

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

27th November 2018

Title of the report:	Primary Care Implementation Plan Update
Section:	Delivery
Report by:	Ian Potter, Director of Primary Care
Presented by:	Ian Potter, Director of Primary Care

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper Details:	
Please state relevant Constitution provision	<p>5.1.1 Commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:</p> <ul style="list-style-type: none"> • all people registered with member GP practices; and • people who are usually resident within the area and are not registered with a member of any clinical commissioning group <p>9.2.1 As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act, the Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Group will be taken and seen to be taken without any possibility of the influence of external or private interest.</p>
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A

Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the Board	To note direction
Discussed by	CMT, Governing Body
Alignment with other strategies	WLCCG Primary Medical Care Plan, WLCCG Community Services Plan, LLR BCT
Environmental Implications	
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Federations at 4Fed Board meetings

EXECUTIVE SUMMARY:

1. The purpose of this paper is to provide an overview of and update on the work undertaken to develop a Primary Medical Care Implementation Plan to support the effective commissioning of services in 2019/20. A brief update is also provided on the 2018/19 Federation QIPP scheme.
2. The paper has been has been informed by and includes reference to the CCG Board Timeout held on 13th November 2018

RECOMMENDATIONS:

The Board is requested to:

NOTE the contents of the report

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INTRODUCTION

1. The purpose of this paper is to provide an overview of and update on the work undertaken to develop a Primary Medical Care Implementation Plan to support the effective commissioning of services in 2019/20.
2. The paper has been informed by and includes reference to the CCG Board Timeout held on 13th November 2018.

BACKGROUND

3. It is well documented that the NHS is facing a wide range of challenges driven by a range of factors including; our ageing population, rising costs, changing patient expectations and advances in medicine and technology. These challenges manifest in many ways including the unprecedented pressure on the urgent care system but are not limited to the urgent care system and impact across all aspects of the NHS.
4. The King's Fund report published in 2016, "Understanding the pressures of General Practice" set out a clear picture of crisis in general practice recognising that increased workload impact on general practice has not been matched by growth in funding or workforce. The report illustrates that general practice is not just faced by higher volumes of patients but that the work is becoming more complex and intense primarily due to the ageing population and increasing number of people living with long term conditions.
5. The GP Forward View published in April 2016, was response to the challenges faced by general practice and committed more resources to support general practice services. The commitment of this investment is made on the basis that general practice is the foundation of a high performing healthcare system as illustrated by a quote from Simon Stevens, Chief Executive of the NHS, "If the general practice fails, the whole NHS fails."
6. Despite the challenges faced by general practice, the CQC in its recent report "The state of care in general practice" identified that practices provide safe, high quality care despite the challenge of rising demand. This national picture is backed by performance for West Leicestershire where 90% of our practices are rated good or outstanding.
7. Over the last 5 years, the CCG has committed to a clear strategic vision supporting the development of general practice recognising the fundamental role practices currently play in the system but also that there is a need for change. Investing in Federations and supporting working differently, and at scale, continue to be priorities and are arguably becoming more important as the system is becoming more challenged.

PROPOSED DIRECTION

Board Timeout

8. At the recent Board Timeout held on 13th November 2018, clinical and managerial leads presented an approach to developing a primary medical care commissioning plan that would bring together and align all primary care resources into one coherent approach.
9. The presentation outlined a wide range of issues which impact on the development of the plan, particularly:
 - a. The challenges facing the NHS
 - b. The system vision of moving from “hospital centric to primary and community care” and the importance of general practice to this vision
 - c. The challenges facing general practice and associated impact
 - d. Gaps in commissioning and the actions general practice is required to implement as part of the system vision
10. The overall aim of the plan was described and agreed as:

“To achieve a sustainable and resilient General Practice working at scale with patients and partners to deliver high quality safe and effective care to patients”

11. Further discussion at the Board Timeout demonstrated support for the proposed direction and a commitment to work up the plan in greater detail including:
 - a. Scope and scale
 - b. Defining the outcomes
 - c. Governance structures
 - d. Development of an appropriately resourced implementation plan to support delivery

12. The following sections highlight progress made against these areas:

Project Management

13. A project initiation document (PID) has been created and submitted as part of the LLR Programme Management Approach supporting the 2019/20 planning process. The PID defines the project, ensuring the project has a sound basis, provides a base against which progress can be measured and provides a single source of reference for the project.
14. The PID will be finalised over the next 2 weeks and will support the development of a business case which will detail the case for change, evidence base, scope, project milestones and outcomes measures etc.
15. An important part of the PID is the development and agreement of the project team structure including roles and responsibilities. Given the importance of the work and interdependencies with other work streams it is proposed to develop a new group to

oversee implementation of the PID and Business Case. The group will be chaired by Dr Nil Sanganee (Board Member with Primary Care Portfolio) supported by members from key directorates across the CCG. The initial meeting of the group will take place in the first week of December and the group will report into the Primary Care Commissioning Committee.

Scope and Scale

16. The primary care commissioning plan will determine how the CCG fulfils and maximises the use of our commissioning responsibilities to deliver against organisational and system priorities.
17. To do this the plan will set a clear strategic direction, with priority work streams aligned to overall priorities. It is important to note that each work stream will use an appropriate project management approach to ensuring outcomes are achieved and interdependencies mapped and acted upon. It is envisaged that this approach will lead to more robust and effective implementation and delivery of the agreed outcomes.
18. The following table highlights the key work areas, priorities and high level outcomes.

Work Area	Priority Focus	Outcome
GMS / Core	Tackling variation in access Use of data to drive clinical commissioning Sharing best practice	Measurable improvement in access in lowest performing practices
PMS / FDR	Desk top review to ensure strategic alignment, noting 19/20 will be year 4 of 5 year agreement.	More consistent offer to patients across member practices Commissioning gaps identified

Work Area	Priority Focus	Outcome
GP Provided Services (Community Based Services)	Update specifications both clinical and financially, check alignment with strategic priorities and opportunity to deliver at scale.	Patients have access to appropriate services at practice / community level Commissioning gaps identified
GP Forward View	Evaluate Extended Access pilot and use learning to commission service Online Consultations High Impact Actions Phase 1 International GP Recruitment LLR Retention Plan	Patients have consistent access to evening and weekend appointments Patients taking a greater proactive role in management of health and well-being All 75% of practices engaged in active signposting 75% of practices implementing correspondence management to reduce GP workload 14 GPs recruited by May 2019 (LLR) 30 GPs engaged in coaching and mentoring programme across LLR
Federation QIPP	LLR system requirements delivered at practice level Support gaps in services	Consistent implementation of "system requests" to agreed cohort of patients
Service Redesign	Federations / practices working at scale to responding to system requests to provide care in primary/ community	Greater range of services commissioned and provided in a primary / community setting

- 19.** The work streams outlined above will be supported by a number of key enablers including business intelligence, workforce planning, engagement and education including upskilling practices and federations in quality improvement methodology.
- 20.** Whilst the plan will be commissioned and delivered at a practice and federation level, it is important to recognise the need for transformation at both of these levels and the interdependencies with system priorities and plans.
- 21.** A useful example of these interdependencies will be the approach to meeting national requirements around improved access and maintaining the continuity of care which delivers significant benefits to patients and staff.

FEDERATION QIPP 2018/19

22. The 18/19 Federation QIPP Scheme has been designed to build on the engagement and successes achieved by the 17/18 Scheme to improve quality and reduce unwarranted variation, whilst also increasing the skills within practice teams and their capacity and capability by working at scale. Success of the scheme is reliant on Federations engaging and working with member practices to identify the best way to achieve the specified outcomes.

23. The 18/19 Federation QIPP Scheme is valued at £2.3m across the three WLCCG Federations and has four outcome areas:

- Sharing Good Practice, Working at Scale and Supporting New Models of Care
- Improving Quality of and Maximising Cost Effective Prescribing
- Delivery of General Practice Sustainability and Transformation
- Secondary Care Quality – Non-Elective, 1st Outpatients, Outpatients Follow-Up (also includes 'stretch' opportunity element)
- Stretch – Quality and Cost Effective Prescribing and Counting and Coding

24. Board members are aware that in September 2018, the CCG undertook a six month review of the scheme and following discussion at Board the PIC supported the continuation of the scheme.

25. The review was undertaken at a Federation level and included the following areas:

- Progress review against Federation Implementation Plan (Outcome Area 1)
- Progress against implementation of each Federation's detailed prescribing delivery action plan (Outcome Area 2a)
- Progress against implementation and progress measures in respect of Integrated Locality Teams and Extended Access (Outcome Area 2b)
- Data available to date with regard to acute and prescribing performance

26. Following further discussion at the Financial Recovery Group a proposal has been developed by the CCG to address a number of risks to implementation and re-energise the scheme for the remainder of 2018/19. In line with CCG governance arrangements the CCG's Procurement and Investment Committee will discuss the proposed changes on 3rd December 2018.

CONCLUSION

27. The report outlines the progress made in developing a Primary Care Implementation Plan for 2019/20 following the Board Timeout held on 13th November 2018. The

development of the plan draws on robust project management methodology and aligns to the overall approach taken to developing our commissioning plans for 2019/20.

RECOMMENDATIONS

The Board is requested to:

NOTE the contents of the report