

Title of meeting: Primary Care Co Commissioning Committee in Common			
Date of Meeting	22.11.17	Paper Number (PART 1 or 2)	
Title	Practice Resilience Scheme		
Sponsoring Director (name and job title)	Alex Tilley, Associate Director of Primary Care		
Sponsoring Clinical / Lay Lead (name and job title)	Priya Kumar (PC Quality and Clinical Lead for Slough)		
Author(s)	Hayley Edwards, Snr Comm Manager, Primary Care		
Purpose	<p>Share the outcomes of the Practice Resilience Scheme approved by PCOG in July 2017 and finances and MOU approved in October 2017.</p> <p>Share with PCCC CiC the current status of the scheme - plans received, approved, MOU and timeline.</p>		
The Joint Operations Group is required to (please tick)			
Approve	<input type="checkbox"/>	Receive	<input type="checkbox"/>
		Discuss	<input checked="" type="checkbox"/>
Risk and Assurance (outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)	<p>All practices in East Berkshire are currently rated GOOD by CQC. Recent information has indicated that East Berkshire practices will have 9 further CQC visits during 2017/18. This may well highlight additional support required for any practices that receive a less than GOOD rating.</p> <p>Practices that did not respond by 20th October were contacted and confirmed that they do not intend to access these funds.</p> <p>Assurance: Any slippage from the Practice Resilience Scheme funds will be retained to provide support into practices/providers that need additional support following the CQC visits.</p> <p>The CCG is also required to provide assurance to NHSE by December 2017 of the expenditure of these funds.</p> <p>The CCG Finance lead will confirm that the CCG has received the Practice Resilience Allocation for 2017/18 to enable the investment to be made.</p>		
Legal implications/regulatory requirements			
Public Sector Equality Duty	All practices (and registered patients) are able to access these resources on an equitable basis.		
Links to the NHS Constitution (relevant patient/staff rights)			
Strategic Fit <i>Primary Care strategy? and Other</i>	CCGs Primary care Strategy objective and model focus on the sustainable model of general practice		

<p>relevant strategies</p>	<p>services, aligned directly to the investment of these funds and the PC Strategy</p>
<p>Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>All investments are within the allocations through the GPFV for practice resilience.</p> <p>Draw down and single tender waiver already identified to the Finance Lead/s</p> <p>Date Deputy CFO sign off</p>
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Quality Team have reviewed the summary of the practice level plans and have provided feedback on those practices they have been supporting particularly.</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>All GP member forums have been involved in the roll out of the process and received feedback on the common themes going forward into plans.</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Practices are required in the Resilience and Sustainability HealthCheck tool to reflect on the patient feedback including FFT and General Practice Patient Survey.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>

Executive Summary

The purpose of the fund is to deliver support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

The CCGs agreed to divide the total funding by 48 (practices in the East), resulting in £3000 per practice. Although a small amount, the aim is to enable practices to complete a self-assessment health check and identify gaps in their practice and to motivate participation in the Releasing Time for Care in General Practice (10 High Impact Actions).

The paper below sets out the progress to date. From the submission by practices of their HealthCheck tools, action plans and workforce data the following themes have been identified:

- i. Releasing time in general practice / High Impact Action initiatives
- ii. Proactive workforce planning
- iii. Upskilling practice management: HR, workforce development and finance skills

The CCG has received action plans from:

Slough: 9 of the 15 practices (KN is exploring and encouraging the smaller practices to work together, awaiting feedback)

B&A: All 16 practices

WAM: 16 of the 17 practices

In total, 41 / 48 practices submitted an action plan and request for the Resilience Scheme money.

The Primary Care team met on 19th October to go through all the bids in summary form and have made the following considerations, which will be included in the feedback to the practices via the provision of the MOU to enable the funds to be given.

Following due consideration by the primary care team and sharing the plans with the CCG Quality Team, the following provides a summary of the plans:

Supporting Plans	Areas not Supported
<ul style="list-style-type: none"> • EMIS Anywhere, Blue Stream software package • Planning (strategic/business/workforce) – all staff/key staff, includes facilitation & room hire, access to events • Specialist HR training & support • Finance training • Collaborative work • Staff wellbeing – IAPT, mindfulness • Website upgrade 	<ul style="list-style-type: none"> • Provider responsibility: Mandatory training, Induction, Solicitor fees, architect fees, lease renewal fees, recruitment agency costs • Business Continuity Plan creation / updates • Services / training currently provided by CCG / CSU – Datix, Caldicott, GP IT training, CEPN courses • Anything covered in the Federation Transformation bids • Estates – lease renewal payments, property maintenance, TV screens, automated doors, loft insulation etc. • Patient Chase software, QOF Masters software,

The investment set out in the August 2017 paper on the Practice Resilience Scheme remains unchanged, the actual draw down schedule is:

CCG	Resilience and Sustainability HealthCheck resources	Action Plan Delivery (as at 20/10/17)	Budget / Allocation	Uncommitted
Bracknell and Ascot	£ 14,000.00	£ 21,920.00	£ 45,977.50	£10,057.50
Slough	£ 8,000.00	£6,400.00	£ 49,042.67	£34,642.67
Windsor Ascot and Maidenhead	£ 15,000.00	£27,500.00	£ 52,107.83	£9,607.83
TOTAL	£ 37,000.00	£55,820.00	£ 147,128.00	£54,308.00

Any uncommitted funds by 1st December 2017, will be committed to support practices who have less than GOOD outcomes from the next round of CQC visits.

Recommendation(s)

Practice Resilience Scheme Approach – agreed August 2017

Action	Investment 2017/18	Timeline	Progress Reported Oct 2017
One – self assessment Practices will be provided with two tools to support the practices in assessing the resilience support required: <ol style="list-style-type: none"> i. Supporting Resilience and Sustainability in General Practice 	£1,000 per practice – allow time for PM and GP lead to work through the self-assessment.	July 2017 to 30 th September	41/48 practices submitted the mandatory sections from the tool with supporting action plans
Two – action planning Practice/s and CCGs to work to agree an investment and action plan. Action plan could include high impact actions, time for business resilience, external support into the practice, work associated with innovation (resilience will be priority)	£2,000 per practice – can be brought together across practices	July 2017 to 31 st October 2017	Action plan feedback given in November
Three – outcome monitoring Outcomes will be defined through the action planning process and practice will be asked to share in a flexible format with other practices/clusters of practices	Share lessons learnt in workshop with peers and other practices	February 2018	MOU in draft with revised monitoring arrangements
Jan 2018 – commission for 2018/19 investment Collate the themes not addressed in Time for Care programme and commission at scale the resilience support practices require. Expected elements include: <ul style="list-style-type: none"> • HR support for sharing of staff • Coaching and leadership skills • Business and Practice Management development models 	£62,128 across three CCGs – (hence the drive to work together to get the more effective and efficient investment)	February 2017 – commission additional support at scale	

Memorandum of Understanding (MoU)

For the

General Practice Resilience Programme (GPRP)

Between

The East Berkshire Clinical Commissioning Groups

and

Insert GP Practice name

Ref: 26th October 2017

Date: [Click here to enter a date.](#)

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Parties

- 1) **Windsor, Ascot & Maidenhead CCG, St Leonards Road, Windsor, Berkshire, SL4 3DP.**
- 2) **INSERT GP PRACTICE NAME** of **Insert GP Practice address / Registered office of Practice** (the Practice).

1. BACKGROUND & PURPOSE

- 1.1 This MoU forms part of the General Practice Resilience Programme (GPRP) guidance which describes how NHS England sets out how to provide 'upstream' support to practices experiencing difficulty by investing £40m over the next four years to support primary care general practice. The guidance can be found here:
<https://www.england.nhs.uk/ourwork/gpfv/resilience/>
- 1.2 This MoU is to be used to provide clarity and understanding of the support services being provided to the Practice **and the CCG** as set out the Action Plan (appendix 1) and provide assurance on what can be expected as part of the GPRP.

2. PRACTICE ROLES AND RESPONSIBILITIES

- 2.1 The Practice will be expected to fully engage in the resilience programme with the CCG to ensure effective use of resources in a timely and effective manner.
- 2.2 The Practice acknowledges that a high level of commitment is essential for optimal impact and the Practice will make available such staff as are required to develop and implement the approved Action Plan at the request of the CCG.
- 2.3 The Practice will adopt an open approach and engage effectively with other stakeholders including other practices, the local medical committee and patients (including the patient participation group) where appropriate to enable an inclusive approach to the Action Plan set out in this MOU.
- 2.4 The Practice will share all information with CCG that is relevant to the delivery of the Improvement Plan of this MOU.
- 2.5 The Practice retains full responsibility for all aspects of their contractual and professional obligations regarding the provision of primary medical care services to their patients.
- 2.6 The Parties have entered into this MoU in good faith to improve the Practice as set out in this MoU.

3. CCG ROLES AND RESPONSIBILITIES

- 3.1 The CCG may share any relevant information with the Practice that may help inform the delivery of the Plan subject to Clause 9 (Confidentiality) of this MoU.

- 3.2 CCG will be responsible for holding the Practice to account where agreed actions have not been completed or delivered in accordance with this MoU.

4. KEY OBJECTIVES FOR THE MoU

- 4.1 The parties shall sign up to the Action Plan to achieve the key objectives set out in Appendix 1 (Action Plan) of this MoU.

5. PRINCIPLES OF COLLABORATION

- 5.1 All parties to this MoU will use their reasonable endeavours to co-operate in the implementation of the Action Plan in order to effectively address the resilience and sustainability of the Practice, in the overall interests of patients.
- 5.2 All parties will adhere to the terms set out in this MoU and supporting appendices.

6. GOVERNANCE

- 6.1 The CCG retains the overall responsibility for the Resilience Scheme and has nominated strategic and operational leads who will act as key points of contact for the Practice and NHS England. For the purposes of the Improvement Plan:
- a) The Strategic Lead shall be Alex Tilley, Associate Director of Primary Care.
 - b) The Operational Lead shall be the Primary Care Team lead for the relevant CCG
- 6.2 The Strategic Lead will act for the CCG in providing strategic oversight and recommendation of the Action Plans. The Strategic Lead must be a member of the CCG Primary Care Operational Group.
- 6.3 The Operational Lead will liaise on all operational matters relating to the agreed contributions to support delivery of the Action Plan by the practice and advise the Strategic Lead. The Operational Lead may be a member of the CCG or a representative nominated by the CCG.
- 6.4 The Practice shall nominate a Practice Lead and notify the CCG of the name and contact details of the Practice Lead in the Action Plan.

7. REPORTING

- 7.1 The Practice Resilience Scheme will be continually evaluated through regular reports to the Primary Care Operational Group and Primary Care Co-Commissioning Committee in Common. Practices will be required to report on progress of the Action Plan as well as support any other reporting requirements agreed between the parties.
- 7.2 Reports should wherever possible utilise existing systems of communication between the parties, and be reasonable in accordance with the capacity of the Parties and/or reflective of

the requirements of the Action Plan. Reporting will not be onerous, and will not be the basis of any performance management of the contract.

8. ESCALATION

- 8.1 If either party has any issues, concerns or complaints about the Action Plan, or any matter in this MoU, that party shall notify the other party and the parties shall then seek to resolve the issue by a process of negotiation to decide on the appropriate course of action to take.
- 8.2 If the issue cannot be resolved within a reasonable time the matter shall be escalated by the Practice Lead and/or the Operational Lead to the Strategic Lead for resolution who may seek advice of the local medical committee and CCG Governance arrangements in reaching their decision.

9. CONFIDENTIALITY

- 9.1 NHS England recognises that the success of the Practice Resilience Scheme relies on the Practice being open and that the CCG may raise the need to address sensitive issues with the Practice.

10. DURATION

- 10.1 It is important that the Practice Resilience Scheme supports as many practices as possible; therefore the Action Plan will need to be time-limited to meet the strategic objectives of the wider Primary Care Transformation Plans. The Action Plan should describe an agreed exit strategy where necessary.
- 10.2 This MoU shall become effective upon signature by both parties, and will remain in effect until 01/03/2018 or the date the Action Plan is delivered, whichever is the sooner, unless otherwise varied or terminated by the parties.

11. VARIATION

- 11.1 Save for the circumstances described in Clause 10.1 this MoU, including the corresponding appendices, may only be varied by written agreement of both parties.

12. TERMINATION

- 12.1 The CCG or Practice may terminate this MoU by giving at least one months' notice in writing where, acting reasonably, and in discussion with the local medical committee as the representative body.
- 12.2 Where the termination is not a mutual agreement, Parties should refer to Clause 8 (Escalation) of this MoU.

13. CHARGES AND LIABILITIES

13.1 Except as otherwise stated in this MoU, both parties shall remain liable for any losses or liabilities incurred due to their own or their employee's actions. Neither party intends that the other party shall be liable for any loss it suffers as a result of this MoU.

14. STATUS

14.1 This MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. This document is intended to produce clarity and transparency to both parties.

14.2 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

15. SIGNATORIES AND CONTACT DETAILS

Strategic Lead for CCG	
Name:	Alex Tilley
Role:	Assistant Director of Primary Care and WAM CCG
Address:	King Edward VII Hospital, St Leonards Road, Windsor, Berkshire, SL4 3DP
Phone number:	01753 636 176
Email:	alex.tilley@nhs.net
Signature:	
Date:	

Operational Lead	
Name:	
Role:	Locality Lead, Primary Care
Address:	King Edward VII Hospital, St Leonards Road, Windsor, Berkshire, SL4 3DP
Phone number:	Insert representatives' phone number
Email:	Insert representatives' email address

Practice Lead – Insert representative' organisation name	
Name:	Insert representatives' name
Role:	Insert representatives' role
Address:	Insert representatives' address
Phone number:	Insert representatives' phone number
Email:	Insert representatives' email address
Signature:	
Date:	

Appendix 1 - Action Plan

1. KEY OBJECTIVES

- 1.1 The objectives for the Action Plan should be identified by practices through local evidence and the completion of the mandated sections of the practice sustainability and resilience health check.
- a) securing operational stability;
 - b) developing more effective ways of working; and
 - c) working towards future sustainability, including if appropriate helping practices to explore new care models

2. THE SUPPORT SERVICES

- 2.1 The Action Plan to be delivered through this MoU, accessing resources in the Practice Resilience Scheme is detailed below
- 2.2 The Support Services to deliver this Action Plan are:
- 2.2.1 NHS England Time for Care Programme – quality improvement and change management skills development into practices with structure shared learning programmes
 - 2.2.2 Community Education Provider Network – training commissioning and provision
 - 2.2.3 Federations and practice clusters supporting practice working together for sustainability
 - 2.2.4 Alignment with GP transformation investment to wider practice populations from GPFV
 - 2.2.5 Local Medical Committee advice and guidance
 - 2.2.6 Primary Care Home initiative – National Associate for Primary Care network with experience of integrated projects and other resources
 - 2.2.7 CCG locality manager and strategic leads – advice and guidance, with local networks and alignment across the programme

Deliverable	Action	Owner	Resources	Outcomes	Monitoring	Completion