

# Healthier Together



Improving health and care in Bristol,  
North Somerset and South Gloucestershire

## General Practice Resilience and Transformation (GPRT) Programme February 2019



# General Practice Resilience and Transformation Mandate

...responsible for their own health and wellbeing. They have timely access to the right GP service, which is provided by staff... needs and have time to care.

GPRT Mandate agreed September 2018. Applicable at that point in time.

Mandate to be updated to reflect:  
 - Our learning of the complex nature of the general practice system and the GPRT role within it  
 - National and local policy including the NHS Plan and GP Contract

## ...of BNSSG will experience...

1 year	People	<ul style="list-style-type: none"> <li>...knowledge and understanding of the value of skill mix in meeting their needs</li> <li>...Personal medical records being appropriately available across the system, so I only tell the story once</li> <li>...and waiting times for appointments at practices</li> <li>...-quality integrated primary care services, 24 hours a day</li> </ul>
	Practices	<ul style="list-style-type: none"> <li>...an appropriate workload and thus have more time to care</li> <li>...to the information they need to provide the best care for their</li> <li>...supported to be healthy at work</li> <li>...d to work in a way that is underpinned by digital and</li> </ul>
	People	<ul style="list-style-type: none"> <li>...ss to the right service</li> <li>...understanding about how to care for themselves</li> <li>...in with community based care and support options that improve</li> <li>...nd independence</li> <li>...d to "see the GP"</li> <li>...sit their pharmacy and use self-care more</li> </ul>
	Practices	<ul style="list-style-type: none"> <li>... Will feel they are in a strong position to participate in and support a joined up system in BNSSG</li> <li>... Will collaborate, innovate and routinely share best practice</li> </ul>
Beyond	People	<ul style="list-style-type: none"> <li>... General practice isn't just my local surgery building</li> <li>... My elderly father's experience will be very different to my teenage son's but I still feel that I have a relationship with a service that is personal and local to me</li> </ul>
	Practices	<ul style="list-style-type: none"> <li>... The service we provide can flex much more responsively to fit with the needs of the individual</li> </ul>

## Scope

The scope of the programme includes all general practices in BNSSG and those working within them. It also includes any commissioning activities related to general practice, any One Care activities related to general practice resilience and working at scale, community pharmacy, general practice estates, the national review of the GP partnership model, general practice's role within ICS development and clinical/non-clinical indemnity. Optometry and dentistry are outside the scope of the programme. Resilient general practice will act as the stable foundation for the formation of Integrated Localities.

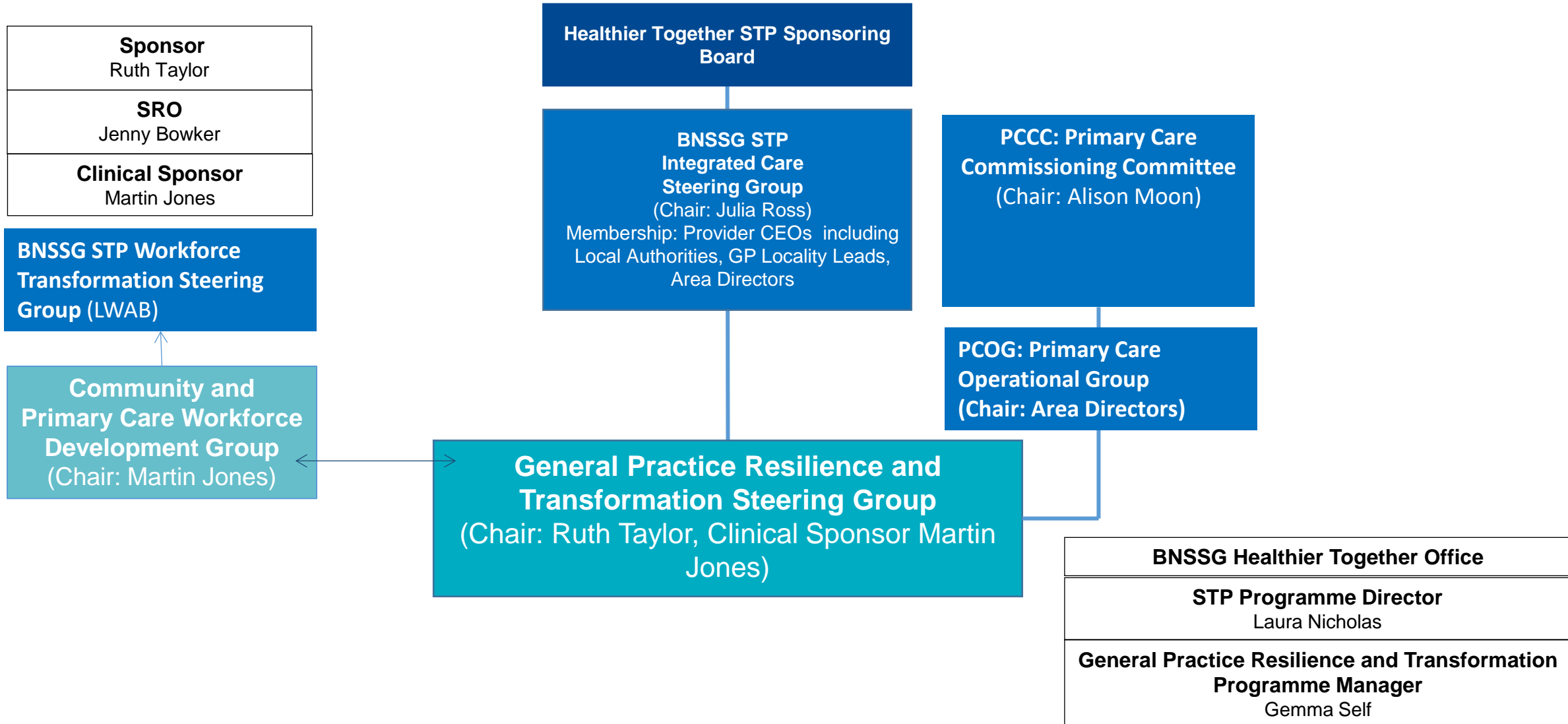
## Objectives

- Create and deliver a programme to support general practice resilience and enable general practice to be the foundation of integrated community care
- Monitor the delivery of projects, making sure they are aligned to the vision and identifying gaps
- Define what we mean by 'general practice resilience', then develop and use a methodology to measure the impact of the programme
- Work in partnership with practices and the public to design new ways of working and develop a vision for general practice in 5 year's time
- Facilitate a more consistent and planned approach to future general practice transformation

## Leadership and Delivery Resource

Sponsor	Ruth Taylor
SRO	Jenny Bowker
Clinical Leadership	Dr Martin Jones (Clinical Sponsor), Dr Jake Lee and Dr Geeta Iyer (Clinical Leads)
Programme Delivery	Ruth Hughes, Bev Haworth

By...	Create and deliver a programme to support general practice resilience and enable general practice to improve community care	Monitor the delivery of projects, making sure they are aligned to the vision and identifying gaps (* requires resource)	Define what we mean by 'resilience', then develop and use a methodology to measure the impact of the programme	Work in partnership with practices and the public to design new ways of working	Facilitate a more consistent and planned approach to future general practice transformation
September 2018 (1 month)	<p>GPRT delivery plan agreed September 2018. Applicable at that point in time.</p>	<p>Lead</p> <ul style="list-style-type: none"> <li>Map all existing practice, CCG, One Care, LMC, CEPN (etc) projects to identify overlaps, gaps, successes and opportunities to pause or stop</li> </ul> <p>Monitor</p> <ul style="list-style-type: none"> <li>Introduce guidance for practices to enable texting of test results</li> <li>Provide practices with 'flu search templates in EMIS</li> <li>Frailty team in WAHT have access to GP record on EMIS – pilot</li> </ul>		<ul style="list-style-type: none"> <li>Practice staff engaged in the governance structure through working group membership</li> <li>Articulate vision in compelling, people centric terms</li> <li>Present at Time for Care showcase event on 20<sup>th</sup> September</li> </ul>	<ul style="list-style-type: none"> <li>Promote the Time for Care QI programmes practices can access at event on 20 September</li> </ul>
[2018 (3 months)	<ul style="list-style-type: none"> <li>Align programme to Primary Care strategy delivery plan</li> </ul>	<p>Lead</p> <ul style="list-style-type: none"> <li>Get an overview of delivery across all projects and make sure they are aligned</li> <li>Provide support to individual practices to implement GPTeamNet</li> <li>Provide intensive, in-practice support to practice teams to use GPTeamNet in a way that is optimal for their practice (*)</li> <li>Links in GPTeamNet to other resources, including Remedy and via EMIS templates</li> <li>Test-bed for NHS app</li> <li>Agree our vision and ambitions for general practice in 5 years' time</li> <li>Appraise the options for a Digital First infrastructure across BNSSG</li> </ul> <p>Monitor</p> <ul style="list-style-type: none"> <li>Programme of support to enable practices to optimise their workflow processes and clinical systems</li> <li>All practices received Practice Intelligence Reports to help plan demand vs capacity and set thresholds</li> <li>Deliver further healthcare navigation training</li> <li>Library of Patient Information Videos available in all practices</li> <li>Understand requirements for locality analytics</li> <li>Roll out practice appraisal tool, Pform+</li> </ul>	<ul style="list-style-type: none"> <li>Establish what we mean by 'practice resilience' and 'system resilience'</li> </ul>	<ul style="list-style-type: none"> <li>Develop plan to engage with practices throughout the programme life cycle</li> <li>Consult with Citizen's Panel about new ways of accessing general practice and new roles within general practice</li> <li>Present at One Care shareholders' meeting in November</li> <li>Present at One Care Patient Reference Group</li> <li>Working groups start to meet</li> </ul>	<ul style="list-style-type: none"> <li>Bid for funding to deliver Productive General Practice for additional practices</li> <li>Support change management in General Practice for e-consultation pilot and planned roll out</li> </ul>
April 2019 (6 months)		<p>Lead</p> <ul style="list-style-type: none"> <li>Identify gaps in current programme of work, consider how to fill those</li> <li>Implement learnings from BNSSG GP recruitment microsite pilot</li> <li>Calderdale training redesigned and rolled out across BNSSG (*)</li> <li>Support consistency in practices through development and sharing of searches, templates etc</li> <li>Provide further benefit to practices through central development of additional EMIS tools (*)</li> <li>70% coverage achieved with single telephony solution</li> <li>Single, collaborative information portal embedded within general practice ways of working</li> </ul> <p>Monitor</p> <ul style="list-style-type: none"> <li>Completed Intensive Support Scheme in Weston, Worle and Villages</li> <li>General Practice Analytics Review continues</li> <li>Design of population stratification model</li> </ul>	<ul style="list-style-type: none"> <li>Create a resilience framework that practices are able to measure themselves against</li> <li>Identify the baseline</li> </ul>	<ul style="list-style-type: none"> <li>Deep dive into specific issues with patients recruited via Citizen's Panel</li> <li>Practice working groups meet</li> </ul>	<ul style="list-style-type: none"> <li>Access Time for Care funded support for QI training</li> </ul>
August 2019 (1 year)	<ul style="list-style-type: none"> <li>Dissemination of an information campaign, linked to navigation, that focuses on ensuring people are aware of what different healthcare professionals within the practice are able to do</li> </ul>	<p>Lead</p> <ul style="list-style-type: none"> <li>Continue to review and have oversight of project delivery</li> <li>Share learning of ISS across BNSSG and adopt great ideas – provide intensive support to practices who are struggling to implement best practice (*)</li> <li>Development of shared back office solutions commonly used across clusters, localities and BNSSG (*)</li> <li>Development of bank of shared clinical and non-clinical staff (*)</li> <li>Use of GPTeamNet for a cluster/locality register of services (*)</li> <li>All partners adopt GPTeamNet as an effective way to communicate with practices (*)</li> <li>Advise on how to improve patient journey and reduce practice workload (analytically led and digitally enabled) (*)</li> <li>Optimisation of shared telephony platform opportunities across BNSSG practices – use of data, flexible working</li> </ul> <p>Monitor</p> <ul style="list-style-type: none"> <li>CEPN training – practice manager, leadership, upskilling HCAs, pathway support etc</li> <li>International GP recruitment project</li> <li>GP nursing ten point plan delivery</li> <li>Introduce new roles into general practice – expansion of physician associate placements, nurse apprenticeship pathways, paramedics, pharmacists (*)</li> <li>Communicate and roll out population stratification model (*)</li> <li>Roll out of practice model to manage predictable demand (*)</li> </ul>	<ul style="list-style-type: none"> <li>Individual practices have plans in place</li> <li>Regular assessment against the framework begins</li> </ul>	<ul style="list-style-type: none"> <li>Keep all practices engaged via usual channels</li> </ul>	<ul style="list-style-type: none"> <li>Procurement exercise for e-consultation provision within practices, building upon pilot learning</li> <li>Bid for another wave of PGP</li> </ul>





# GPRT Membership

## Steering Group

Chief Executive of One Care (BNSSG) (co-Chair)  
BNSSG CCG Medical Director – Primary Care and  
Commissioning (co-Chair)  
BNSSG CCG Head of Primary Care Development  
Medical Director of One Care (BNSSG) Ltd  
Clinical Lead – Primary Care Provider Development  
One Care (BNSSG) Ltd Programme Delivery  
BNSSG CCG Programme Delivery  
BNSSG CCG Area Director  
Chief Executive LMC  
Practice Managers  
GPs

## Representatives involved in meetings as required:

Primary Care Resilience and Quality Improvement Lead  
Primary and Community Workforce Development Lead  
Intensive Support Service Programme Manager

## Public involvement to date

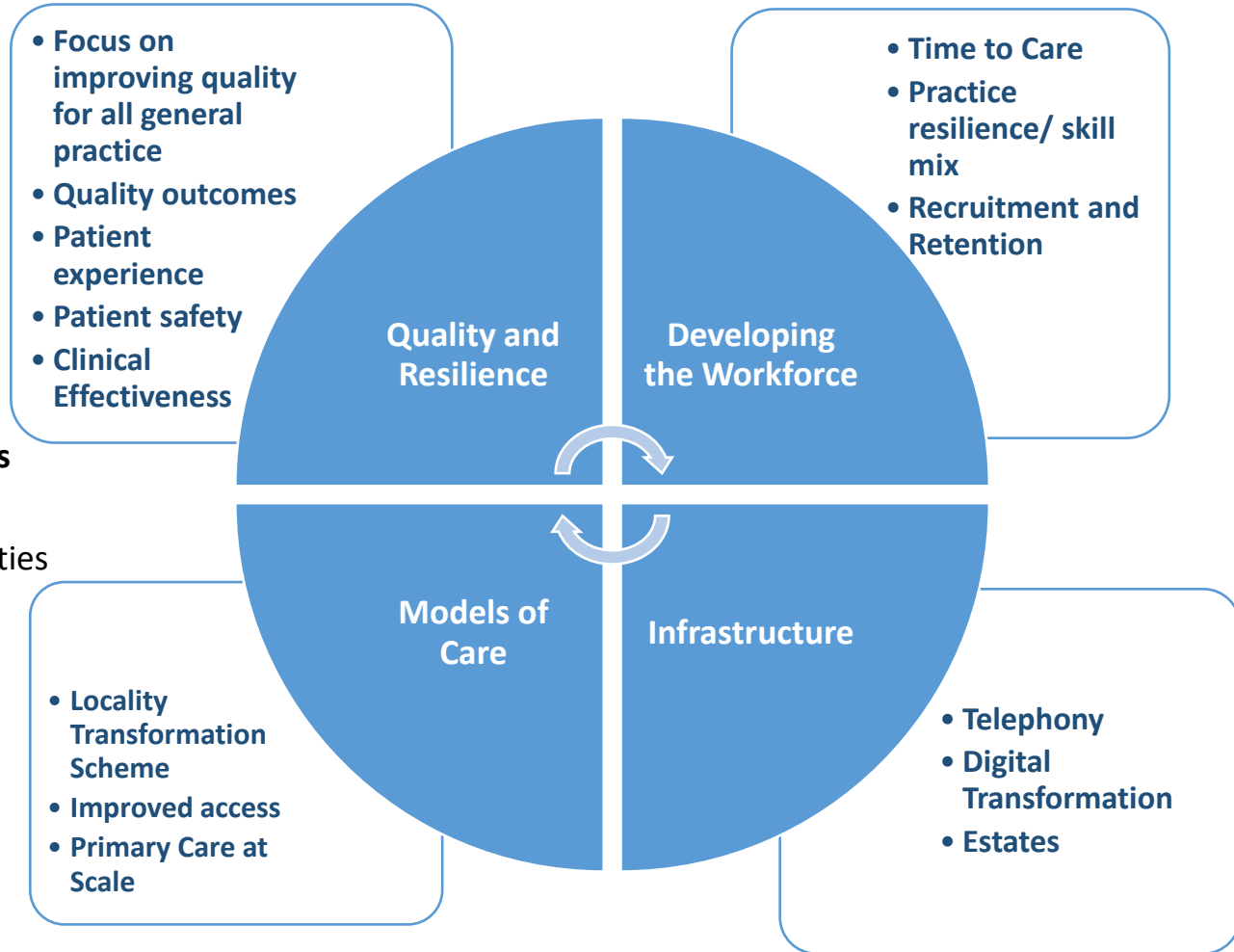
- Time for Care Showcase Event September 2018
- Citizen panel  
(several questions in first two surveys – awaiting results)
- Presentation at Healthier Together Public Event Nov 2018
- OneCare quarterly Patient Reference Groups

## Wider representation:

Integrated Care Steering Group  
Primary and Community Workforce Development Group  
Senior provider representation on LWAB  
(Local Workforce Action Board)  
Digital Delivery Board, GP IT Systems, Assistive Technologies,  
SW Health and Care record  
Other Healthier Together Priority Workstreams

These cover related STP and CCG workstreams. The list is not exhaustive.

## Workstreams



### 10 Healthier Together/ STP Priorities

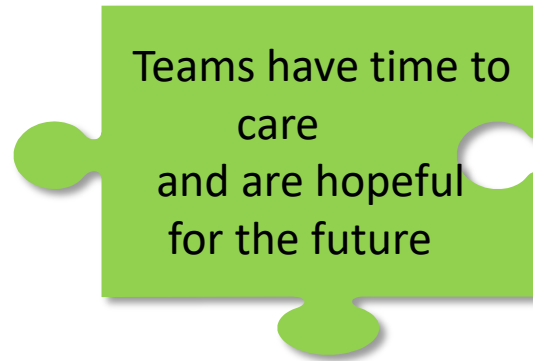
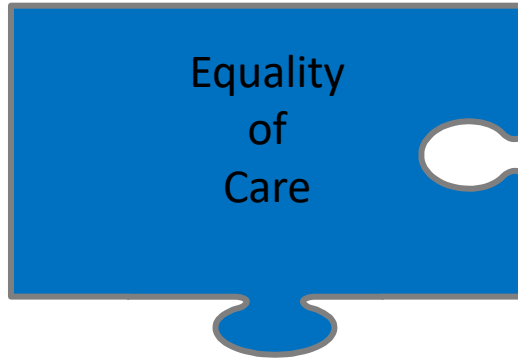
1. GPRT
2. Integrated Community Localities
3. Acute Care Collaboration
4. Urgent Care
5. Maternity
6. Mental Health
7. Workforce
8. Digital
9. Prevention
10. Healthy Weston

### Workstreams

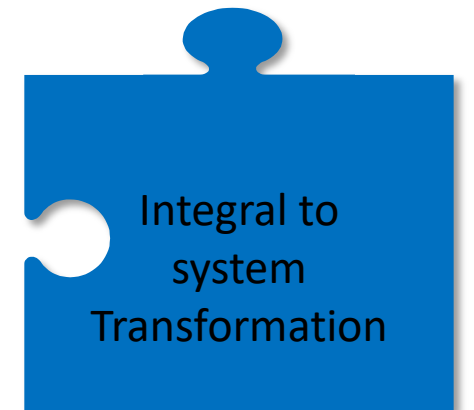
1. Quality and Resilience
2. Community and Primary Care Workforce
3. Intensive Support Scheme (ISS)
4. E-Consultations
5. Primary Care and IM&T Estates Group
6. Locality Transformation Scheme (LTS) (including Locality Plans)
7. LWAB (Local Workforce Action Board)
8. CEPN ((Community Provider Education Network)



# Our Vision



**Thriving general practice is at the heart of excellent care for our community.**





# Our Goal

**A sustainable and resilient general practice.**

In order to do this we need:

- An active understanding of resilience across BNSSG through a shared approach.
- To co-ordinate and provide support to meet the needs of practices
- To promote releasing time to care for both staff and patient wellbeing





# What are we going to do?

Test our definition of resilience – our resilience triangle.

Agree how we are going to use it.

Give practices tools for practices to self-assess against the resilience triangle

Identify common themes where we can offer support

Co-ordinate the support available and facilitate practices accessing this

Ensure all the good work in place contributes to and aligns with our vision and goals



## The context for our definition of resilience – our resilience triangle

“Our purpose is to create hope for practices and better care for people. We will provide leadership and collaboration across organisations to support general practice to be resilient and be integral to the transformation of our health and care system”

- A small working group representing Healthier Together, the CCG, One Care and the LMC met to consider how to define resilient general practice
- Started by thinking about resilience in the way we have measured it eg One Care’s Practice Resilience Assessment Questionnaire and the CCG’s Resilience Information Collection Tool
- Also reviewed the work of the Centre for Applied Resilience in Healthcare (Kings College London, UCL, University of Glasgow) who define resilience through:
  - The ability to respond safely to problems as they occur
  - The ability to learn from experience and share that experience
  - The ability to monitor how things are going
  - The ability to anticipate future needs
- Realised we needed to think beyond measurement and acknowledge the LMC’s point that practices need hope
- We followed Maslow's Hierarchy of Need model
- We populated the hierarchy from a practice perspective, and realised there were themes. The triangle identifies and groups these themes.

**Taking Maslow's Hierarchy of Needs and applying it to general practice**

**Self-actualisation -**  
the need for development and creativity

**Ego -**  
the need for self-esteem and recognition

**Social -**  
the need for belonging and inclusion

**Security -**  
the need for safety, shelter and stability

**Physical -**  
the need for air, food, rest and health

- Practice forecasts 3-5 years ahead and are confident in taking business risks
- General practice sits as an equal partner in the Integrated Care System
- Practice uses insight driven decision-making as business as usual  
Innovation and quality improvement are normal ways of working
- Practice trusts others and ask for help when needed
- General practice can recover quickly from challenges
- Practice works with other providers to plan population health

- Practice seeks new funding
- Practice plays their part as a provider in the wider system
- Key decisions are made using up to date and relevant data
- Staff in general practice have an achievable workload and are happy
- Practice feels empowered to solve problems
- General practice is meeting the needs of the patient population population health is stable

- Practice has a business plan and undertakes financial forecasting
- Effective and supportive relationships are in place within clusters / localities
- Practice uses data to explore how they could deliver care more effectively
- There is a well-led team within the practice; staff feel valued, problems are acknowledged and dealt with
- Staff have access to job development and enrichment opportunities
- The practice has support systems in place when difficulties arise
- Staff proactively target at risk groups of patients

- There are stable contracts in place for staff, premises and service delivery
- There is collaborative working within the practice
- Patient satisfaction levels are good
- Staff carry our occasional audits and review their appointment model from time to time
- Staff work within their clinical skill set and achieve good work/life balance
- The right skill mix is in place
- Staff have their core training needs met
- The practice is able to recover from short-term disruptions to the service
- Good practice clinical pathways are developed and followed for priority disease groups (eg. diabetes)

- The practice can pay its staff and monitors profitability
- There is adequate staffing in post to deliver care today
- Practice monitors and responds to complaints and the Friends and Family Test
- Staff have a sound knowledge of practice systems including EMIS, QOF is an accurate reflection of activity
- Staff complete their statutory and mandatory training and turnover is within acceptable limits
- The practice is meeting core clinical safety standards and is CQC compliant
- There is a practice contingency plan in place
- Standardised mortality ratio is within acceptable limits

Hope

**The resilience triangle: our definition**



## Preliminary Testing

We have gathered initial feedback through the following:

- OneCare stakeholder event
- Meeting with Healthwatch
- Follow up workshop with practice managers, GP and Locality reps invited
- PCCC (Feb 2019)

*“what sits under the triangle  
is more important than a  
single word”  
LMC*

*“clear links with the PCN  
Maturity Matrix”*

Localities

*“it recognises that resilience  
is hard and support may be  
required”*

Practice Managers



## Our priorities for the next six to nine months

- Agree how we will use the triangle.  
Potential options include:
  - 1) a self assessment tool linked to support mechanisms
  - 2) prompt for conversation with practices identified as struggling
  - 3) an organisational development tool
- Agree how we measure against the triangle
- Retest our triangle in relation to the NHS Plan and GP Contract announcements
- Engage with practices to increase knowledge of and commitment to the GPRT work stream including the resilience triangle
- Integrated working with other Healthier Together work streams
- Updating the GPRT Mandate and delivery plan
- Inform and align with the Primary Care Strategy in order to set direction for the system.  
Encompassing the aspirations of all working groups in Healthier Together



## Questions for the Committee

What do you think about the resilience triangle?

How else might we use it?

# Healthier Together



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North Somerset and South Gloucestershire

