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on the day BRIEFING

NHS Providers

The Fuller stocktake report: next steps for integrating primary care

Introduction

NHS England has published the report from the stocktake of primary care and integrated care systems led by Dr Claire Fuller. It makes a series of recommendations for local and national leaders, and articulates important ideas about the future shape of urgent care and about the further development of neighbourhood teams.

This briefing provides an overview of the document, with a focus on implications for NHS trusts within systems, both in their own roles and in support of the primary care workforce. The stocktake draws the scope of primary care broadly, and beyond general practice, and will be of direct relevance to members in all sectors of the NHS. NHS Providers has been extensively involved in ensuring that members can contribute to shaping this report. If you have questions or issues you would like to explore further, please contact our advisor toby.lewis@nhsproviders.org in the first instance.

Summary

The stocktake report is divided into four sections, plus an annex described as a framework for shared action. The sections cover:

- building integrated teams in every neighbourhood;
- improving same-day access for urgent care;
- creating the national environment to support locally driven change; and
- hard-wiring the system to support change.

While the report makes specific recommendations, it also seeks to outline what a future system at neighbourhood level might deliver, how that approach might staffed, and how its benefits can be supported by integrated care systems (ICSs) and national action. The report highlights myriad local examples inspiring that vision. The expectation is that the ICBs will now steer a response to important ideas within the document:

- developing neighbourhood level 'teams of teams'

- establishing a system level model of same day urgent care access
- delivering continuity of care by improving personalised care services
- more preventative care, using primary care to create healthier communities
- three key enablers of change: workforce, estates, and data

Throughout the document, there is a recognition of both the **value and the variability of current provision**. Primary care is an essential high-volume part of the NHS, with an innovative and entrepreneurial spirit. Sustaining those qualities requires support from the whole system and a move to a more anticipatory model of care for many patients. The stocktake poses the question of why that shift has proved difficult to accomplish in the past, and beyond the establishment of ICSs, what other steps are needed to secure real change in the short to medium term.

In responding to that question, the annex of the report summarises **expectations on local leaders** working together, galvanised by the creation in July of statutory ICSs. Neighbourhood teams would be drawn from all organisations, often virtually, and the development of better urgent care access is expected to release clinical time to deliver continuity of care for those with complex co-morbidities. The hard wiring section of the report highlights specific recommendations to be taken forward both locally and nationally to enable this future state.

The **three key enablers** – workforce, estates, data - are each considered through an ICS level plan, drawn together nationally to ensure that key strategic interventions through NHS England have primary care at their heart. In the workforce section, Dr Fuller describes a series of examples of how primary care can benefit rapidly from being able to access approaches common in the rest of service – electronic staff records, health and wellbeing hubs, the national staff survey, leadership support, training and development offers.

The stocktake details the very **collaborative process** that has given rise to its recommendations, with the active involvement of all 42 integrated care board leaders. Virtual and face-to-face opportunities to contribute to the journey have been extensive and widely used. This recognises that much change is locally led and that a philosophy of partnership lies at the heart of the report. Given the challenges primary care faces, momentum in taking forward the report's recommendations, and visibility of action at scale will be important.

Trusts need to consider, in particular, how far their current service models support same-day urgent care access and what arrangements they have in place to contribute to neighbourhood multi-disciplinary teams. Prior attempts to develop such teams were trialled in the vanguard new models of care programme following the publication in 2014 of the Five Year Forward View. Dr Fuller's report is

explicit that many examples of such services can be found across the NHS. The new step is to ensure such services are systematically available across a place and within the ICS, and for that model to replace some more traditional models of service, particularly outpatients.

Main findings

Set out in four main sections, the stocktake report concludes with a framework of 15 actions by which to track progress. It articulates how integrated care systems should explore specific good practice to better coordinate care at a neighbourhood level. Connecting that expectation to the long-term plan refresh or integrated outcomes framework is not explicitly addressed, but partners should anticipate that the vision set out in the stocktake report will follow through in forthcoming guidance and plans.

Building integrated teams in every neighbourhood

The report endorses examples of neighbourhood level integration. It sets out the scope of such work to try and tackle inequalities, build capability, and address downstream demand. Focusing at a scale equivalent to many primary care networks (PCNs, typically covering 30-50,000 residents), the stocktake finds that much greater consistency is needed in the arrangements made for patients. It reports a sense that PCNs vary in their infrastructure and highlights how ICS-level focus on the key enablers, especially leadership, is needed to address this variation.

To make the neighbourhood change requires two "shifts in mindset":

- towards a more psychosocial model of care that takes a more holistic approach to supporting the health and wellbeing of a community; and
- realignment of the wider health and care system to a population-based approach – for example, aligning secondary care specialists to neighbourhood teams.

The major recommendation here is the creation of integrated neighbourhood 'teams of teams', which need to "evolve from PCNs". Trust leaders need to consider which current services they operate in community or hospital settings lend themselves to this approach, along with what type of input into such teams adds most expert value.

One of the benefits intended from this shift is close working with people in their communities. Examples are given (drawn particularly from the pandemic) of how powerful an intervention this approach can be. Outreach work will move from being seen as additional or 'a bolt-on' to being viewed as central to how teams work and how job plans and work profiles are built.

In the annex this section is summarised in two recommendations to ICSs, which need to:

- enable all PCNs to evolve into integrated neighbourhood teams
- co-design and put in place the appropriate infrastructure and support for all neighbourhood teams

Improving same-day access for urgent care

Three key ideas are addressed: urgent care, personalised care, and preventative care. The ideas are mutually inter-dependent, but the changes to access in primary care are envisaged to release some capacity to provide the continuity and outreach that is needed by more complex or excluded patients.

Access here is viewed as the patient's first contact in their community, rather than solely as an attempt to contact general practice. PCNs need to consider with partners how to best harness, and sometimes divert, patients to settings other than general practice. This will involve new approaches within NHS111, as the stocktake implies a much more integrated single point of contact is needed for patients in choosing which services are most appropriate for their immediate needs. Moving to this model is argued to require structured improvement support, and collaboration between partners locally. Examples are illustrated from Sussex and Humber, Coast and Vale.

Continuity of care for patients at higher risk or with complex needs is highlighted throughout the stocktake report as important and in want of increasing emphasis. There is a recognition that identifying who will most benefit from a different model of care is not straightforward, and personalised care requires risk stratification, professional judgement, and the view of patient at the centre in the context of shared decision making. While new neighbourhood teams will take some responsibility for this transition, ICSs are urged to consider at place level the infrastructure needed to support these changes. The ask is to consolidate varied existing arrangements and teams, but also to involve some resources not always formally structured into organisational plans, specifically carers. Direct access to key diagnostics is essential, and not currently consistently available.

The section concludes with an explanation of the scope and benefits of preventative care, highlighted delivery of Core20PLUS5 as a key dependency for the stocktake, championing the importance of inclusion health, and highlighting evidence that children and young people are sometimes omitted from improvement plans or given less salience than work on adult care models. It argues that staff in a given setting have much to offer to the broader needs assessment and advice of a patient, setting out examples such as community pharmacies promoting earlier cancer diagnoses. Data on the

uptake of key preventative and population health measures is viewed as the enabler to accelerate these efforts at neighbourhood level.

In taking forward these intentions, it is clear that work starts with urgent care, and this is framed in the annex of recommendations as follows:

- ICSs are asked to develop a single system-wide approach to managing integrated urgent care, to guarantee same-day care for patients and a more sustainable model for practices
- NHS England should assist systems with integration of primary and urgent care access

Creating the national environment to support locally driven change

This section introduces the three key enablers that the stocktake considers are critical to the changes outlined above, but also to better supporting primary care practitioners.

In considering **workforce**, there is an acknowledgement that improvements in recruitment and training are not alone going to tackle the significant capacity gaps. Efforts on retention need to intensify, given a likely retirement bulge.

Successful efforts to recruit via the additional roles reimbursement scheme (ARRS) offer some hope, and there is a call for that pipeline to be viewed more flexibly. There is scope for other NHS partners to get involved in developing and employing staff within new roles. The following ideas are highlighted as possible ways of creating a better integrated workforce across settings, and treating primary care staff as a core part of the local NHS:

- more use of joint posts and rotational roles;
- the deployment of electronic staff records across primary care;
- a more consistent training offer, including for non-medical staff;
- expanding the NHS staff survey to include practice teams;
- giving primary care access to local assets such as health and wellbeing hubs; and
- establishing a more coordinated approach locally to clinical leadership development.

Estates, and specifically space, is viewed as a major constraint. Six areas of changes could form part of local plans, which will aggregate to a national plan covering primary care estate. Those changes are:

- developing primary care estates plans from the perspective of access, population health and health inequalities

- making use of local authority, third sector and community assets, building on the approach to COVID-19 vaccination, including places of worship, community centres, and allotments
- making creative use of void and vacant space in the NHS Property Services and Community Health Partnerships portfolios
- opportunities for co-locating primary care when bringing forward secondary care estates plans
- pragmatic, low-cost opportunities to repurpose existing space, within local funding streams, as well as making use of the potential ability of the local authority to raise capital beyond NHS limits to fund new estates
- opportunities for locating primary care onto the high street as part of local economic regeneration

Finally in labelling the third enabler, "data, data, data", Dr Fuller underlines how significant this factor will be in fulfilling an integrated care vision. Having seamless access to data between sectors and settings will be crucial. With that in mind ICSs are invited to focus on data sharing arrangements as an immediate priority, whilst developing shared plans between partners around digital infrastructure improvements at a system level.

Hard-wiring the system to support change

The onus of action is largely with ICSs, but the key enablers will benefit from national action and continued emphasis. With that in mind, this section extends the discussion of enablers, and also sets out roles and actions from national bodies and local actors.

More examples are provided of local innovation country-wide, and as part of "a pivot to local leadership", there is emphasis on backing new models of care and new models of leadership. The Black Country and West Birmingham primary care leadership is highlighted as a possible exemplar. The stocktake recognises that in some geographies leadership of this agenda will be primarily at ICS level, while in others place will be the more relevant vehicle through which to fit these recommendations to local needs. At scale primary care, and role of trusts in providing primary care, is acknowledged, and welcomed. There is no conflict envisaged between the evolution of primary care networks into neighbourhood teams and these additional approaches. In a number of areas, scale greater than primary care networks will be essential to success.

As with the call to take forward the enablers in the context of forthcoming workforce and estate strategies nationally, the changes proposed to same day primary care access need to be nested within the review of urgent and emergency care strategy. Patient reported experience of primary care is seen as crucial alongside other standards for the sector which are being developed.

Thought the contractual and funding framework for primary care is outside the scope of the stocktake, recent work in Leicester, Leicestershire, and Rutland ICB to change funding formula applications for deprivation and other inequalities is highlighted. A recommendation for national action to look again at the mechanism applied to funding flow within primary care is included in the annex.

Taking the sections on enablers together, the framework urges integrated care systems to:

- develop a primary care forum or network at system level
- embed primary care workforce as an integral part of system thinking, planning and delivery
- develop a system-wide estates plan to support fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care
- create a clear development plan to support the sustainability of primary care and translate the framework provided by Next steps for integrated primary care into reality, across all neighbourhoods.
- work alongside local people and communities in the planning and implementation process of these actions

National bodies, principally NHS England are invited to:

- include primary care as a focus in the forthcoming national workforce strategy to support ICSs to deliver this report
- pivot to system leadership as the primary driver of primary care improvement and development of neighbourhood teams in the years ahead
- improve data flows including by (i) solving the problem of data-sharing liability, issuing a revised national template; (ii) working with system suppliers on extract functionality; (iii) improving data to support access, and (iv) helping to identify population cohorts to be targeted by neighbourhood teams.
- provide additional, expert capacity and capability to help offer solutions to the most intractable estates issues, and practical support to work through them, as well as building ICS estates expertise
- in support of systems, set out how the actions highlighted for NHS England will be progressed.
- The Department of Health and Social Care and NHS England should rapidly undertake further work on the legislative, contractual, commissioning, and funding framework to enable and support new models of integrated primary care. This work should also consider how to improve equity in distribution of resource and ultimately improve health outcomes.

NHS Providers view

The need to integrate primary care with other parts of health service delivery, largely undertaken by trusts, is one that we strongly support. Appropriate approaches to models of care at neighbourhood, and place level, will help trusts to make changes to their own services that improve quality and deliver efficiencies.

The proposed local flexibility in how nationally agreed arrangements are delivered within primary care is extremely welcome. Funding, guidance, and educational support need to keep pace with innovations taking place at a local level. Aggregating those local innovations, and plans, into a national plan for estate, and further supporting digital technology changes, will help systems, and create infrastructure on which trusts and their partners within primary care, can rely.

Trusts tell us that the need for a more anticipatory care model is important to improving both urgent and planned care capacity. The segmentation of practice lists and neighbourhood populations to clearly identify those needing continuity of care is therefore an important step. Partners at neighbourhood and place level need to work together to identify these at-risk individuals and to co-create services to support them well. This is crucial to better integrated care and we welcome the emphasis on data as a route to success.

It will be important for the approach taken in the stocktake of involving all partners alongside primary care to also be reflected in how integrated care systems take forward the recommendations. Trusts' capacity and capability can contribute much to the enablers highlighted in the report, and their role in same day access and neighbourhood teams will be crucial.

In summary, the stocktake highlights important issues, and has been compiled in close engagement with the sector. We look forward to working closely with colleagues in NHS England, and across our membership to ensure the thought put into the review process is now translated into tangible, funded support which local leaders can action for patients.

NHS Providers press statement

NHS Providers welcomes Fuller stocktake of primary care

Responding to the publication of Dr Claire Fuller's stocktake, interim chief executive of NHS Providers Saffron Cordery said:

"Trust leaders will welcome the findings of the Fuller 'stocktake' which sets out how primary care can work with partners across health and care to best meet the needs of their local communities.

"Dr Fuller is to be commended for running an inclusive process which involved the expertise of patients, clinicians and health and care organisations, including providers.

"This stocktake makes clear that the fortunes of primary and secondary care are interlinked.

"As we seek to recover from the COVID-19 pandemic and bear down on care backlogs, trust leaders are steadfast in their commitment to working with colleagues across primary care to drive forward preventative care, reduce waiting times and support people while they are unwell.

"The welcome focus in the stocktake on creating neighbourhood health teams to offer continuity of care and support those with complex, ongoing health needs is essential and will help to tackle the health inequalities which have been exacerbated by the COVID-19 pandemic.

"But with just over a month to go before integrated care systems become statutory bodies on July 1st, we now face the challenge of making this vision a reality.

"First and foremost, Dr Fuller's stocktake underlines the need to tackle the serious challenges facing those who need to access same day, urgent care. This is no small undertaking and will require collaboration across mental health, community services, primary care and secondary care if it is to succeed. The stocktake is clear that step creates the workforce capacity for other recommendations to happen. Success will tackle the variation in access to same-day care between different practices and localities.

"Nor does Dr Fuller's report shy away either from highlighting the national support needed to help support primary care, including the need for investment in estates and workforce, including a more locally flexible approach to additional roles, which will be especially welcomed by Trust leaders and those leading primary care organisations, including networks and federations."