General Practice Sustainability and Transformation Delivery Programme (BNSSSG)

delivery of the:

GENERAL PRACTICE FORWARD VIEW

APRIL 2016

West of England Academic Health Science Network
Bristol Clinical Commissioning Group

NHS

NHS

NHS

NHS

NHS

Somerset Clinical Commissioning Group
North Somerset Clinical Commissioning Group
South Gloucestershire Clinical Commissioning Group
Health Education England

MMuirhead.Aug.16
## Contents

- Introduction ........................................................................................................... 2
- General Practice Sustainability and Transformation Delivery Programme ............. 3
- What are the priorities for action ....................................................................... 4
- What the programme aims to deliver ................................................................. 5
- How the programme aims to deliver ................................................................. 6
- Programme Board, Terms of Reference ........................................................... 7
- Membership, BNSSSG Programme Board ...................................................... 8
- Programme Overview, the governance ............................................................ 9
- BNSSSG Programme Overview, the people .................................................. 10
- The roles and their functions ........................................................................... 12
- Individual project reporting ............................................................................. 13
- BNSSSG Highlight Report (July) ....................................................................... 14
- Special Projects Highlight Report (July) .......................................................... 15

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Introduction

Sustainable primary care, what is the problem we are trying to fix?

Primary care continues to be the foundation on which healthcare has been provided since the inception of the NHS in 1948. We know that high-quality primary and community services is the key that unlocks the potential for preventative, proactive management of patients, reducing the need for acute and bed-based care, and addressing many of the health inequalities that exist across our population. However, there are significant challenges being faced by primary care and General Practice in particular. The growing workload and need to manage increasing numbers of patients with multiple and complex health needs, coupled with the uncertainty of future workforce, means we need to radically rethink the model of General Practice if we are to make it sustainable beyond the current decade.

The current state of play in primary care across BNSSSG:

With practice mergers and the percentage of work needing to move into an out of hospital setting current GP estate is not fit for purpose in many cases and this is causing system wide pressures. The biggest issue facing all contractor groups is the availability of the clinical workforce to continue to provide primary care in its current form lending us to consider new models of care. We know from feedback from Healthwatch, MPs and patients there are problems getting access to primary care services in some parts of our patch,– this challenge will continue as we have seen the number of patients making contact about waits to see their GP and dentists growing.

We believe that there are many opportunities available to primary care in the coming 12 months as well as the next 2-5 years and they can be best categorised into the below areas:

- **Quality**
- **Estates and Technology**
- **Sustaining and transforming**
- **Workforce, new ways of working and appetite for risk**

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## What are the priorities for action?

<table>
<thead>
<tr>
<th>Provider Development</th>
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<tbody>
<tr>
<td>• Provider Function</td>
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<tr>
<td>• Provider Vehicle/s</td>
</tr>
<tr>
<td>• Contracting and governance</td>
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</tbody>
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<table>
<thead>
<tr>
<th>New care models</th>
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<tbody>
<tr>
<td>• Review of new workforce models</td>
</tr>
<tr>
<td>• Skill mix reviews</td>
</tr>
<tr>
<td>• Capacity and demand</td>
</tr>
<tr>
<td>• Benchmarking</td>
</tr>
<tr>
<td>• Process mapping and improvement</td>
</tr>
<tr>
<td>• 10 high impact actions delivery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Premises / Estate</td>
</tr>
<tr>
<td>• IT</td>
</tr>
<tr>
<td>• Premises related issues which are blocking progress, e.g., negative equity or lease commitments</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Working at Scale</th>
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<tr>
<td>• Back office</td>
</tr>
<tr>
<td>• Finance functions</td>
</tr>
<tr>
<td>• Service Delivery</td>
</tr>
<tr>
<td>• Employment indemnity and governance e.g. for shared posts and integration</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Special Projects to support sustainability</th>
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<tbody>
<tr>
<td>• Weston sustainability across the system</td>
</tr>
<tr>
<td>• South Bristol, primary care sustainability</td>
</tr>
<tr>
<td>• Redesign of a Minor Ailments Scheme</td>
</tr>
<tr>
<td>• Development of a health and wellbeing APP</td>
</tr>
<tr>
<td>• SWAHSN and NHSE portal</td>
</tr>
</tbody>
</table>
What the programme aims to deliver

1. A training needs analysis to support delivery of a new workforce model across primary care supported by partners HEE WAHSN and SWAHSN

2. Test different organisational forms across the spectrum from informal collaborations through to formalised new business models

3. Testing of new models of care and services configurations

4. Create a more sustainable and resilient primary care through eradication of contractual silos especially across Pharmacy and General Practice

5. Development and testing of new roles in Primary Care

6. A range of case studies which can support delivery in other areas of the SW
How we will deliver the work programme

- Over 20 Primary Care Development Funded projects already underway across the BNSSSG these are developing and testing local solutions to improve sustainability
- Work with key partners to align efforts and only set up new workstreams where there is not an existing mechanism which can be adapted to also deliver NHSE and partners priorities
- Already working with SWAHSN to develop an joint on-line portal (which will cover all 4 STP areas) as a key resource and piece of infrastructure for sharing of best practice
- Propose to align existing work by HEE/CEPN’s and AHSN’s to deliver the new models of care/workforce ‘work-stream’ but NHSE will need to deliver the recently announced Resilience Programme
- NHSE has existing programme to deliver the changes relating to infrastructure (via the premises assurance monthly working group) so will link its work into this programme board
- Main ‘new’ areas of work to take forward are provider development and back office support. Some existing experience of new provider models and shared functions emerging locally and elsewhere – we will use the portal to help share good practice and key documents
- Separate but linked programme for delivery of pharmacy projects to support general practice sustainability.
Programme Board - Terms of reference

Background
NHS England published the General Practice Forward View (GPFV) which was developed in collaboration with Health Education England and in discussion with the Royal College of General Practitioners, and builds on feedback from a range of other organisations, national and local, and from staff working in general practice. It sets out a commitment to stabilise and transform general practice now and in the years ahead, backed with both recurrent investment and a package of non-recurrent measures.

Responsibility for implementation of the General Practice Forward View will sit largely with NHS England, Health Education England, the Care Quality Commission, the Department of Health and with local Clinical Commissioning Groups. But there is a clear and strong role for all professional bodies representing general practice in enabling and supporting delivery. Moreover, further work needs to be undertaken to ensure that implementation, is designed and delivered with patients and the public.

Before the publication of the GPFV the South West had already designed with its partner CCGs, LMCs, AHSN and HEE its own programme in response to emerging sustainability issues and the need to transform general practice and local implementation will be informed by STP priorities.

Scope
• To support delivery locally, NHS England SW with our partners has establish this delivery board to oversee delivery bringing together a range of stakeholders with an interest in securing the successful delivery of the commitments in the GPFV and the goal and wishes of practices and professionals locally. The aim of the South West General Practice sustainability and Delivery Programme Board will be:
• To ensure delivery of the STP priorities in relation to the sustainability or primary care across STP footprints BNSSG and Somerset including a developing an understanding of broader STP plans
• To receive reports and assurance on the delivery of the locality and practice based projects
• To provide a steer on priorities, and help resolve challenges
• To connect the work to other opportunities and trends within the health and care system
• To combat organisational and professional silos by being a connector
• To promote the work being delivered, as appropriate.

Roles and Responsibilities
The Chair has responsibility for ensuring that the group engages in such a way as to deliver its key functions outlined above. Senior representatives from specific work programmes may be invited to advise the group, participate in decision making or contribute resources where there is a common purpose or objective
Secretariat will be provided by NHS England and will arrange meetings; commission meeting papers and provide support to the Chair.

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## Membership of the BNSSSSG Programme Board

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS England</strong></td>
<td>Pam Smith</td>
<td>PMO Lead</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Andrea Melluish</td>
<td>PMO Operations Manager</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Marina Muirhead</td>
<td>Head of Primary Care</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Linda Prosser</td>
<td>Director of Assurance &amp; Delivery (Chair)</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>To be appointed</td>
<td>GP and Clinical Lead for the programme</td>
</tr>
<tr>
<td><strong>Somerset CCG</strong></td>
<td>Michael Bainbridge</td>
<td>Head of Primary Care Development</td>
</tr>
<tr>
<td><strong>Bristol CCG</strong></td>
<td>Jo White</td>
<td>Programme Director, Primary Care</td>
</tr>
<tr>
<td><strong>South Glouc CCG</strong></td>
<td>Melanie Green</td>
<td>Director of Primary Care</td>
</tr>
<tr>
<td><strong>One Care Consortium</strong></td>
<td>TBC</td>
<td>Clinician requested</td>
</tr>
<tr>
<td><strong>Symphony Healthcare Services</strong></td>
<td>TBC</td>
<td>Clinician requested</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>David Bearman</td>
<td>LPN Chair</td>
</tr>
<tr>
<td><strong>CQC</strong></td>
<td>Odette Coveney</td>
<td>Inspection Manager</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Jane McVea</td>
<td>New Care Models Programme (Associate member of the group)</td>
</tr>
<tr>
<td><strong>HEE</strong></td>
<td>Clare Chivers</td>
<td>Health Dean</td>
</tr>
<tr>
<td><strong>HEE</strong></td>
<td>Dr Simon Newton</td>
<td>Associate Medical Dean / School of Primary Care</td>
</tr>
<tr>
<td><strong>West of England AHSN</strong></td>
<td>Natasha Swincoe</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td><strong>BNSSG LPC Rep</strong></td>
<td>Richard Brown</td>
<td>Pharmacist and LPC Chair</td>
</tr>
<tr>
<td><strong>Somerset LPC Rep</strong></td>
<td>Michael Lennox</td>
<td>Pharmacist and LPC Chair</td>
</tr>
<tr>
<td><strong>BNSSG LMC</strong></td>
<td>Philip Kirby</td>
<td>Chief Executive</td>
</tr>
<tr>
<td><strong>Somerset LMC</strong></td>
<td>Harry Yoxall</td>
<td>Medical Director</td>
</tr>
<tr>
<td><strong>Somerset PT</strong></td>
<td>Andrew Dayani</td>
<td>Medical Director</td>
</tr>
<tr>
<td><strong>PH South Glou</strong></td>
<td>Jacqui Offer</td>
<td>Consultant in Healthcare Public Health</td>
</tr>
<tr>
<td><strong>North Somerset CCG</strong></td>
<td>Debbie Campbell</td>
<td>Deputy Director of Quality</td>
</tr>
<tr>
<td><strong>PH Somerset</strong></td>
<td>Orla Dunn</td>
<td>Consultant in Healthcare Public Health</td>
</tr>
<tr>
<td><strong>PH Bristol</strong></td>
<td>Barbara Coleman</td>
<td>PH Programme Manager</td>
</tr>
<tr>
<td><strong>PH England</strong></td>
<td>Ulrike Harrower</td>
<td>Consultant in Healthcare Public Health</td>
</tr>
<tr>
<td><strong>RCGP</strong></td>
<td>Tharsha Sivayokan</td>
<td>BNSSG RCGP GPFV Ambassador</td>
</tr>
<tr>
<td><strong>RCGP</strong></td>
<td>Chris Campbell</td>
<td>Somerset RCGP GPFV Ambassador</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>TBC</td>
<td>Communications</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Caroline Gamlin</td>
<td>Medical Director</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Dianne Conduit</td>
<td>Director of Nursing and Quality</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Janet Newport</td>
<td>Pharmacy Contract Manager</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Clive Coleman</td>
<td>Ass Head of Finance</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>Ian Turnbull</td>
<td>Premises Contract Manager</td>
</tr>
<tr>
<td><strong>BNSSG STP</strong></td>
<td>Julia Clark</td>
<td>SRO for Community STP workstream</td>
</tr>
</tbody>
</table>

Agreed on 25th August 2016

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Programme Overview – the governance

BNSSG STP Board  

Somerset STP Board  

SW Delivery Board  

SW Programme Management Office

THE SUSTAINABILITY AND TRANSFORMATION FOOTPRINTS WITH ATTACHED CHANGE MANAGERS

Bristol, South Gloucestershire and North Somerset  
Somerset  
New Devon, South Devon and Torbay  
Cornwall

Linda Prosser  
Responsible Officer

This programme boards locations of responsibility

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BNSSSG Programme Overview – the people

1. SW Programme Manager
2. The Sustainability and Transformation Change Manager

- Bristol, South Gloucestershire and North Somerset
- Somerset

- Linda Prosser SRO
- Pam Smith Programme Lead
- Andrea Melluish PMO Operations Manager
- Change Manager S Glos /N Som Denys Rayner
- Change Manager Somerset Robert Connor
- Change Manager Bristol Debbie Penney

Clinical SRO TBA

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The people (cont’d)

**Clinical Lead**
VACANT

@nhs.net

**Pam Smith**
Programme Lead

Pam.smith3@nhs.net

**Andrea Melluish**
PMO Operations Manager

Andrea.melluish@nhs.net

**VACANT**
PMO Administrator

@nhs.net

**Denys Rayner**
South Gloucestershire and BNSSSG Somerset Change Manager

Denys.rayner@onecareconsortium.co.uk

**Debra Penny**
Bristol and BNSSSG Somerset Change Manager

Debra.penny@onecareconsortium.co.uk

**Robert Connor**
Somerset Change Manager

Robert.connor@nhs.net

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The roles and their functions

<table>
<thead>
<tr>
<th>Programme Management Office</th>
<th>The Change Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Overall coordination of the programme, central PMO to drive and monitor progress (service development and expenditure)</td>
<td>• Based out in the local footprint</td>
</tr>
<tr>
<td>• Ensure delivery of communications including meeting all national monitoring and monitoring requirements</td>
<td>• Facilitates outputs from the general practice by listening, supporting and ultimately helping the provider to deliver the change they personally wish to make</td>
</tr>
<tr>
<td>• Service STP work streams which centre on primary care</td>
<td>• Works with potentially vulnerable practices to ensure that they are supported towards a sustainable solution</td>
</tr>
<tr>
<td>• Design and delivery of key workshops</td>
<td>• Ensures new delivery models are aligned to local and national strategic direction</td>
</tr>
<tr>
<td>• Produces standard highlight reports for the programme board</td>
<td>• Completes highlight reporting</td>
</tr>
<tr>
<td>• Provides system wide access to best practice and sharing alongside developing case studies from test sites</td>
<td>• Works with STP priority sustainability areas</td>
</tr>
<tr>
<td>• Obtains specialist input from areas such as HR / legal at scale</td>
<td>• Works as a signposter and connector to other pieces of work and practices to share good practice</td>
</tr>
<tr>
<td>• Overseas the work streams and risk mitigation</td>
<td></td>
</tr>
<tr>
<td>• Undertakes whole SW trend analysis and data collection</td>
<td></td>
</tr>
<tr>
<td>• Works with partners such as the AHSN to produce joint solutions</td>
<td></td>
</tr>
<tr>
<td>• Works on a workforce / training needs analysis to feed HEE and their commissioning of future education</td>
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<tr>
<td>• Produces newsletters for wider primary care stakeholders</td>
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Individual project/s reporting

All change managers are required to work with their projects to bi-monthly complete the below highlight report which will then form the basis of a monthly PMO and Change Manager discussion. The PMO will then condense the information to supply to this programme board a highlight report setting out any key themes, risk, issues and any wicked issues that they would like our support to resolve.

---

**PRIMARY CARE DEVELOPMENT FUND - BI-MONTHLY PROGRESS REPORT**

This template will be used as a way in which to collect progress information from all projects on a bi-monthly basis starting 15 May 2016. The information included in this template will be used to feed into regular national and local reporting.

- Timely and accurate updates on progress – including information about things that have not worked!
- Any good news stories from the pilot so far into terms of implementation success and any evidence you have collected which will provide learning for other pilots (e.g. success in changing ways of working, changes to skill mix etc.)
- Key lessons learned that are important to share in terms of future development

Please submit returns by 15 of the reporting month (May, July, September, November, January and March). If a particular row is not relevant to your pilot please insert N/A.

<table>
<thead>
<tr>
<th>Pilot name:</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td>CCG:</td>
<td></td>
</tr>
<tr>
<td>Completed by (name and job title):</td>
<td>Email and telephone:</td>
</tr>
<tr>
<td>Reporting period – From:</td>
<td>To:</td>
</tr>
<tr>
<td>Number of participating practices in pilot set</td>
<td>Population covered</td>
</tr>
<tr>
<td>PCDF allocation:</td>
<td>SPEND TO DATE</td>
</tr>
</tbody>
</table>

**Risks and issues**

<table>
<thead>
<tr>
<th>Risk / Issue Description</th>
<th>Risk Score</th>
<th>Mitigating Actions</th>
<th>Planned completion date</th>
<th>Status (complete / in progress)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Systems and processes that are in place and operating that mitigate this risk, including assurances</td>
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</tbody>
</table>

**Key milestones**

<table>
<thead>
<tr>
<th>Milestone description</th>
<th>Planned completion date</th>
<th>Latest forecast date</th>
<th>Status</th>
<th>Comments (including reason for slippage, if any)</th>
<th>Funding received</th>
<th>Balance (if applicable)</th>
</tr>
</thead>
</table>

**Key achievements / good news stories**

Use the section to date to highlight your key achievements over the last month; include any evidence you have gathered including quotes, figures, patient

**Key lessons**

Please describe below any key lessons you have learned over the last month.

**Communications**

Please detail below any communications activity you have undertaken in the last month or are planning (with dates where known) to promote the pilot.

**Support**

Please let us know if there is any development requirement or current barriers that the PMO could offer support on.