

Primary Care Commissioning Committee in Common							
<b>Date of Meeting</b>		22/11/2017		<b>Paper Number</b>		7	
<b>Title</b>				General Practice Resilience Fund 2017/19			
<b>Sponsoring Director</b> (name and job title)				Fiona Slevin-Brown, Director of Strategy and Operations			
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)				Clive Bowman, Primary Care Lay Representative, Slough CCG			
<b>Author(s)</b>				Alex Tilley, Associate Director for Primary Care			
<b>Purpose</b>				<p>Provide assurance on the governance around the investment of the £1.2m GP Transformation funds under the GP forward View over 2017-19.</p> <p>This paper also provides the PCC CiC Committee with a summary of the outcomes and innovations that general practices in east Berkshire are implements through the use of these funds.</p>			
<b>The Joint Operations Group is required to (please tick)</b>							
<b>Approve</b>	<input type="checkbox"/>	<b>Receive</b>	<input checked="" type="checkbox"/>	<b>Discuss</b>	<input checked="" type="checkbox"/>	<b>Note</b>	<input type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				<p>The risks around delivery of the programme will be reported through the periodic monitoring of the individual plans. The CCG will support mitigations with the federations and practice clusters.</p> <p>All funds will be provided under the Memorandum in Understanding included in this paper.</p>			
<b>Legal implications/regulatory requirements</b>				N/A			
<b>Public Sector Equality Duty</b>				N/A			
<b>Links to the NHS Constitution</b> <b>(relevant patient/staff rights)</b>				<p>The NHS provides a comprehensive service available to all;</p> <p>Access to NHS services is based on clinical need;</p> <p>The NHS aspires to the highest standards of excellence and professionalism;</p> <p>The NHS aspires to put patients at the heart of everything it does;</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population;</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.</p> <p>The NHS is accountable to the public, communities and patients it serves.</p>			

<p><b>Strategic Fit</b> <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Aligned directly to the Primary Care Strategy and the implementation of the General Practice Forward View policy</p>
<p><b>Commercial and Financial Implications</b> <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>Audit committee have scrutinised the approach to this program and supported with assurance at the meeting on 10<sup>th</sup> November 2017</p> <p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <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 lead for primary care has been included in PCOG discussions and practice specific elements where support is in place.</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Practices/Federations will be required to work with their patient group under best practices guidance</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>This programme is underpinned by the primary care strategy that is built on patient insights and feedback around services.</p>
<p><b>NHS Outcomes</b> <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><b>Domain 1 Preventing people from dying prematurely;</b></p> <p><b>Domain 2 Enhancing quality of life for people with long-term conditions;</b></p> <p><b>Domain 3 Helping people to recover from episodes of ill health or following injury;</b></p> <p><b>Domain 4 Ensuring that people have a positive experience of care; and</b></p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><b><u>Executive Summary</u></b></p> <p><b><u>General Practice Transformation</u></b></p> <p>The General Practice Forward View provides the necessary investment and support for practices to build the capacity and capabilities required to meet the needs of their patients in a sustainable way. The GPFV enables general practices to adopt new ways of working (at individual, practice and network or federation level) and to develop different ways of managing clinical demand to ensure a sustainable service based on national evidence set out in the policy. With changes in society and patients' needs, we will help general practice</p>	

deliver more of its potential at the heart of the NHS.

- ❖ Investment – The NHS is beginning to reverse historic underinvestment in general practice with real terms funding increasing by eight percent in the last three years. By 2021, an extra £2.4 billion will go into general practice each year.
- ❖ Workforce – There will be at least 10,000 more staff working in general practice by 2020/21 - 5,000 more doctors and 5,000 other staff like clinical pharmacists, nurses, and physicians associates. Transition from the current traditional model to add additional skills and capacity through transforming into a service which can share workforce
- ❖ Workload - One of the biggest challenges facing general practice is the workload placed on staff and practices. We are supporting practices to reduce and better manage their workload.
- ❖ Practice Infrastructure - We are investing in improving GP buildings and technology as well as range of other support. This is designed to improve services for patients and enable a wider range of health services closer to where they live.
- ❖ Care Redesign - We are supporting practices to strengthen and redesign general practice, including delivering extended access in primary care and to find new ways of working through training and development.

The local delivery of the GPFV aspirations are supporting through a number of investment streams, the main element of new investment in in 2017/18 and 2018/19 being the transformation and change management programme – working with General Practice Federations and lead practices in clusters to deliver the local priorities around the GPFV plans.

The GPFV states the following use of the GP Transformation fund, which has been used as the framework for developing with practices and federations:

- stimulate development of at scale providers for extended access delivery;
- stimulate implementation of the 10 high impact changes in order to free up GP time to care;
- secure sustainability of general practice to improve in-hours access.

### Summary of the Programme

Chapter	Project	Project outcomes	STP Outcomes and Sub Outcomes
<b>Workforce Development</b>	Baseline and staffing model for Practice based MDT through introducing new competencies and roles	Recruitment and Retention plans	Finance and Efficiency - sustainable providers through reducing vulnerability
		Reduce the number of GP vacancies	
		Reduce staff turn over	
		Increase workforce satisfaction	

		Impact on capacity in practice	
	Implementation approach to Clinical Pharmacists	Number of clinical pharmacists appointed, in post and delivering care releasing time for GPs and NPs	
	Engaging Paramedics in reactive care of patients in general practice	Number of new roles appointed	
	Develop extended nursing roles for proactive care of patients not accessing the necessary medical services for good outcomes	Number of new roles appointed	
<b>Workload reduction</b>			
	HERE / Workflow Optimisation	Reduce the time spent by clinicians managing clinical administration	General practice providers delivering Time for Care Initiatives
	Policies and Processed	Reduce the time spent in each practice developing high quality and safe ways of working	
<b>Care Re-design</b>			
	Direct Access Physiotherapy	TBC - Signpost patients directly to community MSK physiotherapy services - reducing demand on General practice	Positive Experience for Service Users
	Visiting Services - Pro-active	Reduce the number of patients at risk of LTC, not diagnosed	Timely care & assessment
	Visiting Services - Re-active	Reduce the demand on GP time for home attendances through additional skills in	Freed up GP capacity to work on complex patients

		the MDT team	
<b>Infrastructure</b>	Technology - workload reduction	Identify tools which will support the digitalising of administration and open the opportunity for shared non-clinical teams	Positive Experience for Service Users
<b>Programme Resource and Project Delivery</b>	Provide resources for programme manager	Successful delivery of transformation programme	Delivery of initiatives at pace for Sustainability and Transformation commitments
	Apply successfully to NAPC Primary Care Home programme	Access to additional shared learning, case studies and wider resources through networking	Engagement in National Programme for learning and case studies

**Governance Arrangements:** All funds are managed under the attached memorandum of understanding.

**Recommendation(s)**

The Committee supports the approach taken around the streams of work aligning to the delivery of local transformation plans and the governance set out in the Memorandum of understanding with providers.

## Appendix A: Draft MOU

### **Memorandum of Understanding (MoU)**

For the

**General Practice Transformation Fund Programme (GPTF)**

Between

**The East Berkshire Clinical Commissioning Groups**

and

[insert provider/federation name]

**Ref: GPTP 001**

**Date: 01/11/2017**

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## Parties

- 1) **Windsor, Ascot & Maidenhead CCG, St Leonards Road, Windsor, Berkshire, SL4 3DP.**
- 2) [insert the practice or federation 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 Transformation Fund Programme (GTPF) guidance which describes how NHS England sets out how to invest in general practice to transform service to a sustainable, accessible and enhanced service offer. By investing £171m one-off investment by CCGs starting in 2017/18, for practice transformational support, guidance is available at <https://www.england.nhs.uk/gp/gpfv/>
- 1.2 All General Practice Transformation Fund Plans are aligned to the east Berkshire Primary Care Strategy,
- 1.3 This MoU is to be used to provide clarity and understanding of investment being provided to the Practice or Federation and the agreed outcomes delivered through the investment as set out the GTPF Plan (appendix 1).

## 2. PRACTICE/FEDERATION ROLES AND RESPONSIBILITIES

- 2.1 The Practice/Federation will be expected to fully engage with the CCG to ensure effective use of resources in a timely and effective manner.
- 2.2 The Practice/Federation acknowledges that a high level of commitment is essential for optimal impact, the commitment to work with other providers and stakeholders as required to deliver sustainable and effective transformation.
- 2.3 The Practice/Federation will adopt an open approach and engage effectively with other stakeholders including other practices/Federations and patients where appropriate and change is necessary to enable an inclusive approach to delivering the Plan set out in this MOU.
- 2.4 The Practice/Federation will share all information with CCG that is relevant to the delivery of the Plan and commits to the monitoring and reporting arrangements as stipulated in the Plan.
- 2.5 The Practice/Federation retains full responsibility for all aspects of their existing contractual commitments and professional obligations regarding the provision of services to patients.
- 2.6 The Parties have entered into this MoU in good faith to sustain through transformation local general practice as set out in the Plan.

- 2.7 For additional resources and support to Practice/Federations committed to delivering the Plans, each will be supported by the CCG in their application to participate and learn from the National Associate for Primary Care; Primary Care Home programme.

### **3. CCG ROLES AND RESPONSIBILITIES**

- 3.1 The CCG may share any relevant information with the Practice/Federation that may help inform the delivery of the Plan subject to standard confidentiality regulations and best practice (such as 'commercial in confidence' with other providers and Caldicott Principles)
- 3.2 CCG will be responsible for holding the Practice/Federation to account where agreed actions have not been completed or delivered in accordance with this MoU.
- 3.3 CCG will be responsible for the release of funds in line with the milestone outcomes and monitoring set out in the Plan.

### **4. KEY OBJECTIVES FOR THE MoU**

- 4.1 The parties shall sign up to the Plan to achieve the objectives set out in Appendix 1 (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 Plan in order to effectively support the sustainability of General Practice Services in the overall interests of patients and wider health system.
- 5.2 All parties will adhere to the terms set out in this MoU and supporting appendices.
- 5.3 Where the Practice/Provider intend to enter into any subcontracting with third parties, this needs to be notified to the CCG in advance to agree these arrangements.

### **6. GOVERNANCE**

- 6.1 The CCG retains the overall responsibility for the General Practice Transformation Fund Programme 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 Plan:
  - a) The Strategic Lead shall be Alex Tilley, Associate Director for Primary Care, East Berkshire CCGs
  - b) The Operational Lead shall be the Primary Care Team Senior Manager for the relevant CCG area
- 6.2 The Strategic Lead will act for the CCG in providing strategic oversight and recommendation of the Plans. The Strategic Lead must be a member of the CCG

Primary Care Operational Group and the Primary Care Commissioning Committee in Common.

- 6.3 The Operational Lead will liaise on all operational matters relating to the agreed contributions to support delivery of the 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/Provider 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 General Practice Transformation Fund Programme will be evaluated through regular intervals as described in the Plan. The reporting of the programme will go to the Primary Care Operational Group and Primary Care Co-Commissioning Committee in Common.
- 7.2 Practices/Providers will be required to report on progress of the Plan to the CCG and their members/associates in line with the Plan.
- 7.3 Reports should wherever possible utilise existing systems of monitoring outcomes and through established communication channels between the parties, and be reasonable in accordance with the capacity of the Parties and/or reflective of the requirements of the Plan. Reporting will not be onerous, and will endeavour not to duplicate reporting already in place by the Practice/Federation.

## **8. ESCALATION**

- 8.1 If either party has any issues, concerns or complaints about the delivery of the 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/Federation Lead and/or the CCG Operational Lead to the CCG 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 Plan relies on the Practice/Federation being open and that the CCG may raise the need to address sensitive issues with the Practice/Federation.

## **10. DURATION**

- 10.1 It is important that the Practice/Federation impacts positively with as many practices as possible. The Plan is time-limited due to the constraints around the funding available

until end of March 2019. The 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 31/03/2019 or the date the 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/Federation may terminate this MoU by giving at least three months' notice in writing where, acting reasonably, and in discussion with the local medical committee as necessary.

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

CCG Representatives:

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:	CCG Primary Care Senior Manager
Address:	King Edward VII Hospital, St Leonards Road, Windsor, Berkshire, SL4 3DP
Phone number:	Insert representatives' phone number
Email:	

Practice/Federation Lead Representative:

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

Where there are a number of practices coming together outside of a Federated Organisation the above should reflect the lead Practice, below all practices under this MOU should confirm by signature of a responsible officer that the above lead practice will hold the governance and financial responsibilities for the delivery of the plan:

Practice Name:		Signed by:	
Signature:		Date signed:	

Practice Name:		Signed by:	
Signature:		Date signed:	

Practice Name:		Signed by:	
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Signature:		Date signed:	
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Practice Name:		Signed by:	
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Practice Name:		Signed by:	
Signature:		Date signed:	

**Appendix 1 - Action Plan**

[INSERT FINAL GPTF PLAN]