NHS England

Prime Minister's Challenge Fund (PMCF): Improving Access to General Practice

Innovation Showcase Series

Very large scale pilots: multiple CCGs, many practices, large patient populations

June 2015: Showcase Six

About PMCF

In October 2013, the Prime Minister announced a **£50 million Challenge Fund** to help improve access to general practice and stimulate innovative ways of providing primary care services. The first wave of 20 pilots was announced in April 2014; covering 1,100 general practices and 7.5 million patients.

In September 2014, a further £100m of funding was announced by the Prime Minister for a second wave. Following a selection process, 37 pilot schemes covering 1,417 practices and 10.6m patients were chosen to participate. The fund will also support GPs to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better health outcomes, more personalised care and excellent patient experience.

In total, the two cohorts cover over **18m patients** in over **2,500 practices**.

Innovation showcases

This paper is the sixth in a series of 'innovation showcases' designed to highlight the successes of the **wave one pilots**.

This paper focuses on pilots which are delivering at very large scales, across diverse geographies with multiple CCGs, many practices and with a large patient population. The pilots featured are: Devon, Cornwall and the Isles of Scilly; North West London and Barking and Dagenham, Havering and Redbridge.

Key messages

How have pilots managed to successfully deliver across a large geographical area?

History of collaboration. Pilots were already working on the co-commissioning of primary care across CCG borders and there were existing pan-CCG structures in place. This has enabled the pilots to work quickly and effectively across CCG boundaries.

Effective governance structures. The pilots have clear governance structures which ensure a central team manages and oversees pilot progress, but that CCGs and GP practices are able to design and deliver initiatives which are tailored to local need.

Alignment with local priorities. Pilots ensured PMCF objectives complement wider primary care strategies. This has helped to embed PMCF projects into longer term commissioning objectives and provided the PMCF projects with momentum and credibility.

Local evaluation. Pilots have set up local evaluation processes and have used the findings to refine delivery. This has ensured that initiatives continue to deliver for patients and that success can be measured and demonstrated.

Clinical inclusivity. All pilots have integrated GP leadership into their projects. This close involvement has facilitated a strong sense of shared ownership.

Key issues to consider:

Practice buy in. Delivering at a large scale has risks in terms of GP practices feeling detached from PMCF initiatives. To ensure that GPs feel included and therefore contribute to pilots success, practice engagement and buy in is essential.

Devolved planning and delivery. To ensure that initiatives are focused on local patient needs, pilots have encouraged a 'bottom up' approach with support from a central team.

Evidence of success

"Delivering at this scale and working together as providers to deliver PMCF has helped us to create additional capacity as we have been able to encourage new GPs into the workforce and provide portfolio working opportunities, for example sessions working for a frail elderly service or in an urgent care centre"

GP project lead for Devon, Cornwall and the Isles of Scilly pilot

A local evaluation of the Central London CCG has shown that since the introduction of 7 day services there has been a 10% reduction in A&E attendance from practices involved in the pilot and a 7% reduction in admissions of patients aged 65+

North West London pilot

Devon, Cornwall and the Isles of Scilly

Background and key features of the pilot

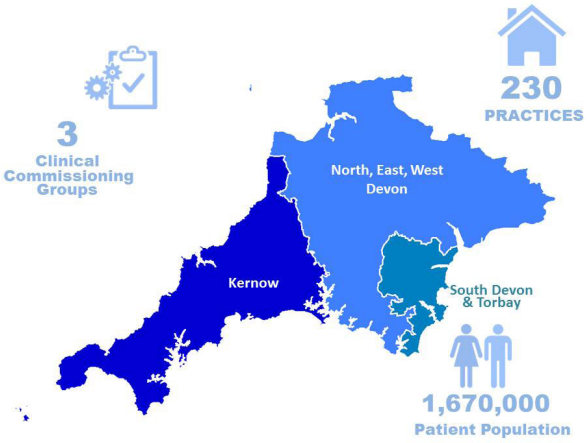
- Devon, Cornwall and the Isles of Scilly have a **number of projects running at CCG and practice level, which all co-opt under the PMCF project umbrella**. Each local area has identified priorities and tailored their initiatives accordingly. For example, South Devon and Torbay CCG has focused entirely on the frail elderly population while Kernow CCG has focused on opening new urgent care centres and extending existing extended hours capacity.
- Devon and Cornwall decided to submit a joint bid as they thought they would be able to **achieve more as a collective than as individual CCGs**. There was a history of collaborative working prior to PMCF, including an over-arching governance structure across the three CCGs known as the Primary Care Oversight Group (PCOG).

Implementing across a large geographical scale

- The pilot believes its governance structure has been fundamental to success because it provides central due diligence, support and overview but allows for local tailoring. It is the job of individuals on the steering group to delegate responsibilities down through the CCGs. The pilot has consistently emphasised its 'bottom up' approach where **ideas and projects are local and fed upwards.**
- Together, the steering group and project manager have been crucial in ensuring individual projects work together with existing services. For example, there was concern that the payment for GPs providing GP extended hours services was over and above the standard OOH rate and would therefore destabilise the OOH service. As a result of the steering group and the overview provided by the project manager, this issue was addressed and any potential disruption avoided.
- The pilot has been able to **vary existing contracts to deliver PMCF** rather than go thorough a lengthy procurement process. The use of existing mechanisms meant that mobilisation was faster and that funding could be channelled to delivery.

"Delivering PMCF weekend access has brought us together as practices and has made the Federation 'real' for the first time."

GP Federation Lead



The value of operating at a large scale

- Implementing at this large size has allowed the pilot to test a number of different projects and then **employ a rapid assessment and evaluation procedure**, supplying more resource to the projects which are achieving greatest success.
- Operating across the three CCGs has allowed the pilot to **manage any possible destabilisation or adverse effects** from CCGs introducing different initiatives, whilst continuing with the history of collaboration across the entire pilot area.
- The pilot has **enabled extended access to over 850,000 patients** across a large geographical area incorporating both rural and urban areas, areas of high deprivation and areas which have a large proportion of their population over 65s.

Pilot tips for success

- **Buy in from GPs is crucial to success;** the pilot ensured this through Local Medical Committee (LMC) involvement in the steering group and outreach and engagement work undertaken by the pilot project manager and local project managers.
- Implementing an **effective local evaluation** ensures information and knowledge is shared across CCGs. It also helps to demonstrate the success of the pilot and therefore make the case for sustainability funding. Sufficient time and resource must be assigned to the process.
- It is important to **provide local autonomy** and empower people locally to get on and deliver change.
- **Be prepared to adapt**; add to projects when things are working and don't be afraid to stop or adjust projects if they are not delivering.

North West London

Background and key features of the pilot

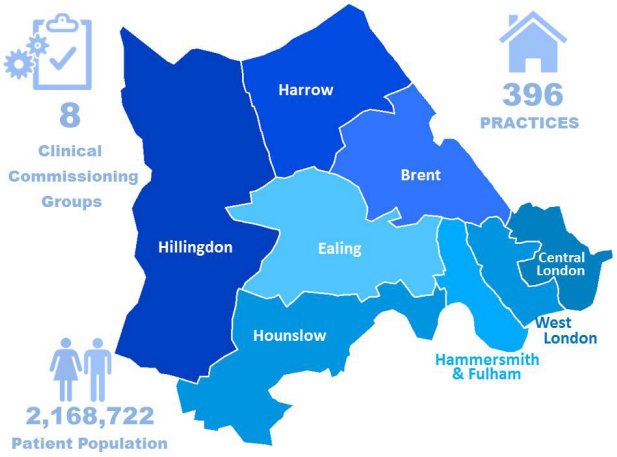
- North West London is establishing **sustainable structural change** through investing in GP networks. The networks consist of practices working together to develop their own delivery plans to manage and implement improved services and extended access that can benefit patients.
- The pilot has identified the following key features:
  - Devolved decision making and budgets to CCG level.
  - Equitable set of outcomes for all CCGs in North West London.
  - Use of existing strategic aims and on-going programmes as a platform for PMCF.
  - Embedded sustainability.
- The pilot already had a **pre-existing governance structure prior to PMCF** and there was a **strong track record of the CCGs working together**.

Implementing across a large geographical scale

- The **central team has an explicit remit to be supportive to the CCGs and to maintain oversight of the local programmes**. The central team has: kept track of progress across all 8 constituent CCGs; acted as single point of contact for NHS England and other stakeholders; assisted with developing infrastructure; supported decisions around the devolution of budgets; facilitated recruitment of project managers; developed outcomes measures and organised regular forums for the CCGs to discuss their experiences. This has enabled the CCGs to focus on the networks and delivery of the projects.
- **All CCGs have a PMCF project manager and their own allocation of money.** Funds have been attributed on a population basis.

The value of operating at a large scale

- The network structure has scaled up access to primary care outside of core hours, potentially extending benefits to more patients. The pilot does not believe this would have been possible if it had tried to implement on a practice-by-practice basis. Delivering the service in this way has **allowed for economy of scale**.
- North West London has **400 practices working collaboratively in a network structure**. This organisational development, it believes, will ensure the sustainability of initiatives introduced through PMCF funding.



Pilot tips for success

- **Early engagement is vital.** The pilot undertook an intensive engagement process over three weeks at programme commencement. The objective was to promote the opportunity and ensure the programme could be appropriately devolved to CCGs. In total, there were 24 workshops to explain the PMCF programme and what it could do to deliver benefits for patients through local ownership.
- There needs to be a **strong shared vision** to ensure the project is successful - based upon an agreed set of clear and measurable outcomes that should be used to shape the development and direction of local implementation.
- **Delivery should be clinically led**, especially to ensure change is sustainable. The pilot stated the importance of supporting local communities of clinicians to work to progress change across a large area.
- **PMCF objectives should align with other local objectives**. The pilot is developing a new model of primary care that will be commissioned at a network level. By defining a common purpose to work together in networks, individual practices will be better supported to provide the additional capacity, flexibility, specialisation and economy of scale required.

" Feedback from a practice offering video conferencing found that 94% of patients felt satisfied or better with how their medical needs were assessed in the appointment and 95% of patients would use the service again".

North West London pilot project manager

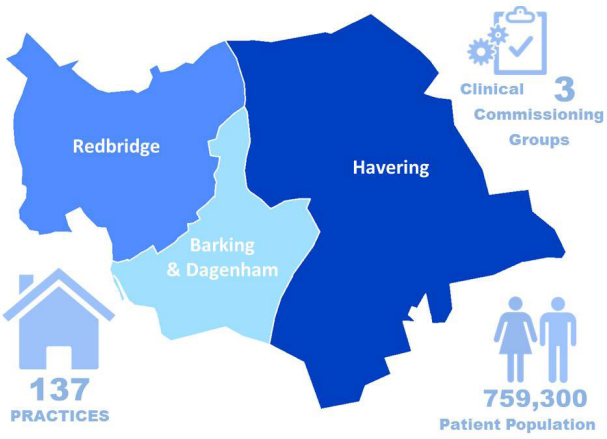
Barking and Dagenham, Havering and Redbridge (BHR)

Background and key features of the pilot

- The pilot comprises two main work streams:
  - **Complex care**: This is a separate practice called Health 1000 and solely treats patients with complex needs.
  - **Improved access:** 7 days a week GP service through access hubs offering, GP appointments from 6.30am-10pm on weekdays and midday-6pm on weekends (with scope to extend).
- Oversight of the pilots is undertaken through the **Prime Minister's Challenge Fund Steering Group**, which has operational responsibility for the delivery of the pilot's activities. Progress reports are submitted to the respective Governing Bodies.
- Day-to-day project management for the two strands of work are undertaken by two members of staff at BHR CCGs, one of whom is also the Programme Director. Each project also has a working group, which includes representation from GPs providers and commissioners and other partners.

Implementing across a large geographical scale

- The **CCGs have led the pilot, working alongside new GP federations** which represent the practices. This has given broader local ownership and a strong level of clinical leadership which has helped to gain commitment.
- There are some **widely shared priorities** in the local area including relieving pressure on in-hours GP services and A&E and offering better care to patients with complex needs. This well defined scope has helped facilitate delivery.
- BHR **introduced a phased implementation;** this allowed the pilot to deliver at scale by analysing what was successful before rolling out more widely.
- Practices have been **assigned an allocation of appointments based on demand**, therefore helping to ensure appointment utilisation rates are high. Patients can now book directly into the hub sites.



The value of operating at a large scale

- Delivering at this size has allowed the pilot to **pursue Health 1000;** the nature of the initiative is that it **only becomes viable when economies of scale are possible.**
- The pilot is getting good feedback from patients and clinicians about the extended access initiative.

Pilot tips for success

- **Incremental changes are a good approach.** For example, hub access was initially booked through NHS 111 and then extended to walk in clinics and finally A&E.
- **Monitor changes to help inform the on-going delivery of the pilot.** This ensures that there is an understanding about where demand is for extended hours appointments and ensures that initiatives can complement existing in and out of hours care. Initiatives need to be continually tested with patients to ensure the service is meeting their needs.
- **Clinical leadership is critical** to drive the pilot forward as it provides momentum and ensures GP and system buy in.
- **Shared patient records are vital** to providing a demonstrably more comprehensive service and provision. Again there is good clinical and system buy in into this initiative.
- **Identify key stakeholders** and keep them informed. This helps the pilot to maintain support for initiatives and communicate what has worked well.

How have they done it? Common themes to consider

History of collaboration

Devon, Cornwall and the Isles of Scilly and North West London have a history of working collaboratively across CCGs borders. Both pilots were already working on co-commissioning of primary care and had pan CCG structures in place. This has enabled the pilots to work quickly and effectively across CCG borders.

Governance structures

The pilots have clear governance structures which ensure a central team manages and oversees pilot progress, but that CCGs and GP practices are able to design and deliver initiatives which are tailored to local need. This structure gives GPs and CCGs the remit to design their services, but also provides central team support and co-ordination across the pilot area.

Alignment with local priorities

All of the pilots featured in this showcase have ensured that PMCF initiatives and objectives align with existing strategies and objectives. This has helped to embed PMCF projects into longer term commissioning objectives and provided the PMCF projects with momentum and credibility. For example, North West London will be commissioning services through the network structures set up through PMCF, thus ensuring the legacy and sustainability of the programme. This has also provided a clear incentive to GPs to maintain their PMCF organisational form and remain as networks.

Clinical inclusivity

All of the pilots have emphasised the importance of ensuring clinicians are involved at every stage of the process, including design, delivery and evaluation. For example, in BHR the GP federations have been closely involved in the design of both key workstreams. This close involvement has facilitated a strong level of clinical leadership and a sense of shared ownership. The federations have also brought some new leadership to the fore, particularly those clinicians interested in new models of primary care and general practice.

Local evaluation

Devon, Cornwall and the Isles of Scilly and BHR have both emphasised the importance of evaluation to ensure that initiatives continue to deliver for patients and that the success of initiatives can be measured and demonstrated. This has meant pilots have been able to tailor their offer to suit patient needs, adapting it if necessary. For example, in Devon, Cornwall and the Isles of Scilly local evaluation highlighted the success of their pharmacy scheme which meant that the pilot was able to dedicate more resource to it while reducing resource on initiatives which were having less impact.

Practice participation and buy in

Delivering on such a large geographical scale has risks in terms of practices potentially feeling detachment from the project. To ensure that GPs all feel part of the process and contribute to its success, practice engagement and buy in is essential. North West London delivered a number of engagement events at the beginning and this engagement has been sustained through regular discussion forums and events organised by the pilot. Engagement must be sustained throughout delivery to ensure the support of GP practices throughout the lifetime of the project.

Devolved planning and delivery

Pilots delivering at a bigger scale will experience diversity within and across CCGs. To ensure that initiatives are focused on local patient need, pilots need to encourage a ‘bottom up’ approach with support from the central team. Once PMCF funding was awarded to Devon, Cornwall and the Isles of Scilly, the central team encouraged CCGs and practices to bid for money, thus facilitating local responses and solutions to the health needs in each geographical area. North West London adopted a similar approach, as the development of network plans released funding from the CCGs to the GP networks.

The National Evaluation

In summer 2014, NHS England commissioned Mott MacDonald, an independent organisation, to undertake an evaluation of the wave one programme. The evaluation team is working alongside the pilots as they deliver their projects, working with them to learn and share delivery lessons. The evaluation involves a multi-methods approach including:

- Interviews with pilot leaders and those involved in implementation during the programme.
- Interviews with pilot partners and stakeholders involved in delivery.
- Engagement with a selection of practices and patients.
- Assessment of the impacts and outcomes measured against nine national metrics.
- Identifying, examining and sharing good practice.

Mott MacDonald

About PMCF

There are three primary objectives of the Challenge Fund programme and also some supplementary objectives that the programme is looking to achieve.

Primary objectives:

- To provide additional hours of GP appointment time.
- To reduce demand elsewhere in the system (e.g. A&E, NHS 111 and existing OOH services.
- To improve patient satisfaction with extended access.

Supplementary objectives:

- To improve staff satisfaction with access.
- To tackle health inequalities in the local health economy.
- To facilitate learning to better enable pilots to implement change.
- To stimulate a culture change amongst staff involved in general practice with regard to future delivery of primary care.
- To deliver value for money and a return on investment.
- To establish sustainable models which go beyond the PMCF pilot lifetime.
- To identify models that can be replicated in similar health economies elsewhere.

Coming up next.....

The next innovation showcases will look at:

- Effective leadership
- Enhanced use of specialist nursing staff