

Somerset Primary Care Strategy 2020-2024



In Somerset we want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them.

Document history

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1. Executive Summary

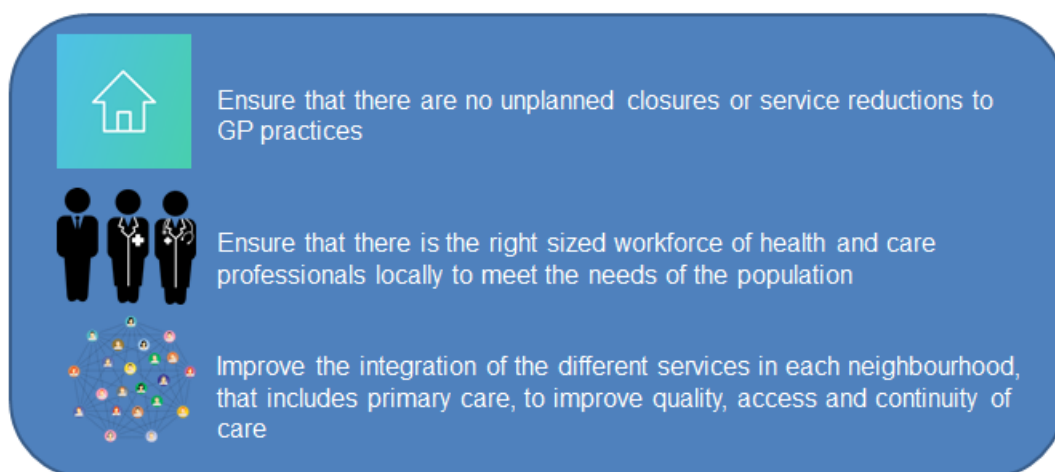
Safe and effective primary care services are vital to the people of Somerset. They prevent ill-health, encourage healthy living, treat illness and are valued parts of our community life. Somerset's Primary Care strategy has been updated to reflect the recent GP Contract reform guidance whilst strengthening our primary care commissioning approach to meet local population needs as a fully delegated Clinical Commissioning Group.




Primary Care is integral to the wider health and care system. Therefore it is important that there is a thorough understanding of primary care throughout our health and care system in Somerset, especially as we move towards an 'Integrated Care System'. In an Integrated Care System, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Many of the challenges of the health and care system can only be resolved by developing more local community-based services and relying less on hospital care.

Our aim is to ensure that Primary Care in Somerset is well equipped and supported to provide sustainable, accessible, pro-active and co-ordinated care close to a patient's home.

Our overall aim is straightforward although not simple to deliver. Our strategy to support delivery is to:



-  Ensure that there are no unplanned closures or service reductions to GP practices
-  Ensure that there is the right sized workforce of health and care professionals locally to meet the needs of the population
-  Improve the integration of the different services in each neighbourhood, that includes primary care, to improve quality, access and continuity of care

In Somerset, Primary Care Networks have formed around our natural communities which we call Neighbourhoods, serving populations of around 30,000 to 50,000 involving partnerships including local General Practices, community and voluntary service providers and local authorities including social care and Public Health. We have 13 Primary Care Networks that are supported by a wider range of health and care professionals working across 12 Neighbourhoods.

These Primary Care Networks working at scale will focus on population health, providing both continuity of care and better access to services. They will offer care

on a scale which is small enough to meet the needs of patients providing the continuous and personalised care they value, but large enough to be both responsive to changes in need and resilient to our Somerset demographic of an aging population, reduced workforce and workload pressures.

We want to build on past successes of local “Test and Learn” schemes and other initiatives to provide high quality services for our patients. There is a real opportunity to do this now, as part of whole system transformation as we build the Somerset Integrated Care System to reflect the ambitions set out in the NHS Long Term Plan to fully integrate community-based health care.

A key focus of this work will be to further develop multidisciplinary teams. This will include GPs, pharmacists, nurses, allied health and care professionals, local authorities and the voluntary sector. Through “Fit for My Future” engagement and consultation, along with Primary Care Network development, communities and patients will be involved in developing the way in which new care models will be delivered to reflect local need.

2. Strategic context

National context



In January 2019 NHS England launched the NHS Long Term Plan to secure an NHS fit for the future. This plan makes a commitment to prioritise investment in primary and community services as part of new care models.

The Care Model in the NHS Long Term Plan describes:

- boosting ‘out of hospital’ care with services being more joined up and coordinated, especially between primary and community health providers to help reduce pressure on emergency hospital services;
- enable people to have more control over their own health with a focus on support tailored to meet the person;
- making use of technology to support a patients to access primary care and outpatient care; and
- taking a more pro-active approach with a greater focus on prevention of ill health using data (population health management) to identify groups of people who are at risk of deteriorating health and wellbeing

A five-year framework for GP Contract reform to implement the NHS Long Term Plan was published by NHS England on 31 January 2019. These reforms secure and guarantee extra investment in General Practices over the next five years to be able to tackle workforce and workload challenges and focus on making improvements to the quality and outcomes of care.



The partnership model, where GPs operate as self-employed independent contractors underpins general practice. A GP Partnership Review was also published in January 2019 following a year long review and concluded that the GP partnership model still offers many strengths including providing a powerful independent advocate role for patients with accountability to local communities.

Local context

Within the NHS in Somerset, our aspiration is to serve patients as close to home as possible, developing integrated local services that will reduce our dependence on more specialist hospital care wherever possible.

Health and Social Care leaders in Somerset have committed to working together to:

- pursue fairness of service provision for the whole Somerset population
- we will ensure parity of esteem for mental and physical health and Somerset have already been awarded money to invest in mental health across the county
- we will ensure that we have two vibrant district general hospitals, each with a 24/7 emergency departments recognising that some patients in Somerset also attend district hospitals outside of our boundaries (Bath and Weston)
- become a single integrated care system which means hospitals and community services will work as one
- we will transform clinical services so that they can be accessed closer to home where appropriate using an 'integrated out of hospital' care model

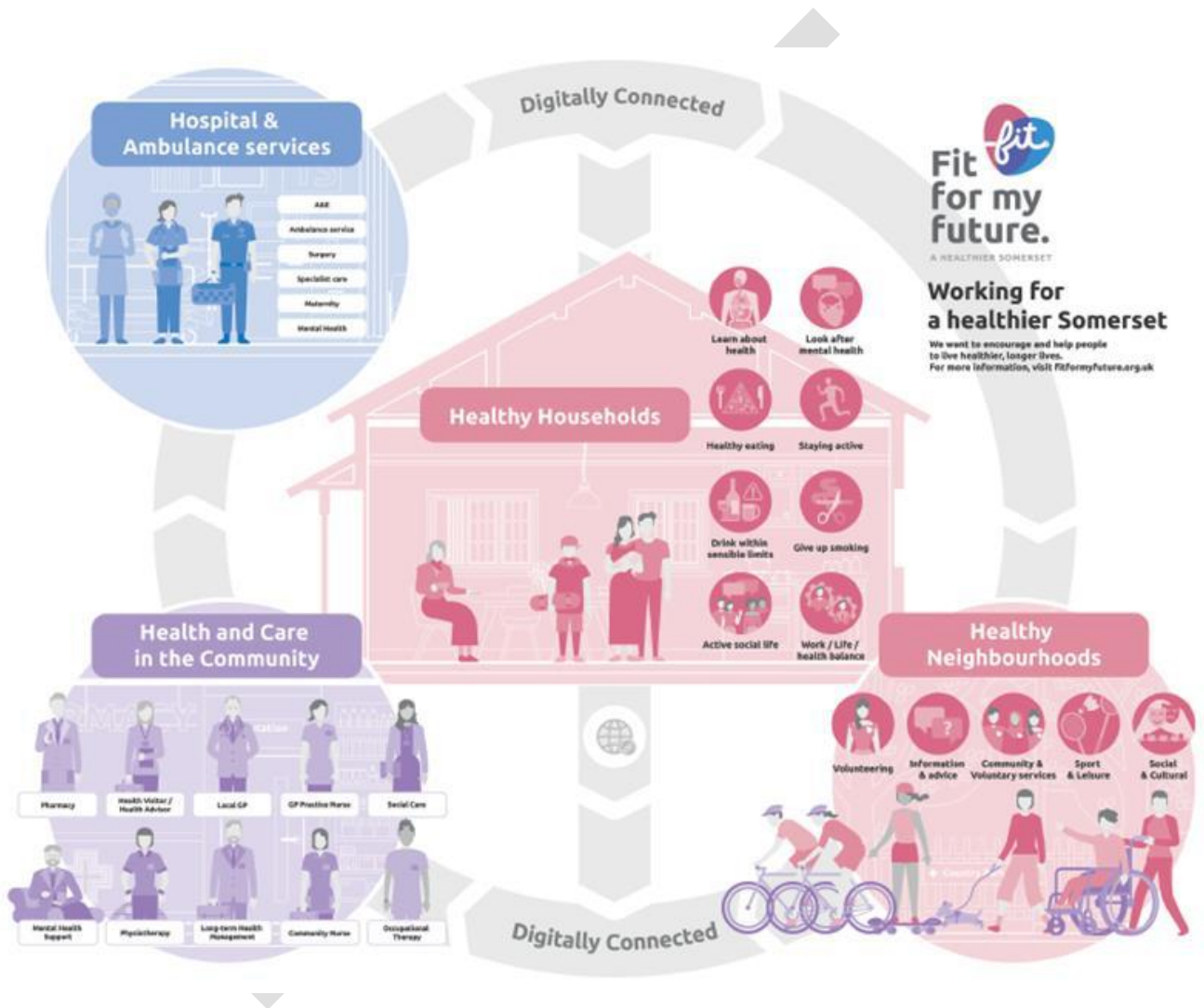
All partners involved in the health and wellbeing of the people of Somerset have been working together on a shared strategy since 2018.



Fit For My Future is the long term strategy which shows

how we will help people to lead healthy, independent lives in connected communities, with good access to public services when they need them.

The **Fit For My Future** sees healthy individuals and households within healthy communities having access to comprehensive care in the community when needed. Hospital and ambulance services will be used less as we develop a community offer to patients based on Neighbourhoods across Somerset. There are 12 Neighbourhoods in Somerset, each of which will provide local health and care services and health and care professionals working together.



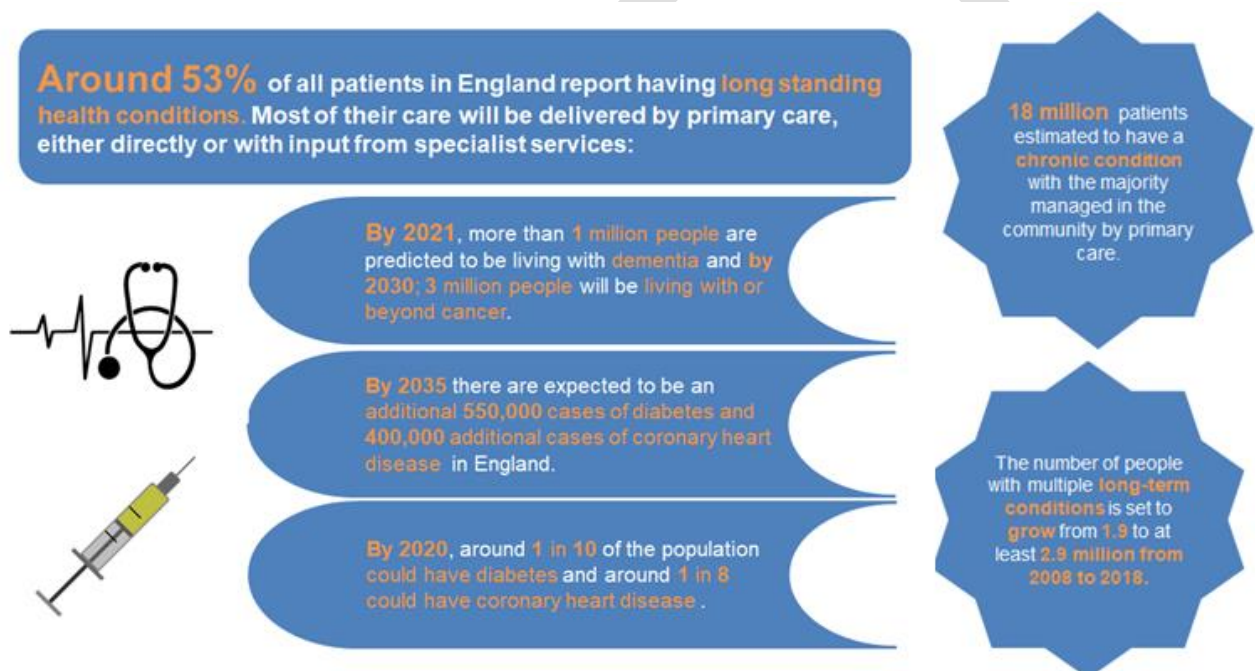
As part of **Fit For My Future**, a detailed review of GP services in Somerset was carried out during 2018. The headline recommendations were:

1. To retain and promote continuity of care - This is where the same practitioner guides people through various stages of medical care. Where continuity of care is not maintained we know that this can affect patient outcomes and can increase the cost of care.
2. Increasing the workforce, to deliver additional services and to stabilise GP services

3. Addressing differences in care, to ensure all providers perform well and good practice is shared
4. Improving access for patients, recognising that it is possible to deliver a high access with continuity of care but not within the standard funding envelope
5. Bringing together GPs, community nurses, pharmacists and other health and care professionals to work together
6. Invest in GP services to support the whole health and care system in Somerset.

These recommendations are now being implemented. These recommendations are consistent with the NHS Long Term Plan and the five-year GP contract settlement which has been published since the review was completed. Our guiding policies for the next five years are therefore the Long Term Plan and the local review of GP services.

Demographics and Population Health Need



A comprehensive needs assessment was undertaken by Somerset County Council Public Health in 2018 as part of the **Fit For My Future** GP Review. It highlighted the changing demands of an ageing population living with an increased number of long term conditions. It also confirmed the importance of maintaining a network of local services to serve the dispersed rural population of Somerset.

Compared to other parts of England, Somerset is often described as an area of relative wealth and good health. However a more detailed look at the data reveals important inequalities with significant pockets of deprivation in both urban and rural parts of the county.



Somerset is also one of the most rural counties in England with **48%** of its population **living in rural areas**.

25 areas in Somerset are categorised as **'highly deprived'** which represents a total of **38,000 Somerset residents** living in one of the **20%** most deprived areas in England.

Although **overall health** of the Somerset population **is good**, in the **most deprived areas** of the county **life expectancy is lower** with **significantly more years lived with a disability** compared to the least deprived areas.

A&E attendance and hospital admission for **injuries and substance misuse** among **children and young people** is **significantly higher** in Somerset than the England average and these problems are also concentrated in the more deprived areas.



The **prevalence** of chronic conditions such as **dementia, stroke, coronary heart disease and diabetes** are **rising**, due partly to an increasing elderly population.

In **Somerset** it is estimated that **8.8%** of people aged 16 years and older are **living with diabetes**. The total prevalence of diabetes is expected to **rise to 9.4%** by 2020 and **10.4%** by 2030.



Somerset has an **ageing population**. The Somerset **population** is projected to rise by around 73,400 (**12%**) **over the twenty five year period**, to 624,800. Projected growth amongst the **65+ age group** is even greater, at around **35%**, and the **number of people aged 75 or more** is projected to close to **double** over the period, to almost 117,500.

This means that there is also an increased demand for patients to access GP services and same day urgent care because of a growing and ageing population:



The recent **Joint Strategic Needs Assessment** highlighted a number of challenges associated with rural living including social isolation, difficulties in accessing services, transport issues and **those over 75 being more likely to be admitted to hospital as emergency cases**.

3. Primary Care

What is Primary Care?

GPs are the first point of contact with the NHS for most people and this strategy relates to those services provided by general practice. Other primary care providers include dentists, community pharmacists and optometrists. It has been estimated that around 90 per cent of interactions in the NHS take place in primary care.



The majority of services provided by **General Practice** are commissioned by **NHS Somerset Clinical Commissioning Group** e.g. the Out of Hours GP service.



Some public health services including **immunisations and vaccinations** are commissioned by **NHS England**, and some local public health services by **Somerset County Council**.



Community pharmacy and **community optometry** services are mainly commissioned by **NHS England** at present, but with significant **local services** commissioned by **Somerset CCG**.

We have started discussions, and will develop them further in 2020/21 regarding a more integrated commissioning approach to GP services across NHS England, Somerset County Council and the CCG.

Primary care provision in Somerset and current challenges

In Somerset, we have 54 providers that operate 65 GP Practices in Somerset. These practices deliver high quality, safe care and high levels of patient satisfaction with patient experience and sustainability better than national averages.

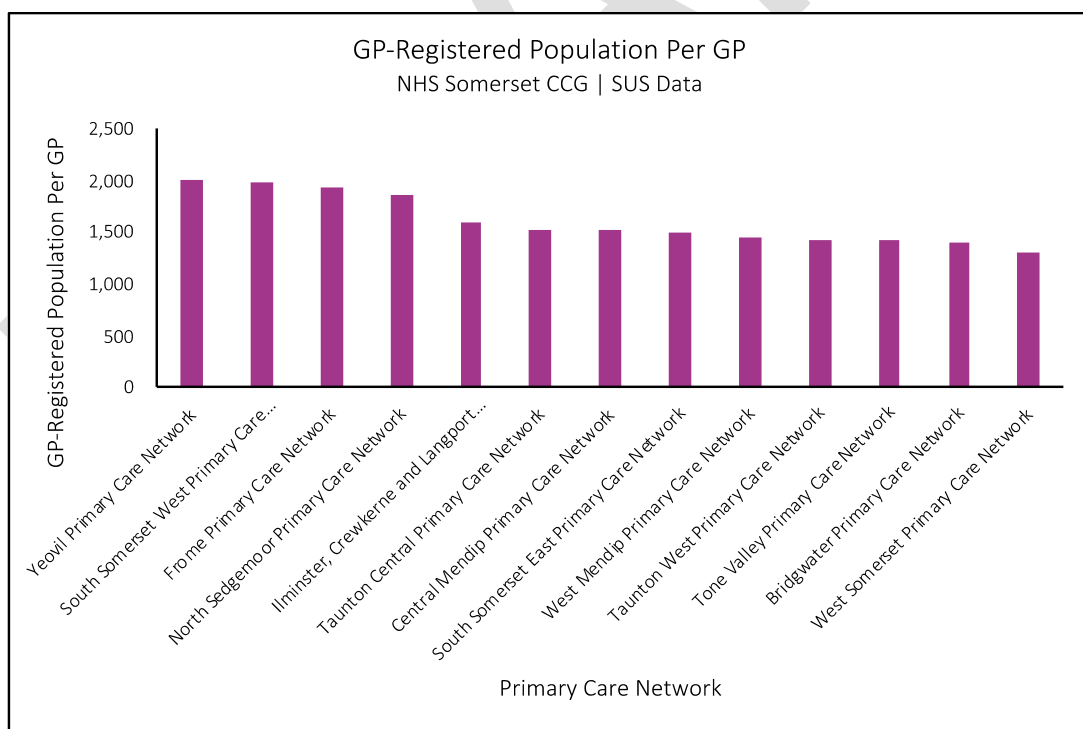
Yeovil NHS Hospital Foundation Trust and Taunton and Somerset NHS Hospital Foundation Trust operate a number of these GP Practices. The integration of some GP Practices with NHS Hospital Trusts has been critical in ensuring continuity. We expect as we move towards an Integrated Care System that this will support an NHS employed model to GPs who wish to take it and we will provide help and support for practices which remain independent partnerships. This will involve a closer alignment of the current NHS employed models in Somerset over the coming years.

Primary care faces many challenges. There is an increased demand for patients to access GP services and same day urgent care because of a growing and ageing population. Approximately 80% of same day urgent care is actually provided by routine primary care. The majority of people if they have a same day urgent care requirement will still phone their GP surgery to get an appointment and the vast majority receive this. There are different systems in place in each GP surgery with some offering telephone consultations, sit and wait services and some GP surgeries have a specific number of slots available. There is not a consistent offer across primary care and therefore some patients will not receive a same day primary care appointment and will then either phone the surgery the following day or will then try and attend another urgent care service.

We know that some primary care presentations are being seen by other parts of the urgent and emergency care system. Likewise, we know that GP services are also dealing with demand that could be better met by other parts of the system. For example, minor ailments can be better dealt with in community pharmacy. There is currently discussion and a draft strategy to deliver improved same day urgent care. This will incorporate GP Improved Access through Primary Care Networks from April 2021 and deliver the recommendations of the national GP Access Review.

GP surgeries therefore have to deal with their urgent appointments, planned appointments and home visits when they are open. This is a challenging environment and with increasing demand on primary care the challenge will continue to increase if no action is taken. We are already starting to see the impact of this on our workforce within primary care.

There is also a national shortage of GPs and challenges in recruitment and retention of both GPs and primary care staff. Practices are finding it increasingly difficult to recruit and retain GPs and this is being mirrored for other members of the primary care team, such as nurses and practice managers. Clinicians and staff have also chosen to retire early or reduced their working in hours in response to the pressure on General Practice. The graph below shows that there is a significant variation of the numbers of patients per GP in each of our Primary Care Networks:



Workload has increased substantially in recent years and has not been matched by growth in either funding or in workforce. This situation has been further compounded by initiatives to move care from hospitals to the community. This has been felt by

patients in a number of ways including reduced satisfaction, continuity and access, and in some cases by practice closures.

4. Primary Care Networks

What are Primary Care Networks?

Primary Care Networks cover a group of GP practices for approximately 30,000 to 50,000 patients. In Somerset, from 1 July 2019, 13 Primary Care Networks have been established and each has a Clinical Director who is either a GP or a Nurse Practitioner working in the locality who understands the needs of the local practices and population. Please see **Appendix 1** which shows a map of the Primary Care Networks in Somerset.

Primary care networks build on the core of current primary care services and enable greater provision of proactive, coordinated and more integrated health and social care.

Primary Care Networks will be leading partners in the development of integrated care and are expected to be the building blocks around which integrated care systems are built. The ambition is that Primary Care Networks will be the mechanism by which primary care representation is made stronger in the Integrated Care System, with the Clinical Directors from each network being the link between general practice and the wider system.

Primary Care Networks will work together with Neighborhood teams that are made up of a range of local providers, including community services, mental health, social care, pharmacy, hospitals and the voluntary sector. These teams will provide services to people with more complex needs, providing proactive care. Please see **Appendix 2** which shows a map of the 12 Neighborhood's in Somerset.

The East Mendip Neighbourhood contains two Networks due to Frome Medical Practice qualifying as a Network in its own right due its very large patient list (29,300 patients). Our Neighbourhoods are also consistent with District Council boundaries and the four Localities for the provision of NHS community services.

What will Primary Care Networks do?

The benefits of general practices working together at scale include improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

Primary Care Networks were only formed from 1 July 2019 so they are still fairly new and developing. National policy is also still developing but we do know that Networks will receive specific funding for additional staffing roles in primary care. The aim of is to build additional primary care capacity through these new roles and help to solve

the workforce shortage in general practice. Networks will have the flexibility to decide how many of each of the types of staff they want to employ from their funding allocation from the following list:

- Clinical Pharmacists
- Social Prescribing Link Worker
- First Contact Physiotherapist
- Physicians Associate
- Pharmacy Technician
- Community Paramedic
- Occupational Therapist
- Dietician
- Chiropodist/podiatrist
- Health and Wellbeing Coach
- Care co-ordinator
- Mental health practitioners

Here is an example of how an additional role in primary care might be used:

Musculoskeletal conditions account for 30% of all GP appointments. A First Contact Physiotherapist has extensive expertise in the clinical assessment, diagnosis and management of musculoskeletal (MSK) conditions. A Primary Care Network may therefore decide to employ a First Contact Physiotherapist that sees some of its MSK patients from across the practices in the network instead of a GP. This means that a patient will see the right professional at the earliest opportunity.

Primary Care Networks will eventually be required to deliver seven national service specifications:

- Structured Medication Reviews
- Enhanced Health in Care Homes
- Early Cancer Diagnosis
- Anticipatory Care
- Personalised Care
- Tackling Health inequalities
- Reducing Cardiovascular Disease (conditions affecting the heart or blood vessels)

The additional roles that primary care networks will be able to recruit to, will be vital in helping these services to be delivered.

Here is an example of how a service specification may impact on patients:

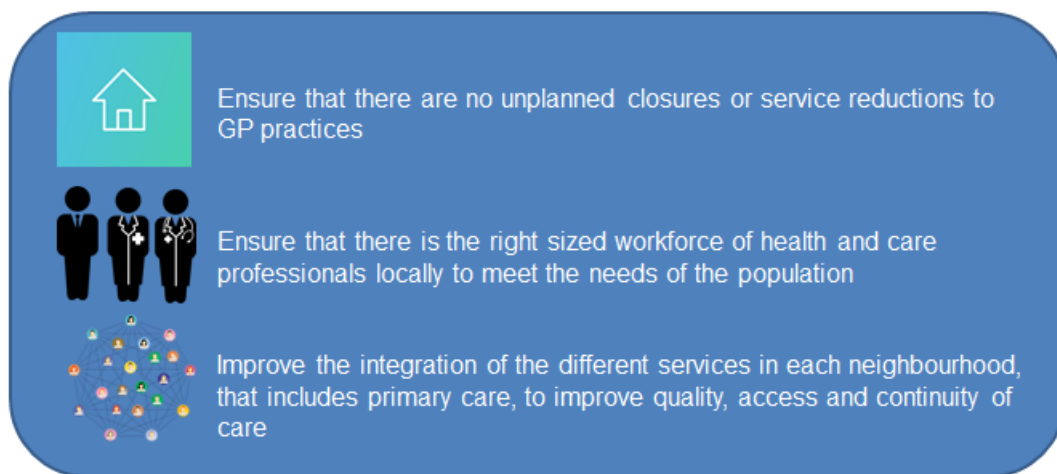
We know that Structured Medication Reviews can reduce the number of people that are over-prescribed medication, can reduce the risk of an adverse drug reaction, hospitalisation or addiction to prescription medicines. A Primary Care Network may

therefore decide to recruit a Clinical Pharmacist/s and a Pharmacy Technician/s to proactively carry out Structured Medication Reviews with all of the patients across the network that are prescribed 10 or more medications.

5. Somerset Primary Care Strategy

Our aim is to ensure that Primary Care in Somerset is well equipped and supported to provide sustainable, accessible, pro-active and co-ordinated care close to a patient's home.

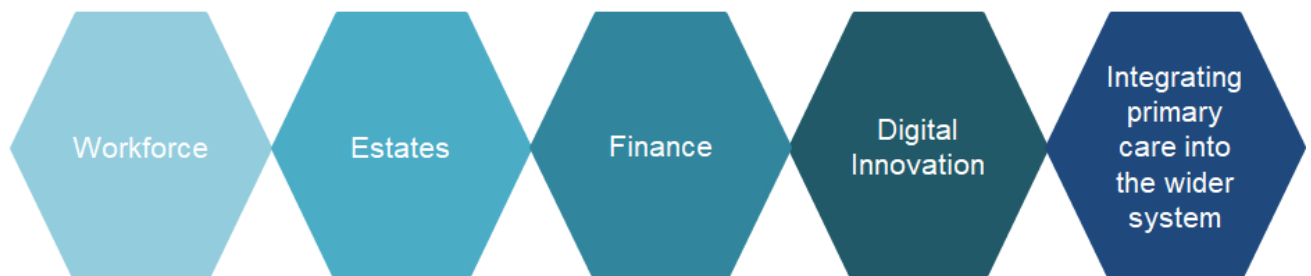
Our overall aim is straightforward although not simple to deliver. Our strategy to support delivery is to:



How this strategy will be implemented is described using five enablers. We will need to work closely with the Local Medical Council, 65 practices and the 13 Primary Care networks to develop local plans whilst ensuring equity across the County.

6. Enabling our Primary Care Strategy

There are five key enablers to delivering our primary care strategy, these are:





Workforce encompasses the training, supply, recruitment, skills development and retention of the clinical and non-clinical staff who work in primary care services.

Somerset has a separate primary care workforce strategy that is being developed. A Somerset Primary Care Workforce Implementation Group has been created with representatives from Secondary care (NHS trust) sector, the Local Medical Council (LMC), Somerset Clinical Commissioning Group, Primary Care providers, Primary Care Networks, the Somerset Training Hub, Social Care provider sector and Health Education England. This implementation group will feed into the Local Workforce Action Board (LWAB) that looks at workforce as a whole. The Primary Care Commissioning Committee will also have a key role in ensuring that we have the right sized primary care workforce.

Our overall objective is to build a workforce of the right size, with the right skills and competencies to meet the forthcoming strategic requirements of the NHS Long Term Plan and Somerset System Transformation Plan, delivering quality improvement and patient centred care and support.

The chief strategy outcomes are:

- Enabling increased capacity within the primary care workforce
- Reduced workload pressures
- Increased mix of professional health and care staff working in and contributing to primary care services through both recruitment and retention

The key areas of focus to deliver these outcomes are:

- Accurate data and information collection and analysis to support a predictive approach
- Retention and recruitment plans
- Enabling flexible working across practices and health systems
- Promoting and supporting skill mix
- Developing training capability and creating new career pathways
- Establishing an equitable social prescribing service across Somerset
- Ensuring IT and Technology support and enable the workforce to reach their full potential.
- Supporting the development of additional clinical roles across Primary Care Networks. Primary Care Networks are already starting to employ a wider range of health and care professionals to help address workforce pressures.
- Supporting an NHS employed model for GPs who wish to take it as well as continuing support for practices with independent partnerships
- Providing each Primary Care Network a package of development support to ensure equitable and effective service provision for the people of Somerset

- Working with strategic partners to develop alternative integrated workforce models



Digital Innovation is about making patient access easier and more convenient whilst also maintaining high standards of cybersecurity and data protection.

The model of care in Somerset is changing. Across the county the vision is to offer a digital-first option for people-facing services. A strategy for digital in General Practice is being developed and with the key strategic aims:

- **To empower people:** Enabling patient/carer access so that they can access, manage and contribute to digital tools, information and services.
- **To support health and care professionals:** Tools to efficiently deliver safe and effective patient care. As Primary Care Networks develop common platforms will be required to create efficient, standardised, safe and effective communication and management.
- **To Support Clinical Care:** Managing interactions with the NHS and to enable the redesign of clinical pathways.
- **To Improve Population Health Management:** To identify groups of people who are at risk of adverse health outcomes and predict which individuals are most likely to benefit from different health and care interventions.
- **To Improve clinical efficiency and safety:** Digital technology can support the NHS to deliver high quality specialist care more efficiently.

Below are some of the areas where work has already begun and is being progressed:

Online Consultations

In line with the NHS Long-term plan, online consultations are a key priority for Somerset and we are on target for 100% of the population to have access by April 2021. This will enable patients to benefit from advice about self-care and signposting to other sources of help, as well as an option to send information to a GP for a response. These new ways for patients to access care will improve patient experience and free up time for GPs to dedicate face to face consultations for patients with more complex needs. Patients will be able to book and cancel appointments online, request repeat prescriptions and access their medical records.

Somerset Integrated Digital electronic Record (SIDeR)

We know that one of the major challenges in developing integrated working is that different organisations in the Somerset Health and Care system use different IT systems. This often means that patients have to tell their story a number of times to different people involved in their care.

Since summer 2019 work has started to connect information held by GP Practices; Taunton and Somerset Hospital; Yeovil District Hospital; Somerset Partnership Hospitals, Community and Mental Health Services; St. Margaret's Hospice and Somerset County Council to SIDeR, so that they can begin to view the records they each hold about you, when they provide you with direct care.

Digital Systems to support Primary Care

We will be supporting primary care to embed the following tools:

- Brave AI is a Population Health Management tool developed in Somerset with Axbridge Surgery and used to identify complexity in patients and helps to reduce unplanned admissions.
- Demand and Capacity Modelling tools to support workforce planning.

We will also be looking at ways to digitally enable GP practices within primary care networks to work together more easily.



Estates refer to the buildings which primary care services are provided from. Since the previous primary care strategy for Somerset was agreed in 2016, the following developments have been agreed through the Estates and Technology Transformation Fund:

- Extension of French Weir Health Centre, Taunton
- Extension of Glastonbury Surgery
- More than 30 minor improvement schemes have been carried out, for example installing automated front doors and new flooring to improve infection control.

Estates reviews are required to ensure that practices are the right size for their patient lists going forward and to support a wider primary care team introduced through the new models of care and additional workforce roles being delivered by Neighbourhoods and Primary Care Networks.

The CCG will undertake a comprehensive assessment of each locality in order to develop a strategic vision for primary care premises in Somerset for the next 5 years and to ensure it is best placed to take full advantage of funding that becomes available.

During 2019/20, options appraisals for future premises priorities are being carried out in Taunton, Yeovil and Chard, Ilminster and Langport. During 2020/21 options appraisals for the rest of the GP practices within Somerset will be undertaken. Such options appraisals will also include consideration of the community estates that could support primary care and its workforce integrating within the wider health and care system. These options appraisals will provide a pipeline of capital projects for

completion over the next 3-5 years as well as a supporting the CCG to prioritise premises improvements for practices.

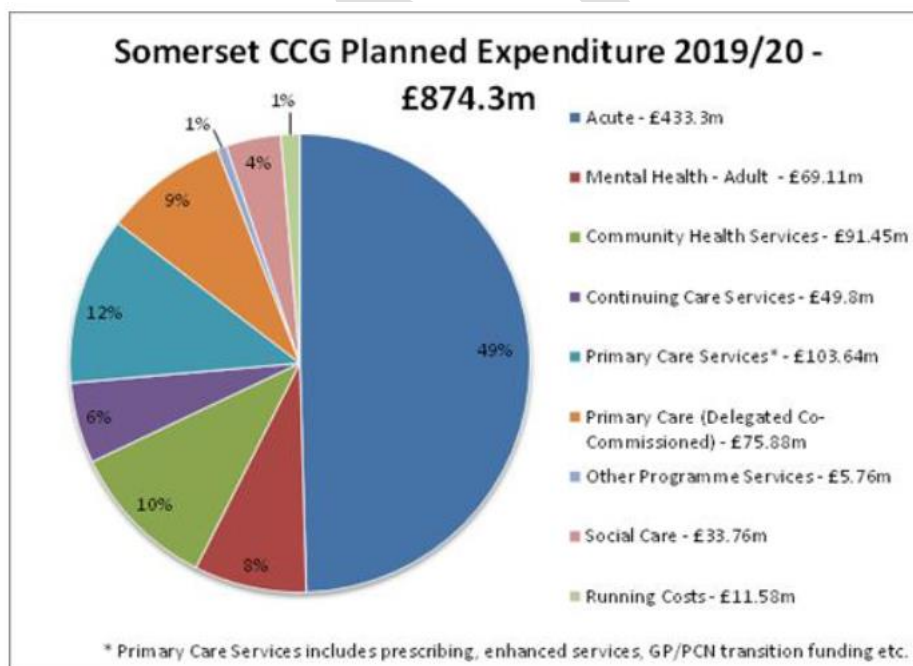


Finance is an important factor in providing high quality primary care services.

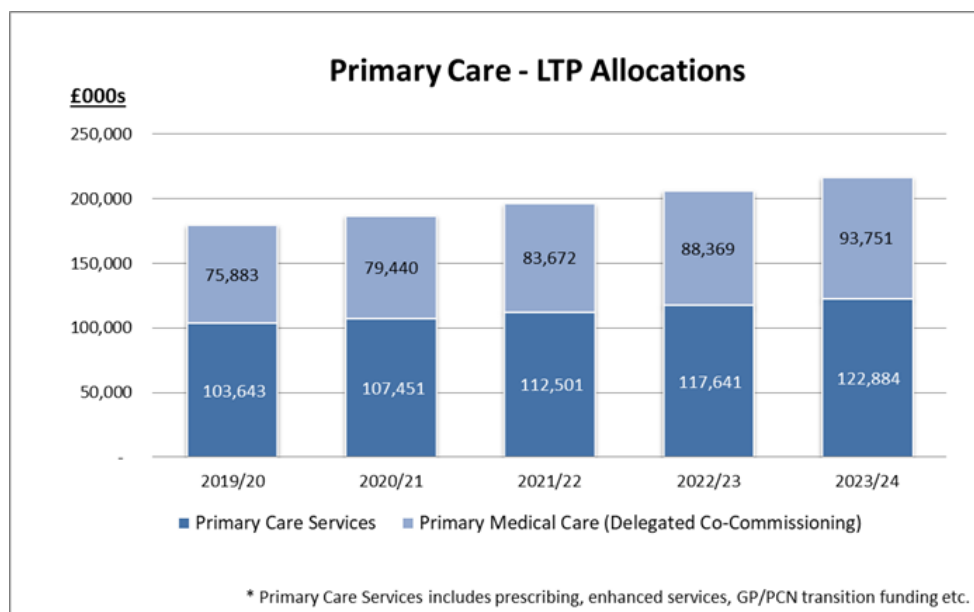
Since 2016, the CCG has invested over £5m in GP services through the Primary Care Improvement Scheme. It has also taken on responsibility for commissioning local community pharmacy services. The Long Term Plan means that there will be increased funding for primary care services in Somerset.

Current Spend and Primary Care Delegation Growth

The pie chart below presents how the Clinical Commissioning Group plans to utilise its funds in 2019 / 20 in both monetary and percentage terms. The Primary Care spend of £179.5 million includes the Primary Care delegated budget from the 1 April 2019 as well as the CCG commitment for the delivery of local contracts and transformation. It also includes GP prescribing.



The increase in funding for primary care services through the Long Term Plan is shown below:



This shows the significant increase in funding for primary care services in Somerset from the baseline position of 2019/20 to the end of the five-year planning cycle in 2023/24. The Long Term Plan allocations detailed for 2019/20-23/24 do include an adjustment for forecast inflation and demographic growth.

As part of our Somerset Long Term Plan we aim to agree a multi-year investment programme in primary care, mirroring the national multi-year funding settlement.

We will be guided by the following principles with regards to the multi-year investment programme in primary care:

- Improved access for patients
- Improving the quality of clinical care
- Expanding and retaining the workforce
- Primary care services must be characterised by contact with the right professional for the presenting need
- Use of technology to improve access to care for patients
- Joined up care to reduce duplication and unnecessary visits
- Access to specialist services at convenient locations
- Continuity of care **and** timely access are important
- Prevention and detection of disease
- Proactive, population based care
- Personalised care with people are supported to identify their own goals and manage their own health



Integrating Primary Care into the wider system - We have plans to dissolve the traditional division between primary and community care services and transform primary and community care services into '**integrated out of hospital care**'.

This is to ensure that our whole health and care system is placed towards providing early help and local services.

Fit For My Future is looking how we deliver mental health, primary care, community service and hospital care to ensure that we are organising care as locally as possible and are making the most of the Somerset pound. The aim is that Primary Care Networks and Neighbourhood teams work together as key stakeholders in delivering an **'integrated out of hospital care model'** that will provide:

- support for people to manage their own health and care needs through local solutions, enabling self-management and promoting healthy lifestyles
- routine and same day urgent access to primary care services
- the right care, in the right place at the right time. For example, minor ailments can be dealt with in community pharmacy rather than by a GP
- joined up organisations, services and professionals so that more people are supported to live at home (and discharged home) and so fewer people are admitted to bed-based care (hospitals, care homes)
- proactive complex care for people for the most complicated health and care needs.

It is hoped that this care model will also improve staff satisfaction as it will help them to provide high quality care with the patient seeing the right person at the right time.

7. How will we measure success?

<p>CQC</p> <p>All providers rated 'good' or 'outstanding'</p>	<p>Clinical quality</p> <p>Somerset will exceed the national average in the Quality and Outcome Framework measures</p>	<p>Continuity of care</p> <p>Somerset will exceed the national average</p>	<p>Patient experience</p> <p>Patient experience that is the best in the South West</p>
<p>Sustainability</p> <p>No unplanned practice closures</p>	<p>Workforce</p> <p>Recruit and retain core primary care workforce</p>	<p>IT</p> <p>Development of joined up and innovative IT</p>	<p>Estates</p> <p>Estates are fit for purpose and support new ways of providing care in the community</p>

<p style="text-align: center;">Networks</p> <p style="text-align: center;">All Practices working in Primary Care Networks</p>	<p style="text-align: center;">Primary Care Network workforce</p> <p style="text-align: center;">Recruitment to additional roles</p>	<p style="text-align: center;">Integrating Care</p> <p style="text-align: center;">The development of multi-disciplinary teams where Networks and Neighbourhoods are working together</p>	<p style="text-align: center;">Integrated Care System</p> <p style="text-align: center;">There will be a well organised GP provider sector with a strong voice in the development of Somerset's Integrated Care System</p>
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8. Engagement with our communities

There are a wide range of GP Practice Patient Participation Groups (PPGs) in the county. These groups work in partnership with their practices and enable people to be involved in influencing the way that their own local health services are delivered.

A Patient Participation Group Chairs Network also operates across Somerset, and provides an important and valuable patient voice in the health and care system. The PPG Chairs Network nominates a patient representative to sit on the Primary Care Commissioning Committee. All primary care commissioning decisions, such as mergers or branch surgery closures and openings are based on engagement with patients and communities.

We will be preparing a toolkit for practices to help them engage with their patients and communities in an effective way, particularly when considering making any changes to services. This will be completed by April 2020.

Patient surveys provide vital intelligence on patient experience of access to care and this is used to inform the way in which services develop to respond to local need. Overall the 2019 survey found that patient experience of GP services in Somerset compares very favourably with the rest of England:

- 85% of patients describe their experience as good, compared to a national average of 83%;
- Most patients (72%) report it is easy to get through to their GP practice on the phone, compared with a much lower national average of 68%;
- Access to on-line services is slightly above the national average (with 80% in Somerset reporting that online services are easy to use compared with 77% nationally).
- 71% of patients in Somerset reported that their experience of making an appointment was good, compared with 67% nationally.

- 66% of patients reported that they were satisfied with appointment times, which is slightly higher than the national average of 65%.

Access to GP services is the most pressing concern of patients and community groups, and the CCG intervenes to support practices that are below national average. A range of help is available to these practices to help them improve access, including funding for access redesign and online consultations.

“Fit for My Future” will also be engaging and consulting to ensure that patients and the public will be involved in developing the way in which new care models will be delivered to reflect local need.

9. Glossary of Terms

A&E/Accident and Emergency – There are Accident and Emergency Departments at Musgrove Park Hospital, Taunton, and Yeovil District Hospital within Somerset. Just outside of Somerset there are Accident and Emergency Departments at . They deal with life threatening emergencies and major trauma such as a road traffic accident.

Acute hospital – Provide services such as Accident and Emergency Departments, outpatient services and complex diagnostic tests (eg breast biopsy or specialist scans), inpatient services, operations and in some cases very specialist care.

Fit for my Future – Somerset’s health and care strategy that aims to support the health and wellbeing of the people of Somerset by changing the way we plan, buy and provide services. It is a joint strategy led by Somerset County Council and Somerset Clinical Commissioning Group, who are responsible for planning and buying health services to meet the needs of the people in Somerset, now and in the future.

Integrated care – This is where care is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.

Integrated Care System - In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. An Integrated Care System is an advanced version of a Sustainability and Transformation Partnership.

Long term conditions – Chronic diseases for which there is no cure and which are managed with medication and lifestyle changes, such as diabetes, hypertension, angina or asthma.

Neighbourhood - In Somerset, there are 12 Neighbourhoods that are coterminous with the Primary Care Networks. Please see the maps in **Appendix 1** and **Appendix 2**.

Neighbourhood teams – These are teams that made up of a range of local providers, including community services, mental health, social care, pharmacy, hospitals and the voluntary sector.

Primary Care Networks - Primary Care Networks are formed by practices working together that cover approximately 30,000 to 50,000 patients.

Public health – This is a branch of medicine dealing with the health and wellbeing of the population, including the causes of disease and disease prevention.

Quality and Outcomes Framework - This is a voluntary reward and incentive programme. It rewards GP practices, in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care.

Same day urgent care – This includes medical attention for a symptom, illness or injury that is not life threatening but which is perceived to need rapid treatment or support and can't wait for a routine appointment with a GP.

Social prescribing - Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.

Somerset Clinical Commissioning Group - Buy and plan health services for the people of Somerset.

Urgent Treatment Centre (UTC) – A nationally mandated change to the provision of 'same day urgent care', with a greater range of services than provided within our current Minor Injury Units, including a minimum of 12 hour opening, a greater range of diagnostic services 7 days per week (for example, x-ray and some blood tests), supported by GPs, and with an ability to book appointments in advance through NHS111 or primary care.

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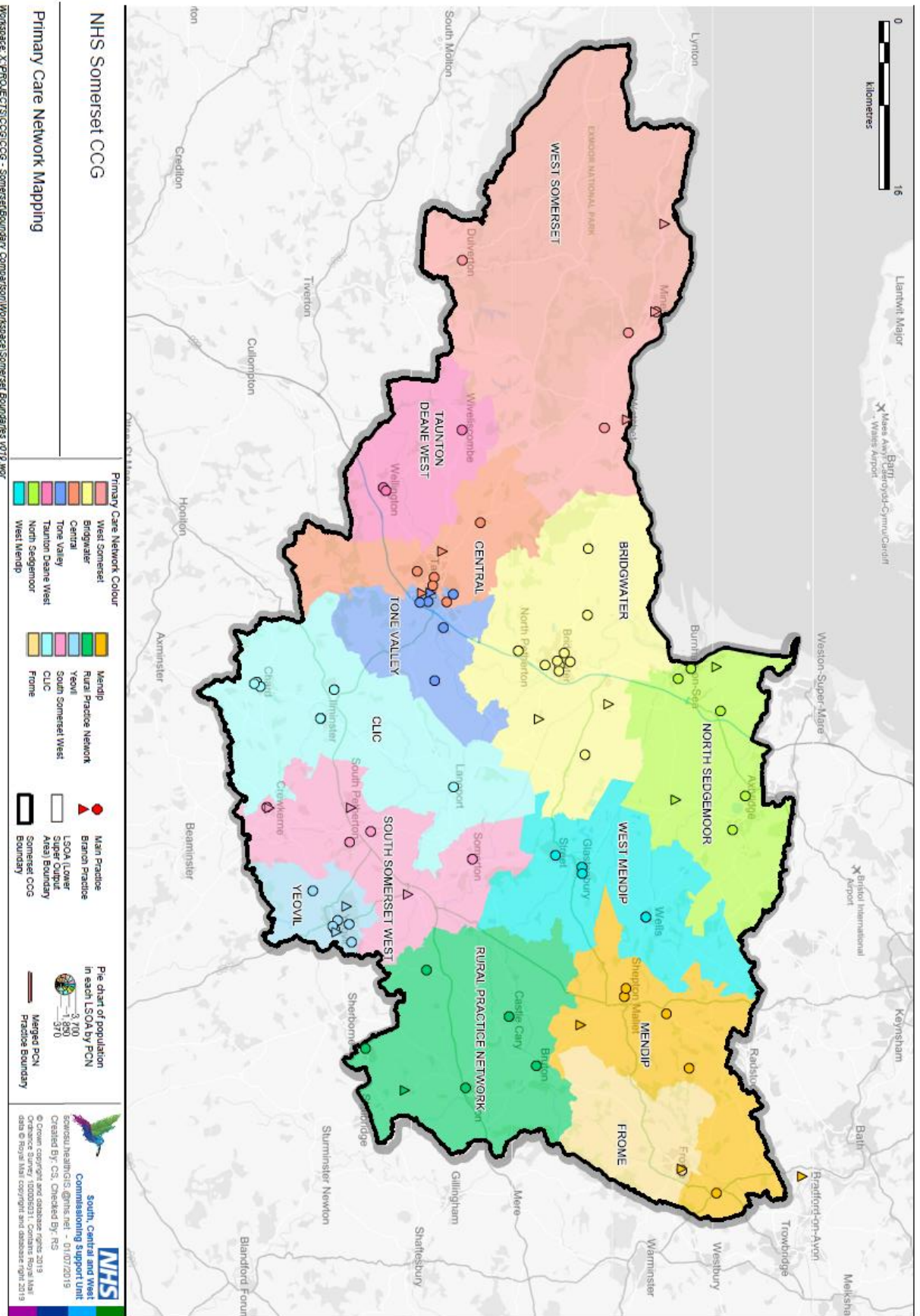
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Appendix 1



Appendix 2

