

Primary Care Projects Highlight Report - October 2017



SRO's Overall Programme RAG Status	amber
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SRO's Overall Programme Commentary

The GP FV projects are overall on track with anticipated delays which are being mitigated with the ongoing work by the team. This also applies to the ETTF projects, hampered by the external planning delays. WAM GPAF has moved to RED due to the delay in signing of the APMS contract. The contract is scheduled to be signed by the end of November. Delegation of functions is now complete, however the team have a steep learning curve regarding contractual queries. The team have booked onto contracts update conferences in November which will enhance the knowledge base across the area leads. The Practice Resilience Scheme has received good responses from the practices, both in numbers and quality. We will be working with the practices to share good practice and ideas. The MOUs and confirmation of action plans will be completed by the end of November.

Project Name	Project Manager	Overall Delivery	Project RAG Status
NHSE GP FV	Hayley Edwards	Reporting is on track, all deadlines met.	Amber
NHSE Delegation of Primary Care Functions	Hayley Edwards	The project is on target, all Q4 functions have been delegated and the Procedure guide and library created and up to date. NS has commenced redirection of enquiries to the CCG. A database has been created to log all enquiries, for team learning, monitoring and reporting.	Green
EMIS Enterprise	Ricky Chana/Philip Hoy	We have completed the project to timescale for Q2 reporting where EMIS Enterprise practices have turned on their DSAs and the scheduler was working. A meeting has been booked to address lessons learnt and the issues of data quality and practices not switched on (Tues 07/11/17 at 3pm - TBC with Eloise and Ricky) The only outstanding action is approval of the process document for the request of new EMIS data extractions or for access to the data. For this we are dependent on East Berkshire Collaborative. Once complete, we can bring the project to a closure.	Green
iPlato - Patient Care Messaging (PCM)	Jagjit Mandair	The remit of the project was to analyse the iPlato PCM system and conclude whether the system provided value for money. With a report being outputted for the IM&T Committee. • A draft report has been created for the IM&T Committee. Once approved by Dr Goel, the report can be distributed to the wider committee and the possibly the B&A Clinical Leadership Forum. • The IM&T Committee have confused the issue by providing multiple work streams via the Primary Care team and the CSU. So as not to create repetition this work stream will be closed next month. Dr Goel can formally request Primary Care resourcing to address any subsequent issues.	AMBER
Locally Commissioned Services	Ricky Chana	The overall workstream is performing well, with good support from the CSU with Eloise Armstrong who receives all data and invoices for LCSs and keeps the LCS group updated with activity and finance information, as well as being the point of contact for provider practices in East Berkshire. We also have a practice manager who has recently joined the group to ensure we are engaging fully with regards to LCS specifications. I will be inviting a second practice manager to join the group from WAM or Slough CCG to ensure that we have coverage across the East Berkshire patch - RC due to attend the WAM PM meeting on 12 December 2017.	Amber
Community Education Partnership Network (CEPN)	Samreen Aslam Raja	October has been an extremely busy month for East Berkshire CEPN due to many training & development initiatives are set to go live. A brief summary of events and footfall is as follows: 1. GPN & PM 5 Days Leadership programme will commence on 16th of November, 13 out of 15 places confirmed. 2. Minor Ailment course: 3 days commencing on 6th November, 20 out of 20 places have been booked 3. PG certificate for new to practice nurses, 5 out of 5 places have been booked commencing Nov 2017- Feb 2018 4. Minor Ailments introduction, 6/8 December, 2 out of 2 places booked. 5. We will be expecting 9 Nurse Associates placements as per progress to date. 6. we have 12 PA Placements confirmed. 7. TNA has started and CEPN will report monthly in term of progress and risk etc. I am also pleased to confirm that CEPN Delivery Board has been established and all budget/KPI/Progress reports have been submitted to the Board now. We have received excellent response from the University of Reading, we have 12 confirmed PA placements and will have additional 3 soon.our PA placements are a The current East Berkshire practices offering placements are: Langley Health Centre - 4 Datchet Health Centre - 2 Farnham Road Surgery - 2 Runnymede Practice - 2 Crosby House Surgery - 2 One of the biggest risk we have at the moment is lack of funding to support and sustain CEPN, 50k Big amount from HEETV has been changed to 20k and there are no further fundings from HEETV at the moment. CEPN Project Manager post is contracted until 31st March 2018. If we do not have sufficient funding we would have to start our CEPN Exit strategy by end of November 2017.	amber
Releasing Time for Care in General Practice	Ann Bryant	Continue to use Yammer to promote Releasing time for care and share 10 HIAs. 13 Practices interested in participating in Productive General Practice, I will put together our delivery plan for submission mid-November, if successful, this will be rolled out to practices in January 2018.	Green
Practice Resilience Scheme	Ann Bryant	Most practices have now completed and returned their tool-kits and actions plans - these have been fed back at locality meetings and the locality leads are moving these forward. Sam is mapping the workforce data and I am mapping the lease and estate information. Action plan for estates to be written up and presented to PCOG in November/December meeting.	Green
ETTF - The Avenue (Britwell)	Ann Bryant	This project has been slow to get started due to the practice manager being on sick leave and the GP Partners wanting to get independent financial advice before making a decision on the way forward. The financial and legal information required for the lease arrangements for their existing site was not dealt with in a timely manner and this has impacted on the overall project timelines. The practice have now employed a project manager to sort the legal and financial information and deal with their current lease arrangements. This project manager will also write their business case which is required for the bank. The project is now moving forward and a meeting was held in September with the practice, CCG, BHFT and Slough Borough Council to agree layout and design plans prior to submission to planning. Ongoing meetings regarding Heads of Terms / Lease arrangements / dentist and merger. Possible merge with Farnham Road practice who are looking to move to the Slough Central Hub - possible issue with high annual rent on new premises (Britwell Community Centre and Slough Central, both of which are being built and managed by same company. Anything agreed on Britwell Community Centre could set precedent for Slough Central). Advice from NHSE regional team is that we continue with the Britwell business case as it with a view to changing should the merger go ahead and look into providing a hub and satellite site (at Britwell Community Centre) as a possible resolution.	amber
ETTF - ASCOT BEN Lynwood	Ann Bryant	This project is well supported by the practice partners, GPs and PPGs who are all enthusiastic in getting this approved at planning panel. We have held three successful public meetings and have gained support, met with the local neighbourhood delivery group representatives to listen to their concerns and are planning a presentation to the development panel members to share the Ascot vision and the necessity for this new development. We have also held lots of meetings with Ben Lynwood representatives over the design and layout of the medical facility and these will be used as exemplar designs for future practices across neighbouring CCGs as the practice will be transformational. Application will probably be heard at a specially arranged meeting of the Borough wide development panel mid-November - fGRIMES report has been recommissioned to ensure this covers all special circumstances for development in the Green Belt and negates all other sites that were put forward for consideration. Further meetings will be held with GPs and Paul Rowley to go through actions that need to be carried out to move this project forward to planning and achieving permission.	Green
ETTF - Heatherwood Hospital (Block 40)	Jagjit Mandair	The Heatherwood Hospital development has been approved by RBWM council. However caveats have been put on the permission in that the councillors recognised there was a lack of GMS space being provisioned for. A workshop has been undertaken and an indicative consensus has been reached upon the amount of GMS space available and required. The output of this workshop (an indicated design layout) is being finalised and will be presented to the stakeholders for commentary, feedback and acceptance. To facilitate this, another workshop is being organised for November 2017. A further separate workshop is required to determine the IT requirements of the project, however this cannot be undertaken until the design layout has been fully accepted by the stakeholders. Failure to achieve a positive outcome in the subsequent design workshop at this stage will more than likely result in a failure to progress with the Heatherwood Hospital development. Slippage has occurred with the project due to delays with engagement from	AMBER
Cedar & Claremont Surgery - St Clouds Way Develop	Jagjit Mandair	The project has slipped due to competing work priorities. A full understanding is required of the impact of the development on the surgeries and what mitigations are available via the developer, CCG and RBWM. A indicative start can be made to this work stream in the forthcoming month.	AMBER

6 Facet Surveys	Jagjit Mandair	The final report was produced and was due to go to the PCOG meeting in October for ratification. However, a last minute change result in the report being delayed for another month for the information to be captured. The updated report will be provided to PCOG in November and then the project closed. Any new actions will be new work streams.	Green
Slough GPAF	Katerina Nash	The service remains to be popular with patients. New service models have been signed off by finance. More nursing appointments are being offered. Slough GPAF is working towards delivery of 45 mins per 1000 per week of an additional appointment capacity. The launch of the new IT system has been delayed due to some significant clinical governance issues raised by KN. New model has been proposed by the suppliers and CSU, eliminating the red flags raised. Mixed response from Cluster leads as the deployment of the solution will result in some loss of current functionality. Comprehensive interoperability solutions remains an issue due to the mix of clinical platforms and current clusters set up. New Operating model agreed, Phased approach to new Interoperability solution to prove concept of working-Central Cluster to become the first pilot site.	Amber
WAM GPAF	Katerina Nash	The service is generally well received by WAM practices, however utilisation of the service varies across board. The FFT results are positive with 100% recommending the service. Sunday appointment remain less popular, although slight increase has been noticed since changes in opening hours. Appointment utilisation for nurses/ HCA remains to be low, currently around 48%. Recovery planning discussed in September contract meeting, Action plan discussed. Revised nursing offer to be agreed on 10/10/17. Phlebotomy services utilisation improved. Provider to consider additional phlebotomy sessions. Revised APMS was shared with provider, feedback received. Contract to be signed on November. Delay in signing the contract has resulted in the RED RAG rating.	Red
B&A GPAF	Katerina Nash	The service is generally well received by BACCG practices, however utilisation of the service varies across board. The FFT results are positive with 93% recommending the service. The service provider reported more stable workforce. Minor Illness Nurse was appointed to ensure the service runs to its full capacity. Additional phlebotomy clinic introduced on Saturday to improved HCA utilisation and is very popular The service is to introduce an additional clinical capacity to move onto provision of 45 mins per 1000/week from 1st December. Discussions and modelling of Satelite clinics have commenced, Potential Saturday clinic to be introduced in Sandhurst and Ascot to ensure equality of service provision.	Green