

Primary Care Projects Highlight Report - September 2018



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

Delegation: Merger completed for Boundary House and Forest Health, contract in process. 1 partnership change - Redwood from single hander to 2 partners.

Transformation:
 FWAM - Amber rated due to slippage in GP Locum bank and apprenticeships. Good progress with Workflow optimisation and ICDM engagement.
 SHAPE - Project Manager is now in post and mobilising the workstreams. Workflow optimisation on progress as well as their self care workstreams.
 SPA - Good recruitment of clinical pharmacists and physios, however, slippage in recruitment of paramedics. Workflow optimisation in progress in addition to online access for patients.
 BPC - Initial slippage due to delay in signing the MOU, now workstreams are mobilised and clinical pharmacists are recruited.
 EBG- Amber rated due to slippage in mobilising all projects due to the delay in signing the MOU.

General Practice Forward View:
 WAM Social Prescribing - A unique service based in GP practices which is presenting problems with the GDPR / IG compliance. Solutions are being worked on with the IG Managers. The team are active in 18 of the 20 practices - 2 practices are limiting access (Cordwallis and Symons) causing a delay in the SP service for these patients.
 RT4C - All projects on track, good engagement with practices. Current work with the RT4C team to deliver two further workshops before the end of the FY. 12 practices are engaged with PGP Quick Start program which commences in September.

ETTF:
 BEN Lynwood - rag rated a RED due to the financial risk. The outline business case including an agreed financial cost, is in progress and once completed and agreed, the financial risk will reduce to amber.
 Binfield - Multi professional meetings with all parties concerned ongoing, to complete the PID for escalation to Cohort 2 for ETTF funding. Rag rated RED due to risk of a fail in the bid and hence no ETTF funding.
 Heatherwood - Collaborative meetings and joint working with all parties involved ongoing. Rag rated as RED due to financial agreement on total cost not confirmed. The business case is awaiting financial sign off which will reduce the rating to Amber.
 MIG - Works nearing completion with planned sign off of works once completed by practices.

GPAF:
 Slough - Slection process for future Slough GP lead service completed and new provider announced with a project plan and risk register to map progress of migration to the new provider in September.
 WAM - Utilisation of the service continues to vary, phlebotomy increasing, hence provider completing an audit of appointments. Data sharing agreements being reviewed to include 2WW referrals, e-RS pathways and new clinical systems.
 B&A - Utilisation of the service continues to vary, provision to the homeless continues with weekly shelter visits. Data sharing agreements being reviewed to include 2WW referrals, e-RS pathways and new clinical systems.

LCS:
 Ongoing management of LCS queries with support from CSU. LCS working group membership being reviewed to ensure engagement for a process of scrutiny for new LCSs

Homeless Pilot:
 Bracknell and Windsor pilots running well, initial draft reports suggest a reduction in NELs. Looking to establish a similar service in Slough.

Project Name	Project Manager	Overall Delivery Commentary	Allocation 17/18	Project RAG Status
WAM Primary Care Network Plan	Alex Tilley	WAM Primary Care Network are delivering their transformation plan through the local GP federation, FWAM. Six weekly meetings are in place to support delivery, establish outcomes and monitoring progress against these, the result of which releases the next tranche on funding. Flexibility has been provided across the projects and adjustments made across the plan. Additional funding streams have been included in the plan, these have been aligned to existing projects with enhancements or to increase pace on delivery. Qtr 2 2018/19 payments are dependent on the milestones set out in the plan.	£ 466,272.00	Green
Slough Health Alliance Provider Enterprise (SHAPE) Transformation Plan	Katerina Nash	Very positive engagement from practices. 1. MDTs: Great progress with recruitment of Clinical Pharmacists and Physios. Physio to be deployed from 1st July. Physio to be provided by 1st Point Physio. Sessions have been agreed with practices. Clinical Pharmacist sessions to commence at the end of July. SPA will engage PPGs to ensure patients understand the roles of MDTs in general practice. Langley is hoping to recruit a paramedic into MDTs, so far very little response to recruitment. Langley to make a decision on the next steps within the next 2weeks. Option to explore the role of CPN/ Mental Health Practitioner (Initial assessment) 2. Workflow optimisation: Good progress, some practices have started reporting positive impact. (Crosby's clinician's workflow has been reduced by 50%) Some practices have not yet been fully trained- training to be completed in July. Opportunity to improve practice use of Intellisense to speed up of coding and filing letters using Intellisense. 3. Patient online access: Some 'quick wins' identified around increasing patient online access using 'online repeat prescriptions request'; 'online app. booking'; 'online access to medical records'- opportunity to work closely with PPGs. Opportunities for SPA to explore e-Consultant offer, determine services for signposting Wellbeing signposting- Linking with SHAPE	£ 243,919.00	Amber
Slough Practice Alliance (SPA) Transformation Plan	Katerina Nash	0	£ 267,139.00	Green
BPC Transformation Plan	Ricky Chana	0	£ 610,936.39	Amber
Releasing Time for Care in General Practice and the	Hayley Edwards	Overall commentary - summary for use in the PCCCIC report	£ -	green
WAM Social Prescribing	Hayley Edwards	- The team are now in all 20 practices across the Borough (17 in WAM and 3 in Ascot). Progress is slow in the new practices (Cordwallis and Symons), and this will be monitored as the service develops as per the neighbouring practices. Reporting is currently completed via 2 portals - a spreadsheet tracker and E Outcomes. The spreadsheet needs further development to be more efficient. However, it is an interim tool whilst discussions are in place to move reporting to Connected Care. The introduction of GDPR in May has changed the IG requirements for the service. I have arranged meetings with the CCG IG lead as well as the Connected Care lead to ensure governance is approved at the PIA meeting and by the Caldicott Guardian. This is a low risk and hence the Amber rating for the service.	£ -	amber
General Practice Outcome Framework	Ricky Chana	The general management of daily queries on existing LCSs is ongoing with CSU support for this. This has been particularly busy in recent months due to the end of year 17/18 achievements being queried by practices. RC is working with project managers on finalising draft new LCSs. The LCS working group still requires some refinement to ensure that we are engaging with the right colleagues to ensure the process of scrutiny of new LCS is robust. The current membership will be revised and a clinical lead from Slough is currently in the process of being appointed. Proposal to go to SMT will be share with PCOG in October for comment, then on to members to agree the design principles and confirm leads for engagement	£ -	Amber
Minor Improvements Grants	Ann Bryant	MIG monies to be invoiced by individual practices once completed works have been signed off by the project manager. NHSE have confirmed that monies will be rolled forward into 2018/19 budget so that practices can still claim as works are over-running across the financial years. I will continue to visit sites and sign off completed works once notified by practices. Further monies have been made available due to slippage, Teresa Donnelly advised of request for improvement grant monies for Langley MC to convert ex-district nurses room into 3 or 4 consultation rooms. PR to provide capacity report on Orchard and Langley sites - also need to cross reference PCIF 2015 applications to see if benefits and outcomes from major build at Langley have been realised. Awaiting report from Paul Rowley. NHSE has advised that CCG can reclaim MIG monies for practices that CCG funded. Richard Buckley to complete claim form and attach detail and send to Teresa Donnelly.	£ 123,250.00	Green
ETTF - Britwell	Ann Bryant	There still remains a number of significant issues to be resolved and therefore the project has been rated Red due to the financial risk of affordability and will remain at this status until resolved. Slough Borough Council / Slough Urban Renewal to provide three defined cost variations for ETTF capital Investment funding from: (i) Build to Shell & Core (ii) from 1st Fix (iii) from 2nd fix - SBC have now provided an additional option that proposes a change in the areas occupied. The new option leaves the Children's Centre in its current location thus negating the need for a new build of the Children's Centre. The GP premises will be located where the Children's Centre was to be relocated and will include a small new build extension. DV desktop assessment for market rent will be carried out all on three costs for both options before Slough BC/Slough Urban Renewal together with the CCG agree a mutual financially viable cost, this cost will be included in the Outline Business Case which is due to be submitted at the end of October 2018. This process will reduce the project RAG status and Financial RAG status to medium.. The revised funding flows and new process will reduce the project and financial risk and should resolve the issues around the abated market rent for Slough Borough Council and Slough Urban Regeneration and the rag status can therefore be reduced to amber. The OBC will be drafted during September/October with phased submissions to NHSE & Pick Everard for commentary feedback with full submission at the end of October. NHS England has agreed that as long as the OBC has financial sign off, they are happy for submission to take place at the end of October whilst the CCG go through governance arrangements - the OBC NHS England timeline has a six week window to allow for key lines of enquiry (KLOE) and governance can be carried out simultaneously. Once the OBC & FBC has been approved, the RAG rating can be reduced to green.	£0	red
ETTF - ASCOT BEN Lynwood	Ann Bryant	This project has been rag rated as red due to the financial risk of affordability, Ben Lynwood to provide three defined cost variations for ETTF capital Investment funding from: (i) Build to Shell & Core (ii) from 1st Fix (iii) from 2nd fix - DV assessment for market rent will be carried out all on three costs before Ben Lynwood together with the CCG agree a mutual financially viable cost, this cost will be included in the Outline Business Case which is due to be submitted at the end of October 2018. This process will reduce the Financial RAG status to medium. BEN to carry out full financial appraisal following outcome of DV assessment on whether this scheme is financially viable. Commenced drafting Outline Business Case with submission in phases for NHSE and Pick Everard to provide commentary feedback prior to full submission to NHSE for 31 October 2018, agreed with NHS England that OBC can be submitted with financial sign off whilst CCG carry out governance arrangements - the OBC NHS England timeline has a six week window to allow for key lines of enquiry (KLOE) and governance can be carried out simultaneously. Planning permission for this development will go to the Royal Borough of Windsor and Maidenhead's Development Wide Planning Committee at either the end of October or the end of November, Ben Lynwood (the applicants), are pushing for an October Committee date, however, this date is now looking unlikely. Meeting scheduled with key CCG staff and RWMB Lead Councillor & Officer to go through Ascot Plan at meeting scheduled for 1 November 2018 ahead of planning committee date.	£0	red

ETTF - Binfield	Estates and Technology Transformation Fund	Ann Bryant	<p>Joint community and GP practice scheme supported at BFC Executive Meeting as preferred option for Blue Mountain site.</p> <p>Visioning workshop held 22 September for Blue Mountain and attended by practice manager and CCG staff.</p> <p>PID approved at PCC CIC and submitted to NHSE early September. Support from National team to proceed to Outline Business Case for end of November 2018 and Full Business Case February 2019 so that bullet payment can be made before end of financial year 2018.</p>	£ -	Red
ETTF - Heatherwood Hospital (Block 40)	Estates and Technology Transformation Fund	Ann Bryant	<p>Stakeholder meeting held with Ascot practices, some progress made on working collaboratively and what services can be delivered from which site. This work will be picked up through the steering group sessions scheduled for September and October 2018.</p> <p>Frimley Health Trust to provide three defined cost variations for ETTF capital investment funding from: (i) Build to Shell & Core (ii) from 1st Fix (iii) from 2nd fix - DV assessment for market rent will be carried out all on three costs before Frimley Health together with the CCG agree a mutual financially viable cost, this cost will be included in the Outline Business Case which is due to be submitted at the end of October 2018. This process will reduce the Financial RAG status to amber.</p> <p>Critical timeline to be updated and shared at September PCOG to ensure all ETTF projects stay on track.</p> <p>The outline business case will be completed during September/October with phased submission to NHSE and Pick Everard for commentary feedback with whole document submission at the end of October. NHSE have agreed that they will accept the business case as long as the financials have been signed off - the rest of the OBC can be finalised during the six week window whilst NHSE go through the KLOE's. Once the OBC and FBC have been approved, the RAG status can be reduced to Green.</p> <p>Working collaboratively with Estates team at Heatherwood Hospital to ensure timelines align with their development programme and regular meetings will be held with Heatherwood Hospital Estates team to progress this. Confirmation of total floor space received - 900sqm - Plan A - two practices and ICS will not fit - need to revise as one practice with transformation and some ICS and rework Ben Lynwood to incorporate ICS, transformation and back office admin functions. Meeting scheduled for 1 October with Frimley Health Estates Team.</p>	#VALUE!	Red
Slough GPAF	General Practice Access Fund	Katerina Nash	<p>The service remains to be popular with patients. Practices have been encouraged to use the webpage on their practice based website to ensure consistent messages are being shared with public and so that the service is well advertised. Slough Shared record IT solution to improve patient outcomes and support delivery of equitable 7 days access was launched in June in Central Cluster. This is a phased approach with Central and Slough Clusters to go live first. There are deployment risks around timescales due to the complexity of the hybrid solution and supplier engagement. The deployment is dependant on a number of 3rd party suppliers and it has been quite challenging for our PM to hold our suppliers accountable to deliver the necessary steps within deployment. Practices have been requiring a lot of support and this has proved to be challenging for CSU PMO. CCG continues to support practices and the overall deployment process, but the capacity issue has been raised with CSU. The selection process to shortlist future Slough GP lead service was completed and the new provider was announced at Slough Members in July and the transition period for the set up of the new service provider has commenced. Weekly meetings with the new service provider are in place with dedicated project plan and risk register to monitor progress. Communication was sent out to all practices informing the of the upcoming changes with the new provider starting on 10th September. Exit plans agreed with current cluster providers. Statement was also shared with Healthwatch and PPGs. East Berkshire comms planned for September, focusing on extended hours provision; new leaflets and posters will be shared with practices, community halls and UCCs. New provider practice led an engagement event for all Slough member practices, discussing new pathways, agreeing on communication and MOU for the service.</p>	£ -	Amber
WAM GPAF	General Practice Access Fund	Katerina Nash	<p>The service is generally well received by WAM practices, however utilisation of the service varies across board. Sunday appointment remain less popular, although slight increase has been noticed since changes in opening hours. Phlebotomy services utilisation has gradually increased and the June figures suggests 90% utilisation. Direct bookings for phlebotomy and dressings remain very popular. Provider is looking at other pathway for direct bookings and 111 integration to improve weekend utilisation rates. 2018-19 model reflects changes needed to improve utilisation, more GP appointments available (moving to 53% GP, 47% Nurse, HCA split) app.</p> <p>The service commenced Bank Holiday cover in May to reflect new requirements. Utilisation of these appointments will be monitored. Changes in 2WW referrals - moved from fax referrals to e-Rs- this has been quite challenging to manage with very short timescales and working with clinical systems unable to support DXS, IPA and e-Rs. Data sharing agreements reflective of these changes were approved by IGSG board and shared with practices. (All practices signed up). Provider has reported workforce pressures during July/ August due to annual leaves This has impacted on the overall appointment capacity delivered. Additional capacity will be put in place for winter pressures to balance the gap. September capacity improved.</p>	£ -	Amber
B&A GPAF	General Practice Access Fund	Alex Tilley	<p>The service is generally well received by B&A practices, however practice utilisation of the service varies across board. Some work has commenced with practices to discuss utilisation and to better understand uptake. The service provider will also commence a clinical audit to determine aptnes of practices booking appointments to the service.</p> <p>The service provider continues to report more stable workforce with additional/ daily phlebotomy clinics introduction in July.</p> <p>Gp service provision to homeless people continues, weekly shelter visits moved from New College Church to lunchtime clinics at Salvation Army in Bracknell.</p> <p>Extension of the service was approved by PCOG in March. BPC provided pilot evaluation in May.</p> <p>Changes in 2WW referrals - moved from fax referrals to e-Rs- this has been quite challenging to manage with very short timescales and working with clinical systems unable to support DXS IPA and e-Rs Data sharing agreements reflective of these changes were approved by IGSG board and shared with practices. (All practices signed up) Provider has reported workforce pressures during July/ August due to annual leaves This has impacted on the overall appointment capacity delivered. Additional capacity will be put in place for winter pressures to balance the gap. September capacity improved.</p>	£ -	Amber
Homeless Pilot	LCS	Katerina Nash/Marianne Hiley/ Mike Wooldridge	<p>The outreach homeless service was initially set up in Bracknell with the collaboration of a local Charity offering sheltered accommodation to this vulnerable patient group during the winter period. The service offered one to one gp/ nurse led appointments held at a specific shelter once per week offering specialist clinical intervention focusing on this group specific needs. Windsor has set up a similar service including engaging other services such as drug and alcohol abuse service, mental health to manage complex needs of these patients. The initial draft report from Bracknell strongly suggests reduction in NELs (within this particular vulnerable group) during the winter period as well as an uptake of flu vaccination, mental health assessment and specialist intervention on substance misuse.</p> <p>In the Winter of 2016/17, the Charity reported the death of 2 of their clients from the homeless population. Other data suggests there were 10 hospital admissions from this population.</p> <p>In the Winter of 2017/18 when BPC were working with the same population to provide healthcare to the homeless, there were 0 deaths and 0 hospital admissions reported. We are now working on establishing a similar service in Slough during the month of September.</p> <p>Evaluation of both B&A/Wam pilots will take place in October 2018 with the view to build a business case for the provision of a sustainable outreach service across Berkshire East to all vulnerable groups (homeless, gypsy and traveller communities). The service will work in partnership with health and social care addressing mental health, substance misuse and general health issues that occurs simultaneously with social and environmental needs.</p>		#REF!