

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

Date of the meeting	02/08/2017
Author	R Payne, Head of Primary Care
Purpose of Report	The report provides an update on work to deliver our Primary Care Commissioning strategy and responsibilities under full delegation.
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	Performance Meeting - 25 July 2017

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 develop local plans for sustainability and transformation.
- 1.2 This report provides an update on a number of key work areas including Strategy delivery, the GP Forward View (GPFV) Programme areas, Primary Care Commissioning and Contracting, RightCare and Demand Management, improving quality, sustaining and transforming General Practice.
- 1.3 The CCG continues to work with Member practices and localities across Dorset to develop local plans for sustainability and transformation, in line with the delivery plan for GPFV and NHS England (NHSE) assurance.
- 1.4 To monitor progress against Primary Care strategic ambitions, a Primary Care Outcomes Framework has been developed. The framework covers: improving quality; improving sustainability and improving RightCare and Demand Management to reduce variation across Dorset.
- 1.5 Practice profiling supports contract monitoring and management of practices. The work is led by the Practice Profiling and Contract Management group which has representatives from across the CCG, Public Health and Local Medical Committee (LMC).
- 1.6 Practice Profiling also supports the work to deliver on Primary Care's contribution toward the RightCare and Demand Management programmes. This work is overseen by the Primary Care Reference Group (PCRG) and directly feeds into the RightCare task and finish groups, Acute networks and the Operating Financial Reference Group (OFRG).
- 1.7 The 12 at-scale General Practice groups continue to develop their delivery plans across all GPFV areas. A Dorset Transformation network has been established working with newly appointed Project Managers to share best practice and learning and ensure alignment of this work to Strategy delivery.
- 1.8 To support infrastructure development, work is now underway to procure appropriate consultancy services for the development of Full Business Cases by December 2017. It is hoped that final approvals will be given by NHSE in late 2017 with capital funds then released for spend in early 2018. All schemes must be complete by March 2019.
- 1.9 An internal audit is being undertaken by the CCG's internal auditors TIAA during July / August with the scope to ascertain the progress being made on the plans to address the sustainability and quality of General Practice, the processes in place for agreeing separate contracts with Primary Care providers to ensure equity of service, the impact of integrated community services planning and provide assurance on the effectiveness of contract monitoring arrangements of General Practice.

2. Commissioning and Contracting

Contract Management

- 2.1 As at 30 June 2017 there are 91 Practice contracts held. 90 of our 91 practices have now signed their contract. The outstanding practice put its case to the Primary Care Commissioning Committee (PCCC) in June 2017 and the practice will be given another opportunity to sign their contract.
- 2.2 Issues with electronic declarations have been identified regarding Primary Care Support England (PCSE) and a reported inaccurate calculation of list sizes impacting on QOF. There are eight practices affected and these have been raised with NHSE and LMC. Contract management to ensure safe and sustainable services have been maintained across all contracts. Further detail on the issues will be presented in Part 2 of the August 2017 PCCC meeting.
- 2.3 Eight requests for partnership changes have been received and are being processed.
- 2.4 No List closure applications have been received to-date in the first quarter of 2017-18 and there are currently no list closures in place.
- 2.5 One practice merger took place on the 1 July 2017 and three are scheduled for October 2017.
- 2.6 One practice closed down on the 30 June 2017 with the patient list dispersed to neighbouring practices.
- 2.7 Practices are now signing contracts for delivery of National enhanced services for 2017/18 with the current level of sign up at:

Enhanced Service	No. of Practices Signed Up	Out of a possible	CQSR (Data Extraction) sign-up
Learning Disabilities Health Checks	89	91	89
Extended Hours Access Services	85	91	N/A
Minor Surgery Enhanced Services	90	91	N/A
Dispensing Services Quality Scheme (DSQS)	19	19	N/A
Zero Tolerance Enhanced Services (Violent Patient Scheme)	3*	91	N/A
Out of Area Registration Enhanced Service (OOAR)	35	91	N/A

* Not required by all practices

- 2.8 A contract management protocol has been developed with the LMC which outlines how practices will be supported and developed (see Appendix 1 'Practice Support and Development Programme'). Practice support, development, performance monitoring and management is overseen by the Practice Profiling and Contract Management group which meets monthly and reports to the Primary Care Operational Group (PCOG).

Commissioning Reviews

- 2.9 The Frailty (previously known as Over 75) draft service specification is being finalised. This will form part of the model of delivery of integrated community services new models of care. The plan is that the new specification will go to the PCCC in October 2017 and be implemented from April 2018.
- 2.10 Lyme Regis Medical Centre (APMS) Project to identify commissioning intention beyond January 2019 completed its phase one engagement and consultation with a public and stakeholder engagement on the 26 June 2017. The outcomes of the engagement phase will be taken into consideration in phase two design stage which begins on the 17 July 2017. The project is keeping to the procurement timeline and takes into account delivery of the primary care commissioning strategy and sustainability requirements for the local population served.
- 2.11 Service reviews include:
- Ambulatory Lower Limb Ulceration Complex Dressing Service to include leg ulcers and diabetic foot ulcers;
 - Community Based Surgery (previously known as Minor surgery). This work is supporting the RightCare programme for Dermatology and Diabetes;
 - Anticoagulation and Deep Vein Thrombosis are also being reviewed in line with the work started with Phlebotomy.
- 2.12 The services being reviewed will be revised with new specifications which will be implemented in April 2018.
- 2.13 The GP Contract Plus is also being reviewed to identify additional services that could be included in April 2018.
- 2.14 The outcome of these reviews will identify how these will be commissioned and funded in 2018/19.

RightCare and Demand Management

- 2.15 RightCare aims at redesigning clinical pathways across the system so that people receive the right care, in the right place at the right time, making the best of available resources.

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- 2.16 The CCG financial growth allocation for 2017/18 is 2% which equates to circa £20 million GP referrals into secondary care. This has increased year on year since 2014/15 and latest figures are showing a 4% increase causing significant challenges to the system.
- 2.17 Work has been underway aligning RightCare areas to the demand management priorities. The following areas have been identified as priority areas of RightCare and Demand Management for Primary Care to focus on:

RightCare Areas	Link to Primary Care Work Area
Dermatology skin lesions	Links to RightCare Task and Finish Group. Focus on Community Based Surgery – review of the existing LES specification Links to Integrated Community Service work, consideration as to what services can be provided in hubs. Explore skills / training and access to specialist advice- Pathway design.
MSK	Linking with the acute Vanguard as part of demand management – Locality / cluster links with acute for that area to discuss and agree management- access to specialist advice / e-referrals/ pathway
Diabetes	Lower Limb Ulceration review of the existing LES specification, linking to new ways of working. Improving pathway across agencies. Use of Re-investment of LES and PMS premium to support
Cardiology	2017/18 Clinical Commissioning Local Improvement Plan (C-CLIP) C-CLIP - Part 1: Practices need to complete this section for COPD and Atrial Fibrillation (AF) Part 2: the suggested focus is AF
Hypertension and Cholesterol	Links to prevention at scale and GP Forward View.

- 2.18 Primary Care aims to investigate unwarranted variation in Dorset practices for first outpatient appointments and to feed this into the RightCare pathway redesign work and address this through practice and locality management work linking with relevant stakeholders.
- 2.19 The Clinical Commissioning Local Improvement Plan (CCLIP) for 2017 /18 provides practices and localities with the incentive and opportunity to collaborate to improve quality and reduce variation. For 2017/18, practices are being encouraged to focus on:
- Atrial Fibrillation (AF);
 - Cardiology / MSK and Dermatology;
 - Integrated care around frailty.
- 2.20 The focus on AF is expected to further enhance Pulse checks in flu clinics which has already had a positive impact on care outcomes. Data from 2016-17 demonstrates that:
- 450 people identified with AF during screening- more than ever before;
 - 64 practices uploading GRASP AF compared to 47 a year ago;

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- 38 practices uploaded more than once since GRASP AF was developed – with many practices now using this tool regularly;
- 38 practices that uploaded more than once have a higher % of people anticoagulated (at 70%) and the data indicates a 9% improvement from their previous upload.

This improvement is quantified in strokes prevented in 2018 as 56 = £590K NHS savings and £135K social care savings.

- 2.21 Practices are also being encouraged to focus the demand management areas through peers reviews to look at variation in the areas of Dermatology; MSK; Cardiology.
- 2.22 This work stream focuses on three main aspects:
- To reduce variation across Dorset in the following areas: Cardiology, MSK and Dermatology;
 - To conduct peer review discussions at locality level with Consultants from acutes to allow a system wide discussion and learning;
 - To gain clarity around access and use of advice and guidance facilities.
- 2.23 It is emphasised that the aim of this work is to reduce unwarranted variation for first referral outpatients across Dorset. It is anticipated that this may lead to a reduction in numbers of referrals however this is not the aim of this area of work. The work will be focusing on outcomes and quality of referrals rather than directly reducing referral numbers. Similarly practices with low referral rates are encouraged to discuss why this may be the case.

Outcomes Framework for Primary Care

- 2.24 The aim of the Primary Care Outcomes Framework is to provide a high level overview of data outlining the position of GP practices as a whole in Dorset. Appendix 2 'Primary Care Outcome Framework July 2017', provides the Outcome Framework as at July 2017. The aim is to show whether there is a positive or negative trend in working towards key outcomes and ambitions.
- 2.25 The framework contains data on a number of indicators relating to:
- Improving Quality;
 - Improving Sustainability;
 - Improving RightCare and Demand Management.
- 2.26 The aim is to develop the Framework so that specific aspects of the profile analyses areas against our CCG and Primary Care ambitions, identifying the indicators and goals, benchmarking current status and tracking progress.

- 2.27 The suggested reporting programme for this framework is for all areas to be reported to the PCCC and Governing Body on a six monthly basis with the RightCare / Demand Management data reported quarterly.

Section A – Improving Quality

- 2.28 The first section looks at Care Quality Commission Inspections (CQC) ratings across all practices. The table shows that the number of practices achieving a good or outstanding rating has increased across each of the time periods, currently with 87 practices achieving a good or outstanding rating with only one practice not having been inspected.
- 2.29 The ambition for this area is that 100% of practices achieve a good or above CQC rating and those practices who are not achieving good have been supported by the CCG's Quality and Primary Care teams. Practices are also offered support via the CCG's Menu of Support which provides wide ranging support options to practices.
- 2.30 Currently 98% of Dorset practices have been inspected by CQC. The graph shows that Dorset is achieving a higher number of good ratings than at regional and national level. Similarly Dorset has fewer practices rated 'requires improvement' and 'inadequate' than regional and national figures.
- 2.31 Medicines Management conduct regular risk assessments of practices against 4 key domains; Financial, Quality and Safety, Antibiotics and Controlled Drugs (CDs). Scoring is based on prescribing data from the ePACT system and national and local measures. The tool has been developed locally and is still under development.
- 2.32 Overall the latest practice scores indicate that seven practices are currently at high risk (March 2017 results). The medicines team have used these measures to inform action plans and prescribing visits to reduce variation and improve patient safety in prescribing. The ambition initially is to reduce the number of practices scoring red, and to target antibiotic prescribing and safety. It is anticipated that when this tool is fully utilised it will highlight more accurately practices that are in the red area, this may initially increase the number of practices in red and amber, but with support this should reduce in time.
- 2.33 The ambition for the learning disabilities health checks is 60% of patients in this cohort to have received their annual health check. The table highlights that currently 50% of patients in this cohort are receiving an annual health check and that latest figures show that this has gone down from 56% in 2015/16. The profiling group provide the forum to highlight practices and identifies what menu of support can be offered to help improve uptake.

Section B Improving Sustainability

- 2.34 **Access:** Latest figures from the National GP Patient Survey show an increase of patients completing the survey. The overall survey completion rates for Dorset is 50% which is significantly higher than the national average (which is 39%) and is increasing year on year. Results indicate very little change with regards to patient experiences since 2015.
- 2.35 Moving forward, it is hoped that analysis of bed occupancy rates may provide insight into localities where access is an issue. It is recognised that statistical correlation exists between access to Primary Care appointments and rate of bed occupancy.
- 2.36 Work with regards to improving access is underway to address demand and patient need.
- 2.37 **Capacity Management:** This section provides an overview of changes in list size. The data is taken from the Open Exeter nationally published Practice registered list size comparison quarterly showing progress against the 31 March 2016 baseline. Overall the CCG registered list size has seen an increase of 0.7% (5,900 patients). There is a question regarding the accuracy of the list figure which will be covered in a paper which will be presented to Part 2 of the August PCCC meeting.
- 2.38 There are currently no practices in Dorset with closed lists and there are currently six practices receiving close monitoring support and 12 receiving more intensive support from the CCG.
- 2.39 The workforce data is taken from the NHS Digital General Practice Medical Service minimum data set. Figures show that currently 91.8% of Dorset's practices provided submissions which has increased from 87.8% in 2015. Overall it shows a declining pattern in terms of the rate of Primary Care staff per patient (across 4 patient groups) – the rates in Dorset also remain lower than both the Wessex and national average. The age profile (% of staff aged 55+) is showing increases across all staff groups.
- 2.40 There are currently 28 general practice vacancies across Dorset.

Section C – Improving RightCare and Demand Management

- 2.41 In each of these sections the tables show the % change in numbers of referrals across localities between 2015/16 and 2016/17. The orange bar chart shows the difference in variation across each locality per 1000 registered list size. Practices are being advised to focus their CCLIP peer review conversations on one of the three areas (Trauma and Orthopaedics / Cardiology/ Dermatology) above due to the levels of variation across Dorset.
- 2.42 The prevalence rate of COPD for Dorset Practices has increased since 2013/14 which is a positive trend.

- 2.43 Since 2013/14 the percentage of patients in the known Atrial Fibrillation (AF) cohort before being admitted to hospital following a stroke who had been prescribed anticoagulation prior to their stroke has increased each year which is a positive trend. Overall however Dorset remains slightly below the national average for this.

3. Infrastructure: Estates and Technology

Estates & Technology Transformation Fund

- 3.1 In October 2016 the CCG was informed that six Dorset Estates and Technology Transformation Fund (ETTF) bids had successfully passed through the first assessment gateway. The total value of these six bids amounts to a circa £9m capital investment.
- 3.2 The two Technology projects were allocated funds for spend by 31 March 2017 and both projects were successfully delivered:
- Project 1 – Technology Enabling Care;
 - Project 2 – Telecare.
- 3.3 The four property projects were allocated initial pre-project funds to develop Outline Business Cases:
- Project 3 - New-build replacement for Wareham Health Centre;
 - Project 4 – Relocation of the Carlisle House Surgery into new leased premises;
 - Project 5 – Improved Utilisation and Refurbishment of the Boscombe and Springbourne Health Centre;
 - Project 6 – Refurbishment of the Parkstone Health Centre.
- 3.4 All four Outline Business Cases have now been approved by the CCG and shared with the NHSE (Wessex) Team.
- 3.5 Work is now underway to procure appropriate consultancy services to support the development of Full Business Cases by December 2017. It is hoped that final approvals will be given by NHSE in late 2017 with capital funds then released for spend in early 2018. All schemes must be complete by March 2019.

Premises Improvement Grants

- 3.6 During 2016/17 36 GP practices were awarded minor grant funding for 63 projects to improve the clinical environment. These improvements included clinical flooring to assist infection control, remodelling of reception areas to enable easier access for patients, and installation of automatic sensor taps. The total funding awarded was in excess of £250,000.

- 3.7 In 2017/18 minor grant funding of circa £291,000 has been made available (advised by NHSE Wessex at Premises Liaison Group Meeting on 4 July 2017). The NHSE Wessex Team has recommended that this funding is utilised to deliver significant transformational schemes in preference to large numbers of smaller schemes.
- 3.8 Dorset practices have recently submitted bids (21 in total) and an initial assessment, undertaken by the Dorset Estates Business Group, resulted in the shortlisting of three bids. These shortlisted bids will now be scrutinised more closely (particularly in respect of adequacy of financial plans and likelihood of delivery by 31/03/18). Successful bidders will be notified by the middle of July 2017.

Locality Transformation Plan – Strategic Estates Planning

- 3.9 Each Locality Transformation Plan will in future be required to incorporate a section which sets out the Locality Strategic Estates Plan (LSEP). The Locality Strategic Estates Plan will ideally be developed to a standard template comprising:
- Where are we now? – the current configuration and condition of estate;
 - Where do we want to be? – the required estates to deliver new models of care;
 - How do we get there? – capital and estates development planning required.
- 3.10 Work is now underway to procure appropriate consultancy services to support the development of Locality Strategic Estates Plans (LSEP).
- 3.11 A detailed procurement process has also been undertaken to commission a number of Primary Care feasibility studies. These studies commenced in June 2017 and will focus on future Primary Care opportunities within a number of local areas. Outputs of these feasibility studies will form part of the Locality Strategic Estates Plan (LSEP) and will be used to inform further Estates and Technology Sustainability and Transformation bids should further capital allocations be made available to the CCG.

4. Mail Transport Services

- 4.1 An indepth review of the Mail Transport Service (MTS) provided by South West Ambulance NHS Foundation Trust (SWAST) and Dorset HealthCare University Foundation Trust (DCHFT) has now been completed with engagement of Primary Care through a task and finish group. Benchmarking these services against others provided in neighbouring areas has commenced. Meetings with SWAST and DCHFT are planned for July and August 2017 to agree service and contract improvements and manage down the financial risks associated with the current CCG level of investment.

- 4.2 Results from this piece of work will inform a paper which will go to Directors meeting in September 2017 with recommendations. An internal project team has been established to take this forward and ensure this matter reaches a successful conclusion over the next few months with the aim to achieve an in year contract variation. The PCCC will receive a paper highlighting how this matter will be taken forward and concluded in October 2017.

5. Transforming Primary Care

- 5.1 The CCG continues to monitor and report progress in respect of:

- GPFV assurance;
- Transforming Primary Care delivery programme.

General Practice Forward View Assurance

- 5.2 NHSE have requested full assurance from CCGs, with the exception of On-line Consultations by the end of July 2017. Dorset is fully assured for all domains with the exception of Workforce and Infrastructure. Whilst plans are in place to progress firmer delivery and implementation and address specific issues raised from initial NHSE feedback, some aspects are dependent on the outcome of the CSR in September.
- 5.3 NHSE are due to release future CCG data requirements in respect of GPFV delivery. This is expected to be against a CCG planning trajectory to achieve all GPFV key ambitions and will need to be regularly reported on using the existing Unify survey.

Access

- 5.4 The national requirement is for all CCG's to set a trajectory to achieve Extended Access services to ensure 100% population access by March 2019, to provide an additional 45 mins per 1,000 population per week.
- 5.5 We have already set a trajectory to achieve this as part of our GPFV Delivery plans. We also have agreed to commission an integrated access model (IUCATS) and this has been approved by the Governing Body.
- 5.6 The CCG continues to work closely with NHSE as part of a Wessex network to develop plans and share learning from those CCGs who are currently mobilising new Extended GP Access services.
- 5.7 We are currently in discussions with NHSE as to how we may accelerate our current plans for implementation to achieve a revised trajectory of 50% by March 2018 as part of our work as an Accountable Care system.

- 5.8 This is a 12 month acceleration on our original target working with NHSE to mobilise a proof of concept phase commencing in October 2017. In order to achieve this we will be seeking approval from the Governing Body in September for award without competition based on expressions of interest from groups of General Practice to deliver improved access targets (see Appendix 3).

Workforce

- 5.9 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 on-going work with Health Education England (HEE) across Wessex to identify workforce numbers required - workshops for all Wessex CCGs with HEE are being considered.
- 5.10 Our Primary Care Workforce Centre launched in April 2016, is actively addressing these workforce challenges including education and training, and recruitment and retention. Additional investment will be made in dedicated resources for Primary Care workforce planning in order to enable local models of care to be delivered. This work will also support the NHSE assurance requirements.

Infrastructure

- 5.11 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. These plans clearly identify the links between the estates planning, the Clinical Services Review and GPFV.
- 5.12 A newly formed Integrated Community Services and Primary Care Steering Group oversees 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

- 5.13 The CCG has agreed an investment plan of £2.3m over 2 years to deliver at-scale General Practice sustainability and transformation.
- 5.14 Primary care allocations for 17-18 include additional investment in General Practice support including new sickness and maternity pay entitlements and support for indemnity fees.

- 5.15 The CCG is working closely with NHSE to manage GPFV allocations for 2017-18 with a particular focus on supporting the Access targets, managing medical correspondence roll-out programme and developing on line consultation systems.
- 5.16 In partnership with NHSE the CCG continues to support further investment in General Practice premises improvement to support the infrastructure requirements for high quality care delivery and to support new models of care.
- 5.17 The practice profiling work has informed joint working with NHSE for further investment this year from the national GP Resilience Programme which is set to continue until 2019-2020.

Locality Sustainability and Transformation Plans

- 5.18 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. Each locality Clinical Lead has received detailed feedback from the Transformation Clinical lead along with support from the CCG Primary Care team to enable them to begin working up more detailed project plans. Localities are at varying stages of development in respect of their transformational planning and implementation. As more detail is emerging, the ICS and Primary Care teams are better able to identify localities requiring specific support.

Locality Support

- 5.19 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, this will be up-dated bi-monthly.
- 5.20 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

- 5.21 A matrix of support has been established to move transformation forward at pace. This includes:
- Relationship Manager for each locality;
 - Primary Care Transformation Lead;
 - 12 GPFV Clinical leads and delivery programme manager leads;
 - Project Manager support in each locality, either recruited directly or via a CCG appointment (all project managers are now in post);

- ICPS lead for each cluster;
- Dorset HealthCare locality leads.

PMO structure

- 5.22 The Design and Transformation Team are providing support to develop an effective PMO process including tools for project managers working in localities.
- 5.23 Work is progressing to link this process into the new CCG Cycle system by September. It is anticipated that 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.

Transformation Network

- 5.24 A Transformation Network has been established with the aim of providing peer support for Project Managers in the delivery of the Locality Sustainability and Transformation Plans; share best practice and learning across the county; and ensure alignment of this work to Strategy delivery. The meetings will align to the Primary Care Strategy Implementation Group (PCSIG) agenda.

Engagement

- 5.25 Engagement is a key part of the transformation process. The first stage of the engagement plan is to ensure each locality has a comprehensive audience (or stakeholder) list which is near to completion for all localities. This will ensure we engage the right people in the right way, at the right time in each area, as documented in the overarching Engagement Plan.
- 5.26 Engagement workshops are being planned to be held in each locality to make sure this engagement builds stronger local relationships and enables plans to be co-produced. It is anticipated that these will start in the Autumn of 2017.
- 5.27 The voice of local people and partners will be heard and on-going process of developing relationships and partnerships will be in place.
- 5.28 The Primary Care team and CCG Communications team will support Engagement Workshops.

Next Steps / Priorities

- 5.29 To continue 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.
- 5.30 To support localities to develop more detail plans and milestones.

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- 5.31 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.
- 5.32 To ensure learning is shared across localities to support localities to work at pace.
- 5.33 To further develop an overarching Transformation Programme plan, ensuring cross cutting delivery programmes and emerging models of care are embedded into locality plans.
- 5.34 To develop Project Management structures, processes and reporting to enable the 12 transformation plans to be brought together and enable CCG assurance.
- 5.35 To support localities to host public engagement workshops to share their transformation plans.

6. Key risks to Delivery

- 6.1 Dorset Clinical Commissioning Group (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. These include:
 - **Supply issues** - where practices experience delays in the receipt of medical supplies;
 - **Transfer issues** - where practices experience problems with transfers of patient records;
 - **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;
 - **Recall of patients for screening**– where practices experience issues relating to recall of patients.
- 6.2 At this stage we do not have sufficient evidence of the number of practices affected by these service issues nor details of all the areas and size of risk. It is hoped that the joint working arrangements now in place between the CCG, NHSE and the Local Medical Committee (LMC) working with Capita will help to identify and mitigate key business risks.

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- 6.3 Primary care funding allocations for 2017-18 will need to be carefully managed to support delivery of the fully delegated budget responsibilities, the Primary Care Commissioning Strategy and GPFV Delivery programme. An early review of the budget has indicated there is likely to be considerable cost pressures.
- 6.4 Infrastructure development needs to continue at pace will further investment in estates and technology enabling care delivery. There are risks associated with managing large scale capital programmes to deliver against the milestones set.
- 6.5 The accelerated planning associated with the development of our Accountable Care System brings with it both significant opportunities and risks. Extending access to General Practices services will bring significant benefits to patients and this development will support an integrated access model working across health and social care. The risks to be managed to ensure delivery include developing the market to respond to our commissioning intentions; how best to target investment; workforce planning; and managing changes in ways of working to deliver new care models.

7. Conclusions

- 7.1 There has been significant progress made over the last few months with enabling the delivery of our Primary Care Commissioning Strategy and GPFV ambitions.
- 7.2 The challenge now will be to develop plans to accelerate this work to realise the opportunities of working as an accountable care system.

8. Recommendation

- 8.1 The Committee is asked to note the Primary Care update report.

Author's name and Title : R Payne, Head of Primary Care

Date : 14 July 2017

Telephone Number : 01202 541488

APPENDICES	
Appendix 1	Practice Support and Development Programme
Appendix 2	Primary Care Outcome Framework July 2017
Appendix 3	Improving Access to General Practice Services