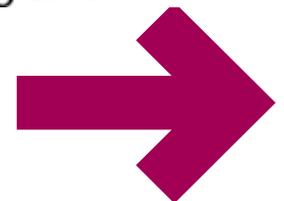


General Practice Sustainability and Transformation Delivery Programme (BNSSSG)

delivery of the:

GENERAL PRACTICE FORWARD VIEW

APRIL 2016



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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 ✓



What are the priorities for action?

Provider Development

- Provider Function
- Provider Vehicle/s
- Contracting and governance

New care models

- Review of new workforce models
- Skill mix reviews
- Capacity and demand
- Benchmarking
- Process mapping and improvement
- 10 high impact actions delivery

Infrastructure

- Premises / Estate
- IT
- Premises related issues which are blocking progress, e.g., negative equity or lease commitments

Working at Scale

- Back office
- Finance functions
- Service Delivery
- Employment indemnity and governance e.g. for shared posts and integration

Special Projects to support sustainability

- Weston sustainability across the system
- South Bristol, primary care sustainability
- Redesign of a Minor Ailments Scheme
- Development of a health and wellbeing APP
- SWAHSN and NHSE portal



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.



Membership of the BNSSSG Programme Board

Organisation	Name	Role
NHS England	Pam Smith	PMO Lead
NHS England	Andrea Melliush	PMO Operations Manager
NHS England	Marina Muirhead	Head of Primary Care
NHS England	Linda Prosser	Director of Assurance & Delivery (Chair)
NHS England	To be appointed	GP and Clinical Lead for the programme
Somerset CCG	Michael Bainbridge	Head of Primary Care Development
Bristol CCG	Jo White	Programme Director, Primary Care
South Glouc CCG	Melanie Green	Director of Primary Care
One Care Consortium	TBC	Clinician requested
Symphony Healthcare Services	TBC	Clinician requested
NHS England	David Bearman	LPN Chair
CQC	Odette Coveney	Inspection Manager
NHS England	Jane McVea	New Care Models Programme (Associate member of the group)
HEE	Clare Chivers	Health Dean
HEE	Dr Simon Newton	Associate Medical Dean / School of Primary Care
West of England AHSN	Natasha Swincoe	Chief Operating Officer

Organisation	Name	Role
BNSSG LPC Rep	Richard Brown	Pharmacist and LPC Chair
Somerset LPC Rep	Michael Lennox	Pharmacist and LPC Chair
BNSSG LMC	Philip Kirby	Chief Executive
Somerset LMC	Harry Yoxall	Medical Director
Somerset PT	Andrew Dayani	Medical Director
PH South Glou	Jacqui Offer	Consultant in Healthcare Public Health
North Somerset CCG	Debbie Campbell	Deputy Director of Quality
PH Somerset	Orla Dunn	Consultant in Healthcare Public Health
PH Bristol	Barbara Coleman	PH Programme Manager
PH England	Ulrike Harrower	Consultant in Healthcare Public Health
RCGP	Tharsha Sivayokan	BNSSG RCGP GPFV Ambassador
RCGP	Chris Campbell	Somerset RCGP GPFV Ambassador
NHS England	TBC	Communications
NHS England	Caroline Gamlin	Medical Director
NHS England	Dianne Conduit	Director of Nursing and Quality
NHS England	Janet Newport	Pharmacy Contract Manager
NHS England	Clive Coleman	Ass Head of Finance
NHS England	Ian Turnbull	Premises Contract Manager
BNSSG STP	Julia Clark	SRO for Community STP workstream

Programme Overview – the governance

BNSSG STP Board

Somerset STP Board

SW Delivery Board

Linda Prosser
Responsible Officer

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

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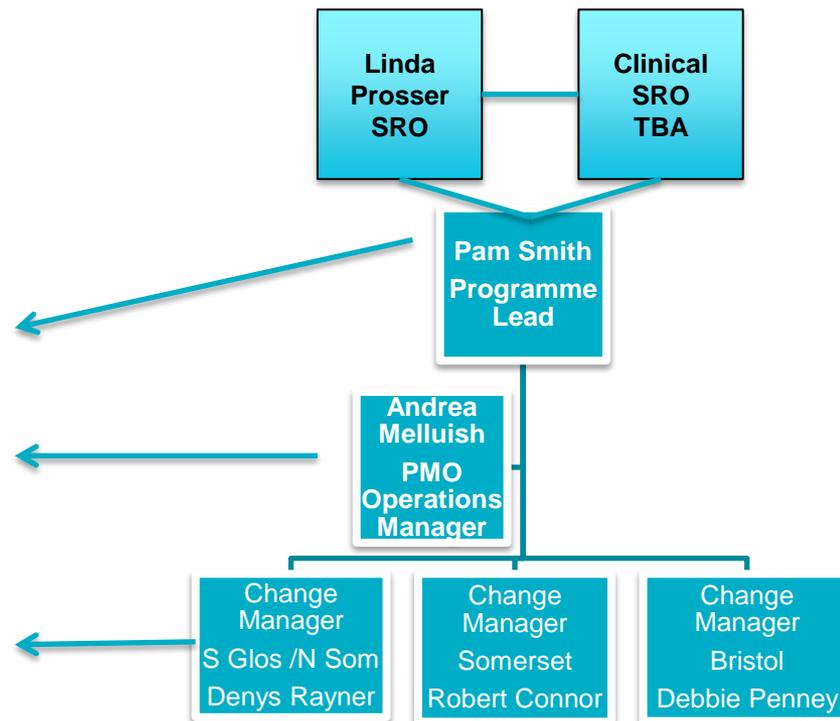
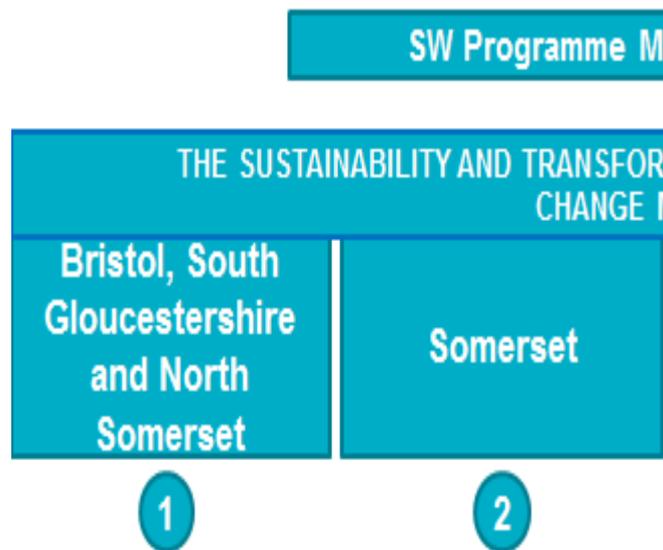
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This programme
boards locations
of responsibility



BNSSSG Programme Overview – the people



The people (cont'd)



Clinical Lead
VACANT

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Pam Smith
Programme Lead

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Andrea Melluish
PMO Operations
Manager

Andrea.melluish@nhs.net



VACANT
PMO Administrator

@nhs.net



Denys Rayner
South Gloucestershire and
BNSSSG Somerset Change
Manager

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consortium.co.uk



Debra Penny
Bristol and BNSSSG Somerset
Change Manager
Debra.penny@onecareconsorti
um.co.uk



Robert Connor
Somerset Change Manager

Robert.connor@nhs.net



The roles and their functions

Programme Management Office

- Overall coordination of the programme, central PMO to drive and monitor progress (service development and expenditure)
- Ensure delivery of communications including meeting all national monitoring and monitoring requirements#
- Service STP work streams which centre on primary care
- Design and delivery of key workshops
- Produces standard highlight reports for the programme board
- Provides system wide access to best practice and sharing alongside developing case studies from test sites
- Obtains specialist input from areas such as HR / legal at scale
- Oversees the work streams and risk mitigation
- Undertakes whole SW trend analysis and data collection
- Works with partners such as the AHSN to produce joint solutions
- Works on a workforce / training needs analysis to feed HEE and their commissioning of future education
- Produces newsletters for wider primary care stakeholders

The Change Managers

- Based out in the local footprint
- Facilitates outputs from the general practice by listening, supporting and ultimately helping the provider to deliver the change they personally wish to make
- Works with potentially vulnerable practices to ensure that they are supported towards a sustainable solution
- Ensures new delivery models are aligned to local and national strategic direction
- Completes highlight reporting
- Works with STP priority sustainability areas
- Works as a signposter and connector to other pieces of work and practices to share good practice



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.										
Pilot name:								Status	G	
CCG:										
Completed by (name and job title):						Email and telephone:				
Reporting period - From:						To:				
Number of participating practices in pilot scf						230		Population covered		1,670,000
PCDF allocation:						SPEND TO DATE				
Pilot objectives										
Risks and issues										
Risk / Issue Description	Risk Score			Mitigating Actions			Planned completion date	Status (complete / in progress)		
<i>cause, risk event and impact</i>	<i>likelihood</i>	<i>impact</i>	<i>RAG</i>	<i>Status</i>			<i>Systems and processes that are in place and operating that mitigate this risk, including assurances</i>			
It is a risk that										
It is a risk that										
It is a risk that										
Key milestones										
Milestone description	Planned completion date		Latest forecast date			Status	Comments (including reason for slippage, if any)	Funding received	Balance (if applicable)	
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.										