

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 25th September

Time: 9-11.15am

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 9

Report title: GP Forward View (GPFV) Overview

Report Author: Jenny Bowker, Head of Primary Care Development

Report Sponsor: Dr Martin Jones, Medical Director Commissioning and Primary Care

1. Purpose

To update the PCCC on progress against the key domains of the GP Forward View.

2. Recommendations

The Committee is asked to note the progress, risks and mitigations and next steps provided in the highlight report attached as Appendix A.

3. Executive Summary

Two domains have been self-assessed as moving from Amber to Green in view of progress made in the period to develop and implement plans to deliver the GP Forward View in BNSSG.

4. Financial resource implications

Delivery of the GPFV is supported by additional investment in primary care. This is set out in the finance report for PCCC. The most significant investment is in the form of £5.88 per head of weighted population to deliver Improved Access, the investment in ETTF schemes and the CCG commitment to invest £3 a head in the Locality Transformation Scheme.

5. Legal implications

There are no legal implications arising from the highlight report. Legal implications are considered by separate cover in papers to PCCC when developing for example the specification for Improved Access.

6. Risk implications

Key risks are identified in the highlight report.

7. Implications for health inequalities

Delivery of the GP Forward View seeks to develop resilience in general practice to meet the needs of all of our population. The work of the Locality Transformation Scheme and locality plans to deliver Improved Access, in particular, seek to develop plans that meet the needs of the local population and address health inequalities.

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

Implications for equalities are considered by separate cover in papers to PCCC when considering specific programmes of work – e.g. online consultations. The highlight report identifies the need for the CCG to publish an equalities impact assessment for Improved Access.

9. Implications for Public Involvement

Public involvement is key to developing solutions that will meet the needs of our population. We are developing an approach to public involvement as part of the STP General Practice and Resilience work stream which will co-ordinate much of this work, starting with the STP citizen's panel.


BNSSG CCG –GP FORWARD VIEW PRIMARY CARE COMMISSIONING COMMITTEE REPORT

September 2018

**Primary Care
Commissioning Committee
CCG Report
September 2018**

Title: Workforce
 Author: Jenny Bowker, Head of Primary Care Development
 Clinical Lead: Kate Rush, Associate Medical Director
 CCG/NHSE director/ manager: Dr Martin Jones, Medical Director – Primary Care & Commissioning

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| Description: Workforce – 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 |
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Current status:  Plan developed, trajectory submitted, key work streams underway


Governance Completed:

Governance Planned:

- Update:**
- STP workforce plan submitted 07/09/18
 - New STP Community & Primary Care Workforce Development Group established
 - CCG submitted bid for International Recruitment of GPs for 50 recruits in 2019 and 2020 has been approved
 - Health Education England investment of £342k to the Community and Education Provider Network to support package of training & development
 - Approval given to Local GP Retention Scheme for BNSSG
 - Weston & Worle one of 7 national Intensive Support Sites developing programme of work up until March 2018 to support GP retention
 - CCG bid for national medicines optimisation in care homes fund for a small team of pharmacists and pharmacy technicians approved
 - General Practice Nursing 10 Point Plan submitted – lead locality nurses recruited

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| Live Issues: | | Next Steps: <ul style="list-style-type: none"> • Complete work programme mapping to develop single co-ordinated delivery plan for Community and Primary Care Workforce Development Group • Develop employment model to host International GP recruits • Support delivery of CEPN programme • Develop implementation plan for Local GP retention scheme focusing on support to GPs in their first five years and Health Inequalities fellowships • Complete diagnostic phase of Weston & Worle Intensive Support site work to develop a more detailed delivery plan in October |
| Risks: <ul style="list-style-type: none"> • Capacity of practices to engage in workforce planning | Mitigations: <ul style="list-style-type: none"> • Maximise opportunities for support with CEPN, LMC and One Care | |
| Opportunities: <ul style="list-style-type: none"> • Opportunity to fast-track changes in intensive support site work in Weston | | |

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| 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 |
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| Current status: |  National minimum requirement of 30 additional minutes met, further work needed to ensure all of the 7 core requirements for improved access are fully met | <u>Governance Completed:</u> | <u>Governance Planned:</u> Locality plans approved by extra-ordinary meeting of PCCC |
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- Update:**
- One Care currently delivering Improved Access and delivery exceeds 30 minutes per 1,000 weighted population
 - Localities submitted plans to deliver Improved Access as per new specification approved at PCCC in May that identifies how they will best meet the needs of their population
 - Regular locality lead provider meetings with the CCG Area teams to progress the mobilisation of locality Improved Access models which support urgent care model
 - Progress has been made towards 111 booking into primary care Improved Access appointments from 1st October
 - Locality plans have identified advertising approach to their local populations and One Care has worked to develop standard wording that practices can use on their websites which links to a planned national campaign

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| Live Issues: <ul style="list-style-type: none"> • Developing evidence base that Improving Access supports system wide demand management | | Next Steps: <ul style="list-style-type: none"> • Mobilisation of locality IA plans • Contracting approach for new model to be agreed and then implemented • Ensure advertising is in place across all practices in BNSSG • CCG to publish an equality impact assessment that draws from the locality plans • Locality Transformation Scheme phase 3 in development which is a core component of the care redesign in our STP and which responds to NHSE guidance about developing primary care networks |
| Risks: <ul style="list-style-type: none"> • There is a risk that not all aspects of the locality plans will be mobilised by 1st October | Mitigation: <ul style="list-style-type: none"> • Area Teams working closely with localities to support mobilisation for 1st October | |
| Opportunities: <ul style="list-style-type: none"> • Opportunity for practices to work at scale to deliver the requirements and to shape local service offer | | |


Primary Care
Commissioning Committee
CCG Report
April 2018

Title: **Workload**
Author: Jenny Bowker, Primary Care Lead Bristol
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:  Significant progress made to develop plans and approach to supporting resilience

Governance Completed:

Governance Planned:
STP General Practice and Resilience programme mandate to be approved by STP Sponsoring Body

- Update:**
- 12 practices participated in rapid productive general practice programme in May-June
 - BNSSG Time for Care launch event 20th September to promote the national Time for Care programme, the 10 High Impact Action and register interest in further waves of quality improvement and productivity programmes
 - Intensive Support Site work in Weston & Worle has key focus on reducing workload to improve retention
 - One Care supporting practices with analytics to understand their opportunities for redesign and matching capacity with demand
 - General Practice Resilience and Transformation work stream established as part of the STP to take forward programme of work as partnership between One Care Limited and the CCG

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| Live Issues: | | Next Steps: |
| Risks: | Mitigations | |
| Opportunities: | | |

- **Not all practices will engage with the resilience programme**

- **Work with locality leads to shape the programme and target support offers to practices who need it most**

- **Opportunity to develop at scale training offer using pooled GPFV training funds**

- Further progress to be made to reach 100% practices trained in care navigation/workflow optimisation and embedding this within their organisations – Community and Primary Care Development Group to develop co-ordinated approach to this
- Working with citizens panel in STP to understand the public’s views on access to primary care and how this will change over time and design solutions with them
- Support the development and roll out of a social prescribing framework for BNSSG which is being led by the Integrated Steering Group of the STP

Primary Care
Joint Commissioning
Committee
CCG Report
April 2018


Title: Practice Infrastructure

Author: Jenny Bowker, Primary Care Lead Bristol
 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:  Further progress required to deliver digital and estates strategy for primary care across BNSSG

Governance Completed:

Governance Planned:

Estates strategy to be developed for approval by February 2019 at PCCC

Update:

- GP Practice cloud-based shared telephony system being rolled out by One Care. Full implementation expected by March 2019.
- All BNSSG ETTF technology bids (document sharing, personal health record, radiology report sharing, one domain and electronic palliative care co-ordination systems (EPaCCs) on track to deliver milestones and scheduled to complete by March 19.
- Minor Improvement Grants for 2018/2019 approved and confirmed to practices
- Commissioned estates review for South Gloucestershire and North Somerset to develop BNSSG wide estates strategy
- Online consultations pilot starts in October to inform BNSSG-wide procurement of software solutions next Spring

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| Live Issues: | | Next Steps: <ul style="list-style-type: none"> • Develop digital transformation plan for primary care to include delivering online consultations, patient online and integration with NHS 111 and the Clinical Assessment Service • Develop draft BNSSG estates strategy for review by PCCC in November • Mobilise proof of concept pilot for online consultations September-November 2018 |
| Risks: <ul style="list-style-type: none"> • Capacity to drive forward estates strategy | Mitigations: <ul style="list-style-type: none"> • Commissioned additional capacity to take forward estates review | |
| Opportunities: <ul style="list-style-type: none"> • Opportunity with local IT platforms to develop integrated ways of working at scale and across providers | | |

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

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

CEPN: Community and Education Provider Networks are a partnership of primary and community care organisations that coordinate education and workforce planning.

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).