

## Governing Body meeting (held in public)

**DATE: 30 July 2015**

<b>Title</b>	<b>Primary Care Development Working Group (PCDWG) Update</b>
<b>This paper is for Discussion</b>	
<b>Recommended action for the Governing Body</b>	<p>That the Governing Body:</p> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1. The work of the Primary Care Development Working Group outlined within this report.</li> <li>2. Progress to date on the Primary Care Commissioning Intentions and strategy.</li> </ol>
<b>Potential areas for Conflicts of interest</b>	None
<b>Executive summary</b>	<p>Since last reporting to this meeting in March 2015 the Primary Care Development Team (PCDT) has now evolved into the Primary Care Development Working Group (PCDWG), with the membership significantly expanded to include stakeholders.</p> <p>The PCDWG is currently supporting practices in taking forward various work streams and the headline areas are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Primary Care Strategy</b>  <b>Accessible care:</b> Hurley webGP and alternative software are being explored which will give patients access to self-help solutions, sign posting options, symptom checkers, access to 111 clinicians and the ability to consult remotely with their own GP. Also being explored is the development of practice triage services and practice walk in services.</li> </ul> <p>Bexley Linked Care clinical lead, Dr Peter Fish, led an event on 18<sup>th</sup> June 2015 where practices explored the benefits of sharing data from a patient's perspective. At the meeting practices agreed to share data with providers and this is being explored in tandem with practice to practice. Before any data is shared, patient engagement and communication will take place and appropriate Information Governance</p>

controls will be in place.

**Proactive Care:** Bexley Voluntary Services Council (BVSC) will be working with six Bexley practices to place volunteer “Health Champions” within practices or other community facilities. Aiming to navigate patients into existing voluntary services or raise awareness of current resources, before reaching a GP. It is hoped this will ensure patients access services that they need and will also help to alleviate pressure on practices so that they can focus on more complex patients. Additionally, BVSC has a directory of services that it will demonstrate to the PCDWG members on 23rd July 2015.

- **Primary Care Co-Commissioning**

The first meeting of the Joint Committee in Common was held on 11th June 2015 at which the terms of reference and governance for the group were reviewed. This forum will be the main decision making forum for primary care matters. As joint commissioning work progresses, the PCDWG will ensure practices are kept up to date with developments.

- **Primary Care Infrastructure**

**Estates Strategy:** All CCGs are now expected to have an estates strategy in place by end December 2015. The CCG has set up monthly meetings with stakeholders to take this agenda forward. Draft terms of reference will be approved at the next meeting on 3rd August 2015. Nicola Theron, CHP, who is the appointed Strategic Estates Advisor for Bexley is currently shaping a brief around the wide baseline of Bexley property and how CHP can support the CCG in working up an estates strategy. An utilisation review at Lakeside medical centre is already underway. An estates strategy linked to the Primary Care strategy will be crucial to move forward local care networks within Bexley, and allow access to the future years’ Primary Care Infrastructure funding.

**Training & Education:** There has been significant investment made by Health Education South London over the past two years for a range of training and education projects that relate to the primary care workforce. Specialist speakers from both the acute sector and the community have delivered lectures on specialisms, treatments, infection control, diagnosis and clinical and medical techniques to practice clinical staff. A range of training has been delivered to GP reception and administrative staff, Practice Managers and HCAs. A HCA forum has been introduced to support and mentor HCAs in Bexley. All HCAs have been given a copy of “*Essential Knowledge and Skills for Health Care Assistants*”.

A course on Clinical Leadership for Senior Clinicians has been

arranged for 8th October 2015.

**CEPN:** Progress includes, completing a training needs analysis of the Primary Care workforce, employing a Primary Care tutor to lead the workforce needs of Bexley, increasing the number of nurse mentors in Bexley, increasing the number of student placements, promoting the 'Return to Nursing' campaign and establishing relationships with Greenwich and Bromley CEPNs to share the cost of future training needs, ensuring consistency across the three Boroughs.

- **Local Care Networks (LCNs)**

Bexley CCG already operates in LCNs across three localities, Clocktower, Frognaal and North Bexley. All Bexley practices are federated as Bexley Neighbourhood Care CIC with a board in place. The new company is currently working on CQC registration.

The South East London Community based care delivery group meets monthly to review progress on LCNs across the six boroughs. Sarah Valentine, Director of Commissioning, and Michael Boyce, Deputy Director of Primary Care Development, PMO and Financial Information attend for Bexley. The delivery plan is regularly reviewed and updated.

An LCN development board has been set up and met for the first time on 7<sup>th</sup> July 2015. A LCN Programme Manager is currently being recruited and will report directly to Sarah Blow, Chief Officer.

- **Primary Care Activity Reporting Tool (PCART)**

A Primary Care Activity Reporting Tool containing QOF, Prescribing, A&E and Referral data will initially be released to practices in a read only excel format within the next couple of weeks. Following review a web based version (nearing completion) will be rolled out allowing practices to drill down to the underlying pseudonymised patient level data.

- **LMC Support/ Locality Meetings**

The PCDWG attends locality and LMC meetings to ensure that member practices are kept up to date with national and local developments.

- **Monthly Update in CCG Bulletin**

An update for practices and staff, on the work of the PCDWG, is now included in the staff bulletin.

The PCDWG will continue to work with practices to support them in taking forward the primary care agenda.

## Clinical Commissioning Group

How does this paper support the CCGs objectives?*	<b>Patients:</b>	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.	
	<b>People:</b>	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.	
	<b>Pounds:</b>	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.	
	<b>Process:</b>	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.	
What are the Organisational implications	Key risks	That insufficient resources are available to support the wide agenda.	
	Equality	All localities are represented on the PCDWG.	
	Financial	The CCG has committed staff resources to support the work. A small budget is also held.	
	Data	None.	
	Legal issues	None.	
	NHS constitution	None.	
Engagement	None.		
Audit trail	None.		
Comms plan	None.		
Author: Michael Boyce Assistant Deputy Director of Primary Care, PMO & Financial Information	Clinical lead: Dr Nikki Kanani Clinical Vice Chair	Executive sponsor: Theresa Osborne Chief Financial Officer	
Date	10 July 2015		

# Primary Care Development Working Group (PCDWG) Update

## 1. INTRODUCTION

Since last reporting to this meeting in March 2015 the Primary Care Development Team (PCDT) has now evolved into the Primary Care Development Working Group (PCDWG), with the membership expanding to now include not only practice managers from each locality, but also the following:

- A General Practitioner from each locality
- The Head of Bexley Voluntary Services Council (BVSC)
- Community Pharmacy Representation
- Patient Representation
- Lay Member Patient & Public Involvement
- Nursing representation, Primary Care Tutor Lead
- Local Authority

Additionally, staff from other disciplines within the CCG, e.g. I.T, Medicines Management and Governance & Quality, are invited where agenda items cross their professional boundaries. A full list of the current PCDWG membership is shown in appendix 1.

## 2. CURRENT PROGRAMME OF WORK

The PCDWG is currently supporting practices in taking forward various work streams and the headline areas are as follows:

### **Primary Care Strategy**

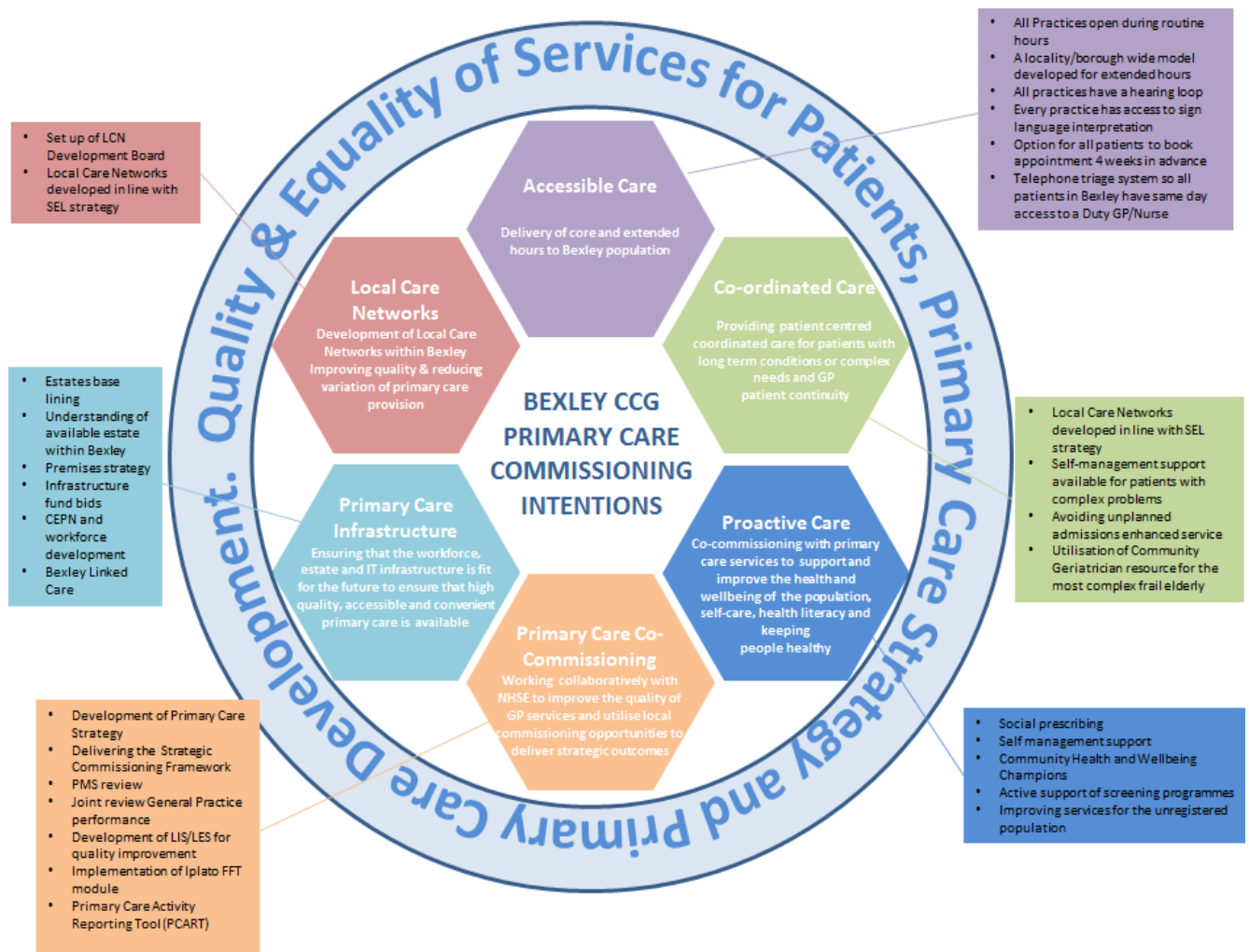
The Primary Care Strategy was initially published and approved by the CCG's Governing Body in mid-2014. However, with the changing policy agenda, e.g. Primary Care Co-Commissioning, South East London Strategy, London Health Commission and the move towards the application of a common standard of services for general practice, across London, the strategy is being refreshed to ensure it is current, and the PCDWG is working with stakeholders to update the document. Progress to date is as follows.

In April 2015 NHS England released *Transforming Primary Care in London: A Strategic Commissioning Framework* (document summary attached at appendix 2). The document sets out a vision for primary care in London, including three "specifications", indicating these will later become actual contractual requirements of general practice. Also incorporated within the framework are the recommendations made within the *Five Year Forward View* and the *Better Health for London* documents. The PCDWG have started to develop the local primary care strategy to encompass these. The draft Commissioning Intentions and strategy framework are shown in appendix 3. This has in turn formed the draft commissioning intentions shown in figure 1 over the page. A strategy development meeting was held on the 9<sup>th</sup> July 2015, which included representatives from the Local Authority, NHS England, and the PCDWG membership. Further iterations of the strategy will be shared with all interested stakeholders

and it is envisaged that a revised Primary Care strategy will be brought to the September 2015 Governing Body meeting for approval.

Following figure 1 is an update of the work currently being undertaken grouped by the six areas of the commissioning intentions strategic framework.

Figure 1: Draft Commissioning Intentions



## 1. Accessible Care

Accessible care covers providing a choice of access options that are responsive and cater for patient's preferences. This area was discussed in detail at the PCDWG meeting on 25<sup>th</sup> June 2015 and as a result work is currently underway as follows:

- **Hurley webGP or Alternative Software**

Hurley webGP formed part of the Prime Minister's Challenge Fund (PMCF) bid. As such PCDWG members were asked whether they felt that it should be progressed, despite the PMCF being unsuccessful. The software is a website platform (that can be linked to any existing GP practice website) that brings together a suite of click first approaches. These are alternatives to calling or going into a GP surgery for common,



more minor presentations. The suite includes self-help content, sign posting options, symptom checkers, access to 111 clinicians and the ability to consult remotely with your own GP. A meeting has been arranged with the Hurley Group for 23<sup>rd</sup> July to discuss options.

Other software is available and the PCDWG will be reviewing these before making any decisions regarding implementation. For example, The Health & Wellbeing Hub developed by a not-for-profit technology developer, owned by Kirklees Council provides round-the-clock access to a Care Navigation facility, with a triage element that points users to self-help solutions, but recognises the need to ensure that people seek professional medical help when necessary - either through 999, 111 or their GP. The ability to book GP appointments and request repeat prescriptions via a secure log-in is also built into the system.

- **Developing a Practice Appointments Triage Service**

Dr Sid Deshmukh has agreed to attend the 23<sup>rd</sup> July PCDWG meeting to discuss how Sidcup Medical centre has successfully implemented a triage system and how this has helped with patient access.

- **Developing a Walk in Service**

Dr Mike Jobling has agreed to attend the 23<sup>rd</sup> July PCDWG meeting to discuss how Woodlands operates a walk in service for patients and how this has helped with patient access.

- **iPLATO**

Following the successful implementation of iPlato across Bexley, localities have now agreed for the CCG to commission the iPlato Friends and Family module, for one year for all practices. IPlato allows practices to send automated reminders to patients, improving patient attendance, with any cancellations automatically releasing appointments within clinical systems, improving access. The FFT module will be in place across all practices from 1<sup>st</sup> July and allows them to collect FFT responses via a text based system eliminating the administrative burden of collating responses from paper returns. The CCG will be paying for the minimum subscription for each practice of £50 per month with practices funding any top up directly. This will allow practices the opportunity of trialling the system at no cost to themselves, whilst the CCG will receive FFT information across Bexley.

- **Bexley Linked Care**

On Thursday 18<sup>th</sup> June practices attended an event to further explore data sharing arrangements between practices in the borough. Bexley Linked Care clinical lead, Dr Peter Fish, led the session, which was an opportunity for practices to hear more about the benefits of sharing data from a patient perspective and learn from the experiences of other CCGs and trusts undergoing a similar process.

Practices initially agreed in principle to share patients' records only with other Bexley practices to support the requirement for seven-day access to primary care services

and extended hours in Bexley; and provide a means for practices to work together within localities or Bexley-wide. However, at the event there was also a general consensus from practices attending that the value-added benefits of the project would be sharing data with providers e.g. urgent care centres, out-of-hours, NHS 111 and accident and emergency departments (Darent Valley, Queen Elizabeth and Lewisham hospitals). As a result, the Bexley Linked Care project team will now be looking to develop this in parallel with practice to practice. To further support this work Bexley is currently exploring the Lewisham & Greenwich NHST (L&G NHST) data sharing system called “*ConnectCare*”. The system links the hospital system with the GP practice system. A pilot is already underway and Greenwich CCG have now signed up to be included. It is anticipated that Bexley will attend the next L&G NHST Governance group meeting, chaired by Tim Higginson CEO of L&G NHST, in order to take Bexley’s involvement forward.

The Bexley Linked Care team will be developing formal data sharing agreements and circulating these to practices shortly as well as establishing the next steps for implementation. Before any data is shared, patient engagement and communication will take place and appropriate Information Governance controls will be in place.

## **2. Co-Ordinated Care**

Co-ordinated care is scheduled to be covered at a future PCDWG meeting. It builds upon the unplanned admissions enhanced service, some of which is already being delivered by practices in Bexley who undertake integrated care team meetings. Development of Local Care Networks should support this work, with the shift towards a self-care culture.

## **3. Proactive Care**

Proactive care is focused on taking a population based approach to improving health and wellness in partnership with local communities. This area was discussed in detail at the PCDWG meeting on 25<sup>th</sup> June 2015 and as a result work is currently underway as follows:

- **Health Champion Pilot**

It was agreed that Bexley Voluntary Services Council (BVSC) would work with six Bexley practices to place volunteer Health Champions within practices or other community facilities. The aim is to navigate patients into existing voluntary services or raise awareness of current resources, before reaching a GP, thereby freeing up GP appointments. It is hoped that this proactive approach will make sure patients access services that they need and helps to alleviate pressures on practices so they can focus upon their more complex patients.

- **BVSC Directory of Services**

BVSC has a directory of services and will demonstrate this to PCDWG members on 23<sup>rd</sup> July. It is hoped that this can be included in the Primary Care Activity and Reporting tool (PCART) shortly to be released to practices.



#### **4. Primary Care Co-Commissioning**

The first meeting of the Joint Committee In Common was held on 11<sup>th</sup> June at which the terms of reference and governance for the group were reviewed. This forum will be the main decision making forum for primary care matters. As joint commissioning work progresses, the PCDWG will ensure practices are kept up to date with developments. Attached at appendix 4, for information, is the governance structure.

#### **5. Primary Care Infrastructure**

- **Estates strategy**

A letter was received from NHS England in June detailing their expectations in respect of local estates strategies – a strategy by end December 2015.

The CCG has set up monthly meetings including CCG staff, the Local Authority, NHS England, Oxleas NHSFT, NHS Property Services and Community Health Partnership (CHP) to take this agenda forward. Draft terms of reference will be approved at the next meeting on 3<sup>rd</sup> August 2015.

CCG staff have also met with Nicola Theron, CHP, who is the appointed Strategic Estates Advisor for Bexley. Nicola is currently shaping a brief around the wide baseline of Bexley property and how CHP can support the CCG in working up an estates strategy. A utilisation review at Lakeside medical centre is already underway.

A revised version of the Bexley estates database, coordinated by NHS England is expected in the next few weeks.

An estates strategy linked to the Primary Care strategy will be crucial to move forward local care networks within Bexley, and allow access to the future years Primary Care Infrastructure funding.

- **Training & Education**

There has been significant investment made by Health Education South London [HESL] over the past two years for a range of training and education projects that relate to the primary care [PC] workforce. These funds have been used in various ways to educate and up-skill primary care professionals.

A significant programme of training opportunities for practice clinical staff has been provided via Wednesday Whistlestops and Thursday Protected Learning events. Specialist speakers from both the acute sector and the community have delivered lectures on specialisms, treatments, infection control, diagnosis and clinical and medical techniques.

There was a suite of training delivered for GP reception and administrative staff which included Customer service, conflict resolution and assertiveness. Practice managers were offered management and leadership skills training. Nurses were encouraged, and took up the offer, to attend Greenwich University for disease related training and

treatment techniques which would improve the patient's experience and also allow the practice to perform additional services.

Bexley CCG also arranged a substantial programme of courses for HCAs, covering immunisation techniques, spirometry, wound management, phlebotomy and ear care. This allowed the HCAs to have a more significant role within the practice. Additionally 40 copies of 'Essential Knowledge and Skills for Health Care Assistants' were purchased and handed out to HCAs that attended the newly formed HCA forum, which has been introduced to support and mentor HCAs in Bexley. All HCAs who work in Bexley practices have now been given a copy.

The CCG has arranged a Clinical Leadership for Senior Clinicians course on 8<sup>th</sup> October. It is hoped that a wide range of clinicians from across Bexley will attend.

- **CEPN**

Progress so far has included: completing a training needs analysis of the Primary Care workforce, employing a Primary Care tutor to lead the workforce needs of Bexley, increasing the number of nurse mentors in Bexley, increasing the number of student placements, promoting the 'Return to Nursing' campaign and establishing relationships with Greenwich and Bromley CEPNs to share the cost of future training needs, ensuring consistency across the three Boroughs.

## **6. Local Care Networks (LCN)**

Bexley CCG already operates in LCNs across three localities, Clocktower, Frognaal and North Bexley. However, the 'Our Healthier South East London' strategy has an expectation of accelerating community care within LCNs to reduce activity within the acute sector to accommodate future growth.

All Bexley practices are federated as Bexley Neighbourhood Care CIC with a board in place. The new company is currently working on CQC registration.

The South East London Community based care delivery group meeting meets monthly to review progress on LCNs across the six boroughs. Sarah Valentine, Director of Commissioning, and Michael Boyce, Deputy Director of Primary Care Development, PMO and Financial Information attend for Bexley. The delivery plan is regularly reviewed and updated.

To progress the agenda within Bexley a LCN development board has been set up. The first meeting was held on 7<sup>th</sup> July which included members from the following organisations:

- \*Oxleas NHSFT
- \*Bexley CCG
- \*London Borough of Bexley
- Dartford & Gravesham NHST
- Lewisham & Greenwich NHST
- BVSC
- Bexley Health Limited

A Job advert has been placed on NHS jobs to recruit a LCN Programme Manager. This post will have a pivotal role in taking the LCN agenda forward and acting as the interface between the membership organisations, linking into the PCDWG. The post is jointly funded by \*some of the membership organisations and it will report directly to Sarah Blow, Chief Officer.

### 3. ADDITIONAL WORK PROGRAMME

#### Primary Care Activity Reporting Tool (PCART)

As part of the on-going work to provide more meaningful data at a practice level, the PCDWG reviewed various GP reporting tools in use at other CCGs. A tool was selected for adaptation and development after discussion with the PCDWG and subsequently named the Primary Care Activity Report Tool (PCART). The tool includes QOF, Prescribing, A&E and Referral data, expanding upon the acute data to include activity by point of delivery and by speciality. It also includes activity and price information. The tool has been discussed at practice visits, shared with data leads and demonstrated at locality meetings. It will initially be released to practices in a read only excel format within the next couple of weeks. Following an initial review a web based version, nearing completion, will be rolled out, which will allow practices to drill down to the underlying pseudonymised patient level data.

#### LMC Support/ Locality Meetings

The PCDWG attends the locality meetings to ensure that member practices are kept up to date with national and local developments. The PCDWG also attends the LMC meetings, ensuring that members are informed of CCG developments.

#### Monthly Update in CCG Bulletin

The PCDWG is now writing a specific section for the CCG monthly internal bulletin updating practices on the work of the PCDWG, and is looking at having a specific page on the intranet.

### 4. CONCLUSION

The PCDWG will continue to work with practices to support them in taking forward the National, London & Local primary care agenda.

### 5. RECOMMENDATIONS

Members are asked to:

- **NOTE** the work of the Primary Care Development Working Group outlined within this report.
- **NOTE** progress to date on the Primary Care Commissioning Intentions and strategy.

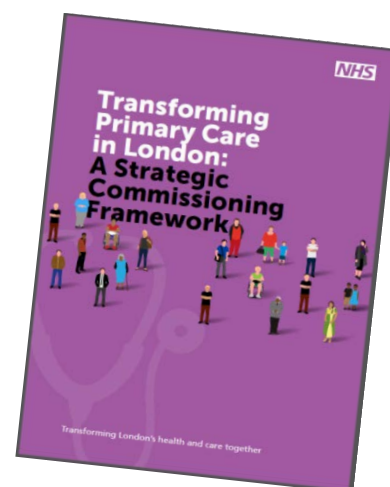
### Primary Care Development Working Group Membership list (July 2015)

Theresa Osborne (Chair)	Bexley CCG (Chief Financial Officer)
Michael Boyce (Vice-Chair)	Bexley CCG (Deputy Director of Primary Care Development, PMO & Financial Information)
Sarah Birch	Bexley CCG (Head of Primary Care Development)
Pauline Wortman	Bexley CCG (Primary Care Development Manager)
Sandra Wakeford	Bexley CCG (Lay Member, Patient & Public Involvement)
Dr Nikita Kanani	Lead GP & Clinical Vice Chair
Liz Nicholls	Crayford Town Surgery (Primary Care Tutor Lead)
Gill Collins	Barnard Medical Centre (Practice Manager)
Fiona Bedus	Sidcup Medical Centre (Practice Manager)
Ann Leach	Ingleton Avenue (Practice Manager)
Lisa Wilson	Albion Surgery (Practice Manager)
Diane Simes	Lakeside Medical Practice (Practice Manager)
Viv Epps	Bulbanks (Practice Manager)
Dr Prem Anand	GP Lead for North Bexley
Dr Mike Jobling	GP Lead for Frogna
Dr Jhumur Moir	GP Lead for Clocktower
Anne Hinds-Murray	Patient Representative
Bipin Patel	Representative for Community Pharmacists
Sakthi Suriyaprakasam	Representative for Voluntary Sector

## Summary of “Transforming Primary Care in London: A Strategic Commissioning Framework”

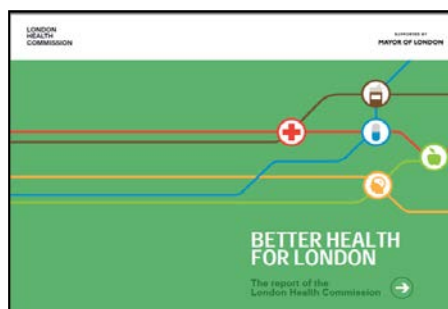
### Introduction

In April 2015 NHS England released Transforming Primary Care in London: A Strategic Commissioning Framework. This paper serves as a more digestible summary of the document highlighting the most salient points and any key considerations or implications for co-commissioning primary care in Bexley.



### Background

The framework sets out a vision for primary care in London but includes three “specifications” that indicate that what is described will later become an actual contractual requirement of general practice. The framework incorporates recommendations made in these two recent publications:



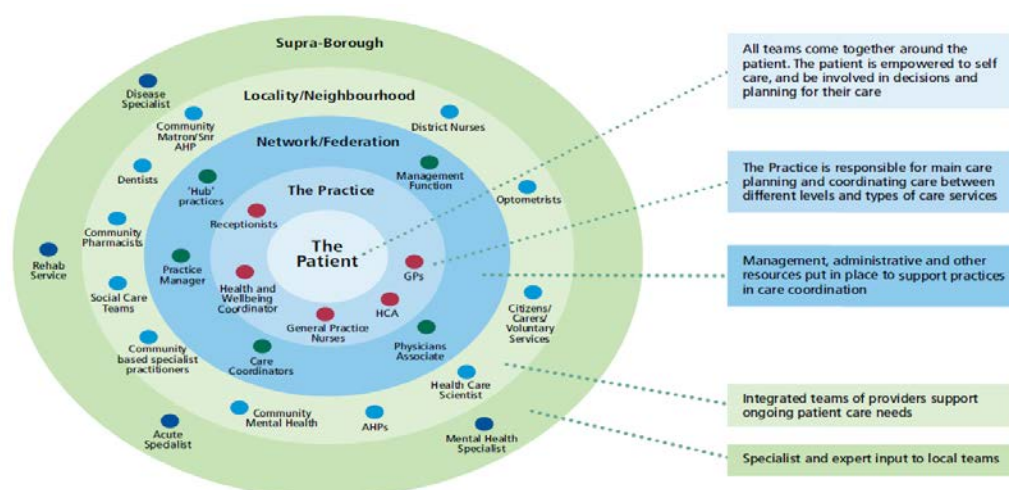
While the document refers to the whole of primary care, it is predominantly about general practice.

### The Future of General Practice – new models of care

The key points to note from this section include:

- General practice needs to adopt a collaborative approach with wider community and voluntary sector organisations to improve population health and wellbeing.
- Larger primary care organisations will be necessary to deliver the specifications detailed in the framework (see below)
- Development of Multispecialty Community Provider (MSP): organisations that align to a single population catchment/ locality is the ambition
- Indicates that there will be opportunities for new providers to enter the market and raises viability of smaller practices

The illustrative model below represents this thinking:



### Service specification1: Proactive Care

This is about taking a population based approach to improving health and wellness in partnership with local communities.

	Requirement	How to progress in Bexley?
P1	Co-design (with patients, charities, voluntary sector) best approach to improving health and wellbeing services in the area.	Locality level activity? Health champions /volunteers could progress this work
P2	Developing assets and resources to improve health and wellbeing	Opportunity for common approach across SE London/London Broader than just general practice Community Health & Wellbeing Champions could work for each federation/network to lead this work. Roll out more broadly of Thamesmead Trust Positive Steps project could achieve this
P3	Personal conversations focused on an individual's health goals	Strengthening self-management support/social prescribing Roll for HCAs/Nursing workforce? Could target specific cohort of population
P4	Health and wellbeing liaison and information – improving availability of advice, support and interventions	Understanding what already exists and how this could be expanded/ strengthened. Links with HWBB resources/programmes
P5	Patients not currently accessing primary care services – designing ways to reach people who : 1) are <u>registered</u> but not attending the practice, hence greater risk of ill health 2) are <u>registered</u> and attend the practice but are not taking up prevention services (e.g. vaccinations, screenings) 3) the unregistered population (requires support form CCG)	Role for HCA's? A common approach and standardised searches could enable practices to complete work as efficiently as possible Public health input needed – what do we know about the unregistered population in Bexley? Approx. 3% of hospital activity (A&E attendances and admissions) are from unregistered Bexley residents

**Service specification 2: Accessible Care**

Providing a choice of access options that are responsive and cater for patients preferences.

	Requirement	How to progress in Bexley?
A1	Patient choice <ul style="list-style-type: none"> <li>- Choice of clinician</li> <li>- 4 weeks advanced booking</li> <li>- convenient appointment times</li> <li>- language support</li> <li>- accessibility infrastructure (e.g. ramps, hearing loops)</li> </ul>	Much of this will already be in place across practices and some is easier than others Should we agree some areas to focus upon/ prioritise? E.g. every Bexley practice has a hearing loop in place by a given date.
A2	Contacting the practice – 1 call, click of contact to make an appointment	Need the thoughts/ideas of GPs/ Practice Managers on best way to progress
A3	Routine opening hours – open 8am-6.30pm Monday – Friday and 8am-12 on Saturdays. Defined as, <i>“open to allow patients to access all services, including attending an appointment, speaking to a receptionist, and collecting or ordering a prescription.”</i>	Variability in opening hours in Bexley. 9 practices closed on Thursday afternoon. How do we best support practices to prepare for this requirement?
A4	Extended opening hours – access to a GP or other primary care health professional 7 days per week, 12 hours per day (8am-8pm) Pre-bookable and unscheduled care.	Federation Model to be mapped out
A5	Same day access – face to face or telephone	Is telephone triage system with duty GP/Nurse the best method to achieve this?
A6	Urgent and emergency care – patients with urgent medical needs clinically assessed	What’s the medical model for this and are there any training needs?
A7	Continuity of care – named GP for all patients, flexible appointment lengths, systems/processes to support continuity of care improved.	Named accountable GP for all patients is part of this year’s GMS contract changes. Is there currently flexibility in appointment length?



**Service specification 3: Coordinated care**

	Requirement	How to progress in Bexley?
C1	Case finding and review	Builds upon the unplanned admissions enhanced service. Some of this already being delivered by practices in Bexley who undertake integrated care team meetings. Development of Local Care Networks should support this work. Shift towards self-care culture.
C2	Named professional for those needing coordinated care with input from wider practice/multi-disciplinary team	
C3	Care planning – collaborative care planning process that develops single plan to be shared with teams and professional	
C4	Patients supported to manage their health and wellbeing – developing infrastructure to provide self- management support, internet resources, lifestyle training, voluntary sector services, patient support groups	
C5	Multidisciplinary working- regular MDT reviews by health and care professionals	

**The Enablers**

A lot needs to happen before the service specifications can be delivered including

Financial

- The expectation is that CCG's will develop local plans to deliver these changes in partnership with NHS England from April 2015.
- Co-commissioning should give CCG's more control over budgets with objective of supporting more investment into primary care.
- High level financial modelling claims £310-£810 million needs to be invested annually. Equates to gradual shift in health spend of 0.40%-1.07% each year over 5 years.
- Recognises that transitional funding also needed but has only been available to challenge fund and successful "vanguard" sites.
- Local Bexley activity/ financial modelling following designing of service model to scope potential opportunities for shift.

Contracting

- Specifications not practice level but wider population level, ie. Groupings of geographically aligned general practices
- Various contractual options that would "wrap around" existing national contracts (unless practices opt to fully merge)
- Contract options include incentive sharing, pooled funds.
- Provider readiness key, ie. localities are organisational forms that can hold a contract

Workforce

- There is currently a GP shortage in London and a 10 point plan focused on recruitment, retention and return has been developed.

- **within each practice:** GPs, practice nurses, GP nurse practitioners/nurse prescribers, volunteers, receptionists, managers, health care assistants and may also include physician associates
- **aligned to each practice but working across a wider geography/at-scale primary care organisations:** prescribing advisors, GPs with a special interest (GPSIs), care coordinators, wellbeing teams, and 'super practice managers/directors' with sufficient skill to lead the development and operational management of at-scale primary care organisations
- **as part of, for example, a wider Multispeciality Community Provider (MCP):** secondary care specialists, social care, mental health and community services teams, community pharmacy.

- How roles and teams fit together needs to be designed locally but Framework refers to staff roles working across different populations/geographies as adjacent diagram shows.
- Refers to the following new staff roles:
  - HCAs/clinical assistants
  - Health and wellbeing coordinators
  - Physician associates
  - Care coordinators/navigators
- Bexley CEPN best placed to undertake workforce development aspect of local strategy. We could place greater emphasis upon practice nursing workforce as this has been the focus of the CEPN work

### Technology Implications

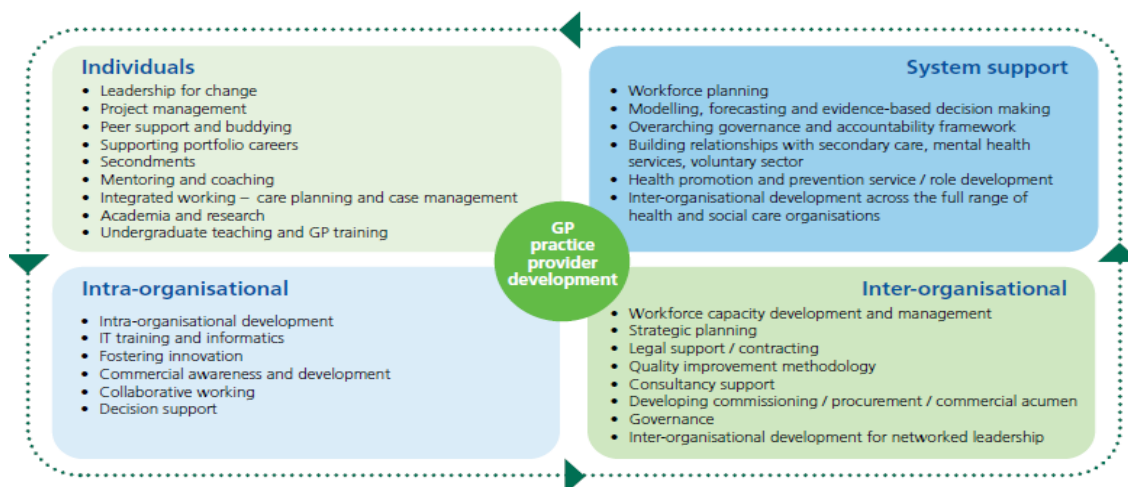
- Integration of practice IT systems is key
- Interoperability with other providers
- Makes some suggestions as to how technology can assist with the service specifications:
  - online wellbeing assessments
  - online resources to support health improvement, apps and information
  - online communities for those with similar experiences
- Future technological change anticipated:
  - Online appointments, repeat prescriptions and access to care records via a single place, "Patients Online."
  - Telephone triage and email appointment systems
  - Remote monitoring and more diagnostics in the consulting room
  - Integrated patient held record

### Estates

- £1 billion to be invested in GP estate over next 4 years
- Wants CCGS to work with NHS England to undertake estates transformation:
  - Meeting standards, disability access
  - Making efficient use of existing estate
  - General practice in modern, purpose built facilities
  - Disposal/transfer of underutilised estate
  - Simplifying the estates process
- In Bexley, the most pressing issue is planning the estates infrastructure needed alongside the growth strategy

## Provider development

Summary of GP provider development requirements in South West London



## Monitoring and Evaluation

- Greater emphasis on quality improvement at a population level, e.g. locality rather than at a practice level
- Review of options for monitoring being undertaken by a working group
- Self-assessment tool to be extended to include appraisal of progress to deliver new service specification (unless alternative approach available from CQC )
- Approach to be finalised by quarter 1 of 15/16.
- Existing patient and staff surveys may be modified.

## Innovation and Improvement

- Refers to the creation of an Innovation group for primary care leaders across London, “Champions of change”
- Champions will receive development support
- Creating a network to share innovation through events, learning sets etc.

## **Implementing the Framework**

- Purpose is to provide guidance to commissioners in developing strategic plans and decisions on primary care.
- Local plans are expected to reflect the Framework.

## Primary Care Strategy Framework

### Primary Care Strategy Development

Section	Summary of content	Status
Executive summary	Summary of strategy signed by Nikki and Howard	Review following document re-write to check relevant
<b>1: Where are we now?</b>		
Introduction	<ul style="list-style-type: none"> <li>• Why we need a primary care strategy</li> <li>• Diagram of Organisations involved in strategy development and their role in primary care</li> </ul>	Make broader and greater reference of SE London drivers
Strategic context	<p>Brief summaries of National, London wide and local strategies to include:</p> <ul style="list-style-type: none"> <li>• Five Year Forward View</li> <li>• Better Health for London</li> <li>• Transforming Primary Care in London : A Strategic Commissioning Framework</li> <li>• Our Healthier South East London</li> <li>• Bexley's Health &amp; Wellbeing Strategy</li> <li>• Bexley CCGs commissioning intentions</li> <li>• Bexley Growth Strategy</li> </ul>	Abbreviate existing text as much as possible, bullet points , make diagrams /visuals
Bexley's population and health needs	JSNA highlights – population, deprivation, public health intelligence Health need priorities	Revisit existing and check up to date info
Current primary care and community care	No of practices, no of single handers, locality arrangements, high level summary of other community based services and key sites	Revisit and reorganise existing, abbreviating Get map modified

Section	Summary of content	Status
Drivers for change	<p>Summarise the existing challenges faced in Bexley as follows:</p> <ol style="list-style-type: none"> <li>1: Variability in quality and outcomes (reference CQC, other data sources, patient satisfaction, access issues)</li> <li>2: Primary care services are under pressure (workload, recruitment, diagram of pressures)</li> <li>3: Financially pressured healthcare system (SEL picture – need a sustainable health economy, LCN, something about acute spend in Bexley)</li> <li>4: Services are fragmented and need to be better integrated (patient data not being shared, some improvement but need more integration)</li> <li>5: Key health issues and health inequalities (highlight areas where Bexley is an outlier in health outcomes and big inequalities)</li> <li>6: Significant population growth planned in North Bexley (summary of growth strategy and implication for primary care, ie. x more GPs needed)</li> </ol>	Review what is there and make each section into bullet points of main challenges relevant to driver, documenting source. This should end up being all the things we need to address in the strategy based on what CQC, data, healthwatch, public health, patients, GPs etc tell us.
<b>2: Where do we want to be? (ie. the strategy)</b>		
Strategic priorities	<p>What we aspire to achieve for Bexley residents in 5 years.</p> <p>Vision of LCNS and practices working at scale</p>	Revisit and re-write
Strategic plan	<p>Table of challenge/ driver and what we are going to do about it in 1-2 years, 3-5 years organized by the following themes:</p> <ul style="list-style-type: none"> <li>• Accessible care</li> <li>• Proactive care</li> <li>• Co-ordinated care</li> <li>• Local Care Networks</li> <li>• Primary Care Infrastructure</li> <li>• Primary Care Co-Commissioning</li> </ul> <p>Followed by the enabling support required to deliver the plans</p> <p>Bubble diagram of plans to go into commissioning intentions doc?</p>	<p>This is what we need to develop content wise. Some activities tangible, others may require further work up by the PCDWG</p> <p>TO looking at and rethinking</p>

Section	Summary of content	Status
<b>3: How are we going to get there? (i.e. the enablers)</b>		
Implementation approach	LCN Programme Board Role of PCDWG and link to localities and enabler groups CCG resource to support PC development	Organogram showing links, governance/ process bit
Co-commissioning	PMS review Redesign of PCIF funding into core vs locality contracts vs LCN contracts What are we doing with our existing primary care contracts (diabetes, GPsWi, care homes) and those held by LBB (sexual health, health checks, drug & alcohol)	Need to review existing and focus more on what we will co-commission. Don't think we have all the answers yet Needs input from SVs team
Organisational development of primary care	Facilitating practices to identify what future models work for them, ie. workshop, led by practices	Section largely ok
Primary care workforce development	CEPN and their role/ priorities to deliver the strategy	Review and update
Premises	Link in with growth strategy. Needs to justify case for future developments/expansion necessary in the north PC Infrastructure Fund	Review and update
Information sharing and Information Technology	Bexley Linked Care Other priorities for IT based on strategy	Review and update
Finances	Need for financial balance Transitional funding to support PCD PCIF	Review and update
<b>Appendices</b>		
Implementation strategy	High level project programme of what we will do by when	Needs creating

**Key:**

**New Group / Report**

**CCG Existing group**

**OHSEL Existing Group**

**SEL Co-commissioning development forum**

Working group to ensure the on-going development and effectiveness of primary care co-commissioning  
Evaluation of existing arrangements and development of proposals for Full delegation

**CCG Governing Body**

**NHS England**

**Primary Care Joint Committee (for Primary care co-commissioning activities only)**

**Commissioning**

**Performance**

**Financial and Performance Reporting**

**SEL Contractual Action Group (Single meeting with Borough sections)**

**OHSEL Community Based Care Delivery Group**

South East London wide forum including six CCGs and NHS England commissioners to secure co-ordination and delivery of the CBC elements at borough level in the context of OHSEL

**Bexley Local Care Network Development Board Meeting**

- Led by CCG with attendance from NHS England (co-commissioners) and providers to take forward innovation and delivery of local plans including enhanced out of hospital care
- This forum would consider and make recommendations with NHS England for commissioning action

**Bexley Primary Care Development Group**

- Multi-disciplinary, multi-provider group to drive the PCD agenda forward, including the implementation of LCNs within Bexley, local primary care commissioning

**Bexley Quality Sub Committee (Quality & Performance)**

**Bexley Finance Sub Committee (Finance)**

- Led by CCG with attendance from NHS England (co-commissioners as required) through their usual committee Structure
- The CCG will consider the Quality, Performance and Financial aspects of primary care in their borough as part of their routine BAU processes for their commissioning portfolio
- This will provide a forum for the consideration of issues arising from the NHS England finance and performance reports and will inform work with NHS England to address areas of concern or to oversee implementation of commissioning activity

- Led operationally by **NHS England London Regional Team** through their weekly contracting and performance management meetings.
- Report to voting members regularly by email, highlighting any matters arising which may be contentious for respective CCGs.
- NHS England London Regional Team is responsible for discussing actions with each CCG working group where decisions affect either an individual practice or small group of practices.
- NHS England London Regional Team is responsible for discussing decisions and actions with CCG working groups where these affect a large group of practices in each CCG. They should discuss these decisions and actions with the governance support to confirm whether to pursue the urgent decision making process as outlined in the Future Operating Model: Co-commissioning of Primary Care v5, NHS England.

**CCG and OHSEL Key Enabler working Groups**

Work in areas including Estates, IM&T, Commissioning and Contracting models and Workforce