

**WOLVERHAMPTON CCG**

**Governing Body**  
**8<sup>th</sup> May 2018**

**Agenda item 11**

<b>TITLE OF REPORT:</b>	Primary Care Strategy Delivery (April 2018)
<b>AUTHOR(s) OF REPORT:</b>	Jo Reynolds - Primary Care Development Manager
<b>MANAGEMENT LEAD:</b>	Sarah Southall - Head of Primary Care
<b>PURPOSE OF REPORT:</b>	To provide an overview of the discussions that took place at Milestone Review Board with particular focus on two key programmes of work (Primary Care Strategy and General Practice Forward View) since the last report, presented to the Governing Body on 10 <sup>th</sup> April 2018.
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This report has been prepared for consideration and discussion at the Public Governing Body Meeting.
<b>KEY POINTS:</b>	The Milestone Review Board last met in April and meets at quarterly intervals. This report confirms the continued pace of progress being sustained in response to both the Primary Care Strategy & General Practice Forward View.
<b>RECOMMENDATION:</b>	<p>The recommendations made to Governing Body regarding the content of this report are as follows:-</p> <ul style="list-style-type: none"> <li>• Receive and discuss this report, and the programmes of work contained within it.</li> <li>• Note the updates provided for each work programme.</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<p>1a Improving the quality and safety of the services we commission</p> <p>2 Reducing Health Inequalities</p> <p>3 System effectiveness delivered within our financial envelope</p>



**1. BACKGROUND AND CURRENT SITUATION**

**1.1** The CCG has developed two programmes of work to enable implementation of the Primary Care Strategy and General Practice Forward View. Both programmes have been in place since 2016 the content of both is largely attributed to national direction & local improvement that seeks to achieve a sustainable primary care for the future. A full programme management office approach is taken for the Primary Care Strategy the GPFV programme and has been developed over a period of time based on guidance from NHS England.

**2.0 Primary Care Programme(s) of Work**

**2.1 Primary Care Strategy**

Task and Finish Group Updates are captured routinely via a series of workbooks & submitted to the Programme Office and will continue to be subject to review at monthly intervals.

The programme was reviewed, one exception was reported assocrunning in accordance with anticipated timescales hence there was no slippage on any part of the programme. Workbooks were reviewed for all task and finish groups, with acknowledgement from the responsible Director on current progress and next steps. The highlights are captured within the table below:-

<b>Practices as Providers Task &amp; Finish Group</b>	
<b>Progress made in the last three months</b>	<b>Next steps for the next three months</b>
<p>Back office functions review completed. Groups have identified which areas they wish to progress, these include subscriptions &amp; other non-clinical support services.</p> <p>The Home Visiting service pilot project business case and service specification have been approved at Primary Care Commissioning Committee. Mobilisation of the project is anticipated towards the end of Quarter 1.</p> <p>The service specification for the 2018/19 Improving Access has been approved &amp; implementation commenced at group level.</p> <p>Transformation Fund Service Specification has been developed with approval from PC Commissioning committee. Delivery plans are currently being finalised for consideration in May 2018.</p> <p>The QOF+ Scheme 2018/19 has been finalised &amp; shared for consideration with a range of forums. Feedback captured and final changes made. Approval is anticipated in May, implementation will take place thereafter.</p>	<p>Launch the Home Visiting Pilot in partnership with Primary Care and Royal Wolverhampton Trust.</p> <p>Monitor &amp; advertise opening hours in access hubs in line with new national standards.</p> <p>To launch the QOF+ 2018/19 Scheme across all practice groups to include scheme sign up and ensure monitoring is in place.</p> <p>Evaluation of the Frailty Clinic pilot project in PCH1 and make recommendations for future roll out/ development.</p> <p>To work with the Enhanced Health in Care Homes Steering Group, develop a revised service specification for an enhanced model of primary care support for Care Homes.</p> <p>Review delivery plans practice groups ie potential Diabetes Clinic aimed at patients aged 30-50 as part of the Primary Care Home 1 hub.</p>



<p>A local improvement plan for the completion of Learning Disabilities Health checks has been developed and will be monitored by the Task and Finish Group going forward. The improvement plan has been developed in collaboration with the SEND lead and Learning Disabilities Commissioner.</p> <p>Primary Care Counselling contract has been awarded with Relate (3 year contract).</p>	<p>Ensure delivery plans for NHS Health Checks are in place across all practice groups and implementation is underway focussing on improved activity.</p> <p>Scope a series of service redesign projects that have been suggested by GP colleagues on Foot Health, Audiology (self-referral) and Nursing Home referral to dietician.</p>
<p><b>Primary Care as Commissioners</b></p>	
<p>Targeted Peer Review service specification has been approved and all practice groups have a forward programme of Peer Review meetings in place for 2018/19.</p> <p>A scoping paper presented to Programme Board regarding increasing utilisation of Choose and Book Advice and Guidance. A practice training workshop took place in April including a refresher on Advice and Guidance. A business case will be prepared for June.</p> <p>The Mental Health Primary Care Steering Group are also scoping a potential service development for Advice and Guidance with BCPFT.</p> <p>Practice level dashboard(s) continue to be developed capturing a range of sources of data confirm activity/performance ie QOF, commissioned services etc.</p> <p>Workshop held with stakeholders regarding Multi Disciplinary Team Meetings, design opportunities identified and will be used to inform the content of a final draft service specification that enables structured MDT Meetings to be introduced.</p> <p>Discussions with the provider of Sound Doctor (self help video(s)) have taken place with a view to materials being available in languages other than English &amp; utilisation/effectiveness of the service provided to date.</p>	<p>To monitor Targeted Peer Review activity on a monthly basis identifying learning / actions from each meeting. Findings will continue to be reviewed by clinical leaders.</p> <p>To ensure a regular report on Choose and Book Advice and Guidance at practice level and by clinical specialty is in place.</p> <p>To have oversight of QOF (national) activity routinely reviewed by the Task &amp; Finish Group.</p> <p>Develop a detailed proposal for Advice and Guidance in Mental Health.</p> <p>Review the current practice level dashboard with practices and have received feedback on how the data can be used at practice/ group level.</p> <p>Finalised service specification for GP input into MDT Meetings based on outcomes from design workshop.</p> <p>Utilisation data for Sound Doctor &amp; availability of materials in other languages.</p> <p>Implementation of practice group transformation schemes by June 2018.</p>



<b>Workforce</b>	
<p>Primary Care Strategy prepared, feedback obtained leading to GB approval April 2018 International GP Recruitment Application submitted February 2018 CCT Fellowship Application submitted April 2018 Training &amp; development programme for Care Navigation, Practice Managers, HCAs Primary Care Webpage developed case studies (new roles, PPG Chair etc), videos &amp; other content prepared, vacancy page – linked to RCGP Communications reaching out / advertising via Social media ie LinkedIn page, Twitter introduced, presence at recruitment fairs ie Wolverhampton Uni also exploring RCGP &amp; Bham Uni etc, exhibition materials also prepared &amp; in place Suite of job descriptions for primary care library to aid practices in recruiting to primary care roles. CEPN ££ extended by HEE beyond contract end date (8+4) Nurse Facilitator support from Dudley also confirmed. Workforce dashboard figures collated for GPs, Nursing, CP, Admin roles (NHS Digital) Secured £10k non recurring funding from Health Education England towards support in place for workforce planning.</p>	<p>Implementation of Workforce Strategy implementation of initiatives pertaining to the age profile</p> <ul style="list-style-type: none"> <li>- channel investment</li> <li>- grow and develop the workforce</li> <li>- streamline the workload</li> <li>- improve infrastructure</li> <li>- and support practices to redesign their services to patients</li> </ul> <p>Next steps following feedback from NHSE ie IGPR &amp; CCT Fellowships MECC Resources due to be distributed to practices Survey of primary care staff who have attended training 2017/18 due to conclude (May 2018) &amp; analysis report will be prepared (June WTFG). Mental Health Therapists – improve the interface between MH and PC Strengthen links with STP Local Workforce Delivery Board (LWAB) &amp; associated sub groups. Focus on interdependencies with Contracting TFG and financial investment requirements to ensure we are working towards a sustainable primary care Commence delivery of 2018/19 work programme &amp; monitor activity via critical path.</p>
<b>Contracting Task &amp; Finish Group</b>	
<p>Primary Care Contracting Strategy is currently being developed by the Task and Finish Group. The Primary Care Advice, Support and Transformation support will continue to be provided by NHS England in addition to existing resource within the CCG. NHS England will continue to commission Direct Enhanced Services in 2018/2019. Risk Gain share approaches across the Black Country have been considered by the Task and Finish Group. Priorities for 2018/19 agreed &amp; defined in new work programme.</p>	<p>Meeting schedule in place &amp; Terms of Reference to be updated. Workshop on Primary Care Contracting, commissioning &amp; finance inter-dependencies will be held to define where work programmes overlap/influence delivery. Launch 2018/19 programme of work and review risks to reflect the revised priorities/planning milestones.</p>



<b>IT Task &amp; Finish Group</b>	
<p>Shared Care Record - Funding from NHS England approved and quote received from Graphnet to continue development of the solution.</p> <p>The migration planning/preparation continues in line with the CCGs programme, next system go live scheduled for May 23<sup>rd</sup> 2018.</p> <p>Project Manager to deliver E-Consultations is now in post and has commenced development of project documentation to deliver online triage and video consultation within practices identified to participate in the pilot.</p> <p>A schedule has been developed for facilitators to visit practices during March and April 2018 to encourage the uptake of patient online.</p> <p>Text Messaging solution – Two way texting has been rolled out to almost all practices, remaining sites will go live shortly.</p> <p>GP appointment access utilisation tool: Tool to be deployed centrally by NHS England.</p> <p>E-RS Workshop held for all practices, well attended.</p>	<p>Joint working with Sound Doctor to review utilisation and effectiveness .</p> <p>Text Messaging solution – complete installation/roll out to final sites and ensure that all training is completed.</p> <p>GP appointment access utilisation tool to be deployed centrally by NHS England.</p> <p>E-Consultation Solutions - Agree deployment dates with stakeholders to enable trial to commence.</p> <p>E-RS - new 2ww implementation date to be confirmed, list for PSO exclusions, continued support for practices.</p>
<b>Estates Task &amp; Finish Group</b>	
<p>Void space targets have been met. On-going programme should reduce this by £100k in 2018/19</p> <p>Newbridge and East Park have now met the ETTF criteria. They are now awaiting sign off from NHSE and CCG so that their respective developments can proceed.</p>	<p>Request that NHSPS can move forward with developments on Heads of Terms</p> <p>Work with other cohort 1 schemes to finalise sign off so that they can start building work</p> <p>Complete STP workbook to add schemes to possible future developments</p>

Also at this meeting there were a series of other service development items considered, as follows:-

- Special Access Service (formerly Zero Tolerance) Business Case, Policy & Service Specification
- QOF+ Scheme 2018/19 Update
- Out of Area Patient Service Specification
- Learning Disabilities Health Checks Service Specification
- Minor Surgery Service Specification

Each item was supported and approval of funding would be sought from Primary Care Commissioning Committee in May with the exception of Learning Disabilities Health Checks & Minor Surgery as the improvement plan required no additional funding.



## 2.2 General Practice Forward View

The forward view comprises of 5 strands of work spanning investment, workforce, workload, infrastructure and care redesign. Currently the programme has 85 projects defined these are reflective of the five chapters but also align with some of the work that had been identified within the CCGs Primary Care Strategy Programme of Work. By way of an overview the current programme status has been broken down as follows:

GPFV Programme of Work					
Chapter	Not Started	Achieved & Closed	In Progress	Overdue	Total Projects
1 Investment	0	6	1	0	7
2 Workforce	9	3	15	0	27
3 Workload	4	6	15	0	25
4 Infra-structure	6	6	9	0	21
5 Care Redesign	1	0	4	0	5
<b>Total(s)</b>	<b>20</b>	<b>21</b>	<b>44</b>	<b>0</b>	<b>85</b>

Appendix 1 provides a more detailed assessment of the full programme of work by chapter in a self-assessment format providing an indication of individual project status and progress being made spanning all 5 chapters of the GPFV.

Some projects overlap with the work of Task and Finish Groups that were established to implement the primary care strategy.

### 2.2.1 Project Updates

A series of specific updates were provided for projects that had commenced, as follows:-

#### Chapter 1 - Transformation Projects 2018/19

Delivery plans are currently being prepared by practice groups to demonstrate how they will improve patient care / service delivery within their practice group(s), delivery plans are due by the end of April & projects anticipated to be up and running by the end of June. The delivery plans will also focus work pertaining to the 10 high impact actions and working at scale. Six of the high impact actions have been implemented in 2017/18 and will be maintained on an ongoing basis. The remaining 4 high impact actions will be implemented during 2018/19.

#### Chapter 2 - Practice Manager Training

Practice Managers have had the opportunity to take part in an RCGP session to help them focus on working at scale, and develop plans as practice groups. Unity have had their session earlier this month, with the next session for the PCH groups and VI in the coming weeks.



### Chapter 2 – HCA Training

As part of the CCGs commitment to developing Health Care Assistants training in COPD/Asthma & weight management commenced in April 2018 with tissue viability & NHS Health Checks training also planned later in the programme.

### Chapter 2 – Post CCT Fellowships

An application had been completed at STP level and submitted to Health Education England for consideration. The application seeks to secure 10 fellowships for newly trained GPs to work with practices across the STP, expressions of interest have been received from practices within each CCG. The outcome is anticipated in May 2018.

### Chapter 2 – Leadership Development

Team Building Training for Managers working as part of a practice group has also been delivered by the RCGP to enable a series of priorities and timescales for delivery to be identified.

### Chapter 2 – Clinical Pharmacists in Primary Care

As part on the ongoing introduction of practice level Clinical Pharmacists a citywide Pharmacy Peer Group has been established. The group is made up of pharmacy colleagues from a number of settings including community, hospital & general practice and have committed to reviewing the role they play in the patient pathway, familiarisation with pharmacy roles in different care settings and developing consistent patient information. The group are due to meet again in May.

### Chapter 3 – Care Navigation

Evaluation has commenced of Cohort 1 pathways and scoping for Cohort 2 also underway. A further stakeholder event is planned for June 2018 and will lead to launching further pathways for Care Navigators to advise on from September 2018.

### Chapter 3 – Review of QOF & Local Investment

A local scheme for 2018/19 has been developed in addition to the existing national quality outcomes framework. The local scheme will focus on priorities identified by member practices with a focus on preventing disease ie diabetes, alcohol and obesity. Funding approval is anticipated in May with a view to launch in June 2018.

### Chapter 4 - Document Management/Workflow Optimisation

Service specification developed and associated impact assessments were considered & agreed in principle, business case to be considered at Primary Care Commissioning Committee in May in order for procurement to commence.

### Chapter 4 - Online Consultation

Steps have been taken in the development of the pilot project which will enable both online consultations and video communication. Pilot Practices have been identified and the documentation required, such as data sharing agreements, has been developed. Both projects are anticipated to be live by May 2018.

### Chapter 5 - Improving Access- Movement of deadline

At the March Regional Access group NHSE asked areas to review the delivery plans to see if any schemes could be brought forward to an earlier delivery than the October 2018 deadline. After discussion with groups, a bid was submitted to receive additional funding and has been agreed by NHS England.



Unity, VI and PCH2 have all agreed to increase their capacity to increase to 83% from July (25 mins per 1000) and 100% (30 mins/ 1000) from August onwards.

PCH2 have also agreed to move their trajectory forward, and will be providing 100% (30 mins/ 1000) from 1<sup>st</sup> September.

The revised trajectory for improving access is as follows-

Revised Trajectory					
April	May	June	July	August	September
67%	67%	67%	75%	84%	100%

Each practice group will continue to advertise opening and availability of additional appointments at their respective hub. Discussions also continue with Patient Participation Group Chairs so that they are aware, this compliments advertising on our website & local newspapers too.

### 3 CLINICAL VIEW

- 3.1 There are a range of clinical and non-clinical professionals involved in the delivery & oversight of both primary care programmes of work. Leadership decisions are clinically driven with representation at many Task and Finish Groups from clinicians from across the city.

### 4 PATIENT AND PUBLIC VIEW

- 4.1 The CCG has lay member involvement in a range of projects and forums pertaining to primary care. Patient Participation Group Chairs receive regular updates from the primary care team regarding up and coming projects & developments, their feedback is encouraged & valued. Plans are being finalised for engagement arrangements with the public for 2018/19, these will be underpinned by the CCGs Communications & Engagement Strategy.

### 5 RISKS AND IMPLICATIONS

#### **Key Risks**

- 5.1 The Milestone Review Board, who oversee this programme of work, has in place a risk register that captures the profile of risks associated with the program of work. Risks pertaining to the program are reviewed at each meeting and at this stage there are no red risks to raise.

#### **Financial and Resource Implications**

- 5.2 At this stage there are no financial and resource implications to consider, the resources needed have been discussed in the appropriate task and finish groups and at Milestone Review Board. All financial commitments have been allocated within the scope of the Primary Care resources, and finance colleagues are aware of the implications.

#### **Quality and Safety Implications**

- 5.3 Patient safety is first and foremost, the experience of patients accessing primary medical services as the programme becomes more established is anticipated to be met with positive experiences





of care. The quality team will be engaged accordingly as service design takes place and evaluation of existing care delivery is undertaken.

***Equality Implications***

5.4 The Strategy has a full equality analysis in place. This will require periodic review during the implementation phase.

***Medicines Management Implications***

5.5 The role of clinical pharmacist is an area of specific attention within the programme of work. The workforce task and finish group tracks the progress and effectiveness of the role.

***Legal and Policy Implications***

5.6 The Primary Care Strategy demonstrates how the CCG seeks to satisfy its statutory duties and takes account of the key principles defined within the General Practice Five Year Forward View.

<b>Name</b>	Jo Reynolds
<b>Job Title</b>	Primary Care Development Manager
<b>Date</b>	April 2018

**Appendix 1** GPFV Programme & Self Assessment 2018/19 (updated March 2018)



	<b>Details/ Name</b>	<b>Date</b>
Clinical View	S Reehana	
Public/ Patient View	S McKie	
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team	S Roberts	
Equality Implications discussed with CSU Equality and Inclusion Service	NA	
Information Governance implications discussed with IG Support Officer	NA	
Legal/ Policy implications discussed with Corporate Operations Manager	NA	
Other Implications (Medicines management, estates, HR, IM&T etc.)	NA	
Any relevant data requirements discussed with CSU Business Intelligence	NA	
<b>Signed off by Report Owner (Must be completed)</b>	S Marshall	26.4.18

