

Relationships with primary care

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Introduction

This is the seventh in a series designed to share board-level learning on provider collaboration as part of an NHS Providers programme. It covers the key messages from our webinar **Relationships with Primary Care**, featuring two case studies: Lincolnshire Health and Care Collaborative and Greater Manchester Provider Federation Board.

Key messages from members

- It's important to engage primary care at the outset of the journey towards provider collaboration and to find ways to ensure representatives from primary care have a seat at a strategic level as an equal partner.
- Working with the breadth of primary care colleagues can be challenging. Where it's been possible to bring together primary care representatives into a single body to create a unified voice this has made a significant difference.
- Engagement with local medical committees is also crucial given their role in representing individual practices.
- Effective clinical buy-in depends on there being a real clarity of purpose around the benefits the collaborative is seeking to realise, including the benefits for primary care.
- It's important and helpful to be able to demonstrate some easy early wins.

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CASE STUDY 1

Lincolnshire Health and Care Collaborative

Organisations

The organisations forming the Lincolnshire Health and Care Collaborative are: Lincolnshire Community Health Services NHS Trust, United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnerships NHS Foundation Trust, Lincolnshire Primary Care Network Alliance, Lincolnshire Care Association, Lincolnshire Voluntary Engagement Team (VET) and Lincolnshire County Council.

Background

Lincolnshire is a relatively small integrated care system (ICS) with a population of approximately 770,000. The Lincolnshire Health and Care Collaborative was formally established in October 2021 as a multi-agency collaborative made up of a range of system partners. Since then, the collaborative has established a delivery board composed of chief executives/executive leads from the collaborative members. The board functions as the provider collaborative leadership board and has agreed terms of reference. A primary focus of Lincolnshire Health Care Collaborative will be to deliver service redesign and transformation and improve system sustainability.

Within the collaborative sits the Lincolnshire Primary Care Network Alliance (PCNA) which was developed in 2019 to provide a unified voice for general practice in order to influence new pathways, service delivery and workforce development at a system level.

Ways of working

- When the PCNA was established in 2019, the chair of the group asked to meet with the chief executives of the three NHS providers in Lincolnshire with a single ambition of integrating services to improve patient outcomes. There was a collective realisation that individually, each organisation would struggle to make a real difference. However, by working together they could.
- At an early stage the PCNA carried out some organisational development work with the local medical committee (LMC) and is in the process of setting up a primary care advisory group. This group will include the PCNA, the LMC, former clinical commissioning group (CCG) clinical leads and representatives from optometry, dentistry and pharmacy. This advisory group will be the unified voice that engages with the Lincolnshire Integrated Care Board (ICB) and provider collaborative to take up issues that are affecting general practice and primary care.
- The ICB has delegated the leadership of three programmes of work to the collaborative: 'care close to home', prescribing and musculoskeletal services.
- LHCC manages its key governance and assurance relationships via a 'double lock' mechanism. This involves the collaborative providing a monthly assurance report to the boards of member organisations; and LHCC runs a regular pattern of performance and delivery meetings with the ICB to manage progress and agree any adaptations to plans.

CASE STUDY 1

Lincolnshire Health and Care Collaborative

Realising the benefits

Changes to the musculoskeletal services across Lincolnshire are a good example of how providers have collaborated to achieve service transformation, with positive outcomes for patients. The collaborative has worked to support PCNs to embed virtual clinics for hip and knee surgery into their working practices, transforming the musculoskeletal pathway. This means that patients are able to see a first contact physiotherapist and a consultant in one virtual room, making decisions about what happens to their ongoing care. Securing clinical leadership for these changes has catalysed further engagement with general practice because of clear benefits for patients and reduced workload for GPs.

This musculoskeletal (MSK) initiative has also reduced the length of stay to some of the best results in the country. By using a prehab clinic as part of the MSK pathway, they've also seen people voluntarily coming off the surgery waiting list because their prehab care has been effective. This has allowed providers to focus on long waiters and provide care for those who require it most.

Key enablers

The collaborative members feel that the key enablers of success in their relationship with primary care are:

- Engagement of primary care stakeholders at the outset of the journey towards provider collaboration, rather than once the strategic conversations have started.
- Primary care having a seat at a strategic level as an equal partner. In Lincolnshire this was helped by the fact that they had the PCNA providing a single voice for all PCNs in the footprint.
- The clinical directors within the PCNA are clear that their core purpose for working as part of a provider collaborative is population health management and ensuring the resilience of general practice itself. This supports building resilience through service redesign which supports recruitment into general practice in Lincolnshire.
- Making sure the clinical directors are aligned and that the LMC feels part of the journey because they represent individual practices.

CASE STUDY 1

Lincolnshire Health and Care Collaborative

Key challenges

- Implementing vertical integration can be difficult both culturally and politically. Getting organisations to share with a sense of openness takes time.
- Developing and delivering strong plans, metrics and trajectories is challenging but important.
- Organisations pooling of sovereignty for the greater good is difficult, but seeing the benefits of greater collaboration has helped organisations to navigate the inevitable tensions and challenges.

Next steps

Looking ahead, the PCNA is going to be doing some work on frailty which involves asking three PCNs to model a new approach. This will focus on investing resources in proactive case management to alleviate pressure on patient flow at emergency departments.

CASE STUDY 2

Greater Manchester Provider Federation Board

Organisations

The organisations that make up the Greater Manchester Provider Federation Board (PFB) are: Bolton NHS Foundation Trust, The Christie NHS Foundation Trust, East Cheshire NHS Trust, GM Mental Health NHS Foundation Trust, Manchester University NHS Foundation Trust, Northern Care Alliance NHS Foundation Trust, North West Ambulance Service NHS Trust, Pennine Care NHS Foundation Trust, Stockport NHS Foundation Trust, Tameside and Glossop Integrated Care NHS Foundation Trust and Wroughton, Wigan and Leigh NHS Foundation Trust.

Background

Greater Manchester is a large ICS covering 2.8 million people, with 10 local authorities and a city region mayor. The PFB covers the whole of Greater Manchester, across 10 places, and was established to enable providers to have a single voice in the Greater Manchester Health and Social Care Partnership. It has also been a vehicle to provide a strategic approach to transformation and systematically address provider quality and efficiency.

Realising the benefits

The PFB structures have facilitated a number of examples of innovation and leadership including:

- Using the recovery strategy from Covid-19 as an accelerator to do things differently, considering both the immediate challenges of the care backlog/waiting lists as well as looking ahead to think about how the collaborative can fundamentally transform these pathways for the future.
- The response to the Omicron wave, with additional capacity sourced for acute and primary care across the Greater Manchester system via trusts.
- Working with Health Innovation Manchester to quickly scale up an 'oximetry at home' offer, which has now become virtual wards.
- Working together on key areas such as endoscopy and cancer pathways to improve these pathways with a focus on clinical reference groups to inform decisions. The redesign work on endoscopy has increased the overall endoscopy capacity across the Greater Manchester system as a whole by 5%.
- Becoming a lot more comfortable transferring patients across the system to match demand and capacity in critical, urgent and elective care.
- In terms of urgent care pathways, despite the ongoing pressures, Greater Manchester has consistently outperformed the rest of the North West region and other parts of the country in terms of ambulance handover times. One of the key enablers for this has been to ensure standardisation across all localities and the redirection of patients away from emergency departments, making particular use of 111.

CASE STUDY 2

Greater Manchester Provider Federation Board

Key enablers

- Commitment and senior buy-in from the senior leadership community in their area. For example, PFB chief executives meet twice a month and each chief executive has a leadership portfolio on behalf of the collaborative.
- The board also provides regular briefings for the Greater Manchester provider chairs and the various primary care networks.
- An infrastructure that sits behind the PFB's work including a number of director led groups as well as a regular 'gold command' cell meeting which has been running for over two and a half years which is responsible for coordinating and delivering change on the ground.

Working with primary care

- The gold command cell has changed over the past six months from working just as a group of providers, to engaging and connecting with primary care and local authorities in order to transform pathways that the collaborative could not achieve by itself.
- The PFB have been working through their winter plans, which is being done at locality level involving local providers and PCNs in particular, however they also have a separate GM primary care plan.
- Having different bodies representing the voice of primary care can sometimes lead to differing priorities and plans.
- The collaborative has seen some real progress in working more closely with primary care over the past few years, but it is still very much a work in progress.

Challenges

- One of the key tensions the PFB faces is a narrative that their work as a largely acute collaborative will 'step on the toes' of other organisations and sectors and they are still working on how to counter this view.
- It is also clear that there is a willingness to do more collaboration with primary care, but there are still challenges in identifying who to engage with and the scope of the engagement with services such as pharmacy and dentistry.

Questions for boards

- How are you engaging with representatives from primary care as part of your collaborative arrangements?
- Are you carrying out sufficient clinical engagement as your provider collaborative develops? How is this informing your collaborative priorities and plans?
- Is there agreement across your collaborative on where the greatest opportunities lie to redesign pathways across primary and secondary care?
- How are you drawing on the expertise of primary care colleagues on key priorities like reducing health inequalities?

Further information

The Provider Collaboration programme focuses on sharing good practice and peer learning through a range of events and resources for boards. It covers the full spectrum of collaborative arrangements that providers are forging at scale and aims to support members to maximise the potential of greater provider collaboration to tackle care backlogs, reduce unwarranted variation, address health inequalities, and deliver more efficient and sustainable services.

Visit www.nhsproviders.org/provider-collaboratives for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources.

To find out more, please contact:

Bobby Ancil, programme development manager – provider collaboration
bobby.ancil@nhsproviders.org.

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