Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 26 January 2017	**Paper No: 17/06**

Title of Presentation: Achieving a Sustainable Primary Care in Oxfordshire

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

Purpose and Executive Summary (if paper longer than 3 pages):
Recognising the extreme pressure that Primary Care is facing in Oxfordshire this paper describes the steps that the CCG are taking to achieve a sustainable Primary care. It explains the steps taken during 2016 and those planned for 2017/18.

Financial Implications of Paper: None

Action Required:
The Board are asked to note the steps that are being taken to achieve a sustainable Primary Care

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (please delete tick and attach as appropriate)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

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Achieving a Sustainable Primary Care in Oxfordshire

1. Background

Good primary care is the bedrock of a high-quality and cost-effective health system, which the NHS has traditionally prioritised compared to many other health systems worldwide, and is generally accepted as key to the success of the NHS and pre-eminence internationally in effective, safe, coordinated, patient-centred care and in efficiency. Its sustainability is essential to the delivery of the Oxfordshire Transformation Programme at which primary care is at its heart.

However, it is recognised that primary care, and particularly general practice in the UK is stretched as never before, with increasing workload from patient demand and complexity, with many GPs working increasingly long hours and looking to leave the profession, and the numbers of trainees entering the system seeking to work as GPs or practice nurses steadily declining. This has led to problems of sustainability, workforce capacity, and how to develop skills in a wider workforce.

Since the CCG received delegated powers for the commissioning of primary medical services in April 2016, out of 75 practices, one practice has closed, two practices have merged with a neighbouring practice and over a dozen others have declared themselves vulnerable. The most common cause is workforce, partly because Oxfordshire has the lowest ratio of average income to house price in the UK, but also the declining state of GP premises, the relative decline in GP funding, and the escalating challenge of providing good quality care to an ageing and more demanding population which are also cited as significant factors.

2. What has the CCG done?

The CCG recognises the extreme pressure that General Practice is facing and has looked at ways to reduce this. Whilst recognising that short term solutions are likely only to have minor impact the following has been implemented during 2016. However in order to strive for more sustainable General practice, system wide change will be needed.

2.1 Direct input to vulnerable practices

2.1.1. It is clear that all Oxfordshire practices are facing huge challenges and since March 2016, 12 have identified themselves as vulnerable due to quality, financial or workforce issues. In these instances the CCG has visited the practice and undertaken to understand the support that the practice needs to become more sustainable.

2.1.2 Currently General Practice is running at such a fast pace that often there is not enough time for professionals to stand back and address any issues. The CCG has a team of 10 experienced Practice Managers, most of who currently work within practices in Oxfordshire, who can be deployed

immediately into a vulnerable practice on a sessional basis to assist in identifying and addressing issues such as workforce and financial processes. Where these Practice Managers have been working within an identified practice, feedback has been extremely positive.

2.1.3 The CCG also provides additional support to those practices that receive a 'requires improvement' rating from the Care Quality Commission (CQC). In these instances, recognising that primary care is already overstretched, the CCG Quality Team has supported the production of the required action plan and in two cases the CCG has provided some external consultancy support for the practice to have the necessary processes in place to be ready for re inspection. Two practices have had intensive consultancy input prior to first inspection in order to make them inspection ready.

2.1.4 The CCG has been working with Banbury practices to achieve a more sustainable model for local primary care. Like elsewhere workload and demand were increasing and a number of practices had applied to close their list to new patients. In order to avoid the impact that this would have on patients, it was agreed that Banbury patients should be encouraged not to change practices and that inter practice transfers should only happen in exceptional circumstances. These might include the patient moving house or relationship issues with the practice. This was introduced in October 2016 initially for 3 months and has been extended until the end of March 2017. Practices report that it has greatly reduced their new patient registrations and subsequent workload.

2.1.5 Since taking on delegation the CCG has received three contract termination notices (only two proceeding to termination), two mergers applications and an end of contract for an APMS practice following an unsuccessful procurement and exploration of other options. In all these cases it is apparent that there is additional workload as a result of this and as a result support has been provided to the neighbouring practices in a number of ways which are tailored to the local need. Examples of support provided included additional appointments in the hub for the period of the dispersal, commissioning additional home visits from the Federation and reviewing Quality and Outcome Framework achievements to ensure that practices are not penalised for taking on a large influx of new patients. Occasionally funding for Practice Manager backfill has been provided to allow time for successfully managing the change.

2.2 Commissioning additional primary care services

2.2.1 For 2016/17, the CCG increased the remuneration of the warfarin monitoring locally commissioned service. This was to reflect the cost of providing the service and £383k was invested in the service providing a budget of £788k (a 96% increase in funding for this service). A home phlebotomy service was also commissioned in Banbury as practices reported an increasing amount of time spent visiting patients to take bloods.

2.2.2 The Prime Minister's Challenge Fund came to an end at the end of March 2016 and in order to provide continuity of service the CCG made an in year investment to support this whilst national guidance was developed into the next steps. This allowed Abingdon Federation, OxFed and PML to continue the provision of care navigators, Practice visiting nurses, email consultations, hub appointments and the early visiting service.

2.2.3 Recognising the strain on General Practice in Oxfordshire, at the start of April 2016, the CCG agreed a recurrent investment of £4M to support the sustainability and transformation of primary care. Each locality prioritised the investment in order to best meet the needs of the local practices and patients as well as to meet the CCG criteria. These included a move for practices to work at scale, value for money, supporting the sustainability of General Practice and ability to scale up services to absorb population growth where necessary.

Following a review of the financial recovery plan by the extraordinary CCG Board held on 25 August 2016, the following investment in primary care for 2016/17 was agreed in line with the business case presented to the Oxfordshire Primary care Commissioning committee in August 2016.

Locality	Service	Provider	Cost 16-17
City	Care Navigators	OXFED	183,663
City	Practice Sustainability	OXFED	434,293
North	Home Visiting Service	PML	127,066
North	Additional Hub Hours	PML	142,426
North East	Home Visiting Service	PML	94,946
North East	Additional Hub Hours	PML	106,638
West	Home Visiting Service	PML	94,941
West	Additional Hub Hours	PML	105,780
South West	Home Visiting Service	PML	90,450
South West	Improving GP Access	SW practices (12)	125,702
South West	Enhanced Roles in Practice	SW practices (12)	97,483
South West	Enhanced LTC Management	Abingdon Federation	36,000
South East	Access Service	SE practices (10)	182,000
			1,821,388

Following an intensive period of service specification development, all these services have been included within existing or new contracts. Some schemes are already in place whilst others are being mobilised.

2.2.4 Deprivation in Oxfordshire is relatively low (it is the 11th least-deprived of 152 upper-tier local authorities in England), but there is considerable variation across the county. In order to address some of these inequalities a business case was agreed for the provision of an enhanced primary care service from

Rose Hill. The primary goal of this service is to identify high risk cohorts of patients with long term conditions and to target them with additional support from a team of GPs, specialist practice nurses and healthcare assistants, supported by psychology and physiotherapy input and care navigators. We will review if this approach can improve outcomes for a vulnerable group of patients in an area of particularly high deprivation. It is also anticipated that the interventions will result in reductions in non-elective admissions and A&E attendances in the short, medium and long term. Unfortunately due to the then uncertainty around the GP Access Fund and the delay in getting the new health facility in Rose Hill ready this service has not yet started but is expected to over the next few months and funding is identified for 2 years.

2.2.5 Practices reported that District Nursing teams were offering different services to different practices and it appeared that there was no standard offering. As a result the CCG worked with Oxford Health Foundation Trust to develop a core offering from District Nurses to practices. This was circulate to all practices and helps to ensure that both practices and District Nurses are seeing the most appropriate patients.

2.3 Addressing GP workforce issues

Many practices have informed the CCG that they are having difficulty in recruiting primary care workforce especially GPs. As a trial and to try and help attract GP workforce to Oxfordshire, the CCG placed an Oxfordshire wide advert in the British Medical Journal in October 2016 to coincide with the BMJ GP Careers Fair. 22 Oxfordshire practices submitted their current vacancies. Interested applicants were asked to phone/email the CCG to request more information. There were approximately 12 expressions of interest received by the CCG and these applicants were signposted to practices that best met the applicant's needs. The CCG are currently following up with practices to see if this was a useful way of recruitment.

2.3.1 Some practices have found that adding a pharmacist to the GP practice workforce can alleviate some of the pressures inherent in the current primary care climate, including a reduction in GP workload, increasing patient access to care through a host of potential clinics or triage services, and improving the quality of medication use. To help explore the use of a Clinical Pharmacist in GP, the CCG invested in a 5 month pilot. The Clinical Pharmacist spent 5 months in 2 practices and explored a range of roles including moving patients to repeat dispensing where appropriate, following up on discharge summaries and polypharmacy reviews. The learning from this pilot will help to inform the bids for the wave 2 national funding of the Clinical Pharmacists in General Practice scheme.

2.3.2 The CCG set up a scheme to create a GP Fellow post. The aim of this post was to promote GP skills development (clinical specialisms, system redesign, training/education etc.) through a CCG-funded fellowship scheme for local GPs. The role included at least 4 sessions per week working in a vulnerable practice for between 6 and 12 months. Unfortunately the successful applicant withdrew from the scheme which is now being re-assessed.

2.4 Reducing patient demand on practices

2.4.1 As a successful wave 2 Prime Ministers Challenge Fund site, the CCG was given early access to new funding set up to provide additional primary care appointments in the evening and at weekends with some appointments available during the in hour period. The extended access will be delivered through funding the Federations, who in turn will subcontract to practices where appropriate, and should be fully operational in early February 2017 in line with national guidance.

2.4.2 Noting that patient demand on primary care is increasing, the CCG ran 4 focus groups with selected students at Abingdon and Witney College and Henley College. The aim was to understand what 17-19 year olds required from General Practice and what they and their relatives might need into the future. Other services and access to health outside A and E and primary care were discussed and situations in which they might best be used. The Chair of the CCG was involved in some of these focus groups and there was some useful views gathered which will feed into the Oxfordshire Transformation Programmes and influence planning.

3. Addressing the issues into 2017/18

3.1 Funding

One of the key issues in General Practice is the funding stream from the global sum which is allocated to practices on a weighted population basis such that any increase in demand is not rewarded by an increase in funding. Whilst the CCG is unable to address the nationally determined formula, it must ensure that any national funding for General Practice such as that which is part of the General Practice Forward View is accessed in a timely way and made available to practices in Oxfordshire.

As part of the Operating Framework for 2017-19, the CCG has submitted an action plan to NHS England describing how it will implement key components of the GP Forward View plan. This plan describes how the CCG will invest national funding to meet the requirements of the GP Forward View. The funds available will enable improved access to general practice and provide transformation support as well as training funds for various groups of primary care staff. Full details can be found in Appendix 1.

Time line – from January 2017

There is an expectation that the quality and outcome framework, which is part of the General Medical Services contract, will we reviewed nationally over the coming year. However the CCG is keen to learn from those areas that have managed to do something innovative with this funding.

3.2 Sustainability

As demand on General Practice continues to increase, there will be a need for General Practice to change and patients to be empowered further to self-care and access the health services at the most appropriate point. The Primary

Care framework is intended to provide a strategic direction for a sustainable primary care in Oxfordshire. Once agreed it will allow each locality to develop a locality place based plan for primary care.

The Framework is currently being discussed in each Locality and the next iteration will be presented to Health Overview and Scrutiny at the beginning of February. The final version will be signed off by the Board at the end of March 2017 with key components forming part of phase 2 of the Oxfordshire Transformation Programme consultation.

The Framework for primary care in Oxfordshire describes a number of key operational principles all of which will be important to the sustainability of primary care. They include:

- Delivering at scale
- Organised around geographical population based need
- Delivering care closer to home
- A collaborative, proactive system of care
- Delivered by a multidisciplinary neighbourhood team
- Supported by a modernised infrastructure

Time line – end of May 2017

3.3 Workforce

A Primary Care workforce group has been set up to develop and implement a workforce plan. This will look at attracting new staff to Oxfordshire, supporting skill mix and learning from its successes, training and education of all groups of staff as well as introducing initiatives to reduce GP workload.

Time line – plan expected March 2017

Part of addressing the workload involves reducing the bureaucracy in locally commissioned services and the CCG is currently working with the Local Medical Committee to develop a basket of services that can be commissioned with reduced monitoring arrangements. It aim is that this will be in place for April 2017.

3.4 Primary Care Estates

Primary care estate will play an important role in the delivery of sustainable primary care and delivering care closer to home. A 6 Facet Survey is currently being undertaken across Oxfordshire to provide a more detailed picture of the primary care estate. However it is clear that many practices are working at capacity in terms of space and some action will need to be taken urgently. With many schemes not supported through the Estates and Technology Transformation Fund (an NHS England fund to which the CCG submitted a number of bids), the CCG is now exploring other ways of ensuring that its estate is fit for the future provision of primary care. Across Oxfordshire there are also areas of huge housing growth which will also put increased pressures on already stretched premises. The CCG has set up a Primary care estates

group to review the results of the 6 Facet survey, to prioritise estates issues and to produce an estates plan.

Time line – plan expected April 2017

3.5 Practice Vulnerability

It is clear that many practices are working a fine line of just being able to cope with the demand. Unexpected loss of a GP can push a practice into vulnerability. The CCG is keen to support those practices and where possible to prevent others reaching vulnerability and has scoped a 'resilience and developmental' support offer for Oxfordshire General Practice.

This offer has put together a range of measures to offer both immediate and practical external support to address urgent issues and to develop improvement capability and strengthen resilience in practices to help them address financial, workforce and quality issues.

The CCG will commission this consultancy style support for practices as appropriate which will allow for deployment of a team capable of diagnosing the situation and subsequently providing support to address the issues identified.

Time line – by end of April 2017

The GP Resilience Programme will be implemented as a part of the GP Forward View Plan. This programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients. National funding is expected to continue into 2017/18 and the CCG will utilise this funding to ensure that practices become more sustainable. Funding available in 2016/17 will be used to provide practice management support and human resources and recruitment expertise to a number of practices that have applied to the first stage of this scheme.

Time line – end of March 2018

4. Implementation

Implementation of these new programmes of work will be overseen by the Oxfordshire Primary Care Commissioning Committee. It is hoped that these actions together with the implementation of the Primary care Framework will go some way to achieving a sustainable Primary Care within Oxfordshire.

Appendix 1

Oxfordshire Plan for GP FV investment for primary care

Updated 22nd December 2016

Programme Lead: Julie Dandridge, Deputy Director, Head of Primary Care and Localities

Background

Oxfordshire has previously had a reasonably well-funded, high-quality general practice system which has coped well via the standard UK independent-operator model with a variable population, ranging from rural to urban and from well-off to deprived patients and with the varying challenges to the service over time. However, in the previous 12 months, Oxfordshire has seen one practice close, one close its list to new registrations and 4 practices merge, reducing the number of practices to 72, over a dozen of which have declared themselves to be vulnerable. The most commonly cited cause of general practice stress and vulnerability is insufficient clinical workforce. This is partly because Oxfordshire has the lowest ratio of average income to house prices in the UK, but the declining state of GP premises, pressures on general practice funding and the escalating challenge of providing good quality care to an ageing and more demanding population are also cited as significant factors. The impact of the dwindling GP workforce has also been particularly severe because Oxfordshire has historically relied heavily on GPs, with comparatively low numbers of nurses providing primary care. 30% of GPs are planning to retire within 5 years and younger generations of GPs are reluctant to take on the responsibilities of partnership and premises ownership.

As a result and in order to meet our vision for the future of primary care in Oxfordshire, we have developed the Oxfordshire Framework for primary care. This clearly lays out new models of care and identifies which services are better provided at scale. The intention is to make best use of available resources by developing clinicians other than GPs to the top of their roles and extending the limits of administrative functions to provide skilled support to clinicians, for example in managing clinical documentation. This will free up GPs not only to manage the patients who require medical input, but also to develop their roles in leading innovation and promoting resilience and sustainability. Alongside this we will promote self-help and extend the range of direct access services provided by e.g. pharmacists and optometrists.

The Framework will be applied across all of Oxfordshire but localities will start to shape the things that will make the biggest difference to the local population.

The GP forward view sets out to identify new funding streams that can help support the delivery of our Primary care Framework.

This GP Forward view plan sets out to answer the questions posed in Annex 6 of the NHS Operational Planning and Contracting Guidance 2017-2019.

- How access to general practice will be improved
- How funds for practice transformational support (as set out in the GPFV) will be created and deployed to support general practice
- How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed.

This Oxfordshire GP Forward View plan identifies where this can happen and is subject to approval by OPCCC and evidenced support from the CCGs GP membership and the LMC.

1. Improving Access to General Practice			
Priorities	**Value 17-18**	**Value 18-19**	**Plan**
General Practice Access Fund *Successor to PMCF. £6 per weighted pt. in 17-18 & 18-19.*	***£3,915,871*** *(Estimated)*	***£3,939,790*** *(Estimated)*	GPAF services will be delivered by 4 well-established GP Federations (PML, OXFED, SEOX & Abingdon) covering the whole CCG population. All specifications have been agreed and contracts are in place with all but SEOX (pending). The PML service piloted under the Prime Minister's Challenge Fund is already in place and has begun to scale up to be compliant with the GPAF criteria by end January 2017. Others will commence early in the New Year and will meet full criteria by February 2017. The GPAF services will improve patients' access to both routine pre-bookable and same-day urgent appointments via a local Hub including all weekday evenings until 8 pm and on Saturday and Sunday mornings. They will also increase the availability of consultation time within practice open hours, thus supporting sustainability in primary care as well as addressing peaks in emergency department activity to relieve pressure on hospital services. GPAF is expected to deliver around 80,000 additional consultation slots across Oxfordshire with GPs, Nurse Practitioners, physiotherapists, pharmacists and other clinicians. This represents a significant scaling-up as compared to the PML pilot project, which, at its peak, was offering approximately 4,000 consultation slots per month. It will be a priority to ensure that Hubs are situated in locations that make them realistically accessible to patients and it expected that the services will be delivered in up to 20 different locations, with individual practices working collaboratively to support the Federations in ensuring that coverage is provided across the more rural areas. Ease of access will also be essential and, as an alternative to practice-based appointments, patients will be actively

Lead Jill Gillett			offered Hub consultation slots by receptionists, who will then book the patients directly into the available slots. Integrated IT systems will enable Hub clinicians to access the patient notes held in their own practices in order to maximise the effectiveness of the new service. The CCG will be closely monitoring the delivery of the service through monthly contract monitoring meetings, focusing particularly on delivery against the criteria, utilisation by patients and quality of service. During 2017-18 the CCG will be actively planning towards offering the service out to tender.
Estates & Technology Transformation Fund *Capital funding for primary care premises.* **Lead Sara Wallcraft**	***£620,000***	***£753,000***	OCCG's bid was submitted in June 2016. Funding has been awarded to a total value of £2m over 3 years. This includes a major scheme to build a new practice in Banbury, which will address local issues of population growth in an area of significant deprivation, as well as enabling the practice to develop innovative approaches to delivering primary care in the town. Five further practice improvement/extension schemes were also funded, supporting the viability of practices in the face of increasing list growth due to housing development and practice closures/merger. Creation of additional consultation space will not only provide additional capacity for registered patients, but will in most cases also facilitate involvement in collaborative approaches to delivering primary care at scale, e.g. through hosting Hubs for GPAF services. All these schemes are currently going through due diligence process. Pre-project costs have also been approved to enable business case to be developed for a major scheme covering three Oxford City practices. The CCG is working closely with the practices to develop a strong business case with a view to gaining funding for a new premises to serve over 25,000 patients in the centre of Oxford and potentially provide urgent care and specialist diagnostic services.

2. Sustainability & Transformation Package			
Priorities	**Value 17-18**	**Value 18-19**	**Plan**
Transformational Support from CCG Allocation - Planning	£1m	£1m	During 2016-17 the CCG has incentivised all member practices to take time out, individually and collectively, to analyse their current systems, processes and models of care through its Local Investment Scheme for primary care (LIS). The intention has been to encourage a whole practice approach to understanding the strengths and limitations of their current models, focusing particularly on the 10 High Impact Changes, and identify potential innovations and improvements. The outcomes have then been shared within their localities with a view to implementing changes. The Local Investment Schemes for 17-18 and 18-19 are still in development but will build upon this work, with approximately £1m p.a. being invested to support implementation of changes and piloting new innovations.

Lead: Jill Gillett			
Transformational Support from CCG Allocation - Delivery *Non-recurrent investment from within CCG core services allocation for practice transformational support, £3 per head over 1 or 2 years.* **Lead: Jill Gillett**	**£3.2m**	TBC	The work carried out under the LIS in this financial year has already borne fruit, and £3.2m has been committed for 2017-18 to support innovations in primary care delivered through federations or by practices working in informal groups. This follows intensive consultation with practices, localities and federations about what would best support their sustainability, promote innovation and improve capacity and access for patients with reference to the 10 High Impact Changes. Localities then developed proposals which culminated in submission of a business case to the Oxfordshire Primary Care Commissioning Committee. Funding of £1.7m was approved for 2017-18 for the following: • to enable practices in the SE and SW localities to improve access through use of patient access management systems • in the same localities, skilling-up nurses & HCAs, practice pharmacists, administrators and care navigators to take on extended roles so that GP time can be released to proactively manage frail elderly and complex patient needs – "working to the top of their licence"; • to implement Care Navigator service at scale in Oxford City locality, building on the PMCF pilot delivered by OxFed and develop in conjunction with other social prescribing initiatives through training and mentoring; • to deliver a federation-led practice development including a comprehensive package of training, education and practical support to practices in Oxford City to improve resilience and promote sustainability; • to provide two contrasting federation approaches to managing patients with long-term conditions in Abingdon and Oxford using multidisciplinary teams and delivering at scale. In addition to the above, a further £1.5m has been committed to improve patient access through an ECP urgent home visit scheme in four localities and additional GP and nurse Hub appointments in three localities.
Online General Practice Consultation Systems *Further details on specification and monitoring arrangements to follow.*	**£186,982**	**£250,832**	OCCG has been developing online consultations between care home patients or staff and a few selected general practices via the former Prime Minister's Challenge Fund services to provide ongoing and flexible support from GPs to care homes. This particularly applies in care homes and practices covered by the enhanced care home service; with more funding and training, this could be rolled out to a wider range of practices and care homes. As part of the formation of a drive to integrate Primary Care and Community Care services the local City Federation is planning to form neighbourhood teams in support of the frail and elderly. Include in this is Video Conferencing to support Care Homes (see above) as well as Virtual Ward technology.

Lead: Steve Walker			Oxon GPs are piloting a remote consultation service with OUH Diabetes Consultants whereby they can book pre-arranged slots for virtual consultations. There will be screen sharing of the GP Practice patient record, and the patient may or may not be in attendance. Subject to the result of the pilot (expected during Spring 2017) there will be a further roll-out across Oxfordshire. The benefits are presumed to be reduced Diabetic referrals and a more educated GP workforce, leading to standardisation in treatment and improved communication. A similar approach is being adopted to support the drive towards reducing local Health inequalities with specialist consultants linking to MDT teams. The Oxfordshire submission of the Local Digital Roadmap (October 2016) references the SCAS initiative to conduct Live Link video consultations into Care Homes. This is being piloted in a Bicester care home. OCCG would also explore and develop options for online patient consultation in general practice, especially the website-based triage and consultation tools such as WebGP eConsult (as developed and tested by the Hurley Group) and GP Access AskmyGP. Both tools have been proven to be effective in dealing with increased patient demand for low-intensity consultations, especially in younger and more IT-literate populations, and would likely be valuable in improving practice sustainability and streamlining patient pathways in practices with such populations, such as in Banbury and Oxford, which is also where our most vulnerable practices are located. During 17/18 we will deliver the Care Homes virtual consultations and Virtual Ward. The Diabetes consultation pilot will be rolled out across the county. During 18/19 the more sophisticated on-line consultation tools will be delivered.
General Practice Resilience Programme *Schemes to support vulnerable practices and promote sustainability.*	**TBC**	TBC	The CCG has been working with the local NHS England team in considering requests for funding under the scheme launched in September 2016. 14 practices are being supported in 2016-17, primarily with intensive practice management recruitment support. The full budget has been allocated but will be managed by the CCG to ensure maximum benefit including for practices that become vulnerable in the future. The Vulnerable Practice and Resilience Funds have enabled primary care and quality leads to gain an understanding of the factors that lead to vulnerability and the potential support that can be offered. This has included developing a local pool of practice managers with particular expertise. The CCG will be exploiting this resource, along with organisations offering professional consultancy, to ensure that we can not only respond rapidly when practices become vulnerable, but can also take a more proactive approach to supporting practices to prevent crises occurring.

Lead: Dr Meenu Paul			To further support individual GP resilience and encourage retention of GPs the CCG has also provided additional funding for GP leaders in the form of a 'Lead! Manage! Thrive!' educational event to be delivered initially in March 2016, evaluated and potentially repeated in 17-18 and 18-19 alongside clinical training.
4. Workforce			
Training Care Navigators/Medical Assistants **Lead: Jill Gillett**	**£124,654**	**£125,416**	There are currently three Care Navigator services being delivered in Oxford City and Abingdon, two as legacy projects from PMCF, and further Social Prescribing pilots are in development. The CCG has committed to commissioning the OXFED their service in 2017-18 and the pilot at Bury Knowle practice is currently being evaluated with a view to considering for commissioning from CCG sustainability funds in 2017-18. The CCG plans to consult with locality groups, LMC etc. about the potential for implementing more widely, including working with current providers and training organisations to expand availability of care navigators/social prescribers via training and mentoring programmes to be commissioned during 2017-18 and 2018-19 from the funds allocated.
Reception & Clerical Staff Training *Training in active signposting and document management* **Lead: Jill Gillett**	**£62,000**		Funding received and committed for 16-17 and Primary Care/Quality leads are working with practice managers and federation leads to develop training programmes in 2017-18. The Resilience Fund application process has provided useful feedback about the specific training needs, which relate primarily to clinical documentation management to free up GP time, but also cover receptionists supporting the management of patient flows.
Clinical pharmacists in General Practice **Lead: Sara Wallcraft**	TBC	**TBC**	Expressions of Interest have been received from 11 practices and one federation, all of whom are keen to progress this option as soon as possible. The CCG will be supporting them in accessing the opportunities provided by the NHS E funding of the programme. This could have a significant impact upon the resilience of practices that are having difficulty in recruiting GPs and will support the drive to broaden the clinician base in general practice. The CCG has just received information on the next round of the bidding process and will work with interested practices to ensure bids are submitted.
Workforce development			Transformation Workforce Plan Priorities • To increase capacity in primary care • To upskill existing staff • To bring in and expand new roles • To reduce the bureaucracy of reporting To deliver the proposed changes for the population primary care will need to develop a wider

Lead: Dr Paul Park			skill mix and allow GPs and other practitioners to operate 'at the top of their license' with simpler or more routine tasks being picked up by others. Use of technology such as Skype or FaceTime for tele-consultations and to support a secondary care interface will play a key role. An essential part of a sustainable general practice is to reduce current workload. An audit done by the primary care foundation of 5,128 appointments found that 26% of them were potentially avoidable GP consultations. It is essential that other services are put in place so that GPs only see those patients that require their skills. Working at scale within multidisciplinary teams alongside outreach community and acute clinicians and social care staff requires a coordinated workforce plan that addresses Oxfordshire's key challenges in recruiting and retaining people at all levels of care delivery. Oxfordshire's transformation workforce plan also details work required to develop new roles in primary care. There are a wide range of functions currently undertaken by general practice that could be done by other healthcare professionals or at other community locations. The workforce plan will reflect the Prime Minister's Challenge Fund pilot projects, including same day urgent neighbourhood hubs, early visiting nursing and care navigators. The workforce plans consider skill mix and pilots to evaluate the role and value of roles such as physicians' assistants and new and novel ways of attracting staff to work in Oxfordshire, such as GP Fellow schemes. Oxfordshire's transformation workforce plan also details work required to develop new roles in primary care. There are very clear needs for having the ability to train the workforce which is needed to deliver the locality, neighbourhood and primary care workforce. This means that to reduce the demands on GP workforce we would upskill the other members of the team. The workforce which will need to be skilled up includes receptionist and practice manager; health care assistant (health checks, phlebotomy, ECGs etc), practice nurse, ANP and Community nurses (band 4-6); extended GPs and complex medicine practitioners; skilling community pharmacists to promote self-care and deal with minor illnesses.

NHS England Calculation of CCG Population Growth Rates

Registered Lists				
2016	**2017**	**2018**	**2019**	**2020**
720,830	725,161	729,591	733,718	737,809