OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting: 6 November 2018	**Paper No: 5**

Title of Paper: Primary Care priorities for 19/20 and GP Forward view (GPFV) update for 18/19

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**		**Information**	✓

Purpose and Executive Summary:
This report presents progress against the GP Forward View including progress made against NHSE funding for components and sets out the CCGs priorities for 19/20. Further work will need to be undertaken with system partners and stakeholders to further develop these priorities and ensure that they have smart objectives, measurable outcomes and key milestones

Financial Implications of Paper:
This is contained within the paper and includes a mixture of CCG funding and NHS E funding.

Action Required:
OPCCC are asked to
➤ Note the progress with 18/19 priorities
➤ Comment on the proposed priorities for 19/20
➤ Note the next steps in developing these priorities including liaison with key stakeholders and developing clear milestones and outcomes expected.

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:
The locations of the extended access hubs have been reviewed, especially in the

City, to ensure that they are accessible to all patients.

Link to Risk:
AF26 Delivery of Primary Care Services
799 – Workforce in Primary Care
789 – Primary Care estates

Author: Julie Dandridge. Deputy Director. Head of Primary Care and Localities

Clinical / Executive Lead: Diane Hedges. Chief Operating Officer

Date of Paper: 23 October 2018

Primary care priorities for 19/20

1. Background

In 2017 the CCG agreed the Primary care Framework which seeks to set out a framework for delivery of the Oxfordshire's vision for Primary and Community Care –

To provide a 21st century modernised model of care that works with patients across neighbourhoods and locality populations to provide enhanced primary care, extended primary care teams, and more specialised care closer to home delivered in partnership with community, acute and social care colleagues.

This together with the GP Forward View (GPFV) and local implementation plans aimed to ensure that Primary Care remained the cornerstone of the NHS going forward.

In 2018, we published the locality plans which described actions necessary to ensure primary care sustainability. Many aspects of the plan have now been implemented. During this time the CCG has also been delivering the key components of the GP Forward view and an update on outcomes and achievements is detailed in Appendix 1.

2. Context

Locality plans highlighted the pressure on primary care and the need to do things differently if primary care was to support the whole system. Additional pressures have arisen as a result of practices finding it difficult to recruit partners, salaried GPs and other staff and population growth demanding new expanded estates it is clear that these two issues need to be priorities for 19/20. These priorities will address all three of the CCG primary care risks.

2.1 Sustainability of Primary care

The early part of 18/19 has seen the end of an APMS contract (and subsequent re-provision) and notice served by partners on another contract. Population growth by at least 22,400 (3.5%) in the last 5 years has also seen the need for areas such as Didcot and Bicester to look for innovative ways of providing primary care services to meet the needs of the growing population, taking into account advances in technology. During 19/20 there will be a need to be more proactive in identifying practices that may come into difficulty, developing sustainability plans across neighbourhoods and localities and finding innovative solutions for the provision of primary care.

2.2 Primary Care Estates

Locality place based plans identified concerns for primary care estates. Initial modelling based on the forecast for 85,000 additional homes by 2031 estimated that

around 200 additional clinical rooms will be required in community settings across the localities to support growth, of which 170 will be needed for GMS/Primary care with the remainder for additional community services. Some work has already been done to estimate, using the same growth forecast and timescale that the annual revenue consequences for primary care premises (NHS reimbursable costs only) could increase rent reimbursement by approximately £3.45m (against a current budget of £11m) unless innovative and cost effective solutions can be found.

With the number of planning applications increasing and 23 separate estates requirements identified as part of the plan, prioritising work on estate during 19/20 will be important. This will be aided by a joint post primary care estates post across Oxfordshire and Buckinghamshire CCGs who is due to start in January 2019.

2.3 Primary Care workforce

An Oxfordshire workforce survey carried out in late 2017 (and soon to be repeated across the STP) indicated that at the time there were 21 GP vacancies and a need for an additional 84.5 GPs in order to meet the needs of the increased population expected from the housing growth over the next 10 years. Again we will need to mitigate some of this with innovative means to meet need through a range of approaches and skill mix solutions. It is also evident that practices become increasing vulnerable as partners retire and they are unable to replace them.

The CCG has been undertaking specific pieces of work to improve the situation such as workflow optimisation training, clinical updates for GPs and nurses and the resilience scheme. The CCG currently has a primary care workforce strategy in development which aims to bring together these aspects as well as addressing the gap on how to close the gap in predicted workforce. This will need to be closely aligned with the whole system needs for workforce.

It will be imperative that during 19/20 special focus is given to implementing the strategy.

2.4 Primary Care Networks/Neighbourhoods

Whilst this has been our direction, nationally, there is emerging evidence that practices, patients and the wider health and care system could benefit from becoming part of a local Primary Care Network. In Oxfordshire, these have been termed "neighbourhoods" with 18 neighbourhoods clearly articulated in the Locality plans published in March 2018. Oxfordshire currently has 17 neighbourhoods as two in Oxford City combined.

Neighbourhoods are based around a GP registered list of approximately 30,000 – 50,000 patients. They build on the core values and strengths of general practice whilst also encompassing other partners, such as social workers, community nurses, pharmacists and care navigators. They aim to provide coordinated care in a more resource-efficient way. They are also well placed for promoting self-care, prevention and holistic care for patients with chronic conditions.

Neighbourhoods need to be small enough to maintain continuous care, local ownership and personal relationships between staff but large enough to provide

economies of scale, resilience, neighbourhood multidisciplinary teams, and joint recruitment.

Working in neighbourhoods is likely to become a key part of the 10 year plan and Oxfordshire has a good basis on which to build. However, as time progresses, it is clear that we will see greater national encouragement in this direction. Neighbourhood working is referenced in various national documents, such as *Refreshing NHS Plans 2018-19* and *NHS England Quality and Outcomes framework review 2018*.

Some Practices in Oxfordshire have been working together for some time sharing specialist staff such as Clinical Pharmacists or Mental Health Workers and delivering services across a Neighbourhood (frailty pilot in rural North).

It is clear that one of the key priorities for 2019/20 will be to utilise our neighbourhoods as building blocks for primary care and develop them to improved maturity (as defined by the national index of primary care maturity).

3. Proposed priorities

Priorities for primary care for 19/20 need to be further developed with Locality Clinical Directors, local Federations, LMC and other members of the Oxfordshire system including OCC, OHFT and OUHFT. It will be imperative that these are also aligned with Buckinghamshire CCG and the wider STP work on primary care. Further work will need to be done to ensure that this is embedded within the Oxfordshire system.

Proposed primary care priorities for 19/20 include:

a. delivering sustainability of primary care through innovative solutions which will contribute to the whole system
b. establishing a clear primary care estates strategy and investment approval process
c. implementing the primary care workforce strategy
d. further developing neighbourhoods as delivery unit for primary care

OPCCC are asked to

➢ Note the progress with 18/19 priorities
➢ Comment on the proposed priorities for 19/20
➢ Note the next steps in developing these priorities including liaison with key stakeholders and developing clear milestones and outcomes expected.

Appendix 1

GP Forward View (GPFV) 18/19 update

Priorities	Funding Value 18-19	Milestones and outcomes	RAG	Update October 2018
Improving Access Extended access successor to General Practice Access Fund (GPAF) Successor to PMCF. £6 per weighted pt. in 17-18 & 18-19. National allocation Lead Hannah Scarisbrick-Rowe	£3,986,000	**Outcomes** ➤ No. of extended access hours to be delivered in 18/19 = 4000+ **Key milestones for 18/19** April 18 – contract extensions in place May 18 – procurement of service for 18/19 to commence Oct 18 – 111 direct booking of extended access appointments April 19 – New specification delivered		**Outcomes to date** ➤ Between April and August 1800 hours of extended access appointments have been provided. ➤ On track to deliver target of more than 4000 hours of appointment during 18/19 **Exception report** It has been agreed to extend the contracts for extended access alongside a number of other contracts (out of hours, additional hub appointments) on the basis of getting a collaborative approach to delivery of all these services. It is expected that there will be a move to managing the contracts through the Oxfordshire Care Alliance with each provider present. A multi organisational co-design workshop will be arranged to discuss the principles of delivery. Two hubs have been trialling direct booking by 111 although technical difficulties have meant that this has not rolled out further at this stage.

Workforce Lead: Hannah Scarisbrick- Rowe	NHSE GPFV £18,500 (PM Training) OCCG- £90,000	**Outcomes** ➢ GP training delivered to 200+ GPs ➢ Nurse training delivered to 100+ nurses ➢ Practice Manager training delivered to 35+ Practice Managers **Key milestones for 18/19** June 18 – recommission GP and Nurse training for 18/19 and 19/20 June 18 - Confirm whether PM training budget will come to CCG and procure training.	🟧 🟩	**Outcomes to date** Funding agreed for 14 Practice Managers to undertake a chosen course supporting their role. DPO training to be provided for all PMs across the county. **Exception report** Currently on hold.
	OCCG- £0	**Outcomes** ➢ Workforce strategy and Implementation plan in place ➢ Strategy addresses shortfall of 120 GPs by 2031 **Key milestones for 18/19** June 18 – workforce strategy completed Aug 18 – implementation plan in place	🟧 🟧	**Outcomes to date** The draft strategy addresses the short fall in GPs **Exception report** The primary care workforce strategy is currently in its final draft and will be agreed internally before being presented to OPCCC for final sign off. Development was delayed due to identifying other stakeholders such as the Oxfordshire Training Network and the BOB STP primary care workforce to assure any development was aligned. Once the strategy is agreed an implementation plan will be produced
	NHSE- £156,000 (Clinical Pharmacist in Care Homes)	**Outcomes** • 7 additional Pharmacists in place across Oxfordshire • Other healthcare workers piloted		**Outcomes to date** Additional Clinical Pharmacists in place in SE, SW, W, City, NE and N localities Additional Mental health workers in place in SW, North and City localities

		Key milestones for 18/19		Exception report
		June 18- Clinical Pharmacists and mental health work schemes implemented	🟩	The evaluation of the schemes has been delayed due to the time taken to appoint the staff. All schemes are for one year only. The NHS E scheme has been deferred to 19/20
		June 18 – decision made on taking forward Care Home Pharmacists NHS E scheme	🟩	
		Oct 18 – First evaluation of above schemes	🟧	
	--	**Objective** ➤ At least 10 international GPs in place by April 19		**Outcomes to date** None
		Key milestones for 18/19 Nov 18 – recruitment to begin April 19 – first international recruited GP in place	🟥	**Exception report** The national emphasis on this scheme has changed as recruitment was becoming difficult. Possible international doctors can now choose where they wish to be placed rather than being allocated. The South has been the most successful region in terms of numbers of interviews and appointments to date.
	OCCG funding City-£484,325 £30k in SE	**Outcomes** ➤ Successful funding for bid ➤ 2.2WTE additional care navigators on place		**Outcomes to date** VSCE Bid successful. Additional care navigators due to start in November 2018
		Key milestones for 18/19 June 18 – SE scheme to be agreed June 18 – enhanced Oxford City scheme in place July 18 – update on VCSE funding bid Nov 18 – schemes to be evaluated using national framework	🟩🟩🟩🟩	**Exception report** None
Investment Lead-Matthew	CCG funding	**Outcomes** ➤ All practices to have had 2 x protected learning time events to explore opportunities arising from working at scale to support		**Outcomes to date** The scheme is underway and practices are participating in the requirements

Epton NHS E requirement for CCG to invest £3/patient over 2 years	£1,191,624 **Local Investment Scheme**	sustainability. ➤ All practices to be managing test results and clinical correspondence in line with countywide best practice. ➤ All practices to hit national target of 75% of patients aged 14+ on practice QOF Learning Disability register receiving an LD annual health. **Key milestones for 18/19** April 18 – Investment scheme commences Sep 18 – Practice meetings to explore working at scale and opportunities for sustainability Dec 18 – Engage Localities in the development of the 19/20 LIS Dec 18 - Practices to share learning and examples of best practice/good quality Mar 19 – Locality meeting to review practice sustainability plans. Mar 19 – LD/Autism elements of the LIS met May 19 – evaluate practice achievement	🟩🟩🟩🟩🟩🟩	**Exception report** None
Networking- Julie Dandridge	-	**Outcomes** ➤ Delivery of working at scale training event ➤ Delivery of services at Neighbourhood level ➤ All practices to have had 2 x Protected learning time events to explore opportunities arising from working at scale to support sustainability **Key milestones for 18/19** June 18 - Insulin initiating and diagnostic spirometry commissioned at neighbourhood level September 18 – other services that could be delivered at neighbourhood level are identified April 19 – further services commissioned at neighbourhood level	🟥🟧🟩	**Outcomes to date** Working at scale event held in July 2018 and attended by 39 practices Some neighbourhoods are delivering services such as shared workforce or proactive frailty pilot **Exception report** An attempt was made to commission insulin initiation at neighbourhood level from the Federations who declined. As a result this service is now commissioned direct from practices. Diagnostic spirometry is now part of the respiratory project. Neighbourhoods are developing their own services and this will be further prioritised through 19/20.

ETTF Lead-Hannah Scarisbrick-Rowe	£575,000	**Outcomes** ➢ At least 6 practices assisted with Minor improvement grants **Key milestones for 18/19** June 18 – request expressions of interest from practices for minor improvement grants July 18 – prioritise schemes for funding Sept 18 – schemes to start		**Outcomes to date** 11 (up to 14) practices awarded minor improvement grant funding **Exception report** None
	--	. **Outcomes** ➢ Projects contained within STP Strategic Estates Workbook ➢ Reserved matters application submitted for Didcot ➢ 4 priority projects supported going forward **Key milestones for 18/19** May 18 – inform NHS PS on primary care requirements for STP strategic estates workbook June 18 – agree prioritisation criteria and scoring July 18 – submit reserved matters application for Didcot site		**Outcomes to date** ➢ STP Strategic estates workbook submitted by STP containing Oxfordshire Primary care schemes ➢ Reserved matters application submitted for Didcot ➢ 3 priority projects identified as Bicester, Wantage and Didcot **Exception report** Draft prioritisation criteria were presented to OPCCC in May 2018. However with the appointment of an Estates Development Manager for both Buckinghamshire and Oxfordshire CCGs the plan will be to continue this work across the two geographies.
		IT **Outcome** ➢ 9 practices trialling on line triage **Key Milestones for 18/19** Q2- Phase 1 of interoperability project enabling GP Practices and OUH to view the data in each other's records. May 2018- Assessment of network and internet speed issues for resolution plan to be developed. May 2018- Risk assessment of Primary Care's current cyber security risk. June 2018- Contract award of Online Triage Solution Oct 2018- Mobile working strategy developed		**Outcomes to date** ➢ 12 practices in phase 1 of the online triage roll out **Exception report** The Primary care digital group is overseeing both the network and internet speeds for General Practice and the mobile working strategy. Data is currently being collect on internet speeds and mobile working is being tested with 3 different types of device. A new system wide Cyber Security group has been set up and primary care risk assessment will be considered as part of its programme of work.

Sustainability and Resilience Lead-Matthew Epton and Zoe Kaveney	tbc	**Resilience Funding** **Outcomes** ➢ At least 3 practices supported to deliver working at scale **Key milestones for 18/19** December 18 – 75% of NHS E funding committed and spent March 18 – 100% of funding committed and spent	🟩🟩	**Outcomes to date** ➢ 2 schemes have been supported to deliver working at scale in Oxford and Banbury **Exception report** None
	CCG STF fund £4,000,000	**Outcomes** • 16500 visits to patients in their own home by visiting service • All patients in care homes receive support under proactive medical support to care homes **Key milestones for 18/19** April 18 – Home Visiting Contracts in place April 18 – Care home scheme contract extension in place June 18 – enhanced Oxford City care navigation scheme in place October 18 - Care Home review completed	🟩🟩🟩🟧	**Outcomes** ➢ 4096 visits delivered across Oxfordshire between April and August (PML & OxFed data only. Abingdon outstanding) ➢ 97/112 care homes covered by 47 practices **Exception report** Wider review of services for care home population across OCCG Bucks CCG in progress.
Time to Care	Social Prescribing funding NE, N and W £120,000	These high impacting actions are covered by the other elements in this table, plans for 18/19 include: **Outcomes** • 2.2WTE additional Care Navigators in place as part of the VSCE bid **Key milestones for 18/19** June 18 – SE scheme to be agreed June 18 – enhanced Oxford City scheme in place July 18 – update on VCSE funding bid Nov 18 – schemes to be evaluated using national framework	🟩🟩🟩🟩	**Outcomes to date** Recruitment underway **Exception report** None

| Provider Development Initiatives

Lead-Hannah Scarisbrick-Rowe | -- | **Interoperability of Patient Records**
Outcomes
➢ Pulling together information from primary and secondary care into a combined shared care record enabling improved patient care

Key milestones for 18/19
Sept 18– EMIS GP Practices and OUH able to view data in the shared record (Phase 1).
TBC – Users from Oxford Health, OOH and SCAS enabled so they can view the data feeds of the patient records on the other system | 🟧
🟩 | **Interoperability of Patient Records**
Outcomes
➢ Replacement for Oxfordshire Care summary, Health for you currently being tested

Exception report
Project has been delayed, beta testing with dummy patients is taking place and there is a practice identified to run with real data. |
| | NHS E GPFV funding £250,832 | **Online Consultation**
Outcomes
9 practices delivering online triage

Key milestones for 18/19
May/June- Solution Procurement
Q2-Q3 (18/19)- Wave 1 Practices roll out
Q4 (18/19)- Wave 2 Practices begin roll out
19/20 Onwards- Wave 3 Practices begin roll out | 🟩
🟩
🟩 | **Online Consultation**
Outcomes to date
12 practices identified as part of Phase 1

Exception report
None |