Better care **together**

Leicester, Leicestershire & Rutland health and social care

Blueprint for General Practice

Delivery Plan

Leicester, Leicestershire and Rutland
Sustainability and Transformation Plan
24 February 2017

Final Draft

East Leicestershire and Rutland Clinical Commissioning Group
Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group

NHS

Schemes	Key deliverables	Baseline Position	Investment (Inc. Dates)	Action/Milestone	Action Owner (organisation)	Milestone Delivery Date	Success Measure	KPIs/Plan trajectory
GPFV - Model of Care - LLR								
LLR	**Deliver the model for general practice across LLR**	As described in the narrative document supporting this delivery plan across Leicester, Leicestershire and Rutland STP area we have a total population of 1,061,800 with a forecast increase over the next five years of 3.6% for children and young people, 1.7% for adults and 11.1% for older people. The age structure of the area is on par with the national average but there is a variation with Leicester having a higher population of young people and East Leicestershire and Rutland has more people age over 50. Analysing our health data identified the following areas that we need to address. Reducing the variation in life expectancy Reducing the variation in health outcomes Reduce premature mortality Improve the early detection of cancers and cancer performance Improving mental health outcomes Move from chronic disease management to prevention Significant engagement with stakeholders has taken place to date, with more than 50 events held. Further work is required however to ensure universal understanding and support for our plans and priorities.	£820k (2016/20) for econsultation £14k (2017) for workforce audit Further funding linked to LLR STP	**Individual Patient Level actions** Full roll out of e consultation Improve patient access to core general practice via demand and capacity audit at practice level, in conjunction with the local workforce survey Promote patient role in demand management through coaching /education supported by PPGs. Improved access to General practice through identification & roll-out of best practice models across LLR practices Improved pre-planned access to General Practice for patients at high risk of emergency or elective admission through local CCG schemes Engagment of providers, patients and other stakeholders in developing the model of care and playing an active role in its delivery	LLR STP GP Programme Board	June 2018 July 2017 April 17/March 18 April 17/March 18	GP time freed up to concentrate on multi morbid patients. Demand and capacity audit completed and informing the CCG models for extended access Best practice models identified and shared, with evidence of impact on quality of service provision. Increase in the number of patients seen, treated and managed in community settings	Full rollout completed across LLR Number of practices adopting the toolkits, thereby increasing access Secondary care spend for high risk patients reduced, so increase in the number of patients seen, treated, and managed in community settings. Participation in engagement events by providers, patients and stakeholders. Feedback received, and demonstrable evidence that feedback has been considered and acted upon
				At a collaborative level Actively lead the implementation of all ILTs across LLR based on geographic footprints acorss General Practice, community services and social care. Identify cohort of high risk patients for focus and test health and social care interventions to be delivered. Undertake test beds in each CCG area of multiprofessional working following approval by LLR Integrated Teams programme board. Each Integrated Locality Leadership Team to complete EMLA development programme. Develop and submit bids for the NHSE Primary Care Home Scheme Using the foundation of ILT to develop Primary and Community MCP model and enact through an MCP contract.	LLR STP Integrated Teams Board	Monthly IT board meetings Nov 17 April-Sept 2017 April 2017 Commnence Feb 2017 June 2017 Nov 2017	Fully developed ILT which wrap around the patient and their general practice, extending the care and support that can be delivered in community settings. Monthly meetings of each ILT and monitoring through the lintegrated Team Programme Board. Slow the rate of growth in use of acute emergency services and increasingly meet peoples needs in lower acuity settings	TBC - as part of Capacity Plan ILTs launched - number of patients identified vs. cared for via ILT Number of each intervention delivered for high risk group Decrease in patients seeking non-urgent healthcare in secondary care
				At a specialist level Agree the model of specialist support to the Integrated Locality Teams across LLR Explore the potential of the specialist GP role	LLR	September 17	Model of specialist support agreed across LLR with implentation commencing Q3/4 - which brings specialits support nearer to patients in their community;reduce the time taken to access specialist input;reduice the number of separate steps in care pathways	Increase in the number of patients successfully treated within community settings Increase in the number of patients successfully treated within community settings Deliver the left shift of agreed pathways from secondary care into the community from an elective care perspective Deliver the left shift of agreed pathways from secondary care into the community from an non-elective care perspective

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GPFV - Model of Care - ELR								
ELR	**Deliver the model for general practice across LLR**	GP localities have a history of collaborative working. In 2014 the CCG worked with its member practices to develop the Primary Care Strategy this was codesigned and aligns to the overall LLR model. Whilst some progress has been made the CCG acknowledges that further impetus is required to fully realise the ambition. The practices have recognised the opportunity of the development of the GP landscape and in 2015/16 the ELR GP Federation was formed as a legally constituted organisation covering all 31 member practices. The federation received development funding from the CCG to assist in its establishment. The ELR GP Federation mission is "To champion through GPs and their practices, investment and delivery healthcare services at scale for patients across East Leicestershire and Rutland". The ELR GP Federation is already beginning to support locality members practices with regards to changing the way care is delivered and the infrastructure that supports this through: Integrated Locality Teams - support practices in the Development of the 'leadership teams' in the four ELR localities (B&L, Melton/Syston, Market Harborough, O&W) to work towards developing 'wrap around community services'. Primary Care Home—The Rutland Locality has been successful in its bid and is a key opportunity for developing new models of working. Learning will be shared across the CCGs as we develop integrated locality teams. GP Programme Board—the ELR GP Federation are an active part of the Board who are now taking on delivery of GP Five Year Forward View.	£0.50 per patient per year 2017/18 and 2018/19 to enable Federation to develop as lead for key work streams and £1.00 per patient to create investment 'pot' for practices to develop primary care at scale initiatives £6 per patient discretionary spend investment into complex patient management, incorporating risk stratification and complex patient management via an Integrated Teams approach to care delivery. Leicestershire County Better Care Fund (BCF) £3.3m for 2017/18 and 2018/19	**Individual Practice Level Actions** Supporting sustainability and resilience in General Practice. Identifying and tackling unwarranted variation by the use of risk stratification. Supporting practices to improve the model in which they deliver care to nursing homes within sub-locality teams. Development of practices individually within sub-locality teams whilst still retaining practice identity. Integration of new roles within practices, contributing to the development of a primary care MDT. Practice Contract and Quality Reviews and Appraisals completed with achievable action plans implemented.	ELR CCG ELR GPs	From April 17 From Jan 17 Throughout 2017/18 Throughout 2017/18 Throughout 2017/18	Focussing of primary care MDT capacity to maximise impact Improved outcomes for care home patients and target populations Increase in practices resilience Multi-functioning, MDT working across primary care Sustainable and high quality practices	Practices achieving their case mix adjusted spend KPIs agreed between partner practices and care homes Roll out of transformational programmes Heart Failure/Atrial Fibrillation: Management of BP in stroke patients of >150/90 End of Life :Increase/maintenance in practice palliative care registers (1%) and 100% of Care management plans completed for EOL patients in Care Homes.
				Collective Level Actions Federation driven actions, supporting primary care delivery at scale Delivery of primary care transformation strategy, linked to primary care discretionary spend Facilitation of a ELR GP Federation Teaching Academy Aiding the recruitment and retention and the development of new roles i.e. pharmacists in general practice Federation led coordination of 7 day extended primary care and urgent primary care services Federated approach to project delivery, enabling an ELR-wide response to presenting challenges and opportunities.	ELR CCG ELR GP Federation	From April 18 From Jan 17 2017/18 From April 18 2017/18 & 2018/19 2017/18 & 2018/19	Achievements of clinical and quality indicators Delivery of the Primary Care Workforce Strategy (see workforce section) Delivery of the Primary Care Workforce Strategy (see workforce section) Multi-functioning, MDT working across primary care Federation led Integrated Community services Federation led approach to core service delivery	Delivery of plan Delivery of Primary Care Workforce Strategy Roll out of transformational workforce programme Procurement and mobilisation of new Integrated Service contracts Delivery of Federation Business Plan

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GPFV - Model of Care - LC								
LC	**Deliver the model for general practice across LLR**	Our developing CCG Primary Care Strategy (2016/17) has been co-produced with our member practices, patients, the public and our stakeholders. This plan helps to set out our future vision for primary care, detailing how we will meet the requirements placed on primary care in the coming years. This includes working with our 3 City Federations, our workforce development plans and our estates strategy. Interlinked to this, is our Better Care Fund plan, which sets out the Leicester City model of care for pre- and post-hospital health and social care services. Pilot schemes, developed by front line staff inc. GP's, practice staff, social care and provider partners , have been in place since 2015. These cover services such as enhanced access to General Practice for our most vulnerable and high risk patients, proactive case management of high risk care home patients and 2 hour health and social care response services to prevent both avoidable admissions into hospital and facilitate early discharge for our patients with community support where required.	Planning for Integrated Care scheme (PIC GP): £1.2m (17/18) BCF: £4.4m (17/18-18/19)	**Individual practice level actions** Identify and tackle unwarranted variation using the ACG system, based on observed vs. expected case mix adjusted secondary care spend at practice level Continue to focus on the Leicester City 'Quality, engagement and delivery in General Practice' programme, driving up the quality of general practice by working with each practice individually. Support the development of roles across General Practice, from enhanced HCA services to clinical pharmacists to GP fellowships in pre-hospital healthcare.	LC CCG	Practice level data completed in March 2017. Replace current system of reporting by June 2017. In place for 17/18 Ongoing through 17/18	Practices actively engaged with the use of the data to improve the quality of services provided Practices actively engaged with and enacting the plans agreed through the QED programme Successful applications to NHSE for the Clinical pharmacy bids in Wave 1, with 8 appointments made and Wave 2 we have two bids from two GP federations. GP fellowship applications and related training programmes.	Practices achieving their case mix adjusted expected level of secondary care spend KPI's agreed at practice level based on agreed plan of action Increase in the variety of roles at practice level by staff group
				Actions at a collective level Support our practices to work more closely together as collectives. Actively lead and facilitate the identification of opportunities for collaborative working.	LC CCG	In place and ongoing Jan 2017 to be completed by June 2017	Attendance at workshops and listening event. Member practices and Federations actively engaged in delivery of integrated teams.	100% Engagement from practices by year end.

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GPFV - Model of Care - WL								
WL	**Deliver the model for general practice across LLR**	**Primary Medical Care Plan 2014 and Community Services Plan 2015** co-designed with member practices,patients and the public in 2014.Good progress re: implementation of both plans via the Integrated Primary and Community Services Programme Board.Work to date includes:establishmnet of 4 legally constituted federations in 2014 supported by development funding from the CCG to assist with the developement of the leadership team and OD;Federations have led on a number of test beds to develop an integrtaed approach to care homes,urgent care and interpractice referrals:3 Integrated Locality leadership teams established Dec 16 with 90 day plans in place;succesful procurement of WLCCG Integrated Urgent Care service,mobilsation commenced with contract start date 1/4/17. The WLCCG Better Care fund has key elements within it that supports health and social care needs for people pre and post hospital. Programmes of work have been developed between general practice, community health providers and social care partners over the past two years to enable this support for pre and post hospital care. These services reflect the needs of the most vulnerable risk stratified population group in the CCG. These include proactive care, local urgent health and social care provision that can be accessed within a two hour response time to reduce the risk of an avoidable hospital admission, support people to die in their preferred place of death, as well as facilitating early discharge from an acute hospital setting.	Federation QIPP 17/18. WLCCG Integrated Urgent Care service 3.7 million .Practice Appraisals 40k. BCF: £4,3 m (17/18-18/19)	**Individual Practice Level actions:** Identify and tackle unwarranted variation through the implementation of the Federation QIPP scheme. Expand interpractice referral to reduce secondary care demand Continue rolling programme of practice appraisals based on quality and sustainability Actively support the development of new roles across General Practice, onto mission of the Federation Clinical Pharmacy Bid. Deliver general practice upskilling programmes	WLCCG	April2017 Set 2017 Submitted Feb 2017 Quarterly learning time events	Federations actively engage with member practices and QIPP requirements achieved Reduce Demand in secondary care for both out patients and emergency admissions and reduction in prescribing spend Practice Appraisals completed and action plans developed and implemented. Federations application successful through the NHSE bidding process ,CCG Medicines Management team rerstructured to align with federations Learning events scheduled with postive feeedback	Achievement as per Federation QIPP: 100% of 2 Week Wait referrals on PRISM 100% usage of all available PRISM pathways 100% use of eReferrals by end of March 2018 Increase usage of Advice & Guidance and Consultant Connect (or equivalent) 100% of appraisals completed Objectives of learning event achieved with tangible patient benefits identified
				At a collective level: Implement WLCCG Federation QIPP Actively engage with the federation through federation locality meetings, the CCG wide federation meeting and federation managers meetings Instigate quarterly contract meetings for federation QIPP. Extend the federation led employment of staff to address short term capacity issues at practice level.	WLCCG	April 2017 Monthly Commence June 2017	Federation QIPP fully implemented Practice level membership subscription to the federations achieved supporting federation sustainability Meetings held as per plan Contract monitoring in place Clear allignment of incentives and plans of the CCG,federations and practices. As a result of the federation support scheme no practice in WLCCG fails	Achievements as per Federation QIPP: Prescribing and Non Elective Admissions - Achievement below baseline plus 4% rewarded in increments of 0.1% 100% practice representation at events , monthly federation meetings achieved with minutes and action plan Achieve contractual compliance Full coverage of the federation support scheme

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GPFV - Improving Access- ELR								
ELR	GP5YFV - Extended Hours Access & Integration with Primary Care	**Out of Hours** Home and base visiting at night (8pm – 8am) 2 extended access base visiting hubs (weekend days) (10am – 4pm) and one weekend days (9am – 8pm) and weekday evenings until midnight) **Extended Hours DES** Currently delivered via 29 out of 31 CCG practices Offers in early mornings (before 8am), evenings (after 6.30pm) and Saturday mornings GP and nurse appointments offered Bookable access managed directly by providing practice - 165 hours per week **Extended Primary Care** Minor Injuries Community Based Service (CBS); currently delivered by 31 out of 31 CCG practices and offers a walk-in minor injuries service at GP practices in core GP hours and in 2 community hospitals with X-ray available Acute home visting service, weekdays (9am - 4pm); referrals by GPs and care homes **Extended Urgent Primary Care** 3 hubs, 5pm – 9pm weekdays and 9am – 7pm weekends 1 hubs, 8am – 9pm weekdays and 8am – 8pm weekends Access via walk-in or booked via 111 Provides 407 hours per week extended access	Urgent Care Home Visiting (UCHV) - £2.2M from April 2017 Urgent Care Integrated Community Service - £1.9M + up to 600K Extended Hours DES and £600k Minor injuries service combined Extended primary care access - £3.34 per patient investment from April 2018, rising to £6.00 per patient from April 2019 to deliver MDT extended 7 day primary care service	Re-procurement of UCHV for 1 April 2017 Mobilisation of UCHV serivce from Dec 2016 to 01.04.17 Review of Urgent Care and Extended Primary care demand and patient behaviour study with Public Health Complete and agree ELR service specification for extended primary care by 01.07.17 Complete procurement process for ELR extended primary care access by 01.12.17 Mobilisation of ELR extended primary care service by 01.04.17	ELR CCG	April 17 March 17 July 17 December 17 April 18	Timely commencement of both new contracts (1.4.17 and 1.4.18) Offer a minimum of 247 hours per week of out of hours primary care capacity to the patients of ELR (45 minutes per 1000 population) Offer a service from 8am until at least 8pm (Monday to Friday), but services open 7 days per week Offer a bookable routine access weekend/evening service for ELR patients based on clinical need Offer a walk-in service for acutely presenting patients Offer a fast-access service to protect primary care capacity to manage the most complex patients Be able to report in real time, appointment availability, use and activity Fully integrated Community Based Urgent Care service for ELR patients	Percentage of patients who have had appointment booked by NHS 111 leave the UCC or do not attend their booked appointment without seeing a clinician - target <5% Percentage of patients who walk into the UCC leave the UCC or do not attend their booked appointment without seeing a clinician - target <5% Percentage complete any treatment and discharge or refer the patient within 2 hours of them arriving in the centre - target 95% Percentage of available shifts have a Clinical Staff on duty - target 100% Percentage of patients sent on to Acute site for addiitonal care / admission - target < 10% Percentage of practices offering 7 day on the day and bookable appointments - 100% Percentage of patients not requiring urgent care redirection to an appropriate setting - target TBC with developement of UHL front door model of care

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GPFV - Improving Access - LC								
LC	**GP5YFW - Extended Hours Access & Integration with Primary Care**	**Extended Urgent Primary Care Hubs** 2 hubs, 6.30pm – 10pm weekdays and 12pm – 8pm weekends and bank holidays 1 hub, 8am – 8pm 7 days a week 208 face to face 15 minutes per week 197 additional out of hours provision each week per 1000 patients 105 additional in-hours provision each week per 1000 patients Access via GP referral, walk-in or booked via 111 **Extended Primary Care** Home visiting at night (6.30pm – 8am) Clinical Response Team home visiting weekends 8am-8pm **Extended Hours CBS** Currently delivered by 42 out of 59 CCG practices Offers in early mornings (before 8am), evenings (after 6.30pm) and Saturday mornings GP and nurse face to face and telephone appointments offered Pre bookable access managed directly by providing practice Minimum 4 appointments per hour	Urgent Primary Care Hubs: £2.4m from 1st April (funded from NHS E GP Access Fund - £6 per head) Home visiting and CRT: £1.4m for 2016/17 and £1.4m for 2017/18. Extended hours CBS: £336k from 1st April 2017 Extended hours DES: £580k from 1st April 2017 CCG Quality Contract: £194k in 2016/17	**Extended Urgent Primary Care Hubs** Mobilise existing hubs under APMS contract commissioned by CCG Complete and agree service specification for extended primary care hubs, including pathways for ambulatory services Commence procurement of extended primary care hubs Completion of procurement of extended primary care hubs and award of contracts Mobilisation of extended primary care hubs	LC CCG	April 17 March 17 April 17 July 17 October 17	Timely commencement of new contract on 1st October 2017 Offer a minimum of 185 hours per week of additional out-of-hours primary care capacity to patients in Leicester Offer a minimum of 105 hours per week of additional in-hours primary care capacity to patients in Leicester Offer a service until at least 10pm (Monday to Friday), but services open 7 days per week Offer pre-bookable routine access evening and weekend service for Leicester patients based on clinical need Offer a walk-in service for acutely presenting patients	80% minimum average weekly utilisation per hub Minimum 80% of GP rotas to be filled with Leicester City Principal or salaried GPs 100% of GP and nurse rotas to be filled <10% of patients visiting an EHPC Hub to visit ED or a UCC within 24hours of Hub consultation based on availability of SUS data 5% Reduction in the number of LC CCG patients accessing the DHU OOH Service 10% Reduction in the number of LC CCG patients accessing the LRI UCC Service 10% Reduction in the number of LC CCG patients accessing the LRI ED Service. 95% patients accessing service to have a booked appointment within 48 hours in accordance with SAT GP criteria.
				Out of hours Reprocurement of CRT service as part of the 24 hour LLR in-home visiting service Mobilisation of CRT service as part of the 24 hour LLR in-home visiting service	LC CCG	April 17	Service successfully procured and mobilised	% of patients visited within 2 hours % of admissions avoided % of emergency department attendances avoided
				In Hours Develop CCG quality contract to replace current CBS portfolio	LC CCG	October 17	GP Qulaity contract designed and implemented in partnership with member practices	100% of practices signed up to deliver practice level Quality Contract 100% of practices signed up to deliver HNN level Quality Contract

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GPFV - Improving Access - WL								
WL	GP5YFW - Extended Hours Access & Integration with Primary Care	**Directed Enhanced Service (DES)** Currently delivered via 21 out of 48 CCG practices Offers appoinments early morning (bfore 8am), evenings (after 6.30pm) and Saturday mornings GP and Nurse appointments offered Bookable access managed directly by providing practice **Extended Primary Care** Minor Injuries Community Based Service (CBS); currently delivered by 48 out of 48 CCG practices and offers a walk-in minor injuries service at GP practices in core GP hours Acute home visting service, weekdays (9am - 5pm); referrals by GPs and care homes Acute home visiting service, weekends and on bank holidays (8am - 7pm); referrals by GPs, care homes and patient 'passport **Urgent Care Centres (UCCs) and Out of Hours (OOH)** Loughborough Urgent Care Centre - 1 hub, 24 hours per day 7 days a week; access via walk-in or bookable via 111 Hinckley & Bosworth Community Hospital - 1 out of hours base visit hub, 7pm - 12am weekdays; pre-bookable appointments	WLCCG Integrated Urgent Care £3.7m from April 2017 WLCCG Home Visiting Services £2.6m from April 2017 Extended Opening Hours DES £710k (maximum based on 100% sign up) from April 2017 NHSE GP Access Fund £3.24 per head of population in 2018/19 and £6.00 per head of population in 2019/20.	**Mobilise the WLCCG Integrated Urgent Care Service** Establish mobilisation checkpoint meetings Implement communication and engagement plan Achieve contract commencement Establish monthly contract meetings.	**WLCCG**	**April 17** Weekly to January - March 17, Monthly to September 2017 January - March 17 April 17 April 17 - March 18	WLCCG Integrated Urgent Care Service mobilised effectively and contract commences to plan.	% adult patients clinically triaged within 20 minutes of arrival and children within 15 minutes of arrival % patients not requiring urgent care redirection to an appropriate setting % people with an illness who were seen, treated and discharged from the service with no further follow up % people with an injury who were seen, treated and discharged from the service with no further follow up % people with a fracture who were seen, treated and discharged from the service with follow up arranged with another provider % people with an ambulatory care sensitive condition who were seen, treated and discharged from the service with community services follow up % people who are onward referred to UHL; via the emergency floor, assessment units and direct admission to a base ward.
				Mobilise the WLCCG element of the LLR Home Visiting Service Establish mobilisation checkpoint meetings Implement communication and engagement plan Achieve contract commencement Establish monthly contract meetings.	WLCCG (Urgent Care Contract Team)	**April 17** Weekly to January - March 17, Monthly to September 2017 January - March 17 April 17 April 17 - March 18	WLCCG Integrated Urgent Care Service mobilised effectively and contract commences to plan.	Initial referral acceptance/rejection time Visit response time Dispositions; see, treat and discharged, onward referral to health and social care services and onward referral to acute care % of patients not received treatment from the service Number of rejected referrals including referral source and reason Number of adverse outcomes (as per CCGs Quality & Performance schedule) Number of unplanned hospital admissions avoided Consecutive review of case notes.
				Develop test bed for extended primary care access Establish task group to develop extended primary care access test bed Agree key clinical and admin team members to participate in the test Establish scope and implement timeline for test; Agree model to test Agree date, time & location for the test Agree minimum data set (MDS) requirements for recording observations of the test Agree success measures Implement test bed model for agreed period Evaluate test bed outcomes Workforce review - identifying skill mix and training requirements Develop model for implementation in 2018/19 Service commencement Mid-year review of initial phase.	**WLCCG**	**April 17** April 17 May 17 June - July 17 September - October 17 November 17 November - December 17 April 18 September 18	Test bed developed, implemented and evaluated Service specification and contract developed for implementation in April 2018 as planned.	To be developed as part of the test bed - but ensuring core requirements of GPFV Extended Access are met; weekday provision of access to pre-bookable and sameday appointments to general practice services in evenings (after 6.30pm) - to provide an additional 1.5 hours per day weekend provision of access to pre-bookable and sameday appointments on both Saturday's and Sunday's to meet local population needs provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week appointments may be provided on a hub basis with practices working at scale a minimum of an additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 100 population.
				Offer Extended Opening Hours DES to practices Offer DES to practices in March 2017 Practices signed up to deliver service by end March 2017; including plan approved by CCG DES service provision commences 1st April 2017 Practices to submit quarterly activity data to CCG for review.	**WLCCG**	**April 17** March 17 March 17 April 17 Quarterly 2017/18	WLCCG practices signed up to deliver the Extended Opening Hours DES. Practices successfully promote and publicise availability of extended hours to maximise patient uptake. Appointments provided at times and in a manner in line with patient expressed preferences; e.g. early mornings, evenings, Saturday mornings and through face to face and telephone consultation appointments.	Submission of quarterly activity data to fulfill DES requirements Trajectory - 44% of WLCCG practices signed up as a minimum.

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GPFV - Workload - LLR								
LLR	Transfering Care Safely	In LLR a Transfering Care Safely Interface Group had been established to identify and influence how we can transfer safely. The group is clinically led and includes representation from primary and secondary care with a clear focus on improving the patient journey and ensuring work is done in the right place at the right time.		Finalise terms of reference for the Transfering Care Safely Interface Group. Finalise guidebook for GPs and secondary care. Agree communication and engagement plan. Establish GP liaison line (telephone and online) Review and implement new legal requirements in the NHS Standard Contract for hospitals.	TCSIG	May 17 June 17 June 17 July 17	Primary and secondary care engaged and actively working together to improve the patient journey. Guidebook developed and implemented effectively across Primary and Secondary Care. Changes to NHS Standard Contract for hospitals implemented and monitored.	Full rollout across LLR Number of Primary and Secondary Care clinicians using the guidebook.
	Initiatives to reduce demand on general practice	The number of face to face consultations grew by 13% and telephone consultations by 63% between 2010/11 and 2014/15. Over a twenty year period the average GP consultation has lengthened by 50% from 8- 12 mins Average consultations among the over 75s have increased by over 50% from 7.9 in 2000 to 12.4 in 2015. Between 2010/11 and 2014/15 GP workforce grew by 4.75% and practice nurse workforce by 2.85% Over the same period funding for primary care as a share of NHS overall budget fell every year from 8.3% to just over 7.9%. The pressures on general practice are compounded by increasing demand and patient expectation driven in part by our aging population and increasing numbers of people with complex conditions. Medical advances and developments in preventative healthcare have also led to a considerable increase in the number of activities carried out in general practice.		Ensure effective implementation of national initiatives (when agreed) to reduce demand on general practice such as streamlining reporting requirements and potential changes to QOF. GP Prorgamme Board to review and agree prevention and self managment approach.	GP5FV Implementation Group GP Programme Board	Ongoing July 17	Number of changes made targeted at reducing workload of General Practice Number of practices reporting time freed up by changes made STP/GPPB agreeing approach to prevention and self management	GP 5 Year Forward View Implementation Group to review and make recommendations to GPPB on national actions launched.
	General Practice Development Programme - Productive General Practice	28 practices across LLR currently participating in the PGP programme	NHS England Sustainable Improvement Team (central funding)	Work with the external provider to evaluate participation in wave 1. Share outcomes of wave 1 and subject to national funding recruit practices for wave 2	GP5FV Implementation Group	April 17 May - June 17	Number of practices reporting positive outcomes following participation in the programme. Key learning outcomes shared across LLR.	20% of practices completing wave 1, further 10% practices identifed and completing wave 2
	General Practice Development Programme- Improvement Leaders Programme	High Impact Action event held on 09.02.17 in partnership with NHS England sustainable improvement team.		Confirm commitment from NHS England to run 3 fundamentals of Quality Improvement training programme in 2017/18. Scope feasibiity of providing a contribution on backfill funding. Promote to all primary medical care health care teams and recruit minimum of 15 practices per programme.	GP5FV Implementation Group	April 17 April 17 May 17	Initial cohort of primary care staff with increased knowledge and confidence to implement quality Improvement Initiatives. Quality Improvement leaders identifed across the LRR system.	Fundamentals of Quality Improvement Training Programmes completed in 2017/18 with a total of 50 people completing the programme.
	General Practice Development Programme - Ten High Impact Actions			Evaluation of showcase event. Collation of expresssions of interest in rolling out ten high impact actions. Agree with NHS England structure and content of offer to practices. Suggested approach collaborative learning in action programme for 15 - 25 practices, targeting HIAs 1) active signposting & 8) Social prescribing.	GP5FV Implementation Group	February 17 April 17 March 17 May 17	Primary health care teams attendeding the HIA programme reporting improved signposting and links to support services outside primary care. Key learning outcomes agreed across LLR.	Run Collaborative Learning in Action Programme targeting HIA 1 & 8 during 2017/18 targeting 25 practices and 30 individuals.

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GPFV - Workload - LLR (Ctd.)								
LLR	GP5YFW - Workload	Practices indentified and receiving support.	General Practice Resilience Programme - February 2017 investment for cohorrt 1 to be confirmed my NHS England	Review implementation and effectiveness of the support offered to practices in cohort 1. Identification of practices for cohort 2 based on CCG local knowledge and triangulation of the data. Review / selection of practices - review conducted by NHS England and CCGs, practices notified of the outcome. Rollout of cohort 2	GP5FV Implementation Group	May 17 April 17 May 17 May 17	Practices prevented from reaching crisis through identification and ongoing support.	10 practices supported in cohort 1. Practices on reserve list provided ongoing support from the CCG. Successful implementation of support to practices identified in cohort 1. Identification of practices and implementation in cohort 2.

Schemes	Key deliverables	Baseline Position	Investment (Inc. Dates)	Action/Milestone	Action Owner (organisation)	Milestone Delivery Date	Success Measure	KPIs/Plan trajectory
GP5YFV - Workforce - LLR								
LLR	To Deliver the workforce for a sustainable General Practice and enable new models of care	In January 2015, the LLR General Practice Workforce Delivery Group (LLR GP WDG) was established. The Delivery Group reports formally to the LWAB providing monthly updates of progress against the work plan. The group also acts as a conduit for information exchange with the Health Education England (HEE) Regional Primary Medical Services Steering Group Each CCG in LLR has a Training Hub, set up from 2015. In combination these are instrumental in helping to train theworkforce of the future. Their vision is to provide an educational environment that fosters inter-professionallearning between students of different disciplines and deliver enhanced networks of personalised care. Local picture of shortage of GPs compounded by substantial difficulties with recruitment, both of qualified GPs and GP trainees, with local training places unfilled. Number of GPs , nurse and other health professionals per 1000 patients differs across LLR with real risks of retirement and inequity of access for patients There are examples of ECPs commissioned to provide home visiting services and pharmacists in General Practice through the NAtional scheme and locally funded through PMS monies, it is still not common place across LLR for other that Doctors, nurses or HCAs to be employed	Since 2015 over £1m of non -recurrent funding has been awarded by HEEM for succesful bids for training and education £300k for GP training pooled across CCGs Central funding for undergraduate and post graduate schemes. Urgent Home Visiting Contract for 24/7 service £7.3m PA Pharmacists in General Practice £650k PA recurrent for ELR. City and West CCGs through national programme Care Navigators £475k over 4 years	Produce a comprehensive baseline of current workforce numbers and skill mix in general practice. Map the existing programmes of training education and development for all staff groups within General Practice in LLR, identyfing gaps and risks. Map the future workforce needs inline with the proposed new models of care in general practice. Create an implementation plan that will link this to the General Practice and Integrated Team SRP workstreams to deliver sustainable solutions. Increase the number and skill set of new workforce e.g. ECPs, Pharmacists delivbering care in LLR Fund the Practice Manager academy to support this important group to enable change in General Practice Actively utilising the three training hubs, support undergraduate medical,nursing and pharmacy training and GP training at a federated level to promote our practices as positive places to work to aid recruitment and retention.	LLR Workforce Group/ LWAB	August 2017 August 2017 October 2017 October 2017 2017 Onwards June 2017 Ongoing	Continue through the STP and GP Workforce Groups to maximise funding for LLR training hubs. Dynamic and responsive programme co-ordinated and held to account through the Local Workforce Action Board. Actively utilising the three training hubs, support undergraduate medical,nursing and pharmacy training and GP training at a federated level to promote our practices as positive places to work to aid recruitment and retention. Continue to fund hubs to increase training placements across LLR Supporting the existing primary care workforce to improve recruitment and retention Identify new capabilities, competencies, skills and behaviours required to make an enhanced primary care offer. Programme to ensure retention of trainees and increase of clinical staff to choose LLR as a place to work Understand through the HEEM/ WFP study the exact future needs for a sustainable new model Analysis of how patients are streamed through new clinical modles and the most appropriate clinical skill mix to deliver. The whole systems partnership are working with practices from all three LLR CCGs to support the workforce implications of new models of care.	Maximise the national opportunities for staffing through the GP5YFV programme for addtinal GPs, PAs, Pharmacists and Mental health workers In collaboration with NHSE,utilise the National GP refreseher and retainer schemes and actively recruit Internationally Locum Chambers to be set up across LLR or through Federations to enable flex of staff when practices require clinical support Increase the number of GP trainees who remain in LLR after scheme completion Reduce number of Locum doctors in the system Increase the number of Partner and Salaried GPs in the workforce Programme of upskilling nuses and HCAs to enable every practice to retain staff and enable GPs to be released to focus on Complex patients Pharmacists in the primary care workforce supporting every practice - directly employed or through Federations Other health professionals such as PAs and ECPs employed across all localities in LLR to bolster the GP workforce Training programmes for nurses in place to support autonomous working

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GPFV - Infrastructure - LLR								
LLR	Investment in primary care premises both in terms of bringing existing primary medical facilities up to date, addressing the growth in the number of new homes and associated population and in ensuring there are appropriate facilities to support transformation across the health care system	The LLR PCTs and CCGs have undertaken a number of estates reviews over the last few years that have provided the information required to support the overall Estates Strategy. Estate condition survey information was used to support the decision making for investment using the national Estates and Technology Transformation Fund (ETTF) process. The geographical size and rurality in the county is very different to that of Leicester City CCG and as such impacts on the current and future model of care. Across WLCCG and ELRCCG there are 9 community hospitals providing a mixture of inpatient beds, community nursing and therapy services and elective care outpatient appointments, diagnostiic investigations and treatments. These facilities are very variable in terms of the quality of the estate condition, but many are under-utilised, often have small isolated wards which cause sustainability issues, and are often not fit for 21st century health care delivery.	Funding of up to £7m capital for 11 projects which will be delivered over the next 4 years. Revenue consequences to be met by the CCGs upon completion of the projects to include an abatement to reflect the capital contribution made by NHS England.	**ETTF Cohort 1 - Business case approved (18.11.16)** Completion and ongoing due diligence to ensure value for money and adherence to required timescale.	WLCCG	Apr-17	Build completed in line with NHS Enlgand expectations.	Scheme progressing and completed on time in line within financial allocation.
				ETTF Cohort 2 Work with NHS England to support development of the business case for the 10 schemes in cohort 2. Review and approval of the business case by PCCC Due diligence to ensure value for money and adherance to required timescales.	LLR CCGs	On-going April - October 2017 October 2017	Completion of schemes supported through ETTF. A number of premises improvement schemes approved outside of ETTF capital investment.	Build completed by April 19.
				ETTF Cohort 3 Work with scheme identified as cohort 3 to review funding options.		Ongoing	National alternative funding to be identified.	
			Maximise use of S106 funding, ensuring approved funding supports local priorities and the CCG continues to access new funding relating to housing growth.	Continue to support practices not successful through ETTF where relevent accessing S106.		Ongoing	Increase investment in primary care estate through outside funding mechanisms e.g. s106. Primary care capacity not adversely affected by new housing developments.	Review forward plan trajectories for population growth and new housing developments to proactively plan for primary health care estate.

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GPFV - IM&T- LLR								
LLR	**Interoperability and Record Sharing** Integrating and improving data flows, ways of working, standardised codes, protocols and flags in as many systems as the integration technology allows. Care professionals and carers access to all data, information and knowledge they need through real time system integration. Focus on the following: • TPP SystmOne • Medical Interoperability Gateway (MIG) Solution • Summary Care Record (SCR)	MIG V.1 with 10 Summary screens currently in place and used across scheduled care clinical setting. 100% ISAs signed and activated across LLR. 100% EDSM practice activation across LLR. 100% SCR V.1 practice activation across LLR.	£420k (ETTF 16/17 funding) Funding to be sourced	Define Minimum data set for SystmOne and EMISWeb Process map EPaCCS current and future processes across LLR Develop data entry templates for Systmone and Emis Web SCR v2.1 Rollout period MIG V.2.1 data set development commissioned MIG V.2.1 rollout ISA refresh and update Wider rollout to Health and Social Care Organisations	LLR STP GP IM&T Group	Dec-16 Jan-17 Feb-17 Mar-17 Apr-17 Jul-18 Mar-17 Mar-18	Electronic Care data set available to care professionals in the following areas: Children Dementia Frailty Cancer LTCs Planned Care Mental Health Extended rollout of MIG - LLR Adult Social Care, LOROS, LPT and Integrated Point of Access.	March 2017 full rollout to all LLR practices. March 2018 extended access to core clinical dataset from Primary Care Electronic Records.
	System Integration and joint working hubs Sharing of clinical information electronically. Focus around Health care hub (Hub and Spoke Type Working) providing LLR 7 day services led by a number GP federations supporting collaborative working and also wider provider partners across LLR footprint involved in clinical workstream redesign. Continue supporting practices to migrate as part of the local transition towards a footprint wide clinical system estate towards a single interoperable platform in line with GPSoC.	Current 4 clinical hubs in the LCCCG operating on SystemOne community modules. Baseline as at Feb 2017. WLCCG Clinical Systems: 30 SystmOne / 18 EMISWeb ELRCCG Clinical Systems: 20 SystmOne / 13 EMISWeb LCCCG Clinical Systems: 58 SystmOne / 1 EMISWeb Number of practices migrated from EMIS WEB to SystmOne in 16/17 = 12	£522k (ETTF 16/17 funding)	Single system platform for all LLR hubs Interoperability of clinical systems through API developments. LLR CCG demographic areas to move to a single interoperable platform.		Mar-20 Jan-18 Mar-20	Common electronic platform approach in place for all LLR hubs. 100% of LLR GP practices effectively using a chosen single platform	Year Two 4 clinical system hubs. Year Three 3 clinical system hubs. Year One 18 Proposed clinical system changes Year Two 20 Proposed clinical system changes Year Three 7 Proposed clinical system changes
	Technology Enabled Patient Self Management Consistent remote device technology rollout across LLR underpinned by supporting GP practices and Patients through robust LLR wide business change in order to enhance patient choice in how they access primary care services.Improve the outcomes for the local patient population by enhancing the practice offering through the use of a locally tailored and effective technology solution through deployment of electronic health monitoring devices to high risk patient cohorts and associated mobile phone health applications to enable patients to take control of their conditions.	Experience of electronic self-management technology in relation to blood pressure monitoring through undertaking a pilot project in 2014 / 15 using the Flo Telehealth system.	Funding to be sourced	Early technology feasibility investigation Planning and Design with GP's and Patients Deployment of electronic monitoring devices to LLR practices Patient Access Automated data transfer from device to clinical systems. Introduction of 3rd party apps via Open API's		Mar-18 Jul-18 Mar-19 Aug-19 Dec-19 Mar-20	Targeted cohorts of patient able to undertake Level 1 Diagnosis and Self-Management in the community.	Year Two All LLR practices have 25 self management devices. Year Three Open API standards defined and in use with clinical systems

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GPFV - IM&T- LLR (Ctd.)								
LLR	**Systems Optimisation** National Systems - Increase utilisation of all national systems that have been activated locally.	Key digital services are 100% enabled and activated across all LLR practices. Baselines as at Dec 2016. WLCCG Practice Utilisation GP Online 10% usage: 34 Practices using EPS : 47 Practices over 80% ERP: 36 GP2GP % activity: Requesting = 88% , Sending = 95% , Integrating = 67%. ERD Over 25% - % activity: 7% ELRCCG Practice Utilisation GP Online 10% usage : 30 Practices using EPS : 25 Practices over 80% ERP: 21 GP2GP % activity: Requesting = 81% , Sending = 92% , Integrating = 63% . ERD Over 25% - % activity: 3% LCCCG Practice Utilisation GP Online 10% usage: 36 Practices using EPS : 59 Practices over 80% ERP: 34 GP2GP % activity: Requesting = 73% , Sending = 83% , Integrating = 59% . ERD Over 25% - % activity: 3%	GPIT Funding Capital and Revenue	GP online increase patient utilisation EPS /ERP GP2GP ERD	LLR STP GP IM&T Group	Mar-18 Mar-18 Mar-18 Mar-18	CCG aggregate utilisation at GMS levels or above. Each CCG practice utilising at GMS levels or above. EPS - At least 80 per cent of repeat prescriptions to be transmitted electronically using EPS Release 2 by 31 March 2017	LLR CCG's GP Online aggregate 20% registered patient usage achieved by March 2018.
		Baselines as at Dec 2016. WLCCG ERS utilisation 55% ELRCCG ERS utilisation 66% LCCCG ERS utilisation 64%	GPIT Funding Capital and Revenue	ERS		Mar-18	Reduction in fax based referrals	Year One 80% of all referrals done via ERS or alternative electronic referrals methods.
	GP5YFV/GPIT compliance and service provision locally in line with and operational with national mandates.	Wi Fi: Federated Wi Fi coverage available across LLR providers Inc. Social Care and Care Home Providers. SMS: County practices: Using in line with local SMS guidance = 67. LCCCGpractices: Using in line with local SMS guidance = 59. Data Quality: LCCCGhave a portion 'in-house' and an element within SLA with providers. ELRCCG within SLA with providers and elements also included as an addendum. WLCCG current provision is lacking and requires bolt on within SLA with providers. RRP: In line with contractual requirements for the GPIT operating framework 14/16.	Wi Fi Funding to be sourced via: The NHS Wi-Fi programme All others actions sourced GPIT Funding Capital and Revenue	Enhance Wi Fi provision in General Practice Electronic Messaging Improved data quality Maximises Rolling Replacement Programme (RRP) Implementation of Cyber Security in General Practice		Sep-16 Mar-18 Jun-16 Jul-17 Jul-17	Local provision is in compliance with specified activity outlined within the Securing Excellence GPIT operating model 2016/18. Greater agile working in General Practice enabled through access to mobile devices through RRP Increased local resilience in Cyber Security. Enhanced patient experience and access to General Practice.	Year One Access to compatible mobile devices at next refresh. Testing completing April 17 Year One Engagement with supplier and practices complete Year Two Practice sign up to initiative Year Three rollout complete
		InterpreterNow BSL electronic access pilot in the City. Provides instant video remote access to an interpreter.	General Practice Development Programme	Electronic Consultations Feasibility Full rollout across LLR		Mar-18 Mar-20		
	Local systems developed and optimised to ensure fully maximised operationally capabilities are in place.	Electronic clinical referral pathway system in place for clinicians only. BI tool and ACG system used to support and plan service delivery to identify high risk patients. Currently takes into account NHS data only.	Funding to be sourced	PRISM Pathway additions SNOMED transition Targeted Risk Stratification e-workflow development Development of flags and alerts Optimised Templates Greater mobile and agile working Advanced telephony systems		Mar-18	Increased pathways accessible via PRISM to improve quality of referrals. Optimisation of General Practice local systems to improve practice efficiency and quality of patient care.	Year One SNOMED coding in place within local clinical systems of choice.