

Mid and South Essex Integrated Care System

• GP Partner (Hertfordshire)
• Senior Lecturer RSM
• Educator
• Radio / Podcast

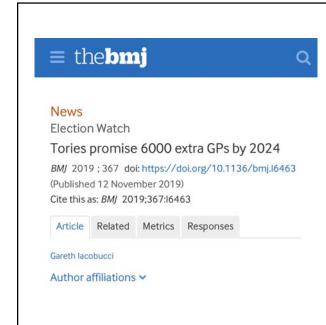
www.midandsouthessex.ics.nhs.uk

Today

- Primary Care Access
- Integrated Neighbourhood Teams
- Tom, Dick and Harry

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Why all the fuss about access?



Tories abandon 2019 manifesto pledge to recruit 6,000 more GPs in England

Rishi Sunak notably refused to repeat the vow to recruit 6,000 more GPs by the end of next year on a visit to Southampton to promote his new pharmacies blueprint

By Lizzy Buchan

13:29, 9 May 2023 | UPDATED 14:19, 9 May 2023



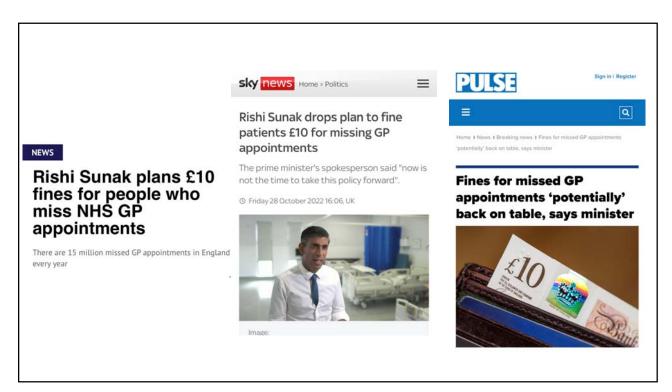




The Tories have abandoned their election pledge to recruit 6,000 more GPs in England, a health minister admitted.

Top Tory Neil O'Brien said the promise from the 2019 Tory manifesto was unlikely to be hit amid mounting struggles to recruit and retain family

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PEOPLE not POLITICS

GP Practices

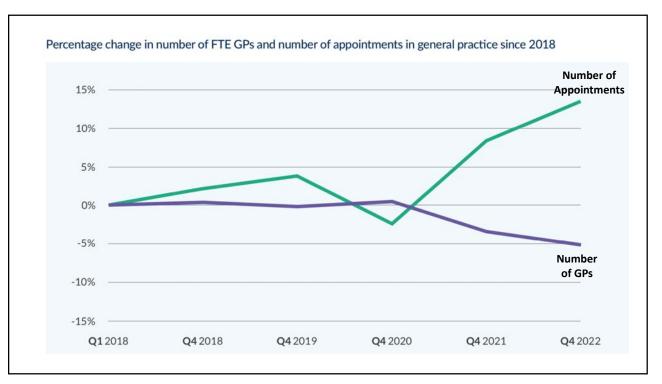
It is agreed that GPs should be properly paid but they must do the job. At the height of the pandemic GPs refused to see patients and they closed their surgeries; some had not reopened more than 18 months later. Many still only offer telephone consultations or skype calls.

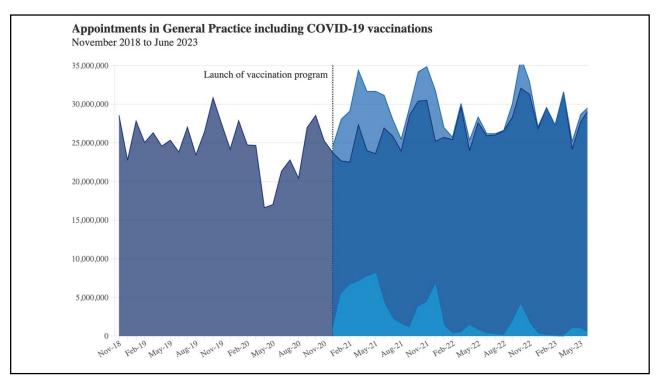


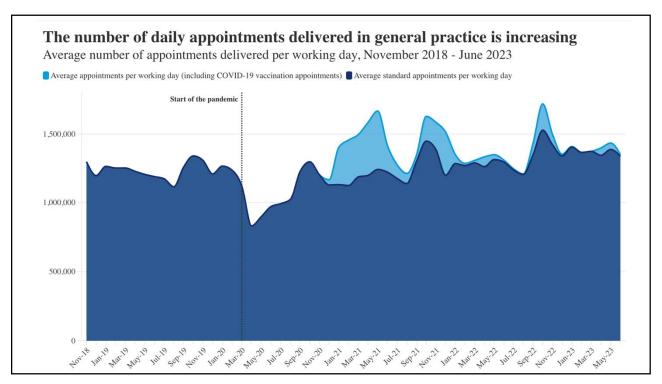
Access is a vote winner

"Why can't I see my GP?"

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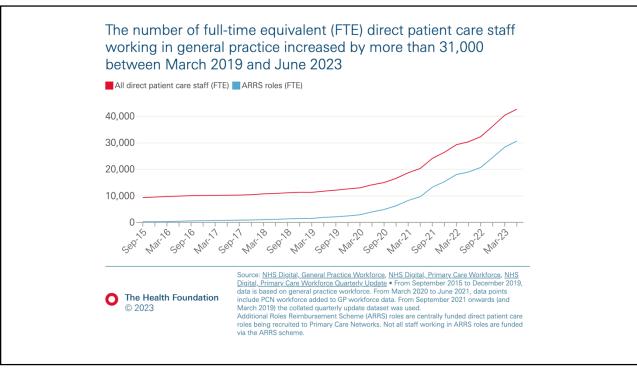


The access vs continuity paradox

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Continuity of Care

- Need versus want
- Continuity 'important' for 4-9% of patients in England (Kings Fund 2019)
- 2/3 of GPs work 'Part Time' in the UK (Nuffield Trust Sep 2023)
- Diversity of staff = continuity of care record



So what are people doing about it

My practice in Hertfordshire

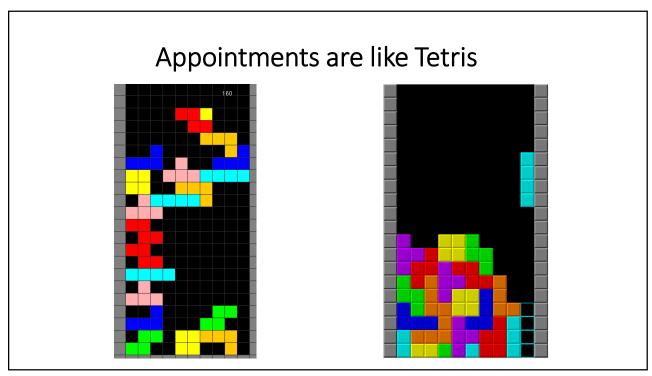
2019

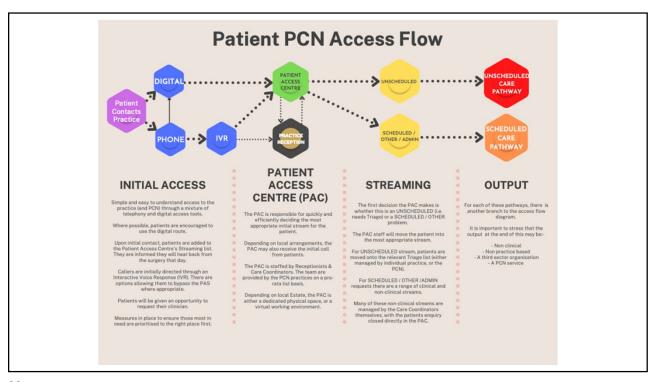
2023

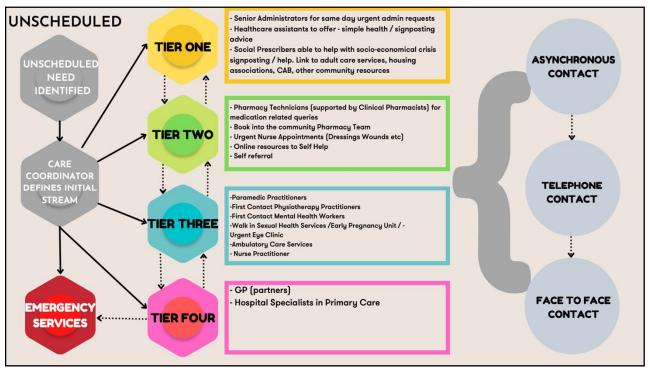
- GPs
- Nurses
- Nurse Practitioners

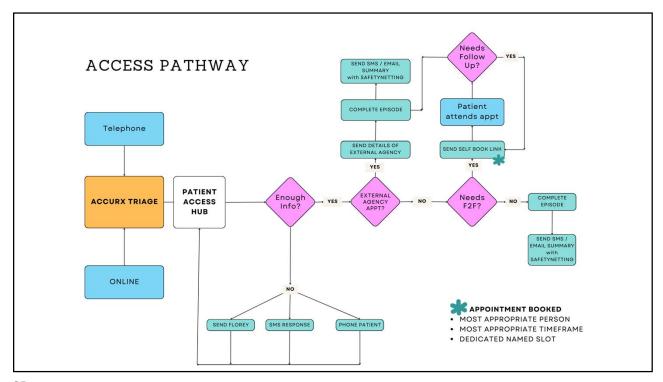
- GPs
- Specialist Nurses
- Paramedic Practitioners
- Nurse Practitioners
- Clinical Pharmacists
- Physiotherapy Practitioners
- Mental Health Workers
- Social Prescribers
- Care Co-ordinators
- Others (sorry!)

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Early Findings (*)

- Telephone line usage has fallen (20-60%)
- Fewer GP appointments needed in some places (15% in some places)
 - Larger footprints (e.g. PCN, Cluster based)
 - The right GPs supervising the 'Total Triage'
 - Enough 'other' disposals
 - Patient engagement
- Its not about the software, its about the process and people
- Where is works, staff satisfaction is up

Learning and concerns

- Is it winter proof?....(Strep outbreak)
- Will they 'figure it out'?
- EVERYONE has to do the same thing (no backdoors)
- GPs are in a more clinical supervisory role
- Not too big, not too small.
- Need to think **OUTSIDE** the GP practice
- Burn out....

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Whoever gets in this will be policy





Integrated Neighbourhood Teams

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What are Integrated Neighbourhood Teams

Definition and Role

- Integrated Neighbourhood Teams (INTs) are the Pillars of Community Care
- Multidisciplinary groups of healthcare professionals that provide community-based healthcare services.
- •Their purpose is to deliver coordinated, patient-centred care, aiming to reduce hospital readmissions by enhancing healthcare access and continuity in local communities

Key Functions

- Multidisciplinary Approach: Comprised of various healthcare professionals, ensuring comprehensive care.
- Coordinated Care: Provide a holistic healthcare service tailored to individual patient needs.
- Community-Based: Operate primarily in local neighbourhoods, enhancing accessibility and understanding of local health challenges.

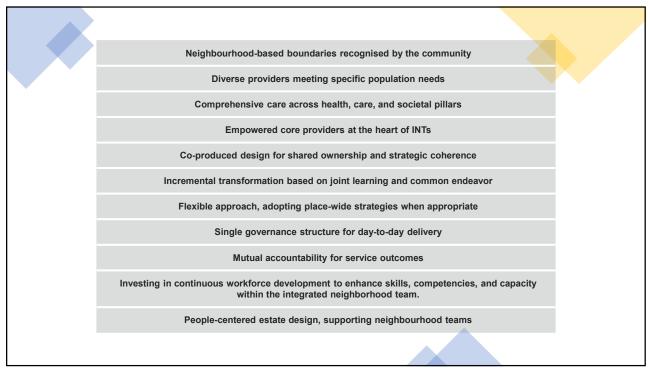


Translation

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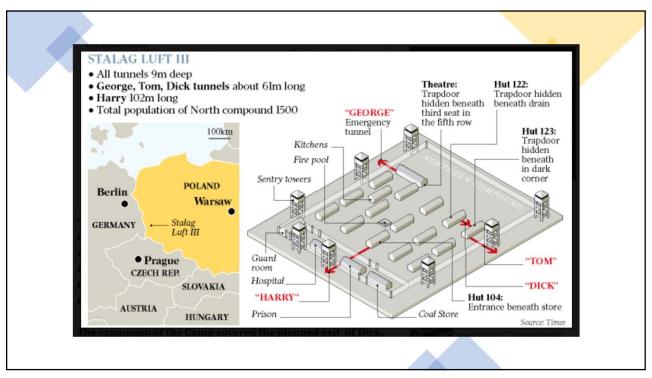
Why is this important

- Community services are evolving
- Nobody knows how to get people out of hospital efficiently
- Nobody knows how to get people to stay out of hospital efficiently
- PCNs / Clusters have other priorities
- Contracting will start within this space (and is starting in some areas)



Mid and Souti Integrated Ca System	Mid and South Essex Integrated Care System Mid and South Essex		ent Framework Scoring Sheet						
Category	Criteria	Assessment Score	Evidence/Examples	Comments/Recommendations	Guidance for Assessor		Level 1 - Initiation Months till Full Maturity:	48	
Design	Neighbourhood-based boundaries recognised by the community	1			Assess the level of community involvement in defining neighbourhood boundaries. Consider both the range of community demographics involved and the frequency of consultation.		Marking Guidance:		
Design	Diverse providers meeting specific population needs	4	▼		Examine the diversity of providers and how effectively they address population needs. Providers should not only be diverse but should also complement each other in a way that covers a broad range of health, care and societal needs.		(1) Initiation: The INT is at the beginning s incorporating the criteria. There is recognit importance of the criteria, but actions to im are just starting.	ion of the	
Design	Comprehensive care across health, care, and societal pillars	1			Look at how comprehensively the INT addresses health, wellbeing, and societal needs. Consider both the breadth and depth of services provided.		(2) Development: The INT has started making on the criteria. Actions have been taken, but are not fully integrated into the team's pro- there are significant areas for improves	the criteria actices or	
Design	Empowered core providers at the heart of INTs	1			Evaluate the empowerment and active involvement of core providers such as general practice and community services. Consider their role in decision-making processes and the overall delivery of services.	l l	 Implementation: The INT has largely incorportieria into their processes, and it forms a patent's ongoing activities. There may still be refinement and optimisation. 	art of the	
Management	Co-produced design for shared ownership and strategic coherence	1			Evaluate the degree to which community input has influenced the design and strategy of the INT. There should be clear evidence of shared ownership and alignment with community needs.		 Management: The INT consistently meets: It is fully integrated into the team's processe is a clear commitment to maintaining this performance. 	s and there	
Management	Incremental transformation based on joint learning and common endeavor	1			Consider the INT's approach to transformation and change. The approach should be flexible and adaptive, with a dear mechanism for learning and improvement.		5) Optimisation: The INT not only meets the e is also actively refining and improving their They are setting a standard for other INTs	approach.	
Management	Flexible approach, adopting place-wide strategies when appropriate	1			Evaluate how flexible the INT is in adopting wider geographical strategies when necessary. Consider examples of collaboration or coordinated efforts with neighbouring INTs.				
Management	Single governance structure for day-to- day delivery	1			Consider the effectiveness and clarity of the governance structure. It should allow for streamlined decision-making and efficient resource use.				
Management	Mutual accountability for service outcomes	1			Look for evidence of clear and shared accountability mechanisms. Consider whether performance and outcomes data are regularly reviewed and used to drive improvement.				
Workforce	Investing in continuous workforce development to enhance skills, competencies, and capacity within the integrated neighborhood team	1			Evaluate the INT's commitment to workforce development. There should be regular training initiatives and mechanisms to update skills and competencies.				
Estates	People-centered estate design, supporting neighbourhood teams	1			Consider the design of the INT's physical infrastructure. The design should be user- centric, prioritising the comfort, convenience, and needs of the community.				

	What if I do nothing?
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	Tom, Dick and Harry





Now is the time to do something about it whilst nobody is looking