

# NHS West Norfolk General Practice Forward View Operational Plan 2017-2019



## VERSION CONTROL

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| Document Purpose:  |  |          |   |
| An opportunity for NHS West Norfolk Clinical Commissioning Group to develop General Practice Forward View (GPFV) Operational Plan for the period 2017-19, focused on the development of long term stable and sustainable primary care, new models of care, incorporating local requirements and national guidance. |  |          |   |
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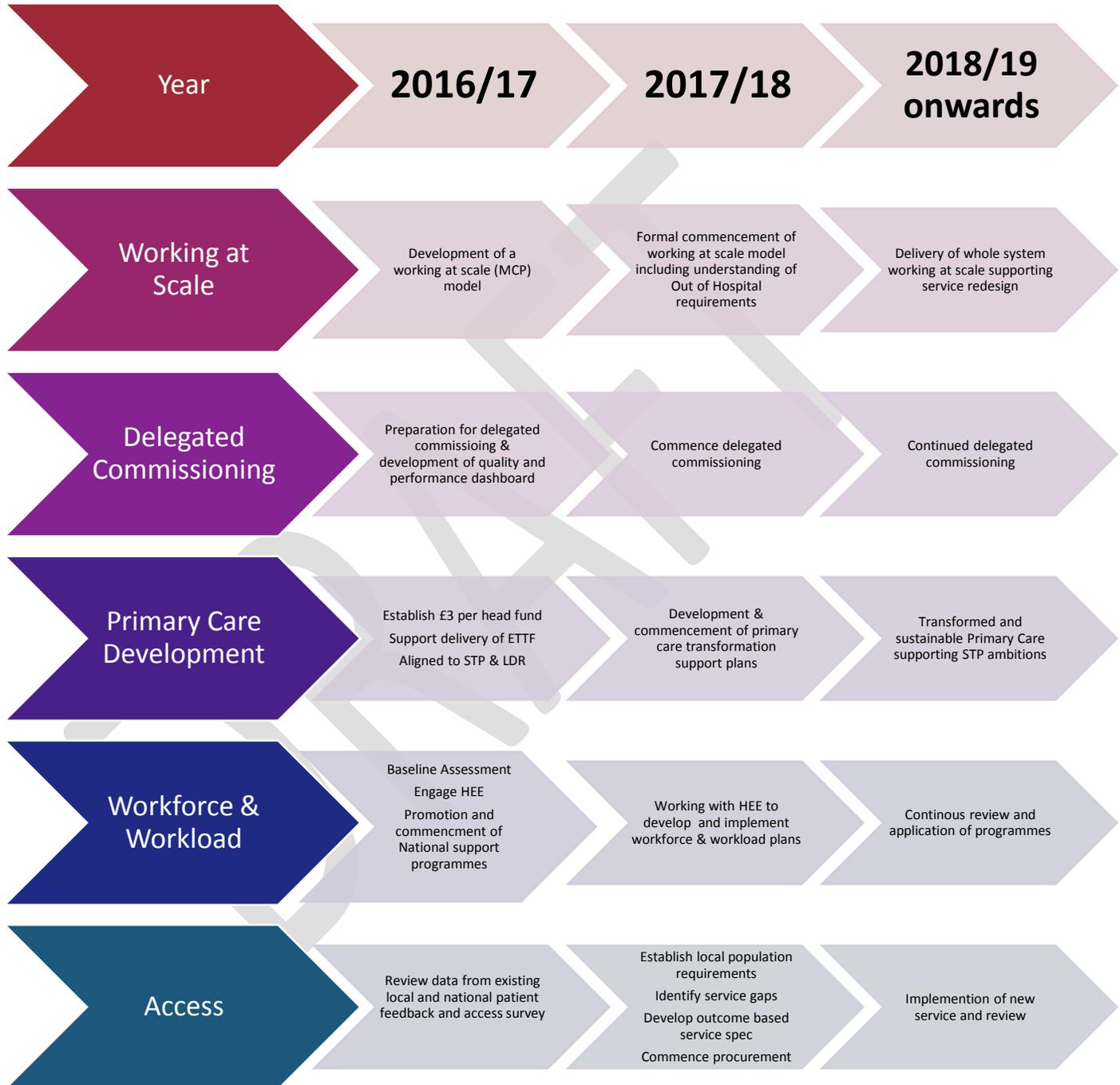
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| CCG Primary Care Joint Commissioning Committee |       |           |
| CCG Governing Body                             |       |           |

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# 1 PLAN ON A PAGE



## 2 LOCAL CONTEXT

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West Norfolk Clinical Commissioning Group (CCG) was established in April 2013; a clinically led organisation made up of GPs, hospital consultant, nurse and lay representatives, responsible for planning, designing and buying health and care services for the population of West Norfolk. West Norfolk CCG commissions the majority of healthcare services for the local population, including most secondary care (or hospital) services, and services from community and mental health providers, but is not responsible for commissioning all healthcare services.

Those that is does not commission currently include GP Practices, and specialised hospital centres providing complex care such as organ transplantation. These services are commissioned by NHS England on a regional and national basis, and public health services such as flu immunisation or health lifestyle behaviour programmes are commissioned by Public Health departments within Local Government. The CCG does, however, work very closely with these other agencies, to ensure that the totality of services provided to the local population promote the best health outcomes, both in terms of healthcare services themselves and those linked services such as social care, housing and education, which have an indirect impact on individuals' health.

The population covered by West Norfolk is in excess of 170,000 patients. It is a predominately rural area with a few locations of relatively high population density, e.g. Kings Lynn, Swaffham and Downham Market.

The CCG faces a number of challenges which are the same nationwide. In West Norfolk these challenges are felt more acutely for the following reasons;

- We have a population that is ageing quicker than nationally with higher incidence of long term conditions and lifestyle risk factors.
- There are challenges faced by the geography of West Norfolk with rurality, a dispersed population and distance to other major NHS centres.
- We face challenges in recruiting and retaining workforce and reliance on temporary staff

### 3 PROGRESS TO DATE

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The CCG's General Practice Forward View Operational Plan (GPFV OP) 2017-19 builds on;

- (i) The CCG 2017-19 Operational Plan (CCG OP)
- (ii) And is developed in the context of the CCG's financial position, national planning requirements, and
- (iii) The Norfolk and Waveney 5 year Sustainability and Transformation Plan (STP) – 'In Good Health'.

The CCG Operational Plan, reflecting the expectations of Annex 6 (Annex 6) of the NHS Operational Planning and Contracting Planning Guidance 2017-19, stimulates development of at scale providers for improved access, 10 high impact innovations to free up General Practice time and secure sustainability of general practice.

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.

The focus of West Norfolk Health Ltd is to develop 'General Practice at Scale' as a key provider within a potential MCP for West Norfolk, collaborating with the other local Providers to shape and develop any future MCP arrangement.

The MCP is not an end in itself but a delivery vehicle. However we can use the model to focus the drive for increased integration across primary, community and social care and to develop a mechanism to "move" services out from an acute setting into a community setting, and progress against both the national 5 year forward view and deliver the challenge set out in the system STP for Norwich patients and services.

As the MCP July 2016 guidance highlights, "General Practice at scale is the natural first step towards an MCP". The West Norfolk Health Ltd arrangement will meet this requirement, and will inevitably be a cornerstone of the MCP vehicle as it evolves. A successful development of the new model and the MCP will benefit from close working across all providers, and provides commitment from system organisations going forward.

To further enable new ways of working and to allow decisions to be made at a local level, West Norfolk CCG has applied for Delegated Commissioning with effect from 1 April 2017 and is currently working with the other Norfolk & Waveney CCGs to evaluate the scope and opportunities for having a shared

Primary Care Commissioning team across the STP footprint, whilst retaining some local function and individuality.

## 4 PATIENT BENEFITS

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Through the implementation of the General Practice Forward View and Annex 6, the future benefits to patients will include;

- i. Increased GP access and appointment times.
- ii. Stabilization of primary care practices within both CCGs.
- iii. Integrated care delivery and working, e.g. clinical pharmacy within primary care, integrated health and social care services, improved MDT meetings.
- iv. Greater clinical skill mix.
- v. For the individual, improved flow through their care pathway.
- vi. Patients perceive a better care experience.
- vii. Improved quality and delivery of care, within suitable GP and community premises.
- viii. Improved access to mental health services, via practice based mental health therapists.
- ix. Individuals being signed posted, at first point of contact, to the most appropriate health and social care service
- x. Through the Digital Roadmap, the development and use of a single care record, accessible by the patient and their care professionals.
- xi. Patients and their Careers feeling in control and responsible for their health care.
- xii. Improved Poly-pharmacy and medication compliance, resulting in better health and life outcomes for the individual.

The proposed is expected to meet the following NHS Outcomes Framework Domains & Indicators (DoH 2016);

Domain 1 – Preventing people from dying prematurely.

Domain 2 – Enhanced Quality of life for people with long term conditions.

Domain 3 – helping people to recover from episodes of ill – health or following injury.

Domain 4 – Ensuring people have a positive experience of care.

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm.

## 5 NHS WEST NORFOLK OPERATING PLAN 2017-19

In the draft West Norfolk CCG Operational Plan for 2017-19, we stated that 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”*

This future Vision of one integrated whole system assumes that the organisations delivering health and social care in West Norfolk will be reduced in number to enable the model to be created. This does not mean less staff providing services, it means more flexibility about redeploying resources to the place they are needed by reducing duplicated tasks, functions and roles.

This will increase the effectiveness and responsiveness of face-to-face patient and resident care and reduce bureaucracy and overlaps between the many organisations involved. This vision has been articulated and discussed over a number of years with the West Norfolk Health, with the current financial and political drivers make it an urgent, imperative action.

This vision aligns with and strongly supports the delivery of the Norfolk and Waveney Sustainability and Transformation Plan (STP). Our work-streams to implement the plan dovetail with the STP; some are joint schemes where there is a uniform approach across the county and some are local, where the characteristics of the locality determine the specific nature of the schemes. The transformation of services will be aligned with the Norfolk and Waveney system vision to ensure:

- Services treat people as a whole person and outcomes which are important to the person are what matter in their care.
- People will receive good care any time, any day, with the aim of safely keeping them at home where possible and appropriate.
- People and organisations who care for individuals talk to each other, with one individual responsible for a person’s care who is easy to get hold of.
- The system recognises an individual’s time is precious and visits are arranged recognising this.
- A trusting relationship is developed between an individual and the practitioners who care for them.

In our Operational Plan, we addressed Priority 3 of the 9 priorities outlined in the NHS Operational Planning and Contracting Guidance 2017-19. This highlights five key areas for Primary Care:

| Five Key Areas  | The How   | Delivery Timeframe  |
|---|---|---|
| <b>Investment</b><br>Stabilisation of Primary Care through the implementation of the GP Forward View to included plans for practice transformation support and 10 high impact | CCG investment of £3 per head (non-recurrent).<br>Ensure local investment meets or exceeds minimum requirements | 2017/18 or 2018/19 and dependent on primary care business case submission |

|  |   |  |
|--|---|--|
| changes  |   |  |
| <b>Practice Infrastructure</b><br>ETTF submissions for primary care estates and IT                 | GP mobile working and WIFI<br>Practice redesign<br>Potential new Primary Care new builds  | March 2017<br>Cohort 1 (x2) by March 2017<br>Cohort 2 (x4) by March 18 or March 19, dependent on allocation        |
| <b>Workforce</b><br>Engagement with local and nation training and education programmers            | Through:<br>1) PGP Programme<br>2) GP Leadership Programme<br>3) Receptionist Training and document management and or online consultation systems<br>4) GP Resilience Programme & STP Leadership                  | By March 2017<br>2016 onwards<br>2016 onwards<br>2016 onwards  |
| <b>Workload</b><br>Engagement with local and nation training and education programmers             | Through:<br>1) Working with Localities to develop and implement MCP type models<br>2) Training care navigators and assistants for all practices<br>3) Clinical pharmacy in general practice                       | 2016 onwards   |
| <b>Care Redesign</b><br>Improved GP Access through the £3.34 available from NHS England in 2018/19 | Through:<br>During the spring of 2017, commence work with Primary Care develop an improved access model to include greater timing of appointments, including extended access and increased capacity and use of IT | Model to be developed by December 2017.<br>Model procurement to commence early 2018.<br>Model 'go live' late 2018. |

These areas are further addressed in this document as we develop our operational plan for the GP Forward View.

## 6 HIGH IMPACT INNOVATIONS 2017-19

The GP Forward View has identified the Primary Care 10 High Impact innovations. The table below highlights these 10 areas, the current support plus the further support which is anticipated;

| <b>10 High Impact Innovations</b> |  |   |   |
|-----------------------------------|--|---|---|
| <b>Innovation</b>                 | <b>Descriptor</b>  | <b>Current Support</b>  | <b>Further Support</b>  |
| Active Signposting                | Patients directed, at initial contact, to the most appropriate service | NHS England have developed part year 1 funding (2016/17) to CCGs to support   | 2017-2020 funding to be allocated by NHS England  |
| New Consultation Types            | New communication methods  | Agreement as to use of email, telephone support etc. for consultations.   | Alignment with LDR  |
| Reduce Did Not Attend             | Maximum utilisation of appointment                                     |   | Identification of best practice within primary care and sharing with others                                     |
| Team Development                  | Increased team education and training                                  | GP Development Programme<br>GP Leadership Programme<br>Practice Manager Development<br>Clinical Pharmacy<br>Sign posting training | Continued promotion of course to practices. Clarification required from NHS England as to some support elements |
| Productive Work Flows             | Identify and introduce new ways of working                             | NHS England funding to support signposting, clinical skill mix, document management   |   |
| Personal productivity             | Staff development  | Various NHS England training support programmes, e.g. Time for Care, PGP, etc.  |   |
| Partnership working               | Partnership and Collaborative working                                  | £3 per head transformational funds.   | CCG facilitation  |
| Social prescribing                | Referral and signposting to non-medical services                       | Sign posting training   |   |
| Support self care                 | STP Prevention Programme   |   | CCG facilitation  |
| Develop QI expertise              | Service redesign and quality improvement                               | £3 per head transformational funds  | CCG facilitation  |

## 7 FUNDING 2017-19

There are a number of funding streams that have been identified to achieve the aims and objectives of the GP Forward View. Details of these are tabulated below;

| Fund                                    | Amount  | Timeframe                                   | Availability   | NHS West Norfolk CCG  |
|---|---|---|--|---|
| GP Resilience Fund                      | £40m (£16m in 16/17. £8m pa for 3 yrs.  | 4 yrs. from 16/17                           | National programme. NHS England local teams to decide allocations.                                 | The CCG continues to work with NHS E to promote the scheme with West Norfolk Practices.   |
| Retained Dr. Scheme                     | £76.92 per session per week   | 3 years<br>1 July 2016 – 30 June 2019       | No additional decision making process. Retained GP and practice must meet criteria to be eligible. | The CCG continues to promote the schemes with West Norfolk Practices.   |
| GP Development Programme                | £30 million   | Expressions of interest cut off August 2018 | Expressions of interest submitted to NHS England   | There was insufficient uptake for the first tranche in West Norfolk. Later opportunities may be taken up.                                       |
| GP Improvement Leadership Programme     | Free to Attend  | 3 years                                     | Applications to NHS England. 300 places per year for the next 3 years.                             | Discussion, facilitated by the CCG, remain on-going between West Norfolk Practices and the NHS Sustainable Improvement Team Development Advisor |
| Training for Reception & Clerical Staff | £45 million (£5 million in year 1 and £10 million per year over the next 4 years) | 5 years<br>2016/17 – 2020/21                | Central funding will be allocated to CCGs on per-head-of-population basis.                         | West Norfolk Practices, through the CPEN will develop a rolling programme for Receptionist sign posting.  |
| Practice Manager Development            | unknown   | 3 years<br>From 2016/17                     | No information published   | The CCG continues to liaise with NHS E as to the programme.   |
| Online Consultation Systems             | £45 million (£15m year 1, £20 million year 2, £10 million year 3)                 | 3 years<br>From 2017/18                     | Funding allocated to CCGs. CCGs to be disseminated in the most appropriate way.                    | The CCG to seek clarification from NHS E. Need to ensure clear alignment with LDR & STP and clarity as to funding stream.                       |
| New Models of Care Funding              | unknown   | 2017/18                                     | Bids from practices with partners to NHS England and NHS Improvement                               | The CCG to seek clarification from NHS E.   |
| Vulnerable                              | £10 million   | 2016/17                                     | NHS England to decide  | An NHS E Pilot in operation   |

|                            |               |                      |   |   |
|----------------------------|---------------|----------------------|---|---|
| Practice Fund              |               |                      | in consultation with CCGs                           | between 2015 and 2017, Has been superseded by the GPRF.   |
| Clinical Pharmacists in GP | £112 million  | unknown              | NHS England to decide regional allocations          | The CCG continues to liaise with NHS E as to the programme.   |
| NHS GP Health Service      | £19.5 million | 5 years<br>From 2017 | National scheme open to all GPs                     |   |
| ETTF                       | £900 million  | 5 years              | CCG bids to NHS England                             | CCG is working with Cohort 1 Practices and NHS E re PID submission.<br>The CCG awaits detail from NHS E as to the next submission round.  |
| PMs GP Access Fund         | £500 million  | 5 years              | National funding provided to CCGs (process unknown) | The CCG in conjunction with South, North and Norwich CCG have submitted a bid to NHS E for the 5 <sup>th</sup> Dec. 2016.<br>The CCGs continues to liaise with NHS E as to the programme. |

Our plan for delivering the GPFV is closely linked to the CCG Operational Plan and the Norfolk and Waveney STP. We will deliver the 10 High Impact Innovations through appropriately using the available funding.

## 8 WEST NORFOLK GPFV OPERATIONAL PLAN 2017-19

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The following sections provide an overview of how West Norfolk CCG intends to address the areas in the above diagram;

## 8.1 TRANSFORMATIONAL SUPPORT

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

### Investments

The investment will be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. Specifically;

- 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 MCP
- Further investment in existing and future Locally Enhanced Services to ensure that appropriate services are both developed and delivered locally

### Outcomes

- That there will be a fully developed, fit for purpose organisation developed that has the potential to be the basis for a future MCP
- Currently commissioned Local Enhanced Services will have been reviewed in terms of both Value for Money and appropriateness. Further services not currently commissioned will be have recognised and appropriately commissioned. Funding from both the £3 per head plus re-investment of PMS contract transitional monies will be used to support this.
- The investment will lead to more sustainable primary care services

### Phasing of the spend

- Phasing of the spend across the 2 years will be confirmed in the second submission of this report in February 2017. At this early stage, it is anticipated that more of the £3 per head funding will be spent in 2017/18 than in 2018/19 as the development work will take place in 2017.

## 8.2 ONLINE CONSULTATION

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We await the National specification for online consultation software to follow in the New Year.

### **Background**

- General Practice Forward View offered a £45million fund that has to be spent over three years starting from April 2017 to support general practice to offer e-consultation services.
- This is an opt-in process for general practice and NOT an application process.
- Funding will be allocated to CCGs per patient population to help procure a variety of software options and choices.
- The commercial and procurement hub available if additional procurement support is needed.
- Communications to date have been released on NHS England GPFV website.

### **Design Principles so far**

- Money for general practice is 'ring-fenced' for use for online consultation services only.
- Funding will be programme budget (revenue) to pay for licence costs via the CCG.
- General Practices have to opt-in as a deliberate choice and CCGs manage the funding, procurement and implementation and support to general practice which will need to report spend back to NHS England.
- Paying the licence cost is time-limited any committed ongoing costs after the 3 years will need to be made between general practice and their CCG.
- NHS England will support through the programme to provide advice, examples, guidance, case studies etc.

## 8.3 TRAINING FOR CARE NAVIGATORS AND MEDICAL ASSISTANTS

### **Distribution of funding**

A total fund of £45 million is available over the next five years (2016/17 – 2020/21) to go towards the costs of training and backfill for reception and clerical staff. It will be allocated via CCGs each year. Over the full five years, nearly 80 pence per patient will be allocated, on a non-weighted basis, as follows:

| <b>Year</b>  | <b>National fund total</b> | <b>Allocated to CCG for practices (amount per patient, non-weighted)</b> |
|--------------|----------------------------|--|
| 2016-17      | £5 m                       | £0.09  |
| 2017-18      | £10 m                      | £0.18  |
| 2018-19      | £10 m                      | £0.18  |
| 2019-20      | £10 m                      | £0.18  |
| 2020-21      | £10 m                      | £0.18  |
| <b>Total</b> | <b>£45 m</b>               | <b>£0.79</b>   |

For West Norfolk CCG, this equates to around c£134k. (c£15k in 2016/17)

### **How do we intend to deliver the programme?**

We shall, in liaison with our practices and the LMC, potentially utilising our CEPN as a central focus, agree how best to distribute money for practices. This will consideration of how much funding should be allocated to the cost of purchasing training, backfill costs for practices to cover staff time spent undertaking training and support in kind for practices for planning this change or undertaking training.

We shall seek to explore if there are benefits to working with other CCGs to arrange training in blocks of practices.

We shall be clear in our distribution of funding that it is solely for the purpose of supporting the training of reception and clerical staff in GP practices to undertake active signposting and document management. We shall reiterate to our practices that other training needs for clerical and reception staff (for example, customer service, information governance, understanding Read or Snomed codes, safeguarding) remain the responsibility of the employer, and are not covered by this funding.

As a minimum, we will expect the delivery providers to ensure that they offer a package which considers both signposting and document management, addressing the bullet points listed below:

#### **Training staff in active signposting for patients**

- Inclusion of a focus on recognising red flag symptoms which require urgent medical attention.
- Skills development to ensure staff are confident in communicating available options.
- Opportunities to hear from receptionists already using active signposting.
- Support for the practice to develop its own directory of services, including the opportunity to learn from other practices' examples.

### Training staff in document management

- Support for the practice to develop its own internal systems including a safe and appropriate protocol to guide staff, a system of supervision (especially for the early stages of implementation) and regular audits of safety and effectiveness. This should include the opportunity to learn from other practices' examples.
- Opportunities for practice managers, GPs and staff to hear from others who are already working in this way.

### Outcomes

We expect to gain a number of efficiencies and quality improvements through the delivery of this programme;

- Active signposting frees up GP time, releasing about 5% of demand for GP consultations in most practices. It makes more appropriate use of each team member's skills and increases job satisfaction for receptionists.
- It is estimated through the use of clerical staff to manage clinical correspondence, 80-90% of letters can be processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP. For the clerical team, job satisfaction is often increased as well.
- We expect to see improvements in our already high patient satisfaction levels, as the training should directly improve both appointment availability and patient experience.

## 8.4 CARE REDESIGN

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The Development of West Norfolk Health Ltd will continue in the remaining months of 2016/17 and into the following years. NHS West Norfolk CCG has been working with the member Practices over the last 6 months to both ensure that sustainable services exist today and with plans for transformation in the longer term being developed jointly.

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.

## 8.5 IMPROVING ACCESS

### Investments

2018/19 will see NHS England make recurrent funding of £3.34 per head of population available, increasing to £6, recurrent funding, per head of population in 2019/20, to CCGs, for the commissioning of extra primary care capacity.

### 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.

| Procurement Timeframe |  |
|-----------------------|--|
| Date                  | Action   |
| April 2017            | Base line data collection and stakeholder engagement.                                    |
| March 2017            | Outcome based service specification development.<br>Stakeholder engagement continuation. |
| June 2017             | Release of PIN.  |
| July to December 2017 | Procurement exercise and contract award.   |
| January 2018          | Mobilisation phase.  |
| March 2018            | Commencement of service.   |

## 8.6 WORKFORCE

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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

### **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.

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.

#### 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.

## 8.7 WORKLOAD

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We are committed to addressing workload pressures in Primary Care, as this is one of the key issues in future sustainability.

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 shall continue to work with NHS 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.

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.

### Expected Outcomes

Through committing to address workload issues we believe that the benefits will be:

- The creation of a more stable infrastructure for Primary Care
- Creation of a system where more patients access services appropriately
- Creation of a system where patients have better access to the advice to help them help themselves
- The creation of a GP practice environment that is seeing patients who are those that really need their services.

## 8.8 INFRASTRUCTURE

The CCG has been successful in a number of ETTF bids as tabled below.

| West Norfolk CCG Approved ETTF Bids<br>2016-2019            | Scheme<br>Ref | Bid          | Funds in<br>2016/17 | Funds in<br>2017/18 | Funds in<br>2018/19 | Total        |
|---|---------------|--------------|---------------------|---------------------|---------------------|--------------|
|   |               | £000         | £000                | £000                | £000                | £000         |
| <b>IT schemes</b>   |               |              |                     |                     |                     |              |
| GP mobile working   | 0             | 49           | 49                  | 0                   | 0                   | 49           |
| Mobile Working, Interoperability and<br>Integrated Services | 0             | 600          | 0                   | 300                 | 300                 | 600          |
| <b>IT Totals</b>  |               | <b>649</b>   | <b>49</b>           | <b>300</b>          | <b>300</b>          | <b>649</b>   |
| <b>Estates schemes</b>                                      |               |              |                     |                     |                     |              |
| 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           |
| <b>Estates Totals</b>                                       |               | <b>625</b>   | <b>313</b>          | <b>149</b>          | <b>163</b>          | <b>625</b>   |
| <b>GRAND TOTALS</b>   |               | <b>1,274</b> | <b>362</b>          | <b>449</b>          | <b>463</b>          | <b>1,274</b> |

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

West Norfolk CCG assures that the revenue impacts of the ETTF projects delivering in 2017-19 are planned and affordable.

We will be continuing to develop our plans for premises and IM&T where the main investment may occur beyond 2018/19.

## 8.9 OTHER INVESTMENT

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There are a series of other investments that will be made via funding either held nationally or devolved to NHS England local offices these include:

- General practice resilience programme
- Increases in funding for GP trainees (HEE)
- Increases in funding for public health services
- Fully funded practice based mental health therapists

Our plans will be developed to set out how we are working with NHS England and Health Education England on delivery of these programmes and investments

## 9 FURTHER WORK TO BE UNDERTAKEN

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We shall build upon our current work to be able to produce a more detailed and comprehensive plan, addressing more fully all areas of the guidance. We shall provide a spending plan and associated trajectories via the anticipated national plan template.

**References:**

- 1) NHS England, Five Year Forward View, October 2015,
- 2) NHS England, Sustainability & Transformation Footprints, March 2016, Gateway Reference 04902
- 3) NHS England, General Practice Forward View, April 2016, Gateway Reference 05116
- 4) NHS England, Our 2016/17 Business Plan, March 2016, Gateway Reference 04910
- 5) NHS West Norfolk Clinical Commissioning Group, Operational Plan 2016-17
- 6) NHS England, Technical Guide to Allocation Formulae and Pace of Change, April 2016, Gateway Reference 05100
- 7) Barid B., Charles A., Honeyman M, Maguire D., and Das P. (May 2016) Kings Fund 'Understand Pressures in General Practice'
- 8) NHS West Norfolk Clinical Commissioning Group, Estates Strategy (draft) April 2016
- 9) NHS Constitution for England, July 2015,
- 10) Department of Health, NHS Outcomes Framework, April 2016
- 11) Department of Health, Transforming Primary Care, 2014.
- 12) BMA, Focus on funding and support for general practice, Sept 2016