

# 7.2

## Dorset Primary Care System Level Plan

Pillars	Definition	1. Baseline at 30 November 2017	Delivery Plan*	Timeline	Enablers	Outcomes
<b>Right Scale</b>	Teams working in local primary care networks serving a registered population and collaborating at Dorset system level. Resilience through sharing interoperable assets at network and system level including workforce, estates, data and IT.	Step 1: practices beginning to work in network groups.	Minimum of 12 Dorset Clinical Networks.  Work with GP practices and Localities to explore options for new business models and agree this in each locality -clear plan and timeline.	January-June 2017	Primary Care Home or similar network development programme.	Network serves a defined population and collaborates at system level.
<b>Integrated working</b>	Integrated teams including General Practice, Community, Social, third sector, secondary care specialists.  Individuals work to appropriate skill set, they know and trust other team members.	Step 1: ICPS model of care agreed which segments population and service responses Virtual MDT 's in place across the localities and County to identify and co-ordinate care to at risk groups including implementation of the frailty framework.  GP streaming in ED and implementation of primary urgent care streaming in some localities.	Prioritisation of roll out of integrated teams to identify and proactive and rapid response support for complex and frail patients.  Roll out of more frequent and intense reviews for people with LTC – developing the teams across organisations to deliver population based approach in localities s to deliver – including new roles such as clinical pharmacists / health coaches/STW practitioners.  Roll out of the primary care home programme.	50% coverage by June 18  100% coverage by March 19       Phase 1 complete March 18  Phase 2 July 18	Incentive schemes;  Existing Contract levers e.g Frailty LES; CCLIP	Workforce plan supports integrated care delivery.  Staff operate across local care networks with high trust for team members.

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<b>Understanding population needs</b>	Data driven Population segmentation to understand people's health and care needs.  New models of care to meet local need with a focus on proactive care and prevention.	Step 1: population segmentation model in place with high level data on patient numbers and workforce requirements over next 5 years.	Work with system to agree Population Analytics support to inform deployment of resources at a local and system level.	Agree by April 2018	Population health analytics support.  Public Health Dorset Locality working.	Understanding people's health and care needs.
<b>Managing resources</b>	Visibility of resources available to the system and variation between practices. Operational efficiency scaled working and reduction in variation. Risk and reward sharing.	Step 2: RightCare programme (reduce variation); CCLIP (manage demand) in place.	Understanding resource use at different levels linked to segmentation and deployment of new models of care.  Implementation of the elective collaborative programme.	By June 2018 (phase 1).  By March 2019 development of new contractual models.  June18	Reshape existing Primary Care budget.  Pooled population health budget across sectors -first phase identify transformation resource from ACS to primary and community care.	Resource profiling to better understand resources available to the system and variability of current resource use.
<b>Empowering primary care</b>	Primary Care equal partners in system level decision making.	Step 1: Primary Care sits on ACS groups x 2 and SLT	Engage with GP practices and localities to agree and established effective Network governance arrangements and relationship to wider ACS.  GP leaders influence in revised Clinical Reference group.  Mobilise OD and leadership support available to all localities.	By March 2018  March 18  March 18	Examples of governance in other ACS.	Primary Care as equal partners in system level decision making.

Dorset Primary Care System Level Plan to achieve Step 2 \*Delivery plan will be further developed to reflect action required to achieve step 3