Primary Care Co-Commissioning Committee
Public Part I
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Agenda item 8

Primary Care Strategy Delivery Report

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Finance sign off:	Approved by: Date:	
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Status:	For Approval	

Appendices to this report	
Appendix 1	• Project reports
Appendix 2 (if required)	• Programme Risk register
Associated Papers	
Papers previously considered by this CCG	• Primary Care Strategy Delivery, Nov 19, PCCC
CCG Policy Documents	•
External Documents	• Investing in our future: Mid and south Essex STP Primary Care Strategy, June 2018

Executive Summary

1. Summary of the report

This report details the progress made to date in south east Essex against the key objectives of the Mid and south Essex Primary Care Strategy, agreed in June 2018.

A slide deck is included within Appendix 1 with detailed information about each project.

2. Recommendations (use as applicable)

1. The Primary Care Co-Commissioning Committee are asked to note:
    a. The contents of the report;
    b. The progress made to date.

NB: The Executive Summary and Recommendations should rarely exceed one page, and not routinely exceed two in length

Full Report

Introduction

1. In June 2018, south east Essex CCGs ratified the Mid and south Essex Primary Care Strategy that identified three key themes to support the development and resilience of General Practice.

2. All five CCGs within the STP have localised implementation plans in order to deliver the requirements of the strategy and this report details the progress made in NHS Castle Point and Rochford CCG and NHS Southend CCG.

3. In November 2019, the Committee agreed to receive progress updates against this strategy by regular exception reports and a bi-annual in-depth report.

4. The in-depth report is included in Appendix 1.

Body of the report

5. The three key themes of the STP Primary Care Strategy are:

    - To expand and change the primary care workforce so that we move from a service that is GP delivered to one that is GP led.
    - Practices should collaborate with their neighbouring practices to form localities, covering populations of roughly 30,000 – 50,000 (now nationally driven through Primary Care Networks or PCNs)
    - To support practices to manage demand and reduce unnecessary workload, including proven methods of triage and care navigation as well as widespread use of digital technology to promote and enable new models of care delivery.

6. The Strategy identified that across the STP, twenty thousand more appointments per week were needed to meet demand and that gap would triple if we did not take action due to future loss of aging workforce (both GP and Practice nurse) and increasing demand from patients (due to population growth, population aging and multiple co-morbidity).

7. In order to meet growing patient demand whilst taking into account the issues around workforce aging and recruitment, four elements were identified for the local implementation plan.

    - Increasing capacity (81%)
    - Improved triage (12%)
    - Pro-active and risk stratified care (3%)
    - Reduction of admin burden (3%)

8. All proposed projects were assessed according to meeting the objectives above and only those that met strategy criteria were taken forward.

9. The detailed reports for each project can be found in Appendix 1.

10. The overall Programme risk register can be found in Appendix 2.

11. The report to the Committee in November 19 recommended recruitment to an additional post within the Primary Care team for a business manager, who could co-ordinate all projects and subsequent reporting. The CCG were unable to recruit to this post which continues to impact on team capacity.

12. November's report also recommended that the Primary Care Strategy Delivery Group be re-established. This group now meets monthly to examine progress of Primary care projects.

Conclusion

13. Progress continues to be made against all the milestones of the STP Primary Care Strategy.

14. The Primary Care Strategy Delivery Group brings all directorates together and monitors progress of all projects.

Recommendations

15. The Primary Care Co-Commissioning Committee are asked to note:

    c. The contents of the report;
    d. The progress made to date;

Appendix 1 – Projects Report

Highlight report
Feb 20 v2.pptx

Appendix 1 – Programme Risk Register

Risk	Score	Mitigation	Linked to corporate risk register
IF the improvement projects and pace of change increases **THEN** the practices & CCG PC team will have reduced capacity to implement or make changes **RESULTING IN** change fatigue, failure to keep projects within the timeline & staff perception of inadequacy and frustration.	20	• PC Business Manager to develop and maintain GP Practice Project log - include projects not led by PC team (i.e. IT, JCT, Integrated Commissioning etc.) in order to see total impact on primary care when planning new initiatives. • Ensure regular 1-1s with PC team to assess capacity of workload. • Request external support from interims if critical project at risk due to CCG capacity.	No
IF the CCG structural changes (merger of five CCGs to one) changes the current structure of the team in SEE **THEN** team members could leave for new opportunities elsewhere **RESULTING IN** a loss in morale within the PC team and loss of organisational memory.	12	• Project planning documentation to be concise to enable other staff to pick up projects if required. • Governance arrangements agreed before merger to minimize project deliverables • Keep PC team informed of all proposed changes / opportunities within merger • Continue development PC team to build in resilience to change • Staff to provide detailed history for every practice / Provider if role in new organisation changes.	No
IF the STP / ICS negotiations require significant Clinical Director (CD) time **THEN** there will be an impact on the other duties required of the CD **RESULTING IN** reduced CD capacity to deliver the role effectively and potentially CDs resigning from the post.	12	• Clinical Director and PCN development programme to increase the Primary Care voice with other system providers. • Encourage PCNs and CDs to work collaboratively so not every CD needs to be at every ICS meeting.	No
IF time to embed changes and influence patient behaviour is not given sufficient allowances	16	• Project planning to allow time to embed change. GP Practice Project log to include this as standard practice.	No

THEN projects are likely to not produce intended outcomes **RESULTING IN** change fatigue, feelings of failure and no improvement in patient outcomes		• Increase communication with local patients through PPGs, digital and GP Practice newsletters. • Ensure patient comms include messages with EAST principles (easy, attractive, social, timely).	
IF the intended Workforce is not available to recruit **THEN** GP practices will rely further on locum and agency staff or attempt to absorb additional work. **RESULTING IN** increased costs (locum) or increased pressure within Primary Care (absorption)	9	• STP workforce team to work with local education providers to ensure CCG / PCNs / Federations aware of when students are graduating. • Maintain close links with EPIC to publicise vacancies and promote Essex as an excellent place to work.	No
IF access to data and analytics to plan, target and evaluate interventions is delayed or staff do not understand how to use the data **THEN** PCNs will not be able to meet the requirements of their maturity matrix and interventions will be not be evaluated sufficiently **RESULTING IN** underdeveloped PCN functioning and unevaluated interventions.	9	• Clinical auditors planned for Population health contract and also to support PCNs with data analysis. • A&G to train PCNs and Clinical Auditors with BI tool capability • Data and analytics included as a workstream in the Primary Care Digital Programme	No
IF funding streams (and timing) make financial planning challenging **THEN** PCNs & CCG PC team may not have the capacity to develop bids and schemes within the required timeframe or utilise all of the allocated budget **RESULTING IN** potential loss of service development or underspend on current budget allocation.	12	• Have a list of projects / initiatives ready for when funding streams are made available that can be worked up quickly. • Fortnightly meetings between budget holders and finance teams	No
IF maturity of digital offers and pace of development of existing systems continue	12	• Ensure any digital contract includes comprehensive staff training at start of project and include clause to include	No

THEN staff and patients will not be able to keep up with the changes and expectations will not be met **RESULTING IN** potential digital alienation and under-utilisation of digital products.		additional training if / when system developments are made. • Manage staff and patient expectations of any digital project that change (maturity) is likely. • Mid and South Essex Primary Care Digital Transformation Programme established	
IF variability of GP practice business skills and organisational vision continues **THEN** GP practices will not continue to develop and bring in additional income **RESULTING IN** potential practice closures, poor quality care and limited overall development.	15	• Membership Development and Resilience Fund programmes in place to support practices • Contract and Quality Assurance Programme in place • Arrange PM training sessions through Workforce team • Ensure CCG PC team meet and greet any new PM to assess knowledge and skills of primary care business. • Encourage future resilience fund bids to include joint business skills training.	No