



Report of Milestone Review Board : Assurance Report Quarter 4 2018/19

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- Conclusions and Next steps



Work Programme(s) Overview

- Primary Care Strategy
- GPFV
- PCN
- ISS



Primary Care Strategy – Progress

Practices as Providers

- Frailty pathway project extended until March 2019
- Home Visiting Service pilot currently being evaluated
- Mental Health pathways redesign in discussion
- Enhanced Health in Care Homes business case is being developed; there will be 7 national service specifications and their subsequent delivery by April 2020. EHCH is one of these specifications.
- Progress has been made on MDT models; 2 are now live with development work on NE locality MDT is on-going
- Primary Care Networks discussions held at members meeting; will be in agreement by May 2019
- Targeted peer review 19/20 specification distributed for comment; review of activity 2018/9 is taking place

Workforce

- Data from NHS Digital has been refreshed by practices during Q4 and will be used to inform PCN baselines, reviewed by group
- Care Navigation Cohort 2 launched and training of staff offered
- Ongoing publicity for projects via LinkedIn, Webpages/Intranet & meetings
- STP Practice nurse strategy is out for consultation, final amendments being made & 10 Point Action Plan progressing
- CCG TFG Meetings held monthly & STP quarterly meeting introduced in March
- STP programme of work prepared for adoption 19/20
- PA Internships x 2 recruited March
- Practice Nurse Engagement Event held to inform retention planning
- Workforce Trajectory refreshed & approved by NHSE

Estates

- Refresh of estates is taking place at a STP black country level
- East Park building work due to commence
- Newbridge building work is due for completion June 2019
- Closure of Wood Road branch site is being supported by CSU

General Practice as Commissioners

- Dashboard has been agreed and will be in place for monitoring purposes for 2019/20
- Data from commissioned services reviewed as an on-going basis and contained within Assurance pack
- Extended access 7 day service in place with consistently high utilisation. Delivery plans are in place to deliver 45/1000 from April
- Qof+ 18/19 reviewed. 19/20 spec development taking place

IM&T

- Rollout of Docman 10 taking place
- Procurement of online consultation licences had completed. 62% of practices signed up to provide online triage and/ or video consultations
- Work on shared clinical record is logged as a risk; issues with engagement from RWT
- Promotion of patient online continues happening across the city at various events and signage
- Emis user group continues on a quarterly basis
- Mjog usage continues to increase

Contracting

- PPV has taken place for QOF
- APMS contract is live
- Evaluation and review of specifications (extended services) is on-going
- Practice visit process for contract monitoring purposes has been reviewed and agreed
- Wound care continues to be scoped and is currently in discussion with RWT



Primary Care Strategy



- Strategy review commenced in April.
- Findings from recent Internal Audits & new guidance pertaining to PCNs & Workforce will be duly reflected in the revised document.
- Document will be ready for comment early May and approval is anticipated in June .

Work Programme Overview – GPFV

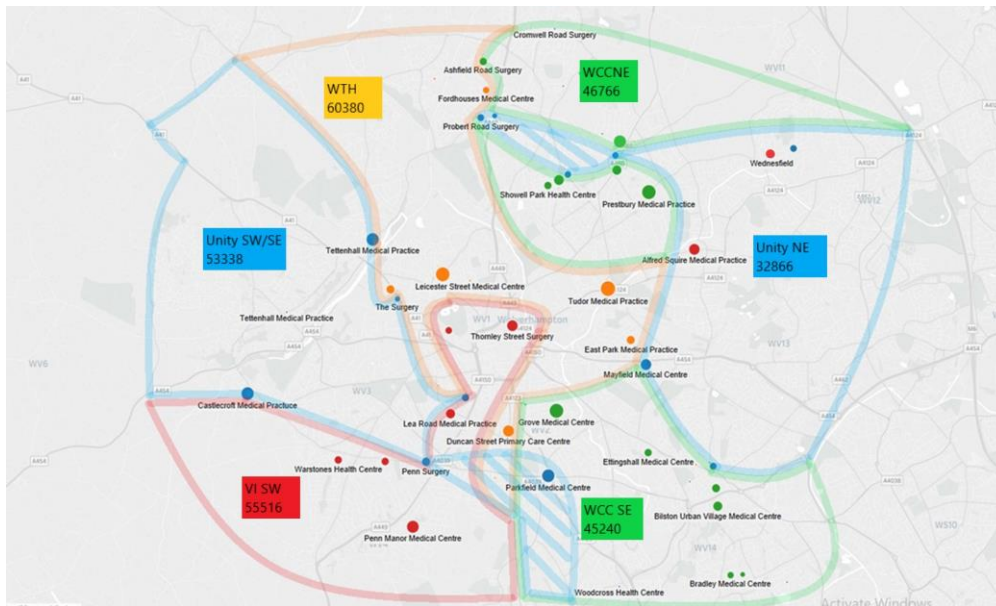
GPFV Programme of Work					
CURRENT					
Chapter	Total Number of Projects	Not Started	Achieved & Closed	In Progress within Timescale	Overdue and/or behind schedule
1 Investment	7	0	6	1	0
2 Workforce	27	1	16	10	0
3 Workload	25	2	19	4	0
4 Infra-structure	21	1	13	6	1
5 Care Redesign	5	0	5	0	0
Total(s)	85	4	59	21	1

- A further 9 projects have been achieved and closed in this quarter
- 4 out of 5 overdue projects have been brought back into line and slippage reduced
- Overall the programme is almost fully delivered. Outstanding items being carried forward to a new combined programme of work for 2019 and beyond that will be reflective of the latest planning guidance.
- Further information on achievements and priorities can be found in the GPFV self assessment



Primary Care Networks

Proposed networks- tbc



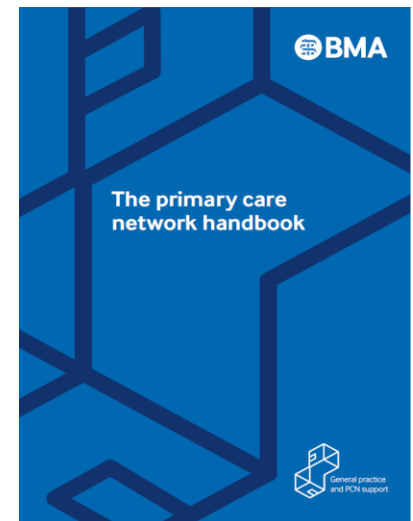
Dates of Note-

- 15th May- initial network DES registration form submitted
- 31st May- commissioners confirm and approve network areas
- 30th June 2019- each GP practice to sign up to the DES via CQRS. Complete the schedules to the Network Agreement including data sharing agreements
- 1st July- Network DES commences

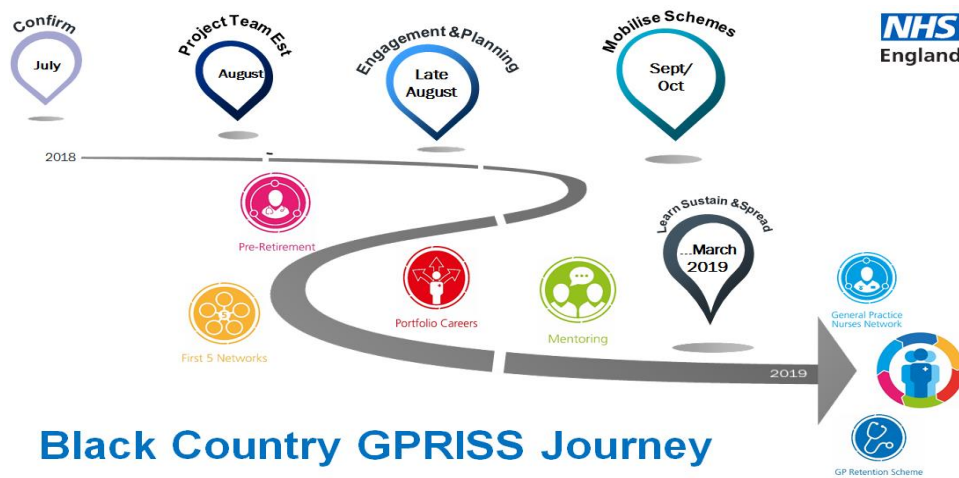
NHS England has published a range of documents for Network Contract Directed Enhanced Service (DES) Specification 2019/20.

The [guidance](#), [registration form](#), [network agreement](#) and [DES and VAT Information Note](#) are available on the NHS England website.

Practice groups are currently discussing the appointment of clinical directors, financial implications, employment of new staff, before agreements are signed.



Intensive Support Site



The Black Country GP Retention Intensive Support Site (GPRISS) Celebration Event was held on the 27th March, and provided a chance to share the initial outcomes of a number of successful workforce schemes that have been put in place to support GPs to stay in general practice.

Black Country GPRISS Journey

The journey so far has been a rapid one. Once a project team was established in August 2018, 300 GPs were engaged to help shape ideas for implementation focussing on; GPs who were planning to leave the profession, those coming through training to ensure they were being supported and those looking for flexible career opportunities.



Portfolio Careers



Pre-Retirement



Mentoring



First 5 Networks



General Practice Nurses Network



Commissioned Services

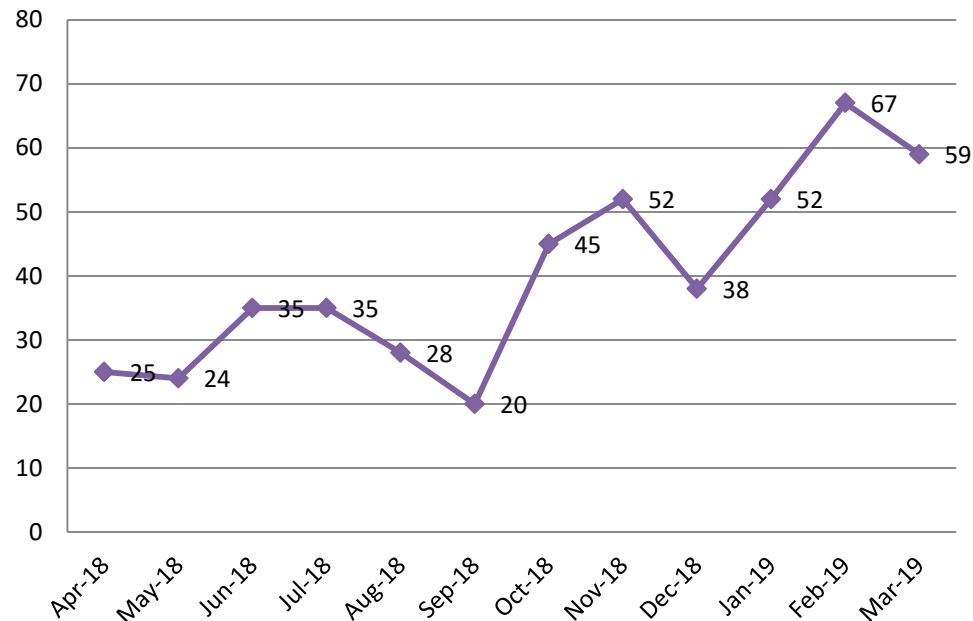
- Social Prescribing
- Primary Care Counselling
- The Sound Doctor
- Care Navigation
- Advice and Guidance
- Online Consultation/
triage
- Peer Review
- Workflow Optimisation
- Home Visiting Service



Social Prescribing

Local Requirements Reported Locally
Evaluation of effectiveness of service (quantitative/qualitative)
Minimum dataset to include: <ul style="list-style-type: none"> • Number of referrals into the service • Source of referral (G.P, A&E, CNT etc) • # of first contacts per month/per link worker • Length of time patient has been on caseload at point of discharge • # of patients re-referred back to service following discharge from the service • Wellbeing score at referral/wellbeing score at the point of discharged (timeframes to be determined) • Dropout rate (patients into service who do not engage) (To be reported quarterly).
Patient feedback
Impact on external activity i.e. Reduction in A&E attendances, Reduction in emergency admissions
Impact on Primary Care activity Reduction in demand in Primary Care
Key Performance Indicators Reporting Template

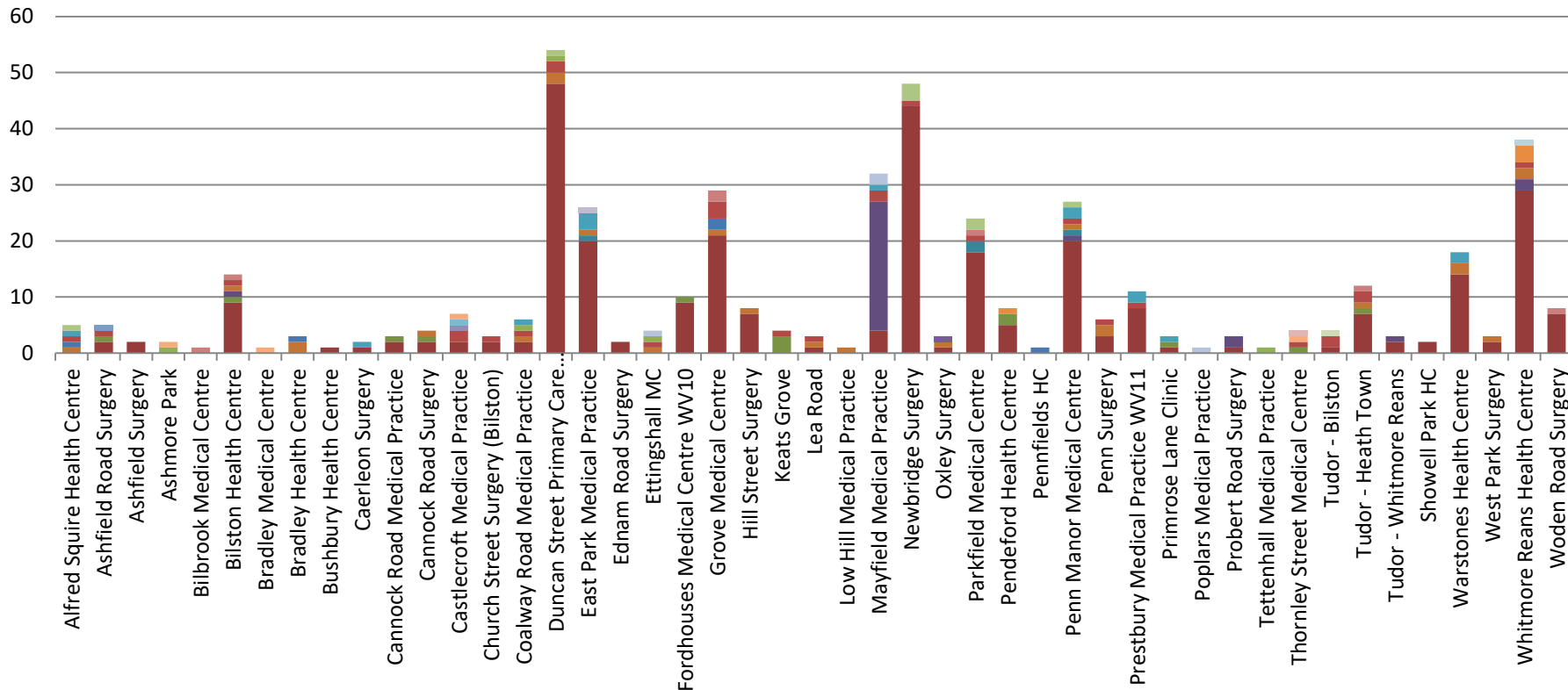
Total Referrals 18/19



- There have been 460 referrals to the service in 18/19. The service has now at it's full compliment of staff, and have set a target to reach a regular flow of referrals at the rate of c80 a month since November when new staff were introduced.
- The number of referral points have been increased with referrals now coming in from points such as social care, falls prevention and housing.
- 80 referrals a month would be the absolute maximum for the service in its current form and with the gradual upward trend this is likely to be achieved in the year ahead.
- Staff capacity is also utilised to develop services such as social clubs and activities to navigate to.



Social Prescribing Referrals 18/19



- GP
- Adult Social Care
- Advanced Nurse Practitioner
- Care Navigation
- Community Nursing
- Community Nursing - Stroke Specialists
- Connect Health - MSK
- District Nurse
- Eating Disorder Service
- Falls Prevention Service
- Health Care Assistant
- Health Hub
- Health watch
- Healthy Minds
- Internal Referral
- Learning Disability Clinic
- Memory Clinic
- Occupational Therapist
- Practice Nurse
- Self-Referral
- Clinical Pharmacist
- TWIRL Representative



Social Prescribing Evaluation

The University of Wolverhampton was commissioned to undertake an independent evaluation of the service in late 2018/early 2019.

Key findings

- The service received 676 referrals (64% female; mean age 66.4 years) between May 2017 and December 2018
- The most common reasons for referral were loneliness and low-level mental health conditions
- Link workers made onward referrals to over 150 groups/services
- There was a statistically significant improvement in service users' reported wellbeing following contact with the social prescribing service
- Service users reported a statistically significant decrease in feelings of loneliness following contact with the service
- A reduction in primary care health use was statistically significant for those service-users who were the highest utilisers of GP/practice nurse appointments (6+ appointments in six months)
- The estimated Return on Investment means that for every £1 spent on the social prescribing intervention, there will be a saving of £0.15 for primary care services. This is a conservative estimate considering the data limitations described in the report
- Qualitative findings support the quantitative findings. The service is highly regarded by referrers, providers, and service-users.

The findings of this evaluation clearly demonstrate that the Wolverhampton social prescribing service has had a positive impact on service users' wellbeing and loneliness, highlighted potential cost savings for primary care services and received overwhelmingly positive feedback from a range of stakeholders.



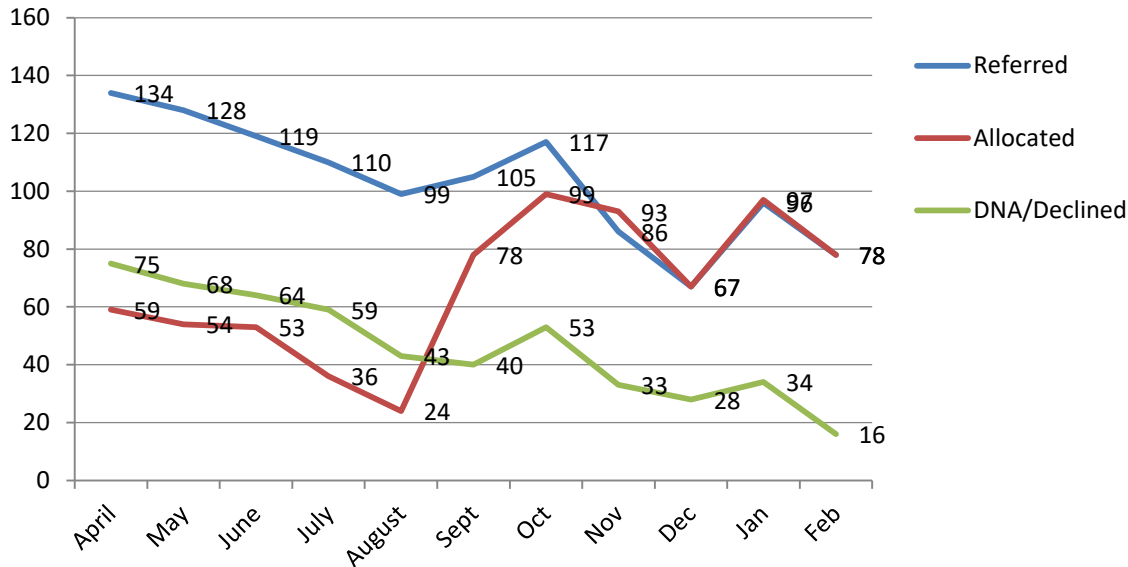
Primary Care Counselling

Monitoring this period indicates that the majority of referrals are being allocated appointments for the first time since the commencement of the service. This means that the service is meeting it's current demand and has done consistently since December 2018.

Monitoring for the year indicates that fewer referrals are being made into the service, and similarly there is a decrease in DNA rates and the number of clients who decline to access. Now the service is embedded within the wider mental health support that is available, there is a better understanding of both the service and the appropriateness of referrals. This has had an impact on the take up of the service, with better engagement and outcomes for patients.

The service has been commissioned to provide It includes delivering up to 4250 hours of face to face counselling and working with at least 600 patients per year, this is based on providing at 85 hours of counselling per week. There are 9 counsellors delivering sessions that are available between 9:30-7pm weekdays and on Saturdays, across four venues.

18/19 Referral Outcome by Month



Local defined outcomes

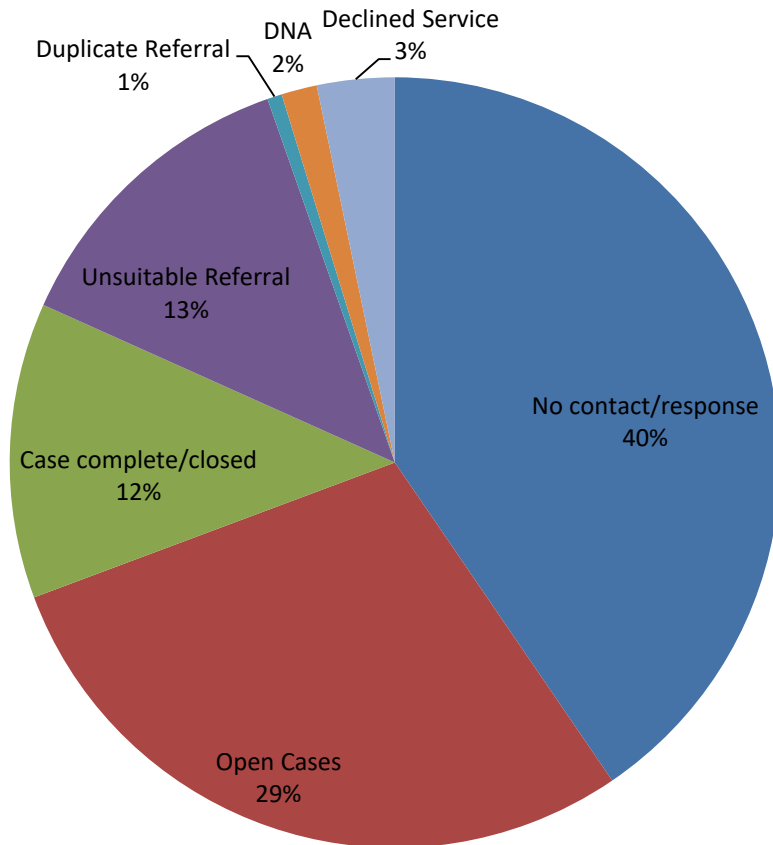
Improved mental health, as measured by recognised outcome measures used by the service Positive recovery outcomes for individuals include:

- Increased ability to manage mental health
- Encourage social networks, including an increase in the ability to find work, training and access education
- Improvement in the ability to develop and maintain personal and family relationships
- Increase in self-esteem, trust and hope.



Primary Care Counselling

Referral Breakdown 18/19



The pie chart displays all of the referral data for the year excluding March.

Key points to make:

- The service contacted 100% of the referrals received
- 40% of those contacts did not engage with the service. The issue of no response to contact was recognised in October and raised with the service then. It was agreed that going forward the service would make 3 attempts via telephone, and 1 attempt in writing. A copy of the letter would also be sent to their GP.
- 41% of referrals have or are currently still engaged with the service (open + complete).
- 13% of overall referrals were unsuitable. This may be due to complexity as the service is not a crisis service.
- 3% declined to take up the service following original referral.
- 2% did not attend at least one or some sessions.
- 1% of referrals were duplication.



The Sound Doctor

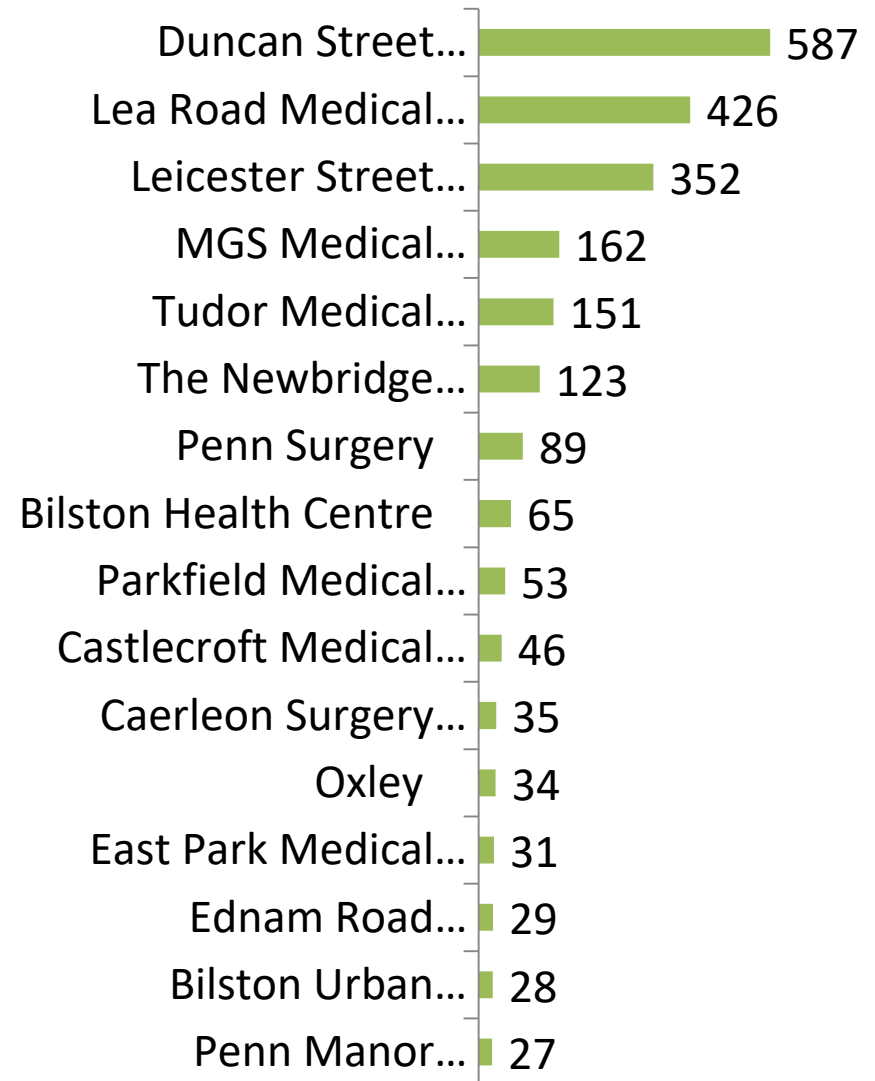
Q4 Month	Number of views
January	944
February	635
March	659

Sound doctor has been approved to continue for a further 2 years by PCCC in March 2019. There will be a relaunch of the service, with greater emphasis on text messaging to patients as this has had an impact on the practices that have been a part of the pilot.

Practices that are not referring to the videos will be targeted, and the service will be included in the scheduling for Practice Manager Network to increase promotion.

A review of the CCG interpreting service is taking place, alongside a review of what community languages are required to ensure the videos are accessible. Translation of videos is anticipated by September.

Activity

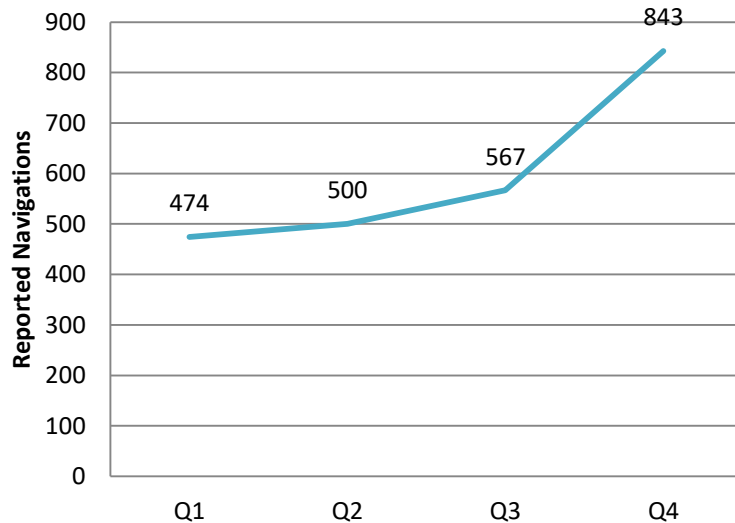


Care Navigation

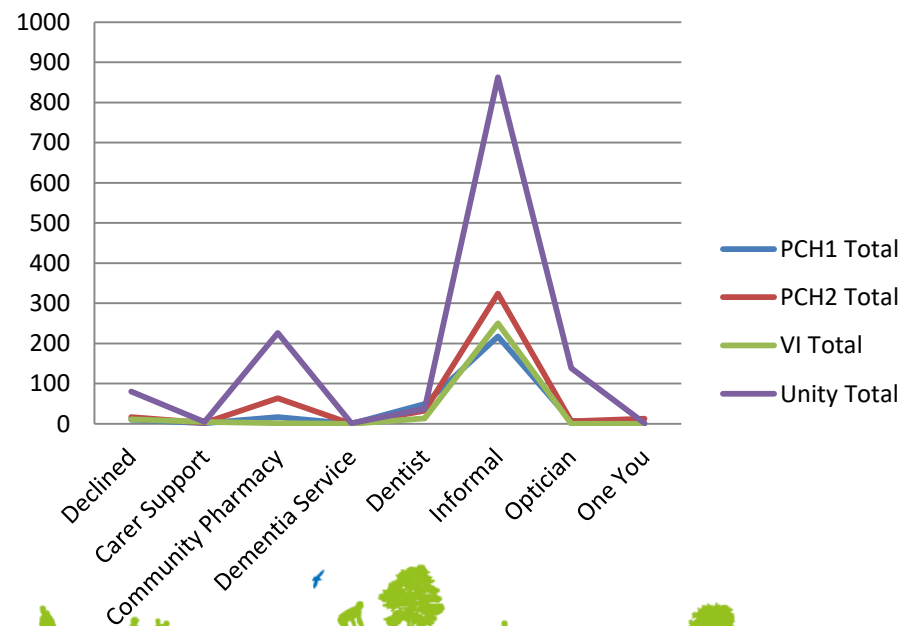
Care Navigation was launched in February 2018. All practices have used the template to record navigation of patients.

To date there has been **2384 navigations** recorded on the clinical template, with a clear increase of navigations throughout the year, almost doubling from launch to Q4.

Activity 18/19



Activity by Group Level



Choose and Book Advice and Guidance

Clinical Speciality	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Dietetics	1	0	0	0	0	0	0	0	0	0	1	0	2
Elderly Care	1	0	0	1	0	0	0	0	0	0	1	3	6
Endocrine/ Diabetes	2	0	3	0	10	3	0	0	4	7	1	4	34
General Surgery	1	2	0	1	0	0	0	0	0	0	0	0	4
Gynaecology	5	2	3	7	2	3	0	0	6	5	3	1	37
Haematology	9	8	10	6	8	6	0	0	0	9	7	7	60
Neurology	1	3	0	3	1	1	0	0	1	4	3	1	18
Orthopaedics	1	0	0	0	2	0	0	0	0	0	0	0	3
Paediatrics	1	1	5	1	7	1	0	0	4	3	3	2	28
Plastic Surgery	0	0	0	0	0	0	0	0	1	0	0	0	1
Respiratory	2	2	0	5	1	1	0	1	3	0	1	0	16
Urology	4	2	2	3	4	3	0	0	6	2	5	2	33
Total	28	20	23	27	35	18	0	1	25	30	25	20	252

- Advice and Guidance will be part of the revised Peer Review Specification for 2019/20.
- A review of the specialties is planned to identify most effective use of this resource in collaboration with Peer Review.
- Numbers for this quarter have returned to a consistent rate.



Online Consultation/ Triage

Video Consultations:

- Ashfield Surgery (Main and Branch) and Poplars are now live with Video Consultations. There are 5 practices in total with video consultation.

Online Triage Progress

- Phase 1 consists of 9 Practices all which are now 'Live' with Online Triage
- Phase 2 consists of 9 Practices who are currently in the process of setting up the Topics.
- Phase 3 consists of 4 Practices who will be contacted week beginning 1 April to commence set up
- Phase 2 and Phase 3 Practices aim to be live by the end of April

Phase 1	Phase 2	Phase 3
Newbridge Surgery	Warstones	Marsh Lane
Penn Manor	Dr Kainth	Ashmore Park
Dr Mahay	Coalway Road	Dr Suryani
Lea Road	Mayfields	Dr Bilas
Dr Mudigonda	West Park	
Alfred Squire	Penn Surgery	
IH Medical	Dr Mittal	
Thornley Street	Health and Beyond	
Ashfield Road	Woden Road	

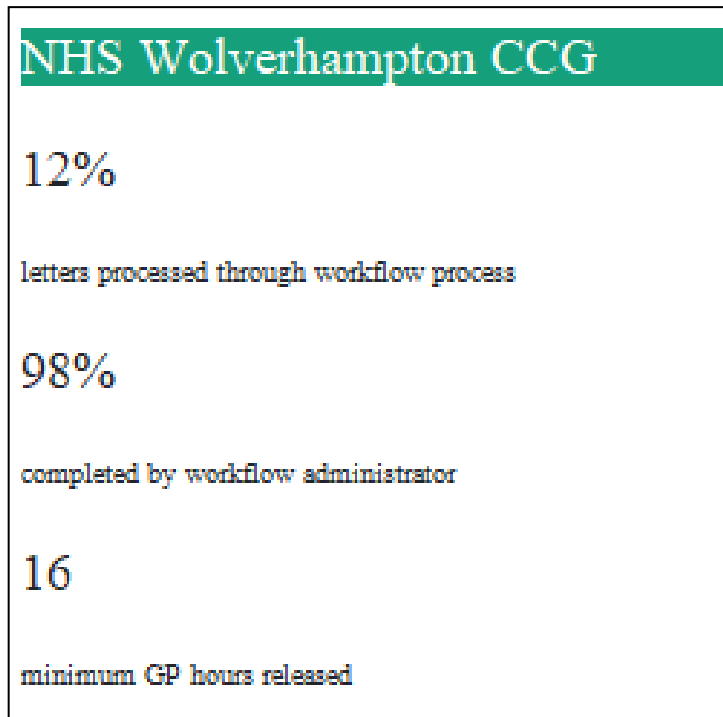
Next Steps

- To continue to engage with Practices
- Continuation of engagements sessions in and around the City
- Pre and post support available for all practices



Workflow Optimisation

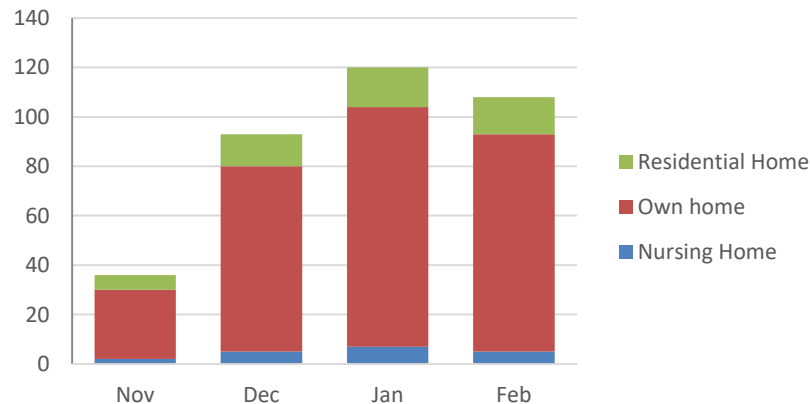
- Training has taken place; all practices have either attended or have been contacted by the provider.
- Feedback from practices is positive, with a number already implementing the processes.
- A case study from one surgery, across a one month snapshot in March found that it had saved 16 hours of GP time.
- Development of support for practices is ongoing to enable greater take up.



GP Home Visiting Service Pilot Project

Practice by Month					Grand Total	Rate per 1000 WLS	List size	
	Nov	Dec	Jan	Feb				
M92012 Duncan street MC		5	18	15	16	54	5.30	10000
M92024 Parkfields Surgery		16	37	37	38	128	9.32	13952
M92029 Newbridge Surgery		6	12	19	15	52	9.85	4603
M92612 Healthcare and Beyond		9	23	39	37	108	4.55	12734
Y02636 Pennfields			3	10	2	15	3.01	4513
Grand Total		36	93	120	108	357		

Visit location



Key Points

- Every referral that was received by the service was contacted, with very minimal referrals being declined. Those that were declined were due to inappropriate referral (4 in total across the 4 months).
- The total number of allocated appointments across the surgeries were not fully utilised, due to lack of referral from GPs.
- As expected, the majority visits were in the patient's own home.

NOTE: The pilot is currently being evaluated & the findings from the evaluation will inform the form & function of the service as it extends beyond practices included in the pilot phase.



Enhanced Services

- QOF+
- Improving Access
- Transformation Fund
- Basket Service- LES(s) COPD/ Asthma
- PITs
- Health Checks



QOF+

QOF + 2018/19

- The scheme has now closed and reconciliation taken place.
- Achievement has been discussed at the QOF+ Development Group, and learning from the scheme has been considered.
- £1.2 million had been made available for this scheme, and final payments offered to practices total £976,569.
- Process of making payment offers to individual practices has commenced.

QOF + 2019/2020

- New scheme has been developed with the QOF+ Development Group.
- Continuation of Diabetes, Alcohol and Obesity indicators.
- Inclusion of COPD, Asthma, Bowel Screening, Hypothyroidism, Dementia, SMI Health Checks and LD Health checks as new indicators.
- Additional investment into the scheme of £2.1 million for 2019/20.
- Insight solutions will be providing support regarding read codes and searches.
- Final changes are currently being made to the scheme and it is expected to be launched in May/June 2019 once approved via CCG Governance and LMC.
- Scheme has been discussed at recent Member's meeting and will be promoted again once launched.



National Quality and Outcomes Framework (QOF)

QOF+ 2019/20
£2.1m

Diabetes
26%
£546K

Alcohol
18%
£378K

Obesity
14%
£294K

Hypo
Thyroidism
7%
£147K

Asthma
6%
£126K

COPD
3%
£63K

Quality
26%
£546K

SMI
Dementia
Learning
disabilities
Bowel cancer
screening



Extended Access- Group Performance

Average utilisation per group per day

	VI			Unity			PCH1			PCH1			TOTAL		
	Available	Utilisation	%	Available	Utilisation	%	Available	Utilisation	%	Available	Utilisation	%	Available	Utilisation	%
Mon	52	50	96%	27.5	25.5	93%	27	23	85%	18	15	83%	124	113	93%
Tue	43	38	88%	38.2	32.9	86%	37	34	93%	52.8	40.15	76%	171	145	86%
Wed	35	34	97%	30	27.6	92%	30	29	99%	18	18	100%	113	109	96%
Thu	52	53	101%	30	20.1	67%	29	26	90%	21	18.15	86%	133	118	89%
Fri	43	42	98%	27.75	26.6	96%	18	18	98%	16.5	16.25	98%	105	102	97%
Sat	117	100	86%	240	186.55	78%	147	131	89%	175.9	137.8	78%	680	556	81%
Sun	105	81	78%	102	77.65	76%	67	58	86%	115.5	89.15	77%	390	306	78%

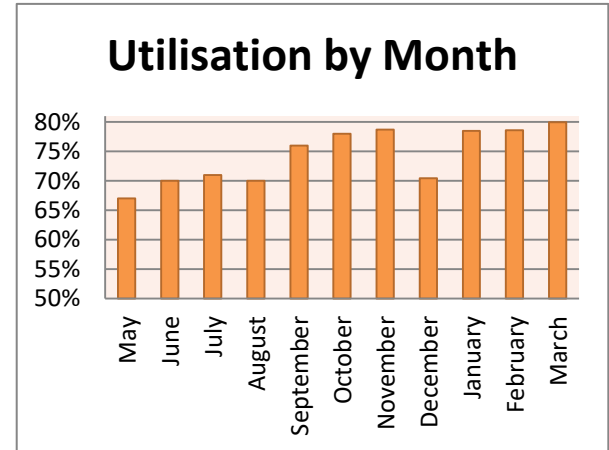
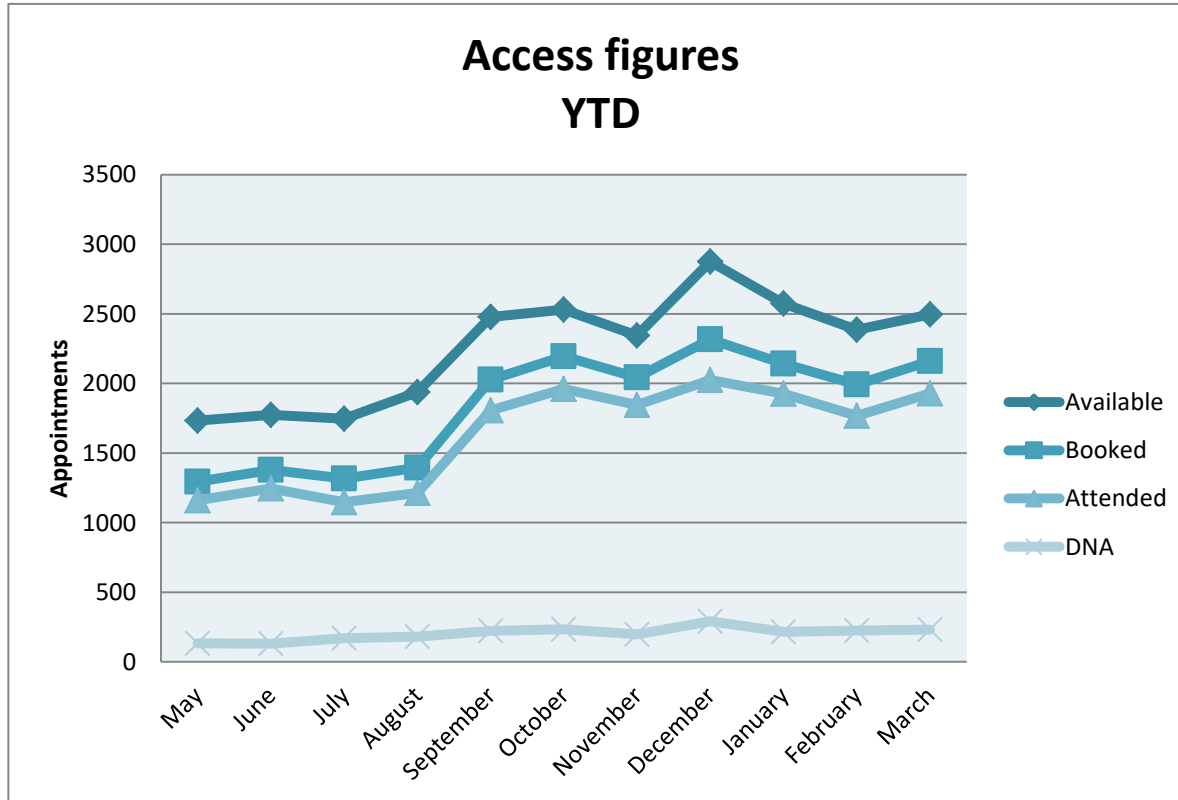
- **9842** additional appointments were available over the recent quarter. **8288** patients booked and attended an additional appointment.
- **899** patients were recorded as DNA (this represents a 10% DNA rate on booked appointments)
- This results in a 75% utilisation rate overall for Q4.
- These figures are averages to indicate peaks and troughs. Peaks seem to be apparent on Wednesdays & Fridays with a consistent 96-98% utilisation rate.
- Saturdays & Sundays appear to be under utilised.

Total daily average 1715 1450 85%

Average utilisation per month			
Group	JAN	FEB	MAR
Unity	75%	77%	76%
VI	74%	79%	64%
PCH1	87%	85%	80%
PCH2	79%	71%	82%
Overall Monthly Average	78%	79%	80%



Extended Access – Annual Performance



- Monthly utilisation rates are consistently performing over 70%. The average for the year to date is 72%.
- **24,875** extra appointments were made available this year, 20264 were taken up but only 18025 were attended.

Year to date figures

Available	Booked	Attended	DNA	%
24875	20264	18025	2239	72%



Extended Access - Appointments by Practitioner

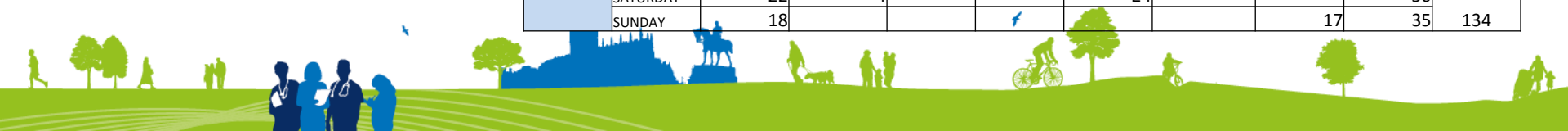
This is a typical monthly breakdown of the types of appointments offered for improving access by group..

GROUP	Day	GP	GP telephone	Diabetic Clinic	ANP	Nurse	Clinical Pharmacist	HCA	Total Number apts	Total Per Week
VI	MONDAY	17							17	159
	TUESDAY	17							17	
	WEDNESDAY	17							17	
	THURSDAY	17							17	
	FRIDAY	17							17	
	SATURDAY	19					20		39	
	SUNDAY	19					16		35	

UNITY	MONDAY	6					4		10	164
	TUESDAY	6					4		10	
	WEDNESDAY	6					4		10	
	THURSDAY	6					4		10	
	FRIDAY	6					4		10	
	SATURDAY	20			20		20	20	80	
	SUNDAY	17					17		34	

PCH2	MONDAY	6							6	164
	TUESDAY	6				6		6	18	
	WEDNESDAY	6							6	
	THURSDAY	6							6	
	FRIDAY	6							6	
	SATURDAY	32		16		16		8	72	
	SUNDAY	32						18	50	

PCH1	MONDAY	6						3	9	134
	TUESDAY	6				6			12	
	WEDNESDAY	6				6			12	
	THURSDAY	6						4	10	
	FRIDAY	6							6	
	SATURDAY	22	4			24			50	
	SUNDAY	18						17	35	



Extended Access Advertising Campaign

Physical Advertising

Advertising space is ongoing both within and on the outside of buses, at metro stops, in urgent treatment centres and A&E, in pharmacies and within local community venues. All practice websites advertise extended access availability for their group.

Easter Advertising

Advertisement of availability across the four day Easter weekend period is in place, this will consist of wraps on both the Express and Star and Chronicle and posters/ leaflets available in practices, pharmacies and urgent and emergency care locations.

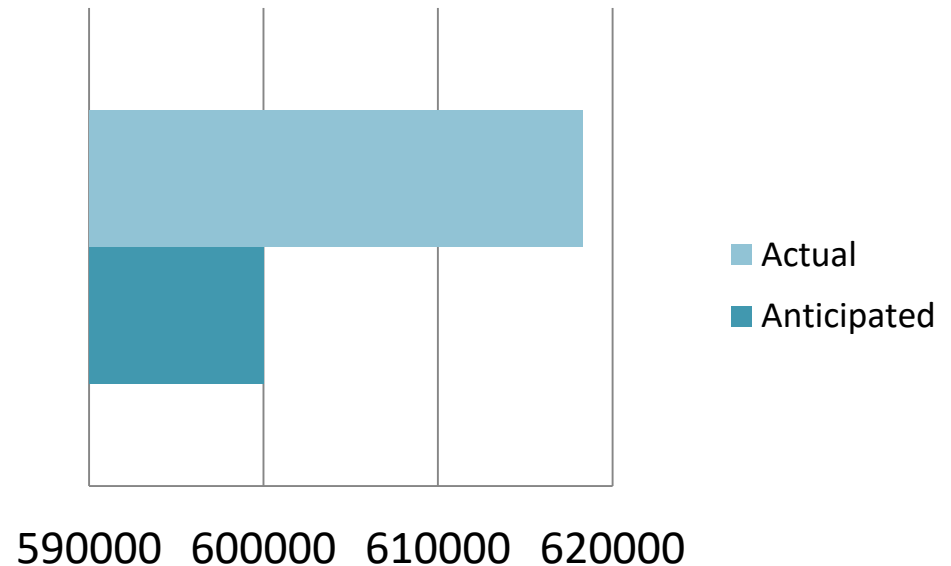
Advertising has been sent to voluntary sector groups, carers support, Wolverhampton Today, Healthwatch and various other organisations for online promotion through their social media channels.

111 are aware of the availability so will also be directing patients.

Virtual Advertising

Over 600,000 impressions have been logged, and has promoted over 5,000 click-throughs to the site.

Ad Campaign Performance



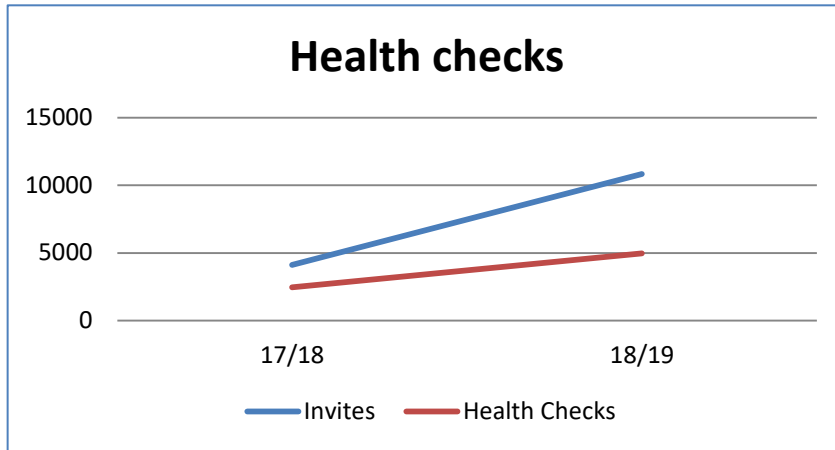
Primary Care Basket Services

Procedure	YTD
Suture/Clip/Staple Removal	2104
Pre-Op Check	193
Dressing Changes - post secondary care treatment - COMPLEX	2104
Dressing Changes - post secondary care treatment - SIMPLE	8004
12 lead ECG's as part of pre-op or at request of secondary care	262
Ear Syringes as part of audiology prep	901
Pessary Changes	189
Post-Op Checks	731
Admin of Gonadorelin (Zoladex and Prostrap) Hormone Implants	1141
Subcutaneous injection of Heparin - only where a patient or carer is unable to self-administer	68
Subcutaneous injection of Heparin - Administration of Epoetins only where a patient or carer is unable to self-administer	16
Testosterone	198
Denosumab	98
Minor Injuries	2052

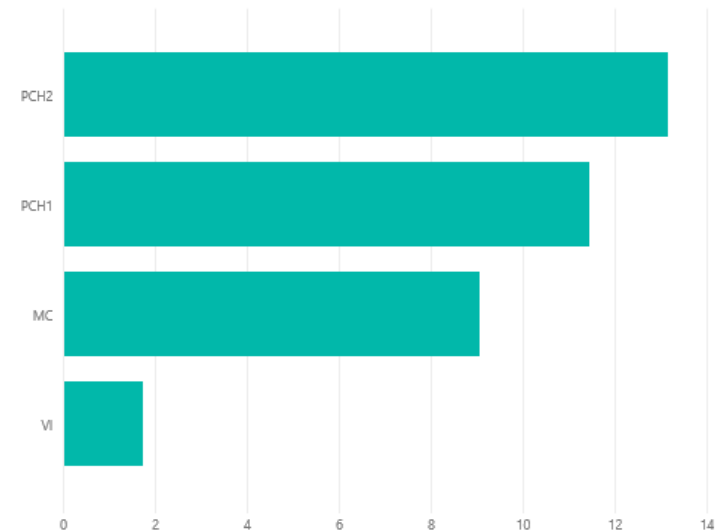
- CCG Costing Template revisions concluded in March – new template due to be approved at PCCC in May 2019
- 15% increase in payment will be realised for Basket Services 2019/20
- New template will be implemented for all relevant enhanced services thereafter
- Amendments are based on further considerations of the PSSRU Guidance
- As a result of a recent review of the Basket Services an in year amendment will be made to wound care provisions. Complex wounds will be removed from the Basket and redirected to Community Services, all other simple wounds will remain in primary care under one heading.
- A transitional timeline is currently being constructed & will be shared with practices in due course.



Health Checks



Average rate per 100 by Group



FEB

Invited	Health Checks	Uptake
1704	764	45%

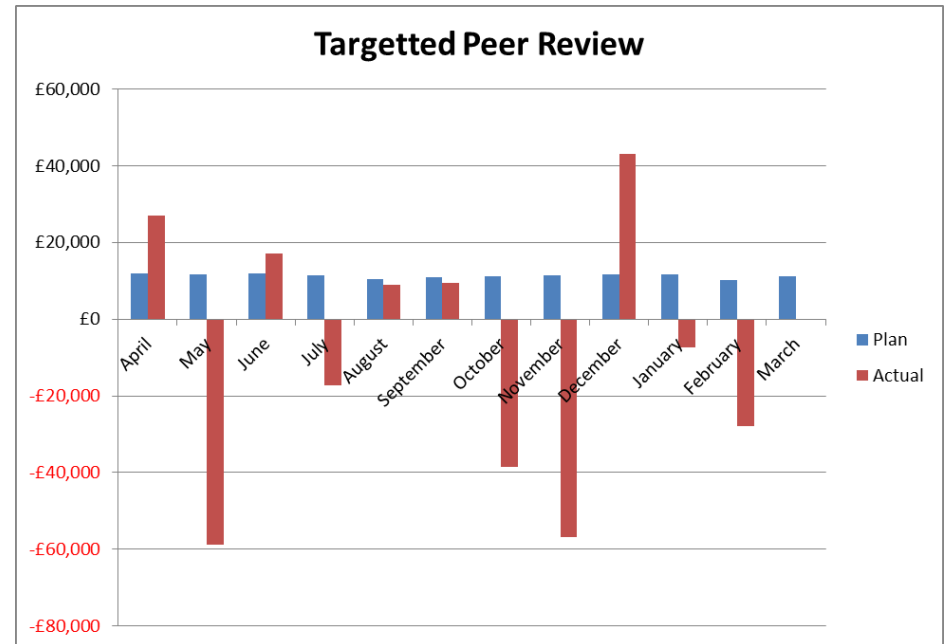
Year	Invites	Health Checks	Uptake
17/18	4126	2459	60%
18/19	10821	4954	46%
Increase	262%	201%	

- 194 – **25% of the monthly total** were completed by VI practices in February. (*Note: VI practices have now completed 465 in total since April 2018, only 162 prior to Jan 19*)
- This has increased again this month from last (VI completed 109 in January) so this is positive.
- Cumulative total 18/19 = **4954** we have reached a cumulative rate of **49.45%** as a rolling average (48% was top quartile performance at the time of setting that target)
- Below is a snapshot of performance by group; (relative to their total populations) – generally this is a much better rate than before, VI have recently started to deliver so this should start to show in the data soon.



Peer Review

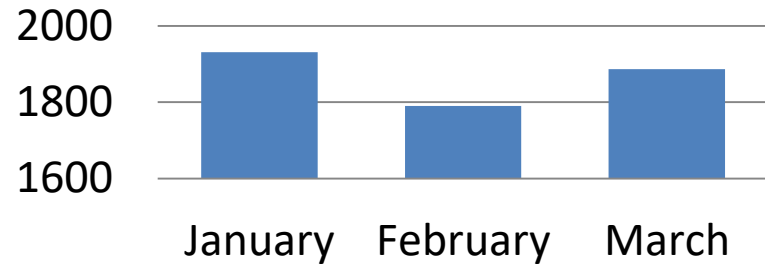
- As demonstrated in the graph, proposed savings have not been realised in this financial year.
- For this quarter, there has been a decline in the demand for ENT, Dermatology and Gynaecology consistently throughout this quarter. However any savings realised have been absorbed by the specialties that have not been performing as well.
- The new specification will focus on roles of those referring within general practice as the skill mix is changing and referrals are being made by other members of the team e.g. clinical pharmacist, advanced nurse practitioner etc. This will expose whether or not supervision within the practice(s) is suitable and help to emphasise where improvement may be required. Data will continue to focus on high referrer(s) with low conversion i.e. discharge at first out patient appointment.
- A review of the outcomes from the meetings, and associated changes to processes from a practice, CCG and secondary care perspective, is currently underway.



Mjog

	Reminders sent	Cancellations	FFT	Campaign messages sent
January	63335	1931	17606	16881
February	57564	1790	15321	18415
March	60220	1887	16235	8845
Total this quarter	181119	5608	49162	44141

Cancellations



- 5608 appointments have been able to be reallocated due to cancellations through text message; this is slightly higher than Q3 figures (4801).
- Participation in FFT continues to be higher than previously recorded due to text messaging.
- There were 56,501 cancellations recorded last year over all (not just through text messaging), higher than the previous year.

Impact on DNA rates

DNA rates remain consistent, however considering patient growth and the additional capacity this is a positive outcome.

DNA over last 12 months	Jan-19	Feb-19	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
90644	7583	7124	7656	6642	7070	7100	7450	6771	6813	10125	8809	7168



Conclusions

- Commissioning Intentions 19/20
- Conclusions and Next Steps



Commissioning intentions

There is a comprehensive engagement plan in place and agreed support from CSU around the engagement for commissioning intentions for 2019/20.

Highlights from the plan includes:

- To evaluate pilot projects, share findings and communicate successes.
- Establish better engagement with members, networks, groups and practices on continued services and investment.
- Work closely with the developing Primary Care Networks (PCNs) and new roles within the workforce, encouraging a stronger dialogue between Groups leads and practices.
- Re-develop monitoring and support accurate reporting frameworks including new templates and specifications.
- Continue working in partnership with RWT to further integrated working.
- Continue and strengthen education and training networks for professionals within practices.



Conclusions & Next Steps

Conclusions

- Communication & engagement with patients/carers will commence in April in accordance with the CCGs Primary Care Commissioning Intentions
- Access & Utilisation continue to consistently perform
- PCNs are progressing and will be in places within required deadlines
- Reviewing the YTD data shows that both commissioned and enhanced services are performing well and are seeing a number of successes.
- Online consultation continues to roll out, this is in line with the requirements of the recently published NHS Long Term Plan
- Development of practices will continue, with training and opportunities for practices identified on a continuous basis
- Programmes of work that are due to continue will be encompassed in the 2019/20 work programme

Next Steps

- Primary Care Strategy Review will conclude in April
- STP Primary Care Strategy is also under construction & due for approval in May
- 2019/20 Work Programme will be finalised in April & available for comment in May in preparation for approval at the next meeting

