

ENCLOSURE:	9.2
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REPORT TO	North Staffordshire and Stoke-on-Trent CCG Joint Governing Board
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TITLE OF REPORT	Primary Care Assurance Report
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DATE OF THE MEETING	4 th October 2016
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WHAT OTHER CCG COMMITTEE/GROUP/INDIVIDUAL HAS CONSIDERED THIS REPORT?	
COMMITTEE/GROUP N/A	INDIVIDUAL N/A

ACTION REQUIRED FROM COMMITTEE/GROUP/GOVERNING BOARD	Approve	Assurance	X	Discussion	For noting	X
RECOMMENDATION	The Joint Governing Boards are asked to note the update of programmes from Primary Care.					

STRATEGIC OBJECTIVES SUPPORTED BY THIS PAPER (identify appropriate goals)						
NORTH STAFFORDSHIRE CCG		YES	NO	STOKE ON TRENT CCG		NO
1.	We will commission safe effective and high quality sustainable services			Improve access	X	
2.	We will deliver better patient outcomes through effective federated and collaborative arrangements with key partners			Improve health outcomes	X	
3.	We will improve patient experience through patient engagement, feedback			Improve quality	X	
4.	We will reduce health inequalities and inappropriate clinical variation			Reduce health inequalities		
5.	Governance & Statutory Requirements			Cross Cutting / Statutory Duties (more than one of the above)		
6.	We will achieve all of the above while remaining within financial balance and achieving best value	X				

PURPOSE OF THE REPORT, KEY POINTS, OUTCOMES, EXECUTIVE SUMMARY

The Northern Staffordshire Primary Care Delivery plan, linked to the Pan Staffordshire Primary Care Strategy, sets out a vision for general practice that provides Primary Care where it is needed, and in partnership with the wider health care system. It sets out a new patient offer that can only be delivered by primary care teams working in new ways, and by practices working together when it makes sense to do so.

The Primary Care team is working alongside NHSE, the North Staffordshire Local Medical Committee, locality leads, all 82 GP practices and the GP Federation to support implementation of a programme of projects that deliver the key work needed to ensure that Primary Care is prepared for the future.

This report is intended to provide NHS Stoke on Trent CCG Board with an update on the progress of the programmes of work.

Workforce Development

- A primary care workforce strategy is in development to support new ways of working.
- General Practice workforce survey is imminently due to be sent to all practices to give the CCG and NHSE a fuller picture of the Primary Care workforce
- Continuing to look at workforce redesign, increasingly see employment of pharmacists, advanced nurse practitioners and physician assistants
- A robust programme around Learning and Development for the whole Primary Care team, focusing on upskilling, revalidation, appraisal and new ways of working
- Sharing best practice across all practices through nurse evidence group
- LTC shared management website

Primary Care Sustainability

- In line with the GP Forward View – training GP admin staff to take more admin responsibility to free GP clinical time – Brighton and Hove Model – rolling out November 2016
- Sustainable Improvement Programme – NHS improvement programme helping practices to develop LEAN working, based on Plan Do Study and Act to improvement general practice
- Recruitment of a pan Staffordshire Workforce manager to support practices struggling recruit
- Releasing GPs to work towards the new models of care (MCP) by providing backfill for their practice
- Exploring APEX system – capturing Capacity and Demand data for General Practice – linked to Emergency Care Improvement Programme (ECIP)

Improving Primary Care Quality

- Continuation of the Quality Improvement Framework (QIF) designed to focus practices on improving health outcomes and addressing health inequalities. Focus for 2016-2017 is around COPD, Asthma, Diabetes, Atrial Fibrillation and Heart Failure.
- A programme to support improving quality in Primary Care – this includes the use of an Integrated Primary Care Dataset that provides a full 360 degree view of general practice. Working alongside Care Quality Commission Colleagues to support practices to improve and share best practice.

Primary Care Development

- Primary Care Access Hub – In October 2016 we will go live with a pilot to offer additional GP appointments to all Northern Staffordshire patients. This service will operate from Meir Primary Care Centre, 9am – 4pm. Patients will access the service via NHS 111. For patients needing to see a GP within 24 hours. Access to all patient’s medical records will be available at point of being seen (providing patient gives consent to accessing them)
- LIS Scheme – the CCG commissions a Local Incentive Scheme from general practice which seeks to put in place new ways of working/staff to help reduce emergency admissions. There are a number of schemes in place, including; practice employed pharmacists, admission avoidance facilitators, proactive case management and additional weekend opening.
- MCP working – working with all eight localities we continue to support development of MCP working. 8 localities will increase to 10 hubs under the new way of working. Initial priorities of work for the new ways of working include: 1) Working towards integrated working and aligning the MCP teams and 2) Focus on Frail Elderly patients to seek to have an integrated approach towards their care.

Delegated Commissioning – All CCGs who have current joint commissioning responsibility are being encouraged to apply for full delegated commissioning responsibility with effect from 1st April 2017.

CCGs looking to apply for full delegated responsibility are required to submit their applications to NHS England by 5th December 2016.

A paper will be going to October 2016 joint planning meeting with the proposed timelines and recommendations. Final sign off of any application for full delegated responsibility will come via joint planning to the CCG’s Boards.

SUMMARY OF RISKS RELATING TO THE PROPOSAL

Within report

ANY STATUTORY / REGULATORY / LEGAL / NHS CONSTITUTION/ASSURANCE / GOVERNANCE / PRESCRIBING IMPLICATIONS

Within report

QUALITY IMPACT ASSESSMENT AND/OR EQUALITY IMPACT ASSESSMENT

Within report

ANY RELATED WORK WITH STAKEHOLDERS/PRACTICES/PUBLIC AND PATIENT ENGAGEMENT

Within report

ACRONYMS

Within report

1.0 Introduction

The Northern Staffordshire Primary Care Delivery plan, linked to the Pan Staffordshire Primary Care Strategy, sets out a vision for general practice that provides Primary Care where it is needed, and in partnership with the wider health care system. It sets out a new patient offer that can only be delivered by primary care teams working in new ways, and by practices working together when it makes sense to do so.

The GP Forward View, 'NHS England April 2016' outlines the plans of support to strengthen and redesign general practice, which includes delivering extended access in Primary Care.

The purpose of this report is to provide NHS Stoke on Trent Board with an update on the progress of the programmes of work in Primary Care, and to provide assurance that these are on track.

2.0 Programme Areas

2.1 Workforce Development

The CCG has been working collaboratively with NHS England, North Staffs LMC and North Staffs Federation to develop a positive attitude across the health and social care economy to address the workforce challenges, putting Stoke on Trent and North Staffordshire are at the forefront of change.

A primary care workforce strategy is currently being developed to support new ways of working.

2.1 Recruitment & Retention

'General Practice feels under pressure as never before...Many GPs are working increasingly long hours and an increasing number are looking to leave the profession, while the numbers applying to become trainee GPs and practices has fallen to a worrying level.' (Primary Care Foundation, NHS Alliance, 2015), commissioned by NHS England.

Figures from November 2015 showed a stark position in relation to the number of vacancies across Northern Staffordshire practices.

General Practice Vacancy Information - November 2015 (GPs)			
Practice Name	WTE	Time post vacant	Reason for Vacancy
A		1 4 months	Retirement
B		1 1 year	Unable to recruit
C	0.75	1 month	Retirement
C		1 1 month	Leaver (<i>Joined different Practice</i>)
D		0.4 7 months	Maternity (<i>1 year</i>)
E		1 16 months	Recruitment and Retention issues
F	0.5	6 months	Retirement of GP Partner in April 2016
G	0.6	1 year	Retirement of Senior Partner
H	0.625	4 months	Relocation
I		1 1 year	Leaver
J	0.5	1 year	Leaver
K	0.9	8 months	Retirement
K	0.7	2 months	Relocation
L		1 16 months	Retirement
M		1 7 months	Vacant Post
N		0.2 2 weeks	Vacant Post
O	0.4	2 years (on and off)	Only been able to fill the post for short periods of time
P	0.5	8 months	No response to advertisement
M		1 Serving notice	Relocation
M	0.5	Serving notice	Retiring early
Q		1 10 months	Vacant Post
R	0.5	6 months	Retirement
S	0.8	2 years	Resignation of Partner
S	0.4	2 months	Resignation of Partner
T		1 From January 2016	Retirement
S		1 From January 2016	Resignation of Partner
Total GP Vacancies			
26 vacancies across 20 practices			19.28wte

Workforce Survey – To help provide an up to date, accurate and complete picture, of the general practice workforce a pan Staffordshire/Shropshire survey has been jointly compiled. This is due to be sent out to all practices from the Local Medical Committee in the next few days.

Once complete this information will provide a comprehensive picture of the workforce across Northern Staffordshire. It will provide details of where there are current gaps, and where there will likely be gaps in the future. It will show the current skill mix across practices and will help plans to support practices to redesign their workforce. This data will be utilised to form plans of support for general practice and future workforce redesign.

Workforce redesign to date has been successful in helping to manage patients in a more co-ordinated way. Across practices we have seen an increase in the employment of clinical pharmacists, advanced nurse practitioners, mental health support workers, physicians' associates etc to support new models of care delivery. Results of the workforce survey alongside new innovative models and examples of different skill mix will support practice sustainability in the future.

2.1.2 Learning & Development

Primary Care has a programme to support the learning and development of general practice. This programme is designed to support the development of the whole of primary care team, it also supports the recruitment and retention of staff. The **current** programme for Learning and Development includes:

- **GP and Nurse Update Programme** - These workshops are designed to be relevant to clinical practice and support clinical colleagues to meet the requirements for appraisal and revalidation. The programme enables the workforce to deliver high quality and the most up to date evidence based practice, minimising unwarranted clinical variation.
- **Urgent care course** - Training includes management of emergencies with an aim to develop delegate's skills to overcome challenges within core and out of hours care delivery. The course is planned for October 2016.
- **Practice Managers courses** - To help address retention of Practice Managers, and in the succession planning of the manager workforce local PM colleagues have highlighted the benefits of the AMSPAR Certificate/Diploma in Primary Care and Health Management. It is a professional membership organisation which recognises both formal qualifications and length of service in a healthcare environment.
- **Recruitment of new general practice nurses** - Health Education England (HEE) is currently supporting a programme award called The Fundamentals of General Practice Nursing programme. This provides nurses, new to general practice, with an introduction to all aspects of general practice nursing, a solid foundation to facilitate understanding of key topic areas and build confidence in their ability to assist in meeting the needs of a diverse patient group.
- **Retention and development of the current workforce** - Health Education England are funding a nominal number of places for general practice staff to undertake a MSc in Advanced Clinical Practice. It is expected on completion of this award that the student will be a recognised Advanced Clinical Practitioner (HEWM 2015) with an expert knowledge base. This programme will support the contemporary challenges of the current general practice workforce.

- **Triage and management of patients with minor illness** - Working collaboratively with Staffordshire University put in place a Minor ailments module, this funded training costs for 10 staff (8 practice nurses and 2 practice pharmacists) to undertake this module at Staffordshire University.
- **Health Care Assistants** - The Cavendish review highlighted that there are over 1.3 million unregistered frontline staff including those working in the general practice. The review discusses recommendations for standardised values and competencies that will result in competent and compassionate patient care (Cavendish 2013). Stoke-on-Trent CCG funded training opportunities include:
 - A Health Care Assistant teaching award - two module accredited programme (appendix 2)
 - Quarterly HCA forum chaired by a local Assistant Practitioner and supported by specialist colleagues and local HEIs
 - Bursaries for CPD available for courses, conferences and study days up to £300
 - Mentorship and buddy support for healthcare assistants by experienced local nurses and assistant practitioner.

For this current financial year 2016/17 - 19 HCA colleagues across North Staffordshire and Stoke-on-Trent CCGs have received funding to support the HCA award. The award supports consistent training and enables safe delegation of tasks which augments high quality and compassionate patient care.

Work continues with Staffordshire University to explore further training opportunities including long term condition management to support the skill mix within the general practice teams.

2.1.3 Social Media

Practices across both CCGs are seeing excellent engagement with social media. Following a programme that has been running for over two years, supported by a social media expert who has been advising participating practices. In August 2015 more than 100,000 patients had regularly interacted with their practices via Facebook. The GP practice Facebook pages provide a wealth of information including relevant practice information, short videos from GPs on a range of health topics, closed groups to support condition management and health promotion and signposting information.

2.1.4 Other support for General Practice:

Nurse Evidence Based Practice Nurse Group The aim of this group is to question unwarranted clinical variation, appraise the best available evidence, and share these findings widely with colleagues.

Long term condition shared management website This site was described and funded in the CCGs' Digital Healthcare strategy/implementation plan to underpin the CCG priorities and strategies. The site is supported by the CCGS, Keele University School of Pharmacy (with which we are developing apps for LTCs based on shared management plans) and the West Midlands Academic Health science Network (WMAHSN) Long Term Conditions Network.

2.2 Primary Care Sustainability

General practice is under pressure in many ways, not least from workforce challenges, increased demand and rising expectations of an older more frail population. The underfunding of Primary Care has been acknowledged and a substantial investment is outlined in the new deal announced by NHSE in the GP Forward View (April 2016).

Following the publication of the General Practice Forward View it is encouraging to note that there has generally been a positive reception for the plans to support and transform primary care. To support this, ahead of national funding announcements, NHS England Area Team has identified funding of **£500k across Staffordshire** to begin some of this work.

The allocation for Northern Staffordshire equates to **£221k**, available between now and 31st March 2017. Outlined below sets out the areas where this funding will be used to support Primary Care Sustainability, in-line with the Northern Staffordshire Strategic Delivery Plan:

- Implementation of the **Brighton and Hove Model** – this provides training and governance for practice admin staff to take on responsibility for administration tasks that currently GPs undertake, releasing GP time to have more patient contact time.
- **Sustainable Improvement Programme** – Working collaboratively with NHSE and the LMC putting in place a programme to support LEAN working. Developing practice teams to undertake process mapping following the Plan, Do, Study, Act methodology. The programme of support will be rolled out to all practices.
- Recruitment of a **Staffordshire workforce manager** – supporting practices struggling to recruit to vacancies.
- An amount to **support backfill** for GPs and Practice Managers working towards the new model care, multi-speciality community provider.
- Exploring systems to roll-out across all practices capturing information around **capacity and demands on Primary Care** to help understand the impact of Primary Care across the whole healthcare system.

2.3 Improving Primary Care Quality

2.3.1 QIF

The Quality Improvement Framework (QIF) has been developed as a continuation of the previous schemes of QIF in Stoke-on-Trent and QOF XL in North Staffordshire. Both schemes have historically focused on improving health outcomes and addressing health inequalities. The 2016-2019 scheme aligns the QIF and QOFXL from the two Clinical Commissioning Groups to provide a consistent approach across Northern Staffordshire.

The focus of the 2016-17 scheme is on some of the larger health issues facing our patient population which can be influenced and supported by general practice; COPD (Chronic Obstructive Pulmonary Disease), Asthma, Diabetes, Atrial Fibrillation and Heart Failure. Public Health areas are further addressed in the scheme through the proposed exemplary standards.

The purpose of the scheme for 2016-19 is to drive the consistent delivery of high quality general practice care over and above core practice, to minimise unwarranted clinical variation and health inequalities and enhance the patient experience of the registered population of GP practices across North Staffordshire and Stoke-on-Trent.

Anticipated Outcomes

- A reduction in hospital admissions for COPD, acute adult asthma, acute child asthma;
- Patients more confident in self-managing their long term condition, knowing what is normal for them and when and where to seek medical advice;
- Prevention of deterioration in Diabetic patients through proactive management and ongoing assessment of key risks;

- Targeting those at risk of developing diabetes to minimise the risk of developing diabetes;
- Improving Atrial Fibrillation detection in those most at risk;
- Contribution to a reduction in health inequalities via a series of significant event reviews, audits and action plans.

2.3.2 Quality

Sustainability of general practice is a key element to delivering quality care in the future. Practices need to be supported to understand how they can sustain their individual practice teams and be involved and support the new models of care delivery to enhance sustainability on a wider scale.

The Primary Care team are working with practices to help them to understand their performance. In working with practices and localities it enables new models of care to be developed in a way that engages all members of the practice team, to help address the greatest areas of need. Collaborative working with practices enables areas of good practice to be developed and shared for wider transformation of services and delivery of care.

Many of the practices have now undergone their Care Quality Commission (CQC) visits, and all will have been visited by the end of March 2017. The reports for practices indicate that the majority of care provided by general practice is good; however, the CCG aspiration is to bring all practices up to the standard of the best as there are currently some wide variations in performance.

Under joint commissioning arrangements, the CCGs in Staffordshire have a joint responsibility with NHS England for monitoring quality and responding to concerns arising from general practice. The CCGs believe that all patients should have access to the same range of and quality of services to meet their health needs. Patients should be able to get the care they need when they need it, as close to their home as possible. At the same time we need to put in place measures to reduce any unwarranted variation so that patients, the public and our professional colleagues across the health and social care system are assured that primary care services are consistently of the highest quality. There is strong evidence that high-quality, well-led general practice results in better and more cost-effective patient care and by developing high quality, strong primary care services it will be possible to build healthier and more resilient communities. Delivering high-quality care requires effective team working within general practice and the skill-mix in general practice will need to evolve, to include a wider range of professionals working within and alongside it in order to achieve this.

Patients want to see care that is accessible, continuous and proactively co-ordinated. In order to attain this, provision of care should encompass all three characteristics and again this is supported within the Northern Staffordshire Primary Care Strategy. The key priorities of the strategy for quality improvement are:

- Support the ambitions in the NHS England Five Year Forward View (2014) to deliver primary care services that are safe, effective and give an excellent patient experience
- Ensure patients have equitable access to services throughout Staffordshire when they need
- Reduce clinical variation in quality
- Encourage all providers to report and learn from untoward incidents
- Publish quality metrics so patients can easily compare their service to others

2.4 Primary Care Development

2.4.1 Primary Care Access Hub

As part of the 15/16 winter monies we are about to 'go live' with a pilot which will open in October 2016.

This Primary Care Access Hub will provide additional primary care capacity for all Northern Staffordshire patients. The service will be accessed via NHS 111. The service will operate between 9am – 4pm on Saturdays during the pilot. The service will be located in the Meir Primary Care Centre. One of the added benefits to this service is that all clinicians will be able to access the patient's medical records through the EMIS web system, linked to System One.

2.4.2 LIS Scheme

All practices are signed up to the CCGs' scheme to help reduce emergency admission. The Primary Care team, along with Health Intelligence are currently analysing emergency admission data for the cohort of patients targeted under each of the schemes:

- **Practice employed pharmacists** – 4 Stoke practices are working in this way.
- **Admission Avoidance Facilitator** – 26 practices, across both CCGs are working in this way
- **Proactive Case Management** – 54 practices are signed up to work in this way.
- **Weekend Opening** – 3 practices are providing additional weekend opening

Each scheme is being monitored and will be evaluated to understand the effectiveness. The Primary Care team will work with locality leads and practices to ensure that models of best practice are rolled out across all practices.

2.4.3 Locality working towards Multi-specialty Community Provider Model

Across Northern Staffordshire there are currently eight localities, five in North Staffordshire and three in Stoke on Trent. Working towards to new model of care practices and localities are coming together in groups of patients of between 30,000 – 50,000, we therefore expect to see ten hubs across both CCGs.

The Primary Care team are supporting practices to participate in the new way of working. Locality leads are represented on the MCP Steering group and have two key priorities to work towards:

- Working towards integrated working and aligning the MCP teams
- Focus on Frail Elderly patients to seek to have an integrated approach towards their care

2.5 Delegated Commissioning

Since October 2015 Northern Staffordshire and Stoke on Trent CCGs have had joint responsibility for co-commissioning Primary Medical Services, i.e. a joint responsibility for the GP contracts, with NHS England across Northern Staffordshire.

All CCGs who have current joint commissioning responsibility are being encouraged to apply for **full delegated commissioning responsibility with effect from 1st April 2017**.

CCGs looking to apply for full delegated responsibility are required to submit their applications to NHS England by **5th December 2016**.

The Primary Care team are currently working alongside the other Staffordshire CCGs to work out a timeline including engagement, due diligence and board sign off to meet the 5th December 2016 deadline.

A paper will be going to October 2016 joint planning meeting with the proposed timelines and recommendations. Final sign off of any application for full delegated responsibility will come via joint planning to the CCG's Boards.