

General Practice at the heart of our healthcare system

The Primary Care Strategy for Harrow CCG

2018/19 – 2022/23

Version	Date	Author	Changes/ comments
1.0	31/10/18	L. Henschen	New format and draft following the engagement period.
2.0	8/11/18	L. Henschen	Updates from first review
3.0	11/11/18	L. Henschen	Change to finance section and updates to references
4.0	15/11/18	L. Henschen	Updated locality map and minor edits
5.0	19/11/18	L. Henschen	Addition of population projections. Version submitted to Executive Committee.
5.1	27/11/18	L. Henschen	Change to page 16 to clarify where that not all additional funding is recurrent

Foreword, Dr Genevieve Small, Chair of Harrow CCG



As Chair of Harrow GP, I am delighted to present Harrow's Primary Care Strategy; a strategy that firmly places General Practice at the heart of our local healthcare system. I have been a GP in Harrow for 17 years, and it is a role which I am immensely proud to deliver. General Practice has of course changed significantly over this time and both my Practice and the wider community of Practices in Harrow have responded positively to these changes and continue to deliver excellent care to our local community. However, we all recognise that we are under increasing strain, and tinkering around the edges of how we work will no longer be enough.

In developing this strategy, we have had important conversations across the healthcare system to understand where we are now and where we need to be. We have come together as General Practitioners and GP Practice teams, as a local community in Harrow with patients, carers and members of the public, as partners in Harrow Council, the voluntary and community sector, the wider North West London partnership and in other health care services. I thank everyone who has been involved in this process for giving their time and sharing their experiences so generously.

This process of engagement has enabled us to clearly set out a vision for the future of primary care in Harrow and set out the objectives that we need to deliver to get there. These objectives propose action to address the challenges that we face, for example challenges we face in ensuring we have the workforce we need to deliver care for our patients, as well as setting out an ambitious programme for changing the way we work as General Practitioners. This change will involve increasing collaboration across GP Practices, as well as with our communities in healthcare and in the broader community to truly deliver integrated and patient focused care. In doing this, we need to strike the right balance between what we all value about the "local General Practice" and the importance of the relationships and care continuity this delivers; with the need to work in larger groups to secure the voice of General Practice in strategic service developments, to deliver population based healthcare services and to ensure that realise efficiencies from delivering services collectively where it is in the best interests of patients.

I am confident in our ability to not only meet the challenges that we face, but for General Practice to thrive in a more integrated and patient facing healthcare system and I very much look forward to working with you to achieve this.

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1. Introduction

In Harrow, General Practice is the heart of our healthcare system. It is the structure that we believe, will drive the change that will transform our whole healthcare system to ensure excellence and sustainability for the future.

We do recognise though that the NHS is facing significant challenges that we see reflected locally for us in Harrow. Primary care is feeling these challenges intensely through:

A growing demand for services

Harrow is experiencing population growth through an ageing population as well as significant infrastructure projects that will bring 20,000 additional people into the Borough over the next 8 years.

The growth in population is coupled with a greater demand from registered patients on the services that a Practice provides. In 1999, the average number of times a patient consulted their GP in a year was 3.9. In 2010/11 it was 5.5 (*Kings Fund 2016*).

A challenged workforce

We have a high number of GPs and nurses in Harrow approaching retirement, coupled with a transient workforce. We hear from our primary care colleagues that low morale is widespread.

A fast evolving landscape in which General Practice is operating

Social and technological advances are changing the way that patients want to use General Practice services; particularly the ways in which they wish to consult with healthcare professional such as using telephone and mobile video. This creates a significant challenge to traditional models of delivering primary care.

In addition, developments in “at scale” working and integrated care seek to address challenges in General Practice, but are an additional call on time to develop these, before the benefits can be realised.

In Harrow, we are committed to working with General Practice to address these challenges and delivering change in our primary care landscape for the benefit of patients, GPs, nurses and their practice teams.

The purpose of this Strategy and its associated implementation plan is to set out Harrow’s vision for General Practice in the future; how we will address these challenges and how we will work with General Practice, local communities and our wider stakeholders to deliver.

The response will be through the delivery of a transformative programme for change in primary care to ensure that patients receive the highest quality care in settings close to their home and that the services we provide are strong, stable and equipped for the future. The Strategy sets out our vision and objectives for this transformation of primary care, and sets out where we are now, and where we need to get to, in order to deliver the change we need to see.

2. Our vision for primary care in Harrow

The Vision: Strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow

Which we will deliver through:

Primary care at scale: A single federation, coordinating the delivery of care closer to home through General Practice, leading our practice resilience programme and at the table as a system leader for service transformation. Provider networks / localities delivering integrated multidisciplinary team-based care for a specific population and in partnership with local community providers.

Care redesign and service integration: Dissolving the traditional boundaries between healthcare services to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs

Workforce development and reduction of workload: To deliver these ambitious changes, the General Practice workforce will need to be strengthened and remodelled, with developments underpinned by the *Ten High Impact Actions* for General Practice.

Improving Access to General Practice: In response to this important priority area for patients and clinicians, commissioning additional consultation capacity, increasing the use of digital technology in the delivery of care and ensuring equitable access for all to the enhanced primary care offer in Harrow.

Robust delivery of Harrow CCG's delegated commissioning role: To ensure strong delivery of our primary care commissioning function and realising the opportunities it has presented to fully align primary care development to wider system transformation.

Improving outcomes and reducing variation: To increasingly focus on an outcomes based approach in the commissioning of primary care services to reduce health inequalities and to reduce unwarranted variation in outcomes in the services our local population access.

All underpinned by strong patient and public involvement, practice estate and IT infrastructure to deliver:

Excellent patient experience, equitable access and high quality outcomes for everyone using primary care services in Harrow.

A happy and motivated primary care workforce equipped with the skills they need to deliver high quality primary care services.

A financially balanced health care system, where increased investment made in primary care results in a demonstrable reduction in hospital activity and spend.

3. Where we are now

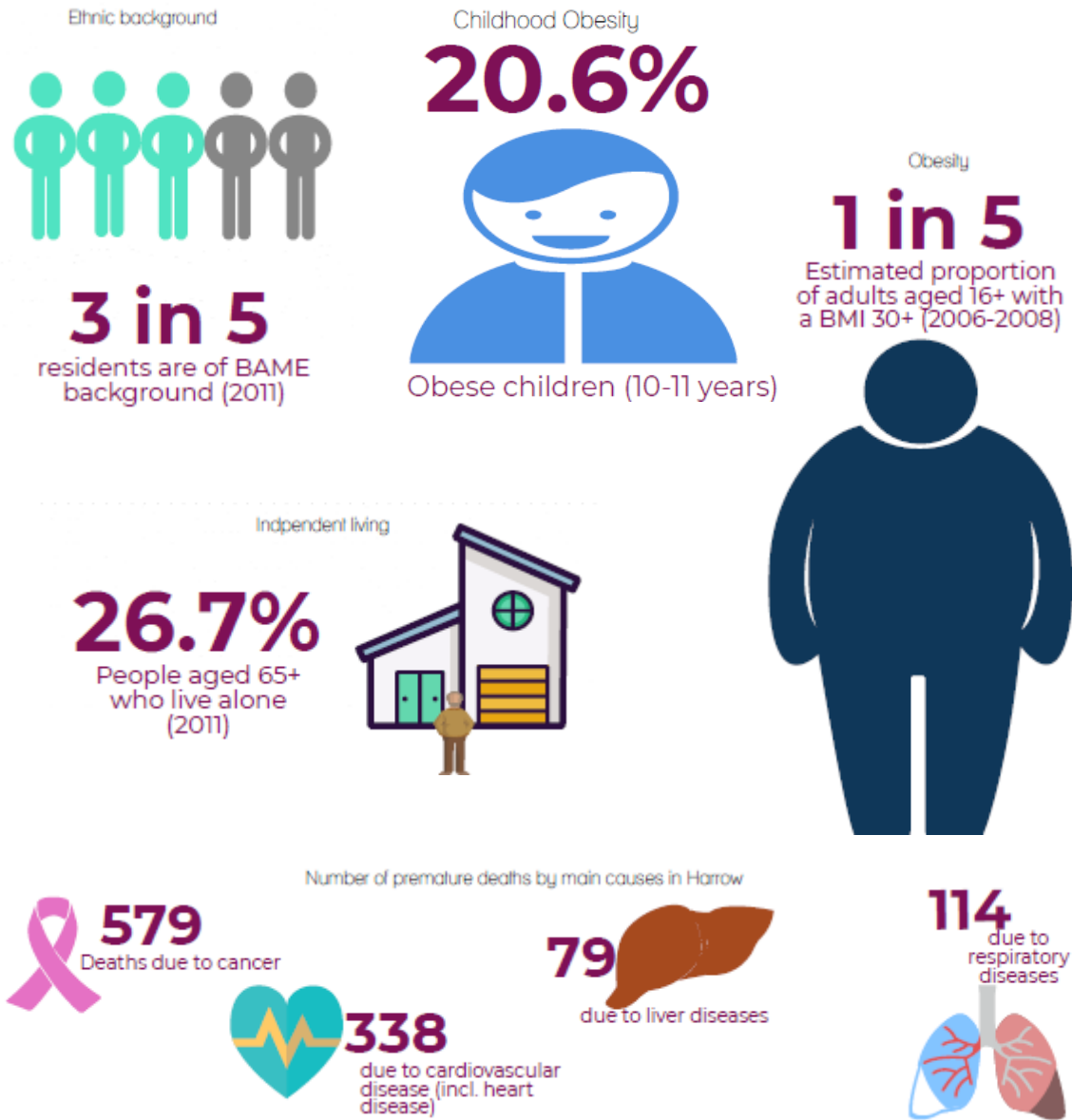
a) Our local population

Harrow is often described as an affluent borough, and population of Harrow experiences generally better health than the England average. But Harrow has its challenges.

- By the end of primary school, 20.4% of children in the borough are classified as obese;
- Amongst adults, the rate of TB and recorded diabetes is worse than seen across the rest of the country;
- Life expectancy is 6.6 years lower for men and 4.3 years lower for women in the most deprived areas of Harrow, compared with the least deprived in Harrow.

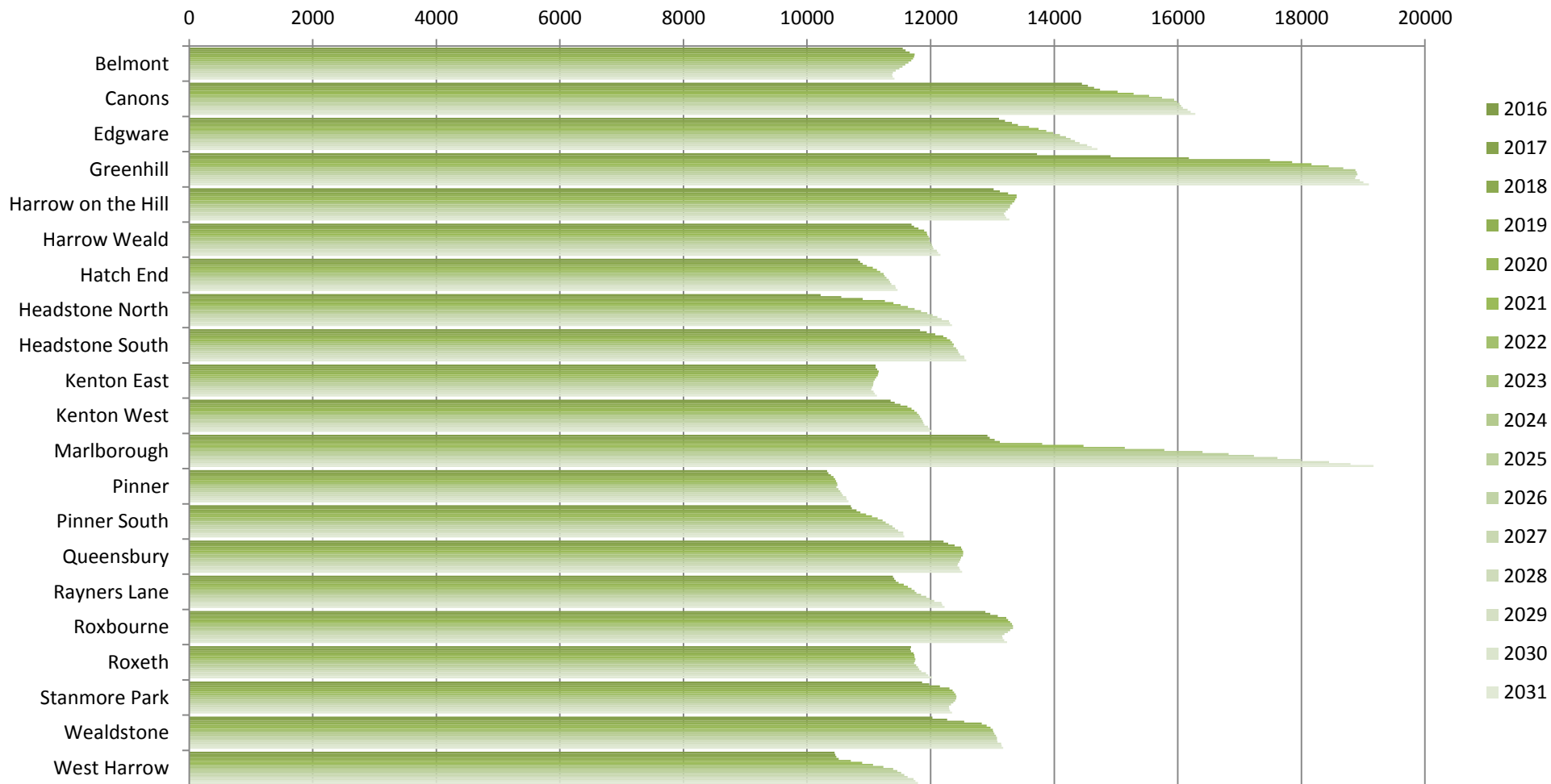
Over the next 8 years, we are forecasting a significant population increase in Harrow (an increase of 20,000 people) , both through people living longer and through a significant number of new homes that will be developed in the borough.

Ensuring that we have the adequate primary care provision to support this population, and that we do not put additional pressure on our already stretched services and workforce will be essential.



3. Where we are now

a) Our local population



Projected population change by electoral ward: Source: © GLA 2016-based Demographic Projections

b) Local Strategic Context

In delivering this Primary Care Strategy, we need to consider the wider strategic context in which it will be implemented.

Our strategic context is influenced at a National, London, North West London and local level and is summarised as follows:

Nationally, the *General Practice Five Year Forward (GPFYFV)* drives our strategic approach.

It sets out an ambitious programme of work to support and develop General Practice and places General Practice at the centre of the broader healthcare system.

There are five key themes being delivered through the GPFYFV;

- Investment,
- Workforce,
- Workload,
- Practice infrastructure; and,
- Care redesign.

At a London Level, the *Transforming Primary Care in London*, and the subsequent publication, *The next steps to the Strategic Commissioning Framework for London* drives strategic approach, particularly taking into account the challenges faced by General Practice at a London level.

Both publications focus on the commissioning of proactive, accessible and coordinated care. *The next steps to the Strategic Commissioning Framework* goes further to focus significantly on the importance of at scale working in General Practice, calling for “deeper and wider collaboration”, which is highlighted as the central solution to the challenges faced in General Practice.

b) Local Strategic Context

Harrow CCG is part of the **North West London** Health and Care Partnership. Within this partnership, health and care services are provided to over 2 million people in North West London.

Our collective aspirations are for longer-term transformation and delivery of national strategies will be delivered through the North West London STP footprint, to respond appropriately to local needs. Together, we have a collective vision to develop a system of healthcare that is less reactive and less hospital bed-based; one that is led by primary care. The GPFV agenda for delivery is significant.

To ensure that the support and resources needed are available through the GPFV, and that they best meet the needs of NW London practices; CCG Heads of Primary Care, in collaboration with the NW London Local Services Team, are collaborating across four key areas of focus to tailor support to local requirements; **Workforce Development, Practice Infrastructure, GP Practice Development** and **Extended & Improved Access**.

Locally, in Harrow, our focus is on the development of integrated, community based care that will allow us to respond to challenges currently faced by NHS and social care services. Harrow has a strong foundation to build from, as an organisation already part of the collective Pioneer initiative across North West London to deliver Whole Systems Integrated Care (WSIC).

Key principles for the emerging Harrow Integrated Care Programme are a focus on the delivery of outcomes, across a care pathway, longer term contracts (for example, 10 year contracts), capitated budgets that support providers in working together to meet the needs of a population and risk share and gain arrangements.

These priorities are further supported by our local commissioning intentions and operating plan, which place General Practice at the heart of driving system change.

c) Our primary care landscape

Harrow has 33 Practices providing services to over 265,000 citizens across numerous surgery sites. Of our member Practices that have received an inspection from the Care Quality Commissioning (CQC); 2 were rated outstanding, 27 were rated as good by CQC, while 2 require improvement and 2 are inadequate.

Out of the 33 Practices, 19 hold PMS contracts, 13 hold GMS contracts and 1 holds an APMS contract. In the last 2 years, we have had one Practice closure and 2 Practices have merged.

The National GP Patient Survey provides us as a CCG with a key source of data about how patients experience accessing General Practice services in Harrow. It also allows us to benchmark how we compare with other areas of the country. The next slide shows some of the results for Harrow in this survey. Key areas of significant variance in Practice performance have been observed in the following areas:

- Overall experience of GP Practice (ranging from 50-90% satisfaction rates)
- Offering a choice of appointment (ranging from 30-90% satisfaction rates)
- Overall experience of making an appointment (ranging from 30-90% satisfaction rates)

Certain Practices have consistently scored low in the above domains and Harrow CCG are working with them to understand the factors driving lower rates of satisfaction and patient confidence in their service delivery.

All patients in Harrow have access to pre-bookable General Practices services 12 hours a day, 7 days a week, through their registered Practice or through an extended access hub. Harrow provides extended access through 3 hubs in Harrow; Alexandra Avenue which provides pre-bookable appointments from 8am – 8pm, 7 days a week, The Belmont Health Centre which provides a combination of walk-in and pre-bookable appointments and the Pinn Medical Centre which offers Walk-in Services.

In 2018/19, Harrow CCG commissions 9 enhanced services through General Practice, although not every Practice signed up to deliver them. This currently creates some inequity in terms of access to services for our patients. These are shown in the table below.

Harrow' Enhanced service portfolio 17/18	No of Practice delivering
Primary Care Standards	33/33
Rheumatology DMARDs	27/33
Prevention	30/33
Phlebotomy*	26/33
Enhanced Practice Nursing	27/33
Care planning, case management and risk stratification	30/33
Anti-coagulation (AQP)*	4/33
HEROS (referral optimisation)	33/33
Prescribing	33/33

*borough wide service offer available

3. Where we are now

c) Our primary care landscape

Summary findings from the National GP Patient Survey 2018 for Harrow:

Survey Area	CCG Average	National Average	Comments	2017 CCG Comparison
Overall, how would you describe your experience of your GP practice?	80% Good	84% Good	Below national average	81% Good
Generally, how easy is it to get through to someone at your GP practice on the phone?	67% Easy	70% Easy	Below national average	61% Easy
How easy is it to use your GP practice's website to look for information or access services?	77% Easy	78% Easy	In line with national average	n/a
What did you do when you did not take the appointment you were offered?	21% Went to A&E	11% Went to A&E	21% went to or contacted another NHS service (compared with 11% of national average)	8% Went to A&E
In the last 12 months, have you had enough support from local services or organisations to help you to manage your LTC?	78% Yes	79% Yes	In line with national average	n/a
How satisfied are you with the general practice appointment times that are available to you?	63% Satisfied	66% Satisfied	Below national average	n/a
How do you feel about how quickly you received care or advice when your practice was closed?	50% Took too long	35% Took too long	Well above national average	45% took too long
Which of the following general practice online services have you used in the past 12 months?	21% booking appointments online	13% booking appointments online	Well above national average	15% booking appointments online

c) Our primary care landscape

Developing our “at scale” arrangement for Primary Care in Harrow

In October 2018, Harrow CCG agreed plans to make a significant investment, £799,800, to support the development of collaborative working across Practices in Harrow.

The agreement of these plan saw the confirmation of three locality structures in Harrow, as shown in the diagram. These localities are made up of local Practices within specific geographical areas, serving a population of between 80,000 and 100,000. Our work programme over 2018/19 will support these Practices to come together to focus on local population needs, to develop plans to collaborate in order to deliver a wider range of services to meet these needs and look for where working together could create greater efficiencies for them as individual Practices. Delivery of this work at a locality level is being overseen by Harrow Health CIC, Harrow’s GP federation.

The supporting infrastructure for primary care: technology and estates

Our Estates Strategy in Harrow is for the development of “hubs” for the delivery of extended services to be delivered in a primary care setting.

These hubs have been identified in Harrow as Alexandra Avenue, The Pinn Medical Centre and Belmont Health Centre. These align to the emerging three localities in Harrow. We are aware that we need to develop these hub services, particularly Belmont Health centre, as well as ensuring that all of our Practices are operating from premises that are fit for the purpose of delivering modern healthcare services.

Harrow GP Practices



c) Our primary care landscape

Harrow recognises the potential of technology to release the change we need to see in General Practice and the wider healthcare system. We are focusing work on supporting Health and Care Professionals to **access and share information**, alert, task and notify other relevant professionals across care settings. We are supporting Practice website developments, including online consultation functionality. We are also delivering national IT programme priorities such as the Electronic Referral Service which went live in Harrow on 1st October 2018.

Workforce & workload

General Practice in Harrow is under considerable pressure. Recent years have seen high volume and complexity of workload, and rising running costs, while the workforce and investment have not kept pace with other parts of the NHS; both at a local and national level.

Locally issues include:

- Traditional working methods, systems and approaches are buckling under the pressures of patient demand (especially due to an ageing population);
- Senior & Principal GPs are reaching retirement age - 20% of GP's in Harrow are over the age of 60 years;
- Younger & salaried GPs not willing to take on Practice partnerships;
- 28% of Practice Nurses in Harrow are over the age of 60 years;
- We have a cohort of transient clinicians that move to other Boroughs.

There is considerable work underway to address these workforce challenges, including a number of projects and programme of work focusing on retention of our existing workforce and recruitment into vacancies in Harrow. Harrow has a thriving young doctors group “the first fives”, supporting newly qualified GPs, as well as a “final fives” group, supporting and nurturing the talent in our healthcare system as GPs approach retirement. We are also looking at new clinical roles in General Practice, such as Clinical Pharmacists, to offer a new skill set and take the pressure off of GPs.

This is all supported through a strong foundation of education and training for Practice teams delivered through our local Community Education Provider Network (CEPN).

In collaboration with Harrow Health CIC, our local GP federation, we are implementing the “Time to Care” programme. This work involves changing working environments and the way in which routine tasks are carried out through implementation of appropriate High Impact Actions, building on the workflow re-direction work that is already underway locally. An example is supporting the whole Practice team to signpost their patients to relevant local services that exist in Harrow.

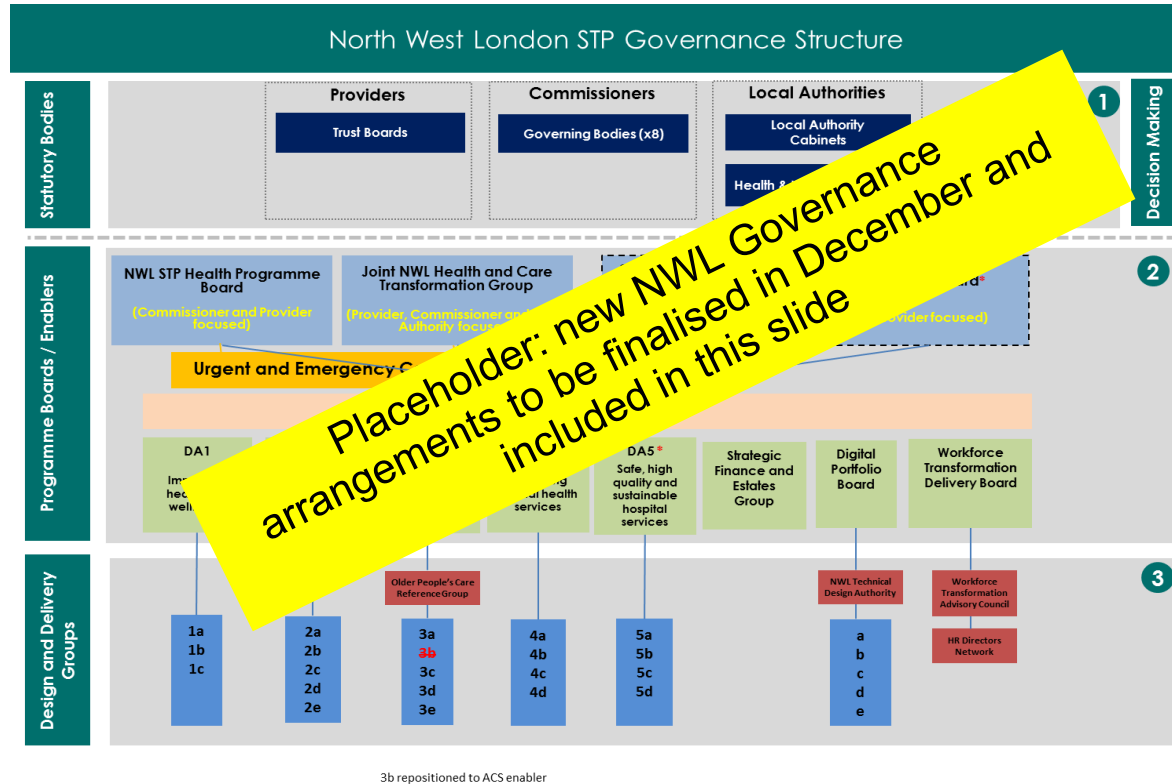
3. Where we are now

d) Governance for Primary Care

In the increasingly integrated, and by definition more complex, commissioning and service delivery landscape, the robustness of governance and assurance models is of utmost importance. The new ways of working and models of service operation are cutting across geographical, sectorial, organisational and political boundaries and as such governance arrangements need to be adjusted to suit the needs of these new organisational / operational structures, be it they are either physical or virtual entities. Well thought out Governance is required to ensure that decisions are made by Groups with the correct legal authority and to provide frameworks of accountability and assurance.

Governance models for the system wide are strategic, with oversight by an Programme Board.

The NW London STP governance model is complex, covering 8 CCGs and 8 Local Authorities spanning health and social care domains, and is based on the Principles of Governance. It is shown in the model on this page.



Delivering our delegated commissioning responsibilities

The CCG has been delegated responsibility for the commissioning of Primary Care. The challenge of delegated commissioning requires robust governance arrangements and internal changes have been made within the CCG to implement this. The CCG Primary Care Committee is the key decision making group for operational contractual matters, as a sub-Committee of the Governing Body. The Committee also supports the overall development of a Primary Care Strategy in Harrow to support the CCG's wider transformation agenda.

e) Primary Care Finance

Harrow CCG has increased investment into General Practice in 2017/18 and 2018/19 by 7.5% from the previous financial year – some of which is on-going funding and some of which is a one-off investment being made in 2018/19). This investment is made line with the proposals set out in the General Practice Five Year Forward View (GPFYFV). The intention is to increase our investment in out-of-hospital services, whilst reducing the growth in what we spend on hospital services.

The following investments are being made in 2018/19:

- £789k will be invested in transformational support from national CCG allocations as a non-recurrent spend of £3 per head of the CCG population;
- £68k will be allocated for expenditure on online General Practice consultation software, as part of our strategies for Access and Informatics;
- £45k will be assigned to the training of care navigators and medical assistants for all Practices, again as part of our overall approaches to access and patient empowerment;
- £60k assumed in current plans for additional funding General Practice Resilience Programme;
- £460k will be invested in extended access;
- £103k to support the accelerated development of General Practice at scale (non-current funding from NHS England)

The development of at scale primary care will introduce new opportunities and, equally, new challenges for procurement. We intend to derive the maximum possible benefit for our patients from the registered GP list, whilst using the market to secure improved quality and value for money for our patients where this is necessary/desirable.

We will be mindful of ensuring maximum impact and value for money from the total investment and not just the new funding that will be reaching us over the next two years.

Areas of spend	
Recurrent funding (18/19 budget) - £'000	
GMS/PMS/APMS allocation	22,788
Enhanced Services	778
QOF	2,968
Local Incentive Schemes	2,977
GP IT	844
Premises	3,704
Other	3,704
Total	37,128

The Vision: Strong and sustainable General Practice, driving the development and delivery of integrated care services to improve the health and wellbeing of all people in Harrow



Patients will be able to book appointments easily, access appointments at convenient times, and contact healthcare professionals in a way which is appropriate for their needs.



Patients will find it simple and straightforward to access the care they need, and health and care professionals will have the tools, systems and skills they need to work together to provide a holistic service.



The buildings where patients access health services and where staff work will be easy to get to and fit for purpose.



Patients will be educated, empowered and encouraged to care for themselves and manage their conditions, and health and care professionals will have the knowledge and power to direct patients to the right service and prescribe social as well as medical interventions.



Commissioners, health and care professionals and patients will work together to continuously improve services.

This vision will be delivered through six objectives which are outlined in the following pages.

Objective 1) Primary care at scale

A single federation, coordinating the delivery of care closer to home through General Practice, leading our practice resilience programme and at the table as a system leader for service transformation.

Provider networks (localities) delivering integrated multidisciplinary team-based care for a specific population and in partnership with local community providers.

Harrow CCG recognises that it is essential for our GP provider community to develop the at scale solution that is appropriate for them. As commissioners, it is our responsibility to set out our strategic intent in relation to an at scale solution for Harrow that will provide the infrastructure that we need to deliver an enhanced service offer that will support patients to receive care as close to their home as possible. Commissioners are seeking to work with a provider landscape to support them in developing a strong federation for General Practice.

We see the role of this federation as an organisation which:

- Is Contracted to deliver “patient facing” services, where this is most appropriately delivered at borough level;
- Is Contracted in a lead provider role, coordinating activity to ensure borough wide access to services for patients, which may be delivered at a network level;
- Develops a service offer to the Networks / localities for back office and ‘professional-facing’ services;

- Provides an offer of borough wide functions for General Practice, including Governance, Human Resources, commissioning, contracting, performance management, Continuous Quality Improvement, implementation of demand and capacity tools across the networks and workload/workforce planning (including Primary Care ‘bank’);
- Supports professional development and career pathways;
- Acts as the voice of primary care in an Integrated Care System and Integrated Care Partnership context.

Harrow CCG recognises that the local primary care community will need to drive the development of a federation who will act in this capacity.

Objective 1) Primary care at scale

Working with the overarching federation, Harrow CCG are seeking to create a service delivery model through networks of primary care that are geographically aligned to a specific population, with an identified “hub” for the delivery of more complex, out of hospital care services. We would expect networks to align to one of the three identified hubs within Harrow (Alexandra Avenue, The Pinn Medical Centre and Belmont Health Centre).

In Harrow, our local General Practice community is in the process of developing these provider networks. In Harrow, these are being referred to as **localities**.

We see the role of these localities as:

- The point for delivery of integrated, multi-disciplinary care for their defined population group. This is also referred to as the “Primary Care Home”, which is discussed more fully in objective 2.
- Supporting Practices to work collaboratively to develop their service offer and define the health outcomes for their populations, for example, using the Whole Systems Integrated Care (WSIC) dashboard to identify population health needs

- The mechanisms for General Practice to:
 - identify and develop partnerships with community, social care and voluntary providers;
 - Co-design care pathway(s) between commissioners, providers and patients;
 - Ensure patient and public engagement;
 - Implement the *Ten High Impact Areas* (NHS England) to release time to care;
 - Monitoring and managing local workforce issues;
 - Taking a data driven approach to local service quality improvement.

The development of “at scale” structures will be central to the delivery of whole strategy for primary care, as well as the transformation across the wider healthcare system and is therefore of the highest priority within our delivery plan. The service delivery point for enhanced services that are commissioned in Harrow, ensuring 100% population coverage across their defined geographical populations. The commissioning arrangements may vary by service, or change over time as the maturity and development of our at scale structures evolve. Potential commissioning arrangements are presented in Appendix D.

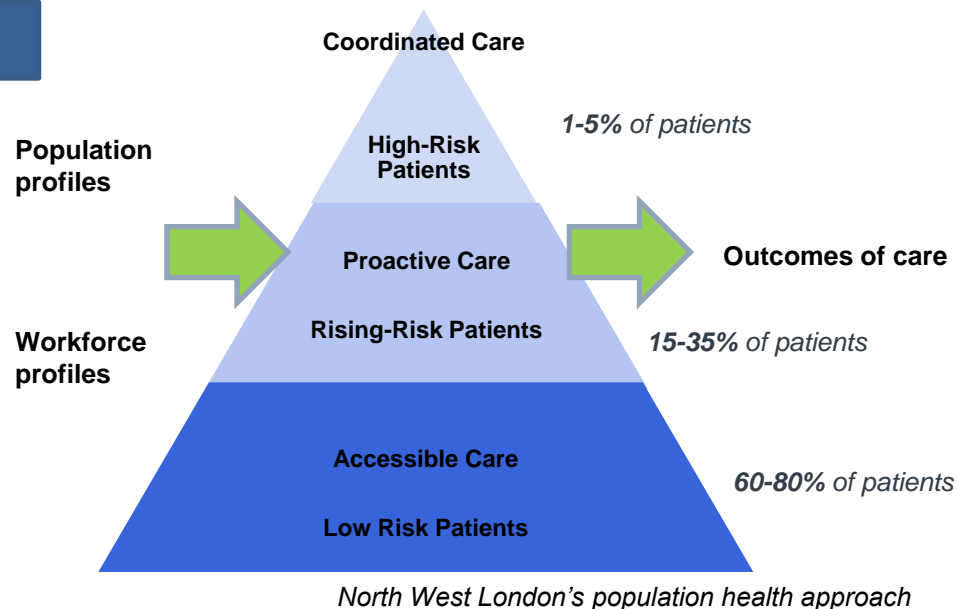
This process will be evolutionary in nature, and will only be successful if delivered through a true partnership between commissioners, providers and patients.

Objective 2) Care redesign and service integration

Dissolving the traditional boundaries between healthcare services to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs.

Building on our at scale programme, we will work to deliver at pace over the next three years locally based teams, spanning organisational boundaries, delivery true integrated care for their local populations. Primary care will be at the heart of these developments, as population based care starts to shape how care is delivered. In Harrow, the development of primary care at scale will be central to delivering integrated care. We are seeking to achieve local delivery of primary care services through the **Primary Care Home model**.

The Primary Care Home model brings together a range of Health and Social Care Professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients’ homes. Primary Care Home shares some of the features of the Multispecialty Community Provider (MCP) model, although its focus is on a smaller population enabling primary care transformation to happen at a fast pace.

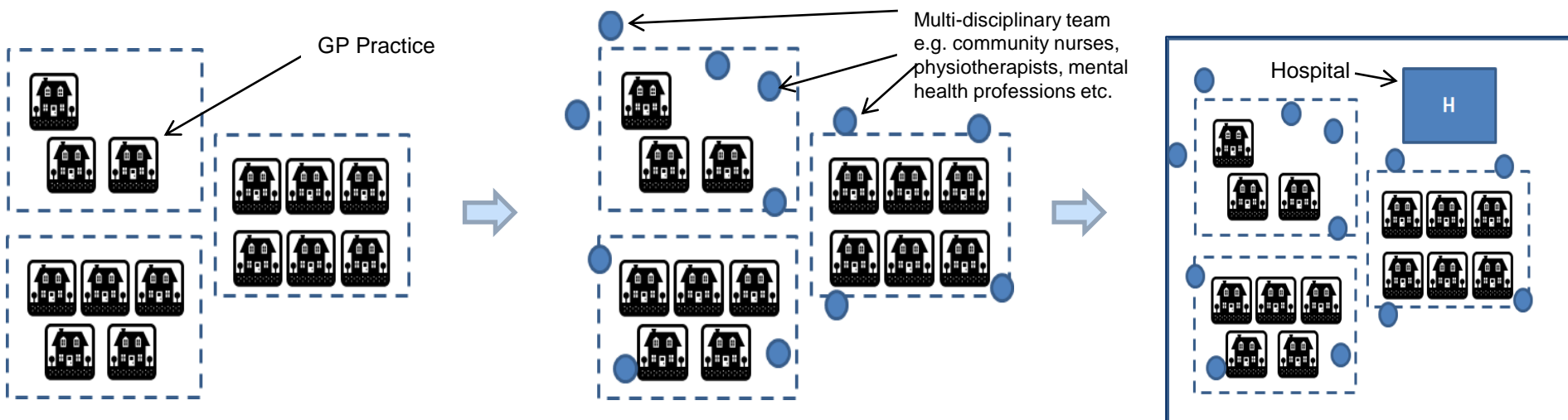


It is hoped that these models will also support GP Practices to come together to take a population health approach to managing demand in primary care, as shown in this diagram. The development of primary care at scale is central to delivering this model. The diagrams on page 20 show the evolution from General Practice networks to Primary Care Home and how this fits with the overall development of Integrated Care Partnerships in Harrow.

We will secure the strategic voice of primary care for these developments through a General Practice federation for Harrow, ensuring that the system we design and the new models of care that emerge support the central role of General Practice in their delivery.

Objective 2) Care redesign and service integration

The following diagrams show our vision for the evolution of primary care at scale towards a fully integrated healthcare system.



Stage 1. Primary care comes together into “at scale” networks, geographically aligned with populations.

Working arrangements across organisations established.

Core General Practices continue to provide continuity of care for their registered list

Stage 2. The network structures evolve into the Primary Care Home model to deliver integrated care. Multidisciplinary working is established. Sharing of skills and experience to benefit patients is routine.

Community services, social care and voluntary sector services are wrapped around the Primary Care networks to enable a true integrated approach to delivering care.

Stage 3: A borough level integrated care partnership, bringing together all care that is provided in Harrow.

Principles of joint working are well established.

Integration of services around people is extended across health and social care

One budget, one approach.

Objective 3: Workforce development and reduction of workload

To deliver these ambitious changes, the General Practice workforce will need to be strengthened and remodelled, with developments underpinned by the Ten High Impact Actions for General Practice. By the end of 2018/19, we will produce Harrow's Strategic Workforce Plan. This plan will focus on two timeframes:

1. Short to medium term (to 2020). This will cover our immediate plans to improve our Recruitment, Retention and Return amongst the Primary Care Workforce, in line with "Building the Workforce - The New Deal for General Practice". Much of this work will include workflow re-direction within practices and supporting transformation through the adoption of the Releasing Time to Care programme.

A programme of up skilling reception and clerical staff has already commenced to develop greater skills in supporting the process of coding and identifying clinical streaming of information – supported by a national funding stream. There has also been work commenced on up skilling the non-medical workforce through education and apprenticeships, and attracting nurses into primary care in Harrow.

2. Longer term strategic future (to 2023). This will set out the skills, capacity and clinical/caring roles that will be needed to deliver. It will be timed to guide HEENWL and Harrow CEPN in the design of their future education and training courses, to ensure that the staffing complement we require is available in a timely way.

"There is arguably no more important job than that of the family doctor [...] if general practice fails, the whole NHS fails" Simon Stevens, Chief Executive, NHS England, 2016

In the development of our new Primary Care Contracting arrangements and Enhanced Service Contracting, we will ensure that we address the workforce needs to deliver. We will include robust guidance on training and competency requirements within service specifications and commissioning the associated training required to deliver them through the Community Education Provider Networks (CEPNs).

In addition, we will focus on the workforce development needs arising from the implementation of the North West London Outpatient Transformation Programme, a programme which seeks to support General Practice to manage patients in a primary care setting, who would traditionally have been referred to outpatient services. This will involve the standardisation of referral templates, provision of primary care guidelines, clinical triage, advice and guidance for primary care, virtual clinics and appointments, reduction of follow up through application of standard criteria, virtual review and patient education.

Our developments in workforce and workload will focus across the whole Practice team, and wider community service workforce to fully support the integration of services, as well as new ways of working.

Objective 4: Improving Access to General Practice

In response to this important priority area for patients and clinicians, commissioning additional consultation capacity, increasing the use of digital technology in the delivery of care and ensuring equitable access for all to the local improvement services offered in Harrow.

Harrow CCG is committed to ensuring that all patients in Harrow have excellent access to General Practice services, both in and out of core hours. Patients have told us that they want accessible and easy to book appointments, with greater control over the length of time of that appointment, based on their needs. We heard strongly from local patients that whilst good access is a key priority, so is continuity of care from a GP of their choice for particular conditions or at particular times in their lives.

Where Practices are not offering the core hours services they are required to (8am to 6.30pm), we will take action in our delegated commissioner role. For extended hours access, we will enhance our monitoring of take-up of pre-bookable appointments, at a Practice level, to ensure there is equity in how these additional consultations are being applied across the borough. We will continue to work with our Patient Participation Groups (PPGs), patient groups established within General Practice, to understand how our initiatives to improve access are being experienced on the ground.

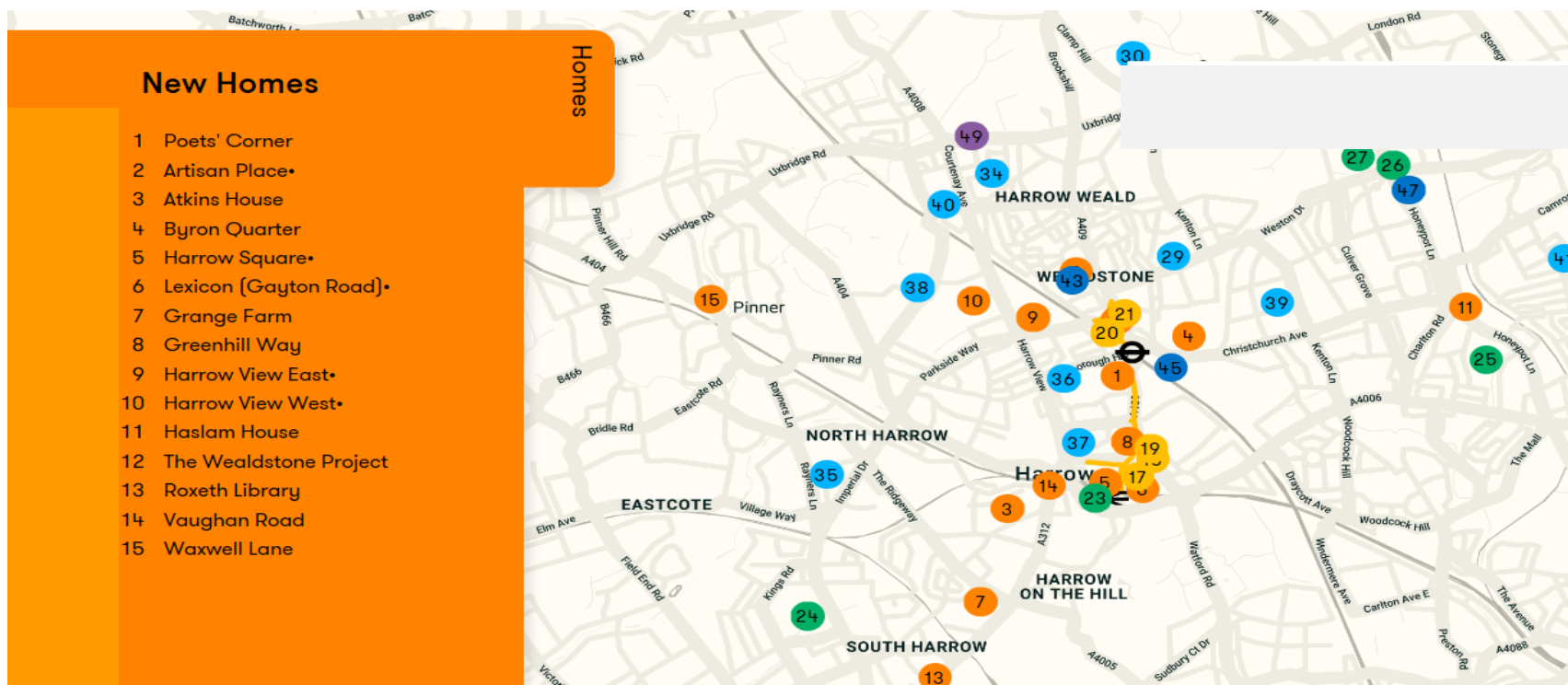
We will also be working closely with the Local Authority over the five years of this Strategy to ensure that our local primary care services are equipped to respond to the significant population increases that we will see in a borough in future years (see slide 24). We will look for opportunities to expand the capacity of our existing providers where possible and secure new premises for delivery of General Practice services where this is needed.

Central to our objective to improve access not only relates to access to GP appointments, but also **equity of access** to enhanced services that are provided within General Practice. Our commissioning intention is for 100% population coverage of all services that are commissioned through General Practice services (Enhanced Service Contracts). To achieve this, in 2019/20 we will move to commissioning enhanced primary care services through our GP “at scale” arrangements, rather than with individual practices, to ensure that 100% population coverage is achieved. This may mean patients accessing services outside of their registered practice.

Objective 4: Improving Access to General Practice

The map below shows the location of the 15 main development sites in Harrow over the next 10 years. The areas of regeneration are not equally spread across the borough. Both the highest number of sites and the largest developments are in the Greenhill and Marlborough wards (i.e. Town centre to Wealdstone area). Most wards show an increase over the coming 15 years with the most dramatic increases occurring in Greenhill and Marlborough wards.

As a CCG, we will be working closely with Harrow Council in relation to these developments to ensure adequate primary care provision as a result of these developments.



Objective 5: Robust delivery of Harrow CCG's delegated commissioning role

To ensure strong delivery of our primary care commissioning function and realising the opportunities it has presented to fully align primary care development to wider system transformation.

Harrow CCG fully recognises the opportunities that are afforded through delegated commissioning responsibilities to strategically align primary care developments with those in the wider healthcare system. With the delegated commissioning responsibilities, also comes the role of ensuring robust management of the Contracts that are held within General Practice.

We will ensure that every Practice in Harrow receives a visit relating to their Core Contract at least once every three years; more often if needed. We will take a data driven approach to identifying Practices who would benefit from a visit, based on what we know about challenges they may be facing. These visits will be supportive in nature.

In relation to enhanced services commissioning, we will ensure that the NHS Standard for commissioning enhanced services in future. The contracting approach will be flexible in order to incorporate other strategic primary care priorities, i.e. whether to contract with at scale providers or individual practices.

We will ensure that we work closely with our primary care colleagues in North West London in developing new Contracts to build on their learning. The contracting vehicle will need to “wrap around” existing national contracts and could include QOF indicators and investment in the future. NWL CCGs are in general moving towards at scale, capitated contracts in order to fit with the model of Integrated Care Systems.

In addition, Harrow CCG will work with our local LMC to complete the review of PMS Contracts in 2018/19 and use the funding released from this review to ensure equity of access to additional primary care services across the whole of Harrow.

From the funding released through the review of PMS Contracts, Harrow CCG will commission the following services in addition to core Contract activity over the next five years:

- Improving uptake of childhood immunisations;
- Improving support that is provided to carers in General Practices;
- Reducing the number of frequent A&E attenders;
- Delivering health checks for people with Learning Disabilities.

Objective 6: Improving outcomes and reducing variation

To increasingly focus on an outcomes based approach in the commissioning of primary care services to reduce health inequalities and to reduce unwarranted variation in outcomes in the services our local population access. Our outcomes based approach to the commissioning of primary care services will focus around four key areas:

<p>The delivery of preventative services to support people to stay well (immunisations, health promotion services).</p> <p>It is recognised that the CCG could undertake further work to support public health prevention initiatives and improve performance in these areas. As a result, we will build relationships further with member practices, and review potential mechanisms for increasing this support. There will be further encouragement for all practices to provide additional services, including immunisations, contraceptive services and child health surveillance.</p>	<p>Proactive identification and management of long-term conditions (addressing the prevalence gap).</p> <p>Our prevention Local Incentive Scheme will be the key mechanism for proactive identification of patients and reducing the prevalence gap in Harrow. We know that early identification of patients and supporting early interventions is the most effective intervention that can be made to prevent exacerbation of complications experienced from long-term conditions.</p>
<p>Personalised care planning for people with complex needs (with a focus on preventing non-elective hospital admissions).</p> <p>Following a review in 2018/19 of our Whole Systems Integrated Care approach, we will redefine what is commissioned through General Practice in relation to a care planning approach for our most complex patients, with a focus on preventing non-elective admissions to hospital. In addition, and working with our North West London colleagues, we will have a set of common standards for the management of long-term conditions in primary care.</p>	<p>Supporting people to self-care where possible.</p> <p>Harrow CCG will enhance Structured Patient Education programmes that support patients to self-care, as well as ensuing effective sign-posting to services that can offer support through initiatives such as social prescribing.</p> <p>As part of the Diabetes Transformation Programme, the CCG is committed to ensuring that by 2021, 40% of newly diagnosed, and 30% of existing, people with diabetes, receive approved diabetes education.</p>

Over the next five years, we will strengthen our commissioning approach to focus increasingly on the outcomes that are delivered through primary care services, which will be commissioned at a Primary Care Network (locality) level. Through shifting the way we Contract for services from activity based payments, to outcomes based payments, we will show the real potential that General Practice has to further reduce demand for hospital services. Data tools such as a GP dashboard that is being developed to highlight practice-level referral information into secondary care specialties will be rolled out in 2018/19 to support Practices to work collaboratively to deliver healthcare system change.

Patients and the public as partners in care

Patients, carers and the public play a central role in both supporting their own care and in shaping and improving local healthcare services.

Patients recognise the key role that they play in supporting their own health, but will need support from their primary care team to enable them to self-care. To support effective self-management in Harrow, we will take a Practice based approach; through training and education of the Practice team to support care, as well as by commissioning self-care education programmes for patients with long-term conditions.

We also recognise the key role that the voluntary and community sector can play in supporting patients to manage their own health and accessing support services that address wider wellbeing rather than medical needs where this would be appropriate. We see social prescribing as the ideal model to deliver this support to patients, as well as providing a more streamlined approach for practices to unlock the potential of the voluntary and community sector as partners in care. We will actively seek to develop a robust social prescribing programme for Harrow.

Harrow CCG will ensure continuous patient engagement in the development and monitoring of services, strategy development, our out of hospital commissioning intentions and development of the integrated care approach for Harrow. Both Healthwatch and Harrow Patient Participation Network, amongst other organisations, are key partners for us to work with in the co-development of our commissioning plans. We will also support the effective development and functioning of Patient Participation Groups (PPGs) at a Practice level.



Fit for purpose estates

To deliver our ambitious programme for primary care, our estates and the facilities within them will need to improve and / or change.

We recognise that not every GP Practice in Harrow will have the ability to deliver extended services due to the constraints of the buildings they are in. Our Strategy therefore is for “hub” services to develop in three locations across the borough: The Pinn Medical Centre, Belmont Health Centre and Alexandra Avenue. These locations align to the three localities of General Practice in Harrow.

The purpose of developing our services around these hubs is:

- To provide more care closer to home so people can get easier and earlier access to care;
- To enable a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes.

As well as supporting the development of the three hubs, Harrow CCG is committed to ensuring that all GP Practices are fit for purpose to deliver core General Practice services. Through the Practice Infrastructure Funding, we will support and endorse viable schemes that will increase the capacity within Practices in Harrow, allowing us together (GPs and the CCG) to respond to the population increases. We will also work with Practices to address any premises concerns that may have been raised through CQC inspections.



Alexandra Avenue Health & Social Care Centre

In addition to maximising the space opportunities from our current estate in Harrow, we recognise the need to increase the number of premises in Harrow from which General Practice Services are delivered, in order to respond to the significant population increase that we are expecting to see in Harrow over the next 5, 10 and 15 years.

To address this, we will work closely with Harrow Council to ensure that we maximise the opportunities from the flexibilities of the Section 106 funding which is secured as a result of the new building developments, for investment in health premises and services in the Borough.

Technology and a digital primary care offer

Technology has the potential to provide solutions to the challenges that are currently faced in General Practice. As a CCG, we need to support Practices to embrace these opportunities.

In 2018/19, the Electronic Referral Services (eRS) has been introduced Nationally. As well as streamlining the referral process and making it paper free, the service has significant potential in the future to better support GPs to access advice and guidance from hospital consultants to support patient management in primary care.

From a Practice perspective, we are accelerating the roll-out of the technology offer to Practices so that by 2023:

- All patients will be able to book GP appointments online;
- Access to approved apps to support self management and to book GP appointments;
- All patients will be able to order repeat prescriptions online; and,
- All Practices will have the functionality to offer online consultations to their patients.

In addition, all GP Practices in Harrow will have their websites refreshed, which will incorporate comprehensive sections on self-care and patient signposting on the homepage.

Online triage services are being designed that will enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional, according to their needs.

The adoption of this technology will support self-care and self-management for patients and their carers; help to reduce workload in Practices; help Practices who want to work together to operate at scale; and support greater efficiency across the whole system.

We will also support practices to take up opportunities for introducing new technology from at scale working for technology. By combining resources, General Practice will be able to invest in new digital technology – for example new ways for patients to book appointments or to support record management in Practices.

We will continue to focus on technology as an enabler for integrated care and the sharing of healthcare records across health and social care professionals.

Finally, we will continue to encourage and support data analytical processes in General Practice, including:

- Using the WSIC dashboard, to better manage and anticipate population health needs;
- Producing forecast data about clinical capacity and demand across their population, supported by a North West London workforce tool, which will enable Practices to look at the skills sets within their teams, benchmark and address any gaps.

General Practice at the heart of the healthcare system, The Primary Care Strategy for Harrow CCG confirms the commitment we have to meeting the challenges set by the General Practice Five Year Forward View.

While acknowledging the challenges the local system has faced in terms of the performance, this Strategy provides solutions to the attainment of a recovered and sustainable future model of care. This model is set in the context of the emerging themes of the North West London Health and Care Partnership.

Although described in separate sections, the totality of our plans are co-dependent, driving service and workforce development towards a model of sustainable, high quality services and working in a truly integrated partnership. By coming together, as organisations and individuals, and making fundamental shifts in our perception of models of service delivery and whole system engagement, this approach aims to deliver a local health and care service that engenders equality, improvement, independence and engagement.

We look forward to working with all of our partners in the delivery of this vision.

High level implementation plan

	Year 1: 2018/19	Year 2: 2019/20	Year 3: 2020/21	Year 4: 2021/22	Year 5: 2022/23
Objective 1: Primary Care at Scale	Localities established	Localities delivering services			
	Federation development plan in place		On-going provider development		
Objective 2: Care redesign and service integration	Primary care comes together "at scale" (stage 1)	Evolution to Primary Care Home model (stage 2)		Borough level Integrated Care Partnership (stage 3)	
Objective 3: Workforce development	Harrow's Strategic Workforce Plan produced	Implement short and medium term priorities		Implement long term priorities	
Objective 4: Improving access	Joint working established with harrow Council to ensure primary care can respond to population health increases in the borough.	100% population coverage of Enhanced Services achieved through "st scale" commissioning arrangements			
Objective 5: Delivery of delegated commissioning role	Contract management approach established	Review of PMS Contacts in Harrow completed	Rolling programme of Contract visits		
Objective 6: Improving outcomes and reducing variation		100% population coverage of Enhanced Services achieved through "at scale" commissioning arrangements	Increasing outcome focus within Primary Care Contracts		

Reference	Source
Harrow CCG (2018): Commissioning Intentions	http://www.harrowccg.nhs.uk/
Harrow CCG (2018): Operating Plan	http://www.harrowccg.nhs.uk/
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NHS England (2015), Transforming Primary Care in London: A Strategic Framework	https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/Indn-prim-care-doc.pdf

Acronym	Definition
CCG	Clinical Commissioning Group
CEPN	Community Education Providers Network
CHC	Continuing Health Care
CQC	Care Quality Commission
CSU	Commissioning Support Unit
CVD	Cardiovascular disease
CVS	Community and Voluntary Sector
CYP	Children and Young People
EPS	Electronic Prescription Service
FFT	Friends and Family Test
GP	General Practitioner
GPwSI	General Practitioner with Special Interest
GPFV	GP Forward View
ICS	Integrated Care System
IG	Information Governance
IT	Information Technology
KPI	Key Performance Indicator
LIS	Local Improvement Service
MESH	Messaging Exchange for Social Care and Health
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NICE	National Institute for Health and Care Excellence

Acronym	Definition
NWL	North West London
OOH	Out of Hours
PPG	Patient Participation Group
READ codes	Clinical terminology system used in General Practice
SCR	Summary Care Record
SDM	Shared Decision Making
SMT	Senior Management Team
SNOMED CT	An organised collection of medical terminology providing codes for use in clinical reporting
STP	Sustainability and Transformation Plan
WSIC	Whole Systems Integrated Care

Number	Title
Appendix A	Where we are now: Local Strategic Context
Appendix B	Where we are now: Primary care in Harrow
Appendix C	Additional funding made available to primary care 2016/17 to 2018/19
Appendix D	Potential commissioning arrangements for primary care at scale structures
Appendix E	Impact of the Strategy for primary care in Harrow on other Operating Plan areas
Appendix F	Primary Care Strategy High Level Implementation Plan (years 1-3)
Appendix G	Engagement report on the Primary Care Strategy
Appendix H	List of stakeholder engaged in the development of the Strategy