

October 2014

## PSNC Briefing 026/14: Transforming Primary Care: Safe, proactive, personalised care for those who need it most

In April 2014, the Department of Health and NHS England published a joint plan - [Transforming Primary Care: Safe, proactive, personalised care for those who need it most](#). The plan details how the NHS and social care services need to change in primary care to be able to support an ageing population and to be able to offer more support to those with complex health and care needs by providing personalised, proactive care.

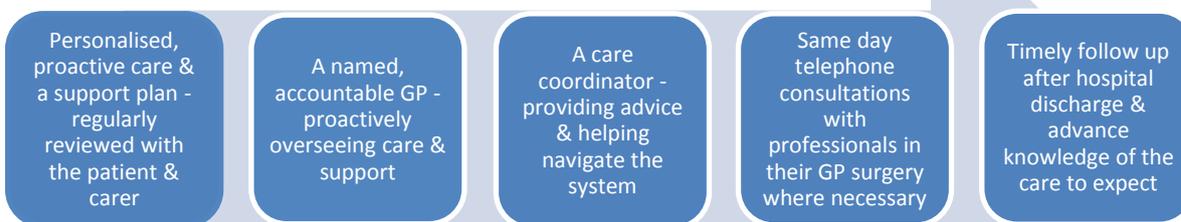
This PSNC Briefing summarises the elements of the plan that are of most relevance to community pharmacy.

The plan has four main sections:



### 1. How services will change for patients & carers

- From September 2014, over 800,000 people with the most complex needs will experience a step-change in care, with GPs developing a proactive and personalised programme of care and support – the Proactive Care Programme (for more details see [PSNC Briefing 027/14](#)) – tailored to their needs and views.
  - This will be enabled under a new Enhanced service under the GP contract;
  - Patients, both adults and children, with complex needs, including those with mental health or physical health needs will be considered for the programme; and
  - Patients recruited will have:



- By the end of June 2014, all people aged 75 and over will have a named GP with overall responsibility for their care, providing continuity and oversight of their care.
  - This accountability will help coordination of services around the patient, ensuring personalised,

proactive care regardless of the setting. This coordination will be supported by improvements in communication between GP practices and other services, including community nursing services, A&E, ambulance services, care homes, mental health and social care teams.

- This step-change in care will be supported by the [Care Quality Commission's \(CQC's\) new approach to inspections](#), patient feedback and the NHS Choices service, providing assurance and information on the quality of services.
  - From October 2014, CQC will rate community care practices and NHS GP practices including specific ratings on the quality of general practice services for older people and those with long-term conditions. These ratings will be published and will help ensure people know the quality of their care is being assessed.
  - The [Friends and Family Test](#) will be expanded to general practice from December 2014 and the results will be published.
  - NHS Choices will provide an important service for patients, carers and the public, acting as a 'front door' to the best quality information on health and care available on the internet.
- Improvements in information and technology will support people to take control of their own care.
  - From April 2014, people will increasingly be able to book appointments with their GP practice and order repeat prescriptions online.
  - To ensure greater ease of access, GP practices will need to provide people with access to their own care records online, or have published plans for how they will do so by March 2015.
  - Community pharmacy teams are mentioned in the plan, stating they are vital in supporting the people who visit them to manage their health, or the health of their family or friends. This is provided by either offering advice or by signposting people to other health and care services where they are not able to provide the support themselves.
  - The [Technology Enabled Care Services \(TECS\) programme](#) will benefit three million people with long-term conditions by 2017, helping them and their families to manage and monitor their condition at home.
  - To try to ensure patients and carers engage in the process of identifying their own priorities and goals, and to develop their own action plans, the Government's mandate to Health Education England (HEE) includes a specific requirement for training to enable staff to help individuals and their families to do this.
  - The Government has committed that all people receiving NHS Continuing Healthcare will have a right to have a Personal Health Budget from October 2014, as this builds on personalised care and support planning, allowing people to meet their needs in ways that work for them.
- Carers will be given greater support and information, both to help them care for others and to support their own health and wellbeing.
  - Funding for GPs, general practice nurses and district nurses to complete the Supporting Carers in General Practice Programme will be provided up until April 2015. In addition, the Carer-Friendly Pharmacy Project, led by the Carers Trust and PSNC, is funded by this programme.
  - NHS England published its [Commitments to Carers](#) in May 2014. This responds to the clear messages NHS England has heard about what carers want from the NHS, including respect for and recognition of their role and expertise; signposting to information and advice; and more flexibility to support the carer and the person they care for.
  - The Care Bill will introduce a legal duty on local authorities from April 2015 to undertake a carer's assessment where a carer may have needs for support; meet carers' eligible needs for support, putting them on an equal footing with the people they support; and provide information on services available and how to access them to everybody in their area, including both carers and the people for whom they care.

## 2. How staff working in health and care will be supported

- The Government and NHS England are working with family doctors to free up time for GPs to provide proactive care, and have already removed a number of task-based payments which had become overly bureaucratic.
  - To provide greater flexibility, NHS England has streamlined the Quality and Outcomes Framework (QOF), the measures against which GPs operate, to free up GPs and general practice nurses to provide proactive care and support for older people and those with complex needs. Based on clinical advice, from April 2014, 40% of indicators previously included in the QOF have been retired.
  - Work will continue with the profession to explore how their roles could be 'de-cluttered' of unnecessary burden and to consider how technology can reduce burdens.
- To further reduce burdens and support innovation, NHS England is working with health professions, patients and carers to provide a clear focus on outcomes and patient experience.
- Health Education England (HEE) will work with employers, professional bodies and education providers to ensure the workforce has the necessary skills to care for older people and those with complex needs, and to support joint working.
  - New ways of working also mean moving away from traditional professional boundaries and ensuring that staff are able to take on different roles where it benefits patients.
  - For example, many pharmacists and general practice nurses are able to undertake further training to allow them to prescribe medicines, and this has been extended to other professional groups including physiotherapists and podiatrists.
  - NHS England's [Call to Action for Community Pharmacy](#) highlighted, for example, how pharmacists could: manage repeat medicines through repeat dispensing, freeing GP practice time; support GPs with medicines optimisation; help older people take their medicines as intended; and provide first response for minor ailments, lifestyle advice and support for self-management.
- Joint working will be further supported by improved information sharing, enabling staff to take decisions more effectively, and by timely access to GPs for staff in other care settings.

## 3. How health and care services will support the vision

- To support better joined-up working:
  - This year Clinical Commissioning Groups will provide £250 million to commission additional services to support GPs to improve quality of care for older people and people with the most complex needs;
  - From 2015, the £3.8 billion [Better Care Fund](#) will support the integration of health and care services; and
  - The 14 [Integrated Care Pioneers](#) are leading the way in demonstrating new ways of delivering coordinated care.
- Building on best practice, Monitor and NHS England are working with local commissioners and professionals to provide national support, tools and guidance to support innovation and new ways of working.
- Ensuring access and availability of primary care will be essential. Over the coming year, local pilots will be exploring new ways to improve access to GP services, supported by the £50m [Prime Minister's Challenge Fund](#).
- In April 2014, changes to the GP contract will be made to make clear the need for general practice to securely share records with other services, where patients are content for them to do so. These changes will benefit all patients, ensuring that those caring for them have access to the most up-to-date information about their needs and treatment.

- The British Medical Association General Practitioners Committee has also committed to working with NHS England to make progress in permitting access to patient records from other care settings, so that patient care can be seamless and joined up, and making referrals electronically from April 2015 or having plans in place to do so.
- To ensure there is a workforce ready to meet the challenges of the future, there are plans to make available around 10,000 primary and community health and care professionals by 2020, in support of the shift in how care will be provided.
- To meet short-term pressures, the Government will be working with NHS England, HEE and the professions to consider how to improve recruitment, retention and return to practice in primary and community care.

#### 4. Implementing the vision

- Guidance and clear standards will be provided so that people are clear about what needs to change. Success will be celebrated and shared for others to learn from, and support will be provided to those that need to improve performance.
- The impact of the Proactive Care Programme will be measured, both nationally and locally, to ensure that lessons are learned and improvements can be made. These measures will include outcomes, process and experience data to help build up a picture of how the changes are working.
- The focus on people with complex needs is an important step in our wider vision for transforming care out of hospital. Through this, and the Better Care Fund, the Government is exploring how the core principles of proactive, personalised and joined-up care can be extended beyond the people with the most complex needs.

If you have any queries on this PSNC Briefing or you require more information, please contact [Rosie Taylor, Pharmacy and NHS Policy Officer](#).