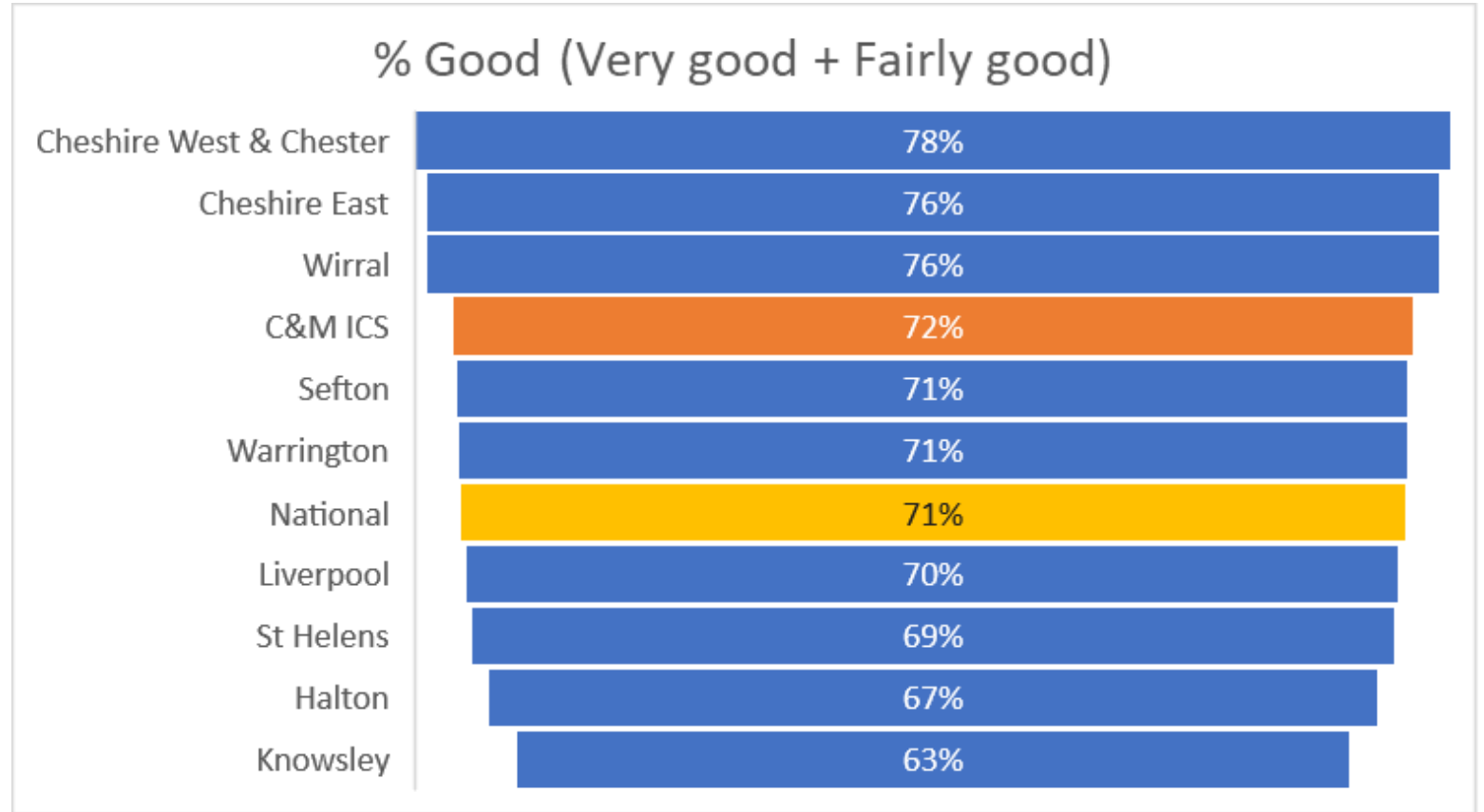
20-40% increase in contacts since pre pandemic,
exacerbated by care backlogs

>30% increase in people >70 since 2010, with more **long-term conditions**

12% more appointments since pre-pandemic

Fewer fully qualified doctors working in general practice

GP Patient Survey 2023



The solution

The Delivery Plan for Recovering Access for primary care was published in May 2023, with the aim of:





- tackling the 8am rush for appointments and reducing the number of people struggling to contact their practice;
- restoring patient satisfaction of accessing their general practice;
- and supporting a move to a digitally-enabled operating model in general practice.

Delivery Plan for Recovering Access to Primary Care



The plan headlines

The plan focuses on four areas to improve and recover access to primary care:

1		Empower patients	<ul style="list-style-type: none">Improving NHS App functionality	<ul style="list-style-type: none">Increasing self-referral pathways	<ul style="list-style-type: none">Expanding community pharmacy
2		Implement new Modern General Practice Access approach	<ul style="list-style-type: none">Roll-out of digital telephony	<ul style="list-style-type: none">Easier digital access to help tackle 8am rush	<ul style="list-style-type: none">Care navigation and continuityRapid assessment and response
3		Build capacity	<ul style="list-style-type: none">Growing multi-disciplinary teams	<ul style="list-style-type: none">Expand GP specialty training	<ul style="list-style-type: none">Retention and return of experienced GPsPriority of primary care in new housing developments
4		Cut bureaucracy	<ul style="list-style-type: none">Improving the primary-secondary care interface	<ul style="list-style-type: none">Building on the 'Bureaucracy Busting Concordat'	<ul style="list-style-type: none">Streamlining IIF indicators and freeing up resources

Contracting for primary care

Core contract type	Sefton
General Medical Services (GMS) contracts are nationally agreed with a payment of £102.28 per weighted patient in 23/24. GMS Contracts are awarded in perpetuity.	23
Personal Medical Services (PMS) are locally agreed contracts underpinned by national regulation. PMS contracts are awarded in perpetuity.	12
Alternative Providers of Medical Services (APMS) are provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission services from traditional GP practices as well as others including (but not limited to) commercial providers or NHS Trusts. This contract is awarded on a time limited basis, typically 5 years.	5

Additional services

- Enhanced Services are nationally negotiated services, over and above those provided under usual contracts, which the area team/place is obliged to commission. A practice chooses whether to offer various services and get paid additional sums for this provision
- Out of Hours Care – funding top sliced from core contract. Covers outside of core hours and evenings and weekends
- Acute Visiting – home visits in hours after clinical triage

Quality & Outcomes Framework

The Quality and Outcomes Framework (QOF) is a voluntary scheme offered to all contracts. Changes to QOF are agreed as part of wider changes to the GMS contract which are negotiated by NHS England and the British Medical Association's (BMA) General Practitioners Committee (GPC) England.

The framework is broken down into Clinical, Public Health and Quality Improvement domains, with points awarded for achievement. Payment is based on achievement at year end.

Local Quality Contract (LQC)

A 12 month contract commissioned by Sefton Place from general practice to deliver enhanced services over and above the core contract.

The intention is for the LQC to deliver schemes which result in quality improvements, efficiencies in the health economy, and sustainability of general practice.

Schemes (Phase 8)	Payment Structure
Part 1 Schemes for delivery by all practices, including access, prevention of disease, use of resources and prescribing quality	Equity based payment per weighted patient (includes core contract payment)
Part 2 Schemes that are optional to deliver including phlebotomy, shared care and drug administration	Activity based payments
Part 3 Schemes that are optional to deliver covering a broader population including ABPI, Vulnerable patients and Travellers	Activity based payments

Assurance and Contract Monitoring

Commissioners of primary medical care are responsible for the quality, safety and performance of services delivered by providers, within their area of responsibility.

This can be directly by NHS England (NHSE) local teams or ICBs through the delegation agreement.

Care Quality Commission

Care Quality Commission's role is quality compliance. Five areas of focus:

- Are services safe
- Are services effective
- Are services caring
- Are service well led
- Are services responsive to peoples needs

Primary Care Networks

- PCNs are groups of GP practices who have agreed to work together, though a formal agreement to:
 - to support the development and sustainability of general practice services
 - work with other partners in their community to improve the health and wellbeing of local people.
- Whilst focusing on the needs of their local populations, PCNs have also agreed to deliver the requirements of a national PCN contract
- In Sefton we have two PCNs - Southport and Formby PCN and South Sefton PCN, who have the benefit of working at scale within the Sefton Partnership but also work in smaller neighbourhoods on the same footprint as with our integrated care teams to retain a local focus on the needs of different communities.

Primary Care Networks

Our PCNs offer a range of services through the additional roles scheme which include:-

- Enhanced Access services and the South Sefton Acute Respiratory / Access Hub service which both provide additional access to primary care across various locations
- The Enhanced Health at Home service - working with the Integrated Care Teams and wider community services to offer more proactive care to older people living in their own homes
- Enhanced Health in Care Homes teams (both clinical roles and care coordinators) working with Integrated care Teams / community services and care home providers to offer more proactive care to care home residents.
- An integrated mental health offer with MCFT through Mental Health Practitioner roles and working on the development of CYP Health & Wellbeing Coaches working with Alder Hey and VCF sector colleagues

Primary Care Networks – further examples

- Care communities pilots – In South Sefton the ACEs (Adverse Childhood Experiences) programme is an integrated approach with Sefton Council and also closely connects with sexual health services. In Southport and Formby work is focusing on patients who experience complex lives to improve outcomes for this cohort via collaboration and partnership working.
- The social prescriber link worker service - a partnership with Sefton CVS who host the roles and work increasingly more closely with community and mental health services with referral routes in and out of Integrated Care Teams as well as GP surgeries.
- Clinical Pharmacy – PCN Pharmacists work in an integrated team within Sefton Place, supporting delivery of a range of services such as proactive medication reviews
- Administrative hubs – supporting general practices across Sefton through collaborative working on shared tasks.
- System partners – working across the Sefton Partnerships on a range of strategic developments such as estates opportunities.

Strategic Challenges

- Increasing demand

- Estates

Current practice estate has constraints

Opportunities for new developments with partners

Changing clinical model requires estates to support

- Workforce

Expansion of the multi disciplinary team