NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

General Practice Five Year Forward Strategy

March 2023

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Executive Summary

The Integrated Care System (ICS) with our partners, have agreed an ambitious vision which is: 'working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.' We have a strong commitment from all our partners to make our vision a reality and to make a real difference to our residents and communities, by working together.

Our strategy aims to continue its vital contribution to the health and wellbeing of our population. It therefore outlines the direction of travel for general practice in terms of how we will support its sustainability and development as well as playing a key role as a partner in the ICS.

A good health service relies on a bedrock of robust, functioning, and sustainable general practice service. GPs and their teams make up the vast majority of NHS patient contacts that take place and in doing so, alleviate pressure across the health service, including in Emergency Departments. This is largely through the important "gatekeeper" role they hold, ensuring as many people as possible receive the care they need close to home.

It is recognised that general practice is working under intense workload and workforce pressures and is struggling to maintain a service that meets demand.

In line with our Integrated Partnership Strategy (ICP) we will look to describe how the health, care and wellbeing needs of the local population are to be met through a positive ambitious vision for the future of general practice. This will include the support we will we put into place for GPs and their teams to achieve it.

Our Vision

- Patients will have more choice over when, where and how they access a consultation, with a range of workforce to meet their needs
- Enable patients with the most complex needs to have more time with their GPs to support their continuity of care
- Patients will be empowered to self-care and lead healthier more independent lives closer to home based on general practice being at the core of a revitalised approach to the delivery of integrated working
- That general practice is recognised as a high status, rewarding, career of choice
- General practice workload will be manageable, resulting in reduced stress and burnout
- General practice will be part of system decision making
- Patients will receive a universal offer of general practice provision, with equitable access to high quality services regardless of postcode, age, race, gender or need

This document sets out our strategy for the next five years to deliver this vision as we fulfil our purpose of contributing to achieving the key purpose of the Integrated Care System (ICS):

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

This strategy supports the system in achieving these aims by ensuring that we have robust, sustainable high quality general practice. This strategy also aims to facilitate the role of general practice as a main provider having a strong and consensus voice locally and within the system.

We will have ongoing conversations with the public to understand the themes around the 'what matters to me' approach. By adopting the agreed principles from the ICB Working with People and Communities

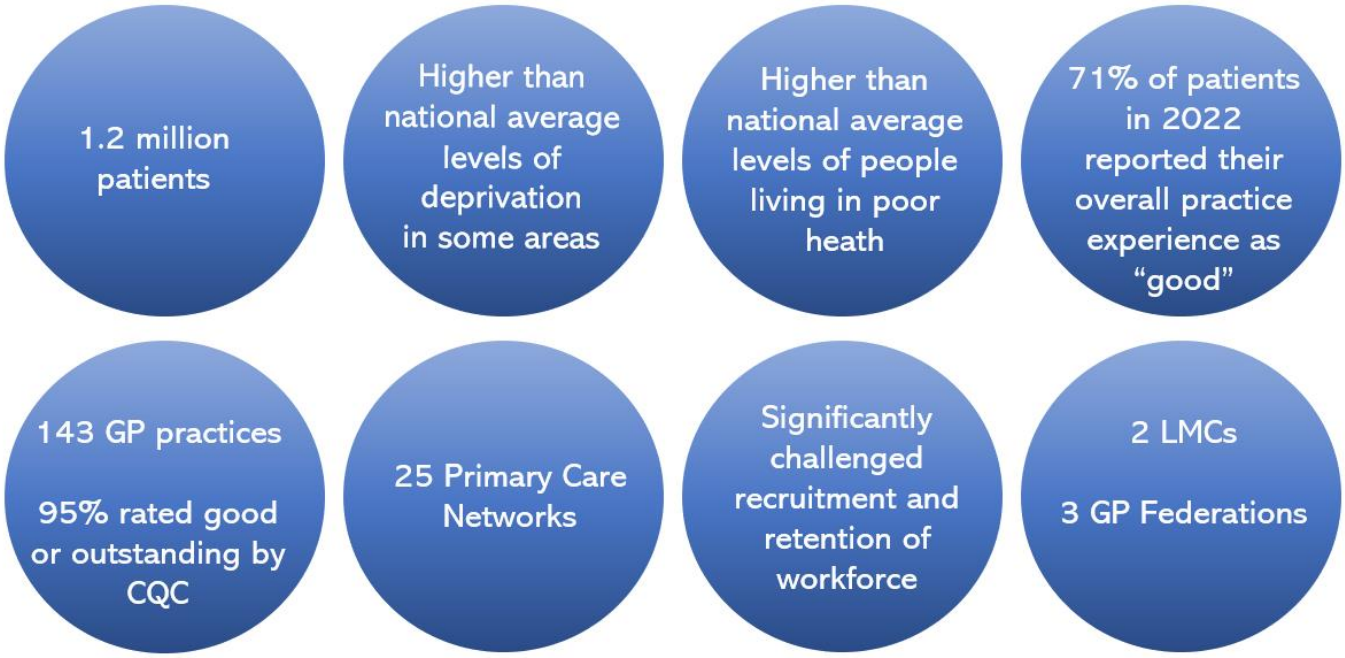
Strategy and integrating these into our engagement with the public, we will use feedback to shape and plan future services in general practice. The ICB have engaged with general practice to build on the already broad spectrum of work taking place and will be continuing to engage on an ongoing basis.

This strategy brings a renewed focus on our model of care which builds on the Fuller Stocktake Report around population health management and integrated teams whilst continuing to develop and deliver on the ongoing work programmes that already exist. The strategy focuses less on organisations and boundaries, and more on people (patients and workforce) and places. The strategy and its implementation will be overseen by the Primary Care Collaborative which is a collective of senior leadership across general practice including Primary Care Networks (PCNs) and Local Medical Committees (LMCs).

Our Ambition

Our ambitions over the next five years

The Current Picture



What difference will we make?

Our patients will experience:

- More integrated, personalised, and flexible care
- An equitable offer of general practice provision
- Reduced variation in care, services, and outcomes
- Empowerment to self-care

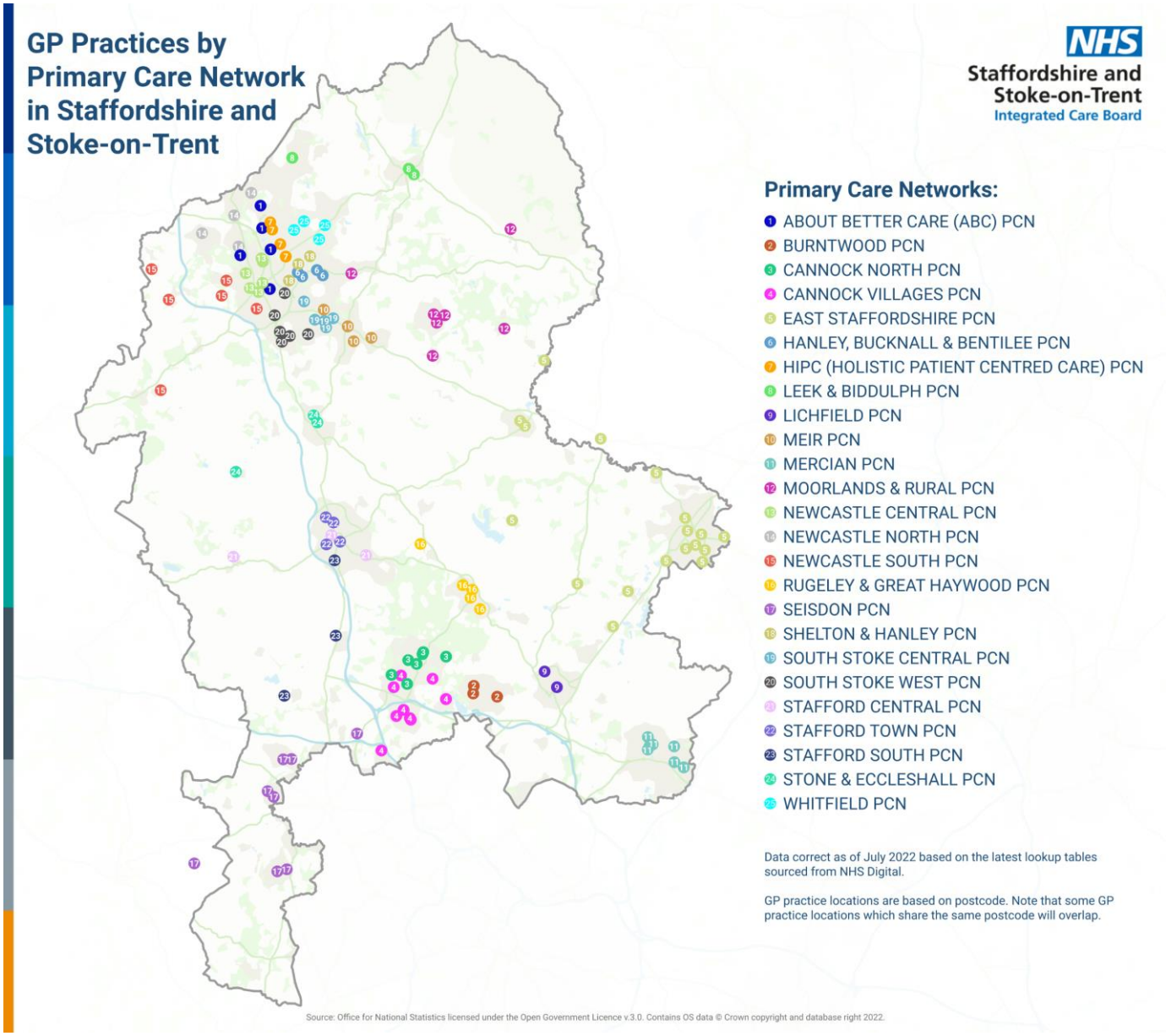
Our practices will:

- Work in partnership on the existing work programmes to tackle the challenges around recruitment and retention of the workforce and addressing workload pressures
- Receive consistent training and development, as well as health and wellbeing initiatives, to support its workforce
- Be supported to have a consensus general practice voice within the system

How will we know we are making a difference?

- All patients will have good access to a consistent general practice service offer
- We will see a measurable improved patient experience through for example the National GP Patient Survey
- There will be reduced variability and better outcomes for patients across general practice services
- There will be an increase in workforce numbers, with more GPs and general practice nurses recruited and retained and a further increase of additional roles to compliment the general practice skill mix
- General practice will be fully participating in conversations about the designing of services at both a system and place levels of the ICS
- General practice staff will feel supported, valued, and developed

Where are we now?



General practice in Staffordshire and Stoke-on-Trent consists of 143 practices across 25 Primary Care Networks* (PCNs), serving a population of 1.2 million.

**A Primary Care Network is a group of GP practices working together to focus local patient care.*

Please see Appendix 1 for demographics of population, workforce data, latest appointment numbers and access measures from the latest national GP patient survey, CQC status for practices.

How we engage and make decisions

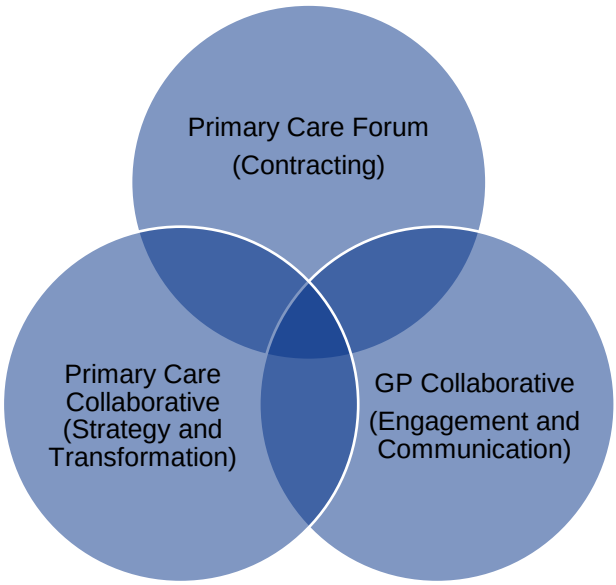
General practice needs to be connected to system working, as this is where transformational change programmes happen. It is also important for general practice to be involved in provider collaboratives, where they can work with system partners to determine and develop pathways of care together.

The ICB also needs to ensure it fulfils its delegated commissioning duties on behalf on NHS England, which means that that ICB makes local decisions about how general practice is commissioned for our local population. This includes a responsibility to engage with patients as set out under Section 13Q of the NHS Act 2006.

The **Primary Care Forum** oversees the Staffordshire and Stoke-on-Trent ICB's role as delegated commissioners exercising of its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022.

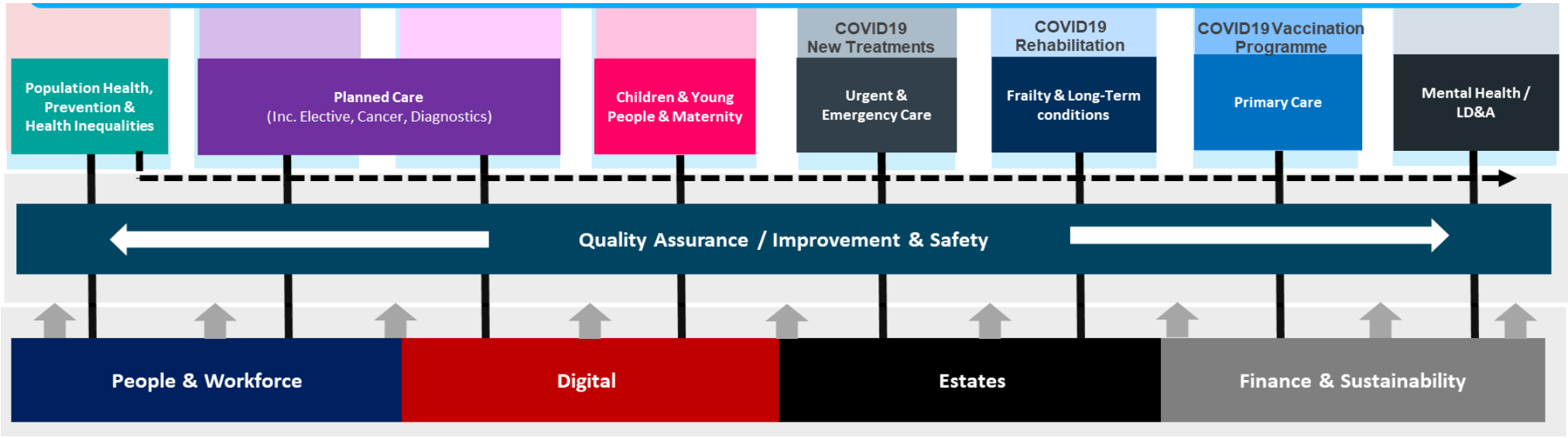
The **Primary Care Collaborative** supports development and oversees the general practice strategy and workstreams relating to transformation. It promotes and champions primary care in the system, regionally and nationally, and is a forum for innovation and sharing best practice.

The **GP Collaborative** is developing the consensus voice of general practice in the system, to become a single unified leadership voice for local general practice

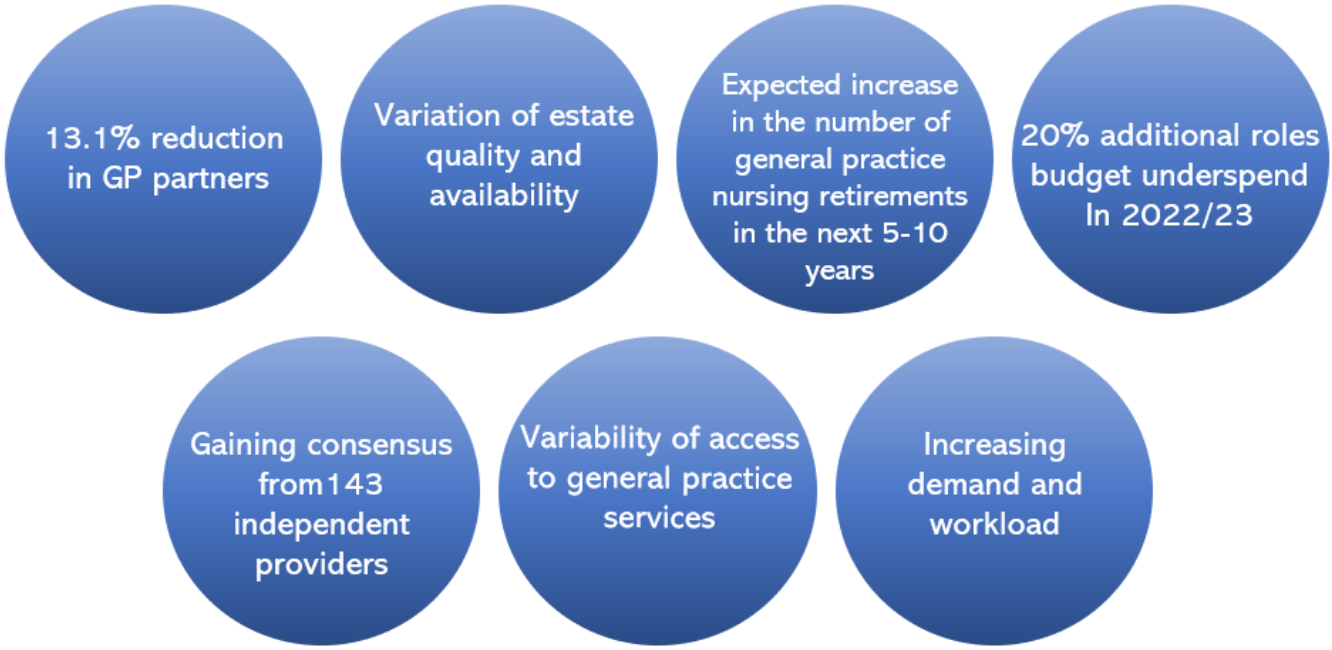


Our interdependencies

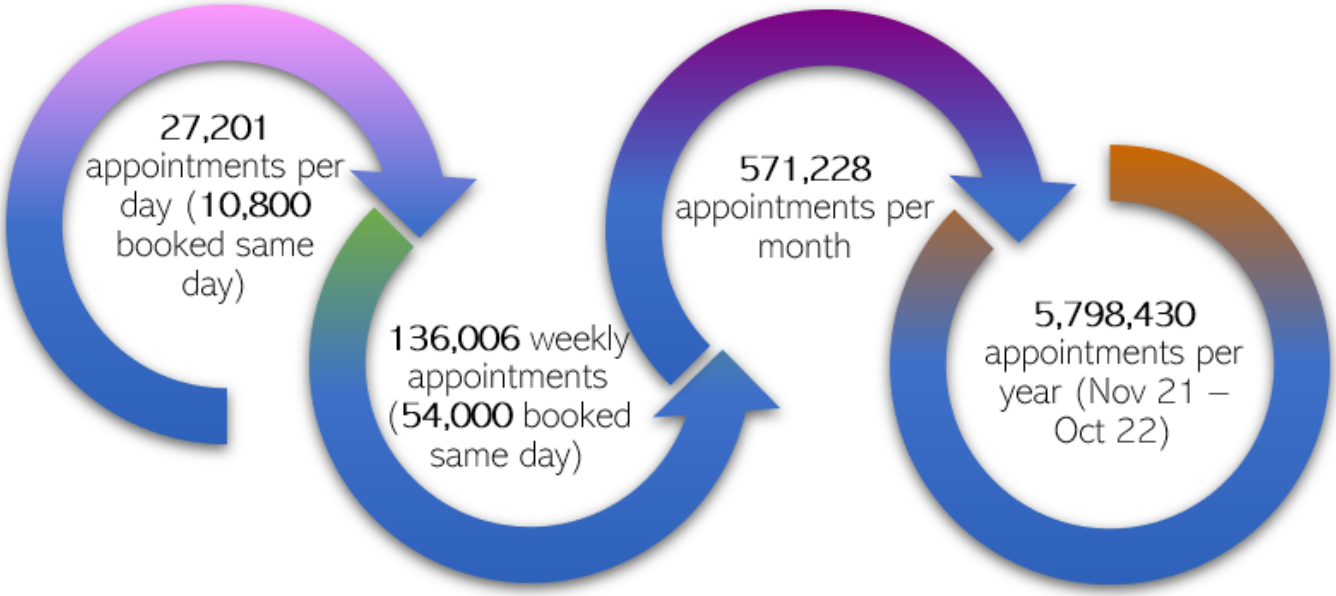
Our ICB is made up of 7 key portfolios which operate as a matrix approach to deliver the ICS priorities, aims and ambitions, underpinned by 4 enabling functions with quality assurance, improvement and safety running throughout. It is essential that our primary care portfolio works in collaboration with our other portfolios, enabling functions and provider collaboratives to deliver this strategy. As described, our Primary Care Collaborative will be the vehicle in which we will operate a programme approach to delivery. Our Primary Care Collaborative will report to the Provider Collaborative Board as part of our governance arrangements.



Challenges within general practice



Activity in general practice: a snapshot



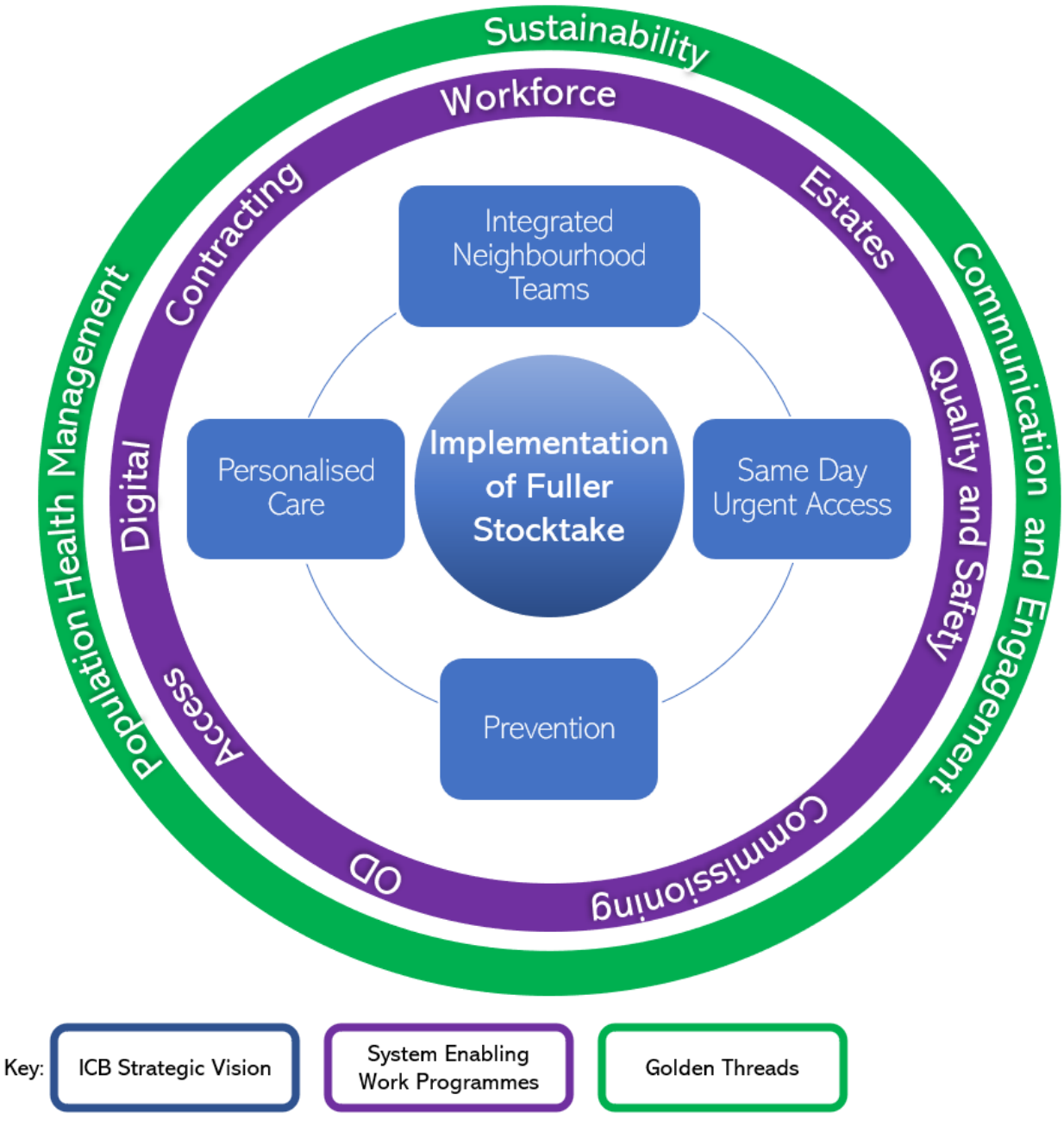
What general practice has told us

How we plan to make a difference

Our priorities and commitments

In May 2022, the NHS England commissioned Fuller Stocktake Report was published outlining a vision for primary care focusing on a population health management approach through the building of integrated neighbourhood teams, streamlining access and helping the population to stay healthy. All ICSs nationally including Staffordshire and Stoke-on-Trent have signed up to the implementation of the Fuller Stocktake and this forms the basis of our strategy. This also takes into consideration our ongoing discussions and engagement with general practice and the wider system.

The four building blocks from the Fuller stocktake integrate into our existing 8 work programmes and 3 golden threads that will underpin the work we do with general practice for the benefits of our patient population.



The Four Building Blocks: What we are aiming to deliver

Integrated Teams in Neighbourhoods

- Working across health and social care
- Dedicated local community multidisciplinary teams (MDTs) – improve health/wellbeing and health inequalities
- Partnership working – Co-production and personalised care
- Ability to tackle determinates of health and help people live happy and healthy lives

Same Day Urgent Primary Care

- Same day urgent care and continuity of care hand in hand
- Single urgent care teams to offer patients the care appropriate to them
- Care from most clinically appropriate service and professional in most appropriate mode

Prevention

- Primary care having an essential role in preventing ill health
- Preventative healthcare – Core20PLUS5 focussed on reducing healthcare inequalities
- Building on successful national programmes
- Positive local community action
- Making every contact count

Personalised Care

- Continuity of care where this is most needed
- Supported by risk stratification
- “What matters to me”
- Shared decision making
- Central to improving access

Integration

What does the Fuller Report say?

Teams from across general practice, wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff need to work together to share resources and information, forming multidisciplinary teams dedicated to improving the health and wellbeing of a local community and tackling health inequalities.

Integrated neighbourhood 'teams of teams' need to evolve from PCNs and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space to problem solve together, building relationships and trust between primary care and other system partners and communities.

There needs to be a cultural shift towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and realignment of the wider health and care system to a population-based approach.

What are we achieving already?

- Community teams are aligned to PCN footprints.
- Strong relationships have been established between community and general practice in several areas.
- Single electronic referral portal launched for GPs to access community services, with wider rollout planned.
- Plans being developed to bring together community nursing and county wide services.
- Community Wound Care Multi-Disciplinary Teams being piloted in small areas to roll out to include General Practice Nurses.

What else are we planning to do?

- We will review the existing structures that we have in place for Integrated Care Teams and refresh our operating model in line with best practice and feedback to ensure we are maximising the benefits as outlined in the Fuller stocktake. This will include working across the other system portfolios to maximise opportunities and ensuring that care is delivered seamlessly making a positive impact for our patient population.
- We acknowledge that general practice cannot be supported and developed in isolation. We require a model of care that supports and enables practices and wider general practice providers such as GP Federations to be part of the solution with existing system partners to enable the aims of the ICS to be delivered.
- We will continue to work collaboratively with our partnering Community Trust, supporting general practice and community services to foster relationships even further so that neighbourhood teams are recognised and known by their communities. We will expand the Organisational Development enabling programme to support with this.

Same Day Urgent Primary Care

What does the Fuller Report say?

The bottom line of this building block is that by creating an infrastructure and resilience around GP practices that enables same-day access to urgent care, this then creates space to deliver more continuity of care for patients. To get there, we are going to need to look beyond a traditional definition of primary care and understand that NHS urgent care is what patients access first in their community, a lot of the time from home, without needing to see their GP. It could be online advice on symptoms and self-care, going to a community pharmacy, a GP appointment, an urgent treatment centre, or the 111 out-of-hours clinical assessment service.

There is recognition that people accessing an appointment with their GP practice prioritise different things. Some need to be seen straightaway while others are happy to wait, providing they can book their appointment in advance. A lot of people with more chronic, long-term conditions need or want continuity of care, while others may want to be seen quickly by any appropriate clinician. It also needs to be recognised that for some people it's important to be seen face to face while others want more convenient, digital ways of accessing treatment. It's important that our local system can offer all these things to our population.

What are we achieving already?

- Same day urgent care built in as a key component of the General Practice Access Programme.
- Access service being delivered providing additional access Monday – Saturday.
- We are the highest in the region for use of the Community Pharmacy Consultation Service (CPCS) which allows patients to be referred to a pharmacist where appropriate.
- We have invested in our practices to provide additional appointments during winter, equating to approximately 2,200 additional appointments per week.
- We have worked with the Urgent and Emergency Care portfolio to deliver a plan to respond to the surges in patient demand during winter 22/23.
- Ongoing communications campaign in place to educate patients on different ways of accessing appropriate healthcare.

What else are we planning to do?

- We will support our General Practice teams to provide high quality, appropriate healthcare to our local population, ensuring access to a variety of different appointment types, whilst being assessed by the most suitable member of staff, at a convenient time for the patient.
- We will develop the provision of same day urgent access as part of the integrated urgent care pathway.

Personalised Care

What does the Fuller Report say?

Continuity of care, specifically the relationship between a named GP and their patient, especially those more complex, is directly linked to improvements in patient experience and lower mortality rates. As described above, not all patients want or need continuity of care. By managing urgent care differently and supporting the growth and development of integrated neighbourhood teams, capacity can be created to focus team-based continuity of care on those people most likely to benefit, such as our frail older population. Teams should be supported to determine who to focus on through conversations with patients and using clinical judgement, as well as risk stratification. The Fuller Stock says that a personalised care approach means 'what matters to me, not what's the matter with me'. This means starting with people's abilities and work with them to support self-care and self-management of complex and long-term conditions, as well as shared decision-making with patients and carers.

What are we achieving already?

- We have started using risk stratification and artificial intelligence tools to predict the needs of patients.
- Social Prescribers embedded into Primary Care teams delivering community-based support and co-producing personalised care plans with patients.
- Educating general practice on the use of Population Health Management tools, to identify specific groups of patients to prioritise for specific services or interventions.
- Participation in a national Population Health Management pilot.
- Implemented work around health coaching, guiding, and prompting people to change behaviour.

What else are we planning to do?

- We will provide proactive and personalise care with support from Integrated Care Teams which we will evolve this through our Primary Care Networks. The core of this is to have a shared ownership in improving the health and wellbeing of the population using collaborative approaches and having built up trust and relationships between general practice and wider system partners and communities.
- We will further expand the role of social prescribing by understanding 'what matters to patients' when coproducing personalised care and support plans to enable patients to take control of their health and wellbeing. This will consider the patients' personal preferences, circumstances, goals, values, and beliefs whilst making the most out of community-based assets and informal support.
- We want to create space for general practice to fully understand and utilise Population Health Management tools to better understand their patient demographics.
- We will support reduction of inequalities by ensuring good data is available to analyse using appropriate risk tools, to help with early prediction of an individual's need for support. This will enable targeted activities to support the patient with their needs.
- We will support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them by making the most of the expertise, capacity and potential of people, families, and communities in delivering better outcomes and experiences. We will further develop self-management to enable our population to develop the knowledge, skills, and confidence to manage their health and wellbeing through interventions such as health coaching, peer support and self-management education.

Prevention

What does the Fuller Report say?

General practice has an essential role to play in preventing ill health and tackling health inequalities, working in partnership with other system players to prevent ill health and manage long-term conditions. People in the most deprived areas of England develop multiple health conditions 10 years earlier than people in the least deprived areas. The incidence of multiple conditions is rising; without concerted, targeted responses in our most deprived communities, progress on inequalities in healthy life expectancy will continue to stall

The Core20PLUS5 approach provides a focus for reducing healthcare inequalities across systems, identifying a target population comprising the most deprived 20% of the population of England (the 15 Core20) and other groups identified by data (plus groups), alongside five clinical priorities for action to reduce inequalities.

This needs to go alongside positive action in local communities; health coaches and social prescribing link workers provide a fantastic opportunity for neighbourhood teams to take a more active role in improving health, and where successfully incorporated into primary care, teams are transforming not just the lives of people and families they work with but also the culture and function of the clinical teams they work alongside. Where used most effectively, these roles can help form an effective bridge into local communities, building trust, connecting services, and galvanising the wealth of expertise in the Voluntary Community and Enterprise sector. We know that healthy life expectancy (a key measure of the quality-of-life years) locally is around 65 years, meaning men spend 16 years and women 19 years in poor health; this continues to put pressure on our health and care services.

What are we achieving already?

- General Practices has been taking a more active role in creating healthy communities and reducing the incidence of ill health: by working with communities, more effective use of data, and through close working relationships with local authorities.
- We have been educating General Practice on the use of Population Health Management.
- Some practices are actively involved in the Stoke-on-Trent Community Lounges project, part of a new community-led support programme led by the council working alongside a network of partners, organisations, and local community groups as well as GPs, North Staffordshire Combined Healthcare NHS Trust, and Midlands Partnership Foundation Trust. Stoke-on-Trent is one of the 20% most deprived districts in England which makes projects like this even more critical in keeping people well.
- Health and wellbeing coaches embedded in several of the PCNs, and each PCN has a dedicated Health Inequalities Lead.
- General practice have been working to identify their populations who experience inequality in health provision, to then develop a plan to implement which tackles the unmet needs. Long Term Conditions have been a central focus of these plans, with a specific focus on reducing Type 2 Diabetes and respiratory conditions, including the impact of long covid.
- We have used Core20Plus5 approach in ICBs Quality Improvement Framework (QIF) to support practices to address the backlog that the covid pandemic created and to prioritise reviews for those most at risk.

What else are we planning to do?

- We will work with General Practice to embed the principles of Making Every Contact count (MECC), an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities, and populations. We will increase the level of Social Prescribing available to our population and encourage the uptake of the Health and Wellbeing Practitioner role and other skill mixes.
- We will support general practice to identify further unmet needs in their population and develop a population health management approach to prevention for long term conditions. This will include improved use of technology to enable them to do this. We will also continue to support the system with tacking health inequalities by building on the Core20Plus5 approach to support the reduction of health inequalities experienced by adults, children, and young people.
- The system wide frailty work currently with a focus on Staying Well and Frailty Assessment Area will be expanded to focus on falls prevention advice, in addition to increasing the use of frailty indexes and falls assessments to reduce the incidence of falls.
- We will ensure that adult mental health remains a focus, working to prevent suicide and poor mental health by achieving the national Long Term Plan targets.

Our 8 Enabling Programmes

To support the implementation of the Fuller Stocktake Report recommendations, in addition to managing commissioning duties and responsibilities, we have 8 established work programmes in place for general practice.

Access

We want patients to experience good access to general practice care, including location, times, ease of arranging appointments, and speed of access with a range of general practice workforce to meet their needs.

What we are achieving:

- Working with system partners on identifying and developing solutions to allow patients to access care using a variety of methods, professionals, and new technology.
- Enhanced Access Implemented across through the 25 PCNs.
- The highest regional Midlands system for use of the Community Pharmacy Consultation Service (CPCS).
- Far reaching local public communications campaign.
- Practice participation in an NHS England Accelerate Access Programme (17% of practices).
- Using Behavioural Science to engage 'underserved,' communities.

What we will do:

- Delivery of the NHS England General Practice Access Recovery Plan once details of this are published.
- Delivery of same day access to general practice in line with Fuller Stocktake.
- Multidisciplinary team advice including building on use of data and technology to enable patients' needs to be met.
- Continued focus on unwarranted variation for access, experience, and outcome.

Workforce

We recognise the workforce is a key and vital element to this strategy. We want to enable comprehensive and sustainable improvements in capacity and capability of the general practice workforce. We will strive to have a workforce that feels sufficiently motivated, supported, and empowered, equipped to deliver high quality services and able to drive sustainable improvements that positively influence the health and wellbeing of the population. General practice has seen an increase in the number of GPs working in a salaried role, and a trend towards more part-time and flexible working. We want to build on these opportunities whilst also promoting the benefits of the partnership model.

What we are achieving:

- Two clinical workforce champions in post to support engagement at ground and system level and driving the implementation of initiatives to support the recruitment and retention of GPs.
- We have a suite of 6 local GP retention initiatives in place.
- Working in collaboration with Staffordshire Training Hub to launch a proof-of-concept innovative General Practice Nursing (GPN) School. The GPN School will offer places to newly qualified nurses and provide consistent approaches to education, training, supervision, and support to be a sustainable approach to GPN recruitment and education now and in the future.
- Across the 25 PCNs, 475 additional roles staff have been recruited to date.
- We have a task and finish group to discuss and implement support for Practice Managers and Assistant managers aimed at recruitment, retention, upskilling and succession planning.
- We have a package of health and wellbeing support across all general practice staff including working closely with the system psychological wellbeing hub to support all our general practice workforce and including the recruitment of health and wellbeing ambassadors.
- Close working with Staffordshire Training Hub, supporting general practice to advise and support with the recruitment of new roles, as well as aid the retention of the existing clinical and non-clinical workforce through the delivery of education, development, training, up-skilling, and wellbeing.
- There is a structured Protected Learning Time programme in place linked to our local system priorities.

What we will do:

- We will develop a Staffordshire and Stoke-on-Trent general practice workforce strategy by 2024 that considers our future direction of travel building on initiatives for recruitment and retention and making our system an attractive place to work.
- We will use population health management as part of our workforce planning approaches.
- We will look for further opportunities to support the health and wellbeing of our workforce building on the good work we have already done.

Digital and IT

The flow of information between care providers, both within and beyond organisational boundaries, as well as between care providers and patients, is a critical component of our digital strategy. Access to general practice data is fundamental to our success in achieving this goal.

Our digital strategy focuses on engaging with online services and using technology to facilitate the sharing of data, which will enable us to better serve our people.

What we are achieving:

- Increase in NHS App registrations supporting our ICS aim to have a single Digital Front door for our population.
- Digitalised over 500,000 paper patient records.
- Delivered online consultation solutions for 100% of our practices.
- Secured local funding for the development of Advanced Telephony to improve telephone systems in practices and supporting accessibility to general practice.
- Delivered an at scale digital offer to support patients to identify and manage some long-term conditions.
- Improved use for electronic prescribing and repeat dispensing making it easier for patients to obtain and manage their prescriptions.
- Increased utilisation of online access tools to give patients alternative ways to access their practice and their records.

What we will do:

A Digital Strategy will be developed by 2024, along with a programme of work and projects that will see SSOT continue to develop and enhance the range of support to general practice and patients to include but not limited to:

- Increasing patient access to records to empower patients to take better control of their own healthcare.
- Embed digital inclusion across our programmes of work to ensure no patients or staff get left behind due to technology advances.
- Review and explore different modes of consultation to support patient access to general practice.
- Developing the NHS @home programme, which is an approach to providing better connected, more personalised care in people's homes including care homes. It aims to ensure people have faster access to more appropriate and targeted care, without necessarily having to attend emergency care or arrange GP appointments.
- Utilising digital solutions to develop efficiencies in practices to increase the time available for clinicians to spend with patients.

Estates

We will act as an estate system putting patients at the heart of decision making and ensuring we make the best use of our estate, maximising shared space and digital alternatives and regularly challenging how services are provided.

What we are achieving:

- We have developed two large estates projects built in Longton South and Burntwood providing new, modern facilities for patients
- We are maximising the use of existing NHS estate generating efficiency savings.
- Supporting PCNs to create clinical and estates plans for their area.
- Establishing working relationships with the nine different planning authorities – working on both strategic policy and plan-making and decision-making matters in support of health infrastructure.
- Developed a process to enable general practice to request funding for the use of additional clinical and non-clinical rooms engaging with system partners.
- Secured over £3m in Section 106 funding, Section 106, also called 'planning obligations', which are an important means for NHS trusts and foundation trusts to improve and upgrade their estate when housing growth places additional pressures on services.

What we will do:

We will develop a General Practice Estates plan aligning to the system wide estates strategy, and will consider the short-, medium- and long-term ambitions and solutions. As part of this we will:

- Work with local authority partners in understanding current and future needs of estates which will be reflected in their delivery plans.
- Build on PCN estates plans in progress and working towards place and neighbourhood level plans in line with system.
- Support net zero commitment within our estates to support the national level action on climate change and sustainability.

Quality and Safety

The aims and ambitions of the Primary Care Quality and Safety Programme of work is for all of our GP practices to provide and maintain good quality, safe and clinically effective general practice services for the residents of Staffordshire and Stoke-on-Trent.

What we are achieving:

- 95% practices rated good or outstanding with the Care Quality Commission (CQC).
- We have a Quality Improvement Framework (QIF) in place to build on the national Quality Outcomes Framework (QOF) targets and drive local patient outcomes.
- High quality and consistent Protected Learning Time programme in place for all general practice staff to access.
- Working closely with The Staffordshire Training Hub on high quality training and development utilising an annual training needs analysis for general practice staff.
- Intranet in place for general practice acting as a central store of key up to date information.
- Ensuring that we build quality improvement methods into everything we do.
- Proactive reviewing of CQC inspection reports and evidence tables where practices have been rated as 'Requires Improvement' or 'inadequate' to share learning and support.
- Consistent approach to quality monitoring of GP practices.
- We have strengthened triangulation of soft intelligence relating to practices, with information obtained from a variety of sources, indicators and domains which are aligned to the domains of quality (Patient Experience, Quality of Service and Clinical Effectiveness).

What we will do:

- We will strive for an ambition of 100% practices rated good or outstanding with the Care Quality Commission (CQC).
- Continued focus on unwarranted variation in terms of quality outcomes utilising local schemes to support.
- We will have a continued focus on patient safety working closely with our Medicines Optimisation teams.
- We will continue to build on proactive targeting and engagement with general practice in relation to tackling quality and safety concerns.
- Facilitate system wide learning shared by general practice in relation to quality and safety improvements in primary medical services.
- We will have a standardised culture and clear reporting of comparative data to enable practices to monitor and benchmark.
- Continue to foster a culture of continuous quality improvement across general practice.

Contracting

From 1st July 2022 all ICBs assumed delegated responsibility for primary medical services from the legacy Clinical Commissioning Groups. A Primary Care Forum is in place to enable the ICB to exercise its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022.

What we are achieving:

- We have supported 13 practice mergers in the last 5 years building sustainable and at scale general practice services.
- To support our patients with communication barriers we have reviewed and procured translation and interpretation services to ensure that general practice is able to communicate with their whole practice population.
- We ensure the links with other work programmes as part of undertaking our statutory delegated function including responsibility for premises improvement grants and how we manage quality.
- Standard operating procedures are in place across all elements of our delegated commissioning responsibilities.

What we will do:

- Enable and support new models of primary care where this makes sense.
- Exploit opportunities within existing contracts and changes to national contracts expected to drive development and transformation in general practice.

Commissioning

Patients should be able to access the same level of service no matter what practice they are registered with. We aim to reduce the current variability of services and commission services from primary care to deliver care closer to home.

What we are achieving:

- Roll out of 11 local enhanced services known as the “Universal Offer”, achieving an equitable offer of services for patients with consistent service specifications across general practice. This is ensuring:
    - Reduction of inequity of provision
    - Service provision is closer to home for patients
    - Acknowledgement of the movement of services from secondary to primary care
    - A new model of care for the future which will is built around general practice and Integrated Care Teams aligns to the long-term plan and the system priorities
- Rolling annual plan in place for commissioning of additional capacity during winter.

What we will do:

- Develop further phases of the Universal Offer to provide more consistent local enhanced services for our population working with and across portfolios on pathway redesign.
- Continue to support the development of the new model of care.
- Evaluation of winter schemes to inform future planning and commissioning.
- Support general practice to develop further to become recognised by the system as credible, at scale providers of services.

Organisational Development

In order for our population to receive the best possible services general practice needs to be supported to think about their development and to differentiate between their internal and external needs. Internal needs are the needs of the practices, the strength of the relationships between the practices, and the ability of them to work effectively together and deliver services as PCNs. This joint working between the practices is the bedrock of their success. External needs reflect the ability of the PCN to work collaboratively with community services and other teams, to understand the local population health needs, and to be an active partner within the wider ICS system.

What we are achieving:

- OD Specialists recruited to work with PCNs to support the shaping and development of shared purpose and vision, commonality of mission and goals, and support team and personal development.
- Through our OD specialists, we have supported PCNs to have a shared understanding of the PCN's development needs to identify development opportunities. This has been through large workshops through to PCN board level meetings and focused stakeholder conversations.
- We have provided facilitated workshops where we have seen groups coming together to agree further development and support and build a shared vision and purpose.
- We have supported leadership development predominantly to support team building and individual effectiveness using the Everything Disc and Behaviours of a Cohesive team approach and to support the effectiveness of PCN leadership models.

What we will do:

We will identify OD interventions and commission or provide support needed at a PCN and a practice level so that both can develop at similar pace and in support of each other. The OD programme is being designed currently based on observations and data collection and is looks at:

- PCN Board level development.
- Bespoke OD Intervention to support Primary care team to implement the Primary care strategy.
- GP Collaborative development to ensure general practice is supported to establish influence within the system with a consensus voice.
- Developing the PCN Maturity Matrix to make it fit for purpose and to enable the PCN development plans to become part of PCN business as usual.
- Develop a primary care maturity matrix and development plan to support the primary care team in achieving their development objectives.

The Golden Threads

Sustainability

In order to deliver the vision outlined in this strategy for patients, general practice needs to be resilient and sustainable. We have engaged and listened to practices and PCNs on the challenges they face regarding sustainability and will work with them on an operating model that supports them on a day-to-day basis. This feeds into the outputs of our 8 work programmes but will also be reliant on how we work with other ICB portfolios on pathways and ways of working with other partners.

We recognise that the partnership model of general practice delivers benefits for the NHS. It allows GP teams to innovate and tailor care and services to their local patient populations, it is good value for money because it relies on the goodwill of GP partners going above and beyond for their patients. The partnership model has underpinned general practice since before the establishment of the NHS and is a major component of the success of English general practice.

The GP Partnership Review undertaken by Dr Nigel Watson in 2019 stated that the disintegration of the partnership model would be a real loss to both general practice and the patients and communities it serves. We also know that in recent years partnerships have become less popular with GPs and there is a risk that, without both the continued commitment of existing partners and the input of new partners, the model could be lost.

The review encourages the consideration of the strengths of the partnership model of general practice, and what value the model offers above and beyond an alternative salaried model. Some of these have been identified as:

- a freedom to innovate
- relative autonomy in decisions relating to patient care, with the ability to act as a powerful independent advocate for patients
- being part of, and accountable to, a community
- creating the desire to succeed as business owners
- providing value for money

The partnership model is also not the only model currently delivering general practice and, while partnerships holding a GP contract will continue to be in the majority, it is important that as a system we ensure practices are supported to adopt sustainable alternative models where the difficulties of recruitment and retention mean that a partnership model cannot thrive.

The NHS in England is also an outlier by international standards with regard to the extent it has used financial incentives to try and improve primary care although the evidence base to suggest that financial incentives or target setting improve primary care is surprisingly thin.

Whilst much of this policy is centrally determined the ICS needs to consider how to both deliver improved outcomes whilst ensuring the financial sustainability of practices

Population Health Management

We will support and enable general practice to provide a consistently high level of care, address unwarranted variation, and improve access, quality, and outcomes by using a population health management approach which includes building on our local Quality Improvement Framework (QIF) which are standards that are over and above those that are already nationally defined.

Engagement and Communication

We will have ongoing conversations with the public to understand themes around the “what matters to me” approach. We will do this in a way that reflects how local people would like to be engaged, whilst empowering them to become active participants in their own health and wellbeing. This will be done by adopting the agreed principles of the ICB Working with People and Communities Strategy.

We will continuously engage with general practice to co-produce and provide a range of support offers that are valued and support the sustainability of general practice. We will listen to practices to understand and respond to their challenges and needs.

The Kings Fund have previously said that the voice of GPs as providers of care is largely absent at the system level. We know that general practice has struggled to find a united voice in the wider system because of the number and diversity of practices. But we also know that practices do work together, and that GPs are passionate about their populations and communities. We will ensure that the general practice voice is developed and credible through the GP Collaborative, with the support of the underpinning OD work programme, so that general practice is involved in setting the direction and building better services for everyone in their community.

Conclusion

Patients have a right to high quality services, irrespective of who they are, their social status, where they live or what needs they have. General practice has a key role to play in delivering this. By supporting changes in general practice we will address the changing needs of our patients, improve outcomes, tackle inequalities, and maximise limited resources to secure a sustainable service for the future.

This bold and ambitious strategy embraces and develops existing ways of working in Staffordshire and Stoke-on-Trent that have been built on and valued by general practice and aligns with our track record of making positive difference.

We aim to support general practice, as a critical partner of the health and care system not only to sustain, but to flourish, overcoming the challenges of workload, workforce and estates and embracing the new roles and opportunities set out in the Fuller Stocktake Review and national policy.

Our anticipation is that the approach, principles, and priorities described in this strategy provide direction for telling the story of how we can develop general practice over the next five years – for our population and communities, for a diverse multi-disciplinary workforce, and for our local health and social care system.

Appendix 1

Staffordshire and Stoke-on-Trent ICB - PCN and GP Practices

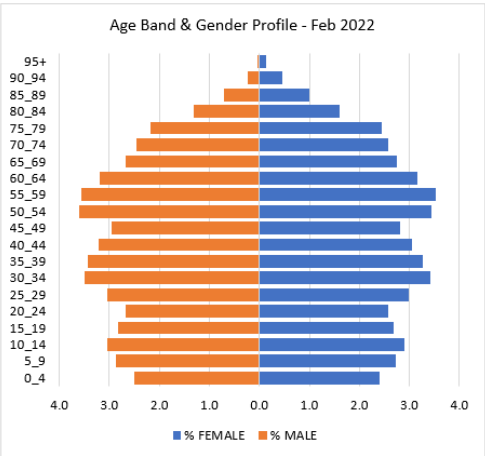
Registered Population: as of 1st February 2023

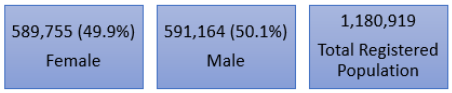
Demographics

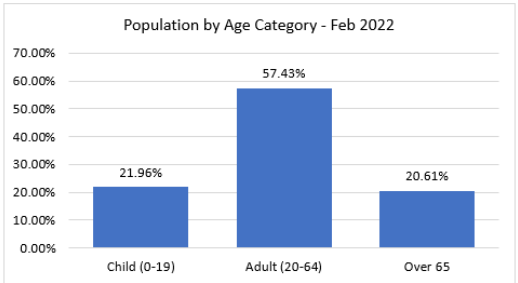
Population

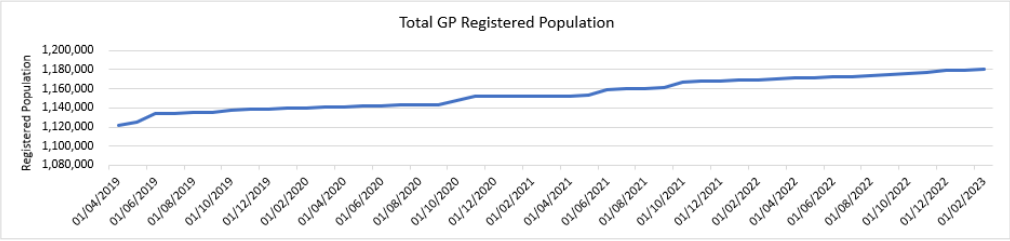
The current GP registered population for Staffordshire and Stoke-on-Trent is 1,180,919 (Feb 2023), with an almost equal number of males and females[1].

The population continues to increase year-on-year with a 5% increase since April 2019.









Data Source: NHS Digital - GP Registered Population Publication

[1] Data source NHS Digital – Patients Registered at a GP Practice - NHS Digital

The overall population in SSOT is expected to continue to increase, with an estimated increase to 1.2 million by 2035 (6%). The largest increase is expected in the population aged 65+, while the younger age groups will see little change[2].

Future population estimates

Staffordshire and Stoke-on-Trent upper tier local authorities

Sources: 2018-based subnational population projections, local authorities in England. Office for National Statistics.

Health Inequalities

Stoke-on-Trent is one of the 20% most deprived districts in England and the health of people within Stoke-on-Trent is generally worse than the England Average. Life expectancy is lower than the England average for both men and women. Further disparities are seen within life expectancy between the most and least deprived areas of Stoke-on-Trent. Obesity for both children and adults are higher than the England average. The prevalence of smoking is higher than the England average. Under 75 mortality rates for cardiovascular diseases and cancer are also worse than the England average[3].

The average deprivation score (IMD) is lower in Staffordshire than the England average. Life expectancy is similar to the England average for both men and women, although this varies between the most and least deprived area of Staffordshire. Obesity in adults is higher than the England average. Smoking prevalence in adults is lower than the England average prevalence. Rates of employment, homelessness and violent crime are better than the England average.[4]

[2] Sources: 2018-based subnational population projections, local authority in England. Office for National Statistics
[3] Fingertips PHE – Local Authority Health Profile – Stoke on Trent E06000021 (phe.org.uk)
[4] Fingertips PHE – Local Authority Health Profile – Staffordshire E10000028 (phe.org.uk)

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Quintiles Best Worst | Better 95% | Similar | Worse 95% | Compared with England

	Time Period	Staffordshire	Stoke-on-Trent	West Midlands	England
Life expectancy at birth-Male	2018 - 20	79.3	75.9	78.5	79.4
Life expectancy at birth-Female	2018 - 20	83.1	79.7	82.5	83.1
Healthy life expectancy at birth-Male	2018 - 20	63.1	55.9	61.9	63.1
Healthy life expectancy at birth-Female	2018 - 20	60.7	55.1	62.6	63.9
Reception: Prevalence of overweight (including obesity)	2021/22	25.0	25.4	23.7	22.3
Year 6: Prevalence of overweight (including obesity)	2021/22	37.8	44.7	40.8	37.8
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	68.7	68.7	66.8	63.5
Percentage of physically active adults	2020/21	65.9	57.5	66.8	65.9
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	9.9	16.5	13.8	13.0
Self-reported wellbeing - people with a low satisfaction score (%)	2021/22	7.6	4.9	5.2	5.0
Infant mortality rate (per 1,000)	2018 - 20	5.0	6.5	5.6	3.9
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	103.8	192.7	110.7	103.6
Suicide rate	2019 - 21	11.9	16.4	10.7	10.4
Deprivation score (IMD 2019)	2019	16.6	34.5	25.3	21.7

Data Source: Fingertips PHE - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Ethnic Group

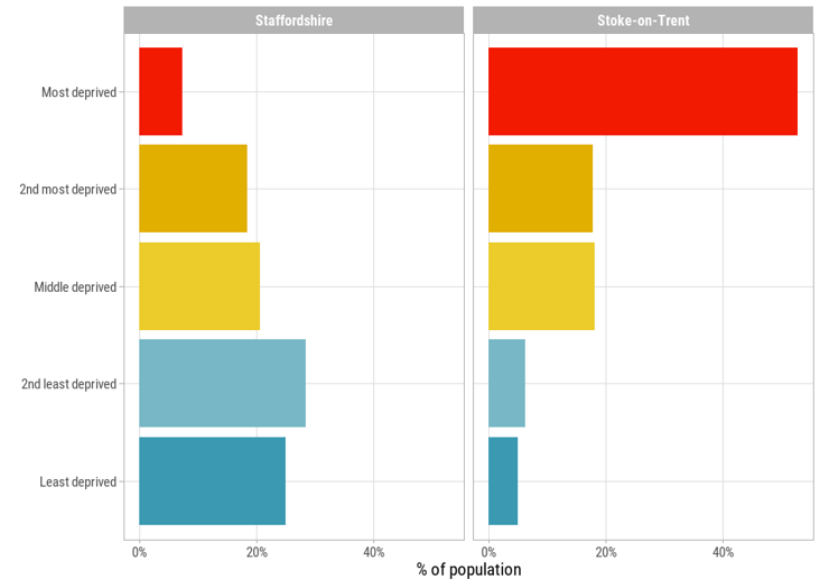
Area name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	White	Other ethnic group
Stoke-on-Trent	9.9%	2.7%	2.3%	83.5%	1.7%
Cannock Chase	1.2%	0.5%	1.4%	96.6%	0.3%
East Staffordshire	9.3%	1.1%	2.2%	86.3%	1.1%
Lichfield	2.3%	0.6%	1.9%	94.8%	0.4%
Newcastle-under-Lyme	3.8%	1.0%	1.6%	92.9%	0.7%
South Staffordshire	2.8%	0.9%	2.0%	93.7%	0.5%
Stafford	3.0%	1.1%	1.9%	93.4%	0.7%
Staffordshire Moorlands	0.7%	0.2%	0.9%	98.0%	0.2%
Tamworth	1.4%	0.6%	1.9%	95.8%	0.4%
SSOT Total	**4.8%**	**1.2%**	**1.9%**	**91.3%**	**0.8%**
England & Wales	**9.3%**	**4.0%**	**2.2%**	**81.7%**	**2.1%**

Source: 2021 Census

Deprivation

Population by deprivation quintile

Staffordshire and Stoke-on-Trent upper tier local authorities



Sources: The Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government.

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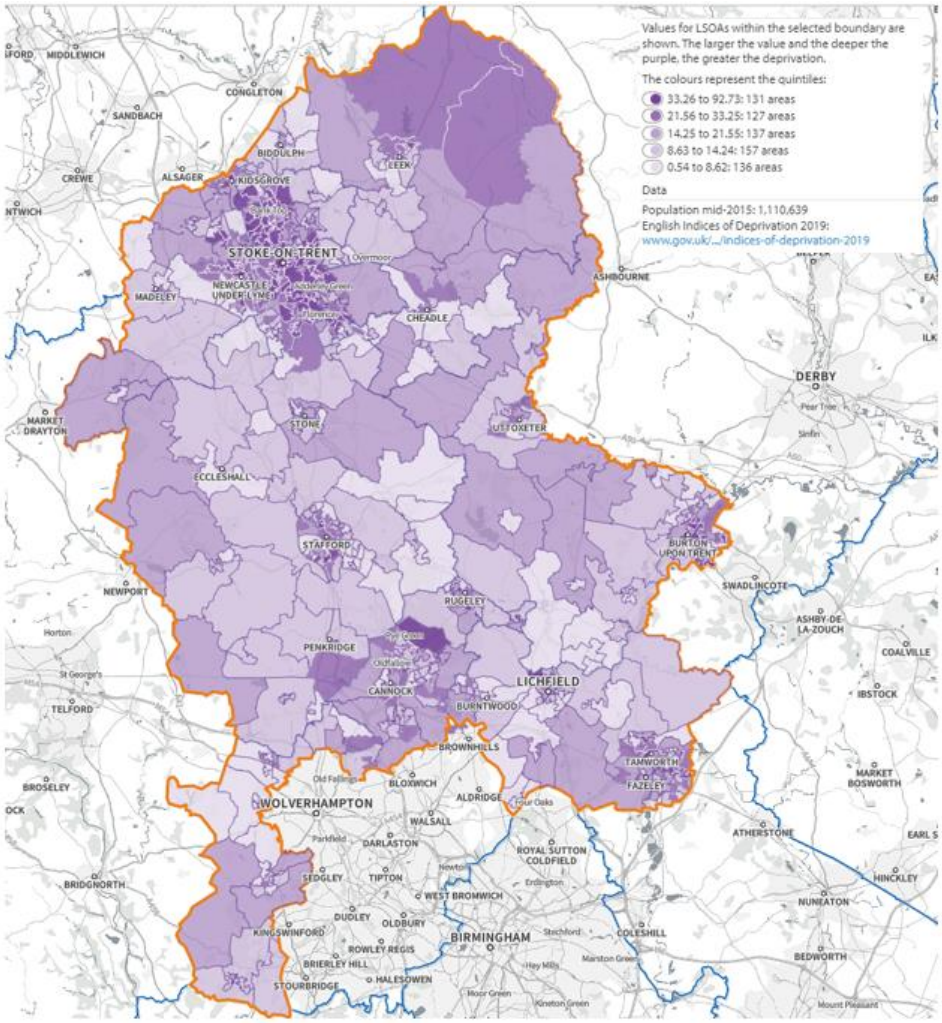
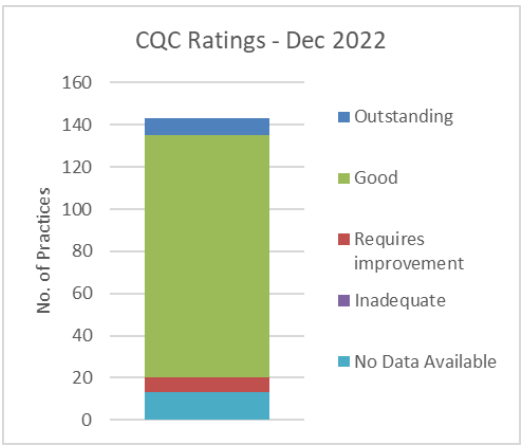


Source: Shape Atlas - https://shapeatlas.net/

CQC Ratings

Out of 143 practice 123 practices have an overall rating of outstanding or good, 7 practices require improvement, and zero practices have an inadequate overall rating. 13 practices are currently pending new ratings to be published.



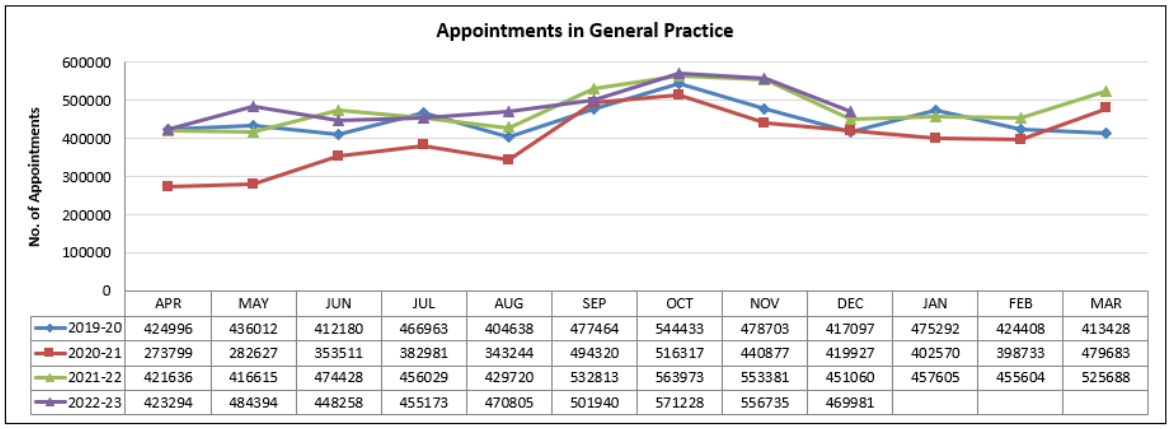
Appointments in General Practice

After an initial drop in general practice appointments at the start of the COVID pandemic the number of appointments has since been steadily increasing above 2019/20 levels (pre-covid), reaching a peak of 571,228 appointments during October 2022[5].

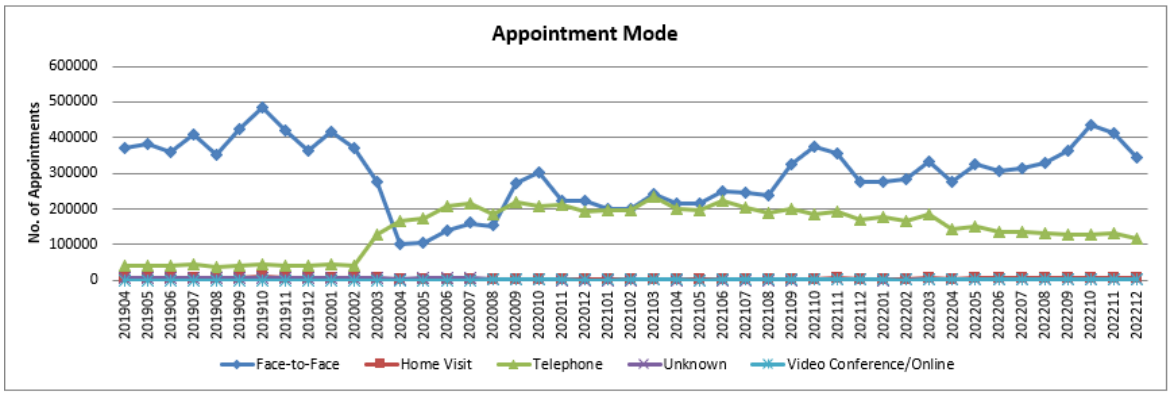
In December 2022, primary care appointment activity was 13% higher than the same period in 2019/20. There has been an 8% increase so far, this financial year (Apr to Dec).

The proportion of face-to-face appointments stands at 73% (compared with 87% in the equivalent month in 2019/20). This is higher than the National average standing at 68% for December 2022. Practice variation ranges from 32% to 100% face-to-face, with 70% of practices above the National average.

Whilst the level of appointments has exceeded the 2019/20 baseline, the appointment rate per 10,000 weighted population is lower for SSOT compared to the National rate and is in the lowest performing quartile [6].

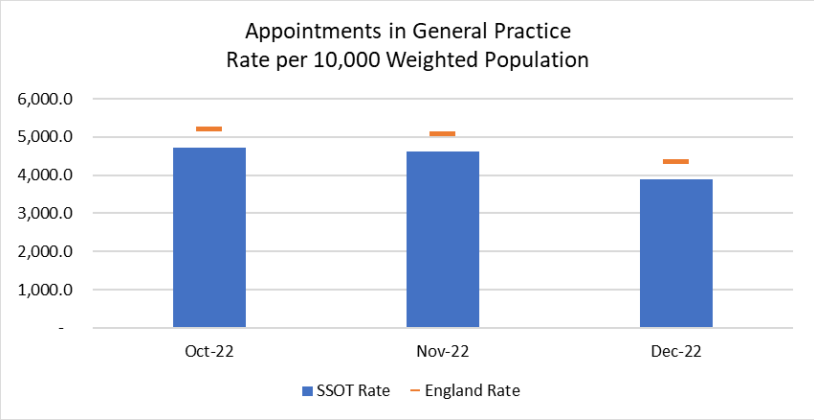


	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2019-20	424996	436012	412180	466963	404638	477464	544433	478703	417097	475292	424408	413428
2020-21	273799	282627	353511	382981	343244	494320	516317	440877	419927	402570	398733	479683
2021-22	421636	416615	474428	456029	429720	532813	563973	553381	451060	457605	455604	525688
2022-23	423294	484394	448258	455173	470805	501940	571228	556735	469981			



	12 months - Jan to Dec 2022		Current Month Dec 2022	
	England	SSOT	England	SSOT
No. of Appointments	328,445,050	5,820,705	26,750,950	469,981
Rate per 10,000 weighted pop.	53,407	48,181	4,350	3,890
% GP	49.0%	46.8%	49.6%	47.5%
% F2F	65.5%	68.7%	68.3%	73.4%
% Same Day	44.0%	45.8%	48.1%	49.6%
% Within 2 Weeks	84.7%	86.3%	85.0%	86.9%

[5] Data source - Appointments in General Practice - NHS Digital
[6] NHS Oversight Framework



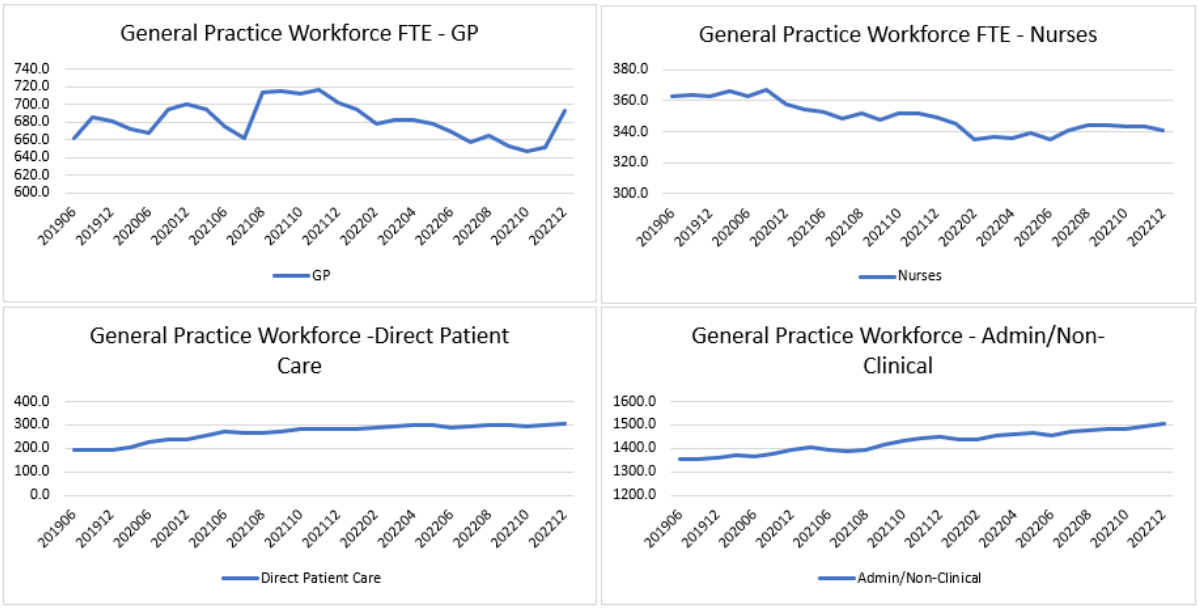
General Practice Workforce

The overall number of GPs has steadily declined from 2015 to mid-2018 where levels then rose to a peak of 717 (FTE) by November 2021. Since this point there has been a downward trend until November 2022.

December 2022 saw a steep increase to GPs in Training Grade ST2.

In the year between March 2021 and March 2022, SSOT lost 16.2 (FTE) GP partners and 5.7 (FTE) salaried/locums GPs. This means that the number of fully qualified GPs decreased by 21.9 (FTE) within a year[7].

The GP FTE and Direct Patient Care (DPC) FTE as a rate per 10,000 weighted population are lower for SSOT compared to the National rate, whereas the rate for Nurses is marginally higher than National.



[7] General Practice Workforce - NHS Digital

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Sources:

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