NHS
West Hampshire
Clinical Commissioning Group

Primary Care Commissioning Committee

Date of meeting		**29 August 2019**	
Agenda item	**6**	**Paper No**	**PCCC19/059**

West Hampshire CCG General Practice Forward View 2019-20 Work Programme

Key issues	This report details progress to date against the agreed key priorities for delivery in 2019-20 in line with the five key components of the integrated care model and key enablers and the Primary Care Investment and Evolution Plan. The plan has been developed in line with the requirements of the National Primary Care Network Directed Enhanced Service (DES) and the West Hampshire CCG 2019-20 Operating Plan, building on the National GP Forward View Plan. The key priorities have been identified and agreed with Localities and Clinical Cabinet. Delivery will make a difference, both in terms of improved patient care, as well as supporting the sustainability of general practice. Changes will include; a focus on population health and prevention, more convenient access to care, general practice working together to meet local need, a focus on proactive joined up care for vulnerable people and those with complex need, a shift to community based care, care delivered by a wider range of professionals and new models of care.
Strategic objectives / perspectives	This paper addresses the following CCG strategic objectives: • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Develop the CCG workforce
Actions requested / recommendation	**The Primary Care Commissioning Committee is asked to note progress in delivery against the West Hampshire CCG GP Forward View Work Programme 2019-20.**
Principal risk(s) relating to this paper	The risks in relation to this paper are contained within the report.

Other committees / groups where evidence supporting this paper has been considered	Primary Care Steering Group Clinical Cabinet
Financial and resource implications / impact	The financial implications of the Primary Care Plan are within the primary care budget allocation.
Legal implications / impact	There are no legal implications arising from this paper.
Data protection impact assessment required?	No
Public / stakeholder involvement – activity taken or planned	Public and stakeholder engagement will be undertaken as an integral part of any proposed changes to service provision
Equality and diversity – implications / impact	As above
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Sponsoring director	Rachael King, Director of Commissioning: South West
Date of paper	22 August 2019

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General Practice Forward View Work Plan: 2019-21: Progress Report (July-19)

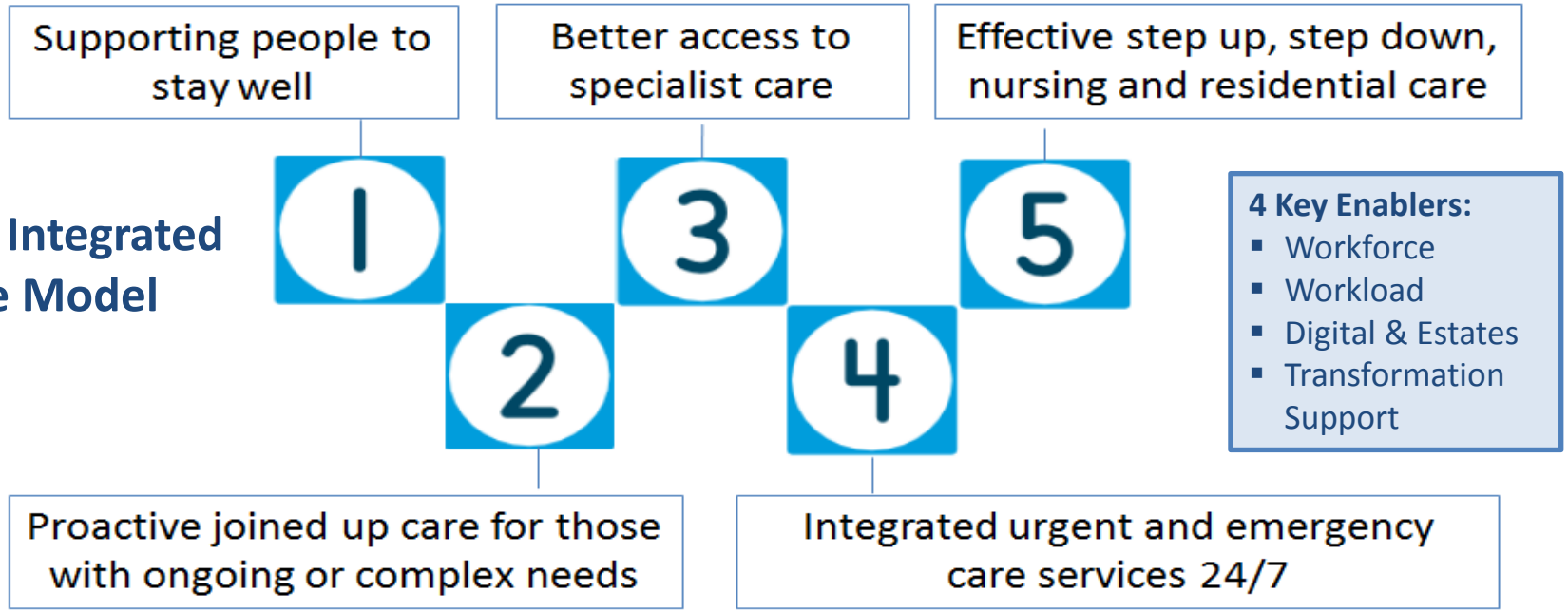





The Work Plan

The Plan sets out the priorities for delivery against the five components of our Integrated Care Model and the difference they will make – both to the health and wellbeing of local people and in supporting the future sustainability of general practice. The identified priorities form an integral part of wider system plans. The plan has been developed in line with the national framework for GP Contract Reform and the NHS 10 Year Plan and provides assurance regarding the effective discharge of the CCG's responsibilities under delegated commissioning.

Our Integrated Care Model



Context

The priorities have been informed by General Practice as to what will make the biggest difference in supporting future sustainability. This includes new models of care delivery and ways of working to manage rising demand, as well as supporting people to take greater control of their own health and wellbeing. This report sets out a progress update against delivery of the plan.

KEY PRIORITIES IDENTIFIED BY GENERAL PRACTICE

1. **REFERRAL SUPPORT**
2. **PRIMARY CARE MENTAL HEALTH**
3. **MUSCULOSKELETAL SERVICES**
4. **FRAILTY SUPPORT TEAM**
5. **PHARMACY**
6. **CHILDREN'S TEAMS**

'General practice is the bedrock of the NHS, and the NHS relies on it to survive and thrive'[1]

[1]A Five Year Framework for GP Contract Reform to implement The NHS Long Term Plan

Primary Care Networks

Primary Care Networks of GP Practices covering populations of 30,000 – 50,000 will work together alongside acute and community services and the voluntary sector to deliver better joined up care for local people. There are 13 Primary Care Networks in West Hampshire.

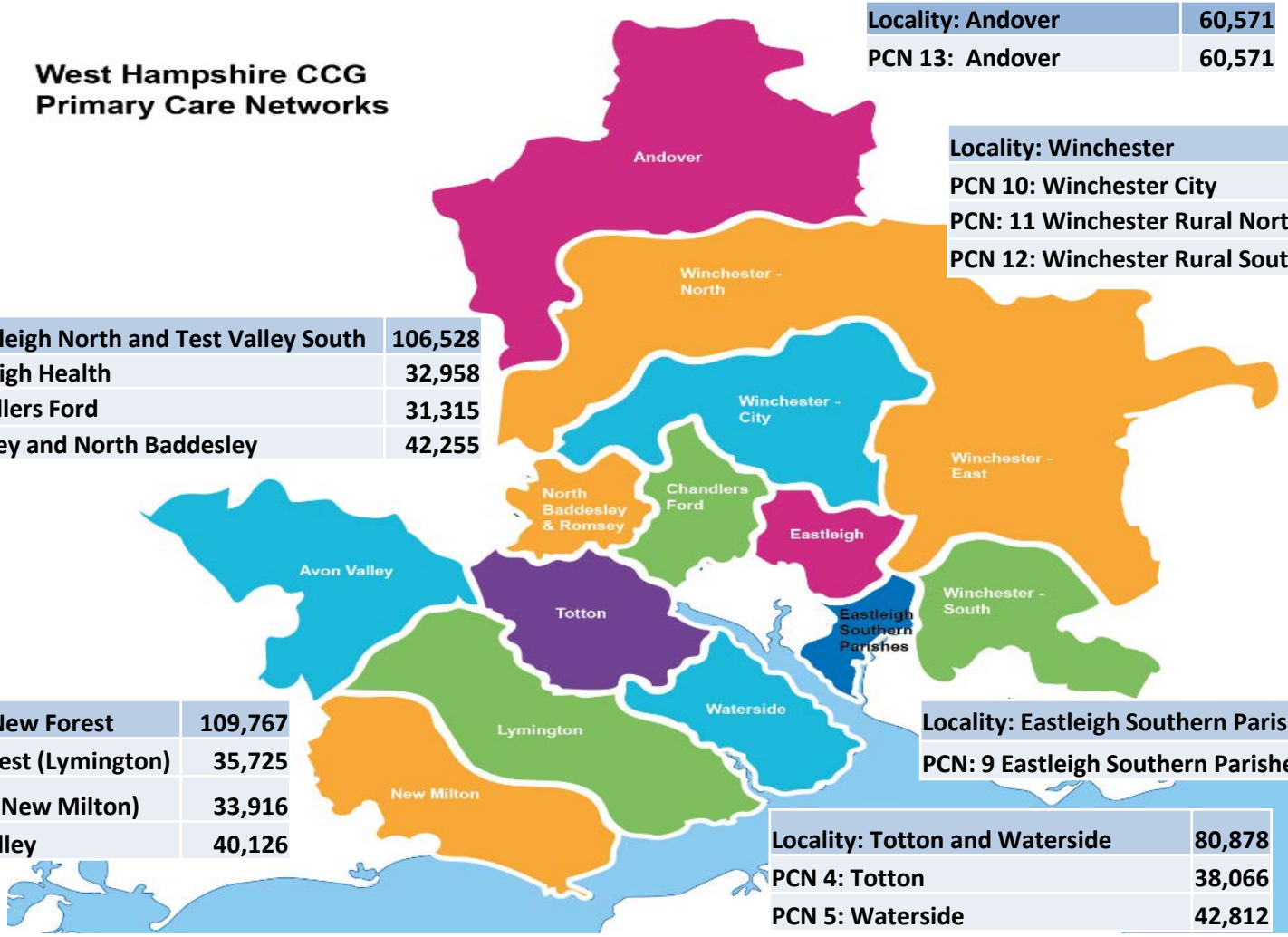
Primary Care Networks:

- Understand local need
- Understand their resources
- Have strong clinical and operational leadership
- Work together to provide joined up services that meet local need
- Are rooted in the communities they serve
- Support the sustainability of general practice
- Are the building blocks of Local Delivery Systems

Primary Care Networks

Priority	Progress Update	RAG
Establishment of PCNs **100% PCN coverage of WHCCG's boundary** **All PCNs to have an accountable Clinical Director**	WHCCG has 13 established Primary Care Networks. All 48 WHCCG's practices are member practices of a PCN. PCNs cover patient populations of between 30,000- 60,000 patients. All PCNs have a signed Network Agreement and an accountable Network Clinical Director. Network Plans under development. Recruitment to additional roles in progress.	
Support PCN Organisational Development **Development and implementation of Network Plans based on local population need setting out key priorities for action** **Support Networks to understand local resource utilisation**	PCN Forum established – monthly meetings to ensure awareness of national guidance and facilitate shared learning. Leadership training held for Clinical Network Directors. PCN development support prospectus will be issued by NHS England in Summer 2019. Sustainability and Transformation Partnership (STP) funding available to support PCN organisational development – STP framework under development Quality Progression Scheme (QPS) Quarter 2-4 funding approved Joint meetings held with SCCCG and NHCCG Clinical Network Directors to facilitate collaborative working. Joint forum to be held with SHFT in Sept/Oct to discuss and agree strengthened model for integrated community teams at PCN level	

West Hampshire Primary Care Networks



Locality: Andover	60,571
PCN 13: Andover	60,571

Locality: Winchester	158,066
PCN 10: Winchester City	60,863
PCN: 11 Winchester Rural North and East	44,136
PCN 12: Winchester Rural South	53,067

Locality: Eastleigh North and Test Valley South	106,528
PCN 6: Eastleigh Health	32,958
PCN 7: Chandlers Ford	31,315
PCN 8: Romsey and North Baddesley	42,255

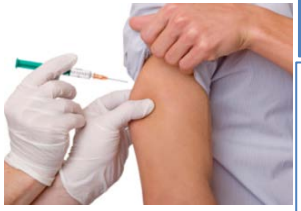
Locality: West New Forest	109,767
PCN 1: New Forest (Lymington)	35,725
PCN 2: Coastal (New Milton)	33,916
PCN 3: Avon Valley	40,126

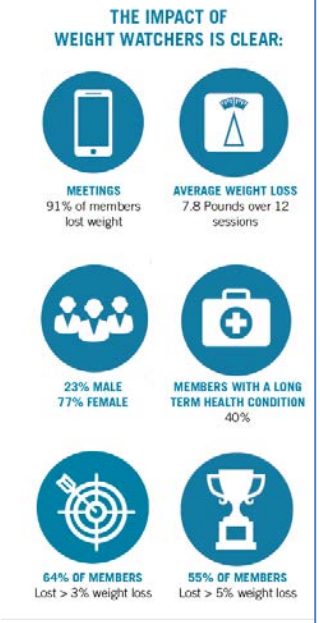
Locality: Eastleigh Southern Parishes	51,148
PCN: 9 Eastleigh Southern Parishes	51,148

Locality: Totton and Waterside	80,878
PCN 4: Totton	38,066
PCN 5: Waterside	42,812

Supporting People to Stay Well

Supporting people to have the best possible start in life and to stay as active and independent as possible for as long as possible throughout their lives.



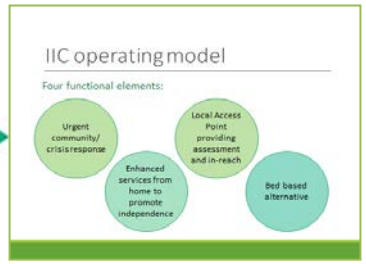


Priority	Progress Update	RAG
1. Supporting Healthier Lifestyles ▪ Increase uptake of programmes to support stop smoking, achieve a healthy weight and be more active: Mar-20 ▪ Increase referrals to the Diabetes Prevention Programme targeting at risk groups: Mar-20 ▪ Improve pathways for smokers admitted to hospital including the Fit for Surgery programme: Mar-20 ▪ Support professional development to enable the whole workforce to champion prevention including Making Every Contact Count programme: Mar-20 ▪ Case find Cardiovascular Disease (CVD) risk to target secondary prevention **2. Immunisations and Screening** ▪ Increase uptake of immunisation, cancer screening and focusing on those newly eligible for breast screening and people with Learning disabilities: Mar-20 ▪ Increased uptake of Health Checks in at risk groups **3. Tackling Loneliness and Social Isolation** ▪ Social Prescribing Link Workers recruited to Primary Care Networks (as per Network Contract): Mar-20 ▪ Continued joint work with Borough Councils: Mar-20 **4. Reducing Health Inequalities** ▪ Increase those with Severe Mental Illness (SMI) receiving a physical health check Mar-20	**Achieving a Healthy Weight:** Practices have worked with the public health commissioned Tier 2 weight management service. 22 practices have invited over 20 thousand eligible patients to join the 12 week programme. A case study in Fordingbridge documented uptake of 16% with 8% completing the programme. 63% of completers lost >3% of their body weight. **Influenza vaccinations:** West Hampshire flu vaccination uptake for those 65+ years was **75.6% against a national target of 75%.** National achievement 71.3%. Targeted campaign ↑ rate Sept-19. Good practice learning to be shared. **Reducing the risk of Type 2 Diabetes:** A local Diabetes service (WISDOM) commenced in Dec 2017 aimed at helping patients to achieve their three treatment targets (Hb1C, blood pressure and cholesterol). As a result, there has been an 86% increase in Practices achieving these targets. National Diabetes Prevention Programme has received 3,083 referrals of which 1,384 assessed of those 1,119 have commenced the programme. This is inline with NHS E expectations **Social Prescribing Link Workers:** All practices in the process of recruitment; 4 posts recruited to date.	

Proactive joined up care

Priority	Actions	Due	Progress	RAG
Integrated Care Teams / Frailty Teams	▪ SHFT/HCC teams aligned with Primary Care Networks (PCN's) Integrated Services Manager to provide leadership ▪ Integrated working integral part of PCN development ▪ Agree operational model inclusive of enablers i.e. IT, estate	Jul 19 Mar 20 Mar 20	SHFT/HCC teams aligned with Networks. Planned workshops Sep '19 with PCN/SHFT at locality level to develop a single team approach	
Integrated Intermediate Care	▪ Further recruitment /mobilisation of Frailty Support Team (FST) in WNF to include provision to accept referrals from front door assessment at RBCH and SFT ▪ Mobilisation of community iFIT in north/mid ▪ Agreement of single model for Same Day Emergency Care Unit at UHS – WHCCG and SCCCG ▪ Completion and Implementation of Integrated intermediate bed based/home based re-ablement/rehabilitation	Dec 19 Jul-19 Mar-20	Joint approach agreed; commence recruitment Model agreed. Implementation commenced. Commence pilot of Local Access Points for all referrals	
Clinical Pharmacy Support	▪ Facilitate the employment of pharmacists within PCNs (as part of DES contract) from 1 Jul-19 ▪ Explore the expansion of the Integrated Clinical Pharmacy Service model across WHCCG	Mar 20 Mar 20	All 13 Networks to recruit 1 Clinical Pharmacist during 19/20 Being progressed via NMOC	

Hampshire Together
Intermediate Care



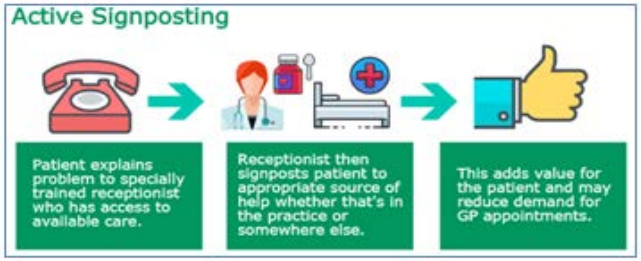
Better Access to Care

Improved access to care through increased self-care, a greater use of technology and practices increasingly working together to provide services for their patients

Priority	Progress Update	RAG
100% of Practices using eConsult by Mar-20	▪ 37 practices (77%) using eConsult. ▪ eConsult received 13,434 submissions from WHCCG patients in Quarter 1 2019, an increase from 8,082 submissions in Quarter 1 2018. ▪ An average of 4,478 eConsults were submitted per month in Quarter 1, 2019-20. **"Providing on-line access to symptom checkers, self help-tools, advice, prescriptions and appointments"**	

Continued use and promotion of **Connect to Support Hampshire** (an on-line directory of local services and community groups)

Active Signposting
See Workload Section.
GP Receptionists trained to help patients access the right help or support.

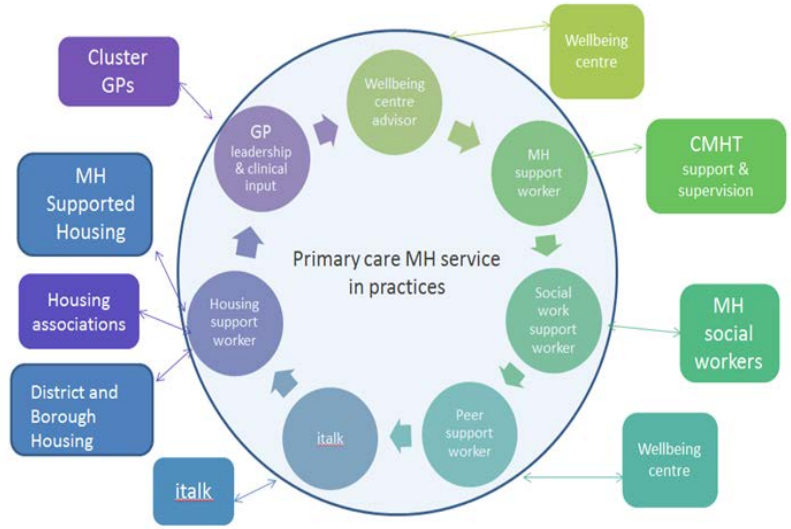


Primary Care Mental Health Service Model - Improving Mental Health and Wellbeing

Most people with mental health need present and are managed by general practices. A co-produced model has been developed to strengthen the support available:

Principles: Open Access, early intervention, self definition

- Mental health service are used at a network practice locally, patients call for an appointment when needed
- Patients are never discharged and can access support when needed.
- The service will help patients to build their own plan and support them to carry it out.
- A team based within a practice in the Primary Care Network pro-actively support patients, contacting them when needed.
- Patients will be supported to join, or develop a peer network of people with the same concerns
- Primary Care Networks have some flexibility but core elements must be met



But not just Primary Care…

- If patients need more intensive support, they will be transferred to the appropriate service (not referred)
- Other aligned services can integrate delivery as part of the team

Priority	Progress Update	RAG
Develop and agree criteria for PCN roll-out: Jun-19 **Phased implementation from Jan-2020**	**Criteria for PCN roll out developed and agreed. Priority PCNs identified.** **Funding agreed by WHCCG for initial roll-out to 4 PCNs in Quarter 4 (Jan-2020). Implementation on target.**	

Priority: Musculoskeletal Services

RAG

Actions:

1. Co-design future model of Musculoskeletal Services:

- Listening Events and Workshop during 2018/19 with GP's, Clinicians, Patients, Students, Voluntary Services, Providers and via Social Media

2. Improve self care via MSK APP

- MSK APP trialled with 6 South West Locality GP practices Mar '19
- 5 Mid Locality GP practices in Andover area commenced trial from 1st May '19 = 1,056 appointments initial 6 months

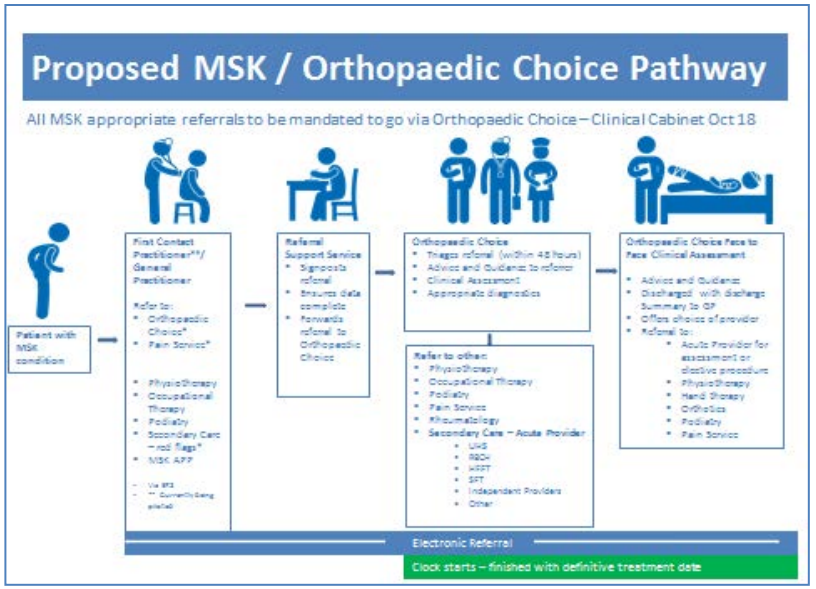
3. Implementation of First Contact Practitioners

- Pilot in Mid Hampshire practices (Andover) commenced 1st May '19 – to be fully evaluated
- MSK First Contact Practitioners commissioned within the Extended Access Hubs. In place from 1 Jul-19
- National evidence case studies indicate between 2% and 16% of referrals needed to see a GP, between 60% of patients discharged to self-manage and First Contact Practitioners can save circa £33 per patient

4. Increased capacity in Orthopaedic Choice – improved pathways (phased implementation from October 2019. On target

- Increased capacity commissioned to ensure
  - All referrals are clinically triaged within 48 hours
  - All patients are seen within 6 weeks of referral
  - Increased access to diagnostics closer to home especially in Mid Hampshire area

30% of GP appointments are related to Musculoskeletal problems



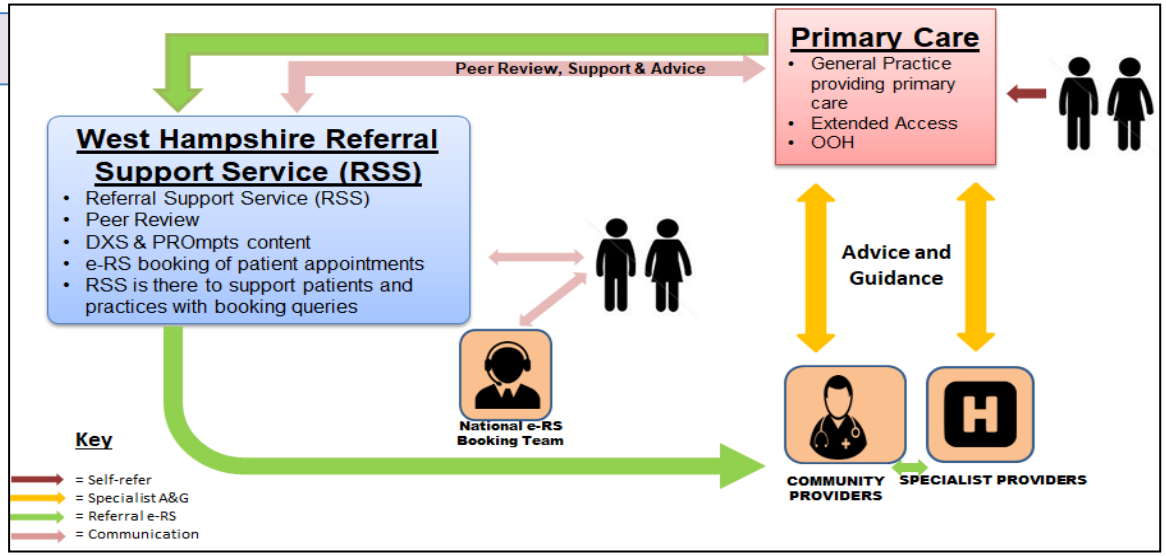
Referral Support Service

- Phased implementation of Referral Support Service from Oct-18.
- **Ensures that patients are referred to the right place, first time for routine (planned) care**
- 7% reduction in referrals
- Increased use of advice and guidance

Red and Green Practice (with a registered list of 23,980 patients) has saved an average of:

- **3 hours 45 minutes a day on referrals, equating to 18 hours 45 minutes a week**

(based on 3 months data)



Evaluating the Impact of General Practice	Before RSS	After RSS
Efficiency savings with GP Administration staff on each referral	5-8 mins per referral	2-3 mins per referral
Efficiency savings for Clinical Time on each referral with the e-RS process	3-7 minutes per referral	2-4 minutes per referral
Overall rejected referral rate (administration)	30 mins per day average	12 mins per day average
Number of supportive/ Educational requests back to Primary care	0 reported	Aveg 13.5% of all referrals
Number of patients contacting the practice with referral queries (cancellations/ rejections)	Average 4 -10 each day	Average 1- 4 each day
Number of Advice and Guidance Requests made	Average 0-5 a month	Average 20-25 a month

Priority	Progress Update	RAG
Priority Full roll-out across West Hampshire by Mar-20	Implementation of RSS across 10 Practices to date. The service is also live with PHL (Ringwood and Lymington) and TLC (Romsey and Totton) as part of the appointments+ service. Plans in the next 2 months to invite all practices in the South-West system to sign-up. Evaluation complete. On target.	

Integrated Urgent and Emergency Care Services 24/7

People have improved access to both pre-bookable and same day appointments from (as a minimum) 6.30pm – 8.00pm weekdays and at weekends. The service is provided from 'hubs' and is GP led but provided by a range of professionals. Patients can access the service via their own practice or directly through the hub. The total number of additional hours commissioned per week is 410; equating to 1,639 appointments.

Recurrent investment of £6 per weighted head of population (£3.3m)

"As someone who works full time this service is so good. To be offered a Saturday appointment or twilight time is ideal for patients like me…" Patient

Priorities 2019-20

- Provision of a fully integrated service bringing together extended access to primary care, GP Out of Hours and Minor Injury Units from **1 Jul-19**
- Full evaluation: **Mar-20**
- **100% coverage** of extended hours access service by Primary Care Networks from 1 Jul-19. Routine appointments equating to a minimum of 30 minutes per 1,000 patients per week.

Priorities 2019-20

- Integrated model implemented from 1 Jul 2019.
- Full evaluation: **Mar-20**
- Complete. 100% coverage achieved from 1 Jul-19 as part of Primary Care Network DES.

RAG

Workload and Workforce

To explore innovative solutions to recruit and retain staff, including flexible working and portfolio careers

Priority	Progress Update	RAG
GP Resilience Scheme	Facilitated support tailored to each Practice. Continued review of GP Resilience support required by practices.	
Productive General Practice Programme	Successful application to NHSE to support additional cohort of training for 8 West Hampshire practices. To commence Sept-19.	
Correspondence Management Training	Benefit: 80-90% of letters can be processed without the involvement of a GP, freeing up around 40 minutes per day per GP. Training plans to be finalised during August through STP. Delay in release of funds to CCGs.	
Active Signposting Training	Benefit: releases 5% of demand for GP consultations. Provides Reception staff with the skills and tools required to help direct patients to the most appropriate source of help or advice. Training plans to be finalised during August through STP. Delay in release of funding to CCGs.	

Workload and Workforce

To explore innovative solutions to recruit and retain staff, including flexible working and portfolio careers

Priority	Progress Update	RAG
Workforce Development Tool	To support workforce planning and development of new roles and ways of working. Action: Completion of tool by Practices and Data analysis Aug-19: Completed. Production of workforce plans by Cluster and Localities: Mar-20 – no longer a requirement of QPS and therefore discretionary for PCNs	
TARGET Events Primary Care Nurse Forum	TARGET Event held in June, further TARGET event scheduled in November. Primary Care Nurse Forum to be held quarterly	
GP Workload Tool 	Scope and explore the pilot of a GP Workload tool: Sept-19 Preliminary discussions with SHREWD who provide a real-time reporting platform. Draft proposal being created by SHREWD for WHCCG review.	
Primary Care Network Workforce	Primary Care Networks established July 2019; Recruitment of Social Prescribers and Clinical Pharmacists in progress.	

Infrastructure: Technology

To give people control of their information and how it is used, with more flexible access to information and advice at a time and in a way that suits them

Target	Deadline	Status	RAG
100% Practices live with E-Prescribing	Mar-18	2 Practices outstanding	
Patient Online – 0 Practices with <10% patients registered for online services	End of 18/19	1 practice outstanding	
Patient Online - 30% patients registered for online services	Mar-19	(soft target) – currently 28%	
New registrants have full online access to prospective data	Apr-19	Seeking clarity on target	
All practices offering and promoting electronic repeat prescriptions and using eRD	Apr-19	Comms and promotion in progress	
All patients able to order repeat prescriptions electronically as a default from April 2019	Apr-19	Comms and promotion in progress	
All practices will ensure at least 25% of appointments are available for online booking by July 2019	Jul-19	Seeking method to obtain data	
GPSoC Contracts End	Dec-19	Planning in progress	
Windows 7 OS Upgrade to Windows 10	Jan-20	Planning in progress	
No longer use fax machines	Apr-20	Mitigated by digital services	
All patients will have online access to their full record	Apr-20	Via NHS App	
All practices have an up-to-date and informative online presence, with key information being available as standardised metadata	Apr-20	No plans currently in place, comms required	
All practices giving all patients access online to correspondence	Apr-20	Planning required	

Infrastructure: Technology (Continued)

To give people control of their information and how it is used, with more flexible access to information and advice at a time and in a way that suits them

Target	Deadline	Status	RAG
Office 365 (Office 2010 support ends)	Oct-20	Planning in progress	
Pop health supporting risk stratification for unwarranted health outcomes - for PCN's	20/21	Planning required as part of STP Pop Health Programme	
People will have access to their care plan and communications from their care professionals via the NHS App	20/21	Via NHS App	
All patients will have the right to digital-first primary care, including web and video consultations by April 2021	Apr-21	Planning required	
100% compliance with mandated cyber security standards across all NHS organisations	Jun-21	Planning required	
Cancer Pts able to access care plans, assessment and HWB info & support	2021	Planning required	
The digitisation of Lloyd-George paper records is completed	Apr-22	Planning being undertaken nationally	
Over the next three years all staff working in the community to have access to mobile digital services	22/23	Planning in Progress - started by 18/19 deployment of laptops	

Infrastructure: Primary Care Estate

To ensure modern, fit for purpose estate which supports the provision of joined-up care in line with our Integrated Care Model and Strategic Estates Plan

Priority	Action	Due Date	RAG
Primary Care Estates Plan	▪ Development of a Primary Care Estates Plan (as an integral part of the wider Estates Strategy)	Sept-19	
Premise Improvement Grants	▪ Practices invited to submit expressions of interest for premise improvement grants by end of August 2019. To be reviewed and prioritised against agreed criteria.	Mar-20	
Primary Care Estates Development 	▪ Development of the Eastleigh Health and Wellbeing Centre (ETTF scheme) ▪ Re-provision of Andover Health Centre (ETTF Scheme) ▪ Explore additional bids for capital funding to support developments in line with the agreed estates plan	See business case timetables Mar-20	