Coventry and Warwickshire

Primary Care Strategy

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Foreword

Primary care has always been the foundation of the NHS, serving as the first point of contact for most patients and providing essential, ongoing care that enables people to start well, live well and age well, maintain their independence, and access timely treatment. Our GP practices, community pharmacists, dentists, and opticians are the cornerstone of health in our communities. However, primary care's role goes beyond individual treatment; it plays a critical part in promoting community health, addressing health inequalities, preventing illness, and reducing pressure on hospitals and emergency services.

Today, the need to strengthen and invest in primary care is more urgent than ever. Rising demand, a growing and ageing population, and the increasing prevalence of long-term conditions are putting significant pressure on the NHS. Recent calls to address these challenges, such as those highlighted in the Fuller Stocktake Report and Lord Darzi's Independent Investigation, further amplify the importance of shifting resources from hospital towards community-based care to ensure the NHS remains sustainable. Our own Integrated Care Strategy also identifies the key role played by Primary Care, prioritising improving access and supporting people at home. By delivering on these priorities and providing more care locally, we can improve health outcomes, enhance patient satisfaction, and help build resilient, healthier communities.

This strategy is particularly significant because it has been coproduced in close collaboration with general practice across Coventry and Warwickshire. The majority of the content was developed by local GPs, whose insight reflects the real, on-the-ground priorities of our primary care providers. This collective approach ensures that the strategy is not only rooted in national policy but truly resonates with and responds to the needs and ambitions of our GPs and their patients.

It also reflects a shift in how we view primary care's role within the NHS. It is not merely a gatekeeper to other services but a vital, dynamic force in the health and well-being of our communities. By realising the potential of primary care, we are not only ensuring better health outcomes but also contributing to the sustainability and effectiveness of our entire healthcare system.

As we move forward, our vision is clear: a primary care system that is accessible, integrated, proactive, and responsive to the priorities of both citizens and our workforce across Coventry and Warwickshire. We look forward to working together to bring this vision to life, creating a healthcare system that will serve and support our communities for generations to come.

Danielle Oum
Coventry and Warwickshire ICB Chair

Phil Johns
Coventry and Warwickshire ICB Chief Executive Officer

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Coventry and Warwickshire Context

Primary Care at the Heart of our System

Primary care is at the heart of healthcare provision in our System. As a sector primary care and general practice are incredibly flexible and resilient. Our ability to problem solve and find solutions to provide the best possible care for our population has enabled us to adapt to the significant challenges primary care and general practice has faced in the last few years. Chronic underfunding, significant increases in workload and the constant negativity in the media has eroded the fabric of primary care and dented the goodwill that has been the mainstay of service provision. The current situation is not sustainable. Our colleagues in the GPC and BMA are fighting on our behalf to improve the situation in relation to core GMS. As practices we are supporting collective action to highlight the challenges we all face.

It feels strange to be delivering a strategy at a time of uncertainty and turmoil, but the truth is that nothing stands still while negotiations take place. Our system will continue to evolve. Commissioning structures and processes will change, and the voice of Primary Care will be lost if we do not empower our leadership to work on our behalf. The ability to influence within our System is dependent on our ability to stand strong as a sector, to recognise the power of our collective voice without losing the ability to function as individual organisations. We need to recognise the strengths and weaknesses of the models of care we work in but also be open to the potential of doing things differently, to strengthen Primary Care and provide resilience.

This strategy is about harnessing the positive and recognising the strength of Primary Care and its role in the System. It is about supporting what works well and recognising that we need to meet the changing needs of our population by providing the best possible care as close to home as possible by creating sustainable and resilient solutions across all sectors. None of this is possible without appropriate resources and we must work with our colleagues across the system to establish what we can offer and what our ask is in return.

This strategy is just the beginning of the journey. It is about us clearly setting out our aims and ambitions. It will inform a transformation programme that will drive the changes necessary to deliver this strategy. Primary Care is a vital component of healthcare provision. We need to empower and support our leadership to be our voice in the system and to drive our ambitions and plans.

Dr Cristina Ramos –
Primary Care Strategy Group Chair
Primary Care Collaborative Vice Chair

Dr Norman Byrd –
Primary Care Collaborative Chair

Primary Care Strategy Group Members –

Dr Nishan Wiratunga	(Coventry)
Dr Liz McEvoy	(Rugby),
Dr Elouise Jesper	(Warwickshire North)
Dr Ollie Lawton	(South Warwickshire)

The ambitions for this Strategy are aligned with both the Coventry and Warwickshire Joint Forward Plan and the Integrated Care Strategy.

Aim and Purpose of the Primary Care Strategy

Coventry and Warwickshire ICB is committed to working collaboratively across NHS, local authority, community and voluntary sector organisations to provide improved care and support for the population of Coventry and Warwickshire.
All partners in the system have signed up to a set of commitments that will define how as partners we work together to achieve national aims and our system priorities. These include an underpinning commitment to collaborative working and primacy of place in our decision-making and activity, whilst recognising the opportunity of system-wide working to deliver value at scale where appropriate to deliver better, more integrated care, whilst maintaining and understanding the needs of the population.

Both nationally and within our local system, it is often felt that Primary Care, including General Practice is unable to provide a representative voice at a system level. General Practices, opticians, dentists and pharmacists, as independent contractors, value autonomy and independence which leads to the impression that primary care and general practice are a fragmented part of the system and unable to work together. Recognising this is vitally important, but so is the need to recognise that Primary Care needs to come together to create a leadership structure that can represent the views and ambitions of primary care at a place and system level.

Coventry and Warwickshire Primary Care Collaborative (PCC) was created to bring together the leadership of all aspects of Primary Care, initially just for General Practice , but with the aim to evolve and include all Primary Care in the future. PCC becomes the focal point of Primary Care leadership in the system and provides representation to other leadership structures in the system including Collaboratives, clinical executive meetings, place and system boards.

Aim and Purpose of the Primary Care Strategy

Members of PCC representing primary care in the system need to be clear about the aims and ambitions for the sector, the priorities for delivering these across the system and the role of primary care in delivering the system strategy. To do this, Primary Care Collaborative requires a strategy that clearly articulates the current situation and the short-, medium- and longer-term ambitions for primary care.

The Primary Care Strategy Group was created as a sub-group of PCC to deliver a strategy that informs the future of Primary Care in Coventry and Warwickshire.

The Primary Care strategy is for the next 5 years, considering key changes in national and local health policy and will act as a framework to guide the strategic development and operational delivery of primary care in our system. As local systems develop, it is important that primary care has a clear plan and a representative voice to support our sector and meet the needs of our population. The strategy seeks to understand and address the challenges facing primary care and offer potential solutions to support resilience and development in primary care. The Primary Care Strategy Group has engaged with primary care and stakeholders across our systems to capture a breadth of views and to ensure that a comprehensive picture of the current system challenges is created and more importantly, the ambitions and potential for the development of the primary care sector are clearly articulated.

The main challenges facing Primary care in broad terms are:

- Financial pressures related to national contract and inadequate funding of core and enhanced services
- Transfer of unfunded activity into primary care
- Increased demand for multiple reasons including our ageing population , health inequalities and the pressure on secondary care systems which leads to increased waiting times
- Workforce challenges including the recruitment and retention of clinical and non-clinical staff, financial pressure of core staffing models, embedding wider workforce and training our future workforce

It is vital that the role of General Practice within the integrated care system is clarified – strategically and operationally – to create and empower the right leadership structure to ensure General Practice and Primary Care have an equal role and voice in our system. This strategy will inform the development of a delivery document to support the transformation required to address the challenges faced and support the delivery of Primary Care in the next five years. The strategy acknowledges that the issues with core funding and the national contract are significant, and the main cause of the challenges faced.

The strategy recognises that the GPC and LMC call for GP Collective action and that the ongoing national negotiations and political changes may impact on Primary Care, but this strategy focuses on the areas within our system that Primary Care is able to influence directly and looks to provide the leadership to influence the strategic direction of health care provision and delivery of services. Both the ICB Primary Care Team and the Primary Care Collaborative feel confident that this strategy offers a pragmatic but optimistic view of what can be delivered through a more collaborative approach and recognising the importance of Primary Care in our system.

Our Strategy **Commitments** for Primary Care

The Coventry and Warwickshire Primary Care Collaborative commits to supporting the development and delivery of Primary Care now and in the future. To deliver this PCC alongside the ICB Primary Care Team commit to:

- Understand the needs of our population and the data and information available to ensure we deliver the best possible care and services
- Support our practices and PCNs to evolve to meet the needs of their local population
- Creating a Primary Care People Plan to help deliver the primary care strategy and support the needs of our current and future workforce, recognising the need for new and innovative ways of working to support the changing needs of our workforce. We will maximise the opportunities for all roles in our system to create a resilient Primary Care People Plan
- Prioritising staff well-being to improve staff retention and ensure our workforce can support the delivery of our aims and ambitions
- Using technology and digital solutions to improve efficiencies , manage demand and support integration across our system
- Learn from good practice and share the learning to help inform the development of new services and the delivery of ongoing services
- Work with our system partners to develop integrated and collaborative ways of working that improve efficiencies and deliver best patient care
- Understand the current financial position and create the right processes and structures to ensure the resource implications of service transformation are understood and resource allocation is agreed

Our Strategy **Principles** for Primary Care

PCC and the ICB Primary Care Team have developed this strategy with the following principles in mind:

- The needs and views of our patients and the delivery of the best possible care will be the main driver for the development of services in our system
- Primary care is at the heart of the delivery of care for local populations
- Up to date information and data are key to understanding the current and future needs of our population and primary care
- Primary care is a complex network of independent providers. The challenges, including the economic challenges, of this structure will be recognised. Solutions to maintain this model of provision will be supported especially when it is the best model to meet the population needs
- At scale models of care and service delivery (PCN, Place and System) will be considered to optimise the opportunities for care
- Appropriate integration of service provision at all levels is imperative for the delivery of the best and most cost-effective care to our population
- System integration and transformation will:
    - Ensure primary care is an equal partner in the development of new ways of working
    - Recognise the challenges and risks to primary care
    - Recognise the potential and opportunities in primary care at all levels
    - Consider and measure impact on all stakeholders
- Service transformation will be appropriately resourced and planned
- Local and national priorities and contractual frameworks are recognised and considered
- Support and resource will be made available to drive the delivery of this strategy

PCC Vision and Mission for Primary Care

Primary Care Collaborative (PCC)

The Coventry and Warwickshire Primary Care Collaborative brings together key primary care stakeholders at a Coventry and Warwickshire level. PCC forms part of the broader governance structure of the Coventry and Warwickshire Integrated Care System (ICS). PCC aligns and links to existing Place-based Primary Care Leadership Groups, but crucially does not seek to replace these. PCC has set out a mission and vision statement for Primary Care which this strategy recognises and seeks to support and drive forward.

PCC Mission Statement

PCC is dedicated to supporting Primary Care in achieving the delivery of high quality, patient-centred, sustainable healthcare within Coventry & Warwickshire with the ambition of improving the health & well-being of our workforce and local communities. By providing a unified direction for Primary Care, PCC will work alongside system partners encouraging community care to flourish throughout our ICS. PCC will promote Primary Care as the bedrock of our health system and provide the strategic leadership required to enable the co-development of future models of care.

PCC Vision Statement

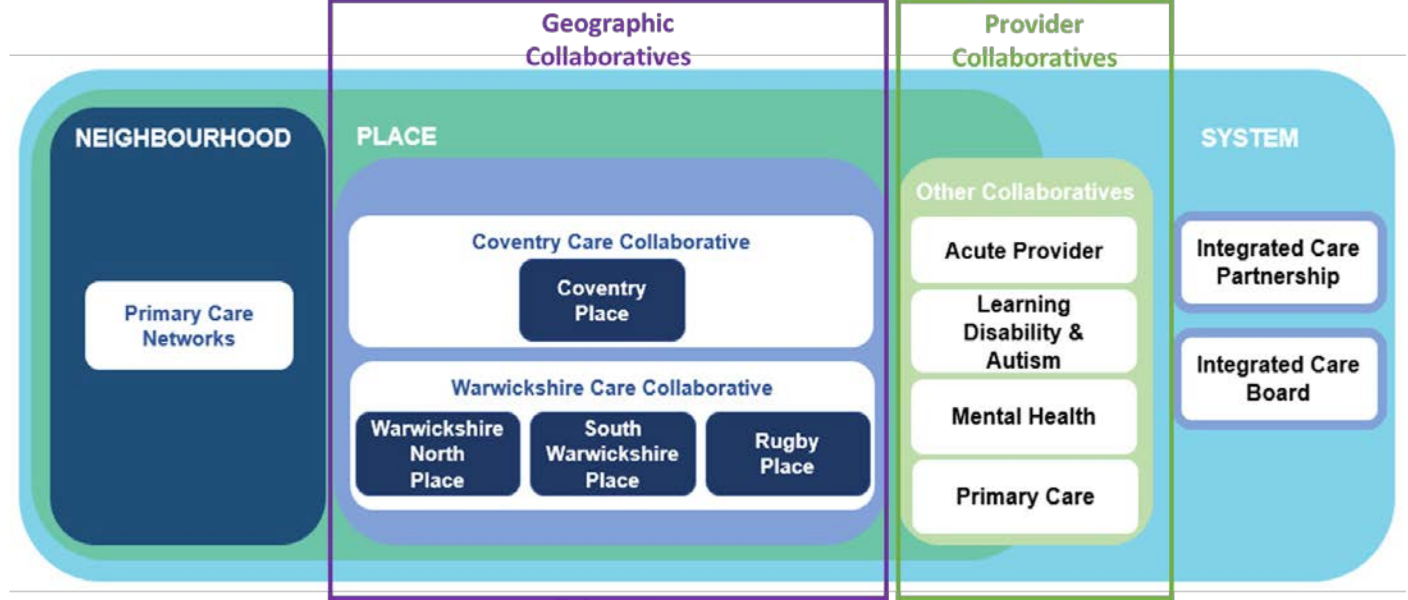
To realise the incredible potential for Primary Care to lead and be at the centre of our high-quality, dynamic, integrated healthcare system which maximises the health & well-being of our population. Care will be well-resourced and delivered by a motivated, fulfilled, and appreciated workforce within our local communities.

Local Strategic Context and System Transformation

The Health and Care Act 2022 gives all Integrated Care Systems a clear mandate for a more joined-up approach to health and care built on collaboration and partnership working, using the collective resources of the local system, NHS, Local Authorities, the VCFSE sector, and others to improve the health of local areas. The ICS has set out an ambition to transform our system in a way which moves decision making closer to communities, and supports collaboration between partners to improve outcomes, address inequalities, and sustain joined-up, value for money services. The ICS intends to achieve this through fostering an environment which enables partnership working whereby providers from across General Practice, Local Authority, Acute Trusts, Social and Community Care can come together to design services for their own local populations – whether this be at a Place or PCN footprint.

Organisations across our system have come together to build effective collaborative arrangements. There are two types of Collaboratives emerging across Coventry and Warwickshire, Provider Collaboratives and Geographic Care Collaboratives.

Provider Collaboratives are partnership arrangements involving multiple Trusts/Providers working across multiple places to realise the mutual benefits of working at scale, to better enable transformation and collaborative working to continuously improve quality, efficiency and outcomes, including unwanted variation in inequalities.



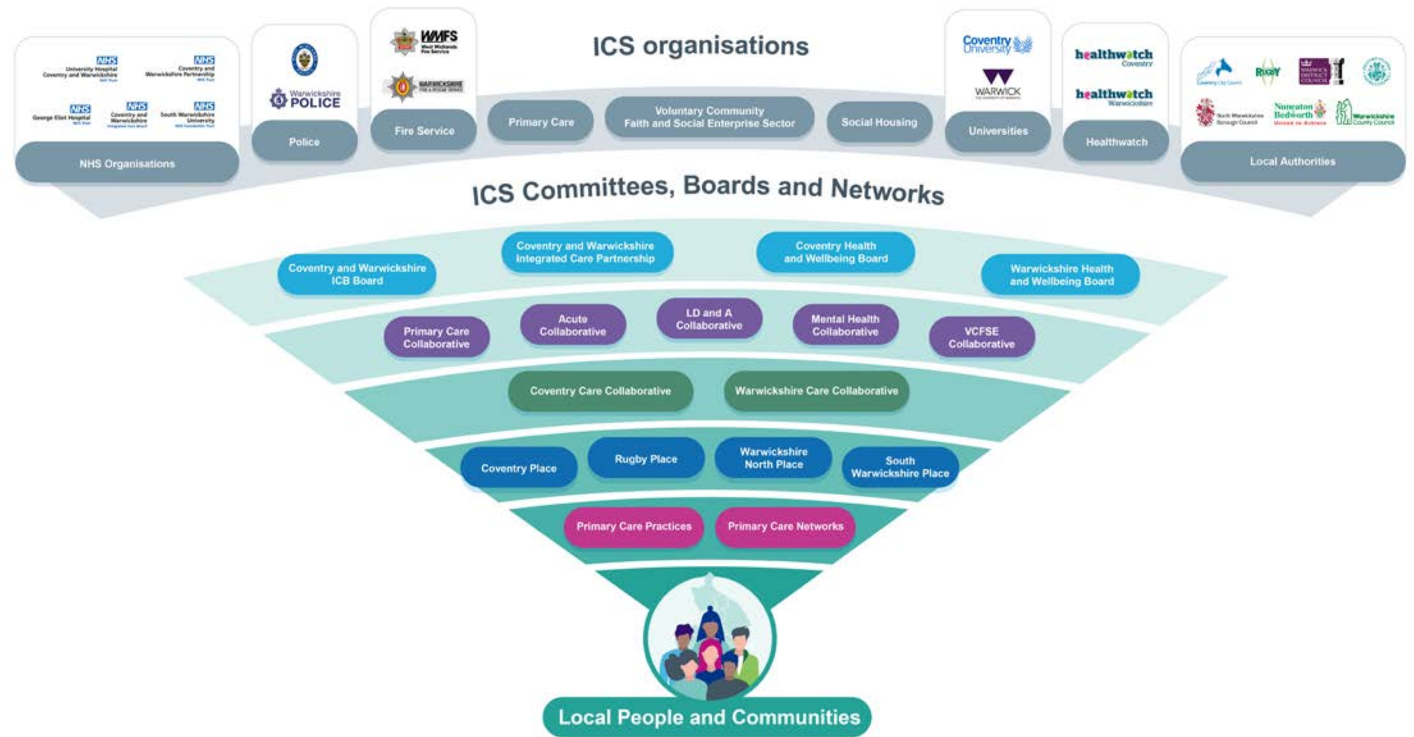
Coventry and Warwickshire
Integrated Care System

Local Strategic Context
and System Transformation

The purpose of the Geographical Care Collaboratives is to focus on the delivery of local commissioning with a key role in the co-ordination and improvement of service planning and delivery. Care Collaboratives bring together Place partnerships of health and social care at a geographical footprint; empowering local leaders, who know their communities and local services, to shape, inform, and ultimately make commissioning and delivery decisions to drive greater collaboration and integration in respect of the planning and provision of services to best meet the needs of the citizens. Connecting with their local communities Care Collaboratives support the design and delivery of integrated pathways and services to ensure that outcomes are improved, and health inequalities reduced for the local populations.

Care Collaboratives are mapped to Local Authority boundaries supporting recognising the opportunities for deeper integration and collaborative work on health inequalities and the wider determinants of health in the smaller, contained footprints of the Local Authority and District councils.

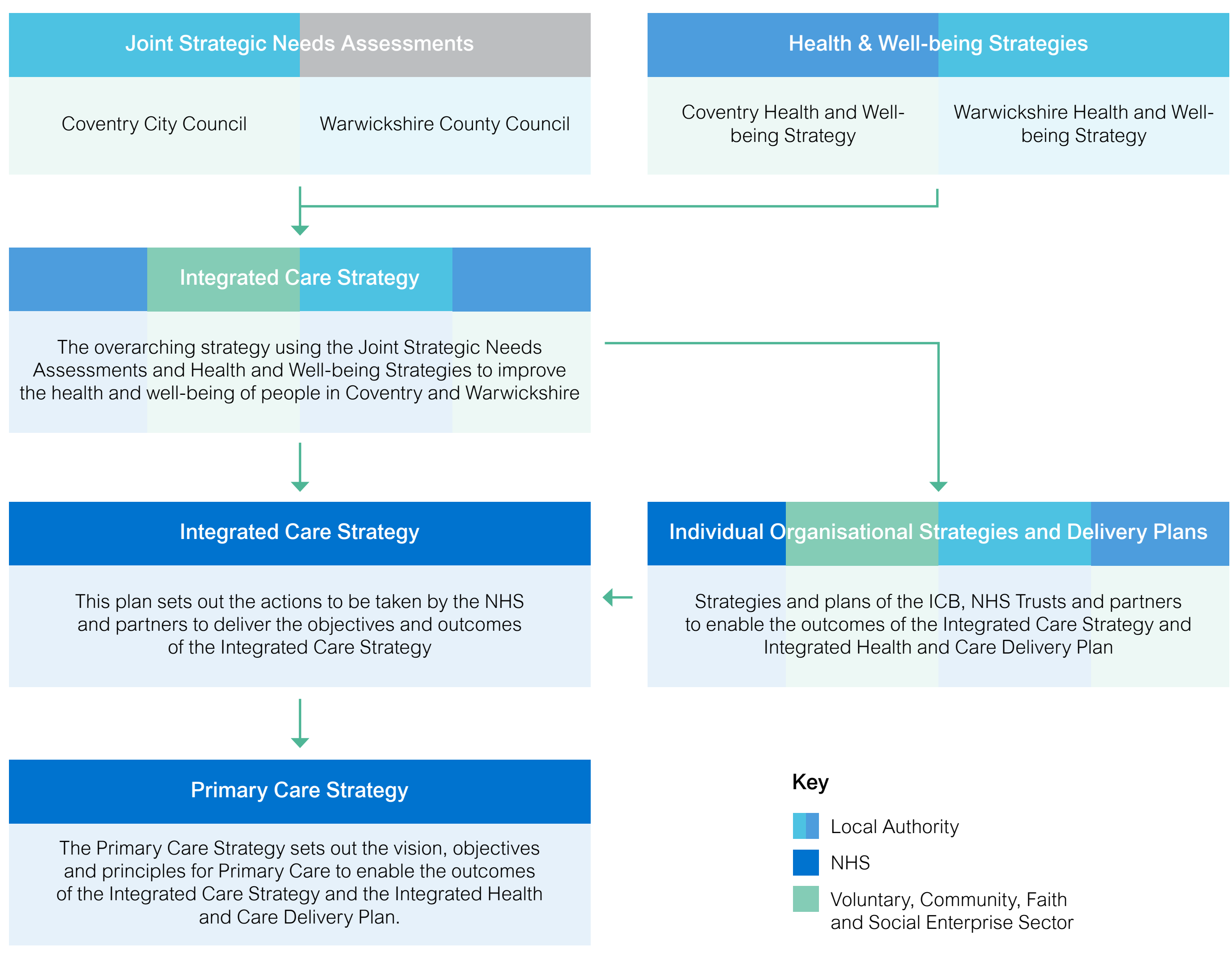
There are two Geographic Care Collaboratives, made up of the 4 C&W Places – one for Coventry and one for Warwickshire. Warwickshire Care Collaborative is made up of 3 equal Place partnerships; Rugby, Warwickshire North and South Warwickshire.



A **strategy and plan** to realise the opportunity of Integrated Care

In order to meet the challenges facing health and care our system has collectively developed:

- An **Integrated Care Strategy**, setting a vision and strategic priorities for the system – **published in March 2023**
- A 5-year **Integrated Health and Care Delivery Plan** (previously known as the Joint Forward Plan), which responds to the Strategy and outlines a more detailed plan of actions about how the ICS will achieve the aims of the Integrated Care Strategy – **published in June 2023**
- **Our Primary Care Strategy** supports the Integrated Care Strategy and sets the priorities and operating vision, it also supports the ICS Clinical and Care Professional Strategy.
- **The strategic plan hierarchy** and relationship to the Primary Care Strategy is shown below:



Coventry and Warwickshire
Integrated Care System

Integrated Care Strategy **Vision**

'We will enable people across Coventry and Warwickshire to start well, live and age well, promote independence, and people at heart of everything we do.'

Improve outcomes in population health and health care

Tackle inequalities in outcomes, experience and access to services

Enhance productivity and value for money

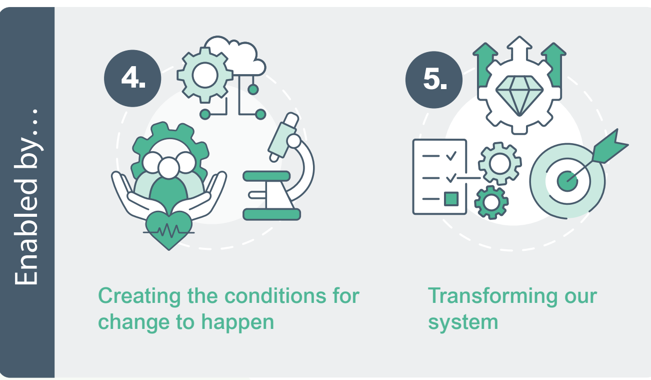
Help the NHS support broader social and economic development

The health and care system will contribute to delivering this by…

Prioritising prevention and improving future health outcomes through tackling health inequalities

Improving access to health and care services and increasing trust and confidence

Tackling immediate system pressures and improving resilience



Coventry and Warwickshire
Integrated Care System

Integrated Health Care **Delivery Plan**

Prioritising prevention and wider determinants to protect the health & wellbeing of people and communities

Enabling personalised care

Improving access to services especially primary care

Engaging and involving local people, communities and stakeholders

Making services more effective and efficient through collaboration and integration

Develop, grow and invest in our workforce, culture and clinical and professional leadership

Supporting people at home

Reducing health inequalities

Enabling the best start in life for children and young people

Prioritising prevention and improving future health outcomes through tackling health inequalities • Improving access to health and care services and increasing trust and confidence • Tackling immediate system pressures and improving resilience •

PRIORITY 1

PRIORITY 2

PRIORITY 3

Wider determinants of health

Our health behaviours and lifestyles

The places and communities we live in and with

An integrated health and care system

Promote independence

Live Well

Age Well

Start Well

- Each priority is underpinned by areas of focus which will support us to deliver the ICS Strategy and our wider vision
- There are nine focus areas included in the IHCDP
- Primary Care play a critical role in supporting all elements of the delivery of the IHCDP and in turn ICS vision, particularly with respect to 'Improving Access & Increasing Public Confidence'

Local Context – Coventry and Warwickshire Primary Care Landscape

The Coventry and Warwickshire Integrated Care System provides health, care and well-being services and support to a diverse population of over 1 million people, and that population is growing. With population growth concentrated in certain parts of the ICS, and the population profile varying between localities, a place-based approach to service planning remains important. In many ways the Coventry and Warwickshire health and care system performs well. However, the ICS knows that the way people experience our system now is not always how we or they would want it to be. The ICS knows people want more focus on self-care and prevention and on support to be able to help themselves and their families. Alongside this, people tell us that they want services that are more joined up when they do need to access them, that understands their needs and history and are delivered closer to where they live where possible. Currently our system is not always able to deliver on this.

Primary Care and General Practice is the heart of our local health and social care system. It not only provides essential medical services to a registered patient list but also acts as the first point of contact for patients who need referral to both wider health service, and increasingly to social care and third sector / community assets. It is rooted in our local communities and forms the basis for Primary Care and GPs to work together with other NHS organisations and services to address the challenges and improve the health of the local populations they serve.

Warwickshire North

Rugby

Coventry

South Warwickshire

Our GP Practices by Place

Place	PCNs / GP Practices
Coventry	**8 PCNs /** 50 GP Practices
Rugby	**1 PCN /** 12 GP Practices
South Warwickshire	**7 PCNs /** 32 GP Practices
Warwickshire North	**4 PCNs /** 25 GP Practices

Our System in numbers

Coventry and Warwickshire
Integrated Care System

National Context - National Policy and the drive for integration

Next Steps for integrating primary care: Fuller Stocktake Report

Over the last two years we have seen key policy drivers to support change in primary care. The Fuller Stocktake Report is key to these and sets out a new vision for primary care within the NHS. Context from Dr Claire Fuller – ***"Every day, more than a million people benefit from the advice and support of primary care professionals – acting as a first point of contact for most people accessing the NHS*** *and also providing an ongoing relationship to those who need it. This enduring connection to people is what makes primary care so valued by the communities it serves.*

- *Despite this,* ***there are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it.***
- ***Inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care*** *to those patients who need it most. In large part because of this, patient satisfaction with access to general practice is at an all-time low, despite record numbers of appointments:* ***the 8am Monday appointment scramble has now become synonymous with patient frustration.***
- *At the same time, primary care teams are stretched beyond capacity, with staff morale at a record low. In short,* ***left as it is, primary care as we know it will become unsustainable in a relatively short period of time.***"

At the heart of the stocktake report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential elements.

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

Integrated Neighbourhood Teams, evolved from Primary Care Networks, are identified as the key delivery vehicle across all three offers

National Context - National Policy and the drive for integration

Lord Darzi's report on the state of the NHS in England Independent Investigation of the National Health Service in England

The report was ordered by the incoming government to provide a definitive view of NHS performance and inform the upcoming ten-year plan for health, expected in spring 2025. The investigation was led by Professor Lord Darzi, he also led a similar review in 2008, leading to the report High Quality Care For All.

Darzi Primary Care Summary

The NHS Confederation have summarised the key findings of the Darzi report which relate to primary care. Many of the challenges 'diagnosed' in the full report will be familiar to all and were aligned clearly with the themes identified by the primary care sector in our engagement, including the hardwiring of funding shift into primary and community care.

- **Funding** - The relative share of NHS expenditure towards primary care fell by a quarter in just over a decade, from 24 per cent in 2009 to just 18 per cent by 2021. The current Carr-Hill funding formula results in a 7% shortfall in funding for practices serving deprived populations per 'need adjusted' patient. A shortfall of £37 million in capital investment has been identified. This funding could have 'rebuilt or refurbished every GP practice in the country' had it been delivered. 20% of the GP estate pre-dates the founding of the NHS in 1948 and 53% is more than 30 years old.

- **Health Inequalities** - The report highlighted the variability and access to primary care is worse for key populations at risk of greater health inequalities.

- **Dentistry** - Access remains a priority area for recovery with 40% of practices accepting adult registrations, 30% for children. Incentives to deliver NHS care need to be introduced.

- **Community Pharmacy** - Community pharmacy is the most accessible part of the NHS and provides even better access in deprived areas. However, around 12,000 pharmacies have closed since 2017 and spending on community pharmacy has fallen by 8%. The current shift towards independent prescribing in pharmacy will support the sector to deliver a wider range of services. This should improve overall patient access but risks pharmacies experiencing similar problems to general practice, delivering services with too few resources in the face of rising demand.

National Recovery Plans supporting joined up change

The primary care access and urgent and emergency care (UEC) services recovery plans are drivers for change. NHS England has clearly used these plans to underlined the importance of integrated planning systems must implement to enable resilience, recovery and sustainability, so the transformations planned in secondary care must interface seamlessly with our strategy for enabling primary care across Coventry and Warwickshire.

Delivery plan for recovering access to primary care (PCARP):

The plan is a step toward delivering the vision set out in the Fuller Stocktake Report: Next steps for integrating primary care and recognises that before the NHS can fully implement the wider reforms necessary to achieve the vision, we need to take the pressure off general practice. Although the Primary Care Recovery Plan supports all three elements of the Fuller Stocktake vision, it makes no excuses for focusing on the first – Streamlining access to care and advice.

The plan has two central ambitions:

1. **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment.
2. **For patients to know on the day they contact their practice how their request will be managed.**
   a) If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.
   b) If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
   c) Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

This plan seeks to support recovery by focusing this year on four areas:

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
2. **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
3. **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

Delivery plan for recovering urgent and emergency care services:

As well as increasing capacity and improving discharge in hospital settings, the delivery plan for recovering urgent and emergency care includes a central drive to expand care outside of hospitals. The plan reinforces the importance of the development and improved integration of community services, access to primary care, and that services are better joined up – with healthcare that works for patients, with collaboration across settings; underpinned by investment and enabling technologies.

2

The current Primary Care position and the case for change

The Current System Situation

The reality of primary care in Coventry and Warwickshire

General Practice across the country is experiencing significant challenges with declining GP numbers, increasing demand and sustained underfunding of services which has an impact on patient services. There are cultural, structural and financial challenges that make day-to-day life in the sector unsustainable. Patient satisfaction has suffered; there is financial instability due to short-term approaches to resourcing; and the digital and estates needed for basic service provision are not consistently fit for purpose.

Despite this, general practice is building on foundations of huge success in recent months and years, including responding to and recovering from Covid, with incredible teams improving service delivery and supporting patients in the face of increasingly challenging circumstances.

1. Access & Patient Satisfaction

Increasing levels of demand, greater levels of need and longer waiting lists have all meant that more people are asking to see their GP more often, which is reflected in patient satisfaction rates, albeit that Coventry and Warwickshire performs well when compared at both regional and national levels. The public's unhappiness with access is even more of an issue in deprived areas, which have significantly more demand than those areas with lower rates of multiple deprivation

2. Voice

Primary care has struggled to find a meaningful home within the ICS to ensure the sector can have an influence and impact. Primary Care needs to have parity of esteem at a system level to meaningfully contribute to system development, this includes active involvement in formulating new pathways and opportunities, strategic planning, resource allocation, workforce and digital enablement.

3. Digital, data and technology

GP practices have been at the forefront of the NHS's digital developments, including ePR, e-prescriptions and online booking. Primary care lacks IT solutions that support communication between practices and other healthcare providers – especially secondary care, there is more to be done to support different practices and partners to speak to each other digitally, and to share and use accurate data across organisations. Practices will continue to need to embrace greater online access and consultation routes for a more digitally-informed public.

4. Workload, Workforce and Estates

The sector faces significant workforce challenges including the recruitment and retention of clinical/non-clinical staff and the financial pressure of core staffing models. Increased demand for multiple reasons including our ageing population, health inequalities and the pressure on secondary care systems is leading to increased waiting times. GP estates are extremely variable, ranging from modern buildings to premises unchanged for half a century. New ways of working and connectivity requirements mean the current estate does not have the capacity to manage increasing demand. New estate fills quickly, yet there is void space not fit for purpose.

5. Finances

With increasing financial pressures on everyone in the country, GP practices and their staff are no different. Practices are having to work harder and for longer to meet contractual targets; many funding streams are inflexible to local needs; and contract changes year on year have not include additional investment to counteract the damaging impact of inflation. On top of this Primary Care has to manage the transfer of unfunded activity.

Engagement with the Public and Communities

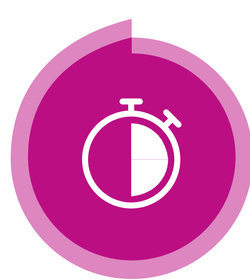
How primary care and general practice have informed the strategy

As a primary care strategy for the whole of Coventry and Warwickshire, there is an awareness that the strategy has a potential impact on every person within this area. As a result, it was critical to hear from residents across the area and make sure that their voices were reflected in the document. To support our understanding of the public priorities, we have drawn on the ICS **Local Priorities for Integrated Care – Interim Public and Community Engagement Report 2022**.

This information was integral to setting the priorities that you see in the Integrated Care Strategy, throughout our engagement we heard a number of key themes emerge as to what people's priorities were. These are cross-cutting themes which remained consistent regardless of the social-economic, age or other characteristics of the group in discussion. The themes were:

Access to Services

- Overwhelmingly, across all groups, access to primary care services were raised as people's biggest priority for health and care. The GP is seen as the gateway to all other health services, and there was a significant level of concern and distress that these services were not perceived to be accessible.
- There was significant concern raised about access to dental services as well.
- The focus of feedback was very strongly based around the access to primary care services, with many people reflecting that once they had managed to secure an appointment they were happy with the care they received.
- The issues raised with access can be broken down into specific areas:
- Booking an appointment with a GP practice
- Receptionists as barriers to access
- Face to face appointments
- Ordering prescriptions
- Access to dentistry



Digital Inclusion

- This theme was one which was raised, understandably, more within face-to-face meetings and came up repeatedly and for a variety of different reasons.
- The move of services from face-to-face and telephone based to online services has caused significant concern to many residents, particularly those who are not used to using digital services or do not have regular access to the internet.
- A recurrent theme in the feedback was worry about being shut out from services and left behind because they did not have the resources or the ability to access things online.
- The most common concern was the cost of accessing digital services both due to a lack of suitable equipment and data costs.
- It is also important to note however that, amongst those who can access online services there was considerable support for the extension and implementation of more online services. This was frequently mentioned in the context of improving access to GP services.

Trust in Services

- Throughout the engagement we heard from people who are concerned about the sustainability of health and care services and are losing trust in its ability to respond if they have a health or care need.
- This is partly as a result of the two previous themes as people struggle to access the services that they need and feel shut out from digital services that they may not have the ability utilise digital access.
- Public perception of services also plays a large part, with several respondents expressing concern that services will not be able to cope with them if they were to attempt access, meaning they were choosing to not even try to make contact to get support.

Engagement with the Primary Care Sector

How primary care and general practice have informed the strategy

Since the start of 2024, the Primary Care Strategy Group held multiple primary care engagement and clinical leadership events to listen to key messages and understand the key issues from hundreds of primary care clinicians and practice staff.

- This has included input from Primary Care Collaborative members, Place leads, the PCC Strategy Group, dialogue at individual practice and PCN level to ensure engagement and collective alignment across the sector
- The Strategy Group used a variety of routes, including webinars, questionnaires, face to face meetings and individual dialogue to provide the inputs, structure and challenge needed to develop a robust strategy document and a plan for transformation, this dialogue has helped clarify where our biggest focus areas should be.

Strategy group

Commissioned by PCC

Chaired by deputy chair of PCC – Cristina Ramos

Place representative from each place

Primary Care team

Fortnightly face to face meetings

Questionnaire

Sent to all of General Practice

Sent out multiple times

Key themes collated

Webinars

Different times of the day including evenings

Covering key topics including governance structures for the system

Collated feedback and comments

Face to face meetings at place

Key challenges and operating models discussed

Collated feedback and key themes

Individual practitioner, PCN and Place meetings

Mainly led by place leads and supported by rest of the group

Key areas identified and collated

Regular PCC involvement

Key topics discussed

Captured views at significant action points

What the Primary Care Sector has told us

The key themes from the range of views we have heard

We have already highlighted the significant challenges facing General Practice across the country, which is further challenged by media negativity, impacting on the sectors well-being. We have engaged widely across our system to capture the views of Primary Care in Coventry and Warwickshire; six key areas impacting on primary care providers have been identified:

System Integration - Primary care is committed to embracing the push for integration at appropriate place footprints and move away from fragmented care. Primary care needs to play a significant leadership role, transformation must link sympathetically with current working to ensure we achieve true system integration.

The Voice of Primary Care - Primary care has struggled to find a meaningful home within the ICS to ensure the sector can have an influence and impact. Primary Care needs to have parity of esteem at a system level to meaning fully contribute to system development, the sector often feels 'done unto' instead of as an equal partner.

Resource Allocation - Practices are experiencing significant financial challenges due to historical underfunding of core services and an inadequate uplift. Primary care is having to work harder for longer to deliver contractual targets. Funding should follow the required left shift in patient activity, as set out in the ICS Integrated Care Strategy and national policy.

Activity and Demand - Demand on activity in primary care is rising. Despite access rates rising, practice teams are truly stretched, making future improvement and development unsustainable. We have significant health inequalities in some of our places and areas where population is ageing with increased complexity.

Workforce - Primary care faces workforce challenges across the system, we benefit from high number of GP doctors in training that bolster the workforce but require supervision from our experienced clinicians and physical space to train within primary care. Embedding and optimising our wider workforce creates similar challenges around space and supervision. Lack of funding for pay awards, and the uncertainty of short-term funding/contracts hinder sustainable workforce planning and the development of innovative employment models.

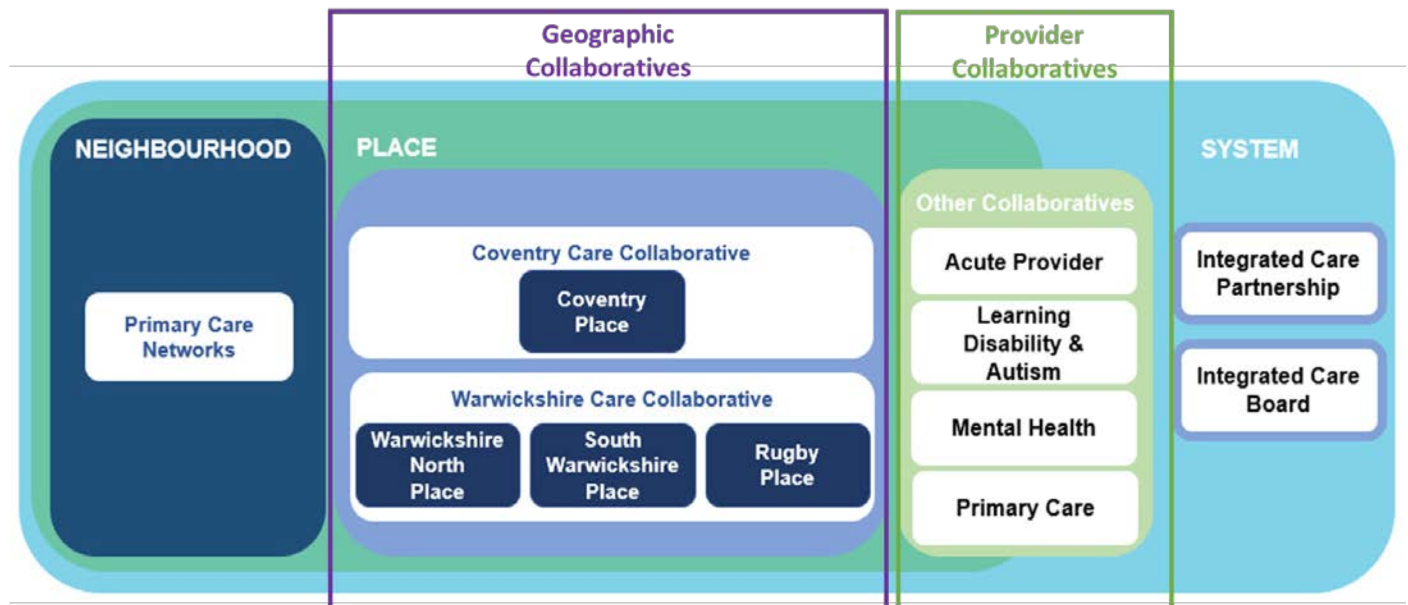
IT and digital - General Practice and Primary Care more broadly have been key to driving forward NHS's digital programme. Primary Care must continue to be at the forefront of this transformation recognising we have a more digitally capable public and utilising the opportunities for greater online access and digital consultation methods.

Primary Care

Integrated System Partner influencing Strategic Investment

System Integration

- Primary care is committed to embracing the push for integration at care collaboratives and appropriate place footprints and move away from fragmented care.
- Through engagement we have heard that primary care wants to play a significant leadership role, but transformation must link sympathetically with current working to ensure we achieve true system integration. By doing this we will make health and care services in Coventry and Warwickshire more efficient, effective and ensure they provide better value for everyone.
- A more integrated collaborative approach to commissioning and providing services, closer to patient communities, will deliver a more efficient health care service. It will also provide a more coherent response to local population needs, supporting improved outcomes for all and reducing inequity in access and outcomes across Coventry and Warwickshire.
- Primary care is committed to playing a key role within the work of our ICS care and provider collaboratives to move to an infrastructure to ensure decisions are taken closer to communities with joined up value for money services.



The Voice of Primary Care

- Primary care has struggled to find a meaningful home within the ICS to ensure the sector can have an influence and impact.
- Primary Care needs to have parity of esteem at a system level to meaning fully contribute to system development, this includes active involvement in formulating new pathways and opportunities, strategic planning, resource allocation, workforce and digital enablement.
- This strategy enables primary care to align behind a clear vision with a unified voice, this requirement is being driven by the Primary Care Collaborative as the key focal point to enable the sector to interface with the system.
- There is a lack of clarity and strategic direction for primary care leadership to work to, primary care leadership requires the head space and funding to innovate versus firefighting.
- There is a concern that the voice of individual practices, PCNs and places will be lost and as such a concerted effort will be made to ensure practices, PCNs and places are able to influence through primary care supporting governance arrangements and aligned representation on the PCC.

Resource Allocation

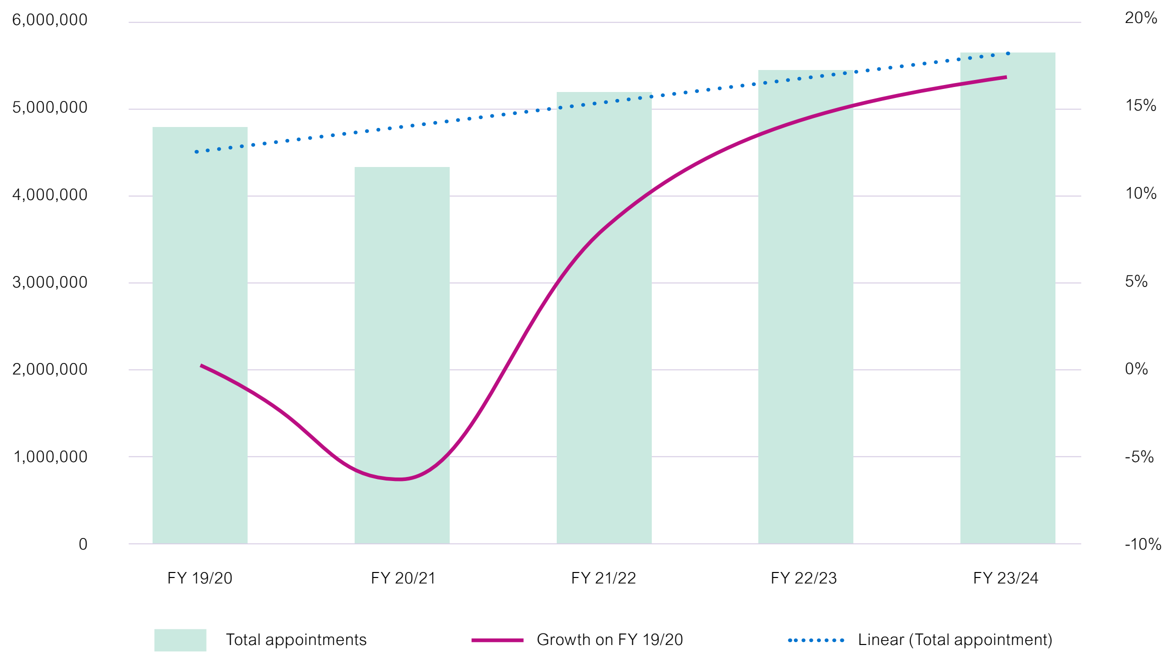
- Historical under-investment in the core contract for primary care needs to be addressed, with funding that should follow the required left shift in patient activity, as set out in the ICS Integrated Care Strategy and national policy. Practices are experiencing significant financial challenges due to historical underfunding of core services and an inadequate uplift.
- Enhanced services (locally and nationally) have not been adequately reviewed, updated and funding is often based on historical contractual arrangements. Enhanced service contracts fail to encourage innovation and service improvement. Data capture for enhanced service performance s is often challenging which limits the ability to optimise financial gain for services provided.
- The stop-start nature of identified resources undermines primary care's ability to plan and deliver, making investment decisions difficult.
- The system financial position limits the opportunities to develop new services without appropriate left shift. The system fails to recognise or harness opportunities to invest in primary care to reduce secondary care spend.
- Instead, primary care asks that where there is flexibility on how to use resource, it must be allocated in a way that has the sector's sign off and aligns with ICS strategic planning.

Primary Care

Meeting Demand and Enabling Primary Care

Activity and Demand

- Demand on business as usual activity in primary care is rising – General Practice is seeing more patients year on year than ever before and more of them on the day they have requested.
- Despite access rates rising, practice teams are truly stretched, making future improvement and development unsustainable.
- Primary care faces a daily challenge between providing ease of access and delivering continuity of care.
- As a system we have significant health inequalities in some of our places and areas where population is ageing with increased complexity.
- Estates hamper the development of new services and the full utilisation of available staff.
- Bureaucracy and complex processes can lead to inefficiency and reduce potential capacity to support patient care.
- Resources must follow the patient when services are changed or adjusted, to ensure support follows demand.



Coventry and Warwickshire Integrated Care System

Workforce

- Primary care faces workforce challenges across the system, we benefit from high number of GP doctors in training that bolster the workforce but require supervision from our experienced clinicians and physical space to train within primary care.
- Embedding and optimising our wider workforce creates similar challenges around space and supervision.
- Lack of funding for pay awards, and the uncertainty of short-term funding/contracts hinder sustainable workforce planning, the development of innovative employment models and clear career progression pathways for the whole workforce.
- The impact of additional roles can be variable and doesn't always support delivery of core services.
- The portrayal of primary care and general practice in particular, by the media, has impacted negatively on staff morale and well-being.

IT and Digital

- General Practice and Primary Care more broadly have been key to driving forward NHS's digital programme.
- Primary Care must continue to be at the forefront of this transformation recognising we have a more digitally capable public and utilising the opportunities for greater online access and digital consultation methods.
- There can be a lack of awareness and understanding across the sector of potential solutions to support service delivery. A siloed approach can lead to inequality.
- Primary care needs IT solutions that support communication between practices and other healthcare providers – especially secondary care, there is more to be done to support different practices and partners to speak to each other digitally, and to share and use accurate data across organisations.
- The cost benefits of at scale solutions are not always recognised or taken advantage of.

3

System Transformation and Resource Allocation

System Transformation – Improving Access through Collaboration

The ICB and Primary Care have been honest about the challenges that we are facing as a system. Specifically, rising patient demand, financial pressures and increasing workforce shortages. While these impact on our ability to improve access to services, we remain positive about the opportunities to deliver new and innovative methods for General Practice services through face-to-face, online and telephone appointments from an increasingly varied and professional workforce.

In Coventry and Warwickshire, we are clear that the future of General Practice is to adapt and develop, to support the needs of our patients. We believe that the new structure of the NHS creates the opportunity to accelerate work already underway to deliver a much more integrated way of working, enabling partner organisations of the ICP to respond to the needs of local populations within available resources, to improve patient care, outcomes through access to services.

General Practice recognises that everyone wishes to access services in a different way, and we need to adapt to this choice. Many of these new routes into General Practice services were driven by our response to the Covid-19 pandemic. Local Providers of health and care services, including GP practices, rapidly adopted a range of new technologies and, as a result, digital access to services became much more widespread in our system. Whilst we recognise that accessing services through digital channels does not suit everyone, our local vision is to harness digital technology to enable local people to access information, support and care easily and confidently.

Every day in Coventry and Warwickshire tens of thousands of people access services through our 119 local GP practices and 19 Primary Care Networks ('PCNs'). While local GP practices are delivering more appointments than ever before and national GP Patient Survey results continue to demonstrate that they are performing better than the national average across a range of key areas, we also hear from some local people about the difficulties that they experience accessing their local GP practice. The ICB is already using the data available, including data relating to GP appointment activity, to understand and tackle variation and support practices. This will continue to be an area of focus for us over the coming years.

Prevention is explicitly embedded and resourced across all plans, policies and strategies for our population. This includes addressing the impact of the wider determinants of health across the life course, ensuring residents live in affordable and good quality homes, have access to good jobs, feel safe and connected to their communities, utilise green space/enabled to use active travel.

As a system we must seek to ensure resources are allocated to reflect our focus on prevention and the wider determinants of health, this will include a systematic shift in resources 'upstream' towards prevention. The system Population Health Framework not only recognises the interplay between wider determinants of health, people's health behaviours and lifestyles, the communities in which people live and the health & care system, but also demonstrates the shared commitment across partners in our system to work collaboratively to address all the vital dimensions of health.

System Transformation – Improving Access through Collaboration

As set out in the Integrated Health & Care Delivery Plan, integrated working will be central to improving access. The Fuller Stocktake and the Darzi Review reinforce the direction of travel that we have set out on to transform local Community Services in Coventry and Warwickshire through greater integration between primary, community and secondary care, social care and the Voluntary Community/Social Enterprise sector.

Through the local **Community Integrator** contracts, providers of services will work together with Primary Care to adopt a population health approach to redesigning care pathways in a more joined up way to support our most vulnerable and complex patients to be able to remain safely at home through access to proactive care in the community. Critical to the success will be building strong **Integrated Neighbourhood Teams**, developing multi-disciplinary teams to support local neighbourhoods. Nurturing the development of our 19 local PCNs, which bring together groups of GP practices to work together, alongside other NHS service providers, to develop services around the needs of local communities will be critical, as these PCNs will be the building blocks for Integrated Neighbourhood Team and the wider community integrator service development.

Primary Care is the cornerstone of our entire healthcare system and a fundamental system partner. Their role is vital in building strong Integrated Neighbourhood Teams and delivering effective **Integrated Urgent and Emergency Care** services, which are essential to enhancing system resilience during winter pressures and periods of high demand. Prioritising this integration is crucial; without it, there is risk of being caught in a perpetual cycle of reacting to immediate pressures, which limits the ability to invest in long-term solutions and improvements. We cannot achieve a sustainable and resilient system without the leadership and collaboration of Primary Care at its core.

System Transformation

What will change in our ways of working?

In order to improve access to services and especially general practice services, the ICS will work towards:

- **Resilient** General Practices delivering accessible, personalised, high-quality care.
- **Increased** collaborative working across partner organisations of the ICP, driving increasingly integrated models of care/service delivery, including developing new ways of working through Integrated Neighbourhood Teams empowering multi-disciplinary teams to work together in the best interest of their patients.
- **Well supported** PCNs operating with increasing maturity.
- **Increased** capability and capacity across the workforce with more focus on prevention and population health management.
- **Improved** and increased digital interoperability between primary and secondary care.

What actions are we prioritising?

In order to improve access to services and especially general practice services, the ICS will work towards:

- **Delivering** the funding guarantee for primary and community care, and continuing to maximise use of available primary care development funding.
- **Continuing** to support PCN development and build strong Integrated Neighbourhood Teams bringing together patient focused multi-disciplinary teams.
- **Working** with our local Community Integrator service providers to better integrate services across primary, community and secondary care, taking a more proactive and preventative approach to health care.
- **Integrating** Urgent Care services to bridge the gap between Primary and Secondary care services to provide seamless 24/7 access for patients.
- **Developing** our local Population Health Management programme empowering local delivery.
- **Expanding** community-based services.

Financial Strategy and Resource Allocation

Effectively managing and utilising resources as an Integrated Care System is crucial to achieving the strategic priorities and ambitions. To make meaningful progress on prevention, improving access, and addressing immediate system pressures, the ICS must be prepared to make challenging decisions regarding resource reallocation. The principle of 'left shift' will be central to this approach. If as an ICS we are to seriously address health inequalities and invest in prevention, we must fundamentally rethink how and where we allocate funding.

This means moving away from a traditional, historical, incremental budgeting approach and adopting a resource allocation model that redistributes funding to areas with the greatest health needs. The Integrated Health and Care Delivery Plan reflects this commitment by prioritising funding growth for primary, community, and preventative services over traditional acute, hospital-based services. The aim is to maintain acute expenditure at current funding levels (flat cash), thereby reducing its share of the total system allocation and enabling a greater investment in primary care. This is consistent with Darzi's message that systems should 'hard wire' financial flows into Primary and Community care.

Strategies to Achieve the 'Left Shift'

We will employ several financial and commissioning strategies to deliver this shift in resource allocation:

- **Allocative Strategy:**
  We will seek to implement a top-slice of the ICB's allocation to ringfence funding growth for primary care services, ensuring it is directed to areas of greatest need.

- **Targeted Investments:**
  We will prioritise investments in primary care estate through 'Here and Now' funding, maximising the ICB's access to s106 and Community Infrastructure Levy (CIL) funding associated with new housing developments. Investing in digital infrastructure and capability to support primary care delivery models. Continue investing in Coventry and Warwickshire Training Hub.

- **Commissioning Intentions:**
  Newly commissioned services will be designed with a focus on prevention and delivered in community-based settings to better meet patient needs.

- **Lead Provider Requirements:** Contract incentives will be structured to promote collaboration between providers, enabling resources and activities to shift from secondary to primary, community, and voluntary care settings.

By implementing these strategies, over time the ICS aims to create a sustainable financial framework that supports a holistic approach to healthcare delivery, reduces reliance on acute services, and ensures our resources are deployed to have the greatest impact on health outcomes and inequalities.

4

What we will deliver

Primary Care **Transformation**

Primary care in Coventry and Warwickshire sits at the heart of health care provision across our system. In creating this strategy, PCC and the ICB Primary Care Team seek to highlight the issues and challenges facing primary care currently as well as outlining potential opportunities and solutions to support primary care into the future.

The strategy sets out how support will be provided to all scales of primary care in Coventry and Warwickshire to provide greater resilience that will protect individual practices and support them to deliver the best possible care for their population.

The work being done on a national level to improve funding for core services is acknowledged and though feel this work sits outside this strategy. PCC offers full support to our LMC and GPC colleagues leading on this work.

- Our strategy seeks to capture best practice and innovative ideas from across the system and create a menu of options to support the dissemination of these ideas.
- The strategy highlights opportunities to consider working together at different scales to support practice resilience and improve patient pathways. Delivery will be provided at the most local possible level where it makes sense to do so.
- Digital solutions are key to supporting true transformation and we will prioritise the identification and implementation of digital solutions to support managing demand and improving capacity as well as improving integration across our systems to facilitate the patient journey.
- The strategy looks to create opportunities to enable primary care to improve dialogue and engagement with wider stakeholders to help co-design delivery of care and services at a neighbourhood level.
- Primary Care will embrace collaborative working - this is key to ensuring pathway redesign anywhere in the system considers the impact on primary care and quantifies the resource required to deliver the pathway. Primary care will be an integral part of the development of pathways looking at the delivery of care closer to home to meet the strategic health care needs of our population.
- Data and a population health needs approach will be at the centre of pathway redesign and we will be explicit in articulating the need for the resource to follow the patient.
- Workforce challenges will be clearly articulated, seeking innovation, for example, cross–organisational employment models will be considered to increase opportunities for our workforce, support portfolio careers and resilience and improve integration.
- Coventry and Warwickshire Training Hub will continue to deliver programmes of work to attract, support, develop and retain our workforce and ensure the health and well-being of our staff is a priority in our system.
- Primary care leadership will be supported to have the time to innovate and consider the opportunities available to our sector, ensuring the governance structures and decision-making processes are clearly articulated to support our clinical leadership, creating an open and transparent environment that enables all our stakeholders to have a clear understanding of our processes.

Coventry and Warwickshire
Integrated Care System

ICB Role in Primary Care Transformation

Aims

- The ICBs overall objective is to enable improvement and transformation in primary care so that services are more sustainable, and so they provide improved experience and outcomes for patients and are a positive environment for staff to work in.
- To do this, the ambition is to co-design and implement a shared model of Primary Care transformation, that enables biggest impact – through greater alignment and partnerships at all levels.
- The ICB Primary Care team have strong local knowledge, trusting relationships and detailed understanding of all aspects of primary care and are essential in supporting general practice to function effectively. Their role is to support implementation of best practice and innovative ways of working and transformation in general practice.

Innovation in Primary Care

- General Practice is adaptable and proactive. Practices, PCNs and primary care at scale have developed solutions to local health care needs and gaps working alongside health and care colleagues.
- These developments and systematic transformation have led to improved care, reduced health inequalities and using technology and staff skills have increased capacity through multiple ways of accessing advice and care.
- This innovation can and should be available to all practice and PCNs of every size and demographic through a programme of continuous development.

Primary Care Transformation – Model

National Programme - The national General Practice Improvement Programme (GPIP) and Modern GP Access (MGPA) has been introduced into 80% of practices in Coventry and Warwickshire, and has attracted £1.5m transformation funding to support practices and PCNs. These practical development programmes have supported building core skills in managing and implementing change, especially focussed on supporting practices to improve care navigation and clinical triage workflow to assess patient needs and better aligning existing capacity with demand including optimising use of the multi-disciplinary team.

ICB role: Build on current ICB support and national programmes to create a local programme of support that will help all practices and PCNs to develop and maximise opportunities. This will involve ICB teams, Coventry and Warwickshire Training Hub, Practices, PCNs and Federations to share learning, develop skills and utilise all of the tools available to improve patient care and support the increased workload seen in General Practice.

Key Ingredients of Model:

Trust
Transparency
Regular communication
Clarity and sense checking
Shared accountability
Shared networks
Role modelling
Integration and equity 'championing'
Matrix working and embedded expertise
Distributive leadership

Delivering the national recovery plan for Primary Care and supporting productivity and quality

As set out in the Coventry and Warwickshire Integrated Care Strategy, one of the system's key priorities is improving access to health and care services and increasing trust and confidence. Through the engagement that the ICS undertook to support the development of the Integrated Care Strategy and the Strategy Group to support this document, we have heard a lot from local people about the importance of timely and simple access to joined-up health and care services when they need them. People have told us about the challenges and frustrations that they currently experience accessing a range of different services – in particular, the importance of access to general practice services. The strategy sets out our transformation programme and target operating model as the sector's vehicle for change.

The Integrated Care Strategy is honest about the challenges that we are facing as a system and primary care as a sector. Specifically, rising patient demand, financial pressures and increasing workforce shortages. While these impact on our ability to improve access to services, we remain positive about the opportunities to deliver new and innovative methods of delivering General Practice services through face-to-face, online and telephone appointments from an increasingly varied and professional workforce. In Coventry and Warwickshire, we are clear that the future of General Practice is to adapt and develop, to support the needs of our patients. Both the ICS and Primary Care as a sector believe that the new structure of the NHS creates the opportunity to accelerate work already underway to deliver a much more integrated way of working, enabling partner organisations of the ICP to respond to the needs of local populations within available resources, to improve patient care, outcomes through access to services.

ICB Primary Care Access Recovery Plan Process

To oversee progress against the national recovery plan the ICB Primary Care Team have produced a Primary Care Access Recovery Plan and associated governance/reporting arrangements (reports are made to the ICB Primary Care Group that maintains oversight and governance). The recovery plan focuses on four domains:

- **Empowering Patients** so that patients can manage their own health using the NHS App, self-referral pathways and more services offered from community pharmacy.
- **Implementing** Modern General Practice Access to take the 8 am rush, provide rapid assessment and response.
- **Building Capacity** to deliver more appointments from more staff and add flexibility to the types of staff recruited and how they are deployed.
- **Cutting Bureaucracy** to reduce the workload across the interface between primary and secondary care.

Delivering the national recovery plan for Primary Care and **supporting productivity and quality**

ICB Productivity and Quality Assurance Process for General Practice

Alongside this the Coventry and Warwickshire Primary Care Sector is committed to improving quality in General Practice and the ICB Primary Care Team has established a process for supporting productivity and quality improvement. This provides a uniform supportive approach to managing practice quality and assists in delivering a strong and resilient primary care services looking ahead to the future. The productivity and quality assurance process seeks to:

- **Provide oversight**, assurance, and flag risks at the earliest opportunity by identifying service metrics that, when benchmarked, are highlighted as being in the lower quartile.
- **Provide support**, training and, where necessary challenge, to improve access and care to the patient population and improve the resilience of general practice
- **Support a culture** of learning and quality improvement that identifies health inequalities, informs training, shares examples of good practice to reduce inequality across the system.

The process dovetails with the ICB Quality Assurance Process. Again, reports are made to the ICB Primary Care Group that maintains oversight and governance. Moving forward we will review and enact the recently published NHSE Primary Care Safety Strategy.

Our target **operating model**

- To evaluate the challenges and maximise the opportunities for general practice we have considered four key segments of service delivery.
- The Coventry and Warwickshire target operating model supports efficient, patient–centred and sustainable healthcare delivered consistently by general practice as a sector.
- The operating model is structured across four key segments: urgent non- complex care, urgent complex care, non-urgent planned care and non-urgent proactive care.
- The operating model sets out some current examples of good practice but also highlights the need to be more ambitious and proactive in finding solutions to improve patient care and support primary care.
- The key ambitions for our operating models outline potential areas of focus. These will help inform the transformation plan and link into some key areas of integrated work across the system.
- This list is by no means exhaustive and does not set out the programme of services to be developed. It simply provides a starting point to support the development of a delivery plan and will require review to consider the changing needs of primary care.

Vision/ Strategy → Target Operating Model → Day to Day Operations

A **target operating model** is a design for how an organisation can **execute a strategy** through its **operations**.

It represents how different components of the organisation will **fit together** and **work in practice**

Urgent Care

Non-complex

Complex

Non-urgent Care

Planned

Proactive

Design Principles

1. **Patient Centred Care:**
   Adapt care to individual needs / preference / values / goals

2. **Integrated Care:**
   Provide seamless, coordinated communication between teams that supports efficient delivery of patient centred care

3. **Accessibility:**
   Increase productivity through appropriate use of primary care staff skill mix - RIGHT PERSON FIRST TIME

4. **Coordinated Proactive Care for patients with complex needs:**
   Manage whole patient pathway through a coordinated MDT

5. **Helping people stay well for longer:**
   Prioritise preventative measures and early intervention that empowers patients to take control of their health

6. **Managing variation in care:**
   Provide a consistent offer to improve outcomes through universal health care offer

7. **Innovation:**
   Innovative and collaborative design and delivery to create efficient and comprehensive systems to enable care

8. **Supporting our workforce:**
   Recognise the stresses of work on individuals within the system - acting to support and improve workload related mental health & well-being

9. **Quality and Safety Assurance:**
   Maintain the highest safety and clinical quality standards, with robust systems for continuous improvement and zero tolerance for preventable harm

10. **Informed Decision Making:**
    Utilise data analytics and patient feedback to refine processes, ensuring informed, transparent, and patient-focused care.

11. **Financial Sustainability:**
    Operate in a way which maximises value for money for the NHS and the public, maximising outcomes with limited resources

Operating Model Summary

Key Ambitions

Urgent Non-complex Care

- Evaluate and measure daily impact on individual practices
- Population health management to baseline need and understand impact of pathway redesign
- Review and evaluate effective digital solutions – practice / PCN / place and system level
- Support review of urgent services across system including GP out-of-hours
- Support patients in choosing right access point
- Consider and create options to deliver urgent, non-complex care at practice, PCN, place and system including development of single points of access if locally agreed/desired with general practice

Urgent Complex Care

- Primary Care at the centre of the development and design of community integrator programme
- Improve integration with community services, voluntary sector etc
- Support the development of funded primary care support to urgent response teams
- Consider options for delivery of urgent care at PCN and place level
- Consider expansion of paramedic visiting service across system and delivered at place level
- Focus of the proactive management of complex patients to minimise unscheduled urgent care

Non-urgent Planned Care

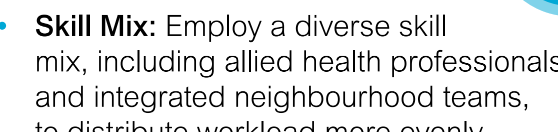
- Support practices to evaluate the efficiency of how they deliver planned care
- Create library of delivery solutions
- Expand diabetes model to include other chronic conditions like COPD and heart failure
- Support primary care to deliver funded intermediate care
- Apply financial models that support the movement of resource to deliver care in practice
- This will improve efficiencies across system and decrease activity in secondary care

Non-urgent Proactive Care

- Primary Care at the centre of the development and design of community integrator programme
- Develop local relationships to empower local communities and tackle loneliness
- Use population health programmes to identify patients most likely to benefit from a proactive approach
- Use population health programmes alongside patient engagement to evaluate impact of interventions
- Support the development of Integrated Neighbourhood Teams Primary, community and secondary care, mental health, councils, voluntary sector, community groups and social prescribers
- Use technology and digital solutions to support these pathways
- Support community engagement initiatives to ensure sustainability and amplify the patient voice

Urgent Non-Complex Care

The Problem



- General practices face significant challenges in managing immediate and necessary urgent non-complex care due to a mismatch between available resources and growing demand
- Issues include high patient volume, varying definitions of ‘urgent’ care, inconsistent approaches, limited workforce capacity, and physical space constraints
- Variety of available services and entry points leads to confusion, duplication of efforts
- Seasonal demand fluctuations makes planning challenging
- Communication gaps between services limits interoperability
- Effective triage is needed to ensure patients see the right clinician as close to home as possible
- Maintaining continuity of care is desirable

Options

- **Skill Mix:** Employ a diverse skill mix, including allied health professionals and integrated neighbourhood teams, to distribute workload more evenly
- **Investment in Infrastructure:** Invest in physical infrastructure and technological tools, such as digital triage systems and shared electronic health records, to improve service delivery
- **Policy and Support:** Support innovative care models, with funding following the patient. Ensure contractual framework to support this
- **Patient Education:** Implement ongoing education campaigns to inform patients about the appropriate use of urgent care services and the roles of various healthcare providers
- **Tailored Support:** Provide tailored support to practices based on their specific needs, considering local population demographics and preferences for more personalised and effective care solutions

Examples

Hot Hubs

- During COVID and more recently during the scarlet fever outbreak there were hot hubs set up to take the burden off practices. These were run by Practices, PCNs or at scale providers depending on capacity and resources. This allowed for patients to be seen quickly and in isolation thereby protecting other patients and minimising the workload impact on surgeries.

Extended Access

- The current model allows for this to be delivered by practices working together, PCNs or GP Federations. The level at which it is delivered is dependent on the practices or PCNs appetite, capacity and skill mix to deliver the service with the same service provision and availability across the patch. There is IT integration via EMIS community and parity of funding.

Respiratory@home service

- Providing step up and monitoring of patients with respiratory conditions and prescribing of anti-virals at a system scale. Integrated with secondary care.

The ask and offer

Ask:

- Support and resourcing for integrated digital solutions and technological infrastructure
- Investment in estates and workforce development
- Flexible regulatory frameworks and contracts that allow different delivery models
- Meaningful engagement with community organisations to enhance care delivery
- Funding that recognises activity along with equity of funding across the system
- Impact assessment of any solutions on General Practice and funding to mitigate this if needed

Offer:

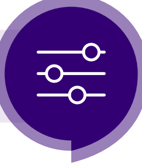
- Improved patient access leading to better outcomes and satisfaction
- Efficient resource utilisation and workload distribution
- Enhanced continuity of care through shared records and digital integration
- Effective management of urgent non-complex care, ensuring the right patients see the right clinicians in the correct time frame

Urgent Complex Care

The Problem

- Ageing population means more patients with complex conditions exacerbating more
- **Lack of continuity:** When their condition deteriorates, this patient group is often unable to access medical care from clinicians who know them. This leads to 'treading water', over investigation and loss of risk management
- **Lack of incentives to keep people out of hospital**
- **Lack of integration:** Urgent Response Services and Social Care are not well integrated in Primary Care
- **Lack of awareness of General Practice skill sets:** The vast experience and expertise of GPs in managing uncertainty and complex patients is not always understood and valued by the other parts of the healthcare system
- **Lack of Workforce:** We do not have enough available staff to manage these complex patients when they become urgently unwell
- **Lack of accessible data:** Identification, coding, classification and registers for frailty has no common set of criteria agreed
- **Lack of baseline funding:** Practices with high levels of frailty and complexity receive very little additional payment

Options



Better continuity:

- It is impossible for every GP to be available 24/7, but better integration/organisation into neighbourhood teams (urgent response, out-of-hours GPs and frailty nurses) would help continuity
- Freeing up GPs from unnecessary bureaucracy and management of low acuity conditions would create more availability to support the complex patients when urgently unwell
- Moving to a model where the GP is the 'Primary Care Consultant' would help with ownership and accountability. This model would mean the GP doesn't have to see all the patients and do the 'doing' of healthcare themselves but be available on a consultative basis, maximising wider workforce skillset as part of general practice. The patient would still feel they are under the care of their usual GP, proven to improve outcomes and satisfaction

Left shift of finances where hospital admission is prevented.

Improve Integration: Urgent Response Services could be integrated into primary care, probably through the vehicle of neighbourhood teams.

Develop extended GP and ACP roles for frailty.

More integrated out of hours provider.

Multi-disciplinary teams: Formalise and fund MDTs to improve patient care. The 'doing' should not all fall to general practice.

Dashboard for frailty and complex medical patients.

Examples

- **The Foundry Health Centre** - Systematic triage identifies vulnerable or complex patients where continuity is paramount.
- **South Warwickshire Frailty Nurse Service** - Frailty nurses, employed by SWFT, are integrated into PCNs and work with the Practices to improve continuity of care when Care Home patients become unwell. They focus on proactive care to try and prevent admissions.
- **PAVS** - Paramedics support the GP Practices in Coventry and Rugby by providing a home visiting service. The paramedics are completely integrated into General Practice and work alongside the patients' usual GP.

The ask and offer

Ask:

- Financial investment and contracts to support continuity, MDTs and data services required to deliver the above options.

Offer:

- Primary Care would offer leadership, workforce, expertise and the infrastructure essential to provide this improved care of complex patients.
- There would also be a commitment to work with Secondary Care to achieve shared goals – such as reductions in unnecessary hospital admissions and providing best value when spending the Coventry and Warwickshire Pound.

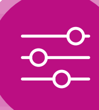
Non-Urgent Planned Care

The Problem

Workload demands that we prioritise responsive care a lot of the time if we can't do all

- Planned care offers are often under-resourced, such as an enhanced service that does not cover the costs to a practice of providing the service
- Patients may not feel the need to engage with services that do not offer immediate or obvious benefits, and low uptake has an adverse impact on population health and GP funding streams
- Funding streams may be discontinued after a period of time, after the practice has put the pathway in place. The provision of this pathway is then expected to continue, but without the necessary funding
- Overcomplicated solutions proposed such as unwieldy and time-consuming templates that need to be completed in order to obtain payment
- Variation between practices in provision of services that are not core GMS but may provide best practice
- Negative media or social media content affecting engagement with services
- Current service provision may not fit with patients' lives, for a service that is not responding to a tangible problem

Options



- **Creative provision within practices** - Practices will be provided with opportunities to share best practice when they produce a novel and more effective way of providing planned care with a smaller impact on their available resources. Good relationships will be nurtured between practices at PCN and place level, so that these ideas can be shared.
- **Partnering with other practices** - Practices will be enabled to join in providing joint services, sharing provision of services to open additional availability to patients whose lives do not fit in with core hours.
- **Partnerships with other community providers** - Practices or groups of practices will have the technical and contractual support in building partnerships with community providers to share service provision, increasing uptake and spreading workload.
- **Working at scale** - Larger groups of practices on a PCN/place/ICB footing will be supported to work together to provide a planned service that meets the needs of the population for that area while utilising economies of scale and reducing individual practice workload.
- **Partnerships with secondary care colleagues** - Sharing of resources previously channelled into acute services, to provide specialist support to more efficient/locally provided clinics.

Examples

- **May Madness** - creative provision of annual chronic disease reviews during the quieter summer months at practice level, retraining and deploying under-used staff such as minor illness ANP to do these, with secondary care partnerships created to support expert care in complex cases, e.g. endocrinology support for complex diabetic reviews.
- **Smear Super Saturday** - collaboration between neighbouring practices to provide hybrid drop-in/pre-bookable smear clinics on Saturdays for their own and each other's patients to maximise availability for women with busy lives, jobs and families to attend on the most convenient day. Shared staff, equipment and space.
- **Rugby, Locke House** - at scale working across a whole Place footprint which provided covid vaccinations to the whole of the Rugby population during the pandemic. This could be remodelled to create a vaccine hub for other campaigns such as the combined flu/covid/RSV offer this winter, easing the burden on practices during the busiest months and providing an efficient and cost-effective collaboration between all 12 practices.

The ask and offer

Ask:

- Functional IT solutions - to enable sharing of ideas and service provision between practices, across neighbourhoods, wider regions where appropriate.
- Effective data sharing agreements that enable cooperation without impacting patient data.
- Estates provision to enable more efficient/creative working models, particularly at-scale.
- Support from secondary care colleagues with the development of more complex skills in the management of chronic diseases in primary care, and in providing timely advice and specialist skills in partnership with the primary care teams providing these reviews.

Offer:

- Collaborations with secondary care teams to support new models of care in primary care.
- More preventative care and better managed chronic disease burden significantly lessens pressure on acute services including secondary care
- More positive relationships with secondary care teams enabling smoother communication and seamless care provision for patients between sectors
- Reduced acute illness burden on primary care due to better managed chronic disease, creates increased capacity & reduces overflow demand on secondary care/UEC services

Non-Urgent Proactive Care

The Problem

- Our ageing population puts significant demand on our system due to increased complexity and recurrent exacerbation of significant conditions
- Multiple contributing factors and competing priorities, making management plans complex
- Individualisation is key to improving outcomes
- The current system struggles with effective communication and coordination among various care teams, leading to duplicated efforts and lack of continuity
- Additionally reduced mobility, digital exclusion, and unmet needs of carers further complicate the provision of optimal care
- Disjointed care can leave patients feeling isolated and disempowered

Options

- A personalised approach to care planning is essential, placing the patient at the centre of their care team to ensure access to necessary services
- Improved staffing levels, training, and resources are crucial for building resilient and effective proactive care teams
- Services should be delivered closer to patients, including home-based assessments, while fostering community interaction and development
- Integrating digital solutions and empowering patients with digital skills can enhance connectedness and independence
- Collaborations with local communities, councils, and volunteer organisations can address isolation and loneliness and build resilience

Examples

Warwickshire North Community Engagement with local faith groups

- We are engaging with our local faith and community leaders and system Partners to understand and reduce health inequalities in Warwickshire North by collaboration and the outcomes when we all work together is very powerful.

Nuneaton and Bedworth - Compassionate communities project

- Developing integrated neighbourhood teams and building community connections to support patients within Warwickshire North.

Rugby mental health & Well-being service

- Multidisciplinary service supporting patients with less serious mental health and well-being concerns. Team includes mental health practitioners co-employed by Rugby Health and CWPT, occupational therapists delivering physical and mental health occupational therapy, social prescribers and health well-being coaches. The care and support delivered is personalised to meet the needs of the individual.

South Warwickshire Frailty Nurse Service

- Frailty nurses, employed by SWFT, integrated into PCNs and work with the Practices to improve continuity of care when Care Home patients become unwell. They focus on proactive care supporting patients, carers and families.

The ask and offer

Ask:

- Support with development of operational groups (founded on principles of compassion and collaboration) to drive proactive care improvements and engage with local partners and stakeholders.
- Financial investment and appropriate contracts and services to support personalised care pathways and implement agreed quality standards.

Offer:

- Provide leadership in creating the pathways.
- Provide clinical leadership to deliver an integrated approach to care.
- Prioritises patient and carer involvement, leverages community resources, and utilises digital solutions to enhance patient well-being. By fostering shared learning, mutual respect, trust and strong leadership, we can build resilient sustainable teams and create a healthcare model that meets the complex needs of our ageing population.

Wider Primary Care – Pharmacy, Optometry and Dental

Overview

A national direction has been set to integrate all four pillars of Primary Care; General Practice, Community Pharmacy, Optometry and Dentistry. All of these providers, working together have a critical role to play in the delivery of improved models of care. The ICB Primary Care team supported by the Office of the West Midlands contracting and commissioning team for pharmacy, optometry and dental, will work to design effective operating models to integrate and design services across care pathways that better meet local needs.

Our vision

- To build stability and resilience across our NHS Pharmacy, Optometry and Dental services
- To improve access to these service providers for the local population
- To reduce health inequalities

Decision making

Due to national regulations, there are few opportunities for ICBs to make significant changes to service delivery. Managing contractual relationships will be guided by nationally stipulated standardised frameworks, but the ICB will use local judgement and flexibility to develop the strategic direction.

Governance structures

A Governance structure has been proposed that enables the ICB to set the annual plan and strategic direction of the Pharmacy, Optometry and Dental functions and make localised decisions where possible. To achieve this the ICB are working with the local Pharmacy, Optometry and Dental committees, alongside clinical networks, chairs and public health to develop a mid-term strategic and operational plan that will meet the needs of patients, contract holders and integrates with other system health care providers. This will be co-designed and then delivered through quarterly provider forums and a quarterly joint four pillars of primary care collaborative forum will be formed in late 2024 that will drive the integration and service delivery agenda, feeding into the current Primary Care Collaborative.

Coventry and Warwickshire
Integrated Care System

Pharmacy

Successes

- Roll out of the Pharmacy First initiative in 2024 so that patients can access prescription-only medicine without needing to visit a GP e.g. for UTI treatment. 183/186 pharmacies in CW signed up.
- Upskilling of community pharmacists so that more pharmacists are able to make prescribing decisions without patients having seen their GP first.
- Expand GP Connect to enable GP practices to share and view health records and appointments.

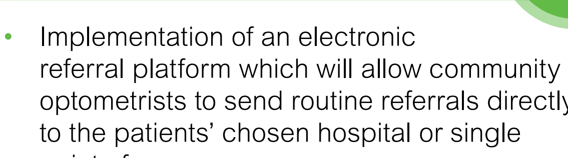
Opportunities

- Coordinated approach and improved IT between General Practice and Pharmacies to increase pharmacy first activity and support patient access.
- Build relationships with PCNs to maximise service opportunities.
- Supporting self-care, health promotion; role in prevention including smoking cessation.
- Develop training and support offer for pharmacists.
- Local Pharmacy Committee, Network chair and ICB will jointly design a local operating plan for pharmacy resilience and service improvement.

Challenges

- Threat of pharmacy viability due to national contract changes. Many making a loss leading to closures.
- Recruitment issues, most pharmacies have vacancies.
- New Pharmacists will be independent prescribers needing significant supervision.

Optometry



Successes

- Implementation of an electronic referral platform which will allow community optometrists to send routine referrals directly to the patients' chosen hospital or single point of access.

Opportunities

- Utilise skill and capacity in Optometry workforce, who have both skills and capacity to receive and treat patients with eye complaints
- Working with our primary and secondary care providers to explore ways in which primary Optometry services can be expanded to alleviate system pressures and contribute to better access and experience for patients.

Challenges

- Competition introduced and deregulation of dispensing, changed the entire landscape. Made it very hard to be profitable.
- It is the cross subsidy of selling glasses and lenses that is subsidising the cost and funding for the eye exam.
- Relationship and feedback from acute providers sporadic at best following a referral for abnormalities.

Dental

Successes

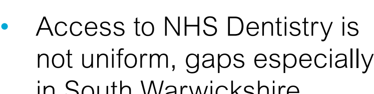
- C&W 2nd best performing ICB for Dental access and recovery in England.
- Continuing to undertake oral health assessments and increase dental hygiene in children and young people - targeting prevention interventions.
- New patient premium has increased number of patients with an NHS dentist.

Opportunities

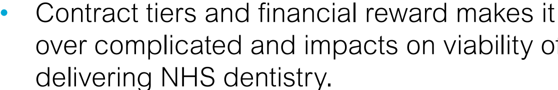
- Further expansion of the Flexible Commissioning scheme which provides care for patients from underserved communities.
- Need quicker and more Units of Dental Activity UDA flexibility to support activity across the system. How meet needs in rural and more affluent areas.
- Workforce – better in C&W than some areas – Coventry University are looking to expand training into dental teams including nursing- this is an opportunity the system needs to maximise alongside links to the Coventry and Warwickshire Training Hub.
- Addressing the impact of social inequality for not only dental decay, but also tooth loss, oral cancer, oral health and on people's quality of life particularly in early years under 5.
- Jointly develop the Oral Health Needs assessment with Public Health and Dental colleagues to support a future strategy.

Challenges

- Access to NHS Dentistry is not uniform, gaps especially in South Warwickshire.



- Contract tiers and financial reward makes it over complicated and impacts on viability of delivering NHS dentistry.



- Dental incomes have dropped and therefore private practice is far more attractive – for a practice to work it must also undertake private work.

5

GP Provider Development and Communication

GP Provider Development

General practice embodies a culture of cradle-to-grave care, emphasising relationship-based care, generalist expertise and multidisciplinary teams to improve population health. As health and care needs become more complex and the challenges in health and care change, the system and primary care must strive towards a whole-person approach to care delivery: delivering more services closer to people's homes, personalising care, preventing ill health and addressing the wider determinants of health.

The future sustainability of primary care will depend on its ability to make a positive impact on workload, workforce and infrastructure challenges, as well as the ability to transform to meet the changing needs of patients and the growth in the use of technology. It is key to preserve the fundamental core elements of general practice, while supporting general practice at scale, harnessing collaboration and partnership working.

General Practice and the ICB continue to support the valuable role of the partnership model where it is working well alongside this, more needs to be done to allow for the flexibility of an evolving primary care landscape that creates infrastructures that work for that local area.

There is a clear policy direction from the national team of NHSE towards Primary Care provider collaboratives and the drive towards delivery both locally and at scale. The ICB will support development of General Practice providers whether at practice, neighbourhood, place or system level to drive the agenda of collaborative working including, Integrated neighbourhood teams aligning to a single population catchment or locality with other health, social, community and voluntary organisations. The Geographical and provider Collaboratives are well placed to drive forward this agenda.

Key is that there is a strong voice from primary care at system level to influence decision making and support the shift towards upstream preventative care and activity out of hospitals. The delivery of these services can be at the most local scale, but population health planning and reduction of health inequalities across the system may require PCN scale or larger to have the ability to deliver a range of services more efficiently and effectively.

Primary Care **Collaborative - PCC**

This strategy sets out the principles and ambitions for primary care into the future and creates a framework to provide guidance for primary care leadership. The Primary Care Collaborative is the system wide body representing primary care in the system. Its key priorities are:

- To act as an expert reference group to the ICS around general practice issues.
- To act as an expert reference group to the ICS (including formal boards and groups) around general practice issues.
- To act as a single point of contact for general practice engagement representing grassroots general practice views through a clear and co-ordinated voice.
- To develop mechanisms to ensure that general practice can influence, contribute to and/or respond to all ICS changes and developments.
- To share information and communicate on national and local ICS areas of strategy, planning and development impacting GP practices and PCNs.
- To support the delivery of general practice in the ICS, including the alignment of ICB resource.
- To promote and facilitate GP providers to share learning to ensure equity and consistency of innovation.
- To provide a forum for ICS workstreams and programmes to engage with general practice around future proposals and areas of transformation.
- To support and coordinate general practice (clinical and non-clinical) representation in ICS workstreams and programmes.
- To play a leading role in the design/ development of the Coventry and Warwickshire Primary Care Strategy, supporting the implementation of the aligned delivery programme once approved.
- To support the development of PCNs and Place based working.

The Primary Care Collaborative comprises:

- 1 PCN Clinical Director per Place nominated by the CDs in each place
- 1 other general practice representative per Place as nominated by the practices within that Place (election process run by the LMC);
- 1 representative per Local Medical Committee nominated by the LMC in each place;
- 1 representative per local GP Federation/at scale general practice provider;
- 2 Primary Care ICB Partner Board Members
- 1 representative from the ICB Chief Medical Office
- The ICB Chief Integration Officer, Director and Deputy Director of Primary Care, and members of the ICB Primary Care Team

The members of the Primary Care Collaborative (PCC) come together in a strategic role to represent the view of primary care and to provide leadership on behalf of primary care. The strategy creates the framework to support this. The leadership need to be empowered to provide the collective view of primary care when representing PCC across the system including in other collaboratives.

The PCC has worked through its core values and all meetings are reviewed against these to ensure all members adhere to these.

In keeping with NHSE guidance, conflicts of interest are clearly articulated and a register of conflicts of interest is maintained. We recognise that all members of PCC have potential conflicts of interest but, as per guidance, interests need to be managed sensibly and proportionately. This strategy has described governance structures and processes to provide the level of transparency required for primary care and all stakeholders to understand how primary care leadership functions. This also empowers the leadership to carry out their duties and roles within a clearly defined process.

Primacy of Place

To support the strategic leadership at a system level, whilst ensuring the **primacy of place (across our four places) for primary care** we would recommend three structures at each place level as our future state, reviewing existing place structures and building on these.

Place Clinical Leadership Groups

- Partnership group - Primary/Secondary care/ Mental health
- Centre of pathway design
- Population health led
- Resource availability to ensure cost-effectiveness
- Supported by operational structure to develop and progress pathways

Provider Operational Interface Groups

- Partnership Group - Primary and secondary care leadership, LMC, senior management support across all organisations
- Operational and low-level issues that have major impact
- Ability to bring about change

Place Based Primary Care Groups/Boards

- Place leadership, CDs, primary care at scale providers, LMC, ICB representative
- Patient representative views fed through from practices, PCNs and place
- Capture grassroot views and opinions
- Empower leadership to capture place views

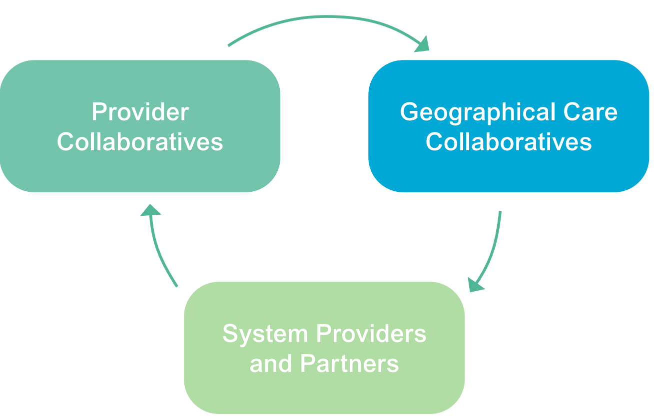
GP **Communication** Pathway

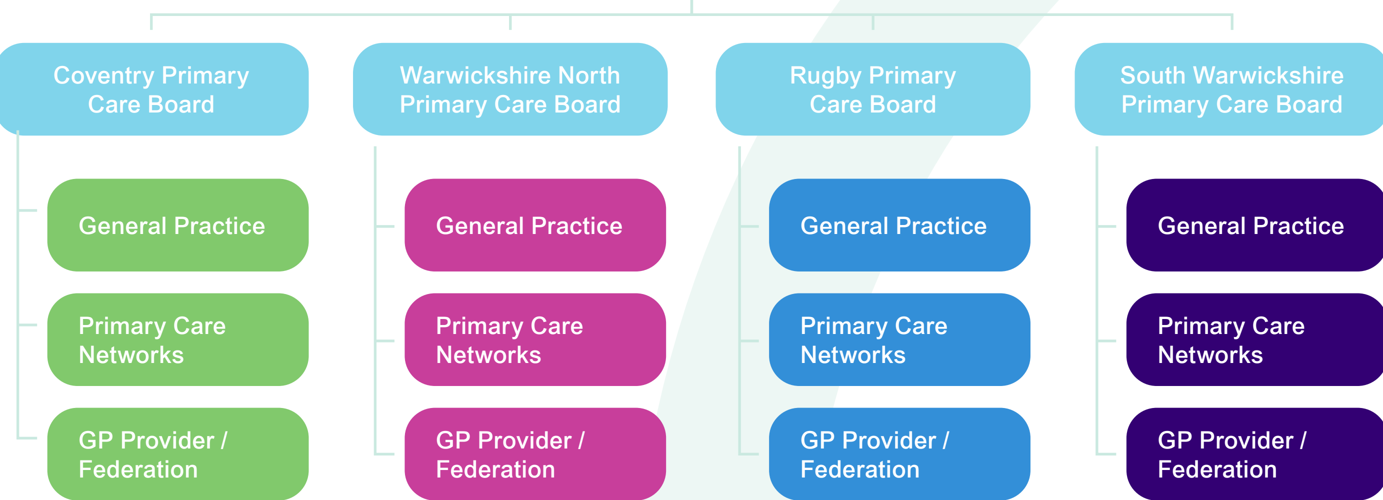
A key principle of the strategy is to ensure that Primary Care and **General Practice understand how communication will flow** between General Practice and the system. Alongside this we want to ensure the **system understands how to communicate with General Practice**. From a General Practice perspective this must be a circular flow of dialogue utilising established channels, meetings, and the leadership of Primary Care Collaborative and their representatives on our Geographical Care Collaboratives.

The communication pathway is set out in the communication structure model.

To ensure the system has a clear route of communication and can hear a single voice from general practice – the ask of the system is that the Primary Care Collaborative is used as the primary contact point for dialogue and communication.

The Primary Care Collaborative is key to ensuring the communication flow is effective, it acts as an expert reference group and single point of contact for general practice engagement representing grassroots general practice views through a clear and coordinated voice.
It provides a mechanism to ensure that general practice can influence, contribute to and/or respond to ICS changes and developments. We will ensure all Primary care leadership roles will have a link with PCC.
The Primary Care Collaborative will have representation at the Geographical Care Collaboratives to ensure the voice of primary care is at the centre of this work. There will be one PCC rep at each geographical care collaborative committee and a PCC rep from each place at the care collaborative forums. Primary care at scale providers will also have representation at the forums.





6

Key Enablers

Addressing **Health Inequalities**

Coventry and Warwickshire ICS partners, including Primary Care, want a system that effectively identifies, tracks and takes action to reduce entrenched inequalities in health and the wider determinants, by taking a population health approach, ensuring that Coventry and Warwickshire is a place where everyone starts, lives and ages well. We recognise that some groups who are disadvantaged by current arrangements may need differential access or specific targeted services to reduce inequity.

> **"Everyone should be able to access the same healthcare regardless of their colour, background or culture."**
>
> (Feedback from an engagement session held with CARAG, Coventry Asylum and Refugee Action Group)

What are we doing already?

Coventry and Warwickshire ICS has a new five-year Health Inequalities Strategic Plan which provides an important foundation to shape our work. The Plan sets out the commitments as to how the system will reduce health inequalities in Coventry and Warwickshire, taking account of the delivery of key elements of the NHS Long Term Plan and Core20PLUS5. The Population Health Inequalities and Prevention Board, supported by the Inequalities Delivery Group that come together to strategically align and drive forward this work, are supported by the creation of two new Health Inequalities Programme Manager posts aligned to Place.

A range of programmes and strategies relating to health inequalities exist across Warwickshire and Coventry, including Tackling Social Inequalities in Warwickshire (2021-2030) and the emerging One Coventry Plan and work of the Marmot Partnership. It is hoped that our Primary Care Strategy alongside the ICS Integrated Care Strategy and the Integrated Health and Care Delivery Plan will support in aligning work to ensure an integrated and coordinated approach to tackling health inequalities across Coventry and Warwickshire; embedding action to reduce health inequalities across all programmes of work will be key to achieving our goals.

What will change in our ways of working?

- Action to tackle inequalities will be embedded strategically and operationally across the system, making it core to the work of the ICS and built around Core20Plus5, ensuring it is at the heart of decision making and prioritising.
- We will build a culture of prioritising those in greatest need and an understanding that health inequalities can only be addressed in a systematic system-wide way and by taking a population health approach. This includes reducing inequalities being key to decisions on the prioritisation and allocation of resources.
- Service provision and preventative activities will be aligned with intelligence around the wider determinants of health and existing inequalities.
- All of our services will be planned and delivered in an inclusive way, encouraging innovation and community co-production through design.

> **Prioritising prevention and improving future health outcomes through tackling health inequalities**

Population Health Management - PHM

Population health management is a critical function of our integrated care system and the foundation to building a healthier future together. It is an approach which aims to shift the focus from reactive to proactive, preventative care by understanding the drivers of ill-health and inequalities and predicting who might be at risk in the future.

The Coventry and Warwickshire Population Health Management Roadmap sets out the local vision for PHM to *"empower everyone to live well by joined-up, proactive, data-driven health and care"*. The PHM Roadmap outlines the actions that our system will take to spread, scale and sustain PHM capabilities across our system, aligned to the four components of the national PHM Maturity Matrix.

What are we doing already?

The ICS has made significant progress in implementing a local PHM platform, through which the system will ultimately be able to link near-real time data from a range of disparate data sources. Key information governance documentation is in place to on board data from over 100 of our GP practices on to the platform, which is currently linked to SWFT and GEH acute and SWFT community data, with plans to onboard acute and community data from UHCW within the next 12 months.

Practices have used the Platform to support the delivery of Health Inequalities projects, identify patients who best meet the criteria for funded interventions and contribute to key national programmes such as proactive care and diabetes.

The PHM transformation programme has been ongoing since Autumn 2021, following the national Population Health Management Development Programme and running alongside the implementation of our PHM platform. 7 PCNs across Coventry & Warwickshire have completed a programme of PHM coaching and development in which they identified a population cohort using linked data, developed targeted interventions for the cohort and put monitoring and evaluation plans in place.

What will change in our ways of working?

- PHM transformation with PCNs has brought primary care clinicians, secondary care clinicians, commissioners and analysts together with a common purpose. It has highlighted the shared challenges and invited different players across the system to have a conversation based on what's right for the patients. Building this sense of collaboration has now set the roots for how we can change as a system — by working together and making commissioning decisions closer to the patient and closer to home.
- PCNs will be empowered with knowledge, skills and experience in the use of PHM methodology and can use this to support and empower primary care in terms of the case for change in respect to the left shift.
- The PHM system will be incorporated in organisational development approaches, core leadership responsibilities and as a core competency for all staff. There will be coaching and support for Clinical Leads as part of the PHM transformation support offer, developing clinical leadership for PHM through the Clinical PHM Fellows.
- There will be support for PCNs with the training and development that they need in order to fully utilise the PHM platform.

> **"The PHM learning for the PCN is that it is a good vehicle for MDT building; how everyone can interact and work together."**

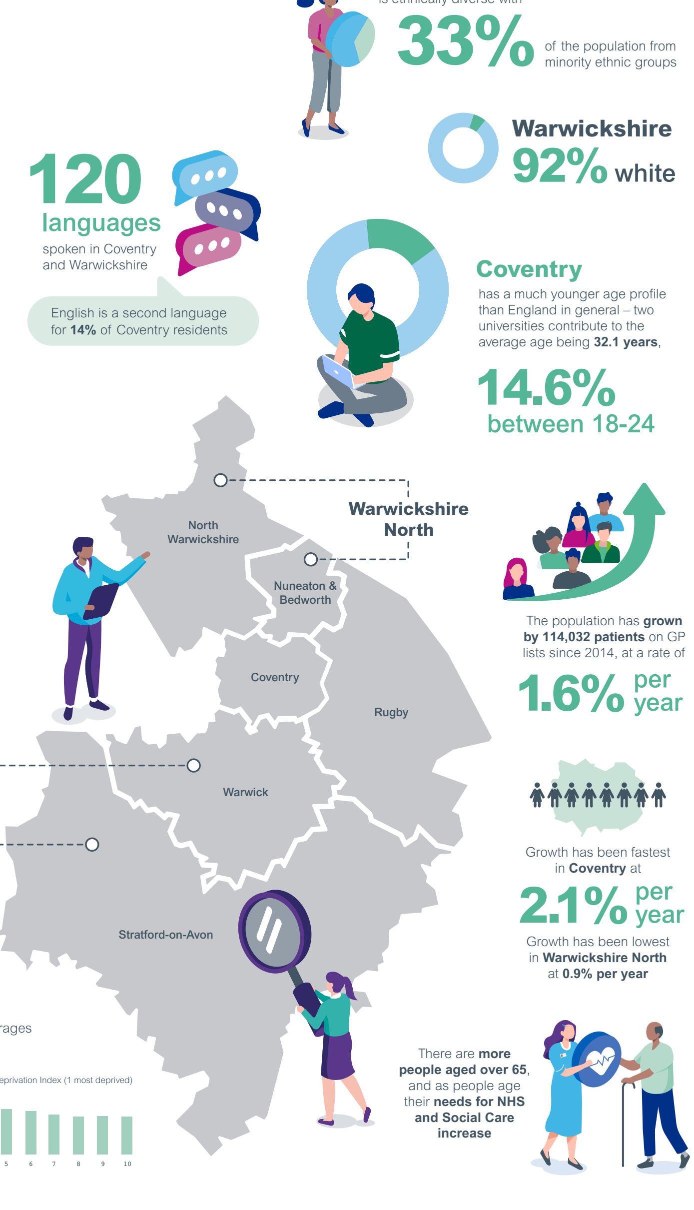
Population Health **Approach**

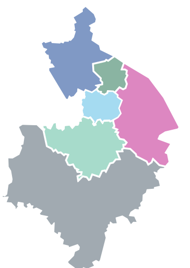
Primary Prevention and Wider Determinants of Health

The ICS is committed to seeing prevention explicitly embedded and resourced across all plans, policies and strategies for our population, supporting a reduction in inequalities and improvement in health and well-being outcomes. The Primary Care Strategy supports this and shares the same commitment.

This includes addressing the impact of the wider determinants of health across the life course, ensuring residents live in affordable and good quality homes, have access to good jobs, feel safe and connected to their communities, utilise green space and are enabled to use active travel.

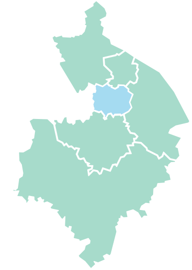
We want to deliver a whole system, all-age, person-centred approach to health and well-being, that is driven by access to physical and mental health and social care in the same place at the same time, with no wrong door, and where prevention is at the heart of all we do.





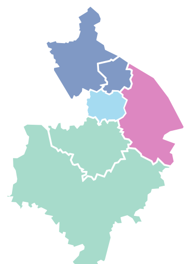
Six Councils

Resident Population	942,100
North Warwickshire	65,000
Nuneaton & Bedworth	134,200
Rugby	114,400
Coventry	345,300
Warwick	148,500
Stratford-on-Avon	134,700



Two Local Authorities

Resident Population	942,100
Coventry	345,300
Warwickshire	596,800



Four Places

GP Registered Population	1,053,898
Warwickshire North	163,993
Rugby	117,827
Coventry	432,247
South Warwickshire	338,987

4 NHS Providers

- George Eliot NHS Trust
- Coventry and Warwickshire Partnership Trust
- University Hospital Coventry and Warwickshire Trust
- South Warwickshire NHS Foundation Trust

Population Health **Approach**

Primary Prevention and Wider Determinants of Health

What the system is already doing?

The system approach based on the population health model not only recognises the interplay between wider determinants of health, health behaviours and lifestyles, the communities in which we live and the health and care system, but also demonstrates the system's commitment to addressing these vital dimensions of health across the system. The Coventry and Warwickshire Population Health Inequalities and Prevention Board brings together and aligns local action around Population Health Management, Inequalities and Prevention across the system and is a vital aspect of developing the prevention agenda.

Both Coventry and Warwickshire Health and Well-being Boards have Health and Well-being Strategies in place that are rooted within the wider determinants of health, including a focus on connected, safe and sustainable communities. The local authorities in our system – Coventry City, Warwickshire County and our district and boroughs – also have strategies and plans and programmes of work in place around prevention and the wider determinants of health. In the context of significant cost-of-living pressures, with more people struggling to cover even basic bills and food costs, protecting people from the impact wider determinants can have on health and well-being is vitally important and will undoubtedly be more effective through an integrated approach across our system.

What will change in our ways of working?

- A commitment across the system to support prevention activity, recognising the value for money of prevention and early intervention. This includes prevention and early intervention being embedded explicitly across all system, place and neighbourhood plans, policies, strategies and programmes and maximising opportunities for primary, secondary and tertiary prevention across all pathways.
- Prevention of ill-health and promotion of well-being will be the first step of every NHS and local government pathway.
- There will be an increased recognition of the need for broad partnerships and the contribution that all partners can make.
- A 'Health in All Policies' approach embedded across the system, whereby organisations adopt policies that promote health and well-being and support people with the rising cost of living, as major local employers.
- Effective coordination of all relevant health partners across the ICS to ensure migrant, refugee and asylum seeker populations receive appropriate physical healthcare, tailored mental health support and access to all services.

Digital and Data Strategic Plan

Where are we now?

- The last 5 years have seen changes in the capabilities of digital systems, the rise of digital access and patients' ability to see and interact with medical records.
- The COVID pandemic has accelerated the way care is delivered with a move towards online consultation.
- The rise of primary care networks has seen fundamental changes to the funding structure as well as the support required and opportunity for at scale working.
- Advances in population health management through enhanced analytics and data sharing has meant the patient care can now be proactive more than ever.
- IT infrastructure has evolved with the rise in cloud-based technologies.

Where do we want to be?

- Digital continues to be seen as a fundamental enabler for the Target Operating Model and the development of PCNs.
- Services will seek to utilise digital channels, including digital triage & remote consultations as the primary and preferred method for communication and patient interactions. A hybrid model that flexibly adapts to patient needs and prevent care disparities will be sought.
- Staff and residents are supported to adapt to new ways of working and champion innovation.
- Cloud-based technologies should be used to enhance the resilience of IT systems. Investing in migrating legacy systems to the cloud and a robust cybersecurity framework to protect patient data is a priority.

Primary Care must…

- Have the systems and services needed to deliver optimal care to patients from any care setting with access to the right information.
- Be assured that systems and services are safe, resilient and fit for purpose.
- Be able to extract full benefit from IT systems and services and have the ability to collaborate on the IT requirements.
- Maximise the opportunities of cloud-based telephony.
- Ensure digital health services are accessible to all patient groups, regardless of their digital literacy (to include digital training for patients and simpler interfaces for digital tools and involvement of users in design phase).
- Transform towards digital-first care through continued investment in training healthcare staff, upskilling and ongoing support, not just for clinical but also administrative teams.

Our Objectives

1 Primary Care digital systems and services

ICS requirements for primary care clinical systems and local approach to procurement.

2 Infrastructure and access to clinical desktop

Ensuring suitable, secure, compliant infrastructure that meet national and local standards and specifications.

3 Improving Citizen Access to information and Care Records

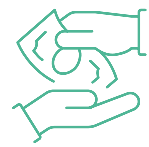
Enabling patients to self-manage their own health needs, improving access to services through the use of technology and improving health outcomes through access to information.

4 Digital Maturity, Data, Information and Analytics

Primary cares approach to Data, Analytics, Information and Technology in conjunction with the ICS overarching DAIT strategy.

5 Financial Affordability and GP IT Spend

Financial planning for IT and ambition to increase collaboration and choice on GP IT spend.



6 Workforce Development

Developing staff across primary care and the ICS in respect to IT skills and clinical systems use.

Our Target Operating Model

Building on the ICB's Digital and Data Strategy

- Enhancing digital capabilities across the system will enable us to work differently, release capacity by minimising existing administrative pressures and ensuring a seamless patient journey.
- Implementing cloud-based telephony across PCNs - streamlining patient communications, providing more flexibility and resilience.
- Optimise digital triage tools within General Practice to free up time for staff from manual administrative tasks e.g. processing incoming requests for patients. This will include training for both clinical and administrative teams to ensure they get the full benefits.
- Enhanced integration of systems to enable providers both within primary care e.g. GP, community pharmacy, optometry, dentistry and between primary and secondary care to digitally share patient records. This capability should support seamless data sharing, minimising administrative overheads and supporting clinical decision-making.
- Unlocking interoperability & shared record capabilities will support other digital technologies such as remote monitoring tools to empower patients/their carers, to play a greater role in their care.
- Continue to spread and scale the existing Population Health Management infrastructure that exists across the entire system. Investing in analytic capabilities and enhanced data visualisation tools.

Primary Care
People Plan 2024-29

The Primary Care People Plan is aligned to and supports the Coventry and Warwickshire ICS One People Plan.

People are the very heart of everything we do in primary care. Our Primary Care People Plan will enable our people to grow and thrive and ensure we have the people and skills required to deliver excellent primary care both now and in the future. We believe in supporting and developing our people, teams and primary care providers. We will continue to offer high quality and varied training opportunities and rewarding and fulfilling employment.

Attract

Create a dynamic, inclusive learning environment that meets the needs of learners, supports team diversity, and aligns with the evolving skills of our future workforce.

Continue to strive to make Coventry & Warwickshire an attractive place to work and thrive.

Develop

Provide diverse education and development opportunities aligned with the Primary Care Strategy and evolving care models, while continuing to support leadership schemes to nurture our future leaders.

Retain

Foster a positive and inclusive culture by adapting to workforce needs, building capacity and flexibility in General Practice, promoting new working models, and valuing expertise.

Support

Expand workforce peer support and mentoring, integrate Equality, Diversity, Inclusion and Belonging, in all activities, increase training placements, encourage Additional Roles Reimbursement Scheme recruitment for the Disciplinary Team and Integrated Neighbourhood Teams, and enhance health and well-being offers.

ENABLERS

Workforce Opinion	Data and Evidence	Digital Technology	Estates

How will the ICB People Plan improve the experience of our workforce for our leaders?

I can access a diverse, talented pool of candidates and have the necessary resources and skills to train future workforce.	I have the training and support I need to lead, empower and nurture my team to evolve and thrive.	I have motivated, engaged and fulfilled workforce and enable flexible, inclusive work opportunities.	I am confident in how to support my team and where they can access tools and guidance to grow and flourish.

How will the ICB People Plan improve the experience of our everyone?

I feel welcomed and valued. I am able to access a variety of learning and employment opportunities that allow me to fulfil my potential.	My individual skills, perspective and aspirations are supported, understood and nurtured.	It's easy for me to access support and I am confident there are opportunities throughout my career to use my skills and feel seen and appreciated.	I am valued and empowered with access to a range of resources and opportunities to succeed and I feel a sense of belonging.

Primary Care **Estates** Strategic Plan

Where are we now?

153 Practice Premises,

20 PCNs, revenue cost of primary care premises circa **£12M**

1,415 patient-facing rooms,

consisting of **998** consultation / examination rooms and **295** treatment rooms.

73,000 new homes

to be built in the next 10 years, which will require an additional **53** primary care consulting rooms based on current planning assumptions.

23 major projects,

additional here and now schemes, and some smaller expansion projects identified, with a 10 year **£111.25M capital investment** requirement, in addition to agreed S106 funding. Appendix 2 provides a place summary of major projects.

- **Mixed ownership model**, with significant backlog maintenance, noting contractor responsibilities regarding estate
- **Enhancing capacity in Primary Care** is a key element of the ICS Infrastructure strategy
- **Clinical strategies** and delivery models are requiring increased PC space
- **Primary Care estate** is the highest system estate risk due to population/housing growth, lack of capacity & funding/costs
- **Two ICB risks** related to primary care estates: Workforce delivery and Cost/Inflation
- **Good estates baseline** & planning information, recent significant function investment enabling greater strategic leadership, assurance and delivery

Our Objectives

- Smarter, better healthcare infrastructure
- Delivery of additional primary care capacity to meet population growth and clinical delivery models, through delivery of primary care, and multi-partner estates schemes
- Optimised use of current 'core' space, including repurposing space, reducing void space and improving utilisation
- Engage collaboratively with our clinical, digital and workforce leads to ensure our projects and plans support their objectives
- Maximising S106 and CIL contributions and systematic approach to requests

Where do we want to be?

- Using estates, as an enabler to achieve the ICS Strategy outcomes, improving the quality of life, health and well-being of our local residents and primary care staff.
- Increasing capacity across primary care to deliver general practice and additional roles in fit for purpose buildings and optimising the use of system estates.
- Working collaboratively with local partners to optimise forward estates planning & service delivery locations.
- Ensuring new space is affordable, greener and delivers value for money
- Incorporating sustainability & low carbon practices in healthcare service delivery sites.
- Sustainable primary care estates planning function, working with system partners, efficiently and effectively delivering improved healthcare infrastructure.

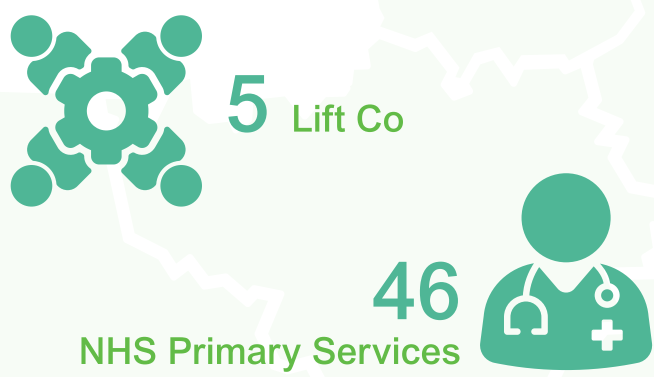
How do we get there?

We will use the existing Primary Care Estates Programme Group, Primary Care Group and F&P committee to oversee delivery of Primary Care Estates Function and Programme.

Primary Care is also central to the ICS Estates governance arrangements and will continue to be integral to the system estates workstreams to enable delivery of the ICS Infrastructure Strategy across the system and our Places. The high-level primary care estates function 'service lines' are:

- Strategic Leadership
- Strategic Engagement and Estates Planning
- Strategic Financial Planning
- Strategic Planning Analysis & Data Management
- Developer Contributions Management i.e. S106 & CIL
- Lease Advisory
- Business Case Development & Assurance
- Feasibility Studies
- District Valuer/Value for Money Advisory & Management
- Programme Management
- Technical Project Management - estates schemes
- Technical Project Delivery oversight

Coventry and Warwickshire ICS



7

Measuring Success

Measuring **Success**

The Strategy sets out **bold ambitions** for the Primary Care sector and the difference we can make by working together with the system and leveraging the benefits of the new legislative framework for health and care. Primary Care expects it to underpin everything we do as a Primary Care Sector and to drive change in:

- How, we relate to each other, system partners and to our communities
- The way we use our resources
- The design and delivery of our services
- How we plan and make decisions

The impact of the strategy will be seen in improved primary care delivery, the resilience of our services and providers, and ultimately in population health outcomes, reduced health inequalities across Coventry and Warwickshire, and improved quality of health and care services for our population over the next five years and beyond.

What will feel different for Primary Care?

Voice

- Clear vision for General Practice
- Transparency about leadership structures
- Know how you can feed your ideas and concerns into the system

Optimise practice potential

- Support to assess how your practice can optimise opportunities
- Review enhances services

Pathway design

- General Practice will co-produce community integrator and urgent care pathways

Digital solutions

- Review potential IT solutions to support practices and PCNs

Access and delivery models

- Support for reviewing access and delivery models
- Support for the development and delivery of new models of care

Workforce

- Link to Primary Care People Plan
- Consideration of innovative employment models to support primary care

Estates

- Clear Estates Programme
- Clearer system infrastructure strategy which represents primary care
- Here and now funding to support PCN estates solutions

Coventry and Warwickshire
Integrated Care System

Measuring **Success**

If the strategy is successful, people in Coventry and Warwickshire will:

- be supported to live a healthy, happy and fulfilled life, equipped with the knowledge and resources to prevent ill health and maintain their independence at home
- find it easier to access the health and care services they need wherever they live and will have more say over the services they receive and greater trust in their quality, effectiveness and safety; and
- receive appropriate and timely care when they need it, from skilled and valued staff

This strategy is informed by existing ICS strategies and will inform future strategies and support delivery plans across and within Coventry and Warwickshire health and care system; including the Integrated Health and Care Delivery Plan. As we monitor our impact and hold ourselves to account for delivery of this strategy, we will also draw on stories and lived experiences from the people we serve, to understand where we are making a difference and where there is more to be done.

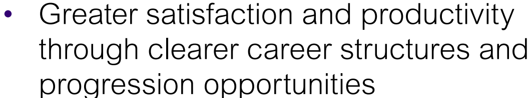
Impact and Outcomes

The Strategy sets out **bold ambitions** for the Primary Care sector and the difference we can make by working together with the system – set out below is the intended impact of realising our collective ambitions for the public, our staff, NHS system partners, and the Coventry and Warwickshire System.

For the public

- Improved appropriate access to Primary Care
- Greater choice and ways to personalise care
- Improved continuity of care for those who need it most
- Care provided in the right place, by the right person, at the right time, enabled by triage
- Greater ability to take ownership of care
- Those with complex needs are better managed and monitored
- Improved quality of life by being proactively supported within the community
- Only having to tell their story once, meaning a better experience moving between delivery points of care
- Better understanding of how to access care and increased trust in the System and our services
- Better remote monitoring support to allow people to remain as independent as possible within their own homes

For our staff



- Improved well-being
- Greater satisfaction and productivity through clearer career structures and progression opportunities
- Being recognised for the care we deliver and feeling valued
- Feeling supported to take on opportunities for personal development and improvement
- More fulfilling tasks at work through fewer non-value adding tasks
- A safe and healthy environment with work flexibility
- Increased parity of esteem across workforce roles
- Equipped with skills to make the best use of resources
- Supportive estates and digital technologies to enhance working practice

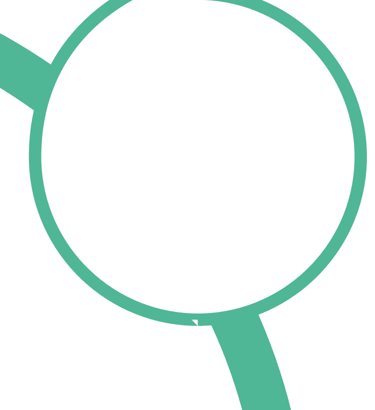
Impact and Outcomes

For our NHS system partners

- Greater potential for redistribution of funding across the System to support care in the most appropriate place
- In partnership support delivery of financial stability
- Improved working with System partners, with a greater appreciation for different roles and improved data sharing
- Care closer to communities
- Integrated care, with greater capacity to provide sustainable resilient services
- Reduced bottlenecks in the System through improved demand management with a consistent operating model
- Productive, motivated and supported workforce
- Greater access to research and innovation
- A sustainable and greener NHS

For the Coventry and Warwickshire system

- Connected approach to quality improvement and prevention
- Reduction in health inequalities for our population with a collaborative approach to addressing wider determinants of health alongside Public Health
- Reduction in unwarranted variation of care, through more standardised ways of working
- Support for closer working between Primary Care, Secondary Care and the voluntary, social and community sector
- Healthier people, healthier communities
- Engaged, upskilled and growing workforce, fit for the future
- Sustainable services designed to meet future need

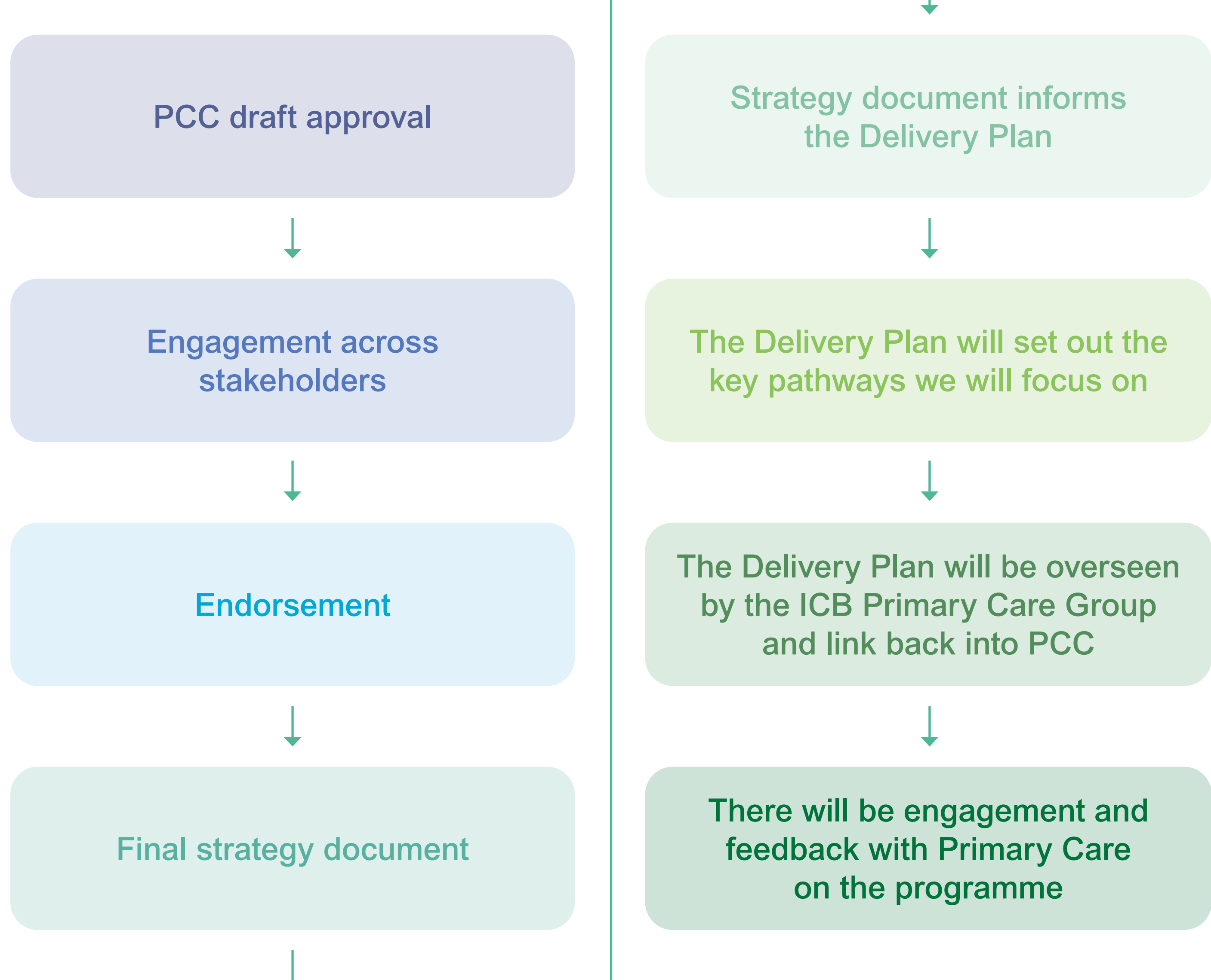


8

Developing our Delivery Plan

Next Steps

We recognise the success of this strategy will be based on our delivery plan moving forward. There are several key areas that are priority activities critical to driving forward transformation over the life of the strategy. These activities align with the various core aspirations of the operating model and there will need to be a clear sequence to activities to ensure we deliver in the intended way.



Coventry and Warwickshire
Integrated Care System

Developing our **Delivery Plan**

At a headline level the delivery plan will need to focus and support the key areas identified within the strategy. The delivery plan will need further development and endorsement from Primary Care and the system.

Delivery plan engagement and endorsement

- Establish delivery plan development process and working group
- Develop draft split by time frame (12 months, 2-3 years, 4-5 years)
- Delivery plan endorsement

Urgent non-complex care

- Support practices to evaluate the impact of urgent workload
- Identify principles, processes and tools within exemplar practices to inform access support offer
- Take learnings from this process and exemplar practices to aid practices and PCNs with urgent non-complex delivery
- Examine options to deliver urgent non-complex care at practice, PCN, place and system including development of SPA if desired

Urgent complex care

- Use care collaborative arrangements to define neighbourhood, integrated neighbourhood team roles/ responsibilities/working model
- Consider examples of best practice – e.g. expansion of paramedic visiting service across system and delivered at place level
- Focus on the proactive management of complex patients to minimise unscheduled urgent care

Non-urgent planned care

- Support practices to evaluate the efficiency of how they deliver planned care
- Create library of delivery solutions and best practice
- Enhanced services review – all services to be reviewed in a phased, coordinated way, plan to be agreed with collaboratives and system

Non-urgent proactive care

- Use population health programmes to identify patients most likely to benefit from a proactive approach. Use population health programmes alongside patient engagement to evaluate impact of interventions. Develop population health management toolkit and approach to support practices and PCNs.
- Support the development of Integrated Neighbourhood Teams Primary, community and secondary care, mental health, councils, voluntary sector, community groups and social prescribers
- Use technology and digital solutions to support relevant pathways

Pharmacy, Optometry and Dental

- Complete work with local Pharmacy, Optometry and Dental committees, alongside clinical networks, chairs and public health to finalise governance structure and collaborative arrangements alongside general practice.
- Develop strategic and operational plan that will meet the needs of patients, contract holders and integrates with other system health care providers.

Processes

- Continue to support primary care and general practice resilience through Primary care Transformation process, PCARP and PQAF
- Clarify and continue to develop support offers to practices and PCNs
- Support and define the development and evolution of PCNs and GP Providers

Enablers

- Financial Planning and Allocation Approach – Develop and confirm plan for ringfenced funding growth for primary care services, ensuring it is directed to areas of greatest need.
- Comms and continued involvement of the sector- Develop a detailed comms plan for the delivery plan that ensures dialogue, engagement, codesign and endorsement.
- Workforce – Finalise Primary Care People Plan and support offers alongside the Coventry and Warwickshire Training Hub. Consideration of innovative employment models, increased training placements and learning environments, leadership development opportunities, health and well-being support for all.
- Digital – Finalise digital strategy to deliver the Target Operating Model and the development of PCNs. Optimise the use of technology consistently to support collaborative working, staff effectiveness and patient communication.
- Staff and residents are supported to adapt to new ways of working and champion innovation
- Estates – Continue to drive estates programme to increase capacity across primary care to deliver fit for purpose buildings and optimising the use of system estates. Work collaboratively with local partners to optimise forward estates planning & service delivery locations. Deliver a sustainable primary care estates planning function, working with system partners, efficiently and effectively delivering improved healthcare infrastructure

9

Appendix 1

Delivering the national recovery plan for Primary Care and supporting productivity and quality.

ICB Productivity and Quality Assurance Process for General Practice

A Productivity and Quality Assurance Framework (PQAF) has been agreed by the ICB Primary Care Group that sets out a range of measures, escalation levels, triggers and actions. Data is measured on a regular basis including: - Patient satisfaction information, Prescribing data, clinical data such as management of long-term conditions, provision of screening and vaccinations, Inspection reports by the Care Quality Commission (CQC), appointments provided, waiting times, infection prevention measures in place, including cleanliness, other information/intelligence that may impact the practice.

The Framework is based on a number of escalation levels. There are 5 escalation levels in total and these determine the level of support required:

- **Levels 0 & 1: Routine Monitoring**
- **Levels 2 & 3: Enhanced Monitoring**
- **Level 4: Intensive Monitoring**

There are a number of actions and support interventions which are enacted following the assignment of a practice to the framework. The exact nature of the support will depend on the metrics and intelligence that have caused the triggers.

The supportive process may include:

- Support from teams within the ICB e.g. infection prevention, or medicines optimisation
- Support from services the ICB has commissioned locally e.g. the Coventry and Warwickshire Training Hub or GP Federations
- National support programmes such as the General Practice Improvement Programme

Other teams within the ICB e.g. the nursing & quality team and other organisations e.g. the Care Quality Commission are integral to the process.

Information, intelligence and outcomes are monitored over time. In circumstances where practices do not improve, the level or type of support is adjusted as appropriate, or the practice is escalated up the framework. In line with the framework, where necessary contract changes may be enforced and may include other organisations such as the Care Quality Commission, NHS England or other appropriate regulatory bodies.

The current process for evaluating and monitoring practices will be reviewed to ensure it aligns with the ambitions in this strategy and provides the right level of support to protect and support practices in Coventry and Warwickshire. A more detailed document outlining the monitoring processes and levels of support will be reviewed by PCC.

Primary Care Access & Recovery Plan

The Strategy recognises national guidance as an integral part of our plan. The ICB commits to using Primary Care Access & Recovery Plan (PCARP) to baseline activity and provide support. In line with the Productivity and Quality Assurance Processes that have been outlined, for PCARP there is also reporting in place which focusses on the four domains:

- **Empowering Patients** so that patients can manage their own health using the NHS App, self-referral pathways and more services offered from community pharmacy.
- **Implementing Modern General Practice** Access to take the 8 am rush, provide rapid assessment and response.
- **Building Capacity** to deliver more appointments from more staff and add flexibility to the types of staff recruited and how they are deployed.
- **Cutting Bureaucracy** to reduce the workload across the interface between primary and secondary care.

There are a number of workstreams which underpin each domain and there is a report which pulls together all elements of the plan to provide robust oversight and assurance on delivery. The report is a key element of the PCARP Group which has been established to enable a more cohesive, integrated approach to the domains and workstreams. The PCARP Group reports into the ICB Primary Care Group on the key metrics and deliverables and identifies the key actions that are being implemented to mitigate against risk of delivery. There is also regular reporting and updates to the Finance & Performance Committee and then onto ICB Board to ensure all partners of the System are sighted on the initiatives and progress identified but also the challenges and risks against the backdrop of sustained and significant demand.

Primary Care is at the centre of co-ordinating care through proactive management of population health, linking and driving service delivery and improving patient outcomes. PCARP supports and provides the building blocks for this strategic direction.

Linked to this is the GPAS (General Practice Alert State) data which is held by the Local Medical Committee. This has been developed to collect data from practices so that they are able to indicate to the wider System the current levels of demand with associated triggers to enable a system response to provide support along with OPEL (Operational Pressures Escalation Levels) reporting which is utilised by Hospital Trusts.

Appendix 2

Primary Care Estates Programme Major Projects – Place Summaries

Coventry PC Estate – Summary

Coventry & Warwickshire ICB Here & Now Primary Care Estates Scheme Process: supporting primary care to maximise ARRS budget and training capacity

Eastern Green and Tile Hill

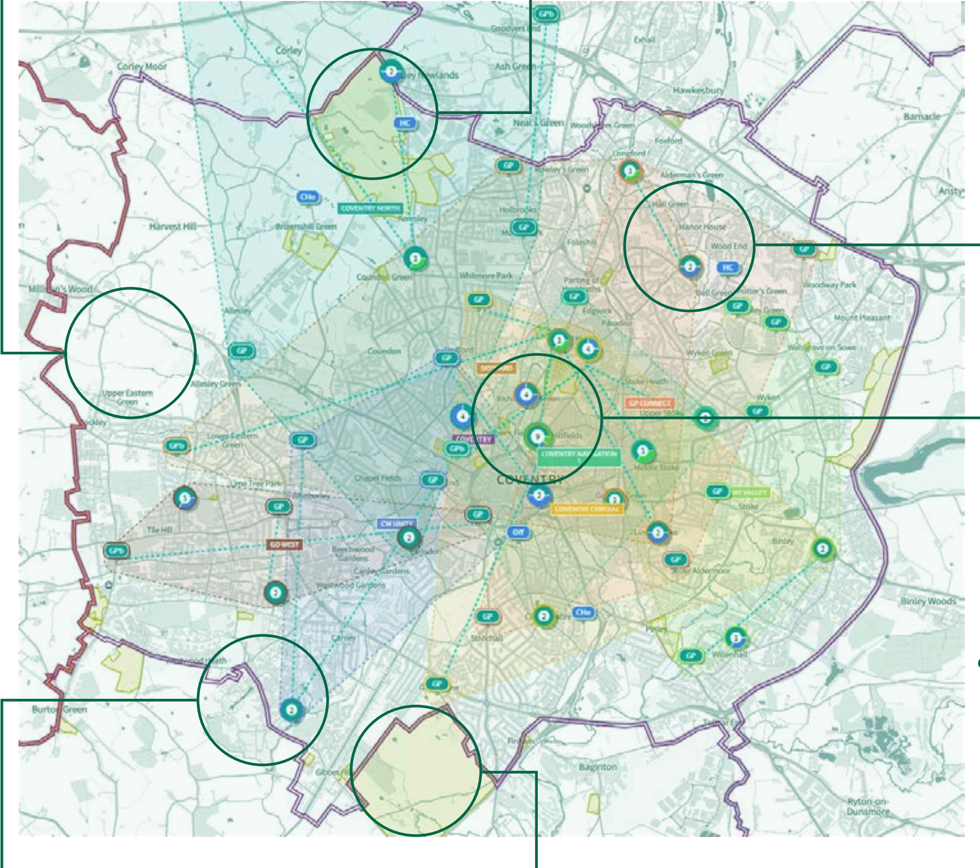
- Approx 2,400 new homes at Eastern Green and WDC growth at Westwood Heath
- S106 approved, with land & capital option to support PC
- NHSPS building locality practices & wider health delivery sites in locality

Keresley

- Approx 3,000 new homes at Keresley
- Some S106 approved
- LiFT co local building; previous option appraisal completed

Bell Green & Longford

- Bell Green :NHSPS building - working hypothesis is poor quality estate
- Current void space in the building.
- GP practice notes store (from CoCHC)
- GP practice branch site, from Longford Health Centre
- Partner early discussions as LA partners also facing estates issues
- Wider estates discussions connected to community services delivery (see below)



City of Coventry Health Centre & wider community services

- Multiple partner project, co-ordinated through the LEF
- Scope of project includes primary and community care and services in associated key locality buildings across the City to support local clinical transformation plans and estates pressures.
- Planning to develop a roadmap for short, medium and long term service delivery locations and to address short term service delivery requirements (PC, & community services)

University of Warwick

- University master planning in progress, working with University Practices to incorporate a health hub into the masterplan
- S106 requests made against student accommodation developments

Kingshill

- Kings Hill (Warwick District Council) - Growth area of 4000 dwellings.
- The development is a while off due to HS2 and other transport developments
- S106 request for land and capital

The main map captures the housing growth. GP Practices, NHS PS and LiFtco buildings.
NB Eastern Green major growth area is not shaded (2.4K homes)

Rugby PC Estate – Summary

Coventry & Warwickshire ICB Here & Now Primary Care Estates Scheme Process: supporting primary care to maximise ARRS budget and training capacity

Town Centre Regeneration

The Rugby Regeneration Strategy sets out a strategic vision and framework for investment and change in Rugby town centre to 2035. Primary Care involved in masterplanning with other health partners through the LEF and Place forums

South West Rugby

- Approx 5,000 new homes
- S106 - land and capital for primary care
- Early planning in progress

Houlton

- Approx 6,000 new homes
- Land only – no capital from S106
- Locality solution covering Whitehall expansion (delivered), Clifton Road Improvement works and Houlton branch (new build)
- Clifton Road Improvement Works and Houlton branch new build projects in planning

The main map captures the housing growth. GP Practices and NHP PS buildings.
NB The borough footprint is not completely shown.

South Warwickshire PC Estate – Summary

Coventry & Warwickshire ICB Here & Now Primary Care Estates Scheme Process: supporting primary care to maximise ARRS budget and training capacity

Kenilworth

- Kenilworth Clinic :NHSPS building
- 2 town centre GP Practices
- Approx 2,000 new homes
- Partner early discussions - OPE Project 'Kenilworth Town Centre hub' with health and LA partners

Kingshill

- Kings Hill (Warwick District Council) - Growth area of 4000 dwellings.
- The development is a while off due to HS2 and other transport developments
- S106 request for land and capital OR capital only option
- Borders Coventry

Lillington Health Hub

- New Practice development opening summer 2024
- Primary Care & community services hub
- Enables disposal of PS property (Crown Way Clinic)
- Joint project with LA – CIL funding

Leamington Health Hub

- OPE & LA Lead project
- Town Centre – primary care, community services and LA partner project in early masterplanning stage

Southam

- Significant population growth from housing developments in Southam and the surrounding rural areas.
- S106 secured against future developments
- Previous CIL bids shortlisted but not awarded
- Here and Now scheme delivery to utilise space in Southam Clinic delivering an integrated service delivery site with SWFT

Upper Lighthorne

- Approx 3,000 new homes
- S106 secured – progressing option with SDC/LA partners to develop branch practice co-located at the new village centre
- Design project in progress co-ordinated by SDC

Stratford Town Centre

- Approx 1,000 new homes
- Limited S106 availability
- Discussion at SW Local Estate Forum about health and LA partner masterplanning project

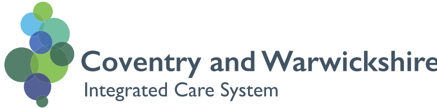
Long Marston

- Approx 3,500 new homes
- Delays on full planning submission; S106 requested
- Road infrastructure dependency
- Discussion with practice and some S106 used for enabling works

Shipston

- Shipston: project in progress – exploring partnership with SWFT and Ellen Badger site

The main map captures the housing growth. GP Practices and NHS PS buildings.



Warwickshire North PC Estate – Summary

Coventry & Warwickshire ICB Here & Now Primary Care Estates Scheme Process: supporting primary care to maximise ARRS budget and training capacity

Polesworth / Dordon

- Approx 3,500 new homes
- S106 requested
- GP Practice indicating preference for improvement works to accommodate population growth from housing
- Wider PS estate and partner plans review being initiated to support planning process

Atherstone

- Approx 2,500 new homes
- S106 requested for improvement works off site
- Atherstone clinic health services hub with opportunity to improve building utilisation
- OPE Leisure Hub Project & NWBC masterplanning

Weddington

- Approx 4,000 new homes; S106 approved
- Current additional provision through St Nicolas Clinic,
- Further planning in progress for longer term PC estates solution

Town Centre Regeneration

The Nuneaton Health & Well-being Hub in Nuneaton Town Hall - recently secured funding through One Public Estate (OPE) in conjunction with Warwickshire County Council.

Hartshill

New Practice development funded by ETTF; opened in Nov '23

Southeast Nuneaton (Nuneaton and Bedworth)

- Approx 3,500 new homes
- S106 requested to support PC
- Bedworth Health Centre – NHSPS building with 2 GP Practices – project initiation underway to review use by health partners to review utilisation and improvements to the building
- Bedworth Town centre partner opportunities being considered within scope of BHC project
- Wider SE Nuneaton population growth from housing growth connected as branch site of Rugby Road is within BHC

Coventry and Warwickshire
Integrated Care System