

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
PRIMARY CARE UPDATE**

Date of the meeting	07/02/2018
Author	R Payne, Head of Primary Care
Purpose of Report	The report provides an update on areas of work by Primary Care.
Recommendation	The Committee is asked to note the report.
Stakeholder Engagement	NHS England / Local Medical Council / Public Health / Clinical Leads / Primary Care Operational Group / Primary Care Reference Group / Member practices
Previous GB / Committee/s, Dates	Directors Performance Meeting 23 January 2018

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: RP

1. Introduction

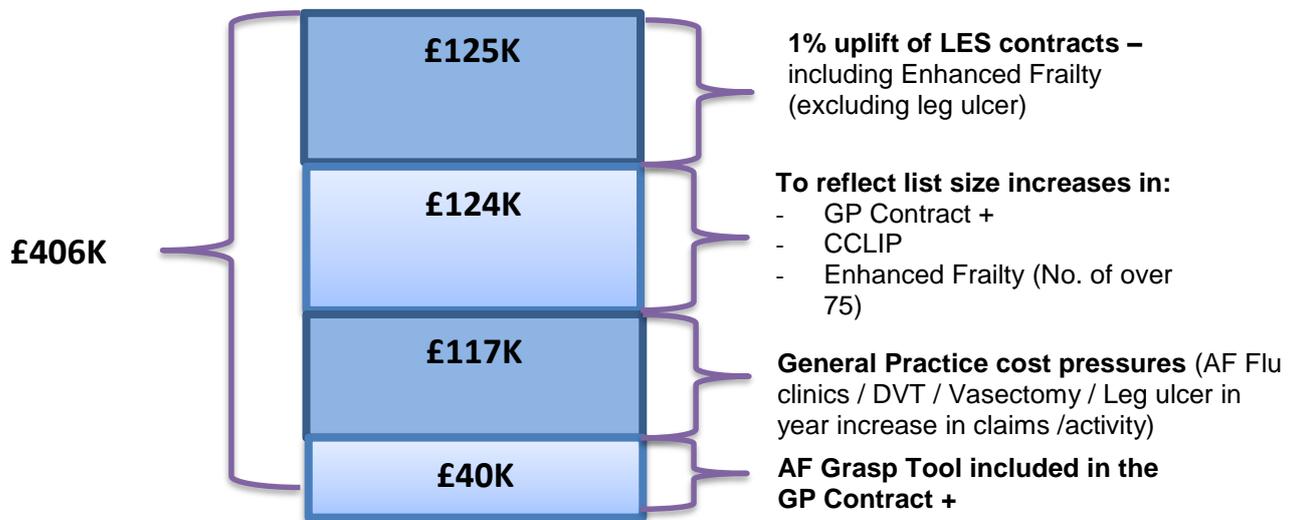
- 1.1 The purpose of this report is to provide further assurance of the work being undertaken in Primary Care reflecting our Strategy, to support quality and contract performance, address areas of General Practice vulnerability and deliver local plans for sustainability and transformation.
- 1.2 This report provides an update on Primary Care commissioning and contracting and a number of Primary Care development areas.

2. Commissioning and Contracting

Re-investment plans of the PMS allocation for 2018/19 (subject to Primary Care Commissioning Committee approval)

- 2.1 Principles for re-investment of the PMS premium were agreed at the December Primary Care Commissioning Committee (PCCC).
- 2.2 All commissioning intentions have been developed by GPs, Clinical Leads, Local Medical Committee (LMC) and Commissioners through the Primary Care Reference Group (PCRG) and Primary Care Operations Group (PCOG).
- 2.3 The PMS premium allocation for 2018/19 is £406,000.
- 2.4 Plans for PMS premium reinvestment seek to reflect pressures in Primary Care and maintain stability of services in General Practice. Over the last year, practices have reported increases in activity, list sizes and numbers of over 75s not reflected in the current funding allocation of our Local Enhanced Services (LES). We plan to prioritise PMS reinvestment to reflect this. PMS premium reinvestment proposals have been assessed using a prioritisation matrix to ensure that investment:
 - Is in-line with existing GP Contract plus investment plans;
 - Addresses existing cost pressures;
 - Seeks to improve access and quality in the priority areas (Frailty / Long Term Conditions (LTC) / Routine Care and Urgent Care);
 - Supports the delivery of whole population health outcomes;
 - Reinvestment recommendations will ensure whole population coverage;
 - Delivers an integrated system of care, delivered at appropriate scale;
 - Supports sustainability of services and General Practice.

2.5 The following is a summary of the proposed reinvestment of PMS Premium allocation:

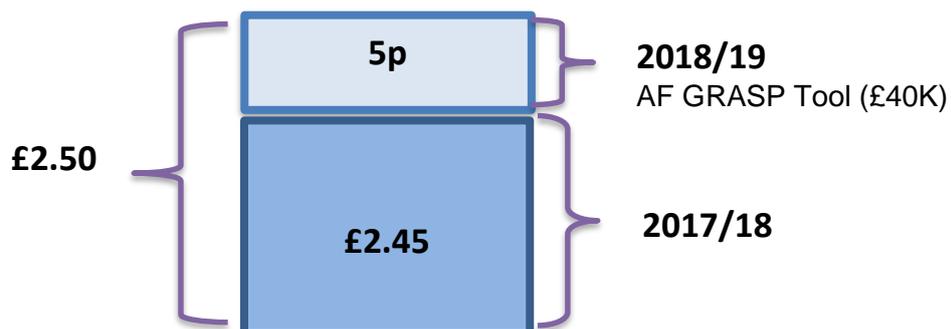


GP Contract Plus

2.6 It is proposed that GP Contract Plus for 2018/19 continues to be funded from the PMS Premium reinvestment.

2.7 In addition, it is proposed that the 2018/19 growth to reflect list size changes for the GP Contract Plus is based on weighted population as at 1 October 2017.

2.8 Based on a review of unfunded services that fulfil the criteria for inclusion in the GP Contract Plus (expectation that all Dorset practices' population have access), the AF GRASP service is proposed to go in the GP Contract Plus for 2018/19:



2.9 AF GRASP Tool will move from the Clinical Commissioning Local Improvement Plan (C-CLIP) to the GP Contract Plus. The CCG recognise that this is a valuable tool to identify patients with AF and manage them appropriately.

New - 2017/18	1. AF GRASP Tool
2016/17	2. Enhanced diagnostics hypertension 3. Hepatitis B vaccinations for renal patients 4. Spirometry for diagnostics purposes 5. Pre-operative MRSA screening 6. Post-operative wound care 7. Management of ring pessary 8. Diagnostic Doppler 9. Prostate follow up 10. Dementia drug monitoring

- 2.10 The principles of the GP Contract Plus are unchanged therefore Practices choosing to sign up to the GP Contract Plus will be required to accept the GP Contract Plus in its entirety. Acknowledgement that practices could have the flexibility to work with other practices / locality in delivering the services remains.
- 2.11 The items in the GP Contract Plus will continue to be reviewed yearly. The number of items in the GP Contract Plus group may increase in accordance with agreed investment.
- 2.12 Where practices choose not to deliver the GP Contract Plus, it will be offered to other Practices / Localities in order to provide full population coverage for all services across Dorset.

Change in specification for Lower Limb Ulceration (formerly known as Leg Ulcer)

- 2.13 As of April 2018, the existing specification will be varied throughout to reflect changes to the updated guidance. The funding for delivery of this service will remain the same for 2018/19.
- 2.14 Reporting has been simplified to enable improved reporting and claiming. The reporting in 2018/19 will contribute to the commissioning financial modelling for 2019/20 so practices will be encouraged to make sure they provide accurate and timely reports and contract claims.

Changes in East Minor Surgery and Dorset Minor Surgery Specification

- 2.15 The focus for 2018/19 is to remove the confusion and potential duplication of procedures that can be claimed through the current LES and Directed Enhanced Services protecting practices from inadvertently committing fraudulent activity.
- 2.16 Practices will be able to claim for nail bed ablations under toe nail procedures in the DES specification. For those practices who undertake this procedure on behalf of other practices subcontracting arrangements will need to be made.
- 2.17 Due to very low uptake of this service it has been agreed that Dorset CCG will no longer commission Sigmoidoscopy procedures via a LES.

- 2.18 The CCG will continue to support development of this through the Dermatology Demand Management and the Right Referral Right Care Programmes to ensure commissioning needs are fully understood.

Change in specification for Enhanced Frailty (formerly known as Over 75s Scheme)

- 2.19 The new Enhanced Frailty Specification has been designed by the commissioning support team with clinical input in order to support General Practice to manage a transition to the new Integrated Primary and Community Services care model.
- 2.20 Fundamental to the vision of this specification are the four characteristics described in the Primary Care Home (PCH) model. These being:
- An integrated workforce, with strong focus on partnerships spanning primary, secondary, community, social care and mental health;
 - A combined focus on personalisation of care with improvements in population health outcomes;
 - Aligned clinical and financial drivers with shared risks and rewards;
 - Provision of care to a defined, registered population of between 30,000 - 50,000.
- 2.21 The specification asks practices to work with each other and partners within their health community to form the multi-disciplinary, sustainable and resilient health and care teams needed to support their population, making the best use of resources.
- 2.22 The CCG has identified Frailty as a key enabler for new models of care. In recognition of this, funding from the PMS Premium has been allocated to support a 1% uplift and reflect increases in Over 75 list sizes at 1 October 2017.

Clinical Commissioning Local Improvement Plan (C-CLIP)

- 2.23 The 2018/19 C-CLIP will continue to focus on RightCare and Demand Management with an additional quality improvement area of Diabetes.
- 2.24 Diabetes is an important clinical disease which, if effectively managed, can yield positive benefits for individual patients and the system. We are advocating a life course approach; considering diabetes from diagnosis, to effective management and the impact upon hospital activity.
- 2.25 The C-CLIP will also continue to build on engagement and local integration of care and developing the capacity and capability of General Practice to deliver transformational change.

- 2.26 The Medicines Management element of the 2018/19 C-CLIP will continue to be managed as a standalone service under the CCG's Medicines Management team; however, the scope of this shall also include Diabetes to ensure the two schemes are complimentary.

Lyme Regis Medical Centre

- 2.27 Lyme Regis Medical Centre (APMS) contract is due to end on 1 February 2018. The contract is currently held by Virgin Health and provides both General Medical Services and community services including minor injuries.
- 2.28 Virgin Health has signed an extension of the contract to 31 January 2019 to allow time for the Integrated Community and Primary Care Services (ICPS) engagement to be completed.
- 2.29 The design phase was completed in December 2017 with the PCCC approving the preferred model. Engagement with the local population and practices will continue over the next few months relaying the outcomes of this work to date and the approved design of the services going forward. Whilst a preferred model of care has been identified the way by which this will be procured has yet to be determined.

Key Risks and Risk Mitigation

- 2.30 **PCSE:** Primary Care Support England (PCSE) run by CAPITA provide a number of services to GP practices.
- 2.31 The CCG has been aware of issues raised by Dorset practices regarding services delivered by CAPITA since April 2016 and the issues experienced in Dorset are also being experienced nationally.
- 2.32 The issues experienced within Dorset include but are not exclusive to:
- Processing pension / staff changes - where practices experience issues relating to GP pension related changes;
 - Payment issues – where practices experience issues relating to payments and miscalculations examples include: QOF payment and other payments associated with list size calculations as well as Locum payments.
- 2.33 The risks have been identified and put on the CCG Corporate Risk Register in Autumn 2016 and remain on the Corporate Risk Register.
- 2.34 The CCG continues to work closely with the Local Medical Committee (LMC) and NHS England (NHSE) to ensure there is a co-ordinated approach to resolving each issue. Progress is being monitored at PCOG. There is concern that progress being made is slow which NHSE are aware of.

- 2.35 **Flu outbreak:** There has been an increase of Influenza A and B in Dorset. This is a major concern if there is confirmed Influenza in an institution e.g. Care Home or School. The CCG are currently working closely with the Health Protection Team South West to ensure there is a reactive response to potential outbreaks in an institution to avoid spread of the infectious disease.
- 2.36 At the time of writing there has been six confirmed cases of influenza in Care Homes in Dorset and a Health Protection Team (Public Health England, South West) notification with no action on one school. Each case has been dealt with appropriately and a system is in place to ensure the CCG responds quickly to work with General Practice to ensure treatment is supplied within the 36-48 hour window of opportunity.
- 2.37 We are currently strengthening our planning to ensure there is a seamless hand-over from in-hours to out of hours.
- 2.38 Lessons learnt from this event is to ensure we work with practices to target the at risk and vulnerable registered patients and carers/staff who work with vulnerable patients to proactively promote the influenza vaccination programme. This should then limit the amount of outbreaks.
- 2.39 Public Health England are reiterating the importance of Flu vaccinations and all practices have been contacted recently to further encourage uptake.

3. Finance

Delegated Primary Care Budget

- 3.1 The forecast for the delegated Primary Care budget as at the end of November 2017 is a full year underspend of £229k. This is an improvement on the last position reported to this Committee which was a forecast overspend of £150k as at the end of September 2017. This change in forecast is due to a number of factors which includes:
- Contract payments to GPs are based on list sizes. The payments are adjusted following quarterly notifications of list size changes. We had been expecting significant increases in list sizes in the October 2017 notification but these did not materialise to the extent expected;
 - The cost of arrears for rent reviews has been lower than expected;
 - Additional rebates of business rates have been received and there has been benefit from other non-recurrent factors;
 - The forecast under-spend is a net position after the one-off benefit of rate rebates and other non-recurrent factors. The estimate of the underlying recurrent deficit on Primary Care delegated is closer to £1.2m. This is currently under discussion with NHSE.

Adjustments to previous Global Sum and QOF Payments

- 3.2 It is understood that, due to delays with the processing of list size changes at PCSE, there are practices who consider that their past global sum and quality and outcomes framework (QOF) payments have been understated.
- 3.3 The CCG commissioning team is working with affected practices to validate claims. If any claims are ratified then this will further impact on the forecast delegated position, currently no allowance is made in the forecast for this aspect.

2018/19 Financial Planning

- 3.4 Detailed financial planning for 2018-19 is underway. Further information will be provided once the Governing Body has approved the plan. There is some ambiguity in the guidance in the GP Forward View planning requirements as to the mandated percentage increase for delegated Primary Care. This is being discussed with NHSE to ensure that the CCG has clarity as to the requirements.
- 3.5 The initial high level financial plan results in primary care non-delegated being required to deliver a Quality, Innovation, Productivity and Prevention (QIPP) provisional target of £0.4m. This fits in with the requirements on other core CCG services.

4. Transforming Primary Care and delivering GP Forward View Ambitions

Communications and Engagement

- 4.1 The Locality plans will form the basis of the informed audience events which started in October to ensure we continue to build stronger local relationships and enable plans to be co-produced. All key stakeholders identified in the previous locality audience analysis will be invited and feedback from these events will shape the final iteration of the locality Sustainability and Transformation Plans.
- 4.2 Local plans differ from area to area and this involvement is essential in helping to ensure that new care models reflect local need and knowledge. We are working with 12 General Practice transformation areas, covering 100% of the Dorset. Good progress has been made in engaging key stakeholders in the delivery of our Primary Care Commissioning Strategy and associated GP Forward View programme. By February 2018, it is anticipated that all transformation groups will have undertaken an engagement workshop with their local population to help inform plans.
- 4.3 The team has recently supported the Poole and Bournemouth Health and Wellbeing Leadership Development work, the Dorset-wide Patient Participation Groups and Dorset CCG Membership event. The team are also ensuring that any communications and engagement work undertaken links to the Public Engagement Group (PEG) as part of System Transformation.

- 4.4 The Primary Care team will undertake further work to refresh the Primary Care Commissioning Strategy Public Engagement Plan in light of the changing landscape of Primary Care and to ensure full alignment with our Commissioning intentions.

Response to Winter Pressures

- 4.5 Primary Care has been working as part of the System response to Winter pressures. General Practices has been reviewing their demand management to ensure more urgent Primary Care slots are available. In addition, the improving access to General Practice proof of concept work has provided a focus for Lead Providers to work with General Practice to improve the effectiveness of GP streaming and plan to deliver additional Primary Care capacity. As part of the successful bid to NHSE for additional non recurrent winter pressure investment, plans are developing for General Practices working in localities to redesign the way they work together with the urgent care providers to respond to requests for urgent Primary Care.

Role of Primary Care in the Dorset Accountable Care Community

- 4.6 The role of Primary Care is central to the Dorset Accountable Care Community development (ACC) and plans will be developed with General Practice on the options to ensure Primary Care can have an active and increasing role within Dorset's developing ACC arrangements. This will build on the foundations of the established 13 localities (organised around 12 transformation areas) to build scale and resilience.
- 4.7 Many of these localities are able to demonstrate some exciting and innovative new ways of delivering care. Examples of which include developing the role of Clinical pharmacists and skill mixed teams, collaborations at locality level to deliver the frailty model and other services, working collectively to support Care Homes.
- 4.8 Building on the GP Forward View, the ACC Primary Care development programme aims to achieve:
- A new model of Primary Care for the future;
 - Improved population health;
 - Better use of the health system's resources.
- 4.9 Dorset CCG is working to deliver these aims through new care models and locality transformational delivery plans. Working with NHSE, a Primary Care Maturity Matrix has been developed which includes a self-assessment against the national ACS Primary Care development pillars and a delivery plan to achieve progress in each area over the next 2 years.

- 4.10 The Dorset Primary Care Maturity Matrix can be found at Appendix 1 and describes a baseline assessment of Primary Care in Dorset together with a delivery plan to achieve Step 2 of the nationally described maturity level, identifying the intended outcomes of this. This supports achievement of the 5 Pillars described below:

Figure 2: Five Pillars

Five pillars will support primary care in delivering these aims **NHS**
Dorset
Clinical Commissioning Group

- 1 **Right scale.** Teams working in primary care networks serving 30-50,000 people, which in turn collaborate at the system level. Resilience through sharing of interoperable assets at the network and system level, including workforce, estates, data and IT.
- 2 **Integrated working, across all of primary care.** Integrated teams including general practice, community services, social care and the third sector. Individuals' work is appropriate to their skillset, and they know and trust other team members.
- 3 **Understanding population needs, targeting care.** Data driven population segmentation to understand people's health and care needs, and new models of care to optimally meet those needs. Increased focus on prevention and proactive care.
- 4 **Managing resources and reducing variation.** Visibility of the resources available to the system, variation between practices, and the impact of decisions made in primary care. Operational efficiency through scaled working and reduction in variation. Over time, a share in risks and rewards for resources in primary care's control.
- 5 **Empowered primary care.** Equal partnership in system-level decision making, reflecting primary care's centrality to accountable care.

- 4.11 Primary Care is also making good progress against all key areas of the ACC Memorandum of Understanding shown in Figure 3 below:

Figure 3: ACC Memorandum of Understanding – Primary Care

<p>Deliver extended access to General Practice for 100% of the local population by March (2018 or 2019 depending on specific STP).</p> <p>Current position: Plan in place to achieve 50% by March 2018 and 100% by March 2019 in line with NHS England planning requirements. Proof of concept phase being mobilised so there are key risks to delivery which include Provider capacity and capability especially around timelines for mobilisation and recruitment of key staff.</p>	
<p>Ensure at least (50%) of GP practices are starting to work together in hubs or networks by (March 2018) that offer a greater scope of services and which are increasingly capable of taking on population health responsibilities.</p> <p>Current position: 100% of practices working together in Transformation groups starting to take on population health responsibilities through Frailty and Improving Access work. Further work planned as part of a phased roll-out to establish Primary Care Home clinical networks during 2018-19.</p>	
<p>Boost local GP numbers including by taking concrete actions to improve retention in 2017/18.</p> <p>Current position: Primary Care Workforce Centre commissioned. Workforce profiling and modelling to meet future care models completed across all localities. Our strategy is to recruit skill mixed teams to deliver new care models so this may mean we do not meet the national expectations to boost GP numbers.</p>	
<p>Expand multidisciplinary care by deploying XX clinical pharmacists, YY mental health therapists, as well as physician associates and more nurses in General Practice (2018 or 2019 depending on specific STP).</p> <p>Current position: On track to expand by 2019 as part of Primary Care Workforce plans in place; Primary Care Workforce centre; PA programme commissioned from Sept 2018 (20 Clinical placements); development programme to recruit Paramedics and MSK practitioners; Clinical Pharmacists target 25WTE on target to achieve 50% in 2018. Expanding multidisciplinary care is at the heart of our Integrated community and primary care model and forms part of plans for delivering new care models. We have commissioned a Frailty pathway and a proof of concept phase for improving access to General Practice services which includes resources for further skill mixed teams.</p>	
<p>Support comprehensive local delivery of the General Practice Forward View.</p> <p>Current position: Comprehensive plan in place to deliver GP Forward View Programmes at ACS and Locality level.</p>	

- 4.12 All 86 practices continue to work in locality groups to deliver transformation and the General Practice Forward View ambitions. We are working with the National Association of Primary Care (NAPC) on a PCH Model to further develop the collaborative working taking place.
- 4.13 The top three themes emerging from locality plans across the county are:
- Improved Access models;
 - Locality-wide Frailty services;
 - Shared Back Office functions – as part of the high impact changes for Primary Care.
- 4.14 The reporting requirement from NHSE regarding progress on delivery of all GP Forward View targets will accelerate from quarterly to monthly reporting in 2018.

- 4.15 To support our assurance process we have been working closely with the Design and Transformation team to embed an effective PMO process and implementation of the new CCG Cycle system. This will enable both localities and the CCG to track progress through regular highlight reports, manage risk and ensure compliance with statutory requirements including Equality Impact Assessments.
- 4.16 Figure 4 below provides a pictorial representation of how the Dorset GP Forward View programme plans come together to meet the national requirements set.

Figure 4: Dorset GP Forward View Programme planning

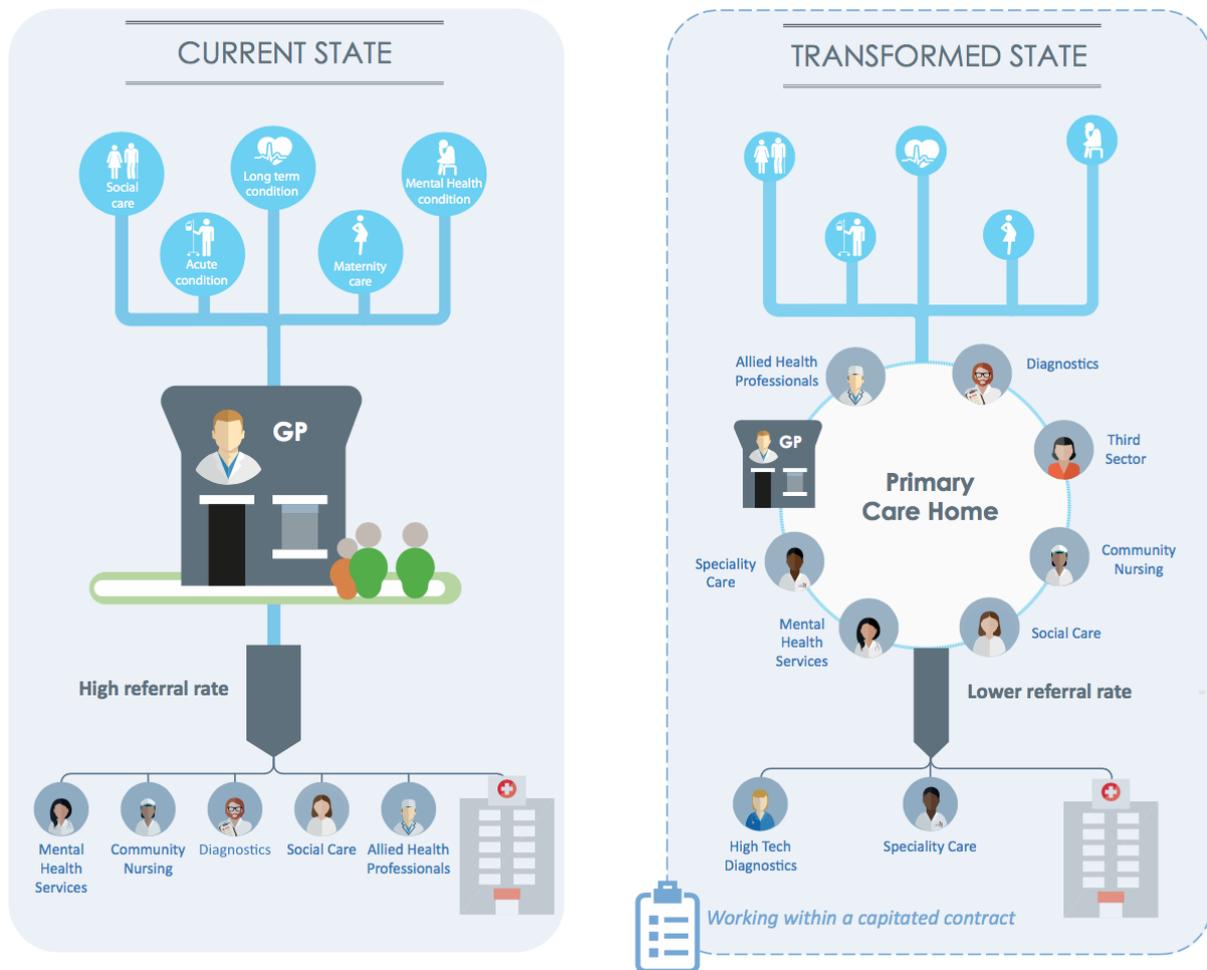


New Care Models

- 4.17 The Transformation programme aims to support localities on their journey to develop a sustainable model for the future. PCH developed by the NAPC is an emerging model which is supported by NHSE and by Dorset Locality Chairs as a model which would act as an enabler for practices to work together to develop their workforce, culture and services at scale.
- 4.18 The key characteristics of the PCH model includes:
- The provision of care to a defined, registered population size of 30,000 to 50,000 people;
 - A combined focus on personalisation of care with improvements in population health planning, provision and outcomes;
 - An integrated, multi-disciplinary workforce, with a strong focus on partnerships spanning primary, community, secondary, third sector, mental health and social care;

7.2

- Financial drivers aligned with the health needs of the whole population.



Source: National Association of Primary Care (NAPC)

- 4.19 Whilst deciding to work towards being a PCH can only be a voluntary decision on behalf of localities, it is hoped that 50% of practices across Dorset will take that step over the next 6 months. The CCG has agreed to support a roll-out programme which will be made available to all Transformation Localities over an 18 month period commencing in January 2018.
- 4.20 Dorset has secured 50% funding (£200K) from NHSE and proposes an additional £200K match-funding from the Primary Care Transformation budget to secure delivery resources from NAPC and build on the menu of support available to General Practice.
- 4.21 Work will begin in January 2018 over a period of 18 months with a phased approach taken with the localities that have expressed an interest being the first implementers of the PCH model.

4.22 The proposed phased role out is as follows:

Phase 1	<ul style="list-style-type: none"> ➤ North Dorset ➤ Purbeck ➤ Christchurch
Phase 2	<ul style="list-style-type: none"> ➤ Poole Central ➤ East Dorset and Poole North ➤ North Bournemouth ➤ Mid Dorset ➤ Poole Bay
Phase 3	<ul style="list-style-type: none"> ➤ Central Bournemouth ➤ East Bournemouth ➤ Weymouth and Portland ➤ West Dorset

4.23 The Programme will be tailored to where each locality is with progress to-date and will include supporting the work on new models of care, Primary Care at scale and wider collaboration within localities.

5. Improving Access to General Practice Services (IAGPS)

- 5.1 Cluster Business Cases have been received from East, Mid and West Clusters, which provides us with full coverage for the Dorset population. These have been reviewed by an evaluation panel and have been approved.
- 5.2 Contract Variation proposals have been sent to each respective cluster service providers for IAGPS: The Royal Bournemouth Hospital for East, Poole Hospital for Mid and DHUFT for East.
- 5.3 A workshop was held with the three providers to focus on Dorset wide issues and shared solutions. The key issues discussed were: IT interoperability, communication plans, winter pressures planning and reporting requirements.
- 5.4 The CCG will oversee monitoring and the mobilisation phase across Dorset working closely with Providers and the System Integration Leads.
- 5.5 As part of next steps for this work a Task and Finish group will be formed to rapidly develop a model for improving access to routine Primary Care aligned to the delivery of new care models in localities.

6. GP Resilience Programme

- 6.1 Dorset CCG, NHSE and appointed facilitators have been supporting practices to develop and finalise their action plans that will enable them to become more sustainable and resilient to tackle the challenges they face now and into the future. In all 15 Dorset practices are being offered financial or facilitator support to implement their plans.

- 6.2 The focus in 2017/18 has been on the resilience of General Practice at a locality level with funding being offered to both the practices facing significant challenges and also to the practices that are delivering the support.

7. Vulnerability

- 7.1 No new practices have been identified as at risk by the Practice Profiling Group, which meets monthly. Localities are currently being tasked with considering the resilience of General Practice within their local areas and identifying possible solutions.

8. Digital Dorset

- 8.1 90% of practices are currently operating or migrating to TPP SystemOne.

9. Online Consultations

- 9.1 Nationally NHSE has put into place a Dynamic Purchasing System for Online Consultations that goes live in January 2018. Dorset CCG will use this system to run a procurement exercise. The project team has completed a market testing phase looking at products aimed at the GP Online Consultations solution, but recently Dorset CCG has made a conscious decision to aim to align both of the upcoming online programmes - GP Online Consultation and 111 Online. This approach will provide Dorset's population with a single digital gateway into Primary and Integrated Urgent Care - ensuring ease of access and achieving the right outcome whatever time of day or night it is accessed.

10. Management of Clinical Correspondence

- 10.1 By the end of March 2018 training for Managing Clinical Correspondence will have been delivered to 63 of the 86 practices within the participating localities, which results in an 80% implementation for this training against an agreed target of 50% (i.e. 80% of patients are registered with practices which have completed the training).
- 10.2 Early results from practices implementing this innovation are showing in the region of 45 minutes per day per GP saved – this represents a significant reduction in workload pressure.

11. Care Navigation

- 11.1 In 2017/18 two localities elected to focus their training on Care Navigation (rather than Managing Clinical Correspondence). All practices in these localities took part and training was completed in November 2017. As a result 15% of patients in Dorset are now supported with care navigation - a year earlier than planned.

12. Releasing Time for Care

- 12.1 Two Learning in Action Workshops have taken place, one in October and the second in November. Dorset CCG has worked alongside the NHSE team to progress local initiatives to support active signposting and care navigation with practices across Dorset. This has been achieved by showcasing examples and case studies of what is working well elsewhere in England and initiating debate about what could be adopted locally.
- 12.2 The final workshop is due to take place at the end of January and this event will seek to add to the information shared previously and enable the practices to start considering and discussing within their localities how they might implement initiatives in their areas.

13. Workforce Planning

- 13.1 As part of the offer to practices and localities to support the delivery of their transformation plans, the CCG Workforce Redesign Lead (Primary Care) post was developed to provide practical and strategic advice and guidance to inform the development of the locality workforce plans. The post holder commenced employment in mid-October 2017.
- 13.2 During the November – December period the Workforce Redesign Lead (Primary Care) has made contact with each locality GP lead or Transformation Project Manager with a view to discussing the locality workforce profiles, identifying locality workforce priorities, and agreeing areas where workforce redesign support is required.
- 13.3 A number of next steps have been agreed:
- Workforce profiles are currently being updated with the DHUFT community workforce data with the aim to have updated profiles circulated to all localities by mid-January 2018;
 - The need for localities to validate the General Practice workforce data remains as the data available from NHS Digital is from March 2016;
 - Continued support will be available to practices and localities in the use of workforce tools and in the provision of practical and strategic support and guidance in the development of a sustainable workforce plan. This will ensure localities have a plan that meets their needs, whilst being supported and aligned to the wider Dorset workforce activity;
 - Practices continue to be supported by the CCG Workforce team in terms of their recruitment requirements, with advice and guidance on different roles provided. Practices also continue to be supported by the Primary Care Workforce Centre.
- 13.4 Two whole system issues have been identified that require CCG focus to enable projects to be implemented:

7.2

- Access to Electronic Patient Records across the system that enables all key practitioners to easily navigate to essential clinical records with ease;
- Employment models to be clarified to mitigate the risk some Practices are carrying when employing nursing staff to work across Practice boundaries in localities, including cost of indemnity.

13.5 The Workforce team is leading on the development of an International GP Recruitment Bid. An outline bid will be submitted to NHSE (Wessex Area Team) in January 2018 in advance of a formal bid submission in March 2018. It is proposed that the bid sets out Dorset's intention to recruit 20 International GPs over a 3 year period. The Workforce team is planning to undertake an 'Expressions of Interest' process in January 2018 to establish commitment from individual GP Practices – evidence of commitment will need to be incorporated in the bid.

14. Conclusions

14.1 The CCG continues to achieve GP Forward View Assurance from NHSE across all programme areas. Work with local Transformation Groups and Dorset GP Forward View Programmes are making a significant contribution to delivering our strategy for Primary Care. Of particular note this month is plans for supporting new care model delivery working in partnership with Primary Care Home and progress to establish Local infrastructure plans across all Dorset localities.

15. Recommendation

15.1 The Committee is asked to note the report.

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Date: 24 January 2018
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APPENDICES	
Appendix 1	Dorset Primary Care Maturity Matrix