

A Summary of the
Primary Care Health
and Wellbeing Strategy
2016-2021



Bury Clinical Commissioning Group

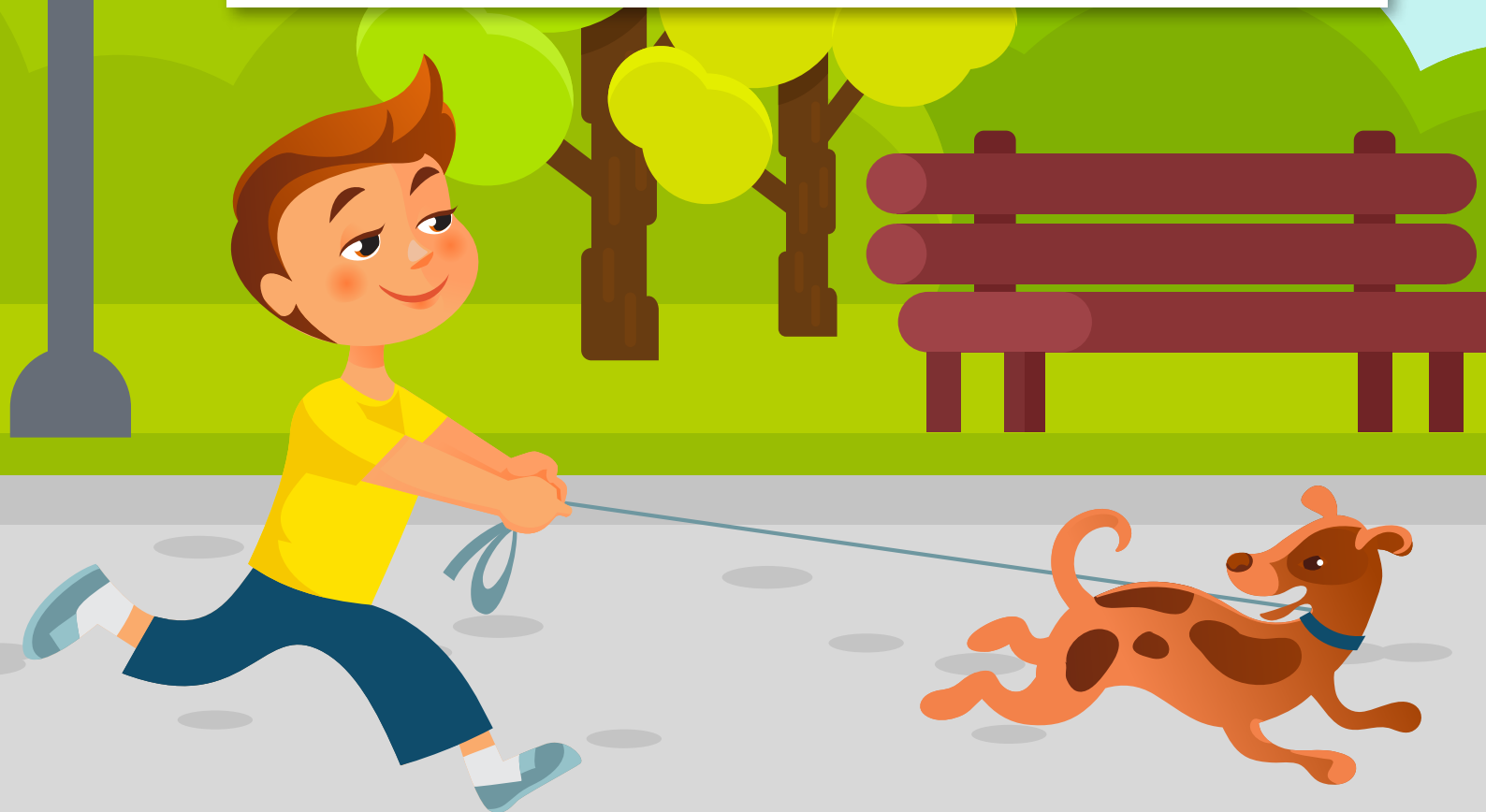
HAPPY, HEALTHY, INDEPENDENT BURY



HIGH QUALITY CARE AT THE RIGHT TIME, IN THE
RIGHT PLACE, BY THE RIGHT PERSON.

HAPPY, HEALTHY, INDEPENDENT BURY

Agencies working to improve health in Bury have a simple vision that could have a radical impact. We want people to live happy, healthy lives maintaining independence for as long as possible. We know this isn't as easy as it sounds, we know we need to work with the people of Bury, with our communities and across our services. We also know that we are not afraid of hard work and that we can make our vision a reality. This document describes dental, general practice, optometry and pharmacy teams' contribution to this vision. It provides the highlights and a flavour of what we want to do. Further details of our ideas can be found in the full version of the Primary Care Health and Wellbeing Strategy 2016-2021 which can be accessed at www.buryccg.nhs.uk or by emailing buccg.corporateoffice@nhs.net.



WHAT IS 'PRIMARY CARE'?

Primary Care is a term used in the NHS to describe the first point a person usually has with the health service. Generally when we talk about Primary Care we are referring to Dentists, GPs, Optometrists, Pharmacists and the highly skilled workforce that support them. Primary Care is the main contact point within the NHS, in fact across Bury every day around 4,800 people will visit a Community Pharmacy and 1,000 will have an appointment at their GP practice.

WHAT ARE WE DOING?

The Strategy is looking to take a very different approach to the traditional one. This means looking at strengths, our strengths as an individual, the strengths of our local communities and the strengths of Bury. Health and wellbeing should not be about focusing on our faults. It will be around looking at 'what matters to you', treating people as individuals with their own strengths, values and expectations.

This is a holistic person-centred approach complemented by a focus on what is needed for good health and wellbeing.

This includes factors that are not traditionally considered when thinking about health, such as housing, education and employment. We refer to these as the wider determinants of health. For example, we look at whether there are any trends indicating that poor housing leads to increases in asthma? Looking at health in this way opens up new approaches. It allows us to consider the possibilities of working together with communities and organisations to maintain and create a happy, healthy and independent Bury.



WHAT DO WE WANT TO ACHIEVE?

We want people to live happy, healthy lives maintaining independence for as long as possible. To know we have achieved our vision we have set some high level of outcomes to work towards.

- We want Bury people to be more familiar and confident to manage their own health and the health of their families, aiming to prevent illness and live healthily
- Where care is appropriate this care will be tailored to their needs this will recognise that people are the experts on 'what matters to them', creating person-centred co-ordinated care leading to increased consistency and patient satisfaction
- We want high quality care to be provided by motivated, talented, happy and healthy primary care professionals attracted to work in Bury

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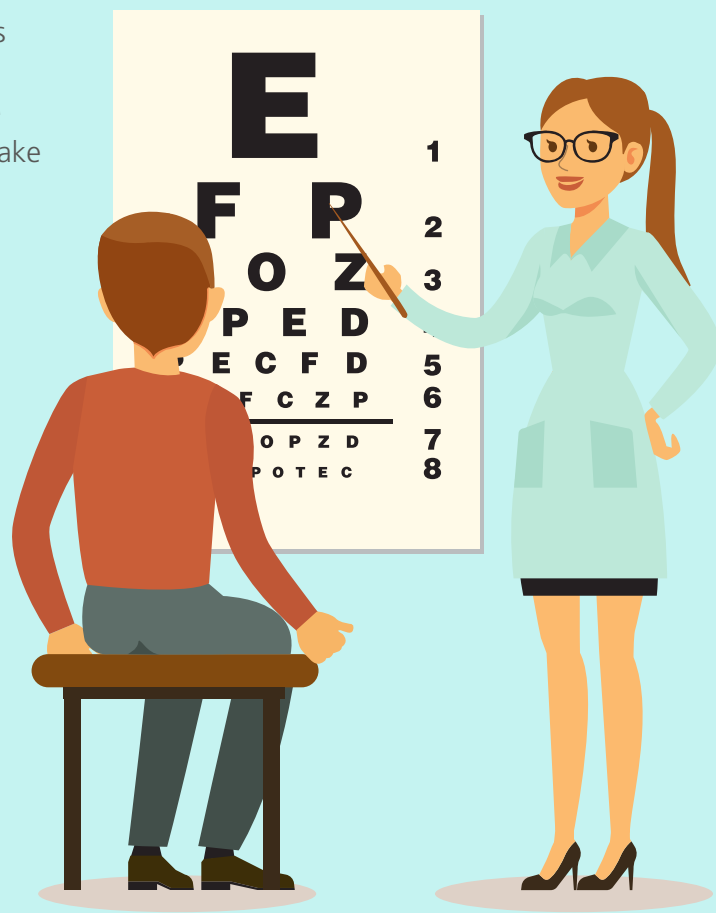


HOW ARE WE GOING TO DO THIS?

By working together, we need to look at things differently and listen to those that matter most - the people of Bury. No-one knows more about a person's health and wellbeing than the individual. No-one understands a community better than those that live in it, meaning we will be more responsive than ever to what we hear.

There will be a number of pieces of work that will start over the coming weeks, months and years. These projects aim to fit together to create our vision. There will be a real focus on prevention and self-care. We need to support the people of Bury in this by giving people the tools and information to take control of their own lives while acknowledging we are all different. For some people simple health promotion messages will be sufficient for them to make a change to a more healthy lifestyle, others will need to be signposted to sources of information such as websites and mobile apps, local support groups and the voluntary sector whilst others may need more intensive support such as a care navigator, who can point them to the treatment or support they need.

Where people do become ill - whether in the short or the long term, we aim for them to be able to self-manage their illness as much as they can. Some people will do this with minimal intervention from services - others will need more support from a professional. This doesn't always mean the GP. If we use all of the primary care team and our community services this means we will all receive high quality care at the right time, in the right place, by the right person.





WHAT DOES THIS MEAN TO ME?

Let's look at some common scenarios that we all may face from time to time:

CHESTY COUGH

WHAT HAPPENS NOW

- 1) Someone develops a chesty cough.
- 2) Make an appointment at the GP practice.
- 3) Waits for GP appointment.
- 4) GP advises cough does not require antibiotics.

OUR VISION

1. Someone develops a chesty cough.
2. Visits their local community pharmacy at a time convenient to them.
3. Receive professional advice on how to manage symptoms.

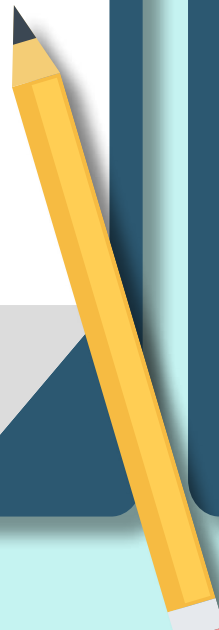
ASTHMA

WHAT HAPPENS NOW

- 1) A person has poorly controlled asthma.
- 2) As the person gets older their symptoms become worse.
- 3) They lose the confidence to leave the house on their own for fear of an asthma attack.

OUR VISION

1. A person has poorly controlled asthma.
2. The person has regular reviews with the practice nurse to help manage their asthma.
3. The nurse and the person have a 'what matters to you' discussion.
4. The person is signposted to a walking football team and builds a support network.



TYPE 2 DIABETES

WHAT HAPPENS NOW

- 1) A busy lifestyle and limited knowledge makes it difficult for a person to eat well and exercise.
- 2) They become fatigued and overweight.
- 3) At the age of 45 they are diagnosed with type 2 diabetes.

OUR VISION

1. A busy lifestyle and limited knowledge makes it difficult for a person to eat well and exercise.
2. Health care services identify the difficulties people are having in maintaining a healthy weight.
3. Health care works with local community to deliver services to support people.
4. Health promotion support given by all primary care professionals.
5. With support the people manage to make lifestyle changes and do not develop diabetes.

HOW DO WE MAKE THIS HAPPEN?

This could be achieved by every organisation and individual working within health and social care working together, to design and deliver the services that are right for Bury. As we go forward, we will be promoting this culture of working in different ways. We are putting in plans to achieve the outcomes we have described. New services are being designed and most should be implemented by the end of 2018.



We would like to hear your thoughts about the developments described in this summary of the Primary Care Health and Wellbeing Strategy. If you have any feedback, or would like to share your experience of accessing these services, please get in touch.

GET IN TOUCH

We hope you have enjoyed reading this summary of our Primary Care Health and Wellbeing Strategy, and that it has given you some insight into our work.

If you would like this document in another format or language, please contact us.

If you have any comments or feedback you would like to share, we'd really like to hear from you.

You can reach us in a number of ways:

- The 'We're here to help' section of our website www.buryccg.nhs.uk
- You can email us at buccg.communications@nhs.net
- And you can reach us via our Twitter account www.twitter.com/NHSBURYCCG

