

Route Map to the 2020 Vision: A Strategic Assessment of a Health Board's Capability and Capacity to Deliver the 2020 Vision for Primary Care

Context

The Route Map to the 2020 Vision for Health and Social Care describes 12 priority areas for action for pursuing the Scottish Government's 2020 Vision for high quality sustainable health and social care services in Scotland. These 12 priorities are described in three domains, often referred to as the "Triple Aim":

1. Quality of Care
2. Health of the Population
3. Value and financial sustainability

For each of these domains there will be a small number of priority areas for action, often building on existing work and all requiring focussed attention and acceleration if they are to deliver in time for the 2020 Vision to be realised.

Primary care is at the heart of the 2020 vision, keeping people healthy in the community for as long as possible. It is a prerequisite for tackling health inequalities, for successful adult health and social care integration and for addressing some of the challenges of unscheduled care. It should promote an integrated and asset-based approach to providing care to patients across the health and social care system, working collaboratively with community facing specialists, local authorities and third sector organisations in communities to unlock solutions hitherto not available to us.

In doing this we need to consider the patient journey across the whole health and social care system and across what we currently call 'in hours' and 'out of hours'. Future care in a community setting is crucial to supporting people living with one or more long term conditions, to prevention, to achieving more person-centred care and to delivering on our effective and safe ambitions.

The Health and Social Care Management Board and Health Board Chief Executives have recently agreed the 4 key elements necessary for the transformation of primary care, in order to achieve the 2020 vision.

Those 4 pre-requisites are:

- A need to develop new models of integrated care that better meet the needs of a changing population and that engages with and meets the needs of the local people;
- A need to develop a “more Scottish” GP contract as part of our continuing efforts to deliver excellence in primary care; an immediate period of stability and consolidation in the GMS contract would be an important enabling factor, allowing significant GP involvement in the development of that more Scottish contract, with a clear focus on health and social care integration.
- A need to continue efforts to improve the quality and usefulness of Primary Care data, as a tool for improvement; and
- A need for territorial Health Boards to make a medium term assessment of the strengths and weaknesses in delivering the 2020 vision for Primary Care in their area, thereafter developing an implementation plan based on the outcome of that assessment, which would include consideration of the workforce – for Spring 2014; this point/step was agreed with Chief Executives at their meeting in April 2013.

Purpose and key role of the ‘strengths and weaknesses’ assessments

These assessments will be a central component of health board’s Local Delivery Plans and will be a key step in planning this expanded role for Primary Care, both for local and national purposes. Within health boards they will inform the measurable resource shift necessary to innovate and strengthen Primary Care; developing new models of integrated care that will be tested in a supported environment and be quality assured. The assessments should be reflective of the breadth of issues that may arise from the more local approach to strategic planning expected under health and social care integration arrangements. They will also assist the development of approaches to enable the Scottish Government to provide support to health boards in expanding the role of Primary Care, recognising that across Scotland health boards have different priorities, reflecting their geographic and demographic situation, current infrastructure and health needs.

The framework provided for assessment facilitates a self-assessment of strengths and weaknesses in local capability and capacity to deliver the 2020 vision for Primary Care. It should form the basis of discussion in setting local priorities and the subsequent relevant shift of resource necessary to equip Primary Care to extend its role in the whole system delivery of the 2020 vision.

The assessments will also allow the identification of common themes and will determine any national actions and solutions that require the Scottish Government to support local delivery of the intended outcomes of the 2020 Vision. We actively want feedback.

We expect that assessments will be developed in conjunction with the relevant primary care professions.

Guidance

The areas set out below are to guide consideration of the content of a collated response for each theme and we do not expect responses to cover all of these areas. **In all areas you should be clear about the resource shift required.**

Service Planning:

- Consider integrated service provision and the current contribution of different professionals including GPs, nursing, AHPs, community pharmacists, dentists, optometrists, community based services, peripatetic specialists to these models of care
- Analyse evidence of a move from competitive to collaborative teams at interfaces of care within your health board
- Demonstrate how you have attempted to shift the balance of care and workforce within Primary Care
- Determine what can be done to better balance the measurement and reporting of outcomes and cut bureaucracy in both managed and independent contractor services
- Assess access to services, including general practice (consider appointments and registration). Determine what you consider appropriate access to be and what capacity and capability there is to improve access.
- Determine alignment of National and Local Enhanced Services with local priorities and delivery plans.
- Determine the extent to which new models can be delivered now, and what barriers or levers might need to be addressed to increase effectiveness (e.g. collaborative place based care (such as federated practices), multi professional working, community engagement and utilisation of community assets, patient flow)
- Consider to what extent current service planning is based on assessment of population need, understanding of socio-demographic factors and on priorities from the local population's perspective

Interfaces and Integrated Working:

- Analyse interfaces
 - within the primary care team
 - with the extended community team
 - between primary and secondary care - front door and back door
 - with the third sector
 - with mental health services
 - with social care
 - between in-hours and out of hours services
- Review inclusiveness and effectiveness of local planning to develop successful and efficient integration of services e.g. care networks, use of electronic tools to improve interfaces.
- Consider to what extent the changing health needs of the population and new ways of working will lead to a greater proportion of shared care (generalist and specialist working together) in a community setting; how will this influence the approach to forming integrated teams and resetting interfaces of care? (e.g. Reshaping Care, Future Hospital report)

Infrastructure:

- Independent Contract administration
- Digital technology
- Information management systems
- Management capacity and capability
- Organisational and staff development
- Premises
- Supplies and procurement
- Support services
- Telehealth and Telecare
- Transport

Workforce:

- Consider what is required to move from a competitive to a collaborative workforce
- Review training to determine if it is fit to support modern practice
- Determine workforce profiles and the extent to which these are sustainable
- Consider work- life balance, working patterns, portfolio careers, new roles, skill mix
- Review the extent of support for continuous professional development, appraisal, revalidation
- Consider the effect of existing and new professional regulation
- Consider issues relating to pay and conditions

Leadership:

- Determine the extent of collaboration in support of leadership development e.g. Royal Colleges, National Leadership Unit, NES
- Consider changing career structures, accountabilities, levels of authority as a consequence of health and social care integration
- Consider primary care within local, whole-system and national leadership frameworks
- Consider leadership for improvement and performance
- Determine existing and future leadership investment

Data and Improvement:

- Consider how you use contracts, now and in 2020, to support data extraction. Consider how national level data extracts can support/enhance local level extract
- Determine what's needed to deliver effective data linkage e.g. primary care and social care, governance of information including the role of NSS
- Consider standardisation, adoption and spread of reliable systems e.g. DATIX.
- How will systems need to change to be fit for purpose in 2020?
- Determine how you use data now and towards 2020 to drive decision making, improvement and performance. For example use of benchmarking, data visualisation, whole-system data sets
- Consider the existing capability and capacity to deliver continuous quality improvement in primary care
- Consider the existing capability and capacity for measurement for improvement
- Review the extent of cultural change needed as we move towards 2020
- Determine what will be needed to achieve a tiered level of capability and capacity within primary care as part of the whole system approach to quality improvement.

TEMPLATE

Note: The following template may be helpful in constructing your response. We expect your response to cover all relevant strategic themes and the resource shift identified.

NHS Board:

| Consideration: Strategic Theme: | Current Service Strengths | Current Barriers to Achieving the Future Vision | Proposed Local Interventions | Necessary resource shift identified |
|------------------------------------|---------------------------|---|------------------------------|-------------------------------------|
| Service planning | | | | |
| Interfaces and Integration | | | | |
| Infrastructure | | | | |
| Workforce | | | | |
| Leadership | | | | |
| Data and improvement | | | | |

What support / facilitation / action does the health board consider is necessary at a national level in order to address the challenges that you have identified during the consideration of the above themes?: