

# Primary Care Commissioning Committee (PCCC)

Date: Tuesday 30<sup>th</sup> October

Time: 9.00-11.00

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

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## Agenda number: 7

### Report title: General Practice Resilience Transformation (GPRT) Mandate Update

Report Author: Beverley Haworth, Models of Care Development Lead

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

#### 1. Purpose

The purpose of this paper is to inform the Primary Care Commissioning Committee of the approval of the General Practice Resilience and Transformation (GPRT) programme mandate at the Healthier Together Sponsoring Board on 24th September 2018 and the proposed next steps and priorities.

General Practice Resilience and Transformation is one of the 10 key workstreams within Healthier Together - the local name for our Sustainability and Transformation Plan (STP) - and reports through the Integrated Care Steering Group within Healthier Together. This is in recognition of the importance of primary care to the functioning of our wider system.

#### 2. Recommendations

PCCC is asked to note the approval of the GPRT programme mandate and is invited to comment on and discuss the next steps.

#### 3. Executive Summary

The objectives of the GPRT programme are:

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

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

Next steps:

A GPRT Steering Group has been set up, with a workshop planned for 25<sup>th</sup> October to:

- map stakeholders
- propose a definition of a resilient practice/ what a resilient practice will look like
- map the current work, identifying gaps and what can be done collaboratively as part of a joined up approach
- agree the steering group role
- confirm governance arrangements

It is proposed that the GPRT Steering Group reports into the BNSSG Healthier Together Integrated Care Steering Group as well as the Primary Care Operational Group with monthly highlight reports and through the quarterly GP Forward View report to PCCC.

#### **4. Financial resource implications**

Establishing the GPRT Steering Group will allow oversight of current resource allocations and monitor outcomes of work streams and delivery against the programme.

#### **5. Legal implications**

There are no legal implications that arise from this paper.

#### **6. Risk implications**

The combined quality and resilience dashboard enables us to accurately assess the risk of practice stability across our geography. Each work stream has or will have a risk register which will feed into the overarching risk register for primary care commissioning.

## **7. Implications for health inequalities**

As the GPRT Steering Group becomes established and the public involvement activities are underway this will become clearer. In addition the dashboard will provide data on practice demographics and deprivation which will inform our areas and focus of work.

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

Equality Impact Assessments will be carried out for all relevant projects. In addition, information on key demographics will be captured in the dashboard and inform work focus.

## **9. Implications for Public Involvement**

Public involvement will be through a variety of mechanisms including:

- Citizen panel (several questions in current survey – results due Jan/Feb 19)
- Locality PPGs (currently being set up)
- Representatives on working groups
- Presentation at Healthier Together Public Event 22<sup>nd</sup> November 2018
- OneCare quarterly Patient Reference Groups
- Collaborative working with Healthwatch

# Healthier Together



Improving health and care in Bristol,  
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## General Practice Resilience and Transformation Programme - Mandate





## Five objectives of the programme

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

# General Practice Resilience and Transformation

**Vision:** Every person feels responsible for their own health and wellbeing. They have timely access to the right GP service, which is provided by staff who understand their needs and have time to care.

**Outputs and Outcomes:**  
 In the following timelines, the people of BNSSG will experience...

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

**Scope**

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

**Objectives**

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

**Leadership and Delivery Resource**

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

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



## Where are the overlaps?

- **Prevention** – MECC, implementation of Prevention Principles, smoking cessation, HOPE project (suicide prevention)
- **Workforce** – Intensive Support Service, training, CEPN, Community and Primary Care Workforce Development sub group, LWAB, Education and Training for Transformation, Care navigation training, workflow optimisation
- **Digital** – Digital Delivery Board, GP IT Systems, Assistive Technologies, SW Health and Care record; e-consultation, IUC, NHS England App, child health information system, Docman 10, EPACCS, BNSSG referral management service, UTC direct booking, telephony optimisation, collaboration platform, EMIS optimisation, practice analytics
- **Urgent care** – E-consultations, NHS 111 direct booking
- **Mental health** – alternative roles in general practice, involvement in testing draft Plan on a Page and Helicopter View, Mental Health Programme Board, strategy development and subsequent delivery plan
- **Integrated Localities** – Social Prescribing, care navigation, care co-ordination, frail older people





## BNSSG Healthier Together General Practice Resilience and Transformation Proposed governance

<b>Sponsor</b> Ruth Taylor
<b>SRO</b> Jenny Bowker
<b>Clinical Sponsor</b> Martin Jones

**Healthier Together STP Sponsoring Board**

<b>BNSSG Healthier Together Office</b>
<b>STP Programme Director</b> Laura Nicholas
<b>General Practice Resilience and Transformation Programme Manager</b> Gemma Self (tbc)

**BNSSG STP Workforce Transformation Steering Group (LWAB)**

**BNSSG STP Integrated Care Steering Group**  
(Chair: Julia Ross)  
Membership: Provider CEOs including Local Authorities, GP Locality Leads, Area Directors

**Community and Primary Care Workforce Development Group (Chair: Martin Jones)**

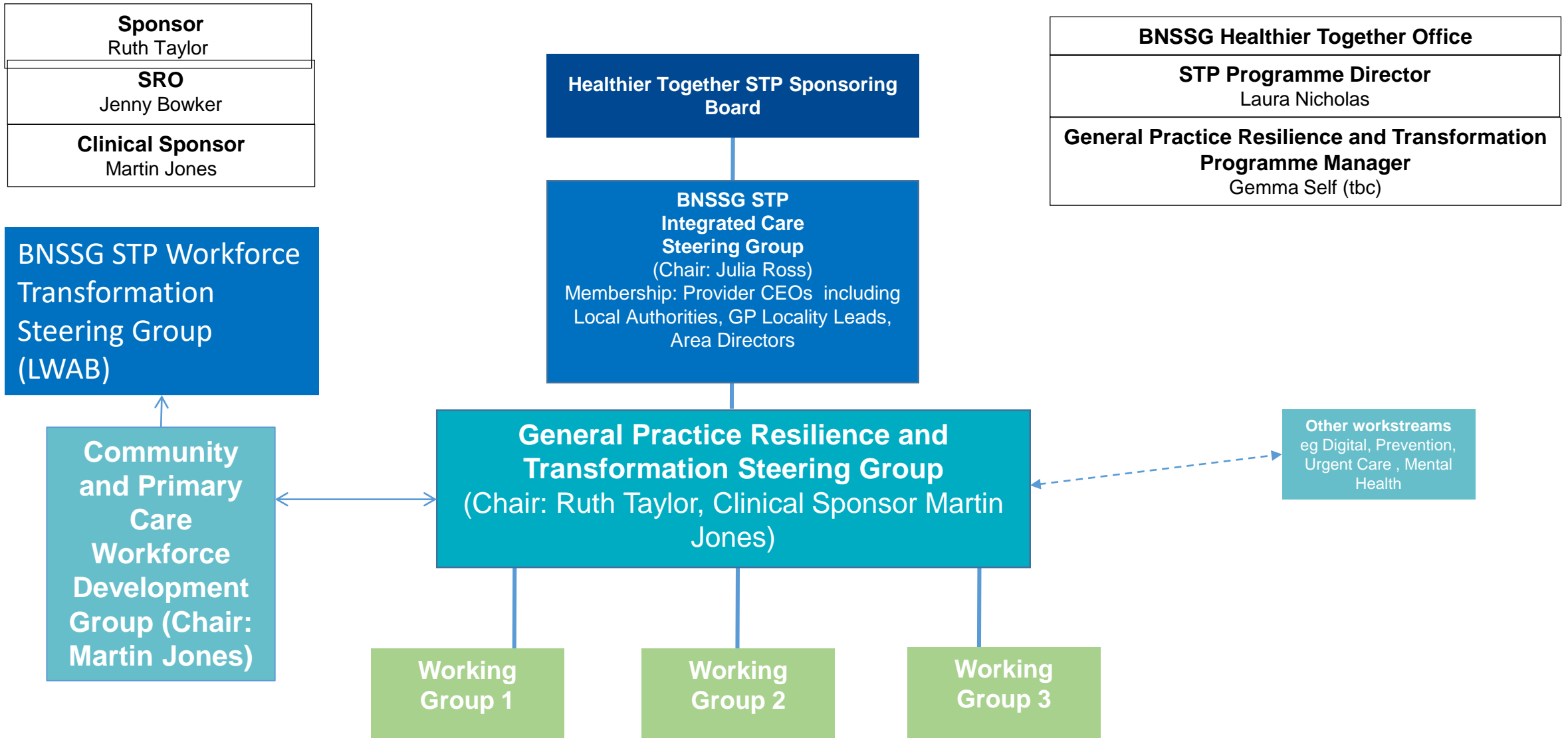
**General Practice Resilience and Transformation Steering Group**  
(Chair: Ruth Taylor, Clinical Sponsor Martin Jones)

**Other workstreams**  
eg Digital, Prevention, Urgent Care, Mental Health

**Working Group 1**

**Working Group 2**

**Working Group 3**





## GPRT governance

- Membership to include – clinical and non-clinical practice representation, cross representation between GPRT and Primary and Community Workforce Development Group
- Representation on Digital Delivery Board, GP IT Systems, Assistive Technologies, SW Health and Care record, Prevention
- Senior provider representation on LWAB



## Our priorities for the next six to nine months

- Complete mapping of programme and projects across all stakeholders to agree inclusion or relationship with the programme
- Engage with practices to increase knowledge of and commitment to the work stream and agree priorities
- Working with the Citizen's Panel in the co-design of the programme and initial deliverables
- Align any potential overlap with other Healthier Together work streams
- Developing a more detailed programme and financial plan with milestones once the available resources become clear
- Agree output and outcome measures
- Continue to deliver on the aspects of the programme that are already planned, resourced and understood

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