


BNSSG CCG –GP FORWARD VIEW PRIMARY CARE COMMISSIONING COMMITTEE REPORT

July 2019

Primary Care Commissioning Committee CCG Report July 2019	Title: Workforce Author: Gillian Cook, Primary Care Workforce Development Lead BNSSG CCG Clinical Lead: Dr Martin Jones CCG/NHSE director/ manager: Dr Martin Jones, Medical Director – Primary Care & Commissioning
--	---


Description: There will be at least 10,000 more staff working in general practice by 2020/21 - 5,000 more doctors and 5,000 other staff like clinical pharmacists, nurses, and physicians associates across England.	Relevance to PCC: <ul style="list-style-type: none"> Implementation of GPFV and national staffing commitments and BNSSG Primary Care Strategy
---	---

Current Status:  Plan developed, trajectory submitted, key work streams underway	<u>Governance Completed:</u> Monthly meetings of STP Community & Primary Care Workforce Development Group	<u>Governance Planned:</u> Report to PCCC on workforce progress in July 2019
--	--	---

Update: <ul style="list-style-type: none"> Employment model developed to host International GP recruits (IGPRs). Currently 2 IGPRs in post in BNSSG. Training Hub being developed through maturity matrix, to take on new HEE functions, including placement tariffs and workforce planning. Local GP Retention Scheme for BNSSG live: 3 GPs, 3 GP Nurses and 3 AHPs recruited as Health Inequalities Fellows. Weston & Worle ISS programme completed to quality and within budget to agreed timescales achieving positive results. Phase 1 of South Bristol Workforce Modelling Project complete-baseline of current roles and competencies being analysed General Practice Nursing 10 Point Plan developed in areas of GPN promotion, retention, placements and training Access to Learning task and finish group has identified all training available to Primary Care Workforce in BNSSG 	Live Issues: Numbers of International GP recruits being identified nationally are lower than predicted	Next Steps: <ul style="list-style-type: none"> Contribute to and support delivery plan for the training hub Recruitment event taking place for IGPRs in June and October 2019 Phase 2 of South Bristol Workforce Modelling Project to inform roles and competencies required for new models of care The Health Inequalities Fellows commencing PG Cert Public Health in Sept 2019, and will be agreeing programme of work in area of health inequality Implement opportunities for new roles in primary care with focus on Leadership, MDT working, and Portfolio Career opportunities through GPFV funding Pilot introduction of Happy App Scope Primary Care Nurse Bank PCN development plan to include workforce planning and support for additional roles 	
	Risks: • Number of GPs are not developing at rate planned in STP Workforce Plan		Mitigations: • Continue to work up new models of care, using workforce and additional roles differently (through competencies and skills rather than job titles)
	Opportunities: <ul style="list-style-type: none"> Opportunity to build portfolio careers in primary care, helping with staff retention and system working Opportunity to deliver care with skills and competencies 		

Primary Care Commissioning Committee CCG Report July 2019	Title: Care Redesign Author: Beverley Haworth, Models of Care Lead Clinical Lead: Dr Geeta Iyer, Primary Care Development Lead CCG/NHSE director/ manager: Dr Martin Jones, Medical Director – Primary Care & Commissioning
--	--

Description: Supporting practices to strengthen and redesign general practice, including delivering improved access in primary care and to find new ways of working through training and development.	Relevance to PCC: <ul style="list-style-type: none"> Implementation of GPFV and NHS Operational Plan commitment to deliver 30 minutes additional appointments per 1,000 weighted population during non-core hours, rising to 45 minutes
--	---

Current Status:		Governance Completed: Delivery of IA included in PCCC contract reports	Governance Planned: NHSE GPFV monitoring now moved to quarterly. Internally we are continuing to collect data monthly.
National minimum requirement of 30 additional minutes met, all of the 7 core requirements for improved access are fully met.			

Update: <ul style="list-style-type: none"> One Care continue to deliver Improved Access (IA) and delivery exceeds 30 minutes per 1,000 weighted population Delivery of Locality based IA services and development of proposal for Locality Based Urgent Care Services to support urgent care model See 'Infrastructure' for 111 direct booking update Compliant in all areas of advertising IA to local populations, including practice websites and CCG advertising in community settings IA Equalities Impact Assessment completed Workload tool promoted to practices 	Live Issues: Direct booking between NHS111 and Primary Care currently unavailable due to technical reasons.	Next Steps: <ul style="list-style-type: none"> OneCare asked to carry out a deep dive in order to understand and improve IA uptake and utilisation and support IA at PCN level Continue to monitor compliance regarding advertising of IA Awaiting outcome of IA National Review
	Risks: <ul style="list-style-type: none"> IA will not have impact on urgent care 	Mitigations: <ul style="list-style-type: none"> Deep dive to understand local population need for IA and, along with the outputs of the National Review, revise IA offer if necessary.
	Opportunities: <ul style="list-style-type: none"> Opportunity for IA to support urgent care model 	

**Primary Care
Commissioning Committee
CCG Report
July 2019**

Title: Workload
Author: Susie McMullen, Resilience & Quality Improvement Lead
Clinical Lead: Dr Geeta Iyer, Primary Care Development Lead
CCG/NHSE director/ manager: Dr Martin Jones, Medical Director – Primary Care & Commissioning

Description: One of the biggest challenges facing general practice is the workload placed on staff and practices. This aspect of the GPFV is about supporting practices to reduce and better manage their workload

Relevance to PCC:

- Future proofing of GP services and delivery of GPFV to improve practice resilience

Current Status: 

Governance Completed:

BNSSG CCG General Practice Sustainability & Resilience Support Toolkit and process in place and agreed by PCCC. Quality and Resilience dashboard developed and in place and overseen by Quality, Resilience and Contracting Sub-group of PCOG

Process in place to identify practices requiring support and provision of support to improve general practice resilience. 46 practices have / are receiving support to improve resilience across 2018/19 & 2019/20.

Governance Planned:

Governance in place as described.

Update:

- 34 practices have completed / are currently undertaking the Productive General Practice Quick Start Programme which provides hands on support for practices to release time for Care. The CCG has also expressed an interest for a further 12 practice to participate in Wave 10 running September – November 2019.
- 8 practices were part of the 2018/19 General Practice Resilience Programme, each supported to deliver a bespoke resilience improvement plan.
- Intensive Support Site work in Weston & Worle has implemented ‘askmyGP’ in 6 out of 10 practices with two further anticipated to go live by end of September. This has changed the shape and dynamics of the workload and now the focus is on recruiting the appropriate shape of workforce to respond.
- Procurement and commissioning of hands on support for practices to embed approach to active signposting and maximise benefits of this
- General Practice Resilience and Transformation work stream has developed a practice resilience self-assessment pack which is being tested with practices prior to incorporation into the existing process
- Work has commenced with the South Bristol locality in order to undertake a programme of work across this area to improve resilience using the learning from the experience in the Weston & Worle ISS programme.

Live Issues: N/A

Risks:

Availability of sufficient human and financial resources to deliver support which has a tangible impact upon practice resilience across the number of practices requiring support

Mitigations:

- Effective utilisation of GPFV funds.
- Matrix working of Primary Care Development and Area Teams to deliver resilience support activities.

Opportunities:

- Time for Care programme offers available to support PCNs in developing and delivering plans to release time
- To share learning of practices which have undertaken resilience improvement work via existing meetings / communications and the development of a compendium of quality and resilience improvement in partnership with the Clinical Effectiveness team.

Next Steps:

- 2019/20 General Practice Resilience Programme
- Delivery of commissioned support for practices to embed active signposting
- Roll out workflow optimisation training to all practices yet to complete
- Offering a Quality Improvement session for practices in Autumn 2019 in partnership with NHSE
- Securing other aspects of Time for Care Programme for local practices / PCNs, building on the work undertaken through Productive General Practice Quick Start
- Development and implementation of a resilience improvement plan for South Bristol, taking the learning from Weston and Worle

**Primary Care
Commissioning Committee
CCG Report
July 2019**

Title: Practice Infrastructure
Author: Beverley Haworth, Models of Care Lead
Clinical Lead: Dr Andrew Appleton, Clinical Lead for IT
CCG/NHSE director/ manager: Dr Martin Jones, Medical Director – Primary Care & Commissioning

Description: This GPFV domain is about investing in improving GP buildings and technology as well as range of other support. This is designed to improve services for patients and enable a wider range of health services closer to where they live.

Relevance to PCC:

- Key enablers for delivering the primary care strategy
- Potential implications for practice sustainability
- Key to supporting integrated system wide working

Current Status:



Governance Completed:

Further progress required to deliver digital and estates strategy for primary care across BNSSG.

Governance Planned:

Final draft Estates Strategy for approval by July 2019 at PCCC and August 2019 Governing Body.

Update:

- ETTF IT bids: Careflow Connect Pilot - 2 practices live. Work underway with teams to set up additional users. Assistive Technology Pilot: 1) GP Practices - planned go-live now late 2019/20 to align with STP frailty programme; 2) Alexa – live in North Somerset Care Home, plans underway for expansion of pilot.
- 12 practices piloting 3 online consultation products. Marketing and plans for increasing uptake are underway. Evaluation continues in earnest to inform a local specification development and recommendations for the wider BNSSG procurement process. LMC support current approach and will support development of specification.
- Direct booking from NHS 111 into UTC live.
- Direct booking between NHS111 and Primary Care: currently unavailable due to technical reasons.
- Final draft Estates Strategy in review stage
- Minor Improvement Grants 2019/20 proposed schemes drafted for in principle agreement subject to NHSE capital funding at July PCCC

Live Issues:

- Online Consultations: Mobilisation period is tight and work will start with practices in September to support planning ahead of procurement.
- Direct booking between NHS111 and Primary Care currently unavailable due to technical reasons.

Risks:

Capacity to take forward significant digital transformation programme

Mitigations:

GPFV funding will need to support change management as well as technical costs to realise benefits

Opportunities:

Opportunity with local IT platforms to develop integrated ways of working at scale and across providers.

Next Steps:

- Develop digital strategy including digital transformation plan for primary care to support development of PCNs
- Complete evaluation of online consultations pilot prior to commencing a full procurement process
- Direct booking between NHS111 and Primary Care: Adastra upgrade planned for Brisdoc end of September and Care UK planned for end of October subject to final testing and release of version 0.29 by Adastra.
- Individual sharing agreements agreed with each GP practice and IUC provider Sevenside (Brisdoc/Care UK).
- Final draft Estates strategy to PCCC in July for approval

Colour Code:



Green – Plans are in place and are on track to deliver. Significant progress has been made



Amber – Plans are developed and there is still some risk to delivery



Red – Plans are in place and are experiencing significant risks/obstacles to delivery or plans are not yet well developed

Glossary of Terms

GPV: The General Practice Forward View (GP Forward View), published in April 2016 is a national plan to support general practice services by 2020/21.

PCN: Primary Care Networks – groups of general practices working together and with community providers to deliver more integrated care

STP: STP stands for sustainability and transformation partnership. These are 44 areas covering all of England, where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve. STP can also stand for ‘sustainability and transformation plan’, plans drawn up in each of these areas setting out practical ways to improve NHS services and population health in every part of England.

LMC: Local Medical Committees are local representative committees of NHS GPs and represent their interests in their localities to NHS organisations.

ETTF: NHS England’s Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20).

AHP: Allied Health Professionals are a range of health professionals distinct from nursing, medicine and pharmacy

HEE: Health Education England is the national leadership organisation for education, training and workforce development in the health sector