

#### **BOARD MEETING**

Title	Primary Care Strategy Development			
Paper Date:	5 March 2024	<b>Board Meeting Date:</b>	19 March 2024	
Purpose:	Discussion	Agenda Item:	10	
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#### **Executive Summary**

Since July 2023 BOB ICB has been developing its Primary Care Strategy informed by research, analysis and engagement. The document in draft form sets out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy (published in March 2023) and the Five Year Joint Forward Plan (published in July 2023). This is set in the context of a clear national and global direction of travel for Primary Care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention.

In developing the Primary Care Strategy, many stakeholders across the system (professionals and the public) were engaged in a variety of ways including focus groups, surveys, and workshops. The wealth of insights from this engagement as well as supporting documents such as the Current State Report and Good Practice Report have informed the current version of the Strategy that was published on the ICB engagement portal on 10 January 2024.

Moving towards a more community-based and preventative health and care system will require a fundamental shift of activity, resource and funding, and the changes in the strategy are intended to support that shift.

Following feedback that there had not been adequate time for engagement and for all voices to be accurately reflected, the ICB committed to a structured programme of further engagement that came to an end for the public on 29 February and mid-March for professional groups. The paper below provides further assurance regarding the scope and reach of that activity. It also outlines some of the emerging key themes from our engagement.

Informed by the feedback, it is intended that the final strategy document will come back to Board in May 2024 for sign off.

# **Action Required**

The board are asked to:

- Note the work undertaken by the ICB and Partners to develop the Primary Care Strategy, and particularly the level of subsequent engagement.
- Discuss the emerging themes from the engagement and any further points for consideration and/or of concern.
- Note the next steps.

One of our Partner members works within primary care. The paper is not for decision and the perspective of all board members is important in developing the strategy.

Date/Nan	ne of Co	ommi	ttee/
Meeting,	Where	Last	Reviewed:

The draft Strategy has been considered at Executive Management Committee and at meetings with system partners.

# **Primary Care Strategy Development**

#### Context

- 1. Since July 2023 BOB ICB has been developing its Primary Care Strategy informed by research, analysis and engagement. The document in draft form sets out details of the ambition for a new model of primary and community-based care also outlined in our Integrated Care Strategy (published in March 2023) and the Five Year Joint Forward Plan (published in July 2023). This is set in the context of a clear national and global direction of travel for Primary Care, including the Fuller Stocktake, which describes how primary care should streamline access, provide continuity of care and focus more on prevention.
- 2. In developing the Primary Care Strategy, many stakeholders across the system (professionals and the public) were engaged in a variety of ways including focus groups, surveys, and workshops. The wealth of insights from this engagement as well as supporting documents such as the Current State Report and Good Practice Report have informed the current version of the Strategy that was published on the ICB engagement portal on 10 January 2024.
- 3. The resulting draft strategy introduced new ways of working with integration at the heart of the model and the high-level priorities below.
  - Everyone who lives in BOB to be able to receive the right support when it is needed and with the right health and/or care professional. Our communities are finding it difficult to get an appointment in General Practice or with an NHS dentist, and this needs to change.
  - Integrated Neighbourhood Teams (INTs) to care for those people who would benefit most from proactive, personalised care from a holistic team of professionals, for example those at most risk of emergency hospital admissions.
  - To help communities stay well with an initial targeted focus on our biggest killer and driver of inequalities, cardiovascular disease.
- 4. Moving towards a more community-based and preventative health and care system will require a fundamental shift of activity, resource and funding, and the changes in the strategy are intended to support that shift.
- 5. Although not new concepts it was considered essential to ensure a full understanding of the strategy and its potential to change the way care is delivered both with system partners and the public. Following feedback that there had not been adequate time for engagement and for all voices to be accurately reflected, the ICB committed to a structured programme of further engagement that came to an end for the public on 29 February and mid-March for professional groups.

#### **Public Engagement**

- 6. As part of this programme of work, we launched the 'Primary Care Conversation' on 17 November asking people to share their views and experiences about these services. The draft strategy for engagement was published on 10 January 2024.
- 7. The draft strategy was hosted on our engagement website, along with an executive summary, an easy read version and word version to support access to the information to those who are visually impaired or would like to translate into a different language. People could complete a survey associated with the draft strategy or give general feedback in several ways.
- 8. Engagement continued until the end of February. We were keen to take the time to listen to the voice of all our stakeholders and population so that these views shape the final strategy.
- 9. The ICB and partner organisations hosted events and focus groups, with key stakeholders across primary care and local people, to inform our thinking. The focus groups enabled us to engage with our under-served communities.

- 10. We developed a toolkit to support raising awareness of the engagement work. This was shared with our NHS partner trusts, local authority communications colleagues plus Healthwatch and the community and voluntary sector organisations to help spread the word about the engagement.
- 11. Partner and provider engagement has been on-going across primary care and with Health and Wellbeing Boards, local authority colleagues, NHS Trusts and the voluntary sector. The strategy was also presented for discussion and feedback at the Integrated Care Partnership and BOB Joint Health Overview and Scrutiny Committee.

## **Early Stage Emerging Themes**

12. At the time of writing this Board report the full analysis of feedback from the public and professional groups was not available. The initial analysis suggest that the prevalent themes are as below:

# Strategy development and implementation

- The direction of the strategy and the focus on the four pillars of primary care (General Practice, Pharmacy, Optometry & Dentistry) has been generally accepted.
- We could be more ambitious, particularly around focusing primary and community care around continuity and prevention.
- Feedback has highlighted the importance of communication with patients regarding the implementation of the strategy, how things will change, staff roles and how they can help patients e.g. pharmacy first.
- Joint working and good collaboration are key to implementation.
- There was recognition of the importance of working with the voluntary sector and local communities and the knowledge, insight, and networks that they bring.
- ICB provider and place-based partners do not want a one-size fits all model, especially with same day access.
- It was raised that there would be a need to ensure that care was not fragmented, and continuity was maintained as best as possible in implementing the new model.
- We need a whole system approach (not just primary care) to deal with issues like same day
  access and ensuring partners will come to the table to work on INTs together so that this
  work doesn't just fall on one provider.
- Having a strategy that includes pharmacy, optometry and dentistry alongside general practice has been welcomed, but more detail is required about how to work better together.
- There was feedback about ensuring that there are clearly defined system outcomes when delivering the strategy.

## Finances and sustainability of primary care

- Current financial challenges: how will providers be supported through the next few years particularly considering the current financial climate?
- Further detail is required in the delivery plan on how the resilience of providers is supported.
- Questions were raised regarding:
  - o The capacity of different primary care providers and professionals to support each other.
  - How system providers can better use the collective resource.
  - How the system will enable delivery of the strategy.

#### Workforce

• Acknowledgement of the system workforce which is under significant pressure including capacity required to meeting demand as the population grows and staff age and retire.

- Ensuring continuity of staff was paramount to participants, to give them the opportunity to build a consistent and trusting relationship.
- Participants welcomed a more accessible face-to-face appointment with a single point of contact for complex conditions.

## Raising awareness and working with our patients and the public

- Robust, meaningful, and timely communication was considered paramount for patients and the public.
- There was often a lack of awareness from patients about the wider pathways of care and different provider offers.
- The importance of using co design to meet the needs of the patient was voiced particularly around INTs.
- There appeared to be a lack of understanding across the system regarding how funding works for different providers.
- It was recognised that a communications plan would be required alongside the strategy delivery plan to ensure any changes to the model of care were fully understood.
- The public wanted to better understand how care might change and what it would look like in the future including what that would mean to them as the patient.

## Cardiovascular disease (CVD) focus

- A focus on CVD prevention has been met with mixed reviews.
- There is some support of the focus on CVD because it also touches on many other disease states, has the general infrastructure development to support, and would be a true system focus with involvement of public health initiatives and others.
- Conversely there was a challenge from healthcare professionals and the public about focussing on one area. What about other key areas that require early prevention including diabetes and obesity?

#### Better interoperability across digital systems

- The importance of the ability to share care records and not just summaries was recognised to enable better patient care.
- The need to ensure data sharing between different providers to maximise care efficiency.
- The need to ensure digital inclusion in all communities was highlighted.

#### **Engagement process**

- Suggestions were made on how to improve the engagement process including ensuring documents are accessible - the strategy documents were thought to be complex in some parts.
- There was feedback that perhaps the ICB could have included patients earlier on in the development process.
- Patients are eager to get involved in the design of services and implementation of the strategy.

#### Ask of the Board

The board are asked to:

- Note the work undertaken by the ICB and Partners to develop the Primary Care Strategy, and particularly the level of subsequent engagement.
- Discuss the emerging themes from the engagement and any further points for consideration and/or of concern.
- Note the next steps below.

# **Next Steps**

The board is asked to note the proposed next steps.

- There will be a whole system workshop including action planning to progress key areas on 20 March at which it is also hoped the emerging themes can be shared.
- The feedback will be analysed, and pertinent themes acknowledged and used to inform a final iteration of the strategy which will come to the May Board for sign off.
- The deliverables of the Primary Care Strategy align to the developing BOB ICB system goals for 2024/25 as per the below and will continue to be developed to ensure system ownership and delivery.
  - Help people with non-complex needs access the support they need through expanded atscale triage and navigation to appropriate same-day care.
  - Provide more joined up, proactive and accessible care, by bringing together teams and resources across organisations into Integrated Neighbourhood Teams.
  - Extend healthy life expectancy by preventing strokes and heart attacks, through working together to improve CVD pathways and prevention and targeting action where it will have most impact.