



North East London

Community Pharmacy Conference -14.1.2024

Delivering Primary Care across NEL

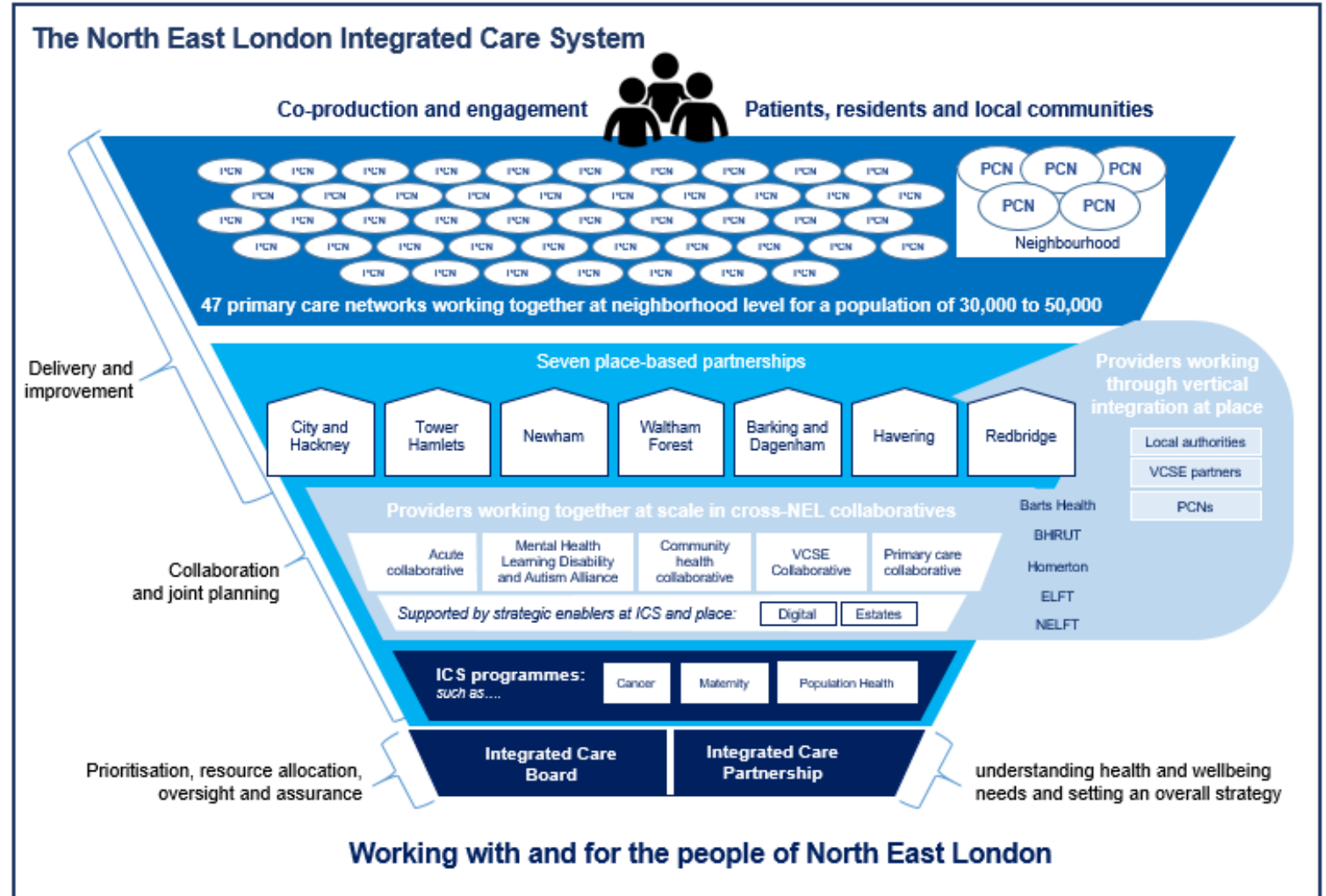
Our Partnership - North East London NHS Integrated health system is a partnership of health and care organisations brought together by a single purpose: to improve health and wellbeing outcomes for the people of north east London.

Each of our partners has an impact on the people of north east London – some providing care, others involved in planning services, and others impacting on wider determinants of health and care, such as housing and education.

Our partnership between local people and communities, the NHS, local authorities and the voluntary and community sector, is uniquely positioned to improve all aspects of health and care including the wider determinants.

With hundreds of health and care organisations serving more than two million local people, we have to make sure that we are utilising each to the fullest and ensure that work is done, and decisions are made, at the most appropriate level.

Groups of partners coming together within partnerships are crucial building blocks for how we will deliver. Together they play critical roles in driving the improvement of health, wellbeing, and equality for all people living in north east London.



North East London Integrated Care Board (NEL ICB) or NHS North East London

- The Integrated Care Board (NHS North East London) is the statutory organisation responsible for developing a plan for meeting the health needs of the local population.
- We do this through planning and commissioning health services across north east London to meet our population's needs, making sure all parts of the local health system work effectively together. We bring together health partners, local authorities and the voluntary, community and social enterprise sector, alongside residents, patients and service users to improve how we plan and deliver care and support services.
- We set strategies, policies and plans where these are best done at the scale of the whole of north east London. We also set the overall financial strategy for the local health system and make sure that everyone can get core services in an appropriate setting.
- We serve the population of north east London across our eight local authority areas: Barking and Dagenham; City of London; Hackney; Havering; Newham; Redbridge; Tower Hamlets; and Waltham Forest.
- You can find out more about [our organisation](#) such as our board and our governance and [our vision and priorities](#) on our [website](#)

Executive Management Team

Zina Etheridge – Chief Executive Officer

Dr Paul Gilluley – Chief Medical Officer

Diane Jones – Chief Nursing Officer

Henry Black – Chief Finance and Performance Officer

Charlotte Pomery – Chief Participation and Place Officer

Francesca Okosi – Chief People and Culture Officer

Johanna Moss – Chief Strategy and Transformation Officer



North East London

Primary Care structure – 2024

Primary Care is part of the Strategy and Transformation

Department

Chief People and Culture Officer: Johanna Moss

Directorates

- **Primary care** – led by the Managing Director of Primary Care
- **Strategy, System Development and Innovation** – led by the Director of Strategy, System Development and Innovation
- **System Improvement and Infrastructure** – led by the Director of System Improvement and Infrastructure
- **System Programme directors (Community Health, Maternity and BCYP, Urgent and emergency care, Mental health, learning disability and autism, specialised services and long term conditions) –What each directorate is responsible for:**

The **Primary Care Directorate** manages the commissioning of primary care services across NEL, developing and overseeing the implementation of a new model of care for primary care, addressing variation in performance and resources between providers and places, and ensuring equity of access. It comprises teams focused on: Commissioning; Development; Place Teams; Enabling Quality Improvement in Practice (EQUIP); and the hosted Community Pharmacy, Optometry and Dental (POD) team, It works closely with the CMO in a matrix way ensuring it is driven by clinical and care leadership.

The **Strategy, System Development and Innovation Directorate** leads system development and planning ensuring alignment across place-based partnership plans and provider collaborative clinical strategies including a greater emphasis on equity and prevention by focusing on research and innovation, population health and tackling health inequalities.

The **System Improvement and Infrastructure Directorate** operates through three teams: Regeneration and Infrastructure; The Delivery Support Unit; and the Portfolio Management Office. The directorate leads on driving the implementation (and measuring the impact) of change to enable the delivery of the NEL integrated care strategy – for instance developing and delivering a 20-year NEL strategic infrastructure plan; and leading system capital planning and prioritisation (currently over 200 projects with a value of c£2.5billion. The delivery support unit (DSU) provides an expert programme and project management resource pool for deployment to transformation and improvement work across NEL collaboratives and places.

NHS North East London’s system-wide programmes (Community health; Maternity, baby, children and young people; Urgent, emergency and unplanned; Mental health, learning disabilities and autism; Specialised services and long-term conditions) led by 5x Programme Directors and clinical leads (each System Programme Director is accountable for the delivery of the programme to the SRO but sits within the CSTO directorate to ensure effective resource alignment to our priorities)

The CSTO is SRO for System wide strategic programmes and enablers

- Primary Care
- System Planning
- Strategy development
- Estates and infrastructure

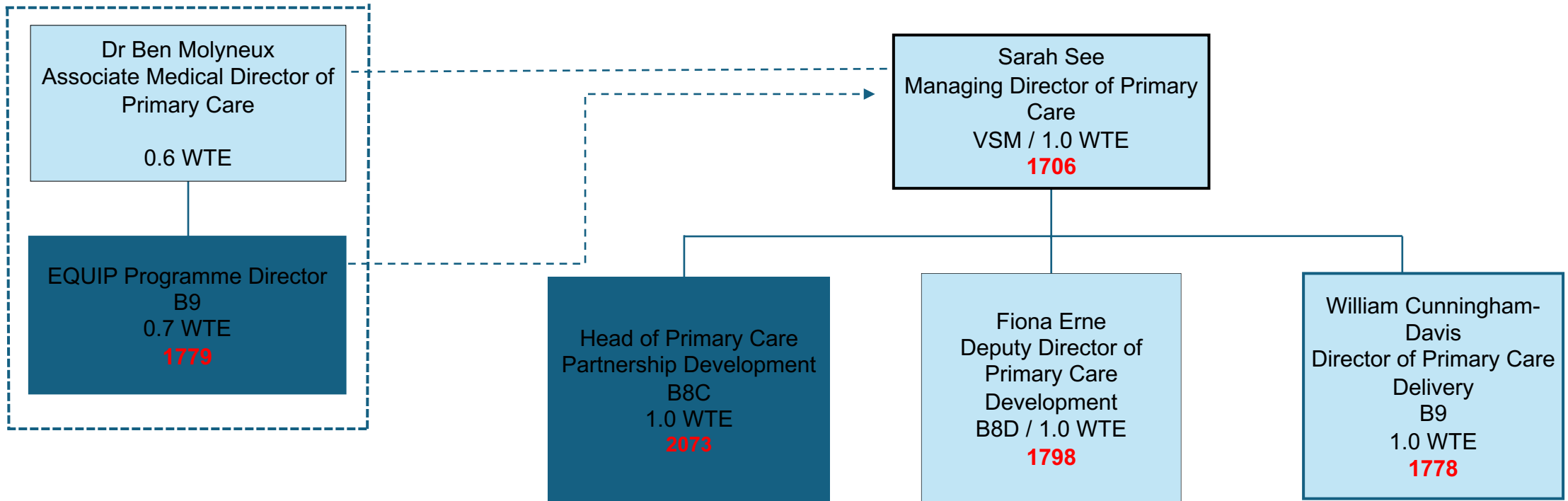
Other areas of responsibility:

- SRO for St George’s Hospital Development

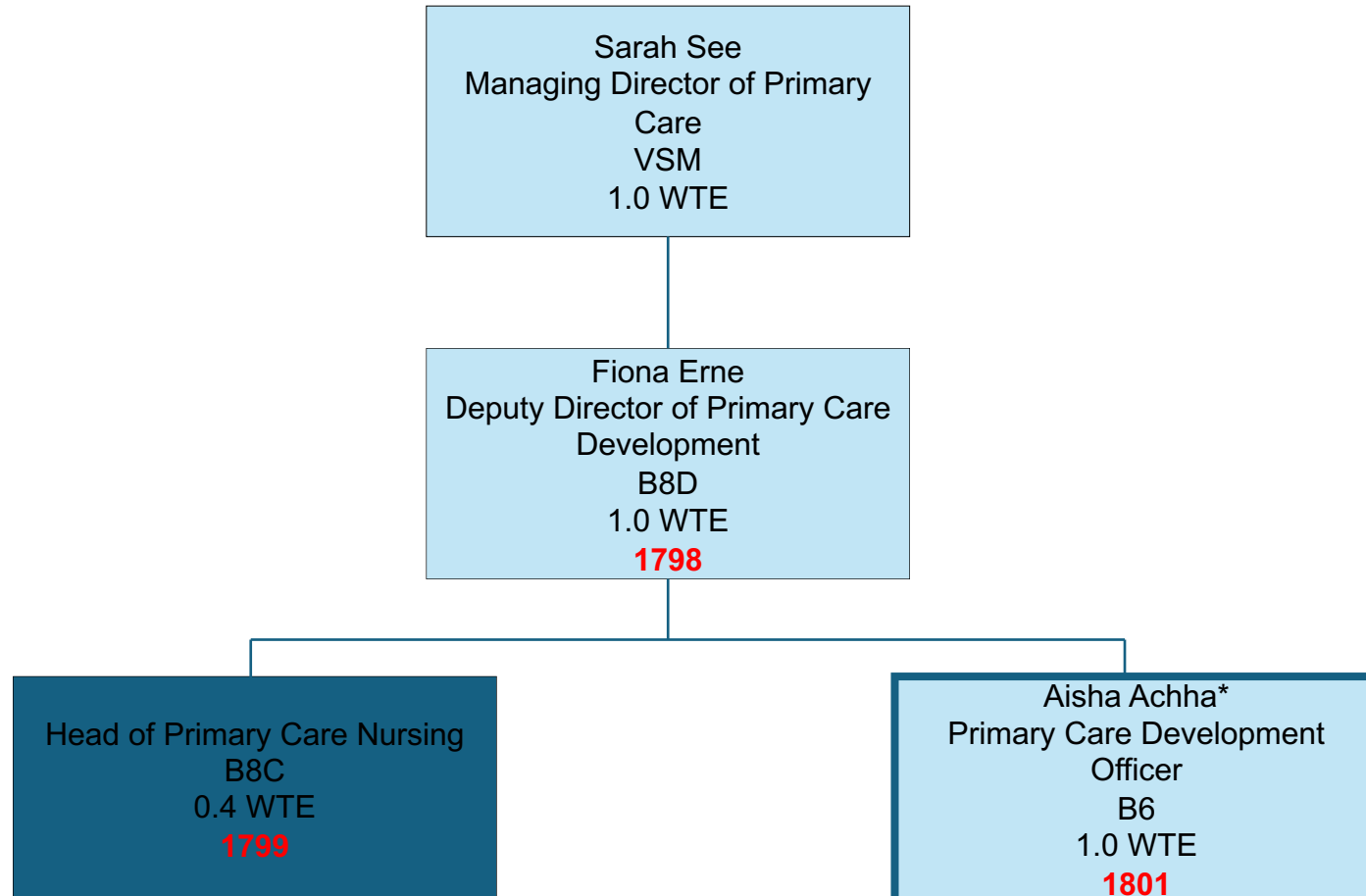
Primary Care Leadership structure – from April 2024

Chief Medical Office Officer Department

Primary Care Directorate within CSTO

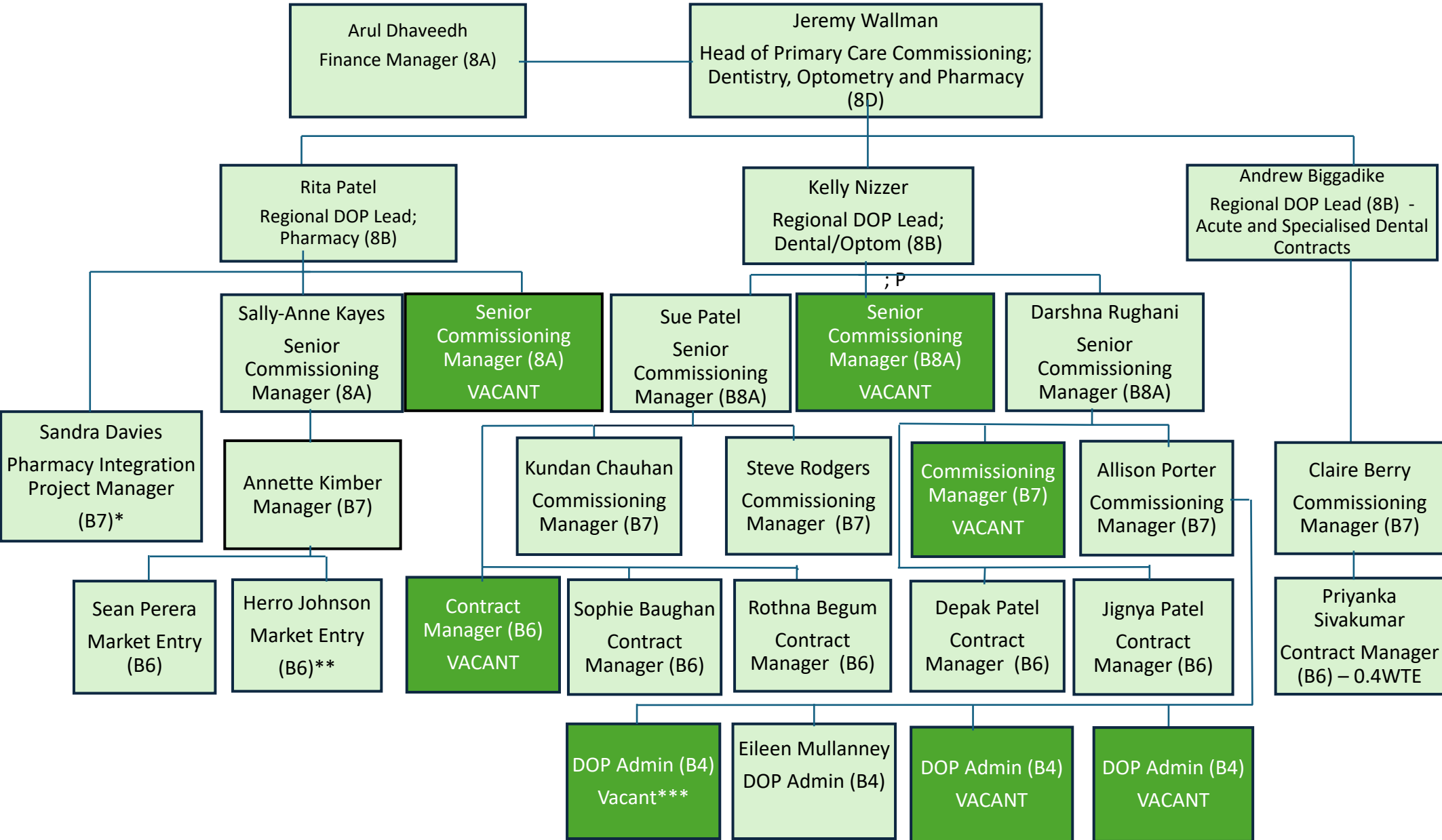


Primary Care Development Team structure



*on secondment covering maternity leave in the Primary Care Delivery Team

Dentistry Optometry & Community Pharmacy Commissioning Team



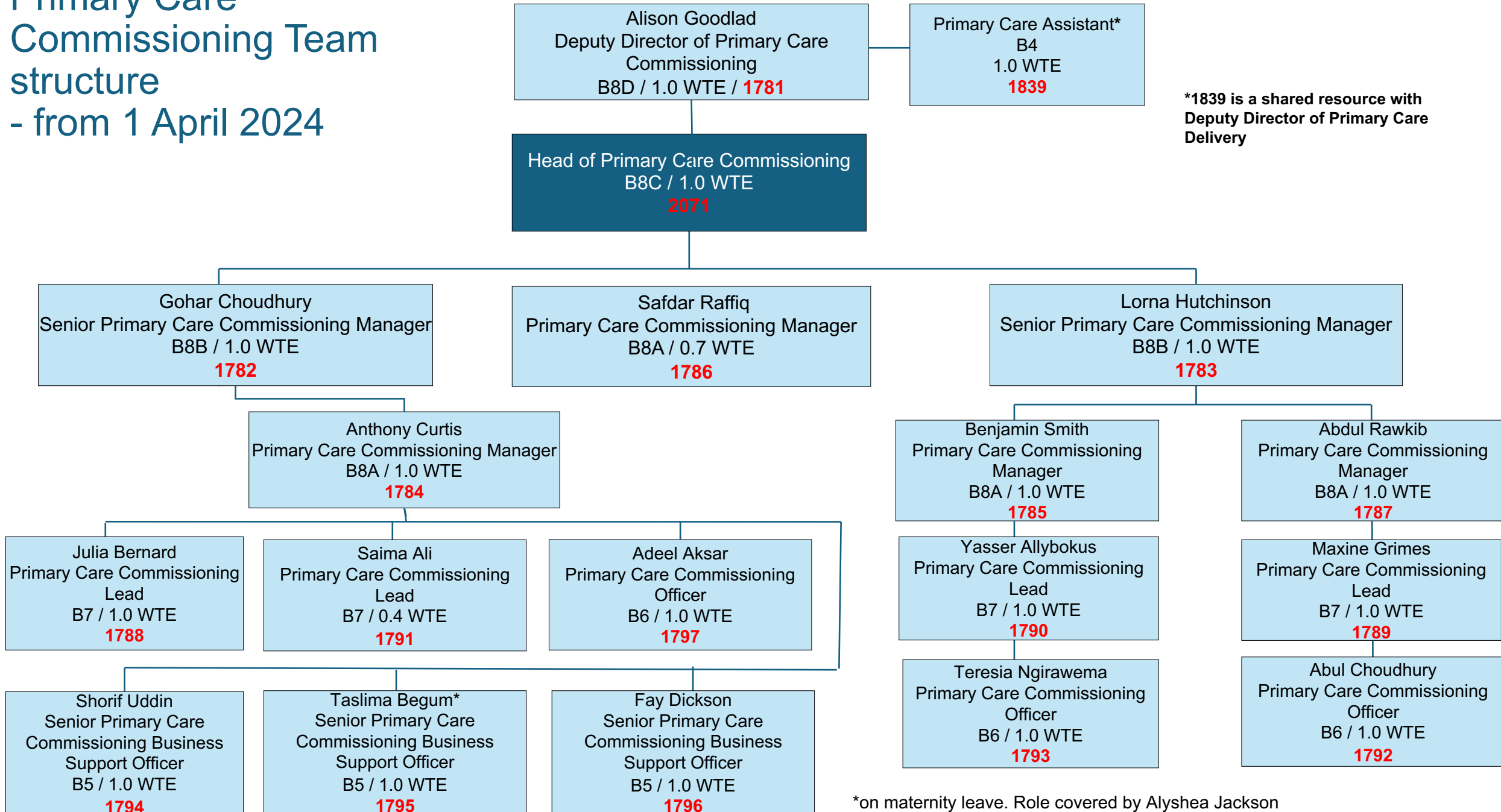
* = Secondment until 31/03/24, Nationally Funded role

** = Fixed Term until 31/03/24 (Sandra Davies' substantive post)

*** = Vacant Post (Herro Johnson's' substantive post)

Primary Care Commissioning Team structure

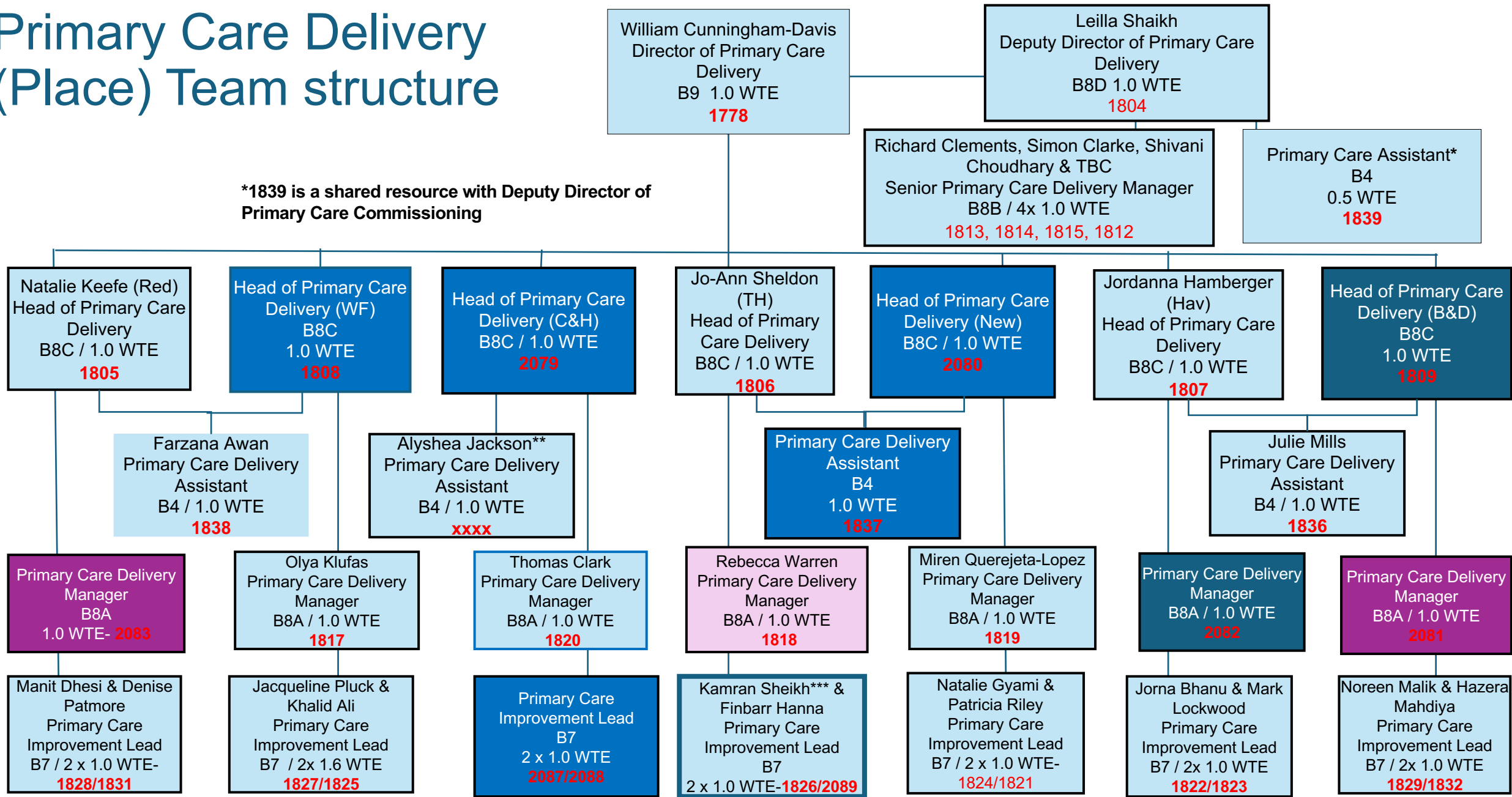
- from 1 April 2024



*1839 is a shared resource with Deputy Director of Primary Care Delivery

*on maternity leave. Role covered by Alyshea Jackson

Primary Care Delivery (Place) Team structure



*1839 is a shared resource with Deputy Director of Primary Care Commissioning

xxxx is a shared resource with the EQUIP team.
 **On secondment to Primary Care Commissioning Team. Role vacant.

*** currently on secondment to Digital IT Team.

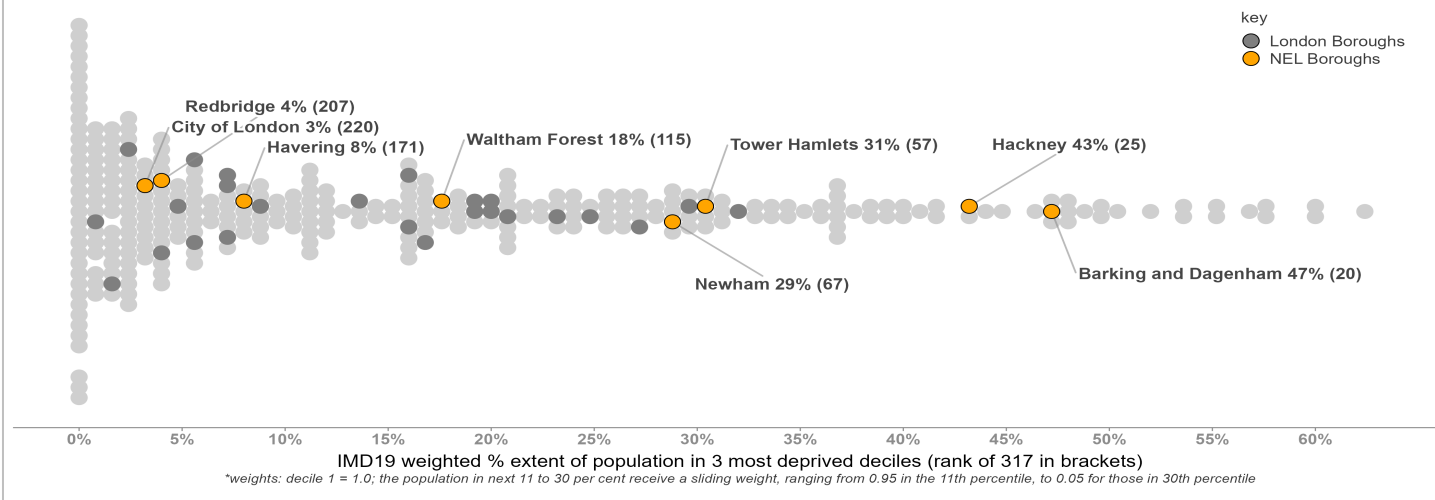
Key factors affecting the health of our population and driving inequalities - poverty, deprivation and ethnicity

Large proportions of our population live in some of the most deprived areas nationally. NEL has four of the top six most deprived Borough populations in London, and some of the highest in the country, with Hackney and Barking and Dagenham in the top twenty-five of 377 local authorities (chart below).

By deprivation quintile, Barking and Dagenham (54%), City and Hackney (40%), Newham (25%) and Tower Hamlets (29%), have between a quarter and more than half of their population living in the most deprived 20% of areas in England (map and chart right).

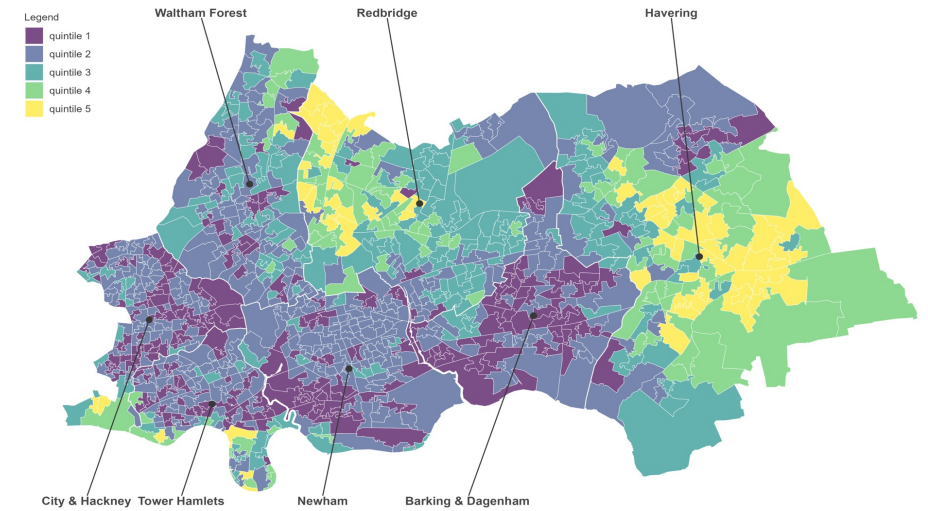
Local Authority level extent of most deprived (England)

Weighted* % of the population in the most deprived 3 deciles (File 10: LAD summaries, MHCLG)



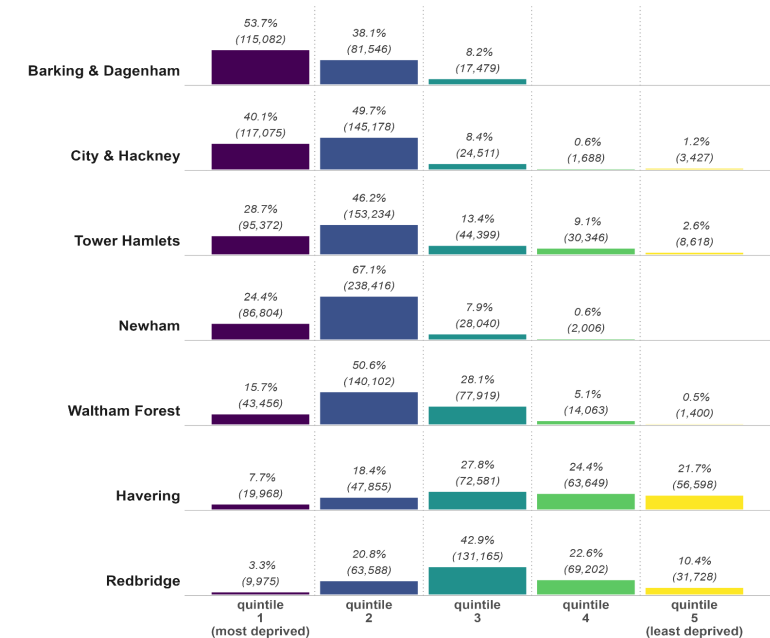
People living in deprived neighbourhoods, and from certain ethnic backgrounds, are more likely to have a long term condition and to suffer more severe symptoms. For example, the poorest people in our communities have a 60% higher prevalence of long term conditions than the wealthiest along with 30% higher severity of disease. People of South Asian ethnic origin are at greater risk of developing Type 2 Diabetes and cardiovascular disease, and people with an African or Caribbean family background are at greater risk of sickle cell disease.

Index of Multiple Deprivation (2019) by LSOA national quintile (1 = most deprived 20% in England)



Percentage of resident population (ONS 2020 est.) in each deprivation quintile by place

Index of Multiple Deprivation (IMD 2019) Quintile (where 1 is most deprived 20% of LSOAs in England)



In January 2023, our integrated care partnership published our first strategy, setting the overall direction for our Joint Forward Plan

Our integrated care partnership's ambition is to
“Work with and for all the people of north east London
to create meaningful improvements in health, wellbeing and equity.”

Improve quality
and outcomes

Deepen
collaboration

Create value

Secure greater
equity

6 Crosscutting Themes underpinning our new ICS approach

- Tackling **Health Inequalities**
- Greater focus on **Prevention**
- Holistic and **Personalised** Care
- **Co-production** with local people
- Creating a **High Trust Environment** that supports integration and collaboration
- Operating as a **Learning System** driven by research and innovation

4 System Priorities for improving quality and outcomes, and tackling health inequalities

- Babies, Children & Young People
- Long Term Conditions
- Mental Health
- Local employment and workforce

Securing the foundations of our system

Improving our **physical** and **digital infrastructure**
Maximising **value** through collective financial stewardship, investing in prevention
and innovation, and improving sustainability
Embedding **equity**

The Joint Forward Plan focused upon understanding our unique population is key to addressing our challenges and capitalising on opportunities

NEL is a diverse, vibrant and thriving part of London with a rapidly growing population of over two million people, living across seven boroughs and the City of London. It is rich in history, culture and deep-rooted connections with huge community assets, resilience and strengths. Despite this, local people experience significant health inequalities. An understanding of our population is a key part of addressing this.



Rich diversity

NEL is made up of many different communities and cultures. Just over half (53%) of our population are from ethnic minority backgrounds.

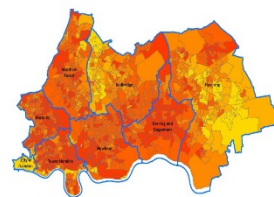
Our diversity means a 'one size fits all' approach will not work for local people and communities, but there is a huge opportunity to draw on a diverse range of community assets and strengths.



Young, densely populated and growing rapidly

There are currently just over two million residents in NEL and an additional 300,000 will be living here by 2040.

We currently have a large working age population, with high rates of unemployment and self-employment. A third of our population has a long term condition. Growth projections suggest our population is changing, with large increases in older people over the coming decades.



Poverty, deprivation and the wider determinants of health

Nearly a quarter of NEL people live in one of the most deprived 20% of areas in England. Many children in NEL are growing up in low income households (up to a quarter in several of our places).

Poverty and deprivation are key determinants of health and the current cost of living pressures are increasing the urgency of the challenge.



Stark health inequalities

There are significant inequalities within and between our communities in NEL. Our population has worse health outcomes than the rest of the country across many key indicators. Health inequalities are linked to wider social and economic inequalities, including poverty and ethnicity.

Our population has been disproportionately impacted by the pandemic and recent cost of living increase.

To meet the needs of our population we need a much greater focus on prevention, addressing unmet need and tackling health inequalities



Child Obesity

Nearly 10% of year 6 children in Barking and Dagenham are severely obese. Nearly a third of children are obese (the highest prevalence rate in London).

NEL also has a higher proportion of adults who are physically inactive compared to London and England.



Mental Health

It is estimated that nearly a quarter of adults in NEL suffer with depression or anxiety, yet QOF diagnosed prevalence is around 9%. Whilst the number of MH related attendances has decreased in 22/23, the number of A&E attendances with MH presentation waiting over 12 hours shows an increasing trend, increasing pressure on UEC services.



Tobacco

One in 20 pregnant women smokes at time of delivery. Smoking prevalence, as identified by the GP survey, is higher than the England average in most NEL places. In the same survey, NEL has the lowest 'quit smoking' levels in England.



Premature CVD mortality

In NEL there is a very clear association between premature mortality from CVD and levels of deprivation. The most deprived areas have more than twice the rate of premature deaths compared to the least deprived areas. 2021/22 figures showed for every 1 unit increase in deprivation, the premature mortality rate increases by approximately 11 deaths per 100,000 population.



Vulnerable housing

NEL has higher numbers of vulnerably housed and homeless people, including refugee and asylum seekers, compared to both London and England. At the end of September 2022, 11,741 households in NEL were in council arranged temporary accommodation. This is a rate of 23 households per thousand compared to 16 per thousand in London and 4 per thousand in England as a whole.



Homelessness

Shelter estimates in 2022 there were 42,399 homeless individuals in NEL inc. those in temp accommodation, hostels, rough sleeping and in social services accommodation. That's 1 in 47 people, compared to 1 in 208 people across England and 1 in 58 in London. People experiencing homelessness have worse health outcomes & face extremely elevated disease and mortality risks which are eight to twelve times higher than the general population.



Childhood Poverty

Five NEL boroughs have the highest proportion of children living in low income families in London. In 2020/21, 98,332 of NEL young people were living in low-income families, equating to 32% of London's young people living in low-income families. Since 2014 the proportion of children living in low income families is increasing faster in NEL than the England average.



Childhood Vaccinations

The NEL average rate of uptake for ALL infant and early years vaccinations is lower than both the London and the England rates. There are particular challenges in some communities/parts within Hackney, Redbridge, Newham and B&D, where rates are very low with some small areas where coverage is less than 20% of the eligible population.

There is clear indication of unmet need across our communities in NEL

- For many conditions there are low recorded prevalence rates, while at the same time most NEL places have a higher Standardised Mortality Ratio for those under 75 (SMR<75) – a measure of premature deaths in a population – compared to the England average. Whilst some of this may be due to the age profile of our population, there may be significant unmet health and care need in our communities that is not being identified, or effectively met, by our current service offers.
- Analysis of DNAs (people not attending a booked health appointment) in NEL has shown these are more common among particular groups. For example, at Whipps Cross Hospital, DNAs are highest among people living in deprived areas and among young black men. Further work is now happening to understand how we can better support these groups and understand the barriers to people attending appointments across the system.

Our population is not static – we expect it to grow by over 300,000 in the coming years, significantly increasing demand for local health and care services

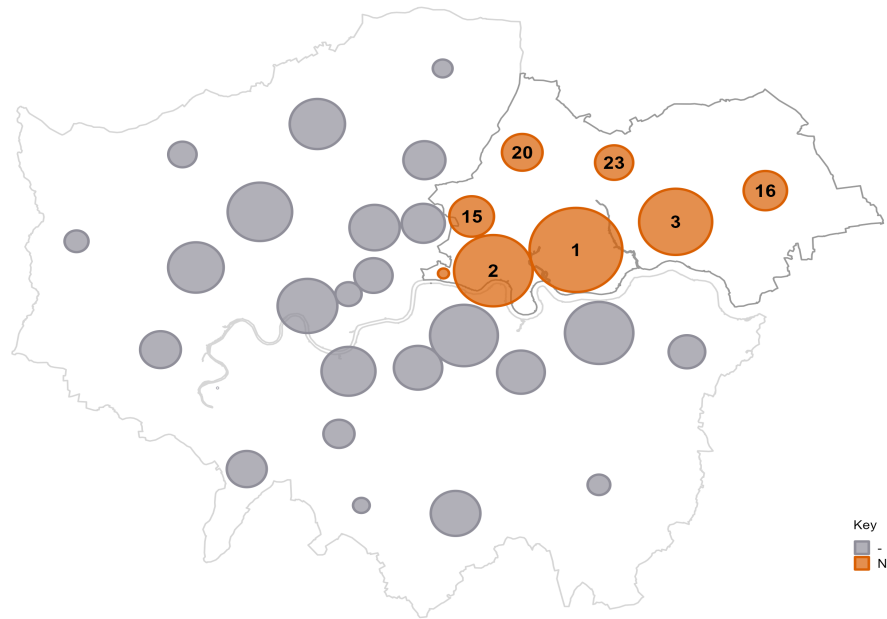
The population of north east London (currently just over 2 million) is projected to increase by almost 15% (or 300k people) between 2023 and 2040. This is equivalent to adding a whole new borough to the ICS, and is by far the largest population increase in London.

The majority of NEL's population growth during 2023-2040 will occur within three boroughs: Barking and Dagenham (27%), Newham (26.3%) and Tower Hamlets (20.3%), all of which are currently home to some of the most deprived communities in London/England.

ICS	Increase in population 2023-2040
NEL	+303,365
SEL	+175,292
NWL	+169,344
NCL	+115,801
SWL	+90,220

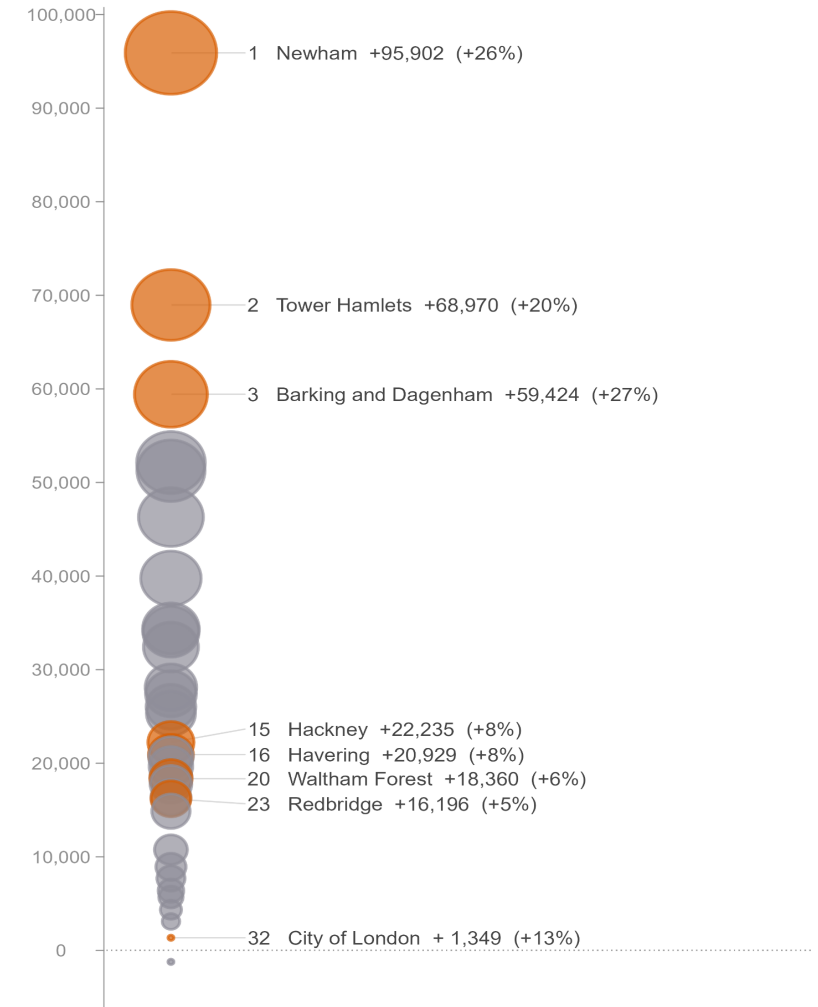
In addition, the age profile of our population is set to change in the coming years. Our population now is relatively young, however, some of our boroughs will see high increases in the number of older people as well as increasing complexity in overall health and care needs.

London borough all age population increase 2023-2040
Labelled circles = NEL Boroughs rank out of 33 in London



GLA Identified Capacity Scenario, published September 2021, 2020 based

London borough all age population increase 2023-2040
Labelled circles = NEL Boroughs rank out of 33 in London



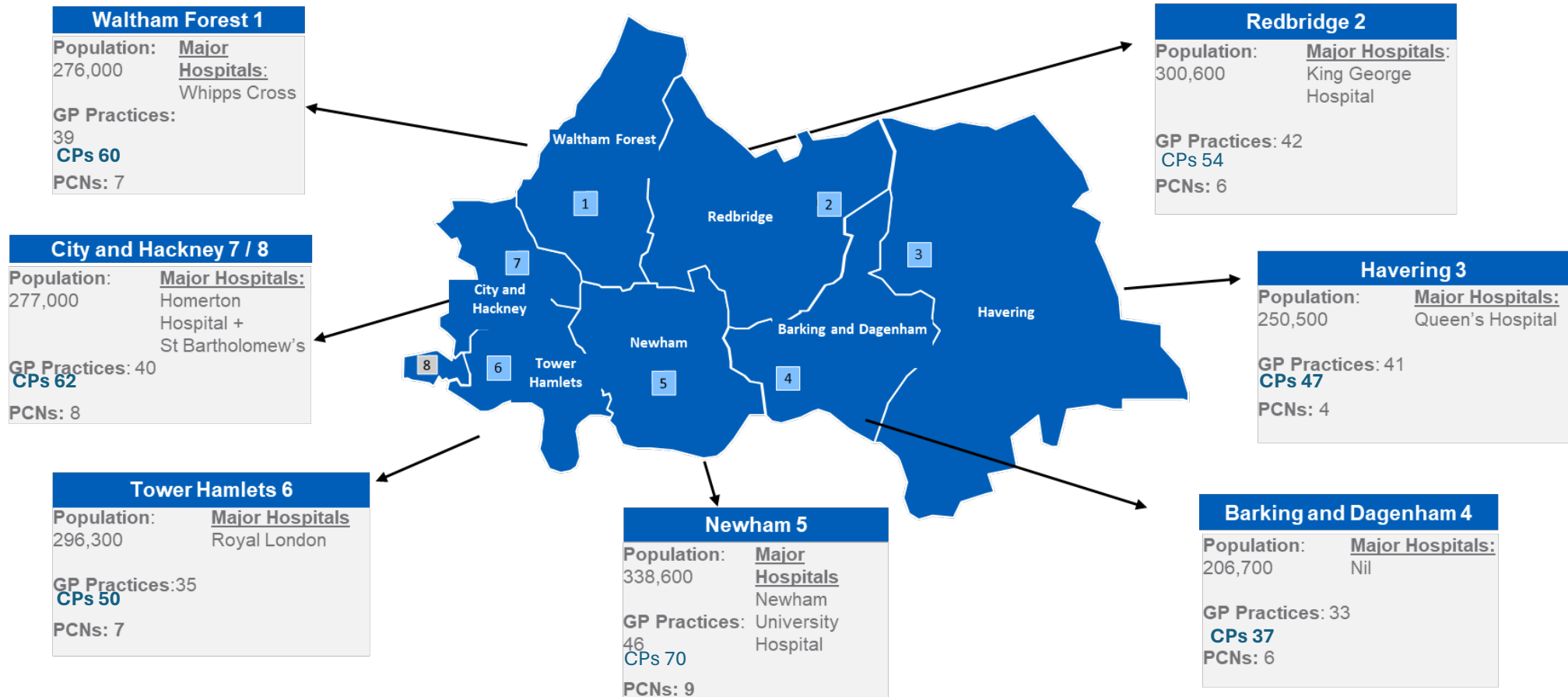
GLA Identified Capacity Scenario, published September 2021, 2020 based

We have significant assets to draw on

North east London (NEL) has a growing population of over two million people and is a vibrant, diverse and distinctive area of London, steeped in history and culture. The 2012 Olympics were a catalyst for regeneration across Stratford and the surrounding area, bringing a new lease of life and enhancing the reputation of this exciting part of London. This has brought with it an increase in new housing developments and improved transport infrastructure and amenities. Additionally, the area is benefiting from investment in health and care facilities with a world class life sciences centre in development at Whitechapel. There are also plans for the Whipps Cross Hospital redevelopment and for a new health and wellbeing hub on the site of St George's Hospital in Havering, making it an exciting time to live and work in north east London.

- **Financial resources** – we spend nearly £4bn on health services in NEL. Across our public sector partners in north east London, including local authorities, schools and the police, there is around £3bn more. By thinking about how we use these resources together, in ways which most effectively support the objectives we want to achieve at all levels of the system, we can ensure they are spent more effectively, and in particular, in ways which improve outcomes and reduce inequality in a sustainable way.
- **Primary care** - is the bedrock of our health system and we will support primary care leaders to ensure we have a multi-disciplinary workforce, which is responsive and proactive to local population needs and focused on increasing quality, as well as supported by our partners to improve outcomes for local people. This includes general practice, community pharmacy, dentists and optometrists all working together with us.
- **Workforce** - there are almost one hundred thousand people working in health and care in NEL, and our employed workforce is growing every year.
Our workforce includes:
 - Over 4,000 people working in general practice with 3.7% growth in our workforce in the last year
 - 46,000 people working in social care
 - 49,000 people working in our Trusts

The NEL Primary Care Landscape includes over 300 Community Pharmacy



The key Primary Care challenges

The challenges facing primary care across north east London are complex and enduring. These include variations in funding, patient access, quality and performance.

All primary care providers face challenges to the recruitment and retention of staff across all groups compounded by many factors including heavy workloads, the rising cost of living, an aging workforce and burnout.

In common with other London ICSs, practices in the inner boroughs tend to be more successful in attracting and retaining staff, while outer boroughs, particularly in areas of high deprivation face greater challenges in recruiting and retaining GPs and other Health Care Professionals.

Our core Primary Care vision to deliver high-quality care and a sustainable system

Our vision is for north east London to be a place where you can access consistent high-quality primary care, from a dedicated, motivated and multi-skilled workforce enabling local people to live their healthiest lives.

We have ambitious plans to transform primary care, offering patients with diverse needs a wider choice of personalised, digital-first health services through collaboration with partners across the health and social care and communities. National and local plans place a focus on improving access, prevention, personalisation, tackling inequalities and building trusting environments.

Working closely with Community Pharmacy is key to the delivery of this vision - enhancing the role of the community pharmacy to improve access and patient self-management

Key programmes of work that will deliver the vision and mission

- Empowering patients** supporting patients to manage own health, stay healthy and access services.
- Improving access** providing a range of services and assistance to respond to patient needs in a timely manner.
- Modernising primary care** developing new and digital tools to support highly responsive quality care.
- Building the workforce** staff recruitment, retainment and develop plans in place to improve job satisfaction and flexibility.
- Working smarter** reduced workload across primary/secondary services and improvements to sustainable and efficient ways of working.
- Optimising enablers** estate, workforce and communication plans to support the implementation of our goals.

Integrated Neighbourhood Teams (INT) are pivotal to transforming Primary Care and will be delivered through work responding to the Fuller recommendations. **A framework** will offer a streamlined approach for the delivery by integrating Primary Care, including Pharmacy, Optometry and Dentistry, alongside wider health care, social care and voluntary sector organisations.

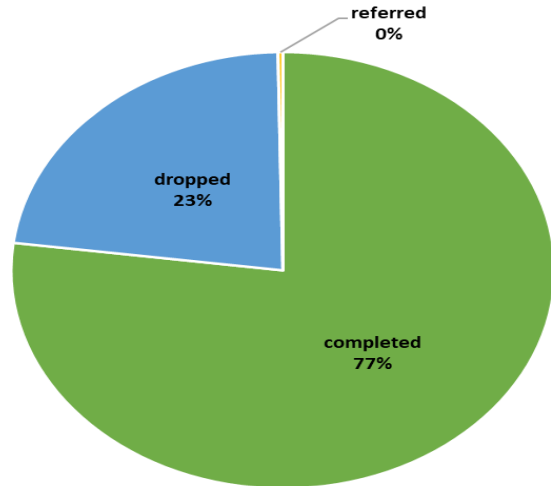
Wider programmes include - **Long Term Conditions (LTCs)**, including a range of interventions such as case-finding, annual or post-exacerbation reviews for targeted patients, as well as programmes such as **Personalisation** and **Vaccinations**. Other transformational projects to improve dental and optometry services will be developed in the future.

INTs will facilitate care, through 'teams of teams' approach enabling **continuity of care**. These teams will also be instrumental in broadening the availability of care, providing **extended in and out-of-hours services**, including urgent care. A **single point of contact through advanced cloud-based**

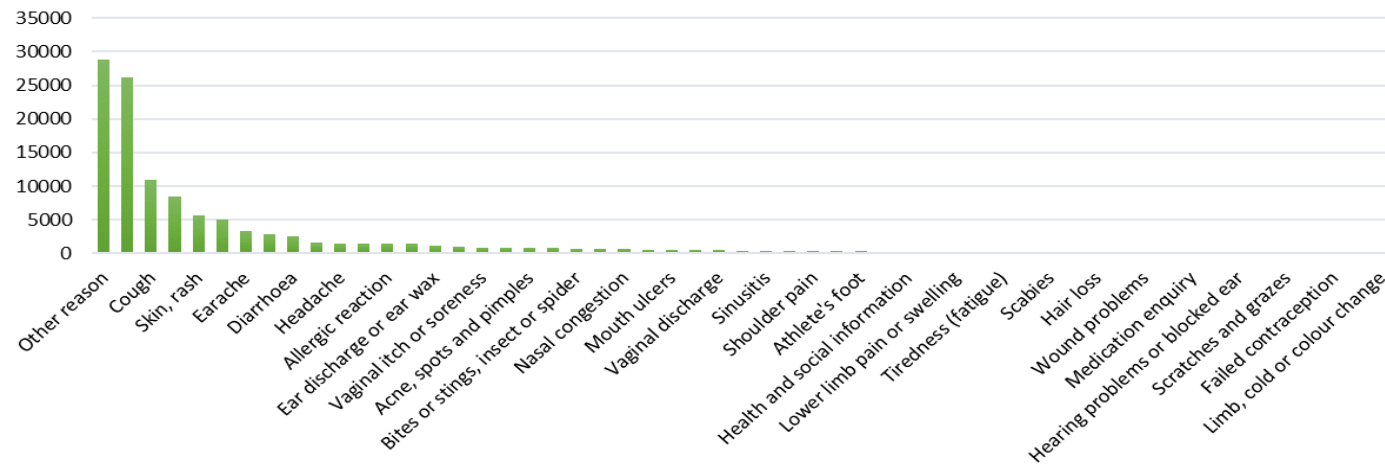
CPCS - the total number of referrals made since 01/03/2022 is 114,019

8431 referrals have been made in the last 6 weeks

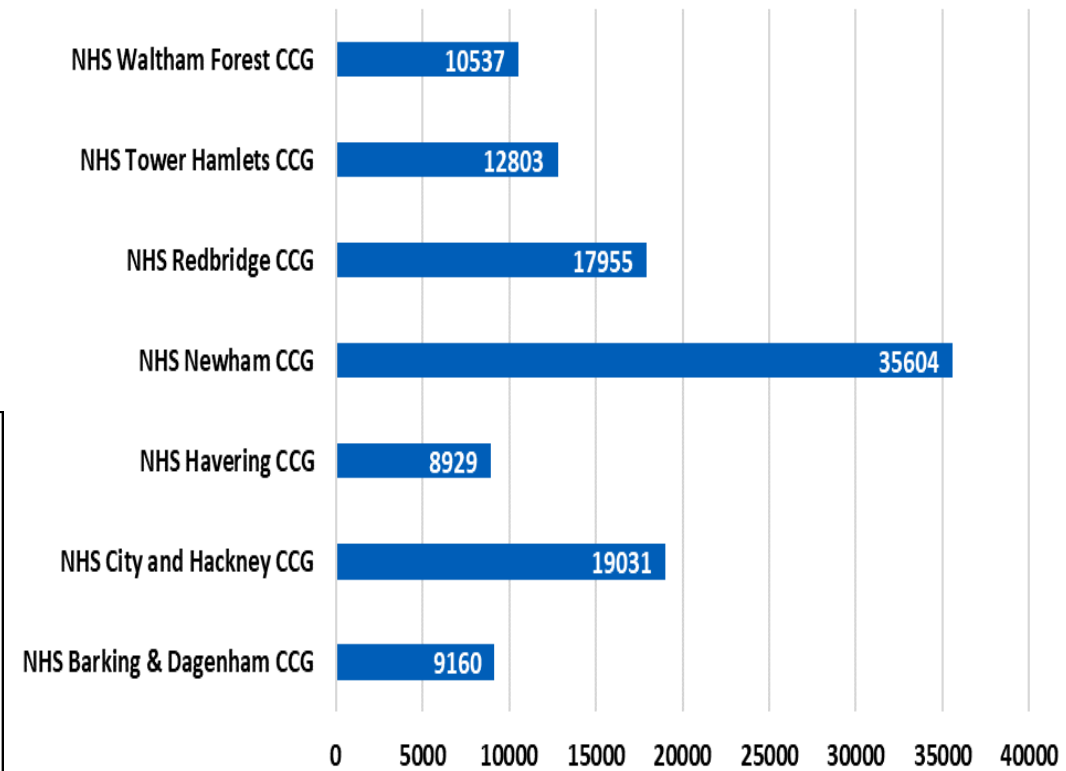
Overall Referral Status since March 2022



Reason for Referral



Total Referrals since 01/03/2022



We have a two year programme of work in place to roll out the Delivery Plan for Recovering Access to Primary Care (PCARP)



On 9th May 2023, NHSE and DHSC published the [Delivery Plan for recovering access to primary care](#).

The plan includes a commitment to:

- **Commission community pharmacies to deliver a Pharmacy First service** by enabling the supply of NHS medicines for seven conditions **and**
- Increase provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service.
- Invest to significantly improve the digital infrastructure between general practice and community pharmacy.

In NEL we have a programme in place to roll out and support the delivery of this ambitious plan together with general practice and community pharmacy

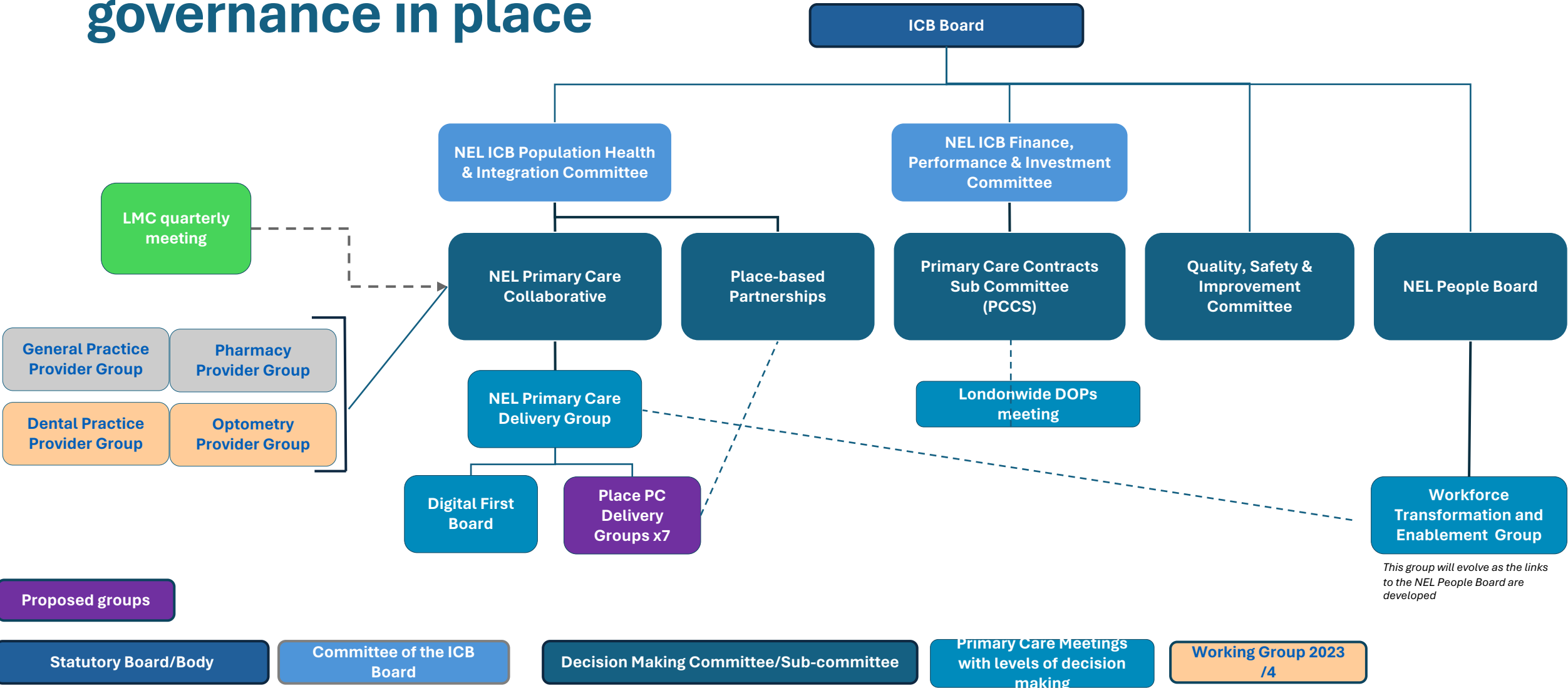
Our Partnership with Community Pharmacy has been a success story across NEL

- We have worked together over a number of years and have a good track record of delivery between NEL Primary Care team and NEL LPCs
- During the pandemic we worked together to deliver the successful covid vaccine programme
- For the roll out of CPCS we developed a joint programme of work that focused upon offering project management support for training and assisting general practice, as well as installing right digital tools to deliver safe and good quality referrals.
- We have also focused upon new ways that community pharmacists can support elements of primary care, as well as minimise the chances of patients being readmitted to hospital as a result of problems with medication management. This includes:
 - Support the roll out of the East London Patient Record across pharmacies in North East London
 - Implementation of PharmaOutcomes to support Discharge Medicine Service referrals to community pharmacy.
 - Implementation of the Electronic Prescription Service enabling prescriptions to be sent to a pharmacy of choice.

Building upon our partnership we will take the following approach

- Pharmacy First will be rolled out in partnership with LPC and Community Pharmacy leadership
- The NEL LPC will continue provide project management support directly into GP practices, building upon the successful model we have put in place for CPCS. We will continue to local at investment into providing this support
- NEL Primary Care Governance
 - Pharmacy First is part of PCARP and will be reported through this programme into the PC Delivery Group
 - Pharmacy Provider Group
 - CPCS group – this will be repurposed as the pharmacy first monitoring group
 - The GP provider group will receive regular updates and comms as part of the PCARP standing agenda item
- Digital First – there is a pharmacy workstream in place that will continue to support the roll out of Pharmacy First

Supporting the delivery of primary care with robust governance in place





North East London

Appendix

Population growth and General Practice workforce

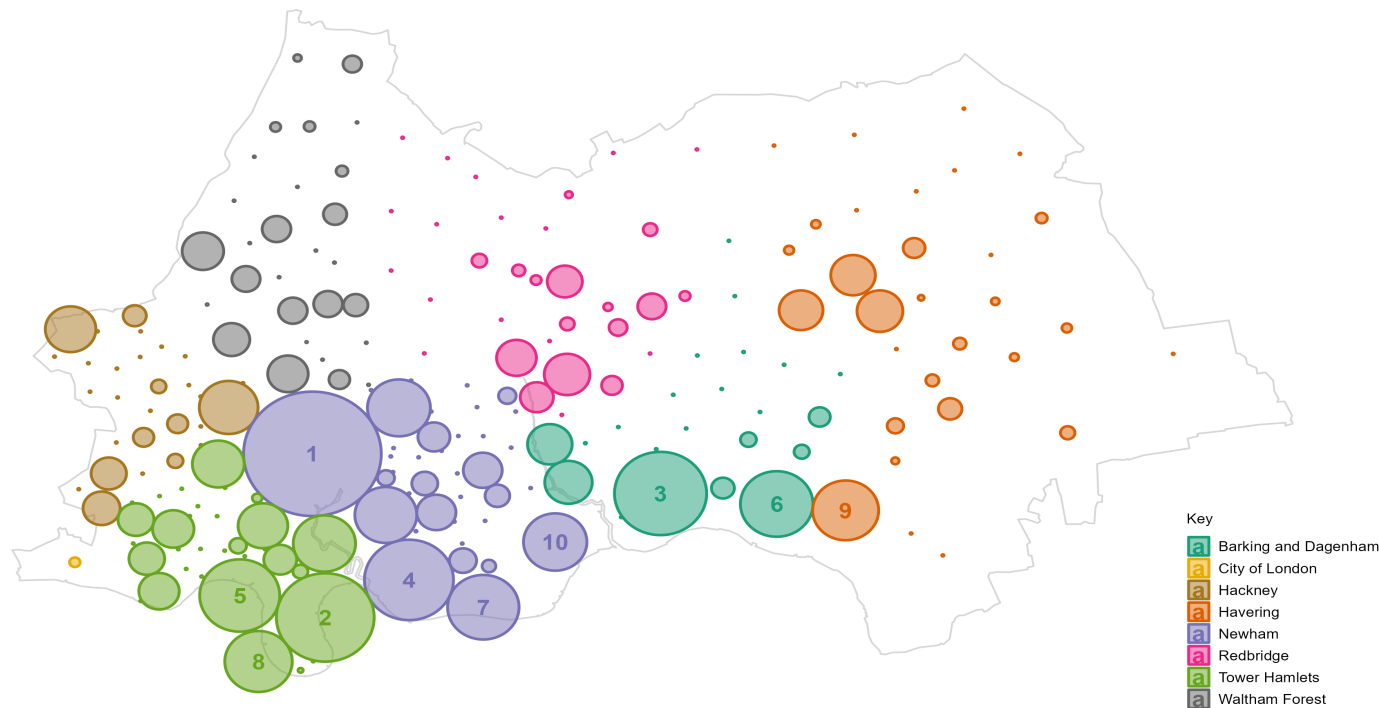
We need to act urgently to improve population health and address the impact of population growth

Across NEL the population is expected to increase by 5% (or 100k people) over the five years of this plan (2023-2028). Our largest increases are in the south of the ICS, in areas with new housing developments such as the Olympic Park in Newham, around Canary Wharf on the Isle of Dogs, and Thames View in Barking and Dagenham.

Sustaining core services for our rapidly growing population will require a systematic focus on prevention and innovation as well as increased longer term investment in our health and care infrastructure.

NEL neighbourhood (MSOA) all age population increase 2023-2028

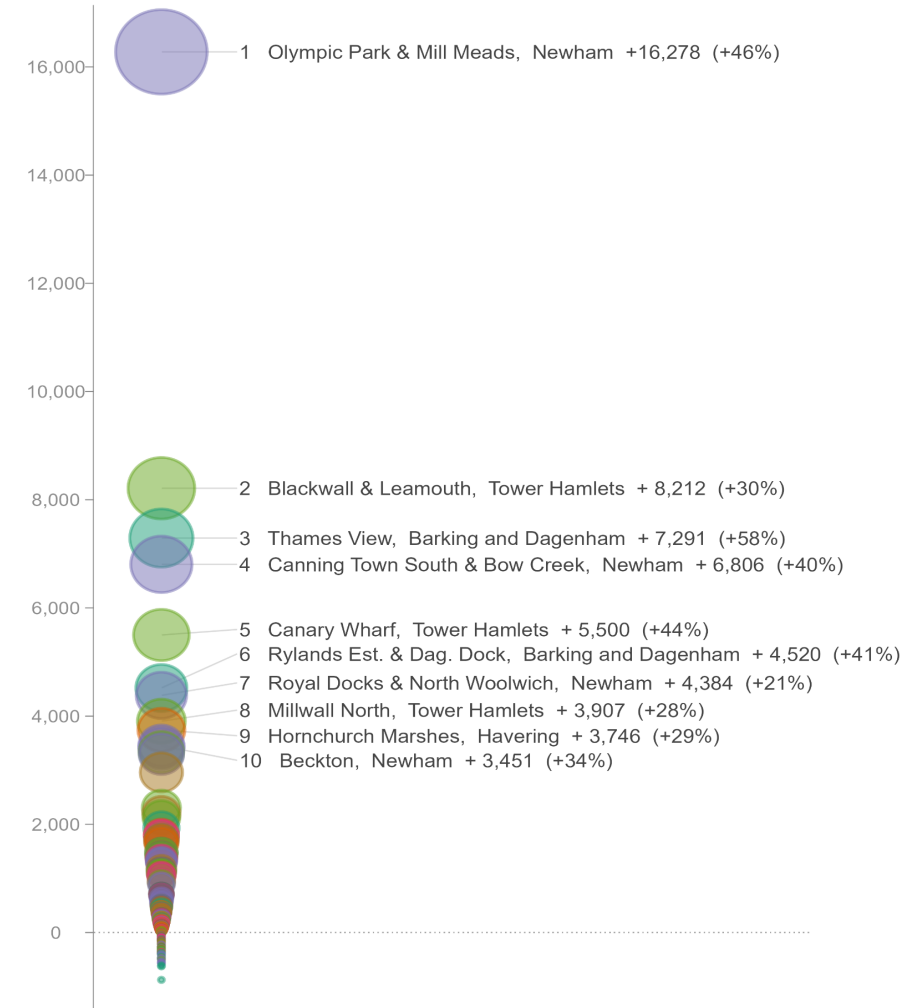
Smallest circles = MSOAs with zero increase or marginal decrease, labelled circles = top 10 NEL neighbourhoods by population increase (1=highest)



GLA Identified Capacity Scenario, published September 2021, 2020 based

NEL neighbourhood (MSOA) all age population increase 2023-2028

Labelled circles = top 10 NEL neighbourhoods by population increase



NEL GP Practice Profiles

In
March
2023

There are 270 GP practices in NEL, employing 916FTE GPs

We have 514 Primary Care nurse delivering 351 FTE.

Of the 351 FTE nurses, 81 FTE are over 60

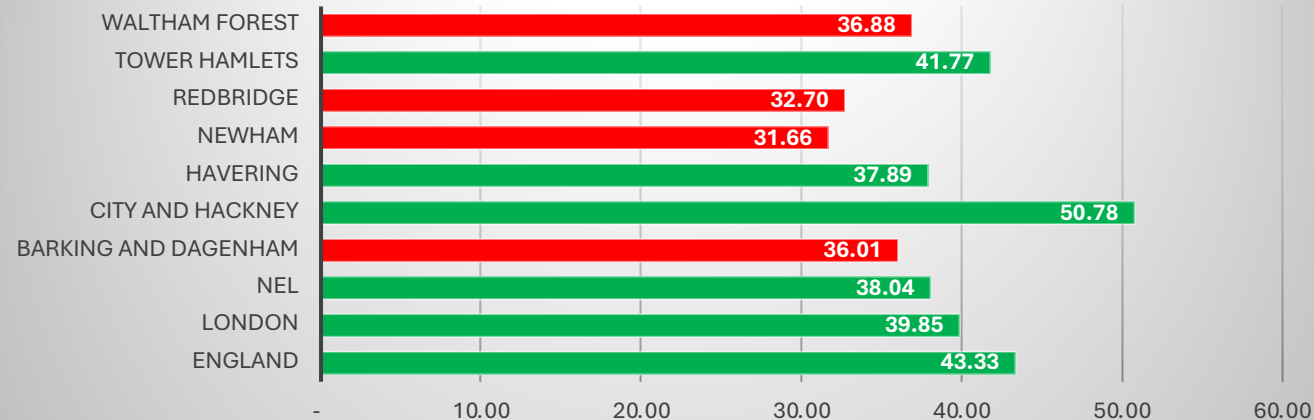
We have 251 HCA's delivering a 184 FTE

Other

In December 2022 we had recruited 670FTE ARRS funded roles

Variation in GP and Nurse numbers in NEL is variable and in most cases below regional and national rates

GP Rates per 100K (excluding Training Grade)



Comparison of Nurse Rates per 100K

