

**DRAFT**



# Sustainability and Transformation Partnership Implementation plan

<b>STP Workstream</b>	<b>Primary Care</b>
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<b>SRO</b>	Tim Sacks

Version 3/ 7.06.17

# 17. Primary care

Deliverable (National milestone date)	Key actions (Action owner)	Delivery milestone											
		2017/18				2018/19				2019/20		2020/21	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	H1	H2	H1	H2
National 1 - 50% of the public have access to evening and weekend GP appointments by March 2018; and 100% by March 2019	An integrated service that provides at least 45 minutes of GP services per 1000 patients in evenings and weekends (Paula Vaughan, Julia Corey, David Muir)				X				X				
	A clinical triage hub to enhance the NHS 111 service. (Paula Vaughan, Rachana Vyas, David Muir)		X										
	An integrated home visiting service available 24/7 for urgent and Complex patients (Paula Vaughan, Rachana Vyas, David Muir)	X											

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		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	H1	H2	H1	H2
National 2 - Increase the number of clinical pharmacists working in GP surgeries to over 900 by March 2018; and to over 1300 by March 2019	Complete bids for funding to employ pharmacists within General Practice as part of the national Clinical Pharmacists in General Practice Programme Wave 1 & 2 to increase the numbers of clinical pharmacists working in primary care. (Lesley Gant, Gill Stead)	X											
	Increase clinical pharmacists in general practice through national and local funding. (Lesley Gant, Gill Stead, John Nicholls)	X			X								
	Coordinate bids for funding to employ pharmacists within General Practice across LLR as part of Wave 3 of the national funding programme, Clinical Pharmacists within General practice to increase the numbers of clinical pharmacists working in primary care , (Lesley Gant, Gill Stead, John Nicholls)		X										

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National 3 - 800 mental health therapists placed in primary care by March 2018; and over 1500 by March 2019	Increase number of trainee university placements for psychological therapists. (Simon Baker)			X		X		X					
	Develop alternative and robust recruitment plans / offerings. (Simon Baker)			X									
	Develop with provider robust retention approach / plans. (Simon Baker)			X									

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		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	H1	H2	H1	H2
National 4 - Invest in an additional 800 infrastructure projects for primary care (2019)	ETTF Cohort 1 - Business case Completion and ongoing due diligence to ensure value for money and adherence to required timescale. (Amanda Anderson)	X											
	ETTF Cohort 2 - work with NHSE to support development of the business case for the 10 schemes in cohort 2. Estate condition survey information to support the decision making for investment using the national) ETTF Process. Numbers in progress across LLR (Amanda Anderson)			X									
	ETTF Cohort 3 - Work with scheme identified as cohort 3 to review funding and prioritise need in line with previous CCG processes. (Amanda Anderson)						X						

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National 5 - Use of funding incentives - including for extra staff and premises - to support the process of practices working together in hubs or networks 2017-2019	EL CCG Funding to support groups of General Practices to come together in line with the proposed new care models. (Tim Sacks)	X	X	X	X	X	X	X	X				
	WL CCG outcome based federation level QIPP scheme. closely aligned to our strategic priorities which include the sustainability of general practice primary care at scale. (Ian Potter)	X	X	X	X	X	X	X	X				
	LC CCG - through the four city Health Needs Neighbourhoods (HNNs) which encompass all of LC CCG practices. Consider transformational opportunities of practices working together to free-up capacity and enable resources to be redirected to the areas of greatest need. (Richard Morris)	X	X	X	X	X	X	X	X				

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Local deliverable 1 – Workforce. International recruitment, workforce mapping, care navigators.	Develop plan for an International Recruitment Programme undertaking a Co-ordinated international recruitment drive for clinical skills across LLR in line with the national programme. (Clare Sherman)			X												
	Map the future workforce needs inline with the proposed new models of care in General Practice (Tim Sacks)			X												
	Active Signposting and Correspondence Management Training to upskill admin staff and release GP time (Ian Potter)	X		X	X											
	Produce a comprehensive baseline of current workforce numbers and skills in General Practice to show current and projected workforce gaps and to map future supply of trainees, informing reporting tool development.(Tim Sacks)			X												

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Local deliverable 2 – Workload. Transferring care safely. (Rebecca Perry)	Clinical Integration group in place across LLR	X												
	Development of new common reporting pathways for both operational and quality concerns.		X											
Local deliverable 3 – Workload. Ten high Impact Actions. (Ian Potter)	Ten high impact actions launch event and rollout of supported cohorts		X											
Local deliverable 4 – Models & Contracts.	Modelling delivery of complex / non-complex pathways Intro details			X										
Linking directly with the three clinical work streams for Complex, non-complex and Planned care within the STP GP Programme Board to asses, analyse and model:	Develop new ways of joint working / contracting to deliver sustainable models		X											
	Development of a toolkit for practices.		X											



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Local deliverable 5 – Communications and Engagement. Communications plan and Vision.	Formulation and agree single vision for all LLR parties and Stakeholders for STP and Public. (Tim Sacks)	X												
	Communications plan completion (Richard Morris)			X										
Local deliverable 6 – IM&T. Online consultations and single platform interoperable systems	Online General Practice Consultation Software Systems, development of online consultation systems with a view to improving access and making the best use of clinical time (Clare Sherman)			X										
	Support practices to migrate as part of the local transition towards a footprint wide clinical system estate towards a single interoperable platform inline with GPSoC.(Clare Sherman)				X									

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Local deliverable 7 – Finance. Transformation and models of funding	Agree financial plan for core general Practice for next 5 years (Tim Sacks)		X										
	Agree and align discretionary funding (Tim Sacks)	X											
	Agree and align incentives and transformational funds (Tim Sacks)	X											

# 17. Primary Care - Outcomes

Work Area	Outcome Descriptor	Baseline	Target	Current Position
National 1 - Access	An integrated service that provides at least 45 minutes of GP services per 1000 patients in evenings and weekends	<p>ELR CCG 24/7 LLR Home Visiting Extended Hours DES. Extended Primary Care through Minor Injuries CBS. Extended Urgent Primary Care through 4 UC centre.</p> <p>LC CCG Extended hours CBS and 4 Primary Care Hubs within LC CCG</p> <p>WL CCG Integrated Community urgent Care Service from Apr 17.</p>	<p>50% of the public have access to evening and weekend GP appointments by March 2018; and 100% by March 2019</p> <p>50% of the public have access to evening and weekend GP appointments by March 2018; and 100% by March 2019.</p> <p>Appointments to be bookable via 111 and practices to support primary care sustainability</p> <p>UC service elements to be fully integrated and underpinned by Clinical Navigation, enabling proactive clinical handover to the right service at the right time.</p>	<p>LC CCG 30 mins per patient – 45 mins per patient – Appointments bookable – compliant</p> <p>ELR CCG 30 mins per patient – compliant 45 mins per patient – compliant Appointments bookable – uncompliant</p> <p>WL CCG 30 mins per patient – compliant 45 mins per patient – compliant Appointments bookable – uncompliant in regard to GP bookable appointments (subject of test beds through 17/18)</p>

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Work Area	Outcome Descriptor	Baseline	Target	Current Position
National 2 - Clinical Pharmacists	To have a clinical pharmacist available for every practice through either the national funded clinical pharmacist in primary care programme or through local CGG funding.	<p>All ELR CCG practices have been funded for clinical pharmacist input.</p> <p>LC CCG wave 1 pilot, Across Leicester federation practices have access to 6.5 (whole time equivalent) pharmacist support.</p> <p>WL CCG – Successful wave 1 joint federation bid. Awaiting final approval from NHS E once payment and KPIs have been decided by NHS E.</p>	<p>Every practice to have an aligned clinical pharmacist</p> <p>Successful wave 3 bid across LLR</p>	<p>ELR CCG funded positions with practices for pharmacy support in every practice.</p> <p>LC CCG successful wave1 bid. Pharmacy support available to 9 practices within Across Leicester federation.</p> <p>WL CCG – Successful wave 1 joint federation bid. Awaiting final approval from NHS E to proceed. Original bid has been reduced to 5 pharmacists and 1 8a in line with the criteria and federation are in consultation with practices around the alignment of the reduced offer.</p>

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Work Area	Outcome Descriptor	Baseline	Target	Current Position
National 3 -Mental Health	<p>NHS Five Year Forward View requires by 2020/21 at least 25% of people with common mental health conditions access services each year.</p> <p>Maintaining quality standards of 75% of people access treatment within six weeks, 95% within 18 weeks; and at least 50% achieve recovery across the adult age group.</p>	16/17 Mandated national target of 15% of people accessing the service with common mental health conditions.	by 2020/21 at least 25% of people with common mental health conditions access services each year.	<p>Developing recruitment plan in order to ensure adequate workers to achieve the target.</p> <p>Developing a marketing strategy to increase referrals</p> <p>Coordinating with STP integrated teams and community nursing / therapy.</p>
National 4- Infrastructure - ETTF	<p>Estates strategy ensuring fit for purpose premises and ability to deliver new models</p> <p>Estates investment from national ETTF programme</p> <p>Improvement to existing estate infrastructure or development of new estate. Providing a safer and a more efficient environment for patient care.</p>	Practices requiring improvement identified and prioritised utilising RAG rating model.	<p>Maximise opportunity for Estates investment in line with national ETTF programme</p> <p>Further develop estates strategy ensuring fit for purpose premises and ability to deliver new models of care in line with STP strategy</p>	Successful bids submitted to the national ETTF programme. Cohort 1 developments are complete and cohort 2 (10 practices) underway including 2 new builds.

# 17. Primary Care - Outcomes

Work Area	Outcome Descriptor	Baseline	Target	Current Position
<p>National 5 - Transformation</p>	<p><b>ELR CCG</b>            Successful transition by groups of practices to a new model of delivery of care for their patient Populations. This will include joint working for back office and administration duties, joint clinical services to improve access and outcomes and dependent on patient need, Geography, estate and scale of services delivered, the potential for merged practices, larger partnerships, community interest companies all to support a more sustainable long term model of General Practice</p> <p>A Fully financially sustainable Federation supporting and providing services across ELR</p> <p><b>WL CCG</b>            Targeted investment to support an outcome based federation level QIPP scheme. A fundamental shift from previous practice level schemes closely aligned to our strategic priorities which including: the sustainability of general practice, primary care at scale, addressing unwarranted variation; supporting clinical behavioural change and assisting the CCG achieve financial sustainability. Delivered at a federation level the scheme focuses on: efficiency and integrated teams, embedding processes to support delivery and maintaining / reducing activity levels in prescribing and non elective admissions</p>	<p>Each CCG has allocated an equal split of £1.50 per registered patient in 2017/18 and 2018/19 and has been accounted for through existing resource aligned to each operational financial plan.</p>	<p>Identified new models of care and services at scale.</p> <p>Supported implementation through federation channels.</p> <p>Support practices to explore different contract options</p> <p>Ensure resilient models are supported, avoid replicating the same models</p>	<p>ELR CCG £175K for federation in17/18. £325K available for practice bids. Balance in 2018/19</p> <p>WL CCG £575k £575k to support outcome based federation level QIPP scheme</p> <p>LC CCG £582K available to support services at scale and to further develop federations.</p>

# 17. Primary Care - Outcomes

Work Area	Outcome Descriptor	Baseline	Target	Current Position
National 5 - Transformation	<p>LC CCG</p> <p>Groups of practices successfully collaborating to provide services at scale, with delivery of appropriate new models of care to patients. LC CCG federation(s) supported to bring about the development of 'at scale' solutions within practices</p>	<p>Each CCG has allocated an equal split of £1.50 per registered patient in 2017/18 and 2018/19 and has been accounted for through existing resource aligned to each operational financial plan.</p>	<p>Identified new models of care and services at scale.</p> <p>Supported implementation through federation channels.</p> <p>Support practices to explore different contract options</p> <p>Ensure resilient models are supported, avoid replicating the same models</p>	<p>ELR CCG £175K for federation in 17/18. £325K available for practice bids.</p> <p>WL CCG £575k £575k to support outcome based federation level QIPP scheme</p> <p>LC CCG £582K available to support services at scale and to further develop federations.</p>

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Work Area	Outcome Descriptor	Baseline	Target	Current Position
Local 1 – <u>WORKFORCE</u>	<u>International Recruitment</u> International recruitment plan in place across LLR with participating practices included in the bidding process.  EU GPs in LLR practices by 18/19	Currently no international recruitment plan in place across LLR..	Recruitment programme bid to be submitted by Sep 17.  EU GPs to be in Practices by 18/19.	LLR exploring learning from Lincoln pilot. Project Manager funding identified through LWAG to progress.
	<u>Baseline- New Models of Care</u> Understanding through a new quarterly enhanced practice workforce return the scale of necessary recruitment by clinical group and the future training needs to deliver new models of care. Through HEEM / WFP funded study, Rural, Urban and sub urban groupings of practices will model the future staffing need and skill mix for future needs for a sustainable new Model.	HEE quarterly data set.	New detailed LLR returns on workforce metrics	Map the future workforce needs in line with the proposed new models of care in General Practice
	<u>Active sign posting</u> Through effective use of allocated resources build up the knowledge, skills and capacity of practices to develop innovative approaches to active signposting and document management releasing GP time.	Successful LLR bid to 'Releasing Time to Care' programme securing NHS England support to deliver LLR programme covering GPIIP, Fundamental of Quality Improvement and Collaborative Learning in Action events.	Through the provision of local training build the knowledge, skills and capacity of general practice to deliver initiatives to free up GP time.	Engagement event held on 9th February, 2 Collaborative Learning in Action (CLAP) events delivered, 3rd scheduled for July focused on active signposting and social prescribing. 4 day CLAP course scheduled for October 2017. 2 Day Fundamentals of Quality Improvement Programme taking place.



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Work Area	Outcome Descriptor	Baseline	Target	Current Position
	<p><u>Baseline</u> Baseline identified of current workforce, highlighting risks of retirement and inequity of access for patients and informed development of new reporting tool for quicker access to more bespoke results to inform future workforce supply needs.</p>	Currently using the primary care web tool for submissions. Results not available in a timely manner.	<p>Identified risks to current workforce and upcoming gaps through retirement.</p> <p>New tool developed and available for practice use.</p>	Final comments from CCGs on Enhanced Workforce Data Set questionnaire received. Final version of questionnaire put together incorporating feedback and sent to HEE to begin building the tool.
Local 2 - <u>WORKLOAD</u>	<p><u>Transferring care safely</u> Improve clinician and patient experience Improve patient safety including prescribing and medicine usage reduce un-necessary hand overs And follow up appointments (primary and secondary care). Reduce un-necessary or duplicate out-patient/consultant lead care referrals release primary and acute care capacity</p> <p>Development of new common reporting pathways for both operational and quality concerns.</p>	<p>Survey undertaken. Gave evidence for important areas to address – medication, investigations referrals.</p> <p>Identified that the current system does not serve patients GPs, or consultants well with patient caught between interfaces for tests, referrals, follow up or treatment including prescribing</p>	<p>New simple rules for transferred care</p> <p>Develop better IT solutions</p> <p>Agree principles to ensure agreed method of working together between sectors</p> <p>Systems to keep up with integrated working, discharge process, diagnostic hubs</p>	<p>Guide book co-designed by Task &amp; Finish Group with input from across LLR at final draft stage.</p> <p>Mechanism for sharing Guidebook in form of PRISM agreed.</p> <p>Review of the most effective way of raising urgent risk issues eg telephone hotline in UHL undertaken and GP concerns line to be implemented.</p> <p>Agreement for a similar process to be agreed in community.</p>

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# 17. Primary Care - Outcomes

Work Area	Outcome Descriptor	Baseline	Target	Current Position
	<p><u>10 High Impact Actions</u>            Collaborative learning in action programme for practices, targeting HIAs 1) active signposting &amp; 8) Social prescribing.</p> <p>Agreed with NHS England, structure and content of offer to practices.</p> <p>Key learning outcomes agreed across LLR.</p>	Evaluation of showcase event.	Collaborative learning in action programme for 15 - 25 practices, targeting HIAs 1) active signposting & 8) Social prescribing.	High Impact Action event held on 09.02.17 in partnership with NHS England sustainable improvement team.
Local 4 – MODELS AND CONTRACTS	Toolkit for practices for models of care linked to Complex, non-complex and Planned care within the STP GP Programme Board to assist ways of joint working / contracting to deliver sustainable models.	Joint working undertaken through federation working on bespoke projects	<p>Defined models and tool kit available to assist practices and federations</p> <p>All practices working formally or informally together to deliver new models of care for patients</p>	<p>Federations formed and delivering care or supporting practices to deliver new models of care for larger patient groups</p> <p>Examples of mergers, large partnerships and informal joint working across LLR</p>
Local 5 – COMMUNICATION AND ENGAGEMENT	Local GP5FV vision defined and communicated. Communications plan in place	Visionary event to define the vision and inform the plan	Communications plan in place and engagement with all stakeholder and patient groups to develop care models rolled out	<p>Wide scale engagement on the GP5YFV and STP plans</p> <p>Visioning event planned for 27<sup>th</sup></p>

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Local 6 – IM&T	<p><u>Online Consultation</u> Pilot online General Practice Consultation Systems in 3 areas during 2017/18 as part of a range of initiatives to improve access and make best use of clinical time to identify the appropriate IT solution for LLR in line with national guidance once available.</p> <p>Increased efficiency and productivity . Potential reduction in face to face consultations Increased use of technology to support improved access</p>	Practices currently do not offer any e consultation solutions	Online pilots operational within LLR practices	Scoping work of potential online systems is being developed and will be adapted once national guidance is available
	<p><u>Interoperability</u> A single interoperable platform inline with GPSoC across LLR.</p>	Two GP Clinical Systems across LLR.  Number of practices migrated from Emis Web to SystemOne in 16/17 = 12	LLR CCG demographic areas to move to a single interoperable platform.  Aim for 10 migrations in 17/18 - dependant on GPSoC	<p>WL CCG SystemOne = 30 Emis Web = 18</p> <p>ELR CCG SystemOne = 19 Emis Web = 12 2 additional GP Services on SystemOne.</p> <p>LC CCG SystemOne = 58 Emis Web = 1</p>
Local 7 - Finance, transformation and models of funding	Financial Plan agreed for core general practice for the next 5 years. Alignment of discretionary funding and alignment of incentives and transformational funds.	Agreed funding plan for 5 years.	Funding Plan agreed.  Transformational and discretionary funding aligned.	Funding plan agreed and funding streams being identified.

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