Agenda Item: 19.11

NHS
West Norfolk
Clinical Commissioning Group

Subject:	Primary Care Operational Report
Produced by:	Steve Lloyd – Head of Primary Care (WNCCG)
Presented by:	Steve Lloyd – Head of Primary Care (WNCCG)
Submitted to:	West Norfolk Primary Care Commissioning Committee
Purpose of Paper:	For Information

Executive Summary
This paper provides an overview for the committee of any significant issues, activity, and progress in WNCCG work within Primary Care, since the last committee meeting.

KEY RISKS (in relation to CCG strategic objectives and statutory duties)

Clinical & Quality: Any relevant issues included in the report by exception

Finance and Performance: Financial impact included where relevant and data available.

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: Aim to provide parity of services to all WNCCG patients.

Information Governance: Compliance to policy

Conflicts of Interest: The 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: Paper is for Information

Primary Care Networks:

NHS England have identified the following in their next steps on the NHS Five Year Forward View:

"Encourage practices to work together in 'hubs' or networks. Most GP surgeries will increasingly work together in primary care networks or hubs. This is because a combined patient population of at least 30,000-50,000 allows practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. They also involve working more closely with community pharmacists, to make fuller use of the contribution they make. This can be as relevant for practices in rural areas as in towns or cities, since **the model does not require practice mergers or closures and does not necessarily depend on physical co-location of services**. There are various routes to achieving this that are now in hand covering a majority of practices across England, including federations, 'super-surgeries', primary care homes, and 'multispecialty community providers'. Most local Sustainability and Transformation Plans are intending to

accelerate this move, so as to enable more proactive or 'extensivist' primary care. Nationally we will also use funding incentives – including for extra staff and premises investments – to support this process."

To this end, we have submitted a bid to access the available funding to allow us to further develop our networks. It is anticipated that we will know about the outcome of our bid in late November / early December

We have been successful in our bid – the STP PCN group are developing a strategy for roll out across the CCG areas. PCCC will be updated as more information is available.

2018/19 QIPP Schemes

- **Primary Care Demand Management** – This scheme will look specifically at GP Referral management and build on the work in 2017/18 completed as part of the DMPA (Demand Management in Primary Care Agreement – a local initiative agreed with Practices in West Norfolk in 2017/18). Adoption of a use of resources dashboard, highlighting how Practices are using the resources available and regular supportive and collaborative Practice visits will enable the spread of best practice and provide support to Practices who have the opportunity to contribute towards system wide savings. QIPP benefit will come from improved standards of referrals and reductions in A&E attendances and unplanned admissions.

  UPDATE: The revised approach to Demand Management has been tested with and agreed by practices. The methodology will incorporate both the new GP dashboard which identifies the impact on the system across referrals, investigations and prescribing spend; and typical patient journey experiences. Two specialties will be agreed with participating practices and a deep dive analysis, using the Eclipse tool and accompanying Referral Support Service anonymised data, will be undertaken. It is expected that primary care will be able to offer new specialist pathways which will reduce the demand on the acute trust. Eight practice visits are scheduled to be undertaken before March 2019; resulting action plans will be shared with the committee as they come online. At every stage, as new services are identified, patients will be consulted through practice PPGs.

- **Patient 500** – This project uses the Eclipse data system to identify 500 patients each month who are high cost or have a high clinical risk of admission. Practices will identify a lead clinician and an expert clinical panel will complete a paper review of the patient and make recommendations in the form of a patient management plan. The aim is to reduce the number of unplanned admissions by providing expert clinical advice on how patients can be proactively managed in primary care, avoiding any potential crisis which may mean they are admitted to hospital as an emergency.

  UPDATE: As previously reported, the scheme has been included in the Primary Care Partnership Proposal (PCPP) as one of the schemes that the CCG wishes to support practices to deliver. The CCG is working with West Norfolk Health to ensure that all Practices are actioning their alerts. All Practices have received the required training Practices have now received their alerts through the Eclipse system and have begun to action these. There are a small number of Practices where progress has been slower than anticipated – West Norfolk Health are following up and supporting these Practices. As the scheme progresses, updates will be provided to this committee.

- **Well Supported Clinical Decision Making** – This project has been revisited and now has a number of strands. Potential savings and improvements in patient experience will be targeted through introducing direct access to echocardiography for non-heart failure patients. The project will explore the opportunity of introducing additional ways for referring clinicians to liaise with hospital consultants and their teams to seek advice and guidance, with the intention of avoiding unnecessary referrals. Finally, the project seeks to ensure the best use of the Ambulatory Emergency Unit, a facility currently available at the Queen Elizabeth Hospital (QEH) that is accessed via A&E. It is proposed that primary care clinical professionals will be able to directly refer patients for assessment, thus avoiding an A&E attendance. While this already occurs in many instances, the data demonstrates that there is an opportunity to improve both patient experience and the use of resources.

  UPDATE:

  It was previously reported that work was underway to build a business case for a "hot phone" for General Medicine. A phone would be held by a consultant within the Queen Elizabeth Hospital, allowing GP's to make direct contact to ask for advice around their patients. This business case was completed and approved, with the service commencing in late December. Work is underway to accurately assess the outcomes for this pilot.

Other Primary Care updates:

Team News

The team interviewed for the post of Primary Care Project Manager for a joint post, supporting not only the CCG, but also West Norfolk Health. Unfortunately, this was not successful. The Head of Primary Care Commissioning has handed in their notice and is currently in their notice period. The CCG is considering options as to how best to maintain capacity within the team.

Workplan

The team is using a workplan as the basis for weekly meetings to ensure that all areas of work are on track, and to identify any issues and risks at an early stage.

Below is a table of the current projects and a brief description of what each project is.

PROJECT/WORK AREA NAME		
	Brief description of project	**Lead**
Improved Access implementation	6:30 pm- 8 pm(evenings) and weekends including bank holiday improved access as per 7 core requirements	Gina Titman
Improved Access – Procurement	STP wide procurement for improved access from 1 October 2019	Gina Titman

Demand Management - QIPP	QIPP scheme addressing GP initiated demand	Gina Titman
Patient 500 - QIPP	QIPP scheme introducing a proactive method of care management utilising Eclipse QIPP target - £200k	Steve Lloyd
Well Supported Clinical Decision Making - QIPP	QIPP - GP direct access to diagnostics / addressing timeliness of reporting / A&G from QEH / develop AEC QIPP target £103k	Steve Lloyd
Primary Care Partnership Proposal	Collection of initiatives to support PC delivery of QIPP targets and CCG priorities Deliver to 100% of population	Steve Lloyd
Online Consultations	STP wide procurement - online consultation	Gina Titman
Productive General Practice	Practices involved in improvement projects	Steve Lloyd
Time For Care	Practices involved in improvement projects	Abi Betts / Steve Lloyd
Active Signposting	Work with WNH to identify DOS and provide access across practice receptionists	Abi Betts / Gina Titman
Develop GP Provider Organisation	Support and develop WNH as prime provider for GP Practices	Gina Titman
LCS Procurement	STP wide project	Steve Lloyd
Workforce	STP wide project	Gina Titman
Protected Learning / GP Members Forum	Develop opportunity provided by GP Members Forum to support transformation across practices	Abi Betts

Primary Care Networks - overall	Develop localities joint working between GPs and Community etc providers	Gina Titman