Oxfordshire
Clinical Commissioning Group

Oxfordshire Primary Care Commissioning Committee

Date of Meeting: 5 September 2017	**Paper No: 6**

Title of Presentation: Developing the Primary Care Framework at Locality Level

Is this paper for (Delete ✓ as appropriate)	**Discussion**	✓	**Decision**	✓	**Information**	

Purpose of Paper:
The CCG Board approved the Primary Care Framework at its March 2017 meeting. This paper updates on progress made on the locality place based plans and outlines the prioritisation process for the initiatives.

Action Required:
The Committee are asked to:

- Note the progress made on the development of the locality place based plan
- Note the need for financial investment in the plans and that distribution of investment will be based on need as identified through prioritisation
- Agree the prioritisation process and criteria for both service improvements and estates initiatives. Views are sought on possible weightings
- Note the timescale for prioritisation and publication
- Delegate the agreement to publish the plans to the Chief Operating Officer.

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:
Each locality will develop a plan to meet the needs of the local population. It is

expected that this will address any equality issues and that equality analysis will be carried out on the placed based plans.

Link to Risk:
AF 28 – Delivery of Primary Care Services
769 – Primary Care Capacity

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Developing the Primary Care Framework at Locality level

1.0 Background

The Primary Care framework was developed as part of the Oxfordshire Transformation Programme with the final version approved by Board at its March 2017 meeting. The aim of the Framework is to set the strategic direction for Primary Care over the next 5-10years so that it can steer localities in achieving sustainable primary care to best meet the needs of the local populations which will result in a general practice that is fit for the future and at the heart of the NHS and Oxfordshire transformation.

2.0 Developing the locality place based plans

The CCG Locality Clinical Directors and locality co-ordinators have each been developing locality place based plans. Initially monthly locality meetings in April, May and June were used to scope the important priorities for each locality.

The early drafts of the plans were reviewed against the strategic requirements of the Oxfordshire Primary Care framework, the 4 local programmes (Planned Care; Urgent and Emergency Care; Mental health and Children's and Maternity), and the intentions of the GP Forward View. Each is being developed to ensure they address the following:

- Primary care resilience: workforce development, practice sustainability, at scale delivery of services, at scale consolidation of functions
- Care outcomes and quality: Improvement in outcomes, reduction in clinical variation, high quality and sustainable services
- Proactive and co-ordinated care: prevention, care for higher intensity patients
- Digital improvements
- Improving access

Each plan will consider the "burning platform" issues and proposed solutions. Early indication of these issues are set out at **Appendix 1**. This covers the top priorities for all the localities for which they intend to concentrate resources. It does not include lower level priorities or CCG-wide interventions, such as digital enablers.

This will also support the localities in considering which should be taken to business case in order to be in an optimal position to secure additional non-recurrent funding should this become available in the near future, for example in support of working at scale.

3.0 Financial Implications

It is clear that many of the plans will need investment and there will be a need to define an identifiable pot for implementation. Both recurrent and non recurrent moneys will be identified and it is proposed that an innovation fund is available against which localities can bid. Work is currently ongoing to identify this money. Whilst we do have some funds available non recurrently in the GMS budget (notably reserved and only available for GMS spend) and some in the recurrent budget remaining from the CCG resourcing of £4m transferred into primary care sustainability there clearly will not be sufficient resource to meet all the emerging ambitions. Recurrent revenue funding sources and estates funding are the particular pressures

Prioritisation of resources is proposed to be based on the criteria set out below. OPCCC are requested to review and agree these priorities and in particular note that their subsequent impact may not result in equal distribution of resources across each locality.

Work will also be undertaken to identify external sources of funding and the locality plans will ensure that the CCG can maximise its chance of being successful in bidding for any new funding, for example for Primary Care Home.

4.0 Patient and Public engagement

Engaging patients in developing Locality Plans is important and the work has started in a number of ways:

- All Locality Groups have been working on developing their Locality Plans and the membership of these groups includes the chair of their Locality Forum.
- Oxford City and North Oxfordshire Locality Fora have hosted events open to the public to discuss the emerging plans of their localities. This was relatively early in the planning process.
- North East Locality Forum ran an event for their members focussed on the emerging Locality Plan.
- The other Locality Fora have discussed the Locality Plans but this has been limited to a mixed agenda.

Discussion has started with Healthwatch and the Locality Forum Chairs on considering hosting future events to allow a wider discussion with local people about the developing locality plans.

The Locality Plans are also very much part of Phase Two of the Transformation Programme and when the wider engagement on Phase Two starts, this work will need to be integrated.

5.0 Prioritisation of initiatives

The plans are still in draft but early indications suggest that there are estates requirements and service initiatives. It has been agreed that prioritisation for funding estates initiatives and service initiatives should be done separately as both work to different timescales and service innovation is just as key to the future of primary care sustainability as premises development.

As the eventual outcome of the plans is a public statement of the CCG and each locality's intent to improve the sustainability and quality of primary care across OCCG, the priorities need to be a set of realistically deliverable initiatives that address the case for change, align with national mandates and are clear on their impact. We are working to ensure a consistent approach to structuring the plan into priorities and contributing workstreams. Each of the priorities include:

- A clear statement of case for change
- Intended objectives of the priority area
- Proposed solutions to meet the case for change, including:
- Workstream scope
    - Intended benefits
    - Funding requirement
    - Implementation steps
    - Timescale.

The CCG will need to consider prioritisation alongside national mandated initiatives such as Urgent Treatment Centres and Primary Care streaming in A&E

The prioritisation approach in October is still under design but in addition to senior CCG representatives and NHSE representative for relevant budgets the approach should include at least one Lay Member, patient representation and a nominee from whole system partners.

Whilst at this stage the majority of funding is GMS sources it is expected that the Locality plans fit with the wider strategic planning and so systems partners need to be well sighted and endorse the direction of travel.

Firstly the priorities will be separated into service workstreams and requests for estates developments.

4.1 Service improvement initiatives

For service improvement initiatives, the priorities are assessed in the following way:

a. According to the nature of resource sought (draft criteria are set out in table 1). This enables the CCG to understand the nature and urgency of the plan and the level of funding required;
   and
b. Impact of investment for initiatives with cost consequences according to the matrix in table 2. This enables the CCG to assess the extent to which they align with national and local plans and strategies, meet local need and are able to deliver the intended outcomes.

Table 1

V2	Criteria	Criteria description
1	Critical	The initiative is required for the CCG to meet its delegated requirement to secure primary care services for patients
2	Primary care sustainability	The initiative is required to ensure primary care is able to meet expected demographic changes and demand in the coming years
3	New model of care “Invest to save”	The initiative is intended to achieve a return on investment elsewhere in the system and a business case will be necessary to demonstrate this
4	Innovation	The initiative requires a small non-recurrent investment that has the potential to achieve longer term savings and the innovations that could be shared more widely across the localities
5	No additional money required	The initiative does not require any investment from the CCG

Table 2
Prioritisation matrix (Prioritisation domains will need to be weighted and a ratings scale agreed). Views are sought on these priorities and any weightings.
NB where the funding is from a designated GMS only source then the priorities will need to be fully loaded to reaching needs of GMS delivery.

V2	Prioritisation domain	Expected outcomes to meet the criteria
	Patient outcomes and experience	Patients experience better health outcomes and/or have improved access to primary care. Meets the health needs of the local population
	Primary care sustainability	Practices are likely to be more resilient and sustainable as a result of the proposed option
	Health inequalities	Inequalities in health outcomes will be reduced as a result of the initiative.
	Strategic fit	Good alignment with relevant national and regional strategies and policies including national constitutional standards, other transformation programmes

	Deliverability	Able to be delivered successfully within the required timeframes, with no impact on continuity of services There is freely available capacity within the provider market to deliver the required solution
	Finances	An indication is given of the cost of the schemes and funding sources and value for money is demonstrated
	Population coverage	Maximum patient benefit, patients perceive minimal variation in convenience of accessing services, scalable to cover population growth

5.2 Estates initiatives

It is proposed that there are two distinct processes for prioritising practices for funding for primary care premises developments. This is in recognition of the fact that the motivating factor for some practices is the desire to improving or extend their premises so that they can continue to deliver mainstream primary care more sustainably and to a larger number of patients. Other practices have larger-scale ambitions to deliver services over and above what is generally provided in general practice, often in collaboration with other practices and in partnership with other NHS organisations, local authority and voluntary sector agencies.
Both types of scheme would be expected to demonstrate innovation and maximise opportunities to work collaboratively, but for the larger-scale schemes, which are likely to come at a higher cost, a more comprehensive range of criteria will need to be used for prioritisation.

5.2.1 Criteria for small-scale schemes to improve or develop existing practice premises to enable sustainable provision of primary care services (GMS & Locally Commissioned Services).

CRITERIA	Notes	Weighting
Fits with OCCG primary care estates strategy and STP	*Infrastructure plan.*	Pass/Fail
Fits with OCCG strategy for sustainable primary care	*Larger practices and collaborative working. Multidisciplinary team approach.*	Pass/Fail
Aligns with existing and planned neighbouring developments.	*Consider in the context of recent and planned future service and premises developments, inc. other practices and community hospitals.*	Pass/Fail
Ensures best use of existing NHS estate	*E.g. neighbouring community hospital premises*	Pass/Fail
Makes optimum use of available infrastructure funds	*Availability of infrastructure funds will have an impact on affordability.*	Pass/Fail
Request space is in line with recommended space per list size	*Space usage is well designed and with view to optimising relevant shared space*	Pass/Fail
Likely to contribute to reductions in A&E activity and unplanned admissions	*Proactive approach to care management and improvements in access.*	Score 1-5
Increases Training Capacity	*Commitment to providing training for GPs,*	Score 1-5

	nurses etc. to support workforce development	
Improves Access for Patients	*Contributes to increased provision both within and outside core hours, including to other wider population (Hubs etc.).*	Score 1-5
Uses new space most efficiently	*Supports practices working together, sharing space and facilities and conducive to practice mergers now or in the future*	Score 1-5
Provides required capacity in areas of population growth	*Evidence of forward planning for 5-10 years to accommodate growing nos of patients.*	Score 1-5
Current premises unsuitable for delivery of primary care.	*Facet Survey categories (1,2,4,5) scored A-D*	Score 1-4
Current Space less than needed for list size	*Facet Survey category 3 (Underused, fully used, overcrowded)*	Score 1-5
Area of population growth	Housing developments. Anticipated changes in other local practices (mergers/closures etc.)	Score 1-5
Scale of investment in relation to impact of change is good vfm	*Bid demonstrates proactive approach to cost efficiency.*	Pass/Fail
Scheme is affordable within limits of GMS Premises Budget	*Ensure abatements included where infrastructure funding or NHS grants available.*	Score 1-5
Makes optimum use of available infrastructure funds	*s.106 & SIL funding*	Pass/Fail
Low risk in relation to deliverability	(e.g. re. planning permission, availability of site etc.) *High risk = low score*	Score 1-5
Low risk re.sustainability of practice over time	Partnership succession planning, workforce strategy.	Score 1-5

5.2.2 Criteria for major schemes to develop existing premises or build new to house larger practices alongside other health-related services provided by the practice and/or by partner organisations.

STRATEGIC CRITERIA	Notes	Weighting
Fits with OCCG primary care estates strategy/locality plans/STP	*Infrastructure plan.*	Pass/Fail
Fits with OCCG strategy for sustainable primary care services	*Larger practices and collaborative working. Multidisciplinary team approach.*	Pass/Fail
Fits with OCCG strategies for planned/urgent care	*NB Urgent treatment centres.*	Pass/Fail
Aligns with existing and planned neighbouring developments.	*Consider in the context of recent and planned future service and premises developments, inc. other practices and community hospitals.*	Pass/Fail
Ensures best use of existing NHS estate	*Considers alternative options re. neighbouring NHS premises*	Pass/Fail
Scale of investment in relation to impact of change is good vfm	*Bid demonstrates proactive approach to cost efficiency.*	Pass/Fail
Uses new space most efficiently	*Supports practices working together, sharing space and facilities and conducive to practice mergers now or in the future*	Score 1-5
FINANCIAL CRITERIA		
Affordable within limits of GMS Premises Reimbursement Budget	*Assumes no or limited capital available. Ensure abatements included if capital grants available.*	Score 1-5
Makes optimum use of availability of infrastructure funds.	*Availability of infrastructure funds will have an impact on affordability. s.106 & SIL funding*	Pass/Fail
Affordability re. other service budgets (planned/urgent care etc.)	*Relates to any non-GMS services included in the scheme.*	Pass/Fail
SERVICE DELIVERY		

Likely to contribute to reductions in A&E activity and unplanned admissions	*Proactive approach to care management and improvements in access.*	Score 1-5
Increases capacity for primary care to deliver hospital services	*Delivered by practices or partner organisations.*	Score 1-5
Demonstrates efficient use of a multidisciplinary workforce	*Evidence of proactive approach to addressing shortage of GPs*	Score 1-5
Delivers integrated/coordinated, NHS services		Score 1-5
Increases Training Capacity	*For GPs, nurses and other clinicians to support workforce development*	Score 1-5
Improves access for patients	*Increased provision in and outside core hours, including to other wider population (Hubs etc.).*	Score 1-5
Increases capacity for list growth	*Current and anticipated growth. Evidence of forward planning for 5-10 years*	Score 1-5
EVIDENCE OF NEED		
Condition makes current premises unsuitable for primary care.	*Facet Survey categories (1,2,4,5) scored A-D.*	Score 1-5
Current premises do not have the capacity for growing lists.	*Facet Survey category 3 (Underused, fully used, overcrowded)*	Score 1-5
Area of population growth	*Housing developments. Anticipated changes in nearly practices (mergers/closures etc.)*	Score 1-5
RISK		
Low risk in relation to deliverability	*(e.g. re. planning permission, availability of site etc.) High risk = low score*	Score 1-5
Commitment of partners to occupy/deliver services		Score 1-5

6.0 Key milestones and next steps

The process to publication is set out in Appendix 2. Noting the need to engage with system wide stakeholders the plan will be to publish the draft plans in early December 2017. It should be noted that these plans will be iterative and will be developed further over time.

7.0 The Committee are asked to:

- Note the progress made on the development of the locality place based plan
- Note the need for financial investment in the plans and that distribution of investment will be based on need as identified through prioritisation
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Annex 1: Draft summary of locality issues and proposals for solutions

Locality	Key challenges	Proposed solutions
North Oxfordshire Locality	Primary care resilience & workforce Growing and ageing population Emergency admissions	1) Wider skillmix, support to staff for recruitment 2) Better signposting 3) Work with developers for capital funding, revenue funding required. 4) Support for high needs and housebound patients 5) Integrated urgent care facilities in Banbury
West Oxfordshire Locality	Ageing and growing population Primary care resilience & workforce	1) New model of planned care, including gerontologists in the community and proactive care in care homes; 2) Improved self-care and social prescribing. 3) Urgent care hub in Carterton 4) Expanding nursing triage; supporting wider skill mix
North East Oxfordshire Locality	Access (increased demands and growth) Primary care resilience & workforce	1) Urgent access hubs 2) Use of different skillmix; 3) New models of care for planned care and LTC 4) New models of care for frail / elderly.
Oxford City Locality	Frailty and vulnerability Deprivation and health inequalities Sustaining primary care	1) Development of 2 UTCs / Frailty hubs. 2) Development of Neighbourhood Community Practices 3) Care home service 4) Social prescription and Deprivation LES 5) Primary care mental health services 6) Development of back office services
South East Oxfordshire Locality	Future estates Succession planning	1) Expansion and new estate 2) Continue to retain trainees; support for mergers where appropriate and requested
South West Oxfordshire Locality	Current and future estates Primary care sustainability and workforce	1) Expansion and new estate; some agreements in place regarding capital investment but revenue reimbursement required 2) New skillmix and working at scale

Appendix 2

Oxfordshire CCG – Primary Care locality plan development