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NHS
Cheshire and Merseyside

Warrington

Primary Care Strategy

2024 – 2028

'Continuing towards a sustainable future for Primary Care'

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Foreword

We are proud to introduce our Primary Care Strategy for Warrington, for the period 2024 to 2028. Primary Care is a core provider for the National Health Service (NHS) and includes General Practice, Community Pharmacy, Dentistry and Optometry.

As much of the day-to-day delivery of services happen in Primary Care, our strategy sets out the contribution that Primary Care will make in supporting patients to Start Well, Stay Well and Age Well (in line with the recently launched Warrington Health and Wellbeing Strategy).

Our Primary Care Strategy aims to meet the needs of Warrington residents by working alongside partners to implement new and innovative ways of working to address the major challenges across all providers, including funding, workforce (recruitment and retention) as well as the rising demand and expectations of our residents.

By working together to address these challenges it also provides the opportunity to integrate the four elements of Primary Care more closely to deliver the eight priorities outlined in the strategy, particularly focussing on the issue around 'access to services' which we know is an issue for our Warrington residents.

We hope that by reading about our strategy for Primary Care, you will share our excitement for the real opportunities this provides.

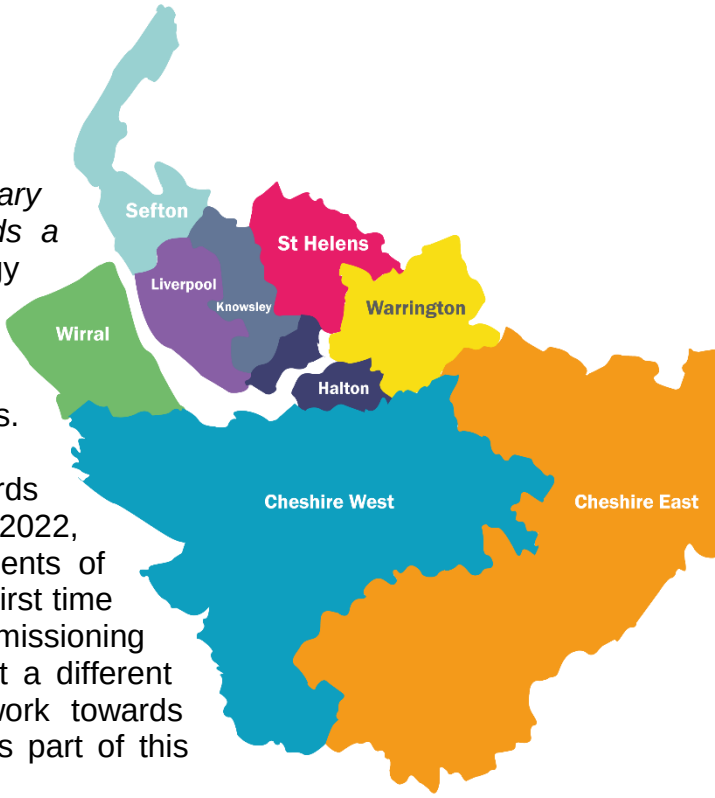
Carl Marsh

Place Director

Dr Sangeetha Steevart

Place Clinical Director

Chapter 1: Introduction



We are proud to introduce our '*2024-2028 Primary Care Strategy for Warrington Continuing towards a sustainable future for Primary Care'*. Our strategy reflects the current position of each of the four components of Primary Care and sets out developmental plans to ensure Primary Care is able to meet the growing demand for health services.

Following the introduction of Integrated Care Boards (ICBs) as part of the Health and Care Act 2022, commissioning responsibility for all four components of Primary Care were delegated to ICBs. This is the first time that all four components of Primary Care commissioning responsibility have been aligned. Each area is at a different developmental stage and the intention is to work towards integrating the components (when appropriate) as part of this strategy.

Our strategy recognises the need to adopt a prevention and empowerment focus and within Primary Care there are some great examples of emerging initiatives that support this approach. Acknowledging the wider determinants of health as part of a Marmot Community we will work with Primary Care to collaborate with wider partners across Warrington to deliver against the eight Marmot priorities that are included in the Living Well in Warrington Health and Wellbeing Strategy 2024-2028.

Primary Care is embracing technology which extends access to services beyond the physical Primary Care estate and eases the flow for patients throughout their Primary Care journey. This year cloud-based telephony has been adopted across general practice to improve the patient experience and address the 8am rush.

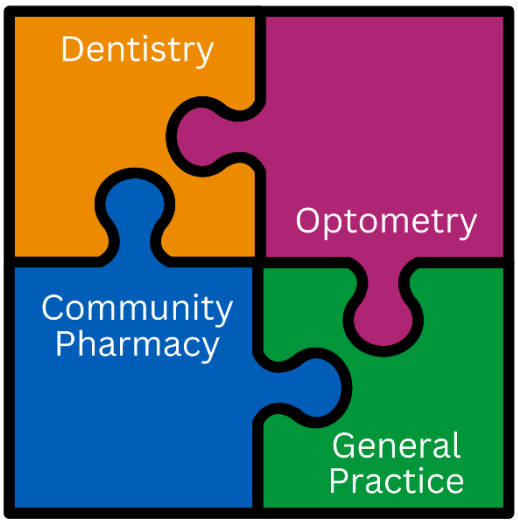
Whilst this strategy sets out 'what' we want to deliver, we will work collaboratively with Primary Care to develop a clear action plan to detail 'how' the ambition and actions identified in our strategy will be delivered and to continue our journey towards an integrated Primary Care offer.

The action plan will also include metrics to monitor impact and effectiveness.

What is Primary Care

Primary Care consists of four key components:

- **General Practice (GP)**
- **Community Pharmacy (CP)**
- **Dental services, and**
- **Optometry (eye health) services**



The 4 components of Primary Care

These services are the 'front door' of the NHS[1].

Primary Care is the cornerstone of the Warrington's vision to deliver care closer to people's homes, and is central to improving people's health and wellbeing, as well as coordinating the care they need.

This strategy will provide the basis for the NHS Cheshire and Merseyside Integrated Care Board (C&M ICB) work plan, ensuring efforts are focused on those areas where we will have the most impact and, as a result, improve health outcomes for the residents that we serve. Through the adoption of an integrated Primary Care approach and wider partnership working, we will deliver the best outcomes for our patients and the public. We have an opportunity to redefine what we mean by Primary Care and to locate it in the context of Place-based systems and population health. While doing so, we will also deliver the best value with the Primary Care funding allocated to Warrington.

[1] Delivery plan for recovering access to Primary Care May 2023

General Practice

In recent years we have made good progress across General Practice, this includes the development of our five Primary Care Networks (PCNs); the provision of Enhanced Access seven days a week across the town, and a 'Good' performance rating for the majority of practices, as evidenced by their Care Quality Commission (CQC) inspections.

Warrington has 26 GP practices and 8 branch surgeries each aligned to one of the five PCNs. Practices are responsible for looking after the health and wellbeing of the people registered with them. The core contract, for Primary Care medical services which C&M ICB manages under delegated commissioning powers from NHS England (NHSE), is in place between C&M ICB and individual practices.

PCNs (established in 2019) look after approximately 30,000 to 50,000 patients and offer care on a scale which is small enough for patients to get the continuous and personalised care they value, but large enough to be resilient through working in partnership with others in the local health and care system. They have been put in place to improve and extend the range of services available in the community and join up the care that is provided from different organisations by working at scale (finding new, improved ways of providing care that will allow the increasing challenges and demands to be met).

The increasing challenges facing Primary Care include funding, retention and recruitment of staff as well as rising levels of demand alongside greater patient expectations. These factors leave the historic small GP surgery model increasingly unsustainable.

To address some of these challenges, the NHS Long Term Plan published in 2019 aimed to increase capacity in General Practice by introducing an Additional Roles Reimbursement Scheme[2] (ARRS). These roles enable PCNs to expand their workforce to include roles such as Clinical Pharmacists, Physician Associates, First Contact Practitioners (Physiotherapists), Social Prescribers (Link Workers) and First Contact Community Paramedics.

These roles, which provide alternative options for patients to access clinical care without the need to see a GP, have helped manage some of the challenges being faced by General Practice. Also, working collaboratively with other practices and healthcare providers has been demonstrated across Warrington as practices/PCNs work together with a range of local providers, including Community Services, Social Care, and the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector, to enable resources to go further. This collaborative approach of working with providers to deliver integrated care at a neighbourhood level is the direction of travel endorsed by NHSE.

To support this approach, which brings benefits to both our practices and population, we will develop an integrated system where:

- PCNs will have a sustainable business model.

[2] NHS Long Term Plan 2019-2024

- Primary Care infrastructure is expanded and developed, specifically in relation to premises and IT to ensure they are fit for Modern General Practice.
- Workforce plans are created to effectively utilise different skill mixes to ensure people are seen by the right person, at the right time which may include being seen by clinicians other than GPs.

Community Pharmacy

Community Pharmacy has demonstrated its ability to provide improved access to services for our population by developing new commissioning models that have expanded the range of services and capacity available in pharmacies. This expansion includes the Pharmacy First programme that enables pharmacies to treat seven common conditions, as well as expanding to prescribe oral contraception and increasing the numbers of pharmacies offering the blood pressure service.

Each of these services can help support capacity within GP surgeries and the wider system but will require some support to help Practice based staff to understand referral mechanisms and when and how to access these services.

It is envisaged that the expansion of access to services available within local pharmacies will improve access to clinical care, improve health outcomes and reduce pressure on other parts of the system. By integrating Community Pharmacy fully into our workforce and digital programmes we will ensure services are fully embedded into pathways, providing ongoing commitment to support Community Pharmacies.

The commissioning of Community Pharmacy is now the responsibility of ICBs and is a key component of the 'Primary Care Access Recovery Plan' which serves to expand the offer of services to patients, meeting the identified needs of the local population. The current offer from Community Pharmacy includes:

- Delivery of Essential, Advanced, Enhanced, and National Enhanced Services via nationally agreed contractual arrangements.
- A range of locally commissioned services delivered at an ICB and Place footprint.
- Assisting with the Primary and Secondary care interface via the National Essential service for Discharge Medicines Service and the Smoking Cessation Service. These services support patients when discharged from hospital to understand and manage changes in their medication and facilitate the transfer of care from hospital back to Primary Care.
- Empowering individuals to self-care for minor self-limiting illness and to be more involved in the care of their chronic disease.
- Community Pharmacy Consultation Service to General Practice (CPCS) including Hypertension Case Finding Service, Contraception Service, and the Common Conditions Service.
- From 2025 every pharmacy graduate will have a prescribing qualification, and this will support patients in a non-traditional manner through the utilisation of independent pharmacist prescribers.

Dental Services

NHSE have delegated the role of dental commissioning to ICBs with the expectation that ICBs continue to achieve excellence and consistency in the commissioning of dental specialties to reduce inequalities, improve care for patients to ensure they are receiving the highest quality dental care in the most appropriate setting. This should result in improved health outcomes for patients and ensure value for money for the taxpayer. This delegated responsibility includes commissioning of all dental services including specialist, community and out of hours dental services.

In Warrington, both NHS dental provision and those complimentary dental services including the salaried dental services, Bridgewater Community Healthcare NHS Foundation Trust's Community Dental Network, and secondary care provider, Warrington and Halton Hospitals NHS Foundation Trust offer a good range of services.

The key issue to address both Locally and Nationally, is access to NHS dentistry and the improvement of child dental health. Dental decay is a preventable disease, and tools exist to both improve the dental health of young children and to also reduce the dental health inequalities that are experienced across Warrington.

It is important that we recognise this and ensure that we establish sufficient Primary Care NHS dental provision to meet existing and what is likely to be steadily increasing demand.

To improve dental provision across Cheshire and Merseyside the Primary Care Dental Improvement Plan 2023-2025 identifies the following priorities:

- Improving access and urgent care
- Workforce
- Stakeholder engagement

Under each priority heading are a series of projects that will address the challenges in these areas, this includes collaboration with local teams, use of digital technology and targeted programmes in the most deprived areas.

The recently published joint NHS and Department of Health and Social Care Plan[3] to recover and reform NHS Dentistry includes a number of funding measures to support increase in activity and to improve the access in underserved areas through the use of mobile dental vans, this will be further supported by a range of government-delivered Public Health initiatives.

[3] Faster, simpler and fairer: our plan to recover and reform NHS Dentistry

Optometry Services

NHSE have delegated the role of optometry commissioning to ICBs, which includes the commissioning of the high street General Ophthalmic sight test. Optometry practices provide more than 13 million NHS sight tests across England per year. These tests identify if people need glasses but also help to detect any early signs of eye disease. Although not everyone qualifies for a free NHS sight test, it is strongly advised that everyone should get their eyes tested around every two years.

Additional enhanced optometry services such as Acute Primary Eyecare Services, Glaucoma Repeat Measures and Pre and Post Cataract Assessment are also commissioned by ICBs.

Whilst we at Place and the ICB await further guidance on the transformation plans for ophthalmology services and further collaboration with Primary Eye Care services, we will endeavour to integrate optometry with the wider Primary Care offer.

Summary

The commissioning delegation of Pharmacy, Dentistry and Optometry to ICBs aims to support the move towards Primary Care services that are more joined up, locally led, and locally responsive.

This is especially important as all four areas of Primary Care are experiencing high levels of demand and services are still recovering from the Covid-19 pandemic. Whilst the challenge is considerable, the integration of Primary Care as well as the introduction of more community-based health programmes and emergence of technology-based solutions will, in part, help alleviate the demand. We have an enthusiastic and innovative workforce that have evidenced their ability and willingness to work together and make a difference for the people of Warrington.

We want everybody in Warrington to have access to high quality Primary Care services as 90% of patient interaction with the NHS occurs within Primary Care. Evidence proves that this is the foundation to great health which will deliver better health outcomes for the people who live in the town and as such Primary Care will need to operate at greater scale and in greater collaboration with other providers and professionals to transform patient experience.

Chapter 2: Our Plans for Primary Care in Warrington

This is the third Primary Care Strategy we have published for Warrington and is purposefully a short-term document to better reflect the fast-changing environment in which we are working. It also reflects the recommendations of policy documents such as the 'Next Steps for Integrating Primary Care: Fuller Stocktake Report' and 'NHSE's Primary Care Access Recovery Plan'.

Our Plans for Primary Care

Our plans for Primary Care are informed by both National and Local context and aligned to the C&M Integrated Care System (ICS) which brings together all partners across Health and Care to deliver the ambitions outlined in the Health and Care Act (2022). This includes the intention to create an integrated system that works together to maximise benefits to patients and staff.

All components of Primary Care are essential to deliver the four key priorities of the ICS:

The Living Well in Warrington Health and Wellbeing Strategy has three clear outcomes:

1. Children are given the best start in life and can fulfil their potential.
2. Adults can work and live fulfilling lives, in a vibrant and healthy borough.
3. Older people enjoy a healthy, independent, and fulfilling old age, feeling safe and connected within their communities.

The outcomes are supported by eight priorities which are aligned to the work done by Sir Michael Marmot:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capacity.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental quality, sustainability and health equity together.

The high-level outcomes and priorities underpin all of the work that is done in Primary Care to improve the health of the residents of Warrington. Additionally, our strategy intends to deliver against the following eight priority areas specifically for Primary Care:

1. Promoting prevention and self-care.
2. Improving access to Primary Care.
3. Developing an integrated Primary Care workforce to focus on population needs and provide high quality care closer to home.
4. Increasing access to proactive Primary Care services while reducing Secondary Care (hospital) activity.
5. Developing a fit for purpose Primary Care estate.
6. Implementing innovative technology solutions.
7. Improving the wellbeing and quality of life for patients and for the Primary Care workforce.
8. Delivering the recommendations of the Fuller Stocktake.

This strategy aims to clearly identify key activities to deliver these Primary Care priorities in Warrington.

Chapter 3: National and Local Policies

NHSE have produced a number of National policies which sets a direction of travel for how Primary Care should transform to more closely integrate at a neighbourhood level and improve access to patients, the most recent publications are detailed below:

National Policies

Next Steps for Integrating Primary Care: Fuller Stocktake

The Fuller Stocktake Report[4] published by NHSE in May 2022 sets out a vision to improve access, experience and outcomes for people and communities, the recommendations form a key part of our strategy and plans going forward. The Fuller Stocktake builds a broad consensus on the vision for integrating Primary Care with three key elements:

- Streamlining access to care and advice for people who get ill but only use health services infrequently, providing them with much more choice about how they access care and ensuring care is always available in their community when they need it.
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions.
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

Building Integrated Care Teams (ICT) – also called neighbourhood care teams - in every neighbourhood is at the heart of the vision for Primary Care which will see a bringing together of teams and professionals to do things differently to improve patient care for whole populations. The teams will evolve from PCNs and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration, create the time and space within these teams to problem solve together as well as building relationships and trust between Primary Care and other system partners (including Local Authority colleagues and the communities they serve).

This partnership focuses on genuine co-production and personalisation of care, bringing local people into the workforce so that it reflects the diversity of local communities, and proactively reaching out to marginalised groups breaking down barriers to accessing healthcare.

[4] Next Steps for Integrating Primary Care: Stocktake Report May 2022

The Fuller stocktake outlines eight actions that ICSs agreed to implement:

1. Develop a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices. This should be for all patients clinically assessed as requiring urgent care, where continuity from the same team is not a priority. Same-day access for urgent care would involve care from the most clinically appropriate local service and professional and the most appropriate modality, whether a remote consultation or face to face.
2. Enable all PCNs to evolve into integrated neighbourhood teams, supporting better continuity and preventative healthcare as well as improving access, with a blended generalist and specialist workforce drawn from all sectors. Committing to delivering a neighbourhood team model to support Core20PLUS5 populations. Coordinate vaccinations, screening, and health checks at Place level.
3. Co-design and put in place the appropriate infrastructure and support for all neighbourhood teams, across their functions including digital, data, intelligence and quality improvement, HR, finance, workforce plans / models, and estates. Specifically put in place sufficient support for all PCN Clinical Directors and multi-professional leadership development, and protected time for team development. Baseline the existing organisational capacity and capacity for Primary Care, across system, Place, and neighbourhood levels, to ensure systems can undertake their core operational and transformational functions.
4. Develop a Primary Care forum or network at system level, with suitable credibility and breadth of views, including professional representation. Ensure Primary Care is represented on all Place-based boards.
5. Embed Primary Care workforce as an integral part of system thinking, planning and delivery. Improve workforce data. Support innovative employment models and adoption of NHS terms and conditions. Support the development of training and supervision, recruitment and retention and increased participation of the workforce, including GPs.
6. Develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and Place teams delivering integrated Primary Care, taking a ‘one public estate’ approach and maximising the use of community assets and spaces.
7. Create a clear development plan to support the sustainability of Primary Care and translate the framework provided by the Fuller stocktake into reality, across all neighbourhoods. Tackle gaps in provision, including where appropriate, commissioning new providers, in particular for the least well-served communities.
8. Work alongside local people and communities in the planning and implementation process of the actions set out above, ensuring that these plans are appropriately tailored to local needs and preferences, considering demographic and cultural factors.

NHSE: Priorities and Operational Planning Guidance

In 2022 NHSE priorities and Operational Planning Guidance[5] outlined the ways in which it aims to deliver improved access to Primary Care services, the priorities include:

- Make it easier for people to contact a GP surgery, including supporting General Practice to ensure that everyone who needs an appointment with their practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need.
- Continue on the trajectory to deliver 50 million more appointments in General Practice by the end of March 2024.
- Continue to recruit 26,000 ARRS roles by the end of March 2024.
- Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.
- Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise.
- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 and deliver on the Core20PLUS5[6] approach.

Key actions:

- Ensure people can more easily contact their GP surgery (by phone, NHS App, NHS111 or online).
- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the Community Pharmacist Consultation Service.

Delivery Plan for Recovering Access to Primary Care

Following the publication of the NHSE priorities and Operational Planning Guidance, the Department of Health and Social Care and NHSE published their Delivery Plan for 'Recovering Access to Primary Care'[7] in May 2023.

The commitment of the plan is to tackle the 8am rush within General Practice and make it easier and quicker for patients to get the help they need from General Practice, particularly for patients to know how their request will be managed on the day they contact their practice.

[5] NHSE Priorities and Operational Planning Guidance 2022
[6] Core20PLUS5 (Adults) Core20PLUS5 (Children and Young People)
[7] NHSE Delivery Plan for Recovering Access to Primary Care

The plan seeks to support recovery over the next two years by focusing on four areas:

- Empowering patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from Community Pharmacy. This will relieve pressure on General Practice.
- Implementing Modern General Practice access to tackle the 8am rush, provide rapid assessment and response, and avoiding asking patients to ring back another day to book an appointment.
- Building capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- Cutting bureaucracy and reducing the workload across the interface between Primary and Secondary care and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

Delivery Plan for Recovering Access to Primary Care - Community Pharmacy (CP)

Community Pharmacy is core to delivering the Fuller Stocktake vision of integrating Primary Care, and the proposed changes in the Access Recovery Plan, the enabling IT infrastructure and the legislation changes move us a step closer towards integration.

Community Pharmacy commissioning is based on local population needs and can support prevention, screening, urgent care, early diagnosis and health inequalities. The commissioning priorities have been published as part of the Recovery and Access plan and include the following key elements:

- Launch of Pharmacy First which includes seven minor illnesses: sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women.
- Expansion of the Hypertension case finding Service and Contraceptive Service.
- Improvements to IT infrastructure and interoperability between CP and General Practice.
- Amendments to legislation to give pharmacists the flexibility to dispense medicines in their original packs and to widen pharmacy hub-and-spoke arrangements, both of which aim to facilitate greater use of automation to increase efficiency and release pharmacists' capacity for increased patient facing services.

CP will work with General Practice to support patients via referral to the CP services that support the management of minor illnesses and the self-care agenda. We will continue to support the transformation of services offered by CP by our ambition of removing barriers to innovation and improving the IT connectivity and more rapidly updating patient records.

Local Policies

Cheshire and Merseyside Integrated Care Partnership Interim Strategy[8]

The Cheshire and Merseyside Health and Care Partnership (the ICB's statutory Integrated Care Partnership (ICP)) consists of representatives from across our communities, the NHS, local authorities, VCSFE sector, housing, Police, Fire, education, and local businesses.

The ICP's vision is 'for everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer. We will do this by working together, as equal partners, to tackle health inequalities and improve the lives of the poorest fastest'. The vision, mission and strategic objectives are outlined below:

Tackling health inequalities is the shared key aim of the ICP and as a 'Marmot Community', the partnership is truly committed to improving the health and wellbeing of our population and in doing so focussing on reducing inequalities by adopting a multi-agency approach to assessing the health, public health and social care needs of the people of Cheshire and Merseyside. The impact of this will be measured by using the 22 Beacon Indicators identified in the All Together Fairer Report: Health Equity and Social Determinants of Health in Cheshire and Merseyside[9] published in May 2022.

[8] Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy
[9] All Together Fairer Report: Health Equity and Social Determinants of Health in Cheshire and Merseyside

Cheshire and Merseyside Women's Health Strategy

Published in September 2023, the Cheshire and Merseyside Women's Health Strategy[10] describes the plan for improving the health and wellbeing of our communities, our staff, and partners across the whole system. The vision of the strategy is 'We want all women, babies and families to have a great start in life and get the support they need to stay health and live longer'.

The strategy adopts a holistic approach to women's wellbeing by focusing on clinical conditions linked to reproductive health along with prevention of illness, promotion of wellbeing as well as treatment and management of disease.

The focus of the strategy is on the following seven priority areas:

- Menopause.
- Mental health and wellbeing.
- Cancers.
- The health impacts of violence against women.
- Healthy ageing and long-term conditions.
- Menstrual health and gynaecological conditions.
- Fertility, pregnancy loss and post-natal support.

The strategy will be delivered by raising awareness of women and girls' health, improving access to health information and healthcare care services, and, through a commitment to reduce inequalities in health and socio-economic outcomes for women and girls, both for sex-specific conditions and in women's general health.

Cheshire and Merseyside Integrated Care Board Primary Care Strategic Framework

The vision for Primary Care in Cheshire and Merseyside is for 'high quality services that are responsive and accessible for patients at their point of need'. Historically Primary Care has experienced high levels of satisfaction and trust from patients, although in recent years this has reduced.

The Primary Care Strategic Framework[11] is the first of two publications, informed by National and Local Strategies and has contributions from both General Practice and Community Pharmacy. The intention is for this process to be repeated in the second publication which will focus on Dentistry and Optometry.

[10] Cheshire and Merseyside Women's Health Strategy 2023
[11] Cheshire and Merseyside Integrated Care Board Primary Care Strategic Framework 2023

The following topics are thought to be key for the framework. They are grouped as 'Service Delivery Elements' and 'Enabling Themes':

Service Delivery Elements

- Commissioning, contracting, and funding of General Practice, Dental, Optometry and Community Pharmacy services.
- Population health and health inequalities.
- Improving Access.
- Quality, performance, assurance, and safety.
- Role of General Practice and Community Pharmacy.

Enabling Themes

- Integration and partnership working.
- Workforce and organisational development.
- Infrastructure and intelligence.
- Working with patients.
- Research, innovation and future models of delivery.

The ambitions within the Framework will only be realised through a truly whole system working approach between Primary and Secondary Care, commissioners, Local Authority, our population and other key partners. This includes ensuring that work is allocated across the system to guarantee that the right work takes place in the right setting.

Living Well in Warrington Health and Wellbeing Strategy

The Living Well in Warrington Health and Wellbeing Strategy[12] was developed by a wide range of stakeholders and launched in 2019. It was refreshed and informed by the 2022 Joint Strategic Needs Assessment core document[13] which provides an overview of the levels of health and wellbeing of the local population and published in 2024.

The five-year strategy adopts a preventative approach and brings a system-wide commitment to realise long-term, sustained improvements.

Its vision is that 'Warrington is a place where we work together to create stronger neighbourhoods, healthier people, and greater equality across our communities'. This vision is supported by three core outcomes and underpinned by eight priorities (in line with the Marmot principles):

[12] Living Well in Warrington Health and Wellbeing Strategy 2024-2028
[13] Joint Strategic Needs Assessment Core Document and PHAR Statistical Supplement 2022 v2 (warrington.gov.uk)

Three Core Outcomes

Warrington will be a place where:

1. Children are given the best start in life and can fulfil their potential.
2. Adults can work and live fulfilling lives, in a vibrant and healthy borough.
3. Older people enjoy a healthy, independent, and fulfilling old age, feeling safe and connected within their communities.

Eight Priorities

Warrington strives to:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capacity.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental quality, sustainability and health equity together.

The strategy adopts the Starting Well, Staying Well and Ageing Well themes to ensure that the full life course is addressed – the main themes within each of the 'Wells' are shown below:

Living Well in Warrington introduces a shift in focus towards prevention and the key risks associated with ill health. The strengthening of Primary Care services is identified as being key to achieving the aims of the strategy reinforcing Primary Care as key partners.

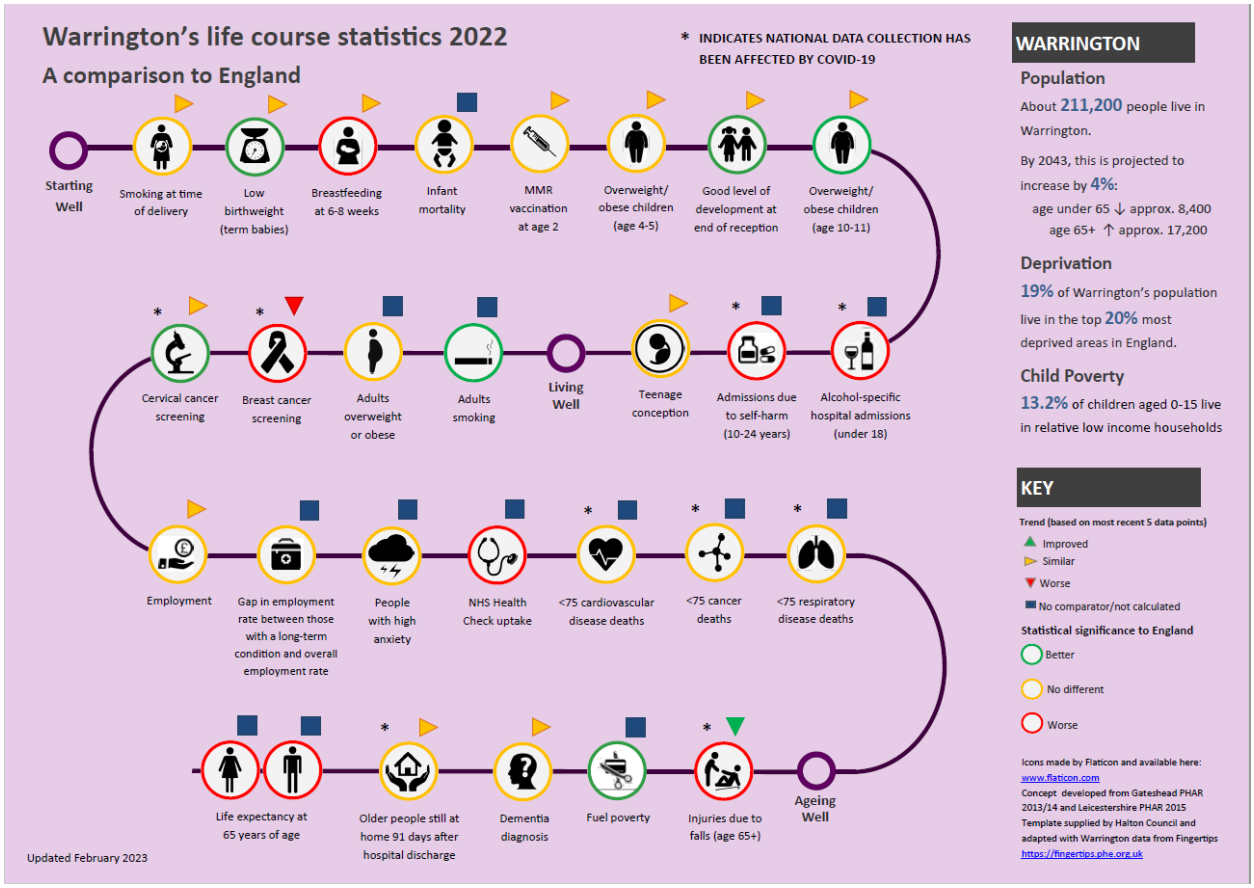
The life course approach is overseen by the Warrington Together Partnership Board.

Warrington Together is the local name for the partnership working that is carried out in Warrington and the Board includes representatives from all of the main partners in Warrington.

Chapter 4: Drivers for Change

Warrington's Life Course statistics

The health challenges facing the residents of Warrington can be easily illustrated and compared to the England average through the Warrington's life course statistics[14] shown below:



The actions needed to improve the position of some of the metrics will be addressed across the partnership and will be monitored by the Health and Wellbeing Board.

[14] Warrington's Life Course Statistics 2022

Health Inequalities

A high proportion of people in Warrington experience good health and wellbeing, with many following healthy lifestyles, feeling fit and healthy and enjoying the benefits of being part of an ambitious and prosperous borough. However, this is not the case for all. One of the biggest challenges facing Warrington is the inequalities caused by socio-economic deprivation and the impact this has on the health and wellbeing of individuals.

Inequalities in health are perhaps most starkly demonstrated by the gap in life expectancy between the most and least deprived wards in the borough, resulting in a gap of approximately 9.7 years for males, and 10 years for females. Therefore, addressing the disproportionate impact on our most vulnerable residents in the more deprived wards is a key challenge for Warrington.

Warrington has a higher number of health inequalities when compared to Cheshire and Merseyside including:

- Warrington has the highest prevalence of smoking at 15 years of age.
- Warrington has the highest rate of depression.
- Warrington has the highest rate of co-morbidities.
- Warrington has the highest rate of Osteoporosis.
- Warrington has the second highest rate of complex long-term conditions.

Further challenges which are driving the need for change include:

Increased demand

With an increase of 9% more patients than in 2019. General Practice are carrying out 14% more appointments than in 2019 across Cheshire and Merseyside.

Rising population

Future projections based on 2018 mid-year estimates show that Warrington's population is expected to increase over the next 25 years by approximately 8,860 people, a growth of 4%.

An ageing population

Warrington has an older population than the England average, this is replicated across all age bands over 40 years, which brings with it higher levels of need for health and care services. The population of under 40s is lower than the National average.

Chapter 5: Delivering against our Priorities

As described in Chapter 2, the following priorities are key to transforming and integrating Primary Care services in Warrington:

1. Promoting prevention and self-care

Generally, people are aware of the things that they can do to improve their health and wellbeing, such as stopping smoking, eating healthily, not drinking alcohol to excess, improving their social skills, engaging in employment, and maintaining positive relationships, yet many find it difficult to make the change to a more positive lifestyle.

We will encourage personal responsibility. It is important that this strategy puts support in place for people to take greater personal responsibility, stay active and make the positive choices that will make a real difference to their lives. We will work with our partners through Warrington Together (including Public Health and the VCFSE) to develop services that focus on preventing ill-health through early identification and supporting people to have healthy lifestyles and positive mental health. Through this work we will effectively contribute towards maintaining healthy communities and ultimately reduce the amount of money that is spent on support and treatment.

The NHS prevention pledge which aims to improve the health of our population, introduces a renewed focus on prevention measures to address the widespread preventable illness and inequalities in health across the Cheshire and Merseyside footprint.

Prevention is a key issue for Public Health (PH), PCNs can work with Community Pharmacies on PH campaigns either as part of the national framework of campaigns or via any locally agreed initiatives to ensure a cohesive PH message is delivered consistently. Community Pharmacy is a recognised contributor to the PH agenda and delivers significant input to Local and National PH priorities.

Key actions to promoting prevention and self-care include:

- Increased patient/carer knowledge and skills to support, be enabled to self-manage thus leading healthier lifestyles.
- Increase the delivery of PH messages across all providers in Warrington.
- Improve effective use of health and wellbeing services by working with local partners.

2. Improving access to Primary Care

Public satisfaction with General Practice in Warrington remains high, but we are aware that patients have reported, through the GP survey, more difficulty in accessing services as well as there being a decline in good overall experience of making an appointment in General Practice.

Good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place, at the right time. We intend to build on the introduction of care navigators across every practice in Warrington, to signpost patients effectively through the system. Warrington Place will ensure that work is allocated across the system to guarantee that the right work takes place in the right setting.

By doing so we ensure that patients are seen first time by the right clinician to suit their needs. We will increase the ability of patients to do things for themselves by introducing online access and services which will enable patients to access their own records, have prescription queries addressed and, provide clear signposting to NHS services that may better suit their needs.

Building on this approach, we will increase patient knowledge and skills to self-manage their condition when safe and appropriate to do so. We will ensure that there are sufficient routine appointments made available in our extended access service during evenings and at weekends.

We will use digital technologies to support new models of care. We will effectively connect these services to the wider system, including local pharmacies, urgent care services, out of hours services and NHS 111, making them easy to use.

We will continue to implement new ways of consulting, including the use of video, telephone, and electronic consulting so that patients can access Primary Care without the need to travel to a surgery unnecessarily. We will ensure information is easy to read and accessible. We will make the best connections for patients and staff and get the best outcomes we possibly can.

We will deliver the transition to Modern Access to General Practice as set out in NHSE's plan for Recovering Access to Primary Care.

Community Pharmacy is well placed to support the delivery of Public Health messages to ensure inequalities are managed and vulnerable groups are supported due to their physical locations often in the most deprived communities. As such Community Pharmacy is one of the most accessible services and we need to ensure we capitalise on this local community asset.

Additionally, Community Pharmacy services support patient access via service delivery in traditional out of hours periods, e.g., evenings and weekends.

Work is already underway to deliver against these priorities and the actions will be included in the action plan.

3. Developing an integrated Primary Care workforce to focus on population needs and provide high quality care closer to home

Nationally the recruitment and retention pressures of GPs, Practice Managers and Nursing staff is well documented, and Warrington reflects this position. Although work is ongoing nationally to address these issues, this will not happen overnight. While planning for the workforce of the future, we will look to identify ways to alleviate some of the pressures on our workforce now, such as maximising the use of ARRS roles to ensure patients are not disadvantaged by having a more diverse workforce to meet the primary health needs of their patients. Equally, practices will work collaboratively to mitigate practices competing against each other when recruiting for staff.

Locally, General Practice is experiencing workforce challenges, with fewer new GPs taking employment in Warrington resulting in 75% of the GP Partner population being eligible for retirement in the next 5 years.

GPs are also reporting fatigue and burn out, so it is important that we explore new ways of delivering Primary Care to ensure sustainability. We need to find ways to attract people to work in Warrington and promote the positives about our town, while at the same time developing initiatives that make Warrington a place that people want to work and settle with their families.

It is important that our Primary Care workforce remain supported and empowered to deliver high quality care, therefore we will continue to access and provide relevant training and career development to ensure recruitment and retention are improved.

We will work with General Practice to further develop their teams to ensure the right person is seen at the right time, by the right person. We need to continue to build on the nurse's training programme and increase the development for both the nursing and pharmacist workforce. We value the voices of patients, incorporating lived experience and Primary Care colleagues have pledged to involve patients / the patient voice when undertaking reviews.

Key actions to develop our workforce include:[15]

- Increasing Primary Care professional's satisfaction to feel supported and fulfilled.
- Increasing the number of health care professionals across Primary Care in Warrington.
- Maintaining a highly motivated workforce.
- Maintaining high levels of patient satisfaction.

[15] NHS Long Term Workforce Plan June 2023

4. Increasing access to proactive Primary Care services and Primary Care Network programmes

We must do all we can to provide excellence across Warrington, while ensuring safe practices and positive outcomes for access and patients. We will ensure good financial planning and practice through minimising waste. This means reducing errors by getting it right first time, using intelligence and insight to support planning, for example using RightCare data to identify priority areas to reduce unwarranted variation and to benchmark performance against our comparators in England.

Performance monitoring, and continuous improvement methods such as the introduction of a Quality Assurance template that will identify thematic trends and support Practices when preparing for Care Quality Commission visits.

This proactive approach to continuous improvement can deliver a number of benefits including:

- Improving population health and wellbeing and reducing demand for services.
- Improving the early detection of illness.
- Supporting the implementation of new models of working, both at individual practice and PCN level, to ensure sustainability and improved quality.
- Optimising long term management of disease specific pathways.
- Reducing hospital admissions and premature mortality.

There are a number of initiatives taking place across Primary Care, two examples are included below from General Practice that illustrates the innovative approaches of our teams:

Central and West Warrington Primary Care Network (CWW PCN)

CWW PCN over the past year have been working in partnership with the Health & Social Care Academy at Warrington & Vale Royal College, this has included weekly visits to the college to speak with students about careers in the NHS. Practices across the PCN now take both health and digital students on work placements, with the digital students acting as digital ambassadors supporting patients to access the NHS app.

This work has evolved over time and has recently included a live brief to students to get them to consider issues such as sexual health and mental health. Students were asked to consider where young people obtained their health information from and how to ensure the correct messages are communicated to young people. The digital ambassadors supported the students to develop their ideas into action plans and to turn these ideas into reality.

Additionally, CWW PCN are the first PCN to be approved as a Unified Learning environment for healthcare placements, actively training a range of professionals including:

- Nursing Students
- Foundation Year Two Doctors
- Specialty Trainee Doctors
- Pre-registered Pharmacists as part of a joint endeavour with community pharmacy
- Trainee Pharmacy Technicians as part of a joint endeavour with the Acute Trust
- T- level and Business and Technology Education Council (BTEC) Health and Digital studies
- Trainee Nurse Associates
- GP Associates
- Undergraduate Pharmacists
- Non-Medical Prescribers.

Supported by the PCN in-house Learning Educational Facilitator role, the PCN was also the first accredited Research PCN across Cheshire and Merseyside, employing two Research Nurses and a Research Administrator.

Warrington Innovation Network Primary Care Network (WIN PCN)

During 2023 WIN PCN ran a Hypertension Remote Care service pilot across the PCN, enabling patients to access the care and support required to improve their heart health.

The service initiative has a proactive approach to healthcare, not only identifying new cases of high blood pressure but providing care, optimising treatment, and giving the necessary lifestyle support.

Hypertensive patients who were identified as struggling to control their blood pressure were contacted by the team, referrals were also accepted from across Primary Care to support those with a new diagnosis. Using an application called ‘HealthyYou’ patients were able to submit and track their vital readings from the comfort of their own home. For those that needed clinical intervention, a clinician remotely reviewed the patient data within ‘HealthyYou’ and consulted with the patient directly. The project has successfully treated over 500 patients to target blood pressure at the time of writing, with an average drop of 12mmHg across the cohort. A 12mmHg reduction in blood pressure reduces cardiovascular risk by 3% using the QRisk3 calculator, which could equate to 15 heart attacks and strokes across 500 patients.

All care provision was documented within clinical systems ensuring practices within the PCN were kept updated. The app will also independently supported patients with lifestyle advice and setting achievable health goals.

Following a successful pilot and funding bid WIN PCN have extended the programme across Warrington practices thus benefiting all patients in Warrington.

5. Developing a fit for purpose Primary Care estate

Across Warrington, General Practice estate differs significantly in terms of quality, condition, and suitability with some of the estate in excellent condition, providing state of the art facilities, while at the other end of the scale there are properties in poor condition and no longer fit for purpose. Our Primary Care estate needs to meet both the demand of increasing patient registrations in a rapidly expanding town as well as being able to deliver more services away from the hospital and in the community.

We want to ensure patients have access to the right services, in the right location. Our vision is to make the most of existing community assets and other facilities and is not just about creating new buildings to support the expansion of services and evolving methods of delivery. The recently completed Clinical and Estates Strategies that have been developed by PCNs will be reviewed as part of the wider estates work that is underway as part of the Warrington Together work programme.

We also need to target investment so that it has the greatest impact on improving the quality of Primary Care services and people's ability to access them. Our aim is aligned to the emerging future model of Primary Care which has collaboration and partnership at its core and is underpinned by an integrated health and social care team at a local level.

The Primary Care estate must be of good quality and fit for purpose to support our planned model of care and ensure Primary Care providers have the flexibility to meet local patient needs. It should maximise existing community assets and embrace technology to enable patients to access local diagnostic and treatment services in different ways. We want to empower local Primary Care teams and their partners to develop estate solutions that enable delivery of Place-based services across a network of neighbourhood locations, making full use of buildings, including patients' own homes, local community centres, traditional Primary Care facilities and other public sector premises.

Implementing our vision means patients will be able to access a greater range of health services locally, including specialist consultation and diagnostics. Staff will benefit from a better working environment and can capitalise on opportunities to interact with a broader range of health and social care professionals, resulting in improved patient care.

These key actions will be taken forward by the estates workstream that sits under Warrington Together.

6. Implementing innovative technology solutions

Technology is an enabler for patients and providers; how we use technology and manage information is a key part of our aspirations to transform Primary Care services in Warrington. Our aim to use digital technology to support patient-centred care, improve

accessibility, and provide the opportunity for patients to take control of their health and wellbeing.

This involves:

- Encouraging digital transformation leadership.
- New and convenient ways for patient consultations.
- Supporting digital inclusion for all.
- Self and proactive care.
- Improved access, via online service portals, the introduction of cloud-based telephony to support triage and appointment systems.
- User friendly and informative systems that inform our health care professionals of the different types of services available.
- Better coordination, with interoperable systems allowing clinicians to share agreed information across practice boundaries as part of the hub model of PCN work.

The digital workstream that sits in the Warrington Together programme is taking the lead on implementing a shared care record which will ensure that all partners are able to access the same information about patients, resulting in better outcomes and a higher quality patient experience.

There will be a strong focus on how technology can be used to successfully to empower people by investing in tools they can use to stay healthy and manage their care without needing to see their GP. This includes funding the technology that allows practices to monitor long-term conditions from readings patients take in their own homes; enabling patients to self-refer to specialists for certain conditions; and rolling out existing NHS App functionality.

There are a variety of investment that have been made new technologies and a number of support offers available for PCNs and practices to help them plan and implement a Modern General Practice, these include: online tools, advanced digital telephony, care navigation training and transformation support.

7. Improving the wellbeing and quality of life for patients and for the Primary Care workforce

We will work with our partners to address the needs of the whole person in a holistic way, rather than focusing on single aspects of their health and social care needs separately.

Together we will:

- Enable people to stay in their own homes for as long as possible.

- Avoid unnecessary attendances and admissions to hospital.
- Provide diagnostics and develop community-based services.
- Find ways to enable Primary Care professionals to spend more time with their complex patients with greater care and support needs, by utilising a care planning and risk stratification approach.
- Support the development of multidisciplinary teams across Primary and Community care that support high intensity users of services, those who self-neglect and complex frail patients.
- Improve the continuity of care for people with complex chronic diseases.
- Improve people's experience of living with long term conditions.
- Have a user friendly and informative system that informs our health care professionals of the different types of services available to help and support patients with their presenting condition.

There are a number of initiatives that are underway to deliver against this priority area, particularly the Integrated Care Teams will be integral to enabling multidisciplinary teams to focus on those with complex needs.

Additionally, we will work with our partners to deliver the Primary Care priorities of the Warrington's Carers Strategy which include:

- The promotion of good physical and mental wellbeing.
- Recognising the impact caring can have on the health of carers.
- To identify and support carers in Primary Care and through the hospital discharge process.

8. Delivering the recommendations of the Fuller Stocktake

The Fuller Stocktake recommends the development of a single system-wide approach to managing integrated urgent care to guarantee same-day care for patients and a more sustainable model for practices. Through our continued journey towards modern access to General Practice all patients will be clinically assessed and those requiring urgent care, where continuity from the same team is not a priority, care will be provided from the most clinically appropriate professional by either a remote consultation or face to face.

Warrington's vision for Integrated Care Teams 'One System, One Population, One Purpose' is to create empowered, thriving, and interconnected communities that prioritise the holistic wellbeing of every individual. Our vision for Warrington is one where health, social care, education, and economic opportunities are seamlessly woven into the fabric of our neighbourhoods, fostering a sense of belonging, purpose, and resilience.

Integrating all Primary, Secondary and Voluntary, Community and Social Enterprise (VCSE) services in Warrington to create a holistic, person focused approach to care will support Warrington residents to spend more of their lives Staying Well and Ageing Well as independently as possible in a place they call home, leading fulfilling lives, thus leading to a lower requirement for personal care.

East PCN are the first PCN to adopt the new ICT approach in Warrington and are interrogating their patient data to gain a better understanding of their high-risk patient cohort. These patients are then supported by a co-developed nursing and allied health professional workforce models. This approach will improve workforce retention and provide a proactive approach to care that will better meet the needs of these high-risk patients in the community.

Anticipated Outcomes:

- Support people to live independent, high-quality lives at home for as long as possible
- Primary Care, Secondary Care, Intermediate Care, Community Teams and Social Care operating as 'one system with one purpose'
- Prevent avoidable non-elective and elective hospital admissions
- Prevent avoidable entry to long term care

PCNs will continue to work together with community services, mental health, social care, hospital and VCSE services to form the core of integrated neighbourhood teams, with a blended workforce drawn from all sectors. We are committed to delivering a neighbourhood team model across each PCN footprint to support Core20PLUS5 populations and coordinate vaccinations, screening, and health checks at a Place and neighbourhood level.

We will improve health outcomes by empowering residents to be in control of decision making for themselves and their loved ones.

Chapter 6: Conclusion

The challenges faced by Primary Care are well documented and evidenced throughout this strategy. Despite a 44% increase in the level of direct patient care provided through general practice compared to 2019, patients are still reporting levels of dissatisfaction with access. GPs as with other areas of Primary Care are experiencing challenges with recruitment and still feeling the aftereffects of the pandemic. To improve access, adoption of the Modern General Practice model is well underway in Warrington and the changes that are being implemented will be assessed to understand if this is having the impact on access, or the perception of such, as hoped.

Launched in January 2024, the Pharmacy First service now ensures that Community Pharmacies can supply prescription medicines for seven common conditions. This, together with Oral Contraception and Blood Pressure expansion, bring additional capacity for the wider system and greater choice for the residents of Warrington about where to access care, but residents need to be aware of this change in order to have the greatest impact.

Similar to General Practice, Dentistry is facing its own challenges with reduced access to NHS dental services, meaning some individuals find themselves without access to dental provision. This will take time to resolve and as an ICB we will need to work closely with local and regional dental teams to ensure we can do all we can for the people of Warrington.

Whilst there are clear plans and recognition for the other components of Primary Care, Optometry is yet to have a strategy and improvement plan developed. Like General Practice and Dentistry, they face long waiting lists and capacity challenges. This again will take time to address, however as part of this strategy all opportunities to integrate Optometry with the wider Primary Care offer will be explored.

In order to be clear on the activities needed to deliver the priorities and ambitions set out in this strategy, a robust action plan will be developed to support this document and to provide a mechanism to monitor the progress against the strategy.

Finally, we need to acknowledge that our Primary Care workforce is highly skilled and willing to embrace change as evidenced through the implementation of the Covid-19 vaccination programme. We need to ensure that they have all the tools and support to realise the requirements of this strategy. Together we can make a change.

Appendices:

Appendix A: Glossary of terms

The following abbreviations are used throughout the Primary Care strategy:

ARI VR	Acute Respiratory Infection Virtual Ward
ARRs	Additional Role Reimbursement Scheme
CP	Community Pharmacy
CQC	Care Quality Committee
DES	Directed Enhanced Service
GP	General Practice
HR	Human Resources
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IT	Information Technology
NHS	National Health Service
NHS App	National Health Service Application
NHSE	National Health Service England
PCNs	Primary Care Networks
RRRT	Rapid Response Respiratory Team
UDA	Unit Dental Activity
VCFSE	Voluntary, Community, Faith and Social Enterprise Sector
VR	Virtual Ward

Appendix B: Links to further reading

- All Together Fairer: Health Equity and Social Determinants of Health May 2022 all-together-fairer.pdf (cheshireandmerseyside.nhs.uk)
- Cheshire and Merseyside Integrated Care Partnership: Interim Strategy 2023-2028 cheshire-merseyside-draft-interim-hcp-strategy-2023.pdf (cheshireandmerseyside.nhs.uk)
- Cheshire and Merseyside Women's Health Strategy 2023 Cheshire and Merseyside Women's Health Strategy 2023
- Cheshire and Merseyside Joint Forward Plan 2023 Cheshire and Merseyside Joint Forward Plan 2023-28 Summary
- Cheshire and Merseyside Primary Care Strategic Framework cm-integrated-care-board-primary-care-strategic-framework.pdf (cheshireandmerseyside.nhs.uk)
- Faster, simpler and fairer: our plan to recover and reform NHS dentistry https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry
- Health and Wellbeing Strategy 2024-2028 Health and Wellbeing Strategy 2024-28.pdf (warrington.gov.uk)
- House of Commons Library: A Blueprint for Eye Health in England and the Devolved Nations CDP-2022-0238.pdf (parliament.uk)
- Living Well in Warrington: Health and Wellbeing Strategy 2024 – 2028
- Next Steps for Integrating Primary Care: Stocktake Report May 2022
- NHS Long Term Plan NHS Long Term Plan v1.2 August 2019
- NHSE Delivery Plan for Recovering Access to Primary Care 2022 NHS England » Delivery plan for recovering access to Primary Care
- NHS Prevention Pledge NHS Prevention Pledge - NHS Cheshire and Merseyside

- Warrington 2022 Joint Strategic Needs Assessment - published August 2023 Joint Strategic Needs Assessment Core Document and PHAR Statistical Supplement 2022 v2 (warrington.gov.uk)

- Warrington Carers Strategy 2021-2024 Warrington Carers Strategy 2021-2024 | warrington.gov.uk

- Warrington Together Place Plan 2023-2024 Warrington Together Place Plan 2023