

Report title	Overview of Primary Care Strategy
Cabinet member with lead responsibility	Councillor Hazel Malcolm Health and Wellbeing
Wards affected	All wards
Accountable director	Steven Marshall, Director of Strategy and Transformation Wolverhampton CCG
Accountable employee	Sarah Southall Head of Primary Care, NHS Wolverhampton Clinical Commissioning Group

Recommendation for action or decision:

The Health and Wellbeing Board is recommended to:

1. Consider the content of this report and note the assurance that it affords, raising queries should there be any.

Recommendations for noting:

The Health and Wellbeing Board is asked to note:

1. That the Primary Care Strategy is underpinned by an extensive programme of work that was launched in the summer of 2016. This report provides an overview of the progress made since the launch commenced.

1.0 Purpose

1.1 An overview of the Clinical Commissioning Group's (CCG) Primary Care Strategy has been requested by the board. The report demonstrates the extent of progression that has taken place since implementation commenced in summer 2016.

2.0 Background

2.1 The strategy defines the CCGs vision, aims and planned overarching outcomes expected from implementation over a 5 year period. The programme of work comprises of 6 key priority areas:-

- General Practice as providers of community based care
- General Practice as commissioners of community based care
- Workforce including the response to the General Practice Five Year Forward View (GPFV)
- Procurement and contracting models for services commissioned, particularly community services
- Estate focussing on the suitability of premises and facilities available to patients
- Information Technology infrastructure as a critical factor in improving efficiency and patient safety

There are individual work programmes for each of the above areas, that meet at no longer than 2 month intervals and report to the review board. The progress against target milestones for each of their objectives are reviewed.

The General Practice Forward View (GPFV), published in 2016, firmly places General Practice at the heart of the care provided by the NHS, coupled with the need to invest in order to secure the longer term sustainability of the NHS.

This GP5YFV programme of work compliments the Primary Care Strategy. There are more than 90 recommendations made in the GPFV, comprising 5 priority areas which pledge:-

- Investment - to reverse historic underinvestment in general practice with real terms funding increasing by eight percent in the last three years. By 2021, an extra £2.4 billion will go into general practice each year
- Workforce - There will be at least 10,000 more staff working in general practice by 2020-21 - 5,000 more doctors and 5,000 other staff like clinical pharmacists, nurses, and physicians' associates
- Workload – of the biggest challenges facing general practice is the workload placed on staff and practices. We are supporting practices to reduce and better manage their workload
- Infrastructure - Investing in improving GP buildings and technology as well as a range of other support. This is designed to improve services for patients and enable a wider range of health services closer to where they live

- Care Redesign - are supporting practices to strengthen and redesign general practice, including delivering extended access in primary care and to find new ways of working through training and development

Work has begun in response to these identified priorities through close allegiance with Wolverhampton member practices and NHS England.

3.0 Progress

- 3.1 The Primary Care Strategy Programme of Work assurance was considered by the CCG at its Governing Body in April 2018. Headline assurance was provided for each programme of work. This can be found in appendix 1.
- 3.2 The GPFV work programme is reaching mid-point in its delivery trajectory and progress to date was reported as follows in April 2018:-

Chapter	Not Started	Achieved and Closed	In Progress	Overdue	Total Projects
1 Investment	0	6	1	0	7
2 Workforce	9	3	15	0	27
3 Workload	4	6	15	0	25
4 Infra-structure	6	6	9	0	21
5 Care Redesign	1	0	4	0	5
Total(s)	20	21	44	0	85

The detail that sits behind the programme is available on request

- 3.3 Additionally, a series of other service development areas have been considered at the Primary Care Commissioning Committee recently, in accordance with the CCGs responsibilities as a fully delegated CCG:

- Special Access Service (formerly Zero Tolerance) Business Case, Policy and Service Specification
- QOF+ Scheme 2018 -19 Update
- Out of Area Patient Service Specification
- Learning Disabilities Health Checks Service Specification
- Minor Surgery Service Specification

Funding for each of the above was confirmed in May with the exception of Learning Disabilities Health Checks and Minor Surgery as these require service improvement rather than a funding decision.

4.0 Financial implications

4.1 Finance required to underpin delivery of both programmes is sourced through both national allocations (i.e. online consultations, care navigation and improving access) as well as local investment by the CCG. CCG direct investment makes up a large proportion of the application of funds required.

5.0 Equalities implications

5.1 The CCG has in place a relevant policy and governance arrangements to ensure that suitable and sufficient equality analysis is undertaken for individual projects, these are available upon request.

6.0 Schedule of background papers

- CCG Primary Care Strategy 2016
- General Practice Five Year Forward View 2016
- Primary Care Strategy Programme of Work 2018-19
- General Practice Forward View Programme of Work 2018-19

**Appendix 1
Primary Care Strategy Implementation Update**

Practices as Providers Task and Finish Group	
Progress made in the last three months	Next steps for the next three months
<p>All practices are aligned to their preferred model of care, there are 4 groups:- Primary Care Home 1 c72k patients Primary Care Home 2 c67k patients Medical Chambers c96k patients Vertical Integration c52k patients (see appendix 1)</p> <p>Back office functions review completed. Groups have identified which areas they wish to progress by consolidating arrangements including subscriptions and other non-clinical support services.</p> <p>The Home Visiting service pilot project business case and service specification have been approved at Primary Care Commissioning Committee.</p> <p>2018/19 Improving Access has been approved and implementation commenced at group level 30 minutes per 1,000 patients by September 2018.</p> <p>Transformation Fund Service Specification has been developed with approval from PC Commissioning committee. Delivery plans are currently being finalised for consideration in May 2018.</p> <p>The QOF+ Scheme 2018-19 has been finalised and shared for consideration with a range of forums. Feedback captured and final changes made. Approval is anticipated in May, implementation will take place thereafter.</p> <p>A local improvement plan for the completion of Learning Disabilities Health checks has been developed and will be monitored by the Task and Finish Group going forward.</p>	<p>Practice groups/clinical networks meet at monthly intervals and also each lead meets with the CCGs Clinical Chair on a monthly basis to ensure as far as possible that the same outcomes are being achieved.</p> <p>Implement changes at practice/group level, review benefits and effectiveness at group meetings.</p> <p>Launch the Home Visiting Pilot in partnership with Primary Care and Royal Wolverhampton Trust, recruitment underway.</p> <p>Monitor and advertise opening hours in access hubs in line with new national standards.</p> <p>Introduce wider service provision at hubs including health checks, immunisations, wound care, minor surgery, diabetes management. Scope a series of service redesign projects that have been suggested by GP colleagues Foot Health, Audiology (self-referral) referrals (nursing homes).</p> <p>Launch QOF+ 2018-19 Scheme across all practice groups focussing on prevention of ill health i.e. diabetes, alcohol, obesity.</p> <p>Implement improvement plan to ensure trajectory is achieved for patients requiring health checks.</p>

<p>Primary InReach Service review has commenced. Working group formed (Enhanced Health in Care Homes Framework).</p> <p>Primary Care Counselling contract has been awarded with Relate (3 year contract).</p> <p>Frailty Pilot continues with quality improvement and financial savings identified evaluation due to commence shortly.</p>	<p>Develop revised service specification for an enhanced model of primary care support for Care Homes.</p> <p>Contract review meeting will be held to review referral activity and service delivery.</p> <p>Evaluation of the Frailty Clinic pilot project and make recommendations for future roll out/further development.</p>
<p>Primary Care as Commissioners</p>	
<p>Targeted Peer Review service specification has been approved and all practice groups have a forward programme of Peer Review meetings in place for 2018 - 19.</p> <p>Scoping paper presented to Programme Board to increase utilisation of Choose and Book Advice and Guidance. A practice training workshop took place in April including a refresher on Advice and Guidance. A business case will be prepared for June.</p> <p>The Mental Health Primary Care Steering Group are also scoping a potential service development for Advice and Guidance with BCPFT.</p> <p>Practice level dashboard(s) continue to be developed capturing a range of sources of data confirm activity/performance i.e. QOF, commissioned services etc.</p> <p>Workshop held with stakeholders regarding Multi-Disciplinary Team Meetings, design opportunities identified and will be used to inform the content of a final draft service specification that enables structured MDT Meetings to be introduced.</p> <p>Discussions with the provider of Sound Doctor (self-help video/s) have taken place with a view to materials being available in languages other than English and utilisation/effectiveness.</p>	<p>To monitor Targeted Peer Review activity on a monthly basis identifying learning / actions from each meeting. Findings will continue to be reviewed by clinical leaders.</p> <p>Implement revised approach to use of Advice and Guidance and regularly report on practice/speciality level activity.</p> <p>Develop a detailed proposal for Advice and Guidance in Mental Health and proposed implementation plan.</p> <p>Review the current practice level dashboard with practices and have received feedback on how the data can be used at practice/ group level.</p> <p>Finalised service specification for GP input into MDT Meetings based on outcomes from design workshop with partners.</p> <p>Utilisation data for Sound Doctor and availability of materials in other languages.</p>

Workforce	
<p>Primary Care Strategy prepared, feedback obtained leading to GB approval April 2018 International GP Recruitment Application submitted February 2018</p> <p>CCT Fellowship Application submitted April 2018</p> <p>Training and development programme for Care Navigation, Practice Managers, HCAs Primary Care Webpage developed case studies (new roles, PPG Chair etc), videos and other content prepared, vacancy page – linked to Royal College of General Practitioners website for advertising.</p> <p>Communications / reaching out / advertising via Social media i.e. LinkedIn page, Twitter introduced, presence at recruitment fairs i.e. Wolverhampton University also exploring RCGP and Birmingham University etc, exhibition materials also prepared and in place</p> <p>Suite of job descriptions for primary care library to aid practices in recruiting to primary care roles.</p> <p>Community Education Provider Network (CEPN) funding extended by HEE beyond contract end date (8+4 months) Nurse Facilitator support from Dudley also confirmed.</p> <p>Workforce dashboard figures collated for GPs, Nursing, CP, Admin roles (NHS Digital)</p> <p>Secured £10k non-recurring funding from Health Education England towards support in place for workforce planning.</p>	<p>Implementation of Workforce Strategy implementation of initiatives pertaining to the age profile</p> <ul style="list-style-type: none"> - channel investment - grow and develop the workforce - streamline the workload - improve infrastructure - and support practices to redesign their services to patients <p>Next steps following feedback from NHSE i.e. IGPR and CCT Fellowships</p> <p>MECC Resources due to be distributed to practices</p> <p>Ongoing promotion of general practice via social media i.e. Linked In page and joint working with Dementia Action Alliance.</p> <p>Ensure practices access support from CCG when vacancies arise i.e. job descriptions, advertising etc.</p> <p>Review contracting arrangements with CEPN for 2018-19 ensuring Health Education West Midlands procurement of services is adequately represented.</p> <p>Review workforce figures and training data at task and finish group supporting practices to address gaps in provision. Provide feedback on outcomes of investment from workforce planning funding.</p> <p>Survey of primary care staff who have attended training 2017-18 due to conclude (May 2018) and analysis report will be prepared (June WTFG). Mental Health Therapists – improve the interface between MH and PC</p> <p>Strengthen links with STP Local Workforce Delivery Board (LWAB) and associated sub groups.</p>

	<p>Focus on interdependencies with Contracting TFG and financial investment requirements to ensure we are working towards a sustainable primary care</p> <p>Commence delivery of 2018-19 work programme and monitor activity via critical path.</p>
<p>Contracting Task and Finish Group</p>	
<p>Primary Care Contracting Strategy is currently being developed by the Task and Finish Group.</p> <p>The Primary Care Advice, Support and Transformation support will continue to be provided by NHS England in addition to existing resource within the CCG.</p> <p>NHS England will continue to commission Direct Enhanced Services in 2018-2019.</p> <p>Risk Gain share approaches across the Black Country have been considered by the Task and Finish Group.</p> <p>Priorities for 2018-19 agreed and defined in new work programme.</p>	<p>Meeting schedule in place and Terms of Reference to be updated.</p> <p>Workshop on Primary Care Contracting, commissioning and finance inter-dependencies will be held to define where work programmes overlap/influence delivery.</p> <p>Launch 2018-19 programme of work and review risks to reflect the revised priorities/planning milestones.</p>
<p>Estates Task and Finish Group</p>	
<p>Void space targets have been met. On-going programme should reduce this by £100k in 2018-19</p> <p>Newbridge and East Park have now met the ETTF criteria. They are now awaiting sign off from NHSE and CCG so that their respective developments can proceed</p>	<p>Request that NHSPS can move forward with developments on Heads of Terms</p> <p>Work with other cohort 1 schemes to finalise sign off so that they can start building work</p> <p>Complete STP workbook to add schemes to possible future developments</p>

IT Task and Finish Group	
<p>Shared Care Record - Funding from NHS England approved and quote received from Graphnet to continue development of the solution.</p> <p>The migration planning/preparation continues in line with the CCGs programme, next system go live scheduled for 23 May 2018.</p> <p>Project Manager to deliver E-Consultations is now in post and has commenced development of project documentation to deliver online triage and video consultation within practices identified to participate in the pilot.</p> <p>A schedule has been developed for facilitators to visit practices during March and April 2018 to encourage the uptake of patient online.</p> <p>Text Messaging solution – Two-way texting has been rolled out to almost all practices, remaining sites will go live shortly.</p> <p>GP appointment access utilisation tool: Tool to be deployed centrally by NHS England. E-RS Workshop held for all practices, well attended.</p>	<p>Joint working with Sound Doctor to review utilisation and effectiveness i.e.</p> <p>E-Consultation Solutions - Agree deployment dates with stakeholders to enable trial to commence. E-RS - new 2ww implementation date to be confirmed, list for PSO exclusions, continued support for practices.</p> <p>Text Messaging solution – complete installation/roll out to final sites and ensure that all training has taken place.</p> <p>GP appointment access utilisation tool to be deployed centrally by NHS England.</p>

Appendix 2 Practice Groups (Clinical Networks)

Primary & Acute Care Systems (PACs/VI)

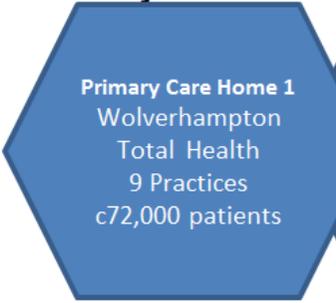


The Royal
Wolverhampton
Trust
8 Practices
c60,000 patients

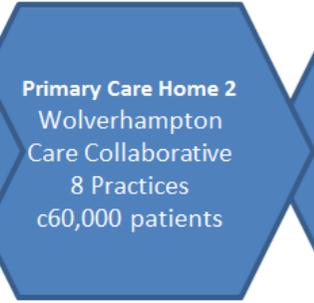
This model is based on:-

- Collaboration between NHS Trusts and GP Practices
- Practices have entered into a sub-contract agreement with the trust (GMS/PMS)
- Meet the needs of registered list(s) of patients
- Opportunity for trust's to kick-start primary care expansion but reinforce out of hospital care
- Potential to take accountability for all health needs of a registered list of patients.
- Greater level of back office support which is intended to improve the business element of General Practice

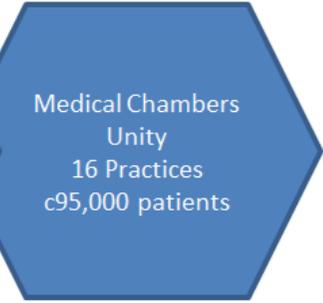
Primary Care Home



Primary Care Home 1
Wolverhampton
Total Health
9 Practices
c72,000 patients



Primary Care Home 2
Wolverhampton
Care Collaborative
8 Practices
c60,000 patients



Medical Chambers
Unity
16 Practices
c95,000 patients

This is a joint NAPC and NHS confederation programme.

The model is based on:-

- Care hubs/neighbourhood approach
- Practices working together at scale to provide care closer to home
- Supported by the new models programme featuring provision of care to a defined, registered population between 30-50,000 people
- Function with an integrated workforce with a strong focus on partnerships spanning primary/secondary/social care
- Combined focus on the personalisation of care with improvements in population health outcomes, alignment of clinical & financial drivers with appropriate shared risks and rewards.

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