

<b>Subject:</b>	GP Forward View update
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<b>Submitted to:</b>	West Norfolk Primary Care Commissioning Committee
<b>Purpose of Paper:</b>	For Information
<b>Executive Summary</b>	
This paper provides an overview for the committee of progress in WNCCG against the delivery of the GP Forward View.	
<b>KEY RISKS (in relation to CCG strategic objectives and statutory duties)</b>	
<b>Clinical &amp; Quality:</b> Any relevant issues included in the report by exception	
<b>Finance and Performance:</b> Financial impact included where relevant and data available.	
<b>Reputation:</b> The CCG routinely reviews any reputational risks associated with its work on Primary Care.	
<b>Legal:</b> The CCG ensures that it is acting within its statutory obligations in relation to primary care development.	
<b>Patient focus:</b> Aim to provide parity of services to all WNCCG patients.	
<b>Information Governance:</b> Compliance to policy	
<b>Conflicts of Interest:</b> The Committee has been set up to ensure that the CCG acts within the guidance on conflicts of interest.	
<b>Equality Impact Assessment:</b> Not applicable.	
<b>Reference to relevant risk on the Governing Body Assurance Framework:</b> Not applicable.	
<b>RECOMMENDATION:</b> Paper is for Information	

## West Norfolk CCG – Update on the GP Forward View

### Introduction

The NHS FYFV (five year forward view) was published in October 2014. It set out a vision for the future of the NHS and explained why improvements were needed to achieve the triple aim of better health, better care, and better value. It described various models of care that could be provided in the future, defining the actions required at local and national level to support delivery. The General Practice FYFV was developed to provide further clarity around the developments needed at General Practice level to enable the achievement of the broader plan.

The FYFV plan was refreshed in April 2017, giving detail on what needs to be delivered within the next two years and how the FYFV goals will be implemented.

### Progress

The key areas of progress are:

### Access

- By March 2018, the NHS mandate requires 40% of the country to be able to access evening and weekend GP appointments, but the target is 50%. By March 2019 this will be 100% This is largely being delivered by Vanguard sites, of which there are none in Norfolk and Waveney
- In West Norfolk, the intention is to deliver this improved access through the 4 locality hubs. The first of these hubs is intended to be the Kings Lynn Hub.
- The delivery of improved access must meet 7 core requirements as tabled below:

	Element	Update
1	Timing of Appointments: pre-bookable and same day appointments	Pilots will be a mix of evening and weekend appointments, pre-bookable and same day. While these will be provided weekdays 18:30-20:00, the hours provided at the weekend will be based on patient need as determined by the patient survey, results due January 2018. The mix will include both Saturdays and Sundays.
2	Capacity: Commission an additional 30 mins consultation per 1000 population	It is anticipated that all CCGs will be providing 30 minutes per 1000 population by March 2019. This capacity will meet the 7 core requirements.
3	Measurement: Ensure usage of nationally commissioned new tool to automatically measure appointment activity	Once a national tool has been made available, the CCGs will all promote this to practices through direct communication and raising this at relevant meetings such as Council of Members and practice managers' meetings.
4	Advertising & Ease of Access: Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community,	All CCGs are happy to engage with the STP communication programme for promoting Improved Access.  All CCGs will ensure practices are aware that Improved Access appointments must be offered on an equal basis as core appointments.

5	Digital: Use of digital approaches to support new models of care in general practice	All CCGs are currently signed up to wave 1 of the interoperability pilot. All CCGs have a mix of EMIS and SystemOne practices, and the pilot will provide a solution to ensure practices can view records of any patient, regardless of clinical system. A workstream is currently being set up, led by Dr Dustyn Saint from South Norfolk.  Following recent publication of Online Consultations guidance by NHS England, the STP is currently setting up a workstream to implement Online Consultations.
6	Inequalities: Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place	We have sought survey responses from minority and hard to reach groups, as per the table above, to ensure the pilots meet the needs of our populations.
7	Leadership	Currently the working group completes operational tasks, and reports to the Heads of Primary Care fortnightly meeting for assurance. Issues may be raised to CCG heads of primary Care, who will then raise this to the SRO.

- A patient survey has been agreed across all 5 CCG's in Norfolk and Waveney, with paper copies being distributed to all practices. Additionally, the survey is able to be completed online via the link below:

[http://www.smartsurvey.co.uk/s/improved\\_access\\_for\\_patients\\_NW\\_STP](http://www.smartsurvey.co.uk/s/improved_access_for_patients_NW_STP)

## **Workforce**

A jointly developed plan has been submitted to NHSE for the 5 CCG areas to address workforce issues. This plan addresses the need for workforce pressures to be acknowledged and addressed. Key areas include:

- A national target of extra 5,000 doctors working in general practice by 2020. Across the Norfolk and Waveney area, this equates to 88 GP's. However, this does not take into account retirement and other leavers which gives an even more challenging recruitment target of 234 WTE GPs. This is somewhat better if we take into account the number of newly qualified GPs forecast to be available to the system which gives a recruitment target of 106 WTE.
  - o 50 GPs to be recruited through the international recruitment scheme over the next 2 years
  - o Plus additional 20 GPs to be recruited through the international recruitment scheme as part of phase 3;
  - o 20 GPs to be retained via the GP careers plus scheme and 6 GPs via the GP retention scheme

## **New ways of working**

Introducing new roles into the general practice team will provide additional capacity in primary care. In addition to this, there are several options which will reduce demands on GPs and other clinical staff through new ways of working. We wish to identify and explore options for new ways of working with primary care providers and other stakeholders. Currently we are exploring a number of new roles to support practices and GP workload including the following;

### **Clinical Pharmacists**

There has been considerable interest over the last few years in the role of clinical pharmacists within the general practice team. Pharmacists are able to support patients to self-manage their well-being and long term conditions, through optimising medicines, and enabling improved medicine related communication between general practice, hospital and community pharmacy e.g. on admission and discharge and at other interfaces of care. This therefore means that GPs can focus their skills where they are most needed and frees up GP time. West Norfolk have submitted a bid for 2 clinical pharmacists to be shared between practices. The bid would release funding which would support their employment, with practices sharing costs.

### **Developing the non-clinical workforce**

The success of general practice in the future will rely on the development of the wider, non-clinical workforce and we recognise the contribution that practice managers, receptionists and other non-clinical roles make to the practice team. The administrative burden on primary care clinicians is well documented and it is estimated that GPs spend 11% of their time on administration. 'The future of primary care – creating teams for tomorrow' suggested that new support roles have the potential to reduce the administrative workload of GPs and other clinicians.

Historically, the development of this part of the workforce has been overlooked and practice managers have found it difficult to identify appropriate education and training programmes to develop this part of their workforce. Our vision for the primary care workforce is inclusive of non-clinical roles and therefore the CCGs are committed to supporting the development of this part of the workforce.

### **Promoting general practice in Norfolk and Waveney as a career choice**

The CCG will explore options to work with partners to develop campaigns which promote primary care as an appealing place to train and work. This supports broader strategies across the area to make Norfolk and Waveney an attractive place to work and live.

### **Induction and refresher scheme**

GP Induction and Refresher Schemes provide an opportunity for qualified GPs to be inducted into or return to general practice in the UK. The scheme offers a bursary to an individual, whilst they are working on a supervised placement in general practice. Whilst these schemes are operated centrally by Post-graduate Medical Schools, the CCGs will explore options to support and promote the scheme locally.