

# General Practice Forward View:

*Delivery Report for Primary Care Commissioning  
Committee*

*2018-19*

*Q4 end of year report*



- This report summarises progress made against the GPFV Implementation Plan during 2018-19. The report has been written with reference to the milestones set out at the start of the year however some of these were no longer appropriate by Q4. The programme is rated Amber/Green overall (last Quarter was rated Amber).
- Overall progress has been good particularly with regard to GP Alliances which have led or supported most workstreams described here. Practices are however now revisiting provider structures as they formulate proposals for PCN configuration.
- Other key achievements this year include delivery of Enhanced Access, ETTF scheme delivery, online consultation delivery, continued implementation of the High Impact Actions and workforce developments such as the successful bid against the Clinical Pharmacist Scheme .
- The CCG now intends to work with PCNs and other system partners to develop a primary care transformation programme for 2019-20 to take account of the forthcoming NHS Long Term Plan. This will be overseen by the Primary Care Programme Board which will meet for the first time in May 2019. Further engagement with patients and the public will be an early priority in developing this programme.

**1. CARE MODELS**



Alliances developed significantly during 2018-19 supported by £2 per head and ICS transformation investment with BWPCA providing input into ICS .PHM-based approach launched through Optum project in Q4. Significant progress made on integrated MDT working especially by Wokingham Alliance which will now look to take forward through PCNs. Anticipatory Care revised to focus on quality of care planning and care and support planning now being re-launched. MSK redesign and outpatient transformation programme have made progress on extending services in primary care but further work required.

**2. ACCESS**

(Previously Amber)



99.5% coverage of Enhanced Access achieved by 1<sup>st</sup> October 2018, 100% by 1<sup>st</sup> November, capacity 30 minutes per 1000 weighted population per week (as per national target). Arrangements now in place for Friday/Sunday/BH element. Limited progress made on same day access and setting future direction of travel for the Walk-in Centre however a project group has now been established to take this forward linking with the broader Urgent Care Strategy. Limited progress on NHS 111 direct booking due in part to technological issues.

**3. WORKFORCE**



Workforce modelling has proceeded slower than anticipated but is still being progressed. This and other key workstreams now led through BOB STP primary care workforce workstream which local Primary Care Workforce Group feeds into and complements. One GP recruited under IGPR and project manager in place, GP retention scheme proceeding, PM development planned. Skill-mix work continues – successfully applied for additional clinical pharmacist resource, PA programme continues and alliances have piloted other new roles. Local work underway to engage with sessional GPs and registrars to aid recruitment. Training hub development ongoing.

**4. WORKLOAD**

(Previously Amber/Green)



Online consultation implementation has progressed during the year, but some practices still not live with Footfall. Engagement with Time for Care events has fallen and these have not led to significant change being delivered. Sharing of back office functions has not been widely implemented. Need to review workflow optimisation training to ensure have maximised potential and consider refresher training. Also to work with PCNs on approach to care navigation linked appropriately with new social prescribing arrangements. Self-care workstream requires further definition for next year.

**5. INFRASTRUCTURE**

(Previously Amber)



Connected Care roll-out progressing but still issues around Vision and TPP practices. 9ETTF schemes now completed and remaining scheme on-track. CCG is working to support prioritised non-ETTF schemes and to refresh Estates Strategy documents , ensuring these are continually updated. Stronger links with UA planning teams established and six-facet survey underway which will provide key baseline data. CCG engaged in development of new local plans. Significant proportion of allocated improvement grant funding not utilised.

**6. QUALITY AND CONTRACTING**



Further work still required to re-focus quality improvement activities for primary care – currently rated Red as not progressed although quality monitoring continues and task-and-finish group is being established. Now needs to consider PCN role in Quality Improvement. PCCC TOR reviewed meetings restructured following King’s Fund OD session to establish separate Programme Board. CES commissioning not yet fundamentally reviewed but specifications updated for 2019/20 and Vision Outcomes is being implemented as new reporting tool. Internal audit of delegated functions resulted in Low Risk (Fully Assured) rating.

- This report feeds into the ICS Programme Report which goes to the Unified Executive and Clinical Strategy Group.
- Risks highlighted here are also captured in the Primary Care Risk Register.

At the June PCCC meeting it was suggested that the programme needed clearer outcome measures against which overall progress could be measured rather than ratings being based on delivery of milestones. The following sections set out some potential outcome measures for consideration by the group. Most of these would require quantifying prior to being used to measure progress.

Domain	Suggested Outcome Measures
<b>1. CARE MODELS</b>	<ul style="list-style-type: none"> <li>Percentage of practices operating as part of a Primary Care Network (cluster) within the locality structure</li> <li>Proportion of a set list of functions being delivered by the above e.g. integrated care planning, services moved into primary care as part of outpatient transformation</li> <li>PHM impact in terms of reducing need for health input (to be defined)</li> </ul>
<b>2. ACCESS</b>	<ul style="list-style-type: none"> <li>% population with access to seven day primary care</li> <li>Level of capacity available across week</li> <li>Increase in patient satisfaction / GP workload / utilisation of other services measures associated with implementing new models of same day access. Changes in capacity as measured by national tool.</li> </ul>
<b>3. WORKFORCE</b>	<ul style="list-style-type: none"> <li>Progress in addressing workforce gaps identified through workforce mapping – to be quantified once complete</li> </ul>
<b>4. WORKLOAD</b>	<ul style="list-style-type: none"> <li>% reduction in clinical correspondence dealt with by GPs (workflow optimisation)</li> <li>% practices implementing High Impact Action and measured impact of these.</li> <li>% patient contacts to practice managed through Footfall and self care measures – to be defined.</li> </ul>
<b>5. INFRASTRUCTURE</b>	<ul style="list-style-type: none"> <li>Delivery of premises priorities (ETTF and non-ETTF)</li> <li>Improvement in standard of premises as measured by six-facet survey.</li> <li>Match between population growth and primary care capacity.</li> </ul>
<b>6. QUALITY AND CONTRACTING</b>	<ul style="list-style-type: none"> <li>Progress against quality improvement measures to be defined through CCG/Alliance working group</li> <li>Reduction in number of reports required from practices through new CES commissioning arrangements.</li> </ul>

# Domain reports



**Support the formation of primary care networks serving populations of 30-50,000 patients and working together to offer a broad range of integrated and proactive services integrated with broader GP provider alliance structure.**

G

## Summary of progress at end of year

### Primary Care at-scale

G

- £2 per head and £297K invested in provider development. At March 2019 all but three practices were part of a GP Alliance and associated cluster and the four alliances were working together through the Berkshire West Primary Care Alliance.
- Primary Care Summit held in January started to shape system vision for primary care in ICS.

### Population Health Management

G

- Practices signed up to IPA tool but not used to generate Anticipatory Care data.
- Optum project undertaken in Q4 has set future direction of travel for using population health intelligence data to underpin care.

(Previously Amber/Green)

### Integrated teams – Acute and Planned care

G

- Wokingham Alliance has evaluated ECP pilot and GP consultant model and looking to roll these out subject to funding. Same day access models now being considered through Reading Same Day Access Project.
- Wokingham CHASC model continuing to be further developed through Wokingham Integrated Care Partnership. Reading and Newbury pilots continuing but now need to increase focus on MDT working as a core element of PCN operation.
- NAPC work not progressed however neighbourhood working will be a key element of the new Primary Care Networks.

### Care Planning

G

- 2018-19 Anticipatory Care CES impact data awaited - specification now revised to reflect potential MDT role and focus more strongly on the quality of care planning.
- Review underway of Care and Support Planning rollout with relaunch planned Q1 2019/20. focussed on expansion to all patients with LTCS. This will include a standardised template, training offer and evidencing of impact.
- Work on shared care planning continuing through Connected Care.

### Extended Services in Primary Care

AG

- MSK pathway to invest in the training and upskilling of GPs within neighbourhoods to stimulate peer review discussion to promote good practice.
- Providing pump priming for first contact Physios (one per locality).
- DAWN roll-out progressing.
- Outpatient Transformation Programme progressing under LTC Programme Board.

## Continued action on existing workstreams

- Working with practices and provider leads to shape configuration of Primary Care Networks .
- Neighbourhood-level engagement events to start to define interface between general practice and other services in PCNs.
- Agreement of next steps from PHM project to ensure continued use of data to plan care in PCNs.
- Consideration of same day access models initially through Reading Same Day Access Project.
- Support Planned Care team with roll out of MSK project

## Risks included in Primary Care Risk Register

PrC10 – Primary Care Network configuration could be sub-optimal resulting in gaps in coverage, lack of alignment with other services and reduced ICS engagement with primary care providers – Currently rated medium risk.

## Known workstreams to be incorporated into new Primary Care Networks Programme

- Network DES contract implementation
- Neighbourhood working- vision and development plan for alignment and integration of services to be developed by each PCN.
- Further embedding PHM into PCNs including ensuring provision of analytical support.
- Further work on role of primary care in meeting same day urgent care needs and configuration of services to support this.



**Provide extended access to GP services including evenings, weekends and bank holidays by 1<sup>st</sup> October 2018. Implement new approaches to same day access to primary care.**

**(Previously rated Amber)**

**AG**

### Summary of progress at end of year

#### Delivery of commitments – 7-day access

**G**

- Enhanced Access (7 day working) arrangements in place for 99% of Berkshire West patients from 1<sup>st</sup> October 2018 and 100% from 31<sup>st</sup> October 2018. Capacity 30 minutes per week per 1000 weighted population.
- Shared appointment book in place through Vision 360. Access to notes provided through EMIS switcher/Vision Anywhere – initial issues with IT solutions now largely addressed.
- Plans in place to increase provision to 43.5-45 minutes per 1000 population subject to confirmation of budgets and population numbers by NHSE.  
(Previously Amber)

#### Delivery of commitments – Same day access

**A**

- NHS 111 direct booking being piloted in Woodley Centre Surgery and Emmer Green Surgery.
- Urgent Care Strategy under development building on McKinsey project, includes defining role of primary care access hubs.
- South Reading same day access hub plan has not progressed however this may be taken forward through the Reading Same Day Access Project which is now commencing.

#### Delivery of commitments - Social Prescribing

**AG**

- Social Prescribing programmes across Reading, Wokingham and Newbury all active and taking referrals from GPs.
- Initial reviews conducted with all three programme leads to scope the new resources for Social Prescribing coming through the PCNs. Project Group to be established to take this forward.

### Continued action on existing workstreams

- Complete planning for 2019-20 Enhanced Access provision including reviewing potential impact of Extended Hours DES moving into Network DES contract.
- Progress Reading Same Day Access Project.
- Agree approach to social prescribing funding moving into Network DES contract which maximises potential impact of approach – project group to be established.

### Risks included in Primary Care Risk Register

PrC5 – Practices will not engage with re-design of same day access and extended hours provision thereby hampering efforts to achieve sustainability by enabling practices to better manage demand and adversely affecting ability to reduce A&E attendances and non-elective admissions and meet national requirements to expand seven-day provision. Currently rated medium risk.

PrC11 – Reading Same Day Access Project could fail to delivery anticipated benefits and re-procurement of Reading Walk-in Centre contract. Currently rated medium risk.

### Known workstreams to be incorporated into new Primary Care Networks Programme

- NHS 111 direct booking implementation
- Roll-out of learning on same day access to other PCNs thereby building role of primary care in meeting urgent same day demand.
- Implementation of new model of social prescribing and other related services e.g. care navigation.
- Planning consolidation of Enhanced Access CES and Extended Hours DES into Network DES contract.

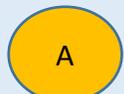


**Work with GP alliances to deliver a strategy for workforce sustainability including through expanding the MDT in primary care. Increase GP numbers and retention, contributing to national commitments around GP workforce.**



**Summary of progress at end of year**

**Workforce Modelling**



- Wessex Tool development taken on by NHS E through BOB Workforce Group.
- Planned deployment by June 2019
- Other scoping tools being reviewed in conjunction with NHS E. Important that this does not delay practice level data gathering exercise. (Previously Amber/Green)

**Skill-mix**



- Wokingham ECP programme successfully completed following extension through to March 2019. Practices are considering options of how to take the project forward
- Clinical pharmacist group have recruited in Reading, and more adverts have been placed. The group is integrating existing work with new PCN guidance as it becomes known – some potential risk around overall numbers.

**GP recruitment and retention**



- Funding bid for GP retention scheme successfully developed through BOB workforce Group, and approved by NHS E.
- First international GP recruited and placed in BW practice
- MOUs ready for signature with provider (Oxford Training Network) and rollout of phase 1 anticipated June 2019
- Local engagement carried out with Reading Sessional GP group and Reading VTS cohort

**Staffing models**



- BOB Locum Chambers project ready to launch through partnership between Oxford Training Network and National Association of Sessional GPs. Local sessional GP networks updated on progress and being engaged (see above).

**Continuing professional development**



- The Training Hub team has been enhanced with the addition of an Educator and Administrator.
- New Training Hub Website launched.
- 3 BW staff approved for Clinical Fellowships through HEE

**Practice Manager Development**



- All 4 localities have an approved plan in place for the delivery of a PM development event

**Clinical leadership**



- GPs accessing national and BOB-level programmes. Alliances undertaking OD work as set out in their business plans, now with a particular focus on network development.

**Continued action on existing workstreams**

- Workforce audit tool development to continue through BOB group and be made available to BW practices as soon as possible.
- Work with PCNs to maximise impact of workforce funding.
- Work with local education providers to ensure that they can support the workforce requirements of the new PCNs
- Further local engagement planned for GP retention programme to ensure relevance for BW workforce. Work to roll out IGPR project BW wide
- Facilitate successful delivery of BOB GP Locum Chambers project in BW

**Risks included in Primary Care Risk Register**

PrC2a – Recruitment and retention difficulties could result in practice closures and make it difficult for primary care to take on broader range of services envisaged by ICS. Currently rated high risk.

**Known workstreams to be incorporated into new Primary Care Networks Programme**

- Workforce modelling as a support to finding the optimum recruitment model for the new PCNs
- Maximise impact of new PCN workforce funding
- GP Recruitment and retention and IGPR programmes as part of the wider workforce strategy
- Development of CPD offering from Training Hub to support the new PCNs
- Integrate work of Training Hub into wider agenda / BOB level hub
- Develop the leadership capacity of the new Clinical Directors to support development of the PCNs



**Support primary care to manage workload and ensure every practice implements at least two of the 'high impact' Time for Care Actions.**

**(Previously rated Amber/Green)**

**A**

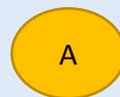
### Summary of progress at end of year

#### Time for Care



- Time for Care Workshops – Support for the Time for Care workshops has declined steadily from a peak of 12 as the year has progressed. Those practices that have persevered have been very positive about the outcomes achieved but overall the programme has not brought about wide-scale change.

#### Shared back office



- There have been some discussions at both BWPCA and locality level on the opportunities for creating a more efficient back office function, but these have not yet progressed into any firm proposals.

#### Workflow optimisation



- 52 members of staff across Berkshire West CCG are trained to code and action clinical correspondence.
- The scheme has been less successful in areas that already had a working workflow optimisation process in place.  
(Previously Amber/Green)

#### Online Consultation



- Footfall website is now live in 36 Practices, with 11 still due to transition. 2 practices have opted out of the project. A successful pilot has been run in Newbury of running a GP consultation tool (e-consult) in parallel with Footfall

#### Self-care



- Footfall has provided patients with a greater variety and more practical means to self care. However other work on this area has not progressed at-scale.

### Continued action on existing workstreams

- Re-set baseline data for admin and reception staff training and establish priorities for delivery of resource to practices e.g. care navigation, further workflow optimisation or refresher training using new GPFV monies.
- Complete roll out of Footfall website scheme in preparation of launch of new NHS App.

### Risks included in Primary Care Risk Register

- None included

### Known workstreams to be incorporated into new Primary Care Networks Programme

- GP resilience funding will be available in 19/20, which could be used to support any sustainability issues faced by PCNs in their first year
- Shared back office is likely to become more of a focus for the PCNs as they establish their infrastructure and seek to maximise efficiencies Ongoing development of online consultations to complement requirements of long term plan
- Embed and further develop group consultations.
- Consolidated approach to care navigation training linked to social prescribing project.



## Modernising primary care premises and digital infrastructure

(Previously Amber)



### Summary of progress at end of year

#### ETTF schemes



- 9 of 10 ETTF schemes completed
- Western Elms the only scheme still underway and making good progress

#### Non-ETTF schemes



- South Reading 'hub' scheme - business case still in development
- NHSE confirm that improvement grants schemes are now complete. £79K unallocated and returned to NHS E.

#### Estates Strategy



- Six –facet survey commissioned and underway
- Review meetings held with all LA Planning teams.; this will facilitate phase 1 reviews of locality estates strategies.
- Strategic level meetings held with Wokingham BC
- PC team engaged at STP level to agree priorities for capital funding for Primary Care Estates  
(Previously Amber)

#### Connected care roll-out



- GP Practices accessing Connected Care , and being used widely in secondary care and Community care environments
- Still no access for Vision & or TPP sites  
(Previously Amber)

### Continued action on existing workstreams

- Focus will be on further development of Estates Strategy in context of 6 facet survey data once compiled
- Development of individual schemes already under development such as South Reading
- Support practices with the NHS app roll out
- Establish BW 'Place' needs for PC investment as part of ICS strategy
- Link Connected Care with PHM work

### Risks included in Primary Care Risk Register

PrC8 – practice sustainability pressures and population growth could lead to a gap in provision in the Whitley area – currently rated low risk.

PrC9 – population growth could outstrip primary care estates capacity leading to a shortfall in provision – currently rated low risk.

### Known workstreams to be incorporated into new Primary Care Networks Programme

- Estates Strategy will need to be re-stratified once PCN infrastructure is established
- This will also start to be shaped more around the broader ICS agenda and the 'One Public Estate' work that links with the STP Estates Strategy.
- Ensure that strategic links with Local Authority Planning team are not lost, that the sense of a strategic appreciation of estates and infrastructure is maintained at 'Place' level , and available for individual PCNs to both feed into and access
- GP IT committee work streams to be linked more closely into PCN requirements



**Ensure that delegated responsibilities for primary medical services commissioning are being discharged effectively and work to improve the quality of primary care services**

**A**

**Summary of progress at end of year**

Primary Care Commissioning Committee



- New Terms of Reference issued for 2018-19
- Internal audit successfully carried out. Rated as 'Fully Assured' (highest possible rating)
- King's Fund OD session took place in November 2018 and agreed implementation of a separate contracting committee and Primary Care Transformation Programme Board .

Quality Framework



- Work underway for Primary Care Quality Framework to be incorporated into ICS Quality Strategy.
- Working group established to identify key metrics and areas of variation but further work required.

Commissioning Processes



- Reading Primary Care Alliance is now CQC registered and has taken on first APMS contract for element of Enhanced Access delivery.
- New reporting tool, Vision Outcomes Manager, has replaced CHART . Phased implementation underway for EMIS and TPP practices.

**Continued action on existing workstreams**

- PCQF needs further refinement to focus on key indicators but also consider all data sources/activities.
- Completion of roll out of VOM tool to all practices in conjunction with CSU team
- Re-commissioning of CESs for 2019-20 and completion of specific service reviews.
- Agree approach to Quality CES for 2019-20.

**Risks included in Primary Care Risk Register**

PrC2b - Viability of existing providers and ability to deliver new service models described in Primary Care Strategy may be affected by funding issues including PMS review and phasing out of MPIG

PrC4 - Members of the public will not be willing to accept the models of care resulting from the Primary Care Strategy, thereby preventing effective implementation.

PrC7 - It may not be possible to identify a new provider for the Violent Patients' Service following the expiry of NHSE's existing arrangement in June 2018.

**Known workstreams to be incorporated into new Primary Care Networks Programme**

- Establishment of Primary Care
- Review of CES arrangements/consolidation to link with Network DES and new GP contract arrangements for 2019-20.
- Defining roles and responsibilities in relation to PCQF and PCNs – CCG to support PCN role in improving quality and addressing variation.

# Project summaries

Programme Name		Project / Programme Reference	Overall objective
General Practice Forward View		<b>Care Models</b>	Support the formation of primary care networks serving populations of 30-50,000 patients and working together to offer a broader range of integrated and proactive services in primary care and integrated with alliance structure.
Project Oversight Team		Name	Organisation
<b>SRO / Sponsor</b>		Helen Clark, Director of Primary Care	BWCCG
<b>Project Manager</b>		Various	
Workstreams		Project Board/Group	Objectives
Primary care at-scale		PCCC	Ensure future sustainability of local primary care sector by supporting continuing development of GP Provider Alliances with associated local cluster/network structure interfacing with BW ICS through over-arching Alliance of Alliance structure.
Implement population health management in primary care		PCCC/GPIT	Population health analytics to be used by providers to target care.
Integrated teams – acute and planned care		Locality Integration Boards	Establish integrated health and social care teams within each cluster/network interfacing with other organisations to provide proactive and planned care. Further develop integrated response to acute care needs.
Care planning		LTC	Work proactively to reduce non-elective admissions amongst those with complex needs. Improve care planning for patients with LTC and harmonise care plans across BW. Roll-out care and support planning for patients with long-term conditions.
Extended services in primary care		Planned Care / ICS programme	Range of services provided in primary care setting expanded through new ways of working with other ICS partners e.g. through MSK and other pathway redesign and outpatients' transformation programme.
<b>Governance</b>		Progress reported through Primary Care Commissioning Committee	
<b>Policy context</b>		Identified as a key requirement for CCGs through the NHS planning guidance for 2018-19.	
<b>Dependencies</b>		GP Alliance development and progress on Connected Care programme including Population Health Management.	

Project Milestones	Delivery Date
<p>Primary Care at-scale</p> <ul style="list-style-type: none"> <li>All practices part of one of the four GP Alliances and clusters within those serving 30-50,000 patients.</li> <li>Berkshire West Alliance formally established and management lead in place.</li> <li>Joint Vision for primary care in ICS articulated.</li> <li>Completion of further OD work with individual alliances and Berkshire West Alliance</li> <li>Cluster-level 'vision documents' for primary care services completed</li> </ul>	<p>2017-18 Q4</p> <p>2018-19 Q1</p> <p>2018-19 Q2</p> <p>2018-19 Q3</p> <p>2018-19 Q4</p>
<p>Population Health Management</p> <ul style="list-style-type: none"> <li>All practice signed up to data sharing agreement for IPA tool</li> <li>IPA tool used to generate data for Anticipatory Care CES</li> <li>CCG review of current status of individual practices.</li> <li>IPA data used to identify variance and therefore opportunities for service redesign.</li> <li>Clear timescales in place for transition to population health analytics based on Connected Care data.</li> </ul>	<p>2017-18 Q4</p> <p>2018-19 Q1</p> <p>2018-19 Q2</p> <p>2018-19 Q3</p> <p>2018-19 Q4</p>
<p>Integrated Teams</p> <ul style="list-style-type: none"> <li>Evaluation of Wokingham ECP pilot and GP Consultant model complete.</li> <li>Evaluation of current care home pilots and other delivery models.</li> <li>NAPC support to progress development of integrated teams in Reading.</li> <li>NAPC focussed work with South Reading clusters around Primary Care Home model.</li> <li>Plans in place for Walk-In Centre site to host integrated care hub with roll-out to other clusters scheduled.</li> </ul>	<p>2017-18 Q4</p> <p>2018-19 Q1</p> <p>2018-19 Q2</p> <p>2018-19 Q3</p> <p>2018-19 Q4</p>
<p>Care Planning</p> <ul style="list-style-type: none"> <li>Revised Anticipatory Care CES issued</li> <li>Baseline of existing care plans in system complete</li> <li>Roll-out of care and support planning training</li> <li>Requirements of future single integrated care plan defined.</li> <li>Anticipatory Care CES demonstrates reduction in non-elective admissions amongst cohort including from nursing homes.</li> </ul>	<p>2017-18 Q4</p> <p>2018-19 Q1</p> <p>2018-19 Q2</p> <p>2018-19 Q3</p> <p>2018-19 Q4</p>
<p>Extended Services in Primary Care</p> <ul style="list-style-type: none"> <li>Virtual MDT piloted for mental health discharge planning.</li> <li>Contracts signed for new MSK pathway.</li> <li>Improvement to dementia pathway</li> <li>DAWN system expanded to support four further specialities.</li> <li>Increased utilisation of the DXS System</li> </ul>	<p>2017-18 Q4</p> <p>2018-19 Q1</p> <p>2018-19 Q2</p> <p>2018-19 Q3</p> <p>2018-19 Q4</p>

Programme Name	Project / Programme Reference	Overall objective
<b>General Practice Forward View</b>	<b>Access</b>	Provide extended access to GP services including evenings, weekends and bank holidays by 1 <sup>st</sup> October 2018. Implement new approaches to same day access to primary care.

Project Oversight Team	Name	Organisation
<b>SRO / Sponsor</b>	Helen Clark, Director of Primary Care	BWCCG
<b>Project Manager</b>	Various	

Workstreams	Project Board/Group	Objectives
7 day access	PCCC	Same day bookable appointments to be available for all patients in the evenings and at weekends. Same day and bookable appointments to be available for all patients on bank holidays.
Same day access	PCCC	Same day access hub plans in place in South Reading, initially focused on integrated service to be delivered from Walk-In Centre. NHS 111 direct booking into GP practice systems piloted.
Social Prescribing	Locality Integration Boards	Integrated health and social care service established in Reading and initial evaluation undertaken. Village agents/community navigator models linked more strongly to other primary care services

<b>Governance</b>	Progress reported through Primary Care Commissioning Committee
<b>Policy context</b>	Identified as a key requirement for CCGs through the NHS planning guidance for 2018-19.
<b>Dependencies</b>	The GPFV and the associated transformation of primary care services has been identified as one of the key work programmes required to deliver the vision of the Integrated Care System.

Upcoming Project Milestones	Delivery Date
<p><b>7-day Access</b></p> <ul style="list-style-type: none"> <li>• Work-up proposed plans by GP Alliances</li> <li>• South Reading pilot at Walk-In Centre</li> <li>• Commissioning/procurement approach defined</li> <li>• Plans for 100% of the population to have access to 7 day primary care appointments agreed with practices</li> <li>• 100% patients access to 7-day services commences 1<sup>st</sup> October 2018</li> <li>• Bank Holiday provision in place over Christmas/New Year period</li> </ul>	<p>2017-18 Q4 2018-19 Q1 2018-19 Q1 2018-19 Q2 2018-19 Q3 2018-19 Q4</p>
<p><b>Same Day Access</b></p> <ul style="list-style-type: none"> <li>• Baseline mapping of capacity, demand and workforce undertaken by PCF in South Reading</li> <li>• NHS 111 direct booking pilots run with Bucks ICS</li> <li>• Plans in place for same day access hub to run from Reading Walk-In Centre from April 2019 with plans to roll-out to other clusters.</li> <li>• First practices adopting direct booking by NHS 111</li> </ul>	<p>2018-19 Q1 2018-19 Q2 2018-19 Q4  2018-19 Q4</p>
<p><b>Social Prescribing</b></p> <ul style="list-style-type: none"> <li>• Roadshow run by Village Agents in Newbury</li> <li>• Plans in place for integration of Reading social prescribing services</li> <li>• Community navigator scheme linked to CHASC teams and has presence in all but two Wokingham practices</li> <li>• Footfall roll-out/active signposting training supports practices to direct patients to social prescribing services.</li> <li>• Reading social prescribing services come together into joint health and social care service</li> <li>• Impact on patients seen by Reading service tracked using IPA tool and wellbeing assessment</li> <li>• Joint social prescribing service in Reading evaluated and future funding agreed</li> <li>• Community navigator scheme presence in all Wokingham practices and numbers and sources of referral increased.</li> </ul>	<p>2017-18 Q4 2017-18 Q4 2017-18 Q4  2018-19 Q1 2018-19 Q2 2018-19 Q3 2018-19 Q4 2018-19 Q4</p>

Programme Name	Project / Programme Reference	Overall objective
<b>General Practice Forward View</b>	<b>Workforce</b>	Work with GP alliances to deliver a strategy for workforce sustainability including through expanding the MDT in primary care. Increase GP numbers and retention, contributing to national commitments around the GP workforce.

Project Oversight Team	Name	Organisation
<b>SRO / Sponsor</b>	Debbie Simmons, Nurse Director	BWCCG
<b>Project Manager</b>	Various	

Workstreams	Project Board/Group	Objectives
Workforce Modelling	PCCC	Work with NHSE and HEE to understand the existing workforce for BW CCG. As part of this we are looking to undertake a detailed analysis of skill-mix, identify any gaps and look to develop a plan for gaps now and into the future depending upon models of care delivery.
Skill-mix	PCCC	Work to address workforce constraints by recruiting a wider range of healthcare professionals into primary care e.g. PAs, pharmacists, ECPs.
GP Recruitment and Retention	PCCC	Work to address GP workforce constraints, linking to national schemes as appropriate e.g. International GP Recruitment.
Staffing Models	PCCC	Alliances to work together to address current staffing issues.
Continued Professional Development and Portfolio Careers	PCCC	Look to develop more portfolio roles, including rotational posts.
Practice Manager Development	PCCC	Use GPFV funding to support local development programme for practice managers meeting development needs identified by alliances and practices
Clinical Leadership in Primary Care	PCCC	Primary care clinicians and managers supported to take on new roles in new models of care.

<b>Governance</b>	Progress reported through Primary Care Commissioning Committee
<b>Policy context</b>	Identified as a key requirement for CCGs through the NHS planning guidance for 2018-19.
<b>Dependencies</b>	The GPFV and the associated transformation of primary care services has been identified as one of the key work programmes required to deliver the vision of the Integrated Care System.

Upcoming Project Milestones	Delivery Date
<b>Workforce Modelling</b>	
Modelling that has already been undertaken by NHSE and HEE reviewed but was not fit for purpose.	2017-18 Q4
Further modelling undertaken to provide complete picture	2018-19 Q1
Modelling used to identify gaps and quantify likely future workforce needs. Also to model potential impact of changes in skill-mix.	2018-19 Q2
Metrics to monitor progress to address workforce gaps agreed	2018-19 Q3
Ongoing data collection/evaluation in place	2018-19 Q4
<b>Skill-mix</b>	
Further practices to be identified to host PA placements	2018-19 Q1
Evaluate ECP pilots and agree next steps – see above.	2018-19 Q1
Participation in clinical pharmacists in care homes pilot confirmed	2018-19 Q1
Further students placed with GP practices	
Joint recruitment of clinical pharmacists through Alliance of Alliances	2018-19 Q2
Second year PA students successfully recruited to local primary care roles	2018-19 Q2
ECPs embedded in general practice	2018-19 Q3
Actions agreed around mental health therapists in primary care	2018-19 Q3
	2018-19 Q4
<b>GP recruitment and retention</b>	
Plans in place with the Deanery to diversify training offer	2017-18 Q4
Action plan in place to retain GP trainees	2018-19 Q1
Local prospectus and support offer developed for international GP recruitment scheme.	2018-19 Q2
Action plan in place to attract GPs to the area	2018-19 Q3
18 GPs recruited through international GP recruitment scheme	2018-19 Q4
<b>Staffing Models</b>	
South Reading and Newbury practices working together to establish internal staffing banks	2018-19 Q1
Monitor progress of the internal staffing banks in place in South Reading and Newbury alliances	2018-19 Q2
South Reading to implement joint recruitment and shared posts across clusters	2018-19 Q2
Learning from the development of the staffing banks shared across Berkshire West	2018-19 Q3
<b>CPD/Portfolio careers</b>	
Review of approaches taken elsewhere completed	2017-18 Q4
Options for rotational posts/portfolio roles assessed	2018-19 Q1
Development of JDs for new roles across professional groups	2018-19 Q2
First posts recruited to successfully	2018-19 Q3
<b>PM development</b>	
PMs supported to access national offers	2017-18 Q4
Local PM development requirement specified	2018-19 Q1
Provider identified	2018-19 Q2
Local PM development programme run and evaluated	2018-19 Q3
Ongoing development offer for PMs agreed	2018-19 Q4
<b>Clinical Leadership</b>	
General Practice Improvement Leaders' Programme and other offers shared with interested parties.	2017-18 Q4
Local need scoped and agreement reached as to whether to commission local offer and/or access Berkshire	2018-19 Q1
Evaluation of national and local programme impact	2018-19 Q3

Programme Name	Project / Programme Reference	Overall objective
<b>General Practice Forward View</b>	<b>Workload</b>	Support primary care to manage workload and ensure every practice implements at least two of the 'high impact' Time for Care actions.

Project Oversight Team	Name	Organisation
<b>SRO / Sponsor</b>	Helen Clark, Director of Primary Care	BWCCG
<b>Project Manager</b>	Various	

Workstreams	Project Board/Group	Objectives
Time for Care	PCCC	Support practices through their alliances to implement the high impact actions thereby managing workload in primary care.
Shared back office	PCCC	Alliances working with practices to explore opportunities to create efficiencies by sharing back office functions, CCG to facilitate any links with ICS-level workstream on this if appropriate.
Workflow optimisation	PCCC	Support practices to improve productivity by optimising document management.
Online consultation	GPIT	Practices are supported to implement online consultation as an alternative means of patients accessing services. Implement NHS111 direct booking and increase utilisation of patient online services.
Self-Care	GPIT	Support self-care through wearable technology, health pods and apps Maximise impact of technology in supporting self-care.

<b>Governance</b>	Progress reported through Primary Care Commissioning Committee
<b>Policy context</b>	Identified as a key requirement for CCGs through the NHS planning guidance for 2018-19.
<b>Dependencies</b>	The GPFV and the associated transformation of primary care services has been identified as one of the key work programmes required to deliver the vision of the Integrated Care System.

## Baseline Milestones

Ref.	Upcoming Project Milestones	Delivery Date
M1	Time for Care Offer agreed with the national team and alliances, learning sets scheduled to cover active signposting and group consultations, plus QI programme Learning sets and QI programme run, with 90% attendance from practices in BW	2017-18 Q4 2018-19 Q1
M2	Shared back office Alliances identifying opportunities to share back office functions between practices	2018-19 Q1
M3	Workflow optimisation HERE training Training provider and funding identified for Newbury GP assistant role.	2017-18 Q4 2018-19 Q1
M4	Online consultation 95% of practices using web-based consultation tool	2018-19 Q1
M5	Self-care Work with BOB STP to identify preferred apps and promote app prescription	2018-19 Q1

Programme Name	Project / Programme Reference	Overall objective
<b>General Practice Forward View</b>	<b>Infrastructure</b>	Modernising primary care premises and digital infrastructure

Project Oversight Team	Name	Organisation
<b>SRO / Sponsor</b>	Helen Clark, Director of Primary Care	BWCCG
<b>Project Manager</b>	Various	

Workstreams	Project Board/Group	Objectives
ETTF schemes	PCCC	Schemes delivered in accordance with agreed timescales.
Non-ETTF schemes	PCCC	Proposed non-ETTF schemes reviewed in context of CCG's strategy and support confirmed otherwise. Improvement grant funding (where available allocated to schemes that demonstrate strategic fit.
Estates Strategy	PCCC	Clear strategy in place for meeting future primary care premises requirements including populations growth from housing developments and infrastructure required to underpin above new care models. To interface with cluster/network level visions of primary care developed by GP alliances as well as broader ICS estate strategy.
Connected Care roll-out	Digital Transformation	Connected Care will offer an integrated health and social care record which all practices will have access to. Associated Health Information Exchange will support population health management.

<b>Governance</b>	Progress reported through Primary Care Commissioning Committee
<b>Policy context</b>	Identified as a key requirement for CCGs through the NHS planning guidance for 2018-19.
<b>Dependencies</b>	The GPFV and the associated transformation of primary care services has been identifies as one of the key work programmes required to deliver the vision of the Integrated Care System.

Baseline Milestones	Upcoming Project Milestones	Delivery Date
	<b>ETTF schemes</b> Longbarn Lane scheme complete Swallowfield scheme due to complete Brookside scheme due to complete Walk-In Centre scheme due to complete Western Elms scheme due to complete	2017-18 Q4 2018-19 Q1 2018-19 Q2 2018-19 Q3 2018-19 Q4
<b>Non-ETTF schemes</b> Business case approved for first 'hub' scheme in South Reading. Improvement grant bidding process complete (if applicable) Any further proposals received in-year reviewed particularly where related to delivery of 'hubs'	2018-19 Q1 2018-19 Q3 2018-19 Q4	
<b>Estates Strategy</b> External support identified Six-facet survey and updated assessment of current and potential capacity completed and Primary Care Estates strategy developed and agreed Further work to incorporate Primary Care strategy into wider ICS Estates Strategy and to link to cluster visions for primary care Ongoing review of population growth and dialogue with local authorities re. S206/CILs	2017-18 Q4 2018-19 Q1 2018-19 Q3 2018-19 Q4	
<b>Connected Care</b> 100% of practices to have Connected Care Health Information Exchange linked to their clinical system Next steps for Connected Care agreed including development of population health analytics functionality	2018-19 Q1 2018-19 Q4	

Programme Name	Project / Programme Reference	Overall objective
<b>General Practice Forward View</b>	<b>Quality and Contracting</b>	Ensure that delegated responsibilities for statutory primary care medical services commissioning are being discharged effectively and work to improve the quality of primary care services.

Project Oversight Team	Name	Organisation
<b>SRO / Sponsor</b>	Helen Clark, Director of Primary Care	BWCCG
<b>Project Manager</b>	Various	

Workstreams	Project Board/Group	Objectives
PCCC Development	PCCC	Further develop PCCC as ICS programme board and implement all actions from previous audits.
Quality Framework	PCCC	Incorporation of primary care quality framework into ICS Quality Strategy. Work with GP Alliances to agree key indicators and work on these during 2018-19 in order to address variation and improve quality.
Commissioning Processes	PCCC	Streamline commissioning processes and address 'gaps' in provision where practices choose not to provide particular services.

<b>Governance</b>	Progress reported through Primary Care Commissioning Committee
<b>Policy context</b>	Identified as a key requirement for CCGs through the NHS planning guidance for 2018-19.
<b>Dependencies</b>	The GPFV and the associated transformation of primary care services has been identified as one of the key work programmes required to deliver the vision of the Integrated Care System. Also links to Quality Committee.

Upcoming Project Milestones	Delivery Date
<b>PCCC Development</b> <ul style="list-style-type: none"><li>• New TOR agreed</li><li>• New NHSE assurance processes actioned.</li></ul>	2017-18 Q4 2018-19 Q1
<b>Quality Framework</b> <ul style="list-style-type: none"><li>• Incorporation of primary care quality framework into CCGs Quality Strategy</li><li>• Identification of key metrics and area of variation</li><li>• Key data routinely shared with alliances</li></ul>	2017-18 Q4 2018-19 Q1 2018-19 Q2
<b>Commissioning Processes</b> <ul style="list-style-type: none"><li>• 2018/19 CESs issued</li><li>• Alliances providing services where addresses gap in provision</li><li>• Enhanced services commissioning processes reviewed to reduce reporting by aligning to IPA and using PPV</li><li>• Further consolidation of services for 2019/20</li></ul>	2017-18 Q4 2018-19 Q1 2018-19 Q2 2018-19 Q4