

Investment & Evolution – Primary Care & Developing Rotherham Community Health Centre

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NHS Long Term Plan: Overview



- Published in January 2019
- Sets out the key ambitions for the NHS over the next 10 years
- Produced in response to a new five-year funding settlement

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A New Service Model for the 21st Century

Five major changes to the NHS service model:

1. Boosting 'out-of-hospital' care and finally dissolving the historic divide between primary and community health services
2. Redesigning and reducing pressure on emergency hospital services
3. People will get more control over their own health, and more personalised care when they need it
4. Digitally-enabled primary and outpatient care will go mainstream across the NHS
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

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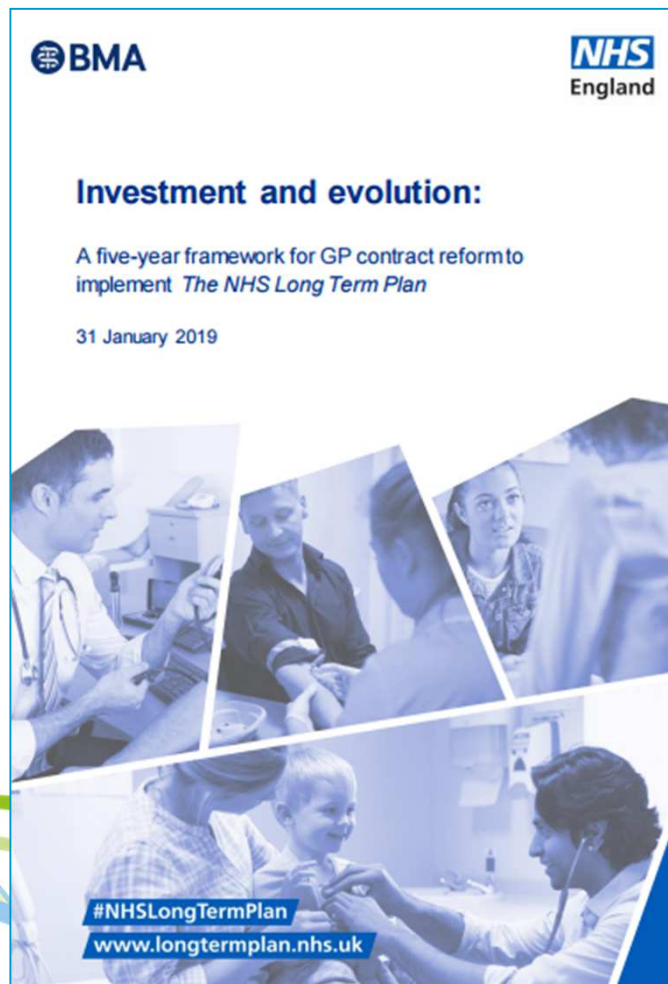
What this means.....

- Urgent community response and recovery services
- Primary Care Networks of primary and community teams
- Guaranteed NHS support for care homes
- Supporting people to age well
- Increasing patient choice
- Same day emergency care
- Personalised care when needed
- Reducing delays in patients going home
- Digitalisation of Primary and Outpatient care
- Integrated Care systems everywhere by 2021 – focussing on population health



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Investment and Evolution: A Five Year Framework for GP Contract Reform to implement to NHS Long Term Plan



- Introduces automatic entitlement to a new Primary Care Network Contract
- Gives five-year funding clarity and certainty for practices

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The vision for primary care networks

- The key building block of the [NHS long-term plan](#)
- All GP practices in geographical based PCNs with populations of around 30,000–50,000 patients;
- Intended to dissolve the historic divide between primary and community medical services
- Proposals submitted & agreed in May 2019
- Small enough to provide valued personal care;
- Large enough to work with other practices & organisations
- General practices working at scale together, to
 - **recruit and retain staff;**
 - **manage financial and estates pressures;**
 - **provide a wider range of services to patients**
 - **integrate with the wider health and care system.**

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What will PCNs do?

- Provide care in different ways to meet different needs, e.g.
 - flexible access to advice and support for generally healthy people
 - joined up care for those with complex conditions
- focus on prevention and personalised care,
 - supporting patients to make informed decisions
 - to look after their own health
 - connecting patients with statutory and voluntary services

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What will PCNs do? ...ctd

- provide a wider range of services through a wider set of staff roles i.e.
 - **first contact physiotherapy,**
 - **extended access**
 - **social prescribing.**
- deliver 7 national service specifications.
 - **Five will start by April 2020: Structured medication reviews, enhanced health in care homes, anticipatory care, personalised care & supporting earlier cancer diagnosis**
 - **Two will start by 2021: Tackling local health inequalities, CVD case finding**

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What will PCNs do? ...ctd

- join up the delivery of urgent care in the community
- Be responsible for providing enhanced access services and extended hours requirements
- Publication of GP activity and waiting times data alongside hospital data
 - New measure of patient-reported experience of access

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What will PCNs do? ctd

- will be the base for:
 - integrated community-based teams
 - community and mental health services
- will consider population health,
 - from 2020/21, will identify people who would benefit from targeted, proactive support.
- will represent primary care in integrated care systems, through the accountable clinical directors from each network

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How will the funding work?

Practices have to be part of the network to receive payments, which will include:

- Separate national funding for digital-first support from April 2021
- Funding for additional roles to support general practice: Clinical Pharmacists and social prescribing link workers in 2019/20,
- funding for physiotherapists, physician associates and paramedics to follow

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PCN accountability

- Practices are accountable to commissioners for the delivery of network services.
- A legally binding agreement
- An accountable clinical director for each network
- Publication of GP activity and waiting times data alongside hospital data
- New measure of patient-reported experience of access



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Benefits for patients

- More co-ordinated services; where patients don't have to repeat information many times
- Access to a wider range of professionals in the community
- Appointments that work around patients' lives; shorter waits & treatment and advice delivered through digital, telephone **and** face to face
- More influence when people want it, with more power over how health and care services are planned and managed
- Personalisation and a focus on prevention and living healthily

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Benefits for practices, and the wider health system

- Greater resilience; using shared staff, buildings and other resources to balance capacity and demand
- Better work life balance
- More satisfying work; each professional able to do what they do best
- Improved care and treatment for patients,
- Greater influence on the wider health system
- Better co-operation and co-ordination across services
- Wider range of services in community settings, meaning patients don't default to acute services
- Using the expertise in primary care on local populations to inform system wide decisions and how resources are allocated

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Rotherham Primary Care Networks

6 Primary Care Networks all over 30,000 population:

- Health Village / Dearne Valley PCN
- Maltby Wickersley PCN
- Raven PCN
- Rother Valley South PCN
- Rotherham Central North PCN
- Wentworth 1 PCN



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Rotherham Primary Care Networks

Primary Care Network (number of practices)	Member practices	Clinical Director
Health Village / Dearne Valley PCN (4 practices)	C87017 Clifton Medical Centre C87030 Crown Street Surgery C87029 Market Surgery C87005 St Ann's Medical Centre	Dr Simon Mackeown St Ann's Medical Centre Doncaster Gate, Rotherham S65 1DA Tel: 01709 375500
Maltby Wickersley PCN (6 practices)	C87016 Morthen Road Group Practice C87015 Wickersley Health Centre C87620 Manor Field Surgery C87616 Blyth Road Medical Centre C87031 Braithwell Road Surgery C87606 Queen's Medical Centre	Dr Geoff Avery Blyth Road Medical Centre 8 Blyth Rd, Maltby, Rotherham S66 8JD Tel: 01709 812827
Raven PCN (5 practices)	C87622 Gateway Primary Care C87014 Treeton Medical Centre C87007 Stag Medical Centre & Rose Court Surgery C87009 Brinsworth & Whiston Medical Centre C87604 Thorpe Hesley Surgery	Dr Ambreen Qureshi Stag Medical Centre 162 Wickersley Rd, Rotherham S60 4JW Tel: 01709 364990
Rother Valley South PCN (4 practices)	C87002 Dinnington Group Practice C87022 Village Surgery C87008 Swallownest Health Centre C87004 Kiveton Park Medical Centre	Dr Timothy Douglas Dinnington Group Practice Medical Centre, New St, Sheffield S25 2EZ Tel: 01909 562207
Rotherham Central North PCN (5 practices)	C87020 Greenside Surgery C87003 Woodstock Bower Group Practice C87603 Greasbrough Medical Centre C87012 Broom Lane Medical Centre C87621 Broom Valley Surgery	Dr N R Ravi Greenside Surgery 5 Greenside, Greasbrough, Rotherham S61 4PT Tel: 01709 560887
Wentworth 1 PCN (6 practices)	C87006 Magna Group Practice C87018 High Street, Rawmarsh C87013 Parkgate Medical Centre C87608 Shakespeare Road C87010 York Road Surgery C87024 Rawmarsh Health Centre	Dr Tariq Ahmed Magna Group Practice Saville Street, Dalton, Rotherham, S65 3HD Tel: 01709 851414

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Rotherham Community Health Centre

- Rotherham Community Health Centre – purpose built to house the walk-in centre, GP practice, dental services and community/outpatient facilities
- Services have changed resulting in 2/3 of the centre now being empty – clear feedback from our population that it needs to be better utilised



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What will work best for the centre and our population?

- 5 options considered
- Recommended option to relocate **Ophthalmology outpatients** enabling:
 - amalgamation of the service
 - to meet CQC requirements separating children from adults
 - ensuring the estate is fit for purpose to meet current and future capacity
 - reducing the footfall substantially on the hospital site (by approximately 48000 visits per year) and increasing the footfall into Rotherham's town centre
 - responding to the public's request to utilise this central, good quality facility

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Next steps

- Engage current service users:
 - surveys with patients and carers in the department
 - publicise in the hospital main reception outlining the plans and asking for comments
 - Utilising social media to undertake surveys
 - Identify relevant stakeholders and key audiences
- Incorporate comments into the case for change
- Work up a plan for the changes required to accommodate Ophthalmology
- If finally agreed, facilitate the relocation before the end of the financial year

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