BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

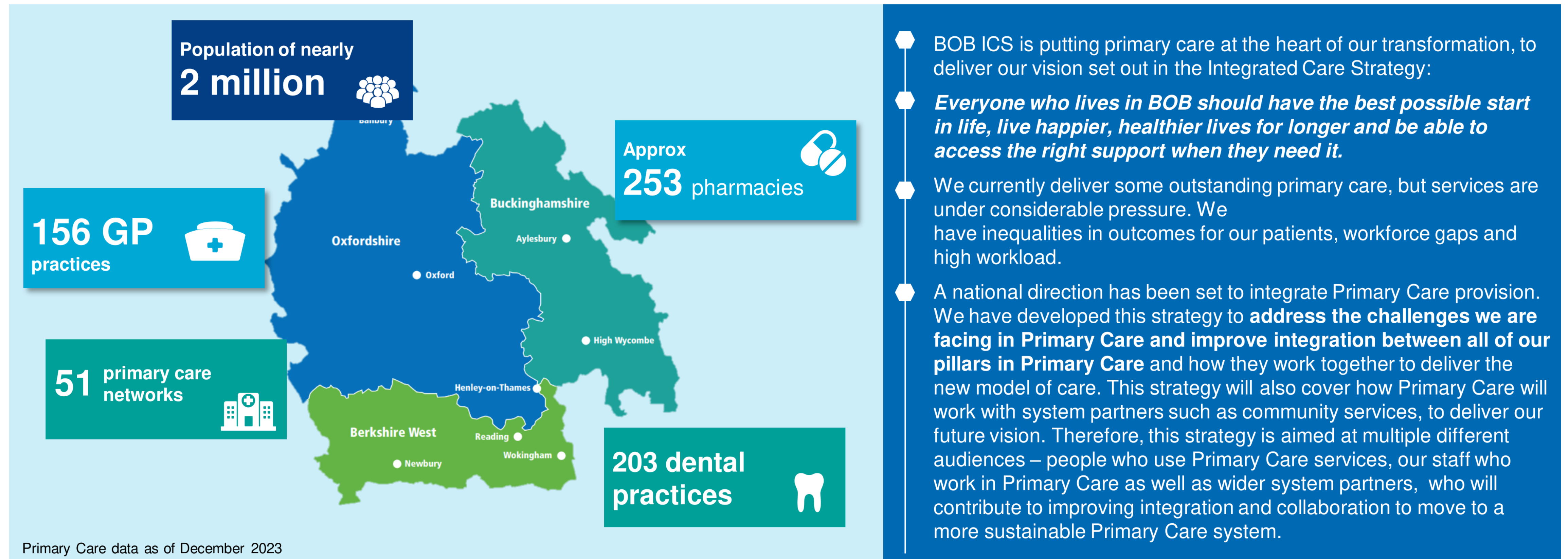
Transforming Primary Care

General Practice, Community Pharmacy, Optometry and Dentistry

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care System

Why we need a primary care strategy

Primary Care includes General Practice, Community Pharmacy, Optometry and Dentistry services. These services provide the first point of contact, have an ongoing connection with local communities, and lead on improving the 'whole person' health of our population.



- BOB ICS is putting primary care at the heart of our transformation, to deliver our vision set out in the Integrated Care Strategy:
- ***Everyone who lives in BOB should have the best possible start in life, live happier, healthier lives for longer and be able to access the right support when they need it.***
- We currently deliver some outstanding primary care, but services are under considerable pressure. We have inequalities in outcomes for our patients, workforce gaps and high workload.
- A national direction has been set to integrate Primary Care provision. We have developed this strategy to **address the challenges we are facing in Primary Care and improve integration between all of our pillars in Primary Care** and how they work together to deliver the new model of care. This strategy will also cover how Primary Care will work with system partners such as community services, to deliver our future vision. Therefore, this strategy is aimed at multiple different audiences – people who use Primary Care services, our staff who work in Primary Care as well as wider system partners, who will contribute to improving integration and collaboration to move to a more sustainable Primary Care system.

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Primary care supports our communities

Primary care supports our unique and varied communities with a wide range of needs and helps to tackle the health inequalities some communities experience

Our population

Our overall population size is anticipated to grow by 5% by 2042, over the same period the number of people aged over 65 is expected to increase by 37%.

Within BOB, Oxfordshire and Buckinghamshire will continue to have the highest proportion of over 75 year olds.

People who identify as white British make up 73% of residents. Although this varies from 53% in Reading to 85% in West Berkshire.

Health needs and inequalities

c.60,000 people in BOB live in an area that is in the bottom 20% of areas nationally as defined by deprivation.

Across BOB, 3 in 5 adults are overweight or obese. 68% of adults with a learning disability are overweight.

Around 12% of adults have a recorded diagnosis of depression and 0.8% have a severe mental illness.

Estimated 60% of people over 60 have one or more long term conditions.

People in our more deprived areas develop poor health 10-15 years earlier than those in less.

BOB has 8.8 care home beds per 100 people 75+ in comparison to the national average of 10.8 as well as a slightly smaller 16+ population with a caring responsibility.

There is a disproportionate reliance on acute services e.g. A&E from populations living in areas of higher deprivation.

1: BOB fact pack (2022); 2: BOB Joint Forward Plan (2023)

Primary care is at the heart of our system

Not only is primary care the typical 'front door' for our population to access the health system, it also carries out 90% of all patient contacts. Below is a selection of facts about primary care activity.

01 Primary care supports a **registered population** of around 584,000- people in Berkshire West, 587,000 people in Buckinghamshire, and 816,000 people in Oxfordshire.

02 In Berkshire West, approximately **73% of the population are 'generally well'**, 19% have moderate need and 2.4% have higher need (based on Population Health Management data from Brookside Group Practice, 2023).

03 The equivalent of **19% of the population in BOB contact their practice every working week.** General practice activity levels in BOB are higher than pre-pandemic levels with **825,000 appointments** each month.

04 There are approximately **1,100 GPs, 430 nurses** and over **900 staff in the Additional Roles Reimbursement Scheme (ARRS) across BOB**, including Social Prescribers, Clinical Pharmacists, Nursing Associates and Mental Health Practitioners.

05 Across BOB, there are on average **63 dentists per 100,000 of the population** compared to a national average of 43 NHS dentists per 100,000.

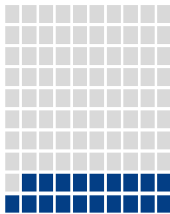
06 There are **253 community pharmacies offering a range of clinical services** e.g. flu and COVID-19 vaccines, blood pressure checks, oral contraception.

1: Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14 (2016); 2: NHS Digital (2023); 3: Brookside Case study – Segmentation in Primary Care (2023); 4: BBOB LMC The Health of General Practice in BOB (2023); 5: NHS Dental Workforce statistics and NHS Digital (2023); NHS dentistry - Health and Social Care Committee (parliament.uk) 6,7: Primary Care Access and Recovery Plan (2023)

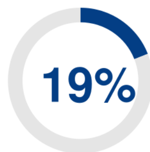
There are challenges within primary care and within the wider system that require new ways of working

Demand for primary care outstrips current capacity and inefficiencies are created (for patients and staff) where the parts of the system do not work well together. The challenges require a system response, they cannot be solved by primary care alone.

01 People report a worsening experience of accessing primary care



Since 2021, there has been a 19% decrease in positive responses with regards to the overall experience of booking an appointment.[1]



19% said there were no dental appointments available or said that the dentist was not taking on any new patients.[2]

02 Many primary care staff feel they are under extreme pressure

BOB LMC data shows that GPs are responsible for more patients, and are spending a large proportion of time on administrative tasks relating to how patients move between parts of the system.[3]

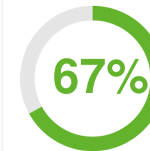
Multiple respondents to the BOB dental survey said they are under extreme pressure due to demand much greater than capacity, lack of funding and recruitment and retention challenges.

03 This is driven by a mismatch between demand and capacity across the system

BOB's growing population and changing demographic profile is increasing demand for primary care services - more than one in four of the adult population live with more than two long term conditions.[5]

14 community pharmacies closed in 2023 and 16 out of 20 100hr pharmacies reduced their opening hours (mainly the 9pm-12am slot).[6]

04 Capacity is difficult to grow due to funding, recruitment, retention and estates challenges



In the Community Pharmacy workforce survey, 67% of respondents said it is very difficult to fill vacant roles for pharmacists.[7]

There are estates pressures across the system for example, in Bucks, approximately 570,000 patients are served by a primary care estate of approximately 24,121 m^2.

1: National GP survey results, 2023; 2: BOB GP Patient Survey Dental Statistics 2023; 3: BBOB LMC The Health of General Practice in BOB; 4: BOB Primary Care Assurance Report 2023/24 Quarter 2 (2023); 5: BOB Joint Forward Plan (2023); 6: Buckinghamshire Executive Partnership Report on Primary Care July 2023; 7: Community Pharmacy Workforce Survey 2022; 8: OCCG Primary Care Estates Strategy (2020)

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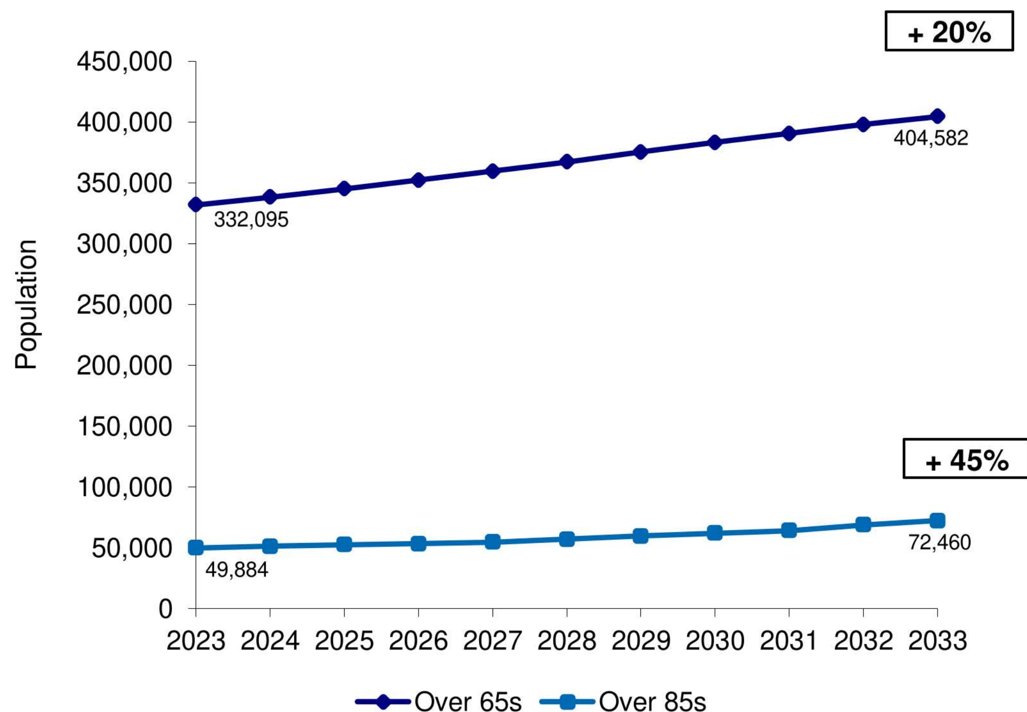
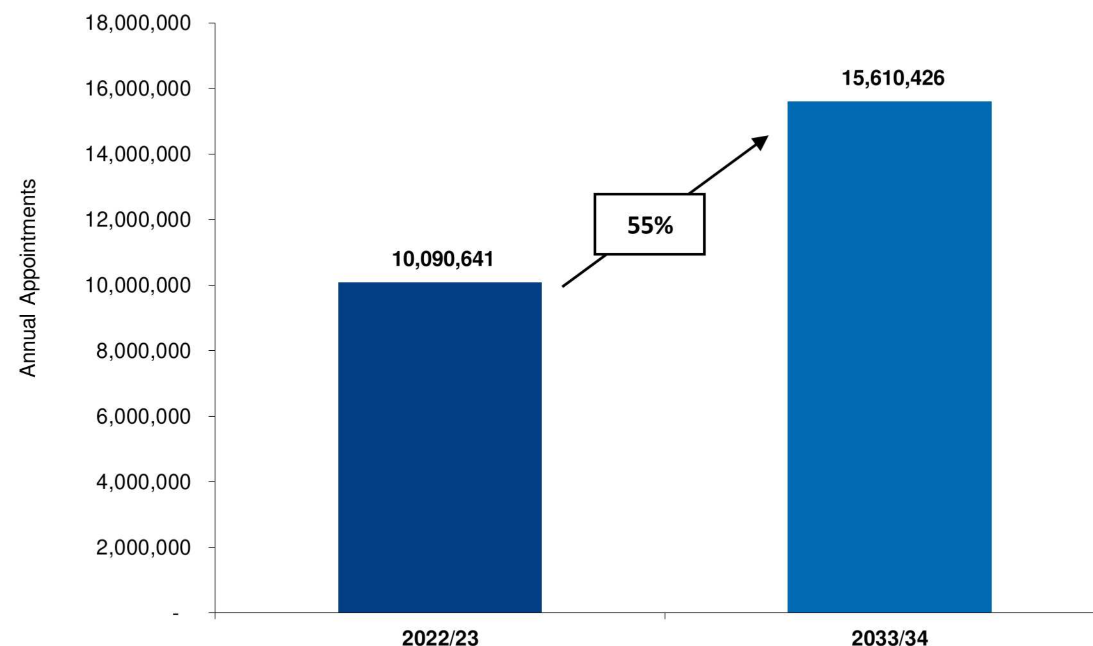
If we do nothing, the mismatch between demand and capacity will continue to grow

Over the next 10 years the population of BOB will increase, particularly the older population who make the greatest use of healthcare services. If there is no change to the model of care, based on historic trends in primary care activity and population forecasts, GP appointments would need to increase by 55%. This would represent an unsustainable level of growth in terms of available funding and workforce, and Primary Care cannot manage this demand alone. This requires a system-wide response to work in new ways and coordinate care and services differently.

BOB Forecast Population Growth to 2034 for Over 65s and Over 85s



BOB ICB General Practice Appointments (All Types – 2022/23 vs 2033/34)



KPMG analysis, based on ONS population projections

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Learning from the Clalit System

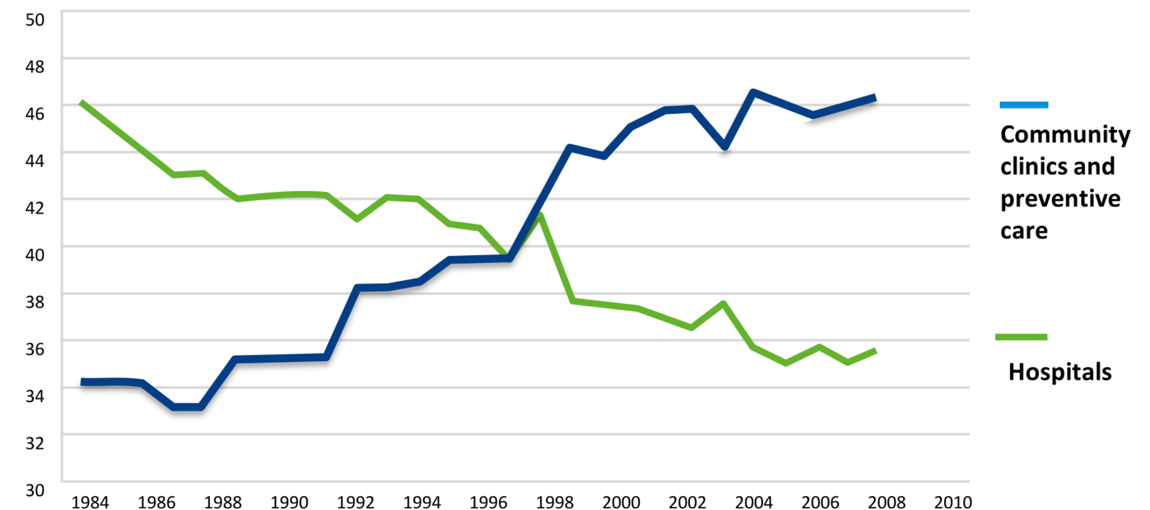
Within BOB we have taken particular inspiration from the Clalit system in Israel, which has produced impressive outcomes by taking a primary care led approach. Some of the key features of the system are described here, and as a system we must take the learnings and coordinate a system-wide approach.

Israel's life expectancy is 0.9 years higher than in the UK, while national health expenditure is 7.8% of Gross Domestic Product (GDP), compared to 9.8% in the UK (2019 figures). The Israeli model is primary care led, and accounts for a greater proportion of expenditure than hospital care.

The Israeli healthcare system provides universal coverage through four not-for-profit Health Maintenance Organisations (HMOs), which can be compared to the UK's Integrated Care Systems. The largest HMO is Clalit.

Key features of the Clalit system:

- Integrated GP community clinics, including all professionals in one setting
- Direct hospital-to-community communication, enabled by fully interoperable data sharing system including online health records and results
- Proactive nurse-led health and wellness activities informed by health data
- Use of population health metrics to determine health policy decision making
- Payment is on a salaried or capitated basis, to incentivise the management of the population's health as effectively as possible in the lowest cost setting.
- Clinicians are paid more to work in rural or areas, which typically in Israel are home to more vulnerable groups.



Our priorities for delivery

We have identified three areas where we can make a real impact on improving people's health and wellbeing and reducing pressure on staff. Where possible, we will focus on working with communities that experience the most inequalities. In line with BOB's overall system strategy, we have focused on aligning the priorities with two of our system goals and introducing more joined-up ways of working between services – rather than discrete priorities with one area like dentistry or general practice. The priorities are described in more detail on later pages.

1 Non-complex same-day care

General Practice, Community Pharmacy, Optometry and Dentistry will work together, with 111 and Urgent Care, to **better manage those who require support that day, but whose need is not complex.**

Around 70% of population health need is low complexity, and this makes up approx. 50% of GP activity.

Impact:

- Improved patient experience as they get the urgent support they need.
- Release capacity in General Practice to focus those with more complex needs.

John Hopkins ACG System

2 Integrated Neighbourhood Teams

General Practice, Community Pharmacy, Optometry and Dentistry will work together with community, mental health, acute and VCSE services to provide **proactive, personalised care to a defined population group with more complex needs**, for example, frail older people.

Around 70% of health and social care spending is on long term conditions.

Impact:

- People's health conditions are better managed reducing their need for unplanned hospital care.
- System capacity better coordinated and directed at need leading to greater staff satisfaction.

Long-term conditions and multi-morbidity | The King's Fund (kingsfund.org.uk)

3 Cardiovascular Disease (CVD) prevention

General Practice, Community Pharmacy, Optometry and Dentistry will work together with Local Authorities, VCSE and the wider health system to **reduce the risk factors for Cardiovascular Disease (CVD)** including smoking, obesity and high blood pressure.

CVD is one of the most common causes of ongoing ill-health and deaths in BOB.

Impact:

- Reduce 797 heart attacks and 290 strokes (CVD events) in the next 4 years.
- Reduce demand on General Practice and Secondary Care and reduce the overall societal cost.

BOB Size of Prize 2023

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A phased approach working with cohorts across the three priorities

The Primary Care Delivery Programme will bring together multidisciplinary teams from across Neighbourhood, Place and ICB levels to deliver our three high impact actions, across a three year period. Our Placed-Based-Partnerships will be key to supporting delivery of this approach and driving improvement. Two of our priority workstreams are aligned with our wider system goals on CVD Prevention and Integrated Neighbourhood teams.

Priority workstreams	2024		2025		2026
1 Non-complex same-day care	Cohort 1: **March – August 2024** Three sites in each Place	Cohort 2: **September 2024 – February 2025** Up to six sites in each Place	Cohort 3: **March – August 2025** Up to nine sites in each Place		'Site' = Neighbourhood level team e.g. Primary Care Network (PCN), or multiple PCNs working together or any appropriate scale at a local level.
2 Integrated Neighbourhood Teams	**Mobilisation** **Co-design blueprint of INTs in each Place**	Cohort 1: **September 2024 – February 2025** Three sites in each Place	Cohort 2: **March - August 2025** Up to six sites in each Place	Cohort 3: **September 2025 – February 2026** Up to nine sites in each Place	
3 CVD Prevention			Cohort 1: **March - August 2025** Three sites in each Place	Cohort 2: **September 2025 – February 2026** Up to six sites in each Place	Cohort 3: **March – August 2026** Up to nine sites in each Place

Views gathered by Paul Williams

Can't decide on priorities from the information given
Too much NHS and consultant speak
Want all surgeries to deliver same level of services - how to achieve it?
Public want to pick up phone and have appt in 24 hours if urgent o reasonable future appt
Improved patient experience
Reduce health inequalities!
PPGs involved in monitoring the changes and reporting patient concerns
Senior citizens with complex health issues want to see a doctor who knows them
Transport is important for any new hubs, with parking and good bus access
Those who are not comfortable with internet access must see they are not left behind
Need for public reporting on proportions of different kinds of appts, and primary treatments
Since Covid there is a perception that the service is diminished with little investment
Use a common approach to common technology

What's not in the strategy?

Nothing about funding - BOB 3rd highest reduction in per-patient real-terms GP practice funding from FY2018-19 to FY2022-23.

No targets for reducing number of patients per FTE GP.

Nothing quantitative about workforce. No link to the NHS national workforce plan.

No investment in premises. Rachel de Caux says money for estates must come from developer contributions (that is via local authorities). Nothing about existing premises.

No risk assessment for change of clinician - e.g. for sepsis and cancer diagnoses.

No risk assessment for driving more patients to A&E.