Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee

Date: 24th September 2019
Time: 09:00
Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 6

Report title: Weston and Worle Intensive Support Site Local Evaluation

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1. Purpose

This paper is for information and to provide an insight into the learnings from the project. This relates especially to the development of PCNs and the significant cultural change to ensure that they successfully meet their objectives.

2. Recommendations

There are no specific recommendations for the Governing Body other than to be aware of the learnings from the ISS project, and to consider these in relation to similar major change programmes in the future.

3. Executive Summary

The paper outlines the rationale for the original project, agreed objectives and the subsequent performance against the objectives. The ISS project has been a very successful exercise in encouraging practices to work collaboratively together to initiate wholesale change leading to a significant improvement in patient waiting times amongst those practices that have implemented a radical new patient appointment system ‘askmyGP’. In addition the project helped to facilitate the development of the new super partnership Pier Health. The report identifies a number of recommendations following the implementation that are pertinent to all significant change activities.

The report concludes that the single most important factor is the time required to build trust and relationships between both GP partners and staff in practices to create a common vision and purpose.

4. Financial resource implications

There was a total budget of £417,500, the spending and management of which has been scrutinised by both the CCG and the national NHSE project team. The funds were due to be spent in entirety by the 31st March, however as the project wished to build longer term solutions it was agreed that this deadline could be extended until 30th September. All funds will have been allocated or spent by this date with no over or under spend.

5. Legal implications

The project has not generated any legal implications and this item is a report on evaluation only.

6. Risk implications

The original project identified a number of risk implications which were raised when first brought to PCCC. These have all been mitigated and there are no outstanding risks.

7. Implications for health inequalities

There are no implications for health inequalities from this programme as whilst processes have changed within some practices, access has continued to be made available to all as previously with no one disadvantaged.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

There are no implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues) and this item is a report on evaluation only.

9. Implications for Public Involvement

There are no implications for health inequalities from this programme as whilst processes have changed within some practices, access has continued to be made available to all as previously with no one disadvantaged.

Agenda item: 06
Report title: Weston & Worle ISS Programme Final Report and Recommendations

1. Background

This paper provides an evaluation of the Weston and Worle Intensive Support Site programme which completes on the 30th September. The paper is for information only and provides an insight and recommendations for future change programmes.

2. Executive summary

The Weston and Worle ISS project has been a ground breaking exercise in achieving group change at a very fast pace laying the foundations for significant long term benefits for both patients and practitioners in GP care.

Despite a very challenging timescale the project has delivered on a wide range of activities to support ten practices in Weston, Worle and the Villages locality. It has kick-started and enabled the new Pier Health super partnership to launch and be the vehicle for ongoing change and delivery of the rest of the programme.

Whilst the aim of the national project was to provide support to GPs to retain their services through a mixture of coaching and people related activities, the Weston bid was based upon changing the system with radical and long term results. It was recognised at the inception that this approach would cause significant disruption and potential dissatisfaction within the GP community however the leadership team felt that drastic action was required even if it resulted in a short term cost. This was recognised by NHSE who were supportive of the aims and ideals and were impressed by the passion and leadership of the Steering Group. This was a project devised and owned by the local providers and realistically was the only way that this level of change could be delivered.

The project (as was the case with the majority of the ISS schemes) was slower to commence than planned partly due to the need for an initial diagnostic and the significant procurement exercise for a digital system, but also by delays in the NHSE funded and procured change support. Whilst the diagnostic findings were completed by mid-September the main roll out of the significant change elements of the project did not commence until January 2019 which was half way through the project timescale. This did provide the opportunity for significant planning and communication with practices in advance of the change, including work on the back office elements. This therefore led to a frenetic surge of activity during the busiest time of year for practices and was far from ideal.

Six of the ten practices agreed to implement askmyGP with the first (most desperate) in January, three in February and the remaining one in March. Despite a certain amount of preparation, no practice was ready and fully aware of the implications of managing patient needs on the day. It required a completely different philosophy and approach. The experience of the first two greatly informed the later cohort, however the biggest issue raised was that if there was a shortage of resource the new system amplified the issues. In

addition many GPs found it difficult to move from an experience of having a list of appointments booked to taking proactive control as to how they managed patients and their issues. The experience of the first two practices caused those who had not already signed up to delay and consider their options. The change management support was a little late and ideally should have been in place before the event (although the resource was unavailable due to sickness), and equally the scale of the implementation was new to askmyGP. The system support from askmyGP subsequently was very good with numerous technical changes that were implemented quickly.

Whilst the digital front door caused the biggest initial impact all of the other elements of the project were able to proceed due to the work of partners, however the pressure on practices meant that much of the one to one coaching for GPs was delayed and Practice Managers did not have the time and headroom to implement all of the back office changes as fully as would have been ideal. This was also impacted by the desire of all of the practices to move forward with the development of the super partnership, Pier Health which took up crucial time at critical moments. One of the casualties of this was the website project which has experienced considerable delays due to the dependency on the agreement and formation of Pier Health linked to branding and other related issues.

The recruitment element of the project was also offered and agreed in February which also meant that this was a later task without sufficient time and resource available from the practices. This again, was highly dependent upon what subsequently happened to Pier Health and who would become a member.

The NHSE national team agreed to extend the project until the end of September (as with most of the ISS projects) although the final ISS evaluation was completed in April and published in May and formal reporting ceasing in April. The budgets were accrued and have continued to be monitored by the Steering Group.

The focus of the second six months has been on delivering the outstanding elements, i.e. recruitment, websites, coaching and subsequent telephone training as well as supporting Pier Health in its development.

The project has delivered nearly all of the original aims plus some additional ones and has enabled Pier Health to commence operation. It has revolutionised patient care in the practices that have adopted askmyGP and created a template for those yet to implement. It has significantly improved non clinical morale although whilst some GPs are much happier with the new system, others are not, and those practices using large numbers of locums are struggling as it does not fit with that model. The aim of Pier Health to move away from locums and have a shared bank of employed clinicians will alleviate this problem and enable the system to work effectively and as planned.

It is too early to determine how successful the programme has been in improving GP motivation and retention; however it has laid the foundations for a new way of working, with practices committed to working together to manage a whole population's health in a way that no other Locality within BNSSG is currently positioned. The fact that three practices have been rescued from contract hand back during this time is testament to the foundational work and collaborative approach that this project has engendered. This has been much more than implementing a 'new front door' it has been the stimulus for system change with hopefully dramatic results for the longer term.

A critical learning from the programme and led by the askmyGP implementation is that the Locality probably does not have a shortage of GPs, and the lesson nationally is that to improve the system a wider

range of clinicians is required. The practices with the best mix of non GPs who can support patients such as Physiotherapists, Mental Health Nurses, Social Prescribers, Pharmacists and PAs have found the system relatively trouble free and have provided their patients with the best service whilst reducing pressure on GPs. There is now a complete review of what ideal staffing looks like within the Weston area and appropriate steps planned to reduce the reliance on GPs and broaden the skills base. This will make the system more sustainable and enable every clinician to use their skills most appropriately.

The key recommendation however from the programme is that sufficient time is required to build trust and relationships amongst all parties to achieve transformational change and that the resulting vision and activity is nurtured without the demands of instant success and by building from solid foundations.

3. Introduction

The ISS project commenced in September 2018 with a completion date planned for March 2019 when all of the £400k funds were to be spent. The project was funded by an NHSE initiative to support recruitment and retention in the seven most desperate areas within the UK with one chosen per region. As Weston and Worle have the highest proportion of GPs and nurses nearing retirement within BNSSG the area was chosen as the CCG bid, and eventually was chosen as the South West Intensive Support Site against stiff competition.

The project focussed on the desire to reduce workload which the practices felt to be a major factor in the recruitment and crucially the retention of GPs. This was subsequently confirmed by the initial benchmark survey which provided the basis for the work undertaken in the project.

The Project Definition was:
Our ambition is to reduce both clinical and back office workload by 20% over the next two years and improve both patient outcomes and staff wellbeing.

With the Purpose being: *The purpose of this project is to lay organisational foundations for continuing improvement in the day to day working lives of all practice staff that will in turn deliver consistently high quality levels of patient experience*

The scope was limited to all of the practices within the Weston, Worle and Villages Locality comprising of 12 practices and 14 locations.

Governance for the project was at three levels, centrally managed by an NHSE programme team based in Leeds, regionally by the NHSE development team and locally at CCG level via a Project Board reporting to PCCC. There was strict management of the funding and project activities by the national programme team and funds were only released when they were satisfied that appropriate progress was being achieved.

There have been visits by Dominic Hardy, Director of Primary Care and Transformation and the national team to see what traction has been achieved at local level, plus a full evaluation by the national research and evaluation team (see attached report in appendix 1).

A Project Initiation Document was produced and agreed by the Steering Group, Board, PCOG and PCCC and signed off by NHSE. This laid out the objectives and deliverables for the very ambitious plan and the subsequent actual deliverables are listed in the table in page 7.

4. Original Project Objectives

1. Lay foundations for consistent working together as a Locality (initially as GP practices however longer term with the wider Weston healthcare community) enabling improved patient care and enhanced sustainability and resilience. The benefits will be:
    a. Clinician's day will be shorter and less stressful
    b. Clinicians will be able to operate at the top of their licence
    c. Practice staff will feel part of the wider Locality team with a common purpose
    d. Patients will experience a consistent and high quality level of care
    e. A culture of continuous improvement will be embedded within primary care
    f. Primary care will become fit for purpose for the wider Healthy Weston programme
2. Provide a consistent improved robust technology base to all Locality practices, the benefits of which will be:
    a. Facilitation of working at greater scale across practices to improve resilience
    b. Providing a consistent and efficient 'front door' for all practices reducing patient wait times and ensuring patients see the right clinician first time
    c. Improved patient experience in line with current and future patient expectations
    d. Removing duplication of tasks and streamlining processes thereby releasing staff time and reducing stress
    e. Providing appropriate foundations to future proof practices ensuring that integration with planned CCG and NHSE initiatives can easily be accommodated
3. Movement in 'hearts and minds' from all staff with belief that things are getting better and with a willingness to continue to work and learn in primary care. The benefits will be:
    a. Improved retention of all staff
    b. Opportunities for career progression and/or personal development for all
    c. Shared purpose leading to improved support and subsequent satisfaction
    d. Due to standardised roles and policies staff can be deployed across the whole of the Locality enabling both appropriate levels of staff and the ability for patients to see the right person at the right time
4. Create a 'brand' as a Locality to improve external recruitment. The benefits of this will be:
    a. A shared vision and purpose will encourage greater commitment and loyalty thereby reducing staff turnover
    b. A strong brand message will encourage external applicants to apply for roles understanding the benefits that the Locality offers
    c. A group of Locality practices that actively seek to look after the development of its staff and enable career progression and long term sustainability
5. By successful delivery of the objectives of this project produce a business case for change for other Localities. The benefits of this will be:
    a. A robust template of the benefits of radical change that will create demand from other areas to implement
    b. A case study of the lessons learned from a significant change programme that can be used as learning for other areas
    c. A number of Ambassadors who are able to articulate the 'before and after' and win hearts and minds of others for change

5. Planned Deliverables and Actual

Planned Deliverables	Actual Tasks Delivered
1. A new 'front door' to reduce levels of appointments by up to 20% over a two year period	1. askmyGP implementation currently in 6 of 10 practices with two to follow in late 2019
2. A single website that provides all practices with a consistent engine that enables patients to use online and self-care services 3. A new uniform communications approach to all patients	2. New Pier Health website and 10 new practice sites all with consistent branding and information 3. A new uniform communications approach to all patients through a combination of literature and the website project
4. Training on personal effectiveness 5. Training on Change management 6. GP Coaching	4. 5, 6 Individual and group coaching and mentoring for a total of circa 30 GPs, group practice change training for 8 practices, telephone training for 34 GPs
7. Home Visiting Team business case 8. Frailty GPs business case	7. Home Visiting Team business case 8. Frailty GPs business case
9. Back office collaboration around CQC, HR, etc. 10. Workflow optimisation 11. GP Team net 12. Texting patients 13. Texting results 14. Optimising use of EMIS	1. This is now part of the Pier Health programme 2. Workflow optimisation to all 3. GP Team net to all 4. Texting patients to all 5. Texting results to all 6. Optimising use of EMIS to all All delivered with the support of One Care
15. Prescribing hub	7. Prescribing hub via GPFV Quick Start programme with 10 practices taking part
16. Care Homes project implementation	16. Care Homes project implementation
17. Revised roles and competencies for all staff throughout the Locality 18. A career structure for all staff that enables progression from apprentice onwards	17. This was not delivered as the practices did not have the capacity to cope with the project strand and was moved to South Bristol. Some of this work is currently being undertaken by Pier Health 18.The apprenticeship scheme in liaison with Weston College and N Somerset council is in progression and will provide both apprenticeships and a career structure for new recruits joining Pier Health
19. Implementation team to be created to enable effective change in practices	19. This was not required as the implementation of most activities was completed by third parties however this will be used if required for the final two askmyGP launches
20. CQC Support pack 21. Video conferencing capability	20 and 21 were not required for this project however askmyGP does provide for video conferencing and may be used in future whilst the CQC preparation will be taken up

	as a Pier Health activity
22. In house Locality solution for Locums and other shared staff	22. This is part of the Pier Health recruitment proposition
23. Develop changed roles for GPs nearing retirement to encourage them to stay and link in with first fives	23. The changed roles element is part of the Portfolio Business Case whilst work with the first fives is being linked to both the Pier Health recruitment project and PLANET training
Not on original plan: Recruitment project	The additional funding provided has enabled a comprehensive recruitment project to commence which includes new website, video, brochure and social media; This will provide the Weston practices with the collateral to actively promote a wide range of roles across the area to include portfolio working. It is aimed to create a similar profile to that of Gloucestershire and Suffolk federations to attract national attention.

6. Programme Process

The Steering Group consisting of three GPs, a Practice Manager, a representative from One Care, NHSE Regional Representative and a local CCG area representative reviewed the original proposal and considered the various options available. It was agreed that it was vital to develop the initial benchmark as required by the national team and seek to confirm whether the original thoughts concerning the issues impacting retention were accurate.

Therefore the first task was to undertake a diagnostic that asked a wide range of questions to all practice staff including GPs, relating particularly to their wellbeing, morale and attitude to both their work and their practice. This was conducted in early September 2018 by an external body who presented their findings to both the Steering Group and the Board at the end of September. There was a 53% return from the 450 staff working in the practices which was felt to be very acceptable based upon the short timescale (2 weeks) of the survey period. 73% felt that their job was stressful with 43% unsure as to whether they would be working for the same organisation within two years. In addition the survey reviewed workload and identified that the practices had completed over one million appointments in the previous 12 months with just over 45% undertaken by GPs. The population is older than the national average with 18% of all patients over the age of 70 compared with a national average of 12%.

The findings were presented to the Steering Group who then compared the results with the proposed project actions to determine whether they were still appropriate. The NHSE national team required the activities to work within the following categories:

- Set up and diagnostic
- Support for individual GPs

- Support for Practices
- System wide interventions

The projects were broken down into the components above and required monthly reporting (final report in appendix 5)

All of these project elements formed the reporting process to the Programme Board, Steering Group and the national team who undertook stringent reviews monthly, comparing and contrasting results with the other 6 ISS areas.

The early part of the project following the diagnostic focussed on the procurement of the various critical path elements, the back office and the 'new front door'. The back office function work was secured by One Care as they were the primary providers of Team Net, Workflow and Texting and agreed to undertake a full review to support all practices. The new 'front door' was a far more time consuming process however this was significantly reduced by using the GCloud system and enabled the project team to consider pre vetted suppliers and systems thereby reducing the overall timescale significantly. If this had not been achieved the project would not have been able to deliver within the timescales required. Following some rigorous assessment and clear requirements the askmyGP system was determined to be the appropriate solution and following confirmatory agreement by the CSU was signed off by the Programme Board in November 2018. It was agreed that the project would pay for the implementation but that practices would commit to the monthly subscription ensuring that they had a financial stake in the programme.

During this time the implementation of all other work-streams continued to ensure that practices were ready to receive the new system with the back office work underway. There was a delay in the change management support as the funded NHSE change manager was ill for a significant period between October and December 2018 which subsequently had an impact on the initial practice's ability to implement askmyGP. In addition, NHSE had committed to commission a group change management support for one practice however due to procurement issues this never materialised.

The first practices to implement askmyGP were the Locality on 7th January with Tudor Lodge following on the 8th. There were a number of lessons learned during the initial implementations and these helped to enable a smoother roll out of the next three practices, Longton Grove 4th Feb, New Court 5th and Milton on the 7th February. The Cedars went live on the 5th March; however Graham Road, Clarence Park and Stafford Medical received their initial diagnostic and subsequently decided to pull out of the original implementation programme. It is now planned that Graham Road/Clarence Park will implement in January 2020 with funds accrued to support this whilst Stafford Medical have until mid-September to confirm whether they too wish to go ahead during that time. Winscombe and Banwell decided early in the process that they did not wish to implement the system but would recruit additional staff.

The remaining elements of the programme including the care-home work, business cases and individual coaching were completed in the first quarter of 2019. The latter was again subject to a short procurement process which was managed by the Steering Group and signed off by the Board.

In January 2019 the national team announced the availability of a further £17,500 of funding that was subject to a successful bid for a specific purpose. As the project had primarily focussed on retention activities it was agreed by the Steering Group that the additional funds would be used to support

recruitment. This was approved and the funds were added to the website project as they were directly linked.

The formal programme was planned for completion at the end of March, however like most of the other ISS sites the timescales were too tight to produce meaningful activities and it was agreed by the national team that the delivery of outstanding tasks could be completed by the end of September. Additional funding for continued project management was allocated from the project to facilitate this work. NHSE undertook a final evaluation exercise completed by the Research and Evidence team from the North of England Commissioning Support function. A copy of their report which has been published as part of the GP retention programme is included in Appendix 1.

The period following March has focussed on delivering:

- Final internal evaluation
- Website development for both Pier Health and all practices
- Coaching and mentoring for circa 30 GPs
- Telephone training for 35 GPs
- Sharing of learning from askmyGP
- GPFV Quick Start group programme on delivery of a Prescribing Hub
- Determining final roll out to practices of askmyGP
- Sharing the knowledge, and the initiation of a South Bristol resilience project

7. Risks and Mitigation

A number of risks were highlighted in the original PID:

- There is a risk that practices will not enable the tight time scale of the diagnostic process
- There is a risk that all actions will not be completed by the end of the financial year 31.03.19
- Insufficient number of practices commit to the programme
- There is a risk that the required procurement procedures delay the initiation of work-streams which in turn may pose risks to the programme as a whole.
- Winter pressures impacting practice's ability to engage
- Inability to recruit the implementation support team
- There is risk that elements of the programme could impact on other directorate's plans and work-streams.

In reality the risks identified were realistic and reasonable as all were a factor within the programme with the biggest issue being the very significant number of activities impacting the practices all at the same time during the busiest period of the year. The mitigating actions primarily were to space the actions out more and ensure that there was a significant amount of support available to practices. Recognising the limited project management within the programme and none outside, the Steering Group agreed that the most effective mitigation was to work with organisations that could do as much work as possible to minimise the impact on individuals within practices.

The impact of askmyGP on practices was huge and during the timescale of this project has not freed up significant resource as expected, however it has forced practices to review their structure and rostering. It has created significant pressure on practices as they have coped with the change on all fronts. Implementation of all of the other tasks has been slower than hoped primarily due to the time constraints of practice managers and an unexpected risk; the development and creation of the super practice Pier Health. Weston practices have experienced change on a scale unseen in primary care since the inception of the Health Service in 1948.

The programme has been successful due to the commitment and leadership of the Steering Group and the drive and support of the practice staff, however the only way to mitigate the risks was to spread the timescale out over twelve months instead of the planned six. The Board and Steering Group were not prepared to rush the process to meet the original timescales if it meant that change was rushed and not appropriately executed. The desire to build from strong foundations was paramount.

8. Evaluation

Following the initial diagnostic, there have been two sets of evaluation to date with that completed by the national team in March and a further local review in April. The national team now plan to undertake a further evaluation in September/October 2019 to further inform on the longer term impact of the ISS projects.

The full findings of the national evaluation can be found in Appendix 1, however the snapshots for the Weston practices were:

- 80% of respondents agreed or strongly agreed that the ISS interventions would improve their satisfaction (the highest of all ISS sites)
- 70% of respondents agreed or strongly agreed that they felt more supported compared to this time last year (again the highest of all ISS sites)
- 83% of GPs agreed or strongly agreed that practices have or will benefit from the ISS programme (again the highest of all ISS schemes)
- 55% of GPs agreed or strongly agreed that the wider primary care system would benefit from the programme
- 73% of all respondents agreed or strongly agreed that working relationships and collaborative working will have improved due to the ISS programme
- 75% of all respondents agreed or strongly agreed that patients had benefitted from the ISS programme (joint highest of the ISS programmes with Newham)
- 57% of all respondents agreed or strongly agreed that they felt more optimistic about general practice following the ISS programme
- 80% of all respondents were either more likely or the same to stay in general practice within the next twelve months
- 65% of respondents were either less likely or would stay the same to scale back their working hours over the next twelve months
- No respondents disagreed that the ISS project had a positive impact on GPs compared with this time last year with 60% agreed or strongly agreed

- 85% of all respondents agreed or strongly agreed that the ISS project had or will create a momentum for change with no one disagreeing

The internal evaluation completed in April unfortunately experienced a considerable reduction in responses compared with the original diagnostic in September possibly due to the fact that the national team had asked similar questions only a few weeks previously.

The impact of askmyGP particularly on GPs has been very significant and those practices that have experienced shortages of clinicians have been badly impacted. The survey in April came at a time when the system was settling down and not all practices had the right resource. The response from practices was different depending upon whether they were GPs and if they had implemented askmyGP. 59% of respondents were using askmyGP however the sample was under a fith of the original diagnostic.

31% of clinicians in askmyGP practices were less motivated than before compared with zero in non askmyGP practices however the numbers of individuals were six. 74% of askmyGP clinicians felt under considerable stress compared with 58% in the remaining practices. Interestingly the practices that were struggling with askmyGp due to insufficient resource generated the most response.

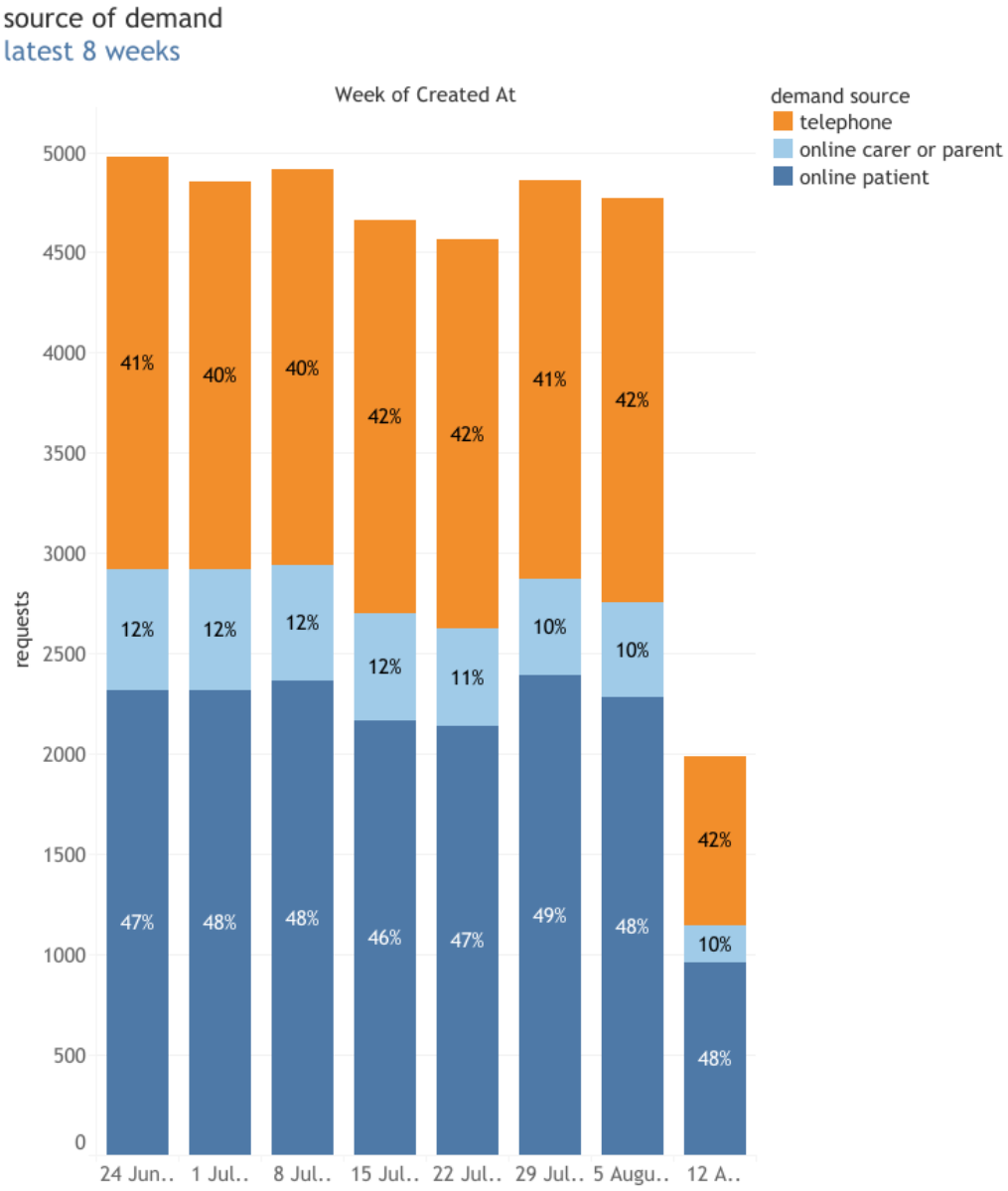
The reverse was true for non-clinicians with a lower percentage feeling under extreme stress in askmyGP practices.

It was always understood that the askmyGP implementation would cause significant upset to GPs in particular in the short term. The system identifies all of the areas of weakness within a practice and has changed the working day for a GP out of all recognition. Equally if the practice is under resourced the impact on those managing everything ‘on the day’ is very heavy. The practices that have not had a wide range of other clinicians to support the activity have found it difficult whereas others that have a multi-disciplinary approach have managed much better with very positive results. It is hoped that the further evaluation to be undertaken in September and October will generate a statistically higher response and will come at a time when the system has settled to give a more realistic temperature check of attitude and intention.

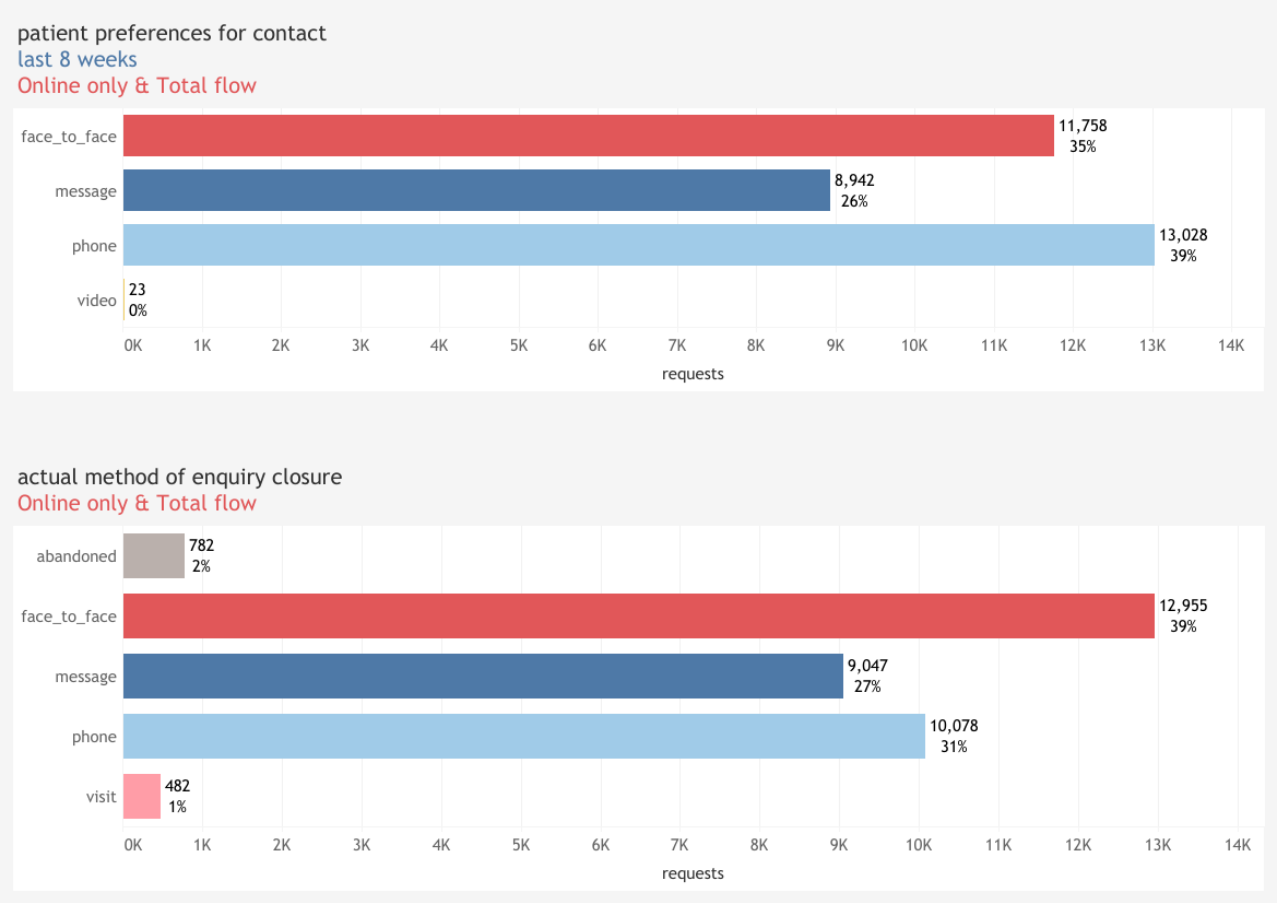
9. Impact on Patients and Staff

Whilst the new system has been very hard for GPs, for those practices who have implemented askmyGP the impact on patients has been much better than had been hoped. With six of the 10 practices within the project implementing the system and despite the lack of resource available, patients have been able to see their GP if needed on the day. The reduction in appointment time has reduced at Milton practice for an example from a median of 6.8 days to an average of 0.65 days with other practices experiencing a similar dramatic reduction. Over 80% of patients believe that the new system is better than previously with hundreds of positive comments. With an average response time of 15 minutes from first contact the abolition of the need to call at 08:00 has seen the greatest impact. One practice has seen the average number of daily incoming calls reduce from over 800 a day to a maximum of 450 with an increase of outgoing calls by circa 130.

For those patients who are unable to access or have the confidence to use the web, their request can still be managed by phone or face to face therefore no one is disadvantaged. The figures below demonstrate the usage to date:



The workload has also changed significantly with GPs now only seeing around 35% of patients face to face but able to respond either by phone, email or face to face. In reality more patients are being seen face to face than they initially requested.



Response from both Healthwatch and the PPGs has also been positive and the pressure is now growing on the other practices within the town to implement the system. All of this has been achieved without a significant patient communications exercise in order that patients were neither worried nor had their expectations raised. Patients have quickly got used to the online system and their habits have changed Responses have been slightly changed to Patients' expectations with a slightly larger number seen face to by phone or email.

One of the many benefits of the system is that in general patients provide far more information than has historically been the case with triaging by the reception team and therefore it is far easier for a GP to determine who needs to be seen, when and by whom.

Some Patient comments:

Locality patient: *What a fab system. Rang the surgery this morning and had a call from a GP this afternoon. Prescription printed immediately after phone call and medicines collected same day. Long live the NHS.*

Tudor Lodge patient: *For simple requests like this, the system is absolutely fantastic. It saved me having to take time out of work and use up an appointment slot for something that was easily fixed via email. Definitely an improvement and will use again.*

Milton patient: *This is a good service and I think it is much faster that trying to get an appointment in the morning and trying to compete with each other.*

New Court patient: *This was especially useful when leaving the house is difficult. Thanks for offering this option to communicate and make requests.*

Longton Grove patient: *Simply Best NHS Service in Weston*

The Cedars patient: *I found it better than trying to get through on the phone early morning for a same day appointment & was seen on time, this is early days so time will tell but happy with it today.*

Not everyone is happy however over 80% of patients would not go back. Some less positive comments:

- I can't fault this system from my point of view, but it makes me feel as if I am too demanding, also, how can it possibly help the GPs with their daily work load?
- Very difficult for less computer literate patients. Having great difficulty accessing replies and am getting messages telling me that my request has been completed but not replying to my question, at least in an email I can read. Phone reply was good.
- Found the system good, my only concern that some people might find it difficult to use

The impact on ED and Out of Hours has been less pronounced and it has been a difficult job to obtain appropriate meaningful data until very recently, however the Business Intelligence team is now analysing results. There appears to have been a small reduction in less urgent attendances at Weston A & E from askmyGP practices however it is inconclusive at this stage. It is believed that many patients with more routine primary care needs may use A & E and therefore a new project is currently underway to install an askmyGP terminal at the ED department at Weston hospital and actively signpost patients to their GP.

10. Conclusion and Recommendations

The project has provided a unique learning opportunity in advance of the full implementation of PCNs. The chance to work together with a large group of practices and determine a common set of issues has demonstrated the art of the possible whilst identifying many of the potential problems.

The ISS project has been successful partly due to the tight timescales and significant cash injection, however if previous work had not taken place to build trusting relationships and a common vision none of it would have been possible. Equally the vision came from the provider team who promoted and subsequently defended their plan and deliverables. This leadership has been paramount in the delivery of such a significant number of projects over a challenging and compressed timescale. Without the passionate advocacy and commitment of the Steering Group members, a diluted and less ambitious programme would have struggled to make a mark. The short deadlines and the requirement for the money to be spent or lost, focussed minds and delivered action.

The most important element required is time. Weston had the benefit of a previous ETTF funding bid which led to a number of project meetings from which a common vision emanated. This was developed and has subsequently led to an eventual super-partnership, however the constant lobbying and building of trust over a two year period grew relationships as well as a common outlook. In addition the role of a CCG relationship manager who can help support and steer the group is also essential as they can become the conduit between both the commissioner and the provider, hearing both perspectives and translating them to the other in a language they understand. The expectation of a rapid development of PCNs can only be

achieved with active support from the Commissioner and partner organisations such as One Care; with each recognising both theirs and each other's roles. The need to find win/win solutions is crucial working in a partnership way rather than operating at a parent/child or conflicting relationship.

With effective leadership and support the next criteria required is to find willing partners who can deliver the tasks with the minimum requirement of time and resource from practices. Whilst practices have to be mentally and emotionally engaged in any change activity they do not always have the capacity to make things happen. Practices and Practice Managers can be under such intensive pressure that they do not have the band-with to get to grips with managing significant change themselves and therefore resources have to be released to support them either as back fill or just to do the work. The ability to make change happen takes as long as the slowest person and that can often be the Practice Manager if they are trying to struggling to manage competing demands. This is where it is crucial to engage with partners as they can determine where their staff spend their time, and if it is important to them, it will happen. Time therefore is needed to engage with the partners and opinion formers to ensure that they are informed and commit to and understand their role. Then it is vital they develop the plan and own it.

The role of partner organisations is crucial on the basis that they will have to undertake much of the work. The benefit of an organisation such as One Care who could deliver much of the back office programme also helped considerably as they were able to lead a raft of initiatives and still be held accountable with regular updates at Steering Group meetings. Procuring partners who could take responsibility for much of the implementation was a critical element of the procurement requirements as they were all chosen for their ability to work with little oversight, provide regular updates and make practice lives as easy as possible.

The support from internal teams from both the CCG and NHSE has been really appreciated. An example of this was when following the implementation of askmyGP the need for dual screens was identified. CCG IT was incredibly helpful and produced a solution very quickly which mitigated many of the issues and also boosted credibility to the practices that they were being supported. The visit from the senior NHSE Primary Care team was also very helpful as the local team was able to tell their story and enthuse. This then led to additional support and encouragement and a belief that their project was worthwhile and made a difference. This was subsequently backed up by visits from the Isle of Wight and Blackpool to share the learning.

The final element has been communication, much of it internal, to tell the story and showcase what the team has achieved. This has happened locally in Weston to organisations like the Civic Society and Healthwatch, regionally at various CCG events and talks to NHSE regional teams, and showcased nationally at conferences. All of these come together to provide encouragement that the project is really worthwhile work, is making a difference, and that it is worth all of the ongoing hard work.

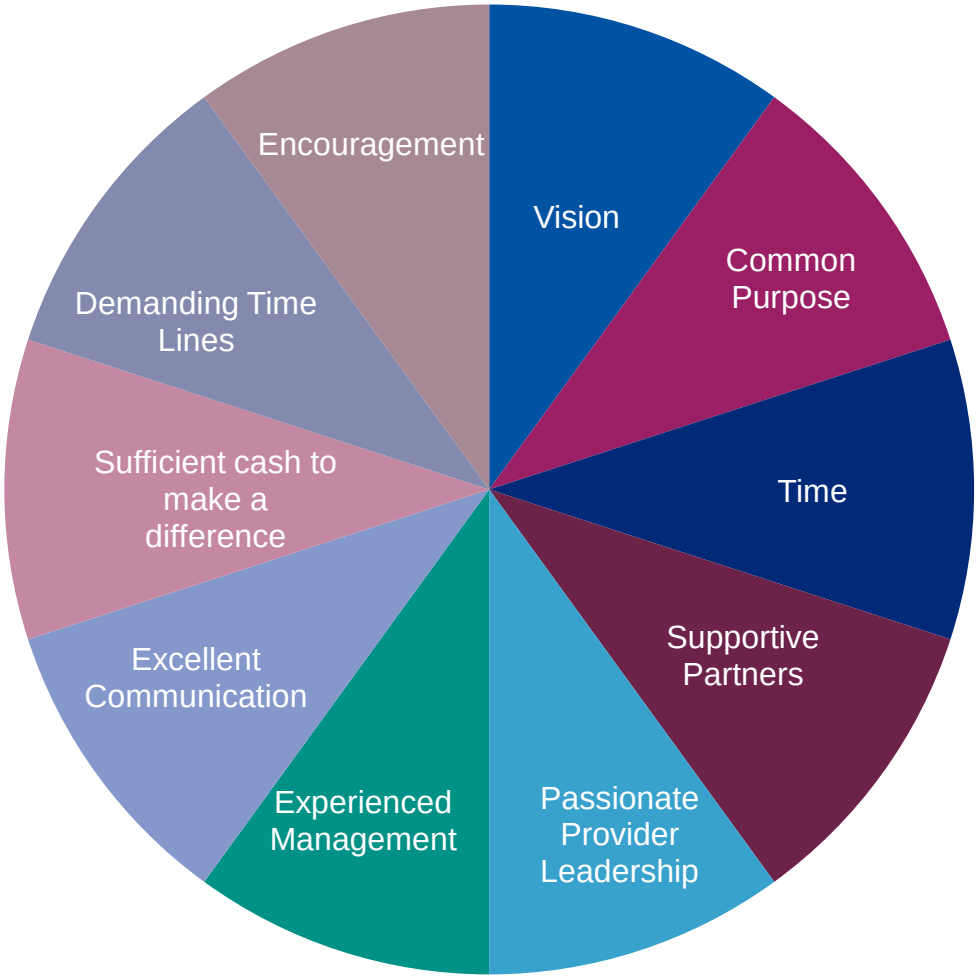
Key recommendations for a successful locality project

- Effective provider leadership at both clinical and practice management level is an essential
- A common vision or at least recognition of a common problem
- The provider team identify the objectives and it is their plan
- Passionate communication and the building of trusting relationships
- Focussed programme leader with the expertise to encourage the appropriate behaviours and manage at all levels and all stakeholders

- Time, it has taken almost three years of working with the Weston locality to build the trust between each other and the CCG/NHSE
- A 'can do' attitude and finding ways around the system to deliver quick wins and build confidence
- Excellent communication between all parties with one version of the truth
- Great support from CCG and where appropriate NHSE working as part of the team and not seen or perceived to be working in opposition
- Sufficient cash generated either centrally or internally to make a difference
- Demanding yet achievable timelines
- Willing and able partners to undertake much of the work

If there is one single learning point and recommendation it is that sufficient time is needed to undertake transformational change. The history of the NHS and most other organisations is littered with new initiatives that have been quickly dropped to be closely followed by another. Most of these have little impact and lead to a culture of ambivalence at best and cynicism at worst. There currently is a seed change of expectation by General Practice and recognition that things do need to change, and this needs to be harnessed and nurtured. This programme has demonstrated that a group of different businesses with a range of attitudes and values can work collaboratively together if they are provided with the support, encouragement and direction, with sufficient time to build their confidence in both those around them and each other. The experience of this programme is that given the time and support great things can happen especially at practice level, however wide-spread PCN/Locality change will only happen at the pace of the slowest participant and the impact of this must be factored into any long term planning.

Essential Ingredients for Successful PCN Development and Delivery



11. Financial resource implications

There was a total budget of £417,500 the spending and management of which has been scrutinised by both the CCG and the national NHSE project team. The funds were due to be spent in entirety by the 31st March however as the project wished to build longer term solutions it was agreed that this deadline could be extended until 30th September. All funds will have been allocated or spent by this date with no over or under spend.

12. Legal implications

The project has not generated any legal implications and this item is a report on evaluation only

13. Risk implications

The original project identified a number of risk implications which were raised when first brought to PCCC. These have all been mitigated and there are no outstanding risks.

14. Implications for health inequalities

There are no implications for health inequalities from this programme as whilst processes have changed within some practices, access has continued to be made available to all as previously with no one disadvantaged.

15. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

There are no implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues) and this item is a report on evaluation only**.**

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17. Consultation and Communication including Public Involvement

During the process of this programme a number of consultations took place including local PPG groups within surgeries and their patients, area wide PPG Chairs meetings and also reporting to Healthwatch at their Annual General Meeting. In addition wider community involvement took place with talks to various bodies including Weston Civic Society.

Report Author: Denys Rayner; ISS Programme Manager
Report Sponsor: Jenny Bowker, Head of Primary Care Development
Martin Jones; Medical Director - Commissioning and Primary Care

Appendices:

National Team evaluation: https://www.england.nhs.uk/wp-content/uploads/2019/07/gp-retention-intensive-support-sites-evaluation-report.pdf

2. National Team Video describing the ISS projects: https://youtu.be/OqR-S61Q-e4

3. ISS Video featuring Weston: https://youtu.be/3Ryrt0OB5fQ

4. GP Retention Tool Kit: https://www.england.nhs.uk/wp-content/uploads/2019/07/making-general-practice-a-great-place-to-work-gp-toolkit.pdf

5. Original NHSE application: As attachment

6. Final Project Report (Draft): As attachment

7. AskmyGP data from September 2019: As Attachment

Glossary of terms and abbreviations

ISS	This is the abbreviation of the nationally sponsored Intensive Support Site project aimed at improving the retention and recruitment of GPs
PCNs	These are the new contractual framework for primary care called Primary Care Networks linking GP practices together to look after average patient populations between 30-50,000.

INTENSIVE SUPPORT SITE: REGIONAL PROPOSAL 2018/19				
Region:		South	**Date of submission:**	12th June 2018
Completed by:		Fiona Davenport Jenny Bowker/ Ro York/Denys Rayner	NHS England South West (North) BNSSG CCG	12th June 2018 12th June 2018
Approved by:		Nikki Holmes Martin Jones	NHS England South West (North) BNSSG CCG	12th June 2018
	What is name / location of the site nominated?	Weston and Worle Locality (North Somerset), BNSSG CCG		
1	**What is the level of challenge in this site, in terms of retaining GPs in the workforce and meeting patient demand?** The region may wish to refer to national intelligence (NHS Digital data), public health profiles and local insights from local NHS England teams, AHSNs and various partners (RCGP, BMA, HEE). See sources. Sites will be chosen that face particular issues with retention. This should include consideration of STP workforce trajectories for 2018/19 and local workforce plans, local health inequalities, patient	**Focus of proposal** Following recent engagement with member practices, a cluster/area foot print has emerged across the BNSSG CCG area, with clusters operating at an estimated 100,000 populations. The focus of this proposal is on Weston/Worle locality, consisting of 11 practices with 104,000 population. The area surrounding Weston is covered by Woodspring locality, made up of 7 practices with 117,000 population. The geography of the rest of the area allows the other 4 localities to operate at a larger scale, with populations from 164,000 to 270,000. The CCG management structure and commissioning plans are aligned to these localities, driving forward working at scale across all areas. **GP Practice Position** The Healthy Weston GP programme originated from a position of real concern over the sustainability and resilience of practices as there was a view that if one failed the rest would collapse under the strain. Whilst two contract handbacks were managed there is still considerable concern over at least two practices and this has led to the creation of a 'burning platform' where the incentive to work together has been reinforced. GPs are in a more advanced stage than anywhere else within BNSSG in collective thinking and working and have reluctantly accepted the need for collaborative working and are now embracing change. Workload pressures are very significant however and both GPs and Practice Managers are feeling the considerable strain of coping with demand. Whilst there is considerable desire to change and work together there appears to be insufficient headroom at present to actually make things happen, with Practice Managers and GPs unable to make the changes necessary due to the intense pressure of managing the daily workload. The increasing population is also causing certain practices to struggle and recruitment of both GPs and Nurses continues to be a considerable challenge.		

population and levels of need.

As outlined above there is overall fragility of general practice in Weston with four of out five practices in the centre of Weston receiving resilience support (as detailed in the table overleaf). There have been 2 contracts handed back plus a patient list dispersal over the last 15 months. There has been limited market interest in BNSSG and with no interest in the Weston area. Local solutions have been developed and we are currently considering the potential options for a contract ending in October 2018. One practice has also recently federated but is at risk due to high workforce costs.

Practice	**List size**	**Number of patients per FTE GP**	**Number of patients per FTE Nurse**	**%GPs 55rs and over**	**Practice Linked IMD**	**Vulnerable Practice Scheme (16)**
Tudor Lodge	10164	2162	1486	34%	2	
Longton Grove	7187	1063	2913	46%	2	
New Court	11880	1898	3068	52%	2	
Milton Surgery	9069	2255	2381	42%	3	
Stafford Medical Group	11601	4305	3477	100%	3	Y
Graham Road	8773	8259	12707	100%	Most Deprived Quintile	Y
Clarence Park	4906	1853	1692	41%	2	Y
Locality Health Centre	5398	2171	1237	65%	Most Deprived Quintile	Y

Winscombe and Banwell	9456	1771	3533	51%	5	
Riverbank	9855	3574	8180	0	4	
Cedars	15217	3535	2488	46%	4	

The CCG and NHS England Local Team provides a significant amount of support to the practices in Weston in trying to improve workforce resilience across the local system. There is an absolute understanding that workforce needs will vary across the CCG area and a tailored approach may be required to ensure sustainability into the future.

Healthy Weston 2017 – 2021

The request for funding builds on an emerging integrated Healthy Weston' commissioning plan which sets out the vision for comprehensive/high quality health care to meet needs of people in North Somerset, this will be focused on the 'place' of Weston.

This ambition is based on partnership working and co-design to create a system wide vision. This vision recognises the importance of providers/partners breaking down the barriers and to work together.

There is a vision to move to an integrated primary, community and secondary care services, improving pathways of care and developing an integrated and co-located multi-agency 'Care Campus' model at the Weston General Hospital site. This will provide new and exciting opportunities for staff to work in a more holistic and patient centred way: integration and improved pathways and will also address a number of significant challenges with regards to clinical and financial sustainability.

The Healthy Weston Plan is aimed at addressing health inequalities in Weston. Residents located in some parts of the south of the area are significantly more likely to live with debilitating long term conditions and die up to 18 years earlier (which is one of the highest in the country) than people living only a few miles to the north of the area.

The population of Weston is aging faster than the England average with significant deprivation which is hidden by the broader geography of the area. North Somerset has the third largest range of deprivation scores in the country, South Ward where 1-in-10 residents are from non-white backgrounds.

		There is a need to develop a flexible approach to workforce due to the recognition that the area has up to 8 million day trippers and 500,000 staying visitors each year. During the peak season up to 10% of emergency department attendances are by out-of-area tourists. The Healthy Weston plan identifies 3 priority areas: • Frail and Older People • Children, Young People and Pregnant Women (including complex needs and young people's mental health). • Vulnerable Groups, for example people with mental health needs, learning difficulties and those who struggle with drug and alcohol addiction The Weston Locality has significant challenges in clinical recruitment and retention in hospital, primary and community services. The area is neighboured by Bristol and Bath, with their strong educational and cultural opportunities, they have and continue to face difficulties in attracting clinicians to live and/or work in Weston-Super-Mare. Working alongside 'Healthy Weston', the CCG will maximise integrated system-wide working, along with working at scale locally and across the wider STP footprint. The Council has the ambition for the town of Weston-Super-Mare to increase in population size from 80,000 to 100,000. There are also on-going discussions to re-generate the town through public and private sector investment. The Healthy Weston model has identified three areas to be addressed: • Primary Care (General Practice) working at scale and providing strong system leadership, working together in a more robust and effective way. To support the wider community system and secondary care services at Weston General Hospital to proactively help people to stay well, independent and at home wherever possible. This includes assessing opportunities to reconfigure and enhance the primary care estate and exploring the opportunities for integration and co-location offered by the One Public Estate Programme. • Stronger more integrated community services supported by a 'Care Campus' model at the Weston General Hospital site. Recognition that the current fragmented delivery through creating an alliance of local provider underpinned by a capitated payment model

		• A stronger more focused Acute Trust and acute care model at Weston General Hospital by reconfiguring services to provide most appropriate locally supported services. An important enabler of this work will be the Partnership Agreement between University Hospital Bristol (UHB) and local hospitals. Patient engagement commenced at the end of 2017 and identified the key priorities which have been built into the plan. The priorities align to the Five Year Forward View of improving experience, health and financial value/sustainability. The Healthy Weston plan cannot be delivered without primary care access and the capacity and capability of the wider out-of-hospital community system (e.g. integrated primary and community care, mental health, social care, public health and the voluntary sector). GP Resilience can be supported by development of a GP clinical leadership of Community Health system; thereby enabling other clinicians/health care workers to care for patients where appropriate, develop more efficient streaming, and ensure better use of clinical specialists across a wider geography. In addition collaborative working to address an aging workforce and difficulties recruiting can realise economies of scale. **North Somerset** North Somerset faces significant demographic pressures with a population that is both ageing and growing. Long-term projections suggest the population of North Somerset is set to increase across all age groups, reaching an estimated 300,000 by 2030. The largest increase over the next ten years is set to be within the 75-84 age group. The 'Weston Villages' are the main strategic growth area for North Somerset and are forecast to deliver 10,000 new homes by 2028. North Somerset is home to around 210,000 people and the population continues to grow rapidly. Despite pockets of extreme deprivation, much of North Somerset is a prosperous area with unemployment below the national average, and the area contributed 25% of new jobs in the South West between 2000 and 2014. Many residents choose to live here for the superb quality of life and choice of outstanding secondary schools. Weston-Super-Mare linked with Worle, a seaside resort, is the largest settlement with around 96,000 people and is set to enjoy growth through further investment. Whilst GP age profiles are better than the national median in BNSSG, North Somerset has an older age profile, presenting an immediate risk to supply, as the table overleaf shows.

Table 1 showing over 30% percent of GPs in BNSSG are over 50 yrs.			
Detailed breakdown for Healthier Together (STP)	**NHS Bristol CCG**	**NHS North Somerset CCG**	**NHS South Gloucestershire CCG**
Total Number of GPs (WTE)	235	113	152
GPs per 10,000 population	8.5	7.5	7.6
% GPs Over 55	18%	25%	17%
% GPs Over 50	31%	35%	31%

The Healthy Weston programme has been established with the over-arching objective to achieve the best health and wellbeing for people living in the Weston Locality through the delivery of a more collaborative, resilient, sustainable and effective primary care system. Currently there are significant disparities in Weston with male life expectancy ranging from a low of 68 years in one ward to 85 in another just one mile away.

Bristol, North Somerset and South Gloucestershire (BNSSG)
BNSSG STP, 'Healthier Together' sets out an ambitious future for health and care systems, with GP-led integrated services providing excellence in out of hospital care. To achieve this vision, the CCG needs to build on the strengths of GP practices, by tackling the challenges that they face and by supporting new GPs to come to our area to work.

To deliver this vision, the CCG requires a strong and stable general practice across the whole of BNSSG. The BNSSG CCGs' Primary Care Strategy describes a vision for a resilient and thriving primary care sector and a future model of care in which groups of practices collaborate with other community provider organisations to provide integrated care and services for a defined population and geography.

In 2017 the BNSSG CCGs launched the Locality Transformation Scheme (LTS) to establish locality provider vehicles. These are partnerships between practices serving populations of circa 100k.

The purpose of these partnerships is to develop place based population plans and to work with local community providers to do so. The locality vehicles will support the development of primary care at scale and the resilience of

		primary care as set out in our primary care strategy. Six locality provider vehicles have been established in BNSSG. The Locality Transformation Scheme (general practice at scale) is important to the CCG because, as a commissioner, they are committed to:- • Support sustainable, resilient general practice at the heart of an integrated model of care building on work to date • Orchestrate development of a new demand-led model of care where all resources outside of (acute) hospital are joined up and wrapped around natural communities, led by GPs • Develop general practice as providers, able to interface and partner effectively with other providers • Enable general practice to work together at the right scale to achieve this i.e. big enough to work collaboratively with other providers; small enough really to understand and design services for their own population • Work in collaboration as commissioners and providers to make health better for the people we serve From the 1st April 2018 the three CCGs within BNSSG consolidated into one CCG, the CCG has strong clinical leadership for the change and an active patient and public dialogue. The approach will be to provide a framework which can be rolled-out across the CCG.
2	**What is the scale of impact?** At what patient population is the site operating? For example a footprint of 30 - 50,000 population could offer an appropriate scale as an intervention site, and aligns well with work to develop Primary Care Networks. Alternatively, regions may wish to consider adopting a larger footprint (e.g. STP) to align with	The area of North Somerset has a population of 212,000 and is coterminous with local Council. There are 18 practices, now formed into 4 clusters, supported by emerging alliance of practices, working across the wider locality and CCG area. Within the town, of the 8 practice 3 have <8k pop, which is below the sustainable business threshold and 4 are supported through the Vulnerable Practice approach. As detailed above the focus of this proposal is on Weston/Worle locality (highlighted in red below), consisting of 11 practices with 104k population. The area surrounding Weston is covered by Woodspring locality (highlighted in green below), made up of 7 practices with 117k population. The geography of the rest of the area allows the other 4 localities to operate at a larger scale, with populations from 164k to 270k. The CCG management structure and commissioning plans are aligned to these localities, driving forward working at scale across all areas.

	workforce plans.	

Row Labels	Sum of Registered population	Count of Practice Code & Name
ICE Bristol	174,582	15
N&W Bristol	179,149	15
SG Locality	270,069	25
South Bristol	163,894	17
Woodspring	**116,826**	**7**
Worle Weston	**103,511**	**11**
Grand Total	**1,008,031**	**90**

The CCG has full engagement at cluster level through the commissioning of services but also through General Practice Forward View (GPFV).

It is intended that the focus of this intensive support will be based in Weston but will build on strengths and opportunities to share across the wider areas/CCG footprint. Whilst this population is significantly higher than that suggested within the guidelines it is felt that this project would deliver significantly higher value per £1 spent due to the size and potential benefits of the Locality and its preparedness for any intervention.

The key enabler to developing this new model of care is workforce, firstly to attract GPs and other skill mix but also to then retain the workforce by using a wider range of healthcare practitioners, working with Healthier Together

		(STP) and HEE/Deanery to link with training plans. Equally the aim of the project will be to radically change the processes and systems to reduce the pressures and workload on GPs and other practitioners rather than just focus on activities to support GPs in their current patterns of work. There have been a number of conversations as to how this might work and there is general agreement on principles, however the issue is the time and resource available to implement. We aim to develop and successfully implement a template that can be rolled out across the other 5 BNSSG Localities with appropriate local amendments to provide a wider solution.
3	**What is the level of engagement locally?** Do key partners (e.g. LMCs / LWABs) support the concept of what is being proposed? Has the CCG confirmed they are willing to engage on this process? Are local practices, federations on board? Are the local trust engaged? How have the regions engaged with local teams in the development of this proposal and does it have the backing of the DCO senior teams and medical directors?	The BNSSG CCG already has a strong and established mechanism for engaging with practices. The CCG has monthly membership meetings at which all practices are represented with monthly area based membership meetings as well as twice yearly BNSSG wide membership events. The CCG is developing Locality Leadership Groups to represent the practices in the CCG commissioning agenda and to undertake annual practice visits. The CCG has a weekly email GP Bulletin which updates practices on key items. In addition, through the Locality Transformation Scheme six locality provider vehicles have recently been established in BNSSG. These localities have set up underpinning agreements between practices and agreed leadership including identified clinical lead(s) to work with commissioners and other providers. The CCG is currently discussing priorities with each locality, how they would like to work with other providers and the support they would need – including workforce as an enabler. The Weston Locality group is now in the process of creating a more formal structure to enable them to work more effectively together with the potential to share resource and therefore there is significant commitment from this body to deliver the right outcome. The CCG is aligned with Healthier Together (STP/LWAB) in delivering the Healthy Weston programme and therefore all critical parties are working together to develop a successful solution. The CCG has fully engaged in this process and has worked with the Local Team to develop the proposal. The CCG has engaged with the CEPN, OneCare Limited, the local provider group of practices in Weston and the LWAB in developing this proposal. The CCG has the support of all these parties and strong working relationship with these and other key stakeholders including the LMC who have also supported the bid for International GP Recruitment. The CCG will continue to work with their Primary Care Operational Group and Primary Care Commissioning Committee (delegated since April) to sponsor this work going forward and will proactively engage with stakeholders and practices at membership meetings.

4	**What potential areas of focus have you identified for the intensive support site? How does this align with wider regional activity?** Please make reference to the three levels of intervention; support specifically for GPs, practices and the local system.	The CCG has identified a holistic and multi-layered approach for the intensive Weston Locality support site which includes three levels of intervention, and focusses on the root causes at system/practice level. The level of intensive support the CCG proposes would be a game changer in giving the practices the ability, support and momentum to move from 'aspiration' to 'operation' in the design and implementation of consistent systems and workforce model to:- • Improve population health, and • Create a sustainable and fulfilling workforce model. The bid clearly identifies the level of workforce challenge faced by the Weston Locality practices and their system leadership and change role in the whole system Healthy Weston programme. The 'hearts and minds' work has been in progress throughout the Healthy Weston programme of engagement and this proposal would enable the whole system to rapidly capitalise on this. All the practices in the Locality have agreed the need for working at scale to enable solutions, and are in the process of establishing an overarching Locality Provider company to facilitate working at scale whilst also retaining the autonomy of their own businesses. Sustainable workforce model: A small amount of funding (£45k) has been secured from HEE to start the process to support practice engagement and workforce planning to identify and deliver a future sustainable workforce model of general practice that delivers improved outcomes for the population health needs. This sustainable model of general practice will cover the clinical, business and career models. This workstream will build from the 'as is' the baseline and demographics of primary care and focus on the 'To be' thinking about the future primary care workforce. Practices are agreed that system solutions to address the future workforce supply issues will mean:- • a major change in skills mix/ratios • 'at scale' solutions This work currently runs over a longer timescale (current to March 19) than the Intensive Support proposal, but is instrumental to the success of the intensive investment site. 1. **Specific areas of focus will be GP and PM Support**: It is intended to develop a series of mechanisms aimed at supporting GPs and PMs in the following ways:

		a. Coaching and development for GPs aimed very much at enabling and supporting change b. Identifying how tasks can be adjusted and seeking alternative ways and personnel to manage c. Providing backfill to enable the release of key personnel to have sufficient opportunity to develop new skills and learning d. Working with Practice Managers to assist them in coping with change and developing new ways of working e. Workshops and peer support networks. Identifying how GPs might work in different ways including remote working and maximising those wishing to retire and offering continued alternative working options f. The learning and experience from this will be utilised throughout the wider CCG area **2. Practice Support:** a. To develop a significant change in the ways that practices work will require substantial resource in project and programme management as well as backfill support to enable appropriate numbers of GPs, PMs and nurses to be involved in the process b. Facilitation skills to develop new ways of working and obtain 'buy in' from practices c. Project management to ensure that activities are actively managed to completion d. Opportunities for practices to learn from others, and equally share their experience with those throughout the wider CCG and beyond **3. Practice Systems** a. It is intended to create the opportunities provided by GP Forward View and Productive General practice to develop new consistent ways of working across all practices within the Locality b. Attention will be focussed on areas such as care navigation, alternative consulting methods and self-care to change the way that patients throughout the whole area are managed thereby releasing pressure on GPs c. Consideration will be given to other roles and responsibilities such as a medical assistant role to manage a number of activities that are currently the responsibility of GPs d. Understanding how other practitioners such as paramedics can be used to support GPs e. Working closely with community partners such as NSCP f. Developing a successful social prescribing solution working with key local partners

		4. **Workforce System enablers** - Workforce collaboration: encouraging greater collaboration amongst the network including pooling resources. a. Development of sustainable workforce model of general practice (in train) b. Formation of overarching Locality company to enable at scale workforce solutions (in train) c. Building collaborative workforce intelligence – 'joining the dots' and building on the technology enabled peer support networks established by the CEPN to develop real-time workforce information and feedback. d. Consistency of systems and processes will facilitate collaboration for workforce e. Digital staff bank - Software solution /technology platform to enable the Locality to build a collaborative digital staff bank. Supporting the delivery of Improved Access. Focus on GPs initially and extending to wider workforce clinical and administration.
5	**Is there the willingness from the chosen site to engage with the wider intensive support site network to share learning, best practice and ideas? Are representatives from the site happy to travel to network workshops (London) as appropriate?**	The locality, supported by the CCG and NHSE GPFV Teams, will work with the GP Retention Intensive Support Sites to share learning from implementing the scheme. Active engagement with the network will also provide opportunities for the local scheme to evolve and learning to be spread across the wider CCG area. Working closely together, the CCG and NHSE GPFV Teams will also ensure learning is shared across the wider South West North/South geography, including networking with South East. The Weston practices are already sharing their initial experiences with all Localities within the wider CCG and are committed to continuing this process. As a CCG the Healthy Weston project is seen as a template for new ways of working throughout BNSSG and therefore it is vital that learning is shared to enable other practices to benefit and learn from their experience. The development and sharing of best practice is a critical component of this work. Representatives from the site will therefore be keen to travel to network workshops as appropriate to ensure that the learning is shared country-wide.
6	**Please detail how the site intends to support the proactive sharing of lessons learnt and best practice? Do they plan to use the Future NHS Collaboration platform to help build the evidence base?**	The CCG is developing an approach to building collaborative intelligence, using technology to share learning dynamically and in real-time. For example, Peer Networks have been set up on Whats App, enabling immediate communication and share across professional groups. Learning from this will be used to spread ideas and momentum from the GP Retention Intensive Support Site, across a wider geography. The principles of collaborative work are already established across the wider CCG GPFV programme, with the South West Portal. This is a vehicle for sharing learning, best practice and ideas across the South West. Sharing Case Studies is already part of this approach and will be embedded into the GP Retention Intensive Support Site

<table>
<tr><td></td><td></td><td>working. Linked workforce programmes, such as International Recruitment, will also use the portal to develop collaboration across a wider geography, facilitated by the CCG and NHSE GPFV Teams.

The CCG and NHSE GPFV Teams will also ensure active engagement in collaboration and shared learning across a wider geography and have already demonstrated this approach across wider GPFV programmes.

The site will sign up to the FutureNHS Collaboration Platform (General Practice Workforce Exchange) to ensure that resources relating to GP Retention are shared. The Local Team will also support the development of formal case studies in relation to this site.</td></tr>
<tr><td>7</td><td>How do you anticipate the intensive support site being resourced? Has a local clinical lead being identified?

Suggested resource requirements in addition to local clinical lead: change improvement lead, project management support, analytical support. Where possible, regions may wish to use of existing local / regional resource.</td><td>The timing of this opportunity matches the ability of the system to align resources to support the delivery and operationalisation of this proposal, and for the governance and delivery to be managed by the Community and Primary Care Workforce Development group. This is a newly formed group which is a sub-group of both the Healthier Together (STP) Workforce transformation steering group (includes Local Workforce Action Board) and the CCG's Primary Care Operations Group (PCOG). This group will ensure the pace of delivery, mitigation of risk and prompt escalation of issues to ensure delivery success within the exacting timescale. NHSE regional staff will be members of this group.

The delivery of this proposal on the ground will be driven by strong local clinical and business leadership from the Locality and the proposal funding will be used to support this. The Locality has a strong and well developed Locality Leadership Group (LLG) headed up jointly by Jose Tarnowski (Business Manager) and John Heather (GP Partner). The Locality Leadership Group will identify who is best placed to give the business and clinical leadership for this proposal.

The proposal will be supported by the alignment of specific staff and resources from the newly formed BNSSG CCG Area Directorate and the Medical Directorate (Primary Care Development and Commissioning), as well as organisational support and resources through the Healthier Together (STP)/CCG Community and Primary Care Workforce Development Group – including CEPN, HEE, LMC, One Care Ltd.

<table>
<tr><th>Resource Funding to deliver</th><th>Alignment of CCG resources</th></tr>
<tr><td>Clinical and Business leadership (from Locality Leadership Group)</td><td>Specific staff from Area Directorate including BI</td></tr>
<tr><td>Change and project management support</td><td>Medical Directorate (Primary Care Development and</td></tr>
</table>
</td></tr>
</table>

			Commissioning) including Head of Primary Care, Change Managers and Workforce Development Lead, Associate Medical Director (also Clinical Lead for STP), Medical director (Chair of Community and Primary Care Workforce Group)
		Facilitation for implementation at practice and system level	LMC, CEPN, OCL, STP, HEE
		Practice engagement and backfill funding	

8 **What are the key risks / challenges to establishing the intensive support site?**

Risk /challenge	Likelihood	Impact	RAG rating	SRO	Mitigation	Mitigated risk rating
Capacity to engage: The practices have to date shown great desire to develop new and collaborative ways of working however there is a real shortage of workforce to implement	H	H	H	TBA	The crucial element will be to provide appropriate levels of backfill; project management and support; facilitation and focussed management	M
Timescale is very short to produce meaningful data on outcomes	H	M	M	TBA	It is therefore proposed to develop outcomes and proxy measure initially based on 'before and after' perceptions from staff groups and indicative changes in data using appropriate recording mechanisms before and after the programme	L
Procurement: Issues with certain practices within the current procurement process could have a significant impact upon	H	H	H		Local procurement is being agreed with CEG. Active market engagement	M

		the successful completion of the project.						

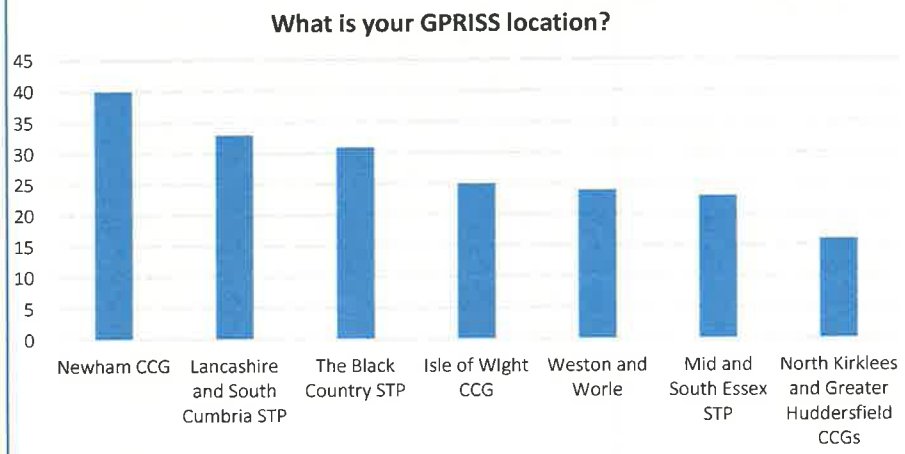
6	**Please set out in the table below other sites that have been considered to be part of this initiative**			
	Site considered	**Level of challenge being experienced**	**Scale of impact**	**Reasons to why the site hasn't been chosen**

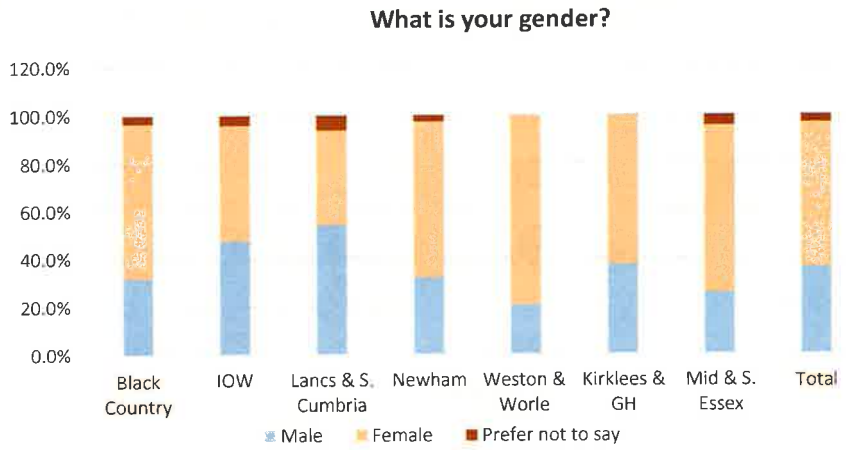
DRAFT GPRISS quantitative evaluation

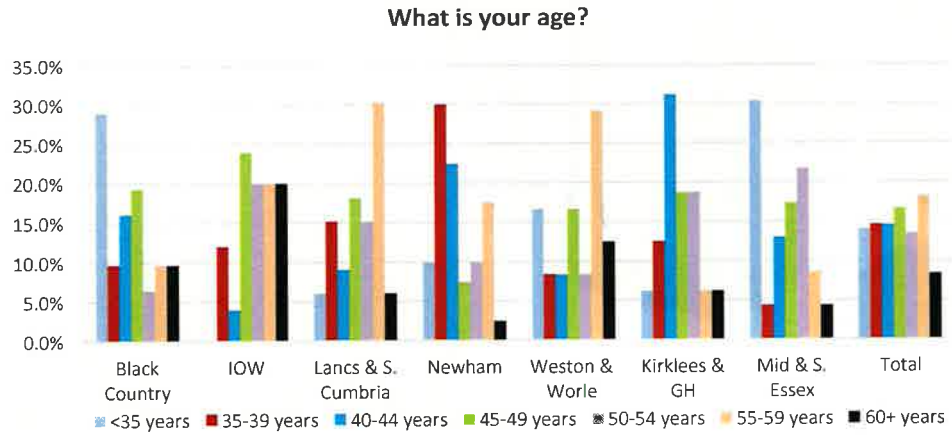
NECS & NEL Collaboration

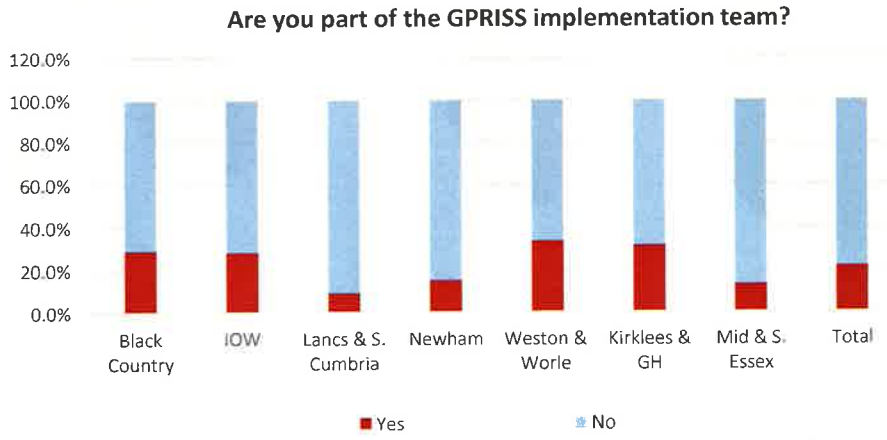
April, 2019

All

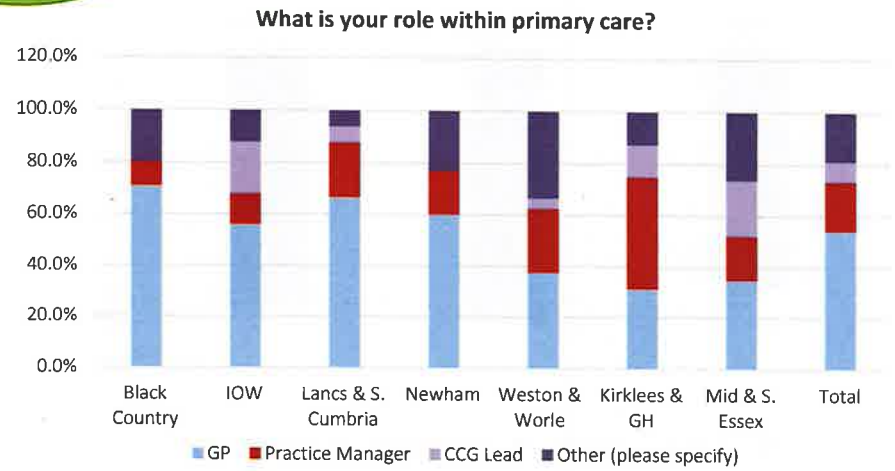

What is your GPRISS location?
45
40
35
30
25
20
15
10
5
0
Newham CCG
Lancashire and South Cumbria STP
The Black Country STP
Isle of WIght CCG
Weston and Worle
Mid and South Essex STP
North Kirklees and Greater Huddersfield CCGs

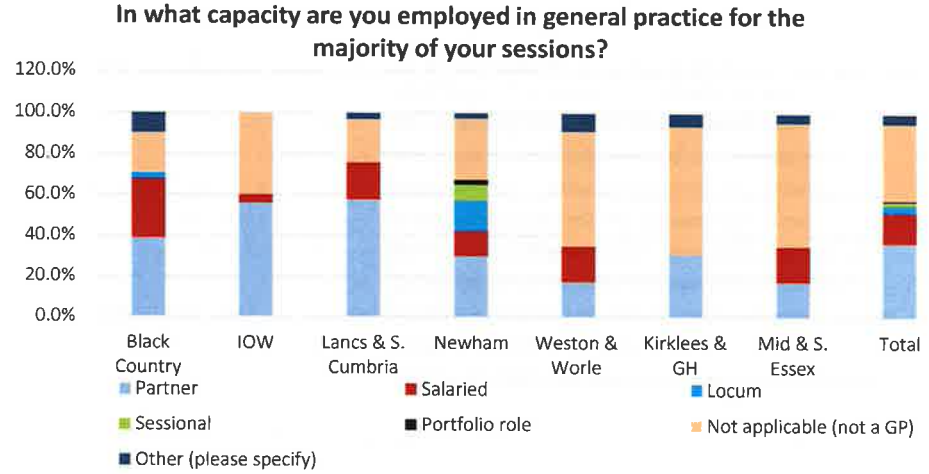

What is your gender?
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Black Country
IOW
Lancs & S. Cumbria
Newham
Weston & Worle
Kirklees & GH
Mid & S. Essex
Total
Male
Female
Prefer not to say

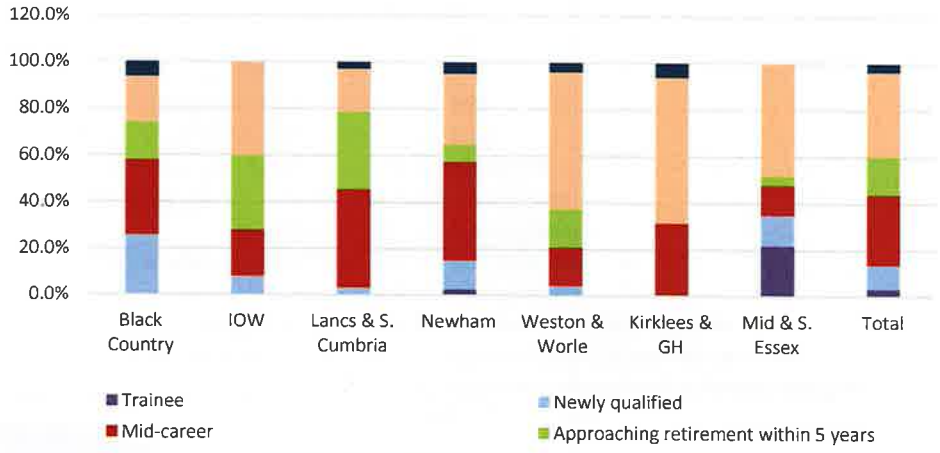

What is your age?
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Black Country
IOW
Lancs & S. Cumbria
Newham
Weston & Worle
Kirklees & GH
Mid & S. Essex
Total
<35 years
35-39 years
40-44 years
45-49 years
50-54 years
55-59 years
60+ years

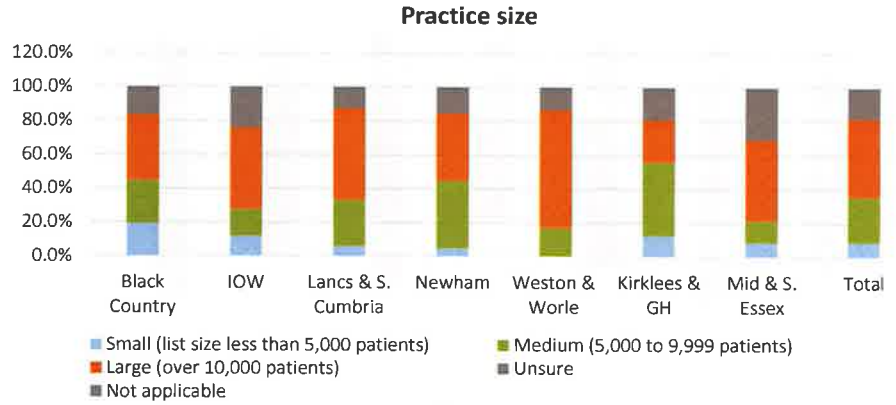

Are you part of the GPRISS implementation team?
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Black Country
IOW
Lancs & S. Cumbria
Newham
Weston & Worle
Kirklees & GH
Mid & S. Essex
Total
Yes
No

All


What is your role within primary care?
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Black Country
IOW
Lancs & S. Cumbria
Newham
Weston & Worle
Kirklees & GH
Mid & S. Essex
Total
GP
Practice Manager
CCG Lead
Other (please specify)

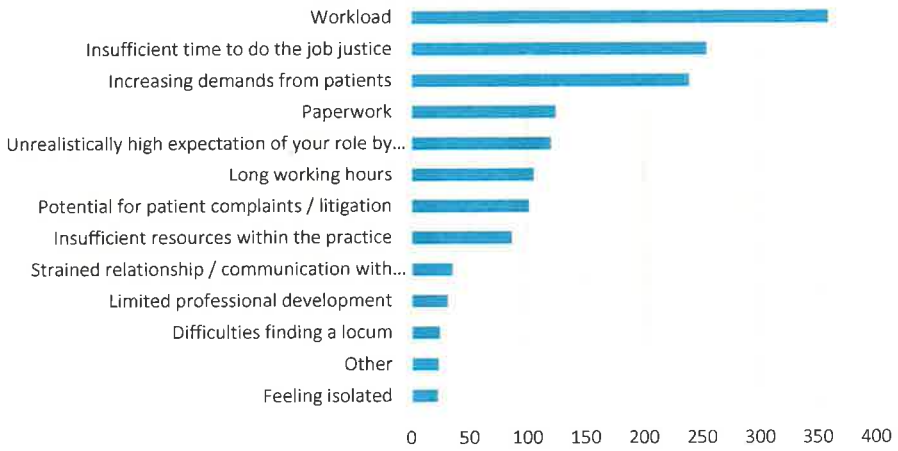

In what capacity are you employed in general practice for the majority of your sessions?
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Black Country
IOW
Lancs & S. Cumbria
Newham
Weston & Worle
Kirklees & GH
Mid & S. Essex
Total
Partner
Salaried
Locum
Sessional
Portfolio role
Not applicable (not a GP)
Other (please specify)


At what stage are you in your career as a GP?
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Black Country
IOW
Lancs & S. Cumbria
Newham
Weston & Worle
Kirklees & GH
Mid & S. Essex
Total
Trainee
Newly qualified
Mid-career
Approaching retirement within 5 years

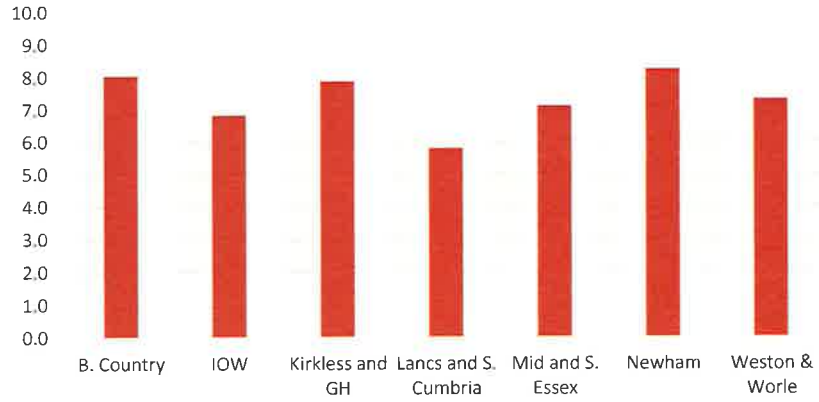

Practice size
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Black Country
IOW
Lancs & S. Cumbria
Newham
Weston & Worle
Kirklees & GH
Mid & S. Essex
Total
Small (list size less than 5,000 patients)
Medium (5,000 to 9,999 patients)
Large (over 10,000 patients)
Unsure
Not applicable

GPs only

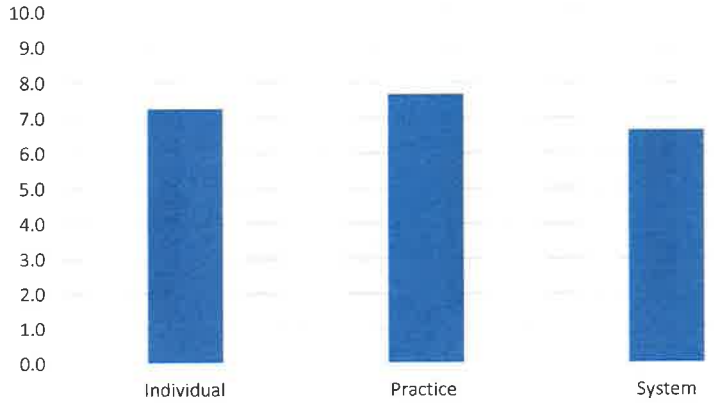
Job Stressor scores



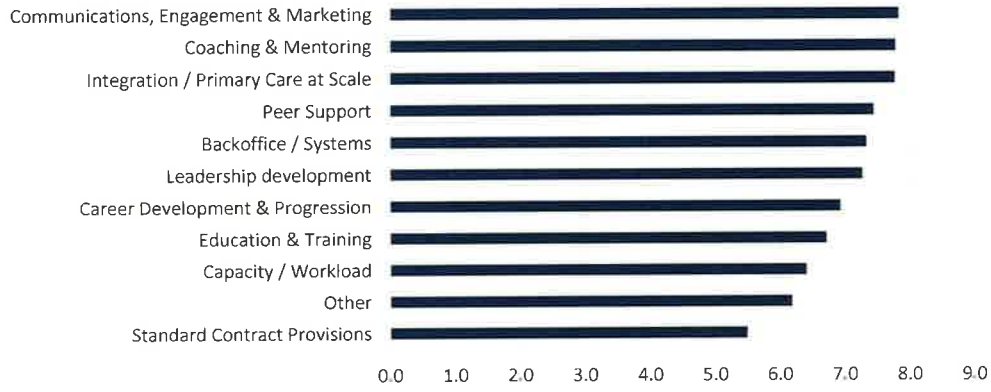
Average intervention rating according to site



Average intervention rating according to level

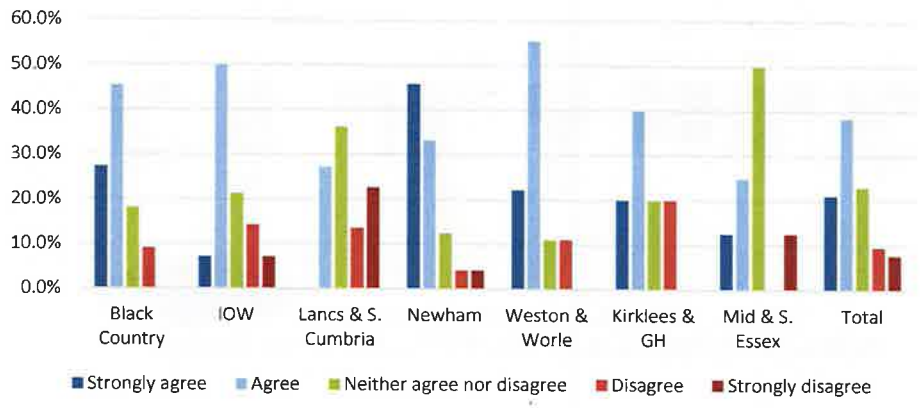


Average rating according to intervention theme



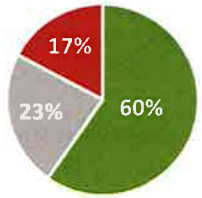
GPs only

Overall, I feel that the combined impact of all interventions I have received (or will receive) will improve my job satisfaction.

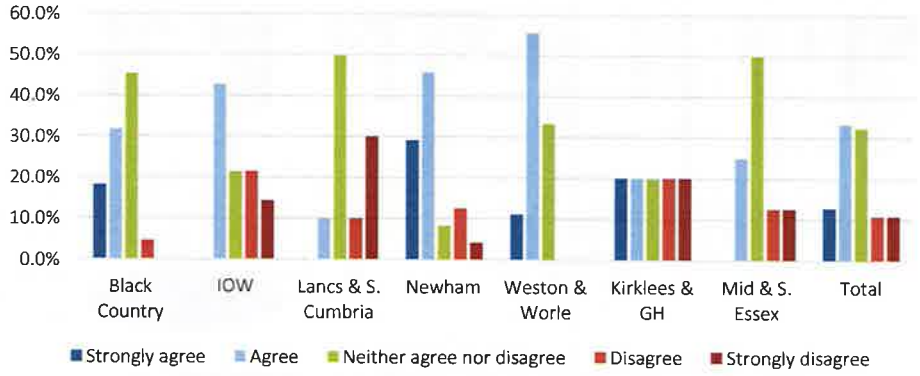


Interpretation:

- Overall 60% of GPs reported the GPRISS interventions that they received (or will receive) will improve their job satisfaction. This is the highest agreement rate of all questions.
- Job satisfaction is a good leading indicator for retention.
- Some sites have considerably higher rates of disapproval than others. This could be reflective of the stage at which interventions have been implemented.

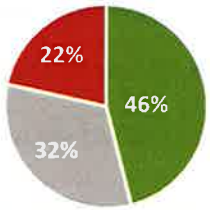


As a result of the GPRISS initiative, I feel more supported in my role compared to this time last year.

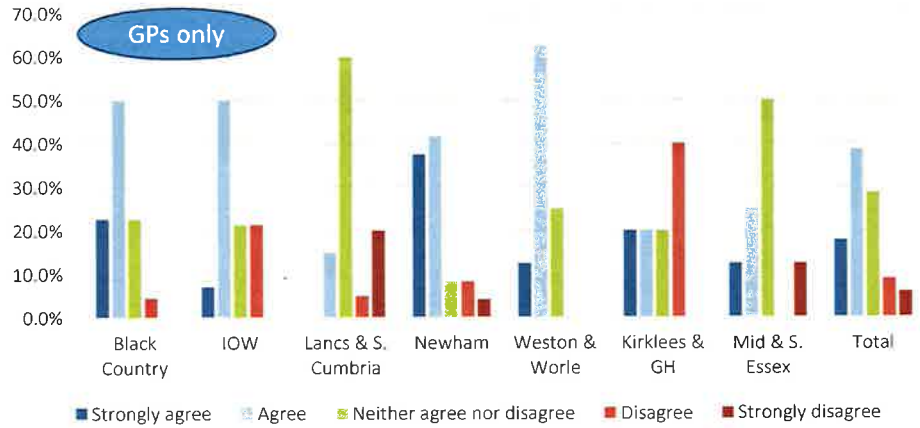


Interpretation:

- Overall 46% of GPs indicated that they feel more supported as a result of GPRISS. Perception of support can have a big impact on how GPs cope in challenging environments.
- Kirklees and Greater Huddersfield have equal proportions of Individuals in each agreement category. This observation is due to similar numbers of few GPs choosing different responses.

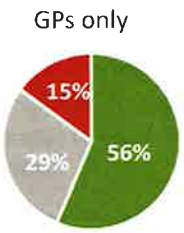


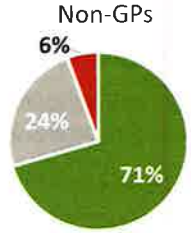
I feel that practices have benefited (or will benefit) as a result of the GPRISS initiative.



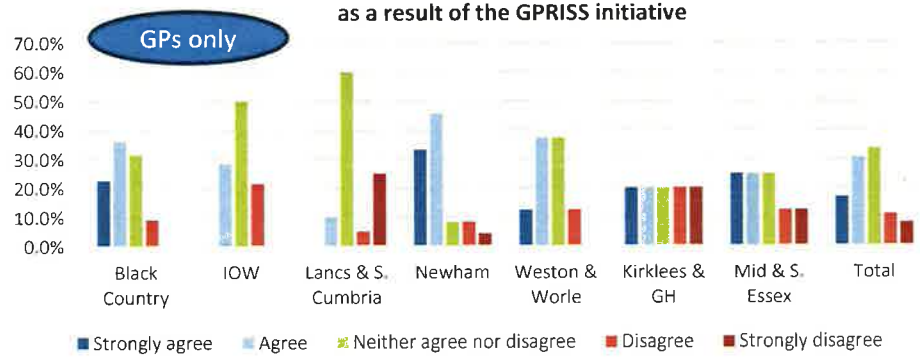
Interpretation:

- Overall, 56% of GPs reported that practices have benefited (or will benefit) from GPRISS.
- **Note:** Newham has considerably high numbers of respondents who strongly agree compared with the rest of the sites.
- A considerably higher proportion of non-GPs felt that practices had benefited, however, of these, a large proportion were part of the implementation team



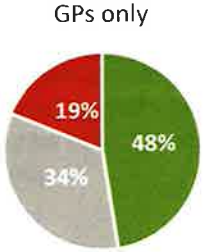


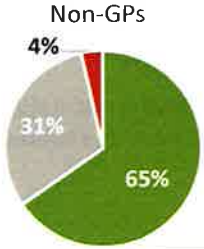
I feel that the wider primary care system has benefited (or will benefit) as a result of the GPRISS initiative



Interpretation:

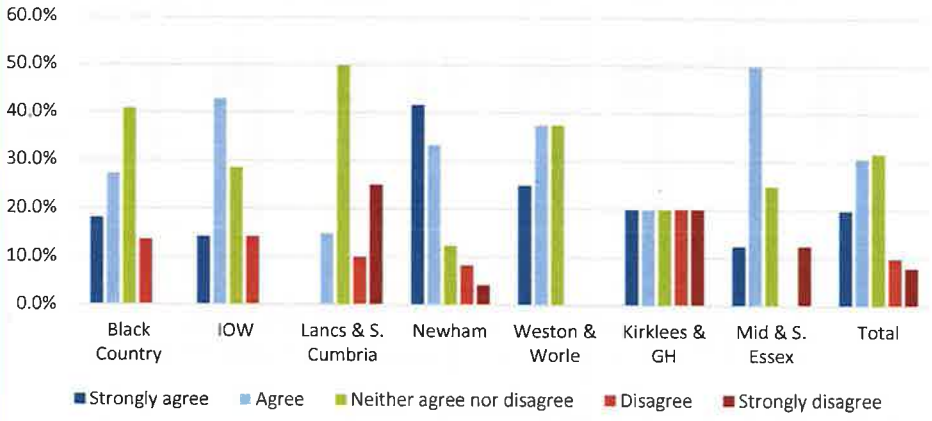
- Overall, 48% of GPs reported that the wider primary care system benefited (or will benefit) from GPRISS.
- Once again higher numbers of non-GPs indicated that GPRISS yielded system benefits and this may also reflect that this group included commissioners and other system leaders





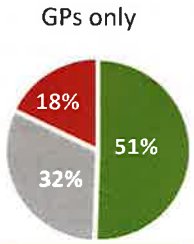
GPs only

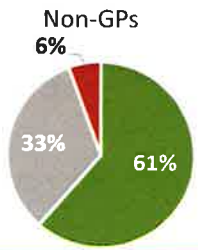
I feel working relationships and collaborative working have improved (or will improve) in my local area as a result of the GPRISS initiative.



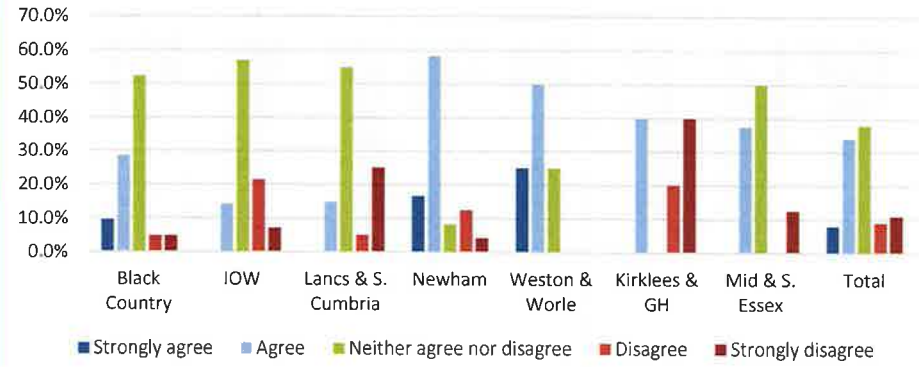
Interpretation:

- Strained relationships were indicated as the 9th greatest stressor
- 10% more non-GPs, than GPs reported that GPRISS improved relationships and collaborative working in their area.
- Peer support, coaching and mentoring may all support in this regard as may initiatives to improve system integration, though it may be too soon to measure the impact of these interventions



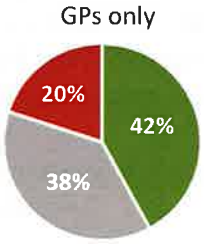


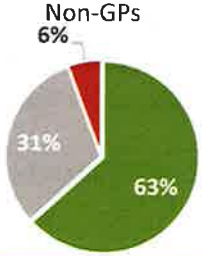
I feel patients have benefited as a result of the GPRISS initiative.



Interpretation:

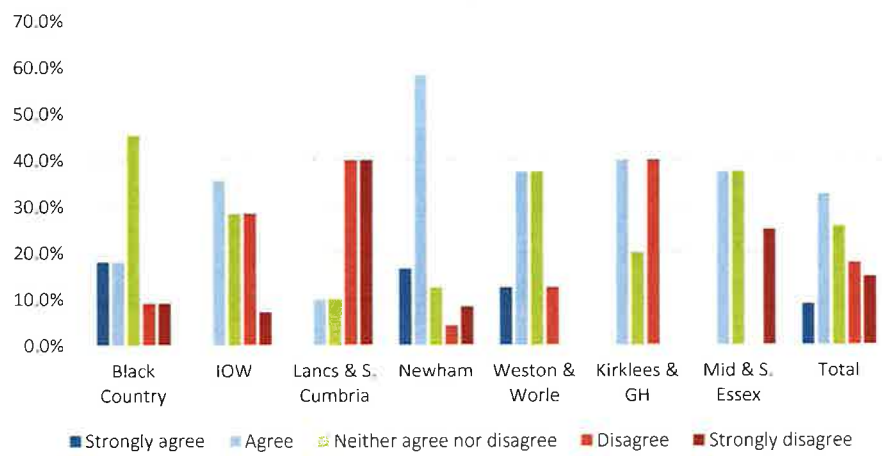
- Of all the questions, observed patient benefit received the lowest agreement (42%) rating from GPs. This is considerably lower than their counterparts in the wider primary care system.
- Few interventions were aimed specifically at patients, hence most benefit will arise indirectly, as the impact on the GP workforce helps to improve capacity and resilience





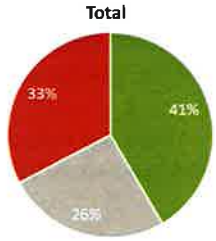
GPs only

Overall, I feel more optimistic about general practice.

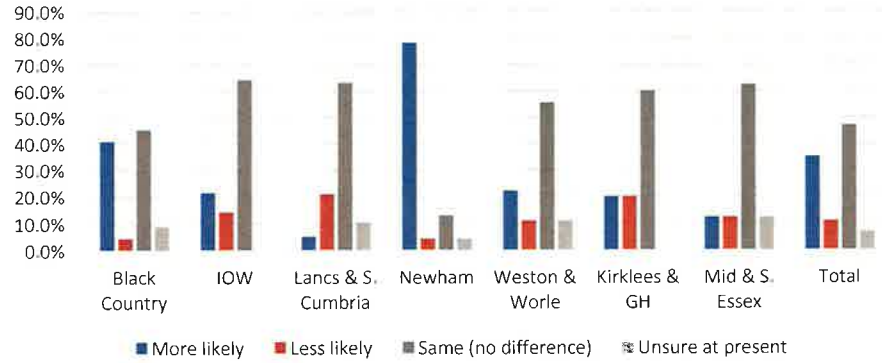


Interpretation:

- The positive and negative responses are relatively evenly split for this question
- This suggests that despite GPRISS interventions there are other changes impacting adversely on general practice (of those ranked highly as job stressors, workload, patient expectations, and paperwork do not seem to be abating)

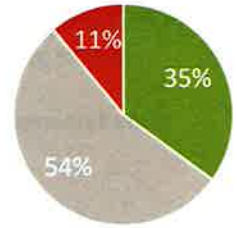


After participating in the GPRISS initiative, are you more or less likely to stay in general practice in the next 6 to 12 months?



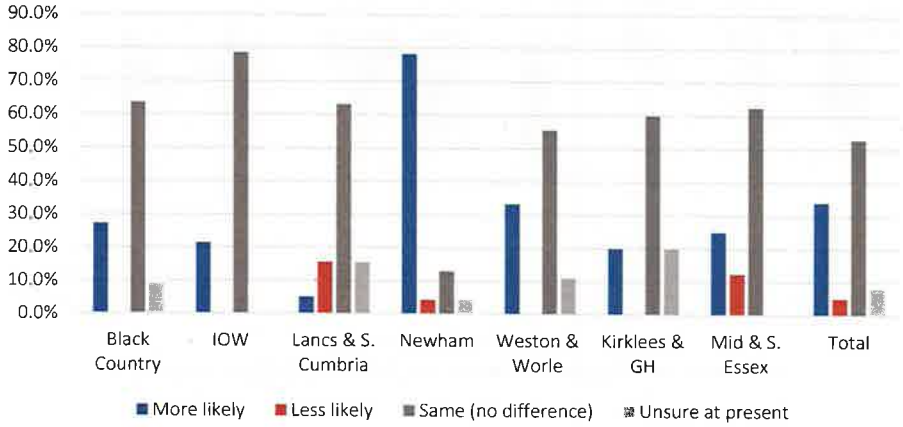
Interpretation:

- More positive than negative but largely neutral
- Perhaps indicative of the stage of implementation, that interventions have not yet had an impact
- Overall, if these intentions are realised this suggests that GPRISS will lead to improved retention
- There are particularly high positive response rates in Newham and Black Country



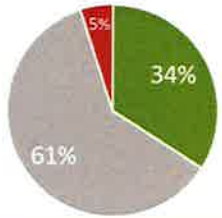
GPs only

After participating in the GPRISS initiative, are you more or less likely to stay in you area in the next 6 to 12 months?

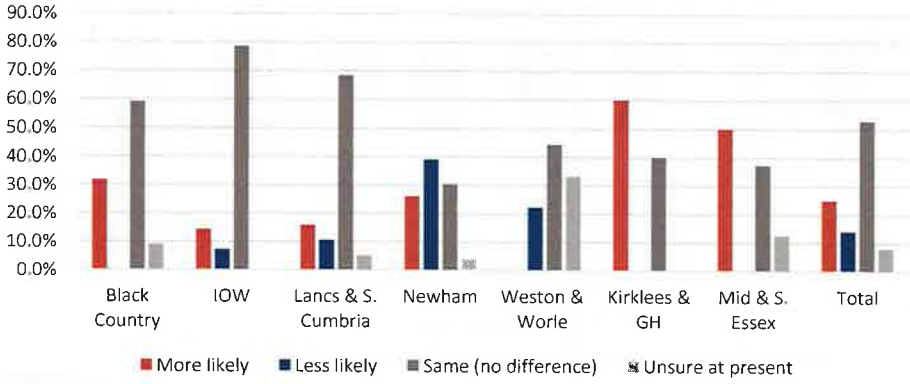


Interpretation:

- More positive than negative but largely neutral
- Each area has its own local challenges to retaining GPs in area relating to both the health system and to external factors (e.g. rurality) and these require local retention strategies (not one size fits all)
- As with the previous question these results suggest that if these intentions are realised that GPRISS will result in improved retention

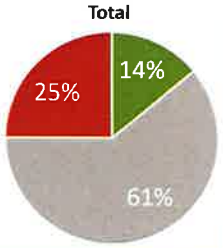


After participating in the GPRISS initiative, are you more or less likely to scale back your working hours in the next 6 to 12 months?



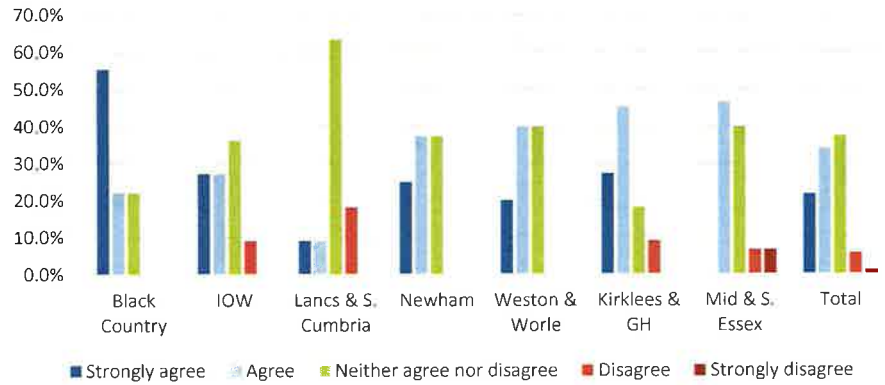
Interpretation:

- A significant number of GPs report being more likely to scale back working hours (25%) and this is a real challenge to the survey findings
- Workload continues to be a driving factor for job satisfaction according to our survey and the U. Manc. Survey (which shows a rising trend) and therefore it makes sense that GPs may reduce their number of clinical sessions in order to maintain regular working hours
- Portfolio careers may have also impacted on this response as GPs participating in this initiative may need to reduce their clinical sessions in primary care as a result



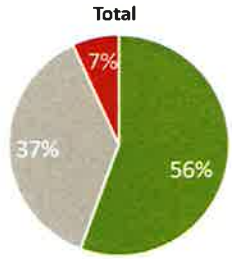
Non-GPs

The GPRISS initiative has had a positive impact on GPs since this time last year.

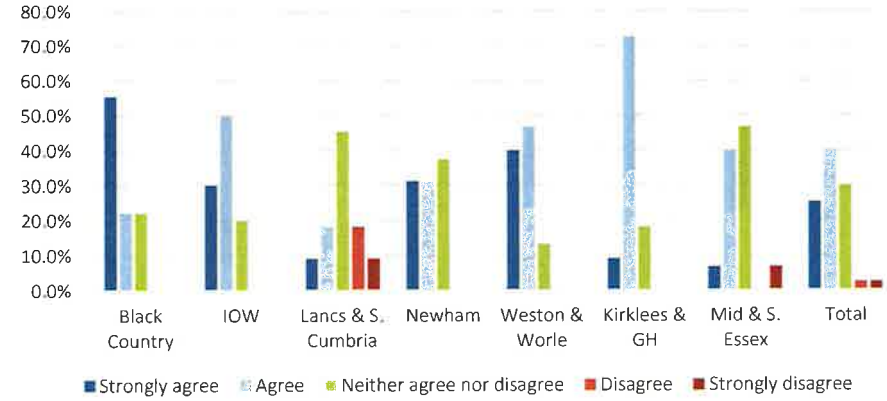


Interpretation:

- This is a slightly lower but consistent response to GP reported perception of potential impact on job satisfaction (although the wording of the question does not allow for direct comparison)
- We would expect a largely positive response from system stakeholders
- Site variation may be indicative of the varying stages of implementation

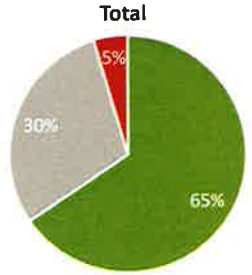


I feel the GPRISS initiative has created (or will create) a positive momentum for change.

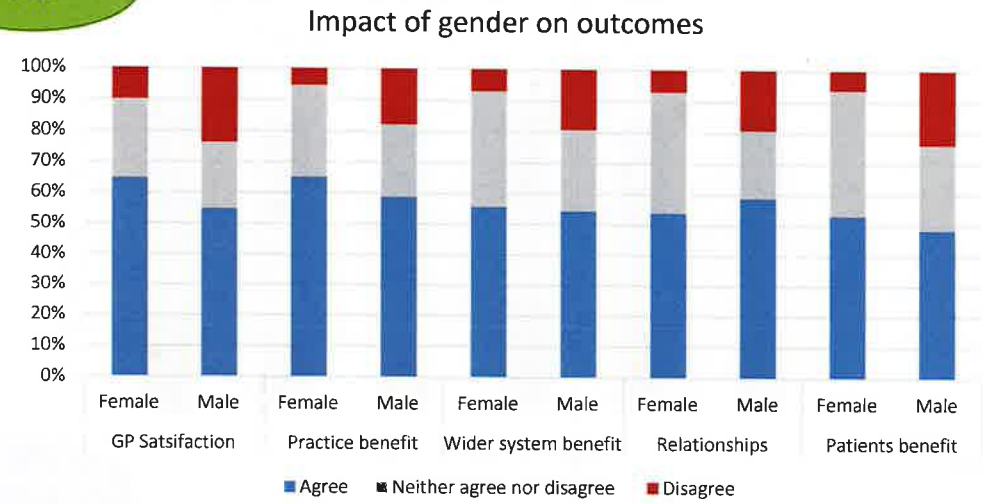


Interpretation:

- The wording of this question is slightly more aspirational and hence this may explain the larger positive response as 'momentum for change' implies that there is still work to be done
- Those sites where interventions have progressed furthest are still likely to agree so long as things are perceived to be improving



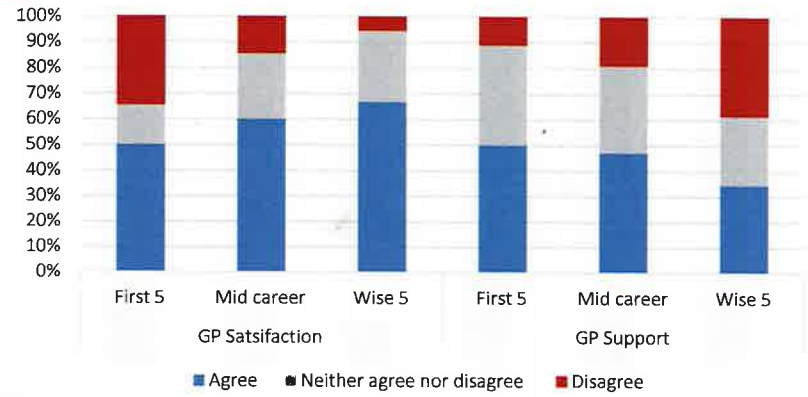
All



Interpretation:

- In all categories/questions apart from working relationships, women tended to report higher levels of agreement than men
- We are not yet sure of how this should be interpreted and whether this should be presented in the report

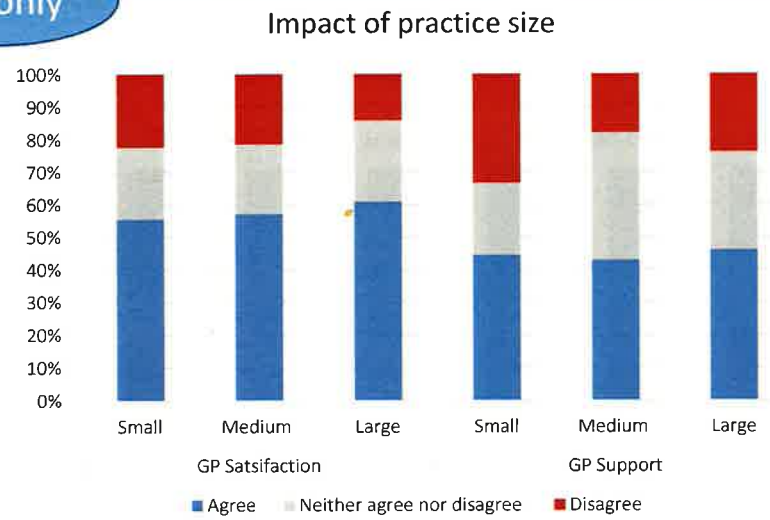
GPs only



Interpretation:

- Average satisfaction levels are higher with career progression, particularly for wise 5's (one interpretation of this may be that those GPs who are not satisfied retire early or do not chose to work past retirement age)
- Conversely, when considering perception of support, the trend goes the opposite way; with first 5s reporting higher levels of agreement than Wise 5s. This could be due to the fact that a lot of the interventions focussed on helping First 5s settle into their roles post qualification.

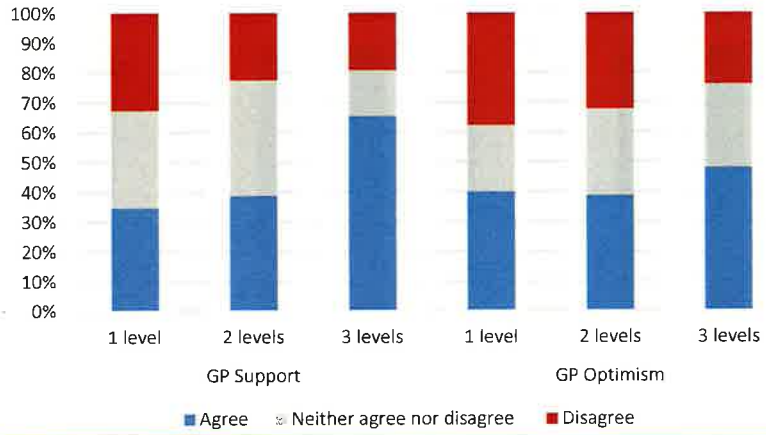
GPs only



Interpretation:

- The data highlights that GP satisfaction and perceptions of support increase with increasing practice size.
- This is consistent with studies of general practice at scale which show that employee satisfaction tends to be greater in larger practices (Rosen et al., 2016)
- Another interpretation may be that larger practices have benefited from a greater number of interventions (GPRISS or other system interventions)

GPs only



Interpretation:

- The graphs show the impact of receiving any combination of the different levels: 1 level refers to any level; 2 levels refers to any combination of individual, practice and system; 3 levels refers to all levels.
- Although non significant (small sample size) these graphs show that as perceptions of support and optimism increase with increasing numbers of interventions received which is perhaps supportive of the 'Hot House' methodology, in other words improving job satisfaction requires action on several fronts

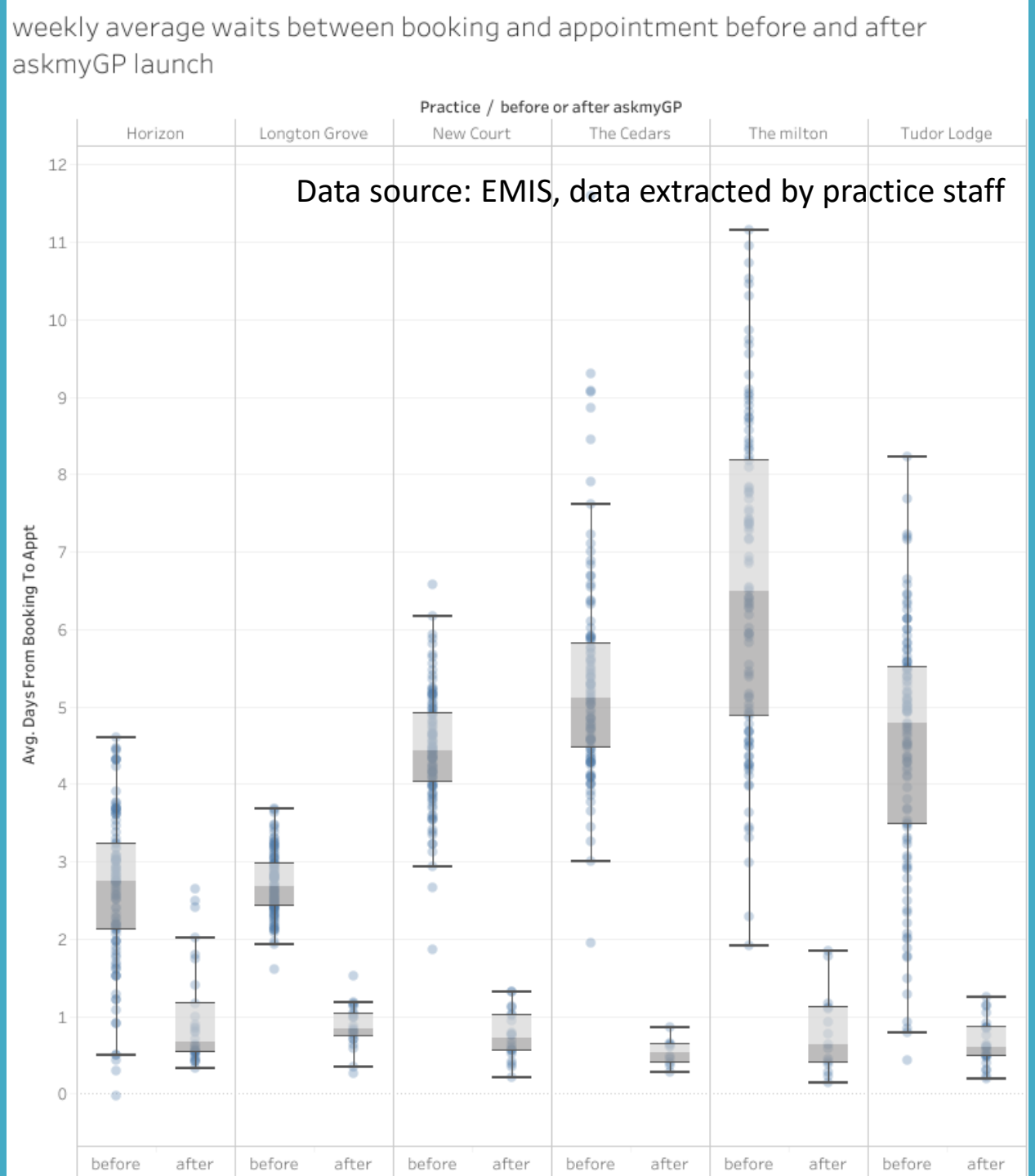
Waiting time for appointments is reduced after launch.

Data show average wait time for appointments delivered.

Worst weekly average wait ~12 days (before launch)

Median (quartile) wait

before: 4.4 days (3.0, 5.4)
after: 0.9 days (2.5, 0.6)



F2F appointment workflow

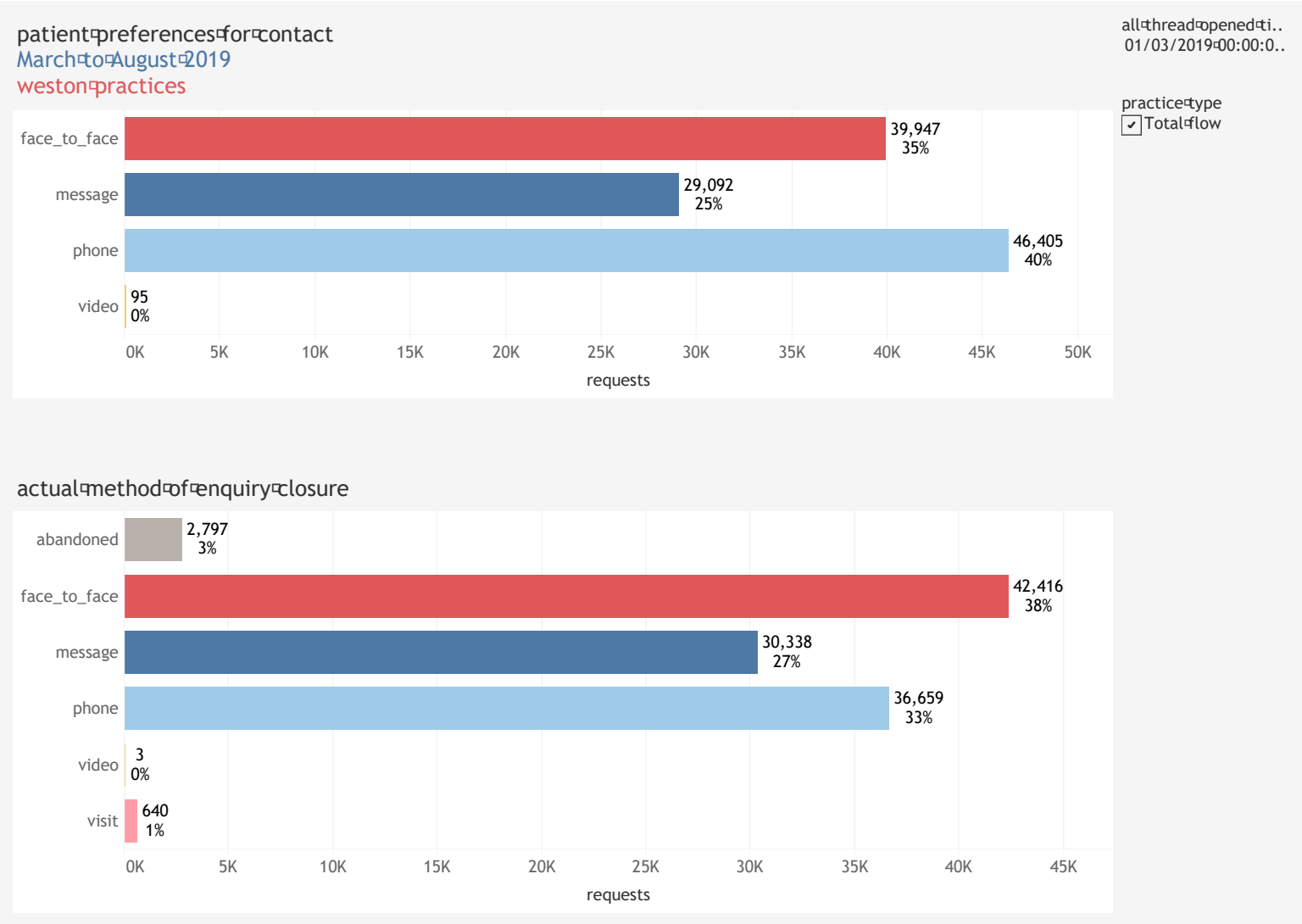
key stats for appointments
(excluding appointments with booking times after the appointment)

	Mean Consultation Time		Median Consultation Time		Avg. Days From Booking To Appt		Median Days From Booking To Appt	
	before or after askmyGP							
Practice	before	after	before	after	before	after	before	after
Horizon	13.80	17.85	12.00	14.00	2.76	0.89	0.18	0.15
Longton Grove	12.17	11.99	10.00	10.00	2.56	2.52	0.78	0.39
New Court	11.45	12.77	9.00	11.00	4.49	0.81	0.29	0.11
The Cedars	20.70	13.69	12.00	12.00	5.80	0.57	0.33	0.12
The milton	19.58	29.10	14.00	15.00	6.59	0.84	0.34	0.10
Tudor Lodge	16.17	16.69	12.00	14.00	4.71	0.66	0.32	0.09

completion times key askmyGP stats
March-August 2019
f-to-f appointments

Name (Providers)	Avg. mins to close	Median mins to close	requests
Horizon Health Centre	484	38	3,889
Longton Grove Surgery	280	46	6,844
New Court Surgery	97	28	7,820
The Cedars Surgery	290	52	7,816
The Milton Surgery	227	56	5,674
Tudor Lodge Surgery	405	109	4,684

Preferred and actual means of resolution



NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Weston ISS Evaluation and Final Report

PCCC 24th Sep0tember 2019

Programme Evaluation

The project has been successful in achieving:

- Greatly improved patient experience at the ‘askmyGP’ practices
- Improved back office capability
- Great examples of collaboration such as ‘askmyGP’ improvement, prescribing hub and care homes
- Collective vision of the Weston practices
- Improved morale and satisfaction for most practice staff

However the programme has not hit it’s objective yet of improving the morale of all GPs

Weston ISS Critical Enablers

- Weston was a six month project that actually took 12 months with a 2 year lead in
- Almost £420k was spent with additions such as GPFV Quick Start and therefore had substantial pump priming
- There was CCG led active project management
- The Weston practices had a clearly defined problem that impacted every practice and an agreed vision as to how to resolve
- The development of the Pier Health concept was a crucial factor
- The solution was GP designed and GP led
- Practices, the CCG and NHSE all worked together in a collaborative and trusting way
- Key partners were involved in providing the delivery

Critical Learning Points

A demanding time line and significant cash injection can deliver group wide change; but only if:

- There is strong and committed Partner & PM leadership
- There is a common vision and the solution is designed and driven by the local team
- There is focussed programme management
- All parties are working together with a peer to peer approach
- As much of the ‘doing’ is undertaken by others or backfilled to enable the practice team to manage the change
- Change management resource is provided to support the intervention

However the single biggest requirement is time, and widespread change will only happen at the speed of the slowest member. The development of truly cohesive PCNs could take many years and significant resource support to achieve their optimum performance

Essential Ingredients for Success