East London Health & Care Partnership

Primary Care Strategy

NORTH EAST LONDON

Strengthening Primary Care in North East London

Appendices

Appendix I
Primary Care Strategies Focus across NEL

All strategies are focussed on delivering 5YFV and GPFV, which includes high quality of care, extended access, new models of care and workforce development.

Development of new models of care, digital technology and provider maturity is varied across north east London. The NEL wide primary care strategy brings these strategies together and focus all areas in delivering the same goal, while acknowledging the different starting points for each borough.

NHS Newham CCG
Federation: Newham health Collaborative
Networks: 8 clusters (51 GP Practices)
GPFV Total Transformation Funding: £1,760,812.75

Developing primary care services to meet demand now and into the future (2013 strategy refresh – 2017)
The strategy supports the development of sustainable primary care services, which can meet demands now and into the future in line with 5YFV and GPFV. Highlights six key areas:
Building resilient primary care services
Integrating local healthcare systems
Improving population health
Investing in primary care facilities
Developing a sustainable workforce
Using technology to improve patient care
Implementing the primary care strategy

NHS Redbridge CCG
Federation: Healthbridge Direct
Networks: 4 Networks (45 GP Practices)
GPFV Total Transformation Funding: £1,491,960.95

Transforming Primary Care in Havering – a strategy for the development of general practice and place based care 2016-2021
The vision is to combine primary care with other community-based health and social care into a place-based care model with productive general practice at its foundation and GPs overseeing care for their patients. Each of the localities in Redbridge where neighbouring GP practices work together will be a 'place', and the vision is therefore to establish locality-based care across all health and social care services for the populations within those geographical localities.

NHS City & Hackney CCG
Federation: City & Hackney GP Confederation
Networks: 8 Neighbourhood's (43 GP Practices)
GPFV Total Transformation Funding: £1,511,161.35

Primary Care Strategy 2015
City and Hackney aims to:
- Be in the top 5 CCGs London in terms of quality
- Be an attractive place to work for existing and new primary care staff
- Deliver safe services
- Have services that are resilient by being productive, efficient, safe and value for money
- Have services that are of high quality and offer comprehensive patient support
- Have services that are accessible
- Reduce health inequalities
- Have services in primary care which integrate with other commissioned services

GP Federation representing all 43 Practices.

NHS Tower Hamlets CCG
Federation: Tower Hamlets GP Care Group
Networks: 8 Networks (36 GP Practices)
GPFV Total Transformation Funding: £1,217,346.56

Main Priorities in Primary Care are:
- Making Tower Hamlets the best place to work, and the best place to receive care: Enabling quality improvement in practice (EQUIP) programme.
- Building resilience in general practice
- Delivering the GP Forward View
- Primary care patient engagement

NHS Havering CCG
Federation: Havering Health Ltd
Networks: 3 Networks (44 GP Practices)
GPFV Total Transformation Funding: £1,458,151.16

Transforming Primary Care in Havering – a strategy for the development of general practice and place based care 2016-2021
The vision is to combine primary care with other community-based health and social care into a place-based care model with productive general practice at its foundation and GPs overseeing care for their patients. Each of the localities in Havering where neighbouring GP practices work together will be a 'place', and the vision is therefore to establish locality-based care across all health and social care services for the populations within those geographical localities.

NHS Barking & Dagenham CCG
Federation: Together First
Networks: 3 Networks (38 GP Practices)
GPFV Total Transformation Funding: £1,375,357.86

Transforming Primary Care in Barking and Dagenham Strategy 2015-2020
The vision is to combine primary care with other community-based health and social care into a place-based care model with productive general practice at its foundation and GPs overseeing care for their patients. Each of the three existing localities in Barking and Dagenham where neighbouring GP practices work together will be a 'place', and the vision is therefore to establish locality-based care across all health and social care services for the populations within those geographical localities.

NHS Waltham Forest CCG
Federation: Waltham Forest GP FedNet
Networks: 0 Networks (44 GP Practices)
GPFV Total Transformation Funding: £1,449,906.34

Primary Care Strategy 2015-2020 (v2 2017)
Vision: 'To put patients at the centre of everything that we do by using their experience to shape care pathways, improve service delivery and ensure value for money'. The delivery of the vision is based on the development of GP Federation to support delivery of the shift of care and improvement in the quality of primary care.

Appendix II
Our Challenges in Primary Care

The implementation of our framework for better care and wellbeing as outlined in our STP, require a radical transformation of primary care to lead the progression and development of a successful out of hospital health and care system in NEL.

Key issues:

- At present primary care is under unprecedented strain, nationally demand for appointments has risen about 13% over the last five years, recently there has been a 95% growth in the consultation rate for people aged 85-89.
- In response to a BMA survey of 3,000 GPs last year, over half of respondents consider their current workload to be unmanageable or unsustainable; and over half rated their morale as low or very low.
- The primary care workforce is aging and facing a 'retirement bubble' which has the capability to put the system under greater strain.
- Currently there is little support for struggling GP practices, with an increased number of practices facing closure or serious viability issues.
- Significant unwarranted variation in outcomes between practices is a concern, there is little standardisation of practice and collaboration between GPs is very variable.
- Recent study showing older patients consulting more, with the oldest age group (aged > 74 years) consulting almost four times as often as those in the reference group (aged 5-14 years).

Our main challenges are summarised below;

Quality and Efficiency

NHS England has initiated a number of different initiatives under primary care quality improvement programme. Over the last two years, substantial clinically led progress has been made in primary care development across north east London. Practices have been engaged in resilience and QI programmes and have used transformation funding to strengthen new primary care structures for future integrated care delivery. Some boroughs are further ahead in their organisational and operational transformation as compared to others.

"Although different practices will find different actions best address the pressures they are facing, there are some that are commonly assessed as particularly promising. The evidence and case studies around productive workflows show the diverse application of this action, and potentially high impact from often relatively straightforward changes. GPs surveyed by the RCGP also showed positivity towards this. Additionally, active signposting, developing the team, supporting self-care and social prescribing show signs of positive impact, redirecting patients to the most appropriate support, and with benefits likely from implementing some or all of these actions together." *(RCGP; Spotlight on 10 High Impact actions)*

While patients have access to a number of excellent, high quality primary care services across all CCGs, as a whole, north east London needs to make significant progress to ensure equality and address these gaps.

Within north east London there are examples of how quality improvement initiatives have been used in partnership between commissioners and providers to deliver some good outcomes – e.g. some of the best outcomes nationally under Quality Outcomes Framework (QOF) in Tower Hamlets and City and Hackney and Quality Improvement (QI)initiatives supported by UCLP in Newham, BHR and East London Foundation Trust. We will work together to deliver equality for people in NEL drawing on available best practice.

Primary care quality improvement has been a key priority across NE London and a number of QI programmes (including 10 high impact actions) have been undertaken since 2015. The impact of quality focus is evident from the reduction in practices rated as 'inadequate' and 'require improvement' to a correspondingly increase in practices rated as 'good or outstanding' (*see table 1 on the next page).*

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- In **Tower Hamlets**, a practice based QI initiative aimed at reducing DNAs noticed a 20% reduction in Nurses DNAs and 30% reduction in GPs DNAs across 25 practices.
- In **Waltham Forest**, NHSE General practice quick start programme helped 16 practices. Thornfield trained 80 staff in clinical correspondence handling and went into 20 surgeries to help set up the process and protocols
- In **Newham**, 11 staff are currently being trained as QI experts and 58 medical assistants trained across all practices for handling clinical correspondence.

Despite considerable quality improvements, NEL has the lowest overall ratings and lower number of practices rated as good 87%, compared to other London STPs averages of 92%. Furthermore, with the exception of Tower Hamlets, inadequate and requiring improvements ratings for 2018 have slightly deteriorated in some boroughs, which, does not necessarily reflect a change in trend but nonetheless requires further support to continue improvement in quality across NE London.

We need to not only continue the quality improvements programmes, but substantially increase our efforts to ensure at least 95% of our practices in NE London are rated good or outstanding by 2021 and primary care quality is consistent across all practices.

Table 1: NE London CQC Practice ratings Dashboard

Practices rated **'INADEQUATE'**

Borough	No. of Practices	2015	2017	2018
Barking & Dagenham	40 (2019 = 35)	16%	5%	0%
City and Hackney	44 (2019 = 42)	0%	0%	0%
Havering	40 (2019 = 43)	4%	9%	2%
Newham	50 (2019 = 49)	14%	6%	8%
Redbridge	47 (2019 = 42)	5%	3%	0%
Tower Hamlets	41 (2019 = 35)	0%	0%	0%
Waltham Forest	42 (2019 = 40)	10%	0%	4%

Practices rated **'REQUIRES IMPROVEMENT'**

Borough	No. of Practices	2015	2017	2018
Barking & Dagenham	40 (2019 = 35)	21%	19%	18%
City and Hackney	44 (2019 = 42)	10%	0%	2%
Havering	40 (2019 = 43)	38%	12%	13%
Newham	50 (2019 = 49)	24%	14%	12%
Redbridge	47 (2019 = 42)	30%	15%	12%
Tower Hamlets	41 (2019 = 35)	7%	3%	0%
Waltham Forest	42 (2019 = 40)	30%	13%	8%

Practices rated **'GOOD or OUTSTANDING'**

Borough	No. of Practices	2015	2017	2018
Barking & Dagenham	40 (2019 = 35)	63%	76%	82%
City and Hackney	44 (2019 = 42)	90%	100%	98%
Havering	40 (2019 = 43)	58%	79%	85%
Newham	50 (2019 = 49)	62%	80%	80%
Redbridge	47 (2019 = 42)	65%	82%	88%
Tower Hamlets	41 (2019 = 35)	93%	97%	100%
Waltham Forest	42 (2019 = 40)	60%	87%	88%

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New Models

Over the last 10-15 years, general practice has undergone a major shift to a more collaborative and scaled-up way of working. At scale organisations have grown, changed and taken on different forms. As noted in NHS England's 2016 GP Forward View (GPFV) document, it is becoming more common to see practices working together collaboratively, in both formal and informal ways, with a set of common objectives to serve larger populations. NHS England reports that larger organisations have more opportunity, effectiveness and flexibility in providing services as well as interacting with community health, social care and voluntary services.

Across NEL, practices are generally grouped into networks (neighbourhoods, clusters) covering varied levels of population. An overarching GP membership organisation (Federation) also exists in each borough to potentially deliver economies of scale and better quality of care resulting in improved patient care.

Provider Maturity

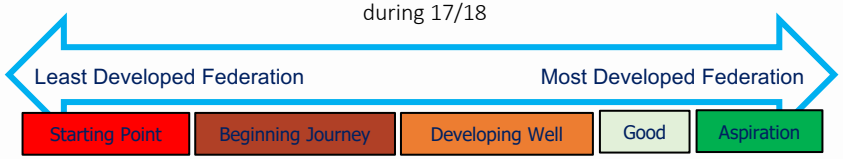
However, in some boroughs, we have work to do achieve well defined networks. GP Federations are also at varied levels of maturity in terms of their wider organisational capabilities to provide at scale working, system partnerships and digital solutions. For example, GP Federations in City and Hackney and Tower Hamlets are among the leading at-scale organisations across England, whereas, federations in Waltham Forest and Newham require rapid improvements to be in a position to support their primary care networks in delivering NHS long term plan.

Over the last year, we have used transformation funding from NHS England to support GP organisations in becoming sustainable and increasing their ability to undertake outcomes based contracts at network levels. Funding has been utilised for;

Governance Reviews

Across NEL, three federations (WF, B&D, Redbridge) have undertaken internal governance reviews, developed local vision and strategies in line with overall NEL and London Strategic Commissioning Framework and introduced new and improved governance structures and standard operating procedures.

All at-scale providers in NEL made progress against NEL development framework during 17/18



Quality Improvement

Four federations (C&H, B&D, Redbridge, Newham) have delivered actions in QI infrastructure (e.g. facilitators, champions & IT systems for QI) - this is a key area as federations take on responsibility for delivering the QI agenda from external QI providers.

Alignment of back-office support

Across NEL, concrete steps have been taken to explore economies of scale; For example, consolidation of management support to networks for doing things once instead of multiple times, releasing of resources to support at scale projects (TH), a collation of a central repository of policies and procedures for practices (C&H and WF).

Practice & network level support

Engagement Expert GDPR support for practices (C&H), developing and implementing communication plans (C&H, Redbridge), procurement of a practice survey to gauge views of member practices on the federation (C&H). Funded neighbourhood engagement events/workshops (C&H).

IT infrastructure

Introduction of EMIS Enterprise/data sharing across two federations (Waltham Forest/Newham). Migration of all GP practices in B&D to the EMIS GP clinical system.

Introduction of new staff

Following governance & OD reviews Recruitment of key staff into new structures/posts have taken place across four federations (WF, B&D, Redbridge, Tower Hamlets).

Appendix II
Our Challenges in Primary Care

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Network Development

Networks development is fundamental to the delivery of NHS long term plan along with network based wider primary care workforce. Given the different maturity stages of our networks across NEL, we will ensure the support required to enable networks to deliver outcomes based contracts via federations. It is important to note that primary care networks are not just groups of practices, but include wide-reaching membership including community pharmacy, optometrists, dental providers, social care providers, voluntary sector organisations, community services providers and local government, led by groups of general practices.

To deliver our vision of person-centred, integrated and comprehensive care delivered by sustainable general practice means that we will have to develop seamless pathways between services across organisational boundaries and always keep people's needs at the forefront of every discussion.

Practices across NEL are generally grouped together in networks, also called neighbourhoods or clusters. However, in some boroughs the network association among practices is not strong enough to take advantage of at scale working. The governance and leadership accordingly requires further development.

Furthermore, we need to make sure that we have a seamless interface with integrated care programmes across NEL. For example, how will the wider network primary care workforce, mandated under NHS long term plan, engage with existing integrated community teams.

We need to fully understand our networks' maturity through federations and accordingly put a plan in place to ensure networks fully understand the needs of their local population and are in a position to deliver outcomes based contracts through multidisciplinary teams, while ensuring seamless working with integrated care programmes across NEL.

We have developed a local provider maturity evaluation framework to assess organisational capabilities and at-scale maturity of federations across NEL. This will enable us to put in place a detailed support plan to ensure providers are ready to deliver an outcomes based contract via networks.

Across NEL, extended access is a considerable risk *(as shown below).*

Initiative	B&D	C&H	Hav	NH	RD	TH	WF
GP Access* (additional mins of extended access)	28	32	23	18	20	18	13
Online Consultation Systems	14%	21%	11%	49%	32%	97%	57%

GP Access (additional 30 mins of extended access)

The General Practice Forward View published in April 2016 set out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services.

In order to be eligible for recurrent funding, commissioners will need to demonstrate they are meeting seven core requirements for improving access: Timing of appointments, capacity, measurement, advertising and ease of access, digital, inequalities, effective access to wider whole system services

In September 2018, North East London extended access stock take was published by Healthy London Partnerships. The report made a number of recommendations under: Procurement, UCC pathway redirections, minutes per 1,000 and finance queries.

Online Consultation Systems

NHS England is using technology to empower patients and make it easier for clinicians to deliver high quality care and enabling patients to seamlessly navigate the service as part of its digital transformation strategy. The Online Consultation programme is a contribution towards this ambition.

As part of the General Practice Forward View, a £45 million fund has been created to contribute towards the costs for practices to purchase online consultation systems, improving access and making best use of clinicians' time.

Across NEL, there is currently varied use of online consultation systems with some boroughs ahead in their implementation for all practices. However, all boroughs currently have plans in place for a full roll out by the end of April 2019.

We are fully committed to deliver primary care networks as outlined in NHS long term plan and will need to;

- Ensure that our GP federations across NEL become fully matured at-scale providers.
- Develop networks of up to 30k to 50k population through federations to ensure delivery of population based comprehensive care through outcomes based network contracts with seamless integration with community services.
- Deliver GP access as per GPFV across NEL.
- Deliver 100% online consultations across all practices in NEL.

Primary Care Workforce

The General Practice Forward View committed to increase the number of doctors in general practice by a minimum of 5,000 by 2021, and increase in the number of health professionals by at least 5,000.

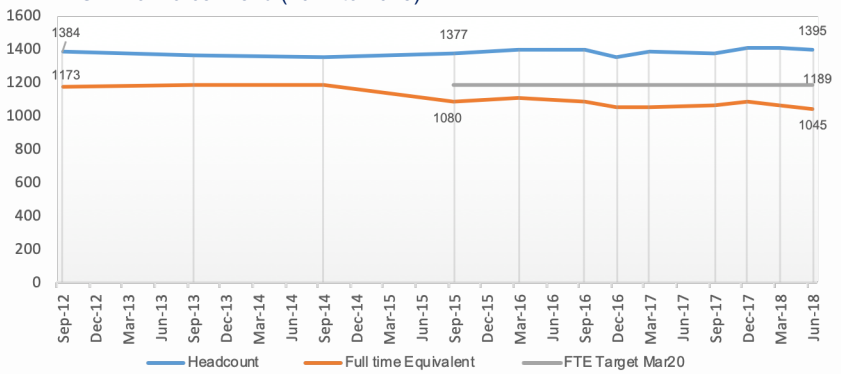
NEL GP Workforce

As at January 2019, NEL is 190 GPs short of our target of 1189 GPs by 2021. This includes 2 GPs (place in Waltham Forest) from the last round of international GP recruitment. Recent analysis shows that we have serious issues in recruiting and retaining our GP workforce in addition to 25% of GPs in one borough beyond retirement age.

Over the last year extensive literature reviews and data analysis have been undertaken to understand the GP workforce declining full time equivalent (FTE) numbers. The overall GP headcount across NEL has remained fairly consistent from 2012 to 2018, however, the FTE fell by 11%. Each borough's analysis shows a similar picture.

GP retention across NEL is a serious concern, especially when the GP trainee allocation has increased by 12.5% since 2015, whereas the FTE has decreased by 3% over the same period.

NEL GP Workforce Trend (2012 to 2018)



Please see appendix [ ] for a GP workforce trend dashboard for NEL (each borough).

In addition to the focus groups, extensive literature review has revealed four main factors having an impact on GP retention. Personal (9%), Administrative (12%), Stress (26%), Workload (53%). Furthermore, literature review on interventions for GP retention and recruitment suggests six main categories;

1. Experience
2. Finance/Contract
3. Health/Well being
4. Satisfaction/Flexibility
5. Reducing Workload
6. Education/Specialism

The above can be summarised into three main themes; Access to education/Protected CPD, strategies to reduce workload, increased opportunity for flexibility.

We need to fully understand GP workforce requirements in NEL through workforce modelling and develop portfolio careers for new and existing GPs.

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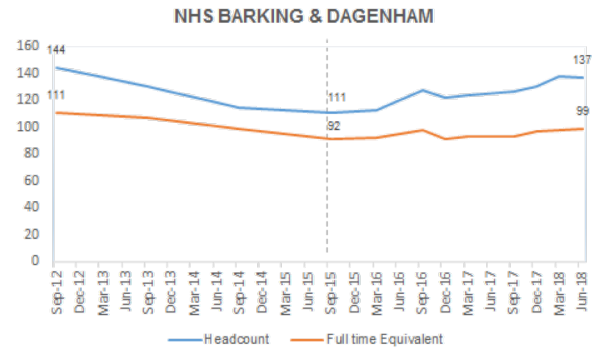
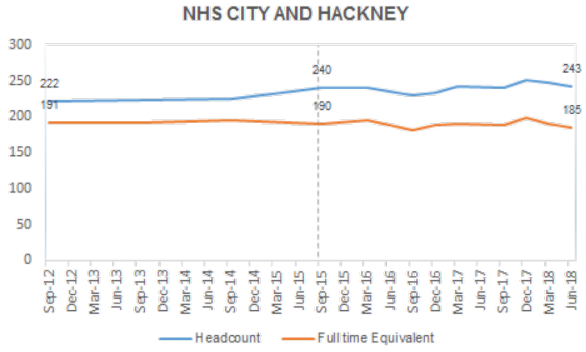
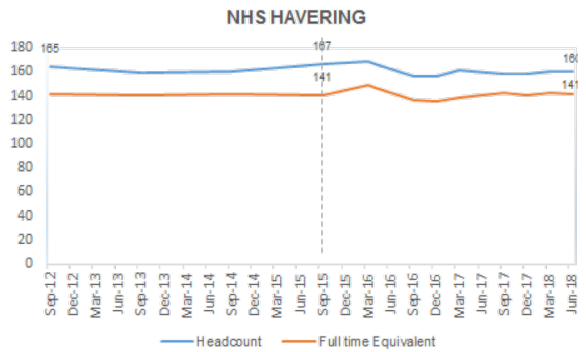
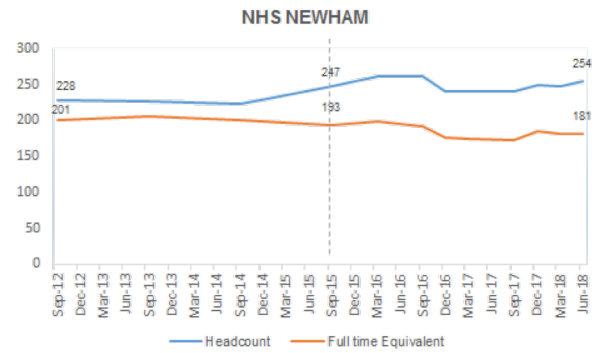
NORTH EAST LONDON GP WORKFORCE TREND DASHBOARD (Jun 2018)

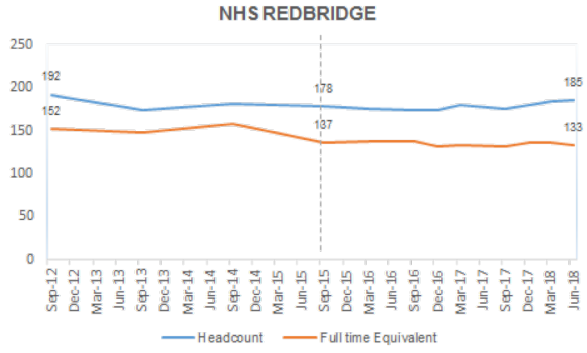
Headcount and Full Time Equivalent

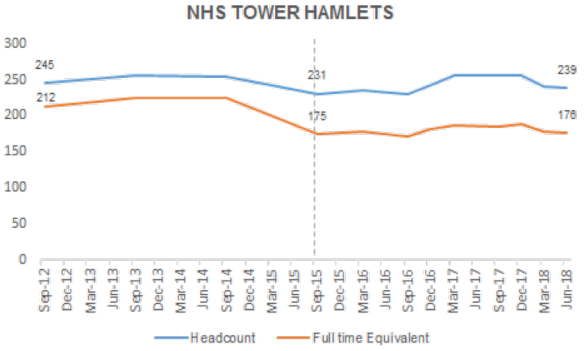


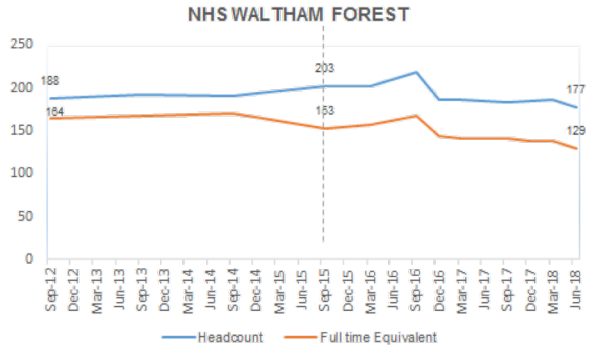


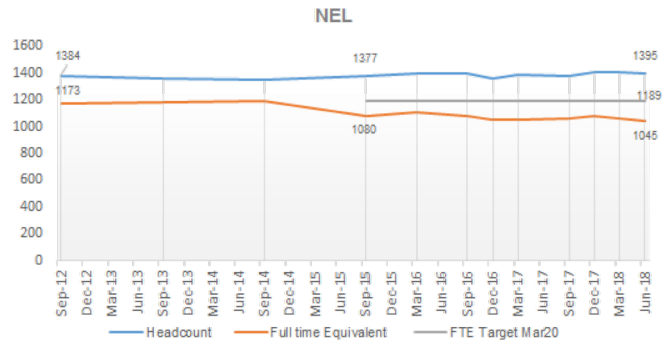












The Dashboard shows a similar picture across NEL. Overall GP headcount has remained fairly constant since Sep15, whereas FTE has been on a downward trend.

Detailed literature review along with a number of focus groups and professional analysis of the feedback has been undertaken to fully understand the reasons behind the decline *(see workforce slides for details)*

Source: NHS Digital
Note: The data does not include locums

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GPN Workforce

Nurses play a bigger role than ever in the delivery of health and social care, and yet those working in general practice are part of a sector facing many changes and challenges. The general practice nursing workforce is aging with an ever increasing proportion approaching retirement and few coming into the profession to replace them. However, strong nursing teams will be essential if the intended benefits of the GP Forward View and NHS long term plan are to be realised and high quality care is to be delivered.

There is a severe lack of general practice nurses (GPNs) across NEL, evident from the comparison with nurses per 100k population in England. Only Tower Hamlets (23) are close to England (27 per 100,000 population) with other boroughs employing less than 50% GPNs in comparison *(see table on next page).*

To fully understand the lack of practice nurses in NEL, two focus groups were held amongst GP nurses in NE London with an aim to explore their day-to-day work experience, and to utilise findings to inform and develop strategies for further practice development. The Groups highlighted three key themes; *Empowerment, person-centred / holistic care, structure / standardisation / transparency.*

We need to fully understand our GPN requirements through workforce modelling and work with HEE to make GPN careers more attractive to new graduates.

Physician Associates (PAs)

Physician Associate (formerly known as Physician Assistant) is a rapidly growing healthcare role in the UK, working alongside doctors in hospitals and in GP surgeries. Physician Associates support doctors in the diagnosis and management of patients. Currently, PAs do not come under any regulatory framework, however, the government has recently announced that it will push forward with the regulation for Pas.

Across NEL, 28 students started QMUL in January 2018 with expected placements across the 7 boroughs. Currently, 21 students are graduating in March 2019 and are expected to take up placements within NEL.

We need to understand PA requirements in NEL and undertake PA workforce modelling in the context of new models.

Data Quality

Although there has been a consistent improvement in primary care data quality including GPNs across NEL with percentage of practices requiring estimation (NHS Digital) dropping from 26.7% in September 2015 to 8.4% in September 2018, the data quality will need to improve further to enable effective workforce modelling.

NEL Staff FTE per 100,000 patients - CCG, England

	Admin/Non-clinical	Direct Patient Care	GP	Nurses
ENG	110	21	58	27
B&D	93	15	46	18
C&H	99	16	63	18
HAV	102	16	50	19
NH	99	14	50	17
RED	82	13	45	11
TH	103	17	59	23
WF	90	15	48	16

Percentage difference (NEL v England)

	Admin/Non-clinical	Direct Patient Care	GP	Nurses
ENG	110	21	58	27
B&D	-18%	-40%	-26%	-50%
C&H	-11%	-31%	8%	-50%
HAV	-8%	-31%	-16%	-42%
NH	-11%	-50%	-16%	-59%
RED	-34%	-62%	-29%	-145%
TH	-7%	-24%	2%	-17%
WF	-22%	-40%	-21%	-69%

Source: NHS Digital

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Pharmacy

Further to clinical pharmacists under NHSE initiatives, many practices across NEL employ practice pharmacists in varied roles. There is also community pharmacist and hospital pharmacist resource, which could enhance the overall role of pharmacists in NEL integrated care system.

The development of the new model of care aligning all pharmacist resource together will be undertaken in new models group, however, we need to work closely with the group and other programmes (Integrated care) to help and support development of a recruitment and retention programme for primary care pharmacist resource.

Primary Care Wider Workforce

Furthermore, we need to develop our wider primary care workforce in the context of NHS long term plan based on multidisciplinary teams working at network levels. A quick analysis of primary care workforce data highlights the considerable difference between NEL and England staff FTE per 100,000 population per CCG.

It is evident that the current situation is not sustainable and a major shift in primary care staff recruitment and retention policy is required across all boroughs to deliver the NHS long term plan.

Appendix III
Enablers – Primary Care Estates

East London Health & Care Partnership

The vision for primary and community care

The highly variable quality of the out-of-hospital estate makes it challenging to improve facilities. A poor estate means poorer patient experiences, poorer working conditions for staff and lost opportunities to improve health and healthcare. To deliver the framework, it is expected that modern, state of the art facilities will be needed.

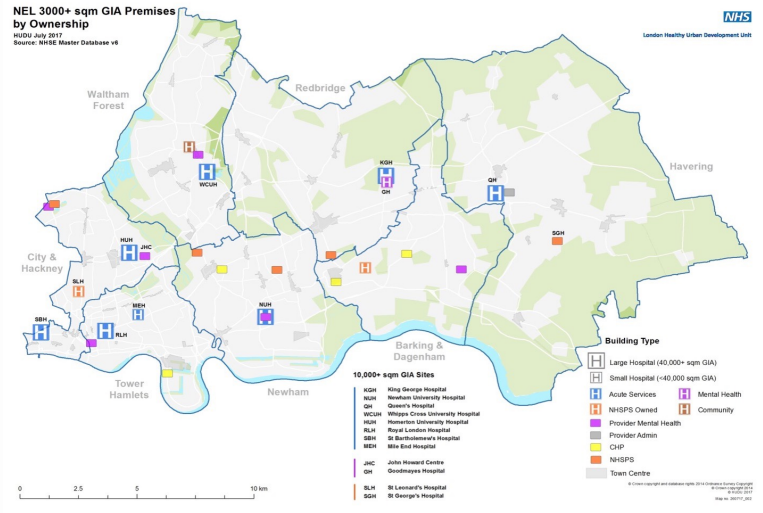
Redesigning primary care and community care will be key in order to create a high quality, safe and sustainable health care system.

Primary care in east London is too dependent on the traditional GP model.
Patients rarely seek help or advice from other health care professionals such as pharmacist or therapists leading to capacity problems.

Historical under-investment, little incentive to move and fragmented decision-making concerning the primary and out-of- hospital estate, have all contributed to a situation that means our current building and infrastructure do not meet either our current, or future needs.

There are examples of world-class primary care facilities, but too often they are used inefficiently. Without modern facilities, Practices will struggle to introduce the multi-disciplinary team working needed for integrated care.

General practice will need to gradually transition out of the existing estate, much of which consists of converted residential buildings, as investment is made in more modern buildings.



Services will be delivered from facilities where practices can work together and access to on-site diagnostics (e.g. blood testing, ultra-sound and echo-cardiograms).

Back-office functions will be shared to support new models of care so that more funding can be available for clinical services.

1. Developing a system that incentivises efficient and effective use of capital assets
2. Delivering general practice in modern purpose-built/designed facilities
3. Consolidating unused and underutilised estates and developing a planned programme of disposal/transfer of properties to build an investment fund for local priorities
4. Aligning both the core NHS capital programme/funding/process and the new national transformation fund.

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Primary Care Estate Vision

PRIMARY CARE NETWORK

Consolidated GP practices (estimated 1,000- 1,500m²)

examples include
Centre Manor Park

PRIMARY CARE PLUS

Consolidated GP Practices plus outpatient/integrated social care facilities
(estimated 1,500-2,500m²)

additional specialities
These could house additional 'office based' specialties e.g. dermatology, rheumatology, neurology, additional maternity services or integrated social care.

Primary and Community estate is needed to be fit to deliver the Five Year Forward View

The working definition of this is:

- Serves more than 10,000 patients
- Purpose build accommodation built within the last 40 years
- Larger than 1,000 m²
- More than five clinical rooms
- Capable of operating for seven day working

COMMUNITY ASSET/PRIMARY CARE NETWORK
(estimated 2,500m²+)

mixed use
Local authority services (e.g. library, drop-in-centre), leisure facilities and primary care network (or network plus). Examples include future builds at St Georges and Barking Riverside.

Any future investment will only be considered where it can be shown to:

- consist of flexible space able to support delivery of a range of services
- be accessible for all patients
- support integration of services and colocation

Estates will continue to have a critical role in delivering the improvements in patient care and efficiency savings set out in the Five Year Forward View.

Appendix III
Enablers – Primary Care Estates

The ELHCP Estates Strategy was published in October 2018 under development. The vision outlined in the estates strategic plan is:

"To develop good quality and cost-effective estates infrastructure which meets the complex needs of a growing diverse and relatively transient population. Our estates will need to be flexible, to support the delivery of new models of care over the next 5-20 years."

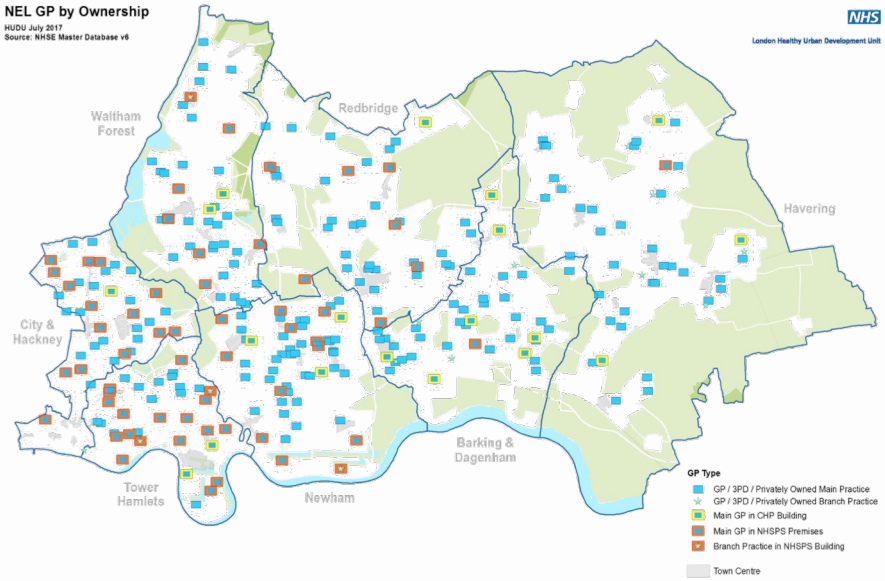
The foundation of the NEL primary care estates strategic plan is based on primary care working at scale, networks and federations treating populations of c70k, accessible 8am to 8pm, seven days a week.

Analysis of general practice ownership of assets reveals that:

- ✓ 60% are owned by GPs (3PD/Private)
- ✓ 31% are in NHS PS owned buildings
- ✓ 9% are in CHP buildings
- ✓ 60% of the GP premises are over 55yrs old, converted domestic premises and are unlikely to meet current standards for functional suitability and design
- ✓ Majority (69%) of the GP premises surveyed were small (< 5 clinical rooms) or medium sized (< 10 clinical rooms) this compares with the London-wide average of 74%.
- ✓ Baseline surveys reveal that the majority are generally either fully or over utilised during normal working hours. It can be assumed additional capacity can be created in these premises, if they were open during the evening and weekends

There is a significant difference in the level of estate utilisation for each health sector across the entire north east London.

Hospitals and primary care (GP owned) assets are nearly at maximum capacity and have very high utilisation of their premises (estimated at 90%), whereas 60% of community assets capacity is not utilised. We can utilise our current community assets much better as providers move towards new models of working.



We are working with the NHSPS and CHP on alternative leasing structures for better utilisation. By improving the utilisation in our strategic sites, we can reconfigure and release some estate to make revenue savings.

There is very limited opportunity to increase utilisation in the acute sector because the average utilisation is already very high.

It is imperative that ELHCP ensures maximum and most efficient use of existing primary care estates. This can have a major impact on our ability to deliver our vision. Close working between new models of care development and estates strategy is crucial to ensure most value for money from NEL existing estates.

We will work closely with the estates team through new models delivery group to deliver most efficient use of estate in primary care.

Appendix III
Enablers – Primary Care Digital

East London Health & Care Partnership
Primary Care Transformation Team
Helping the people of East London live healthy and independent lives

NHS Long Term Plan: The Digital Imperative

In ten years' time, we expect the existing model of care to look markedly different. The NHS will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients want or need it. Primary care and outpatient services will have changed to a model of tiered escalation depending on need. Senior clinicians will be supported by digital tools, freeing trainees' time to learn. When ill, people will be increasingly cared for in their own home, with the option for their physiology to be effortlessly monitored by wearable devices. People will be helped to stay well, to recognise important symptoms early, and to manage their own health, guided by digital tools.

Practical priorities will drive NHS digital transformation

- Create straightforward digital access to NHS services, and help patients and their carers manage their health.
- Ensure that clinicians can access and interact with patient records and care plans wherever they are.
- Use decision support and artificial intelligence (AI) to help clinicians in applying best practice, eliminate unwarranted variation across the whole pathway of care, and support patients in managing their health and condition.
- Use predictive techniques to support local health systems to plan care for populations.
- Use intuitive tools to capture data as a by-product of care in ways that empower clinicians and reduce the administrative burden.
- Protect patients' privacy and give them control over their medical record.
- Link clinical, genomic and other data to support the development of new treatments to improve the NHS, making data captured for care available for clinical research, and publish, as open data, aggregate metrics about NHS performance and services.
- Ensure NHS systems and NHS data are secure through implementation of security, monitoring systems and staff education.
- Mandate and rigorously enforce technology standards (as described in The Future of Healthcare) to ensure data is interoperable and accessible.
- Encourage a world leading health IT industry in England with a supportive environment for software developers and innovators.

Key digital primary care headlines from the LTP:

By 2020, five geographies, including London, will deliver a longitudinal health and care record platform linking NHS and local authority organisations, three additional areas will follow in 2021

In 2020/21, people will have access to their care plan and communications from their care professionals via the NHS App; the care plan will move to the individual's LHCR across the country over the next five years

In 2021/22, we will have systems that support population health management in every Integrated Care System across England

By 2023/24 every patient in England will be able to access a digital first primary care offer

During 2019 we will introduce controls to ensure new systems purchased by the NHS comply with agreed standards, including those set out in The Future of Healthcare

By summer 2021, we will have 100% compliance with mandated cyber security standards across all NHS organisations in the health and care system

Appendix III
Enablers – Primary Care Digital

As well as the practice redesign work facilitated by the Digital Accelerator and the requirements set out in the latest GP contract, the following key developments underpin the future ways of working in Primary Care:

- ✓ Expanding the use of the e-Referral Service to include other specialities in acute trusts and appropriate community and mental health services
- ✓ Expansion of the east London Patient Record (eLPR) into BHR and connecting to the rest of London via the 'One London' Local Health and Care Record Exemplar
- ✓ Comprehensive use of electronic ordering of pathology and radiology
- ✓ Redesign of Outpatients including the use of 'Advice and Guidance' and the eLPR
- ✓ The rollout of NHSMail and access to patient records including discharge summaries, and Co-ordinate My Care in nursing homes to support safe transfers of care and reduce admissions
- ✓ Expanded use of Co-ordinate My Care to support patients towards the end of their life

Where primary care is the cornerstone of our integrated care systems, digital improvements and innovation will be at the heart of primary care transformation in NEL.

'The London digital Transformation: Agreeing the approach and investment for integrated digital transformation in London's primary and urgent care system report' Nov 18, recommended the identification of local 'development ecosystems' to accelerate the integration of digital initiatives to support providers to enable patients to navigate the unscheduled care pathway more effectively using proposed maturity criteria as a guide (criteria on the right).

NEL commissioners have jointly agreed for Waltham Forest to be an accelerator site to concentrate investment and effort to maximise results before scaling across the STP.

A funding of £500k per STP is available to enable:

- Identify and design local integrated pathways
- Build a local team focusing on business change
- Collaborate using the Agile development methodology
- Driving supplier collaboration to build holistic solutions

This will enable to align the needs and opportunities of local systems with national priorities so that together we can maximise adoption of new technologies which empowers clinicians and people to improve the convenience and quality of care.

- We will ensure that any local team, designed to deliver the project, is fully integrated into new models of care and workforce groups to ensure efficient development and delivery on all fronts.
- We will ensure the necessary support for the accelerator site, both locally and nationally.
- We will ensure shared learning across the system and gather an evidence base for the impacts across the accelerator site.

Appendix III
Enablers – Wider System Programmes

Since the development of NEL STP, there are multiple integration and improvement programmes running across the 7 boroughs. These programmes are delivering a wide range of national and local priorities with patient centred comprehensive care as a consistent theme across all. Some programmes like integrated care are more intrinsically linked with primary are, whereas others such as estates development and clinical pathways reviews cover the whole system stakeholders.

Integrated care

The integration of health and social care is a crucial part of our person centred care vision in NEL. Progress in each borough is at different stages with various models being tested between commissioners and providers. For example, in BHR, a provider alliance is being encouraged to deliver population based comprehensive care with capitated budgets and appropriate risk reward share proposals under discussion. New development of Barking and riverside is being seized as an opportunity to develop 'primary care on a blank page' with proposals for a single health and care contract commissioned through a provider alliance.

Furthermore, new models of community care are being explored where the shift is towards a clustering of services for a geographically defined population across traditional health and social care, primary and community care boundaries.

This directly aligns with the development of primary care networks delivering primary and community services for 30-50k population, as mandated by NHS long term plan.

We need to be mindful of the overlaps and ensure seamless transition and integration of work across primary care transformation and integration programmes across NEL to utilise our resources effectively and efficiently.

Integrated Urgent Emergency Care

Improved access to primary care in and out of hours is one of the three asks outlined in NHS Shared Planning Guidance for urgent and emergency care systems by 2021. We need to ensure that we work closely with integrated UEC programmes across NEL to help deliver the outcomes required nationally.

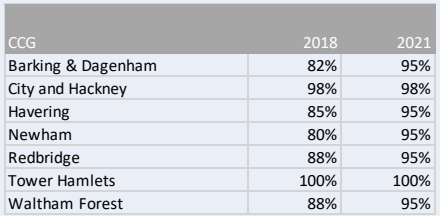
Communication

Effective and appropriate communication is key to ensure that we share best practice across NEL, celebrate our successes and provide support where needed.

We will work closely with the STP communication lead as well as London and Healthy London Partnerships communication leads and develop and communication and engagement strategy for the primary care transformation across NEL.

Appendix IV
Success Measures Table

East London Health & Care Partnership

Work stream	Aspirations by 2021	Success Measure
Quality & Efficiency	We will aim to achieve a CQC rating of good or outstanding for 95% of practices in each borough	
	We will aim to have at least one QI expert per network	By 2021, at least one named QI improvement expert per network, at least 46 across NE London.
	We will ensure workflow optimisation in each practice across NEL	Each practice across NEL (286 in total), would at least have one trained staff in handling clinical correspondence, freeing up GPs' time.
	We will develop a NEL wide QI methodology to ensure consistent quality across the STP	Publication of a live document outlining detailed step by step best practice examples for quality improvements from within NE London as well as national and global
	We will aim to implement best practice key principles for at least 5 care pathways across NEL within the available local resources to ensure consistent access and quality of services	Based on network population needs analysis, existing good practice across NEL (evidence base), at least 5 care pathways (for example COPD, diabetes) are reviewed, key principles developed, shared and, if possible, implemented across NEL
New Models	We will have mature providers in each borough delivering population based outcomes via networks	Providers across NEL working at-scale, providing efficiencies supporting the delivery of outcomes based contracts via networks
	Each network will have evidence of their response to their population demographics and needs	As stated
	Network Clinical Directors will be represented at appropriate system levels to reduce unwarranted inequalities	As stated

CCG	2018	2021
Barking & Dagenham	82%	95%
City and Hackney	98%	98%
Havering	85%	95%
Newham	80%	95%
Redbridge	88%	95%
Tower Hamlets	100%	100%
Waltham Forest	88%	95%

Appendix IV
Success Measures Table

East London Health & Care Partnership

Work stream	Aspiration by 2021	Success Measure
New Models	We will have standard policies and procedures for all at-scale providers, so that all staff are treated and supported equally	A standard set of HR policies, procedures and staff development programme is adopted by all at-scale providers across NEL
	In addition to online consultations, we will have at least one more digital tool in each practice	As stated
Workforce	We will implement a local salaried portfolio scheme for new and existing GPs across all boroughs	BHR already has a salaried portfolio scheme for new GPs. This is extended to existing GPs and other boroughs have developed and implemented a similar local salaried portfolio scheme.
	We will ensure continuous professional development opportunities for each professional category across NEL	Each professional clinical staff group (GPs, Nurses, Healthcare Assistants, Pharmacists etc.) have professional development opportunities across NEL.
	HEE and local CEPNs will develop an STP primary care workforce training hubs at locality level to support the development and realisation of educational programmes for primary and community care workforce at scale	7 workforce training hubs (one in each borough) are fully functional
	We will model our future primary care workforce requirement to ensure proactive recruitment.	Workforce modelling tool is used to outline future workforce requirements in each borough and plans are in place to address any gaps.
	We will develop innovative primary care employment models via workforce modelling tool.	As stated.

Appendix V
Task & Finish Group - Finance

Our total system financial challenge in a *'do nothing'* scenario would be **£578m** by 2021. Achieving ambitious 'business as usual' cost improvements as we have done in the past would still leave us with a funding gap of **£336m** by 2021. Through the STP, we have identified a range of opportunities and interventions to help reduce the gap significantly. This will be aided by Sustainability and Transformation Funding (STF) funding, specialised commissioning savings and potential support for excess Public Finance Initiative (PFI) costs. Significant work has started to evaluate the savings opportunities, particularly on specialised commissioning.

The financial challenge in NEL cannot be under estimated. However, commissioners and providers across NEL have been improving provider governance, care delivery quality, IT infrastructure and alignment of back office functions through national and local transformational funding.

To deliver our vision and meet the financial challenge, we not only have to keep the pace of change but also explore the avenues beyond our individual organisational limitations. This demands collaboration and transparency between commissioners and providers at an unprecedented level and we believe that through growing relationships and trust in NEL, we can meet this challenge.

Investment in primary care has varied across NEL. Most CCGs are struggling to invest upfront to support transformational change. There are differences in core contract income to practices *(often based on take up of enhanced services/QOF and numbers of PMS/APMS practices)* and the ability of CCGs to invest in local incentive schemes (LIS).

We will develop a financial resilience assessment framework for practices that are under stress (performance and/or financial) and agree principles for how and when practices drawings might be taken into account and will develop proposals for a transformation fund and principles for distribution of national transformational funds.

The table on the right shows a high level summary of practices' income in NEL. It also highlights the varied level of investment in

	B&D	C&H	HAV	NH	RED	TH	WF
No of Practices	36	42	44	51	42	35	42
RAW List Size (,000)	222.3	316.3	277.3	392.7	319.2	311.0	310.1
Weighted List Size (,000)	208.0	314.8	269.5	376.5	280.9	302.2	287.1
Average income by RAW patient (£)	104.4	105.0	96.9	109.3	84.9	107.1	97.5
Average income by weighted patient (£)	111.5	105.5	99.7	114.1	96.5	110.2	105.4
LIS Investment (total)[1,2]	**£1.7m**	**£10.7m**	**£2.3m**	**£1.1m**	**£2.1m**	**£7.3m**	**£0.5m**

Key Notes:
1.Based on 17/18 apart from LIS investment 18/19.
2.BHR CCGs LIS investment includes primary care provider development monies.
Apart from Tower Hamlets, figures on core income do not include full QOF payments (include aspiration not achievement).

LIS across the STP footprint. Over the last year, transformation funding has been used to increase provider maturity against London maturity matrix. The table below shows the funding allocations for each borough for 2018/19.

Federation	Tranche 1 Population based allocation	Tranche 2 Needs Based Allocation
Barking & Dagenham	£113,661	£192,037
Redbridge	£162,808	£182,892
Havering	£141,616	£192,037
Waltham Forest	£158,615	£192,037
Newham	£203,370	£128,024
Tower Hamlets	£164,381	£109,735
City and Hackney	£162,049	£109,735
Total	£1,106,500	£1,106,500

We will review LIS outcomes across NEL to identify the approaches that are most effective and provide most value for money and will explore the potential for NEL wide LIS/s to achieve greatest impact across NEL footprint.

Appendix V

Task & Finish Group - Governance

The ELHCP primary care programme governance structure has recently been changed to create a more focussed board with oversight of the programme continuing to be clinically led with executive support and partners across the system. This will be supported by a senior management group with a focus on delivery.

Currently there are five primary care committees operating across NEL – one for BHR and one each for the other CCGs.

A committee covering Newham, Tower Hamlets and Waltham Forest has lapsed but borough based committees have continued. Issues raised about this:

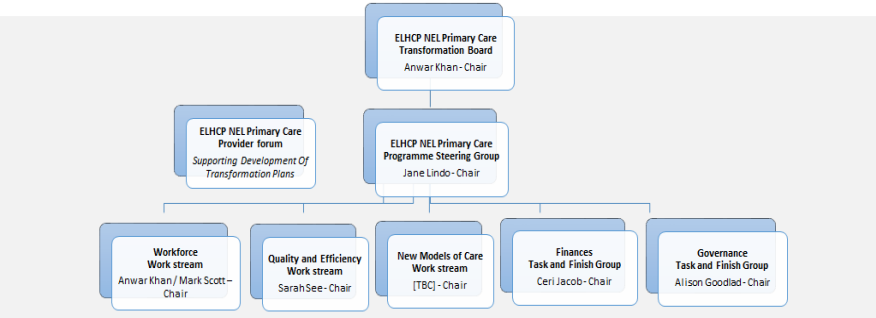
- There is a risk of inconsistent decision-making.
- There is a big administrative/bureaucratic burden.
- There are challenges managing conflicts of interest.

There is a need for greater collaboration on governance to support NEL and local wide working particularly to improve:

- Efficiency
- Consistency and transparency of decision-making
- Improve the management of conflicts of interest through non-conflicted clinical input
- Best use of lay member and clinical time
- Support collaborative working
- Promote information sharing and benchmarking.

Note: Local primary care strategy development and delivery still needs to be at local level and is the responsibility of CCG governing bodies.

NEL Primary Care Governance and Delivery Structure – *(Appendix 3)*



The NEL Primary care governance and delivery structure above gives a summary snapshot of the delivery accountability resting with respective individuals and organisations.

Collaborative and joint working among providers and commissioners will be crucial in delivering our vision of providing people with locality based person centred care.

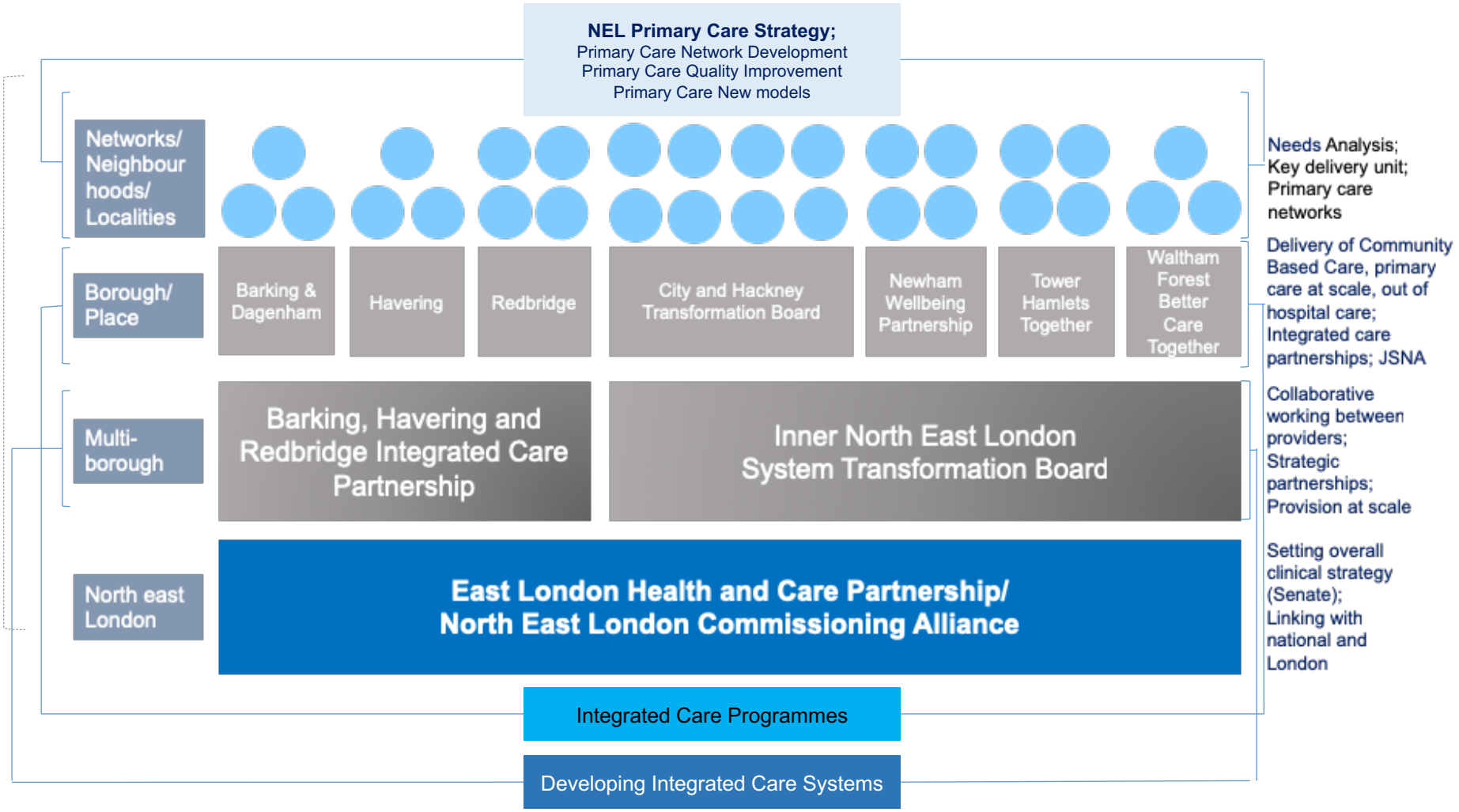
It will be critical for us to hold each other to account and create a 'learn not blame' culture across the partners to help support design and delivery of our vision.

- ✓ We will explore the creation of NEL wide primary care committee to discharge delegated primary care responsibilities
- ✓ We will ensure links with other relevant strategies across the NEL, for example; Estates & IT.

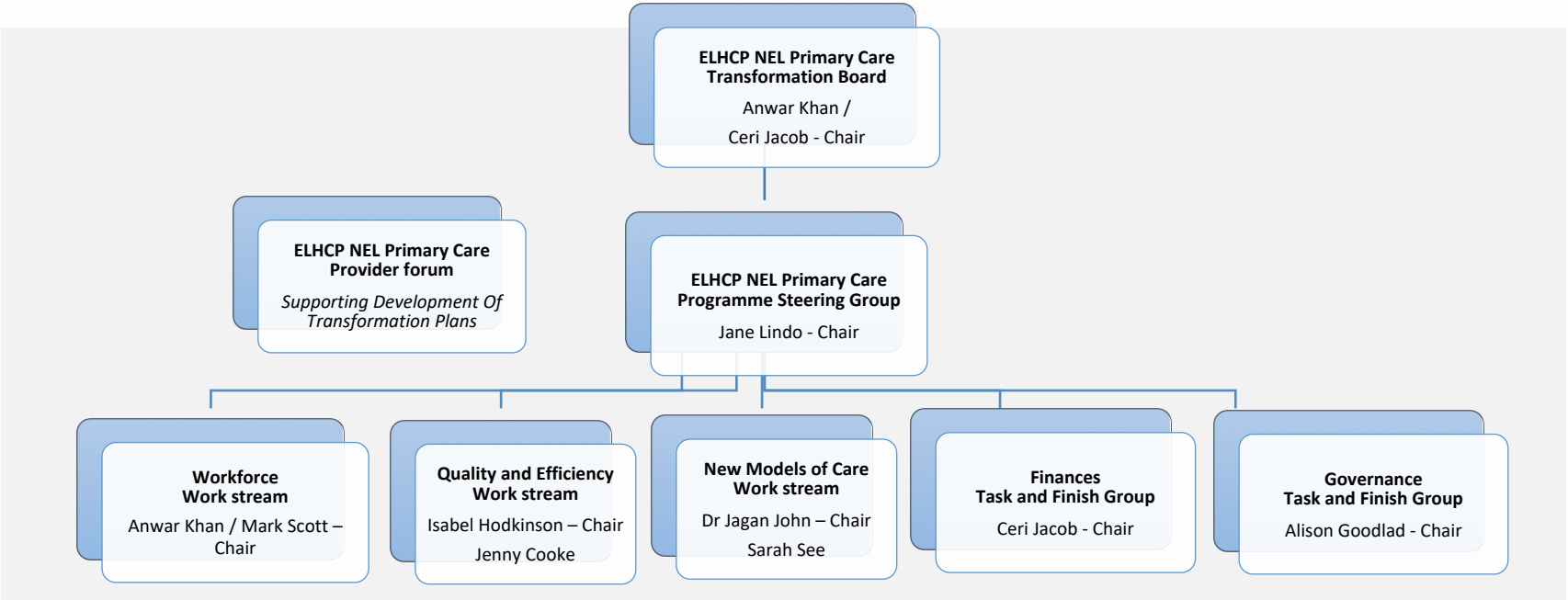
Appendix VI
Integrated Health and Care in North East London

East London Health & Care Partnership

Systems levels connected through matrix governance across North East London



Appendix VII
Primary Care Transformation Governance



- Clinical Pharmacist
- GPNs retention plans
- GP Retention Schemes
- Training Reception Staff
- International GP Recruitment Programme
- GP Induction and Refresher Scheme
- Primary Care wider workforce development

- General Practice Resilience Programme
- Practice Transformation Support (£3 per head)
- Time for Care
  - Active Signposting
  - New Consultation Types
  - Reduce DNAs
  - Develop the Team
  - Productive Work Flows
  - Personal Productivity
  - Partnership Working
  - Social Prescribing
  - Support Self-Care
  - Develop QI Expertise

- GP Access
- Online Consultations
- New models of care development - blank page approach
- Provider maturity
- Network development

- Improvement schemes review for effectiveness and VFM and NEL wide services identification
- Development of financial resilience assessment framework for practices that are under stress (performance and/or financial) including levels of drawings
- Case for development of a NEL Primary Care Transformation Fund

- Develop a streamlined and consistent approach to governance for delegated primary care commissioning functions and the development of improvement schemes
- Rebranded NEL PCC team