

# Bracknell and Ascot – Health Needs Profile

- The registered population is 141,742.
- The CCG's resident population is estimated to increase by 19% by 2039, which is a significant increase. The most significant population change is in older adults aged 65 to 84 and 85 and over.
- The most deprived areas are in parts of Wild ridings and Central, Great Hollands North and Great Hollands South.
- 25% of the CCG's total registered population are under 19 and B&A locality have a higher proportion of children seeking emergency care in A&Es, particularly 0-4 years olds (PH Profile).
- The prevalence of cardiovascular diseases, cancer, respiratory diseases, diabetes, chronic kidney disease, mental health disorders and dementia is lower than the national prevalence rates and comparator CCG group.
- The prevalence of depression is higher.

# General Practice in Bracknell and Ascot

- 15 practices with 18 premises - Two practices merged in July 2018 for sustainability and future proof
- Estates pressures and opportunities
- Digital benefit to be realised through more online access to services and assured support for self care and prevention
- Integrated working reducing duplication for services and better joined up care for patients underway
- Good levels of training placements for GPs – need to retain new GPs and expand placements to other members of the wider team in practices

# Our ambition for General Practice Sustainability

- To identify plans to close the **workforce** gap including non workforce options, support existing roles and promote the development of new roles
- To support development of **primary care networks** and further development of GP federations *for a more sustainable future service*
- To promote solutions to **release time** in general practice through implementing initiatives to reduce the workload
- Improved use of IT and technology solutions to support decision making, self care, prevention and contribution to closing workforce gap
- To improve seven day access to general practice for routine and same day appointments
- To ensure engagement across the system and to use stakeholder feedback to develop plans
- Optimising estates and working with 'one public estate' principles to secure fit for purpose environment and capacity to deliver care to our growing populations
- General practices will have a voice in the decision making at ICS system level to influence the agenda and raise the profile of service delivery
- Support general practice leadership development at practice, network/federation and system level

# ICS General Practice Transformation Programme

## 2018/19

This programme will support the delivery of the *General Practice Forward View (GPFV)* and the priorities set out in the *Accountable Care System Memorandum of Understanding*. There is a maturity index developed locally with NHSE for primary care networks; general practices at scale aligned with evidence based local CCG plans.

For 2018-19 our focus will be on supporting general practice sustainability and the key deliverables will be:

### **Workforce**

- A plan to close the GP workforce gap by:
  - Increasing recruitment of GPs via the NHSE International GP Recruitment programme
  - Plan to improve retention of existing and newly qualified workforce
  - Increase the numbers and range of other health professionals working in general practice
  - Improved use of technology as part of the solutions to close the workforce gap

### **Workload**

- Primary networks defined and a programme in place to support delivery of 100% coverage
- Organisational development programme in place for general practice including federations
- Plans in place to deliver Time for Care actions across STP area
- Action plan to assess resilience of practice across STP area

### **Infrastructure**

- Introduce online consultations or alternative technology to improve access and resilience to all practices
- Increase the number of online activities such as appointment booking and prescription ordering
- Process in place to develop and deliver estates business cases

### **Care Redesign**

- Deliver improved access which meet the seven requirements specified by NHSE

### **Variation**

- Delivery of the GP pillar of the STP urgent and emergency care plan
- Agreed joint plan to co-locate mental health therapists in GP practices
- Cancer - This element of the programme is still be agreed with the Cancer work stream

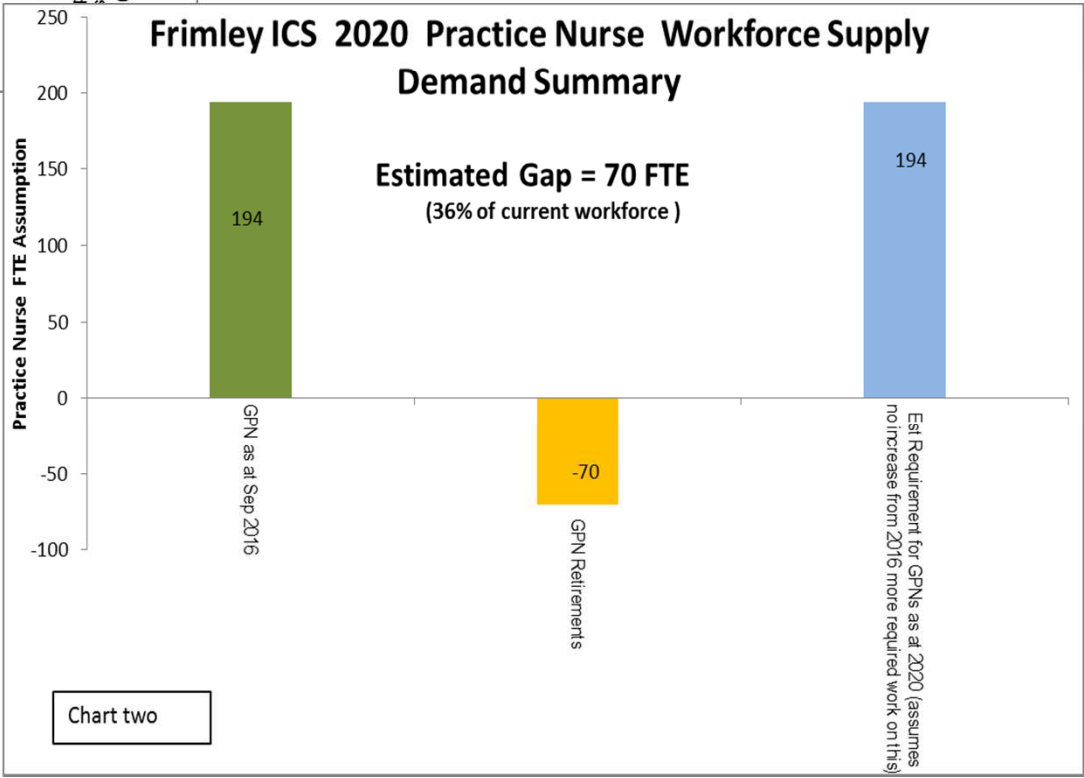
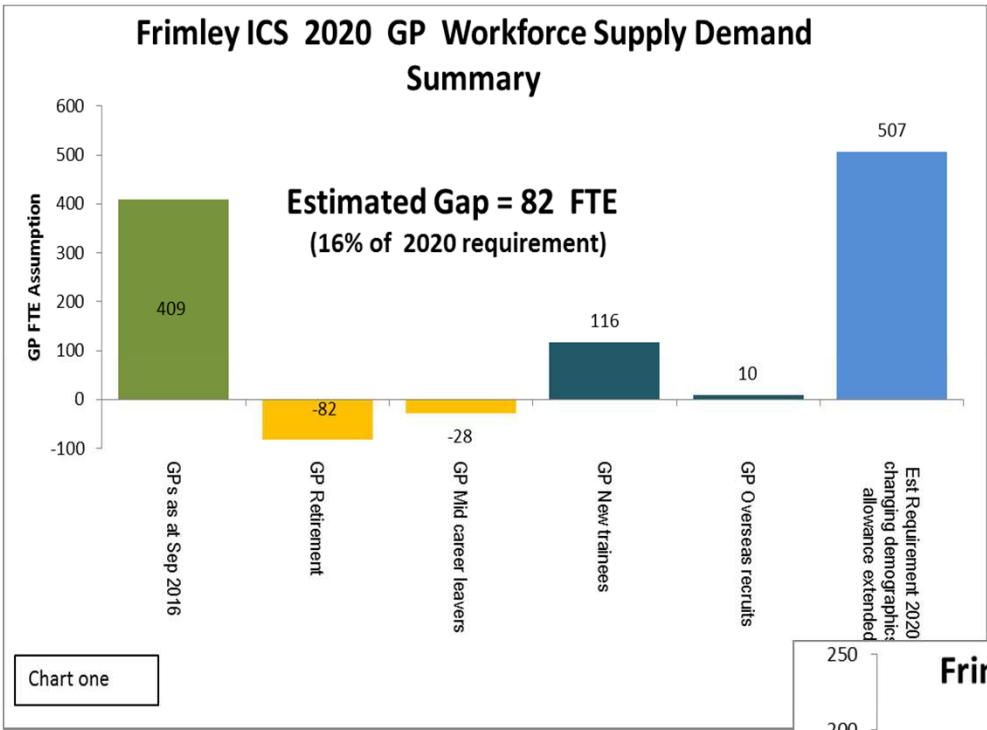


Chart one

# Releasing Time in General Practice: 10 High Impact Actions

**1:**  
**ACTIVE SIGNPOSTING**



**2:**  
**NEW CONSULTATION TYPES**



**3:**  
**REDUCE DNAs**



**4:**  
**DEVELOP THE TEAM**



**5:**  
**PRODUCTIVE WORK FLOWS**



**6:**  
**PERSONAL PRODUCTIVITY**



**7:**  
**PARTNERSHIP WORKING**



**8:**  
**SOCIAL PRESCRIBING**



**9:**  
**SUPPORT SELF CARE**



**10:**  
**DEVELOP QI EXPERTISE**



# Time to Care Programme

High Impact Action	Examples	EB	Bracknell & Ascot
Active sign-posting / Care navigation Training	online portal and reception navigation	✓	✓ Navigator training available for all practices
New Consultation Types ( e.g. eConsult)	telephone, e-consultations, text message, group consultations	✓	✓ Text messages and group consultations (some)
Reducing DNAs	easy cancellation, reminders, patient recording, read-back, reporting attendances, reduce 'just in case'	✓	✓ Text reminders, cancellations online, waiting room messaging
Develop the Team (Paramedics, CPs, etc.)	advanced nurse practitioner, physician associates, clinical pharmacists, medical assistants, paramedics, therapists	✓	✓ Clinical Pharmacists and others
Productive Workflows	matching capacity and demand, efficient processes, productive environment	✓	✓ Productive workflow of medical correspondence
Personal Productivity	personal resilience, computer confidence, speed reading, touch typing	x	
Partnership Working ( Federations, ICTs )	productive federation, community pharmacy, specialists, community services	✓	<ul style="list-style-type: none"> <li>✓ Practice Federation; Berkshire Primary care</li> <li>✓ Primary Care Network agreed</li> </ul>
Social Prescribing	practice based navigators, external service	✓	✓ Asset map available via PH
Supporting Self-care ( Access to records )	Prevention, acute episodes, long term conditions (LTC)	✓	<ul style="list-style-type: none"> <li>✓ HealthMakers commissioned</li> <li>✓ LTC; patient centred care plans</li> </ul>
Develop QI Expertise	leadership of change, process improvement, rapid cycle management, measurement	x	

# Primary Care Network development

## The benefits

- Working at scale makes it easier to provide a comprehensive range of services in the community, and also offers benefits for practices and staff, including the potential to release pressure on GPs.



### Resilience

Services can be more resilient to fluctuations in demand or unexpected changes in staffing. This can be realised through pooling of staff and arranging overflow support.



### Skillmix

It is easier to broaden skillmix when working at scale. It is usually easier to employ new staff across several practices than to have part-time roles in each practice. For the staff themselves, working for a larger employer will often be more attractive.



### Economies of scale

Economies of scale can be realised in areas such as purchasing supplies and services, shared functions, and more efficient approaches to specialist functions such as HR, finance, clinical governance, IM&T and business intelligence.



### Innovation and improvement

Working at scale makes it easier to build expertise and systems for service redesign, patient engagement, analytics and project management. This supports faster and more sustainable improvement, allowing staff to improve through working smarter not harder.



### System partnerships

Operating at scale makes it easier to form effective partnerships with other organisations in the health and care system such as acute and community trusts and the voluntary sector, and allow primary care providers to have a significant input into strategic planning.



### Staff development

It is easier for larger organisations and networks to provide an enhanced employment experience for staff. Expert HR staff and shared resources enable a strong focus on professional development and create opportunities for a more diverse career.

Most of these benefits are not automatic  
– leaders need to take action to realise them

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@robertvarnam #GPforwardview





## ICS Programme: The next 3 months

- **Workforce tool** utilised to provide information to support development of network plans during summer 2018
- **Primary care network plans** to be submitted by September 2018. Plans will be to achieve a minimum of stage 2 in all areas of the maturity matrix by March 2019. Themes will be collated at ICS level and used to inform investment decision in second half of year..
- Finalise **workforce prospectus** mid July 2018
- **Impact of current workforce initiatives** understood by September 2018 and remaining gap quantified.
- Plans to improve **retention of trainee GPs** agreed by September 2018
- Plans for **MH workforce** in primary care agreed by GP and MH work streams.
- **Online consultations** contract awarded and roll out commenced
- **Demand and capacity** modelling framework agreed.
- **GP provider voice** on ICS Leadership Board established.