

Date of issue: Tuesday, 3 September 2019

MEETING	HEALTH SCRUTINY PANEL (Councillors A Sandhu (Chair), Smith (Vice Chair), Ali, Begum, Gahir, N Holledge, Mohammad, Qaseem and Rasib)
DATE AND TIME:	TUESDAY, 10TH SEPTEMBER, 2019 AT 6.30 PM
VENUE:	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EJ
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	JANINE JENKINSON 01753 875018

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Item 5 was not available for publication with the rest of the agenda.

PART 1

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
5.	Primary Care Networks	1 - 26	All

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SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

DATE: Tuesday 10th September 2019

CONTACT OFFICER: Alexandra Tilley, Ass. Director of Primary Care, NHS East Berkshire CCG
Jim O'Donnell, Locality Clinical Lead for Slough, NHS East Berkshire Clinical Commissioning Group (Presenter)

(For all Enquiries) Surrinder Randhawa (surrinder.randhawa@nhs.net)

WARD(S): All

PART I

FOR COMMENT & CONSIDERATION

PRIMARY CARE NETWORKS

1. **Purpose of Report**

Implementing the NHS Long Term Plan requires the development of effective Primary care Networks (PCNs). PCNs are intended to become the footprint on which other NHS community-based services can then dock and enable geographical focus for improving health and wellbeing

This paper updates the Slough Health Scrutiny Panel on progress for the Place of Slough, explain the vision for Primary Care Networks to support the Long Term Plan and share the national ambitions for PCNs.

2. **Recommendation(s)/Proposed Action**

The Panel is requested to note the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

The [Slough Joint Wellbeing Strategy](#) (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA). Both are clearly linked and must be used in conjunction when preparing your report. They have been combined in the Slough Wellbeing Board report template to enable you to provide supporting information highlighting the link between the SJWS and JSNA priorities.

3a. **Slough Joint Wellbeing Strategy Priorities**

Primary Care Networks will be the corner-stone for health in the community and delivery the following ambitions which align effectively with the Slough Joint Well-Being Strategy Priorities for *Increasing life expectancy by focusing on inequalities and Improving mental health and wellbeing.*



Slough Wellbeing Board has adopted five key principles that underpin the approach to delivery of the strategy and these guiding principles match to the national ambitions for primary care networks.

Five key Place based principles for the improve wellbeing for Slough residents:

- Focus on prevention, early intervention and health promotion
- Provide opportunities for individual and community empowerment and volunteering
- Promote a culture of self care and personal responsibility
- Achieve more for less by making the very best use of resources.
- Engage in an on-going dialogue with our residents, communities and patients.

The five principles above depend on wider determinant of health across agencies, indicating that through a mature partnership between Slough Borough Council, other partners and the constituent Primary Care Networks achieving better health outcomes for the wider population of Slough.

3b. **Five Year Plan Outcomes**

NHS Long Term Plan sets out the role of PCNs which relate well to the health contribution set out in the Slough Wellbeing plans, with priorities such as reducing variation and improving health outcomes.

4. **Other Implications**

(a) **Financial** There are no financial implications of proposed action for Slough Borough Council.

(b) **Risk Management** Risks around the implementation of this policy as are currently managed within the CCG risk management procedure

(c) **Human Rights Act and Other Legal Implications** No Human Rights Act Implications.

(d) **Equalities Impact Assessment** No EIA carried out under the delivery of nationally commissioned services

(e) **Workforce** PCNs through the national ambitions detailed below require the additional of five key new roles to be recruited through the investment available under the nationally commissioned Directed Enhanced Service. The recruitment of the skills and capacity to deliver the services commissioned to PCNs over the five year framework, may impact on current workforce and education providers. These roles are: Clinical Pharmacists, Social Prescribing Link Worker, First Contact Physiotherapist, Physicians Associate and First Contact Community Paramedic.



Long Term Plan: Expanded neighbourhood teams will comprise a range of staff such as GPs and SAS doctors, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector. In many parts of the country, functions such as district nursing are already configured on network footprints and this will now become the required norm. Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.

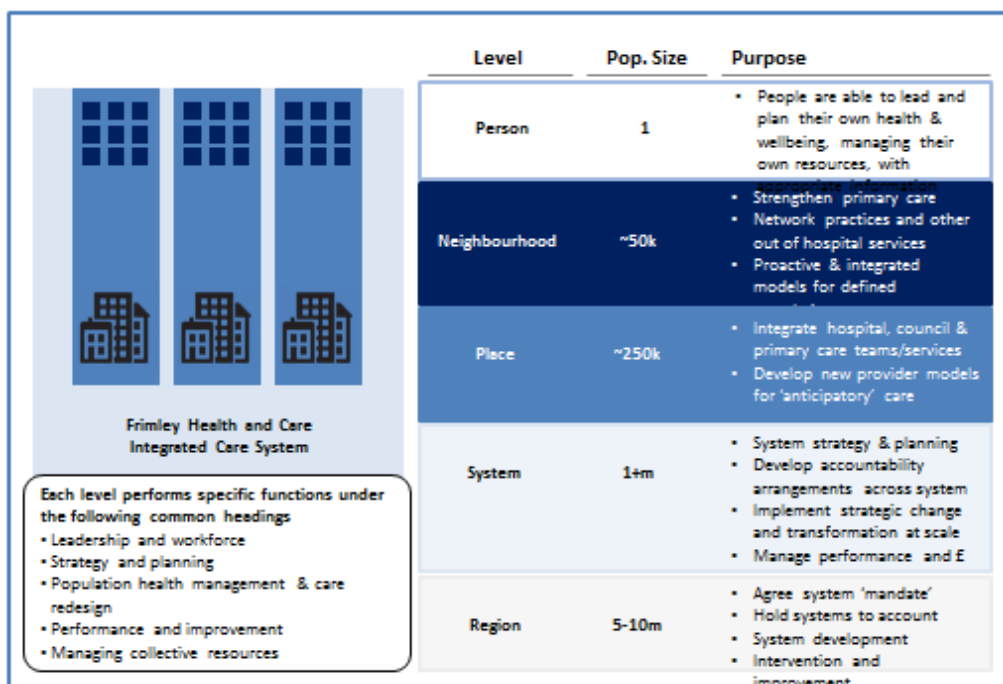
5. Supporting Information

5.1 Introduction to Primary Care Networks

Primary care networks (PCNs) form a key building block of the [NHS long-term plan](#). Bringing general practices together to work at scale has been a policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the [new five-year framework](#) for the GP contract, published in January 2019, put a more formal structure around this way of working, but without creating new statutory bodies.

The ICS has adopted a place based approach to commissioning, with the Place in east Berkshire being mapped to unitary authorities. The place is where we live and work, influence what we do and determine many of our relationships. And a shared sense of place can unite us despite our differences. Rather than focusing on isolated interventions, a ‘place-based approach’ makes the most of these connections.





5.2 National Ambitions for Primary Care Networks – next five years: In the Long Term Plan, Primary Care Networks become an essential building block of every integrated care system, and under the commissioned service for networked practices will take the lead role in local community delivery of the plan. In 2019/20, NHS England commissioned the network directed enhanced service offering general practice the opportunity to establish primary care networks and through the five year investment and evolution framework attract funding to their place and neighbourhoods.

The collective ambitions for PCNs set out in the NHS Long Term Plan looking will be achieved through the delivery of the following five things by 2023/24:

- i. Stabilised general practice, including the GP partnership model
- ii. Help solve the capacity gap and improved skills-mix by growing the wider workforce through wholly additional staff as well as serving to help increase GP and nurse numbers
- iii. Become a proven platform for further local NHS investment
- iv. Dissolve the divide between primary and community care, with PCNs looking out to community partners not just in to fellow practices
- v. Systematically deliver new services to implement the Long Term Plan, including the seven new service specifications¹, and achieve clear, positive and quantified impacts for people, patients and the wider NHS

The seven new service specifications will require partnership working, effective commissioning and investment in additional workforce, there services are:

Expected delivery	New enhanced service specifications
2020/21 - from April 2020	Structured Medical Reviews and Optimisation Enhanced Health in Care Homes
2020/21 – phasing to be confirmed	Anticipatory care requirements Personalised care Supporting Early Cancer Diagnosis
To be confirmed	CVD Prevention and Diagnosis Tackling Neighbourhood Inequalities

5.3 National expectations for Primary Care Networks for year one - 2019/20: During the first year of PCNs, support will be provided to develop the maturity of the emerging entities, the expectations following the development offer includes:

- i. Understanding their own journey; know where they are aiming to get to over the next 5 years, use a diagnostic process to establish their development needs and put a development plan in place
- ii. Function well as a single team

¹ <https://www.england.nhs.uk/gp/investment/gp-contract/>



- iii. Be part of a network of PCNs to help shape the ICS plan to deliver the Long Term Plan
- iv. Form clear and agreed multidisciplinary teams with community provider partners
- v. Build on existing relationships with local people and communities to understand how to work most effectively for their benefit
- vi. Made 100% use of their funding entitlement for additional roles in line with national guidance
- vii. Work on at least one service improvement project linked to Long Term Plan goals
- viii. Start thinking about their future estates needs, jointly with partners
- ix. Be ready to deliver new national service specification from April 2020

5.4 Slough Primary Care Networks – progress to date.

Since 1 July 2019, all GP practices in Slough have come together in three geographical networks covering populations of 42,000 to 72,000 patients.

Primary Care Network applications were all considered through CCG committee and application of national principles agreed with ICS board, the criteria for all applications are:

- 100% coverage of population with primary care networks within Clinical Commissioning Group area of responsibility
- Appointment of Clinical Director through transparent recruitment process
- Primary Care Network population must be over 30,000 registered patients
- Primary Care Network populations over 50,000 registered patients must pass the reasonable test including:
 - LA and/or integrated community boundaries
 - Existing strong practice relationships and track record of delivery of PCN responsibilities at this footprint
 - Strong practice support
 - Minimal disruption to existing PCN boundaries (where these are working)
- Identification of a single practice or eligible provider that will receive Network Enhanced Service funding
- Map of network area as part of the application

All PCNs applications in Slough were supported by the CCG and ICS, through the required due diligence, resulting in three networks being agreed and offered the Network DES in June 2019.

Primary Care Network: Slough		Patient Registered List (January 2019)
Langley, Orchard, Chapel and Cippenham		42,295
(LOCC)		
Dr Nabi	Page 5	5,495



Langley Health Centre	19,445
The Orchard Surgery	9,016
The Chapel Medical Centre	8,339
SHAPE	71,249
Bharani Medical Centre	13,022
The Village Medical Centre	11,867
Ragstone Road Surgery	3,510
Kumar Medical Centre	4,918
Farnham Road Practice	26,171
The Avenue Medical Centre	7,419
242 Wexham Road Surgery	4,342
Central Slough Network (CSN)	49,232
Herschel Medical Centre	14,988
Shreeji Medical Centre	6,174
Manor Park Medical Centre	10,602
240 Wexham Road	5,644
Crosby House Surgery	11,824
SLOUGH Registered Population – Jan 2019	162,776

Slough Practices have a good history of innovation and delivery, through the General Practice Forward View investment, national initiatives and previous commissioned services. Slough practices have led on innovative initiatives for complex patients and also delivered wave one national programmes through working together at scale pre-empting the establishment of Primary Care Networks.

Examples of further successes to note where General Practice through partnership has been used to enable improved outcomes:

- Complex Case Management – a sustained 18% reduction in unplanned hospital admissions in 662 complex patients, (and 19% fewer visits to A&E), using ACG tool to case find
- Diabetes: Care, Outcomes & Innovation – Blood pressure control best in South of England. Lifestyle innovations.
- Pre-Diabetes Screening & Management (NDPP for all 3 CCGs)
- Reduction in Stroke incidence, commissioned a new stroke service with greatly improved standards of care
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- Reduction in under 75 Cancer & CVD Mortality
- Clinical Pharmacists Scheme – every practice in Slough; Prescribing Achievements
- Childhood Asthma – reduced emergency admissions
- Reduced emergency admissions from Care Homes, Reduced Deprivation



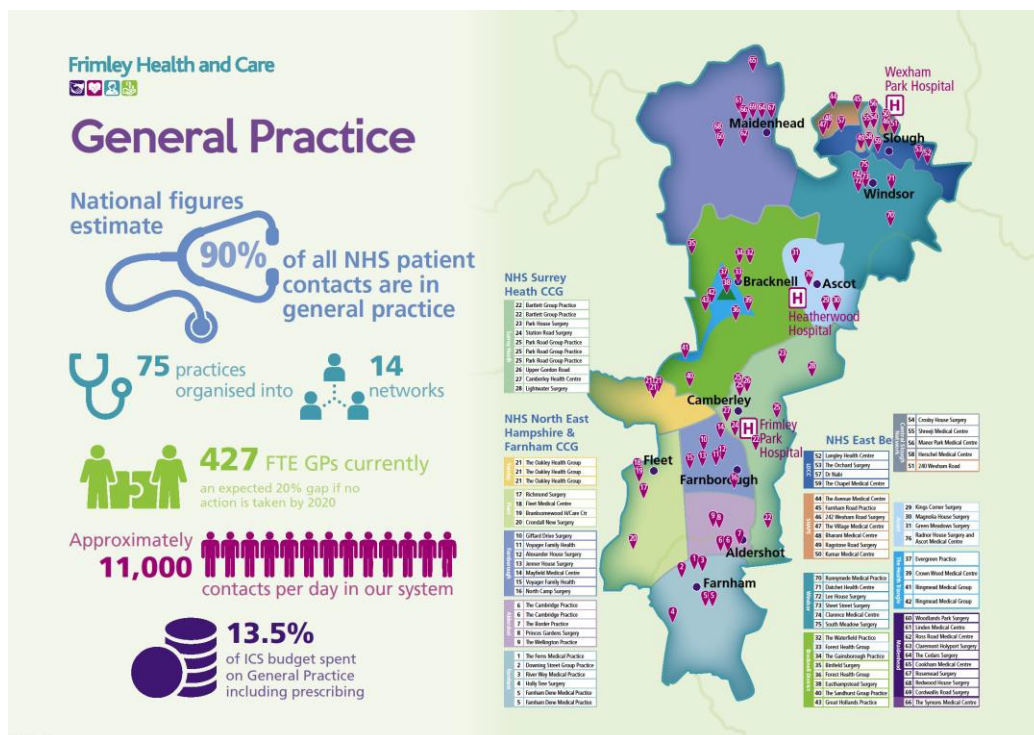
Slough PCNs with colleagues in the CCG and local authority presented to Dominic Hardy, NHSE Director of Primary Care, in June 2019, setting out their progress to date and future ambitions with general practice as scale working effectively with their partners for their communities.

The presentation delivered in June sets out a ward level model of population needs showing the roles that all partners can contribute to in delivering the improvement in health and wellbeing, this will be presented to the Slough Wellbeing board on 10th September accompanied by this paper.

5.5 Slough Primary Care Networks – Next steps

Primary Care Networks are being supported with a programme of development with national and local resources, the initial step to establish the pathway to a mature PCN is to work with partners in a self-assessment process. Slough Borough Council and Berkshire Health Care Foundation Trust with the Clinical Commissioning Group in East Berkshire have an existing forum, Health and Social Care Partnership Forum, which recently now include PCN Clinical Directors and their developing networks. This forum will enable the development of aligned plans, identify opportunities to work together and enable the population to benefit from improved health outcomes.

Slough PCNs are members of the Frimley ICS Alliance of PCNs, which has been established for over 12 months in the anticipation of the Long Term Plan ambitions for general practice to work better at scale.



6. Comments of Other Committees

The Primary Care Commissioning Committee, Integrated Care System and CCG Governing Body have all provided the governance requirements for the due diligence for the establishment of the Primary Care Networks in East Berkshire.



7. **Conclusion**

Slough Primary Care Networks are progressing with their ambitions and expectations for 2019/20. Investment and support is available from the CCG and partners to deliver a key element of the NHS Long Term Plan infrastructure.

8. **Appendices Attached**

Presentation for the Slough HSP meeting – Jim O’Donnell Locality Clinical Lead for Slough, East Berkshire Clinical Commissioning Group (Presenter)

9. **Background Papers**

This report references the following background papers:

NHS Long Term Plan: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

New General Practice Contract: Network Directed Enhanced Service Specification: <https://www.england.nhs.uk/wp-content/uploads/2019/03/network-contract-des-specification-2019-20-v1.pdf>

NHS East Berkshire Primary Care Networks: <https://www.eastberkshireccg.nhs.uk/about-us/primary-care-networks/>



Slough Health Scrutiny Panel

Primary Care Networks September 2019



Primary Care Networks

The collective ambitions for PCNs set out in the NHS Long Term Plan looking will be achieved through the delivery of the following five things by 2023/24:

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Primary Care Network Establishment

The criteria for all PCN applications:

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Frimley ICS Priorities: Plan on a Page

5 Five Year Priorities

National

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Local

National 'must do' s:
Primary Care
Urgent and Emergency Care
Referral to treatment times
Cancer
Improving quality, & high quality ICS
Financial sustainability

Priority 1: Making a substantial step change to improve wellbeing, increase prevention, self-care and early detection

Priority 2: Improving LTC outcomes including greater self management and proactive management across all providers for people with single LTCs

Priority 3: Proactive management of Frailty & Multiple complex physical and mental health & LD LTCs, reducing crises and prolonged hospital stays

Priority 4: Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the best place

Priority 5: Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence

Transformation Initiatives

1. Prevention and Self-care: Ensure people have the skills, confidence and support to **take responsibility for their own health and wellbeing**

2. Integrated care decision-making: Develop **integrated care decision making models** in each locality to improve health & care outcomes for our population, reducing demand on health & care resources

3. GP Transformation: Lay foundations for a new model of **general practice provided at scale**, including development of GP networks to improve resilience and capacity

4. Support Workforce: Design a **support workforce** that is fit for purpose across the system

5. Care and Support: Transform the **social care support market** incl. comprehensive capacity and demand analysis and market management

6. Reducing clinical variation: Reduce **clinical variation** to improve outcomes and maximise value for individuals across the population

7. Shared Care record: Implement a **shared care record** that is accessible to professionals across the ICS footprint

5 Cross cutting Programmes

Cross cutting Programmes

Urgent and Emergency Care

Mental Health and Learning Disabilities

Maternity

Children and Young People

Cancer

5 Enablers

Enablers

Workforce

Analytics

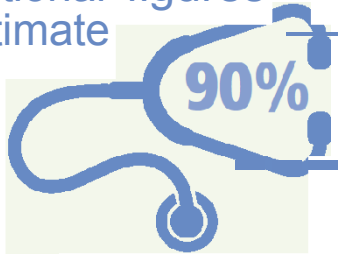
Estates

Digital & Technology

Communication & Engagement

General Practice

National figures estimate



90% of all NHS patient contacts are in general practice



75 practices organised into



14 networks

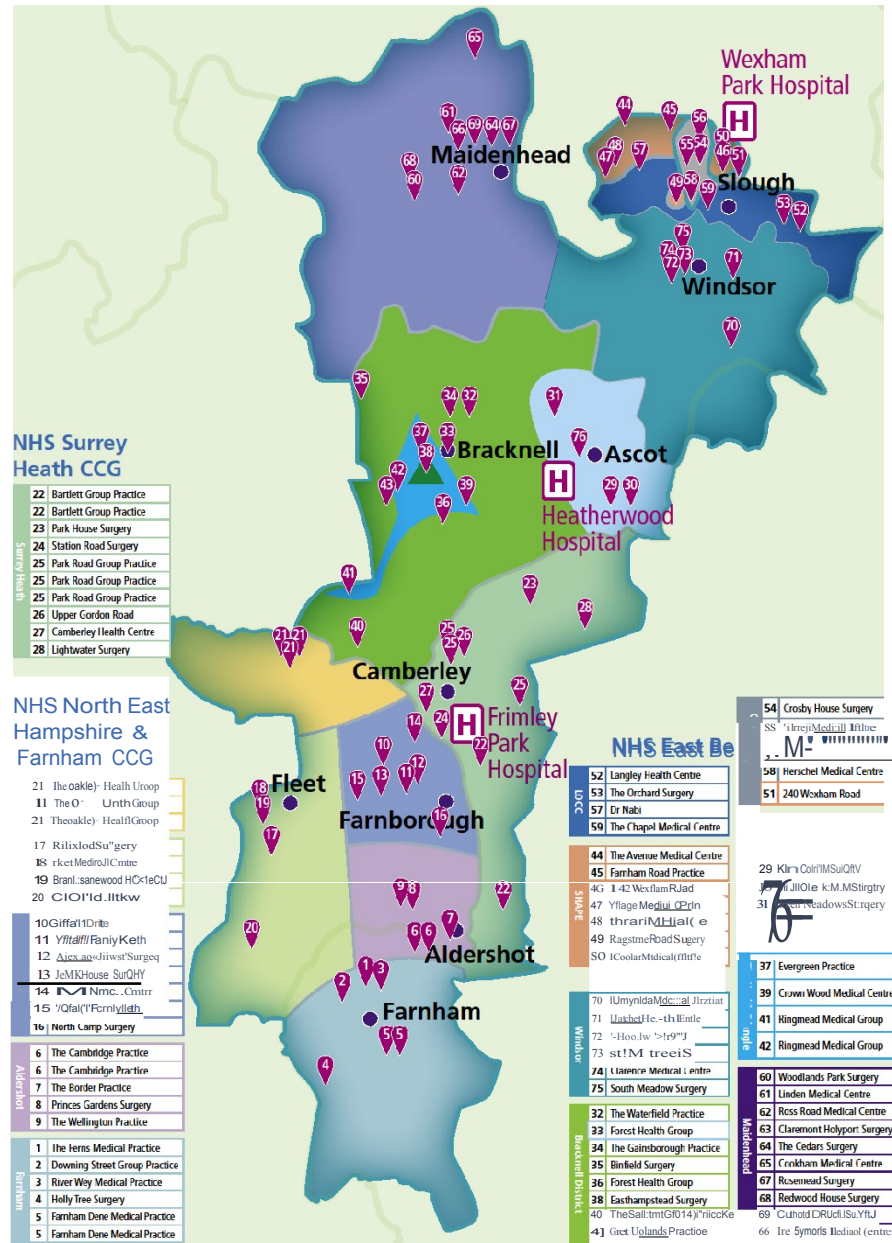


currently

App 1 0 6 contacts per day in our system

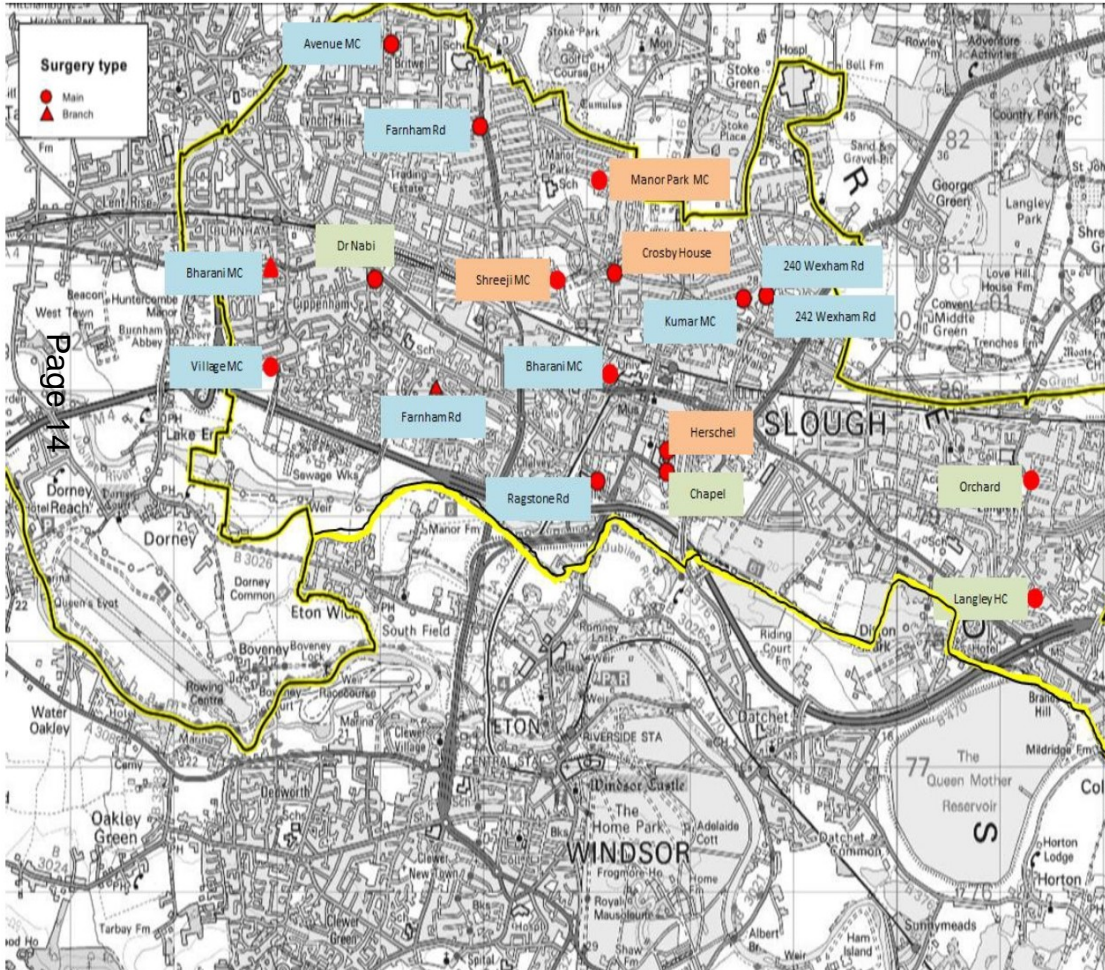


13.5% of ICS budget spent on General Practice including prescribing





Our Geography

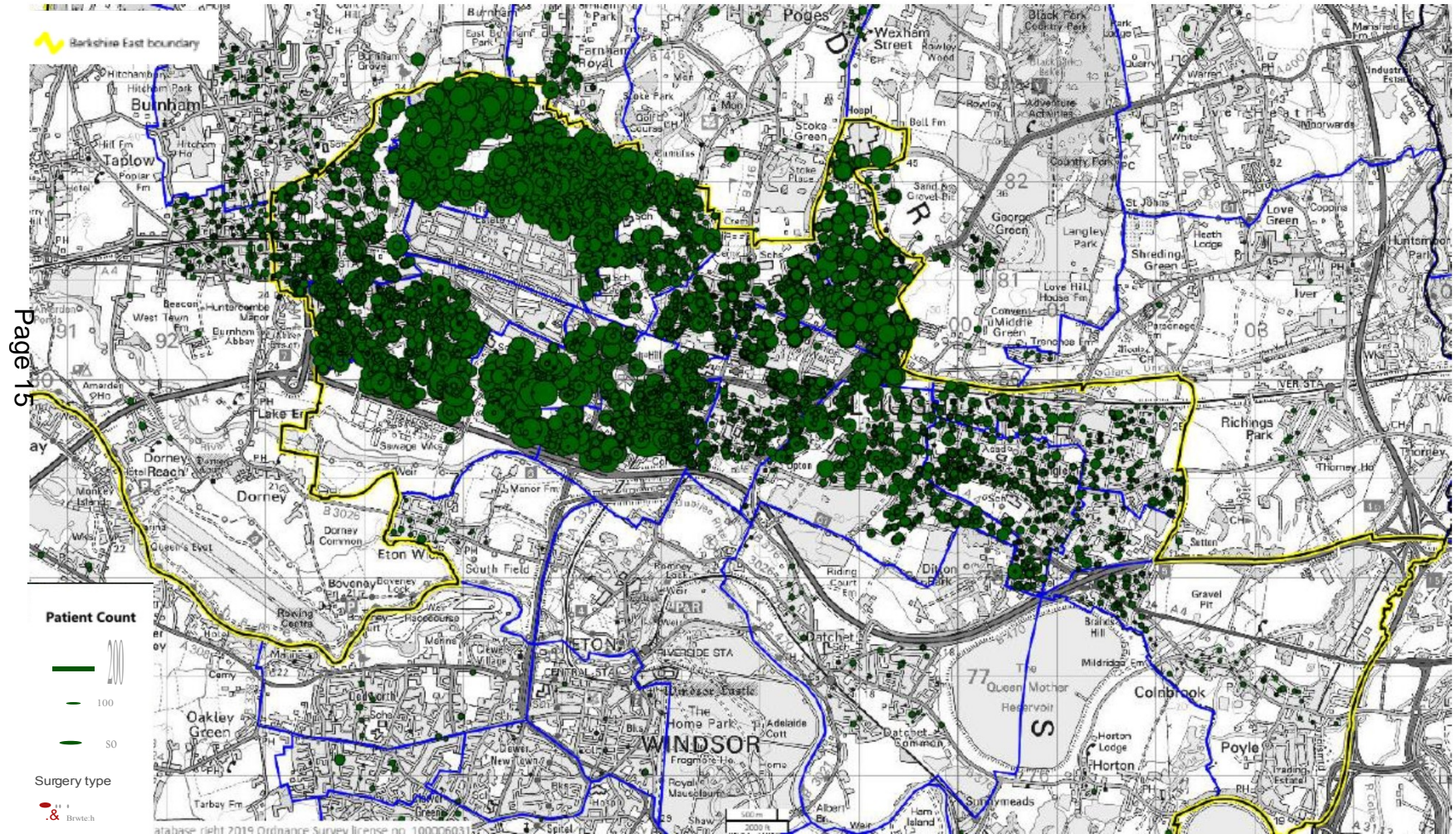


Primary Care Network: Slough	Patient Registered List (January 2019)
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Working together to deliver excellent and sustainable healthcare



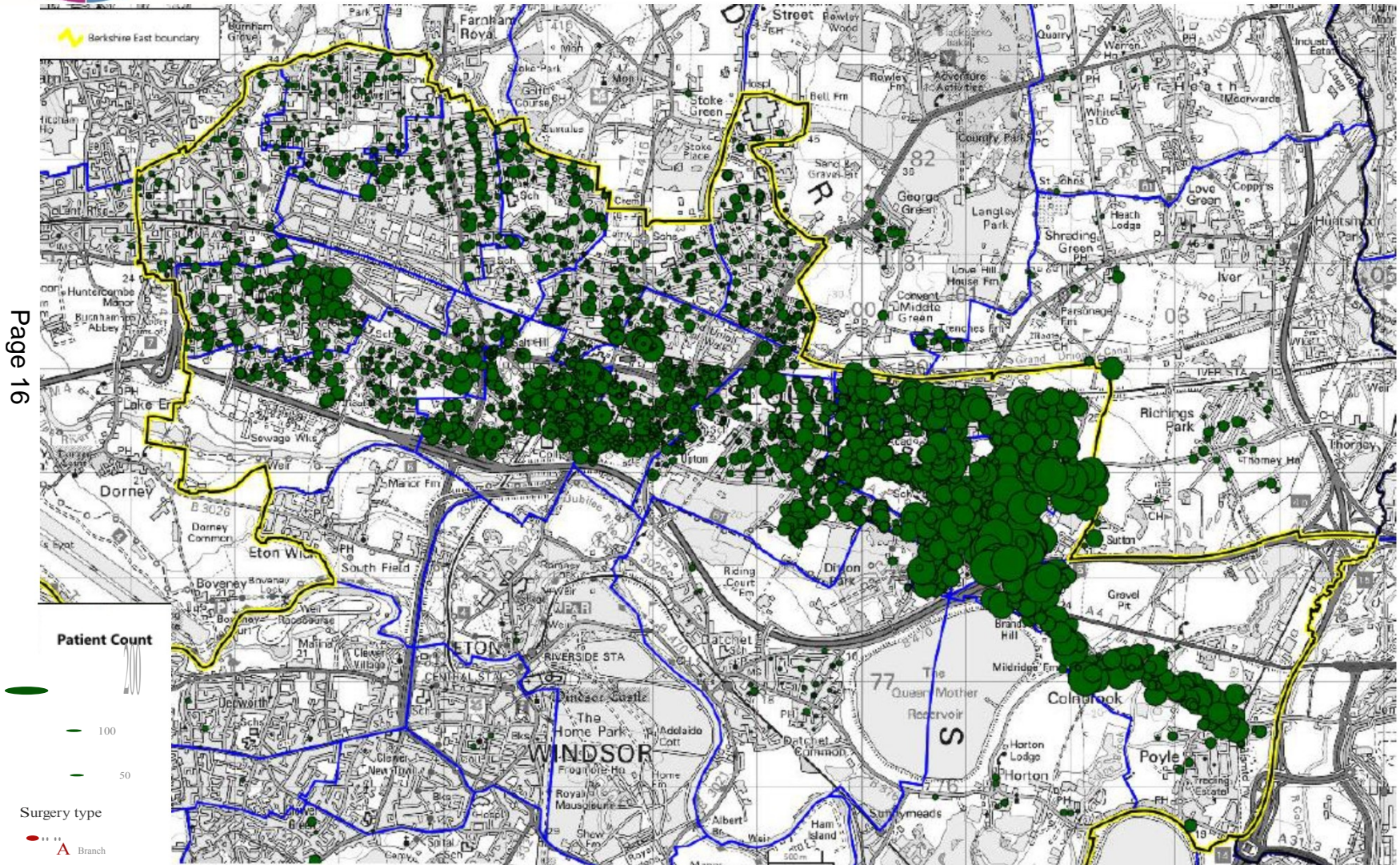
Our Population Spread SHAPE





Our Population Spread

Slough Langley, Orchard, Chapel and Cippenham (LOCC)

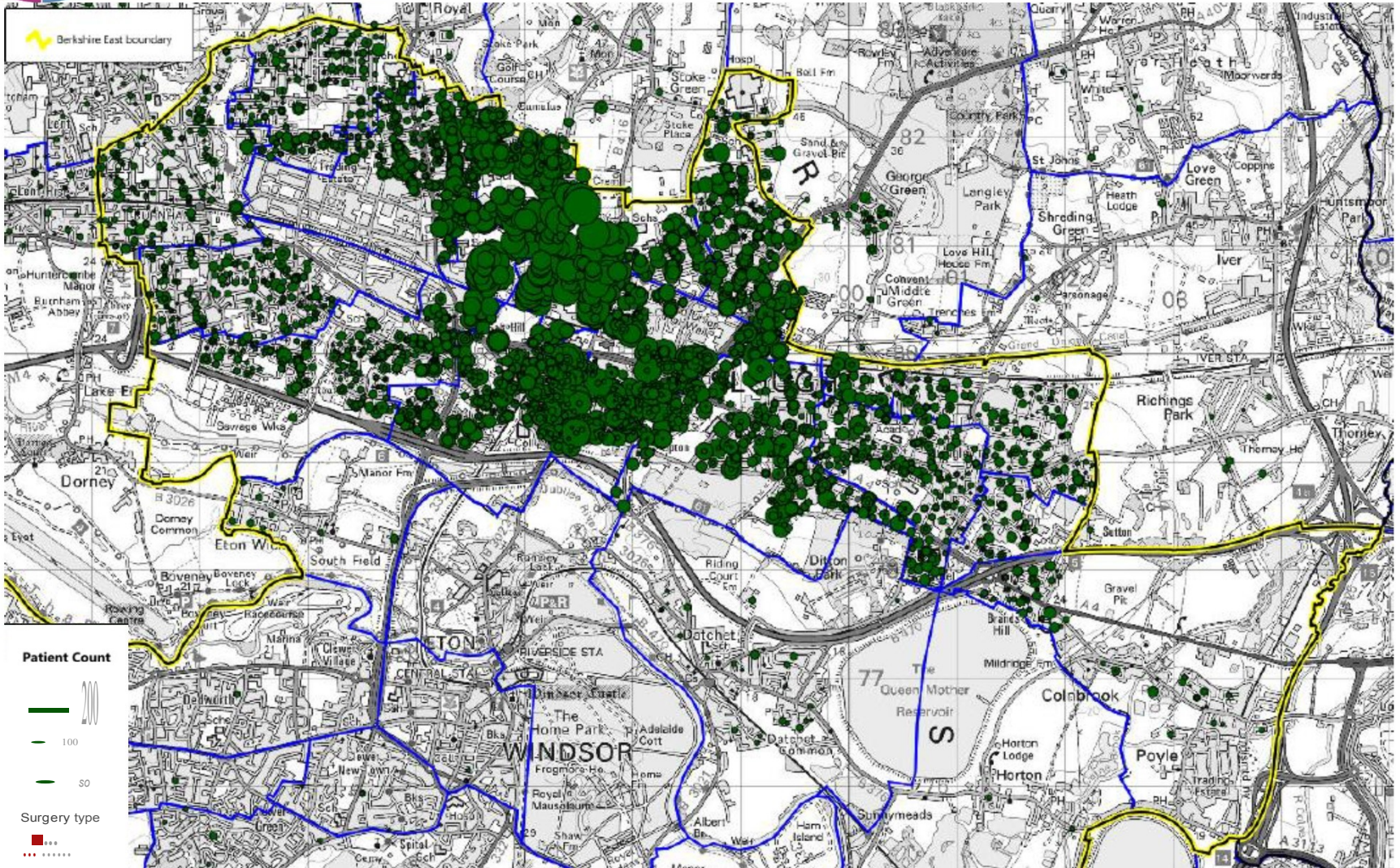


Working together to deliver excellent and sustainable healthcare



Our Population Spread Central Slough Network (CSN)

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Working together to deliver excellent and sustainable healthcare

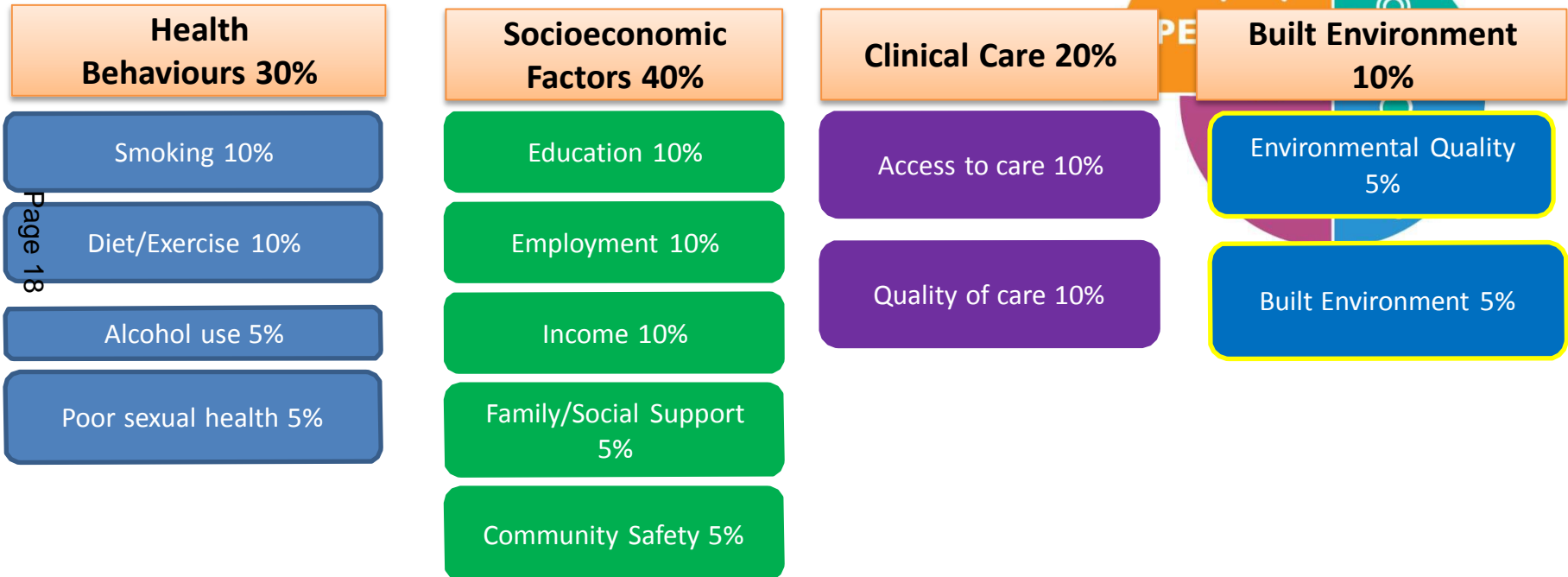


Health Outcomes are affected by a wide range of factors



East Berkshire
Clinical Commissioning Group

Contributors to health outcomes



We have to concentrate action on all fronts



Emergency admissions for Coronary Heart Disease

CHD admissions are directly related to % income deprivation. Of the 21 wards in the worst quintile 13 are in SL, with 4 each in NEHF and SH. The ward with the highest Standardised Admissions Ratio is **Chalvey** (SL) (196) and the ward with the lowest SAR is **Ascot & Cheapside** (RBWM) (45.3) – a **four-fold** variation.

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1	Chalvey 196.0 SL	6	Cippenham Meadows 158.7 SL	11	Langley St. Mary's 125.7 SL	16	North Town 118.0 NEHF
2	Elliman 185.5 SL	7	Wexham Lea 158.5 SL	12	Colnbrook with Poyle 125.5 SL	17	Frimley 115.4 SH
3	Baylis & Stoke 180.6 SL	8	Aldershot Park 144.4 NEHF	13	Cherrywood 121.0 NEHF	18	Old Dean 112.3 SH
4	Central 167.5 SL	9	Upton 140.5 SL	14	Britwell & Northborough 119.7 SL	19	Blackwater & Hawley 112.1 NEHF
5	Farnham 163.1 SL	10	Langley Kederminster 129.2 SL	15	Foxborough 119.6 SL	20	St. Michaels 111.9 SH
						21	Watchetts 111.9 SH



Under 75 deaths from circulatory disease

Directly proportional to the % of income deprivation, range across the wards in the Frimley system from an SMR of 195.8 in **Chalvey** (SL) to 26.3 in **Farnham Bourne** (NEHF) – over seven-fold variation. Of the 21 wards in the worst quintile here 10 are in SL, 4 each in NEHF and WAM, 2 in BF and 1 in SH.

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1	Chalvey 195.8 SL	6	Britwell & Northborough 155.7 SL	11	North Town 127.9 NEHF	16	Oldfield 117.9 RBWM
2	Baylis and Stoke 174.9 SL	7	Farnham 154.3 SL	12	Cippenham Meadows 123.2 SL	17	Cippenham Green 117.1 SL
3	Central 173.5 SL	8	Priestwood & Garth 144.6 BF	13	Wildridings & Central 120.6 BF	18	Old Dean 114.1 SH
4	Foxborough 163.8 SL	9	Langley Kederminster 135.0 SL	14	Clewer North 119.2 RBWM	19	Clewer East 112.0 RBWM
5	Elliman 157.1 SL	10	Rowhill 132.6 NEHF	15	Cherrywood 119.1 NEHF	20	Eton Wick 109.5 RBWM
						21	Wellington 109.4 NEHF

Eight Health Outcomes for the Frimley ICS Wards Top 20

Rank	Ward & Council	Score	EBCCG Wards ranking	Rank on the original sum of the scores	Simple Sum of the raw rates
1	Britwell & Northborough SL	-77	2 (-57)	1	1152.3
2	Baylis & Stoke SL	-82	1 (-55)	3	988.5
3	Aldershot Park NEHF	-86	-	5	969.3
4	Wexham Lea SL	-89	3 (-65)	7	911.0
5	Elliman SL	-110	4 (-72)	4	980.2
6	Cherrywood NEHF	-114	-	9	900.0
7	Langley Kederminster SL	-135	5= (-98)	11	857.3
8	Farnham SL	-143	5= (-98)	8	909.3
9	Rowhill NEHF	-152	-	15	795.6
10	Colnbrook with Poyle SL	-154	7 (-103)	6	942.7
11	Haymill & Lynch Hill SL	-171	9 (-115)	13	828.0
12	Chalvey SL	-175	8 (-105)	2	994.8
13	Foxborough SL	-185	10 (-131)	14	821.7
14	North Town NEHF	-190	-	12	834.4
15	Central SL	-209	11= (-137)	10	891.5
16=	Hanworth BF	-232	14= (-150)	-	n/a
16=	Wellington NEHF	-232	-	-	n/a
18	Clewer East RBWM	-234	11= (-137)	18	743.3
19	Ash Wharf NEHF	-236	-	-	n/a
20=	Priestwood & Garth BF	-237	14= (-150)	17	764.1
20=	Clewer North RBWM	-237	13 (-141)	19	731.7

Eight Health Outcomes for the Frimley ICS Wards: 22-40

Rank	Ward & Council	Score	EBCCG Wards ranking	Rank on the original sum of the scores	Simple Sum of the raw rates
22	Cippenham Green SL	-251	16 (-159)	20	724.2
23	Cippenham Meadows SL	-257	17 (-169)	-	-
24	Old Dean SH	-258	-	22	707.6
25=	Bulbrook BF	-263	19 (-171)	23	704.5
25=	Wildridings & Central BF	-263	18 (-170)	-	-
25=	West Heath NEHF	-263	-	-	-
25=	Frimley SH	-263	-	-	-
29	St Michael's SH	-268	-	24	703.3
30	Fernhill NEHF	-296	-	-	-
31	Old Bracknell BF	-302	21= (-196)	-	-
32	Great Hollands South BF	-305	21 (-115)	-	-
33	Watchetts SH	-310	-	-	-
34	St Mark's, NEHF	-312	-	21	716.1
35	Upton SL	-317	23 (-199)	-	-
36	Clewer South RBWM	-320	21= (-196)	-	-
37	Ash South and Tongham NEHF	-327	-	-	-
38	Harmans Water BF	-332	25= (-213)	-	-
39	Crown Wood BF	-337	28 (-219))	-	-
40	Great Hollands North BF	-352	20 (-191)	-	-



Lower Super Output Areas

- **LTSOAs by deprivation, co-morbidities, system impact, avoidable access opportunity**
- **LTSOAs-----→ Deprivation---→ Health outcomes-→ Co-morbidities---→ Impact on Acute Trust & Community services---→ ACG/ACP -→ Quality improvements -→ Better health outcomes.**
- **LTSOAs--→ Deprivation--→ avoidable access opportunities, prevention initiatives, community-led/owned interventions -→ reduced impact on general practice & PCNs, NHS111, WIC, SCAS, A&E, etc.**



Sharing Successes

1. **Complex Case Management** – a sustained 18% reduction in unplanned hospital admissions in 662 complex patients, (and 19% fewer visits to A&E), using ACG tool to case find
2. **Diabetes: Care, Outcomes & Innovation** – Blood pressure control best in South of England. Lifestyle innovations.
3. **Pre-Diabetes Screening & Management** (NDPP for all 3 CCGs)
4. **Reduction in Stroke** incidence, commissioned a new stroke service with greatly improved standards of care
5. PMCF Wave One - greatest improvement in Pt satisfaction with **GP Access** in England 2013-16; further to go.
6. Reduction in under 75 **Cancer & CVD Mortality**
7. **Clinical Pharmacists** Scheme – every practice in Slough; Prescribing Achievements
8. **Childhood Asthma** – reduced emergency admissions
9. Reduced emergency admissions from **Care Homes**, Reduced **Deprivation**



What's next?

- Ambition to accelerate progress on A 'Slough Place' with primary care networks at the heart of delivery
- Focus on integration with our partners and voluntary sector to accelerate our programmes
- Application for test bed sites of national specifications e.g. CVD prevention and Shared Savings schemes
- Integrated services across partners – where PCN can engage local leaders as maturity develops?

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