

Primary Care Commissioning Committee 2018/19

Date of Meeting:	09 November 2018
Agenda Item:	3.4
Subject:	Primary Care Innovation and Transformation Subcommittee Update
Reporting Officer:	Sarah Crossley, Head of Primary Care
Aim of Paper:	To provide an update to the Primary Care Commissioning Committee upon activities and outcomes of Primary Care Innovation and Transformation Subcommittee during May and September 2018.

Governance route prior to Primary Care Commissioning Committee	Meeting Date	Objective/Outcome
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Primary Care Commissioning Committee Resolution Required:	For Information Only
Recommendation	Primary Care Commissioning Committee are asked to note the contents of this report.

Link to Strategic Objectives		Contributes to: (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	No
SO3:	To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	No
SO7:	To deliver on the outcomes of the Locality Plan in respect of Mental Health	No

Risk Level: (To be reviewed in line with Risk Policy)	Green
Comments (Document should detail how the risk will be mitigated)	Risks are being managed with mitigation plans against individual projects detailed within the report.

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Associate Director of Integrated Commissioning, Karen Kenton
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

This paper provides a summary of the activities, updates, items of discussion and decisions made by the Primary Care Innovation and Transformation subcommittee.

Transformation Projects Update

Core+2

- The Local Care Organisation (LCO) are delivering the Core+2 specification whilst contract negotiations are ongoing. CCG has issued a comfort letter with agreed funding to support continued delivery of outcomes. CCG Tactical Commissioning Support is in place with two members of the primary care team supporting new ways of working and primary care at scale. Boroughwide Services around previous locally commissioned services have been developed and mobilised which will start to address inequity in accessing primary care commissioned services.
- The Local Care Organisation has submitted the Qtr 3 submission to the CCG which has met the satisfactory reporting as detailed within the contract specification. The provider has submitted detailed evidence against progress and met the requirement to evidence progress towards achievement of 50% of indicators.

Primary Care Academy

- As per Core+2, contract negotiations ongoing with discussion to support a few indicators to move into Service Development Improvement Plan (SDIP).
- The official Academy launch event took place at Rochdale Athletic Football Club on 13th September with over 150 participants across HMR. The Mayor of Rochdale awarded prizes to young people from local schools who participated in the design competition which produced the HMR Academy logo. The Primary Care Academy website is planned to go live in November.
- Training Needs Analysis has been carried out across all HMR GP practices with 255 members of staff responses and results collated and analysed.
- Rochdale Health Alliance (RHA) currently developing the HMR locum hub service and mobile app to practices seeking locum staff (including GPs, nurses, practice managers and staff) ensuring GP practices can access local workforce familiar with local systems and processes.
- Primary Care Academy (PCA) has been successful in bidding against the national funding to support development of 3 GP Fellowship posts in GP practice to support work in urgent care, dementia and research. PCA also working with the Greater Manchester Training Hub to support placement of Paramedic students in General Practice which is due to start in November. Further engagement taking place with Bolton University to look at placement of Nursing and Physician Associate students across HMR and to offer the

Nurse Apprenticeship.

- Promotion and engagement activity due to start with local radio station to run a series of adverts, press releases, and jointly host events to support workforce development and patient health education.
- 1 International GP accepted for placement via Rochdale Health Alliance planned to start in April 2019. Further interview dates have been arranged in November for the next cohort of International GPs.

Focused Care

- The Provider has reallocated some of its workforce in order to maximise coverage with the existing capacity across the Borough. Focused care continues to increase its coverage with 10.5 FTE in 21 GP practice. The programme anticipates having boroughwide coverage by April 2019.
- Focused Care Practitioners continue to settle and grow into the role. Foundational reviews complete for earlier staff recruitment cohort. Patient referral levels continue to increase from GP Teams where Focused Care is embedded.
- To date 443 patients have sustained progress with Focused Care supporting wellbeing of individuals and families (target 800 by April 2018).
- The subcommittee has requested the Provider consider a pilot for those practice who do not require full time Focused Care worker within their GP practice. The pilot should enable referral via a neighborhood model supporting those practices with space and capacity issues to avoid penalty via Core+ delivery.
- Interim review and data matching using DSCRO against locality plan targets is planned for the next reporting cycle.

Clinical Pharmacists

A revised new model of clinical pharmacists is currently in development to support delivery of the locality transformation. Planning meetings are currently in place between CCG, the Local Care Organisation and Rochdale Health Alliance to consider how the roles would complement the existing clinical pharmacists to support prescribing and the delivery of Core+.

Other Monthly Subcommittee Updates

May 2018

Primary Care Innovation Projects discussion for 2018/19

To support the 2018/19 work programme, members were tasked with developing ideas for projects which would support greater resilience in General Practice. A number of areas were discussed to help improve resilience of General Practice. Ideas such as:

- Commercial training for GPs and Practice managers
- Establishing a HMR locum bank
- Strengthening neighbourhood working
- Support with GP Practice partnership agreements
- GP practice self-assessment and diagnostic tools; and
- Producing 'how to' guides or training manuals for all HMR GP practices e.g. how GPs can stay on performers list upon retirement to support with resilience.

Following discussion, it was agreed task and finish group to be established between CCG and RHA to further work up viability and seek opportunities to support with funding.

Primary Care Work Programme 18/19

An outline of the paper was provided highlighting 3 work areas of the primary care team:

1. Transformation programmes/projects
2. Business as Usual including quality programme and contract management; and
3. Business Intelligence and Support.

Members discussed, advised and agreed the priority projects for 2018/19 that was included in the programme of work. The Subcommittee approved the Primary Care Work Programme 2018/19 which was presented at PCCC in May 2018.

Domiciliary Phlebotomy Discussion

A discussion paper was presented which advised members that the CCG is working with clinicians to prepare a specification. The specification would highlight the service was only available to housebound patients, not those who are able to leave their properties and the provider should report to the CCG those practices referring inappropriately. Members requested the inclusion of 17 year olds within the specification. Members were given opportunity to provide additional feedback and requested further engagement to take place at Locality Engagement Group.

June 2018

Homeless Action Response Team (HART) update

Rochdale Health Alliance's HART project was setup using funding approved by PCIT. The HART project is now running twice a week and is reported to be progressing well. Formal launch took place on the 10th April 2018. Key partners include the Soup Kitchen; Sanctuary Trust; Lime Housing; The Cellar project; Recovery Republic; Petrus; Brentwood House; Local Authority; Northern Care Alliance and Angies Angels. A mobilisation plan has been created and maintained with operational procedures, roles and guidelines produced and approved by the Northern Care Alliance for assurance of safe recruitment and volunteer workers. Clinical standard operating procedures have been created with the input from experts, including medicine management. The provider shared the 6 monthly report with the subcommittee members for information.

Domiciliary Phlebotomy Decision

A decision paper was presented at both Rochdale and Heywood & Middleton LEG meetings in June 2018. Members felt a practice cap was the fairest use of resource and therefore was the recommended option. Consideration was given to increasing funding for the service, in order to support provision of patient care within the community. However no further funding was available from the CCG at the time. The Subcommittee agreed to approve for practices to have an allocation based on their list size and percentage of elderly patients. Practices will be able to resource their own domiciliary phlebotomy visits once this allocation is reached, either by paying GP Care directly for the service, another provider of their choice or utilising their existing practice workforce. It was also agreed that practices will be allowed to re-allocate any of their cap allowance that they do not use to other practices in order to ensure there is no wastage.

July 2018– Meeting cancelled due to significant number of apologies.

August 2018

Primary Care Nurses

RHA have successfully mobilised a project to support Care Homes with Primary Care Nurses. The nurses aim is to reduce GP visits through better management of care home patients as part of the care home transformation programme. The nurses will administer flu vaccines, carry out annual health checks, support better management of long term conditions, update care plans and provide opportunistic training to care home staff. The nurses have been appointed and start date confirmed as the 4th September 2018. The project will commence by piloting the service in the largest care homes in the borough. Following successful outcomes of the pilot the project/service will be rolled out to all other Care homes. The lead nurse for the programme has already liaised with practices in relation to the flu programme in care/nursing homes with plans to support patient care plans and training care home nurses. The Subcommittee noted the verbal update provided.

Homely Remedies

An update was provided on the Homely Remedies scheme supported by Primary Care Innovation and Transformation subcommittee in January 2018. The Homely Remedies scheme provides training and to increase care home staffs confidence to treat minor ailments without the need for GP visits. The project is ongoing with Care Home staffs have started to enrol onto the training courses delivered by Springhill hospice. GP Practices will be informed once a registered care home has had their staff trained for practices to consider if they support the staff to administer minor ailments. Training is ongoing with care homes across HMR with update requested at future subcommittee.

Online Consultation Pilot Evaluation

Online Consultation is part of GM Primary Care Reform Investment to support delivery of the GP Forward View. The Online Consultation pilot was aimed to introduce an alternative mode for patients to access their GP practice whilst supporting practices workforce pressures. The evaluation report and lessons learnt was presented to the subcommittee and shared with Rochdale Health Alliance. The report detailed the context, planning process & pilot approach, communications strategy, usage data and lessons learnt. The pilot had demonstrated some positive benefits for patients with some challenges for practices around the mobilisation and deployment of the system. Members agreed the evaluation report and lessons learnt would be beneficial for Rochdale Health Alliance with implementing Online Consultation boroughwide as part of Core+2. The subcommittee noted the report.

September 2018

GP Excellence

A report updated subcommittee members regarding the work being carried out in HMR CCG through the GP Excellence work stream as part of the GM Primary care Reform Investment. The programme aims to support General Practice by offering GM wide courses free of charge to practices to become more sustainable, resilient and better placed to manage challenges. In addition to the GM wide courses there is also the opportunity to secure funding to support resilience and sustainability in individual practices. 2 GP practices within HMR have self-referred with CCG support to access resource to support their resilience. Both bids have been approved by GM Health and Social Care Partnership.

Following the Primary Care Innovation projects discussion in May's PCIT subcommittee, a further three boroughwide bids were submitted by RHA on behalf of all the practices within HMR with the outcome expected in November. The bids if successful (outcome expected in November) will support:

1. Resource to support set up of HMR locum bank hosted by RHA (GPs, practice nurses and practice staff)
2. Partnership agreement support and legal templates for GP practices to consider
3. General Practice health checks diagnostic tool managed by RHA to support with quality and financial sustainability in general practice.

Members were reminded that the GP Excellence funding is available for practices to bid for until 2021, and were asked to consider any other areas requiring support.

GM Health and Social Care Update

- **Workforce** - The first GM Primary Care Reference Group took place on Tuesday 18 September. The purpose of this group will be to co-ordinate workforce activity across Greater Manchester, share best practice and support the delivery of the Greater Manchester Primary Care Workforce Plan. HMR CCG presented to the Primary Care Workforce Reference Group and outlined the commitment the CCG had made to address workforce challenges through its Primary Care Workforce Strategy and its investment in the Primary Care Academy.
- **Primary Care at Scale Visits** - The GM primary care team has been conducting locality

visits to understand how primary care is working differently in each locality to deliver population based models of care. HMR had its visit on the 13th August where positive feedback was received. The report and outputs of these visits are due to be shared by GM soon.

- **Winter** - Fortnightly winter meetings have commenced at the Partnership, this is to facilitate a co-ordinated approach to managing winter pressures. From a primary care perspective, consideration is being given to how 7 day additional access could be flexed to cope with increased demand e.g. where utilisation is low, could capacity be flexed to include urgent appointments.
- **Digital Systems Update** - GM Health and Social Care Partnership have funded BARDOC and Master Call to update their digital systems for the purpose of allowing appointment books to be open to call handlers enabling them to refer patients directly. Discussions took place at PCIT subcommittee regarding booking appropriate appointments and concerns were raised around capacity. HMR CCG recognises the implications for practices and has made a request to be kept updated.

October 2018 – meeting cancelled due to apologies.

Presentations

The subcommittee invites presentations at each meeting to help foster innovation, learning and new possible developments within primary care. The following presentations were delivered:

Primary Care Insight Tool (May 2018)

A presentation was provided by PA Consulting regarding the Primary Care Insight Tool.

The tool will be introduced by NHSE North to be used throughout 200 practices to assist with future workforce planning, federation and neighbourhood models by understanding day to day activity, patterns of behaviour and frequency of attendance DNAs.

Members were advised that GM practices had not been included in the roll out due to the devolution funding. Discussions took place regarding the extraction tool awaited from GM and its functionality, resilience monies and the GM Excellence Programme as possible funding streams. A request was made for this to be raised at the next Primary Care Leads meeting to gain feedback from GM discussions. It was suggested that it would be more appropriate for the LCO to manage the tool due to the sharing of data between practices. The Subcommittee noted the presentation provided and were updated that work was taking place in GM to upgrade the GM Tableau Dashboard and the GM Workforce Reference Group to support workforce data and future planning.

Productive General Practice (PGP) Quick Start (August 2018)

The NHS England Productive General Practice Quick Start programme provides fast, practical improvement to help reduce pressures and release efficiencies within general practice. A presentation was provided by KM&T outlining the Productive General Practice (PGP) Quick Start programme and how this could support HMR practices and also support the delivery of Core+2.

The programme allows time to create headspace for practices working their way through current and future pressures. The PGP team work with clinicians and staff to identify and strip out unnecessary or duplicate activities, creating more time by solving real operational headaches for a practice, de-personalising emotive issues and building confidence.

There is a small window of opportunity for HMR practices to bid for the NHSE national funding for a final cohort due to commence December 2018 and end in March 2019. PCIT suggested CCG primary care team and RHA seek interest amongst GP practices. RHA have now submitted an expression of interest which includes 15 HMR practices. A final bid will be submitted on the 23rd November. If successful, a number of HMR practices will be participating in the programme between December 2018 and March 2019.