

6 September 2018		ITEM: 8
Health and Wellbeing Overview and Scrutiny Committee		
Primary Care Strategy - Thurrock Clinical Commissioning Group		
Wards and communities affected: All	Key Decision: N/A	
Report of: Rahul Chaudhari - Director of Primary Care		
Accountable Director: Mandy Ansell - Accountable Officer (Thurrock CCG)		
This report is public		

Executive Summary

Current high level modelling across the STP shows that there is an existing, and growing, demand and capacity gap for Primary Care services. This is more prominent in Thurrock as we are one of the most under-doctored boroughs nationally.

Thurrock CCG has been working with the CCG's, practices and the LMCs across our STP. The system has collectively developed a primary care strategy. We believe our plan has the potential to regenerate and revitalise primary care locally, reducing workload, especially for GPs, improving the service we offer to patients and making mid and south Essex a place where staff want to come and work.

This paper aims to appraise the committee on the:

- STP Primary Care Strategy

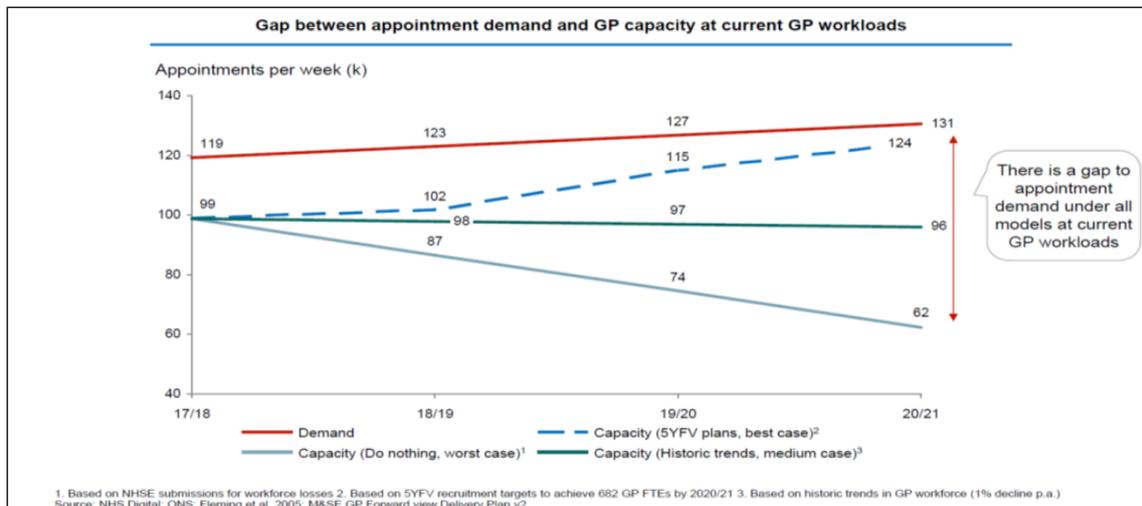
Introduction and Background

Overview

General Practice in Mid and South Essex is at a crossroads. We know that if we carry on as we are, with some of the lowest staffing levels in England, poor morale, excessive workload and difficulty recruiting the staff we need, practices - and individual GPs - will collapse and the quality and safety of the service we provide to local people will deteriorate.

Current high level modelling across the STP shows that there is an existing, and growing, demand and capacity gap for Primary Care Services. Getting an accurate picture of the local situation will be a key first step of the implementation plan, but early analysis shows this Mid and South Essex scenario is reflected across

Thurrock.



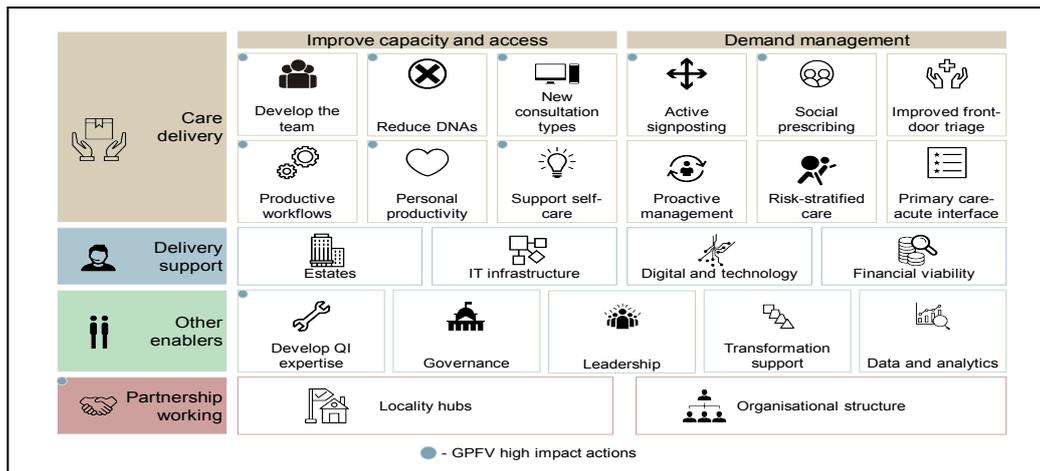
This is not a future anyone wants. That is why, Thurrock CCG has been working with the CCG's, practices and the LMCs across our STP, and the system has collectively developed this strategy and the supporting *narrative*. We believe our plan has the potential to regenerate and revitalise primary care locally, reducing workload, especially for GPs, improving the service we offer to patients and making Mid and South Essex a place where staff want to come and work.

Three key themes lie at the heart of our strategy. Firstly, to expand and change the primary care workforce so that we move from a service that is GP delivered to one that is GP led. We want to recruit more GPs and nurses, but also a wide range of other professionals so that we have vibrant, multi-disciplinary teams in general practice.

Secondly, we want practices to accelerate progress in coming together to form localities covering populations of roughly 30-50,000 people. As seen through local examples by working together in localities that they own and control, practices are able to support one another, benefit from economies of scale, improve access for patients and provide a strong foundation for locally integrating a wide range of services.

Thirdly, we plan to do all we can to quickly support practices to manage demand and reduce workload. Our plans include more systematic deployment of proven methods of triage and care navigation, as well as widespread use of digital technology to promote and enable new models of care delivery and reduce bureaucracy.

At its heart it focuses on increasing capacity, improving access and managing demand through the implementation of a range of solutions.



The strategy will help us to build that the solid local foundations that are essential for the further expansion of, and integration with, a wide range of out of hospital services, including community nursing, social care and voluntary organisations.

This work has been overseen by the Joint Committee of the five CCGs - and a work programme specific steering group and working group, consisting of local CCG staff and with local GP input and the Committee have now endorsed the Strategy and the approach to delivery. Whilst the strategy has been developed collectively, the document should be a locally owned strategy, and requires a local implementation and investment plan.

Associated Paper

The “Umbrella” STP Strategy.

Report Author:

Rahul Chaudhari

Director of Primary Care