NHS
East Berkshire
Clinical Commissioning Group

Slough Health Scrutiny Panel

Primary Care Networks
September 2019

Working together to deliver excellent and sustainable healthcare

Primary Care Networks

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The collective ambitions for PCNs set out in the NHS Long Term Plan looking will be achieved through the delivery of the following five things by 2023/24:

- Stabilised general practice, including the GP partnership model
- Help solve the capacity gap and improved skills-mix by growing the wider workforce through wholly additional staff as well as serving to help increase GP and nurse numbers
- Become a proven platform for further local NHS investment
- Dissolve the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices
- Systematically deliver new services to implement the Long Term Plan, including the seven new service specifications, and achieve clear, positive and quantified impacts for people, patients and the wider NHS
- https://www.england.nhs.uk/gp/investment/gp-contract/

Primary Care Network Establishment

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The criteria for all PCN applications:

- 100% coverage of population with primary care networks within Clinical Commissioning Group area of responsibility
- Appointment of Clinical Director through transparent recruitment process
- Primary Care Network population <u>must be</u> over 30,000 registered patients
- Primary Care Network populations over 50,000 registered patients must pass the reasonable test including:
  - LA and/or integrated community boundaries
  - Existing strong practice relationships and track record of delivery of PCN responsibilities at this footprint
  - Strong practice support
  - Minimal disruption to existing PCN boundaries (where these are working)
- Identification of a single practice or eligible provider that will receive Network Enhanced Service funding
- Map of network area as part of the application

Frimley ICS Priorities: Plan on a Page

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5 Five Year Priorities

National

National 'must do' s:
Primary Care
Urgent and Emergency Care
Referral to treatment times
Cancer
Improving quality, & high quality ICS
Financial sustainability

Local

Priority 1: Making a substantial step change to improve wellbeing, increase prevention, self-care and early detection

Priority 2: Improving LTC outcomes including greater self management and proactive management across all providers for people with single LTCs

Priority 3: Proactive management of Frailty & Multiple complex physical and mental health & LD LTCS, reducing crises and prolonged hospital stays

Priority 4: Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the best place

Priority 5: Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence

Transformation Initiatives

1. **Prevention and Self-care**: Ensure people have the skills, confidence and support **to take responsibility for their own health and wellbeing**
2. **Integrated care decision-making**: Develop **integrated care decision making models** in each locality to improve health & care outcomes for our population, reducing demand on health & care resources
3. **GP Transformation**: Lay foundations for a new model of **general practice provided at scale**, including development of GP networks to improve resilience and capacity
4. **Support Workforce:** Design a **support workforce** that is fit for purpose across the system
5. **Care and Support:** Transform **the social care support market** incl. comprehensive capacity and demand analysis and market management
6. **Reducing clinical variation**: Reduce **clinical variation** to improve outcomes and maximise value for individuals across the population
7. **Shared Care record**: Implement a **shared care record** that is accessible to professionals across the ICS footprint

5 Cross cutting Programmes

Cross cutting Programmes

- Urgent and Emergency Care
- Mental Health and Learning Disabilities
- Maternity
- Children and Young People
- Cancer

5 Enablers

Enablers

- Workforce
- Analytics
- Estates
- Digital & Technology
- Communication & Engagement

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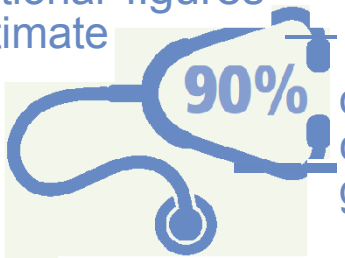
Frimley Health and Care

GeneralPractice

National figures estimate



90% of all NHS patient contacts are in general practice

75 practices organised into 14 networks

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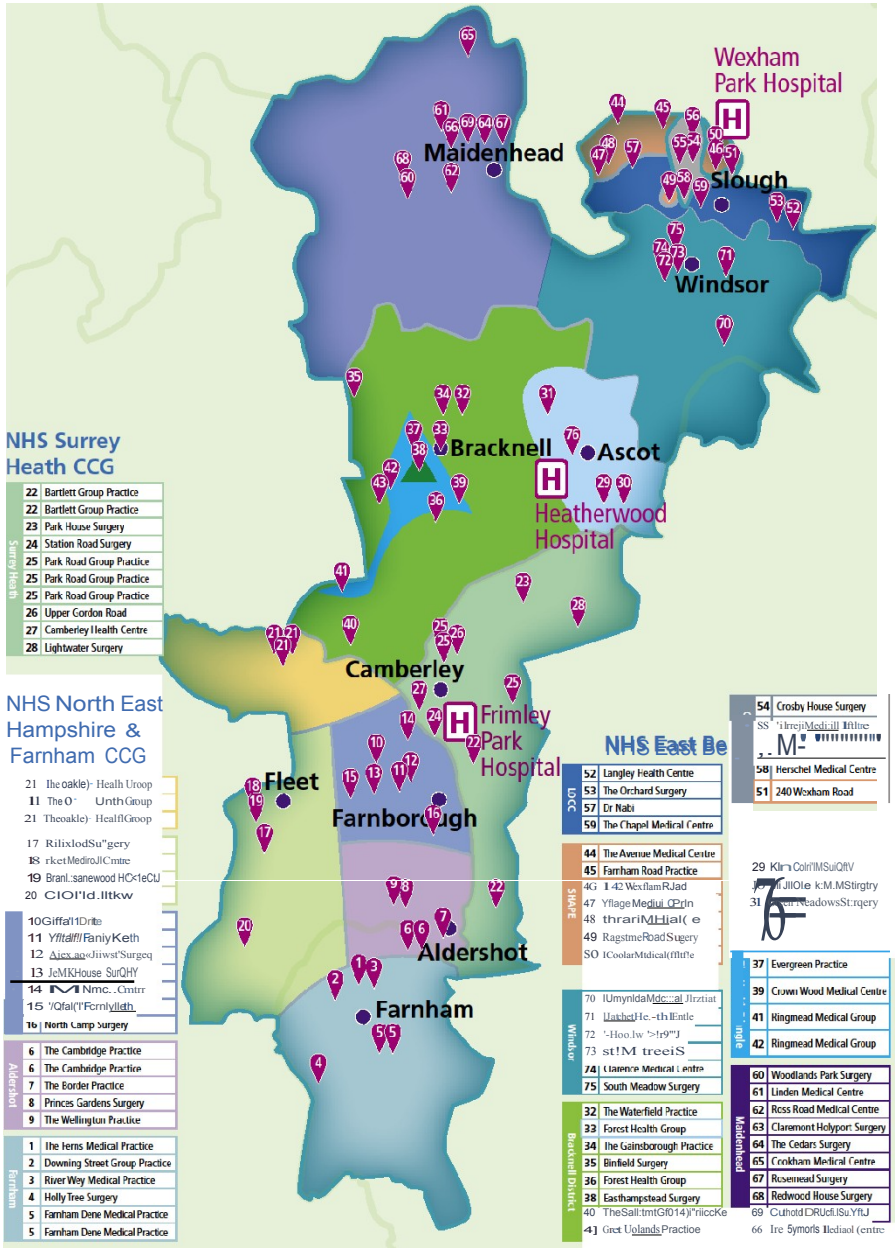
contacts per day in our system

13.5% of ICS budget spent on General Practice including prescribing



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Our Geography

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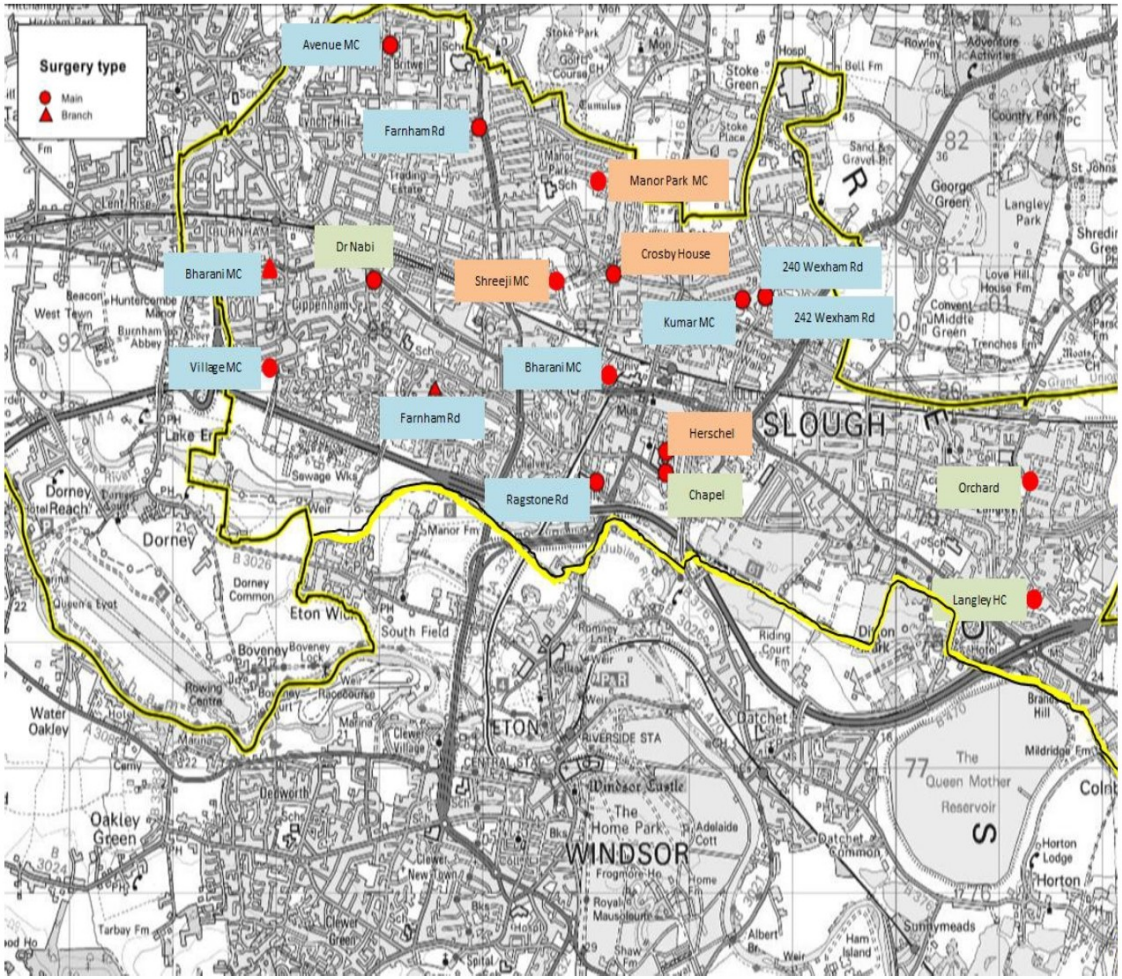

Primary Care Network: Slough	Patient Registered List (January 2019)
Langley, Orchard, Chapel and Cippenham (LOCC)	**4 296**
[} Nabi	5,495
Langley Health Centre	19,445
The Orchard Surgery	9,016
The Chapel Medical Centre	8,339
SHAPE	**71,249**
Bharani Medical Centre	13,022
The Village Medical Centre	11,867
Ragstone Road Surgery	3,510
Kumar Medical Centre	4,918
Farnham Road Practice	26,171
The Avenue Medical Centre	7,419
242 Wexham Road Surgery	4,342
Central Slough Network (CSN)	**49,232**
Herschel Medical Centre	14,988
Shreeji Medical Centre	6,174
Manor Park Medical Centre	10,602
240 Wexham Road	5,644
Crosby House Surgery	11,824
SLOUGH Registered Population-Jan 2019	162,776

Our Population Spread
SHAPE

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Berkshire East boundary

Patient Count

100

50

Surgery type

Burnham
Taplow
Dorney
Eton
WINDSOR
Datchet
Colnbrook
Poyle
Richings Park
Oakley Green
Wexham Street
Stoke Green
Langley Park
Shreding Green
Iver
Eton Wick
Dorney Reach
Lake End
Black Park Country Park
Queen Mother Reservoir
Horton
Sunnymeads

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Our Population Spread
Slough Langley, Orchard, Chapel and Cippenham (LOCC)

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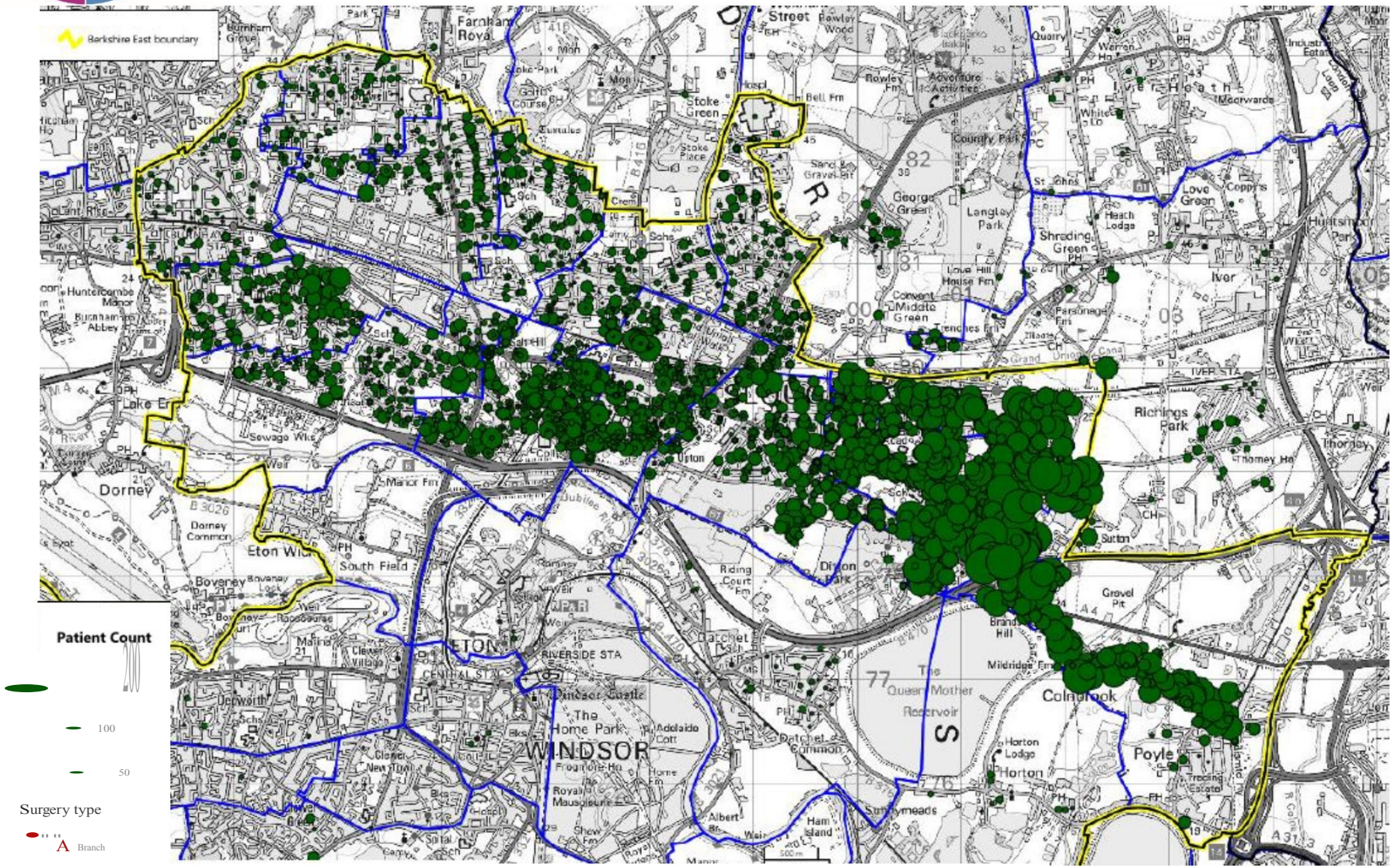

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Our Population Spread
Central Slough Network (CSN)

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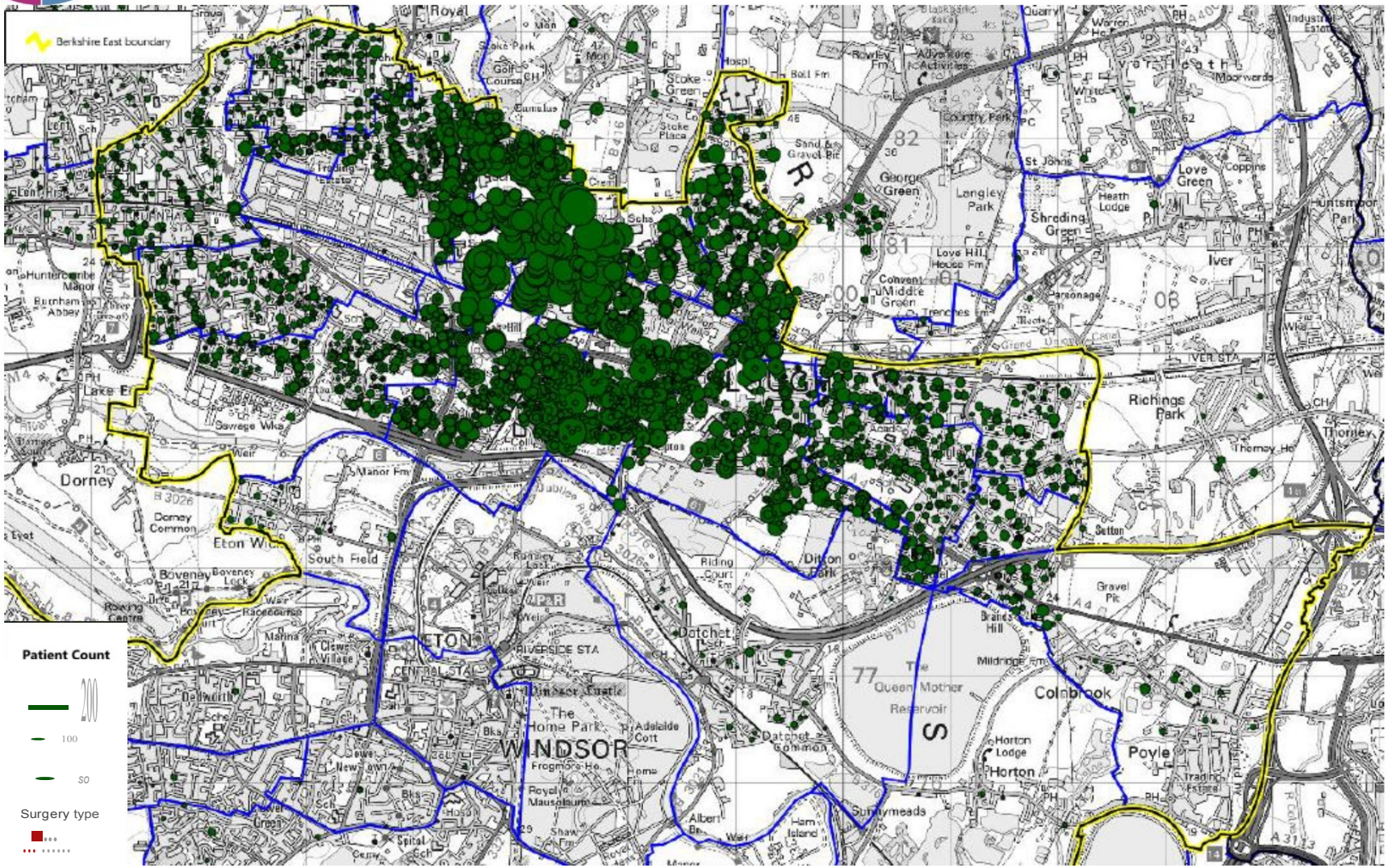

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Health Outcomes are affected by a wide range of factors

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Contributors to health outcomes

Health Behaviours 30%	Socioeconomic Factors 40%	Clinical Care 20%	Built Environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

We have to concentrate action on all fronts

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Emergency admissions for Coronary Heart Disease

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CHD admissions are directly related to % income deprivation. Of the 21 wards in the worst quintile 13 are in SL, with 4 each in NEHF and SH. The ward with the highest Standardised Admissions Ratio is Chalvey (SL) (196) and the ward with the lowest SAR is Ascot & Cheapside (RBWM) (45.3) – a **four-fold** variation.

1	Chalvey 196.0 SL	6	Cippenham Meadows 158.7 SL	11	Langley St. Mary's 125.7 SL	16	North Town 118.0 NEHF
2	Elliman 185.5 SL	7	Wexham Lea 158.5 SL	12	Colnbrook with Poyle 125.5 SL	17	Frimley 115.4 SH
3	Baylis & Stoke 180.6 SL	8	Aldershot Park 144.4 NEHF	13	Cherrywood 121.0 NEHF	18	Old Dean 112.3 SH
4	Central 167.5 SL	9	Upton 140.5 SL	14	Britwell & Northborough 119.7 SL	19	Blackwater & Hawley 112.1 NEHF
5	Farnham 163.1 SL	10	Langley Kederminster 129.2 SL	15	Foxborough 119.6 SL	20	St. Michaels 111.9 SH
						21	Watchetts 111.9 SH

Under 75 deaths from circulatory disease

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Directly proportional to the % of income deprivation, range across the wards in the Frimley system from an SMR of 195.8 in **Chalvey** (SL) to 26.3 in **Farnham Bourne** (NEHF) – over **seven-fold** variation. Of the 21 wards in the worst quintile here 10 are in SL, 4 each in NEHF and WAM, 2 in BF and 1 in SH.

1	Chalvey 195.8 SL	6	Britwell & Northborough 155.7 SL	11	North Town 127.9 NEHF	16	Oldfield 117.9 RBWM
2	Baylis and Stoke 174.9 SL	7	Farnham 154.3 SL	12	Cippenham Meadows 123.2 SL	17	Cippenham Green 117.1 SL
3	Central 173.5 SL	8	Priestwood & Garth 144.6 BF	13	Wildridings & Central 120.6 BF	18	Old Dean 114.1 SH
4	Foxborough 163.8 SL	9	Langley Kederminster 135.0 SL	14	Clewer North 119.2 RBWM	19	Clewer East 112.0 RBWM
5	Elliman 157.1 SL	10	Rowhill 132.6 NEHF	15	Cherrywood 119.1 NEHF	20	Eton Wick 109.5 RBWM
						21	Wellington 109.4 NEHF

Eight Health Outcomes for the Frimley ICS Wards Top 20

Rank	Ward & Council	Score	EBCCG Wards ranking	Rank on the original sum of the scores	Simple Sum of the raw rates
1	Britwell & Northborough SL	-77	2 (-57)	1	1152.3
2	Baylis & Stoke SL	-82	1 (-55)	3	988.5
3	Aldershot Park NEHF	-86	-	5	969.3
4	Wexham Lea SL	-89	3 (-65)	7	911.0
5	Elliman SL	-110	4 (-72)	4	980.2
6	Cherrywood NEHF	-114	-	9	900.0
7	Langley Kederminster SL	-135	5= (-98)	11	857.3
8	Farnham SL	-143	5= (-98)	8	909.3
9	Rowhill NEHF	-152	-	15	795.6
10	Colnbrook with Poyle SL	-154	7 (-103)	6	942.7
11	Haymill & Lynch Hill SL	-171	9 (-115)	13	828.0
12	Chalvey SL	-175	8 (-105)	2	994.8
13	Foxborough SL	-185	10 (-131	14	821.7
14	North Town NEHF	-190	-	12	834.4
15	Central SL	-209	11= (-137)	10	891.5
16=	Hanworth BF	-232	14= (-150)	-	n/a
16=	Wellington NEHF	-232	-	-	n/a
18	Clewer East RBWM	-234	11= (-137)	18	743.3
19	Ash Wharf NEHF	-236	-	-	n/a
20=	Priestwood & Garth BF	-237	14= (-150)	17	764.1
20=	Clewer North RBWM	-237	13 (-141)	19	731.7

Eight Health Outcomes for the Frimley ICS Wards: 22-40

Rank	Ward & Council	Score	EBCCG Wards ranking	Rank on the original sum of the scores	Simple Sum of the raw rates
22	Cippenham Green SL	-251	16 (-159)	20	724.2
23	Cippenham Meadows SL	-257	17 (-169)	-	-
24	Old Dean SH	-258	-	22	707.6
25=	Bulbrook BF	-263	19 (-171)	23	704.5
25=	Wildridings & Central BF	-263	18 (-170)	-	-
25=	West Heath NEHF	-263	-	-	-
25=	Frimley SH	-263	-	-	-
29	St Michael's SH	-268	-	24	703.3
30	Fernhill NEHF	-296	-	-	-
31	Old Bracknell BF	-302	21= (-196)	-	-
32	Great Hollands South BF	-305	21 (-115)	-	-
33	Watchetts SH	-310	-	-	-
34	St Mark's, NEHF	-312	-	21	716.1
35	Upton SL	-317	23 (-199)	-	-
36	Clewer South RBWM	-320	21= (-196)	-	-
37	Ash South and Tongham NEHF	-327	-	-	-
38	Harmans Water BF	-332	25= (-213)	-	-
39	Crown Wood BF	-337	28 (-219))	-	-
40	Great Hollands North BF	-352	20 (-191)	-	-

Lower Super Output Areas

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- LTSOAs by deprivation, co-morbidities, system impact, avoidable access opportunity
- LTSOAs----→Deprivation---→Health outcomes-→ Co-morbidities---→ Impact on Acute Trust & Community services---→ ACG/ACP -→ Quality improvements -→ Better health outcomes.
- LTSOAs--→ Deprivation--→ avoidable access opportunities, prevention initiatives, community-led/owned interventions -→ reduced impact on general practice & PCNs, NHS111, WIC, SCAS, A&E, etc.

Sharing Successes

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1. Complex Case Management – a sustained 18% reduction in unplanned hospital admissions in 662 complex patients, (and 19% fewer visits to A&E), using ACG tool to case find
2. Diabetes: Care, Outcomes & Innovation – Blood pressure control best in South of England. Lifestyle innovations.
3. Pre-Diabetes Screening & Management (NDPP for all 3 CCGs)
4. Reduction in Stroke incidence, commissioned a new stroke service with greatly improved standards of care
5. PMCF Wave One - greatest improvement in Pt satisfaction with GP Access in England 2013-16; further to go.
6. Reduction in under 75 Cancer & CVD Mortality
7. Clinical Pharmacists Scheme – every practice in Slough; Prescribing Achievements
8. Childhood Asthma – reduced emergency admissions
9. Reduced emergency admissions from Care Homes, Reduced Deprivation

What's next?

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- Ambition to accelerate progress on A 'Slough Place' with primary care networks at the heart of delivery
- Focus on integration with our partners and voluntary sector to accelerate our programmes
- Application for test bed sites of national specifications e.g. CVD prevention and Shared Savings schemes
- Integrated services across partners – where PCN can engage local leaders as maturity develops?