

# Primary Care Managers Conference

**Paul Green, Director for Primary Care**

**NHS Devon**

- Annual Plan / Planning Cycle
- Organisational (ICB) Restructure

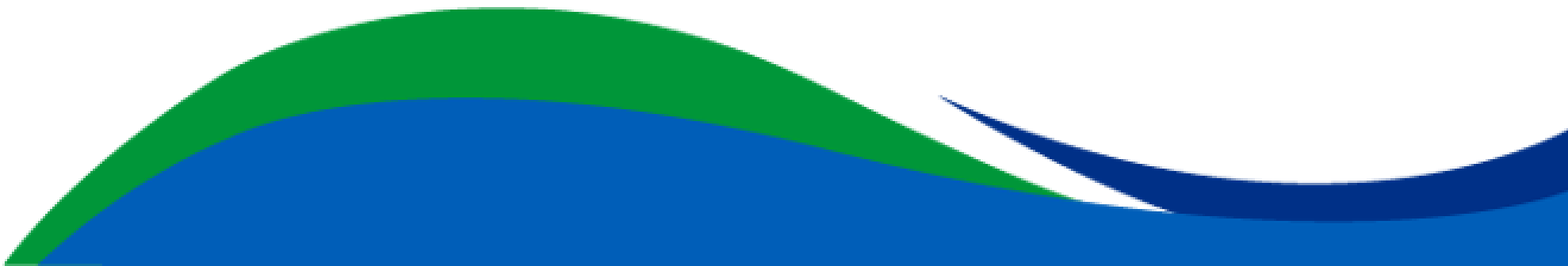
11<sup>th</sup> September 2024

# Primary Care in Devon


- 1.2m people living in Devon
- Fourth largest county in England, rural and urban areas, areas of affluence / deprivation, aging population
- 118 practices, 31 Primary Care Networks, 4 General Practice Collaborative Boards, Devon Collaborative Board
- 145 dental contractors
- 209 pharmacy contractors
- Demand continues to rise - cycle of overspill
- Post pandemic there has been significant growth (circa 20%-25%) in patients General Practice are managing who pre pandemic would have had their need met




# General Practice Achievements (some of)

- General Practice in Devon is performing strongly although there is variation
  - Circa 705k (coded) clinical contacts in June 2024
  - That's 545 per 1,000 people in Devon (nationally 449) (+21%) (2nd highest nationally)
  - 50.1% of appointments were seen within 1 day (*target 35%*)
  - 80.5% were seen within 2 weeks (*target 85%*)
  - Total contacts 13.4% above pre-pandemic levels (*target 4%*)
  
  - 59.8% of appointments face to face
  - 42.5% were seen by a GP
  
  - 114/118 CQC Good / Outstanding
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# General Practice - what does the data tells us - locally

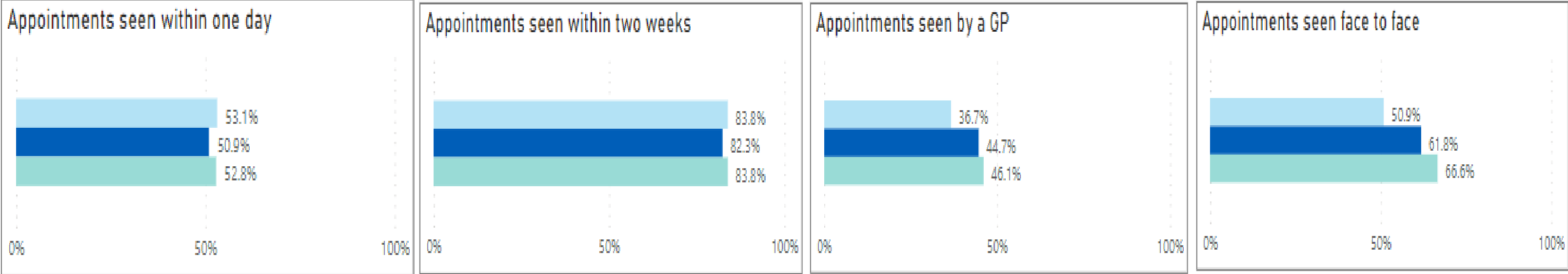
- **GP Appointment data:** 2<sup>nd</sup> highest raw offer (England and Wales). All localities ahead of national average
  - **Demand data:** Clinical contact growth is +9% vs pre pandemic year 2019/20
  - **Workforce data:** 6.6 GPs per 10,000 patients (5.9 nationally) (5.6 Plymouth)  
3.5 nurses per 10,000 patients (2.7 nationally) (3.7 Plymouth)
  - **Patient survey data:** 78% overall satisfaction (72% nationally) (68% Plymouth)
  - **Resilience:** from 5 in 20/21 to 31 in 24/25
  - **Model Extrapolation:** additional 65 GPs, 55 nurses, 53 other direct patient care staff, 173 administrative roles by 2030
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# General Practice - what does the data tells us - nationally

- General practice nationally has seen similar increases in demand
  - The vast majority (circa 92%) of GP income is nationally determined
  - In 2022/23, GP practices were paid £12 (7.3%) less than in 2018/19 when adjusted for inflation
  - 23/4 Practice costs rose ahead of national settlement
  - NHS England (Jan 2024) acknowledged higher than plan inflation (system) costs had been paid for largely from transformation and primary care budgets
  - General Practice significantly affected by challenges in other parts of the system
  - Indications of 'Peak GP'
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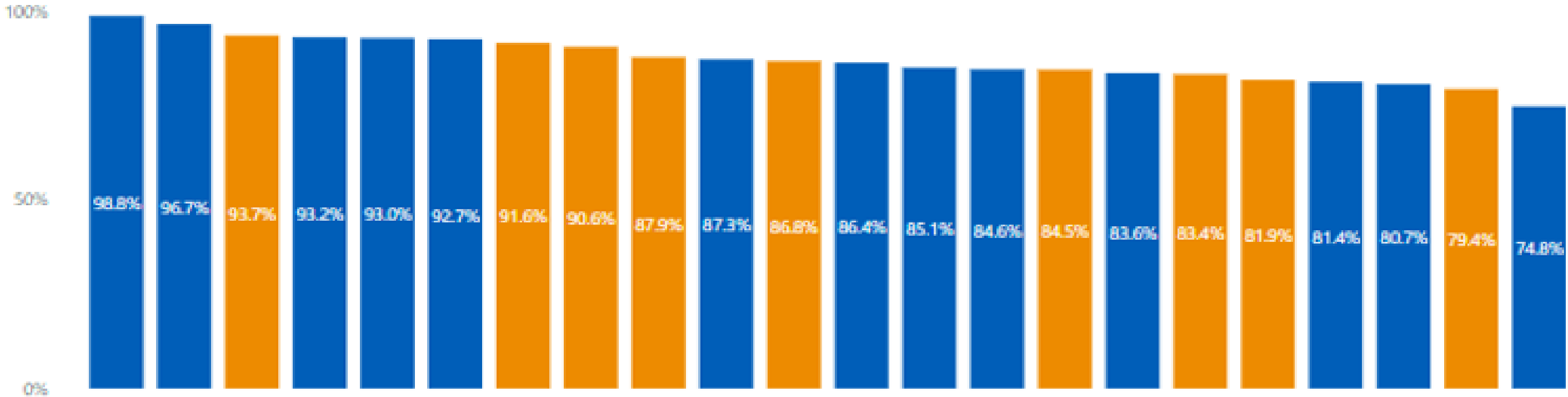
# What's the data telling us: Variation

- Highest Devon % rates for within 1 day and within 2 weeks, it has lowest rates for face to face and seen by a GP



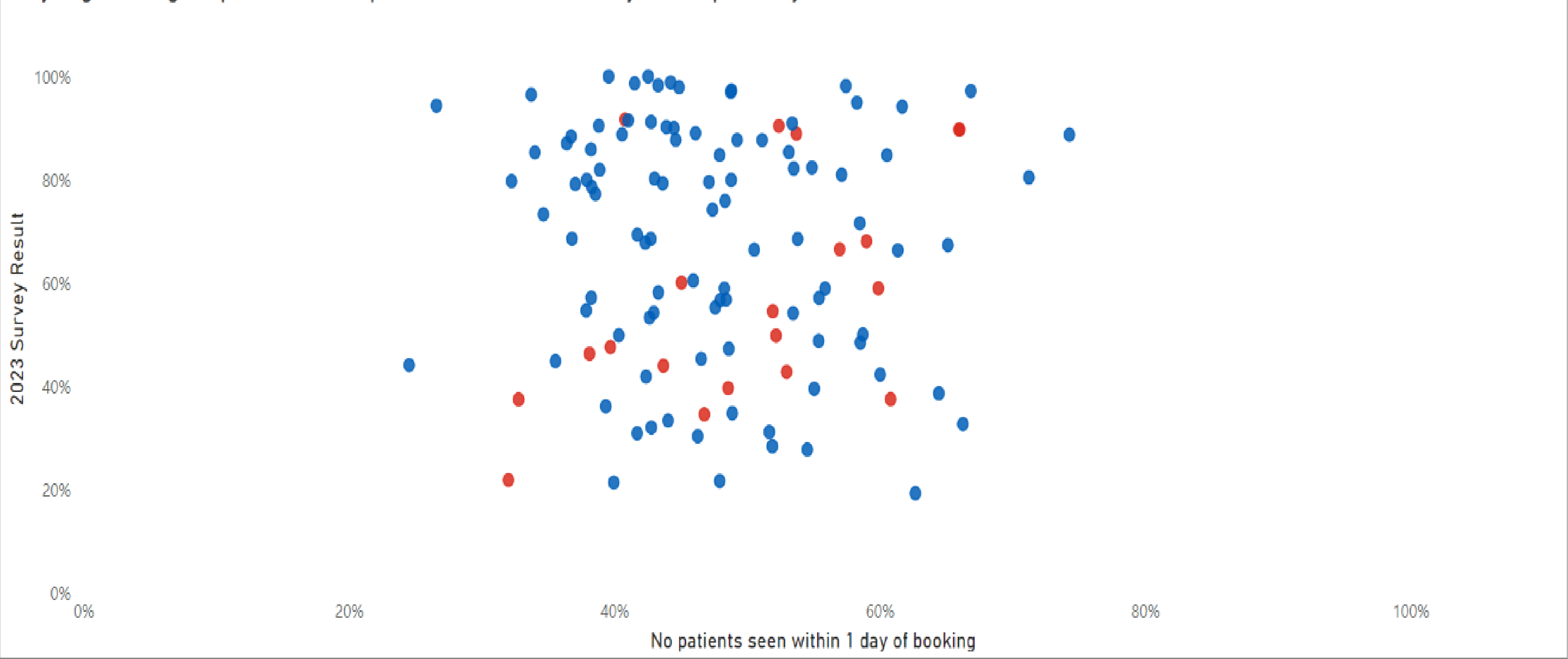
- Within area significant variation (orange practices those with identified resilience challenges)

ACC08 - Appointments that were seen within 2 weeks (% of total)



# What the data is telling us: Resilience

Easy to get through to practice via telephone and seen within 1 day % as reported by GPAD

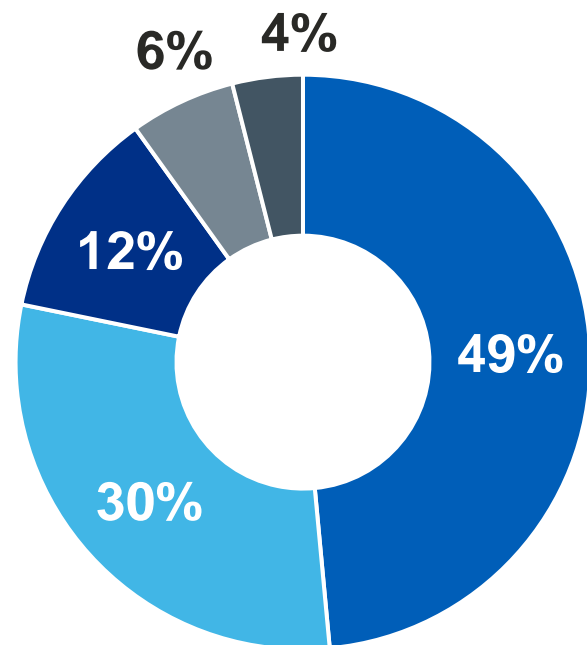


# GP Patient Survey 2024

- Devon scored higher than national average in all but one indicator
- There are areas of variation that require attention
- Overall message: Devon continues to perform comparatively well, but with increased pressures

## Headline result

Overall, how would you describe your experience of your GP practice?



- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

### Devon ICS

Good	Poor
78%	10%

### National

Good	Poor
74%	13%



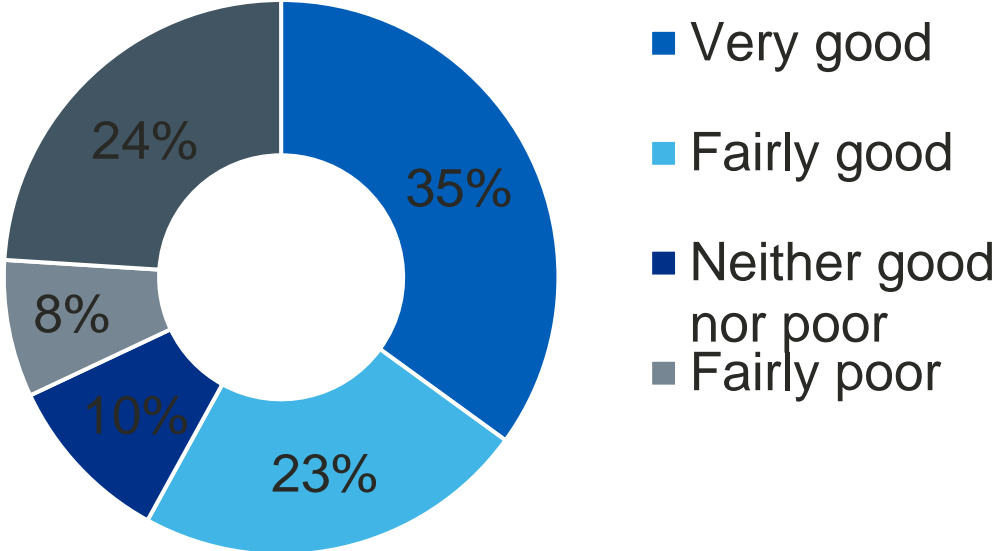
# Results at LCP level

## 8 key indicators

Indicator	National	Devon	Eastern	Northern	Plymouth	Southern	Western
Easy to contact GP practice on the phone	49.69%	55.08%	60.51%	64.45%	38.41%	54.90%	75.60%
Easy to contact GP practice using their website	47.88%	57.81%	63.59%	59.81%	48.37%	58.56%	66.28%
Good overall experience of GP practice	73.93%	78.06%	82.68%	81.73%	67.62%	78.32%	85.51%
Healthcare professional was good at treating with care and concern	85.34%	88.18%	90.43%	88.49%	83.14%	88.94%	91.39%
Involved in decisions about care and treatment	90.92%	92.86%	93.80%	94.37%	89.75%	92.73%	98.15%
Knew next step once contacted GP practice	82.70%	88.23%	90.91%	90.29%	84.03%	86.71%	91.92%
Reception and administrative team were helpful	82.63%	87.22%	91.32%	90.21%	80.27%	85.62%	91.87%
See or speak to preferred healthcare professional always, almost always or a lot of the time	39.73%	47.73%	52.35%	58.05%	37.89%	41.33%	48.17%

# Dental and Pharmacy: This was the first year to include Dental and Pharmacy results

Q52. Overall, how would you describe your experience of NHS dental services?



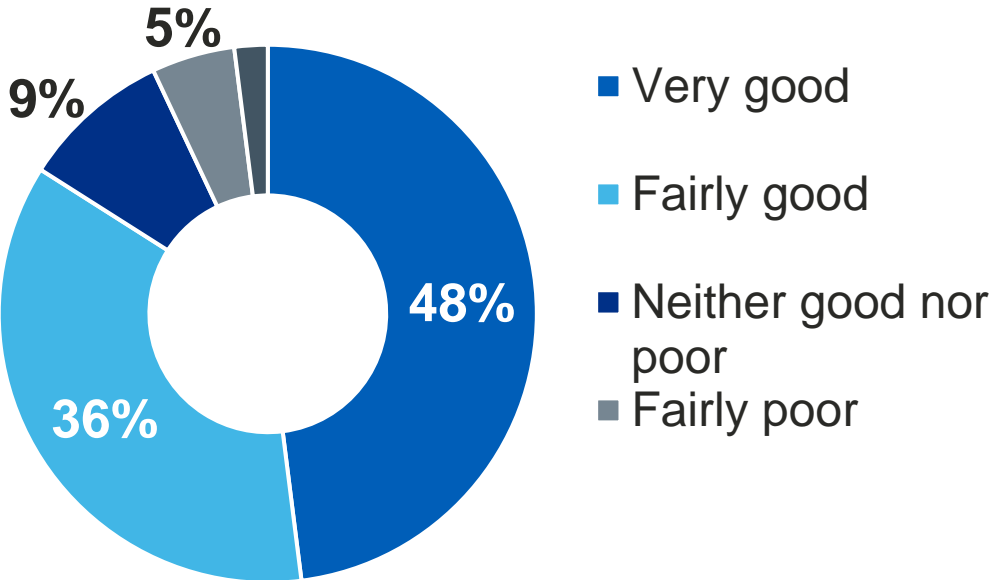
### Devon ICS

Good	Poor
58%	32%

### National

Good	Poor
69%	20%

Q48. How would you describe your experience of using these pharmacy services?



### Devon ICS

Good	Poor
84%	7%

### National

Good	Poor
87%	5%


# NHS Devon Annual Plan

2024/25


# Key Challenges Devon Health System is facing

- One of the three most challenged health systems in the country – finance / performance
  - Forecast deficit of £80m with savings plan of £208m
- NHS Operational Framework level 4 (NOF4)
- Extra reporting, stricter financial/regulatory controls, less decision-making power
- NHS Devon is therefore refocusing and resetting its priorities
- This will give us more control over our future
- In the short-term, we must focus on this and reprioritise our work, our efforts and some of our resources/staff – we have started to look at this, including things we will stop

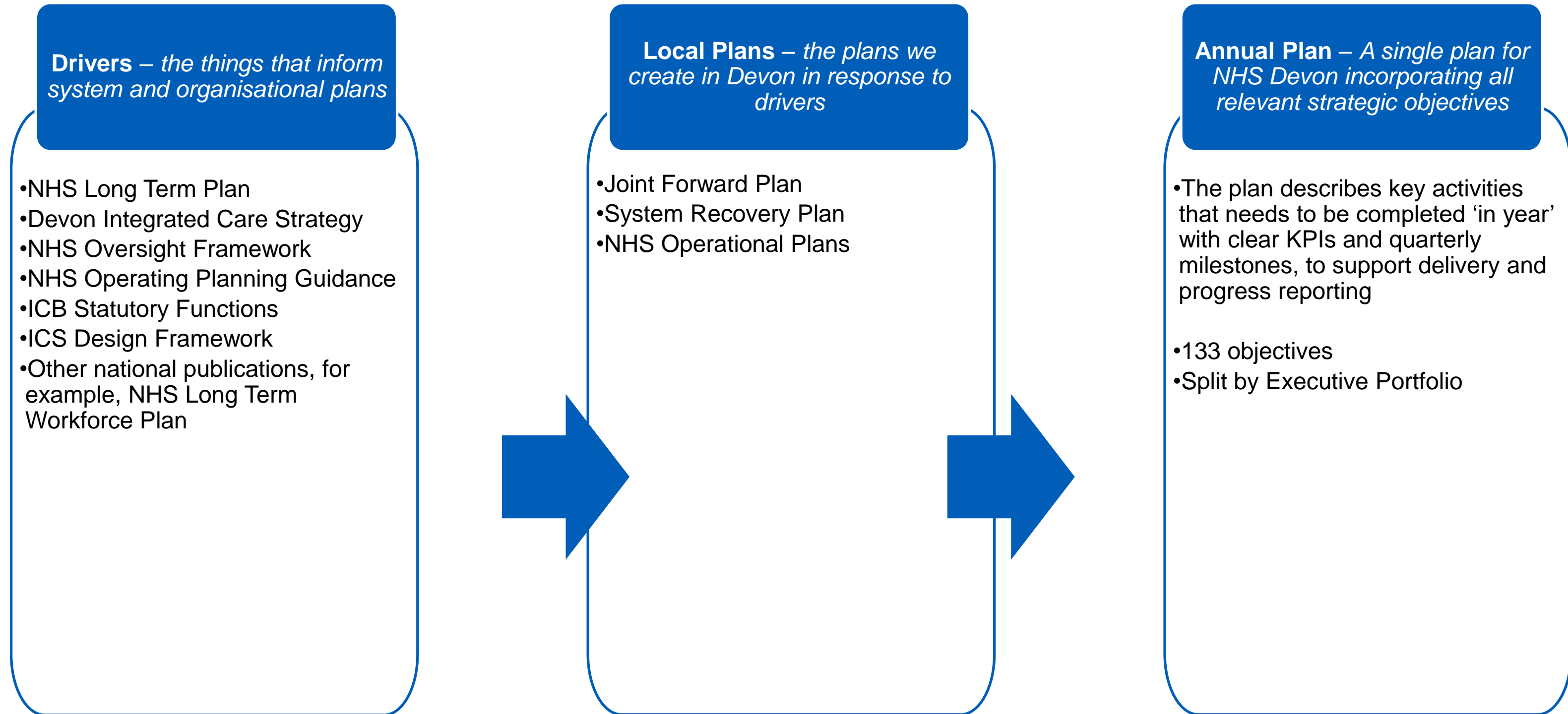
# NHS Devon Annual Plan – what is it?

- ICB plan for delivering 2024-25 **requirements** from the NHS Long Term Plan, NHS Oversight Framework (NOF), NHS England's operational planning guidance, and the One Devon Integrated Care Strategy.
  - Drives delivery of long-term **strategic initiatives**, system recovery programme, and ensures ICB meeting its **statutory** obligations.
  - Serves as a '**master plan**' with objectives drawn from the Joint Forward Plan, System Recovery Plan, and operational plans.
  - High-level but contains clear **deliverables**, impact statements, and timelines, supporting accountability by linking objectives to individual NHS Devon Chief Officers.
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# Development process

- ICB Chief Officers identified 133 objectives (9 are / incl Gen Prac)
  - Delivering these objectives will ensure NHS Devon achieves its strategic priorities and meets performance, oversight, and commissioning responsibilities
  - Executive Leads, are currently developing the high-level plan, which will include deliverables, impact statements, KPIs, and quarterly milestones for each objective
  - Progress will be monitored by the NHS Devon Board and NHSE
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# Annual Plan – A Plan of Plans



# Delivering our annual plan


- Monthly Delivery Meetings with each member of NHS Devon Senior Leadership
- Focus on:
  - delivery of key objectives,
  - tracks performance improvements against the NOF
  - identifies risks that need to be managed
- A performance dashboard and highlight report will then be used to keep the NHS Devon Board / NHSE informed
- Ensures objectives allocated to appropriate NHS Devon Board Assurance Committees, providing an additional layer of assurance




# Primary Care Objectives

Annual Plan 2024/25

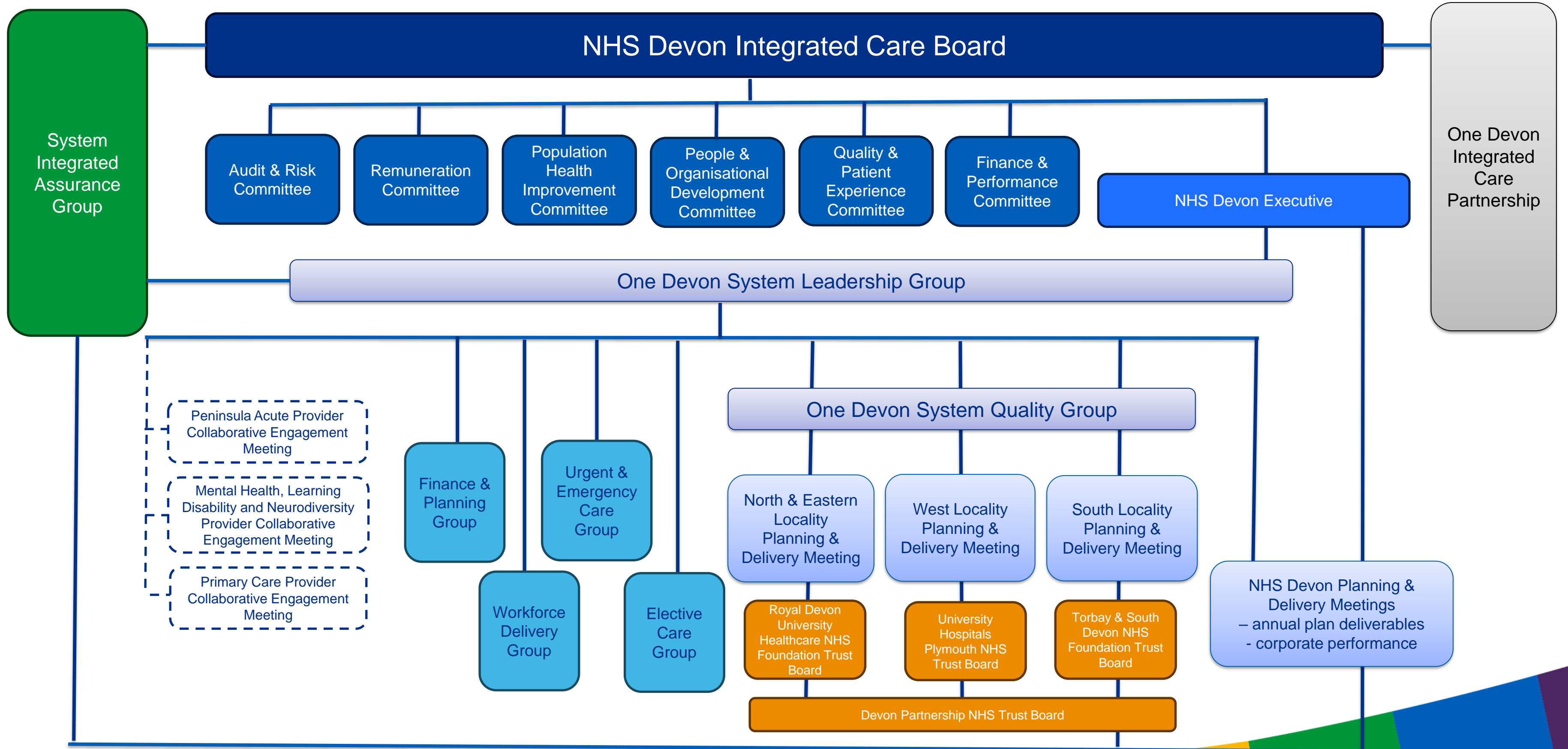
# Primary Care (formal plan) objectives for 2024/25

- Develop Community Pharmacy, - improved resilience - expansion of Pharmacy First
  - Expand clinical pharmacy services, including hypertension case-finding and oral contraceptive provision
  - Enhance patient experience by improving (physical) access to primary care facilities
  - Increase dental activity by improving units of dental activity (UDAs) towards pre-pandemic levels – implementing reform programme
  - Support PCNs to adopt an integrated, proactive approach to care provision
  - Enhance public understanding of and access to community-based services
  - Implement personalised care as part of integrated teams, focusing on the most benefiting groups such as end-of-life, frailty and dementia
  - Expand Independent Prescribing programme within Devon
  - Improve the sustainability of general practice and increase dedicated urgent primary care capacity including through new delivery models
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# General Practice (additional) objectives for 2024/25

- Resilience programme
  - Maintain / improve access
  - Review same day / long term condition / prevention balance
  - Gen Prac / PC / system workforce plan
  - Comprehensive LES review
  - Addressing (some) estates challenges
  - Embedding the primary / secondary care interface document
  - GP / PC Provider Collaboratives
  - GP / PC as partner in the Out of Hospital system AND full system
  - Addressing undue / undesirable variation
  - Testing and expanding new provider led delivery models
  - Use the 'pro' primary care evidence to change and leverage change
  
  - Supported by resource transfer towards Primary Care
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# One Devon Integrated Care System Governance and Assurance Structures 2024/25



# General Practice Provider Representation

- System Recovery
- Urgent and Emergency Care (UEC)
- Planned Care
- Finance
- Clinical and Professional Cabinet
  
- Not exhaustive (e.g. Winter Planning)
  
- (Local) System Level



# NHS Devon - Restructure

# Background and rationale for change

- Reduce running costs (budget) by 30% by 2025/26
- Locally overspending our workforce budget for some time
- NOF4
- We have a fundamentally different role to that of the clinical commissioning group...
- ... but we have not yet materially changed how we are structured and operate
- New Government

## Four core aims

1. Improving outcomes in population health and healthcare
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Supporting broader social and economic development

# Achieving financial sustainability

- National ask to reduce our running costs by 2025/26 – a challenge made more difficult due to an existing overspend
- NHS Devon received £41 million in 2023/24 to run the organisation
- Risk re Agenda for Change
- Our total funding allowance is set to reduce from £41 million in 2023/24 to £35.5 million in 2025/26 (£5.5 million less)

	2023/24	2024/25	2025/26
Running cost allowance	£23.2m	£19m	£17.2m
Programme pay	£14.5m	£14.8m	£15m
Additional income	£3.3m	£3.3m	£3.3m
Total	£41m	£37m	£35.5m



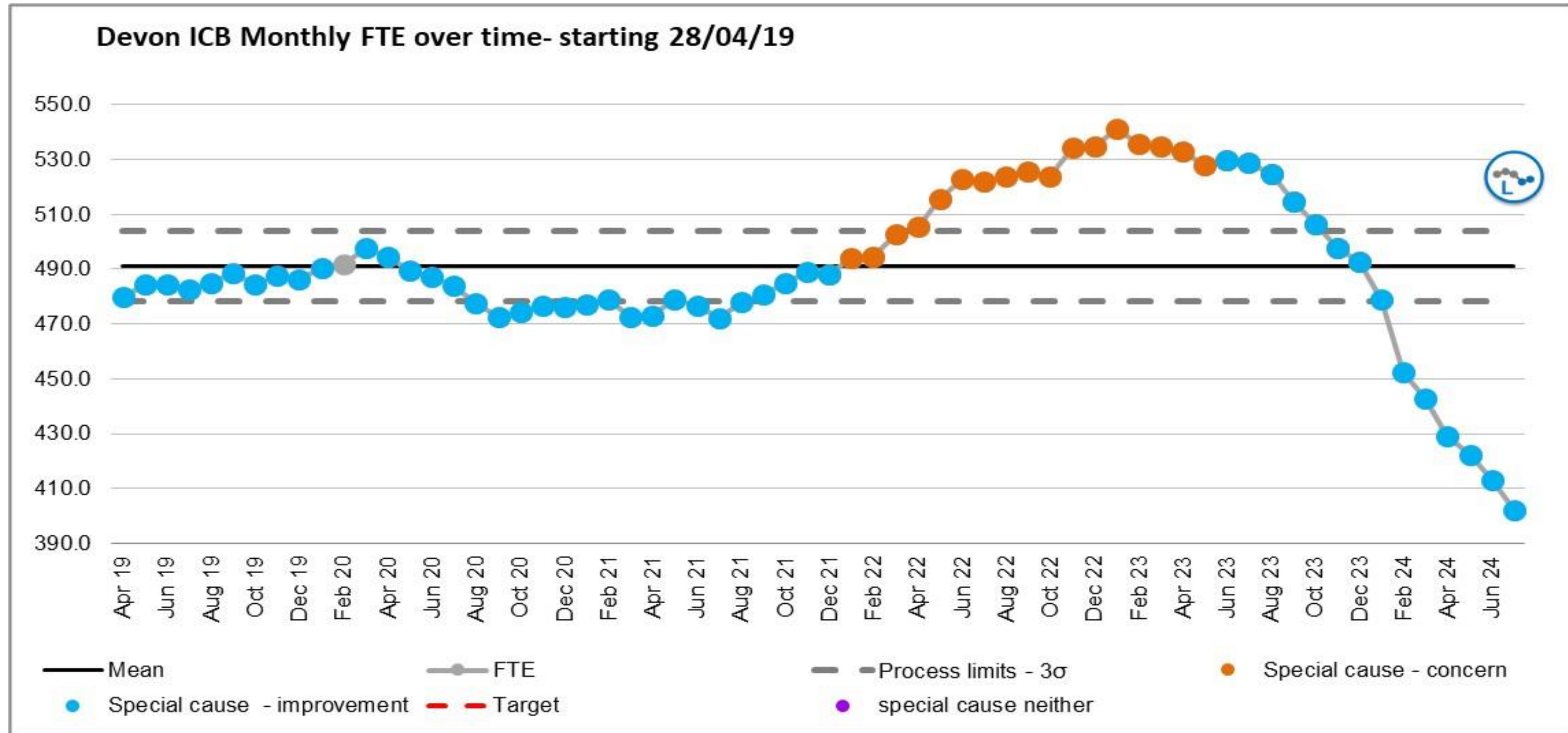
# Minimising the impact on headcount & delivery

- **Reducing non-pay costs** - consolidating offices saves circa £4 million over 10 years
- **Vacancy control process**
  - Around 164 vacancies have been held, which presents challenges
- **Reducing temporary staffing** (e.g. secondments, fixed term contracts and external contractors) has saved £2 million in 2023/24
- **Voluntary redundancy scheme**

# Fewer full-time (FTE) equivalent staff

Circa -18% long term mean

Circa - 35% to recent peak



# Process

- Absolute start point October 2022
- Phase 1 timescales approx. September 2023 commencement, concluding final appointments now
- Phase 2 timescales: consultation launched May 2024, closed July 2024
- July-August 2024: Executive reviewing Phase 2 staff consultation feedback
- 3<sup>rd</sup> September 2024: post-consultation report and sign-off of Phase 2 structure with Board
- 11<sup>th</sup> September 2024: post-consultation report and next steps to be shared with staff
  - No further consultation


# Phase 1 update as at August 2024

## Executive and Senior Leadership Team

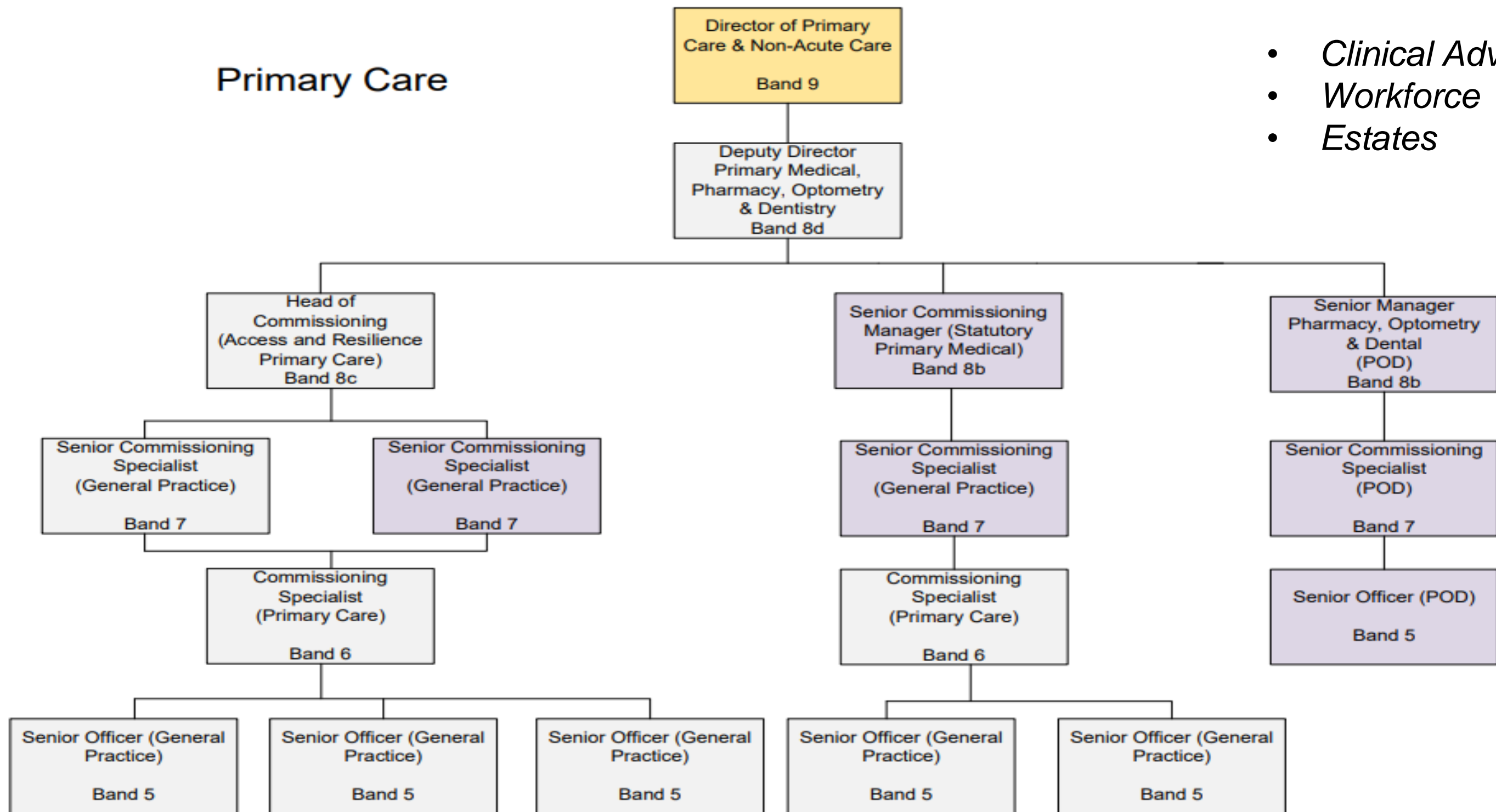


Note: Philippa Harding and Piers Tetley are currently holding chief officer roles on an interim basis alongside their substantial director posts

# Design principles

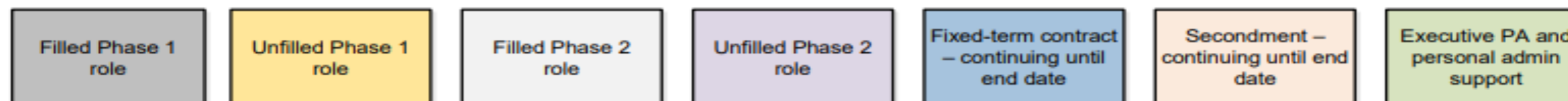
- More strategic, long-term approach
  - More flexible transformation role, less focused on intervening and direct action, and more focused on facilitation and co-ordination of providers
  - Support and promote joint and system working
  - Achieve the Devon Operating Model
  - Prioritise statutory duties but they may need to be done in a different way
  - Greater focus on matrix working
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# Paul Green's Anticipated Primary Care structure



- *Clinical Advisor*
- *Workforce*
- *Estates*

Key:



# Implementation Process Principles - definitions

## Slot-in

- Individual transfers from existing role to a new role without the need for an application or interview
- Occurs when the new position is substantially similar (60%+) to the individual's substantive role and is the same band\*, and there are not more people than posts

## Ringfence pool

- Group of staff who can be considered for substantially similar\* roles at the same band but there are fewer posts than people
- Staff within the ringfence will be invited to an interview(s)

## Redeployment pool

- Individuals who are not slot-ins or in a ringfence pool, or do not obtain a post following a ringfence pool process
- Receive priority status for suitable alternative roles (same band or band below) that are vacant

# What this means for ICB PC team & ways of working

- Reduced senior posts headcount
- Increased programme leads
- Some degree of internal churn
- Possibly some further departures from PC and ICB
- Some degree of memory loss
- Portfolio expansion (POD)
- Statutory duties done differently
- Development agenda progressed differently
- Increased 'one team' approach across ICB and beyond
- Degree of focus shift to strategic and longer term



# What this means / could mean for GP teams

- Maintain key named contacts for key workstreams, e.g. access, resilience, statutory
  - Maintain generic access points
  - Collaborative commissioner
  - Strategic and development roles
  - Ultimately a stronger partner ICB team
- 
- Could feel less tailored to individual circumstances, more SOP driven
  - Could feel less direct support and more facilitative
  - Could note experience / perspective loss
  - Could experience hand-offs
  - Could experience distancing
- 
- Ultimately a stronger partner team!
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