

Appendix 1

GP Forward View CCG Summary View

GPV delivery area	Dorset CCG Primary Care programme delivery areas (ref to NHSE Population Health Readiness tool)	Desired outcomes expressed in Dorset GPV Delivery Plan (ambitions)	Local and national priority projects	RAG (see key below)	Status % complete	Next steps	Issues	
			Partner Engagement in Locality TSPPs	GP bulletin updated weekly		Ongoing		
				Website, intranet updated periodically		Ongoing	Restricted by intranet	
				Joint PPI development and engagement strategy with corporate comms team		Ongoing		
				Additional PLT events arranged with support for project managers and clinical leads		Ongoing		
				Menu of support updated quarterly		Ongoing		
				Primary Care inbox queries and questions coordinated		Ongoing		
Investment	Primary care investment	TRANSFORMATION AND INVESTMENT: Invest £3 per head population over 2 years with 40% population having access to at scale working by 2018/19	Increase investment in primary care	Financial plans to increase investment in primary care in line with NHS Operating Guidance				
				Funding to cover sickness, maternity, CQC			Came from NHSE with no additional funding, cost pressure for CCG	
				Funding for training reception and clerical staff				
			Investment plans for GPV funding streams to support transformation	Commitment to fund £3 per head of population				
				Plans for investment of £3 per head in primary care transformation over 2 years			Further work with NHSE in terms of finance planning assurance	
Workforce	Workforce (NHSE PHR tool care elements 6.1, 6.2)	OUR WORKFORCE: Develop a sustainable General Practice model which is attractive to work in.	Workforce profiling and modelling	Workforce profile for each locality		50%	Initial profile created. Now being refreshed with Community data. Practices will then be supported to validate profiles.	Practice/Locality State of readiness to engage
				Iteration of future workforce models available by locality		100%	ICPCS modelling v7 available by locality	
				Identify practices in greatest need of support		75%	Practice resilience intelligence plus initial fact finding by newly appointed Workforce Redesign Lead has created a more informed position	Practice/Locality State of readiness to engage
			Workforce development	Quality Improvement Fundamentals programme led by NHSE (under Releasing Time for Care)			Local coordination by PCWFC. One cohort completed Oct 2017 with approx 20 attendees. Promoted via PCWFC and other PC channels	Local delivery has worked well to encourage participation. But freeing up people to attend proved difficult (large numbers withdrew immediately prior to course starting.)
				Expand clinical pharmacists, physician associates, medical assistants, physiotherapists and mental health therapists in primary care			All programmes underway except Medical Assistants and MH therapists. Clinical Pharmacists - 3 bids approved in recent wave. 15 currently working in Dorset. Physician Associates - Dorset based education programme to commence Jan 2019 with clinical placements in primary care agreed. Physio-MSK practitioner bank established. Each acute trust has supportive	Medical assistants - not yet given priority. MH Therapists - just being discussed now.
				Mechanism for Primary Care practitioners to understand and discuss workforce solutions			PC Workforce Centre plus link to WRL	
				Establish roles to support transformation plans for localities and clusters including workforce			Transformation Project Managers focused at Locality level	
			Produce a Dorset wide workforce strategy which includes primary care			DWAB - whole system work. ICPCS workforce transition plan in development		
		LEADING AND WORKING DIFFERENTLY: Give the health and care workforce the skills and expertise needed to deliver new models of care in an integrated health and care system.	Initiatives to attract, recruit and retain GPs and other clinical staff	International GP recruitment programme			Initial Expression of Interest submitted Jan 2018. Full bid in development for March 2018.	
				GO Career Flex scheme			PCWFC led - Career Flex scheme launched start of 2017. Service aims to match individuals with opportunities for career flex. Used to recruit and to retain.	Could create more opportunities for placements (eg dermatology often requested). Need a willingness to accept 'trainees' rather than always looking for the fully trained.
				Learning and Development plan to deliver transformational leadership			DWAB work on leadership. GPIL course offered by NHSE etc (see Leadership Offer prepared by Glen Harvey)	
				Mechanism to advertise primary care vacancies in one place			Doorway to Dorset	In 2017 (compared to 2016) evidenced a reduction in time taken to recruit from 3 months to 1 month. Also seen an increase in enquiries from outside of Dorset.
				Mechanism for management of locum careers			PCWFC - Locum Chambers	Locum Chambers - Over 100 members. 71% of Practices and Out of Hours advertising via this route. 1700 sessions advertised to date. Time taken to obtain cover reduced/ availability of locum cover increased.
				Today's Student - Tomorrow's Workforce campaign			Via PCWFC - encourages Practices to take students (of all sorts). Demonstrate the value of introducing students into Primary Care at an early stage.	
				Support GP retention scheme by meeting Dorset's proportion of the GPV target			PCWFC - Over 18 month period has supported many GPs to access retainer scheme.	

Workload	Transforming primary care at scale - provider development	GP DEVELOPMENT (WORKFLOW OPTIMISATION - RELEASING TIME FOR CARE): To improve capacity management across all practices	Locality TSPPs	Locality Transformation and Sustainability Programme Plans x 12			Refreshing for year 2				
	Workload		GP DEVELOPMENT (WORKFLOW OPTIMISATION - RELEASING TIME FOR CARE): To improve capacity management across all practices	Support for groups of practices / localities for working at scale and develop organisational	Design proposal offer for PC Home to support transformational change			Phase 1 group of localities started in January			
				Support for practices to enable them to embrace at scale contracting including change management support (see Commissioning and Contracting section)				December 2017, two other potential super practices looking to form	Business model maturity. Practices slowly coming together to deliver function but not yet ready to come together to hold at scale		
				Increase resilience	General Practice resilience programme - reduction in practices identified as vulnerable by 2021			Intend to move to locality focus Reduction in vulnerability can be seen, however general practice risk of vulnerability is still high. Locality resilience plans need to be more robust with practice business continuity plans reflecting joint agreements between	Little control because funding managed by NHSE		
				General Practice Development Programme - Releasing Time for Care - 10 High Impact Actions	Active signposting - Training for reception and clerical staff	Managing Clinical Correspondence by no	80%	Focus in 18/19			
						Training of Reception Staff in Active Signp		Focus in 18/19	Need to align IPCS/ATB/PCH project in this area		
						Training of Care Navigators		Innovation underway at individual practice level	Practice feedback that not an issue for them		
						New consultation types		Innovation underway at individual practice level			
						Reduce DNSs		Innovation underway at individual practice level			
						Develop the team		Innovation led at ICPCS level			
Productive work flows						Focus for 18/19					
Personal productivity		Various training made available									
Partnership working		FBC produced, due end March	Delays in getting pre-project costs funding from NHSE								
Social prescribing											
Support self care											
Develop QI expertise											
Infrastructure	Estates	ESTATES INFRASTRUCTURE: To have the appropriate infrastructure needed to deliver General practice of the future with premises fit for purpose	ETTF Infrastructure Projects	Carlisle House							
				Boscombe & Springbourne		Closed					
				Parkstone Towers			FBC	PID approval still awaited from NHSE, submitted in Oct			
				Wareham Surgery			Revised PID submitted to NHSE				
				Blandford			On the shelf - Capital to be secured - OBC ready				
				Premises Improvement	Premises Improvement Grant Funding schemes approved, spend completed by 31/03/17		100%				
						Premises Improvement Grant Funding schemes approved, spend completed by 31/03/18		50%	Practices to complete the works and provide evidence of paying invoices	Budget is E691K, currently profiled to be approximately E660K	
						Premises Improvement Grant Funding schemes approved, spend completed by 31/03/19					
						Locality Estates Plans	East Dorset				Programme of works will be developed Feb
								Poole North			Programme of works will be developed Feb
Poole Bay			Programme of works will be developed Feb								
Poole Central			Programme of works will be developed Feb								
Purbeck			Programme of works will be developed Feb								
Central Bournemouth			Programme of works will be developed Feb								
North Bournemouth			Programme of works will be developed Feb								
East Bournemouth			Programme of works will be developed Feb								
Christchurch			Programme of works will be developed Feb								
North Dorset			Programme of works will be developed Feb								
Mid Dorset			Programme of works will be developed Feb								
West Dorset			Programme of works will be developed Feb								
Weymouth & Portland			Workshop being held 24 Jan with initial options								
Technology enabling care (NHSE PHR tool care elements 7.1, 7.2, 7.3)	TECHNOLOGY ENABLING CARE A paperless health system	Primary Care Feasibility Studies	Panton Surgery, Gervis Road, Bournemouth		75%	Two meetings with 2 potential landlords in next 2 weeks, study will be complete	Sourcing capital and revenue and funding to get FBC completed				
			West Moors (West Moors Surgery and The Village Surgery)		60%	Meeting with both practices end Jan undertaking options appraisal	Sourcing capital and revenue and funding to get FBC completed				
			Banks and Bearwood		25%	Receive results of landlord's feasibility study					
			Kinson Road Surgery - Hyde Road		40%	Options appraisal 18 Jan	Revenue consequences and funding to get FBC completed				
			Primary Care and Community Hub developments	North Dorset - Sherborne (project led by DHUFT, Primary Care a stakeholder)				OBC to be presented to DHUFT early 2018	Potential revenue consequences for Primary Care		
					East Bournemouth Community Hub (project led by DHUFT, Primary Care a stakeholder)	Commenced		Feasibility has commenced with Primary Care involvement			
					North Dorset - Shaftesbury bedded community hub (project led by DHUFT, Primary Care a stakeholder)	Commenced		Feasibility has commenced with Primary Care involvement			
					East Dorset - Wimborne bedded community hub (project led by DHUFT, Primary Care a stakeholder)	Commenced		Feasibility has commenced with Primary Care involvement			
					Weymouth and Portland			Workshop being held 24 Jan with initial options			
					Patient On-line			Rollout of Patient Online			
GP IT Operating Model	GP Migration to one system (Digital Dorset)				10%	Engage with practices	This sits with D&T to manage				
	Dorset Care Record (Digital Dorset)				90%						
ETTF Projects (see Care Redesign section)	Integration of existing telehealth and telecare / assistive technology				Commenced						
		Mobile enabling of Primary Care				Commenced					

Care Redesign	Access (NHSE PHR tool care elements 2.1, 2.2, 2.3)	ACCESS TO CARE: Service users will be able to access relevant primary medical care when and where they need it.	Integrated IAGPS and IUCATS system	Proof of concept phase for improving Access to General Practice Services				
	Contracting (NHSE PHR tool care element 5.1)	OUTCOME BASED COMMISSIONING: Commissioning and contracting arrangements will enable General Practice and the wider health system to collaborate and deliver at scale	GP contract management	Joint approach with Quality to undertake proactive practice visits				Joint agreements in place. One single schedule of visits has been agreed and being put in place to enable efficient use of resources for visits. This covers Quality / PC / Medicines management visits. On target to start delivering
				Vulnerable practices identified			Practice profiling and contract and quality assurance groups able to highlight practices before vulnerability increases. Support packages are then put in place using menu of support. NHSE resilience programme also available as part of the menu of support.	
			Practices working at scale, through partnership working and merging	GP resilience support for mergers			MAG group in place. Links with transformation team to identify where practices are looking to merge. Advice / support and merger packs offered to support. Resilience funding also available to support mergers especially where vulnerable practices are involved or complexity of mergers exists.	
				Continuous cycle of supporting practices to merge			Frailty specification will be in place by April 2018. Further work with Primary Care Home being implemented to drive MDT / collaborative working. CQC ratings have improved. CCG performing better than national average.	
	New care models - Integrated Community and Primary Care Services (ICPCS) (NHSE PHR tool care elements 3.1, 3.2, 3.3, 3.4, 3.5) (NHSE PHR tool care elements 4.1, 4.2, 4.3)	CARE MODELS: To have all our practices working in collaboration at increased scale by 2020/21	ICPCS model - Community specialist care / support for high needs users	Working across organisational boundaries to meet population needs				Frailty specification will be in place by April 2018. Further work with Primary Care Home being implemented to drive MDT / collaborative working.
				Work with providers to implement plans to improve quality of care (reflected in CQC ratings)			CQC ratings have improved. CCG performing better than national average.	
			ICPCS model - Rapid access to MDT	Understand existing activities by locality which support new models of care (CSR mapping)		100%	Completed as part of CSR	
				Implement frailty framework across Dorset			Model now in place. PC specification effective from April 2018. Work throughout 2018 will support practices in delivering the model and addressing challenges / barriers to delivering the spec fully. Currently different localities are at different points of the journey.	
			ICPCS model - proactive ongoing care for medium intensity needs	Standardise care delivery for frailty through a specification for Dorset population			Specification implemented as of April 2018.	
				Integrate community pharmacy and other agencies within care pathways				
			ICPCS model - Single point of access for response to crisis, immediate support for patients who deteriorate in the community	Review of self management and early help services by ICPCS team				
				Expanded teams to enable coordinated signposting, advice, support				
			Commissioning and contracting enabling collaboration at scale	Expanded teams to enable personalised care				
				All practices working in collaboration at increased scale by 2020/21			Varying degrees of collaboration exist. Locality plans in place and Primary Care Home supporting the delivery of collaboration over 2018. Frailty specification and improved access driving more collaborations. 2018/19 drive supporting and looking to self assess level of collaboration.	
Begin to procure services at population level in 2018/19 to achieve 100% by 2020/21				Using ICPCS models. Frailty procured at practice level with one locality at locality level due to the state of provider readiness or business model lack of maturity. Urgent PC improved access procured at population level. Routine care and improved access service specification being worked on and will be procured at population level in 2019/20.				
Work across organisational boundaries to meet population needs - 80% of practices by 2020/21				Frailty specification and right care currently driving cross boundary work between PC / secondary care and community care. Primary Care Home will further support embedding these in the localities bringing in pharmacy /				

Right Care	RIGHT CARE: Improve outcomes and reduce unwarranted variation for areas we are outliers.	Demand management / Reducing unwarranted variation across practices	Identify / confirm priority demand management focus areas - Cardiology, Dermatology, MSK				Continue cross boundary peer reviews		
			Local plans for AF - increase % anticoagulation prescribing prior to stroke			Embed into GP contract plus			
			Reduction in unwarranted variation for MSK - implementation of triaging			Continue cross boundary peer reviews			
			Reduction in unwarranted variation for Cardiology			Continue cross boundary peer reviews			
			Reduction in unwarranted variation for Dermatology - implementation of triaging			Continue cross boundary peer reviews. Drive access to online advice and put in place teledermatology.			
			Access to consultant advice for GPs			Slowly increasing and being used but not yet fully consistent across Dorset.			
			Cross organisational peer reviews			In place. Only one locality not participating. 2018 plans to continue. CCLIP incentive to support.			
			Prevention at scale (NHSE PHR tool care elements 1.1, 1.2, 1.3)	PREVENTION AT SCALE: Improved patient experience, empowering people to take control of their own health	Prevention at scale plans aligned with Diabetes model of care	Localities profiles developed by Public Health to inform locality TSPPs		100%	Profiles distributed to locality clinical leads at Dec PCSIG
						Local plans for AF - increase % anticoagulation prescribing prior to stroke	Commenced		Public Health locality resource 2 days per week currently being allocated
						Local plans for Diabetes under CCLIP	Commenced		
Integration of existing telehealth and telecare / assistive technology	Commenced					Learning event taking place 16 Jan			
Deliver proof of concept - digital apps for cardiac, diabetes, pulmonary rehabilitation	Empower people by connecting to self-management programmes	More people connected to Live Well Dorset	Link local plans into existing and developing social prescribing services across Dorset	Commenced		Proof of concept underway			
			Local Authority deliver telehealth, NHS deliver telecare in care						
			On track						
Partially on track, suitable plans in place									
Off track, review of plans required									
Planned for but yet to start									
Preparatory / Exploratory work commenced, too early to report									

