

**GENERAL PRACTICE FORWARD VIEW – LOCAL IMPLEMENTATION UPDATE REPORT**

*To:* **Cambridgeshire Health Scrutiny Committee**

*Meeting Date:* **14<sup>th</sup> March 2019**

*From:* **CCG**

*Electoral division(s):* **ALL**

*Purpose:* **The Committee is being provided with an update on the local implementation of the General Practice Forward View**

*Recommendation:* **The Committee is asked to note the content of the report and the progress to date**

## **1. BACKGROUND**

- 1.1 Cambridgeshire & Peterborough CCG's General Practice Forward View (GPFV) Strategy recognises the need to ensure the foundation of general practice is sustainable, but also to build a strong primary care platform that will enable us to deliver on future Sustainability and Transformation Plan (STP) ambitions.
- 1.2 Delivery of the CCG's GPFV Strategy is now well into its second year and although not necessarily always visible, there has been a significant amount of work and effort undertaken to ensure we deliver on our six key ambitions, as described below.
- 1.3 Cambridgeshire and Peterborough CCG were tasked, under the National Operational Planning and Contracting Guidance (2017-2019) with the development of a General Practice Forward View (GPFV) strategy. This strategy realises that demand in general practice continues to grow, with patient needs changing and becoming more complex.
- 1.4 Cambridgeshire and Peterborough's STP Fit for the Future Plan recognises the role that primary care/general practice must play if it is to deliver on its strategic ambitions, especially its priority of *At Home is Best*, with the focus on neighbourhood care hubs with GPs at the centre. Integrated working is likely to ease some of the pressure across both primary care and community services, making the most effective use of this limited resource. A focus on pathways and LTCs will benefit patients that require more comprehensive care.
- 1.5 The recent publication of new National Operating Planning Guidance and the 2019 General Practice contract changes will refocus the direction of primary care on the establishment of Primary Care Networks and the benefit that can be achieved by contracting for services in general practice in this way.
- 1.6 The key risk is as noted is the failure to deliver service transformation due to pressures and challenges facing primary care, and insufficient or uncoordinated resources for commissioning primary care

## **2. MAIN ISSUES**

### **2.1 General Practice Forward View Strategy:**

#### **2.2.1 Primary Care at Scale and New Models of Care**

Ambition 1: Our new care model will be enabled by practices working increasingly at scale, with redesigned incentives for better ways of working.

Ambition 2: Working closely with clinicians and patients, we will redesign how care is delivered, with a focus on patients in care homes, patients with multiple long-term conditions, and patients with urgent care needs.

There are four main areas of work that we are focussed on with regards to these two ambitions.

#### **1. Primary Care Home (PCH) - Granta Medical Practices**

Granta is continuing to further develop its Primary Care Home plans with the wider system and in the context of the Neighbourhood Development Framework and emerging Primary Care Networks. The emphasis is on providing integrated care to a population of between 30,000 to 50,000 in line with demographic need and ensuring sustainable service delivery. Learning from Granta's experience in redesigning how care is delivered will help shape the networks across the county.

## 2. Local Urgent Care Hubs (LUCHs)

Local Urgent Care Hubs have been opened in Ely and Wisbech providing GP support in the delivery of urgent care appointments in Minor Injuries Units and prevention of unnecessary attendance at A&E. A third LUCH is proposed for Doddington.

## 3. Primary Care at Scale

The CCG has been working in partnership with At Scale Limited to develop the CCG's *Primary Care at Scale Programme*. At Scale is a company that supports the transformation of primary care with a focus on building resilience and sustainability.

Five groups of practices are working within the programme which is supporting them to identify the most effective ways they can work together. Merger plans are being developed with 4 groups and the 5<sup>th</sup> group is working on ways in which it can collaborate more effectively. 2 groups are working to a six-month completion plan. One group has self-identified as a Primary Care Network as a result of this work and will now be supported to submit their registration as per the process being set down nationally.

The programme uses an Accelerator Tool which supports practices in the completion of their At Scale ambitions. The online tool provides programme overview and project support ensuring all aspects of the business alignment processes are properly managed, this also facilitates later due diligence requirements. Licences for the tool have been purchased as part of the overall programme and feedback from the practices is positive in uptake and effectiveness. Consideration of a further phase of work is underway, subject to available funding.

### 2.2.2 Improving Access

Ambition 3: We are required by NHS England to determine how we will improve access to primary care over evenings and weekends. We will ensure this access is used to support patients with the greatest need, aligned to the emerging care models above.

From 1 October 2018, there was 100% population coverage for improved access across Cambridgeshire and Peterborough. All 10 hubs are now live. In Cambridgeshire, the two GP Federations, Cambridge and West Cambs, hold the contracts for the delivery of the services out of 9 hubs. The service specification requires:

- 1) Over each week there must be appointments to cover a minimum of 30 minutes per weighted 1,000 population provided by GPs or other clinical staff (smoking cessation services do not count);
- 2) The service must cover the whole population at least Monday to Friday 6.30 until 8pm and evidence-based provision every Saturday, Sunday, and Bank Holiday. This does

not mean every hub needs to be open every day, but 100% of the population must be covered every day;

- 3) The appointments must be bookable in advance. Where there have been delays from IT providers, there must be interim workarounds to make this possible;
- 4) The service must be advertised so that patients know about it. As a minimum this needs to be on every practice website.

The GP Federations have actively communicated and promoted the service and practices advertise this on their website.

Emphasis is currently on setting up the functionality in Cambridge and West Cambs services for Direct Booking into Improved Access slots from NHS 111. Both services are in the process of adding phlebotomy and cervical cytology appointments at the hubs.

### **2.2.3 Workforce**

Ambition 4: Our workforce programme's ambition is to support our primary care staff in working safely, through recruitment and retention, leadership development and capacity creation.

Workforce is a top priority for the GPFV Strategy. The workforce programme has 4 key areas of focus:

- **Recruitment**

This part of the programme includes the International GP Recruitment Programme (IGPR), General Practice Nursing, Clinical Pharmacists and Physicians Associates. The intention is to increase workforce in each of these key workforce groups. The IGPR is not expected to deliver the original ambitions of the programme so trajectories have been managed on this basis. In addition to the two GP currently on this programme in Cambridgeshire and Peterborough, a further GP has been interviewed and offered a place through the IGPR scheme.

The 10-point plan for General Practice Nursing is being led by the county's Training Hub to maximise practice engagement and access to nurses. Clinical Pharmacists are a popular resource for practices to recruit and the local GP federations are leading on supporting this programme. NHS England commended Cambridgeshire and Peterborough on the successful recruitment of Clinical Pharmacists and asked for the good practice to be shared. Recruitment of Physicians Associates is yet to get underway however there is some emerging interest and two placements are available.

- **Retention**

Retention of GPs at various career points is the key focus of this part of the workforce programme. Inputs at the point of qualification when trainees are looking for substantive posts, mid-career and on considering retirement are the most important times to engage GPs in retention conversation and the activities in the programme are centred on maximising these opportunities. Local and national approaches are available.

Further to our previous bid of £118,000, the CCG has just successfully bid for an additional £60,000 to support retention schemes across the county.

In collaboration with the LMC and RCGP, we plan to deliver the following support -

- GP Trainees – Post CCT Fellowship Scheme and Essential Toolkit Conference
- First 5 - Essential Toolkit Conference, First5 Support Group, Lead, Manage, Thrive!, Shapes with ongoing mentoring, Coaching and Mentoring
- Mid-career - Shapes Resilience Course, Lead, Manager, Thrive!, Coaching and Mentoring
- Wise5 - Final5 Support Group, Coaching and Mentoring, GP Flexible Scheme
- Returners - Career Break/Returners Course, GP Flexible Scheme

- Enabling Programmes

These include work to develop the primary care networks, delivery of training hubs, workload management schemes and emphasis on GP leadership.

- Improving Data quality

The CCG works closely to support practices in their data submissions of the workload dataset and is seeking to improve the quality of that data through the methods to submit aligned workforce data and improve the management of anomalies. Progress is being made towards 0% estimation.

## **2.2.4 Workload**

Ambition 5: We will begin by supporting the creation of capacity in primary care, finding strength and resilience by enabling practices to adopt proven methods of addressing workload challenges, and through working together more effectively. The CCG will re-prioritise its staffing to provide significant additional support to general practice from early 2017.

This year the CCG is linked into the national programme of work and has offered practices an opportunity to participate in three initiatives.

### **1. Productive General Practice Quick Start Programme**

This programme aimed to provide fast, practical improvement to help reduce pressures and release inefficiencies within general practice. The facilitators provided on-site support visits which are practical and focused on making changes and improvement over the 12-week programme. A total of 34 practices have engaged with this programme from across Cambridgeshire and Peterborough.

The quantitative outcomes in terms of savings were -

- 11,212hrs of admin time saved annually
- 8,774hrs of clinical time saved annually

- £31,405 cost-savings

Delegates reported that, “Definitely saves me more time... I'm no longer fire-fighting, I can now breath again and do my job more effectively.” “This is the best value for money programme this practice has taken on, it is the only one that has delivered positive change immediately.

## 2. Time for Care: Learning in Action

This programme was launched in September 2018. The aim is to support practices to learn how quality improvement techniques can be used in general practice and then how to apply these skills to one to two of the High Impact Actions. This programme will take place over six to eight months and practices will record their outcomes on an achievement poster. We have 39 participants from 20 practices registered for this programme

## 3. Fundamentals of Change and Improvement

This programme was also introduced at our *Time for Care Engagement Event*. The proposed launch for this programme is also in September 2018. The aim is to provide practices with an overview of delivering change and the application of skills to a local project. This programme will take place over three weeks with two one-day workshops. We have 39 participants from 20 practices registered for this programme. Key highlights reported from the programme were “sharing best practice”, “having protected time away from surgery” and “identifying opportunities for more productive working.”

## Testbeds – Document Management Pilot

This local pilot programme seeks to release clinical capacity by diverting clinical correspondence to a training member of the administrative team.

The project objectives are to:

- reduce clinician's administrative workload by up to 80%;
- develop a skilled and resilient administrative team in reading and coding correspondence;
- review pilot outcomes and review rolling out an effective training programme to all member practices.

Interim reports have shown that 48% of correspondence is currently being managed by the workflow administrators resulting in the release of a minimum of 895 GP hours.

Wider roll out is planned with the next tranche focussing on group practices / at scale providers.

### **2.2.5 Infrastructure**

Ambition 6: Our strategy will be enabled by ambitious digital and estates strategies. We wish to maximise the benefits of modern information technology, and to develop a clear approach to premises investment linked to the service and provider developments above.

## Information Technology

There are four key areas of work under this workstream:

1. GP Online Consultations (GPOLC)

Demonstrations to practices have commenced at a round of Primary Care IT Update events. First deployments are underway. The product is Doctorlink and the provider is Medvivo.

2. WiFi Operability

This initiative is now complete for eligible sites. Note: due to some planned practice building moves/changes, a small number of sites do not have WiFi in their current buildings, as agreed with NHS Digital. There is ongoing work with Egton and NHS Digital with regard to reporting and landing page developments.

3. Patient-On-Line

The GP contract aim in 2018/19 is for 30% patients at practices to be registered for use of Online services, and for those under 10% to work with NHS England to improve uptake. Latest figures are expected from NHSE. The highest performing practice currently has 58% of patients registered for use and approximately one third of other practices are achieving 30% or more.

4. N3 Network.

The National Aggregated Procurement to replace N3 connections with Health & Social Care Network (HSCN) connections. Procurement has completed and we have started work with the Provider who is Redcentric. Initial outline plan to migrate all N3 connections to HSCN by Sept 2019.

## Estates

The Premises Group is working through a significant number of complex applications and is developing the premises application process with NHS England and the STP. This includes bids submitted through the Estates and Technology Transformation Fund of the GPFV. Applications go through a four-stage process of approval and range in size. This also takes into consideration the development associated with new growth and funding sources from developer contributions. Decisions relating to increases in ongoing rent reimbursement are being mapped according to the financial year that they will impact.

NHS England's most recent Capital and Investment Oversight Group (CIOG) for the East Region met on the 31<sup>st</sup> January 2019. Five local schemes were presented and each was progressed onto the next stage of its four stage approval journey. The STP review each scheme ahead of submission to capital oversight to consider the strategic fit of the schemes being put forward.

Advice was sought from the CIOG about the NHS capital process that needs to be followed to progress the health input to Civic Hub planned at Northstowe. The CCG will need to comment on the build, design and shared occupation of the space assigned for health, it will not be investing in the capital for the build but other capital associated with IT and equipment may be required.

## 2.2.5 GPFV Transformation Budget

The following table outlines the key schemes that the CCG has funded through its Transformation Budget associated with the delivery of the GPFV ambitions, and describes the impact it has had in transforming primary care:

Initiative	Footprint	Funding	Impact
LUCHS in Ely & Wisbech	Ely & Wisbech	£194k	Created GP led urgent care capacity in rural locations, supports workload management and reduces use of A&E. Good test of community urgent care in future Primary Care Networks.
Primary Care Home – Granta	Granta	£99k	Supported development of Primary Care Home model in large merged practice. Has enabled alternative contracting models to be explored and gained attended of national leads.
Alliance working – GPN	Greater Pboro	£261k	Facilitated the running of the Integrated Delivery Board in Greater Peterborough – this will support the development of Primary Care Networks and will acceleraerate progression into integrated working.
Northstowe – CAB	Northstowe	£8k	Tested the model of co-locating Citizens' Advice in general practice. Supported emerging population in Northstowe. Learning to be shared with other growth sites.
Primary Care at Scale – online assessment tool & 4 entities identified for phase 1 support which includes At Scale & support from Octagon	Huntingdon, Ely, Cambridge, Fenland	£440k	Facilitated support with backfill for groups of practices to consider most appropriate model for achieving scale. Software and consultancy support to complete full merger/collaboration process. Equates to 13 GP practices and population of 120k. Shared learning from other mergers.
Development of Federations in West Cambs & Cambridge	Huntingdon & Fenland / Cambridge & Ely	£403k	Resource to support establishment and business readiness of GP Federations in Cambridge and West Cambs. Enabled early delivery of Improved Access and mechanism to deliver other services at scale.
Training Hub – match	Huntingdon &	£293k	Collaboration between 3 local



fund HEE funding for CEPN Recruit Nurse Tutors Education events	Fenland / Cambridge & Ely / Peterborough & Wisbech		Federations – hosted by GPN Outcomes for General Practice Nursing 10 Point Plan Supported 35 1 <sup>st</sup> yr student nurses to experience primary care – invested £9k to support host practices Nurse/HCA Conference - June 2018 (112 attendees, 16 workshops, 19 workforce stands) Recruitment of a Project team & Nurse Strategic lead & Nurse Tutor posts 5 locality learning forums established in Peterborough, Fenland, Huntingdon, Cambridge and East Cambs Access to a Training Hub website –a ‘one stop shop’ for training & education, apprenticeships and career information
Time to Care – Wave 1 (local programme) including Document management pilot Backfill support for NHSE programmes on offer Wave 2 (includes Productive General Practice Quickstart, Fundamentals of Change & Improvement and Learning In Action)	Huntingdon & Fenland / Cambridge & Ely / Peterborough & Wisbech	£248k	Local collaborations – project focussed – sharing learning Local reports describe release of clinical & working hours Document management Pilot Activity to date: <ul style="list-style-type: none"> <li>• 42 Staff trained</li> <li>• Resulted in 44% of correspondence completed by admin = saving 696 hrs GP time</li> </ul>

In line with the new Planning Guidance and GP contract changes, the transformation budget from 2019/20 onwards will be directed towards Primary Care Networks for their establishment and maintenance. Most of the schemes above will no longer have a source of funding for ongoing investment or expansion. Opportunities will be taken to share learning outcomes and good practice and to build on the benefits realised by this investment going forward.