
What's happening in primary care and making sense of recent structural changes in the NHS

17/10/2022

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IS IT JUST ME OR IS EVERYTHING SLOTT?

THE ENCYCLOPEDIA OF
MODERN LIFE

STEVE LOWE & ALAN MCARTHUR



17/10/2022

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I'm conflicted



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PCNs and ICSs: Making a marriage work



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Place Director
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Previously

First GP Clinical Director of Acute Trust
Director for Integrated Care
NAPC Board member
RCGP London Board Member
CEO and founder of first GP Federation in UK

The NHS is changing all the time

- COVID recovery programme
- July 2022 – Health & Social Care Act comes in force
 - Three health secretaries since then
 - Three Prime Ministers since then (not correct at the time of writing)
- Fuller Stocktake
- ABCD and the Oxford Comma

Philosophical Differences

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To: Directors of Commissioning
Regional Heads of Primary Care
Heads of Primary Care
CCG Clinical Leads and Accountable Officers

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31 January 2019

The NHS Long Term Plan set out the case for enhanced primary medical and community care, backed by an extra £4.5bn a year by 2023/24. Strong GP services are essential to this and the new contract will deliver the most fundamental change to primary care in decades. As well as significant increases in practice level funding, the settlement will help firmly establish primary care networks around the country, providing for a new network contract in which £1.799 billion would be invested annually by 2023/24 and directly reimbursing networks for the employment of 20,000 clinical pharmacists, physiotherapists, community paramedics, physician associates and

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And there are potential challenges ahead...

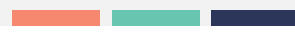
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Jeremy Hunt warns more public spending cuts needed - which could include the NHS

New Chancellor says all government departments would be asked to find 'more efficiencies' to address the country's economic issues

By Lizzie Roberts, HEALTH CORRESPONDENT
16 October 2022 • 5:39pm



Stressed NHS staff in England quit at record 400 a week, fuelling fears over care quality

Burnout from two years of battling Covid pandemic has created flood of departures and public concern, says survey



Departing NHS staff cite burnout and PTSD after two years of battling with Covid. Photograph: Peter Byrne/PA

Analysis of NHS Digital figures found that at least 400 staff a week in England are leaving to improve their work-life balance. It comes alongside evidence of high turnover among social care workers. Recent estimates show more than a third (34%) of care workers left their roles in 2020-21.

Rees-Mogg, Coffey, and Hunt would lose seats in election, poll suggests

Survey for TUC shows string of top Tory ministers in peril and opposition to removal of workers' rights



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Integrated Care Systems and Primary Care Networks

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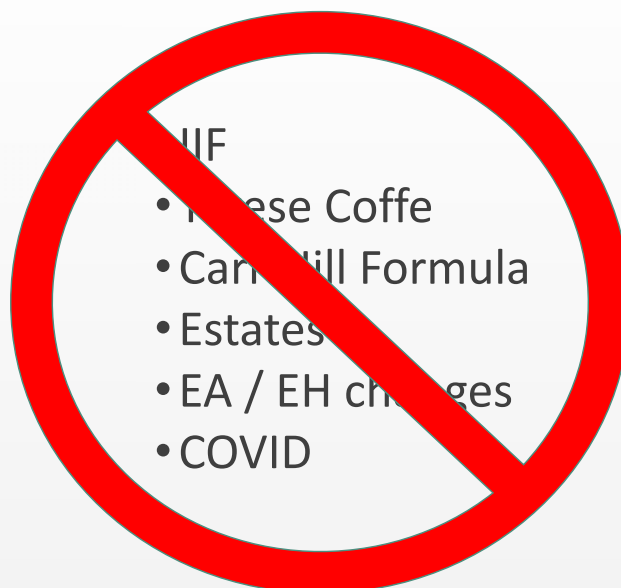
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Perfect Marriage?



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Banned Topics



- IIF
- Chinese Coffee
- Carroll Formula
- Estates
- EA / EH changes
- COVID

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Why ICSs and PCNs could (potentially) work well...

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1. Nobody really knows what is going on

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2. We feel the same about NHS England (probably)

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3. There are some new faces in the patch (mostly)

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4. There are some old faces in the patch (sometimes)

5. This is the perfect time to do stuff

6. Everyone (and I mean Everyone) is looking for a win at the moment

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Lessons that GPs need to learn pretty fast...

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1. Its not about General Practice any more

2. GPs aren't (always) the cleverest person in the room.

3. It is bad at the moment....

Really bad

4. The Partnership model needs another look.....

5. You can't do everything anymore...

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**So what has changed and where are
the opportunities.....?**

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The Fuller Stocktake



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Urgent and Episodic Care	Complex Care	Preventative Care
Functions of PCNs		

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	Urgent and Episodic	Complex	Preventative
Needs assessment	What does local data indicate about need in 5/10 years time	What does local data indicate about need in 5/10 years time	What does local data indicate about need in 5/10 years time
Local Model of Care	What do we think delivery will look like at a practice level?	What do we think delivery will look like at a practice level?	What do we think delivery will look like at a practice level?
	What do we think delivery will look like at a PCN level?	What do we think delivery will look like at a PCN level?	What do we think delivery will look like at a PCN level?
Workforce Requirements	What workforce will practices need to deliver this model	What workforce will practices need to deliver this model	What workforce will practices need to deliver this model
	What workforce will PCNs need to deliver this model	What workforce will PCNs need to deliver this model	What workforce will PCNs need to deliver this model
Workforce ARRS	What will we need to use ARRS staff for to support Practice/PCN	What will we need to use ARRS staff for to support Practice/PCN	What will we need to use ARRS staff for to support Practice/PCN
Digital	What digital solutions will be required to support this service model	What digital solutions will be required to support this service model	What digital solutions will be required to support this service model
Estates	How can we optimise the use of estates to deliver this model (e.g. work from home, utilising practice premises in evenings and weekends) What is the actual gap?	How can we optimise the use of estates to deliver this model (e.g. work from home, utilising practice premises in evenings and weekends) What is the actual gap?	How can we optimise the use of estates to deliver this model (e.g. work from home, utilising practice premises in evenings and weekends) What is the actual gap?
Working with partners	How will we need to work with partners to deliver the identified model?	How will we need to work with partners to deliver the identified model?	How will we need to work with partners to deliver the identified model?
	What would we require from partners?	What would we require from partners?	What would we require from partners?

Forecast Demand

PCN Current Clinical Appointments Capacity

Premises	Registered Patients	Current Contacts Pa	Average Contact Rate pa	Operational Hours Per Week	Total patient facing Rooms	% GMS & PCN Usage	% Virtual Appointments	% Virtual Appointments Using Patient Facing Room	Estimated Utilisation %
Alpha									
Bravo									
<i>Bravo Surgery</i>									
<i>Bravo Branch #1</i>									
<i>Bravo Branch #2</i>									
Total/Avg	95,571	521,242	5.45	40	113	80%	33%	80%	76%

Soft Narrative

- Projected significant increase in older population = great increase in contact rate to population growth
- Planned shift in 'x' service care model
- Increased in extended hours can accommodate for required growth within existing clinical rooms capacity
- Bravo Branch #1 & #2 disposals accounted for in projected future capacity requirements

PCN Forecast Clinical Demand 2032

Premises	Projected Registered Patients	Est. Contacts Pa	% Increase	Est. Average Contact Rate pa	Operational Hours Per Week	Total patient facing Rooms	% GMS & PCN Usage	% Virtual Appointments	% Virtual Appointments Using Patient Facing Room	Estimated Utilisation %
Alpha										
Bravo										
<i>Bravo Surgery</i>										
<i>Bravo Branch #1</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<i>Bravo Branch #2</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total/Avg	114,219	633,237	21%	5.54	60	107	80%	33%	50%	82%

Our Workforce Plan

Forecast Workforce Plan		Current		Additional - 2 YEAR PLAN		Additional - Est. 5 year		Additional - Est. 10 year		Grand Total	
Role	Role Type	Current no. staff	Current WTE	Total no. staff	WTE	Total no. staff	WTE	Total no. staff	WTE	Total no. staff	WTE
General Practice Manager	GMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GP	GMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Trainee GP	GMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nurses	GMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Direct Patient Care	GMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adminstration	GMS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clinical Pharmacist (B7-8a)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pharmacy Technician (B5)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Community Paramedic (B7)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
First Contact Physiotherapist (B7-8a)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Social Prescribing Link Worker (B5)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Care Coordinator (B4)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health and Wellbeing Coach (B5)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nursing Associate (B4)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Trainee Nursing Associate (B3)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Physician Associate (B7)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Occupational Therapists (B7)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dietitians (B7)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Podiatrists (B7)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Advanced Practitioner (B8a)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health Practitioner (B4-8a)	ARRS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total :		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Why?

- PCNs are here to stay
- There is a limited budget (for Estates, IT, Workforce....)
- GPs are not in charge anymore
- Practices are now dependent on PCNs
- More and more core income moving into PCNs
- The incentives will change to do stuff
- First people to the buffet get the best chicken
- It could make life easier
- You could even do the stuff you have always wanted to do

Because if you don't.....

.....nothing is going to change soon.





**It's your turn to ask
the Questions**