Agenda Item No. 5

NHS Stockport

Primary Care Strategy

2009/10 – 2014/15

PRIMARY CARE STRATEGY FOR STOCKPORT

1. Introduction

This document sets out the strategic direction for primary care for the next 5 years, and how the PCT will support, develop and shape primary care through its commissioning and contract management roles. Detailed work will be undertaken during the next few months on the detail of how services will be integrated across primary, community and social care and what this will mean in terms of service locations. This work will be undertaken as part of the Transforming Community Services Programme and World Class Commissioning for Primary Care.

The vision is for primary and community care to be at the centre of the delivery system, providing high quality, customer focussed and continually improving services. Stockport benefits from having very good primary care provision. However, there are opportunities to further develop and enhance service provision, ensure as many services as clinically and economically possible are delivered within primary care, to effectively integrate services across primary, community and social care and target areas of greatest need.

2. Developing plans in context

Stockport is one of the healthier places in the North West and is average in national terms for most health indicators. It is however, the 3rd most polarised district in England and Wales, with stark differences in health between the most and least disadvantaged communities. The impact of this is seen in terms of differences in life expectancy, healthy life expectancy, lifestyle choices, mental wellbeing and service utilisation, with very different outcomes for people in different parts of the Borough. The health profile of the local population is set out in detail within the Joint Strategic Needs Assessment and the PCT Strategic Plan published in October 2008. This 5 year plan sets out an extensive and challenging programme for the PCT. It is based on work with partners, patients, public and professionals in the service to review population needs, to identify how we should target services to improve health in the most needy areas, and how to transform services to offer a much improved experience of care by individuals. The strategic plan seeks to address the significant health inequalities evident across the Borough, and the growing need for a more responsive and personalised health system. The plan identifies four major strategic priorities and with 10 linked health outcomes:

- Preventing and responding to chronic conditions in deprived areas
- Preventing and reducing the impact of cancer, especially in areas of deprivation
- Reducing mental illness of adults and children
- Improving service quality and patient experience

To deliver these, 9 Improvement & Reform Programmes have been identified:

- Urgent Care Reform
- Targeted Lifestyle Support Services
- Primary & Children's Mental Health

- Targeted Long-term conditions support
- Targeted Children and Family support
- Carer Support Services
- Holistic End of Life Care
- Cancer Modernisation
- Elective Care Quality

The Strategic Plan is consistent with the national Primary and Community Care Strategy which sets out the national direction and priorities for primary and community services around 4 key areas:

- Shaping services around people's needs and views
- Promoting healthy lives and tackling health inequalities
- Continuously improving quality
- Ensuring change is led locally

The challenges which the Primary Care Strategy must address are:

- To address inequalities will mean that we need to develop different models of provision in different areas, and have a clear performance framework to continually assess uptake and outcomes
- We need to improve the management of chronic disease and screening uptake in deprived areas, recognising the central role of general practice in co-ordinating people's long term care needs whilst recognising the need to increase the range of settings where care and support is available
- Strong pathways for mental health in primary care need to be developed
- There needs to be a greater emphasis on patient satisfaction with services and quality and a better performance management framework for primary care commissioning
- Increased personalisation and choice – including more information about what is available, and the quality of those services
- Improved range of lifestyle services and new pathways for access into services
- Improved support for carers

3. Principles

A number of key principles have been agreed for the development of primary care:

- As many services as clinically and economically appropriate should be delivered in a primary care setting.

- A key focus of the commissioning and development of Primary Care services will be on reducing health inequalities and improving health. Where possible/evidence based, we will target 'weighted' resources at areas of highest need. We will commission for health and wellbeing, with priority given to prevention.

- We will consolidate our primary and community care estates, and commission new builds which are fit for purpose. These services need to be targeted at local need, but also be cost effective at a local level. Where centralisation is appropriate, clinically and financially, the PCT will support this option.

- We will look to economies of scale in the 'backroom' management functions of general practice within new build developments.

- We will commission single IT systems in each of our major centres.

- We will increase access, in relation to opening times and available services. We will commission services on the basis that if general practice is required to be open 8am to 8pm 7 days a week, so too must the wider health and social care providers.

- We will integrate our GP OOHs care with the wider urgent care agenda, and ensure that OOHs are responsible for continuity of care.

- We will increase the number of services provided in a primary care/out of hospital setting.

- We will ensure that there is a critical mass of the population when commissioning diagnostic services etc.

- We will improve and further develop closer working between and across the primary care contractors. We will commission services which can be delivered by integrated working.

- We will work with our primary care contractors and commission new services from the most appropriate provider.

- We will commission primary health and social solutions, where appropriate to further develop models of joint care services.

- We will develop innovative contractual models to allow us to work with new providers.

- We will welcome new providers into the market place and be known as a creative and ambitious place to practise and deliver care.

- We will involve local people in the planning of services and patient reported outcomes and feedback will be at the centre of service monitoring,

- We will develop the appropriate skill mix, increasing provision and capacity into primary care. This will include different routes/choices of employment for key primary care professionals.

- We will become a 'Centre of Excellence' for undergraduate dental and therapist training and education, and undergraduate and post graduate medical training.

- We will ensure a consistent approach to commissioning enhanced services from our primary care contractors. We will review all enhanced services commissioned from the four contractor groups, to both ensure the providers are delivering against the service specification, and to ensure value for money. Where there is evidence that a service currently provided by one contractor is not meeting our minimum criteria of quality, vfm, risk etc., we will decommission the service and re-tender across all contractors.

- We will work with partners and develop creative ways to consult and engage with the public and others to target our primary care service provision.

4. Strategic Framework for Services

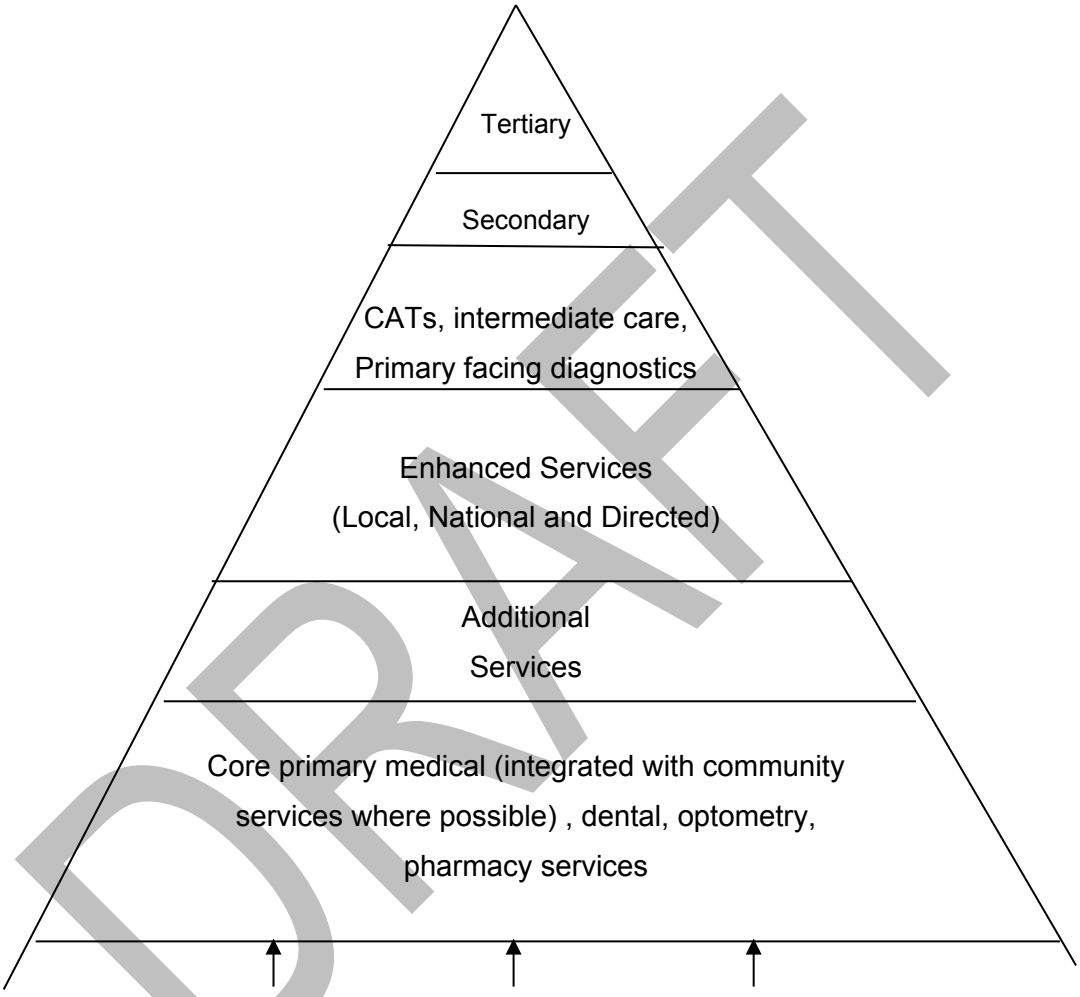
The PCT has developed a strategic framework for the development and delivery of services. The framework aims to deliver the maximum amount of service delivery possible in a primary care setting, where that is clinically appropriate and cost effective. The overall aim is to respond to needs within communities and to provide high quality healthcare services as close to people's homes as possible. Services within a particular community/facility should be integrated, supported by integrated assessment and IT systems. The detail of how services will be integrated and where they will be located will be further developed.

Although much of the focus of NHS planning and commissioning concentrates on acute services, the majority of patients are seen within primary/community care. The basis of the framework is that we match the needs of patients/individuals with the appropriate level of care and support. The local position in terms of health inequalities requires a dispersed delivery system: a centralised service delivery system will not address the variations in health across the Borough. The strength of primary care is its local nature and closeness to local communities.

Therefore, the PCT will commission an increased range of primary care based services, both in terms of availability and scope of services to be provided. We will commission services in such a way that when individuals need further levels of support, their transition through this 'care pathway' is as smooth as possible. This is partly about developing more integrated services (such as integrating health and social care) and also about developing care pathways between primary, community and hospital based services. We will also work with the 3rd sector to develop services where appropriate.

The PCTs will commission high quality primary care based 'core' services, and a wider range of enhanced primary care/intermediate services in primary care settings. Some of these enhanced services will be provided by primary care specialists who are providing services for a wider population than their practice patients, providing services in one of the new One Stop Centres. There will be more access to support, advice, screening, diagnostic tests, more specialist support and intensive management which will reduce the need for onward or unplanned referral to more specialist services.

The main service elements to this framework are:



SELF-CARE – EXPERT PATIENTs, SCREENING OPPORTUNITIES IN NEW SETTINGS

Underpinning this service framework is:

- An emphasis on involving people – supporting people to take an active role in their own care
- An expanded primary care workforce with development of more specialist skills
- Better premises to deliver the expanded range of services and to support the increased treatment/diagnostic requirements in primary care
- More use of technology to support care – telehealth, telecare and point of care testing. The PCT in partnership with the Local Authority is in the process of developing a telehealthcare strategy for the population of Stockport. The

Strategy will move through the care phases, i.e for people at the preventative level, there will be an opportunity to use technology for recreational wellbeing and socialising, whilst at the other end of the spectrum, a range of equipment that will enable us to monitor a number of health indicators will be tested.

- Improved Information Technology and co-ordination which enables the PCT to identify and target those patients who are at most risk and require more support, and to facilitate the sharing of information across a team and care pathway and to give local health care staff better access to information. The development of a Long Term Conditions Hub will support call/re-call, provision of information, stratification of patients and facilitate sharing of data across providers. This facilitative service is an important element of the overall Strategic Service Framework.
- Increased integration across health and social care, including integrated assessment and IT solutions
- Increased integration across primary care – primary care contractors working in the same community area will be encouraged to work together and develop good links to ensure that there is an effective network of primary care provision within that locality. e.g. spirometry in local workplaces
- Agreed evidence based bookable pathways across primary and secondary care

Further work is needed to specify exactly which services can be provided in which locations, which will be the subject of consultation. The PCT will broadly be looking to develop a model of services for a defined community. Therefore in the early part of 2009/10, the PCT will undertake an assessment of current:

- service provision across primary and community care
- capacity
- outcomes and quality indicators
- access i.e. distance to/opening times, and responsiveness
- premises quality
- referrals to services
- value for money
- patient choice

This will identify gaps in delivery and be the basis for an assessment of access standards. The PCT will also identify the most clinically and cost effective level for service provision of each element of the model, i.e. at what population level can a particular element of service provision be delivered and afforded

The PCT will need to balance access and value for money/efficiency. The strategy will provide more screening, advice and services in new settings, but for some services will support the consolidation onto fewer sites. Overall, we believe that this will provide greater access to local care. It is likely that there will be new services in new settings e.g. screening opportunities on the high street or in workplace settings, as some practices consolidate into bigger buildings that are able to support delivery of a wider range of services e.g. diagnostics and integration of services e.g. co-located District Nurse and Social Services Teams. This scale of integration could not be supported across the current range of practice locations – as many of these services would need to serve a wider population.

Broadly, the configuration of services will be:

	Community settings, e.g. High Street, extended schools,	**Pharmacy, Optician, Dentist, Medical Practice**	**One Stop Centre**	**St Thomas's Diagnostic & Treatment Centre**
Services	• Screening tests • Health promotion and Lifestyle advice • Vacc and Imm	• As before + 'Core' services • Additional Services • Some enhanced services offering local access e.g. pharmacists offering screening tests, minor ailments	• As before + • Wider range of enhanced services • Co-located nursing teams • Therapy services • Visiting specialists • Access to some diagnostics e.g. ultrasound	• As before for 'local' populations+ • CATS services • OOHs and 8-8 • EIS • Diagnostics (CT, ultrasound, scopes, XRay) • Community services • Healthy Living Centre

The Local Guide to Services will clearly set out:

- what services are available
- for what conditions
- where, when and how they can be accessed

5. Health Inequalities & Lifestyle

The PCTs Strategic Plan has one of its key strategic aims as preventing ill health and narrowing health inequalities. We will focus the commissioning and development of Primary Care services on reducing health inequalities and improving health. We will target resources at areas of highest need. Primary care will need to be health promoting organisations and need to maximise the opportunities for routine health screening and brief interventions. There will be a focus on commissioning services that promote effective screening, identify individuals at risk and providing evidence based treatment. It is worth reiterating the importance of the primary care led screening services for improving the health of the population of Stockport.

- The CVD Risk Factor Screening programme, smoking cessation, alcohol brief interventions service and cancer screening programmes are key elements of the overall public health strategy where primary care have a major role in

delivery. These are currently being reviewed and re-specified to ensure that they meet the needs of the local population. A new vascular screening programme will be introduced by 2010, which will replace the existing CVD Risk Factor Screening Programme. Communities under-served by existing programmes will have service delivery models which provide at least the same outcomes as more affluent communities. Practices will continue to have a central role in terms of their management of patient records and co-ordination of their long term care, however there will be new settings outside of general practice which provide screening and advice. This will be facilitated by use of new technology and point of care testing.

- The 'Stockport Record' is also a key element for sharing information and facilitating effective population and patient based planning. The provision of accurate and up-to-date information on the smoking and obesity status of all adult patients is essential for understanding the needs of our population and assessing the effectiveness of interventions.

- PCT will ensure that levels of immunisation are maximised in both children and older people to at least the national standard with stretch targets being set. This will be monitored via the quality scorecard and be a core outcome for providers.

- PCT will commission primary care providers to be health promoting.

- Development of settings based services, for example providing primary care in the workplace, are a key improvement in expanding the availability of services.

- Primary care can act to mitigate the long term effects of chronic conditions or of poor lifestyle choices through the use of social prescribing. Again social prescribing must be flexible and must respond to the needs of local populations. Schemes will be designed so as to target the hardest to reach groups.

6. Long Term Conditions

Management of long term conditions is core business for primary care, and general practice is well placed to co-ordinate an individuals care. Pro-active chronic disease management improves patient's health, management of their condition and can have a beneficial impact on the use of services across health and social care. It is estimated that about 80% of GP consultations relate to chronic disease and about two thirds of patients admitted to hospital as an emergency have an exacerbation of a chronic disease. Good management of long term conditions provides better care for patients and more effective use of resources. Within Stockport we know that there are a significant amount of admissions which are avoidable in 2005/6 there were 2,800 CHD admissions 1000 respiratory admissions and approximately 500 admissions for neurological endocrine and musculoskeletal conditions. Reducing a proportion of these is significant to the patient and will make better use of resources.

Evidence has shown that, with the right level of support, most patients (about 70-80%) with a chronic disease can manage their own condition. Where patients are at higher risk or have more complex conditions they require more intensive support and care management. The PCT has developed a Long Term Conditions Strategy which has a number of elements to managing chronic disease:

- Screening and risk management – identification of patients with increased risk, provision of advice and support to manage risk factors and screening for long term conditions. This may be provided in different settings, and there is a particular role for pharmacies.
- Self care and self management – supporting people to manage their conditions by provision of advice and timely interventions
- Care planning and case management of those patients with complex needs. This will involve working closely with Community Nursing and Social Services teams to share information about an individuals care plan. The PCT is looking at how information is best shared across agencies, and all providers will be required to participate in agreed common assessment processes and contributing to single records.

This development is underpinned by:

- Multi-disciplinary teams providing disease management to evidence based protocols. Evidence based pathways are currently being developed for the major long term conditions. Some of this will be practice based care provided by GPs and Practice Nurses, with specialist support such as Podiatry and specialist nursing where appropriate.
- A Long Term Conditions Hub will be commissioned which will provide information to patients about their condition and care, provide call/re-call systems, and support the risk stratification of patients

The PCT will invest in additional capacity within primary care to support long term conditions management. The aim is to invest in core capacity within primary care, specifically nursing/health care professional capacity to support practices to take on a wider role in long term condition management. A specification and range of outcome measures for enhanced primary care management will be developed during 2009/10 for this capacity. Practices who wish to provide an enhanced level of long term conditions management will need to evidence that they meet core primary care standards.

7. Out of Hours and Extended Primary Care

The PCT aims to increase the availability of primary care services. Practices have shown their commitment to improving access by signing up to the new Extended Hours Enhanced Service, with over 90% of practices delivering additional hours through this mechanism. The PCT would wish to build on this by commissioning the full range of services during the extended hours, including nursing time. A small pilot for extending nursing hours has operated in 2008/9 and subject to resources the PCT would wish to extend this further. The PCT will also work with practices and the LMC during 2009/10 to identify what support services need to be in place to support primary care during the extended hours, e.g. IM&T, pathology. The aim is that during the lifetime of this strategy, each One Stop Centre will be open 8 am to 8 pm 5 days a week, through practices working collaboratively to deliver this.

In addition to commissioning additional hours from practices, the PCT will commission an integrated Out of Hours and 8 to 8 Centre based in the town centre from October 2009, and moving to the St Thomas's development when it opens. This will provide:

- Out of Hours Primary Medical Care – meeting national standards and following agreed local care pathways. The service will be a key part of the urgent care system, and will have a responsibility for providing continuity of primary care during the out of hours period
- A dedicated practice for the vulnerable groups of those who are homeless, travellers, asylum seekers or refugees – focussed on meeting the specific needs of these individuals and addressing their needs and improving their health outcomes. The practice will also be able to register people who live within a 2 mile radius of the practice premises up to a maximum of 1,500 patients
- A primary care treatment facility offering bookable and walk-in appointments for anyone with a primary care need, 8 am – 8 pm 365 days a year.

This new service will provide 24 hour primary care provision through a range of service options, and will increase capacity within primary care and contribute to the management of urgent care for primary care treatable conditions.

8. Mental Health

National estimates predict that between 1 in 4 adults will suffer mental distress at some point in their lives and 1 in 6 will present to health services with these problems. The first port of call for many people is primary care services or their general practitioners. Stockport PCT recognises this and has identified improving mental health as one of its key improvement programmes over the next 5 years. The PCT will support the generalist role and increase the capacity/availability of primary care to respond to that need.

The programme and planned initiatives seek to increase investment in mental health and mental health services to ensure that the whole population of Stockport (children, adults of working age and older people) report improved mental well-being, benefit from improved access to services with minimal waiting times and experience effective, high quality care, treatment and support in the most appropriate setting.

This programme and planned initiatives presents an exciting opportunity for primary care. The planned initiatives with significant involvement and impact for primary care include: -

- Expanding the provision of Public Mental Health Advisers and increasing the availability of social prescribing schemes

- Improving early detection and recognition of mental health problems as well as improving and addressing the physical health of those with severe mental illness by developing mental health services in primary care

- Improving access to psychological therapies with a stepped care framework

- Improving the diagnosis and treatment services for people with dementia, and primary care providers are pivotal to this initiative

The next sections look at specific issues related to the individual contractor groups

9. General Medical Services

Currently there are 54 GP practices delivering primary medical services across Stockport. Of these 54, there are 34 practices delivering services under the national General Medical Services (GMS) (2004) contract, and 20 under a locally developed Personal Medical Services (PMS) contract. The PCT will be reviewing the PMS contracts during 2009/10 (referred to in section 14), and will develop a single PMS contractual framework that will set out the common and high service standards that all practices will deliver. The aim is that over time all practices will want to move towards this contractual framework.

By October 2009, the PCT will have an additional provider of medical services, through an Alternative Provider of Medical Services (APMS) contract, delivering GP led health services from 8.00 am to 8.00 pm, 365 days per year.

The following table shows the current distribution of GP practices (both GMS and PMS) across the four geographical areas of Stockport together with the average spend per weighted head (07-08)

Practice Area	Number of Practices	Population	Average Spend per weighted head - £	Highest spend per weighted head - £	Lowest spend per weighted head - £
Heatons and Thames Valley	16	79,321	68.35	74.88	58.53
Marple and Werneth	12	54,957	68.03	72.05	60.68
Stepping Hill and Victoria	17	76,264	68.20	82.70	60.76
Cheadle and Brahmall	9	84,878	69.26	79.19	64.26

GP practices have the opportunity to receive additional funding to support aspiration to and achievement of a range of quality standards which are currently nationally set, the standards of which are set out in the Quality and Outcomes Framework (QOF). For the financial year 2007/08 26 practices achieved 100% of the points available, 23 achieved over 95% and the remaining 5 practices achieved less than 95%. The Department of Health are expected to announce that in it's revision to the QOF, there may be the possibility of determining a range of local standards. The PCT will take this opportunity to develop a range of quality standards which will help to address the health needs of the local population.

Currently the PCT has a range of 25 enhanced services, 11 of which are Directed Enhanced Services (DES), which are automatically offered to all GP practices. Practices can, however, opt out of providing these. There are a further 14 enhanced services which are either National Enhanced Services (NES) or Local Enhanced Services (LES) which practices can offer to their patients. The PCT will be reviewing the NES and LES during the next 12 months, and will be commissioning in line with the strategic direction as described earlier in the report.

In January 2009, the Department of Health published 'Primary Care and Community Services: Improving GP Services' as part of the World Class Commissioning series. Within the document PCTs are required to understand how resources are committed, the value that can be gained by investment in primary care, and how to work with clinicians to achieve continuous improvement in patient experience, safety and the health of individuals. This will require a proactive and strategic approach to shaping the nature and range of services provided by GP practices and other primary care providers.

To commission primary care effectively, PCTs will need to develop and display each of the eleven competencies defined by the WCC programme. The Department of Health is currently exploring with Strategic Health Authorities how best to reflect commissioning of primary care services in the development of the assurance process.

PCTs will be required to map the baseline for services through three key stages of assessing the need, mapping existing services and identifying what needs to change. The DOH is currently working with several PCTs to develop a tool that will help to collect, benchmark and analyse the data.

The guide also states that effective PCT commissioning of primary care also provides a strong foundation for practice based commissioning (PBC) and further states that PBC brings clinicians to the heart of commissioning so they have a greater say and accountability in designing services that will improve health outcomes for the local communities. As PBC is based around GP practices, it is essential that there is both a robust and transparent process for commissioning the primary medical care provided by these GP practices.

10. Pharmacy

At present traditional pharmaceutical services are widely available across Stockport with approximately 90% of the population living within 1km of a pharmacy. Specialist services are targeted to areas of need. All 62 pharmacies within Stockport PCT provide the full range of seven essential services which includes dispensing, repeat dispensing, disposal of waste medication, promoting healthy lifestyles, support for self-care, sign-posting patients to other healthcare professionals and clinical governance.

Pharmacies are able to provide the advanced level service – Medicine Use Review [MUR] provided they meet minimum criteria. The PCT will improve the quality of the service by targeting specific patients and providing supporting tools and further training to the pharmacists engaged with the service. Currently the PCT commissions Enhanced Services from a number of pharmacies: - emergency hormonal contraception, smoking cessation, needle syringe exchange, supervised methadone consumption, minor ailments, point of care testing (Hba1c, BP and cholesterol testing) and pharmacy late opening.

In order to commission community pharmacy services which meet the needs of our patients, the PCT has focussed the strategy for pharmaceutical provision on national and local priorities. These continue to support the integration of pharmacy into the wider NHS, where patients can obtain traditional dispensing services close to their home and also benefit from improved access and choice to additional services traditionally found within the GP practice or secondary care setting. New developments will build on existing provision and incorporate the proposals of the

White Paper '*Pharmacy in England – Building on strengths, delivering the future'.* Pharmacies will develop into Healthy Living Centres, where the local population can obtain information and monitoring services to improve lifestyle, existing disease and long term conditions. Screening services for cardiovascular disease, diabetes and sexual health will be available including limited treatments by specially trained pharmacists or referral to appropriate clinicians. Minor Ailments will be dealt with in the pharmacy instead of the GP practice and Immunisation clinics for Flu will be introduced as required.

With the introduction of the electronic transfer of prescriptions and information and access to the individual patient NHS record, pharmacists will be able to be incorporated into the wider care of the patient, providing a holistic service that can be accessed at the convenience of the patient.

11. Optometry

A new General Ophthalmic Services (GOS) contract came into effect on the 01st August 2008. The new contracting framework provides three levels of General Optometric Services which are mandatory, additional and enhanced and each of these levels requires individual contracting arrangements. Mandatory services covers the provision of High Street GOS eye test services provided from established premises, additional services are for the provision of mobile or domiciliary services and enhanced services are those that are locally commissioned as determined by the PCT to meet the needs of the local population.

The revised regulations created a more coherent commissioning framework for eye care services over and above the eye test. The PCT has the opportunity to commission services from local optometrists which have traditionally been delivered in secondary care. Together with the ageing population, continued pressures on acute hospitals and the introduction of new treatments, eg. for wet age related maculopathy (ARMD), there is a growing need for the PCT to commission future services in a creative way, which the new GOS contract gives the PCT the flexibility to do.

Capacity in acute hospitals is a problem which particularly affects follow-up appointments and chronic care, which impacts significantly on patients who have glaucoma which poses a significant risk to the PCT together with delays in identifying and referring patients with ARMD. The PCT will look to commission a primary care alternative which would provide services to those patients who can be seen safely in a primary care setting. During 2009/10 the PCT will develop a pilot for a fast assessment and treatment service in primary care for patients referred from local general practices with eye problems.

12. Dental

The five year Oral Health Strategy (2008 – 2013) identifies key issues for oral health and initiatives to address these. The key aims of the strategy are to:

- Reduce population prevalence of dental caries
- Reduce inequalities in dental caries prevalence
- Ensure access, based on need, to dental services for urgent, out of hours and elective care is available to all
- Provide services based on robust evidence, where this is available, and according to need

In order to achieve these aims the PCT will commission and provide effective preventative programmes. In addition the PCT will increase the capacity of dental services which will be delivered in a flexible approach to meet the needs of the population. The PCT will actively develop the market in order to increase dental capacity for the local population.

Within Stockport, there are relatively high levels of dental caries, with large inequalities in the prevalence of the disease between affluent and deprived communities. Although Stockport is amongst the best in the North West, it is worse than the national average. The dental health of 5 year old children in Stockport is significantly better than the North West average. However, there exist significant differences in the dental health of these 5 year old children across the area, with the poorest oral health being found in the areas of highest deprivation. The dental health of 12 year olds is similar to their North West peers.

Access is a key challenge for dentistry, in particular, hard to reach groups. These would include irregular attenders, emergency only attenders, the housebound, special needs groups, the homeless and substance abusers. The PCT is considering alternative models of care to support these patients, such as out-posting of services which would deliver services at a range of targeted locations around the Borough to meet these diverse needs.

The PCT will also assess the workforce required to meet these needs, which may include greater use of Dental Care Professionals (i.e. nurses, therapists and clinical dental technicians).

The PCT also recognises that the delivery of an oral health strategy can not be done in isolation and will be working closely with colleagues from a range of other statutory and voluntary organisations, including education and social care, to progress with a number of initiatives. The focus of delivery will be to those groups most at risk of poor oral health and will aim to promote self care and the regular use of dental services.

Within Stockport PCT there is, compared to much of the North West, a relatively high level of orthodontic treatment provision. There is an established clinical network which is led by the local Orthodontic Consultant which has supported the significant primary care capacity to deliver orthodontic services.

The PCT introduced a service provided by Dentists with Special Interest (DwSI) for minor oral surgery, which is delivered in primary care and aims to avoid secondary care treatment, where this is appropriate. There is the opportunity to increase services delivered by DwSI's and the PCT will consider which additional services it is able to commission through this route.

The PCT has the capacity and the capability to delivering services which are patient led and responds to patients needs. When commissioning new services, the PCT will commission services which give patients more choice and control wherever possible, offers integrated networks for emergency, urgent and specialist care to ensure that everyone has access to safe, high quality care and ensures that all services contributes to the health promotion, protection and improvement for services for local residents. When commissioning any new services, the PCT will take into account that a proportion of the population does not choose to access regular dental care, but will seek dental care in times of experiencing pain or difficulties.

The following sections outline some of the underpinning and infrastructure plans:

13. Quality, Standards & Performance Management

The PCT is committed to ensuring the highest quality of services to our local population across all areas of primary care contracting, which includes primary medical care, dentistry, pharmacy and eye care. One of the main priority areas for the PCT is to ensure that the quality of services continues to improve, together with improved access and cost-effectiveness which is delivered within a model which promotes continuous improvement by providers and allows innovative commissioning to meet local needs. In Primary Medical Care the introduction of the new contract in April 2004, together with the introduction of the Quality and Outcomes Framework (QOF), have had a significant effect on improving quality in a consistent approach across the country. The PCT has access to a wide range of information from the QOF which can be used to help support practices where help is required to improve the quality of their services. NHS Choices will be expanding and this will be including a wider range of information on GP Practices.

During 2009/10, the PCT will be introducing performance monitoring frameworks across all four primary care contractor services. The performance monitoring framework will include a Quality Scorecard. The main components of this are:

- Patient Experience
- Outcomes for Patients
- Patient Safety

Under these broad heading will be individual performance indicators relevant to the individual contractor group. A framework for this is attached at Appendix 2. This is currently being developed in conjunction with the relevant contractor groups. The Balanced Scorecard will include the concept of service standards which practices will be expected to meet, such as:

Access	National 24/48 hour targets Open list Extended Hours Bookable appointments up to 4 weeks in advance
Premises	Acceptable standard (inc infection control)
Referrals	Referrals made in accordance with Map of Medicine/locally agreed protocols Referrals booked using C&B (where appropriate)
Services	One stop service provision as far as clinically appropriate, i.e. appropriate tests within same appointment
Patient Satisfaction	% satisfaction indicated

An important element of this will be Patient Reported Outcome Measures (PROMs) and use of Patient Surveys to assess quality outcomes and service standards. The PCT will develop a range of PROMs which will measure patients' perceptions and will incorporate this information into the quality scorecard.

The quality scorecard model will be developed to roll-out across primary care. The quality scorecard can be used to identify exemplars in developing high quality services which can be shared across all GP Practices. For dentistry the Department of Health has developed a dental performance framework and the PCT will be rolling this out. The Department of Health has also developed a Pharmaceutical Needs Assessment Toolkit to support community pharmacy and the PCT will be taking this forward and will build on the existing performance management system the PCT has already adopted for community pharmacy. The PCT will be developing a performance framework to roll-out across optometrists.

The comparative quality information that the PCT will then have access to will help primary care clinicians to understand and compare different areas of performance and identify areas for improvement. Publication of this data will also provide much greater transparency about the quality of local services and support the public in making more informed choices about which service to use. This transparency will further drive improvements in quality of services available for patients.

The PCT will establish regular formal contract quality review meetings with all contractors, and an annual performance summary report which will be reported to the PCT Board. The PCT will also establish a Primary Care Contract Management Group which will ensure a robust and transparent approach to contract management. The aim is to simplify the contract management and performance process and reduce the bureaucracy and administrative burden. The PCT will review the flow of communications and information to practices and look to simplify and reduce this.

The PCT will re-shape current performance reporting arrangements in line with the new Balanced Scorecard. Contractors, particularly general medical practices, have identified that the current performance monitoring systems (particularly for Enhanced Services) is burdensome. The PCT will streamline existing performance reporting via the use of Open Exeter and will review the existing Enhanced Services contract and performance arrangements to reduce the administrative burden and move to a more outcomes focussed contractual arrangement for all contractors.

The PCT wants to encourage contractors to continuously improve quality and re-shape services around the needs of patients. Only those who meet the Core Service Standards will be automatically be eligible for new local enhanced services (providing they meet any necessary accreditation standards where appropriate and there is a need for the enhanced service in the geographical area), and 'light touch' performance arrangements. For practices, this may include delegated use of funds from PBC. For those who were not meeting required performance standards, the PCT would need to be assured of their clinical and organisational capacity to deliver before commissioning local services above core contracts. Contractors not meeting core standards may also require further performance monitoring and support to enable them to meet core standards.

The approach taken by the PCT would be developmental: the aim is that all contractors would meet core standards and provide an enhanced level of service. It is hoped that this approach will provide the flexibility and reward for those practices who are clearly delivering high quality primary care and have the capacity and skills

to further develop primary care, and identify those who require targeted support to develop their services.

From April 2009 the Care Quality Commission (CQC) shall act to regulate and improve the quality of health and social care and look after the interests of people detained under the Mental Health Act. During 2009/10 the enforcement powers of the Commission will only apply to NHS providers in relation to healthcare-associated infection (HCAI). A new registration system for all aspects of the provision of care across both health and social care providers will apply from April 2010. The full range of regulatory enforcement powers shall be applied by the CQC from this date.

Primary Care Providers fall under the remit of CQC. Any contractor will need to be appropriately registered and comply with any associated standards of the CQC The as part of the PCTs minimum requirements.

14. Resources and Value for Money

The PCT spends just over £55M on the four main contractor groups, split as follows:

Primary Medical Care	-	£35.9m (9.25% of total PCT spend)
General Dental	-	£14.5m (3.73%)
Optometry	-	£2.8m (0.72%)
Pharmacy	-	£1.9m (0.49%)

In addition, the PCT commissions Community Services from the PCT Provider arm to a value of £22.6m

The PCT needs to ensure Value for Money for primary care services. Current benchmaking information for primary care medical services shows that the PCT spends about the national average per weighted population. However, within this overall investment there is significant difference in investment between GMS and PMS practices (as is the case nationally). The PCT average £/weighted head for 2007/08 was £68.50 with a range from £82.70 to £58.53. However, the average £/weighted head for GMS practices was £66.29 and for PMS the figure was £71.15. The PCT needs to understand in more detail the outcomes/service delivery and corresponding investment in GMS and PMS. Therefore, during the next financial year, the PCT will be undertaking a review of PMS practices to ensure that they continue to deliver value for money in relation to their increased allocation they receive through growth costs.

In addition, the PCT will be undertaking further analysis and benchmarking of spend across primary and community services during 2009/10.

The table below shows a redistribution impact model based on fair shares, based on the financial year 06/07. The table suggests that most of the financial redistribution needs to be actioned in secondary care rather than primary care.

Platform	Bramhall	Cheadle	Heatons	Marple	Stepping Hill	Tame Valley	Victoria	Werneth
Prescribing	571,994	-264,528	-9,443	-860,719	-115,270	-282,284	524,035	436,216
Primary Care	55,978	-57,221	39,405	-5,858	22,424	-6,770	-9,282	-38,674
Secondary Care	1,954,280	1,011,163	376,128	2,353,929	231,109	-4,482,989	-2,057,866	614,247
Grand Total	2,305,446	698,860	181,335	1,378,261	216,482	-4,703,233	-975,501	898,350

Benchmarking Stockport PCTs' spend for GMS/PMS across all PCTs, Stockport ranks 64th of the 152 PCTs benchmarked, with number 1 being the highest investor in GMS/PMS

15. Estates

High quality premises which are 'fit for purpose' are essential for delivering high quality primary care. The PCT has an existing Strategic Services Development Plan (SSDP) which identified a number of key modernisation principles for the development of the PCTs estates:

- Greater clinical team integration across primary and community services, skill sharing and multi-disciplinary assessment and delivery systems.
- More choice and accessibility with emphasis on alternatives to admission, quicker diagnostics and treatments in primary care services, longer opening hours and more flexible delivery.
- Emphasis on client focused pathway and process re design working across primary and secondary sectors to manage the delivery of care in a more effective and joined up manner.
- Locality services orientated and targeted to need and profile of local population
- Inter agency working to optimise the opportunities for the most disadvantaged and vulnerable to access appropriate care packages. Through joint teams, pooled budgets, inter – agency centres.

There is a need for significant re-shaping of and investment in primary care facilities to ensure that they are able to accommodate the range of services that the PCT plans to commission in primary and community settings, via the hub and spoke model outlined earlier in the strategy. All premises must meet the minimum premises standards which will be outlined in the Quality Scorecard, the PCT will not commission services from providers who do not meet these premises standards. The PCT has ambitious plans for the development of more care outside hospital, particularly diagnostic and treatment services and much more integration of health and social care services.

To achieve this will mean some re-modelling of the current map of provision. The PCT will need to balance access in terms of distance to services and the opportunities for greater integration and range of services that can be provided in new, purpose built facilities serving larger communities. The SSDP set out a model of delivery including three main Primary Care Resource Centres complemented by a replacement of key Health Centres through developing 11 one stop centres across Stockport, achieving rationalisation in sites of around 50%. Current plans for estates development would mean that just over 66% of people would live within 1km (about a 20 minute walk) of a GP practice or one stop centre.

The PCTs strategic approach to estates development is:

- Primary medical services and community care provision will be consolidated into fewer purpose built facilities which are focussed around local communities. This will reduce the number of general practice and community facilities over the lifetime of this strategy and increase the cost effectiveness of provision and opportunities for integration across primary, community and social care as care will be provided across larger populations. The PCT will not promote a model of GPs working alone in stand alone buildings or support investment outside of the SSDP.

- Each new facility will have a single IT system and shared reception and the PCT will support practices to achieve economies of scale in the 'backroom' management functions within new build developments. Practices can then reinvest these savings into patient care. The PCT will also support practices with organisational change and change of IT. The increased joint working between practices who move into the new buildings will be part of the investment agreement between the practice and the PCT.

- Our PCT Provider services will also consolidate clinic based service provision into fewer sites where appropriate to enable more cost effective service delivery. Services such as Podiatry and Physiotherapy will operate a hub and spoke system. These changes will be set out over the next 12 months and will be the subject of consultation prior to implementation. The aim will be to integrate primary and community provision into these new centres.

- We will also look to co-locate local authority and health services where appropriate, e.g. co-located teams of District Nurses and Social Workers who cover the same area.

16. IM&T

The agreed strategic vision across Greater Manchester for providing the NHS Care Record Service is to deliver a comprehensive and consistent electronic record for each individual patient, ensuring that clinicians involved with the care and treatment of a patient can access and update that patient's record whenever and wherever they practice. This vision applies across all care settings – primary, intermediate, secondary and tertiary, together with other providers of care to NHS-funded patients, including social care, voluntary sector organisations, independent sector treatment centres, hospices and local dental and opticians' services. It will enable appropriate data sharing between clinicians in all those settings, across and beyond Greater Manchester and will provide the means by which patients can access, with appropriate safeguards, their own records.

The delivery of the vision will be through the Local Service Provider solution of Lorenzo Regional Care (LRC) and its 4 release strategy. In the meantime, the GP System of Choice (GPSoC) programme will continue to be used to ensure appropriate levels of compatibility and compliance with the National Programme for Information Technology (NPfIT). Furthermore, interim solutions, deployed in advance of LRC, are being developed to ensure opportunities are taken to share clinical data across Primary care and Out of Hours and Emergency services. Within the requirements of GPSoC, the PCT will work with practices who are moving to new builds to choose a single system across all practices who will be providing services in the new facility. The PCT will support practices where this means that they will need to change their system. The benefits of practice using a single system are significant in terms of increased joint working, opportunities for sharing of back room functions

and efficiency. The PCTs aspiration is that practices will choose a single IM&T system which all practices would adopt, which provide obvious benefits in terms of sharing of data, expertise etc. The PCTs long term aim is that all contractors are as a minimum connected to NHS Net, although this would be subject to resource availability.

Primary care providers have a rich source of information which, with the appropriate access, would allow for more sensitive levels of commissioning. The strategic vision is to use population based prevalence data to identify unmet need, have the opportunity to link modelling of a patient's journey across primary, secondary and social care, and to be able to undertake market segmentation. The integration and use of graphnet is paramount to support effective commissioning for the patients of Stockport.

17. Workforce, Education & Training

Compared with other districts in the North West, Stockport has a relatively young GP population. We train a significant number of GPs and Stockport is seen as an attractive place to practice, and we have minimal problems with GP vacancies.

Stockport has 107 Practice Nurses (PN's) and 65 Health Care assistants (HCA's). There are 9 Nurse Practitioners and 1 Trainee due to complete studies in 2008. Stockport is seeing a problem with recruitment and retention of Practice Nurses. Also, an age analysis shows 33% of the current practice Nurse population is over 50 and therefore this presents workforce development issues around retirement and succession planning difficulties which need to be addressed as a priority.

Stockport has 91 dentists and of these dentists, a higher proportion than their colleagues in the North West, would wish to retire within the next 10 years. However, Stockport is noted to have less difficulty in recruiting dentists than other surrounding PCTs. There are currently 137 dental nurses of which 87% are qualified which is the same as the overall North West profile. The turnover rate of nurses is lower than the North West area and Stockport has less difficulty in recruitment compared to surrounding PCTs.

Within the pharmacy workforce, there is a good spread of age throughout Stockport. There continues to be issues in relation to maintaining a stable pharmacy workforce which is as a result of a transient workforce from the E.U. Over the past number of years, there has been an increase in the number of technicians working within pharmacies, but there has been a reduction in the number of medicine counter assistants.

There are currently 76 optometrists on the Stockport Performers List, of which 44 are female and 32 male. There is an even spread of age across the age-groups, with 68% of optometrists aged 49 years and under.

The Primary Care Trust has committed to continuing support of training, education and development of primary care contractors, and the teams, in order to provide high quality primary care services for the people of Stockport. Each contractor group shall be engaged in the consideration and planning of education programmes for their workforce, with the programme for General Medical Practice being primarily through the Education 4 Everyone sessions. These programmes shall focus on the following areas:

- Mandatory Training
- Assurance and Governance

- Maintaining and Improving Standards
- Non-clinical Skills

In light of strategic development of primary care it is planned that at least 1 joint session per annum be delivered which shall contribute to promoting this key message of integration. In 2009, this session shall present a Provider Market Place showcasing Services and Agencies supporting Primary Care, e.g. PALS, PCT Dental Helpline, Social Care Providers, etc.

To support further engagement and support of the local Primary Care Contracting workforce, the PCT has also committed to the development of an 'Induction Session' which would be offered to new inclusions within the Performers' Lists. This shall present the PCT structure, with key contacts, together with an overview of appropriate local arrangements and services.

During 2009/10 the PCT will:

- Support the development of the workforce and look to develop new roles to support service delivery e.g. dental nurses and therapists.

- Develop a training programme for practice nursing in collaboration with primary care contractors to alleviate current and future recruitment and retention problems and will seek to introduce bank/locum arrangements to support practices to deliver practice nursing access targets.

- Ensure that we retain highly skilled generalists and that new service models or approaches to service delivery do not de-skill our generalists.

18. Patient and Public Involvement

Stockport PCT recognises the importance of including patient and public perspectives in the development of its health services. Stockport PCT will work in collaboration with patients and the public in order to ensure that primary care services are shaped and developed to meet the needs of the local population. The PCT will also fully involve existing forums, including LiNKs and the Health Overview and Scrutiny Committee, in the commissioning of new services.

The PCT needs to ensure that patients have choice of their primary care provider and that there is appropriate information available to make an informed decision. Involving the public and patients in relation to identifying the data that will be used will be paramount to make certain that this is meaningful.

19. Primary Care Market Management

The PCT will analyse the current configuration and provision of primary care services which will enable the PCT to target future service delivery to meet the needs of Stockport residents. The PCT will analyse the capacity and quality of primary care provision, and the extent to which this matches local patient needs, including the degree of patient choice and competition.

20. Delivery Plan

The PCT will develop a delivery plan in order to take forward the primary care strategy over the five year period via its annual Business Plan cycle. The delivery

plan will indicate key dates and actions required in order to deliver primary care services which meets the health needs of patients, delivered as close to the patients' home as possible and in a range of locations in order to facilitate patient access and choice. The Delivery Programmes are:

- Quality & Standards
- Contract Management & Performance
- Service Development
- Workforce Development
- IM&T
- Premises

Appendix 1

Contract Reference	**PRIMARY CARE QUALITY REPORT**	List Size / Activity Level

1. PATIENT EXPERIENCE:

a. Availability

Practice Opening Hours
Clinical Availability
Provision of Extended Hours

b. Service Provision

e.g. Contracted Delivery
Enhanced Services

c. Patient Survey Results

National
Local

d. Access Measures

e.g. PCAS 24/48 hour availability
24 Month list size for Dentistry
Urgent Care Availability

e. Complaints

2. OUTCOMES FOR PATIENTS

a. QOF

e.g. Achievement
Prevalence
Exception Reporting

b. Public Health Contributions

e.g. Screening levels
Vaccination uptake
Patient Allocations

c. Patient Reported Outcomes

to be developed

d. Prescribing

e.g. Medication
Clinical Data Sets

e. Clinical Audit

e.g. NICE Compliance

3. PATIENT SAFETY

a. Business Continuity

e.g. Plan in place
Pandemic Engagement

b. Adverse Events

e.g. Significant Event Audit
Incident Reporting
Learning

c. Risk Register

d. Accredited Workforce

e.g. Clinical Accreditation
Appraisals
CRB checks

e. Premises

e.g. Inspection
Decontamination

f. Infection Management

e.g. MRSA incidents
C-Diff incidents