Lincolnshire
Primary Care Network Alliance

NHS

Annual Report

2020-21




Contents

Introduction

Welcome to our second Annual Report for the Lincolnshire Primary Care Network Alliance (LPCNA). This report gives us the opportunity to provide you with some insight as to the work of the Alliance and what we have done over the past 12 months, including a number of areas we are particularly keen to highlight.

This last year has been unprecedented in the history of the NHS. A global pandemic not seen for decades has been the main focus of all of our lives. Our colleagues in the LPCNA have been instrumental in leading the Covid-19 vaccination programme. Primary Care Networks (PCNs) have delivered over 80% of all the vaccinations in our county, harnessing the close link GPs have with our patients and demonstrating the power of GP practices working together. The quote I recall from my colleagues when faced with the enormous challenge of delivering 1.2 million vaccines in the shortest space of time possible, was that it was our duty to do this for our patients, families and friends.

General practice consultations reached over a million a day nationally in March and despite this increase in demand, we have continued with caring for patients in general practice, quickly adopting new ways of working using technology, to ensure that we meet needs of our patients when we can't see them face-to-face. We are now returning to a model where we can see patients safely, but not losing some of the significant benefits that adopting technology has given to patients. This has been an extremely challenging time and we would like to personally thank all of our colleagues in general practice for adapting to new ways of working, and your hard work in keeping services open for patients throughout this time.

We have seen a rapid expansion of front-line staff provided by PCNs as part of the Additional Roles Reimbursement Scheme, bringing additional capacity and collaborative working which is directly benefiting our population. Some of these roles have been recruited in collaboration with our partner organisations, both in the NHS and voluntary sector, which has been instrumental in enabling PCNs to expand their workforce and promote integration between organisations.

Over the last year the LPCNA has been welcomed by the Lincolnshire health and care system as a strategic partner, now being very much involved in the new Lincolnshire Health and Care Collaborative. We look forward to playing our role as we move to an Integrated Care System (ICS), working closely with our partners to improve the health and care of our population at a local level, but importantly connecting with the strategic vision set out in Better Lives Lincolnshire.

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Integrated Care Systems

Integrated Care Systems (ICS) have a role to support the development of Primary Care Networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates.

In Lincolnshire, PCNs serving the patients of the constituent general practices, are playing a fundamental role to improve health outcomes and join up services. They have close links to local communities, enabling them to identify priorities and address health inequalities. PCNs are developing integrated multi-disciplinary teams that include staff from community services and other NHS providers, local authorities and the voluntary, community and social enterprise (VCSE) sector to support effective care delivery. Joint working between PCNs and secondary care is crucial to ensure effective patient care in and out of hospital.

Our PCNs are working together to drive improvement through peer support, lead on one another's behalf on service transformation programmes and represent primary care in the provider collaboratives. This work is in addition to their core function and is being resourced by the provider collaborative.

ICSs and provider collaboratives will continue to support our PCN clinical directors, as well as the wider primary care profession, to develop primary care with transforming community-based services. Provider collaboratives are leveraging targeted operational support to their PCNs, for example with regard to data and analytics for population health management approaches, HR support or project management.

Provider Collaborative

There is a shared vision in Lincolnshire that health and care providers work together to provide our population with the best possible health and social care. We want people to access health and care in the right place, at the right time, first time; while making the best use of the Lincolnshire pound.

There are key principles which underpin the provider collaborative model:

- Collaboration between providers and across local systems
- Experts by experience and clinicians leading improvements in care pathways
- Managing resources across the collaborative to invest in community alternatives and reduce inappropriate admissions/ care away from home
- Working with local stakeholders
- Improvements in quality, patient experience and outcomes driving change
- Advancing equality for the local population

To do this we need a clean slate, free of old stories, to be innovative and forward thinking and be able to forgive each other when we try but get things wrong, and celebrate when things work well.

The **top six projects** voted for by the extended steering group are:

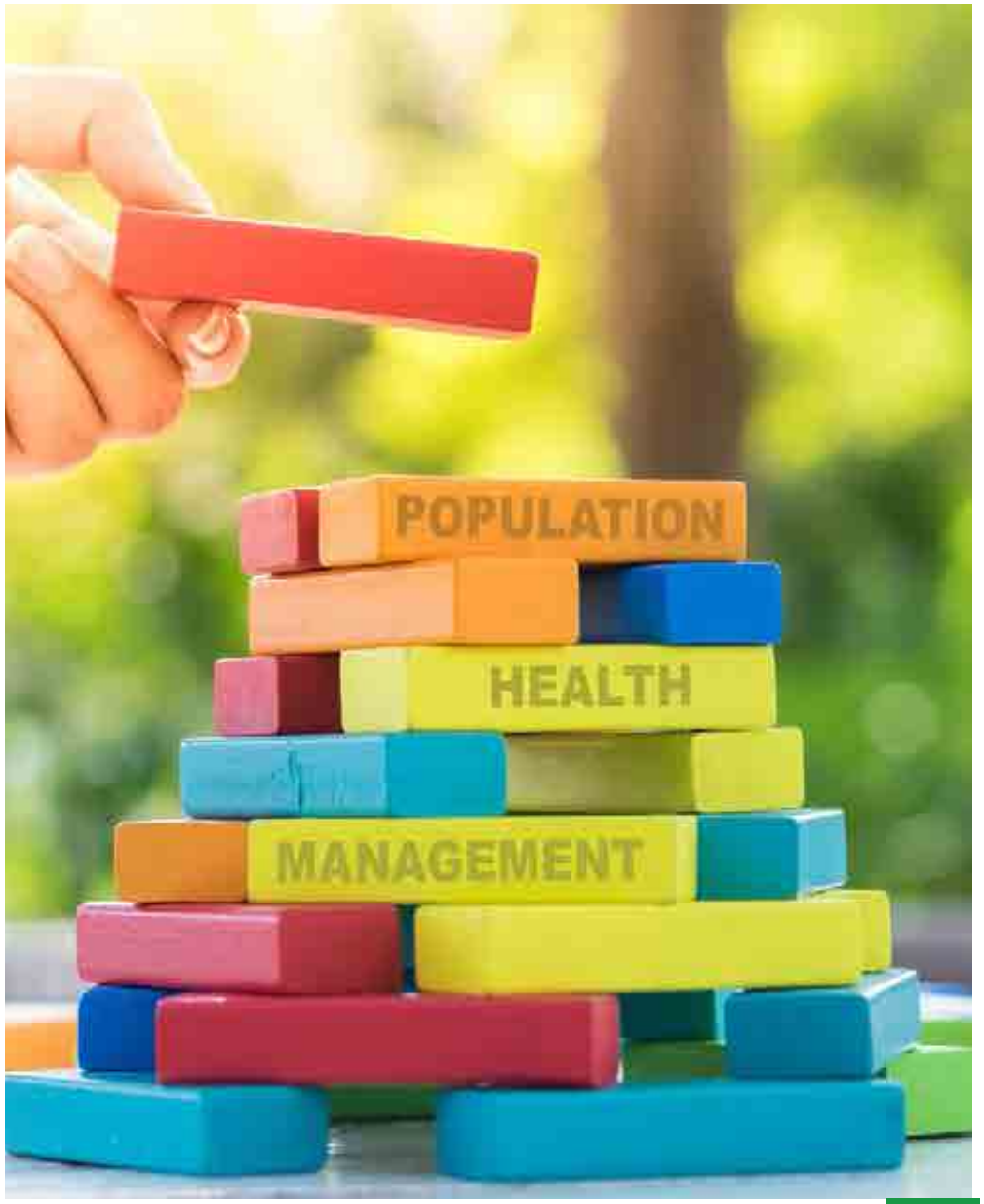
1. Neighbourhood working with the PCNs
2. Covid-19 vaccination rollout
3. Diabetes collaborative
4. Flow collaborative
5. Discharge to assess
6. Palliative and end of life care

Population Health Management

Population Health Management is a partnership approach across the NHS and other public services including: councils, social services, voluntary sector, housing associations, schools, fire service and police. They all have a role to play in addressing the interdependent issues that affect people's health and wellbeing.

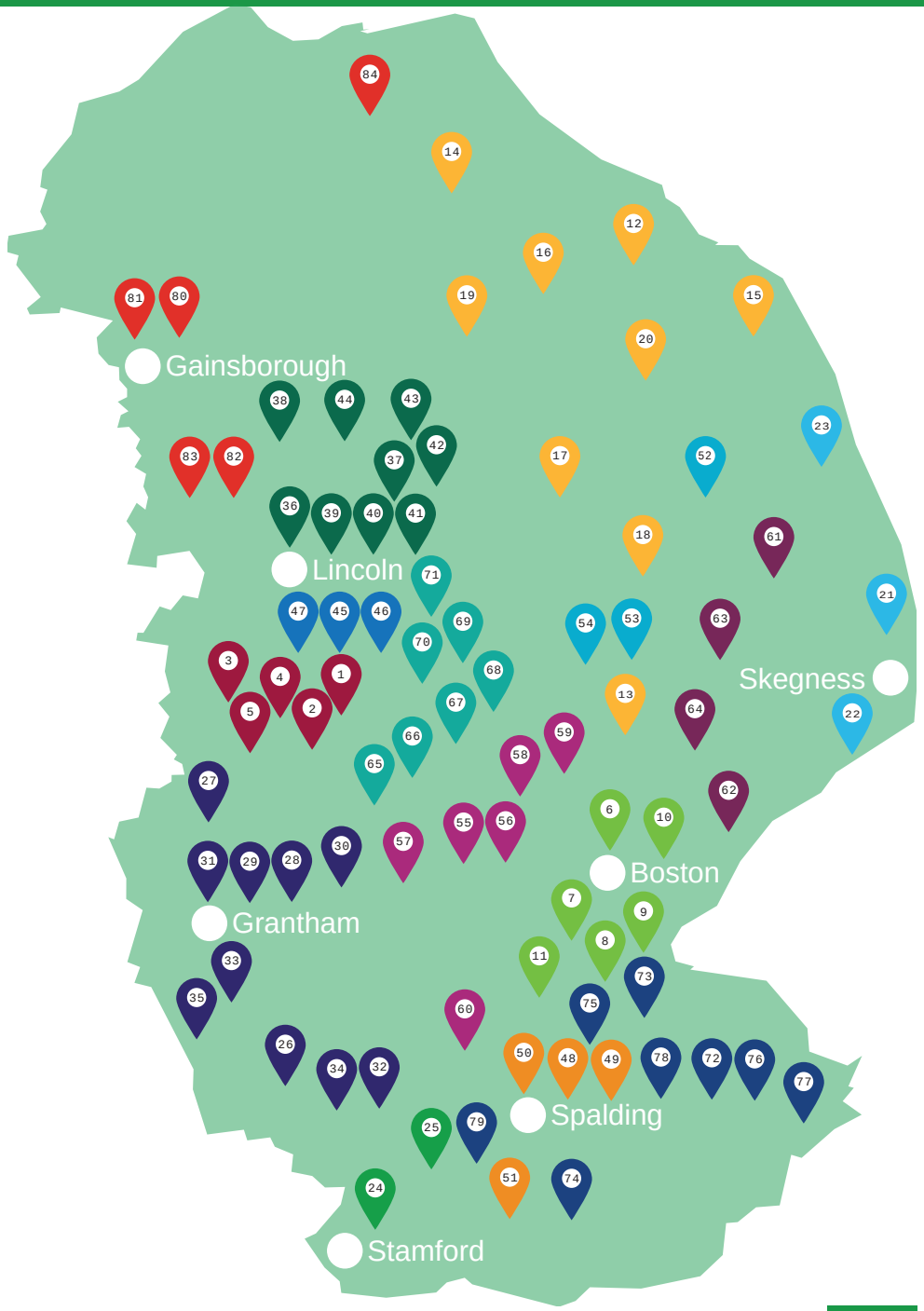
Focusing on population health management has become a real priority for our PCNs. Below are just some of the examples of how this is working in practice:

- Working collaboratively to rollout the Covid-19 Vaccination Programme across Lincolnshire, including the delivery of local centres and pop up clinics in the community to target hard to reach and vulnerable groups, making vaccinations more accessible.
- Recruiting first contact physiotherapists to support people with Musculoskeletal (MSK) conditions (which account for 30 per cent of GP consultations in England).
- Establishing a falls pilot with key stakeholders to provide a proactive approach to the management of falls in our elderly popullation.
- Recruiting mental health practitioners to support the needs of individuals with moderate to high mental health conditions.
- Developing Neighbourhood Teams and supporting the efforts in coordinating and monitoring social prescribing, and engaging with volunteer services.
- Increasing the number of learning disability health checks carried out across the county.
- Creating and growing a Living Well Team to support our elderly population.



Lincolnshire PCNs

APEX	
1	Newark Road Surgery
2	Richmond Medical Centre
3	Birchwood Medical Practice
4	Boultham Park Medical Practice
5	Woodland Medical Practice
Boston	
6	Liquorpond Surgery
7	The Sidings Medical Centre
8	Greyfriars Surgery
9	Kirton Medical Centre
10	Parkside Surgery
11	Swineshead Medical Group
East Lindsey	
12	North Thoresby Practice
13	The New Coningsby Surgery
14	Caistor Health Centre
15	Marsh Medical Practice
16	Binbrook Surgery
17	The Wrabgy Surgery
18	Horncastle Medical Group
19	Market Rasen Surgery
20	Woodhall Spa New Surgery
First Coastal	
21	Beacon Medical Practice
22	Hawthorn Medical Practice
23	Marisco Medical Practice
Four Counties	
24	Lakeside HealthCare Surgery
25	Hereward Practice (Lakeside)
Grantham and Rural	
26	Colsterworth Surgery
27	Long Bennington Surgery
28	St Johns Medical Centre
29	St Peters Hill Surgery
30	The Harrowby Lane Practice
31	The Vine Street Surgery
32	Market Cross Surgery
33	Swingbridge Surgery
34	The Glenside Country Practice
35	The Welby Practice
IMP	
36	Abbey Medical Practice
37	Glebe Park Surgery
38	Willingham-by-Stow Surgery
39	Cliff House Medical Practice
40	Lindum Practice
41	Minster Practice
42	Nettleham Medical Practice
43	Welton Family Health Centre
44	Ingham Surgery
Marina	
45	Brayford Medical Practice
46	Portland Medical Practice
47	University Health Centre
Market Deeping & Spalding	
48	Munro Medical Centre
49	Beechfield Medical Centre
50	Deepings Practice
51	Spalding GP Surgery
Meridan	
52	East Lindsey Medical Group
53	James Street Family Practice
54	Tasburgh Lodge Surgery
Sleaford	
55	Millview Medical Practice
56	Sleaford Medical Group
57	Ancaster & Caythorpe Surgery
58	Ruskington Surgery
59	Billinghay Medical Practice
60	The New Springwells Practice
SOLAS	
61	Merton Lodge Surgery
62	Old Leake Medical Centre
63	The Spilsby Surgery
64	Stickney Surgery
South Lincoln Health Care	
65	Church Walk Surgery
66	Cliff Villages Medical Practice
67	Bassingham Surgery
68	Branston & Heighington FP
69	The Heath Surgery
70	Brant Road & Springcliffe Surgery
71	Washingborough Surgery
South Lincs & Rural	
72	Holbeach Medical Centre
73	Sutterton Surgery
74	Abbeyview Surgery
75	Gosberton Medical Centre
76	Littlebury Medical Centre
77	Long Sutton Medical Centre
78	Moulton Medical Centre
79	Bourne Galletly Practice Team
Trent Care Network	
80	Caskgate Street
81	Cleveland Surgery
82	Glebe Practice
83	Trent Valley Surgery
84	Hibaldstow Medical Practice



PCN Profiles

APEX

Location: Lincoln
No. of GP Practices: 5
Population Coverage: 56,286

The last 12 months

Our 5 member practices are actively engaged in delivering the objectives of population health via the delivery of the Network Contract Directed Enhanced Service (DES).

We have been actively engaged with all phases of the Covid-19 vaccination programme. We also formed a 'Task and Finish' group to plan, develop, implement and monitor the PCN's Covid-19 Local Vaccination Service.

We are now set to deliver the flu programme in its entirety this autumn and winter.

We have recruited a number of additional roles, including clinical pharmacists, social prescribing link workers, and first contact physiotherapists. We are also developing a paramedic team that is place based which will support the local ambulance service to deliver services that are more streamlined.

We have successfully engaged in the Enhanced Health in Care homes service specifications and deliver a weekly multidisciplinary team (MDT) meeting. Local care homes have started seeing the benefit from this approach to the care provided for their residents. Within this piece of work we are actively engaged in increasing use of digital tools and platforms to help deliver patient centred care.

The local Mental Health Transformation programme is another area that we fully support through being partners with local mental health providers to utilise Additional Roles Reimbursement Scheme (ARRS) funding for expanding the place based mental health team with the specific purpose of supporting the needs of our severely mentally ill patients.

The next 12 months

Over the next 12 months we will build on the successes from previous years in recruiting more ARRS roles to address Musculoskeletal (MSK) conditions, obesity and mental health within our population.

Greater collaboration with stakeholders across the patch and alignment with the larger direction of travel of the Integrated Care System (ICS) will be key to achieve tangible success.

What we are most proud of

Our Covid-19 vaccination programme.

Our successes in recruiting to our ARRS role.

PCN Profiles

Boston

Location: Boston
No. of GP Practices: 6
Population Coverage: 78,000

The last 12 month

The PCN quickly adapted to a rapidly changing world. Covid-19 changed not only the day to day running of services but also added the challenge of rolling out a Local Vaccination Service for the population of Boston.

The member practices established a new strength in working together collaboratively. This was particularly demonstrated in the successful Covid-19 vaccination programme delivered by Greyfriars, The Sidings and Swineshead Medical Group. The PCN practices delivered the programme collaboratively with their additional roles (Pharmacists), the Neighbourhood Team, CCG employees, as well as a host of volunteers, who together vaccinated 31,140 people.

The PCN continue to actively recruit, having appointed Care-Co-ordinators, First Contact Physio's, a Clinical Pharmacy Team, and a 50/50 ARRS Mental Health Practitioner over the last 12 months. Currently out to advert is an OT Lead, Health Inclusion Officer and a Communications function.

Stakeholders - The Neighbourhood Team and PCN hosted a Stakeholder Engagement Event at Fydell House in September 2020. The event, attended by 253 people, showcased the PCN and Neighbourhood Team and brought together local services to reconnect and develop relationships whilst gaining an awareness of what is available in our local community. The event was deemed a success and benefit to those attending, which has resulted in a commitment to have an annual event.

The next 12 months

Our relationships as practices continues to strengthen and grow, we continue to work on more joint projects and our team will continue to grow and evolve to reflect this. We are excited to see where the next 12 months leads us and are delighted that Louise Price, Boston Neighbourhood Lead, has been enabled to join BPCN, for a six month secondment, in the role of Director of Strategy and Partnerships. This is to lead our innovative Powering Up Project, building on her trusted relationships within PCN practice teams and wider neighbourhood stakeholders. The purpose of the Powering Up Project is to develop the internal capability of the PCN, its strategic direction and partnerships, and the enabling infrastructure, to improve the integrated approach to population health management of our local community.

What we are most proud of

We are most proud of our resilience. Our staff and our volunteers and our local community, despite all the challenges they have faced over the last 12 months, have worked hard to deliver our services together, taking our relationships to a more deep seated trust, which will create the foundations for the future.

PCN Profiles

East Lindsey

Location: Lincoln in the west, Grimsby in the north and south-east towards Boston
No. of GP Practices: 8
Population Coverage: 64,031

The last 12 month

ELPCN have supported the Covid-19 vaccination programme at Louth Hospital to the population of our area. To bring this closer to our population ELPCN are now delivering the booster programme directly from our population via practices.

ELPCN have continued a robustly recruit to various roles to support the delivery of bringing care closer to home for our patients.

This year ELPCN have recruited additional Clinical Pharmacists, Pharmacy Technicians to enhance our safe and effective prescribing schemes for medicine management. Occupational Therapists delivering a first class service. Recently we have successfully recruited Care Co-ordinators to align patient care, supporting practices patients and care homes. ELPCN have worked closely with our neighbourhood team to recruit a Mental Health nurse and social prescriber, along with services from LCC sharing Occupational Therapist teams and First Contact Physiotherapy.

ELPCN currently have 3 team members training as Trainee nurse associates to enhance the nursing teams to deliver more services in general practice.

The extended hours has commenced, this elevates the difficulty of our practice population having to travel to Louth, which due to our geographical area has been difficult for those patients in the south of our area. Patients are now able to access extended hours and extended access through their practice or a practice near to them seven days a week.

ELPCN are currently taking part in a national project pilot to look at pathways to dementia diagnosis and anticipatory care.

The next 12 months

Continue to recruit to roles best suited to our patient population to deliver enhanced services. This includes further provision of first contact physio and first contact paramedic.

Continue to work closely with our PCN neighbours, neighbourhood teams and external organisations to address unique challenges.

What we are most proud of

All practice teams and their cohesive engagement during difficult times. Throughout covid-19 pandemic ELPCN continued to deliver a safe service via tele health and always seeing those patients that needed to be seen brought into the practices.

PCN Profiles

First Coastal

Location: East Coast of Lincolnshire
No. of GP Practices: 3
Population Coverage: 52,367 (up to 72,816)

The last 12 months

We have continued to grow and develop, offering a range of integrated services to meet the populations needs and the requirements of the Directed Enhanced Service (DES).

We have reviewed the pathway of cancer referrals within each practice, including, reviewing what type of cancers have been diagnosed and how the patients presented, looking at any similarities that the practices' share, and what can be done by the practices to mitigate this.

Our workforce has continued to grow, including the Proactive Enhance Assessment Care Home team (PEACH), the Care Home Visiting Service, Health & Wellbeing Practitioner, Clinical Pharmacist, and Dietitian.

We have worked collaboratively with the Neighbourhood Team, offering a wider cover of services in an integrated way. This is to ensure people with the most complex health and care needs are proactively supported to live well at home, or as close to home as possible, using a 'what matters to me' approach alongside Comprehensive Geriatric Assessment. Within this group there is a large cohort of frequent flyers and high intensity users of all services which requires working with people from all sectors.

As part of the Towns Fund Bid, the Neighbourhood Lead and Clinical Director of the PCN are on the core stakeholder group to support the co-production of the campus for future living over the next three years. The PCN is awaiting more information regarding the towns fund college proposal for Skegness.

The next 12 months

To promote a personalised approach to care involving the communities we serve and building on the current assets. This includes the development of community gardens where we will be able to 'Prescribe a Plant' for patients who are then able to go out and join the community garden to improve their mental and physical health.

A clear vision, mission statement and values are to be established as we work towards the Integrated Care System (ICS).

What we are most proud of

The development of the core teams, their approach and 'can do' attitude in a collaborative manner working under a management matrix. Stakeholder relationships being built through co-production, Plan, Do, Study, Act (PDSA) cycles, flat hierarchy and recognising the pivotal role domiciliary care colleagues play within the multidisciplinary team (MDT) setting.

The Palliative Care Huddle has reduced duplication, it's offered a platform for clinical supervision, shared skill mix and provides proactive care as opposed to reactive care.

PCN Profiles

Four Counties

Location: Stamford and part of Bourne
No. of GP Practices: 2
Population Coverage: 44,174

The last 12 month

We are proud to have engaged with Phase 1 and 2 of the successful Covid-19 vaccination programme at St. Marys Medical Centre.

Recruited highly skilled staff through ARRS into crucial neighbourhood team roles, such as occupational therapists, clinical pharmacists and care co-ordinators.

The whole team have worked collaboratively on the EHCH DES to provide a full structured medication review (SMR) and a separate GP review. This has enhanced relationships with the care homes and improved care for the residents. We have implemented and been running the weekly rounds and MDTs.

Worked with care home managers to put ReSPECT forms in place as part of the residents' Personalised Care Plan (PCP).

Have worked with local services to start the mental health transformation project, which will build a team including peer support workers, mental health practitioners, psychiatrists and social prescribers as part of the Integrated Placed Based Team.

The next 12 months

Implementing systems and proactive care around dementia and memory assessment.

Further enhancing our neighbourhood work to focus on falls prevention, hospital avoidance and frailty across care homes, the housebound and wider community.

Continue to serve the Stamford and Bourne area to reduce health inequalities.

Build relationships with local PCNs to work towards the Integrated Care System (ICS).

What we are most proud of

Our Covid-19 vaccination programme and the incredible response of the many individuals dedicated to providing an efficient service, despite the many challenges.

Building a highly skilled and varied workforce to tackle the challenges and population health management in our areas.

Establishing core processes to allow for improved communications, access, and care for our patients.

The work of the whole team to deliver the EHCH DES.

PCN Profiles

Grantham and Rural

Location: Grantham and surrounding areas
No. of GP Practices: 10
Population Coverage: 74,539

The last 12 month

We are continuing our Covid-19 vaccinations, based at the Meres Leisure Centre in Grantham, as well as out-reach vaccine clinics to care homes, housebound patients and other vulnerable members of our population. We have also provided vaccines at local factories. We have now administered 180,000 vaccines.

We are developing a diabetes pathway to improve services and access for all our diabetic patients.

We are developing a specialist asthma pathway to improve management of our asthmatic patients, and also identify our patients with severe/complicated asthma and facilitate timely referral to tertiary clinics and to access new and specialised treatments. We have also been involved in rolling out the “Turbo-Plus” inhaler device, which enables closer monitoring of the use and efficacy of inhaler devices on an individual patient basis. This device links with a patients mobile phone.

We are deploying paramedics and developing paramedic roles in our primary care setting.

We are continuing to support our practices resilience through the Additional Roles Reimbursement Scheme (ARRS); employing clinical pharmacists, musculoskeletal (MSK) practitioners, occupational therapists and care coordinators, and supporting and developing neighbourhood working across our population.

The next 12 months

Continuing to support the development of Neighbourhood Teams

Active participation in population health management and supporting our practices to be involved in this initiative.

Ongoing input to the Provider Collaborative as part of the transition to, and formation of our Integrated Care System (ICS).

Supporting the development of the Lincolnshire Primary Care Network Alliance (LPCNA).

Supporting our new Afghanistan refugee population and providing them with healthcare, health screening and vaccination services.

What we are most proud of

Our Covid-19 vaccination effort

PCN Profiles

IMP

Location: North of Lincoln
No. of GP Practices: 9
Population Coverage: 70,000

The last 12 month

We have worked together as a team of practices to deliver 44,440 Covid-19 vaccinations at our central site at the Lincolnshire Showground. 33 clinical volunteers and 133 non-clinical volunteers were very much part of the team and we felt this was a community programme as we came together to deliver this historic programme to get Britain out of the pandemic.

We are proud to have vaccinated our most vulnerable patients including administering 2,000 of the Covid-19 vaccination in care homes, to the housebound and via pop-up clinics in our most deprived neighbourhoods.

We have developed a care home team to provide an enhanced service to care homes. They are able to ensure that care homes have an appropriate and coordinated clinical response to any needs with input from multiple community services, a dedicated prescribing team and GP practices. The team are currently focusing on medication reviews, ensuring patients in care homes have the optimal regime for them to ensure best efficacy and minimal side effects of the optimum number of medications.

We have expanded provision of first contact physiotherapist additional roles, who provide review and triage of musculoskeletal (MSK) conditions in practice as a first point of contact.

The next 12 months

Working with colleagues across the system to establish ourselves within the new Integrated Care System (ICS) environment, integrating with acute, community and mental health trusts as well as the voluntary sector.

Expansion of care home team to include a dedicated occupational therapist and frailty specialist physiotherapist to improve the mobility and therefore quality of life for patients in care homes.

Implementation of a mental health team to work in and with practices to proactively deal with the increase in mental health conditions within our patient population.

Specialty nurse development to ensure management of long term conditions is of high quality across the area, there is integration with services in community and acute trusts and continual learning in our network of GP practices.

Delivery of Covid-19 boosters across our population.

Focus on population health management.

What we are most proud of

All of the above.

PCN Profiles

Marina

Location: Central Lincoln
No. of GP Practices: 3
Population Coverage: 31,192

The last 12 month

We have been instrumental in the Covid-19 vaccination programme across our population. This has included the delivery of pop up clinics in the community to target hard to reach and vulnerable groups, making vaccinations more accessible.

In addition to the Covid-19 vaccine delivery we have established a clinical pharmacy team. The team comprises of two clinical pharmacists and two pharmacy technicians. This has improved patient experience, enhancing clinical capacity across the member GP practices, working to deliver the requirements with the Directed Enhanced Service (DES).

Our vision to develop to a population health model and identify future resource required, we reviewed our governance structure to support this. In addition to the monthly executive board meetings, we are in the process of establishing a clinical group and redefined our operational group which meets monthly to jointly address the operational issues/concerns across the member GP practices, enabling a consistent approach for access, service provision, and developing to meet future needs.

The next 12 months

Our immediate priorities are to ensure the resources are in place to deliver phase 3 of the Covid-19 vaccines to our patient population and implement the service requirements of this year's DES extending our multi-disciplinary team to improve patient experience as well as saving GP time working collaboratively with other healthcare providers across the wider system. Ensuring we have appropriate resources, digital technology and telephony system to prepare for the challenges of winter and the potential increase in Covid-19 cases to continue providing primary health care.

We will continue to work jointly with partners, including, health providers, the voluntary sector and both the city and county councils to reduce health inequalities and develop a city centre solution for primary care for population health management. We will compliment this work with developing an estates strategy identifying the current and future estate need.

We will be an active member of the Lincolnshire Primary Care Network Alliance (LPCNA) to ensure primary care is a joint partner of the Integrated Care System (ICS) enabling strong foundations to provide excellent population health management across the system.

What we are most proud of

We are extremely proud of the successful delivery of the Covid-19 vaccination programme. We were one of the early sites to deliver the vaccine for the population. This was in conjunction with the continued provision of primary care throughout Covid-19, developing the team to support and enhance the delivery of primary care.

PCN Profiles

Market Deeping & Spalding

Location: Market Deeping & Spalding
No. of GP Practices: 3
Population Coverage: 44,000 approx

The last 12 month

Provision of clinical pharmacists for all member GP practices to ensure primary care prescribing is safe, effective, and helps all members to carry out structured medication review and deal with polypharmacy in frail elderly patients more effectively.

Provision of extended access as well as extended hours and helping other neighbouring practices who don't provide such service thus improving access for the patients.

Provision of first contact physiotherapists to improve rapid access to usculoskeletal (MSK) advice and treatment.

Provision of social prescribing link workers for the locality to help reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing.

Keeping all practices full engaged to identify practices needs and using Additional Roles Reimbursement Scheme (ARRS) funding accordingly to improve population health, creating more resilience and sustainability at general practice level by supporting practices with extra staff, resulting in improved capacity to deal with more complex patients.

Adding occupational therapist into our workforce to provide individualised care tailored to the needs of our frail elderly patients and aim to prevent unnecessary acute hospital admissions and improving community multidisciplinary team outcomes.

The next 12 months

Continue to recruit more additional roles

Aim to achieve best delivery of all the elements within the Network Contract Directed Enhanced Service (DES).

Continuing to work with other primary care networks (PCNs) on projects which help our population health management overall. Also continue to engage with the Lincolnshire Primary Care Network Alliance (LPCNA) and the Integrated Care System (ICS) to get the best health outcome for our patients in the area.

What we are most proud of

Active participation in the Covid-19 vaccination programme. We actively engaged with neighbouring PCNs to take a collaborative approach to the mass Covid-19 vaccination. Despite significant challenges posed by Covid-19 pandemic, our member GP practices not only maintained the provision of safe access and care to our patients but also learned and adopted the new ways of consultation extremely efficiently.

PCN Profiles

Meridian

Location: Louth, Woodhall Spa & Tetford
No. of GP Practices: 4
Population Coverage: 34,418

The last 12 month

Involved in the rollout of the Covid-19 vaccination programme at Louth County Hospital.

Recruitment of multidisciplinary team (MDT), including, clinical pharmacists, social link prescriber, and occupational therapist, to bring healthcare closer to people's homes, enhancing healthcare in care homes and the community as well as improving GP access.

Utilisation of digital technology in the delivery of healthcare especially during the Covid-19 pandemic.

Piloting utilisation of paramedics to conduct home visits

Continued provision of extended access / hours locally.

Care co-ordination service supporting frail and elderly, both at home and in care homes

Collaborative working between practices and external organisations to improve the uptake and quality of annual health checks for people with learning disabilities.

The next 12 months

Develop services based on the needs of the population through the integration of care centred around our local hospital. We aim to achieve this by breaking down barriers between services and moving the provision of non-elective care from acute hospital setting into the community.

Our vision is that decisions about how services are arranged and delivered should be made as closely as possible to those who use them thus ensuring healthcare provision is tailored to local population needs.

Extend the service provision outlined in the Enhanced Health in Care Homes Directed Enhanced Service (DES) outside of care homes to the frail and vulnerable in their homes.

Developing and trialling new model of care that is efficient, effective and sustainable.

Integration of mental health services into our area. Establishment of mental health wellbeing hubs and the provision of mental Health practitioners and health and wellbeing coaches. Improving dementia diagnosis rates and provision of annual health checks for people living with serious mental illness.

What we are most proud of

The provision of a consultant-led dermatology clinics for rapid diagnosis of skin lesions at one of our GP practices in Louth. An example of left shift of services, moving care from hospitals closer to home or the community.

PCN Profiles

Sleaford

Location: Sleaford and surrounding areas
No. of GP Practices: 6
Population Coverage: 56,678

The last 12 month

We are continuing our Covid-19 vaccinations, based at the Meres Leisure Centre in Grantham, as well as out-reach vaccine clinics to care homes, housebound patients and other vulnerable members of our population. We have also provided vaccines at local factories. We have now administered 180,000 vaccines.

We are developing a diabetes pathway to improve services and access for all our diabetic patients.

We are developing a specialist asthma pathway to improve management of our asthmatic patients, and also identify our patients with severe/complicated asthma and facilitate timely referral to tertiary clinics and to access new and specialised treatments. We have also been involved in rolling out the “Turbo-Plus” inhaler device, which enables closer monitoring of the use and efficacy of inhaler devices on an individual patient basis. This device links with a patients mobile phone.

We are deploying paramedics and developing paramedic roles in our primary care setting.

We are continuing to support our practices resilience through the Additional Roles Reimbursement Scheme (ARRS); employing clinical pharmacists, musculoskeletal (MSK) practitioners, occupational therapists and care coordinators, and supporting and developing neighbourhood working across our population.

The next 12 months

Continuing to support the development of Neighbourhood Teams

Active participation in population health management and supporting our practices to be involved in this initiative.

Ongoing input to the Provider Collaborative as part of the transition to, and formation of our Integrated Care System (ICS).

Supporting the development of the Lincolnshire Primary Care Network Alliance (LPCNA).

Supporting our new Afghanistan refugee population and providing them with healthcare, health screening and vaccination services.

What we are most proud of

Our Covid-19 vaccination effort

PCN Profiles

SOLAS

Location: Alford, Old Leake, Stickney and Spilsby.
No. of GP Practices: 4
Population Coverage: 28,000

The last 12 month

Consolidation of our position and structure.

Active recruitment through ARRS, appointing 6 new staff.

Collaborative working with ULHT, Neighbourhood teams and community services.

Delivery across the PCN footprint of all phases of Covid-19 vaccination.

Pro-actively improving healthcare delivery within care homes and the community through new ways of working and additional workforce.

Development of enhanced asthma treatment within the community, via the introduction of asthma specialist nurses.

Supporting our aging population with a prominence of long term conditions and difficulties rising from geographical constraints.

The next 12 months

Again consolidating our position following a hugely demanding Covid-19 vaccination programme.

Continue to recruit and grow our healthcare team.

What we are most proud of

Progressing the growth and development of the PCN through a very demanding period, being able to demonstrate tangible change even though resources were in danger of being overwhelmed through the demands created through the Covid-19 pandemic.

PCN Profiles

South Lincoln Healthcare

Location: South side of Lincoln
No. of GP Practices: 7
Population Coverage: 49,467

The last 12 month

We rapidly mobilised and rolled out our Covid-19 vaccination programme. By early September 2021 ,91% of our population had received their 1st dose and 86% their 2nd dose.

Our 'Living Well Team' has grown to include 4 occupational therapists, 2 health and wellbeing coaches, an admission and discharge care co-ordinator and a social prescriber.

We have 2 clinical pharmacists and our pharmacy team is expanding to include 2 pharmacy technicians. The team provide support to GP practices with medication related queries, medication reconciliation and medicines optimisation.

We have a senior mental health practitioner providing support for people with mental health needs.

We have a growing team of first contact physiotherapists providing expert assessment and advice for patients with musculoskeletal (MSK) conditions.

Our care home residents continue to benefit from the HomeHealth team working closely with our GP practices.

We have worked with the local clinical commissioning group (CCG) to organise and commence the roll out of proxy access to SystmOne for care homes following a successful local pilot.

The next 12 months

We have made excellent progress in expanding our Additional Roles Reimbursement Scheme (ARRS) teams and the next 12 months and beyond will see us developing and embedding these teams to maximise the value for patients and practices.

We are investigating ways to expand our mental health offer.

We are working with the Lincolnshire Primary Care Network Alliance (LPCNA) and ambulance service to engage a paramedic.

The Living Well team and and the HomeHealth team are exploring ways to work more closely with each other.

We are exploring the benefits of a nursing associate to work between GP practices and the HomeHealth team.

We are providing the Covid-19 booster vaccination programme.

We will continue to work with the LPCNA to ensure our network contributes to and benefits from system working opportunities in the Integrated Care System (ICS).

What we are most proud of

Covid-19 Vaccination Programme in terms of population coverage and how it has brought our GP practices together.

PCN Profiles

South Lincs & Rural

Location: South Lincolnshire
No. of GP Practices: 8
Population Coverage: 77,130

The last 12 month

Over the last 12 months the PCN has delivered Covid-19 vaccines for it's population, as well as focusing on maintaining core GP services during an extremely challenging year. The PCN works closely together to build on these core services to support residents and to improve care, for example:

- The PCN has an older than average population in a highly rural area which and therefore the PCN will aim to support associated health challenges and social isolation.
- Compared to Lincolnshire as a whole overall deprivation levels are higher than average across the South Lincolnshire Rural PCN and has introduced a new team of Social Prescribing Link Workers and Health & Wellbeing coaches.

The PCN will focus on the requirements of supporting care homes and their residents, reducing the emergency admission rate and improving prevalence rates of cancer, asthma, rheumatoid arthritis, depression, atrial fibrillation, heart failure, CHD and stroke which are historically higher than the Lincolnshire average and have done this by developing further our staff teams of Clinical Pharmacist team and first contact physiotherapists, social prescribing and health and wellbeing coaches.

The next 12 months

Throughout the past year the PCN has focused on utilising new roles across primary care including Clinical Pharmacists, Health & Wellbeing coaches, Social Prescribing Link Workers, and First Contact Practitioner. This increase in new roles will allow a focus on:

- Medicine management and optimization
- Enhanced Health in Care Homes
- Early Cancer Diagnosis and have established an in house ultrasound service that is available to all practices.

The main priority for the next 12 months however will be increasing Mental Health support for our residents which will be undertaken through a combination of introducing new roles and working closely with our local community mental health provider and the wider Lincolnshire system.

The PCN will continue to recruit to the additional roles whilst delivering all elements within the PCN contract building stronger relationships with other PCN and the wider system.

What we are most proud of

We are extremely proud of our teams and practices who have worked tirelessly over the last year, adapting to the changing situations quickly and maintaining high quality services throughout.

PCN Profiles

Trent Care Network

Location: Saxilby, Gainsborough and Brigg
No. of GP Practices: 5
Population Coverage: 39,923

The last 12 month

Mobilisation of local Covid-19 vaccination site to vaccinate our patient population.

Recruited to the Additional Roles Reimbursement Scheme (ARRS) including 2 clinical pharmacists, 2 first contact practitioners and an additional social prescriber.

Developed a good working relationships with other Primary Care Networks (PCNs) and the Lincolnshire Primary Care Network Alliance (LPCNA) clinical directors.

Continuing to forge stronger working relationships with our local partners and the wider system to help improve patient care.

Engaging with the Mental Health Transformation team to begin to deliver and integrate health services into the PCN community.

The next 12 months

Continue to recruit to the ARRS roles, specifically mental health practitioner, occupational therapist and a paramedic.

Roll out of Phase 3 programme for Covid-19 boosters and flu vaccines.

Continue to deliver the requirements of the DES.

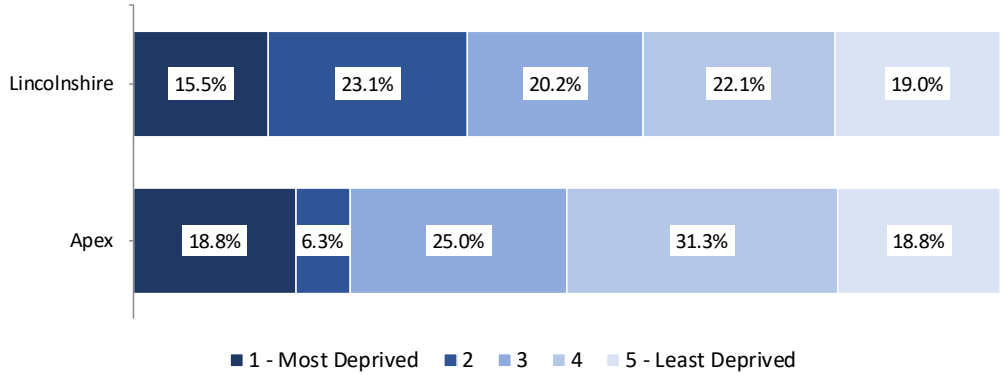
What we are most proud of

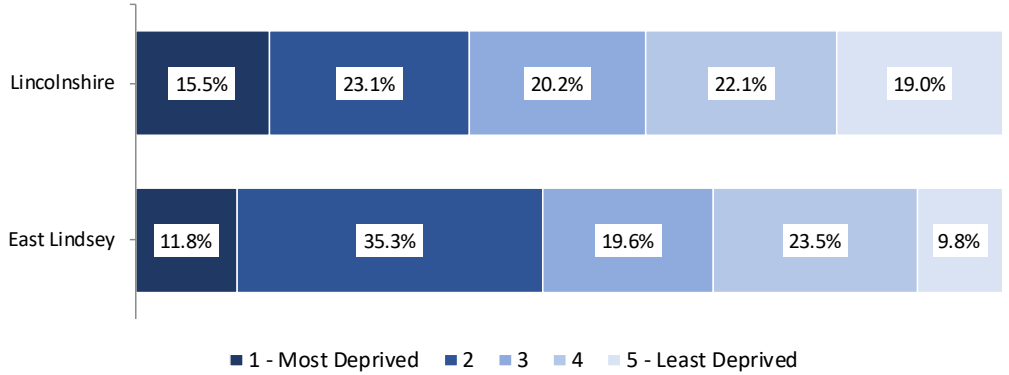
Working as a team to co-ordinate the mobilisation of the PCN's Covid-19 local vaccination site and vaccinating over 39,000 individuals.

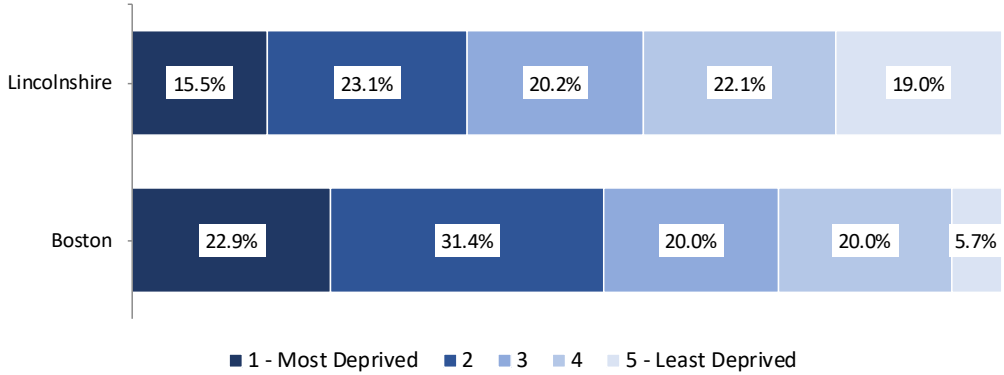
Recruiting to the ARRS roles.

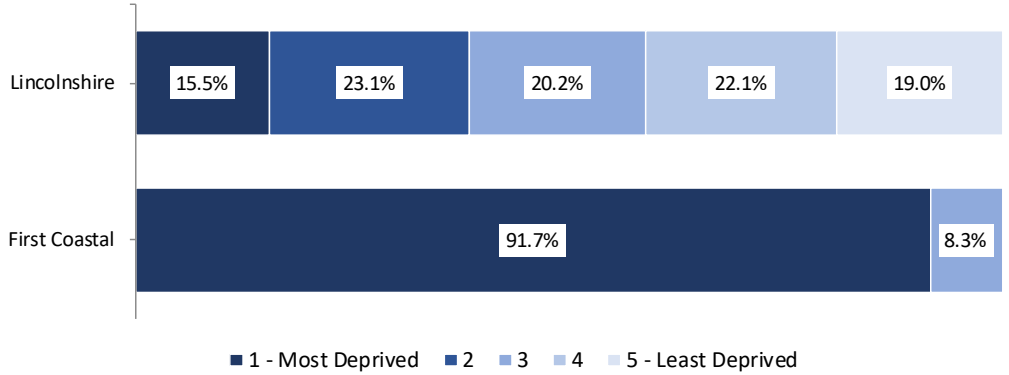
Population breakdown

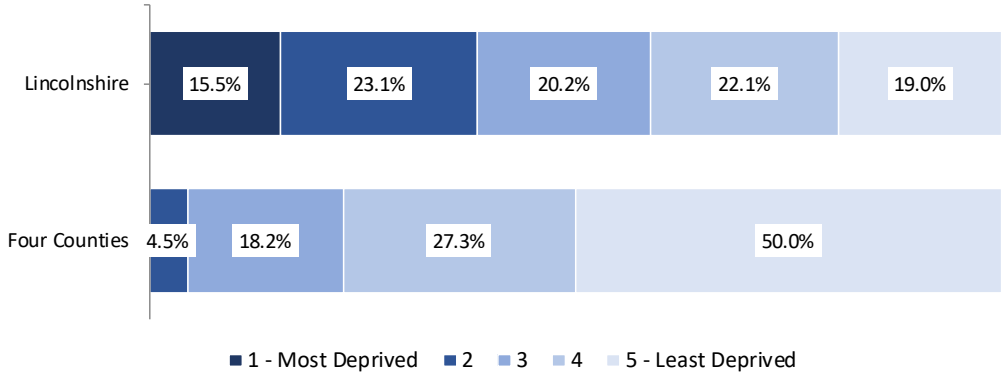
Deprivation*

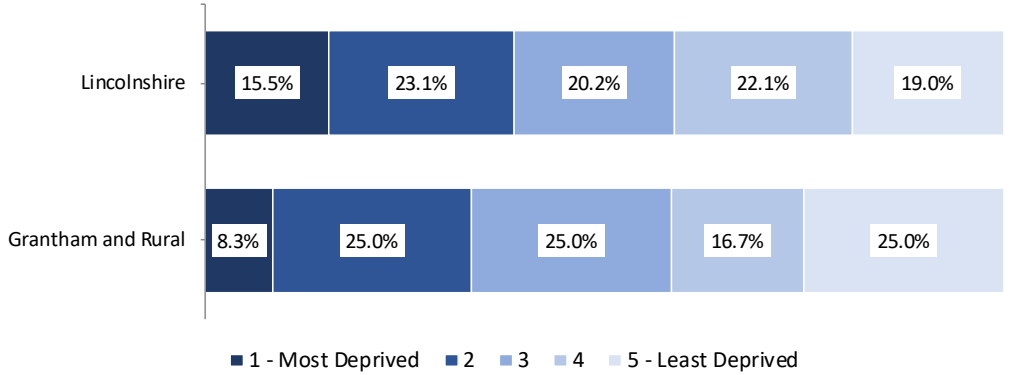








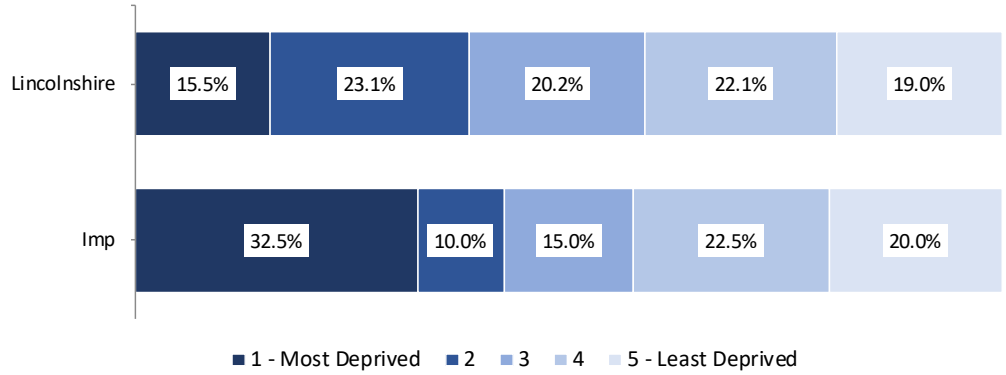


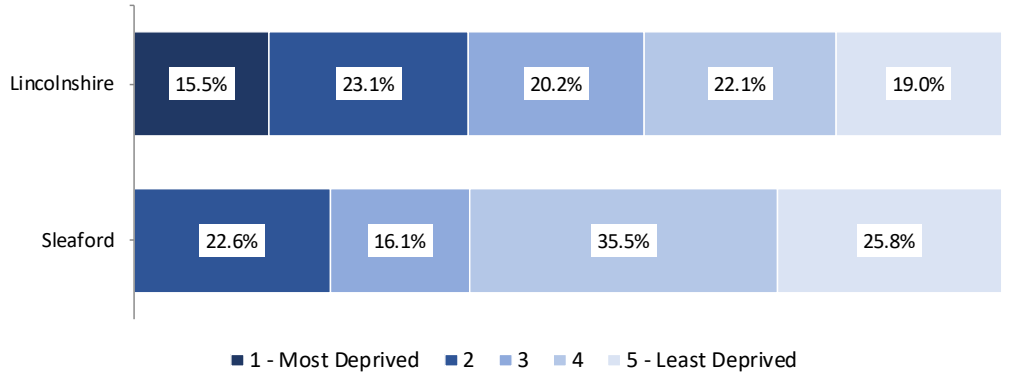


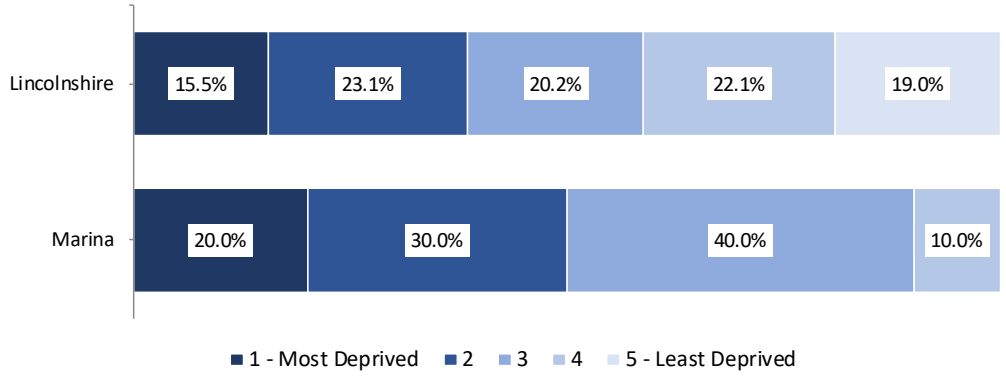
*Further information can be found at: www.research-lincs.org.uk/area-profiles.aspx

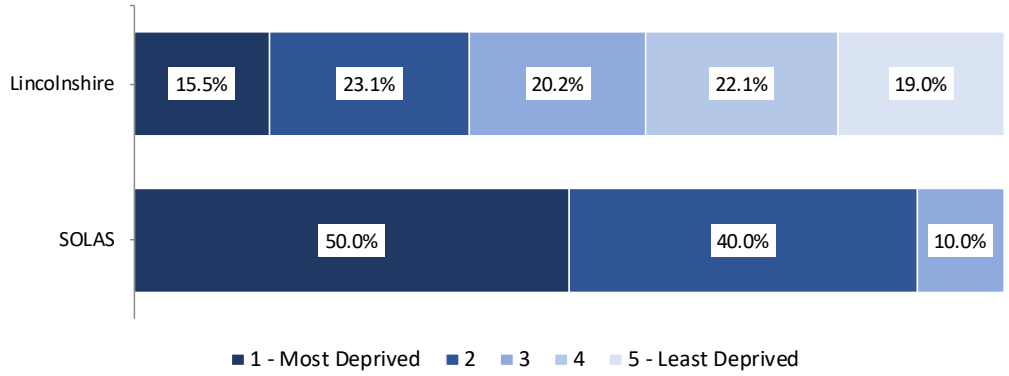
Population breakdown

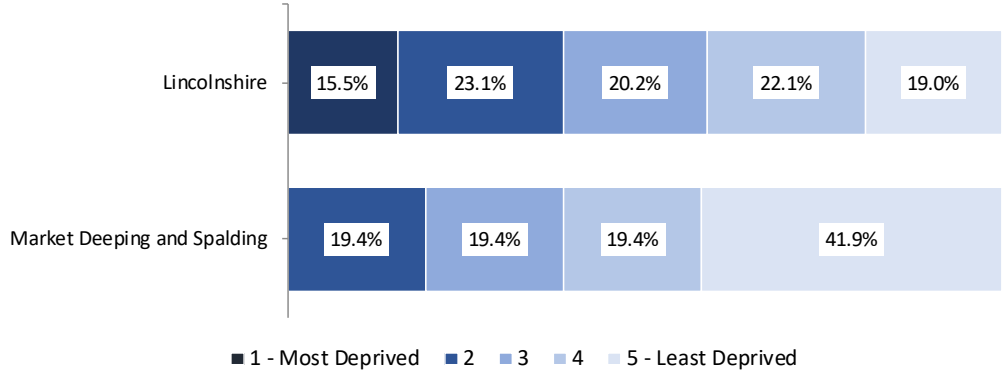
Deprivation*

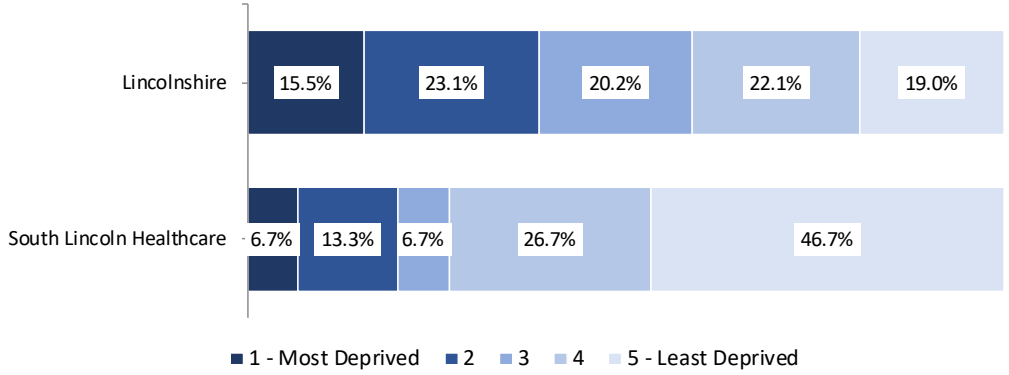












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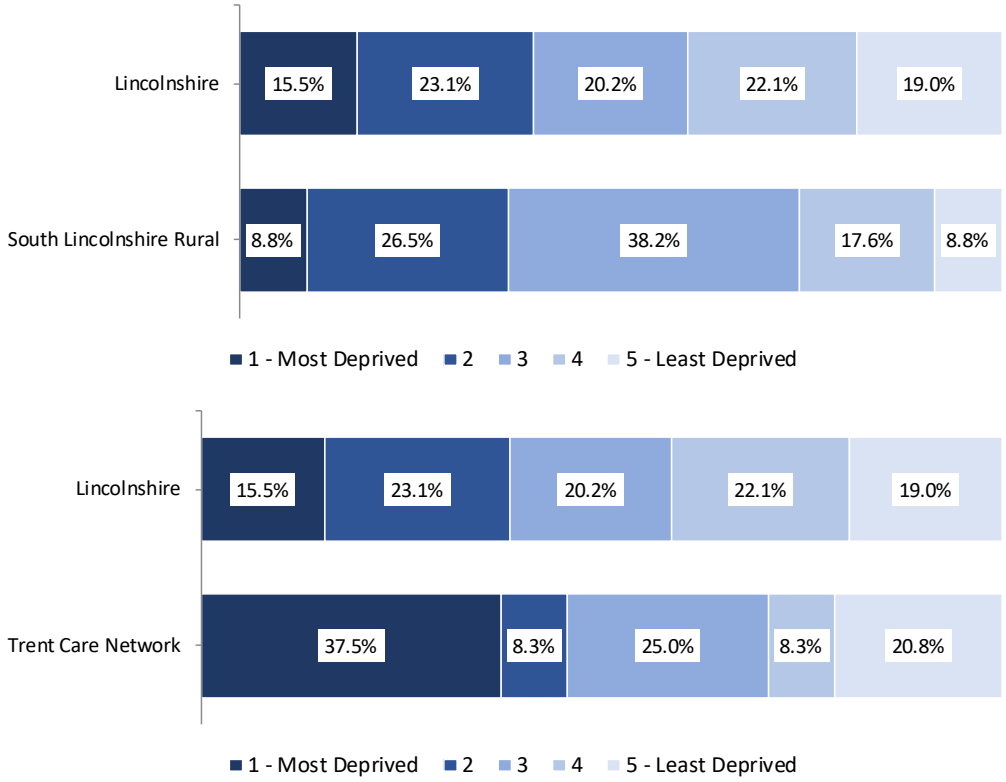
Population breakdown

Deprivation*



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