Primary Care Strategy Committee Milestone Plan 2017/2018

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complete - Applied for authorisation for full delegation of Primary Care Commissioning	Complete - Ensure alignment to CCG Strategies and standard operations: QIPP, Operating Plan, BCW, H&WB, STPs.	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q3)	Complete - Review formal links between Primary Care Strategy Committee and the Primary Care Commissioning Committee.
Complete - stablish Primary Care Commissioning Committee following discussions refining remit and broader relationship to CCG	Complete - Develop Primary care Home Model and associated accreditation process at Locality level.	Complete - Develop delivery plan for integrated Primary Care and Community Services.	Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q4)
Complete - Ensure alignment with CCG strategies and standard operations; QIPP, Operating Plan, BCW, H&WB, STPs	Start - Primary Care Contracting Strategy to be shared with the Primary Care Strategy Committee and Primary Care Commissioning Committee to clearly define direction of travel for commissioning services.	Complete - Ensure Locality level resource identified and funded	Complete - Review effectiveness of communication from with Localities to Localities Leads, Members Meetings and Governin Body.
Complete - Maintain formal links between Primary Care Strategy Committee and the Primary Care Commissioning Committee.	Start - Develop delivery plan for integrated Primary Care and Community Services.	Complete - Ensure Locality level resource identified and funded and implemented	ommittee
Compete - Ensure members engagement events are held at no longer than quarterly intervals (Q1)	Start - Ensure Locality level resource identified and funded and implemented	Complete - Ensure Locality Development Plans are in place to address Locality population health care needs, locality specific projects, and joint initiatives with partners/stakeholders.	re Strategy C
Complete - Ensure members engagement events are held at no longer than quarterly intervals (Q2)	Start - Reintroduce Locality Level Meetings led by Clinical Lead and Locality Manager.	Complete - Ensure Locality Development Plans include GP Forward View Implementation and links to Primary Care Strategy Task and Finish Groups.	rimary Ca
Complete - Review governance arrangements for the programme of work.		Start - Ensure members engagement events are held at no longer than quarterly intervals (Q3)	
Complete - Identify resource implications for New Models of Care (clinical & non clinical)			
Start - Ensure Locality level resource identified and funded			
Start - Develop Primary care Home Model and associated accreditation process at Locality level.			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complete - Back Office Function Review (Stage 1 - scoping)		Complete - Stage 2 - Back Office Function Review	Complete - Launch 10 high impact action projects (IT etc)
Strat - Launch 10 high impact action projects (IT etc)	Care	Complete - Improve access (7DS)	Complete - Introduce new roles
Start - Introduce new roles	tives	ttives	Complete - Strengthen CNTs via our BCF (specialist nurses & paediatrics)
Start - Strengthen CNTs via our BCF (specialist nurses & paediatrics)	w Mod Objec	objec	w Mod Objec
Start - Care Navigation; Active Patient Management; Social Prescribing all in place	ž	Ž	2
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complete - Revision of T&F Group terms of Reference and programme of work	Start - Practices collaborating to deliver improved access	Complete - development of ensuring primary and community services are integrated	Complete - Practices collaborating to deliver improved access
Start - Practices are sharing back office functions to enable working at scale	Complete - Review of Clinical Pharmacy Role	oviders are integrated	complete - 6 month and evaluation of frailty pathway redes
	Start - development of ensuring primary and community services are integrated	2 d	Complete- Practices are sharing back office functions to enab working at scale
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complete - Revision of T&F Group terms of Reference and programme of work	Start - Business Intelligence and Data	Complete - Commissioning and Contracting Cycle	Complete- Monitoring and Quality
Start - Governance/ Functions of practice groups/ clinical network	Start - Commissioning and Contracting Cycle	nissie	Complete - Governance/ Functions of practice groups/ clinic

Start - Engagement and Development of Services (s)

Start - Monitoring and Quality

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complete - Revision of T&F Group terms of Reference and programme of work	Start - to deliver Primary Care Workforce Strategy	Complete - Establish and maintain strong links with stakeholder educational establishments	Complete - Primary Care Workforce Strategy
Start - Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups:	Start - to deliver Primary Care Strategy) evelopme	complete- Primary Care Strategy
Start - Practice Nurse Ten Point Action Plan	Start - Establish and maintain strong links with stakeholder educational establishments	Norkforce D	Complete - Develop a portfolio of educational events and oversee delivery of educational events for both medical, nursing and non-clinical staff groups:
			complete - Practice Nurse Ten Point Action Plan
Quarter 1	Quarter 2	Quarter 3	Quarter 4
armacist	Complete - Plan to be developed with GPs to promote the role of clinical pharmacist (in line with national GP five year forward view) and recommendations / solutions from plan to be shared with the Board	armacist	narmacist
ical Ph	Complete - Review and develop proposals to reconfigure current medicines optimisation service provisions	ical PF	ica P P
Clin	Complete - Contribute to the training and development of clinical pharmacist	Clin	ii
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Complete - Review MOU between NHS E/CCG to understand the future relationship between the hub and CCG and to scope future resource requirements for Primary Care contracting.	nry Care ntract gement	Complete - Implementation of a Virtual Alliance Contract	ntract gement
Complete - Develop a standardised collaborative approach to contract review and development support to enable a single contract monitoring visits	On Con Mana	Complete Implementation of MCP/PACs emerging care model and contract framework, working in conjunction with NHS England	Oor Mana
Quarter 1	Quarter 2	Quarter 2	Quarter 4
Complete - estate Survey	Started - Prioritisation work of Primary Care Estate to be undertanken	Completed - Prioritisation work of Primary Care Estate to be	ETTF Funding to be spent for Cohort 1 practices
Complete - Estates Strategy to be be present and approved at LEF	Started - Primary Care Void space to be reviewed	Started - Implement estates strategy	Esta Develo
Quarter 1	Quarter 2	Quarter 3	Quarter 4
IM & T Deep Dive Review	Integrated Working - Go Live EMIS Remote Consultation	Integrated Working - Shared Clinical Record Migrate to new Server with GP Data.	Complete - Improving Access- Increasing the range of contact modes
Single Clinical System - Agrawal Passi & Handa Merger	Improving Access (Lean) - Initialize SMS Text Project	Integrated Working - Go live Secondary Care Data.	Complete Improving Access - Lean
Single Clinical System - Showell Park Migration	ness Ir	Integrated Working - EMIS Anywhere Laptops deployed	Integrated Working - Go live EPaCCs.
- Busir	- Busir	Single Clinical System - Castlecroft Migration	Integrated Working - Go live Mental Health Data.
T & T	M&T.	Single Clinical System - Grove & All Saints Merger	Improving Access (Lean) -Complete SMS Text Project Single Clinical System - Grove & Caerleon Merger
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