



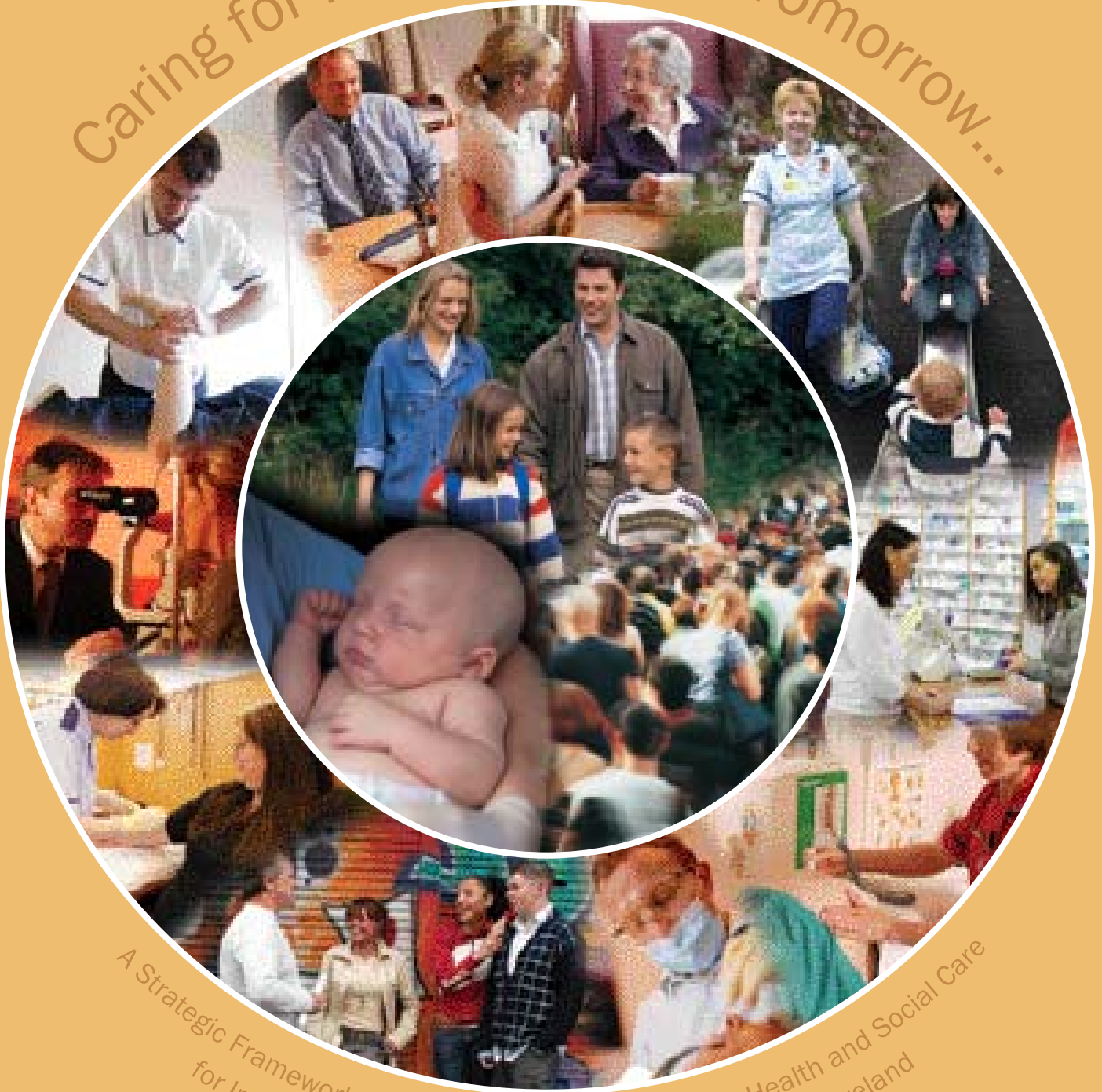
Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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Caring for People Beyond Tomorrow...



A Strategic Framework for the development of Primary Health and Social Care  
for Individuals, Families and Communities in Northern Ireland



## MINISTERIAL FOREWORD

The desire to have and maintain good health and a positive sense of wellbeing is fundamental to us all. Throughout our lives we seek help from local health and social care professionals, through for example, a family doctor, nurse, pharmacist, social worker, dentist, carer or one of many allied health professionals. These people and many others who invariably provide a first point of contact and continued support through the health service, have demonstrated over time their dedication, professionalism, and a relentless pursuit to provide an excellent service.

Today, in primary care we do much very well, but the system can still let people down when they need it most. Provision of a high quality primary care service has been, and will continue to be subject to significant pressure as the demands placed upon our health service continues to grow. That is why we need to consider new ways of working, which will help meet both current and future needs. In many areas we still fail to meet the standard of care our population expects. Too much reliance is placed on the hospital sector: a more responsive and dynamic primary care sector could provide the necessary care close to home. Therefore, we need to develop a much more responsive system which is fully integrated and joined up with the wider health and social care network.

To this end, my Department has developed this Strategic Framework, which sets out a long-term vision, a policy position that will guide the development and delivery of future primary care services, but more importantly, an action plan that will contribute to real benefits.

I want to see our primary care service undergoing substantial reform, by way of structures, systems, and protocols – I want people to know that our healthcare system puts patients first – providing urgency and choice in treatment and care. More needs to be done to create effective high quality and modern primary care services, which will be responsive to people's needs; provide greater access through a wider range of services delivered close to where people live and work; and be more integrated across hospital, regional, and community care providers, making the best use of the skills of our health and social care professionals.

I am determined that we can bring about these necessary changes. Some of these changes will involve adopting and adapting approaches from around the world, which will be used to deliver quicker access to assessment and treatment in local communities, leading to reduced waiting times for those requiring more complex treatments in hospital.

I will insist that change is brought about promptly and safely to ensure our primary care system meets the needs of the whole population, and its implementation will be closely monitored. However, to make a real success of this Strategic Framework, we all need to embrace and contribute to its delivery.

**Shaun Woodward, MP**



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## PRIMARY HEALTH AND SOCIAL CARE: A STRATEGIC FRAMEWORK FOR INDIVIDUALS, FAMILIES AND COMMUNITIES

### Section 1:

#### What Is Primary Care, And Why Is A Strategic Framework Needed?

- 1.1** Primary Care is the cornerstone of health and social care provision. Each day thousands of contacts take place between primary care professionals and individuals, families and communities, in a range of settings - in the high street, at home, in clinics and health centres or at more specialist facilities, and are delivered through public, private and voluntary sector organisations. The contacts are by people in their local community with family doctors, nurses, midwives, allied health professionals (physiotherapists, podiatrists, occupational therapists, speech and language therapists, dietetics, psychologists, etc.), social workers, care assistants, dentists, pharmacists, optometrists (ophthalmic opticians) and others. Most people look to primary care for help in a local setting near to where they live, with many consultations resulting in advice or straightforward effective treatment or care. Some are referred on for more specialised care or treatment outside the primary care sector, for example in hospital.
- 1.2** Primary Care is central to the range of health and social services provided to the local population. It acts both as a first point of contact and as a 'gateway' to a wide variety of services, both within the primary care system itself and to other parts of the wider health and social services system. It also has links with other agencies, for example in relation to housing and education.

In this document the use of the term '**Primary Care**' encompasses both primary health and social care, which is a reflection of the integrated service that we have in Northern Ireland. In other parts of the UK and internationally the term usually refers to health care systems only. When the term Primary Care therefore is used in this document, it is essentially short for 'Primary Health and Social Care' and refers to *"the many forms of health and social care and/or treatment accessed through a first point of contact provided outside hospitals"*.

**1.3** It plays a key role in the protection of vulnerable children and adults, it supports many community development projects and in the area of public health, it provides health education and information, and actively promotes health, and helps to protect us from and prevent disease. In this way it is fundamentally about helping to prevent people becoming ill or requiring care in the first place, and meeting their needs if they do.

**1.4** In Northern Ireland typically everyday:

- 30,000 people see a family doctor or practice nurse;
- 120,000 people visit a community pharmacy where around 75,000 prescriptions are dispensed;
- 3,000 new courses of dental treatment are started;
- 1,000 eye-sight tests are performed;
- Over 2,000 people are visited by district nurses and health visitors;
- 33,000 people are looked after in their own home by some form of domiciliary care;
- 17,000 people are cared for in residential and nursing homes; and
- 2,400 children are looked after in some form of care.

**1.5** At present, there are almost 20,000 people actively involved in the provision of primary care services across Northern Ireland. This includes some:

- 1,200 General Practitioners (GPs);
- 5,000 Nurses;
- 250 Midwives;
- 700 Dentists;
- 1,000 Community Pharmacists;
- 1,000 Allied Health Professionals;
- 500 Optometrists;
- 4,000 Social Workers; and
- 6,000 Home-helps.

The total annual expenditure amounts to just over £1 billion (2003/04 estimates).

**1.6** Primary Care services and structures have evolved over many years and have generally served the local population very well. The advent of new treatments, new technologies, and many innovative services, have brought, and continue to bring, tremendous benefits to



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individuals, families and communities. But, as for all services, there are many challenges to be met in the future and changes that will need to be made.

- 1.7** Looking to the future, it is essential that there is a clear sense of direction, and that the main priorities within the service are made explicit. Clarity of vision and purpose will ensure that all the people and organisations providing care or treatment know how they can contribute to securing maximum impact and benefits for all concerned. It will also assist people who use and benefit from these services to be aware of both the services available to them and how they can influence the planning of their care and the delivery of services generally.
- 1.8** Consequently, this Strategic Framework has been developed to provide:
- a vision for primary care services over the next twenty years;
  - a framework of principles, values and high-level goals that will make clear the nature of the future primary care system we wish to see developed; and
  - a policy framework that will steer and influence future development and delivery of services.
- 1.9** The Framework is designed to harness a number of related actions and strategies under one umbrella, in a way that will help deliver the overall strategic vision and associated goals. It is not therefore intended to set out here detailed plans for all aspects of primary care. That sort of detail will feature in strategies and plans to be developed in due course for component parts or aspects of primary care, all within the Framework, for example, the Community Nursing Strategy.
- 1.10** The Framework is intended to ensure that current and future plans for the many different aspects of primary care can be managed and developed in a way that is consistent with a common vision for an integrated service. Furthermore the Framework has been developed as an integral component of the new Regional Strategy, *A Healthier Future*, contributing to the overall development of health and social services across Northern Ireland.

## Section 2:

### What Changes Affect Primary Care?

**2.1** Over the last twenty years and more there have been many major developments in our health and social care system. The system has coped with many challenges and has continued to provide services to the community throughout some difficult times in our society's recent history. Surgical intervention has become less invasive and much now can be done on a day-case basis. Lengths of stay in hospital have reduced. More people are being treated than ever before in our hospital system and, for many, advances in drugs and better health and social care in the community have helped avoid hospitalisation altogether. Trends over the last few years have seen a shift in workload from the acute hospital sector to the primary care sector. There have also been many new service developments offering alternatives to hospital admission or facilitating earlier discharge than used to be possible. Similar trends are evident in other areas of our health and social care system.

**2.2** The expansion of our community mental health and learning disability services has meant that we are much less reliant now on our psychiatric and learning disability hospital services for the provision of support to people with a mental illness or learning disability and there are now many innovative examples of supported living in the community.

**2.3** The development of new services for children with a disability has enabled many families to have a range of community and respite services provided for their children, reducing the amount of time spent in hospitals for non-medical reasons. Similarly, new partnerships involving the public, private and voluntary sectors, and changes to home care services, and the use of new equipment and technology, mean that a growing number of people, who previously have had to rely on residential care, are now being supported at home.

**2.4** These changes have been brought about in response to a number of factors such as developments in best clinical and professional practice, population trends, new advances in medicine, and a desire to be more responsive and flexible in meeting the needs of people in their community.

**2.5** Despite significant increases in resources in recent years and the sustained efforts of staff across the HPSS, our services remain under



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enormous pressure. Volumes of activity have been rising substantially, but the level of demand continues to outstrip the capacity and capability of the system.

- 2.6** At the same time most people continue to rate their primary care services very highly. A survey of 1,500 people conducted by the Department in February 2003 showed that some 75% rated access to primary and community based care services as either excellent or good and at least 80% rated the quality of service delivered similarly. Importantly, however a significant minority of those surveyed indicated that they had difficulty accessing services. This included some of the most vulnerable people in the community.
- 2.7** A recent review of the needs and effectiveness of our current health and social care system noted the improvements in performance that had been achieved in recent years in meeting the needs of the population. It also pointed to the increased role that could be played by primary care, in dealing with immediate and critical need, by providing for a greater range of care options. The need for further concerted efforts in promoting public health and wellbeing was also stressed. At the same time it also emphasised the importance of the need to get the balance right between the primary care and hospital sectors if an effective health and social care system is to be achieved to meet future needs.
- 2.8** Strategies for the future clearly need to take such issues into account. Looking ahead 20 years, trying to anticipate service needs and demands, cannot be an exact science. However, we can expect that society in Northern Ireland will change and evolve in many ways. These changes will bring with them new expectations, on the part of the public and practitioners alike, around the nature and pattern of primary care services. Population trends, new advances in medicine and computer technology, new working practices, greater access to information, lifestyle issues, and increasing expectations of people will all have an impact.

## Population trends

**2.9** Drawing upon research information and the latest population projections, it is likely that by the year 2025 Northern Ireland will have a population which:

- is larger (1.8 million people by 2026 compared to just under 1.7 million today), potentially creating more demand generally;
- is older (around 350,000 people over the age of 65 by 2023 compared to 266,000 in 2002), and therefore likely to present additional challenges in respect of both health and social needs;
- is living longer, and may have greater levels of incidence of age related chronic conditions;
- is likely to exhibit increased prevalence of conditions such as obesity and diabetes due to some lifestyle factors evident today, such as smoking, alcohol misuse and bad eating habits;
- is better educated and informed, and so better able to access information, take a more proactive role in maintaining their own health and wellbeing, and more demanding (seeking a person-centred service operating to the highest standards); and
- is likely to be socially and ethnically more diverse, thus placing a premium on equality of opportunity and targeting of need, with consequences for the way health and social care is delivered.

**2.10** So demographic and lifestyle trends will have a profound impact on the future demand for primary care services. The growth in the number of the very elderly, in particular, will present a considerable challenge. The over 85 population is expected to almost double over the next twenty years. Major change will be required if we are to respond adequately to the needs of this group alone, in maximising independent living and reducing reliance on hospital and residential care.

**2.11** This in turn will require the much wider development of community-based alternatives to hospital admission, the establishment of flexible and



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innovative 24-hour crisis response services, more supported-living opportunities and access to appropriately skilled, and resourced, community-based rehabilitation teams. Such an approach will make significant demands on our community nursing services. It will also need to draw much more heavily, than at present, on the skills of allied health professionals such as physiotherapists, occupational therapists and podiatrists, to name only a few.

**2.12** There will also need to be an even greater emphasis than at present on health promotion, enhanced social wellbeing and disease prevention. This would provide support to people in making and sustaining lifestyle changes, helping to reduce future levels of chronic illness and, where necessary, supporting people to manage their own condition, again with less reliance on the hospital sector and practitioners generally. In this regard, multi-disciplinary primary care teams will need to be in place with greater specialisation in areas such as diabetes, respiratory illness and heart disease.

### **Advances in Medicine, Care Provision and Technology**

**2.13** In the future advances in medicine, care and technology will continue to drive change in the range of services that can be provided safely in the community. This will enable more people to be diagnosed, treated and cared for at home or close to where they live. Greater access to diagnostic services in the community for primary care professionals will enable them to treat people more quickly and avoid unnecessary referrals to hospitals. Also, new more effective treatments will continue to emerge, as advances in genomics, new gene therapies and antibiotics, etc., bring new products to the market capable of being deployed by practitioners in primary care.

**2.14** This in turn will lead to greater specialisation in the primary care workforce. More sophisticated treatment and care will be capable of being delivered in communities. Care pathways will change, and for many conditions that currently require a hospital visit, individuals will attend specialists in a local primary care centre. These Health and

Care Centres in many cases would be organised on a “1-stop-shop” basis, such that, a range of health and care services would be available to people under one roof. For example, GP services, nurse practitioners, pharmacists, physiotherapists, social workers and dieticians. These enhanced services within the community will provide more convenient and quicker access to services, including for example x-ray and minor surgery, and it will reduce the need for hospital based treatment and consequently reduce waiting times for necessary hospital treatment.

**2.15** To allow this to happen changes in working practices across the whole primary care team will be needed. The range of advice and health care management from community pharmacists, for example, will expand, taking account of their skills in managing medicines and their extended prescribing abilities. Similarly, primary care nurses will take on responsibility for an even wider range of activities such as prescribing, social care professionals will work more closely with General Medical Services practices through integrated primary care teams. These changes will improve access and increase patient choice, and provide family doctors with more opportunity to concentrate on more complex and medically specialised conditions.

**2.16** The infrastructure supporting primary care will also need to change to accommodate, not only the new technology, but also the wider range of activity to be provided locally. New premises will be needed and technology links installed with the wider health and social care system. These could provide for the flow of records, or, for example, prescriptions, between different professionals, and allow access to test results or x-rays and images, as well as hospital in-patient and out-patient booking systems.

**2.17** The individual’s journey across the primary care and hospital sectors will become more streamlined with greater interaction between the medical and nursing teams in hospital and the wider primary care team in the community – all facilitated by improved information flows. But if people are to fully benefit from such advances, a more joined up approach to the delivery of care and treatment will clearly be essential.

**2.18** Access to the Internet will also without doubt impact on the way services are delivered and accessed. Already many people are using it as a source of information and advice about their condition. In the future it is likely to be more proactively used as a communication medium between people and their local primary care team. It would act not only as a source of general information about illnesses, but provide access to



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advice on self-management of chronic conditions, infections, or communicable disease control within the local community. It could also be used as a communication vehicle for the transfer of test results directly to individuals and the provision of advice and even diagnosis and treatment between care professionals and individuals working together remotely from different locations – again reducing the need for face-to-face consultations.

### A different focus

**2.19** Partly in response to changes of this kind, a new contract for General Medical Services has been introduced from 1 April 2004. It is designed to provide real benefits for individuals and GPs and practice teams. It aims to reward practices for higher quality care, improve GPs' working lives and in turn ensure that people benefit from a wider range of high quality services in the community. It is planned that new contractual arrangements will similarly be put in place for dental practitioners and community pharmacists in the near future. These contracts will provide incentives for the provision of high quality care and treatment.

**2.20** In relation to the community and social care workforce, "Agenda for Change" will contribute to enhancing practice and service standards, foster the potential for new ways of working and enable the development of a new career structure. This will assist with the retention of highly competent practitioners close to the front line of service delivery. This means that the public can have greater confidence in the quality of services provided. It will also help address the difficulty in retaining staff in some of the most challenging areas of work, for example, residential childcare. However, there is a need for further change to service structures and systems if we are to meet the needs of a changing Northern Ireland population over the next two decades.

**2.21** There is growing evidence internationally that more efficient, and better quality services, can be delivered by closer co-operation among different professionals within

primary care. The emergence of a multi-disciplinary team approach to service delivery in primary care is widely seen as the future way of working. This team approach is seen as better meeting peoples' needs by providing efficient and effective care packages that make best use of the skills and knowledge of a range of professionals for the benefit of individuals, families and communities. However, as professionals work more together in teams providing seamless services, their individual roles will need to change and evolve over time.

**2.22** This evolution has already begun. For example in the nursing profession where nurses are taking on new specialist roles and extending their skills in areas such as sexual health, respiratory care and working with vulnerable groups such as the homeless and asylum seekers. The new General Medical Services contract also envisages development of specialist GPs, working in the community providing enhanced services to patients in their own and other practices. Thus professionals in primary care are already taking positive steps to develop the new skills needed to work in multi-disciplinary teams in line with the changing demands on the service as well as emerging best practice. In addition, it also enables primary care professionals to provide a wider range of services in the community, providing an enhanced capacity and alternative ways to meeting people's needs.

**2.23** In parallel with these developments in the future, people will be encouraged and helped to take more responsibility for managing their own health and wellbeing through the provision of better information, advocacy and support services. From early years through to older age, people will be helped to actively participate in decisions affecting their health and wellbeing. With the right support and information, people will understand more about healthy lifestyles and understand the actions they need to take to reduce, or prevent, harm to their health and wellbeing. In addition, people will be helped to acquire basic skills to help them manage any chronic conditions. This can only be achieved if the primary care system is able to provide effective programmes of health and lifestyle education, disease prevention and support to individuals in the management of their own conditions.

**2.24** This approach will need to be undertaken in partnership with people in the community. Primary care will have a proactive role in encouraging and supporting people to take greater responsibility for their own health and wellbeing. A recent example of this developing role is the 'Building the Community-Pharmacy Partnership' initiative which involves pharmacists



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working with local community organisations to encourage community activity and self-help, increase local people's understanding of health issues and encourage local people to play a role in promoting health. It will also need to focus on those in greatest social need and seek to close the 'socio-economic health gap' between different groups within society. The challenge will be, through a combination of improved, better targeted, and expanded primary care services, allied with more effective self-care programmes, to reduce our dependency on general hospital referrals or residential care, as well as dependency on health and social care practitioners generally.

- 2.25** With so much change likely to lead to a totally different primary care service in the future it will be all the more important to ensure that there is absolute clarity in terms of public accountability. Decision-making at all levels in the system must be evidenced-based and people must be able to know and understand how and why services are to be delivered and to know who carries relevant responsibilities. In particular, robust systems to support effective clinical and social care governance within the primary care system as a whole and the wider health and social services must be developed and sustained to protect and reassure both practitioners and people using primary care services.

## Section 3: Meeting The Challenge – A Vision For The Future

**3.1** The Department is committed to promoting and improving the health and social wellbeing of the people of Northern Ireland by ensuring the provision of appropriate health and social care services. Key to delivering on this commitment is meeting the challenges likely to arise in the future as we have seen in the previous section. Some of these challenges are more immediate and specific to the primary care system itself. Others will mean changing the way services are structured, and the way professionals work with each other and with service users. If these changes are not harnessed within an overall vision for the services of the future, there is a real risk of inconsistency in the quality, range and responsiveness of services that will be provided to people.


**3.2** To help avoid this we have firstly set out below the key attributes of the type of system that we feel everyone would want to achieve. These are:

- a service focused on providing comprehensive person-centred care;
- a first point of contact that is readily accessible and responsive to meet peoples' needs day or night;
- a co-ordinated, integrated service employing a team approach with multi-agency linkages;
- an emphasis on engagement with people and communities about their care and the way services are designed and delivered; and
- a focus on prevention, health education and effective self-care.

**3.3** Building on these attributes we have set out below a vision for 2025 for the future development of primary care. This vision is intended to provide direction and a common sense of purpose for the Department, its statutory bodies, health and social services professionals and all others involved in delivering health and social care. It also clarifies for the public what can be expected of primary care services and professionals in the



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future. At the same time we must not be complacent in assuming that beyond 2025 we will not face other challenges. This will definitely be the case given the constant change in the environment, such as demographics and technology at the very least. This vision is simply a vehicle to aid planning and development by providing focus for our efforts and thinking.

### **Our Vision for 2025 is of:**

A Primary Care system that achieves very high levels of health and social wellbeing, maximising care and treatment in the community convenient to where people live and work, minimising the need for hospitalisation or residential care, and is the cornerstone of health and social services generally, providing the great majority of services.

It will treat and care for people as the first point of contact in a comprehensive fashion and be highly responsive, providing immediate access to a wide range of services, day or night. In doing so it will foster new technology and information systems accessible by both citizens and practitioners.

It will provide consistently high quality and seamlessly integrated services, with an emphasis on prevention, safety and continuity of care. Service delivery will be based upon partnership working across the public, private and voluntary sectors. Services will be both proactive and reactive in meeting peoples' needs, with chronic conditions being predominantly managed in the community, and supported by specialised services in hospitals.

Services will be delivered by a highly skilled, well-motivated and fairly rewarded workforce, mainly working in teams, and operating from modern fit-for-purpose premises. They will employ the most modern equipment and advanced technology, previously only available in hospitals.


Primary Care will provide a service that will be well understood and used by citizens, and in which they, along with practitioners, will have an effective voice in planning and evaluating services.

Primary Care will engender pride among those who work in it and respect by those who use it.

- 3.4** This vision paints a picture of how primary care, in all its many and varied aspects, needs to be developed to benefit individuals, families and communities and ensure their health and wellbeing. It is challenging and demanding. It does not attempt to describe all the detailed workings of a system 20 years from now, but rather give a clear focus to the essence of what that system should be like from both the perspective of the citizen and the practitioner.
- 3.5** Furthermore, it is based on a set of **design principles** and **core values**, which are set out in Annex 2. These **design principles** are the building blocks underpinning the vision. They serve as a means of defining the features of service delivery and the potential benefits accruing to the people of Northern Ireland for their future health and wellbeing. By working to these principles, and ensuring that they inform future practice in the primary care sector, it is expected that even higher quality care can better be secured for everyone. In a planning context, it is envisaged that future strategies or plans for component parts of primary care (e.g. community nursing, etc.) should embody these principles and thus ensure a greater consistency of approach in primary care policy, planning and service delivery generally. The **core values**, also in Annex 2, describe the key attributes and enduring qualities of a primary care service that both citizens and those who work in the sector should be able to expect in the future as we strive towards attaining our shared vision.



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### Section 4:

#### Realising the Vision – First Steps Over The First 5 Years

- 4.1** Making a reality of the vision painted will require action on a number of fronts. The challenges cannot be met simply by an increase in capacity. Significant change to the way services are delivered is also needed. We need to develop better ways of team working and consider changes in the traditional roles of primary care practitioners and service providers, creating the opportunity to design new ways of working which will reshape the boundaries between primary care, hospital and other associated services. We need to improve our infrastructure to ensure that it effectively supports the changes envisaged.
- 4.2** We need to provide for more proactive engagement with individuals and local communities, not only in future planning and design of services, but also in the development of community safety initiatives, the protection of vulnerable individuals, the raising of awareness of lifestyle issues, and health promotion and disease prevention management programmes. More services need to be delivered at a local level, close to peoples' homes, or where they work, and be linked with and supported by services provided in other sectors such as hospitals as well as housing, education, environment and other voluntary, community and statutory agencies. This type of change will require much more effective working among all the main stakeholders: the health and social care organisations, practitioners and the public. In particular, the Department will wish to work closely with all of the relevant professions, and the public, in bringing about real and beneficial change, and indeed involve them in the change process.
- 4.3** All of this will take time. But a start must be made now in translating the vision into reality. This section sets out four High-Level Goals for primary care. These goals are designed to enable this vision to become a reality and, on the basis of current knowledge, it is expected that they will broadly remain relevant to the service over the next two decades.

#### 4.4 The four **High-Level Goals** are:

##### **Goal 1.**

To make primary care services more responsive and accessible and encompass a wider range of services in the community;

##### **Goal 2.**

To develop more effective partnership working across organisational and professional boundaries to provide more effective and integrated team working;

##### **Goal 3.**

To facilitate more informed, proactive engagement and involvement of people in local communities and practitioners in the use, planning and delivery of services;

##### **Goal 4.**

To put in place a care infrastructure fit-for-purpose which provides integrated modern services.

**4.5** Specific actions associated with each High-Level Goal have also been identified which should be addressed over the **first** 5 years of the 20-year strategic horizon to start the process of change.

##### **Goal 1.**

***To make primary care services more responsive and accessible and encompass a wider range of services in the community.***

**4.6** Most people enjoy good health and wellbeing most of the time. When this situation changes they expect to be able to access the services they need in a timely way – in an emergency, if necessary. The new General Medical Services contract offers considerable scope for GPs and the wider primary care team to offer better quality and more responsive services in primary care within a specified quality, outcomes, and enhanced services framework. The Improved Access Schemes, introduced as part of the new General Medical Services contract in 2004, is aimed at ensuring that people can access GPs or an appropriate



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primary care professional within 48 hours. Over time health and social service Boards will be expected to further develop services to ensure that they are designed to better meet peoples' needs and living circumstances. For example, from 1 January 2005 they are responsible for the delivery of primary care out of hours services. This offers significant potential for the development of a system of out of hours care which is more comprehensive in its coverage. Key objectives in terms of ***responsiveness and access*** over the first five years will be:

### **Objective 1.**

to deliver to people within a minimum of 24 hours appropriate and equitable access to all primary care services;

### **Objective 2.**

to provide a comprehensive primary care out of hours emergency care service providing access, as appropriate, not only to general medical, general dental and community pharmacy services, but also to community nursing, mental health, and other social care services.

**4.7** In the absence of certain services in the community, the hospital service too often has to deal now with numerous conditions that could be managed more appropriately in local settings – if the right skills and services were available.

**4.8** We need to look critically at all of the care pathways for people to ensure we offer the best possible configuration of expertise and use of available resources. This will involve managing referrals into hospital care efficiently and effectively, and providing services in the most appropriate setting, preferably as close as possible to the service user. For example, better access to physiotherapy or the skills of a podiatric surgeon would provide a real alternative to the lengthy waiting times associated with the hospital orthopaedic service and make services that are available to address some of the more painful conditions associated with old age more accessible and responsive. Similarly innovative and flexible response systems involving highly trained ambulance personnel and skilled care practitioners could transform the emergency care pathway.

**4.9** Multi-disciplinary mental health crisis response teams working in the community have been shown to provide an effective alternative to hospital admissions for dealing with exacerbations of mental illness. Such teams working in partnership with other agencies could help ensure active support and supervision of individuals allowing people with severe mental illness to maintain independent living in the community with much less reliance on specialist hospital services. Similar systems of care for people with a learning disability would also reduce reliance on specialist hospital services.

**4.10** Many vulnerable people, suffering from a number of conditions have unfortunately to be admitted to hospital on a number of occasions each year. Evidence from the USA suggests that with proper community support, hospital admissions could be reduced by up to 50% for such client groups with high levels of patient satisfaction. The approach works by identifying patients most likely to require an emergency admission to hospital and providing for their effective 'case management' by appropriately trained primary care staff. This could involve a nurse or other practitioner with advanced skills working actively with these identified patients in the community to treat and stabilise their condition and co-ordinate the various inputs from other professionals needed to maintain the individual at home. The role could include ordering diagnostic tests and prescribing medication, issues that have, in the past, been the almost exclusive preserve of doctors.

**4.11** We need to begin planning and implementing these types of approaches now if we are to successfully address the consequences of the population and lifestyle trends for the future. Enhanced primary care services that would equate to outpatient services, which could be delivered by GPs with a special interest, nurses and allied health professionals, will provide quicker access to a wider range of services close to where people live and work. Consequently key objectives in terms of expanding the **range of services** over the first five years will be:

**Objective 3.**

to develop a broad range of multi-disciplinary assessment and treatment services in primary care;

**Objective 4.**

to develop and implement a range of primary care strategies for community care, community pharmacy, community nursing, child and family support, general medical services, general dental services, optometric services, older people and carers services and services delivered by allied health professionals;



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### **Objective 5.**

to provide for improved management of chronic conditions in the community by developing and implementing plans for the increased deployment of multi-disciplinary care teams;

### **Objective 6.**

to initiate new case management arrangements for at risk people involving multi-disciplinary primary care teams proactively working with and supporting individuals to help avoid unnecessary emergency hospital admissions;

### **Objective 7.**

to develop and implement strategies to provide for effective, community based and person-centred services for people with learning disabilities and mental illness.

**4.12** Health and Social Service organisations will be asked to bring forward primary care reform and modernisation plans demonstrating how services can be redesigned to better respond to emerging need and providing for a greater range of services and level of activity in the community. For example, in the area of mental health, stress, depression, and in particular suicide prevention, more needs to be done. A taskforce has recently been established to develop a suicide prevention strategy, based around a partnership approach involving health and social services organisations, statutory agencies, and voluntary and community organisations.

**4.13** Chronic condition management programmes will be established to help treat a range of major chronic diseases and conditions. These programmes will be provided by primary and community care practitioners with support from hospitals. The Department will also want to give further consideration to potential policy and service developments associated with complementary and alternative medicines and therapies.

**4.14** As these service developments become available, so patient choice will further broaden and become more effective.

## Goal 2.

*To develop more effective partnership working across organisational and professional boundaries to provide more effective and integrated team working.*

**4.15** Delays, bottlenecks and other constraints often impede individuals' progress into and through the health and social care system. Complex needs and the co-ordination of different types of care can sometimes result in care pathways being disjointed. Individual professionals often work in isolation of each other and there remain unnecessary obstacles and barriers between the different care sectors. This can lead to significant delays in referral and discharge arrangements and difficulties in mobilising all aspects of care packages needed to sustain individuals in their own homes. A greater emphasis on partnership working across organisational and professional boundaries offers considerable potential to achieve improved streamlined services to individuals.

**4.16** We have to involve primary care practitioners in the process of changing how services are delivered. GPs and other primary care professionals with a special interest could take on new roles that have, until now, invariably been the domain of hospital based specialists – particularly in the areas of chronic conditions or long-term illness. Healthcare professionals working in primary care will see their responsibilities expand as they enter into new partnerships. For example, in the future community pharmacists, as well as dispensing medicines, will offer a range of services, including review of patient medication, monitoring and evaluating drug therapy, disease prevention programmes and managing patient care plans, as well as offering clinical pharmacy advice and guidance to GPs and other practitioners on prescribing practice.

**4.17** The availability of properly resourced and appropriately skilled multi-disciplinary primary care teams could provide for much earlier discharge, allowing for example, post operative rehabilitation to be provided closer to, or at home and providing for a significant reduction in hospital lengths of stay. Within primary care Carers provide a major contribution, supporting and caring for people within their homes. Carers are vital partners in the effective provision of health and social care within our community. The Department will develop a Carers' Strategy which will foster an environment that both protects the interests and develops Carers to enable them to better provide high quality care. Key aspects of this strategy will focus on the identification of Carers, the development of information, and support and training for Carers.



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**4.18** The further development of partnership working with other Departments, Agencies and voluntary bodies offers considerable scope for the development and implementation of new holistic approaches to many intractable social issues such as homelessness, sexual violence and family breakdown, with the voluntary sector often being able to better engage with individuals beyond the reach of the statutory sector. The local voluntary and community sector has always contributed significantly to the effective delivery of health and social care. There is clear evidence that a community development approach to multi-disciplinary working helps deliver better health and social care outcomes. The voluntary and community sectors have extensive knowledge, skills and experience, which can help inform the development and delivery of services. The Department will develop plans for the voluntary and community sector to change the means by which the voluntary and community sector are engaged in the planning and delivery of primary care services. Key objectives for **partnership working** over the first five years will be:

**Objective 1.**

to develop and implement multi-disciplinary protocols and professional standards to ensure that people receive care and treatment in the place most appropriate to their needs by staff who are appropriately skilled;

**Objective 2.**

to develop community rehabilitation models of care, which help people to regain and maintain independence and achieve a better quality of life in their own homes and communities thereby avoiding long stays in hospital;

**Objective 3.**

to enhance and streamline home care and treatment processes to facilitate effective hospital discharge planning;

**Objective 4.**

to develop the role of the community pharmacist in the primary care team and establish an integrated and standardised medicines management framework between the primary care and hospital sectors;

**Objective 5.**

to develop multi-agency strategies and approaches to homelessness, social exclusion, sexual abuse and domestic violence that meet need at an early point to maximise the potential for positive change.

**4.19** The cornerstone of an effective primary care service is its skilled staff. However, we do not always make best use of the skilled resources that we have at our disposal. Effective multi-disciplinary team working across organisational and professional boundaries, where appropriate, can do much to streamline the care process and provide for more effective care pathways with referral arrangements channelled through any member of the multi-disciplinary team as 'gate-keeper'. Key objectives in terms of effective **team working** over the first five years will be:

**Objective 6.**

to develop a workforce development and skills enhancement strategy for primary care professionals;

**Objective 7.**

to develop a single integrated multi-disciplinary assessment process for people with complex needs;

**Objective 8.**

to develop and implement plans that will promote the introduction of more specialist practitioners and provide for a higher skills base and greater capacity for community based care and treatment;

**Objective 9.**

to develop community action plans across the community, statutory, voluntary and private sectors to make best use of existing capacity and to secure increased commitment of other sectors outside the HPSS (e.g. education, housing, etc.) to joint working.



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### **Goal 3.**

***To facilitate more informed, proactive engagement and involvement of people in local communities and practitioners in the use, planning and delivery of services.***

**4.20** Effective user and community engagement in local planning decisions about the nature and design of services is essential if public confidence in the primary care system is to be maintained and strengthened. Public participation and engagement is a prerequisite to the achievement of our aim to develop a pattern of service that responds adequately to local needs and aspirations. The Department will develop an overarching policy to involve people in local communities to help build caring communities, which will develop further initiatives such as the Investing for Health Partnerships. The policy will promote a community development based approach to help encourage the involvement of people and communities with health and social services. Key objectives in terms of ***community engagement*** over the first five years will be:

#### **Objective 1.**

to establish innovative approaches and strategies to more effectively engage community and voluntary organisations with practitioners in service planning and delivery;

#### **Objective 2.**

to provide people in communities with access to information in order to facilitate a better understanding of the rationale behind, and therefore ownership of, decision making.

**4.21** Key to improving access to services and engaging effectively with local communities is the provision of information. This is also of paramount importance to developing individual and community commitment to safeguarding the vulnerable, to healthy lifestyle choices, and to the health promotion and disease management programmes necessary to make a real difference over the next two decades to people's health and wellbeing. Key objectives in terms of ***information*** over the first five years will be:

### Objective 3.

to develop an information and communications system that will inform service users and carers about the services available to them and how best to access and use them (including advice on social care issues, treatment and the ongoing management of chronic conditions).

**4.22** In addition to the provision of information, there is a need to work with people to help them take greater control of their own conditions through for example provision of self-care support programmes. Primary care professionals will have a significant role in developing and promoting a culture of self-care, taking proactive steps to support and monitor effective self-care among people in the community. These programmes will place a greater emphasis on partnerships across agencies and the community and voluntary sector to provide joined-up action, as envisaged by the Investing for Health Strategy, in order to promote good health and wellbeing in a comprehensive and holistic manner. The aim is to reduce the numbers of people at risk and leading to fewer complications of chronic conditions or breakdown of individual or family functioning. Key objectives in terms of **self-care** over the first five years will be:

In this Document the term **self-care** refers to the steps taken that enables individuals to take ownership and make choices that will promote and maintain their good health and wellbeing, and preventing illness and harm. It also involves the support necessary to enable individuals, families and communities to manage long-term or chronic conditions. This might include teaching individuals how to monitor and understand their conditions, self administer care and therapies, and seek care early when problems are developing.

### Objective 4.

to develop a strategy designed to strengthen the role of primary care professionals in contributing to improvements in emotional wellbeing, health promotion, health education and disease prevention;

### Objective 5.

to develop self-care support programmes for a range of chronic conditions and self-help responses to avoid breakdown in individual or family functioning;

### Objective 6.

to review the effectiveness of the direct payments system under which individuals assume responsibility for securing and managing their own care package, using direct funding made available by the HPSS.



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### **Goal 4.**

***To put in place a care infrastructure fit-for-purpose which provides integrated modern services.***

**4.23** The vision of a locally based, user and community focused primary care system will only be fully realised when the most appropriate infrastructure is put in place to support it. As indicated earlier, the expansion of assessment, diagnostic, treatment and support services in the community will call for more sophisticated premises than are presently available providing for multi-disciplinary working and enhanced technological links with other areas of the care system. The Department will take forward a major programme of primary and community infrastructure development in the context of the Investment Strategy for Northern Ireland. The key objective in terms of **physical infrastructure** over the first five years will be:

### **Objective 1.**

to establish and implement a service infrastructure investment plan to deliver modern fit-for-purpose premises with modern technology through, for example, a network of Primary Care Centres encompassing concepts like community care treatment centres, health and wellbeing centres, diagnostic and treatment centres, family assessment and day care centres, etc.

**4.24** Modern integrated services, which use the most advanced equipment, techniques, and multi-disciplinary teams, will be highly dependent on access to prompt, high quality information. It is, therefore, essential to develop and exploit advances in computer and other new technology systems across primary care. Through the development of the current Information and Communications Technology Strategy for health and social services, a range of initiatives will be implemented to improve information links between services, including comprehensive care records, diagnostic and imaging information, and information and advice to people in the community about their health

and social care. Those professionals practicing in primary and community care need information to help breakdown barriers between areas of care that can lead to delays in referrals and treatment. Further integration and modernisation of systems will be taken forward in support of primary care providers. The key objective in terms of **technology infrastructure** over the first five years will be:

**Objective 2.**

to develop and implement Information Communication Technology strategies and systems that better facilitate the efficient and effective delivery of primary care services across organisational and professional boundaries.

**4.25** The most important asset of primary care is its staff; having the right people with the right skills and attributes is naturally essential to delivering an effective primary care system. Workforce plans designed to address projected capacity needs will be further developed to provide for the development of competencies and roles across all professions, as the service develops and expands integrated working of multi-disciplinary teams. The key objective in terms of **workforce** over the first five years will be:

**Objective 3.**

to put in place appropriately designed human resource policies and practices that allow for the recruitment and retention of sufficient numbers of skilled staff to support the key changes envisaged in the strategy.


**4.26** Information to enable evidence based decisions and to inform thinking around future developments is necessary to ensure that primary care services continue to progress and meet future needs. Indeed, education and learning in the future, needs to be at the heart of policy and service development. This needs to be set in the context of the likelihood that an increasing element of education and training of all health and social care professionals will be delivered in a primary care setting. This highlights the need to ensure that there is a vibrant research culture supporting primary care. The key objective in terms of **research and development** over the first five years will be:

**Objective 4.**

to ensure appropriate emphasis is given to research in primary care to develop further evidence-based practice.



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### Section 5: Making it Happen

- 5.1** This vision and policy framework sets out a challenging future agenda for the development of primary health and social care across Northern Ireland. The vision sets out a clear focus and the high-level goals make clear how the many stakeholders can contribute to, or influence, the development of a future primary care service.
- 5.2** In order to achieve this vision for primary care significant change will be required in:
- the ways in which people access our service;
  - the range of services provided;
  - how the services are delivered; and
  - how services are supported.
- 5.3** In moving forward, the successful implementation of this Strategic Framework will require shared ownership among all stakeholders. There will be a wide variety of organisations involved and there is a need for shared commitment among all concerned to the common vision for primary care. To make this happen the Department will, for its part, work closely with all of the relevant professions, and the public, in making that vision become a reality.
- 5.4** In terms of future organisational structures in primary care, the current Review of Public Administration is addressing this matter in the wider context of health and social services generally. The current 15 Local Health and Social Care Groups, which bring together primary care professionals and community user representatives to help assess the needs of local communities and design local services to meet those needs, are, in organisational terms, committees of their Health and Social Services Board. With the abolition of the Boards, the role, number and membership of these Groups will need to

be reassessed to ensure that local primary care professionals, local community and hospital staff, service users and local communities will continue to be able to contribute to the commissioning plans of the new Agencies and secure a primary care centred approach to service planning and design.

### Financial Resources

- 5.5** The implementation of this Strategic Framework makes clear the immediate and longer-term changes needed. Delivery will involve the best use of existing as well as new resources to maximise health outcomes and improve the quality of our service.
- 5.6** Successful implementation will require changes to the way we currently work and how we use our existing resources. This may lead to some change in the way resources are allocated across the primary care and hospital sectors. But the likely future demands on our hospital system, given the technological, demographic and life-style changes referred to earlier, mean that the resources currently allocated to the hospital sector will continue to be required, if that sector is to respond to increasing morbidity and need in the population. It will be incumbent on all health and social services organisations to continue to work together in identifying and developing more efficient and effective ways of working across organisational and sectoral boundaries.
- 5.7** The direction set by this Strategic Framework means primary care teams will have a key role in ensuring that the hospital sector is utilised to meet demand only where it is appropriate to do so. To achieve this, primary care teams will clearly have to be developed and sufficiently resourced.
- 5.8** Significant resources are used to deliver health and social services, including primary care. Substantive funding has recently been invested through the new GP contract, and further additional investment in the many different health and social care professional groups working in primary care will also be required. Securing these additional resources in the context of public expenditure will not be easy, given the many challenges and competing priorities faced by Government across the public services generally. Nevertheless, with the assistance and support of those working in health and social services, and particularly primary care, the Department will endeavour to secure the additional resources required.



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**5.9** In line with existing Government policies, the provision of such additional resources will be conditional on real reform in the way existing resources are deployed and services delivered, with the implementation of integrated team-working being a pre-requisite for further development. Furthermore, in allocating resources the need to determine best value and ensure affordability will remain paramount in developing future services, and decision-making will aim to be evidence-based in order to help secure the most efficient and effective use of resources across primary care services. For example, Northern Ireland spends proportionately more on prescription drugs than the rest of the United Kingdom. We need to tackle this with a degree of urgency so that resources unnecessarily devolved to this area can be released to other priority service development.

### Human Resources

**5.10** Arguably the most important change required to bring about this Strategic Framework will not be systems but the people in them. The vision and its associated goals represent significant change. It will therefore require careful and sensitive management of the change process. New workforce plans to meet future needs will be required and the Department has already begun work in this important area, taking into account the need for a future to be characterised by a multi-professional approach to delivering health and social care. The work focuses on the recruitment, retention and continuous professional development of staff across the health and social services. A number of workforce reviews are ongoing, which look at the likely demand and supply in a range of medical and social care disciplines. These will help inform the development of multi-professional workforce plans. There will also be a need for professional groups to consider themselves how they develop in ways that place increased importance on working in multi-disciplinary teams.

**5.11** In addition, to providing new disciplines with a range of new skills, continuous professional development programmes will need to be further developed for

professionals and staff, and particular attention will also need to focus on the development of those that provide key support to professionals, such as care assistants, carers and volunteers – without whom service provision would inevitably falter.

## Equality

**5.12** A key objective of this Strategic Framework is to promote equality of opportunity for all: It addresses key issues of access and places emphasis on delivering services that meet the needs of all individuals and communities – the infrastructural development programme will benefit all areas, especially rural areas. It promotes, in particular, development of new services for those members of our society who are the most vulnerable or marginalised providing for more responsive services in the community. The elderly, people with disability, children and people living with social disadvantage will all benefit. The Framework embraces the New Targeting Social Need policy seeking to ensure that access to services are made available to all, and that where necessary specific steps should be taken to target those in greatest social need in our community. Actions and related strategies taken forward by the Department and other health and social services organisations will take account of poverty, deprivation and the ill effects of social exclusion.

**5.13** In addition, the values that underpin the Strategic Framework should contribute to maximising equality in the widest sense. In accordance with best practice an equality screening of the Framework has been undertaken. In examining the Strategic Framework against the categories set out in Section 75 of the Northern Ireland Act 1998, the needs of rural communities were also considered. These screening processes have identified no potentially negative equality impacts. Particular attention will be paid to the access issues brought about within rural settings, and means to help address this identified, developed and implemented across the wide range of services provided through primary and community care.


## Implementation

**5.14** The vision, its principles and values, together with the high-level goals and related actions that make up this Strategic Framework have been developed through an open and participative process, drawing on the views of people who use and those who deliver health and social services. The Strategic Framework has been



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crafted to integrate with the overall Regional Strategy and other key strategies, including Developing Better Services and Investing for Health.

- 5.15** The Department will establish a Strategic Framework Monitoring Group to help ensure the effective implementation of the Primary Care Strategic Framework. The Group will consider progress annually and provide advice to the Department on the implementation and review of the Framework. It will also seek to influence health and social services, and organisations with a contribution to make, to encourage the effective realisation of the vision for primary care services. Its membership will comprise representation of the key stakeholder groups associated with primary care.
- 5.16** An implementation plan which makes clear the Goals and related objectives and detailed actions to be achieved within the next five years have been set out in annex 1. The implementation plan will be monitored as actions and objectives are progressed. The implementation plan will be a flexible and evolving planning document, and future actions will be identified and developed to ensure that the change process is continuous, and that appropriate contributions are made to advance the achievement of the vision. The public, service users, people working in the health and social services will be encouraged to contribute to the process of determining future actions.
- 5.17** A key factor necessary to ensure progress is leadership. A vision for primary care, together with a policy framework that reflects the collective views of a wide range of people and organisations sets the direction. The implementation plan sets out a series of actions to be taken forward on a series of fronts, but real change will be dependent on change drivers and champions for change in primary care. Health service organisations, practitioners and people in communities need to take responsibility to help bring about the desired change, as well as Government. The Department will work to foster strong and effective leadership at all levels within primary care to better ensure successful outcomes.

## Conclusion

- 5.18** An integral part of the change process will be the re-positioning of primary care in a way that acknowledges and reinforces its centrality to the provision of health and social services and raises its profile in the public mind. This in turn will require that effective action flows from the strategic and operational statements set out in this document and other related strategic plans.
- 5.19** The implementation of this Framework will involve very substantial change in the nature, scope and delivery of local primary care services. It will change current patterns of services and expenditure giving increased emphasis to educative, preventive and treatment programmes in the community rather than avoidable treatments in hospital or residential settings. This approach is consistent with international developments in health and social care.
- 5.20** The Department is determined that Northern Ireland should be an integral part of that positive movement and this Strategic Framework sets out a vision and a way forward to achieve this goal. The Department encourages individuals, communities and professionals to embrace the changes proposed, thereby securing for the whole population of Northern Ireland the quality of primary care services that individuals, families and communities deserve.



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## PRIMARY CARE STRATEGIC FRAMEWORK IMPLEMENTATION PLAN 2005/6 - 2009/10

### GOAL 1.

**To make primary care services more responsive and accessible and encompass a wider range of services in the community.**

**Objective 1.** To deliver to people within a minimum of 24 hours appropriate and equitable access to all primary care services.

**Action 1.** Complete a review and evaluation of access to all primary care services by 2007.

**Action 2.** Develop regional access standards for all primary care services by 2008.

**Action 3.** Establish programme to deliver access standards by 2009.

**Objective 2.** To provide a comprehensive primary care out of hours emergency care service providing access, as appropriate, not only to general medical, general dental and community pharmacy services, but also to community nursing, mental health, and other social care services.

**Action 1.** Establish immediate project to develop a Regional Out-of-Hours service, which provides access to multi-disciplinary care and treatment.

**Action 2.** By April 2007, implement programme to establish Regional Out-of-Hours service, as part of the Reform and Modernisation programme.

**Objective 3.** To develop a broad range of multi-disciplinary assessment and treatment services in primary care.

**Action 1.** By April 2006, to put in place a range of primary care based assessment and treatment services in appropriate specialties to provide speedier access to appropriate health and social care professionals.

**Action 2.** By 2008, to extend the provision of primary care based assessment and treatment services which provide a comprehensive range of services that reflect the many specialties currently provided through hospital.

**Objective 4.** To develop and implement a range of primary care strategies for community care, community pharmacy, community nursing, child and family support, general medical services, general dental services, optometric services, older people and carers services and services delivered by allied health professionals.

**Action 1.** Expand respite care services for Carers by March 2006.

**Action 2.** Develop Community Nursing strategy by March 2006.

**Action 3.** Continue implementation of the Community Pharmacy strategy and development of new contract for community pharmacists by March 2006.

**Action 4.** Develop an Allied Health Professionals strategy for primary care by 2006.

**Action 5.** Develop a Primary Medical Services strategy by 2007.

**Action 6.** Develop Primary Dental Care strategy and new contract for primary care dental practitioners by March 2007.

**Action 7.** Develop Ophthalmic Services strategy by 2008.

**Objective 5.** To provide for improved management of chronic conditions in the community by developing and implementing plans for the increased deployment of multi-disciplinary care teams.

**Action 1.** By 2006, evaluate and review the provision of multi-disciplinary care pathways for a range of chronic conditions: diabetes, coronary heart disease, stroke recovery, arthritis and muscular-skeletal problems, chronic obstructive pulmonary disease, asthma, depression, stress and pain management.

**Action 2.** Identify capacity needs for multi-disciplinary care pathways in respect of chronic condition management, by March 2007.

**Action 3.** Develop strategies for enhancing multi-disciplinary team working to more effectively address chronic condition management, by 2008.

## PRIMARY CARE STRATEGIC FRAMEWORK IMPLEMENTATION PLAN 2005/6 - 2009/10

**Objective 6.** To initiate new case management arrangements for at risk people involving multi-disciplinary primary care teams proactively working with and supporting individuals to help avoid unnecessary emergency hospital admissions.

**Action 1.** Review and evaluate current case management arrangements for at risk people in primary care by March 2006.

**Action 2.** By 2007, develop and implement a programme to establish new case management arrangements.

**Objective 7.** To develop and implement strategies to provide for effective, community based and person-centred services for people with learning disabilities and mental illness.

**Action 1.** By 2006, evaluate findings of mental health review in respect of primary care services.

**Action 2.** Develop and establish a programme to implement review recommendations in primary care services by 2007.

## GOAL 2.

**To develop more effective partnership working across organisational and professional boundaries to provide more effective and integrated team working.**

**Objective 1.** To develop and implement multi-disciplinary protocols and professional standards to ensure that people receive care and treatment in the place most appropriate to their needs by staff who are appropriately skilled.

**Action 1.** Evaluate current multi-disciplinary approaches to care, particularly in the training of practitioners, by 2006.

**Action 2.** Develop plans to deliver training and development standards to facilitate increased multi-disciplinary working by 2007.

**Objective 2.** To develop community rehabilitation models of care, which help people to regain and maintain independence and achieve a better quality of life in their own homes and communities thereby avoiding long stays in hospital.

**Action 1.** By March 2006, HPSS delivery agents should develop plans designed to ensure more effective use of intermediate care to support community based rehabilitation.

**Action 2.** By 2007, monitor and evaluate measures taken to facilitate the early discharge of patients from hospital.

**Objective 3.** To enhance and streamline home care and treatment processes to facilitate effective hospital discharge planning.

**Action 1.** By 2006, establish mechanisms to identify patients with recurrent episodes of inpatient care, and develop a primary care managed care service within the community setting.

**Action 2.** By 2007, establish procedures to provide alternative to hospital care packages, minimising hospital admissions, or providing for early discharge to care closer to, or at home.

## PRIMARY CARE STRATEGIC FRAMEWORK IMPLEMENTATION PLAN 2005/6 - 2009/10

**Objective 4.** To develop the role of the community pharmacist in the primary care team and establish an integrated and standardised medicines management framework between the primary care and hospital sectors.

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|------------------|---|
| <b>Action 1.</b> | Continue to implement the Community Pharmacy strategy.  |
| <b>Action 2.</b> | Throughout the period, develop and extend the Building the Community Pharmacy Partnership programme as a model of good practice in community development between the professional services and voluntary and community sectors. |
| <b>Action 3.</b> | Establish new community pharmacy contract by April 2006.  |
| <b>Action 4.</b> | Develop and implement pharmaceutical service improvement programme by October 2005.   |

**Objective 5.** To develop multi-agency strategies and approaches to homelessness, social exclusion, sexual violence and domestic violence that meet need at an early point to maximise the potential for positive change.

- |                  |  |
|------------------|--|
| <b>Action 1.</b> | By 2007, evaluate and review the implications for primary care identified in the multi-agency strategies to homelessness, social exclusion, sexual violence and domestic violence. |
| <b>Action 2.</b> | By 2008, develop and implement a programme to address the primary care aspects of the multi-agency strategies.   |

**Objective 6.** To develop a workforce development and skills enhancement strategy for primary care professionals.

- |                  |   |
|------------------|---|
| <b>Action 1.</b> | By 2007, review the training needs of primary care workforce.   |
| <b>Action 2.</b> | By 2008, develop and implement a strategy to enhance the skills base in primary care workforce over 10-year period. |

**Objective 7.** To develop a single integrated multi-disciplinary assessment process for people with complex needs.

**Action 1.** By 2008, develop a single assessment tool for the care of older people and implement across the HPSS.

**Action 2.** By 2010, have piloted and published a new integrated assessment process.

**Objective 8.** To develop and implement plans that will promote the introduction of more specialist practitioners and provide for a higher skills base and greater capacity for community based care and treatment.

**Action 1.** By 2007, review and evaluate scope for increased specialisms in primary care.

**Action 2.** By 2008, develop and implement a programme to provide for the strategic deployment of primary care specialist practitioners.

**Objective 9.** To develop community action plans across the community, statutory, voluntary and private sectors to make best use of existing capacity and to secure increased commitment of other sectors outside the HPSS (e.g. education, housing, etc.) to joint working.

**Action 1.** Develop a Community Development Strategy Action Plan, which promotes joint working with community, voluntary and private sectors in primary care.

**Action 2.** By 2008, develop action plans and protocols for inclusive engagement of community, voluntary and private sector organisations in the provision of primary care services.

### GOAL 3.

**To facilitate more informed, proactive engagement and involvement of people in local communities and practitioners in the use, planning and delivery of services.**

**Objective 1.** To establish innovative approaches and strategies to more effectively engage community and voluntary organisations with practitioners in service planning and delivery.

**Action 1.** In light of recommendations arising from the Review of Public Administration, determine structures and procedures to be implemented that will strengthen the role of community and voluntary organisations in service planning and delivery.

**Action 2.** By 2007, develop an overarching policy for involving people in the identification of need, planning and delivery of primary care services.

**Objective 2.** To provide people in communities with access to information in order to facilitate a better understanding of the rationale behind, and therefore ownership of, decision making.

**Action 1.** Develop a proactive service user communication strategy by 2007, in accordance with Freedom of Information and Data Protection Act requirements.

**Objective 3.** To develop an information and communications system that will inform service users and carers about the services available to them and how best to access and use them (including advice on social care issues, treatment and the ongoing management of chronic conditions).

**Action 1.** By March 2006, review and evaluate scope for different mediums to communicate services information to the public.

**Action 2.** By 2007, develop and implement a primary care Information Strategy for delivering service information to the public.

**Objective 4.** To develop a strategy designed to strengthen the role of primary care professionals in contributing to improvements in emotional wellbeing, stable relationships, health promotion, health education, disease prevention, and the development of safe and caring communities.

**Action 1.** By March 2007, complete review of Investing for Health strategy. (To ensure significant improvement in health and social wellbeing, and reduction in health inequalities is achieved by 2012).

**Action 2.** By 2008, evaluate and identify scope for primary care professionals to contribute to promotion and maintenance of good health and social wellbeing.

**Action 3.** By 2009, develop a programme for primary care professionals to establish proactive steps to promote and maintain good health and social wellbeing within local communities.

**Objective 5.** To develop self-care support programmes for a range of chronic diseases and conditions, and self-help responses to avoid breakdown in individual or family functioning.

**Action 1.** Throughout the period, further develop direct care from the pharmacy, currently known as minor illness schemes.

**Action 2.** By 2007, review and evaluate scope for the development of self-care support programmes across primary care services.

**Action 3.** By 2008, develop a self-care support programme that facilitates and encourages primary care practitioners to take proactive action.

**Objective 6.** To review the effectiveness of the direct payments system under which individuals assume responsibility for securing and managing their own care package, using direct funding made available by the HPSS.

**Action 1.** By 2008, review and evaluate the cost effectiveness of the direct payments scheme.

## PRIMARY CARE STRATEGIC FRAMEWORK IMPLEMENTATION PLAN 2005/6 - 2009/10

### GOAL 4.

**To put in place a care infrastructure fit-for-purpose which provides integrated modern services.**

**Objective 1.** To establish and begin to implement a service infrastructure investment plan to deliver modern fit-for-purpose premises with modern technology through, for example, a network of Health and Care Centres encompassing concepts like community care treatment centres, health and wellbeing centres, diagnostic and treatment centres, family assessment and day care centres, etc.

**Action 1.** Commence evaluation of Outline Business Cases for a major programme of primary and community care infrastructure development, in context with the Investment Strategy for Northern Ireland.

**Action 2.** In line with Outline Business Case timescales, commence first tranch of approved capital development works.

**Objective 2.** To develop and implement Information Communication Technology strategies and systems that better facilitate the efficient and effective delivery of primary care services across organisational and professional boundaries.

**Action 1.** By 2006, review and evaluate Information Communication Technology needs across primary care services.

**Action 2.** By 2008, develop a primary care Information Communication Technology strategy and investment plan, to modernise systems in support of primary care service providers.

**Action 3.** Implementation of the 'Patient Centred Information System', an electronic care records system, to be completed by 2010.

**Action 4.** By 2010, modernise the Health and Social Services network infrastructure, providing links between the different health and social care services.

**Objective 3.** To put in place appropriately designed human resource policies and practices that allow for the recruitment and retention of sufficient numbers of skilled staff to support the key changes envisaged in the strategy.

**Action 1.** Review and evaluate the capacity and workforce needs in primary care, to help deliver the key changes envisaged in the strategy, by 2007.

**Action 2.** By 2008, develop a primary care human resources strategy to meet key changes envisaged in the strategy.

**Objective 4.** To ensure appropriate emphasis is given to research in primary care to develop further evidence-based practice.

**Action 1.** By 2006, review and evaluate current research base in primary care.

**Action 2.** By 2007, develop and implement primary care research programme.



## DESIGN PRINCIPLES

- 1) Primary Care services will be focused on the needs of individuals, families and communities.
- 2) Primary Care services will be located and rooted in the local community it serves, and will work to understand and serve the needs of that community.
- 3) Primary Care services will, as far as possible and with service user agreement, manage and share information so that service users do not have to “tell their story” many times to different practitioners.
- 4) Primary Care services will be readily accessible, responsive, integrated, co-ordinated, flexible and innovative in the way they deal with the needs of individuals, families and communities.
- 5) Primary Care services will be holistic in nature, making the fullest possible assessment of population needs and bring to bear the most appropriate range of services to benefit citizens and their communities.
- 6) Primary Care services will not be constrained by traditional or perceived boundaries between those working in different sectors or disciplines and will maximise benefits of team approaches in providing support, care and treatment.
- 7) Primary Care services will proactively address the needs of the vulnerable, support individual’s and families’ functioning, support health promotion and disease protection and prevention and will help people to understand their own health and care needs and better manage these.
- 8) Primary Care services will streamline and co-ordinate care pathways between the primary care and acute sectors, seeking to maximise the extent to which people can be cared for at home.
- 9) Primary Care services will operate to high standards of quality, probity, professionalism and accountability.

## CORE VALUES

We will promote and practice the following values in delivering primary care services -

- **Empowerment** – providing individuals with the opportunity to take greater responsibility for their own health and wellbeing, and putting people at the centre of service provision.
- **Respect** – treating people with dignity, and respect for all staff and practitioners involved in service delivery.
- **Partnership** – working collaboratively with service users and across all disciplines, sectors and specialisms in primary care to ensure an integrated team based approach, collaborating with agencies, outside primary care, and working with people in their local communities.
- **Excellence** – promoting excellence in service delivery and building on evidence-based best practice.
- **Community** – anchoring primary care in a community context, and to the maximum extent possible, enabling all members of that community to have a voice in service design, delivery and review.
- **Safety** – ensuring that practice and services are of the highest possible quality and in partnership with communities and other agencies ensuring that services safeguard vulnerable people by dealing with concerns about risk and harm sensitively and effectively.
- **Continuity** – ensuring a co-ordinated and integrated approach to health and social care within primary care, and with other Health Social Services and other sectors, and ensuring a safe and inhabitable environment as well as continuity of care within the system.
- **Value for Money** – ensuring that all services are affordable and delivered efficiently and cost effectively.
- **Equity** – consistency and fairness in service delivery to ensure equity of access and treatment for those in need of services.



## List of Consultation Respondents

**The Department would like to thank the following people, groups and organisations in providing views and comments, which have helped to inform and shape the Strategic Framework for Primary Care.**

North and West Belfast Training Team  
Gosford Housing Association  
Adult Mental Health Review  
Breathe Easy Causeway  
Ballymena Borough Council  
Help the Aged  
Westcare  
Causeway Bereavement Support Group  
Northern Ireland Optometric Society  
British Lung Foundation  
Mental Health Alliance Coordinator – Down Lisburn Trust  
Family Information Group  
East Down Rural Community Network  
Homefirst Community Trust  
Dr Henderson, Chair Eastern Area Local Dental Committee  
Foyle Health and Social Services Trust  
Podiatry Managers' Group (Northern Ireland)  
Royal College of Nursing Northern Ireland (Agenda for Change)  
John Clarke, Victims Unit, Office of the First Minister and Deputy First Minister  
Lobbying, Activism and Research Group (Dungannon)  
Joanne Black (Member of the Public)  
Craigavon and Banbridge Community Health and Social Services Trust  
Omagh 2010 Taskforce  
Aware Defeat Depression  
British Psychological Society Northern Ireland Branch

Health and Social Services Councils  
Ann Spencer, Team Leader Physiotherapist Community, Newry and Mourne Trust  
Sister Donna Keenan, Tyrone County Hospital  
Omagh District Council  
Anonymous Voluntary Group  
Belfast City Council  
Northern Ireland General Practitioners Committee  
Epilepsy Action, Armagh Branch  
Royal College of Midwives  
Northern Ireland Housing Executive  
Northern Ireland Practice and Education Council for Nursing and Midwifery  
Belfast Health Initiative – Springhill  
Royal College of General Practitioners Northern Ireland  
Skegoneill Health Centre  
Healthy Living Centre – Upper Springfield  
South and East Belfast Trust  
Simon Community Northern Ireland  
West Belfast Partnership Board  
Advocacy for Senior Citizens Coleraine  
British Dental Association Northern Ireland  
Eastern Local Medical Committee  
Royal College of Nursing Northern Ireland  
Central Nursing Advisory Committee  
Craigavon Borough Council  
Ulster and Community Hospitals Trust  
North and West Belfast Health Action Zone – Travellers Action Group  
Antrim Borough Council  
Royal College of Psychiatrists  
Newtownabbey Borough Council  
Asthma UK Northern Ireland  
Northern Ireland Affairs Committee, Royal College of Physicians United Kingdom, Faculty of Public Health  
Green Park Healthcare Trust  
North and West Belfast Health and Social Services Trust  
Springhill Community House  
Carers Northern Ireland  
Helen Gilmore – Sperrin Lakeland Trust  
Craigavon and Banbridge Health and Social Care Group  
Royal Hospitals  
Armagh and Dungannon Health and Social Care Group  
Ophthalmic Committee – Central Services Agency

## Annex 3



Springfield Road Surgery  
Arthritis Care Northern Ireland  
Northern Ireland Sessional Doctors Association  
Katie McCormack (user)  
Western Investing for Health Partnership  
Altnagelvin Hospitals Health and Social Services Trust  
Northern Ireland Women's Aid Federation  
Community Mental Health Team (Ulster Community and Hospitals Trust)  
Catherine McNally Environmental Health Officer, Coleraine Borough Council  
Chartered Society of Physiotherapy Northern Ireland  
Diabetes United Kingdom Northern Ireland  
Eastern Health and Social Services Board  
Northern Health and Social Services Board  
Armagh and Dungannon Health and Social Services Trust  
Foyle Health and Social Services Trust  
Ards Borough Council  
Nexus  
Newry and Mourne Local Health and Social Care Group  
Director of Primary Care, Southern Health and Social Services Board  
Sinn Fein  
Western Health and Social Services Board  
Local Optical Committees in Northern Ireland



## NOTES

Caring For People  
Beyond Tomorrow...





For Individuals,  
Families and  
Communities

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