



North East London

# Primary Care in North East London

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North East London

# NEEL and the primary care landscape

# Overview

North East London has a large, vibrant and highly diverse population spanning eight local authorities. Our rapidly growing population experiences some of the worst poverty and deprivation in the country, poorer outcomes across many indicators and there is evidence of significant unmet need.

There is collective agreement and support across the integrated care partnership in north east London for our new and ambitious strategy that puts co-production, prevention, personalisation, equity, and innovation at the heart of how we work. Building on our successful track record of delivering transformation as well as the new opportunities afforded to us through the ICS, we believe we can make a significant difference to population health and equity while also creating a more sustainable health and care economy in north east London.

# Demographic changes within our growing population will require greater investment in new infrastructure and services

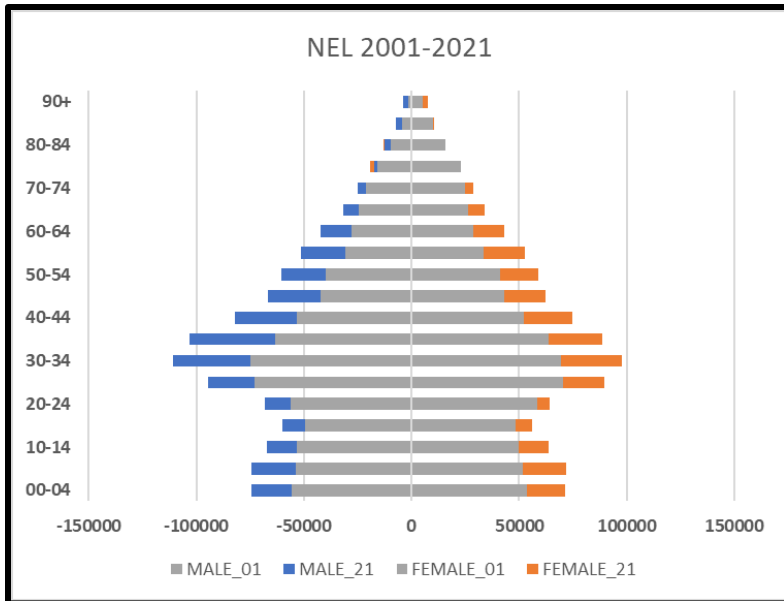
Historically our population growth has been mostly across children and adults whereas in future NEL will see growth predominantly in adults and older people. This will lead to significantly increased pressure on older peoples care services, frailty services, primary care services, and increasing pressure on emergency and urgent care services, adult care services, and adult mental health services.

Increased investment in developing services and infrastructure for a changing population will be needed particularly in those places (e.g. Tower Hamlets and Hackney) where historically there has been a very young population and in future we will see a significant increase in over 60s.

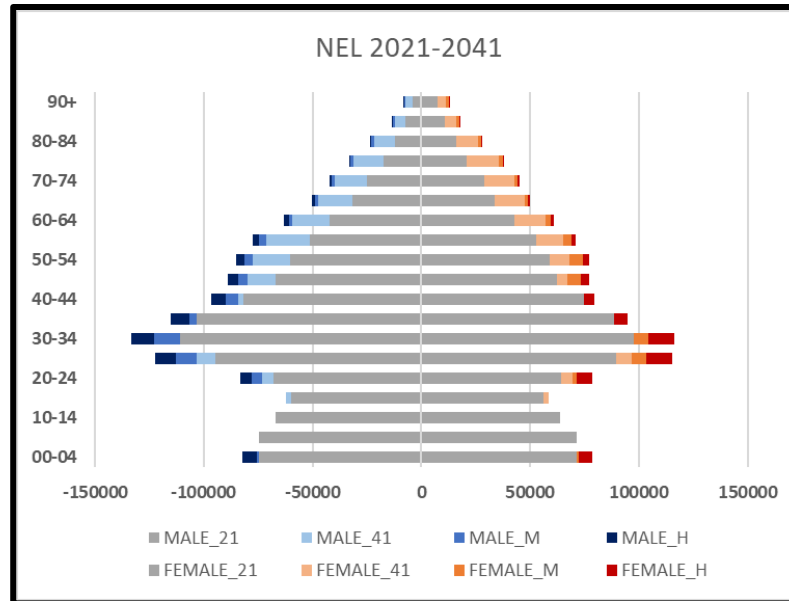
While an ageing population is an overall trend in what have been historically young boroughs, Barking & Dagenham will see the opposite trend and as such will need to increase investment in services for children and young people.

Trends in growth across NEL have typically been in young people and adults – whereas future growth will be across adults and older people contributing to a forecast 72% increase in outpatient and inpatient activity over the next 19 years

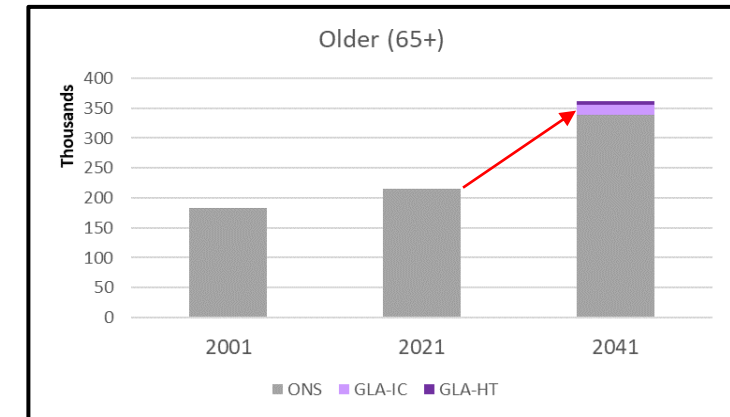
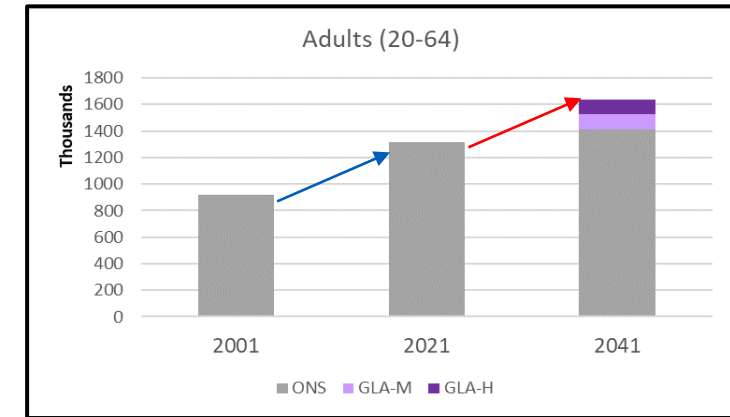
**Historic Demographic Growth**



**Future Demographic Growth**



**Growth by cohort**

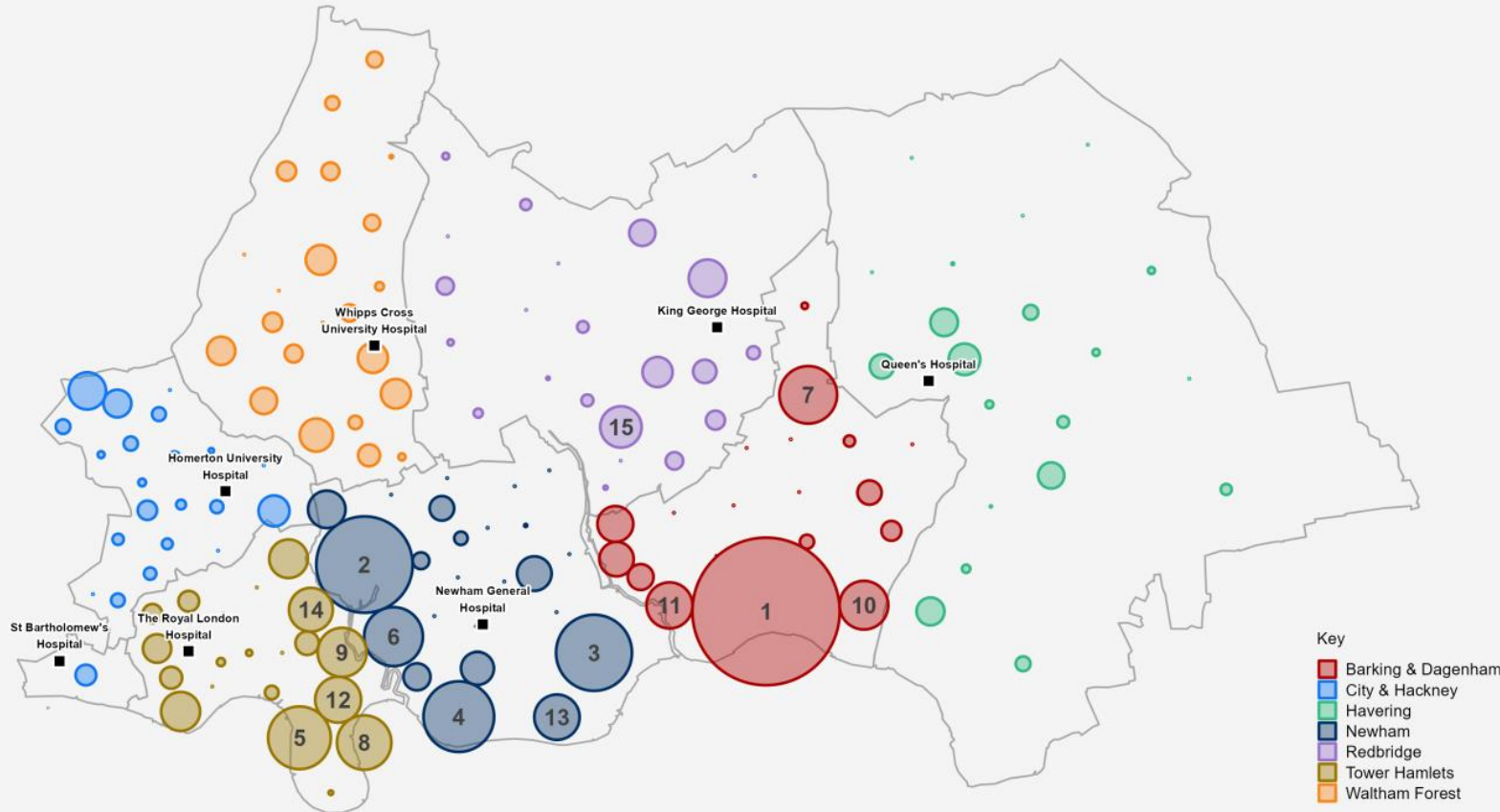


# Growth is unevenly distributed across NEL and particularly significant in some of our most deprived and currently underserved places

NEL service provision will need to adapt to new demands as NEL's Population Growth is unevenly dispersed.

## NEL Wards all age population increase 2023-2041

Smallest circles = wards with zero increase or marginal decrease, labelled circles = top 15 wards by population increase (1=highest)



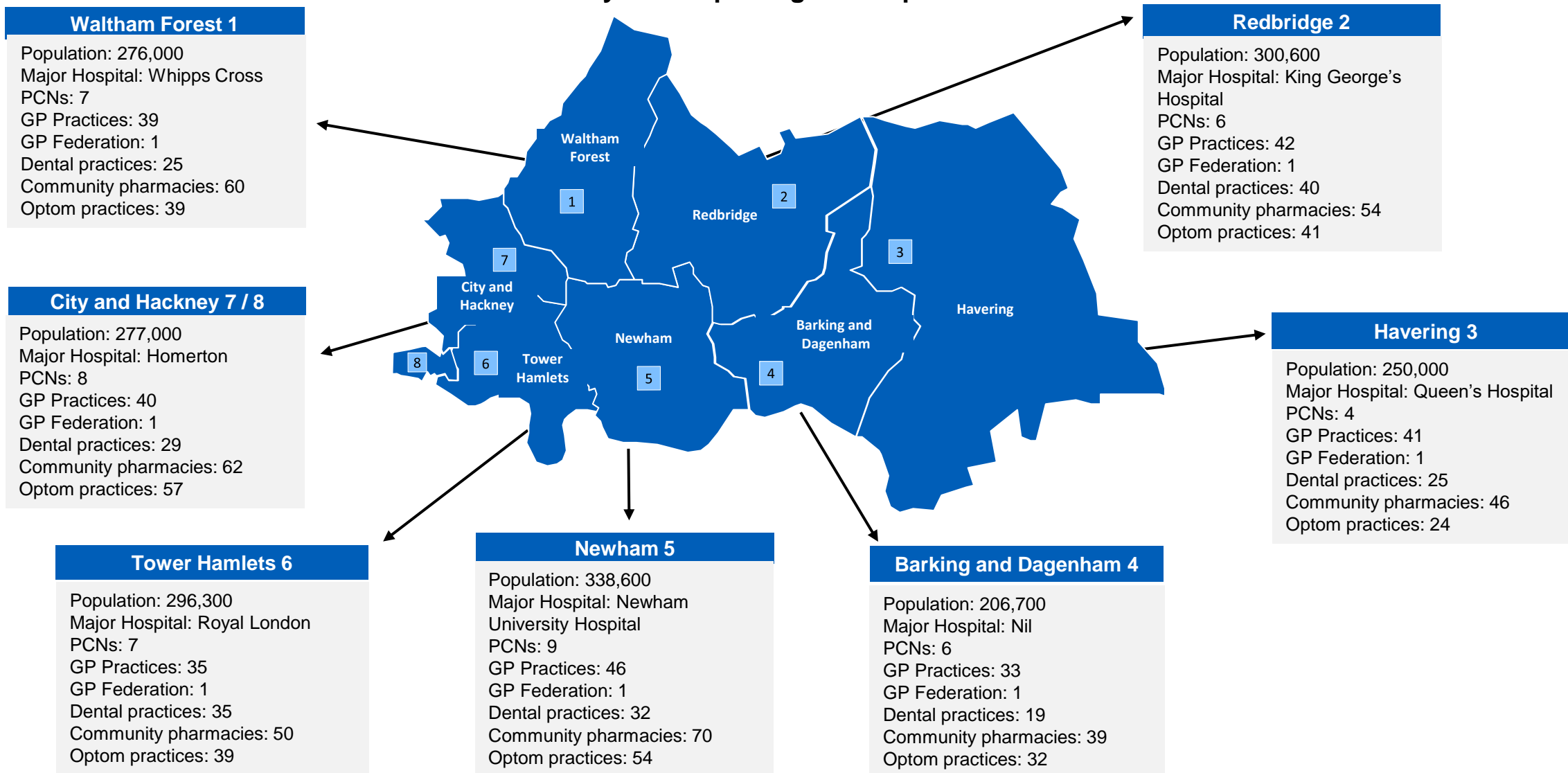
GLA Identified Capacity Scenario, published January 2023, 2021 based

Population growth hotspots in NEL are focused in some of the most deprived parts of our geography including LB Barking & Dagenham where over half of the current population (54%) live in the most deprived quintile nationally and LB Newham where a quarter of the population live in the most deprived areas nationally (24%).

The place with highest projected growth in north east London (Barking & Dagenham) currently lacks the essential infrastructure for health and care including any acute provision within the borough.

# Overview of provision in NEL

NEL is currently made up of eight local places





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# Integrated neighbourhood teams

# Introduction

- This Integrated Neighbourhood Teams Framework aims to support the collaborative effort of health, social care, council, community services & voluntary sector, and local people to create Integrated Neighbourhood Teams.
- We have co-designed the INT framework together with our Places and Primary Care leads and it is designed to enable each Place to tailor their use of the framework to the local needs, acknowledging that the introduction of neighbourhood teams has reached different stages across the seven Places. This framework can be used by Places where INTs already exist to help mature the INTs or by Places at the beginning of their INT journey.
- Our Fuller Continuity of Care working group has provided checks and challenges throughout the design process, with sign off from the Fuller Steering Group, which is the group that provides coordination of the whole NEL Fuller programme. From 24/25, the Fuller Programme is part of the Primary Care Collaborative portfolio.
- We define an Integrated Neighbourhood Team as a team where multidisciplinary professionals work together across organisational boundaries from health and care services, to provide care closer to home and address the diverse needs of the local population. This includes prevention, continuity of care, same day access and tackling health inequalities. INTs focus beyond the medical model of care to wider determinates of health. The framework is therefore not targeting a specific frontline intervention, but rather a way of working in a collaborative, integrated way.
- The framework has been developed with population health management and quality improvement as guiding principles and has three components, outlined on the next page, and it should be seen as support for local work rather than a step-by-step instruction on how to design and deliver INTs.
- We intend to test and refine the INT framework throughout 24/25 based on learning from the Places and our INT accelerator programme which is due to start in Q1 2024/25



# Vision statement

## Our Vision for Integrated Neighbourhood Teams

“Integrated Neighbourhood Teams in North East London will work closely with local people to create a care offer that is proactive and person-centred. By coordinating local services across sectors, teams will empower local people and enable access to inclusive, high-quality care”

### What do we mean when we say?

#### Community



- Services are tailored to localities, within Places addressing unique health, care & social needs
- Services are provided locally to meet community needs and make it easier to access help

#### Proactive



- Actions to prevent health and social issues - reducing reactive care
- Early intervention to identify and manage risks, to reduce the number of emergency situations

#### All age person centric



- Care that is tailored, from babies to older people, focusing on individual needs
- Incorporating the [Personalised Care Operating Model](#), (personalised care plans, health budgets, social prescribing, shared decision making, & self-management)

#### Coordinating



- Working together towards common goals
- Smooth transitions between organisations and type of care with clear communication
- Multi-professional teams who create consistency on all aspects of the individual's needs

#### Inclusive



- Ensuring equity for residents, based on need, age, gender, ethnicity, & socioeconomic status
- Culturally competent teams who respect & respond to the values, beliefs, & needs of its community
- Work collaboratively with partners on the wider social determinants of health

#### High quality care



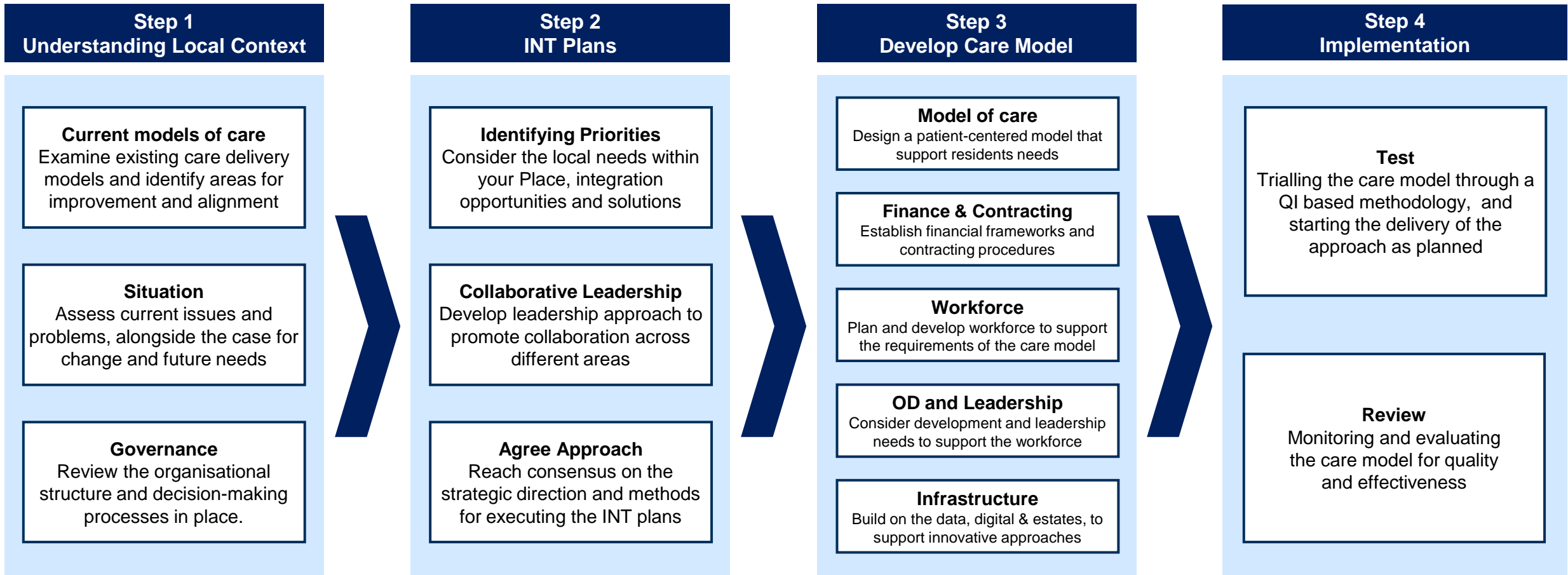
- Evidence-based practices and continuous quality improvement to create excellence
- Regular training & development opportunities for staff
- Evaluation in place to measure patient satisfaction and outcomes, as well as staff experience

### What does our Vision mean for our local people?

*I will have access to personalised, preventative health, social care and support tailored to my age and personal needs, right in my community.  
I can expect a coordinated effort from various local services to ensure I receive consistency and holistic support when I need it.*

# Approach to Formation

This slide presents a four-step 'Approach to Formation process', designed to guide Places and INTs through the systematic development of their care models. From understanding the local context and planning through to the development and implementation, each step builds upon the previous one to ensure a strategic and thorough enhancement of INTs. The approach emphasises the importance of collaboration, innovation, and continuous evaluation to meet the local residents' needs.





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# Primary Care Transformation Programme

# Primary Care Transformation objectives – portfolio vision

## Portfolio vision, mission and key drivers:

Our **vision** is for North East London to be a place where you can access consistent high-quality primary care, from a dedicated, motivated and multi-skilled workforce enabling local people to live their healthiest lives

The **aim** of our portfolio is to deliver on ambitious plans to transform primary care, offering patients with diverse needs a wider choice of personalised, digital-first health services through collaboration with partners across the health and social care and communities. National and local plans place a focus on improving access, prevention, personalisation, tackling inequalities and building trusting environments.

Our **local challenges** include population growth, deprivation, exacerbating poor physical and mental health and workforce retention and development and a financial challenge urging cost effectiveness and efficiency.

# Primary Care Transformation programmes

Programme	Outputs	Link to objective
<b>1. Primary Care Network development / CoC</b>	All Places to have mature PCNs to serve as the primary care building blocks of Integrated Neighbourhood Teams. This will include ready and supportive infrastructure (eg digital, workforce and estate). PCN quality and performance framework.	<ul style="list-style-type: none"> <li>• Improving access</li> <li>• Modernising primary care</li> <li>• Building the workforce</li> </ul>
<b>2. Same day access</b>	Enhanced and extended primary care services at weekends/ evenings. Design pathway to incorporate extended hours, 111, UTC out of hours and UEC).	<ul style="list-style-type: none"> <li>• Improving access</li> </ul>
<b>3. Delivery of the Primary Care Access Recovery Plan (PCARP)</b>	Digital telephony installed in all practices, enhanced NHS APP, six self-referral pathways in place; patient record access; improved primary-secondary care interface, easier digital access, e-hubs, care navigation (to more service alternatives) and more primary staff and roles. Each practice will have their own plan and support to deliver it. Expand oral contraception, blood pressure services and Pharmacy First -prescribing for 7 conditions	<ul style="list-style-type: none"> <li>• Improving access</li> <li>• Modernising primary care</li> </ul>
<b>4. Workforce: recruitment and retention</b>	Increase recruitment and improve retention, job satisfaction, appt availability, flexibility. Strengthen governance of training hubs (review). Hyperlocal improvement plans. Understand and address why staff leave, create development opportunities and new roles	<ul style="list-style-type: none"> <li>• Building the workforce</li> </ul>
<b>5. Premises management - estates</b>	Resolve issues with Aged Debt, service charges and rent reimbursement. Work with GP practices to enable their relocation to the seven new primary care & community premises. Develop and maximise usage of the primary care portal and create a coordinated approach to comms. (links to Fuller recommendations)	<ul style="list-style-type: none"> <li>• Optimising enablers</li> <li>• Modernising primary care</li> </ul>
<b>6. Service Review</b>	Expenditure review, value for money, transactional resource requirement, impact and outcomes. Includes LIS, LTC Framework, and APMS procurements	<ul style="list-style-type: none"> <li>• Improving access</li> </ul>
Leadership, PMO and efficient working	Automate BAU processes in the directorate and identify BAU to be stopped. Create single primary care portfolio to coordinate all programmes by establishing robust governance, prioritisation of projects and resource management	<ul style="list-style-type: none"> <li>• Working smarter</li> </ul>



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# Workforce

# Workforce: Rates per 100K Dec 2023

Geography	GP All	GP Excl Training Grade	Nurses	HCA	Phlebotomists	Admin
England	57.24	43.22	26.26	11.29	1.32	119.27
London	49.30	39.11	13.40	7.12	0.77	91.36
NEL ICB	47.55	37.04	13.26	7.67	0.71	92.51
Barking & Dagenham	45.14	35.99	13.82	6.85	0.05	90.96
City & Hackney	62.09	51.19	16.69	11.84	1.32	105.51
Havering	44.58	32.75	14.50	3.39	0.41	103.77
Newham	40.20	32.89	11.64	9.77	0.43	95.10
Redbridge	44.89	32.67	8.87	5.27	0.76	78.21
Tower Hamlets	48.41	39.72	16.33	10.69	1.56	86.29

Data for Dec 2023 which includes ICB and NHSD estimates for practices who have not reported. Data taken from NWRS system and does not include ARRS roles

The above heatmap shows the rates per 100K for PC staff (excludes ARRS funded roles) for the period December 2023. NEL aspires to move local place rates to at least the average for London unless.

The ICB will be investing Strategic Development Fund (SDF) allocations at place into schemes to improve the capacity and capability of our workforce. This includes retention initiatives in all areas but also targeted interventions to address low rates in our red areas.

In addition to workforce improvement, NEL places receive funding via Training hubs for

- TH infrastructure – this supports clinical leadership and programme management at place and system
- CPD funding which is used to fund locally prioritised training for GPs, nurses and AHPs
- Educators
- Other NHSE prioritised schemes

## Issues /Risk

NEL has an aging workforce:

- 29% (22%) GPs are 55+
- 42% (34%) Nurses are 55+

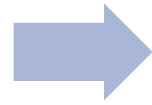
Over the course of 2023 NEL recruited at a rate of 7.2%(10.22%) but lost 8.03% (8.8%) of the GP workforce

NEL's population is growing generally but this growth is concentrated around some GP services

NHSEI is expanding the number of approved training environments across London by 17% by 2025. It is estimated that

- 85% of GP trainees stay in the area they trained in
- 60% of nurse trainees stay in the same area

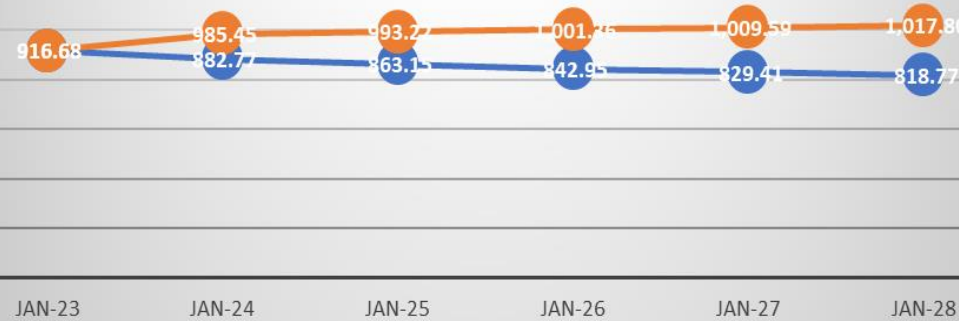
NHSEI has closed the national GP and nurse fellowship scheme to new applicants from 1 April 2024



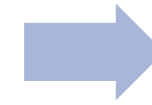
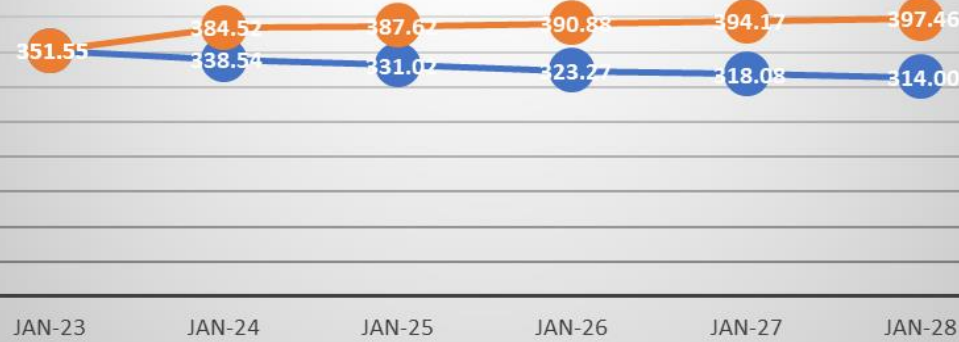
## Impact

Demand analysis of GP workforce based on population growth compared to current profiles (impact of recruitment and attrition)

### GP workforce trajectories



### Practice Nurse trajectories



## Mitigations

As NEL's population grows we will need more GPs and Nurses to deliver care and access. Our current trajectory shows a net loss of workforce before improvement (which is required in 5 boroughs)

To address this we need to increase recruitment by expanding the number of approved training environments and opportunities as most trainees stay in the area

We need to reduce attrition by offering career and development opportunities like SPIN

We need to reduce the reliance on GPs and Nurses (target demand trajectory) by developing new delivery models utilising the wider skill mix funded via ARRS in a safe way



# GP retention and recruitment

- Approved Learning Environments – increasing GP Trainees and Trainers
- Onboarding newly qualified GPs via portfolio offers and fellowships
- Retaining Mid Career GPs with portfolio offers and fellowship programme
- Aspiring Partners – development as part of GP Leadership Programme
- Replacement of the the National fellowship and mentorship programmes with local opportunities including
- Development of SPIN programme linked to academic opportunities
- Development of SPIN roles that support integration
- Offers of fellowship to wider GP workforce (1st Five, Mid Career and Legacy GPs)

## Challenges

- Variation in the rates of Salaried recruitment and retention across NEL resulting “Red” Areas where ratios of GPs to 100K population are low and are not compensated by higher rates of other nurse and DPC roles
- Focus on recruitment of ARRS DPC staff
- Lack of training capacity and capability in Red Area
- Workload pressures inhibiting expansion of approved learning environments
- General Practice Fellowships and Supporting Mentors will close on 31 March 2024. GPs and nurses who join the scheme before that date will continue to be supported, until they complete their two-year programme.

## Opportunities

- Developing portfolios with PCNs aligned with Fuller and Integrated Neighbourhood Teams
- Increase in the numbers of trainees across London whose placement in NEL has been prioritised
- 85% of trainees will be retained as NQ GP's
- Expanding Approved Learning Environments – Co-produced improvement plans for PCNs aligned to NHS long term workforce plan (train, retain, reform)
- Leadership offer for GPs – co-developed with LMC

# Nursing programme priorities

## National aim:

To support the recruitment, retention and development of the General Practice Nursing workforce to enable achievement of a nursing supply balance that meets the demands of the current and future healthcare needs of the population and health service as a whole. This includes supporting delivery of the manifesto commitments:

- Increase the number of registered nurses to **50,000 by 2025**
- **26,000** additional roles in Primary Care **by 2024**
- **50 million** additional appointments (access)

### Recruitment

Focus on increasing supply of newly qualified nurses into general practice supported by: GPN fellowship, CN002 National Module to train new to practice nurses in core general practice skills. Further supply routes through Training Nursing Associate and Nursing Associate ARRS roles



### Retention

Creating the right conditions to retain all staff and make general practice an attractive place to work including ensuring all primary care staff have access to health and wellbeing support supported by: Looking After You coaching offer which has been shown to significantly improve staff wellbeing and resilience.



### Leadership & Professional Development

Key to retaining and attracting mid-career nurses, including developing into Advanced Practitioners and support for nurses to develop as PCN Clinical Directors supported by: embedding the Primary care and General Practice Nursing Career and Core Capabilities Framework



### Return to Practice / Flexible Retirement

Focus on supporting general practice to embed flexible and new ways of working supported by: National Return-to-Practice scheme, mentorship, legacy nurse



- Roll out of GPN VTS across NEL
- Sharing good practice from each place – avoid duplication and reinventing
- Developing a USP for Primary Care Nursing
- Career events – recruiting local people
- CPD programme linked to ICB local needs
- Nurse fellowships
- Development of career pathways
- Adoption of the Pan London GPN and GPNA Competency Framework
- Developing next generation Primary Care Nursing leaders
- Increase in Nurse Partners, Place Based Clinical Leads, Nurse PCN Clinical Directors;



North East London

# Developing a vision for primary care in NEL

# 9. Vision for Primary Care in NEL

We working to develop a vision for primary care informed by vision statements from national and local work.

*‘Primary care services are the front door to the NHS – they are the first port of call when we feel unwell and the main coordinator of care when we need on-going support. When primary care is working well, people feel welcomed, listened to and reassured’* National Voices 2023

**Person-centred, integrated and comprehensive care, delivered by sustainable general practice, that forms the cornerstone of our integrated care systems, NEL Primary Care Strategy Vision, 2019**

RCGP presented a vision of general practice in 2030 as a ‘revitalised profession, an expanded team as the bedrock of a sustainable NHS. Vision of general practice as a high status rewarding profession with the right staffing levels and a manageable workload. The delivery of relationship based, whole-person care with time to care for those with complex needs and work with extended teams to provide continuity of care. Patient have more choice over the length, time and method of consultation. The skills of the GP as an expert medical generalist will be recognised. GPs will work in collaboration with neighbouring practices to improve health outcomes for the population and tackle inequalities working across boundaries. Practices evolve into well-being hubs to prevent ill health and build resilient communities. General practice will be at the core of a revitalised, well-resourced primary care community care sector, which delivers care closer to home, improves health outcomes and supports patients to self-care and lead healthier, more independent lives.

**Summary: Fit for the Future - A vision for general practice in 2030 (RCGP, 2019) (Full version in Appendix E)**

## Fuller Stocktake Vision, 2022

Captured a vision for integrating primary care, improving access, experience and outcomes for our communities, which centres around three offers:

1. ‘Streamlining access to care and advice for people who get ill but only use health services infrequently: proving them with much more choice about how they access care and ensuring care is always available in their community when they need it.
2. Providing more proactive , personalised care with support from a multi-disciplinary team of professional to people with more complex needs, including, but not limited to, those with multiple long term conditions.
3. Helping people stay well for longer as part of a more ambition, joined up approach to prevention.’

## Our NEL Vision for Integrated Neighbourhood Teams

“Integrated Neighbourhood Teams in North East London will work closely with local people to create a care offer that is proactive and person-centred. By coordinating local services across sectors, teams will empower local people and enable access to inclusive, high-quality care”

## NEL Vision for Same Day Access, 2024

- ***‘I am easily able to access care or advice today if I need it today’***

This means:

- One contact will get me to the right person or place to meet my need, whether it is physical or mental health
- I will receive face to face care if I need it
- I have confidence in the service I receive, irrespective of how I receive it or who provides it
- I have confidence to contact first rather than walk in
- I have confidence to self care if I am advised to do so
- If I require ongoing care I can get support from a team that know me
- The service I get will be the same whenever I need it during core hours

## ICP Ambition 2023

Our Integrated Care Partnership ambition is to ‘work well and for all the people of North East London to create meaningful improvements in health, well-being and equity.’

# Draft Vision for Primary Care in NEL

This draft has been developed to describe what to expect from primary care a patient/resident perspective. It is rooted in the outputs from the NEL Big Conversation (2023) and is in keeping with the NEL vision for same day access.

## Draft Vision for Primary Care in NEL from Patient/Resident Point of View

By 2030 primary care in NEL:

- Is the first point of contact for me with the NHS
- Is available when I need it, in the form that I want
- Is good quality with services designed for me and the communities in my area
- Is the main coordinator of care when I need on-going support
- Supports me (and my carer, and my family) to look after myself
- Helps me prevent my condition from getting worse
- Is provided by skilled and resourced professionals in good spaces near where I live
- Provides what I need with the help of other practices, teams and services in the area
- Strives to build better, healthier people and communities.

### Next Steps:

- Use opportunities to sense check this vision within the ICB, with partners and with the public and link with the output of the NHSE London Deliberative work
- Hold a series of workshops to use these vision statements to identify quantifiable ambitions for primary care (GPs, dentists, optometrists and pharmacists).