

NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
DORSET SUSTAINING AND TRANSFORMING PRIMARY CARE

Date of the meeting	07/06/2017
Author	A Bond, Principal Primary Care Lead K Stratford, Senior Programme Lead
Purpose of Report	To note progress and next steps on the implementation of the Primary Care Strategy and Dorset GP Forward View Delivery Plan in respect of: <ul style="list-style-type: none"> • GP Forward View assurance; • Transforming Primary Care delivery programme; • Access delivery programme.
Recommendation	The Committee is asked to note the report.
Stakeholder Engagement	Engagement plan with members, clinicians, staff, patients and public.
Previous GB / Committee/s, Dates	Primary Care Commissioning Strategy and Plan 2016-2020/21 - 18 January 2017 Governing Body; Dorset GP Forward View Delivery Plan 2016-2020/21 – 1 February 2017 Primary Care Commissioning Committee.

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: AB

1. Introduction

- 1.1 The Primary Care Commissioning Strategy and Plan is designed to be implemented over a 5 year period aligning to the GP Five Year Forward View, Our Dorset Sustainability and Transformation Plan and the Dorset Integrated Community Services Strategy.
- 1.2 Following submission of the Dorset General Practice Forward View (GPFV) Delivery Plan to NHS England (NHSE) on 23 December 2016, this paper is to provide the Committee with a further up-date on progress and next steps in respect of:
 - GP Forward View (GPFV) assurance;
 - Transforming Primary Care delivery programme;
 - Access delivery programme.

2. General Practice Forward View Assurance

- 2.1 Following submission to NHSE on 23 December 2016, Dorset achieved partial assurance from NHSE across the transformation programme. A CCG GPFV Plan can only be assessed as fully assured if all components, with the exception of online consultations (yet to be published), are assured. All domains outlined in Appendix 1 have now been up-graded to green with the exception of On-line Consultations, Workforce and Infrastructure (Appendix 1).
- 2.2 Initial summary feedback from NHSE was that Dorset's GPFV Plan addresses all aspects of the GPFV, however some sections require a firmer delivery and implementation plan underpinning them for 2017/18. Plans are in place to address specific issues raised, namely:

Workforce

- 2.3 The initial audit concluded that there was commitment to increasing workforce and strategy, in accordance with planning guidance, but no specific staff numbers identified or source identified. Dorset Workforce Plan sets out the workforce challenges for Dorset and the anticipated shift in workforce from acute into primary and community care; this includes a Primary Care section setting out broadly the numbers, skill mix and age profile of the workforce. Workforce planning for 2017/18 includes a dedicated workforce planning resource and support for primary care to support skill mixed integrated teams to support new models of care and ongoing work with Health Education England (HEE) across Wessex to identify numbers more specifically - workshops for all Wessex CCGs with HEE are being considered. Our Primary Care Workforce Centre launched in April 2016, is actively addressing these workforce challenges including education and training, and recruitment and retention.

Infrastructure

- 2.4 As requested by NHSE, the CCG has submitted a local universal capabilities template to provide full assurance that the local roadmap delivers the GP IT operating model requirements set. The document and supporting information are being refreshed via the Dorset Informatics Group which involves IT leads throughout Dorset's Health and Social Care partners. Dorset CCG's revised Local Estates Strategy published in June 2016 sets the direction of travel for primary care estate and links to the Clinical Services Review and GPFV with five NHSE Estates and Technology Transformation Fund (ETTF) scheme business cases supporting the integrated community services and primary care developments. Clearly identifying links between the estates planning, the Clinical Services Review and GPFV. A newly formed Integrated Community Services and Primary Care Steering Group will oversee the development of a network of primary care facilities and community hubs. ETTF proposals all represent the primary care at scale and new models of care which will support the development of primary care hubs. Full site specific details will be available after the announcement of the outcomes of the Clinical Services Review which is anticipated in early 2018.

Investment

- 2.5 Increase to CCG funding for General Practice must be at least equal to or more than the increases in CCG core allocations. This has now been confirmed and agreed at 2.18% for 2017/18. The original assurance response did not contain the latest investment level comparison with 2016-17, it is expected that this will enable NHSE to be fully assured in relation to this.

3. Transforming Primary Care Delivery Programme

- 3.1 The Transforming Primary Care delivery programme is one of 12 GPFV delivery programmes to support the implementation of the Dorset Primary Care Strategy and the Dorset GPFV Implementation Plan at locality level. This programme interfaces with the other 11 programmes as cross cutting themes. The key themes are: Transforming Primary Care, Estates, Technology Enabling Care, Workforce, Workload, Access, Engagement and Communications, Prevention at Scale, Commissioning and Contracting at Scale, New Care Models, RightCare and Primary Care Investment.

(<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>)

Locality Transformation Plans

- 3.2 Under the leadership of the GP locality clinical leads and supported by the Primary Care team, each locality has produced a high level plan with East Dorset and Poole North submitting a joint plan. Localities are at varying stages of development in respect of their transformational planning and implementation. 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 recommended national high impact changes for primary care.

Locality Support

- 3.3 A self-assessment framework has been developed to provide initial feedback to each locality. In addition, each Locality Chair has been offered clinical insight and detailed feedback from the Primary Clinical Lead for Primary Care development. Localities have begun to draw down funding allocations for key transformation support activities including: additional Protected Learning Time (APLTs) to support transformational planning; and, the employment of Project Managers. A Menu of Support available to General Practice has been developed including Primary Care Team support, wider CCG support and external support (see Appendix 2). Transformation investment has been made available for clinical and business leadership, project management and a range of expert resources including estates, workforce planning, training, and community engagement.

Project Support Team

- 3.4 In addition to a dedicated Relationship Manager for each locality, a Primary Care Transformation Lead has been appointed to oversee and manage the programmes. Project management support for each locality has been identified and recruited either directly by localities or via a CCG appointment. It is anticipated that all Project Managers will be in post by the end of June 2017 and all locality projects will utilise the same set of project management tools to ensure a consistent approach Dorset-wide.

Engagement

- 3.5 Engagement is a key part of the transformation process. The first stage of the engagement work, that is currently being undertaken, is to ensure each locality has a comprehensive audience (or stakeholder) list. Audience analysis templates have been developed and are being shared with Practice Managers and Practice Participation Group Chairs for comment to ensure all key individuals/groups/organisations for that locality are included. This will help to engage the right people in the right way, at the right time in each area.

Governance

- 3.6 A Governance Framework has been developed to give a whole system view and show reporting lines and the relationships with other key operational and strategic groups.

Equality Impact

- 3.7 Equality impacts have been considered through the overarching Primary Care Commissioning Strategy Equality Impact Assessment and Action Plan. Each locality will draw up an Equality Impact Assessment specific to their local plan.

Next Steps / Priorities

- 3.8 To work with Clinical Chairs and local transformation teams to ensure Local Plans are further developed and delivered for sustainability and transformation across all Dorset practices.
- 3.9 To support localities to develop more detail plans and milestones.
- 3.10 To ensure learning is shared across localities to support localities to work at pace.
- 3.11 To ensure cross cutting delivery programmes and emerging models of care are embedded into locality plans.
- 3.12 To develop a network for Project Managers to support the development of these roles and support the delivery of locality plans in line with Dorset GPFV Implementation Plan.
- 3.13 To develop Project Management structures, processes and reporting to enable the 12 transformation plans to be brought together and enable CCG assurance.
- 3.14 To support localities to host public engagement workshops to share their transformation plans.

4. Access Delivery Programme

- 4.1 Access is a key programme area in GPFV. By 2018/19 all CCGs will be required to start access improvement across General Practice with funding initially allocated at £3.34 per head. In 2019/20 this funding will increase to at least £6 per head recurrently for 100% coverage. Full planning, design and engagement will need to be conducted in line with national and local priorities. Dorset CCG will need to go out to an open market procurement to establish a Primary Care Enhanced Access contract from April 2019. The 2017/19 Planning Guidance sets out key expectations of CCGs for this provision in order to gain recurrent funding. In summary these are:
 - Commission weekday pre-bookable and same day appointments in the evenings (after 6:30 pm) and both days of the weekend;
 - Provide robust evidence for the proposed disposition of services throughout the week;
 - Commission a minimum additional 30 minutes consultation capacity per 1000 population rising to 45 minutes per 1000 population;
 - Ensure usage of nationally commissioned tool to be introduced 2017/18 to measure appointment activity. Use this information to match capacity to times of demand;
 - Ensure services are advertised to patients;

7.1

- Ensure ease of access for patients. Receptionists to be able to direct patients to the service and offer a choice of evening or weekend appointments on an equal footing to core hours appointments;
 - Use of digital approaches to support new models of care in General Practice;
 - Inequalities in patients' experience of accessing General Practice identified and actions to resolve put in place;
 - Effective connection to other system services including access from and to other primary care and General Practice services such as urgent care.
- 4.2 In addition to the delivery of these national requirements for extended access, NHSE will be seeking more joined-up services, for instance, hubs hosting GP out of hours bases, community nursing teams and greater access to diagnostic services.
- 4.3 The Primary Care team are working in conjunction with internal and external care networks to prevent duplication and ensure the development of seamless pathways of care into, and out of, the Enhanced Access Service.
- 4.4 The project is closely aligned to the Integrated Urgent Care Access, Assessment, Advice and Treatment Service (IUCATS) to develop a single point of access to the Primary Care Enhanced Access Service via the reformed 111 service and suitable Urgent Care hubs. Integration of extended access with out of hours and urgent care services will be key to support access to the right care, in the right place at the right time as part of an Integrated access model.
- 4.5 Communication and Engagement progress up-date:
- Integrated Access Workshop (15 June 2017);
 - Dorset CCG Communications Plan specific to engage and inform practices in the Integrated Access approach in development supported by NHSE tools;
 - Development of a Locality Access Profile (Interactive toolkit – in development by Business Intelligence) to include;
 - * Relevant access information to support transformation plans;
 - * Top tips to improving access at scale;
 - * Scoping document;
 - * Good practice from other areas;
 - * FAQs;
 - * Useful websites.

4.6 Integrated Access progress up-date:

- Procurement milestones set;
- Regular meetings - Project Board, Procurement Working Group, Specification Group, Finance, Activity and Contract Group;
- Governance structure in place;
- Integrated Access Manager role is currently being advertised as a joint appointment between Primary Care and the Urgent Care Team.

5. Recommendation

- 5.1 The Committee is asked to note the update on the Primary Care Sustainability and Transformation Planning to enable delivery of the Dorset GPFV ambitions in support of the Primary Care Commissioning Strategy.

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Date : 15 May 2017

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APPENDICES	
Appendix 1	GPFV Assurance Document
Appendix 2	Menu of Support