

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	4 September 2017
Officer	Rob Payne, Head of Primary Care, NHS Dorset Clinical Commissioning Group
Subject of Report	Primary Care Update
Executive Summary	The purpose of this report is to provide further assurance of the work being undertaken in Primary Care reflecting our Strategy, to support quality and contract performance, address areas of General Practice vulnerability and develop local plans for sustainability and transformation. This report provides an update on a number of key work areas including Strategy delivery, the GP Forward View (GPFV) Programme areas.
Impact Assessment:	Equalities Impact Assessment: Yes (NHS Dorset CCG)
	Use of Evidence: NHS England General Practice Forward View April 2016
	Budget: Additional investment in primary care from CCG core allocation and further NHS England investment in access to primary care from 2017.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)

NHS Dorset Clinical Commissioning Group – Primary Care Update

	<p>The CCG operate a risk assessment process. The risks associated with General Practice are reflected in the CCG Corporate Risk Register.</p>
	<p>Other Implications: N/A</p>
Recommendation	<p>The Committee is asked to note and comment on the contents of this report.</p>
Reason for Recommendation	<p>This paper is presented in response to a request from the Committee. The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.</p>
Appendices	<p>1 Menu of Support for General Practice 2 Transformation investment by CCG locality 3 Locality transformation teams</p>
Background Papers	<p>Report to Dorset Health Scrutiny Committee, 9 March 2017 (agenda item 6): DHSC report Primary Care Commissioning Strategy March 2017</p> <p>Report to Dorset Health Scrutiny Committee, 21 December 2016 (agenda item 60): DHSC report Draft Primary Care Commissioning Strategy Dec 2016</p> <p>Report to Dorset Health Scrutiny Committee, 6 September 2016 (agenda item 37): DHSC report Changes to commissioning of primary care services Sep 2016</p>
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1. Introduction

- 1.1** The purpose of this report is to provide further assurance on the work being undertaken in Primary Care reflecting our Strategy, to support quality and contract performance, address areas of General Practice vulnerability and develop local plans for sustainability and transformation in line with the delivery plan for GP Forward View (GPFV) and NHS England (NHSE) assurance.
- 1.2** The 12 General Practice groups are developing detailed delivery plans across all GPFV areas. A network has been established working with newly appointed Project Managers to share best practice and learning and ensure alignment of this work to Strategy delivery.
- 1.3** To monitor progress against Primary Care strategic ambitions, a Primary Care Outcomes Framework has been developed. The framework covers: improving quality and sustainability to reduce variation across Dorset.
- 1.4** A series of meetings have now been planned with NHSE ACS Primary Care team to support the Accountable Care System (ACS) Primary Care workstream.
- 1.5** An NHSE ACS Primary Care team visited Dorset and met with Directors and Clinical leads to consider the key areas of development for primary care. This included discussions around GP Forward View delivery, improving access, new models of care, developing clinical networks, innovation to deliver improved estates and technology, using data to improve quality and address variation, new contract models for at-scale working and developing locality transformation plans.
- 1.6** The NHSE ACS Primary Care team were very interested to hear our plans for rolling out integrated teams based on the learning from the Weymouth hub.
- 1.7** The intention of this work is to support Dorset plans for Primary Care as part of the ACS as well as to inform and influence national policy drivers and resource allocations to support our local plans. A further meeting with leads from each ACS site is to be held in London this month.

2. Contract Management

- 2.1** Eight requests for partnership changes have been received and are being processed.
- 2.2** One practice merger took place on the 1 July 2017 between Wyke Regis Medical Centre and Lanehouse Surgery in Weymouth. Three are scheduled for October 2017: Herbert Ave and Heatherview Medical centre in Poole, Kinson Road and Durdells Ave in Bournemouth, and Burton Medical centre, Barn surgery and Orchard in Christchurch.
- 2.3** One practice closed down on the 30 June 2017 with the patient list dispersed to neighbouring practices.

- 2.4** A contract management protocol has been developed with the Wessex Local Medical Committees (LMC) which is the statutory representative body for GPs and their Practices, operating across the counties of Dorset, Hampshire, the Isle of Wight, Bath & North East Somerset, and Wiltshire. This protocol outlines how practices will be supported and developed. Practice support, development, performance monitoring and management is overseen by the Practice Profiling and Contract Management group which meets monthly and reports to the Primary Care Operational Group (PCOG).

Outcomes Framework for Primary Care

- 2.5** We have developed a new framework to provide the CCG's Governing Body with an overview of where each general practice is in relation to meeting a number of objectives and key outcomes aimed at improving quality and sustainability.
- 2.6** The suggested reporting programme for this framework is for all areas to be reported to the PCCC and Governing Body on a six monthly basis.

3. Transforming Primary Care

- 3.1** The CCG continues to monitor and report progress in respect of:

- GPFV assurance;
- Transforming Primary Care delivery programme.

General Practice Forward View Assurance

- 3.2** NHSE has requested full assurance from CCGs, by the end of July 2017. Dorset is fully assured for all domains with the exception of Workforce and Infrastructure. Whilst plans are in place to progress firmer delivery and implementation and address specific issues raised from initial NHSE feedback, some aspects are dependent on the outcome of the Clinical Service Review in September.

Access

- 3.3** Under national extended access proposals, all CCGs have to set out plans to ensure that that primary care availability is increased by 45 minutes per 1000 population for all patients in Dorset by March 2019.
- 3.4** The CCG has already set a trajectory to achieve this as part of our GPFV delivery plans. We also have agreed to commission an integrated access model combining GP improved access and Urgent Care in Dorset and this has been approved by the Governing Body.
- 3.5** The CCG is currently discussing with NHSE how we may accelerate our current plans for implementation to achieve a revised trajectory of 50% by March 2018 as part of our work as an Accountable Care System.

Workforce

- 3.6** The Dorset Workforce Plan sets out the workforce challenges for Dorset and the anticipated shift in workforce from acute into primary and community care. This includes a section on primary care, which sets out broadly the numbers, skill mix and age profile of the workforce.
- 3.7** Our Primary Care Workforce Centre launched in April 2016, is actively addressing these workforce challenges including education and training, and recruitment and retention. Additional investment will be made in dedicated resources for Primary Care workforce planning in order to enable local models of care to be delivered. This work will also support the NHSE assurance requirements.

Infrastructure: Estates and Technology

- 3.8** Last year we were granted a total of £9 million to make capital investments in six estates and technology projects. The first two projects were successfully delivered by March 2017. They were:

Project 1 – Technology Enabling Care;

Project 2 – Telecare.

- 3.9** The four property projects that were allocated initial pre-project funds to develop Outline Business Cases are:
- Project 3 – New-build replacement for Wareham Health Centre;
 - Project 4 – Relocation of the Carlisle House Surgery into new leased premises;
 - Project 5 – Improved Utilisation and Refurbishment of the Boscombe and Springbourne Health Centre;
 - Project 6 – Refurbishment of the Parkstone Health Centre.

- 3.10** All four Outline Business Cases have now been approved by the CCG and shared with the NHSE (Wessex) Team. Work is now underway to procure appropriate consultancy services to support the development of Full Business Cases by December 2017. It is hoped that final approvals will be given by NHSE in late 2017 with capital funds then released for spend in early 2018. All schemes must be complete by March 2019.

Premises Improvement Grants

- 3.11** During 2016/17 36 GP practices were awarded minor grant funding for 63 projects. These improvements included clinical flooring to assist infection control, remodelling of reception areas to enable easier access for patients, and installation of automatic sensor taps. The total funding awarded was in excess of £250,000.
- 3.12** In 2017/18 minor grant funding of circa £291,000 has been made available.

- 3.13** Dorset practices have recently submitted bids (21 in total) and resulted in the shortlisting of three bids. These shortlisted bids will now be scrutinised more closely. Successful bidders will be notified by the middle of July 2017.

Locality Sustainability and Transformation Plans

- 3.14** Under the leadership of the GP Locality Clinical Leads and supported by the Primary Care team, each CCG locality has produced a high level plan, with East Dorset and Poole North submitting a joint plan.
- 3.15** Localities have drawn down funding allocations for key transformation support activities including: additional Protected Learning Time (APLTs) to support transformation planning; and, the employment of Project Managers. A Menu of Support available to General Practice has been developed including Primary Care Team support, wider CCG support and external system-wide support, this will be up-dated bi-monthly. (Appendix 1)
- 3.16** Transformation investment has been made available for clinical and business leadership, project management and a range of expert resources including estates, workforce planning, training, and community engagement. (Appendix 2)

Public and stakeholder engagement

- 3.17** Engagement is a key part of the transformation process. The first stage of the engagement plan is to ensure each locality has a comprehensive audience (or stakeholder) list which is near to completion for all localities. This will ensure we engage the right people in the right way, at the right time in each area, as documented in the overarching Engagement Plan.
- 3.18** Engagement workshops which will include, local councillors, Healthwatch and Patient participation groups are being planned to be held in each locality to make sure this engagement builds stronger local relationships and enables plans to be co-produced. It is anticipated that these will start in the Autumn of 2017.
- 3.19** The voice of local people and local stakeholders will be heard and on-going process of developing relationships and partnerships will be in place. The Primary Care team and CCG Communications team will support Engagement Workshops.

Next Steps / Priorities

- 3.20** To continue to work with GP locality Chairs and local transformation teams (Appendix 3) to ensure local plans are further developed and delivered for sustainability and transformation across all Dorset practices.
- 3.21** To support localities to develop more detail plans and milestones.
- 3.22** To ensure learning is shared across localities to support localities to work at pace.

4. Conclusions

- 4.1** There has been significant progress made over the last few months with enabling the delivery of our Primary Care Commissioning Strategy and GPFV ambitions.
- 4.2** The challenge now will be to develop plans to accelerate this work to realise the opportunities of working as an accountable care system.

5. Recommendation

- 5.1** The Committee is asked to note the Primary Care update report and the next steps for the local delivery models, which will continue to be developed through working collaboratively with Practices, and engaging with local people.

Appendices	
Appendix 1:	Menu of Support
Appendix 2:	Investment by Locality
Appendix 3:	Locality Transformation team