Humber Coast and Vale ICS

Primary Care Networks Clinical Director's Embedding the Change Workshop

3rd June 2020- notes from the day

3 Question exercise

Gone Well and Keep

- Communications have either been very good or very bad
- IT has been great but there have been issues with incompatibility and inconsistency
- Geography shouldn't be a constraint, services should be place based. Need to define place and services should be population led not contract led. Partners to problem solve together
- Have built really good *relationships* through this e.g. community and practice nursing.
- Great to have had the *flexibility / freedom* to deliver services as they see fit rather than ask permission of the CCGs. Been given a high level of trust which shows what can be done when given the autonomy. Have been able to be clinicians – TO KEEP THIS GOING FORWARD
- Starting to share out CD role during this time so others support within the PCN

Stop

- Measurement for measurement sake, better when have the autonomy

Better if ….

- Communications have either been very good or very bad
- Needs to be a national message to patients in relation to use of services going forward including what is primary care and how to use it. Regional messages to help expectation of patients going forward. Primary care to be involved in the design of this rather than getting the finished product which may not be necessarily fit for purpose.
- Holding all the risk in relation to secondary care not taking referrals, needs to be shared with other partners including patients
- Are things doing now sustainable going forward e.g. remote consultations, working from home? Clarity around long term funding for MS Teams
- NHS England to be able to contact locums directly so they could support the system (comments in chat box about this)
- Premises and issue with social distancing so need to look at other ways of seeing patients

HCV Primary Care Strategy

Need to develop an action plan to discuss with PCN /CDs – PCPB for July

Also what has been put in place and planned since this meeting

Date and Time next meeting – the follow up

Lots of actions still relevant to take forward:

- Population Management
- Patient Empowerment
- CD role and support
- Estates
- Workforce
- IT

Comments from chat box to influence implementation of actions above

Population Management

- Redefine need and plan services around it.
- Population health system starting at PCN level.
- Permission from CCGs to do things differently as not all PCNs have same issues or priorities.
- Need data / analytical support to look at the data the PCN think is important rather than being told by CCG which data to look at
- Need to define place from population needs not by an NHS construct

Patient Empowerment

- Now an opportunity for a message to come out to the public at ICS level about how GO services will look different moving forward, this will help manage patient expectation and give GPs permission to rebuild appointment systems in a different way
- Messages need to be about the entire NHS in this interim period
- Rationalise mandatory training so that it genuinely adds value to the teams professional development
- Messaging about expectation for patients needs to be shared and consistent across the system

CD/PCN role and support

- Current CD input is not sustainable as clinical demand increases
- Acknowledge that all PCNs were at different stages before COVID which has influenced how they are able to respond. The current ask of CDs is not doable long term in the time currently funded
- Agree with fellow CD colleagues about the workload- lots of discretionary effort.
- Are there ways in which the CDs could have shared learning / response to the challenge / change more effectively?
- Agree each PCN needs funded admin and manager support
- The skills required for PCN management are different to historic Practice Manager capabilities e.g population health management, data analysis, bid writing. The will to appoint has been there but not the staff.
- Agree with the view that we must remain locally based as CDs rather than dragged into bigger system changes.
- Once CD representation moves back to CCG level (ie at scale) we lose the benefit of the local role and working for the local population - there is huge variance in PCNs across the CCG and one size does not fit all
- Representation within the system

Estates

- Estates strategies require reviewing to take into account remote working. Don't need as many consultation rooms etc if a % are working from home
- Maybe the estates strategy needs to consider moving outpatients to the community and needs to consider expansion – is now the time to reduce footfall into secondary care and integrate some specialties into community provision
- Estates always been a big issue, and tricky to access funding. New priorities needed now with social distancing and to also support the overall PCN direction of travel of more work being done in the community not trusts there needs to be a change in the balance - trusts get £milions for estate redevelopment, if more is to be done in the community, we need access to some of this
- I think one outcome of all of this is a move of much of secondary care into primary care. Resource needs to follow accordingly...

Workforce

- Is there a list for locums in the area in order that they receive COVID comms?
- There are plans for PCSE to share performers list with the LMCs which should help with contacting locums
- Funding flexibility re ARRS roles

IT/Digital

- Investment key to enable the recent developments to continue and advance
- Bandwith is an issue that needs resolving to ensure digital functionality

- Barriers to health digital empowerment and impact on patients access to healthcare would be interesting to understand . We have changed our access routes and process without patient involvement out of necessity.
- We also have very poor data compared to trusts - trusts use their wealth of data to steer strategy, and we cannot compete - yet 90% happens in the community.

Suggestions and general principles

Time pressure to act before demand returns to normal and signals change

Media strategy to inform patients GP will look different moving forward forever

Give practices permission for the future to look different .. help with workforce planning including spend from additional roles

Look how resources with in the PCN DES .. last years T+D and ? T+D for 20/21 . Impact and investment fund can be used flexibly to support enhanced engagement at practice level to rebuild appointments systems and ways of working in a coordinated way

Secondary care activity has plummeted .. how can resources be unlocked to accelerate secondary to primary care shift and redesigning the interface
there should be system to simple way of collecting data in uniform way. there may be local variation .

Having patients on board especially when the message is going to be " we are not back to normal" and potentially contradicting government narrative will be really important. Some strong patient voices would be great.

Here is link to data sets I was mentioning. It is a national available tool, Sport England have presumably purchased a licence. You can get all the data but can't generate the reports the tool provides https://sportengland.communityinsight.org/

There is going to be a National Population health management dashboard at PCN level and that is part of the DES. The data is already being looked at by National teams

My opinion but if PCNs don't adopt PHM they will miss one of the big benefits of PCNs. CCGs are too large an area to do effective PHM in many areas

We really need admin rights on Microsoft teams please
I think the fatigue is only just starting to kick in, as the acute 'adrenaline' phase passes. This includes change fatigue. We also need to empower staff working remotely to draw boundaries between home and work life - some support around this may be useful

A strong wellbeing agenda will be increasingly crucial over the coming months

The ICS and CCGs can assist in us getting the most out of resources available quickly to be used as flexibly as possible, coordinated single IT solutions , considering if total triage is the only way forward to ensure skill mix is really embedded. They can help coordinate shared best practice and commonality across practices within a PCN and beyond .. and keep the bureaucracy to a minimum

That then puts is in the strongest position to work with other stakeholders on a level playing field.