Strategy for Primary Care Transformation

Derbyshire and Nottinghamshire Area Team

20th June 2014

Information for the reader:

Document Purpose:	*The purpose of this document is to inform and communicate the detail for Derbyshire and Nottinghamshire Primary Care Strategy for our statutory and key partners. It is a professional facing document for Area Teams, CCGs, Patient Groups and Local Professional Networks.*
Title:	*Strategy for Primary Care Transformation* *Derbyshire & Nottinghamshire Area Team*
Authors:	*Tracy Madge, Assistant Director – Clinical Strategy* *Gerald Ellis - Programme Manager*
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Contact Details:	*Vikki Taylor - Area Team Director of Commissioning Derbyshire and Nottinghamshire* *vikkitaylor@nhs.net*

This strategy has been co-produced with our Patient Leaders. We would like to extend our grateful thanks to Paul Midgley, Trish Cargill and Darren Bailey.

This document should be read in conjunction with Clinical Commissioning Group Better Care Fund Plans, Units of Planning strategies and Health and Wellbeing strategies. We will review the strategy and refresh the implementation plans annually until 2018.

Vikki Taylor
Director of Commissioning – Area Team

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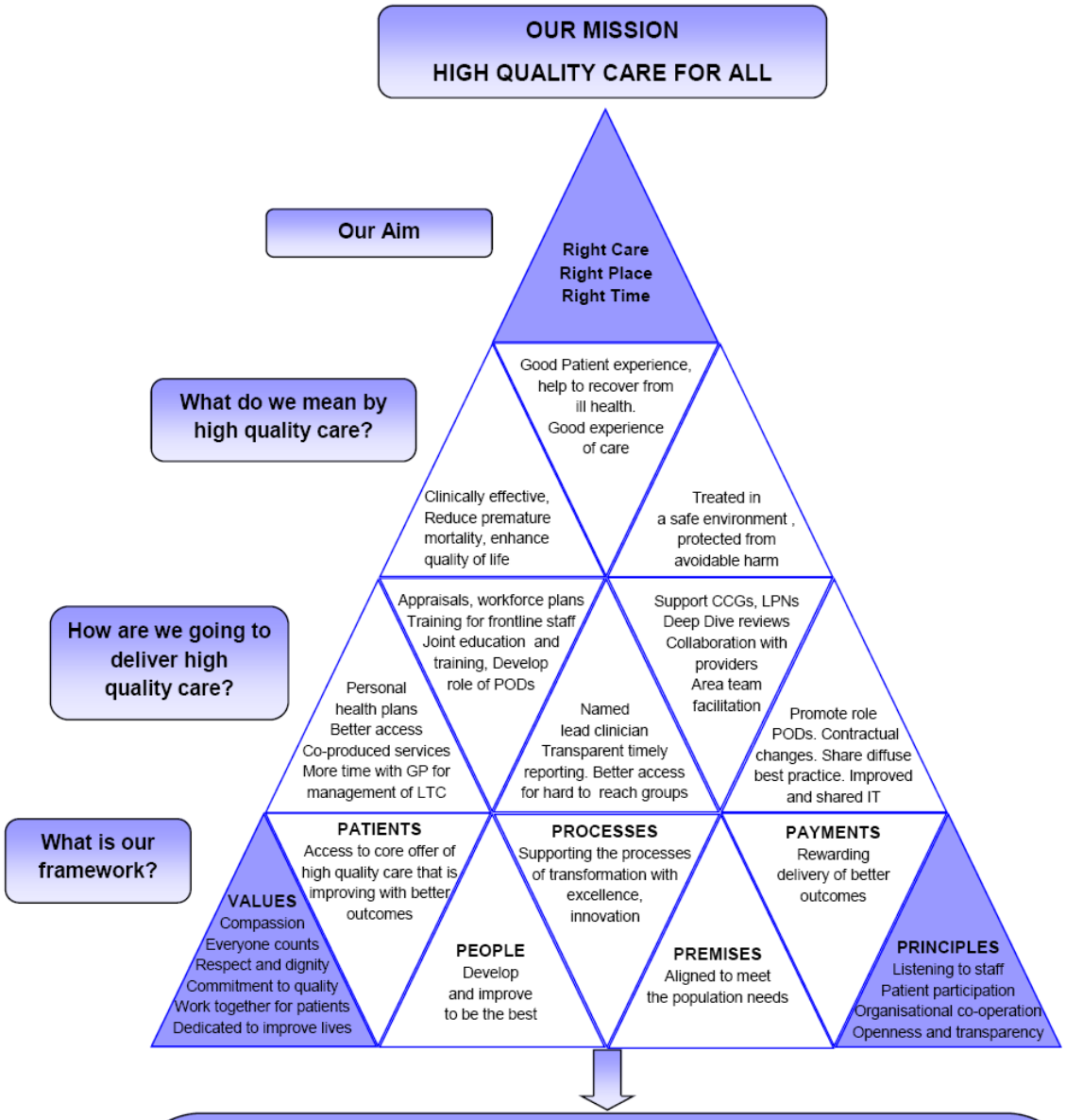
OUR MISSION



By 2019 we will:

- **Reduce 8.7% of potential years of life lost**
- **Ensure treatment for at least 4,600 additional patients, 65.1%, with Atrial Fibrillation**
- **Have 100 less people suffering from heart attacks in the under 40 age group**
- **Treat an additional 610 people with dual therapy for heart failure**
- **Develop health plans for the 26,733 patients with raised blood pressure**
- **Targeting improvements in the early detection and screening rates for cervical cancer, to ensure all practices achieve 70% + uptake. For practices above 80% target vulnerable and high risk groups**
- **Identify 25% of estimated undiagnosed patients with COPD**
- **Identify the missing 1,700 patients with mental health issues**

"Locally, we will drive down health inequalities in areas of highest need, with GPs at the heart of an integrated team"

For a full description of abbreviations such as LPN, POD, CQC, LTC etc. please see page 43

In Derbyshire and Nottinghamshire:

FOREWORD – AREA TEAM DIRECTOR

I am proud to introduce you to the primary care strategy for Derbyshire and Nottinghamshire for the period 2014 - 2019.

I hope that after reading about our plans to transform the delivery of primary care services, that you will share our excitement for the real opportunities this provides us to deliver a better service for our patients and service users.

We all have a vested interest in how our primary care services (general practices, pharmacists, optometrists and dentists) are delivered. For example, we visit our general practitioner on average 5 times a year, and 95% of all NHS consultations are in primary care.

Through recent engagement with clinicians, our clinical commissioning groups (CCGs) and other partners, we have heard that primary care services and especially General Practices (GPs) are facing increasingly unsustainable pressures and that primary care wants and needs to transform the way it provides services to reflect these growing challenges. There is also a growing body of evidence, national and local, as well as supporting publications from policy makers highlighting the existence of these pressures. There is unprecedented demand for primary care services, technology is changing rapidly, patients have increasing expectations, and there are economic challenges.

This strategy has been developed as a result of working hand in hand with our patients, staff, 10 local CCGs and member general practices, pharmacies, optometrist and dentists. It sets out the context and approach for transforming primary care for the benefit of our population in Derbyshire and Nottinghamshire. It follows our agreed strategic framework which considers our plan based upon the five building blocks (5 Ps) of our healthcare system. These five building blocks are Patients, People, Premises, Processes and Payments.

Our strategy will focus on the impact and development of all these areas with a priority on General Practice transformation in our first year of implementation. We know that we cannot deliver the changes needed without aligning our plans with the wider health and social care community. We have worked together to ensure this strategy complements all other strategies and plans. The scope of this strategy is limited to primary care contractors, GPs, Pharmacists, Optometrists and Dentists (PODs) and excludes the wider primary care elements, such as community, social care, secondary care and voluntary sector.

The strategy describes the area and the ambitions we are setting for primary care over the next 5 years. This includes **improving premature mortality, improving our disease management including the treatment rates for cardiovascular disease and reducing the numbers of heart attacks in the under 40s, improving diagnosis of respiratory disease, targeting improvements in early detection and screening of cervical cancer, improving care in mental health** and developing health plans.

I do hope that you will take the time to read the remainder of the primary care strategy and join us in our combined efforts to improve the care that is provide to us all locally, in which each and every one of us has a vested interest.

Derek Bray
Area Team Director

`I want to be able to go to my GP surgery, pharmacy, dentist or optician and have my needs met quickly and efficiently by a professional who knows what they are doing'

Over 70% of people really do value GP services, but we can do better…

PURPOSE AND VISION

The following section outlines the national picture and our local vision for primary care in Derbyshire and Nottinghamshire, and the improvements in outcomes.

The NHS England mission and vision is that "Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by having access to high quality health and care services that are compassionate, inclusive and constantly improving".

Our purpose is to create the culture and conditions for health and care services and staff to deliver the highest standard of care and ensure that valuable public resources are used effectively to get the best outcomes for individuals, communities and society for now and for future generations.

The local primary care vision of healthcare in Derbyshire and Nottinghamshire is being jointly developed by patients and stakeholders including CCGs and providers, Area Team and staff. We have set our sights high:

"Everyone has greater control of their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving".

Aim

- The right care, in the right place, at the right time

Values

- Treated with respect and dignity
- Working together for patients
- Commitment to quality of care
- Dedicated to improving lives
- Shows compassion
- Ensure that everyone counts

Outcomes

- Target our biggest areas of health need, cardiovascular disease, mental health, diabetes, cancer, respiratory, life expectancy, inequalities and deprivation. Improve these year on year
- Ensure parity of esteem, equal access, equal effort, equal status and aspiration, increasing proactive care for our most vulnerable people e.g. learning disabilities
- Safer services
- Deliver value for money to taxpayer and work more efficiently
- Improve quality, access in wider primary care at scale, under different models
- Support the shift of care from secondary into primary care
- Better partnerships and integrated working
- Improved ways of working and job satisfaction
- Recognising commitment and support carers need in providing valuable care
- Patients encouraged to self care and develop community resilience
- Support carers more in their role

These aims, purpose and values are also central to the NHS England approach to care outlined in Compassion in Practice www.england.nhs.uk/nursingvision, NHS Mandate and outcomes framework http://www.england.nhs.uk/about/our-vision-and-purpose/.

SYSTEM VISION - PLAN ON A PAGE FOR PRIMARY CARE

Everyone has greater control over their health and their wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

OUR AIM IS TO PROVIDE THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME

WHAT WE WILL DO

Ambition One

Improving primary care

Ensuring **Patients** have access to a core offer of high quality primary care that is continuously improving and delivering better health outcomes

Ambition Two

Developing and improving our **People** to be the best healthcare workforce

Ambition Three

Transforming primary care

Supporting the **Processes** of transformation by innovation, excellence in monitoring and evaluation, and development at pace and scale across primary care

Ambition Four

Our **Premises** will be aligned to meet the needs of the population

Ambition Five

Rewarding delivery of better outcomes

To develop the **Payments** and incentives system to reward improved outcomes and secure value for money

HOW WE WILL DO IT

- Co-production and engagement of patients and public in strategy, core and add-on services and implementation
- Evidence based health plans for all patients over 65 by 2016 for targeted groups to ensure parity of esteem
- Evidence based health plans for the population by 2019
- Longer, more comprehensive appointments for complex care
- Improved use of Technology
- Named lead clinician, GP for over 75. Utilising the Pharmacist, Optometrist, Dentists for other patient groups
- Transparent, timely reporting of activity and outcomes
- Better access for hard to reach groups

- Appraisals for all staff
- Workforce /organisation development plans at contractor level
- LETB/HEEM commissioned plans to increase trainees and develop new pre and post registrar programs/CPD
- Joint education and training across all professional groups
- Customer care training for all first contact staff
- Stakeholder co-production and engagement
- Increased training placements and training practices
- Develop role of pharmacy and dentistry in OOH, urgent care

AREA TEAM

- Systematic quality assurance framework for GPs, Pharmacists, Opticians, Dentists (PODs), including fitness to practice and revalidation
- Support CCGs to integrate other primary care contractors into local plans
- Support LPN's to deliver POD strategies
- AT programme management to facilitate fast track delivery
- Contractual changes to support new ways of working and transformation
- Evaluation of programmes delivered through CLAHRC
- Share, diffuse best practice through the Local Learning Collaborative, AHSN, Senate and Networks, LPNs
- Eye and Oral health needs assessment
- Promote role of community Pharmacist for health advice
- Improved, shared and responsive IT mechanisms
  Continue to develop co-commissioning

DERBYSHIR

- Patient Engagement
- Access 8-8 7 days, IT
- Integrated care
- Rightcare
- Care home support
- GP Federations
- Online booking
- Online registration
- Health Apps

NOTTINGHAMSHIRE examples

- Joint health and social care
- Engaged practice scheme
- Access 8-8 7 days IT
- Extended GP teams
- GP federations
- Extended hours
- GP at A & E and MIU
- Online booking
- Online registration
- Integrated care hubs

- Clear policy and guidance on future developments aligned to strategies at local level
- Identifying and monitoring position on all premises, taking account of developments, demographic changes, CQC compliance and strategic fit.

- Ensuring all baseline contract metrics are available at locality level
- Develop metrics to support change programmes
- QIPP programme management
- Reduce variation in payments across the area
- Annual review of MPIG, PMS review and discretionary payments
- Lobby and apply for nationally agreed payments
- Target transformation funds to primary care transformation
- Payments aligned to delivery of core contract elements

HOW WE WILL MONITOR AND EVALUATE

Maintaining safety through:

- Area Team Corporate Management Group
- Area Team (AT) Strategy Steering Group
- Direct Commissioning Performance Group with Primary Care Assurance and Performance List Decision Panel Sub Groups
- AT Primary Care Implementation Group
- Primary Care Panel with professional representatives
- CCG and AT assurance meetings
- CCG Governing Bodies
- Health and Wellbeing boards

Measured using the following success criteria

GP

- Patient satisfaction of access care, consultations
- GPOS and HLIS
- New cancer cases 2 weeks
- Flu vaccinations for at risk
- Identification of depression
- CQC

Community Pharmacy

- Medicines optimisation
- Out of hours / urgent care
- Self care
- First contact
- Lead clinician

For all contractor groups

- Min. of 10 deep dive reviews pa per contractor group
- Improvement in health outcomes top 5 health indicators
- Improved satisfaction consultation, care, access
- Plans to target inequalities, promote equity / parity of esteem
- % increase in use of Technology to improve access, and self -management
- Reduced number of practitioners under performance measures
- Reduced serious incidents
- Increase in resolved complaints
- Increase in workforce, decrease in leavers, workforce plan
- Learning shared and diffused at pace and scale
- QIPP Targets met for inappropriate use of care
- Increase in funding from redistribution to primary care
- Non-medical prescribers increase appropriate to need
- Improved record sharing for all provider groups

Dental

- Dental access % 24 month
- No of course treatments p 100,000
- GPPS % Positive experience
- Review and redesign pathways
- Increase access hard to reach
- RTT in secondary care

Optometry

- Eye test p 100,000
- % tints, % prisms per voucher
- % repairs per voucher and replacement
- Annual public health
- Review and redirect pathways

System values and principles

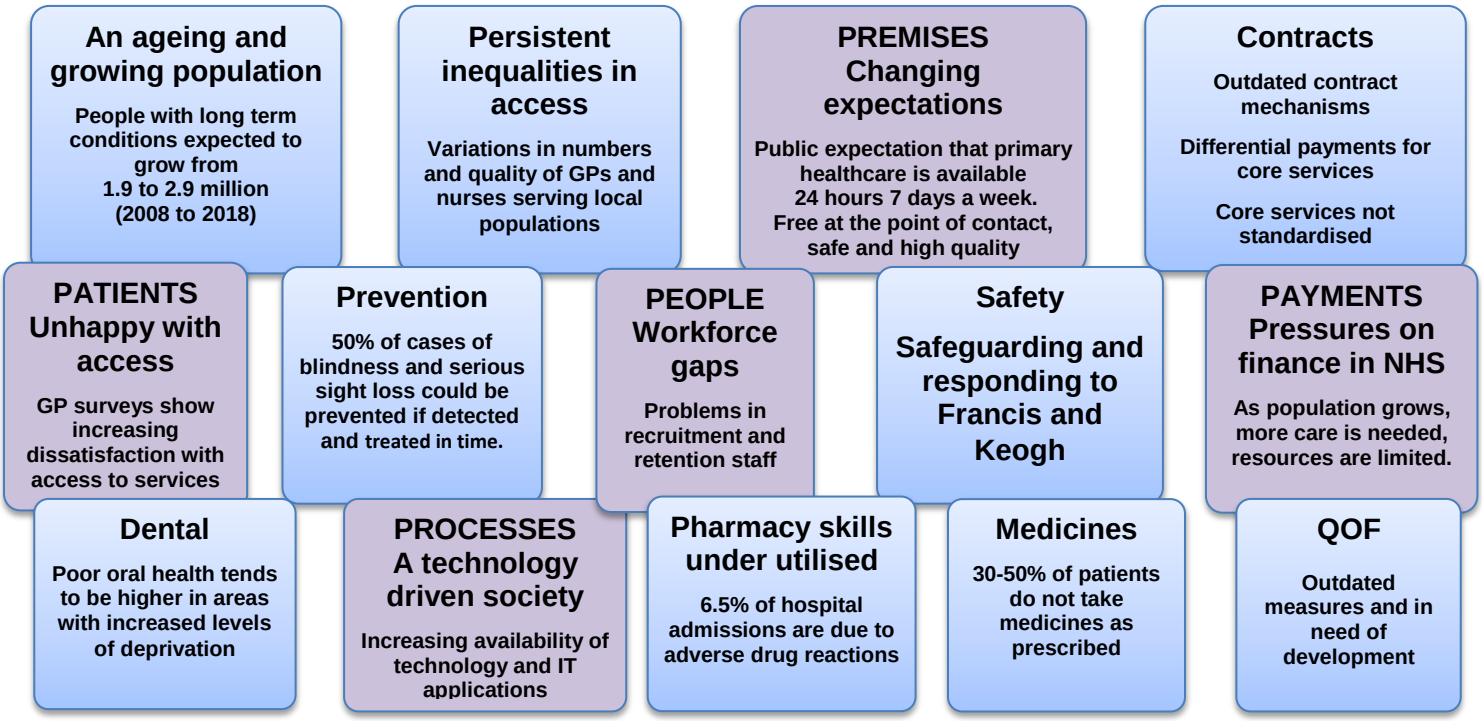
- Respect and dignity
- Working together for patients
- Committed to the quality of care
- Dedicated to improving lives
- Shows compassion
- Everyone counts

CONTEXT – WHY WE NEED TO CHANGE

In this section, the current context and local population and the case for change will be articulated, including the challenges faced, and the views of patients, public, workforce and key partners. Our aims are to improve the quality of primary care year on year. Whilst there is a significant emphasis on general practices, these improvements extend to pharmacy, eye care and dental.

There is compelling evidence for change in primary care. This evidence includes the findings and recommendations from a range of sources and national think tanks. These include the Winterbourne View hospital interim report: improving care of vulnerable people with learning disabilities (Department of Health, 2012), A promise to learn – a commitment to act: Improving the Safety of Patients in England National Advisory Group on the Safety of Patients in England (Berwick, NHS England, 2013 and the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013), Nuffield Trust and Kings Fund (Making General Practice fit for the future 2014).

We know from local engagement that the national case for change is reflected in our local communities, as described in our response to A Call to Action. http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf. Some of these issues include:



We are actively working with Patient Leaders, Patients Association, Healthwatch and all our providers and partners to address these themes in our transformational plans. These themes are reflected at all levels including CCGs, GPs, Pharmacists, Dentists and Optometrists, and their respective representative bodies. In addition our Call to Action engagement with the public, patients and partners has enabled us to capture a number of key themes that support the clinical views emerging from within primary care that we can use as a platform for change.

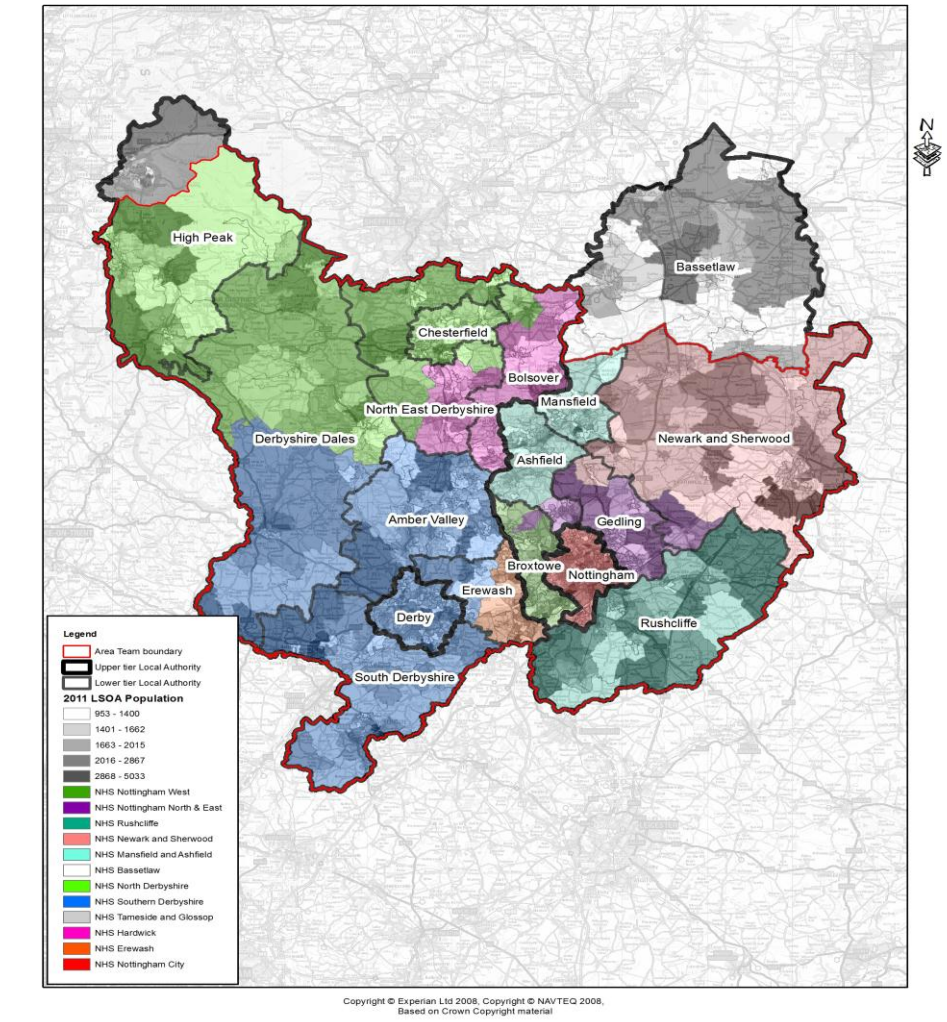
NHS England is governed by the NHS Constitution, which protects the principles of a comprehensive service providing high quality healthcare, free at the point of use for everyone. The constitution also says that the NHS belongs to the people and so does its future. In keeping with this principle, NHS England will be working together with staff, patients and the public to develop a series of new local approaches for the NHS to address the case for change.

The following pages describe key health indicators in the area.

HEALTH NEEDS DERBYSHIRE AND NOTTINGHAMSHIRE

The following pages describe the geography, population, physical health needs of the local area, highlight health issues and comment on associated contextual factors including deprivation, workforce, and where possible a comparison to the national picture.

Chart 1



List Size Population

- Total 2,063,223
- Men : Women Ratio 49 : 51
- Aged Under 5 111,373
- Aged 65-74 196,566
- Aged 75+ 157,541

Overall growth of 3% pa

Expected Growth of **aged 70 and over** is 17% in next 5 years:

Our strategy starts with understanding where we are now, which we will describe in the following pages. Then we will describe the processes that we are implementing to transform primary care so that we can demonstrate how we will improve year on year. We will annually review the strategy and refresh the implementation plans until 2018.

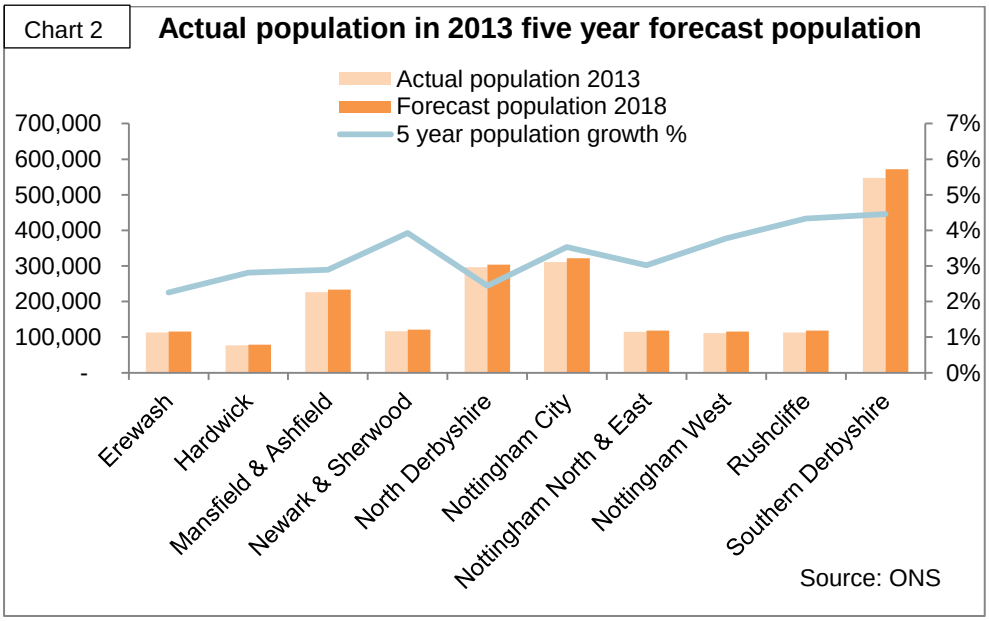
Click on the following link for our implementation plans:
www.england.nhs.uk/mids-east/dn-at

The following information describes the local health landscape for Derbyshire and Nottinghamshire today.

HEALTH NEEDS DERBYSHIRE AND NOTTINGHAMSHIRE – Population context

The following graphs outline the five year population projections for Derbyshire and Nottinghamshire. Please note that population projections are available at an area and county level, rather than at a CCG level. Most areas are experiencing population growth of 3% or more in 2018.

Chart 2

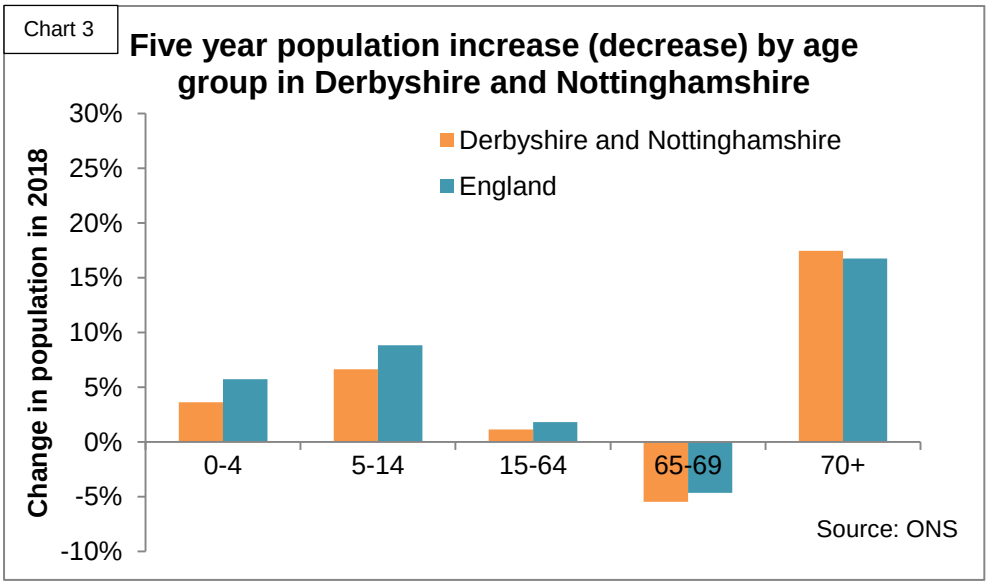


List Size Population

- Total Growth average 3%
- Increased demand for primary care services from population growth alone
- More capacity required to meet population growth

A further analysis of the population growth by age group demonstrates that all groups, apart from the 65 to 69 year olds, are projected to grow. However, the group of 70+ year olds is expected to grow the most – by 17.4% in 2018. The England average growth for the same age group is slightly lower at 16.8%.

Chart 3



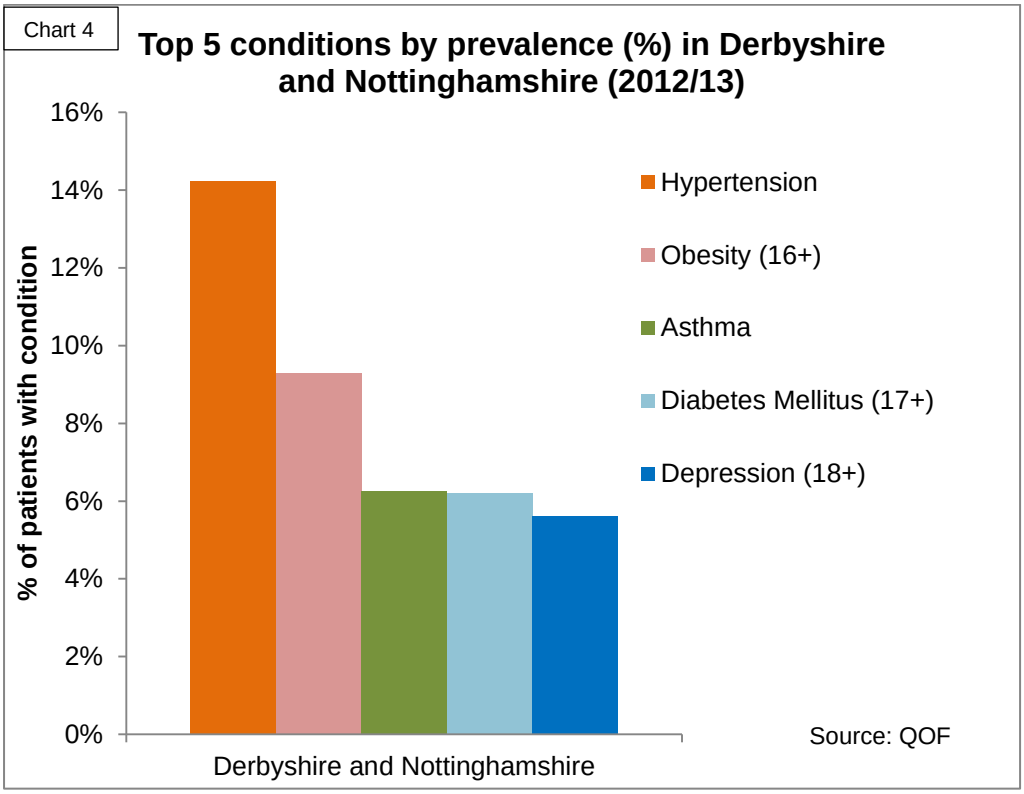
Population growth by age

- Significant increase in age 70+ population of approximately 17%
- Significant impact on demand for primary care services from the over 70's, especially for long term conditions and complex appointments

HEALTH NEEDS DERBYSHIRE AND NOTTINGHAMSHIRE

The five most common conditions in Derbyshire and Nottinghamshire are Hypertension, Obesity, Asthma, Diabetes Mellitus and Depression.

Chart 4



We have looked at how we are performing compared to the other 24 area teams that cover England. We aim to improve year on year so that our population can look forward to living longer, healthier lives and that we value mental health needs equally compared to physical health needs.

The following information describes our health in terms of disease prevalence in more detail, today, and shows how we compare to the national picture.

HEALTH NEEDS DERBYSHIRE AND NOTTINGHAMSHIRE

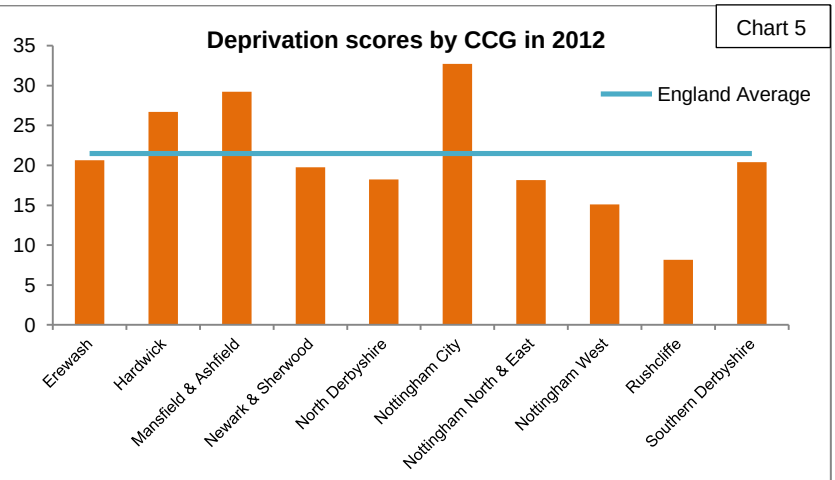
Derbyshire and Nottinghamshire	National	Area Team Ranking Data available from 25 Area Teams in England (25 QOF SCORES)
Cardiovascular Disease Hypertension • Prevalence 14.2% Strokes • Prevalence 1.8% Smoking • 18.6% Derbyshire 19.7% Nottinghamshire (E. Midlands 2011/12) Source:	**Cardiovascular Disease** Hypertension • Prevalence 13.7% Strokes • Prevalence 1.7% Smoking • National = 13.3% Source: www.apho.org.uk	**Cardiovascular Disease** Hypertension - AT 11 / 25 Strokes - AT 14 / 25 Smoking - not available
Cancers • Prevalence 1.9% • 39,521 patients with cancer	**Cancers** • National = 1.9%	**Cancers** (AT 10/25) AT 8 / 25
Respiratory Disease COPD • Prevalence 1.9% Asthma • Prevalence 6.3%	**Respiratory Disease** COPD • National = 1.7% Asthma • National = 6.0%	**Respiratory Disease** COPD - AT 15/25 Asthma - AT 12/25
Diabetes • Prevalence 6.2% • Lifestyle • Self-care	**Diabetes** • Prevalence 6.0%	**Diabetes** AT 16 / 25
Mental Health Depression • Prevalence 5.6% (ages 18+)	**Mental Health** Depression • Prevalence 6.0% (ages 18+)	**Mental Health** AT 6 / 25
Other Key Health Issues Kidney Disease • Prevalence 5.6% Obesity • Prevalence 11.3%	**Other Key Health Issues** Kidney Disease • Prevalence 4.3% Obesity • Prevalence 10.7%	**Other Key Health Issues** Kidney Disease AT 25 / 25 Obesity AT 14 / 25

Please note: items highlighted in red indicate a worse prevalence than the national measure

HEALTH NEEDS DERBYSHIRE AND NOTTINGHAMSHIRE

We have extracted and used data from Joint Strategic Needs Assessment to inform us about the current state of our health locally. The following chart compares deprivation levels by CCG and to the national average:

Chart 5



Deprivation and Health

Relatively high levels of deprivation found in parts of Nottingham City, Mansfield and Ashfield and Hardwick, across all age groups.

Low levels of deprivation in Rushcliffe.

Higher deprivation is generally linked to poorer health.

Life expectancy:

Table 1

Life expectancy at birth (Source ONS 2010/12)

Men: England Average 79.20		**Women: England Average 83.04**	
Derby City	**78.6**	Derby City	**82.8**
Chesterfield	**77.7**	Chesterfield	**82.3**
Erewash	**79.8**	Erewash	**83.6**
N Derbyshire	**79.7**	N Derbyshire	**83.0**
S Derbyshire	**79.4**	S Derbyshire	**83.3**
Nottingham City	**76.9**	Nottingham City	**81.5**
Broxtowe	**80.0**	Broxtowe	**83.6**
Gedling	**80.5**	Gedling	**83.1**
Mansfield	**78.3**	Mansfield	**82.1**
Newark/Sherwood	**79.3**	Newark/Sherwood	**82.7**
Rushcliffe	**80.9**	Rushcliffe	**84.4**

Life Expectancy

- Women higher than men by average of 4 years
- Life expectancy lowest in city areas and areas of high deprivation
- Life expectancy highest in areas of lowest deprivation
- Life expectancy of women is worse than national average in six CCG areas
- **Figures in red are worse than national average**

For further information on local Health and wellbeing boards, and joint strategic needs assessments:

http://www.derbyshire.gov.uk/council/council_works/health_wellbeing_board/default.asp
http://www.derbyshirelpc.org/public-health-england/derby-city-public-health/derby-city-health-and-wellbeing-board/

http://www.onenottingham.org.uk/index.aspx?articleid=16877
http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/

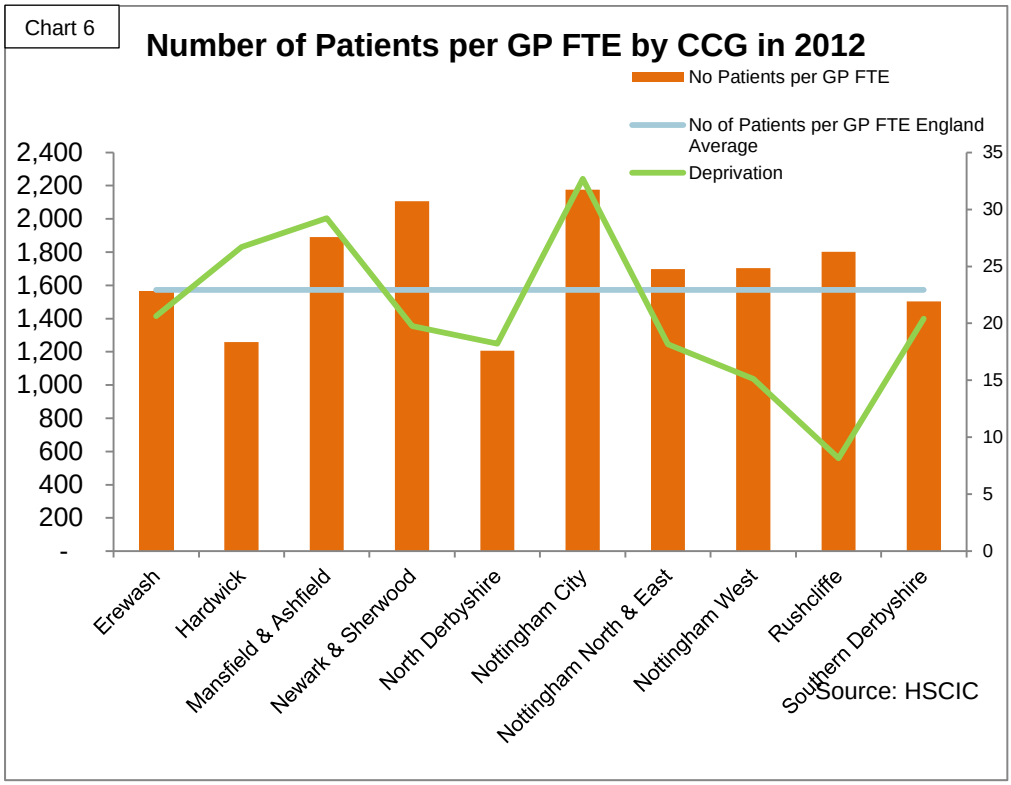
The following section highlights workforce issues in the area.

CONTEXT – WORKFORCE General Practitioners (PEOPLE)

We are working to produce workforce data for all contractor groups, the following summarises the position for general practitioners in the local area.

The following graph of number of patients per GP full time equivalent (FTE) demonstrates the large discrepancies between CCGs in terms of workforce per patient. Nottingham City CCG has the highest number of patients per GP FTE (2,177). Furthermore, the deprivation score in the CCG is the highest one in Derbyshire and Nottinghamshire. Overall, Nottingham City, Newark and Sherwood, Mansfield and Ashfield, Nottingham NNE, Nottingham West and Rushcliffe all have higher numbers of patients per GP FTE than England average.

Chart 6



Demand for GP consultations

Expected to grow by 4% per annum (NHS England)

Ageing Population

Growing co-morbidities and increasing patient expectations, resulting in large increase in consultations, especially for older patients, e.g. 95% growth in consultation rate for people aged 85-89 in ten years up to 2008/09. The number of people with multiple long term conditions set to grow from 1.9 to 2.9 million (2008 to 2018

One important area of consideration is the age of practitioners in Derbyshire and Nottinghamshire. The graph below outlines the proportion of GPs over 55 years. In Derbyshire and Nottinghamshire 16% of practitioners are 55 years or older. The proportion is particularly high in Nottingham City (23%) and Mansfield & Ashfield (22%).

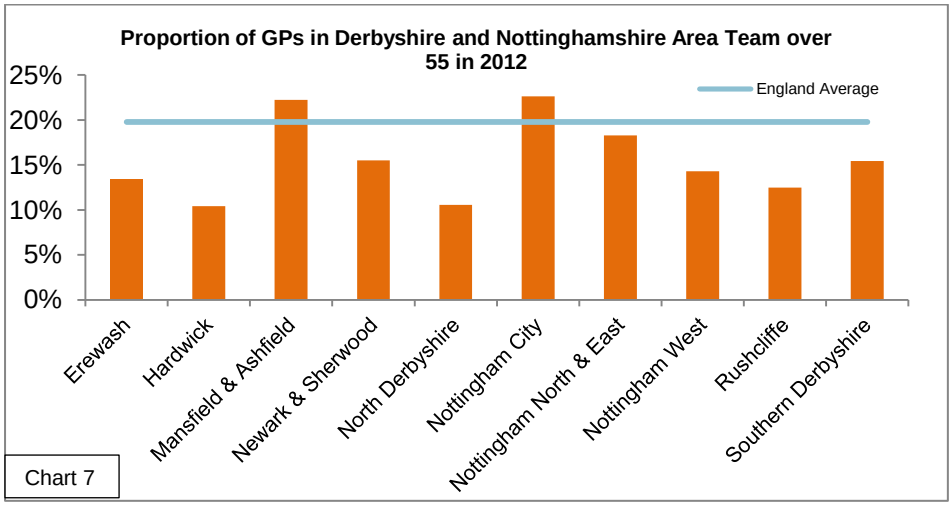


Chart 7

GPs aged 55 and over

Nottingham City CCG and Mansfield and Ashfield CCG have higher than national average

CONTEXT – WORKFORCE General Practitioners

Another important indicator is the number of single handed practices by CCG. Nottingham City CCG has the highest number of single handed practices in Derbyshire and Nottinghamshire (14 out of overall 20). The age profile of GPs in single handed practices in Nottingham City CCG will be further explored in the Nottingham City CCG plans.

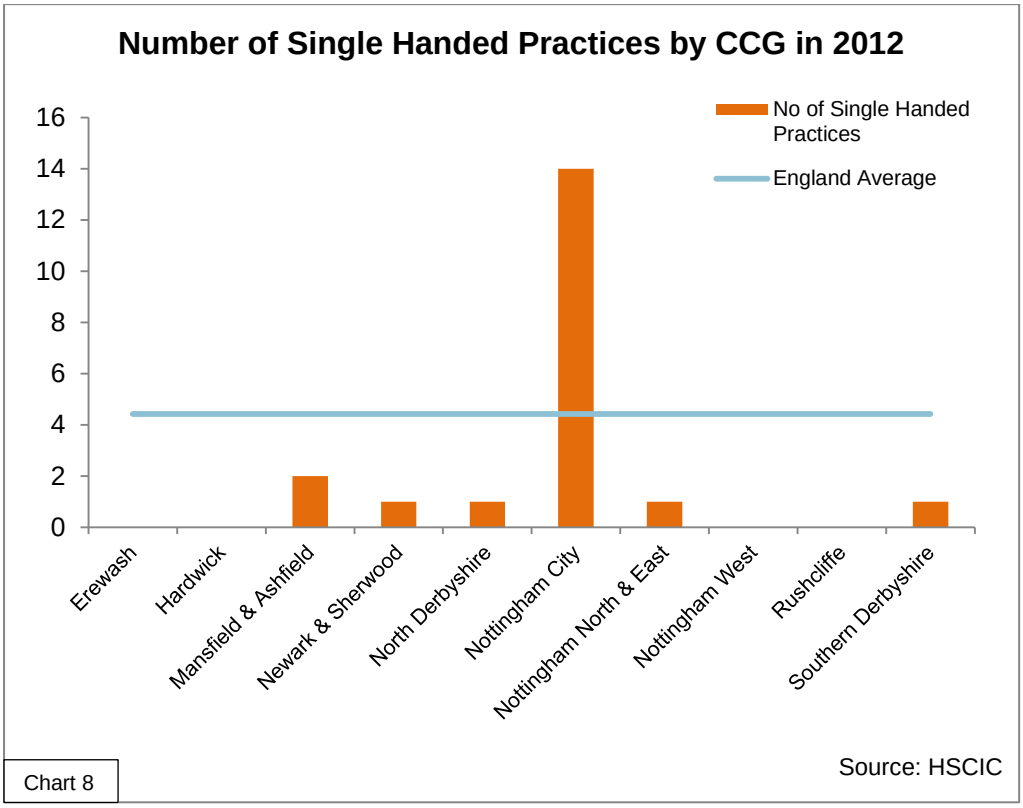


Chart 8

Single Handed GP Practices

- Nottingham City CCG has considerably higher than national average of single handed GP practices

This is important because as we aim to provide care closer to home, we need a primary care workforce that can deliver care more flexibly.

This is in the context of rising numbers of secondary care doctors compared to the numbers of primary care doctors.

For further information follow the link to Call to Action for General Practice:

http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/igp-cta/

CONTEXT – SATISFACTION WITH ACCESS TO GENERAL PRACTICE

Many people measure their experience of general practice through access. Overall, people of Derbyshire and Nottinghamshire enjoy good access, but we need to try to continuously improve this.

Access to primary care is currently measured through access to GPs using the patient survey. The following graphs provide insight into the performance of practices in Derbyshire and Nottinghamshire.

In the chart below, the percentage of patients who would recommend their practice is generally below the England average. A few exceptions are North Derbyshire CCG and Nottingham West CCG (84% of patients would recommend their practice).

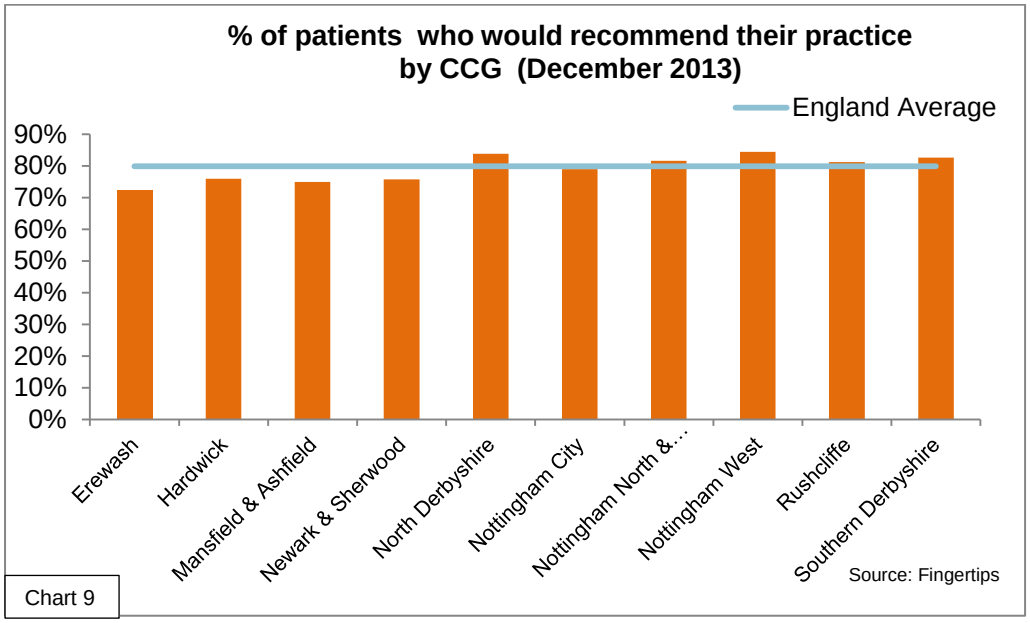


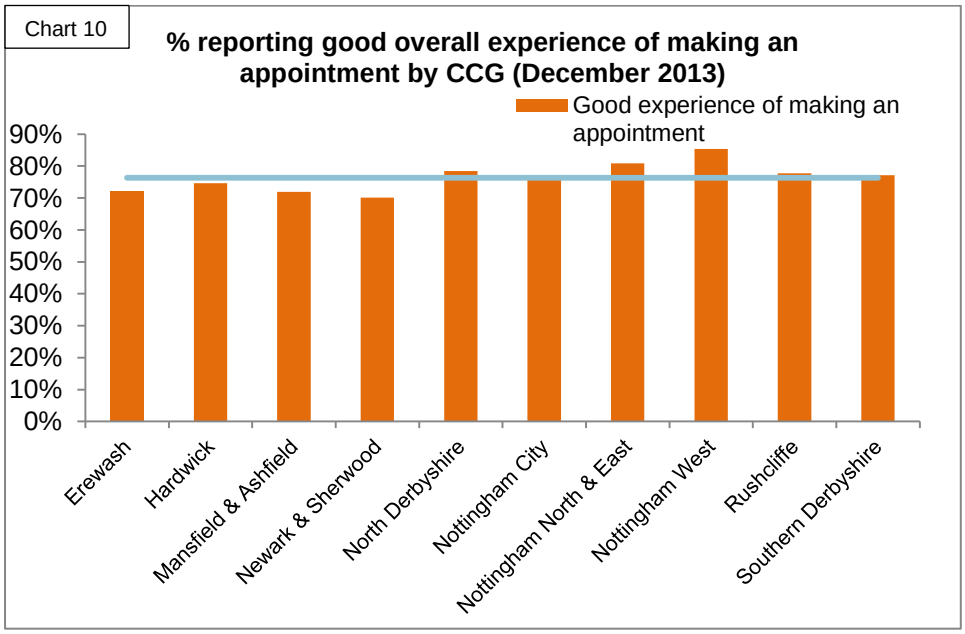
Chart 9

Overall satisfaction for access

- In general the area is below the national average for patients who would recommend their practice

Overall, most CCGs are performing better than average on percentage of patients who report a good experience of making an appointment. Nottingham West, Nottingham NNE and North Derbyshire have particularly high patient satisfaction on this question.

Chart 10



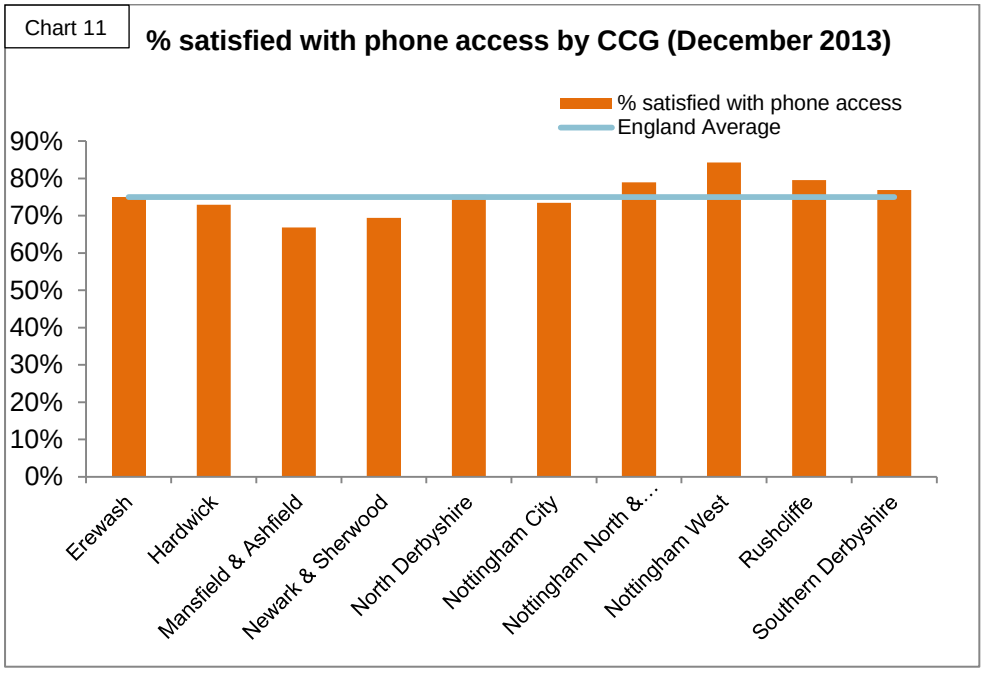
Overall satisfaction for experience of making appointments

- Above national average for reporting a good experience of making appointments

CONTEXT – SATISFACTION WITH ACCESS TO GENERAL PRACTICE

As shown on the graph below, several CCGs have below average satisfaction with phone access. In particular, Mansfield & Ashfield and Newark & Sherwood are 5% or more below the England average satisfaction.

Chart 11

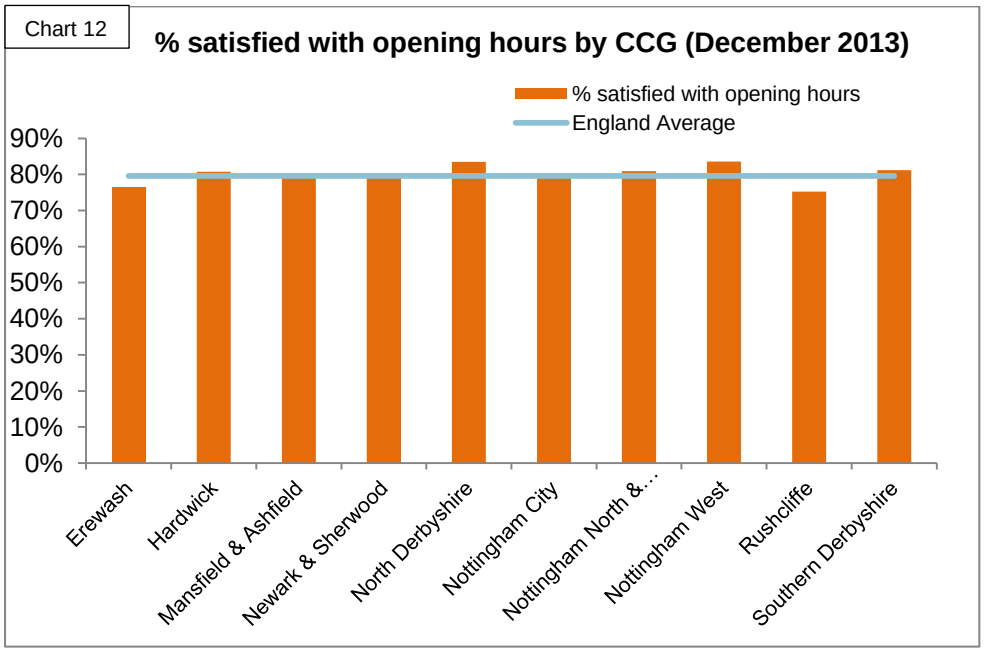


Overall satisfaction for phone access

- On average similar to national picture with some local variation

Satisfaction with opening hours is close to the England average in all CCGs, apart from Rushcliffe and Erewash where satisfaction levels are slightly below average.

Chart 12



Overall satisfaction for opening hours

- On average very similar to national picture

GP access is frequently discussed at HWB as an issue for our population. For example Nottinghamshire County HWB has a specific objective to improve GP access (see page 14 for link).

CONTEXT – DERBYSHIRE AND NOTTINGHAMSHIRE PRIMARY CARE PROVIDERS

The Derbyshire and Nottinghamshire Area Team are committed to patient led transformation and will commission services with the patient voice at the heart of decision making. There are four primary care contractor groups that provide primary care services. These are:

a. Medical (General Practice)
b. Pharmacy
c. Optometry
d. Dental

The following summarises Derbyshire and Nottinghamshire CCGs member practices and providers:

Table 2 Source Health and Social Care Information Centre (HSCIC) as at Dec 2013

County	CCG Name	No. of GP Practices	Population	Pharmacy	Dental	Optometry
Derbyshire	NHS Erewash CCG	12	97,053	23	8	10
	NHS Hardwick CCG	16	102,207	24	7	5
	NHS North Derbyshire CCG	38	289,575	58	45	36
	NHS Southern Derbyshire CCG	57	537,030	113	60	49
Nottinghamshire	NHS Mansfield and Ashfield CCG	31	186,111	41	19	19
	NHS Newark and Sherwood CCG	16	129,334	26	12	13
	NHS Nottingham City CCG	65	357,889	65	46	32
	NHS Nottingham North, East CCG	21	147,190	28	18	11
	NHS Nottingham West CCG	12	94,043	27	16	12
	NHS Rushcliffe CCG	16	122,791	23	22	18
	Out of area or unknown			1	8	22
Table 2		**284**	**2,063,223**	**429**	**261**	**227**

(Provider listings, names of practices, are available on request)

GENERAL PRACTICE
284 PRACTICES
£240 million

PHARMACY
429 PREMISES
£65 million

OPTOMETRY
227 PREMISES
£20 million

DENTAL
261 PREMISES
£82 million

LOCAL PROFESSIONAL NETWORKS

Our strategy includes wider primary care and its role in improving health. Our three contractor groups are community pharmacy, dental and eye health.

Community Pharmacy

There are over 11,400 community pharmacies in England; 1.6 million people visit a pharmacy each day, an average of 14 visits per person per year. Over 75% of adults use the same pharmacy all the time. Pharmacies in England dispensed more than one billion prescription items in 2012, more than 2.7 million items per day. 99% of the population can get to a pharmacy within 20 minutes by car and 96% by walking or public transport.

Pharmacists are the third largest group of healthcare professionals in the NHS after nurses and doctors. NHS England Derbyshire and Nottinghamshire Area team directly commission community pharmacy services from 440 pharmacies across the geography. Community pharmacies offer the public open access to trusted health care professionals, across wide opening hours and operate in the heart of their local communities. Pharmacists are experts in medicines use and their lead role in medicines optimisation has been recognised by the Government.

The current community pharmacy contractual framework consists of three tiers;

Essential services (dispensing prescriptions, repeat dispensing, disposal of waste medicines, self-care, signposting, promoting healthy lifestyles) and clinical governance which are commissioned by NHS England and must be delivered by all contractors.

Advanced services commissioned by NHS England, which can be delivered by all community pharmacies once accreditation requirements have been met. There are currently 4 advanced services medicines use review (MUR), the new medicines service, appliance use review and stoma customisation**.** Delivery of community pharmacy essential and advanced services is monitored by the Area Team using the nationally agreed community pharmacy assurance framework.

Locally commissioned services – which can be commissioned by NHS England, Clinical Commissioning Groups and Local Authorities in response to the needs of the local population. The Local Professional Network for pharmacy, hosted by the Area Team, will play a key role in ensuring that NHS England, CCGs and local authorities recognise the value and include community pharmacy in their commissioning plans and will provide the clinical expertise and input required to commission services from community pharmacy.

Eye Health

There are 214 optometry contracts across Derbyshire and Nottinghamshire with a value of £20 million and around 500 performers. There were around 400,000 General Ophthalmic Services (GOS) and 200,000 private eye examinations in 2013, (the GOS refers to an eye examination as a sight test). The budget for eye examinations and optical vouchers is centrally held and not limited. Contract compliance is monitored by the area team through the optometric advisor.

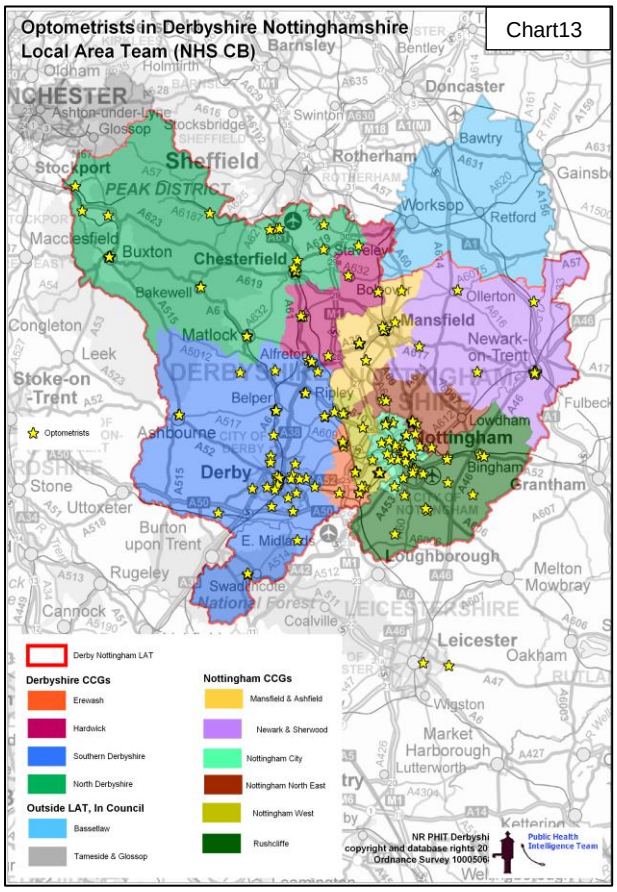
Dental Health

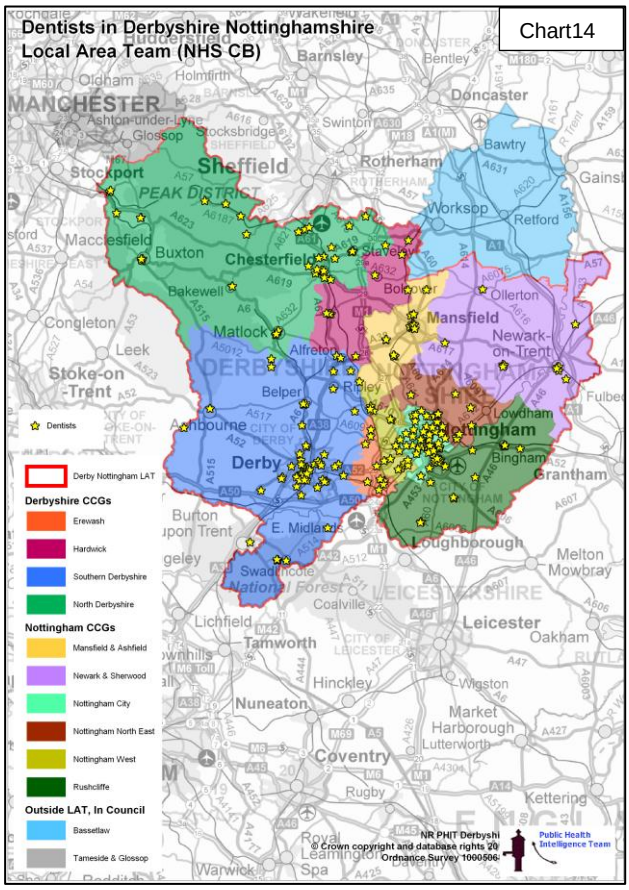
There are 248 dental contracts across Derbyshire and Nottinghamshire with a value of £82 million We commission the pathway across the community and hospital setting, in line with the referral to treatment targets within the NHS Constitution.

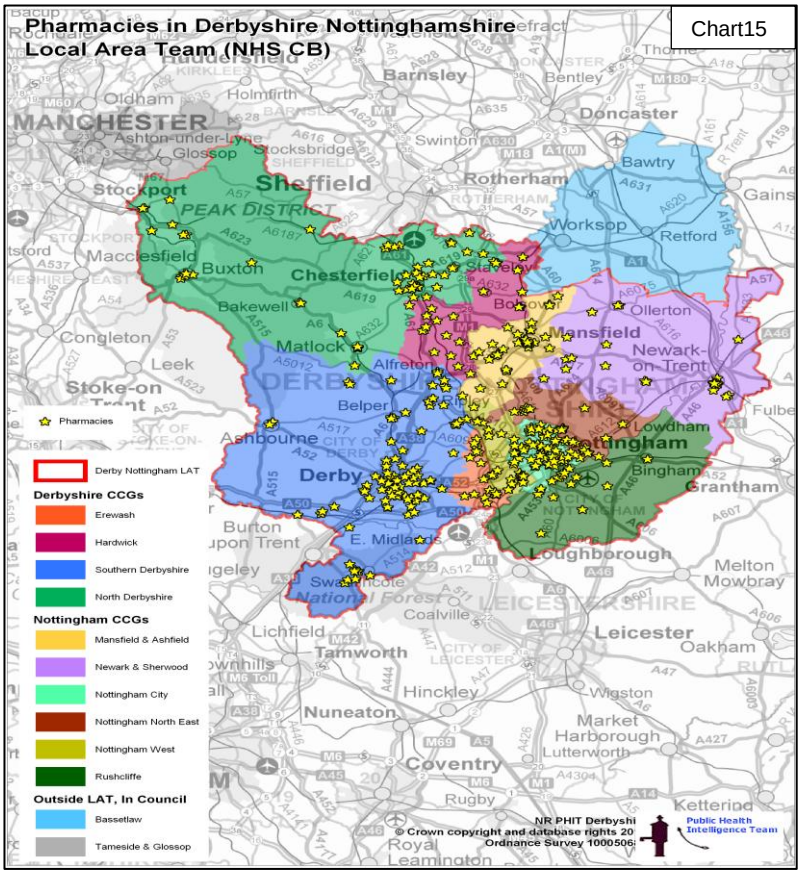
The national Call to Action reflects our local contractor engagement, more details available on the following links (further details on local engagement can be made available on request).

http://www.england.nhs.uk/?s=Call+to+action&search

PHARMACIES, DENTAL, OPTOMETRY (PROVIDERS)







AMBITIONS AND BUILDING BLOCKS OF STRATEGY (Five Ps)

The next section will describe how we plan to deliver an improved primary care system.

We have worked with CCGs and HWBs to agree an approach and how we will co-commission to align our plans with the wider system plans including the Better Care Fund, Units of Planning and HWB strategies.

Our strategy is focused on addressing the key issues relating to five building blocks of our local primary healthcare system:

Patients – covering the whole population with a focus on quality and inequalities for those who don't access services.
People – the workforce and how this is planned with patient and stakeholder involvement.
Processes – how primary care will transform to deliver the improved outcomes
Premises – fit for purpose, supporting the shift from secondary care with a golden thread to quality.
Payments – to move resources from secondary to primary care settings.

Working with our stakeholders we will set out our plans for each of the building blocks ensuring that patients are a central focus in all that we do.

We are directly engaging with our contractor groups so they are fully informed of our strategy and plans, and we are active in the ongoing developments and communications of such plans.

DELIVERY

We have detailed implementation plans for year 1 and 2 and actions for years 3 – 5 which show how we aim to deliver our ambitions. We will work hard in partnership with CCGs to deliver the strategy and develop a shared risk profile

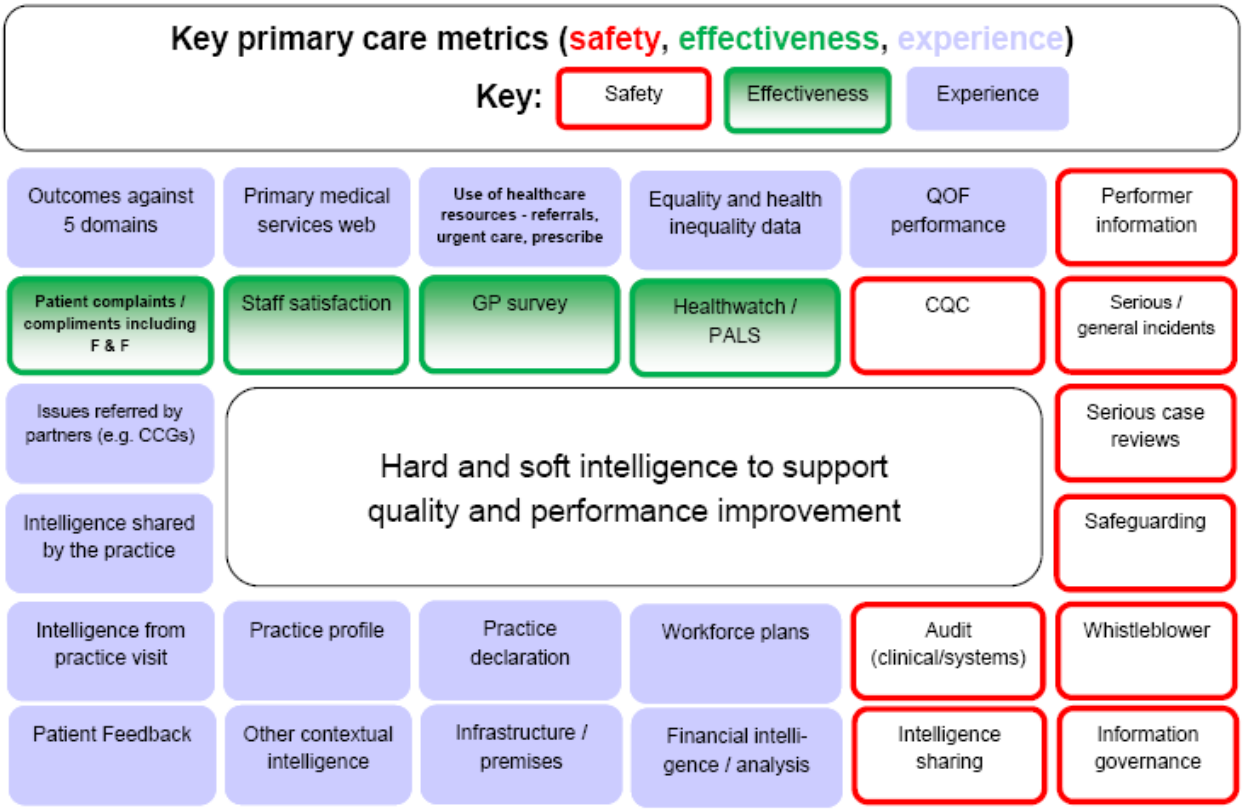
Click here to view our plans. www.england.nhs.uk/mids-east/dn-at

AMBITION 1 - PATIENTS

Ensuring patients have access to a core offer of high quality primary care that is continuously improving and delivering better health outcomes

The Area Team and CCGs are committed to improving quality and health outcomes for the population. Our approach is to bring together a range of data sources to measure improvement. These are shown in the primary care dashboard graphic below:

Table 3: The Primary Care Dashboard:



The area team has triangulated these sources and developed an assurance process for General Practices. This will be followed by a similar process for PODs. This allows the area team to identify those practices and contractors who require additional support to drive up overall quality. This will be transacted in deep dive reviews. Deep dive reviews will be undertaken with CCGs. We describe this process further in ambition three (processes). We will add metrics from our strategy into the dashboard to foster a culture of continuous improvements.

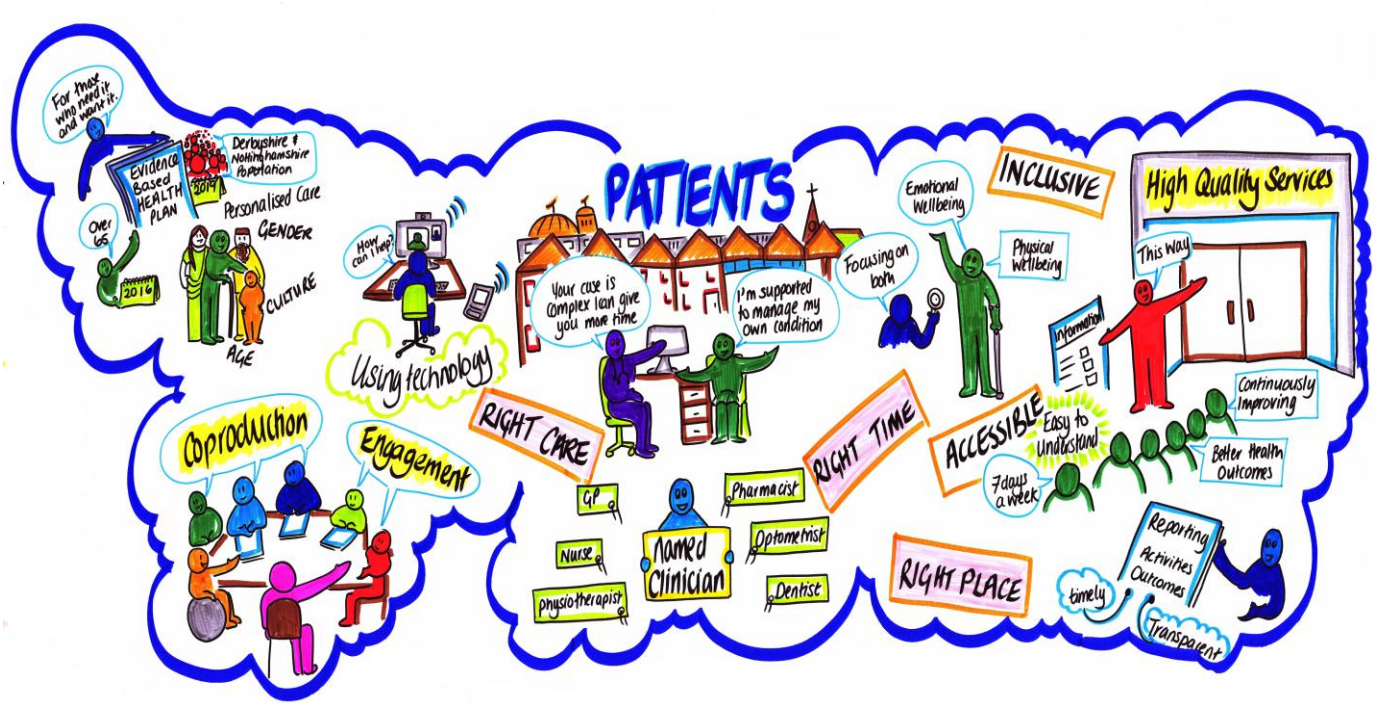
Formal weekly intelligence sharing meetings take place that triangulates patient complaints, performance management, contracting and quality to review all red rated issues for action

We are working with Public Health England to improve locality health outcomes as described in Everyone Counts. We will work to reduce health inequalities, improve integration and parity of esteem. A range of actions are supported by a detailed implementation plans.
For further details: www.england.nhs.uk/mids-east/dn-at

We will continually engage with patients to foster trust in our services and to improve service performance.

Our recent Call to Action engagement activities identified the following key themes that we have actions to drive forward, so patients are engaged and leading service planning and will cover a host of areas including:

- Patients as leaders – for service redesign and pathways
- Patients as experts in their own health care
- Patients and the public as assets to the system
- Carers at the hub of co-designed services
- Education for patients
- Patient led integrated health and social care
- Patient designed access
- Patient approved communications
- Patient involvement in better access to urgent care, in primary care and wider
- Patient tested and approved technology
- Patient friendly data, easily accessible and understood
- Patient views as part of the formal weekly intelligence reviews supplying real time soft intelligence



DELIVERY

We will have patient leadership and engagement at the heart of our commissioning system, driving improvements in primary care for patients and carers

AMBITION 2 - PEOPLE (WORKFORCE)

Developing and improving our People to be the best healthcare workforce.

The clinical workforce is responsible for delivering high quality care, and the NHS workforce constitutes some 80% of the healthcare budget. The Area Team is working with the Local Education and Training Committees, the royal colleges representatives, CCG clinical leads, chairs of the Local Professional Networks (LPNs) and representative committees to agree a workforce plan that is responsive and aligned to current and future plans.

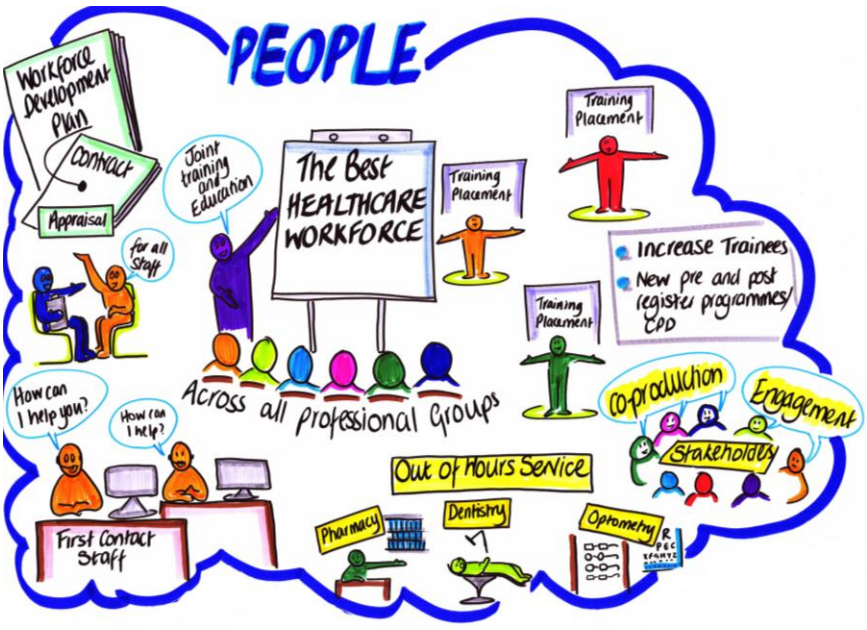
By working with the workforce lead in each CCG, the primary care workforce plan is aligned to commissioning plans, providing detailed scenario planning on best and worst case shifts of activity. We have a comprehensive patient and stakeholder engagement plan, and will agree the plan for support with Local Education and Training Committees (LETC).

The National Health Service (Performers Lists) (England) Regulations 2013 entrusts the responsibility for managing the England performers lists (medical, dental and ophthalmic) to NHS England as the commissioner of primary care services. The Area Team maintains the performers' lists which includes all the primary care contractor groups but excludes support staff such as nurses. Each of the performers groups is also separately governed by their respective professional regulator and the Care Quality Commission (CQC).

The Area Team has a robust revalidation and fitness for practice system to quality assure primary care contractors. For GPs this demonstrates that doctors on the GP or Specialist Register are continuing to meet the standards that apply to their medical specialty or area of practice and continue to deliver high standards of care to patients. Through annual appraisal it promotes Continuing Professional Development amongst GPs by encouraging improvement in the quality of care, patient safety, team-working, communications and appropriate behaviour.

For nursing and allied health professionals a code of conduct applies as part of their registration with their professional body. This upholds quality standards that must be adhered to.

We need to foster improvements in clinical leadership and promote a positive culture in primary care. We need to engage and communicate better with our workforce.



"GPs have always trained in a variety of hospital specialities but why not the other way around? This need not include exposure to all of primary care but why not take a Geriatric Registrar out of hospital for 6 months and second them to primary care where they have a remit only to consult with patients over 70? "

Dr. James Betteridge - GP Registrar , Derbyshire

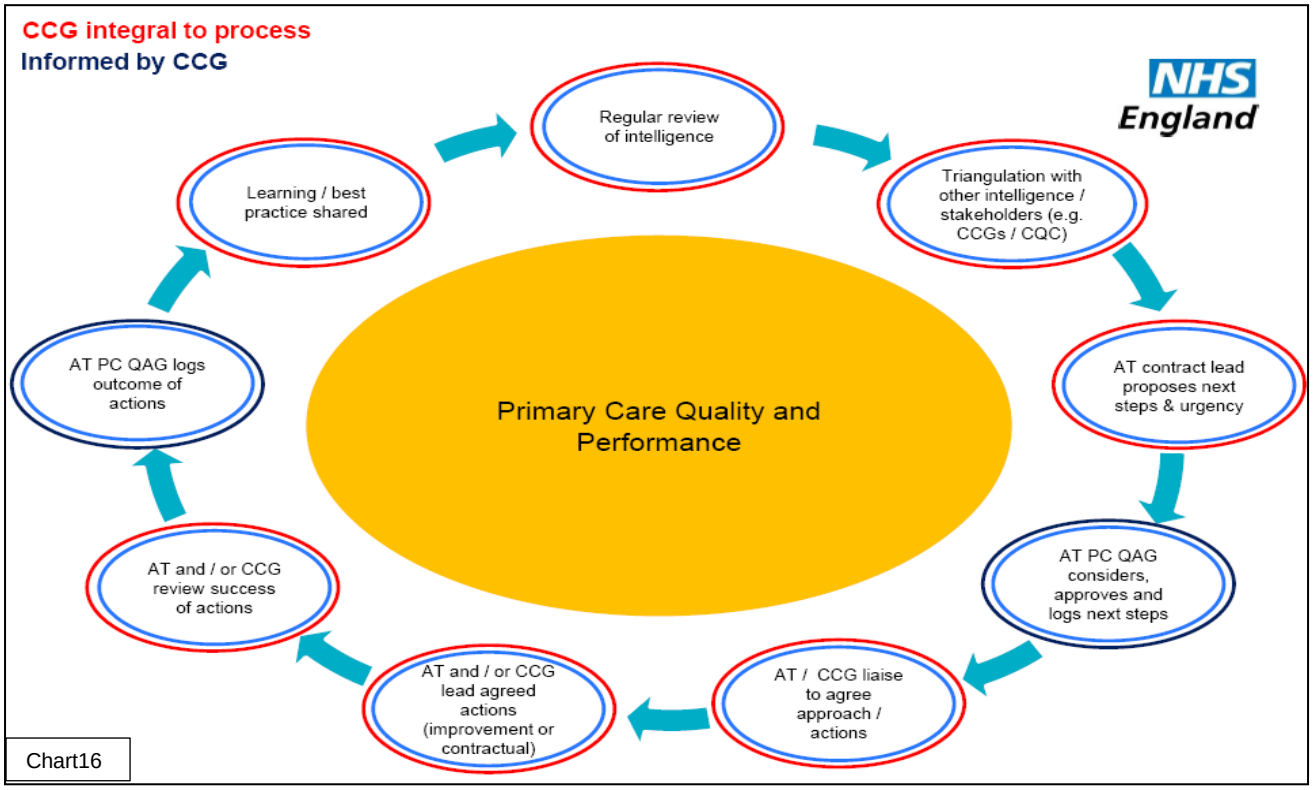
AMBITION 3 – PROCESSES

Supporting the processes of transformation by innovation, excellence in monitoring and evaluation, and development at pace and scale across primary care

The Area Team has already established co-commissioner arrangements with the CCGs to align the processes that will deliver improved outcomes for the population. This approach continues to be developed and includes the improving quality across the contractor groups with agreed principles:

- Shared commitment to improving quality and ensuring that our collective resources secure a sustainable NHS.
- Maintaining a clear distinction between quality monitoring (performance assurance) and quality improvement (transformation).
- Jointly building momentum for change and liberate primary care practices/contractors as long as they are delivering contract.
- Ensuring clinical leadership of and patient/public participation in quality improvement.
- Respecting each other as independent statutory organisations.
- Partnership working and sharing between Area Team (AT) and CCGs on common themes (e.g. urgent care)
- Openness, transparency and effective communication ensuring 'no surprises'.
- Accounting to each other for areas of lead responsibility.
- Sharing and triangulating a broad range of quantitative and qualitative intelligence from the dashboard to accurately inform quality improvement in primary care, delivered through deep dive reviews

This approach to deep dive reviews is captured in the diagram below:



AMBITION 4 - PREMISES

Our premises will be aligned to meet the needs of the population

NHS England expects GPs, dentists, pharmacists and optometrists to deliver services from high quality, fit for purpose and sustainable premises.

The Derbyshire and Nottinghamshire Area Team and CCGs' strategies should result in a shift of appropriate hospital services into primary and community settings. They also signal greater use of innovative technology to deliver care and support self - care, for example using technology similar to Skype for patient appointments.

The development of premises therefore needs to address both the quality of premise, but also align with and support the Area Team and CCGs' strategies.

Dental, optometry and pharmacies are responsible for ensuring that the premises they deliver services from are compliant and well maintained.

Whilst GPs are responsible for their premises, one of the functions of the Area Team is to reimburse GPs for rent, rates and clinical waste services and invest in new GP premises and premise improvements.

In order to make sure that the Area Team is investing in the right GP premise developments the current estate must be assessed and solutions developed in line with the overall system objectives. When considering the option of a new development the Area Team will look to solutions that are innovative, make best use of existing public sector estate, demonstrate value for money and ideally deliver savings within the health economy.

GP Premise Development Process

Currently there is a mixed portfolio of premises ranging from purpose built Primary Care Centres to residential based surgeries. Some urgently require work which is dependent on the NHS Property Services (NHS PS) offer. Work is ongoing nationally to address the premises issues inherited by NHS England and a process for evaluating business cases is being developed to enable Area Teams to make informed decisions, making best use of public money. Within this process it is anticipated that business cases will be considered and weighted against set criteria to enable proposals to be benchmarked and approved to deliver solutions in the areas of greatest need.

Before the Area Team considers a new build we would expect the following options to be looked at internally by the practices:

- Room utilisation audit and evidence of the outcomes being implemented
- Workforce implications
- Population implications
- Compliance implications
- Consider options for flexibility – extension of hours, different configuration of services, staggered surgeries etc.

Once the above options have been explored and it is agreed that a new build is the only solution a business case will be submitted for consideration.

AMBITION 4 – PREMISES

NHS PS were set up primarily to manage the premises that were previously owned or leased by Primary Care Trusts (PCTs) and they have taken on a landlord role for the tenants located in the buildings. They will also act as technical advisors to the Area Teams in their consideration of business cases and attended design meetings as required to provide professional advice. A service level agreement is being drafted between NHS England and NHS PS detailing the responsibilities for each organisation.

Practices that are located within NHS PS buildings will be charged rent for the space occupied and the Area Team will reimburse the practices for space used to undertake core contract services. If there is any void space within these buildings then the commissioner will be responsible for the rent of the buildings until a new tenant is found. As we could be paying for vacate space it is essential that we understand what space is available within the local NHS estate before approving new developments.

To ensure that primary care is delivered from safe, compliant premises we have compiled a capital plan that will be refreshed and updated in line with national directives and our strategy.

AMBITION 5 – PAYMENTS and INVESTMENTS

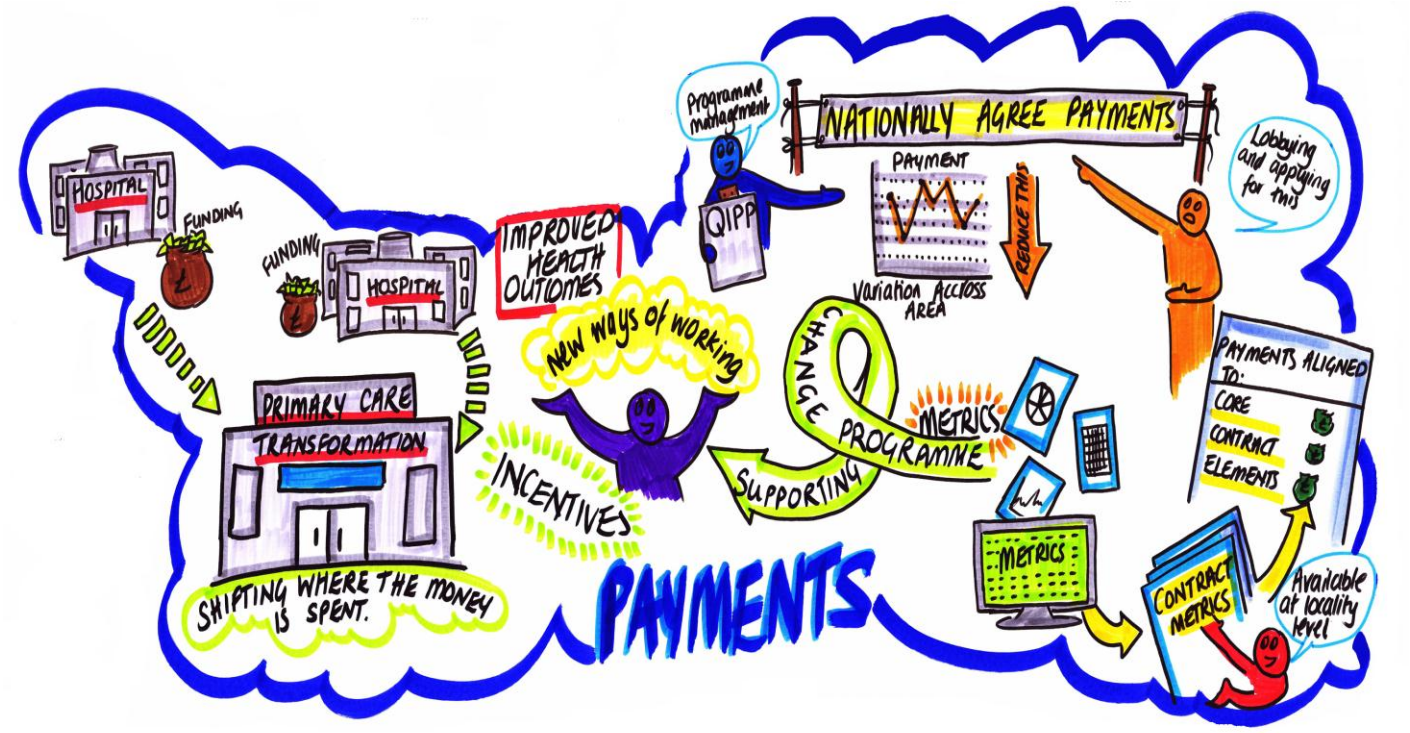
To develop the payments and incentives system to reward improved outcomes and secure value for money

The Area Team is responsible for administrating the payments for the national and local negotiated contracts for primary care, including General Medical Services, Personal Medical Services, General Dental Services, General Optometry Services and General Pharmacy Services.

As we build on our co-commissioning processes we will work with CCGs to strengthen GP commissioning and the underpinning payment system.

As we move to improve health outcomes we aim to ensure that the payment system is aligned. The shift of services from secondary to primary care is a shared objective of all CCGs. The system needs to allow resources to follow the patient.

This ambition is linked to ambitions one to four.



PRIMARY CARE EXPENDITURE PLAN

The planned expenditure for Derbyshire and Nottinghamshire Area Team in 2014/15 on Primary Care is £417 million across GP, Dental, Ophthalmic and Pharmacy services.

Application of Primary Care Funds	2014/15 £000s
GP Services	250,237
Dental Services	77,021
Ophthalmic	19,890
Pharmacy	62,966
NHS Property Services	2,725
Other	1,615
Reserves	0
Contingency	2,349
Total Application of Primary Care Funds	**416,804**

The planning process for Derbyshire/Nottinghamshire Area Team identified a number of primary care risks arising from the national economic climate and the impact of contract changes to be implemented during this financial year. The main risks are shown below:-

- Impact of GP Contract / QOF changes
- Growth levels different to planning assumptions and historic trends
- Non delivery of Quality, Innovation, Productivity Performance (QIPP) Schemes
- Property services
- Dental Prescribing – unable to quantify from current data levels and no confirmation of funding flows to transfer
- Prescribing in Trusts / Local Authority – costs exceed funding available

To mitigate the risks above the Derbyshire and Nottinghamshire Area Team has a 0.50% contingency reserve (£2.3 million) and a non-recurrent reserve of £2million.

As part of the planning assumptions for primary care the QIPP target for 2014/15 is £4.3million, the schemes below have been developed to deliver the savings required:-

- GP Contract alignment – removing unwarranted variation
- Post Payment Verification
- Personal Medical Service (PMS) Reviews – removing any PMS Premiums
- Minimum Practice Income Guarantee (MPIG) Review
- Dental Contract Reviews

JOINING THE PLANS FOR BETTER HEALTHCARE NOW AND IN THE FUTURE

All CCGs plans and underpinning business cases for transforming General Practice and wider primary care aligned to their CCG plans, Units of Planning, Better Care Funds and HWB strategies.

These plans set out transformational aspirations for the next 5 years, full details can be found in the links to the CCGs, see the table below:

Table 7

Erewash CCG	www.nhserewash.com
Hardwick CCG	www.hardwickccg.nhs.uk
Southern Derbyshire CCG	www.southernderbyshireccg.nhs.uk
North Derbyshire CCG	www.northderbyshireccg.nhs.uk
Nottingham City CCG	www.nottinghamcity.nhs.uk
Nottingham West CCG	www.nottinghamwestccg.nhs.uk
Nottingham North and East CCG	www.nottinghamnortheastccg.nhs.uk
Mansfield & Ashfield CCG	www.mansfieldandashfieldccg.nhs.uk
Newark and Sherwood CCG	www.newarkandsherwood.nhs.uk
Rushcliffe CCG	www.rushcliffeccg.nhs.uk

SYSTEM WIDE PLANS - EMERGING THEMES

Our strategy is aligned to the CCG plans and HWB strategies, have common themes and objectives around access, developing multi-disciplinary teams, technology and improving patient experience

DEVELOPING

Integrated care in the community

- Primary care contractors embedded in community care teams
- Patient support in community
- Developing and embedding carer support

DEVELOPING

Use of technology

- Applied use of evidence based technology
- Online registration
- Online booking appointments
- Online booking of prescriptions
- Telecare and healthy living apps

IMPROVING

Access to primary care

- Standardised access
- Seven day access to routine care where agreed with the population
- Multi-disciplinary teams working across primary care
- Patient Participation Group (PPG) support in reducing missed appointments, did not attend (DNAs)
- Implementing evidence based personal health plans

IMPROVING

Management of long term conditions and personal care

- Longer appointments for those most in need
- Named clinician for ages 75+
- Proactive management
- Support to carers

IMPROVING

Patient experience and safety across domains 4, 5

- Parity of esteem
- CQC compliance
- Continuity of care
- Right care right place right time
- More self-care
- Safeguarding
- Complaints resolved

IMPROVING

Health outcomes across domains 1-3

- Lower rates of CVD
- Improving mental health with a focus on
- Improving care of asthmatics
- Lowering rates of diabetes

WORKING TOGETHER

- Joint, integrated working across boundaries
- Supporting federating & mergers
- Increasing the primary care workforce
- Joint training and shared learning where appropriate

Each CCG has developed its own plan either in the form of a local primary care strategy or as part of their wider plans, further details are available on CCG web sites listed on page 32.

LOCAL INITIATIVES - CCG PLANS FOR GENERAL PRACTICE

Patients have told us what they want to see, we therefore have a number of agreed actions to significantly transform the GP services.

The Area Team has focused on co-commissioning with CCGs and GPs to look at a transformation offer of general practice. This was successful in securing an additional resource of £5.2m from Prime Ministers Challenge Fund.

These co-commissioning actions create a compelling picture of how general practice will be improved across a large population, at speed, and delivering value for money. We are testing new ways of working, and our patients in some areas and localities will be able to choose to:

- Access their general practice from 8am – 8pm including access to routine appointments on Saturdays and/or Sundays
- Have a variety of ways to communicate with their practices, including access to email, Skype and phone consultations according to their choice
- Request electronic prescriptions and use online booking for appointments
- Use on-line registration for their general practice, and have a greater choice of practice
- Have access to joined-up urgent care and out-of-hours care
- Have greater flexibility in how they access general practice
- Use telecare to help manage their conditions in their own homes, including using healthy living apps

Our premise is straightforward. The member practices are implementing action plans to quickly deliver local improvements in patient care. This will be supported by a rigorous framework of evaluation and a primary care learning collaborative to roll out, at pace and scale, the improvements which we've made in one area to the rest of Derbyshire and Nottinghamshire, so not only will patients see the benefits in the areas they'd requested, they will also see improvements based on the projects carried out in other areas. Table 8 illustrates the range of areas being tested.

Dr Ian Matthews, Deputy Medical Director, Area Team and local GP articulates this vision

"…this aims to produce high quality, innovative and accessible general practice services for the people of Derbyshire and Nottinghamshire, with a commitment to roll out our successes to see this vision achieved quickly for our entire population"

Having involved so many general practices and patients across the two counties, this brings the opportunity to test new models for general practice identified, namely;

- More integrated approach to providing general practice and wider out-of-hospital services with the GP at the heart of the team, with opportunities for staff to rotate between hospital and community services.
- A more integrated approach to providing urgent care services across a local health economy including GPs integrated at our Accident and Emergency departments
- Extending choice by enabling practices to grow their lists, taking on patients from outside traditional boundary areas, with GPs sharing information, where patients choose this.
- More innovative ways for people to access and relate to general practice, with GPs providing services which would have been previously delivered in a hospital.

The Challenge Fund actions are part of wider system plans which include local actions for delivering the Better Care Fund and the strategies for the Units of Planning and HWBs. These can be accessed via the CCG links highlighted above.

The following table illustrates the Challenge Fund activities being undertaken by some of the CCGs. They are in addition to a range of development so should not be seen in isolation. During 2014 - 15 a significant number of our General Practices will be supported to test various new ways of working:

Area	CHALLENGE FUND Project Overview
12 GP practices across Erewash	**Primary Care Innovation – Integration & Access** Table 8 • Multi-disciplinary support team for care homes • Access 8 am -8 pm, 7 days per week • Home visiting model
Named GP practices across Hardwick	**Project 1 - General Practice & Workload Pilot** • Theory of Constraints to remodel capacity and demand in primary care **Project 2 – Building Social Capital to Improve Care** Link patients up to existing voluntary services and community organisations in a quicker and better way, to • Support patients to manage their own care with the help of local community and voluntary services • Reduce demand on the NHS and social care, particularly at night • Build and support existing social capital
Named GP practices across Mansfield & Ashfield/Newark & Sherwood	**Mid Nottinghamshire Primary Care Challenge: commissioning more responsive urgent primary care** • Integration of in- and out-of-hours urgent care • Changing patient flows to get the right clinical decision first time • Single front door and extended hours
Named GP practices across Nottingham City	**Enabling / supporting primary care quality and development in the City** • Creation of 8 joint Health & Social Care Delivery Groups • Introduction of Neighbourhood Teams • Standardisation of access to primary care
Named GP practices across Nottingham North and East	**General Practice Same Day/Urgent Care Service – roll out of pilot in one locality in Nottingham North & East CCG** • Extend roll out of GP extended team • Releasing GP time to manage long term conditions
12 GP practices across Nottingham West	**Engaged Practice Scheme** • Define and deliver a common policy for improved access • Systematic review of all potential referrals and detailed recording of all actual referrals for ongoing learning • Education programmes for clinical and non-clinical staff • Active promotion of a Safety Culture • Clinical Leadership supporting Patient Pathways
Named GP practices across Rushcliffe	**Transforming General Practice in Rushcliffe CCG** • Common set of access standards • Extended hours of service and 7 day services • Extended range of access services • “MyRecord” personal web space
All practices across Southern Derbyshire	**Improving patient on-line access** Including patient records, ability to book appointments, register with a GP and order electronic prescriptions, with a target of increased utilization, aiming for full coverage across all practices.

Primary Care Community Pharmacy Strategic plan 2014-2016

The Derby/Notts Community Pharmacy Health LPN will work in partnership with our stakeholders, including patients, CCGs, secondary care colleagues, and local authorities to develop safe and cost- effective pharmaceutical services.

Strategic Themes

Raise awareness of the role of the community pharmacist
Work with stakeholders to raise public and health care professional's awareness of the wider role of the community pharmacist

→ Promote the role of the community pharmacist in providing health advice, signposting and self-care advice via both local and national media campaigns to ensure the local population are aware of the wider role of community pharmacy beyond dispensing.

Role in urgent care – Develop the role of pharmacy to help to support GP services, out-of hours providers and A&E

→ Commission emergency supply service in the Out of Hours period.

AT to commission community pharmacy to provide flu vaccinations particularly for hard to reach group

Year 3-5: Minor ailment scheme to be commissioned across both Derbyshire and Nottinghamshire focussing on area of deprivation

Joint working with GPs Initiate pilot projects to develop working relationships between community pharmacists and GPs e.g. electronic repeat dispensing

Establish the role of community pharmacists in long- term conditions e.g. Managing patients with respiratory disease to get improved outcomes from using inhalers correctly.

Develop pilot projects for independent prescribing community pharmacists, to undertake clinical medication review of specific patient groups.

Work with secondary care to resolve medicines interface and safety issues

Medicines Optimisation Patients will get the best outcomes from taking their medicines correctly.30 – 50% of patients do not take their medicines as intended by the prescriber

To work with the CCGs and providers, to develop services to minimise the volume of unused medicines ordered by care homes.

Build on MUR and NMS services to support long term conditions management ensure appropriate patients are referred to community pharmacy post-discharge to improve concordance and medicines related readmission.

Developing the public health role of the community pharmacy 'Community pharmacy could play a major role by providing effective and accessible public health services' (NHS Confederation – Health on the High Street 2013)

→ Develop and implement the Healthy Living Pharmacy concept across Nottinghamshire and Derbyshire. To work with the LETBs to ensure that all pharmacies have a trained member of staff accredited as a Healthy Living Champion

Overseen through the following governance arrangements

- Community pharmacy LPN through Executive steering group

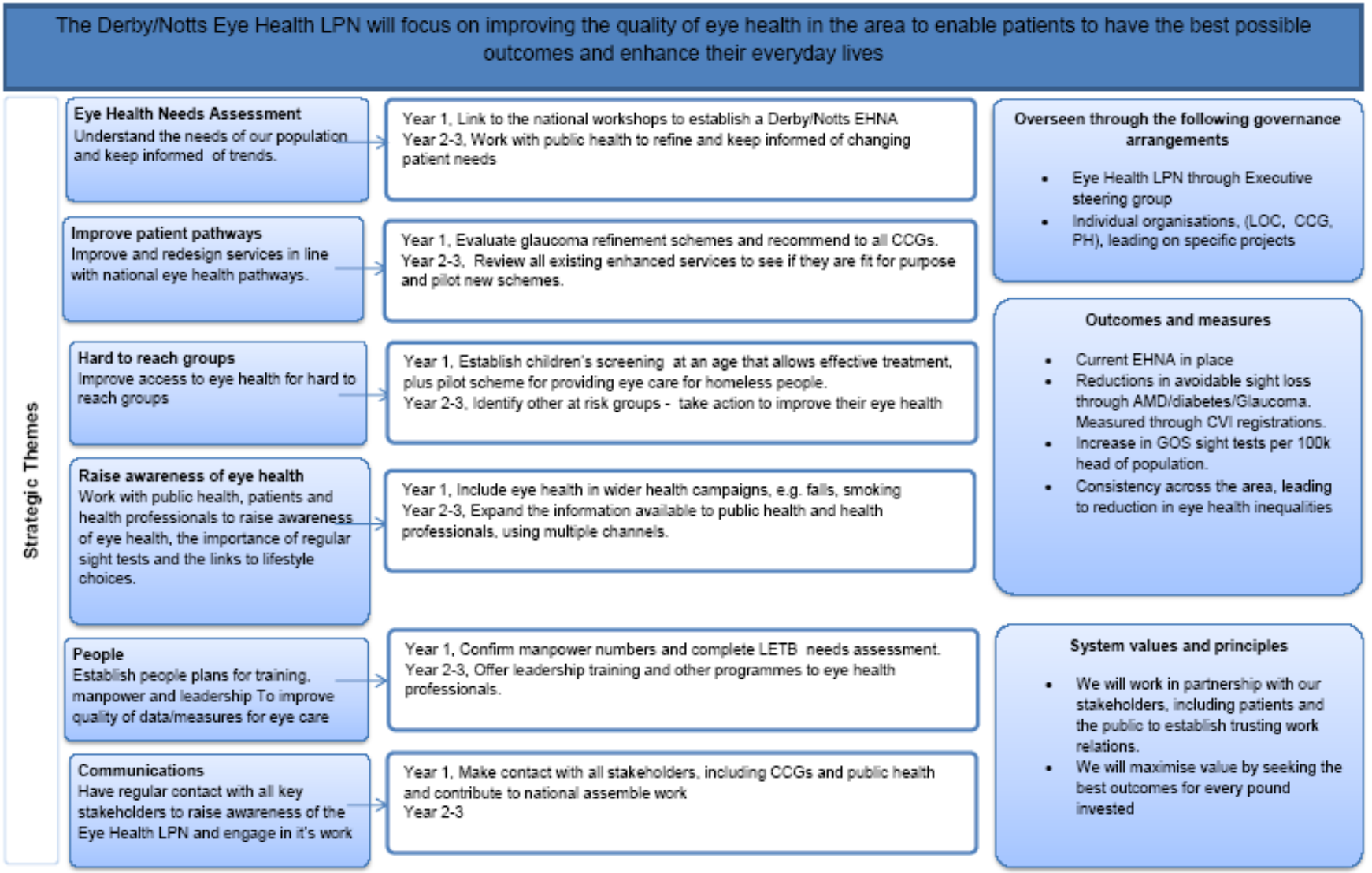
Outcomes and measures

- Updated pharmaceutical needs assessments, co-produced with local authorities in place by April 2015, to support robust market entry processes
- Volume of waste medicines reduced
- Consistency in pharmaceutical services offered across the area team's geography

System values and principles

- We will work in partnership with our stakeholders, including patients, CCGs, secondary care colleagues, and local authorities to develop safe and cost- effective pharmaceutical services.

Primary Care Optometry Strategic plan 2014, 2015-2016



Primary Care Dental Strategic plan 2014-2016

The Derby/Notts Dental LPN will focus on improving oral health by enabling patients and the public to access evidence based quality dental advice and care

Strategic Themes

Oral Health Needs Assessment Understand the needs of our population including inequalities in oral health and access to prevention and dental care services. Essential to underpin all future dental commissioning decisions.	**2014** - Work in collaboration with Local Authority Public Health teams and Public Health England to develop a comprehensive oral health needs assessment (OHNA) that will identify areas and groups with greatest need and permit targeting of resources that will meet those needs and accrue most benefit. **2015/16** – Seek to maintain and add to resource as additional data becomes available.	**Overseen through the following governance arrangements** • Dental LPN through Executive steering group working to agreed terms of reference. • Individual workstreams leading on specific projects
Improving oral health Access to evidence based prevention and treatment services Future dental contract reform is underpinned by oral health improvement and a greater emphasis on prevention.	Raise awareness of guidance in Delivering Better Oral Health (3rd ed) – expected May2014 - with all dental providers. Explore methods of increasing prevention in practice All new contracts and contract variations underpinned by evidence based prevention.	**Outcomes and measures** • OHNA in place • Improved access to high quality dental services for hard to reach groups and patients with special needs. • Cost effective specialist care delivered in primary care settings with fewer referrals into secondary care
Improving access to dental care Access to evidence based dental services in primary care appropriate to need and with equitable provision for hard to reach groups.	**Urgent in hours care and Out of hours care** Dental commissioning team to undertake service review **Special needs / Vulnerable patients / Older patients** Respond to commissioning guidance and OHNA **Bariatric services** Service specification and implementation. Monitor and review **Bariatric services** Develop and implement service (April 2014) and evaluate at end of first year. **Anxious patients** Explore potential for development of referral services for CBT and sedation.	**System values and principles** • We will work in partnership with our stakeholders, including patients and the public to establish trusting work relations. • We will maximise value by seeking the best outcomes for the investment

Redesign of services using a pathway approach.
In the future the entire dental pathway will be commissioned as an integrated model of service delivery first outlined in *Securing Excellence in commissioning NHS dental services*.

A care pathway approach is proposed to align with the NHS England single operating model. This will ensure consistency in delivery of dental services both in the sequencing, effectiveness and quality of care with a focus on patient outcomes.

National development includes contract reform pilots and development of specialty pathways.
Managed Clinical Networks

Secondary care services
Undertake a scoping exercise of the various options to establish the best fit for commissioning and managing secondary care and of the potential to move elements of secondary care provision into specialist led primary care settings.
Build on the pathways that have already been developed in the Area Team for minor oral surgery and implement national pathways as they become available for this and other specialties.

Managed Clinical Networks
Continue to support orthodontic MCN.

Dental Teams
Development of skill mix.

Confirm dental team numbers and complete LETB needs assessment.
LPN engages with HEE about training needs highlighted by work streams.

Partnership working
Patients, the dental community and other partners in health, local government and the voluntary sector.

Regular contact with dental teams – awareness raising of LPN work streams and invitations to become involved.
Engage with national and regional LPN assemblies, steering groups and agendas
Engage with patients and the public and wider networks (health, local governments)

OUTCOMES

Our detailed implementation plans have clear actions that will lead to the delivery of improved outcomes and actions against our strategy. Click here for more details: www.england.nhs.uk/mids-east/dn-at

PATIENTS will see a difference…

- In improved health for biggest areas of need such as cardiovascular disease, mental health, diabetes, cancer, respiratory disease, life expectancy, inequalities and deprivation
- In better access with seven day services available routinely, in their experience with dealing with well-trained front line staff and have access to longer appointments with their clinicians
- In having equal access, equal effort, equal status and equal aspiration to ensure parity of esteem
- In their hospital dental care organised from primary care so that their treatment is timely and in line with NHS constitution
- For learning disability patients, there will be pro-active care using personal health plans including plans for carers
- In improved safer services through our quality monitoring and CQC reports coupled with supporting improvement, measuring and reporting success through our dashboard

Our PEOPLE will see a difference…

- Approximately 150,000 carers will be prioritised through better identification support and planning with their care team, focussing on mental health and learning disabilities in year one
- Working in primary care with improved workforce plans and recruitment and retention strategies targeting GPs in year one
- People will want to work in the NHS as we build our excellent organisation and attract and retain the best people with the right values
- Working in an integrated team as primary care is redefined to release GP time to be at the heart of primary care
- People will co-design services with us and hold us to account through our patient leader group and other public and patient groups reporting to Health and Wellbeing Board on progress, using the dashboard as evidence

Our Processes will be different…

- They will be open and transparent and we will co-commission with our CCGs so that our plans are aligned and we can spread best practice at pace and scale
- They will assure our public using the quality indicators in the dashboard to report to all of our stakeholders
- They will ensure consistency with CCGs as co-commissioners, and we will constantly refresh and align our plans

Our Premises will be…

Fit for the future with action plans in place to address those buildings most in need

Our Payments and investments will be…

Open and transparent for all our business, showing value for money for improved quality

RIGHT CARE

- Identify high risk patients
- Proactive use of clinical contacts, identify LTCs
- Find the missing patients
- Develop appropriate registers
- Focus on hard to reach
- Build on QOF targets
- Challenge practices who are lowest performers

RIGHT PLACE

- High quality care, in community
- Clear pathways
- Referral triggers, with appropriate escalation
- Support for prompt discharge

RIGHT TIME

- Early diagnosis
- Easy and prompt access
- Effective and timely management
- Delay and prevent mortality/morbidity
- Best outcomes for patients

What does this actually mean for patients in Derbyshire and Nottinghamshire?

By 2019 we will:

- **Reduce 8.7% of potential years of life lost**
- **Ensure treatment for at least 4,600 additional patients, 65.1%, with Atrial Fibrillation**
- **Have 100 less people suffering from heart attacks in the under 40 age group**
- **Treat an additional 610 people with dual therapy for heart failure**
- **Develop health plans for the 26,733 patients with raised blood pressure**
- **Targeting improvements in the early detection and screening rates for cervical cancer, to ensure all practices achieve 70% + uptake. For practices above 80% target vulnerable and high risk groups**
- **Identify 25% of estimated undiagnosed patients with COPD**
- **Identify the missing 1,700 patients with mental health issues**
- **Implement 157,000 Health Plans for the over 75s**

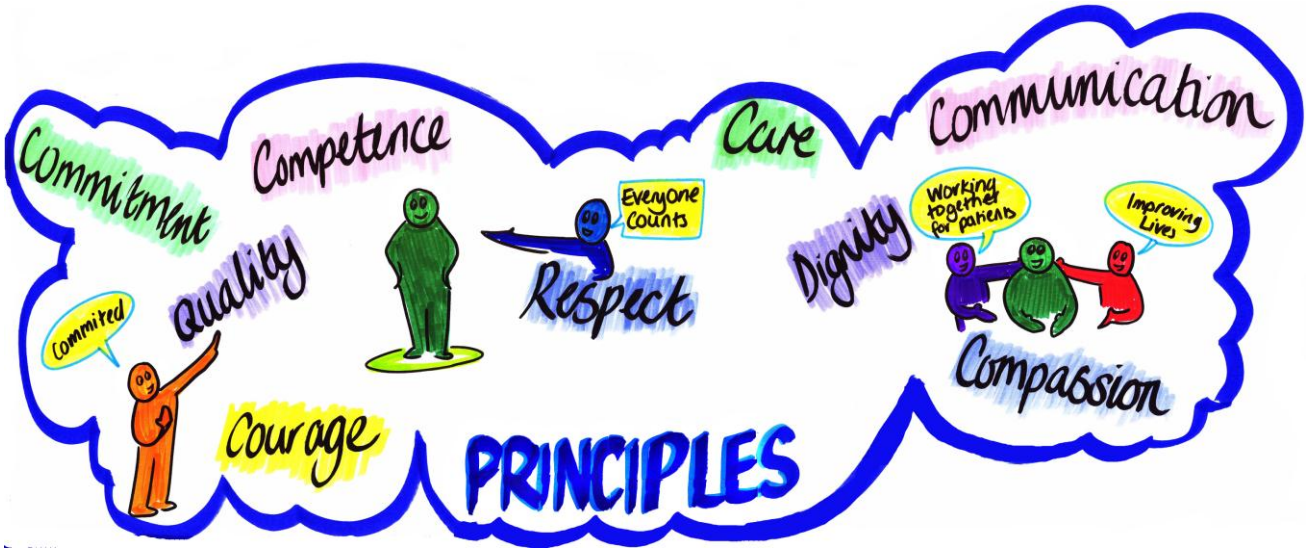
Further work will be carried out in collaboration with Public Health England, CCGs and practices to further develop and model our aims for improving outcomes in each major disease category.

FUTURE VIEW

In recognition that we are at a particular point in time with developing the strategy and with data and knowledge available we have committed to work with Public Health England colleagues to conduct further analysis and predict and articulate more accurately the benefits for patients in implementing our strategy.

In addition we will continue to work with healthcare providers and workforce organisations to ensure that we have a flexible workforce able to provide the right care in the right place and at the right time.

We will work with NHS England and other partners to improve our levers for change in terms of financial and estate constraints.




What does my healthcare feel like in 2014?
What does my healthcare feel like in 2019?
I am really worried about my test results, but never seem to be able to see my GP for long enough.
I can now see my Dr for an extended period and he helps me manage my long term condition better. I like my personalised care.
I wish I could spend more time with some of my patients
I have more time planned to see my more complex patients.
I don't want to go into surgery to see the Dr, it would be great if he could Face Time me...
I can Face Time my GP!
If only I could get this test done on a Saturday
I can have my test on Saturday so it doesn't affect my work.
I really like my GP, I feel so reassured when I get to see her
My GP helps me to look after myself, so I don't need to come in as often.
I want to go home, I don't like being in hospital, can I be cared for at home?
I can leave hospital and get followed up at home.
I wish that I could spend more time helping patients to look after themselves more.
I really like helping patients with their personalised care and support them.
We could help the patient without them seeing their GP
We can help this patient now without them seeing the GP.
Why do I have to give you my details everytime I get seen by another service?
My care team has access to my records.
I am cocerned about my health but the information on the web is confusing me.
I have an NHS app on my phone that tells me all I need to know about my condition, it's great and reliable.

GLOSSARY - ABBREVIATIONS AND DEFINITIONS

TERM	DESCRIPTION Table 9
AHSN	Allied health science network
AT	Area Team
CCG	Clinical commissioning group
CLAHRC	Collaborations for leadership in Leading applied health research and care
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular disease
DNA	Did not attend
EQIA	Equality Impact assessment
GP	General Practitioner
GPOS	General practice outcome survey
GPPS	General practice patient survey
HLIS	Health link information system
HWB	Health and wellbeing board
IT	Information technology
JSNA	Joint strategic needs assessment
KPI	Key performance indicator
LETB	Local education and training board
LETC	Local education and training council
LDC	Local dental committee
LMC	Local medical council
LOC	Local optometric committee
LPC	Local pharmaceutical committee
LPN	Local professional network
LTC	Long term condition
MPIG	Minimum practice income guarantee
OOH	Out of hours
PALS	Patient advice and listening service
PDR	Personal development review
PHP	Personal health plan
PMS	Personal medical services
QIPP	Quality innovation productivity performance
QOF	Quality outcomes framework
POD	Pharmacy, Optometry, Dentistry
RCGP	Royal college of general practitioners
RTT	Referral to treatment