Cheshire and Merseyside
Health and Care Partnership

Cheshire & Merseyside Integrated Care Board

Primary Care Strategic Framework

29th June 2023

Contents

Introduction

Most NHS contacts take place within Primary Care which has an important role in managing both minor illness and chronic, complex conditions. There is also a much-needed gatekeeper function without which secondary care would be quickly overwhelmed.

This Primary Care Strategic Framework will encompass all of primary care and not just General Practice. We will need all NHS services to be working well together to deal with the challenges being faced. This framework is therefore made up of 'Chapters' to cover all Primary Care contractor groups.

Significance engagement has taken place in the development of this framework. This has included LMCs, LPCs, LPNs, Healthwatch, the Primary Care Providers Leadership Forum, PCN Clinical Directors and Place Directors and Clinical Directors. Responses from questionnaires sent to all GPs and Community Pharmacists has also been incorporated. We are presenting this as a framework which will then allow each Place to create their own strategy able to address the individual needs they will have.

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

Framework Topics

Service Delivery Elements
Commissioning, contracting and funding of General Medical/Dental/Optometry/ Community/Pharmacy services
Population health and health inequalities
Improving Access
Quality, performance, assurance and safety
Role of General Practice/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

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Vision for Primary Care

Primary Care is the beating heart of the NHS. With around 90% of all NHS contacts taking place in Primary Care (over 1.3 million contacts in General Practice alone during March 23, our latest reported month) it is vital that we acknowledge the essential healthcare delivered in these settings. While providing an essential gatekeeper role into secondary care, Primary Care is so much more than simply 'admission avoidance' providing a service that assesses, investigates, diagnoses and manages both acute presentations and long-term conditions.

Our 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. Traditionally Primary Care has enjoyed high levels of satisfaction and trust from patients, although we must acknowledge that recently there has been greater dissatisfaction.

There have been a number of nationally produced reports on Primary Care and specifically General Practice published recently. These include the Fuller Report, the report from the House of Commons Health and Social Care Committee and the Hewitt Report. There has also been a change to the GP Contract as well as the publication of the Delivery Plan for Recovering Access to Primary Care.

Our Primary Care Strategic Framework needs to be read in the context of the above reports and noting that fact that demand is at an all time high, with falling numbers of GPs and high levels of reported stress and burnout. It is notable that the House of Commons Health and Social Care Committee report stresses that 'general practice is in crisis'. We need to respond to this crisis and our framework outlines the areas we believe need to be focussed upon.

We will only achieve the ambitions within the Framework through true whole-system working including primary and secondary care, commissioners, local authority, our population and other key partners. The publication of the Framework does not bring this piece of work to a close, rather it launches our approach.

Together, we aspire for Cheshire and Merseyside to have the highest quality primary care that is accessible, sustainable and delivering outstanding health outcomes for our population.

NHS England » Next steps for integrating primary care: Fuller stocktake report

The future of general practice - Health and Social Care Committee (parliament.uk)

Hewitt Review: an independent review of integrated care systems - GOV.UK (www.gov.uk)

NHS England » Changes to the GP Contract in 2023/24

NHS England » Delivery plan for recovering access to primary care

NHSE Delivery plan for recovering access to primary care

Summary action points

Empower patients by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community pharmacy.

1. Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024. *aligned to section 1.9 action point 1.9.5*
2. Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance. *aligned to section 1.9 action point 1.9.6*
3. Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation. *aligned to section 2.6 action point 2.6.4 and section 2.8 action point 2.8.1*
4. Launch the Pharmacy Common Conditions Service so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation. *aligned to section 2.1*

Implement 'Modern General Practice Access' so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message. We are re-targeting £240 million – for a practice still on analogue phones this could mean ~£60,000 of support over 2 years.

5. Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023. **aligned to section 1.3 action points 1.3.6, 1.3.9 & 1.8.20*
6. Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025. **aligned to section 1.8 action point 1.8.21*
7. Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme. **aligned to section 1.10 action point 1.10.1*

Build capacity so practices can offer more appointments from more staff than ever before.

8. Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019). *NHSE action point*
9. Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England. *NHSE action point*
10. Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired. *NHSE action point*
11. Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated. *NHSE action point*

Cut bureaucracy to give practice teams more time to focus on their patients' clinical needs.

12. Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn. **aligned to section 1.6 action point 1.6.1*
13. Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat. *NHSE action point*
14. Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators. *NHSE action point*

CHAPTER ONE - General Practice

Service Delivery Elements

1.1 Commissioning, contracting and funding of General Medical Services

Core Ambition:

We will develop commissioning models that ensure quality of service provision, joined up cross discipline working and that address unwarranted variation in service across C&M.

We will understand the variation in primary care funding across the ICS and develop system wide agreements to ensure equitable financial allocation that best meets the needs of local populations.

Background:

- We need to ensure quality of service provision and eliminate unwarranted variation in service delivery.
- We need ensure that all routine chronic disease management is restored following Covid-19 and maximise NHS Health Checks as prevention or early intervention measure.
- As all parts of primary care will be commissioned by the same body there is an opportunity to assess financial flows to ensure best service provision for patients
- Large elements of Primary Care funding are set within national contracting arrangements. For General Practice this includes GMS/QOF/PCN DES/IIF/ARRS. There are Local Enhanced Services and monies invested in Primary Care from Place initiatives. There is variation across Cheshire and Merseyside with regard to these monies that has arisen from historical CCG funding decisions.
- There are different models of funding across C&M and we need to ensure that deprived areas are not worse off.

Planning Guidance Cross Reference

NHSE will publish the general practice access recovery plan in the new year, as well as the themes for further engagement that will inform the negotiations for the 2024/25 contract. Delivery will be supported by funding as part of the five-year GP contract, including the Additional Roles Reimbursement Scheme. Integrated care board (ICB) primary medical allocations are being uplifted by 5.6 per cent to reflect the increases in GP contractual entitlements

GP Questionnaire key feedback- Investment and funding

⇒ Equitable funding of primary care across the ICS

⇒ Early sight of investment opportunities

⇒ People need incentivising to work together towards PCN outcomes

⇒ Streamline processes for investment in estates

Future of General Practice report cross reference:

NHS England should revise the Carr-Hill formula to ensure that core funding given to GP practices is better weighted for deprivation. NHS England must also review new PCN funding mechanisms to ensure that they do not inadvertently restrict funding for areas which already have high levels of need.

1.1 System level actions

Commissioning, contracting and funding of General Medical Services

1.1.1	As an ICS we will explore and outline how future monetary allocations will be distributed – either fair shares to Place or according to need across the whole system.
1.1.2	In the first two years we will explore different funding models (such as the John Hopkins alternative to the Carr-Hill Formula) to determine the best model for our practices
1.1.3	We will lobby the central NHSE team regarding the clear need for increased funding and support to General Practice through the GP contract.
1.1.4	An innovative contracting at scale pilot to be performed within the next 3 years
1.1.5	We will urgently undertake a review of all core and non-core General Practice spending to understand the variation including a review of discretionary payments. Following this we will produce a plan describing how we will reduce this variation
1.1.6	Consider the feasibility of a pilot of gain sharing so that PCNs and Practices reducing secondary care spend can share in the financial gains

1.1 Actions for Place based plans

Commissioning, contracting and funding of General Medical Services

1.1.7	Develop local commissioning models that are equitable across place footprints, support the areas of greatest need and deprivation and enable joined up working across disciplines, drawing on the ICB Population Health Programme.
1.1.8	Liaise with local authorities and the Cheshire & Merseyside Directors of Public Health around locally commissioned services, ensuring equity of provision and to inform prioritisation that tackles health inequalities in outcomes, experiences and access (our eight All Together Fairer principles).
1.1.9	Engage practices and the Health & Care Partnership in the work above around exploring new funding models and variation in funding across Cheshire and Merseyside

Future of General Practice reference

NHS England should support Integrated Care Systems to implement gain sharing so that Primary Care Networks and individual practices that support the reduction of secondary care expenditure, such as through reducing unplanned admissions, are able to share in the financial gains.

1.2 Population Health and Health Inequalities

integration with local authorities and Public Health

Core Ambition:

Our ambition is for Primary Care Networks to develop closer and integrated working with local authority and public health teams, to contribute to the population health programme and system wide effort in tackling the wider determinants of health.

As a Marmot ICS we Will strive to reduce health inequalities across Cheshire and Merseyside.

Background:

- Primary Care is ideally placed to contribute to the population health programme and in tackling the causes of ill-health, to improve population health and healthcare.
- By increasing system wide collaboration with local authority and public health we can look to improve the health of the people that we serve.
- Cheshire and Merseyside ICS is recognised as a Marmot Community working to be an exemplar for system-level work on inequalities, including coordinated, consistent approaches to building healthy and inclusive economies and tackling the wider determinants of health and reducing health inequalities.
- The CIPHA data platform is a powerful tool that we can use to identify where best to focus our work to tackle the wider social determinants of health and to reduce health inequalities
- Let us acknowledge that holistic, relationship based care can deliver on tackling health inequalities through providing long term preventative medicine

GP Questionnaire key feedback- population health and health inequalities

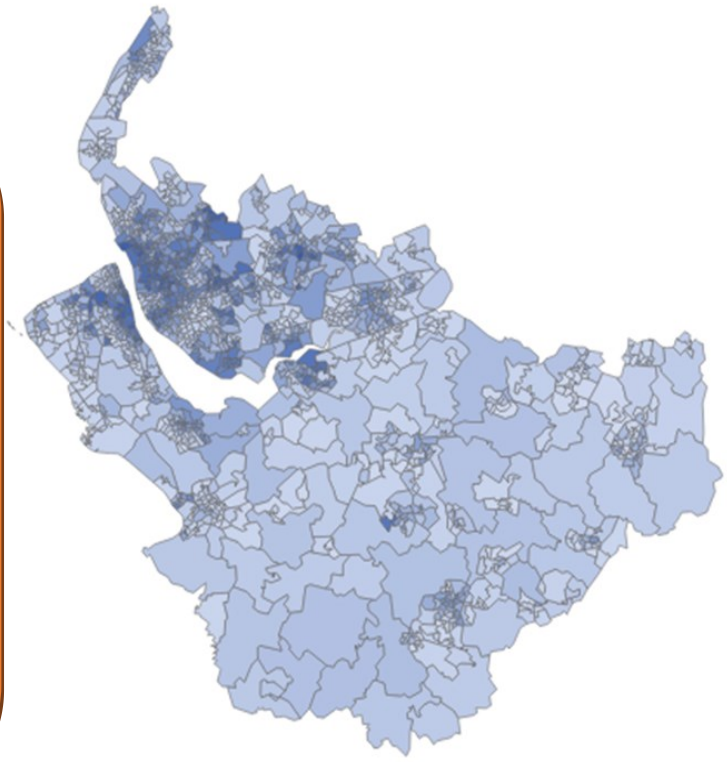
⇒ Increase focus on prevention

⇒ Target resources to reduce health inequalities

⇒ Increased business intelligence and public health support for PCNs around population health activities

⇒ GPs need to have a greater amount of time to focus on prevention chronic disease management

⇒ Focus on long term projects that may not lead to immediate change and ensure that these are funded and supported in the longer term



Index of multiple deprivation (IMD) score by LSOA

1.2 System level actions
Population health and health inequalities

1.2.1	Close working with Public Health teams to understand population need as well as system level integration, communication and support for PCNs to succeed.
1.2.2	The ICB will support the Deep End Cheshire and Merseyside initiative, linking this with the Population Health board and encouraging practices to engage. Deep End seeks to support practices working in the most de-
1.2.3	Review and develop a criteria for resource allocation based on population need and health inequality data.
1.2.4	Consider system projects to embed upstream prevention approaches in primary care. For example NHS Health check Pilot learning. Collaborate with the Primary Care Prevention Pledge development, following successful NHS Trust Prevention Pledge work.
1.2.5	ICB will facilitate sharing of best practice in relation to tackling health inequalities across the ICS footprint

1.2 Actions for Place based plans
Population health and health inequalities

1.2.6	A commitment that PCNs focus on priority prevention/inequalities conditions, as highlighted by the ICS emerging priorities, NHS operational guidance 23/24 and core20plus5. In the 2023/24 NHS operational planning document, the 'prevention and inequalities' section highlights the following ambitious goals: https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/ • Increase percentage of patients with **hypertension treated to NICE guidance** to 77% by March 2024 • Increase the percentage of patients aged between 25 and 84 years with a **CVD risk score greater than 20 percent on lipid lowering therapies** to 60% • Continue to address health inequalities and deliver on the **Core20PLUS5** approach as relevant to children and young people and adults. PLUS groups will be determined by each of the 9 local places in C&M.
1.2.7	Local areas will require the ability to flex their approach to align with population needs and adequate funding for this work will need to be identified
1.2.8	We will address health inequalities arising from discrimination based on any protected characteristic and link
1.2.9	Support PCNs with consistent business intelligence/CIPHA to better understand their population health needs—working with system-wide data and intelligence capacity to maximise the use of Population Health Management information to inform local practice, decision making, and best practice research.
1.2.10	Explore how PCNs and practices can work with local system partners to tackle the wider social determinants of ill health, and address health inequalities in line with our All Together Fairer recommendations. **A commitment across primary care to towards delivering population health priorities that include** • smoking cessation, contributing to the SmokeFree 2030 ambition, as part of an overarching whole system strategy and pathway (to be developed) • Digital Weight Management referrals • Targeted NHS health checks- Build on learning from recent pilots to increase uptake of NHS HCs in priority groups with high CVD risk but low levels of engagement in preventative checks (areas of deprivation, ethnic minority groups, patients with SMI and LD) • Increase uptake of annual physical health checks for patients with SMI, building on learning from innovative pilots • **All Together Active**. Supporting implementation of the All Together Active strategy aimed at increasing physical activity as a way of improving population health through GP practises • **Population Health Intelligence**. Utilisation of CIPHA and other tools to underpin, inform and drive a coordinated and sustainable population health management approach targeting the most impactful cohorts for prevention and high impact measures • **Reducing Harm from Alcohol**. Supporting the strategic across Cheshire and Merseyside deliver preventative and treatment interventions that reduce alcohol harm and drug dependency. • **Making Every Contact Count**. Embedding the philosophy of Making Every Contact Count, an approach to behaviour change that maximises the opportunity within routine health and care interactions for a brief discussion on health or wellbeing factors.

1.3 Improving Access

Core Ambition:

We want to support the national ambition to deliver best care for our patients. We want to work together with our practices to support them in ensuring that patients requiring care receive appointments within an appropriate timescale. This includes supporting practices and patients to facilitate easy contact with their practice and aspire for them to receive an appointment within two weeks.

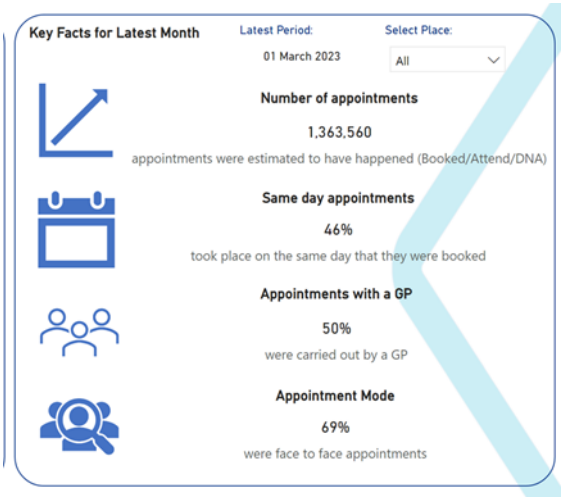
Our ambition is for resilient services that are enabled to respond to demand spikes and with appropriate ICS escalation plans to support this.

Background:

- In order to provide the services we offer, patients need to be able to access them.
- We need to use accurate and appropriate data to understand our access.
- Improving outcomes for patients includes improving their experience of services.
- Holistic, relationship based care helps with access

Fuller Framework Action Point #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



Planning Guidance Cross Reference

Make it easier for people to contact a GP practice, including supporting general practice to ensure that everyone who needs an appointment with their GP 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

Reference to GP Contract Change

NHSE has imposed changes to the GP Contract 2023-24 requiring all patients to be either signposted to a more appropriate service or receive an assessment of need on the day. This is supported by Primary Care Access Recovery Plan.

1.3 System level actions

Improving Access

1.3.1	The ICB aims to see increased satisfaction on GP Patient Survey regarding access indicators
1.3.2	The ICB will work with media to promote GP access routes to the public and inform about multidisciplinary care models.
1.3.3	The ICB will ensure enhanced system level BI modelling to allow real time data on appointment activity, demand and capacity, enabling the service to identify and respond to demand spikes.
1.3.4	The ICB will support Place and PCNs with the NHSE Primary Care Access Recovery Plan
1.3.5	The ICB will run a series of workshops around access to share best practice and explore alternative models of access into surgery e.g. Access workshop series, action learning sets, University of Manchester model of access
1.3.6	Undertake a telephony review across PCNs and support the adoption of digital telephony (aligned to GP recovery plan action point 5)
1.3.7	Improve access, triage and referral across first-contact NHS organisations including general practice (reference from House of Commons Report)

1.3 Actions for Place based plans

Improving Access

1.3.8	Explore alternative models of access into General Practice including digital options
1.3.9	Support practices in procuring Cloud Based Telephony (aligned to GP recovery plan action point 5)
1.3.10	Develop BI modelling for activity, demand and capacity
1.3.11	Develop a local response to the national Access Recovery Plan which will include supporting practices to develop their plans for improving access in accordance with the IIF for 23-24

Case Study

Wilmslow Health Centre have developed a digital first triage model that works well for their patients. A clinician working alongside an admin colleague reviews all requests on the day and allocates them to the most appropriate assessment modality which could be a face to face, telephone or text response. They have high patient satisfaction rates and utilise their whole team effectively.

1.4 Quality, Performance, Assurance and Safety

Core Ambition:

The ICB aims to have General Practice of the highest quality. We will work with Places and Practices to monitor performance and improve outcomes.

Background:

- There are many metrics recorded with regard to General Practice Performance. This includes GP Access Data, prescribing data, QOF and IIF targets and CQC inspection reports.
- It has sometimes been difficult to identify which metrics should be used to best provide a measure of quality.
- The System Quality and Performance Committee and the System Primary Care Committee already receive reports relating to Primary Care.

1.4	System level recommendations Quality, Performance, Assurance and Safety
1.4.1	The ICB will produce a single dashboard bringing together relevant metrics describing GP quality and performance
1.4.2	The ICB will provide data for assurance to the System Quality and Performance Committee

1.4	Recommendations for Place based plans Quality, Performance, Assurance and Safety
1.4.3	Places to support practice where any performance or safety issues are identified and to escalate to System where required
1.4.4	Place to monitor prescribing data and support clinicians with quality prescribing
1.4.5	Places to consider educational activities for clinicians to improve quality of care

1.5 Role of General Practice

Core Ambition:

- **The ICB aims to have high functioning General Practice delivering quality GMS and APMS services.**
- **The ICB also aims to see high performance in QoF and IIF indicators and engaging well with other national or local enhanced services**

Background:

- The scope of tasks that General Practice *could* be asked to undertake is almost unlimited. GPs are therefore asking for clarity around what they *should* be doing. This includes tackling the perceived shift of work from secondary care.
- The 2018 Kings Fund publication 'Innovate Models of General Practice' describes 5 attributes that underpin General Practice (person-centred, holistic care; coordination; continuity; community focus). The paper also discussed innovative, new models of care that could be considered. These new models of care need to be reconsidered now in the light of the impact of the Covid-19 Pandemic.
- The ambition around primary care networks is complicated by a national contract that requires GPs to maintain their own practice, in effect there are individual businesses that are being asked to collaborate. Encouraging practices to work together as a PCN is a key priority. Methods to encourage PCN working need to be developed that benefit all involved.

House of Commons report Reference

NHS England should provide Primary Care Networks with additional funding to appoint a 'continuity lead' for at least one session per week, and additional admin staff funding to support the lead in the role. The role of the continuity lead GP would be to support practices within their network to increase the proportion of patients consulting with their named or regular GP, learning from best practice around the country. There should be a specific uplift for areas of high deprivation.

Consensus on the Primary Secondary Interface

The ICB has published it's Consensus on the Primary Secondary Care Interface. This provides high level principles that all clinicians are encouraged to follow. If adhered to this consensus would be expected to reduce unnecessary work being passed to Primary Care and streamline pathways. The consensus has been endorsed by the RCGP and received national recognition. Consensus on the Primary and Secondary Care Interface - NHS Cheshire and Merseyside

1.5	System level actions Role of General Practice
1.5.1	Within 1 year ICB to articulate a clear vision for the role of General Practice ensuring the balance between access and continuity is considered
1.5.2	ICB to identify key pathways where clarity is required regarding responsibilities.
1.5.3	The ICB will work with secondary care to deliver the 'Cutting Bureaucracy' element of the Primary Care Access Recovery Plan.

1.5	Actions for Place based plans Role of General Practice
1.5.4	Local Primary Secondary Care Interface groups will be formed around appropriate hospital footprints to consider the Consensus document and provide clarity on local
1.5.5	Encourage job-shadowing of GPs by ICB Place managers as well as secondary care colleagues.
1.5.6	Consider supporting PCNs to introduce 'continuity leads' as per the House of Commons report.

Quote from GP Questionnaire Response (anon):

"The unique role of GPs and the wider practice team is deliver person-centred care that focuses on prevention, optimization and safety. This role is enhanced and more effective when patients and families build and maintain continuity with their practice and individual clinicians. The 'Needs' are -

• Need #1: To jointly improve and enhance the level of holistic, person-centred care in the management of common long term conditions and frailty. This in turn will provide clarity to the wider system of the common substantial offer from all General Practices across our places.

• Need #2: To work collaboratively between practices, on PCN wide local or Place footprints to deliver core and enhanced general practice where needed to deliver preventative, pro-active, routine and urgent general medical care.

• Need #3: To develop our clinical skills and workforce, and our infrastructure to meet the changing needs of the population through collaboration and integrated working."

General Practice Enabling Themes

1.6 Integration and Partnership

Primary care networks, care communities and the interface with secondary care

Core Ambition:

The ICB will work with and support PCNs to evolve into something fully inclusive of all components in Primary Care and integrated within the community

For patients to have a streamlined experience when moving between Primary and Secondary Care and for actions to be taken by the most appropriate service in a timely way

The ICB to support ongoing development of Care Communities/Neighbourhood Teams

Develop high functioning ICB medicines management teams that work in an integrated manner with primary and secondary care

Background:

- Primary Care Networks are new and essential parts of the NHS landscape. They are in prime position to improve the health of the people living in the community of their PCN geography.
- Currently there is little meaningful PCN engagement with Dentistry, Optometry or Community Pharmacy.
- The development of PCNs has created a new cohort of clinical leaders. Consideration needs to be given to how we develop these leaders and describe their role in the future clinical leadership of the ICS.
- There can be issues at the interface between Primary and Secondary Care and patients can find themselves stuck in the gaps between services.

Fuller Framework Action Point #3

Enable all PCNs to evolve into integrated neighbourhood teams, supporting better continuity and preventive healthcare as well as access, with a blended generalist and specialist workforce drawn from all sectors. Secondary care consultants – including, for example, geriatricians, respiratory consultants, paediatricians and psychiatrists – should be aligned to neighbourhood teams with commitments reflected in job plans, along with members of community and mental health teams.

Fuller Framework Action Point #4

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 and models, and estates.

Primary Care Access Recovery Plan Reference

'Cut Bureaucracy'

Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.

House of Commons Report Reference

The Government should commission a review into short-term problems that constrain primary care including, but not limited to: the interface between primary and secondary care, prescribing from signing to dispensing, administrative tasks e.g. reports and sick notes, day-to-day usability of IT hardware and software, and reviewing of bloods, pathology and imaging reports.

1.6 System level actions

Integration and Partnership

1.6.1	Report progress on improving the interface between primary and secondary care to the ICB board (aligned to GP recovery plan action point 12)
1.6.2	The ICB will support Place and PCNs to evolve into something fully inclusive of all components in Primary Care and integrated within the community
1.6.3	We commit to the nurturing and development of PCN leaders and to describe their role in the future clinical leadership of the ICS
1.6.4	Consider developing a reporting tool for GPs to report inappropriate workload transfer
1.6.5	To provide proactive support for the Consensus on the Primary secondary Care Interface
1.6.6	The ICB to develop an ICB medicines management target operating model
1.6.7	Engage with the voluntary sector to encourage true partnership working at all levels

1.6 Actions for Place based plans

Integration and Partnership

1.6.8	Clearly articulate what is being asked of PCNs against what is being asked of General Practice
1.6.9	Support practices in identifying service areas where they can work together
1.6.10	Assess the areas where we can support PCNs to develop a model of health care delivery that is proactive rather than reactive.
1.6.11	Developing joined up care pathways and considering multidisciplinary ‘one stop shop’ clinics, working together to overcome barriers. This could include streamlined information sharing and referrals—reducing bureaucracy
1.6.12	Exploring the possibility of shared contracts to enable partners to work better together
1.6.13	Encourage ongoing development of Care Communities/Neighbourhood teams to work with local partners and address local needs and the wider determinants of ill health
1.6.14	Develop primary secondary care interface groups (as 1.5.4)
1.6.15	Implement the ICB medicines management target operating model across Place when agreed
1.6.16	Encourage neighbourhoods to engage with local voluntary sector organisations to bring about full partnership working within communities

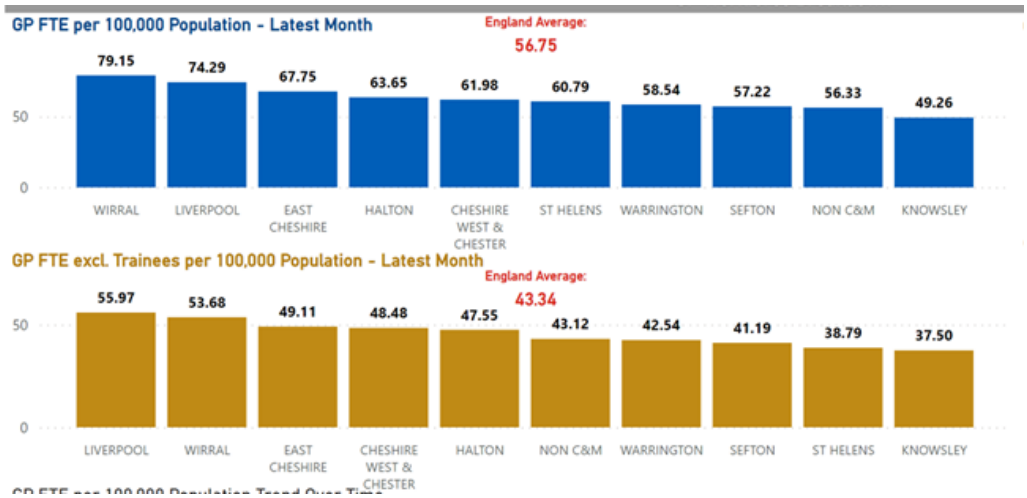
1.7 Workforce and Organisational Development

Core Ambition:

We will develop a system level primary care workforce plan, understanding the current situation and forecasting for future delivery models. System plans will be created to address expected gaps in workforce provision. Our primary care workforce will be embedded throughout our ICS governance and leadership to influence and support system planning.

Background:

- We have a Primary Care workforce crisis and we need to determine how the C&M system can support the workforce challenge. We need to understand the current situation, map ahead to forecast our likely future state and plan for any expected gaps.
- Four key enablers for action derived from the NHS People Plan have been identified to cultivate the landscape for a one workforce / whole systems approach to primary care workforce resilience; Looking after our people, belonging in the NHS, growing for the future and new ways of working and delivering care.
- The PCN Clinical Director workload has increased hugely and it is difficult to divide PCN CD role and GP role.
- There is variation in the GP FTE from place to place which may contribute to differing access rates across C&M.



Planning Guidance Cross Reference

Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024

GP Questionnaire key feedback - Workforce

- ⇒ Focus on retention including flexible working opportunities
- ⇒ Make GP a more attractive working environment e.g. portfolio careers
- ⇒ Develop a primary care workforce strategy
- ⇒ Looking after our staff is vital
- ⇒ Multidisciplinary staff roles with the right patient seeing the right professional

Future of General Practice Reference

The Government should accelerate plans to allow GP partners to operate as Limited Liability Partnerships or other similar models which limit the amount of risk to which GP partners are exposed.

Case Study

Merepark Surgery in Alsager have recognised the importance of investing in their staff. Through a positive appraisal process for employees and regular team-building/social activities they have a happy, sustainable workforce.

Fuller Framework Action Point #6

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.

1.7 System level actions

Workforce and Organisational Development

1.7.1	A system level primary care workforce plan including future delivery models will be co-produced and based upon accurate primary care workforce data analytics and activity modelling.
1.7.2	Targeted recruitment campaigns will be developed including promoting C&M as an attractive place to work
1.7.3	We consider the feasibility of developing C&M recruitment incentive schemes including schemes that align GP careers with secondary care to give a more flexible/portfolio career.
1.7.4	Consider developing flexible working practices for primary care staff, including more joint roles and opportunities for rotational roles. Enable the flexible deployment of staff across employing organisation, network & system boundaries using digital solutions
1.7.5	Consider the development of a collaborative primary care staff bank to increase capacity across primary care and create a new offer for local GPs / nurses etc wanting to work flexibly.
1.7.6	Embed the primary care workforce throughout the ICS governance and leadership applying the CCPL framework.
1.7.7	We have the strategic intent to continue with PLTs for GP practices and to get out from it what practices really need.
1.7.8	We will establish clear links with regional and national education and training organisations to support primary care workforce development. This will include close working with the Training Hub
1.7.9	Build PCN clinical leadership capability to drive transformation and innovation across primary care.
1.7.10	Encourage a multi-professional approach to leadership development including Practice Nurses and
1.7.11	Provide Clinical Leadership Coaching.
1.7.12	Consider process to allow GP partners to operate as Limited Liability Partnerships or other similar models

1.7 Actions for Place based plans

Workforce and Organisational Development

1.7.13	Develop Place primary care workforce plans including understanding the current place situation, required future models and plans for addressing gaps.
1.7.14	Support PCNs in developing their clinical, workforce and OD strategies for how they can best use ARRS staff.
1.7.15	Embed the primary care workforce throughout Place governance and leadership
1.7.16	Primary care networks and their staff will be supported with clear OD and professional development opportunities.
1.7.17	Embed principles of Equality, Diversity and Inclusion in all workforce programmes
1.7.18	Work collaboratively with ICS workforce and OD leads to progress the 4 themes of the C&M People Plan and associated primary care focussed actions across PCNs.

1.8 Infrastructure and Intelligence

Core Ambition:

Digital infrastructure, solutions and services that support improved and equitable access to primary care services will be provided. This digital infrastructure will empower self-care and easy, equitable access to clinical and non-clinical care and support.

A digitally empowered Cheshire and Merseyside population taking increased control of their own physical and mental health and well-being.

A C&M wide primary care estates plan will be developed that will support a primary care estate that is fit for the future, maximises the use of our available locations and that shapes an estate that supports all primary care teams to provide effective services that patients can easily access.

Provide strong clinical and digital leadership to enable digital transformation, supporting and promoting the accelerated and widespread adoption of digital tools by General Practice. This will enable more efficient, flexible and resilient ways of working. This will Support practices to meet growing demand from patients by providing choice of digital channels, supporting transformation and innovation for modern general practice.

Background:

- We need excellent digital infrastructure and associated support services if we are to develop Primary Care into what it needs to be for future care
- We will also need a range of advanced digital solutions to improve productivity and efficiency, clinical safety and access to primary care services, plus a range of solutions to help manage demand and improve patient self-care
- The ICS has a digital and data strategy, endorsed by the ICB Board in November 2022, to which digital and data developments in primary care align
- There has been significant work to understand and start to address the issues associated with digital exclusion which may impact the public's ability to engage with 'digital first' primary care services
- Nationally, the NHS app is to become the digital 'front door' to NHS services which will ultimately replace a variety of other patient access portals through solutions such as EMIS access, Patients Knows Best and so on
- A ICB wide online/video consultation platform has been procured and is being implemented in a planned manner across PCNs / Places
- There are issues with the public's understanding and the usability of appointment booking and triage solutions.
- Improved business intelligence is required to support planning, identify data led priorities and the cohorts of patients where resource and effort needs to be focussed.
- Nationally, the NHS app is to become the digital 'front door' to NHS services which will ultimately replace a variety of other patient access portals through solutions such as EMIS access, Patients Knows Best and so on
- There is significant variation in the Primary Care estate. In order to be fit for the future we need to understand the estates we currently have and our future need.
- The PCN Service and Estate Planning Toolkit has been launched and PCNs are already engaging with this to produce both clinical and estates strategies.
- The communication with the public around the primary care digital solutions on offer could be improved to raise awareness and manage expectations. For example there has limited public engagement around the roll out of online triage and video consultation software.

Fuller Framework Action Point #10
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.

1.8 System level actions - Infrastructure and intelligence

1.8.1	Every member of primary care staff that needs access to digital equipment to undertake their role will have access to reliable and fit for purpose access devices.
1.8.2	Every member of staff in primary care has access to reliable, seamless and secure network infrastructure to enable them to deliver their role, wherever they are working in Cheshire and Merseyside
1.8.3	Clinical systems that are reliable, responsive, meet clinical requirements safely and seamlessly connected to peripheral systems such as document management software, orders and results systems, remote monitoring solutions etc.
1.8.4	Provide responsive business intelligence to PCNs and practices
1.8.5	Primary Care clinical systems that are connected with the Place based (where available) and system wide shared care record, allowing two-way access for all while clearly complying with Information Governance requirements).
1.8.6	Functionality of primary care based patient engagement portals accessible via NHS App for all
1.8.7	Integration with patient communication systems to allow two-way communication and messaging (asynchronous communication).
1.8.8	Increased rollout of remote monitoring to support improved long term condition management in primary care (e.g. hypertension).
1.8.9	Hardware and software to allow online and video consultation using a system wide standard digital platform.
1.8.10	Increasing digital inclusion to ensure that as service provision becomes more digitised, more people are able to experience the benefit of digital investment in their health and care services and no-one experiences any reduction in access to services.
1.8.11	Align Primary Care Digital provision with ICB net zero / sustainability strategy
1.8.12	Strategic alignment with Primary Care solutions for patients
1.8.13	Provision of standard Digital support provision, providing effective Incident resolution of ICB locally commissioned services
1.8.14	Support Practices / PCNs with contract and service provision advice as part of PCN Digital development ambitions.
1.8.15	Provide contract and supplier management of underpinning ICB Digital Primary Care Commissioned contracts
1.8.16	Provide support for Practice merger as required as part of PCN Estates considerations
1.8.17	Co-ordinate Digital Bids to support Estates expansion and PCN working hub models and provision of Digital initiatives.
1.8.18	Scope available capital funding streams for C&M, understanding access routes and communicate funding opportunities to place when they become available.

1.8 Actions for Place based plans

Infrastructure and intelligence

1.8.19	Embed system wide online/video consultation platform across PCNs
1.8.20	Support all practices on analogue lines to move to digital and cloud based telephony, including call back functionality. - *aligned with GP recovery plan action point 5*
1.8.21	Provide all practices with the digital tools and care navigation training for Modern General Practice Access. - *aligned with GP recovery plan action point 6*
1.8.22	Improved utilisation of other ICB wide tools such as Ardens clinical decision support and the ORCHA app library
1.8.23	Review LTC management plans to increase utilisation of remote monitoring where an appropriate remote monitoring service is available
1.8.24	Access to and utilisation of Place based shared care record (and other tools if available such as care coordination technology) where this exists
1.8.25	Develop investment plans for 'levelling up' digital maturity infrastructure at place level
1.8.26	Work with local authority colleagues at Place to develop a digital inclusion plan
1.8.27	Develop plans to utilise the whole of the available place primary care estate, supporting increased access
1.8.28	Provide support to explore estate within local stakeholders e.g. One Public Estate
1.8.29	Develop plans to ensure that there is estate available for ARRS staff across general practice.
1.8.30	Review the PCN Service and Estate Planning Toolkit responses to develop place based clinical and estates strategies.

GP Questionnaire key feedback - infrastructure and intelligence

- ⇒ Support for net zero and reducing carbon footprint
- ⇒ Make it easier for practices to co-locate with other organisations
- ⇒ Greater IT integration throughout primary-secondary care interface
- ⇒ Invest in better telephony
- ⇒ Define and measure meaningful outcomes in primary care

1.9 Working with Patients

supporting greater self-care and proactive care @ home

Core Ambition:

A communication and engagement plan of activity with patients and the public will be produced to promote services, share positive examples of service improvement, explain to patients how to access services and expectations around care.

Background:

We will continue to improve our communication with the public. Promoting our excellent quality services with positive examples of how Primary Care has worked together will help rebuild the reputation.

For wider Primary Care services it is not always clear to patients which elements are covered by the NHS offer, and which elements are part or fully self-funded.

- A broad suite of initiatives will be developed looking at empowering patients to monitor their own health together with clear pathways back to the GP when support is needed.
- A key opportunity to aid with the demand and access challenges will be to empower individuals to self-care for minor self-limiting illness and also to be more involved in the care of their chronic disease.
- Consideration needs to be given to the development of Making Every Contact Count across primary care.

GP Questionnaire key feedback - Communication

⇒ Strong and supportive communication from ICB around primary care

⇒ There is work to be done to change the mindsets of patients only wanting to see a GP

⇒ Greater patient education around health management and routes into services

⇒ It is essential that primary care has a strong voice within the ICB with two way communication

Case Study

Working with our Primary Care teams to lead on the development of a pack around accessing healthcare services for asylum seekers who have been placed across hotels and accommodation. We worked closely with the primary care team, Clinical Lead as well as the Stay Well team to produce a pack containing information to help this vulnerable cohort of people. These packs were printed and displayed across the public areas of the accommodation and also sent digitally to those people with access to a mobile phone. The council also were able to translate the packs into 18 other languages. We have been advised by the council that: “The Asylum Seekers Self Care Pack has been very well received and has made a huge difference to being able to communicate information about our Health care system and various infections and illnesses to this vulnerable and poorly informed cohort of people. We have received very positive feedback from the Asylum seekers and the partners who are hosting them.”

1.9 System level actions - Working with patients

1.9.1	Develop external communications to explain how all primary care services can be accessed, what patients can expect relating to the types of appointment offers and which services should be accessed (as 1.3.2)
1.9.2	Develop positive communication campaigns to inform the public around the range of care professionals in place at GP practices to raise the publics awareness and manage expectations (as 1.3.2)
1.9.3	Bring together our Primary Care engagement groups (PPGs, PCNs, Neighbourhoods, Care Communities) together to share best practice and ideas. The ICB are committed to making this conference happen once a year at a venue in Cheshire or Merseyside whilst broadcasting to those unable to attend.
1.9.4	We will bring the Primary Care engagement groups together for this Exchange with the following aims: • Provide an update on Primary Care engagement across the ICB • Provide best practice examples of how Primary Care engagement has worked well in practice • Allow an open space to better understand how you, our local patients want to work with us

1.9 Actions for Place based plans

Working with patients

1.9.5	Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024. (Aligned to GP recovery plan action point 1)
1.9.6	Enable the expansion of self-referral pathways. (Aligned to GP recovery plan action point 2)
1.9.7	Co-Design with Health Watch the development of communication messages and methods that the public can understand.
1.9.8	Local engagement with print media to encourage positive GP stories
1.9.9	Ensure proactive care @ home programmes is flourishing within Places including BP@Home
1.9.10	Leverage the power of local clinicians producing content for the public regarding self care
1.9.11	Create a space for PPG support information due to the vast amount of support and information available from NHS England, National Association of Patient Participation and at a place level that has been designed, bespoke to that area.
1.9.12	Engage with clinical leads about their requirements for training and support on communications and engagement for primary care teams from the ICB
1.9.13	Develop specific training/ masterclasses to support PCNs understand of their duty to involve, including case studies
1.9.14	Support and facilitate place partnerships in their development of their communication and empowerment collaborations, ensuring PCNs are an equal partner

1.10 Research and Innovation: Future models of delivery

Core Ambition:

In line with the NHS England guidance on Maximising the Benefit of Research we aim to see research and innovation spread across all health and social care services that meet our local population health needs and that deliver best in class services without variation. To achieve this, we are developing an Integrated Research and Innovation System (IRIS), a highly connected research community of stakeholders (professionals, public and academics) supported by organisations such as the NIHR Applied Research Collaboration North West Coast, NIHR Clinical Research Network North West Coast , Innovation Agency North West Coast and Local Higher Education Institutes. As part of IRIS we will build the cultures and capability across our workforce where new ways of working to support research activity and innovation can be grown and flourish.

Background:

- For our primary care system to remain effective, equitable and responsive to changing population and patient need we need to identify and address local primary care research priorities and needs and to work collaboratively to address national research priorities.
- We need to increase the quality, quantity and breadth of research undertaken in primary care.in order to Improve the quality of health and care and outcomes for all through the evidence generated by research
- We will co-ordinate and develop the infrastructure and research workforce needed across primary care and develop innovative solutions to primary care challenges, enhancing patient outcomes and accessibility
- A key strength of primary care is its ability to adapt to change. We will embrace flexibility to adapt services, practices, and priorities in response to emerging knowledge and technology, empowering equitable primary care through innovation
- We will also leverage innovation as a catalyst for sustainable health systems, fostering improved and integrated primary care services In order to utilise primary care's inherent innovation capacity to address disparities by transforming service delivery for marginalised populations.
- It can be helpful to consider at which 'layer' services are required; Local/PCN/Place/ICS. The ICS and Place both have a role in exploring this with Primary Care.
- Primary Care will need support and resources to enable the adoption of research and innovation as well as some much needed 'head-space' to consider this. The IRIS will support this work.

Fuller Framework Action Point #5

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.

Fuller Framework Action Point #12

Create a clear development plan to support the sustainability of primary care and translate the framework provided by Next steps for integrated primary care into reality, across all neighbourhoods. Ensure a particular focus on unwarranted variation in access, experience and outcomes. Ensure understanding of current spending distribution across primary care, compared with the system allocation and health inequalities. Support primary care where it wants to work with other providers at scale, by establishing or joining provider collaboratives, GP federations, supra-PCNs or working with or as part of community mental health and acute providers. Tackle gaps in provision, including where appropriate, commissioning new providers in particular for the least well-served communities.

Fuller Framework Action Point #13

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, taking into account demographic and cultural factors.

1.10 System level actions - Research and Innovation

1.10.1	Deliver training and transformation support to all practices through the new National General Practice Improvement Programme - *aligned to GP recovery plan action point 7*
1.10.2	The ICB to work with PCN Clinical Directors to develop a proposal for how they will work together to support innovation adoption.
1.10.3	Develop system forums where new primary care ideas can be shared, developed and grown and for enabling best practice sharing, innovation spread, co-creation and networking.
1.10.4	Develop joint KPIs across primary care and shared results/remuneration to allow shared investment and innovation across services to happen (as 1.1.6)
1.10.5	The ICB to facilitate conversations with Place and PCNs around at which 'layer' primary care innovation should be focussed; Community/PCN/Place/ICS.
1.10.6	The ICB will appoint clinical leads for research (inclusive of Primary Care) to promote and endorse research within Primary Care
1.10.7	Cheshire and Merseyside will become a flagship ICB for Primary Care research and innovation

1.10 Actions for Place based plans
Research and Innovation

1.10.8	Support primary care services in delivering new and innovative services that previously may have been provided elsewhere e.g. 'trusting' pharmacists to deliver primary care services that have historically been completed in general practice
1.10.9	Enable shared decision making for innovation adoption with 'bottom up' development rather than 'top down' instruction .
1.10.10	Build collaboration between primary and secondary care to develop new cross-discipline services beyond CPCF and IIF which support the shift of patient care out of hospital and support ICS priorities.
1.10.11	Consideration of whole of primary care when developing new services to improve access to patients and utilisation of the whole primary care workforce.
1.10.12	The standardisation of a locally commissioned services framework will allow places to activate services at an appropriate level for their own needs.
1.10.13	Care communities and Place need to be key in ensuring that patients do not slip between the gaps between services and work to streamline care across the health and care system.

GP Questionnaire key feedback - R&I

- ⇒ Importance of continuity of care
- ⇒ Give permission to innovate and be innovative
- ⇒ Explore options for frailty and falls services
- ⇒ Address barriers at the primary-secondary care interface
- ⇒ Develop consistent pathways across localities
- ⇒ What is the USP of General Practice?

CHAPTER TWO - Community Pharmacy

Service Delivery Elements

2.1 Commissioning

Core Ambition

To maximise the opportunity within National and Local Commissioning of Community Pharmacy services ensuring that the patient offer and contribution to Primary Care is maximised. Transformational ways of working across PCNs to fully integrate Community Pharmacy into patient pathways increasing the breadth of offer of services to patients in a planned and managed service design, meeting the identified needs of the local population. All ICB commissioning will be in line with the Community Pharmacy 5 Year plan and other national strategic documents including the recovery and Access Plan.

Background:

Commissioning needs to be based on local population needs. However, there is a strong need for some services to be developed over the whole ICS footprint (i.e. standardisation of Pharmacy First over the system, but the ability for a place/PCN to develop a service on a more local level.) Service standardisation (common specs, PGDs and funding across an ICS region) would allow development of a C&M service framework allowing places to activate services to an appropriate level, support improvements to quality, delivery and uptake of CP locally commissioned services.

Increased use the community pharmacy offering to support prevention, screening, urgent care, early diagnosis and health inequalities.

The use of SLAs linked to the national contract is an efficient contracting mechanism however Place should have primacy with managing the local contractual arrangements with support from the ICB Community Pharmacy contracting team when contractual concerns require managing via regulatory mechanisms.

The commissioning of the National Services for Pharmacy is agreed by the DHSS and is published as the Community Pharmacy Contractual Framework: 2019 to 2024. (The 5 Year Plan). The priorities for the year 5 settlement have also been published as part of the Recovery and Access agenda and include the following key elements :

- Launch of New Advanced Service—Common Conditions Service (PGD led service covering 7 minor illnesses)
- Expansion of the Hypertension case finding Service and Contraceptive Service
- Improvements to IT infrastructure and interoperability between CP and GP
- Amendment to legislation to give more options about how to deploy staff to release pharmacists time for increased patient facing services

Places should challenge themselves whether they are utilising the capacity, access and skills potentially available if commissioned via community pharmacy in a meaningful way

Planning Guidance Cross Reference

NHSE will publish the general practice access recovery plan in the new year, as well as the themes for further engagement that will inform the negotiations for the 2024/25 contract. Delivery will be supported by funding as part of the five-year GP contract, including the Additional Roles Reimbursement Scheme. Integrated care board (ICB) primary medical allocations are being uplifted by 5.6 per cent to reflect the increases in GP contractual entitlements

2.1 System level actions

Commissioning - Community Pharmacy

Same as GP 1.1.1	As an ICS we will explore and outline how future monetary allocations will be distributed – either fair shares to Place or according to need across the whole system.
Same as GP 1.1.3	We will lobby the central NHSE team regarding the clear need for increased funding and support to Community Pharmacy through the Global Sum and national Commissioned CP Framework
2.1.1	The ICB will continue to work with the National pharmacy Integration fund to explore opportunities for transformation of CP services and development of new innovative clinical CP services.

2.1 Actions for Place based plans

Community Pharmacy - Community Pharmacy

Same as GP 1.1.7	Develop local commissioning models that are equitable across place footprints, support the areas of greatest need and deprivation and enable joined up working across disciplines, drawing on the ICB Population Health Programme.
Same as GP 1.1.8	Liaise with local authorities and the Cheshire & Merseyside Directors of Public Health around locally commissioned services, ensuring equity of provision and to inform prioritisation that tackles health inequalities in outcomes, experiences and access (our eight All Together Fairer principles).
2.1.3	Engage practices in the work above and around opportunities to support patients via referral to CP services that can support their management if minor illnesses and the self care agenda, management of hypertension and access to Contraception. Identifying suitable cohorts of patients and ensuring that staff are trained on how and who to refer will support patients accessing timely clinical interventions and increase access
2.1.4	Ensure that plans for commissioning of services include all 4 contractor groups and that CPs are commissioned to deliver services to patients when best suited to do so.

2.2 Population Health and Health Inequalities

integration with local authorities and Public Health

Core Ambition:

Our ambition is for Primary Care Networks to develop closer and integrated working with local authority and public health teams, to contribute to population health management and support in tackling the wider determinants of health.

As a Marmot ICS we will strive to reduce health inequalities across Cheshire and Merseyside

Community Pharmacy has a defined mechanism to collaborate and support working cross sector with our Local Authority Colleagues via the Local Pharmacy Networks. Commissioning of services by Local Authorities by Community Pharmacy is long established and the contribution CPs make to the Public Health agenda is well recognised.

Maximising opportunities within the national contract of support for public health and public health campaigns is prioritised locally.

Background:

- Primary Care is ideally placed to contribute to population health and tackle the causes of ill-health.
- By increasing integration with local authority and public health we can look to improve the health of the people that we serve.
- The Pharmacy Local Professional Networks have representation by Public Health Teams to ensure collaboration and innovation is being supported by pharmacy in the PH agenda in C&M
- Cheshire and Merseyside ICS is a recognised Marmot ICS working to reduce health inequalities.
- Holistic, relationship based care can deliver on tackling health inequalities through providing long term preventative medicine and Community Pharmacy are well placed to support patients with such advice
- Community pharmacy is a recognised contributor to the Public Health agenda and delivers significant input to local and national public health priorities.
- 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 and siting of their contracts often in the most deprived communities. As such Community Pharmacy is one of the most accessible services to vulnerable communities and can deliver key services and public health agendas at the heart of communities we need to outre4ach to.

2.2 System level actions

Population health and health inequalities - Community Pharmacy

Same as GP 1.2.3	Review and develop a criteria for resource allocation based on population need and health inequality data. Resources to be targeted at services best placed to deliver services including community pharmacy where appropriate
Same as GP 1.2.5	ICB will facilitate sharing of best practice in relation to tackling health inequalities across the ICS footprint and across all potential providers of services including community pharmacy to increase innovation in tackling inequality.

2.2 Actions for Place based plans

Same as GP 1.2.7	Local areas will require the ability to flex their approach to align with population needs and adequate funding for this work will need to be identified . Working cross sector to identify needs and opportunities for outreach
Same as GP 1.2.8	We will address health inequalities arising from discrimination based on any protected characteristic and link to System and Place Equality, Diversity and Inclusion work across all providers
Same as GP 1.2.9	Support PCNs with business intelligence/CIPHA to better understand their population health needs to inform developing and prioritisation of services across all providers
Same as GP 1.2.10	Explore how PCNs and practices can work with local partners to tackle wider determinants of ill health recognising strength of key partners e.g community pharmacy in their in reach to vulnerable communities, their relationship with communities and their increased access and availability.
2.2.1	PCNs to work with CPs on PH campaigns either as part of the national framework of campaigns or via any locally agreed to ensure a cohesive PH message is delivered consistently across stakeholders. The PCN networks can assist in this development.

2.3 Improving Access

Core Ambition:

We want to support the national ambition to deliver best care for our patients. We want to work together with our practices to support them in ensuring that patients who clinically require urgent care receive same day care. This includes supporting practices and patients to facilitate easy contact with their practice and receive an appointment within two weeks.

Our ambition is for resilient services that are enabled to respond to demand spikes and with appropriate ICS escalation plans to support this.

Community pharmacy services can support this ambition by ensuring patients are seen by the most appropriate clinician within the PCN. Increased access and referral to GPCPCS, CP Hypertension Services and CP Contraceptive services can ensure that GP appointments are freed up to service a wider cohort of patients at key times. Ensuring patient path ways are designed to maximise access to CP services can ensure the widest opportunity for access to clinical services for patients.

These ambitions are clearly articulated in the Recovery and Access agenda and planning specifically in the Empowering Patients element however also will contribute strongly to over all access to services for patients.

Background:

- In order to provide the services we offer, patients need to be able to access them—CP services support patient access to services via service delivery in traditionally OOH periods—late night and weekends
- PCNs could understand CP access by working with their CPs locally to map access and availability of services to inform system wide usage and maximise capacity
- National IT developments in 23/24 will include access to BARS for GPs to refer in to and book patients into CP services.
- Improving outcomes for patients includes improving their experience of services.
- Holistic, relationship based care helps with access

Fuller Framework Action Point #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. Triaging of non urgent patients in to CP services can assist with patient flow and ensure that patients with minor ailments or less pressing issues are dealt with in a timely manner by an appropriate local clinician.

Planning Guidance Cross Reference

Make it easier for people to contact a GP practice, including supporting general practice to ensure that everyone who needs an appointment with their GP 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

Reference to GP Contract Change

NHSE has imposed changes to the GP Contract 2023-24 requiring all patients to be either signposted to a more appropriate service or receive an assessment of need on the day. This will be supported by a GP Access recovery Plan due for publication soon.

2.3 System level actions

Improving Access - Community Pharmacy

As GP 1.3.2	The ICB will work with media to promote healthcare access routes to the public. This will support patients in seeking support from Community Pharmacy and stress the “Pharmacy First” message.
As GP 1.3.3	The ICB will ensure enhanced system level BI modelling to allow real time data on appointment activity, demand and capacity, enabling the service to identify and respond to demand spikes. This will also inform use of the GP referral mechanisms available via EMIS and later via BARS to ensure patients at key times are triaged in to supplementary services . This planning should be undertaken in tandem with a mapping of Community Pharmacy availability and service delivery capacity to ensure that Community Pharmacists are not overwhelmed at key times, can manage workload safely and appropriately and that patient experience of triage and referral is positive.
2.3.3	Complete a review of all access related content on practice websites to inform a ‘top tips’ document to support practices in improving access patient communication and processes. Practice websites to reflect the Pharmacy First message and information on Minor Ailments and
2.3.4	Utilisation of the Recovery and Access plans to capture the planned innovation in Community Pharmacy for year 5 of the Contractual Settlement in line with the announcements made as part Empowering patients workstream to increase delivery of key Community Pharmacy services. Innovate IT to support booking and referral as well as increased clinical information sharing with COPs to support Community Pharmacy clinical services. Commissioning of the Common Conditions Service, a PGD led service to support 7 key common conditions at first point of contact and reduce requirements for Community Pharmacists to send patients to GP for

2.3 Actions for Place based plans

Improving Access - Community Pharmacy

Same as GP 1.3.8	Explore alternative models of access into General Practice including digital options and IT solutions for patient access to and referral in to services from other providers including Community Pharmacy in line with nationally announced IT programme
Same as GP 1.3.10	Develop BI modelling for activity, demand and capacity across all providers within a PCN setting
Same as GP 1.3.11	Develop a local response to the national Access Recovery Plan which will include supporting practices to develop their plans for improving access in accordance with the IIF for 23-24
2.3.5	Support Practices to understand CP Services and their offer to patients and how this could support the Recovery and Access plans locally.
2.3.6	Support Practices to ensure that staff have the training necessary to understand who / how to refer patients in to CPs to ensure the offer of these services is consistent, informs patient pathways where appropriate and opportunities maximised to drive access

2.4 Role of Community Pharmacy

Core Ambition:

- **The ICB aims to have high functioning Community Pharmacy Services delivering quality Nationally and Locally Commissioned services.**
- **The ICB also aims to see high performance in quality indicators demonstrating PCN practices engaging well with CPs to deliver advanced and enhanced services, integrated into patient pathways within a PCN model**

Background:

- Community Pharmacy is commissioned via the National Regulatory Framework to deliver Essential, Advanced , Enhanced and National Enhanced Services via nationally agreed contractual arrangements.
- Community pharmacy is also commissioned at ICB level and Place level to deliver a range of Locally commissioned services.
- There is an agreement to address inequality by looking at a potential harmonisation of locally commissioned services across the ICB , where deemed suitable, to harmonise and standardise this commissioning.
- The intensions of and recommendations of the Kings Fund - Developing place-based partnerships: the foundation of effective integrated care systems Developing place-based partnerships |Developing place-based partnerships | The King's Fund (kingsfund.org.uk) identifies that Place based Partnerships will be key in delivering transformation of care for Patients within primary care and ensuring of an enhanced and cohesive offer at place and PCN level.
- The ambition around primary care networks is complicated by a national contracts contractors , who are individual businesses , to collaborate. Encouraging practices to work together as a PCN and as a PCN to include and collaborate with other providers e.g. Community Pharmacy and Dental services, is a key priority. Methods to encourage cross sector PCN working need to be developed that benefit all involved.

Consensus on the Primary Secondary Interface

The ICB has published it's Consensus on the Primary Secondary Care Interface. This provides high level principles that all clinicians are encouraged to follow. If adhered to this consensus would be expected to reduce unnecessary work being passed to Primary Care and streamline pathways. The consensus has been endorsed by the RCGP and received national recognition. Consensus on the Primary and Secondary Care Interface - NHS Cheshire and Merseyside

Community Pharmacy can assist with this Primary and Secondary Care interface via the National Essential service for Discharge Medicines Service and the Smoking Cessation Service. Trusts should be encouraged to utilise these services to support patients on Discharge to understand and manage changes in their medication and facilitate the secondary to primary care transfer of care. Currently there is variable uptake between Trusts on utilisation of these services

A CQUIN is in place for the DMS service and a CQUIN for next years contracts is in discussion nationally re the Smoking Cessation Service

There may be value in creating an interface document relating to interactions between Primary Care providers.

2.4	System level actions Role of Community Pharmacy
2.4.1	ICB to identify key pathways where Community Pharmacy can support patients within the ICB or PCN structures and offer of clinical service
2.4.2	Within 1 year ICB to articulate a clear vision for Community Pharmacy, suggest consider views and reports from Nuffield Trust and King's Fund to inform
2.4.3	The ICB, as part of it's elective recovery programme, will ensure Trusts are engaging with all services that can support patients with interface between secondary and primary care including CP services e.g. DMS and Smoking Cessation Service
2.4.4	Consider developing an interface document describing interactions between Primary Care providers.

2.4	Actions for Place based plans Role of Community Pharmacy
Same as GP 1.5.4	Local Primary Secondary Care Interface groups will be formed around appropriate hospital footprints to consider the Consensus document and provide clarity on local pathways which will include CP services and referral in to these
Same as GP 1.5.5	Encourage job-shadowing of Primary Care Clinicians by ICB Place managers as well as secondary care colleagues. This will improve understanding of the role of Primary Care Clinicians and pressures currently being faced. There is an example of the "Walking in my Shoes" programme that supports GPs and Community pharmacists to experience each others roles and pressures.

2.5 Quality, Performance, Assurance and Safety

Core Ambition:

The ICB aims to have Community Pharmacy providers of the highest quality. We will work with Places and Contractors to monitor performance and improve outcomes.

Background:

- There are many metrics recorded with regard to Community Pharmacy Performance. This includes PQS submissions, CPAF submissions and Contract Monitoring Visits, as well as service delivery information and metrics and service claims data.
- It has sometimes been difficult to identify which metrics should be used to best provide a measure of quality—the ICB will look to develop a relevant dashboard establishing KPIs appropriate to deliver regular assurance on performance.
- The System Quality and Performance Committee and the System Primary Care Committee already receive reports relating to Primary Care.
- The Pharmaceutical Services Regulations Committee manages the quality and performance of community pharmacies via The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 as amended and the NHS England framework for managing the regulations and nationally commissioned contractual framework.

2.5	System level actions Quality, Performance, Assurance and Safety - Community Pharmacy
Same as GP 1.4.1	The ICB will produce a single dashboard bringing together relevant metrics describing community Pharmacy quality and performance
2.5.1	The ICB will work through the PSRC using regulatory mechanisms to monitor and support Community pharmacy Contractual delivery and quality
2.5.2	The ICB recognises that elements of the national Community Pharmacy service are dependant upon referrals from other parts of the system, this will need consideration when looking at the above metrics

2.5	Actions for Place based plans Quality, Performance, Assurance and Safety - Community Pharmacy
Same as GP 1.4.3	Places to liaise with the Pharmacy Contracting team where any performance or safety issues are identified and to inform local systems where intervention or assistance is required to resolve.
Same as GP 1.4.5	Places to consider educational activities for clinicians to improve quality of care– educational events can be delivered cross sector to support joint working and collaboration.

2.6 Enabling Themes - Community Pharmacy

2.6 Integration and Partnership -

Primary care networks, care communities and the interface with secondary care

Core Ambition

The ICB will work with and support PCNs to evolve into something fully inclusive of all components in Primary Care and integrated within the community. This integration will include all aspects of Primary care including Community pharmacy and dentistry

For patients to have a streamlined experience when moving between Primary and Secondary Care and for actions to be taken by the most appropriate service in a timely way

Use of all services to support patient transfer between secondary and primary care will be supported and developed including CP services of Discharge medicines service and Stop Smoking service. Delivery of CQUIN and metrics will be sued to support the Trusts in understanding their delivery of these services.

The ICB to support ongoing development of Care Communities/Neighbourhood Teams

Background

The integration of Community Pharmacy nationally commissioned services into PCNs is essential. These services include;

- NMS—to support medicines optimisation and improve adherence and safety.
- CPCS—to support the self care agenda
- Hypertension case finding—including access to in clinic BP check and Ambulatory BP checks
- Contraceptive Services—to support women with access to oral contraception

Work at PCN level to actively increase referral rates to all CP services and joint working at PCN level to map and manage capacity for these services.

Further integration and support for referrals into the Community Pharmacist Consultation Service (routes at present: 111 telephony, nhs.uk online, General Practice with UEC/A&E .

We need to acknowledge that Community Pharmacy engagement may lead to direct cost to the provider.

Planning Guidance Cross Reference

Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the Community Pharmacist Consultation Service.

Fuller Framework Action Point #4

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 and models, and estates. Specifically put in place sufficient support for all PCN clinical directors and multiprofessional 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 transformation functions.

2.6 System level actions

Integration and Partnership - Community Pharmacy

2.6.1	Report progress on the interface across a PCN between providers including GP Practice, CP and Dentistry to the ICB Board *(aligned to GP recovery plan action point 12)*
Same as GP 1.6.2	The ICB will support Place and PCNs to evolve into something fully inclusive of all components in Primary Care and integrated within the community
2.6.2	To provide clarity on the role and function of primary care providers and how they work together to deliver a primary care offer to patients
2.6.3	The ICB to develop an ICB medicines management target operating model and develop how this model will interact with Community pharmacy
2.6.4	Increasing GP practices use in 4 specific areas of the NHS Community Pharmacy Advanced Services; 1) **The Community Pharmacist Consultation Service** (GP-CPCS) 2) **The Community Pharmacy Hypertension case-finding service** (clinic checks and ABPM referrals) 3) **The Pharmacy Contraception Service** 4) **The NHS Discharge Medicines Service (DMS)** That requires; • ICB enhanced deployment for GP-CPCS (see below) • ICB targets for referrals in to CP services e.g blood pressure (clinic check and ABPM) referrals per 1,000 population per practice • Direct booking for patients for all CP Clinical Services—National Development expected early 2024 • Full roll-out of the new NHS CP contraception service
2.6.5	Enhanced deployment of the NHS Discharge Medicines Service (DMS) and Smoking Cessation Service to maximise hospital utilisation ICB support includes; • ICB to support Trusts with high level influence regarding utilisation of these services from trust at management / Chief Pharmacist Level • Support for Trust to Trust peer support and learning • Full uses of 0.2 FTE DMS Champion funding • KPIs for Trust in line with CQUIN
2.6.6	Increasing pharmacy participation in the Community Pharmacy Consultation Service, Hypertension case finding Service and Contraception Service - • increasing referral rates / routes of referral • ICB wide CP PGD based MAS scheme to overlay with GP-CPCS • PCN focus on levels of service referrals per 1,000 population per practice. • Training and implementation support for expansion of services via referrals from practice / supporting practice staff on who /when to refer and what the service will deliver for the patients. • Support for implementation of National Common Conditions Service and Locally Commissioned Minor Ailments service to increase resolution of CPCS referral for patient in single point of care. • Roll out of UEC referral in to CPCS

2.6 Actions for Place based plans

Integration and Partnership - Community Pharmacy

2.6.7	Clearly articulate what is being asked of PCNs against what is being asked of individual providers
Same as GP 1.6.8	Support practices in identifying service areas where they can work together as practices and across providers with other sectors
Same as GP 1.6.9	Assess the areas where we can support PCNs to develop a model of health care delivery that is proactive rather than reactive. Involving patient pathways that access services across providers including Community pharmacy
Same as GP 1.6.10	Developing joined up care pathways and considering multidisciplinary 'one stop shop' clinics, working together to overcome barriers. This could include streamlined information sharing and referrals—reducing bureaucracy and supporting patients to navigate access in to services across the PCN and provided by other providers including community pharmacy
2.6.8	Exploring the possibility of shared contracts to enable partners to work better together—explore cross sector working for pharmacists to increase joint working and employment satisfaction - portfolio working
Same as GP 1.6.12	Encourage ongoing development of Care Communities/Neighbourhood teams to work with local partners and address local needs and the wider determinants of ill health
Same as GP 1.6.13	Develop primary secondary care interface groups which encompass all providers working with patients at the interface between secondary are and primary care including CPs
2.6.9	Develop Place primary care workforce plans including understanding the current place situation, required future models and plans for addressing gaps. In engagement with CP services and referrals in to CP Services.
2.6.10	Work with PCN Lead Pharmacists and LPC locally to understand and maximise local opportunity with cross sector working—establish patient pathways that maximise referral and direct patients in to appropriate services.

2.7 Infrastructure and Intelligence

Core Ambition:

Digital infrastructure, solutions and services that support improved and equitable access to primary care services will be provided. This digital infrastructure will empower self-care and easy, equitable access to clinical and non-clinical care and support.. This system will allow self referral for patients and assisted referral by GP practices in to Community Pharmacy services and support.

A digitally empowered Cheshire and Merseyside population taking increased control of their own physical and mental health and well-being accessing the full range of primary care services and support across all providers.

A C&M wide primary care estates plan will be developed that will support a primary care estate that is fit for the future, maximises the use of our available locations and that shapes an estate that supports all primary care teams to provide effective services that patients can easily access.

Provide strong clinical and digital leadership to enable digital transformation, supporting and promoting the accelerated and widespread adoption of digital tools by General Practice. This will enable more efficient, flexible and resilient ways of working. This will Support practices to meet growing demand from patients by providing choice of digital channels, supporting transformation and innovation for modern general practice.

Background:

- We need excellent digital infrastructure and associated support services if we are to develop Primary Care into what it needs to be for future care . This infrastructure will support collaboration and data flow cross sector where appropriate to support patients and clinicians in providing services to patients.
- We will also need a range of advanced digital solutions to improve productivity and efficiency, clinical safety and access to primary care services, plus a range of solutions to help manage demand and improve patient self-care and access across all providers of primary care
- The ICS has a digital and data strategy which supports all providers including community pharmacy, endorsed by the ICB Board in November 2022, to which digital and data developments in primary care align
- There has been significant work to understand and start to address the issues associated with digital exclusion which may impact the public's ability to engage with 'digital first' primary care services
- Nationally, the NHS app is to become the digital 'front door' to NHS services which will ultimately replace a variety of other patient access portals through solutions such as EMIS access, Patients Knows Best and so on
- A ICB wide online/video consultation platform has been procured and is being implemented in a planned manner across PCNs / Places. Community Pharmacy have engaged to some extend with virtual consultation and should be supported to explore innovation and new ways to support access.
- There are issues with the public's understanding and the usability of appointment booking and triage solutions.
- Improved business intelligence is required to support planning, identify data led priorities and the cohorts of patients where resource and effort needs to be focussed. This can include identification of cohorts of patients where community pharmacy services could be employed to increase access and availability of services in a locality.
- Nationally, the NHS app is to become the digital 'front door' to NHS services which will ultimately replace a variety of other patient access portals through solutions such as EMIS access, Patients Knows Best and so on
- The PCN Service and Estate Planning Toolkit has been launched and PCNs are already engaging with this to produce both clinical and estates strategies.
- National plans for CP IT Infrastructure announced 2023/24 and any innovation and opportunity for IT must be capitalised on an used to the full advantage of clinicians and patients as part of local plans.
- The communication with the public around the primary care digital solutions on offer could be improved to raise awareness and manage expectations. For example there has limited public engagement around the roll out of online triage and video consultation software.

Fuller Framework Action Point #10

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.

2.7 System level actions

Infrastructure and intelligence - Community Pharmacy

Same as GP 1.8.1 & 2	Every member of staff in primary care has access to reliable, seamless and secure network infrastructure to enable them to deliver their role, wherever they are working in Cheshire and Merseyside—this includes infrastructure and systems that allows data flow and clinical information cross sector to support patients accessing and receiving services in all settings. This also requires infrastructure for data flow back to GP systems regarding services provided at settings outside the practice. (As GP action)
Same as GP 1.8.3	Clinical systems that are reliable, responsive, meet clinical requirements safely and seamlessly connected to peripheral systems such as document management software, orders and results systems, remote monitoring solutions etc. (As GP action)
Same as GP 1.8.5	Primary Care clinical systems that are connected with the Place based (where available) and system wide shared care record, allowing two-way access for all while clearly complying with Information Governance requirements). Sharing of the Shared Care record with all clinicians involved in patient care including Community Pharmacy.
Same as GP 1.8.6	Functionality of primary care based patient engagement portals accessible via NHS App for all (As GP action)
Same as GP 1.8.7	Integration with patient communication systems to allow two-way communication and messaging (asynchronous communication). (As GP action)
Same as GP 1.8.8	Increased rollout of remote monitoring to support improved long term condition management in primary care (e.g. hypertension) and how this may link in with other services e.g Hypertension Case Finding Service in CP.
Same as GP 1.8.10	Increasing digital inclusion to ensure that as service provision becomes increasingly digitised, more people are able to experience the benefit of digital investment in their health and care services and no-one experiences reduction in access to services. Including support for patients to self refer digitally in to CP services.
2.7.1	ICB to support the community pharmacy strategic planning and delivery with contract and service provision advice as part of PCN Digital development ambitions.
Same as GP 1.8.15	Provide contract and supplier management of underpinning ICB Digital Primary Care Commissioned contracts
Same as GP 1.8.12	Strategic alignment with Primary Care solutions for patients
Same as GP 1.8.13	Provision of standard Digital support provision, providing effective incident resolution of ICB locally commissioned services
2.7.2	Opportunity to commission digital infrastructure as ICB giving an economy of scale rather than each place managing a smaller contract—potentially 9 contracts across C&M footprint. This would also support harmonisation and equity of approach.
Same as GP 1.8.18	Scope available capital funding streams for C&M, understanding access routes and communicate funding opportunities to place when they become available.

2.7 System level actions (continued)

Infrastructure and intelligence - Community Pharmacy

2.7.3	Support for National roll out of an integrated referral and booking pathway between General practice and CP
2.7.4	Roll out of Shared care records and enhanced access to clinical records for community pharmacies to support delivery of clinical services in the CP setting
2.7.5	Ensure access to additional content within patients GP records to include test results and patient observations
2.7.6	Sending of structured content back to patients GP records following a pharmacy consultation (e.g. meds supplied via PGD)
2.7.7	Incorporation of CP Digital plans into ICB digital strategy

2.7 Actions for Place based plans

Infrastructure and intelligence - Community Pharmacy

Same as GP 1.8.23	Review LTC management plans to increase utilisation of remote monitoring where an appropriate remote monitoring service is available—also consideration of support outside of G Practice e.g. referral in to CP clinical services for LTC support e.g. hypertension or contraceptive services
Same as GP 1.8.24	Access to and utilisation of Place based shared care record (and other tools if available such as care coordination technology) where this exists—expansion of this system to allow access for Community Pharmacy to allow clinical data to support CP based clinical services.
Same as GP 1.8.25	Develop investment plans for 'levelling up' digital maturity infrastructure at place level and to include community pharmacy in levelling up plans
Same as GP 1.8.26	Work with local authority colleagues at Place to develop a digital inclusion plan which encompasses all elements of primary care
Same as GP 1.8.27	Develop plans to utilise the whole of the available place primary care estate, supporting increased access
Same as GP 1.8.30	Review the PCN Service and Estate Planning Toolkit responses to develop place based clinical and estates strategies across the whole of the PCN including Community Pharmacy and how increased digital links can support the patient pathways
2.7.1	Provide all practices with the digital tools and care navigation training for Modern General Practice Access. Highlighting opportunities for increased access via triaging of patients in to local services and the digital solutions to support these referrals. (Aligned to GP Recovery Plan Action 6)
2.7.2	Develop Place primary care workforce plans including understanding the current place situation, required future models and plans for addressing gaps. In engagement with CP services and referrals in to CP Services.
2.7.3	Support Practice based staff to understand referral mechanism and when / how to use to support patients to access services
2.7.4	Work with PCN Lead Pharmacists and LPC locally to understand and maximise local opportunity with cross sector working—establish patient pathways that maximise referral and direct patients in to appropriate services.

2.8 Working with Patients

supporting greater self-care and proactive care @ home

Core Ambition:

A communication and engagement plan of activity with patients and the public will be produced to promote services, share positive examples of service improvement, explain to patients how to access services and expectations around care..

Support patents with active referral in to existing additional services available via community pharmacy and create patient pathways that actively seek to refer patients in to these additional services e.g. GPCPCS, Hypertension and Contraceptive services.

Background:

We will continue to improve our communication with the public . Promoting our excellent quality services with positive examples of how Primary Care has worked together will help rebuild the reputation.

This is consummate with the “empowering patients” workstream of the recovery and Access plan.

For wider Primary Care services it is not always clear to patients which elements are covered by the NHS offer, and which elements are part or fully self-funded.

A broad suite of initiatives will be developed looking at empowering patients to monitor their own health together with clear pathways back to the GP when support is needed. Community Pharmacy commissioned services will form part of this offer to patients about alternative routes to monitor and manage their care.

The community Pharmacy National Contract required CPs to be proactive in supporting patients with their self Care.

The Locally commissioned Minor Ailments Service supports the self care agenda where inequalities or demographics of deprivation may hinder a patient in proactively seeking a self care option.

New opportunities regarding the community pharmacy National Contract regarding the launch of a PGD based Common Conditions Service will augment the locally commissioned Minor Ailments Service and encourage 1st point of care solutions for patients seeking self care.

A key opportunity to aid with the demand and access challenges will be to empower individuals to self-care for minor self-limiting illness and also to be more involved in the care of their chronic disease.

Consideration needs to be given to the development of Making Every Contact Count across all providers of primary care.

PCNs developing clear patient pathways actively referring patients in to self care options will be developed to maximise the patient offer of GPCPCS, Hypertension Case Finding Service, Contraception Service Minor Ailments and the Common Conditions Service

2.8 System level actions

Working with patients - Community Pharmacy

2.8.1	Enable the expansion of self-referral pathways by September 2023 to include the new offer of the Common conditions Service and referral via GP CPCS and also in to Community Pharmacy services for Hypertension and Contraception. (Aligned to GP Recovery Plan Actions 3 & 4)
Same as GP 1.9.1	Develop external communications to explain how all primary care services can be accessed, what patients can expect relating to the types of appointment offers and which services should be accessed which includes the full Primary care offer including Community Pharmacy and Dentistry. One communication message should be used by all providers to show a common approach and advice re self care across wider primary care.
Same as GP 1.9.2	Develop positive communication campaigns to inform the public around the range of care professionals in place at GP practices and across all aspects of primary care to raise the publics awareness and manage expectations
Same as GP 1.9.3	Bring together our Primary Care engagement groups (PPGs, PCNs, Neighbourhoods, Care Communities) together to share best practice and ideas. The ICB are committed to making this conference happen once a year at a venue in Cheshire or Merseyside whilst broadcasting to those unable to attend.
Same as GP 1.9.4	We will bring the Primary Care engagement groups (encompassing all of primary care) together for this Exchange with the following aims: • Provide an update on Primary Care engagement across the ICB • Provide best practice examples of how Primary Care engagement has worked well in practice

2.8 Actions for Place based plans

Working with patients - Community Pharmacy

Same as GP 1.9.7	Work closely with Health Watch in the development of communication messages and methods that the public can understand that can be used by all sectors in primary care
Same as GP 1.9.8	Local engagement with print media to encourage positive GP / Community Pharmacy / Dentistry stories
Same as GP 1.9.9	Ensure proactive care @ home programmes is flourishing within Places including BP@Home—encouraging links to CP Hypertension service to support BP@Home or developing pathways that CP can support the BP@home agenda more closely
Same as GP 1.9.10	Leverage the power of local clinicians , across all sectors, producing content for the public regarding self care and access to support via Community Pharmacies to encourage this
Same as GP 1.9.11	Create a space for PPG support information due to the vast amount of support and information available from NHS England, National Association of Patient Participation and at a place level that has been designed, bespoke to that area.
Same as GP 1.9.14	Support and facilitate place partnerships in their development of their communication and empowerment collaborations, ensuring PCNs and all primary care providers are an equal partner

2.9 Research and Innovation

Future models of delivery - Community Pharmacy

Core Ambition:

We aim to see innovation spread across all primary care services that meet our local needs and that deliver best in class services without variation. We aim to build the cultures and capability across our workforce that embrace innovation and enterprise and where new ways of working can be grown and flourish.

Background:

- For our primary care system to remain effective and responsive to changing population health needs, we must be innovative and flexible to adapt our services, practices and priorities and act on new knowledge and technology. This should capitalise on the provision by all primary care providers ensuring the best use of clinical skills and workforce.
- Innovation is a key enabler to the sustainability of our health and care system and critical for achieving improved and joined up primary care services.
- One of the key strengths in Primary Care is the ability to innovate and change. In order to tackle inequalities we need to change the way we offer and provide services to those who most need them.
- Primary Care will need support and resources to enable the adoption of innovation as well as some much needed 'head-space' to consider this. The Innovation Agency are well placed to support this work. Leaders from all sectors should be supported and encouraged to support this transformation—PCN funding for leaders from all sectors of primary care should be mandated
- The ICS also needs to ensure we have a suitable environment for Primary Care to flourish. Place based partnerships will need to work closely with all providers of Primary Care in creating their plans and providing development of services and patient pathways across their footprints.
- It can be helpful to consider at which 'layer' services are required; Local/PCN/Place/ICS. The ICS and Place both have a role in exploring this with Primary Care.

Fuller Framework Action Point #5
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.

Fuller Framework Action Point #12
Create a clear development plan to support the sustainability of primary care and translate the framework provided by Next steps for integrated primary care into reality, across all neighbourhoods. Ensure a particular focus on unwarranted variation in access, experience and outcomes. Ensure understanding of current spending distribution across primary care, compared with the system allocation and health inequalities. Support primary care where it wants to work with other providers at scale, by establishing or joining provider collaboratives, GP federations, supra-PCNs or working with or as part of community mental health and acute providers. Tackle gaps in provision, including where appropriate, commissioning new providers in particular for the least well-served communities.

Fuller Framework Action Point #13
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, taking into account demographic and cultural factors.

2.9 System level actions

Research and Innovation - Community Pharmacy

Same as GP 1.10.2	The ICB to work with PCN Clinical Directors to develop a proposal for how they will work together to support innovation adoption exploring options for the wider primary care offer as well as at GP practice level. As per GP action
Same as GP 1.10.3	Develop system forums where new primary care ideas can be shared, developed and grown and for enabling best practice sharing, innovation spread, co-creation and networking. Engagements with LPNs to share best practice and learning and locally across providers of primary care at PCN level.
Same as GP 1.10.4	Develop joint KPIs across primary care and shared results/remuneration to allow shared investment and innovation across services to happen - measure engagement with all services including referral rates into CP services
Same as GP 1.10.5	The ICB to facilitate conversations with Place and PCNs around at which 'layer' primary care innovation should be focussed; Community/PCN/Place/ICS involving all providers of primary care at each layer of development.
Same as GP 1.10.7	Cheshire and Merseyside will become a flagship ICB for Primary Care research and innovation involving all sectors in opportunities for innovation and transformation
2.9.1	The ICB will continue to work with the national Integration Fund for Pharmacy to look at opportunities to pilot innovative ways of working or new clinical services in Community Pharmacy.

2.9 Actions for Place based plans

Research and Innovation - Community Pharmacy

Same as GP 1.10.8	Support primary care services in delivering new and innovative services that previously may have been provided elsewhere e.g. supporting wider primary care the system to understand the high quality Community pharmacy clinical Services commissioned nationally and locally
Same as GP 1.10.9	Enable shared decision making for innovation adoption with 'bottom up' development rather than 'top down' instruction inclusive of all sectors of primary care
2.9.1	Build collaboration between primary and secondary care to develop new cross-discipline services beyond CPCF and IIF which support the shift of patient care out of hospital and support ICS priorities. Utilise existing services to support patients with discharge including the Discharge Meds Service and Stop Smoking services that trusts can refer patients into for support on discharge.
Same as GP 1.10.11	Consideration of whole of primary care when developing new services to improve access to patients and utilisation of the whole primary care workforce.
Same as GP **1.10.12**	The standardisation of a locally commissioned services framework will allow places to activate services at an appropriate level for their own needs.
Same as GP 1.10.13	Care communities and Place need to be key in ensuring that patients do not slip between the gaps between services and work to streamline care across the health and care system.

2.10 Workforce and Organisational Development

Core Ambition

We will develop a system level primary care workforce plan that covers all spects of primary Care including Community pharmacy , understanding the current situation and forecasting for future delivery models. System plans will be created to address expected gaps in workforce provision. Our primary care workforce will be embedded throughout our ICS governance and leadership to influence and support system planning.

Background

- We have a Primary Care workforce crisis and we need to determine how the C&M system can support the workforce challenge. We need to understand the current situation, map ahead to forecast our likely future state and plan for any expected gaps.
- Four key enablers for action derived from the NHS People Plan have been identified to cultivate the landscape for a one workforce / whole systems approach to primary care workforce resilience; Looking after our people, belonging in the NHS, growing for the future and new ways of working and delivering care.
- There needs to be identified funding to support the role of PCN Lead Pharmacists as a distinct and identified role to support transformation and joint working cross sector. This funding is required to support the delivery of the role in coordinating and designing services at PCN level and for clinical and professional development.
- HEE have developed and will shortly publish the Community Pharmacy Workforce Survey. The ICBs workforce group should respond to the findings when published as to the impact of the workforce issues in the N West and specifically C&M
- Utilisation of the whole of the primary care workforce by utilising pharmacy professionals in all settings to improve access. Create opportunities via direct referral for patients and patient education / promotion re ability for patients to attend a pharmacy for an intervention to improve access, utilising existing opportunities for GPCPCS, Hypertension and Contraceptive services and building on this with national commissioning developments e.g common conditions service.
- Maximise the clinical skills of the community pharmacy workforce to help address. This may also reduce the shift of roles from community pharmacy to PCN and therefore help stem the flow of professionals out of community pharmacy. More use of rotational / split roles so people do not move away from one discipline of pharmacy but can flex back and forth. We need to acknowledge and help towards the recruitment / retention crisis within Community Pharmacy at present which has significant cost implications on primary care delivery.
- Consider a shared continuity plan to share pharmacy staff resources for the greater good of primary care services rather than resorting to knee-jerk reactions and panic. Utilise and train the whole workforce to work cross-sector so we have a workforce that can deliver without much notice.
- Utilisation of independent pharmacist prescribers – from 2025 every pharmacy graduate will have a prescribing qualification and we will need to capitali9se on this opportunity to support patients in a non traditional manner.
- Participation in the ICB in the National pathfinder for CPIPs will support local development of services that can utilise this skill and support PCN clinical priorities.
- Joint training between sectors to allow multiple primary care settings to be able to provide services to patients. Backfill for pharmacy teams to be able to leave the pharmacy for daytime events. So PCN/ practice pharmacists learning with community pharmacists. Standardised training approach across all healthcare sectors. Or HEE to standardise/assure the relevant training providers (CPPE RCGP…) so these can be recognised in other settings. Could include joint events with other primary care colleagues to stimulate collaboration and support integration as part of resourced protected learning time.

Fuller Framework Action Point #6

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.

2.10 System level actions

Workforce and Organisational Development - Community Pharmacy

Same as GP 1.7.1	A system level primary care workforce plan including future delivery models will be co-produced and based upon accurate primary care workforce data analytics and activity modelling.
Same as GP 1.7.1	Targeted recruitment campaigns will be developed including promoting C&M as an attractive place to work with consideration being given to portfolio ways of working including all sectors of pharmacy and opportunity for "portfolio" employment cross sector.
Same as GP 1.7.2	Develop flexible working practices for primary care staff, including more joint roles and opportunities for rotational roles. Enable the flexible deployment of staff across employing organisation, network & system boundaries using digital solutions. Develop a collaborative primary care staff bank to increase capacity across primary care and create a new offer for local GPs / nurses / pharmacists etc wanting to work flexibly.
Same as GP 1.7.3	Embed the primary care workforce throughout the ICS governance and leadership applying the CCPL framework.
Same as GP 1.7.1	We have the strategic intent to continue with PLTs for GP practices and for get out from it what practices really need.. This PLT could be extended to other primary care professionals including CPs to support and encourage joint working and education.
Same as GP 1.7.4	We will establish clear links with regional and national education and training organisations to support primary care workforce development. This will include close working with the Training Hub to develop training that can be delivered jointly to all sectors
Same as GP 1.7.5	Build PCN clinical leadership capability to drive transformation and innovation across primary
Same as GP 1.7.5	Provide Clinical Leadership Coaching to all sectors of primary Care—supporting and developing the Role of the PCN Lead Pharmacist

2.10 Actions for Place based plans

Workforce and Organisational Development - Community Pharmacy

Same as GP 1.7.6 & 7	Develop Place primary care workforce plans including understanding the current place situation, required future models and plans for addressing gaps.
	Support PCNs in developing their clinical, workforce and OD strategies for how they can best use ARRS staff. Including how they work well with other clinicians in their vicinity e.g community pharmacists and dentists
Same as GP 1.7.8 & 9	Embed the primary care workforce throughout Place governance and leadership including cross sector working to resolve gaps
	Primary care networks and their staff will be supported with clear OD and professional development opportunities.
Same as GP	Embed principles of Equality, Diversity and Inclusion in all workforce programmes
Same as GP 1.7.11	Work collaboratively with ICS workforce and OD leads to progress the 4 themes of the C&M People Plan and associated primary care focussed actions across PCNs.
	Work to ensure that all primary care staff are informed as to how other staff work and what their role is in supporting patients across the primary care offer whatever sector they work in