

Subject:	GP Forward View
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Submitted to:	West Norfolk Primary Care Co-Commissioning Committee
Purpose of Paper:	For Information
Executive Summary	
This paper provides an overview for the committee around the CCG approach to delivering the requirements of the GP Forward View.	
KEY RISKS (in relation to CCG strategic objectives and statutory duties)	
Clinical & Quality: Consideration to be included as part of any changes and developments.	
Finance and Performance: GP Forward View brings opportunities to receive investment for change.	
Reputation: The CCG routinely reviews any reputational risks associated with its work on Primary Care.	
Legal: The CCG ensures that it is acting within its statutory obligations in relation to primary care development.	
Patient focus: Changes should result in improvements and/or parity of care for patients.	
Information Governance: Compliance to policy	
Conflicts of Interest: The Primary Care Co-Commissioning Committee has been set up to ensure that the CCG acts within the guidance on conflicts of interest.	
Equality Impact Assessment: Not applicable.	
Reference to relevant risk on the Governing Body Assurance Framework: Not applicable.	
RECOMMENDATION:	
The Committee is asked to note the update provided in this report.	

Introduction to the General Practice Forward View (GPFV)

General practice is under tremendous pressure. The General Practice Forward View announced a comprehensive package of changes in investment, workload and workforce to support practices.

The GPFV makes a number of funding commitments to enable the successful delivery of the programme. It also introduces 10 High Impact actions to be undertaken in supporting the delivery of the GPFV. This is not about practices achieving more by working harder, longer or faster - nor is it about restricting care for patients. Rather, these are all ways of working that have been found to simultaneously release clinician time and improve care for patients. These are identified below:

The delivery of the GPFV will be achieved through a number of planned workstreams as follows:

- Model of Care
- Access
- Workforce
- Workload
- Infrastructure
- Leadership, Governance and programme arrangements

The 10 high impact actions will facilitate the successful delivery of these workstreams.

Model of Care

Our Vision is: **“for the people of West Norfolk to have high quality care, delivered locally, within our available resources”**

Our vision for how health and social care will be delivered in West Norfolk by 2021 is **“a thriving local hospital, a strong and united network of GPs, and a group of Out-of-Hospital providers of physical, mental health and social care services, all of whom behave as one integrated ‘whole system’ delivering high quality care by staff who are proud to work and live in West Norfolk”**

All 21 GP practices in West Norfolk have committed to working collaboratively through a company to which they are all members – West Norfolk Health Ltd. West Norfolk CCG and West Norfolk Health Ltd have already been working together to develop plans for the future and see the GPFV as being a supportive tool in this regard. Many of the requirements of the GPFV will be delivered as a result of this working relationship.

NHS West Norfolk CCG has been working with member Practices over the last 6 months to develop a programme to strengthen general practice in the short term and support a sustainable transformation in the longer term. The first priority has been to establish an alliance of member Practices to enable West Norfolk General Practice to:-

- Have one voice, to enable system working that is much better than ever before
- Be at the forefront of service design and transformation in West Norfolk
- Become embedded into the Norfolk STP (Sustainability and Transformation Plan) footprint in a manner which is bespoke for West Norfolk
- Be viewed collectively on the same level as all the other provider organisations in the Norfolk System
- West Norfolk Health Ltd, a structure to which all GP practices in West Norfolk are members, has been identified as a suitable organisation with which to develop plans.

West Norfolk Health Ltd will focus on a number of areas of work with the underlying aims being:

- To prevent illness and promote wellbeing
- Developing closer working relationships across organisations
- Offering care that wraps around the person – to respond to the holistic needs of the patient and carer whether wellbeing, health, social and/or emotional.
- To reduce demand through supporting mechanisms to manage referrals
- To support people to live with maximum independence, with improved access to primary and community care, supported by the third sector. Keeping people out of hospital and as close to home as possible when safe to do so.

- To reduce demand at the acute hospital front door and assist discharge to maintain capacity within the acute system.

The investment required

West Norfolk CCG has identified that the £3 per head investment will be used for a number of initiatives:

- The development of West Norfolk Health Ltd will be financially supported. Investment will specifically be made to ensure that the organisation is fit for purpose and is well positioned to potentially be the foundation of a future potential MCP. Key clinical and managerial leadership roles will be supported.
- Funding to support CCG priorities such as demand management and better support to our care homes
- Further investment in existing and future Locally Enhanced Services to ensure that appropriate services are both developed and delivered locally

The Outcomes

We expect that the range of services delivered in Primary Care will grow, as we seek to reduce secondary care activity. For instance, we would anticipate that the volume of attendances at A&E for relatively minor injuries would decrease significantly as we improve both our capacity and access for treating these in Primary Care.

We expect to see a more financially viable service with reduced hospital attendance through both increased service delivery in Primary Care and management of referral variation.

ACCESS

The GPFV includes a commitment to provide routine access to primary care in evenings and weekends. Funding of £3.34 per head of population (£584,905) is available to West Norfolk CCG in 2018/19 to support delivery of extended GP access to 100% of the population by March 2019. This sum rises to £6 per head in 2019/20.

CCGs are required to commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

Outcomes

- i. Increasing access to GP services
- ii. Improving access to pre-bookable and same day appointments after 18:30hrs
- iii. Provision of 1.5 additional hours of appointments per day (Monday to Friday)
- iv. Provide access to pre-bookable and same day appointments on Saturdays and Sundays, dependent on local needs

Delivery

We will follow an appropriate procurement process. West Norfolk CCG will seek to work in collaboration and partnership with other Norfolk CCGs and stakeholders for outcome based service specification development, procurement and service implementation with a commencement date of March 2018.

Workforce

There are significant national workforce pressures that need to be recognised and addressed. West Norfolk CCG is located in a predominately rural area and faces considerable pressure in this regard. It is recognised nationally that there is a shortage of GP's

West Norfolk CCG Baseline Assessment

The General Practice Workforce Minimum Dataset benchmarking tool is a valuable tool that has allowed a more accurate picture of the workforce pressures to be gained.

For West Norfolk, the following is the case;

- West Norfolk has far fewer GPs aged under 35 than both the rest of the STP and the national position
- The proportion of GPs aged over 54 is in-line with the national average
- The proportion of nurses under the age of 35 is higher than both STP and nationally
- The proportion of nurses aged over 54 is lower than both STP and nationally
- We need to do more to attract trainee nurses in West Norfolk
- Our GP to patient ratio is between the STP and national positions
- Our nurses and HCA's have a lower staff member to patient ratio than both the STP and national position.

	West Norfolk	STP Footprint	National
GP demographics: % of GPs aged under 35 (Headcount)	3%	12%	18%
GP demographics: % of GPs aged over 54 (Headcount)	21%	23%	21%
GP demographics: % of Partnered GPs (FTE)	79%	79%	65%
GP demographics: % of Non UK Primary Medical Qualification	30%	25%	29%
Nurse demographics: % of Nurses aged under 35 (Headcount)	13%	10%	7%
Nurse demographics: % of Nurses aged over 54 (Headcount)	18%	25%	31%
Nurse demographics: % of Trainee Nurses (Headcount)	0.0%	0.4%	0.7%
DPC demographics: % of DPC aged under 35 (Headcount)	22%	23%	18%
DPC demographics: % of DPC aged over 54 (Headcount)	26%	26%	26%
Capacity to population: Patients per GP (FTE)	1985	1931	2037
Capacity to population: Patients per Nurse (FTE)	2440	2810	3756
Capacity to population: Patients per DPC (FTE)	2077	2704	6109

It should be noted that the above is built upon a number of assumptions and caveats;

- The data in the tool is only as good as the inputs – if an error exists in the source data, it clearly is reflected in the tool too.
- Registrar and locum GPs are not captured in the dataset
- Although impressive, return rates from practices were around 94%, so assumptions are made on an incomplete dataset.

Key Risks and issues

- The age profile of our GP workforce indicates that younger doctors (aged under 35) are not choosing to work in West Norfolk. The risk is that this pattern continues and the CCG remains with a more mature GP bias, leading to a sharper need for additional GP capacity as retirement approaches for existing GP's.
- Over a fifth of our GP's are aged over 54. We need to retain as much of this expertise for as long as possible. This will mean embracing opportunities to offer flexibility and retention.
- Although our GP to patient and Nurse to patient ratios appear favourable, we need to acknowledge that our population has a higher weighting than average and that therefore workload per patient is higher.

Development of a Community Education Provider Network (CEPN) in West Norfolk

West Norfolk CCG has a CEPN, which has a steering group to provide direction. The steering group continues to develop plans and to draw in a wider range of stakeholders.

The CEPN will provide:

- i. A focus for multi-professional communities of educational practice in local geographies and local leadership in the development of high quality, locally-tailored education and training for staff in primary and community care.
- ii. A multi-professional East of England School of Primary and Community Care to provide strategic leadership and to commission education and training programmes from CEPNs in line with local priorities.
- iii. Workforce Planning: Developing robust local workforce planning data to inform decisions over how education and training funding should best be invested.
- iv. Education Programme Quality and Coordination: Local coordination of education programmes to ensure economies of scale, reduced administration costs and improved educational governance. Supporting improvements in the quality of education programmes delivered in primary and community care, for example, through peer review.

- v. Faculty Development: Developing local educational capacity and capability (for example, an ability to accommodate greater numbers of nursing placements or the development of multi-professional educators in community settings).
- vi. Sharing resources: For example educational faculty such as nurse mentors or physical capacity within the locality
- vii. Responding to Local Workforce Needs: Collaborating to meet local workforce requirements (such as specific skills shortages), including the development of new bespoke programmes to meet specific local needs.
- viii. Workforce Development: Developing, commissioning and delivering continuing professional development for all staff groups.
- ix. Ensuring education at scale to support wider primary care at scale and the use of current non-training practices as appropriate.
- x. To encourage innovation in primary care education, including the introduction of new roles and the support of new service pathways.

In addition, Norfolk CCGs continue to work with NHS Health Education England (HEE) in developing its primary care educational capacity to support workforce development and the infrastructure necessary to support CEPNs.

Recruitment and retention – actions to be undertaken

To address the issues of recruitment and retention of GP's and other health professionals, West Norfolk CCG will, utilising the West Norfolk CEPN, will;

- Develop a practice nurse education and training programme
- Make available pre-reg student placements in primary Care
- Set up, recruit, and provide GP fellowships

Plans to promote and develop use of other health care professionals in practice

The CCG is keen to explore opportunities with practices to develop the use of other healthcare professionals in practice.

- Support the development of new roles in general practice
- Encourage and develop health Ambassador roles for the locality

Impacts and opportunities from new models of care on delivery of general practice

We will deliver improved educational opportunities for developing staff, leading to;

- a higher skilled work force
- more engaged staff improving staff retention and job satisfaction
- upskilling staff in an environment of developing roles
- a solution tailored to meet local needs
- attraction of applicants to jobs with opportunities, to help with recruitment
- improved patient satisfaction scores as a result of both improved access and empowerment through education.

The GPFV makes a number of commitments on workforce, including an additional 5,000 extra doctors in primary care by 2020, and a minimum additional 5,000 other clinicians working in primary care. There are specific commitments to invest in an extra 3000 mental health therapists and 1500 clinical pharmacists, and in the training of 1000 general practice physicians associates.

Workload

There are a number of changes are being pursued to reduce the workload in general practice. At a national level, this includes changes to streamline the Care Quality Commission inspection regime, support for GPs suffering from burnout and stress, cuts in red-tape, legal limits on administrative burdens at the hospital/GP interface and action to cut inappropriate demand on general practice.

Locally, the CCG remains committed to addressing workload pressures in Primary Care, as this is one of the key issues in future sustainability;

- We shall continue to work with NHS England to support our practices which have been identified as vulnerable or in need of further support through accessing the funding available in the **GP Resilience fund**. Available support through this fund includes:
 - Diagnostic services to quickly identify areas for improvement support
 - Specialist advice and guidance e.g. human resources, IT
 - Coaching/Supervision/Mentorship
 - Practice Management Capacity Support

- Rapid Intervention and management support for Practices at risk of closure
 - Co-ordinated support to help practices struggling with workforce issues
 - Change management and improvement support to individual practices or group of practices
- Through a programme of education and promotion of self-care, we will help our Practices and our patients in the delivery of self-care. We hope to provide patients with the tools to look after themselves if at all possible. Part of this educational approach will be building upon already established promotions such as “Choose Well” and “Choose Me not A&E” We hope to use technology to allow patients to use apps and encourage the use of NHS Choices as a resource.
 - We will work with community pharmacy and other providers to ensure that they are included in our promotional campaigns. We will break down barriers to ensure that care pathways can incorporate their services.
 - Through our work with the West Norfolk CEPN, we will ensure that we promote and implement the general practice development programme (Time for Care), and practice manager development programme. We will encourage those managers who have undertaken training to feedback to their peers in order to create enthusiasm for subsequent opportunities.
 - We will support the 10 high impact changes as tabled below:

Action	Description	Benefits for practice	Benefits for patients	Current Approach in West Norfolk	How this will release capacity
	<p>Provide patients with a first point of contact which directs them to the most appropriate source of help. Web and app-based portals can provide self-help and self-management resources as well as signposting to the most appropriate professional. Receptionists acting as</p>	<p>Frees GP time. Makes more appropriate use of each team member's skills. Reduces internal referrals.</p>	<p>Improves appointment availability. Reduces low-value consultations and onward referrals. Shorter wait to get to see the most appropriate person.</p>	<p>Based on data supplied by NHS England, NHS West Norfolk CCG is anticipating receipt of £29,914 in 2017/18 and £29,888 in 2018/19 to fund care navigation and active signposting for reception staff within practices. WNCCG is discussing with membership practices</p>	<p>The ‘Making Time in General Practice’ report showed that up to 27% of appointments may be inappropriate or alternatively treated, and that many of these patients could be navigated to</p>

	<p>care navigators can ensure the patient is booked with the right person first time.</p>			<p>their preferred method for spending this funding and is considering potential providers to deliver the training. This will be delivered from April 2017, and will have covered all practices within West Norfolk by March 2018.</p>	<p>alternatives to primary care. Receptionists are the first point of contact for patients so by enhancing their skills and knowledge they will be able to point patients to more appropriate forms of care.</p>
	<p>Introduce new communication methods for some consultations, such as phone and email. Where clinically appropriate, these can improve continuity and convenience for the patient, and reduce clinical time per contact.</p>	<p>Shorter appointments (eg phone consultation average 50% shorter, 66% dealt with entirely on phone). More opportunities to support self care with e-consultations, text message follow-ups and group consultations.</p>	<p>Greater convenience, often no longer requiring time off work/caring duties. Improves availability of appointments. More opportunities to build knowledge, skills and confidence for self care.</p>	<p>Based on data supplied by NHS England, NHS West Norfolk CCG is anticipating receipt £44,872 in 2017/18 and £59,776 in 2018/19 to fund online consultations. The CCG is currently in the scoping stage of what the model might look like, but has engaged with providers including eConsult to ensure awareness of currently available online consultation types. The use of Skype for patient consultations is also a consideration, as pilot schemes such as Airedale have seen success for this,</p>	<p>By placing patients and or carers in more control of booking and managing their own care appointments, it is anticipated the number of DNAs across West Norfolk will reduce.</p> <p>Through the introduction of alternative appointment types it is anticipated greater efficiencies will occur across the health and social care system,</p>

				<p>especially in patients with long term conditions and care home residents.</p> <p>The CCG will seek to work across the STP footprint as to potential model(s) for implementation.</p>	<p>leading to improved capacity with primary care, e.g. GPs being able to conduct house bound patient consultations via Skype leading to a reduction in physical travel time and time away from the practice.</p>
	<p>Maximise the use of appointment slots and improve continuity by reducing DNAs. Changes may include redesigning the appointment system, encouraging patients to write appointment cards themselves, issuing appointment reminders by text message, and making it quick for patients to cancel or rearrange an appointment.</p>	<p>Free GP time. Easier to avoid queues developing, through more accurate matching of capacity with demand.</p>	<p>Improves appointment availability.</p>	<p>Working with practices, the CCG is (i) investigating ease of cancelling and rebooking appointments, (ii) examining examples of good appointment system redesign and sharing with member practices</p>	<p>Frees up appointment slots</p> <p>Easier to avoid queues developing, through more accurate matching of capacity with demand</p>

 <p>4: DEVELOP THE TEAM</p>	<p>Consider broadening the workforce, to reduce demand for GP time and connect the patient more directly with the most appropriate professional. This may include training a senior nurse to provide a minor illness service, employing a community pharmacist or providing direct access to physiotherapy, counselling or welfare rights advice.</p>	<p>Frees GP time. Makes more appropriate use of each team member's skills. Reduces internal referrals. Improved job satisfaction for administrative staff undertaking enhanced roles.</p>	<p>Improves appointment availability. Reduces low-value consultations and onward referrals. Shorter wait to get to see the most appropriate person.</p>	<p>Through various team and individual development programmes identified with the GPFV, e.g. Time for Change, GP Resilience and Practice Manager training programmes, focus is on boarding the workforce, to reduce demand for GP time and connect the patient more directly with the most appropriate professional. This may include training a senior nurse to provide a minor illness service, employing a community pharmacist or providing direct access to physiotherapy, counselling or welfare rights advice.</p>	<p>Through the introduction of new services, e.g. Clinical Assistants, Clinical Pharmacists within Primary Care and adoption of existing clinical skill mix within primary care to meet the clinical requirements of the patient it is expected the patient will see the most appropriate person at the most appropriate time and reduce inappropriate, i.e. just in case, demands on GPs.</p>
 <p>5: PRODUCTIVE WORK FLOWS</p>	<p>Introduce new ways of working which enable staff to work smarter, not just harder. These can reduce wasted time, reduce queues, ensure more problems are dealt with first time and that uncomplicated follow-ups are less reliant on GPs</p>	<p>Frees time for staff throughout the practice. Reduces errors and rework. Improves appointment availability and patient experience.</p>	<p>Improves appointment availability and customer service.</p>	<p>A number of practices are actively involved with the PGP programme, will all focusing on how back office and reception can be best streamlined and become more effective.</p> <p>The learning and best practice</p>	

	consultations.			will be shared with all practices in West Norfolk.	
	<p>Staff are the most valuable resource in the NHS. We have a duty to nurture them as well as providing resources and training to ensure they are able to work in the most efficient way possible. This may include improving the environment, reducing waste in routine processes, streamlining information systems and enhancing skills such as reading and typing speed.</p>	<p>Frees clinicians to do more in each consultation, with fewer distractions and frustrations. Improves staff wellbeing and job satisfaction.</p>	<p>Improved quality of consultations, with more achieved. Reduced absence of staff.</p>	<p>NHS West Norfolk CCG will identify the sources of support for staff to develop their personal resilience and learn specific skills that enable them to work in the most efficient way possible. This will be through:</p> <ul style="list-style-type: none"> • GP Development Programme • GP Leadership Programme • Practice Manager Development 	
	<p>For a number of years, practices have been exploring the benefits of working and collaborating at greater scale. This offers benefits in terms of improved organisational resilience and efficiency, and is essential for implementing many recent innovations in access and enhanced longterm conditions care.</p>	<p>Frees GP time, makes best use of the specific expertise of staff in the practice. Creates economies of scale and opportunities for new services and organisational models.</p>	<p>Access to expanded range of services wrapped around the patient in the community. Reduces delays introduced by referrals to different providers.</p>	<p>NHS West Norfolk CCG will allocate £3 per head of population to set up a governance structure to communicate & engage, develop and deliver projects through the developing organisation of West Norfolk Health. Providing:</p> <ul style="list-style-type: none"> • Support to fund the local 	

	<p>Increasing the scale of operations beyond the traditional small practice team requires considerable planning and leadership, as well as attention to the need to maintain the personal aspects of care which are the bedrock of effective primary care for many patients.</p>			<p>work on planned care and demand management</p> <ul style="list-style-type: none"> • Support to fund the West Norfolk Health leadership • Build on the existing work the leadership group have achieved over the last 6 months • Develop the localities across West Norfolk i.e. Kings Lynn, Coastal, Fens and Swaffham • Move appropriate treatment to primary care with the correct funding envelope • Drive forward the a new model of care across West Norfolk 	
	<p>Refer or signpost patients to services which increase wellbeing and independence. These are non-medical activities, advice, advocacy and support, and are often provided by voluntary and community sector organisations or local</p>	<p>Frees GP time, makes best use of their specific medical expertise.</p>	<p>Improved quality of life. Improved ability to live an independent life.</p>	<p>‘Social prescription’ is tool for clinicians to support their patients address wider social and lifestyle aspects of their health. Social prescribing recognises that busy clinicians can’t possibly know all that is available to support patients or have the time to navigate</p>	

	<p>authorities. Examples include leisure and social community activities, befriending, carer respite, dementia support, housing, debt management and benefits advice, one to one specialist advocacy and support, employment support and sensory impairment services.</p>			<p>access routes.</p> <p>We will seek to introduce model similar to the pilot currently underway in NHS Norwich CCG. This approach will see GPs signpost people to a weekly advice surgery.</p> <p>We will seek to engage and collaborate with the Borough Council of Kings Lynn and West Norfolk and appropriate 3rd sector organisations to support our pilot.</p>	
	<p>Take every opportunity to support people to play a greater role in their own health and care. This begins before the consultation, with methods of signposting patients to sources of information, advice and support in the community. Common examples include patient information websites, community pharmacies and patient support groups. For people with longterm conditions, this involves</p>	<p>Frees GP time, makes best use of their specific medical expertise.</p>	<p>Improved ability to live an independent life.</p>	<p>In January 2017 the five CCGS for Norfolk and Waveney and Public Health at Norfolk County Council produced a magazine 'Your Health'. This is aimed at patients to help them stay well and choose the right NHS services in Norfolk and Waveney.</p> <p>It contains some help and advice on how to stay well throughout the year.</p> <p>In addition NHS West Norfolk CCG supports the following</p>	

	<p>working in partnership to understand patients' mental and social needs as well as physical. Many patients will benefit from training in managing their condition, as well as connections to care and support services in the community.</p>			<p>projects:-</p> <p>As part of the Choose Me not A&E campaign, we produced a leaflet that was distributed widely: What to Know and When to Go.</p> <p>65,000 copies of this leaflet were produced and distributed to;</p> <ul style="list-style-type: none"> • The Queen Elizabeth Hospital – these were given out to all patients who attended for minor A&E attendances and to patients attending Outpatient appointments • GP practices • Local pharmacies • The ambulance service • 56 schools • Leisure centres • 3rd sector organisations • To the public through campaigns in a local supermarket <p>The CCG is very active on</p>	
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				social media, promoting the self care message.	
	<p>Develop a specialist team of facilitators to support service redesign and continuous quality improvement. Such a team will enable faster and more sustainable progress to be made on the other nine high impact changes. The team could be based in a CCG or federation. They should ideally include clinicians and managers, and have skills in leading change, using recognised improvement tools such as Lean, PDSA and SPC, and coaching GP practice teams. All of these will help practices to work smarter rather than harder, and to introduce new ways of working.</p>	<p>Improved ability to achieve rapid, safe and sustainable improvements to any aspect of care. Increased staff morale and sense of control.</p>	<p>Assurance of continuous improvement in patient safety, efficiency and quality of care.</p>	<p>From April 2017 as part of the planned Local Enhanced Scheme with West Norfolk Health the CCG will commission a range of actions by Practices to regularly review referrals and utilise the Referral Support service.</p>	

Infrastructure

The CCG has been successful in a number of Estates and Technology Transformation Fund (ETTF) bids as tabled below.

West Norfolk CCG Approved ETTF Bids	Scheme Ref	Bid	Funds in	Funds in	Funds in	Total
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2016-2019			2016/17	2017/18	2018/19	
		£000	£000	£000	£000	£000
<u>IT schemes</u>						
GP mobile working	0	49	49	0	0	49
Mobile Working, Interoperability and Integrated Services	0	600	0	300	300	600
IT Totals		649	49	300	300	649
<u>Estates schemes</u>						
Upwell Surgery	35803	299	150	149	0	299
St James Surgery	35801	124	124	0	0	124
Burnham Market	35805	39	39	0	0	39
St James Surgery	35801	124	0	0	124	124
Burnham Market	35805	39	0	0	39	39
Estates Totals		625	313	149	163	625
GRAND TOTALS		1,274	362	449	463	1,274

It is anticipated that through delivery of the above schemes that the following benefits will be realised:

- GP's will be able to work with mobile technologies, improving the quality of home visits and providing more flexibility in work locations
- Working environments will be improved, leading to better motivated staff, positively impacting both recruitment and retention

- Patient services will be able to be extended or improved

Leadership

Norfolk and Waveney primary care leads

The primary care leads across Norfolk and Waveney have formed a group to review and discuss work around the GP forward view. This is a key enabler to ensuring that local GP forward view programmes are aligned in their scope and delivery. This group focusses on practical steps that are being taken around programme delivery.

GP forward view and the STP in Norfolk and Waveney

In a more formal setting, the governance arrangements for the GP forward view sit within the “prevention and good health in communities” delivery programme of the Norfolk and Waveney STP. This along with other programmes including demand management and acute care reform all feed into the STP delivery board responsible for delivering the STP programme. This board in turn provides information to the STP executive, which is made up of the Chief Executives of all the main providers and commissioning organisations in Norfolk and Waveney. Further there are various “system enabler” groups looking at areas in detail including workforce, estates, finance and BI and ICT. These groups feed into the work of the prevention and good health in communities delivery board.

The remit of the prevention and good health in communities delivery programme covers primary care strategies, MCP development, pharmacy as well as integration.

Further the CCG has agreed in its constitution a formal conflict of interest committee to deal with matters where the Governing Body may be conflicted and also has set up a delegated primary care committee ahead of taking the primary care commissioning function from 1 April 2017.

The CCG is cognisant of its commissioner role but recognises it is a key enabler to the development of future models of care. It has robust governance processes in place to ensure conflict with these roles is to a minimum.

Engagement

West Norfolk Practices have been working with the CCG on the vision for the last 12 months and are currently working together in the development of West Norfolk Health Ltd to deliver a new model of care.

This has assured us that we are moving in the right direction at this point but further engagement is planned to check that we continue along the right route.

Engagement with the mobilisation of the plan is underway with all local providers and will ramp up as we gain pace on the implementation. The CCG, through the £3 per head transformation fund, will support practices working at scale to develop key roles in project management and facilitation of meetings with other providers to deliver the model.