

South Yorkshire ICB Primary Care Strategy

Our Vision for Primary Care

To enable the people of South Yorkshire to maximise their health and wellbeing, supported by excellent, local primary and community care services that are responsive to the needs of communities, joined up with system partners and sustainable for the future.

Introduction and background

Professor Michael Marmot described the importance of ensuring a healthy standard of living for all by creating and developing sustainable places and communities and strengthening the role and impact of ill-health prevention. The wider determinants of a healthy community go well beyond the scope of statutory NHS services however Primary care has a crucial role to play in supporting the wellbeing of our population and delivering on Marmots recommendations. Stronger Primary Care means better health outcomes; health systems that invest in Primary Care see more efficient, cost effective and equitable use of resources and improved patient outcomes as a result. (WHO 2004).



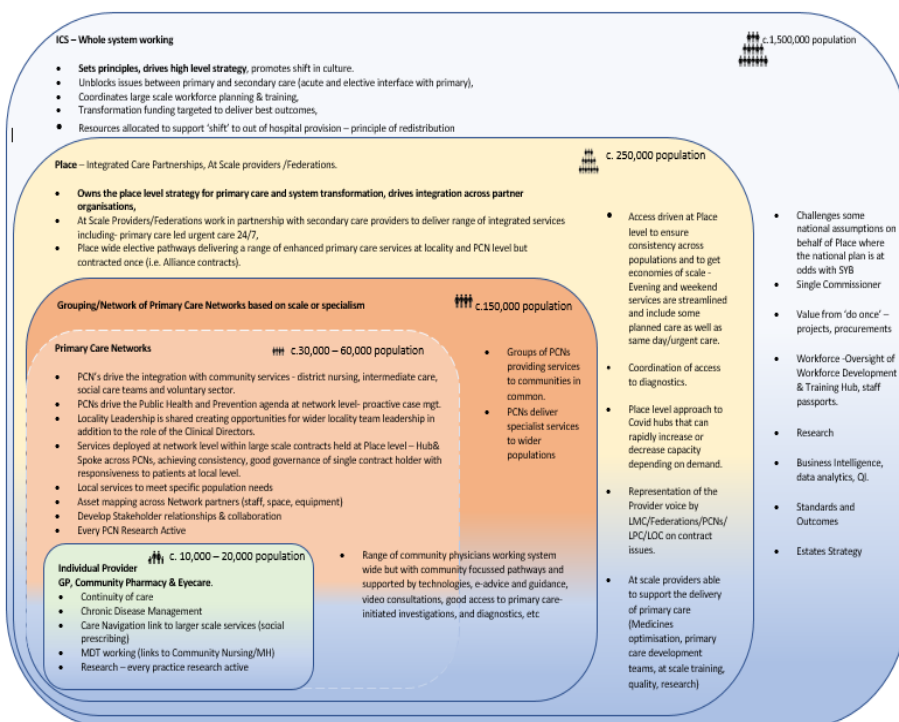
It is recognised that ‘the current model of health and care needs to shift, from a fragmented system dominated by acute care, to a more preventive, integrated (primary, community, social and hospital services), sustainable and affordable model of care’ (The Kings Fund The Practice of Collaborative leadership 2023).

The largest volume of NHS activity is in primary care; 90% of NHS total activity. In 2022 there were an estimated 329million appointments in primary care (Kings Fund 2023).

In future we will need to work with a broad range of partners to support health creation and support the building blocks of good health, and we will need to support the transfer of resource, so it is spent ‘upstream’ in the community reducing the need for more costly spend ‘downstream’ in treating disease.

Organisations in the health and care system are used to competing for resources, an approach which has been ingrained through the last 30 years of national policy. In future, organisation’s will need to collaborate to deliver integrated care that is person centred and that empowers resilience in individuals and communities to manage their own health and wellbeing. This will require greater shared stewardship of finite resources (whether

financial, workforce or estates) with collective responsibility across primary and secondary care, health and social care, statutory and voluntary sector and with communities themselves. Embedded within local communities Primary Care is ideally placed to lead this change, bringing system partners with us as we transform the way we manage population health. In September 2019, as the South Yorkshire & Bassetlaw Integrated Care System, we published our first Strategic Plan for Primary Care. In it we described the need for strong collaboration across our system, strengthening our foundations and building a sustainable health and care system. We identified the need to create efficiencies in the delivery of primary care services, doing work once and avoiding duplication, transforming the interface between public and primary care and broadening and strengthening our partnerships. As providers we have described the concept of ‘layers of scale’ delivering and coordinating our activity across different levels of scale to ensure efficiency and responsiveness.



Layers of Scale - the underpinning architecture of our Strategy

The layering principle focuses on what is best delivered at each level, resourcing each accordingly.

Governance

As a mechanism to lead the strategic development of Primary Care in South Yorkshire, the Primary Care Provider Alliance, with representation from each place and all 4 provider groups and AHPs, has set out several specific aims that include the coordination of service transformation and integration between primary care and secondary care so that services and pathways in SY are coherent and connected across organisational and sector boundaries. We have established three provider forums for Community Pharmacy, Optometry and Dental to work alongside our PC Provider Alliance. Specifically, we will achieve our strategy by working in partnership with other stakeholders including the other ICS provider collaboratives & Alliances. The Alliance will ensure primary care engages in the development and delivery of any future ICB strategy as a supportive, equal, and confident partner. The SY Provider Alliances meet regularly and have committed to working collaboratively on areas of overlapping priority. These include access; to both same day, urgent care as well as elective pathways, referrals optimisation, interface work between primary and secondary care, neurodiversity diagnosis and support, earlier cancer diagnosis “nudge the odds” and integrated working in neighbourhood teams.

So why have a strategy for Primary Care?

Primary Care hasn't always featured as prominently as other NHS partners within our system plans but nevertheless is a key component to the delivery of the ICB Joint forward plan and achieving the ICS's four core purposes. A strategic plan, designed and owned by primary care providers not only provides a road map against which we can hold ourselves to account in developing sustainable primary care across South Yorkshire but also allows the identification of the enabling support and functions required, including the ask of other system partners.

The delivery plans that underpin our PC strategy will be regularly sense-checked in the context of both local and national direction of travel. Priority must be given to investing in primary care and community services in order to anticipate people's needs, promote independence and offer alternatives to hospitals. (The Kings Fund Rise and Decline of the NHS 2023). It's not just about system needing to support primary care as an end in itself, it's about the whole system working more efficiently.

Wider Context

The South Yorkshire Integrated Care Partnership, of which the ICB is a key partner, published its initial Integrated Care Strategy for South Yorkshire in March 2023¹. In addition, the ICB is expected to set out in its 5-year Joint Forward Plan (JFP) how we will work together with partners to meet the physical and mental health needs of our population, aligned to joint strategic needs assessment and Health and Wellbeing Strategies. The JFP is intended to be a shared delivery plan for the Integrated Care Strategy, setting out the NHS contribution and aligned to operational plans for 2023/24.

It is expected that JFPs will address the NHS universal commitments, that includes the areas identified in the NHS Long Term Plan² and alongside this contribute to the delivery of the ICS' four core purposes:

- I. Improving outcomes in population health and health care
- II. Enhancing productivity and value for money
- III. Tackling inequalities in outcomes, experience and access
- IV. Helping the NHS to support broader social and economic development

The *Fuller Stocktake*³, published May 2022 resonates clearly with the ambition described within our 2019 strategy for primary care.

“At the heart of this report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

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

¹ Integrated Care Strategy SY

² Long term plan

³ Fuller report

Whilst not an end in itself, the Fuller Report recommendations will be key components of our 2023 Strategy for Primary Care in which we build on the principles set out in our 2019 Strategy.

Our 4 key themes

In articulating our strategic intentions we have described four broad themes or priority areas on which we will focus:

- 1. Access**
- 2. Integrated Neighbourhoods**
- 3. Workforce**
- 4. Enabling Functions** (including digital and data, contract reform, estates, Research & innovation.)

These themes and underpinning priorities have been developed through workshops involving clinical and non-clinical GP, Community Pharmacy, Optometry and Dental providers, delivering on these priorities will be fundamental to ensuring future resilience, our ability to deliver services inclusively which are accessible and, most importantly, sustainable. Leadership to develop a delivery plan under each theme has been drawn from the clinical membership of the PC Provider Alliance and Forums along with subject matter experts and allied HPs - all PC provider groups are represented as each have similar challenges.

Moving forward

In April 2023 SY Integrated Care Board (ICB) was delegated responsibility for the commissioning of services from Community Pharmacy, Optometry and Dental providers (POD). Already responsible for commissioning services from General Practice (GP) since July 2022, the ICB now has commissioning and contracting responsibility for the totality of primary care and therefore the opportunity to consider how it can maximise the benefits of this change.

Improving patients' experience of access to all primary care services

The Fuller Stocktake report describes a vision for integrating primary care at the heart of which is the need to improve the access experience for our communities. Access needs to be timely and streamlined for those requiring immediate or urgent care and proactive and person centred for those with multiple long-term conditions or complex needs. Access, however, should not be an end in itself but a key component of supporting population health management.

Our engagement demonstrates that continuity of care is highly valued by both patients and staff. Primary Care's ability to manage complexity and hold risk or uncertainty is built around enduring relationships between patients and their multi-disciplinary teams. We also recognise however that for many patients, especially those normally in good health, timely access is more important for them than seeing a clinician they know.

We will work to develop access models that preserve continuity of care where it is most important- multiple LTC's, frailty, palliative care, SMI and complex social circumstances whilst providing multimodal options for rapid access for those with relatively minor, single episodic or acute problems. Digital technology and access to information and education will ensure people are

empowered to manage their own health whilst at a neighbourhood level we will work with our communities to proactively manage chronic illness early, increasing patient activation through coaching and peer support.

Access recovery plan (**national**)

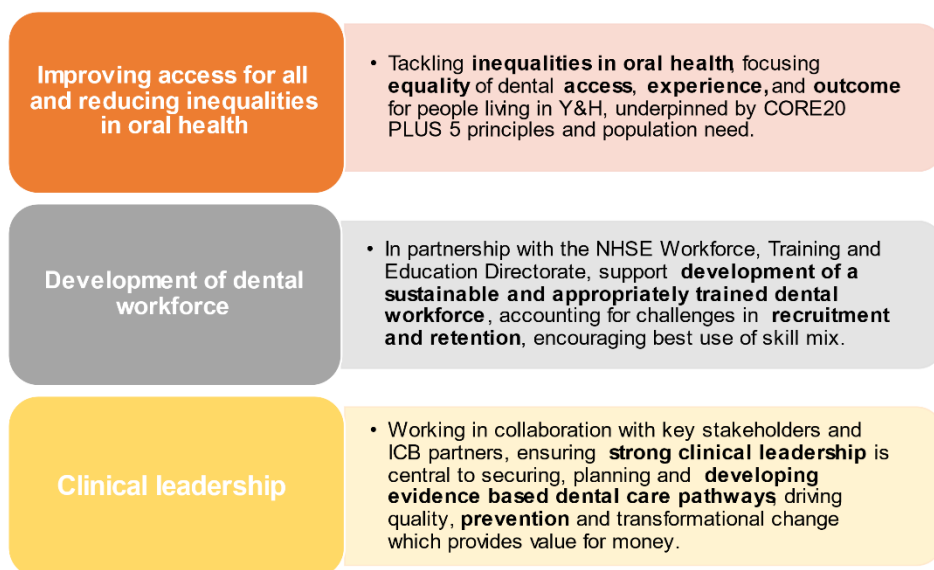
4 key areas in delivery plan for recovering access to primary care,

1. Empowering patients to manage their own health
2. **Implementing Modern General Practice Access**
3. Building Capacity
4. Cutting bureaucracy

Care Navigation is a priority for both system and patients – right person, right place, first time. This goes hand in glove with building patient confidence in the many new roles providing their care or indeed navigating them to the right person, which may or may not be their GP. Care navigation has developed mainly within general practice, but wherever people present for care there could be opportunity to train staff to undertake this role, for example in community pharmacy.

Improving access to dentistry

The 'Dental Vision' key principles:
(as agreed at Dental Commissioning Committee December 2022)



Improving oral health and reducing oral health inequalities, through improving access to dental services and supporting prevention

Improving dental services is a priority for our partnership. There is public and partner concern around access to dentistry, with the ability to make an appointment with a dentist and access to urgent dental care identified as key issues. We also know that poor access to dental services increases the demand for other primary and secondary care services.

The ICB recognises that dentistry services, like other parts of primary care, are under significant pressure and facing several challenges and are working to improve dentistry across South Yorkshire, for both patients and the profession.

Our core ambition is threefold:

- Improve access to dental services by ensuring full investment of the dental budget and using flexible commissioning options
- Develop a long-term dental workforce plan both to recruit & retain
- Work with local authorities on oral health improvement and prevention

The ICB is committed to working together with the professions to make improvements for the people in South Yorkshire. Clinical leadership strongly connected into our SY PC Alliance and SY Dental Network (with membership including Local Dental Committees), Managed Clinical Networks (MCNs) and the Y&H clinical leadership group will support the development of dental services.

Development and integration of dental services and pathways with the rest of primary care will require an improved IT infrastructure, which facilitates electronic referrals and sharing of information between services.

There is a need to both retain and increase the current dental workforce in order to develop services. It is recognised that this applies to the whole dental team, and collaborative working with Workforce, Training and Development will be vital.

Growing the role of Community Pharmacy

Demand for Community Pharmacy services has increased significantly in recent years and with the national Recovery Plan for Primary Care placing further emphasis on the contribution the sector can make, the opportunities are never greater. However as with other sectors the capacity within Community Pharmacy is no longer sufficient to meet current demand and expectations. The recruitment and retention of pharmacists and their teams and the creation of more rewarding career pathways is crucial if the ambitions for pharmacy to play a bigger role in the delivery of primary care services are to be achieved and whilst there will be a new national strategy for the sector, there is much we can do within South Yorkshire to develop our collective understanding of the opportunities for Community Pharmacy, our aim being to strengthen the foundations for a more integrated, consistent, clinically focused offer in community pharmacies across South Yorkshire, recognising the potential for pharmacies to do more to support patients and local communities.

Community Pharmacy England has commissioned Nuffield Trust and The King's Fund to develop a Vision for Community Pharmacy⁴. This will be an extensive and collaborative piece of work and it will be used to develop a new strategy for the sector as well as support Community Pharmacy England's negotiations with Government. We should see this published in Summer 2023. The Vision aims to:

- Set out ambitions for community pharmacy to demonstrate to Government and commissioners our vital and potentially growing role in primary care, and how it will deliver value for money and better patient outcomes.
- Enable the sector to unite behind shared goals and ambitions and start to consider how it will need to change to deliver its full potential; and

⁴ Link to website

- Develop, as far as possible, with Government and the NHS, a shared agenda and the case for a sustainably funded sector.

A [report on the economic value of the over-the-counter sector](#)⁵ commissioned by PAGB, suggests that promoting self-care could save the NHS over £1.7 billion per year by eliminating 25 million unnecessary GP appointments and five million available visits to A&E.

Community Pharmacy Working across layers of scale



2020/21 will see the strengthening of foundations for more integrated, clinically focused offer in community pharmacies;

- building capacity and capability;
- testing new services for potential future commissioning; and
- embedding and building on those commissioned in 2019/20.

We will also see greater integration with General Practice

NHS England and NHS Improvement will support community pharmacy to work closely with GP partners, aligning incentives between the two sectors and in gaining GP support for the expansion of the NHS Community Pharmacy Consultation Service. In turn, contractors will need to continue to develop collaborative local arrangements to underpin these new ways of working.

Digital interoperability - We will review existing platforms used to contract for local Pharmacy services and identify resources in existence that are underutilised. We will provide training on use of digital systems for community pharmacy staff.

Delivery of Local Services, Pathways and Implementation Plans must be supported by realistic commissioning plans for Community Pharmacy, and we will work with colleagues within the profession and through our wider PC Provider Alliance and Community Pharmacy Forum to ensure we are focusing on the right things at the right time.

*The Primary Care Access Recovery Plan*⁶ will be driven nationally and we are developing a local implementation and communication plans for SY. Electronic prescribing enabled between Secondary care and Community Pharmacy is essential to support key aspects of this plan including Virtual Wards and the 'left shift' in delivery of services from secondary into primary care and developing the local shared record.

We know that our Pharmacy teams are ambitious for a more clinical future, including independent prescribing within the NHS. Our Community Pharmacy leaders want more involvement in pathway

⁵ Link to [report on the economic value of the over-the-counter sector](#)

⁶ Link to PC ARP

redesign and building new models of care, to build greater trust with other sectors so that we increase referrals into community pharmacy.

The *Health Education England Community Pharmacy Workforce Report Nov 2022*⁷ recommended the development of networks of local (neighbourhood) Community Pharmacy clinical leaders to drive implementation and consistency of services. In South Yorkshire we have already created the infrastructure to support these ambitions and will continue to work with and through our Primary Care Provider Alliance and SY Forum for Community Pharmacy whose members have been and will continue to be pivotal in developing this SY PC Strategy and the plans to deliver it.

Maximising opportunity to utilise skill and capacity in Optometry

South Yorkshire is amongst the highest volume ICBs for inpatient and outpatient activity, and projected to increase by 16% by 2030. With long wait times for cataract, glaucoma, paediatrics, imaging appointments. There is a national shortage of consultants to fill vacant roles and access to theatres is reduced due to non-elective pressures.

Our Optometry workforce have both skills and capacity to receive and treat patients with eye complaints. Many hold higher qualifications so can deliver autonomous glaucoma management (low risk G1-3), Glaucoma referral refinement, independent prescribing within Urgent Eyecare Services.

A full review of all Locally Commissioned Services is being undertaken, the outputs of which will inform future commissioning decisions with opportunity to maximise the delivery of enhanced services in the community. There is great potential to involve our Optometry providers in wider health screening and management, including blood pressure checks (especially relevant for vascular ocular pathology), smoking cessation referrals and diabetes.

We will work with our primary and secondary care providers to explore ways in which primary Optometry services can be expanded to alleviate system pressures and contribute to better access and experience for patients. We will look to implementing standardised integrated care pathways across cataracts, urgent eye care, medical retinal and glaucoma pathways including primary, secondary, community and independent sector eye care services – with primary care optometrists as first contact practitioners and managing low risk patients in the community

Electronic referrals and IT interoperability would improve referral information and feedback. Embed digitally enabled system transformation in Optometry including

- implementation of electronic eye care referrals (EeRS) where procured to send referrals and large image files between primary care optometry and hospital eye services and to overcome the barriers to the consistent commissioning of extended primary eye care services
- implementation of digitally supported services such as video consultations and virtually reported diagnostics only assessments
- implementing or accessing a digital diagnostic hub that provides a range of services across eye care pathways and referrals
- developing plans for longer term integrated digital diagnostic and care capabilities, such as a digital diagnostic hub that provides a range of services across eye care pathways and referrals

⁷ Link to HEE report

Our first action will be to work with providers to understand existing ways of working including the systems and digital tools used. Our delivery plan will capture short term quick wins, and longer term changes that will improve system interoperability and the way information is shared across service providers.

Developing neighbourhood working & Population Health Management

There are a number of drivers for the development of neighbourhood working, but no well-defined blue print to follow. Integrated neighbourhood teams are described in the Fuller stock take which sets out a vision of *'bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations.'* Wanless in 2004 described the 'best case scenario' as fully engaged populations and this was re-affirmed recently by the Kings Fund who advised that *'The public must be fully engaged in improving health and care, and patients and the public seen as active agents in their care, with responsibilities as well as rights.'* The scale of the local neighbourhood is viewed as allowing services to be brought together to harness some advantage of scale, while also being close enough to local people to understand local context, local need and to engage the people in their health and wellbeing.

In South Yorkshire, neighbourhood working needs to involve a wide team that involves services traditionally seen as partners in health, such as General Practice & community pharmacy, optometrists & dental colleagues along with Community Nursing, but also wider stakeholders such as housing, social care, and the voluntary sector. Local people will need to be engaged in the way that services are changing and this needs to be the start of more meaningful and long-term engagement with local populations.

The broad scope of partners working together at Neighbourhood level will be a key part of delivering the Fuller stocktake vision of *'providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions'*. Using data, local knowledge and local engagement, alongside Neighbourhood teams, will be key in delivering the final part of the Fuller report that describes *'helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.'* Creating wellness and supporting the building blocks of good health are key if the NHS is to remain sustainable.

To deliver this ambition a number of actions will need to be taken that range across local Neighbourhood level, place level, system and region. For example, engagement with local place leadership and alignment of organisational boundaries will need to be done at place level, while the building of operational working relationships will need to be done at Neighbourhood level.

Key actions at SY system level include:

- Describing and refining the vision of an effective integrated neighbourhood team
- Communicating this vision and supporting spread of case studies and good practice across the 4 places
- Guidance and support on data sharing across organisations

- Support the commissioning of more sustainable and longer-term funding for VCSE partners
- Map the many interdependencies across in to other workstreams and ensure they are being driven forward
- Support the development of an estate that is fit for Neighbourhood teams to work from
- Ensure that there is adequate data and intelligence to support a population health management approach in Neighbourhoods
- Dispel an overly medicalised approach to ‘prevention’ that focuses on disease and diagnosis and instead focus on engaging widely with partners to support the building blocks of good health.
- Beyond the PCN DES, create the ‘case for change’ that articulates the ongoing benefit of integrated working and shared stewardship of resources at neighbourhood level.

The work to develop the VCSE Alliance and a more strategic approach to working in partnership with the VCSE provides an opportunity to strengthen the approach previously taken. Engaging with the VCSE Alliance will be key to this.

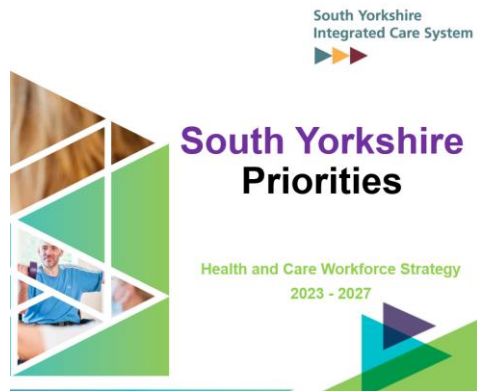
The VCSE Alliance has been established to harness the potential of partnership working with our voluntary, community and social enterprise sector. There are over 6500 diverse groups and organisations across South Yorkshire. They have strong relationships and trust with communities to identify both assets and vulnerability, and work with people within the wider determinants of health to build resilience. Over a third of the sector focusses its work within our neighbourhoods, and there are significant opportunities to build and expand on existing partnerships at this level. There is also significant opportunity to work with the VCSE Alliance on its developing strategy and collaborate on its key priorities to enable equitable partnership working. These include embedding VCSE participation in the Primary Care Alliance, strengthening community engagement and maximising VCSE investment.

Developing our collective workforce

NHS Long Term Workforce Plan⁸ (LTWP) was published in July 2023, developed by the NHS in close partnership with staff groups and wider experts with the support of government. It sets out the strategic direction for the long term and pragmatic actions to be taken locally, regionally and nationally, described as 3 priority areas - ‘Train, Retain, Reform’.

The LTWP sets out an ambition to significantly increase training places and access routes into training.

⁸ [NHS England » NHS Long Term Workforce Plan](#)



The South Yorkshire Primary Care Workforce and Training Hub (PCWTH) has agreed the following principles in line with our vision & priorities:

- To have a ground up approach, meeting identified need whilst also considering national strategy
- To be steered by the SY Primary Care Workforce Group – ‘*stakeholder developed priorities*’
- To lead on system level solutions that are available to primary care in South Yorkshire

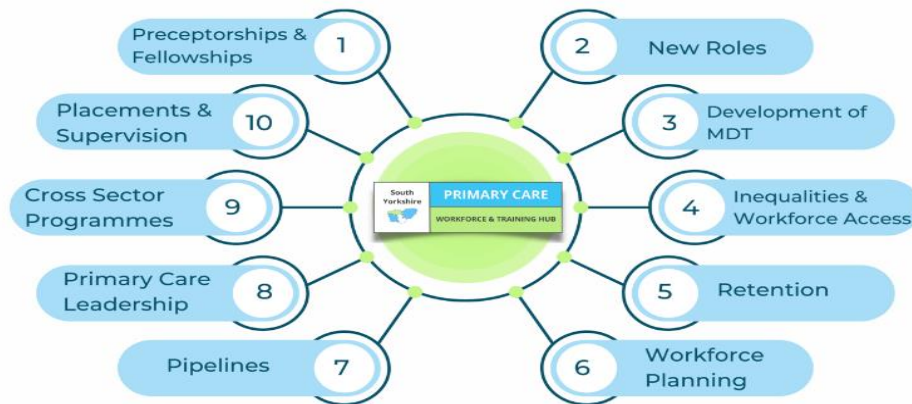
The following key areas have been identified as the basis for the work programme:

- To expand the provision of preceptorship programs for new to primary care roles
- To pursue multi-disciplinary programs supporting integration of new roles
- To explore programmes that span organisational boundaries (inc. primary-secondary)
- To Increase cross-sectoral collaboration between NHS and Social Care
- Invest at strategic level to address effects of inequities in workload & access.

The programme recognises the challenges in adapting to maximise the utility of new roles including those from the Additional Roles Reimbursement Scheme and the support these new roles require for this to happen. It utilises developing support for placements and supervision, builds on examples of best practice, and works to deliver themes in the NHS people plan and national training hub strategic objectives.

PCWTH works closely with the wider ICB workforce hub. PCWTH connects and co-produces initiatives with the training hubs in West Yorkshire and Humber & North Yorkshire.

The Primary care workforce and training hub (PCWTH) have an agreed programme to support the primary care workforce. The 2023/24 programme is split into 10 key themes. Each theme contains a number of projects



Moving forward from 2024/25, the work programme will move to alignment with the NHS Long Term Workforce Plan priorities: -

	Train and Supervise	Retain and Develop	Reform and Align
	New to Practice and Additional Roles	Preceptorships Fellowships & CPD	Development of Multidisciplinary Team
	Apprenticeships	Advanced Practice Support	Cross Sector Programmes
	Pipelines and placements	Health and Wellbeing	Workforce Planning
	Supervision	Primary Care Leadership	Social Care Integration

Within this will be a focus on the innovative development of rotational roles to ensure that current workforce resource is not shifted between sectors but supported to work across boundaries, mirroring the successful rotational paramedic scheme. Portfolio and hybrid roles will also be developed.

In order to work at scale with the delivery of placements, training and innovation, the realisation of a Primary Care Innovation Centre as a central hub, coordination and delivery point will continue to be explored.

Developing and growing our PC workforce will be inclusive of all 4 PC provider groups, GP, Pharmacy, Optometry and Dental. This will include more targeted work with Pharmacy, Optometry and Dental to deliver similar initiatives to those developed for GP. This will likely include resourcing of clinical subject matter expertise to sit within the PCWTH to design appropriate content harnessing the current PCWTH expertise. In addition, we will look to support and build resilient teams working in neighbourhoods.

Noting that the rigidity of National schemes for additional roles, does not always provide the flexibility we need, we will work through our ICB Workforce leads, with our education providers and

workforce training and development hub to identify or develop roles and ways of working that take account of the opportunity to maximise the benefits of delegated commissioning across all 4 PC provider groups offering greater opportunities for all staff.

Pharmacy Workforce – We need to see a robust recovery plan to address the Pharmacist and Technician workforce deficit if we are to create the capacity within Pharmacies to participate fully in transformation of local services and pathways and create an environment where we are better able to recruit, train and retain staff within SY. The nearest Universities offering relevant courses in pharmacy are Huddersfield, Bradford, Manchester and Nottingham. We know that where people train can influence where they eventually choose to work so we will pursue the re-opening of discussions with educational establishments in SY regarding a local School of Pharmacy.

Enabling Functions

Resource and investment

Delivering our strategy will require resource. Over the last few years whether prior to or as a direct result of the pandemic, Primary care has already seen a significant shift of activity from other parts of the system. Resource has not always followed this additional work. Funding streams for primary care are often fragmented, non-recurrent and unpredictable meaning providers cannot make longer term decisions to invest in workforce and infrastructure. International evidence shows that health systems that spend more on primary care and general practice (in comparison with systems based on specialist care) are more efficient, more cost-effective, more equitable and are associated with better patient outcomes. If we are to achieve the aspirations in this strategy the ICB and system partners will need to commit to a more deliberate, prospective approach to investment in primary care services, aligned to our priorities alongside a move towards more recurrent, predictable funding streams. Not only does investment need to account for current demand but most importantly we need to be planning for future population growth particularly as more of the population live longer and with increased multiple morbidity.

Digital

Effective and optimised use of digital technology will be key to our achievement of the aims set out in this strategy.

What does long term success look like to us?

- Well informed patients who are confident about how they can access and interact with our services via digital or non-digital methods.
- A confident digital workforce who truly believe digital solutions and online services are making their job easier and improving outcomes for patients.
- Simpler, faster and better methods for sharing information across care settings and with patients.

All but one of the main objectives in this strategy have digital requirements and this will be reflected in our digital workplan aligned with this strategy.

1	 Empower patients	<ul style="list-style-type: none"> Improving NHS App functionality Increasing self-referral pathways Expanding community pharmacy
2	 Implement new Modern General Practice Access approach	<ul style="list-style-type: none"> Roll-out of digital telephony Easier digital access to help tackle 8am rush Care navigation and continuity Rapid assessment and response
3	 Build capacity	<ul style="list-style-type: none"> Growing multi-disciplinary teams Expand GP specialty training Retention and return of experienced GPs Priority of primary care in new housing developments
4	 Cut bureaucracy	<ul style="list-style-type: none"> Improving the primary-secondary care interface Building on the 'Bureaucracy Busting Concordat' Streamlining IIF indicators and freeing up resources

NHS SY ICB has core responsibilities for supporting primary care IT services and our digital teams will work closely with Primary Care stakeholders to interpret national guidance, balancing mandatory requirements with local needs.

Our core responsibilities in digital include; procurement, budget holding, Supplier and contract management, data quality, clinical safety and information Governance.

Further to our core responsibilities, we think it is imperative to offer a proactive optimisation service via our digital workstream. We will support our workforce and population to maximise our use of systems, tools and applications.

We have a set of core systems and digital tools that each Place and the ICS have invested in to help practices and PCNs to work more effectively, transform traditional pathways and crucially improve patient experience and outcomes. An important activity in our digital workplan will be to evaluate the tools and ways of working established in each place to look for opportunities to implement best practice across all of South Yorkshire. We also need to consider how we widen our optimisation of systems to the wider primary care services. We are excited about the opportunities we have to use digital technology and tools to transform how we deliver care to people in South Yorkshire. However, as more and more of our services are delivered online, it's important that we understand the impacts of digital service delivery and how to avoid this leading to poorer health outcomes and a lower life expectancy or increasing inequality through digital exclusion. We must try and avoid further excluding and isolating people through our increased use of digital services.

- **25% of residents in South Yorkshire are living in decile 1 - most deprived 10% communities nationally** (340,000 people)
- **37% of residents in South Yorkshire are living in decile 2 - most deprived 20% communities nationally** (502,000 people)
- People living in **more deprived areas are more likely to be digitally excluded** which means we have to design pathways that will not leave anyone behind.

We have already started to deliver comprehensive digital inclusion and skills support to our local populations and want to expand this wider across South Yorkshire. Our aim is for this to be an established offer across all four places.

Our SY Digital workplan will focus on our key priority areas: Access, Workforce and Integrated Neighbourhoods.

PRIMARY CARE PRIORITIES	ACCESS	WORKFORCE	INTERGATED NEIGHBOURHOODS
DIGITAL PRIORITIES	<ul style="list-style-type: none"> Improving access and personalised care Better communication with the public Implementing modern general practice model Empowering patients with use of online services to manage their health & wellbeing Self-monitoring and self-referrals 	<ul style="list-style-type: none"> Resourcing Building and optimising capacity Supporting staff health & wellbeing Implementing modern general practice access model Cutting bureaucracy 	<ul style="list-style-type: none"> Standardisation and good practice Sharing key information across different teams and with patients Enhanced Access Expanding community pharmacy services Interoperability with secondary care services to reduce activity from secondary care in primary care Improving outcomes in population health and health care
	Digital Inclusion (population)		
	Digital Skills (workforce)		
	Optimisation of core systems and tools (including clinical systems)		
	Digital Services for our Public; Patient communications (website), online registration, online consultation tools & NHS App		
	Interoperability / information sharing		
	Robotic Process Automation		
	Cloud Based Telephony		
	Infrastructure and Connectivity		
Data Quality			

We will set our ambitions at South Yorkshire level, to help us standardise our digital support offer to the wider primary care services and population. Where it makes sense, our activity will be localised to meet Place requirements, but we need to be mindful that the digital workstream and funding is managed at SY level.

Research and Innovation

SY ICB has developed its strategy for Research & Innovation with a commitment to creating a culture of learning and innovation. SY is home to pioneering research, product development and clinical best practice and our research community is ambitious and motivated about working on real world challenges however they are perhaps not as aware of health and social care challenges on the ground as they would like to be. High quality research in the Primary Care setting is integral to delivering health and care, meeting the challenges of our communities and for the population's benefit. Primary care is perfectly placed to lead on research in population health management and the wider determinants of health through their engagement with their local community and partners including local authorities and VCSE. Historically however research has been dominated by secondary care institutions with the evidence base reflecting a very medicalised model. Studies often exclude minority groups, extremes of age, multimorbidity or frailty; the very communities we care for. Primary care has lacked the infrastructure, resource and professional standing to deliver its own research save for a passionate few. 1 in 400 GPs are research active compared to 1 in 8 hospital consultants. In the context of falling workforce numbers and huge workload pressures,

research in primary care is rarely seen as business as usual but instead as an unaffordable luxury. Our aims are therefore threefold, to:

1. Increase capacity for PC research activity
2. Increase professional standing for PC research
3. Increase recurrent investment into PC research

As a result we will increase the primary care centricity of the evidence base. We will encourage engagement in research across primary care and make it easier for our staff to get involved by offering a supportive infrastructure for them to do so. We are already seeing a desire across all provider groups. We have established a SY Primary Care Research collaborative to broaden our approach to research and will continue to work with system colleagues and the ICB's research, innovation and digital hub to achieve our ambition.

Primary and Secondary care interface.

We will work with our primary and secondary care providers to reduce the work generated by issues at the primary – secondary care interface. This includes setting out and agreeing principles to reduce any inappropriate workload transfer between primary and secondary care and identifying and resolving any blockers, to ensure patients are put at the centre of our decision making. We will work with all of our Primary Care providers to identify solutions that will improve the interface between primary care (GP, Community Pharmacy, Optometry and Dental) and secondary care, reducing unnecessary bureaucracy and identifying where changes to pathways are required, in order to improve the patient experience. Ultimately our collective aim should be one of service integration with less transactional 'hand offs' at organisational boundaries and shared ownership of patient journeys across our pathways.

Contract transformation

People in South Yorkshire are currently able to access a range of locally commissioned services from GP practices, Community Pharmacy, Optometry and Dental providers. We have begun a programme of reviews across all of these services and our aim is to identify opportunities to align and spread areas of good practice, where helpful we will look to agreeing common approaches to delivery, where possible scale up or widen access routes and identify opportunities for additional staff roles, professions and providers in their delivery.

Across all PC providers, existing nationally specified contractual arrangements are widely viewed as a barrier to innovation and integration of care. Whilst set nationally, there may be scope for the ICB to influence upward and be creative in making the national contracts work better, ensuring prevention-based care and encouraging greater use of skill mix.

Innovative and transformational commissioning has already been seen in South Yorkshire across each place and provider groups through a range of locally commissioned service or in dentistry through its participation in the current Yorkshire & Humber flexible commissioning programme. We will review and streamline our locally commissioned services across our places, sharing best practice and using them as a lever to transform services. In flexible commissioning for dentistry there are further opportunities for the ICB to extend the scope and reach for example working with LA's, accessing health and wellbeing programmes or specific focus on Children and Young People's or Core20PLUS5.

Estates

Good primary care estate is essential for delivering patient-centred care. Our future strategy for Primary care estates needs to include flexibility that supports multidisciplinary working for integrated teams of professionals, co-location with other stakeholders eg VSCE and better use of shared space and community assets. Premises need to be easily accessible with standardised clinical rooms, interactive waiting spaces that promote good health and must be energy efficiency. Good use of our primary care estate can play an important role in promoting health and wellbeing, engaging local people and building resilient communities eg through providing space for social prescribing initiatives or community connection.

Current primary care restricts the ambitions of what we can achieve, particularly at an integrated neighbourhood level. Our strategy for future estates must include a stocktake of the present position and an open and forward thinking view as to how innovative approaches can support service transformation. Whilst ensuring current estate is safe and fit for purpose our future approach to capital investment needs to be bold in terms of how we deliver care across our priority themes.

Next Steps for our strategy

This strategy provides a high-level outline of our ambition for the future of integrated primary care in SY and is a complex programme of work which will take time and resource to deliver. Success will depend on a collaborative approach, working in an integrated way across place and system to maximise our efficiency and avoid duplication whilst at the same time respecting the needs of local communities and the differences within our places. Primary care cannot deliver this strategy alone, we do not work in isolation and integration with system partners in health and social care and with our communities will be key to success.

In our strategy we have identified high level priorities which we believe are the right areas on which to focus for our communities regardless of wider policy or political changes. We do however need to ensure that our delivery plans remain flexible to changes in planning guidance and contract reform and to changing needs of the system. We will now develop our detailed delivery plans that set key short, medium and longer term goals, describing tangible actions and the measurable milestones over the next three years.