

Transformational Support and Resilience Funding Proposal

Primary Care Commissioning Committee meeting

27 July 2017

E

Author(s)	Rachel Pickering, Primary Care Co-commissioning Manager
Sponsor Director	Katrina Cleary, Programme Director Primary Care
Purpose of Paper	
For the Committee to approve the use of the CCG Transformational Support funding use across Sheffield general practice.	
Key Issues	
<ul style="list-style-type: none"> • Funding for the resilience programme • Schemes to achieve desired transformational impact given timescales of implementation • Adequate resource in the CCG to manage the programme • Mindful of any issues relating to procurement • Financial challenges facing the SCCG 	
Is your report for Approval / Consideration / Noting	
Approval and input into the plan.	
Recommendations / Action Required by the Primary Care Commissioning Committee	
<p>The Primary Care Commissioning Committee is asked to:</p> <ol style="list-style-type: none"> 1. Approve the recommendations for the use of the Transformational Support funding 2. Note the challenges of the delivery of the schemes and the financial challenge, particularly if Sheffield does not receive Resilience Funding 	
Governing Body Assurance Framework	
<p><i>Which of the CCG's objectives does this paper support?</i></p> <ol style="list-style-type: none"> 2. To improve the quality and equality of healthcare in Sheffield 4. To ensure there is a sustainable, affordable healthcare system in Sheffield. 	
Are there any Resource Implications (including Financial, Staffing etc)?	
There are resource implications to support the programmes to deliver Transformational Support and the risk that Sheffield may not receive additional Resilience Funding which means use of this funding stream to support resilience and vulnerable practices also.	

Have you carried out an Equality Impact Assessment and is it attached?
<i>Please attach if completed. Please explain if not, why not</i> An EIA needs completing as part of the Transformational Support programme of work to ensure that the work maximises the opportunities to promote equality. If the programme is not supported this will inevitably impact on at risk groups within the identified practices.
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
No

Transformational Support and Resilience Funding Proposal

Primary Care Commissioning Committee meeting

27 July 2017

1. Introduction / Background

This paper sets out the key areas for non-recurrent investment into primary care in 2017/18 both in terms of our local submission to NHSE supporting 'resilience' and use of the Transformational Support funding. Primary Care Co-commissioning Committee is asked to discuss and approve the proposed direction of travel.

Context

The Five Year Forward View (FYFV) recognised that primary care has been underfunded compared to secondary care and that this must change. The FYFV acknowledged that an increase in funding by 2020 was required to sustain and accelerate growth in primary care (Five Year Forward View, NHS England October 2014). The GP Forward View (GPFV) sets out the key funding and infrastructure elements of how this will be achieved in order to support GP practices and transform it to be developed, fit for a modern sustainable general practice (General Practice Forward View, NHS England April 2016).

1.1 Resilience Plan Submission to NHSE

The GP Resilience Programme, NHSE July 2017 aims to deliver a **menu of support** that will help practices to become more sustainable and resilient. The guidance has been refreshed for 17/18. Sheffield CCG has submitted a draft plan to NHSE local area team (appendix 1) and awaits the outcome.

1.2 Transformational Support Funding

The GPFV document (NHSE) sets out a range of national action to provide support to practices over the coming years, whilst the core funding for general practice increases. This was further supplemented by the 17/18 Planning Guidance which identified that CCGs should plan to spend a total of £3 per head as a one off non-recurrent investment commencing in 2017/18 from within their NHS England allocations for CCG core services.

Sheffield CCG will spend the £3 per head over the two year period 2017/18 and 2018/19. This equates to £883,000 for 2017/18.

Note:

If in the event that there is no resilience funding is forthcoming from NHSE via the resilience submission, then the CCG will need to prioritise the use of the Transformation Support funding to deliver the resilience programme which will reduce the funding available overall.

2. Progress Timeline

The Sheffield GPFV Plan was launched at a practice management event in February 2017 which included a number of work programme offers for all GP practice. This was following PCCCs approval of the plan and identification of pump priming funds to support key initiatives. The following timeline sets out the key actions/decisions taken thus far.

December 2016

GPFV plan approved resulting in pump priming and investment in key initiatives to start to implement/build on the 10 High Impact Changes

January – March 2017

Investment into key initiatives and beginning of implementation

March 2017

GP Support Managers appointed to support resilience

March – April 2017

Project Planning process, development of the primary care work programme

April 2017

Issued a resilience proforma to all practices (under LCS) providing opportunity to flag up key areas of resilience and sustainability (see section 2.1 below)

June 2017

Governing Body agreed, despite significant financial position the sums identified for primary care for Transformational Support should be honoured as crucial to build resilience and sustainability in primary care.

Primary Care Commissioning Committee agreed the primary care work-plan.

July

Resilience plan to NHS England (separate paper but complementary to this and dependent upon funding received from NHSE may need to re-think investment within here).

2.1 Key Practice Issues

This Transformational Support and Resilience Funding proposal has been developed following the completion of a resilience survey issued to all Sheffield GP practices (78/82 returned) in April as well as engagement with the clinical portfolio leads.

The key issues identified from the survey were:

- Workforce;
- Estates;
- Technology
- At scale working
- Continuation of GPFV schemes

2. Proposal for Use of Transformational Support Funding

A significant amount of support has already gone into transforming care and new models in general practice as can be seen under the 10 high impact actions of SCCG (appendix 2).

The Transformational Support funding needs to continue with those effective work-streams that have already commenced and are starting to demonstrate effectiveness and releasing time for care..

The table below provides indicative costs proposed as a way forward with the caveat as noted above that the programmes identified under the resilience funding in appendix 1 will need to take priority if there is no funding forthcoming from that programme.

	1 Workforce	Indicative Cost 883K
1.1	Clinical Educator Role & Workforce Lead Appointment to include Career frameworks Standardising key skills framework for clinical roles	50K
1.2	New Employment Models to include Developing a framework for Sheffield that supports new employment models for general practice, supervision of new primary care roles etc	45K
1.3	Building the Workforce to include: Modern apprenticeship programme, Advanced Care Practitioner, Nurse Practitioner	100
1.4	Supporting Workforce/Succession Planning in General Practice to include Training required of key individuals to support practices of immediate high risk of losing GP workforce	30k
	2. Primary Care Estates Development	
2.1	Neighbourhood Estates Development Development of plans for estates including, space utilisation and quality of building assessment. Inform estates capital future bids Implementing the Primary Care Estates Strategy Neighbourhood Estate Plans PID development and workshops	100K
	3. Technology Solution	
3.1	Development of Digital Solutions to support general practice sustainability and releasing time for care e.g. Digital Dictation/Speech Recognition, reception auto attendant, Intradoc, Elephant Kiosks, Ardens Advanced Template Support,	100k

	Edenbridge & mobile working etc	
	4. New Models and At Scale Working	
4.1	Neighbourhood Funding for: Neighbourhood model offer – non-recurrent addendum to the neighbourhood LCS To develop and implement access plans to support key priority areas e.g. Urgent care strategy, LTC at scale etc.	123K
4.2	Prescription Ordering Service Expansion of the POS to roll out to a further cohort of GP practices requiring support	100k
4.3	At Scale Working Funding to Support Additional Workforce into Neighbourhoods Explore supporting the joint funding of roles to work across neighbourhood practices – links to new employment models section 1.2 Contracting under the new models of care and neighbourhood maturity index development	160K 35K
	5. Training to Mitigate Commissioning Risk	
5.1	Training and development to include INR Prescribing Updates Clinical Masterclasses Leadership	30K
5.2	Supporting engagement and development in GPFV Transformational Programme to include Practice Manager events Communication Strategy	10K
Total		883

The Committee will receive on a quarterly basis progress and expenditure updates as part of the overall GPFV primary care workplan.

6. Action for Primary Care Commissioning Committee / Recommendations

The Primary Care Commissioning Committee is asked to:

1. Approve the recommendations for the use of the Transformational Support funding

2. Note the challenges of the delivery of the schemes and the financial challenge, particularly if Sheffield does not receive Resilience Funding

Paper prepared by: Rachel Pickering, Primary Care Co-commissioning Manager
On behalf of: Katrina Cleary, Programme Director Primary Care
18 July 2017

Appendix 1

Sheffield CCG Resilience Proposals 17/18.

1. Background

The Sheffield CCG received £150k non-recurrently in 2016/17 from the General Practice Resilience Programme (GPRP) and an additional £49 K from transformational team underspends from NHS England. This funding was utilised on a significant range of work programmes and funded training packages across the whole of General Practice in Sheffield with specific targeted support where needed.

NHSE are to invest £40m over 4 years starting in 16/17. It is to be allocated on a 'fair shares' basis to regions and it is estimated that Yorkshire and the Humber will receive £791k in 17/18, 18/19 and 19/20.

The GPRP is aims to deliver a **menu of support** that will help practices to become more sustainable and resilient by securing operational stability; developing more effective ways of working, and working towards future sustainability, including if appropriate helping practices to explore new care models. The guidance has been refreshed for 17/18 and can be found here <https://www.england.nhs.uk>

The GPRP funding can be used to target support at groups of practices including support for local strategic planning, future vision and review of practice business models, help to identify and realise opportunities to working at scale, succession planning, facilitating premises improvements or better use of IM&T. The new guidance states that while funding is available annually, delivering support through the GPRP is recognised as an on-going process.

Key Milestones

- **By 7 July:**
 - *regional teams to have refreshed 2017/18 delivery plans with CCGs and LMCs, including decision on indicative share of resilience funds to be used for continuing support and/or for extending support to new practices or groups.*
 - *regional teams to have communicated any critical local processes/ timescales/deadlines to practices engaged in or seeking support and for these to be underway.*
- **By 31 July**
 - *regional teams to have prioritised continuing practices that will be supported and any new practices for support (supported offered and confirmed).*
- **By 8 September** (for all practices confirmed taking up support at 31 July):
 - *all MOUs agreed with GP practices*

- all business cases for securing third party support to have been submitted for approval.
- **By 29 September:**
 - (for all practices confirmed taking up support at 31 July) deadline for any direct funding to be made to GP practices (where this is the agreed delivery route linked to actions in the MOU).
 - assure 100% of allocated funds have been committed i.e. evidence planned commitments
- **15 December 2017**
 - each regional team to have actually spent at least 75% of allocated funding.
- **By 31 March 2018**
 - each local team have spent 100% of allocated funding

2. Vulnerable Practice Scheme

The practices below received the following funding through the Vulnerable Practice Programme:

Practice	Allocated	Spent	Comments
A	£10,000	£10,000	Practice has implemented the Doctor First programme and is now reviewing the impact on its service delivery model.
B	£7,500	£7,380	Practice is receiving support from Primary Care Commissioning to undertake a diagnostic review of its current model, to then identify areas for improvement and development.
C	£7,500	£7,380	Practice is receiving support from Primary Care Commissioning to undertake a diagnostic review of its current model, to then identify areas for improvement and development.
D	£10,000	£10,000	Practice is receiving support from Doctor First programme, together with a range of other support for workforce development.
E (group of 4 practices)	£10,000	£9,999.60	Practices are receiving support from Primary Care Commissioning to undertake a diagnostic review of their current service models and to explore future closer working arrangements. <i>*Note: this programme was terminated as the priorities of the practices changed & therefore the final figure will change once funding is returned</i>

F (2 practices(£10,000	£8,818.60	Practice to receive support to develop merger plan with X Surgery. Invoice for remaining amount to be submitted asap.
TOTAL SHEFFIELD	£55,000	£53,578.20*	97%

There is a need to determine the effectiveness of the approach taken via vulnerable practice programme from last year and whether the practices identified above still consider themselves as vulnerable & therefore requiring further support. There will also be an agreed process to identify new practices seeking support (see section 4 below).

SCCG will be working with NHSE to evaluate the effectiveness of the programmes that were offered individually above so that those packages that were effective can be used to support others.

4. Sheffield Resilience Programme

In March 2017 All Sheffield practices were asked to complete a resilience questionnaire as part of their Locally Commissioned Service on Neighbourhoods, part 2 supporting resilience and working at scale, 78/82 practices returned their data.

The questionnaire contained three main areas, workforce, finance, and estates with an opportunity to inform the CCG of any key issues and priorities. This data will be used, along with other intelligence, to identify individual practices or groups within neighbourhoods where there are current or potentially emerging issues.

This data will be triangulated with the information below to produce a report on the current Sheffield position around resilience and sustainability and where necessary determine where the resource and support should be targeted.

Data that will assessed:

- Resilience questionnaire results
- Uptake of GPFV transformation programmes inc GPIIP and PGP
- Primary Care Dashboard Business Intelligence Profile
- CQC Outcomes
- Practice Visit Programme intelligence
- Primary Care Estate Strategy including the identification of inadequate or unsuitable properties

5. Sheffield Plan 16/17 and 17/18

The Sheffield resilience programme delivered towards the end of 2016 and into 2017 has achieved some very effective ways of working. One of the most effective programmes

has been to develop our own pool of practice/business management talent to work alongside the CCG Primary Care and Locality Team – the GP Support Managers. The GPSM role features throughout most of our work-streams below and in delivery of the entire GPFV wider programmes. This approach has received considerable support and engagement from local practices.

The GPSM programme has enabled the primary care community to take advantage of skills within their own sector, experienced practice/business managers who understand the Sheffield Primary Care system, its challenges and opportunities thereby helping us deliver support faster and further to practices. As part of our GPRP programme we intend to continue this method of working and plan to increase capacity to offer an additional role (to create 6) to support new PM mentorship.

Menu of Support From Resilience Funding Guidance – Criteria as set by NHSE	SCCG Proposal/Practices to benefit	Outcome	Funding
1. Rapid Intervention and Management Support for Practices at Risk of Closure For example poor CQC ratings, following sudden critical vacancies	<p>A. For CQC (practices requiring improvement or failures) - resource offered through the Quality & Primary Care teams working up individual sustainability plans for any practice requiring support.</p> <p>B. Support offered through the extended Primary Care/GP Support Manager (GPSM) Team.</p> <p>C. Support for RCGP Peer Support Programme for practices in special measures</p> <p>D. Support for practices/groups that have been classed as vulnerable</p> <p><i>Number of practices: those that are identified as vulnerable</i></p>	<p>Sustained primary care</p> <p>Non-closure of GP surgery</p> <p>Improved quality & CQC ratings</p>	<p>CCG Resource</p> <p>GPSMs (point 3a)</p> <p>RCGP/NHSE Funding</p> <p>Resilience funding</p>
2. Diagnostic Services to Quickly Identify Areas for Improvement Support. Some deep dive activities/audit to see where the problems lie leading to redesign of practice processes	<p>A. Roll out of Edenbridge Apex to the EMIS sites initially whilst a S1 solution can be put into place. Practices support with the technology as well as resource to implement the system by three of our GPSMs.</p> <p><i>Number of practices: All</i></p> <p>B. Professional support sought dependent upon the work required to scope out the issues within the practice e.g. demand and capacity, workforce planning. Potential to</p>	<p>Improved quality</p> <p>Time released in primary care</p> <p>Demand management met and improvements in access</p>	<p>GPSMs (point 3a)</p> <p>£2.5K per group x 5 = £12.5</p>

	<p>support across groups of practices or neighbourhoods.</p> <p><i>Number of practise: 5 groupings</i></p> <p>C. GPSM operational lead to support practices/groups where system and processes are in need of development – identified via resilience outcome report</p>	Resilient and sustainable primary care	GPSM (point 3a)
<p>3. Specialist Advice and Guidance – e.g. Operational HR, IT, Management, and Finance</p> <p>E.g. practices working together under a new model to federate/merge or help with demand and capacity planning, including help to release capacity</p>	<p>A. Continue to secure additional management capacity to offer specialist advice to support Sheffield GP Practices through the GP Support Manager role. Extend this to include a GPSM Mentor for new to post PMs</p> <p><i>Number of practices: 6 practice/business managers</i></p> <p>B. Free workshops to provide Professional expertise to Support any fledging merger discussions</p> <p><i>Number of practices: All</i></p> <p>C. Practice Manager second event on developing sustainable primary care and delivering the GPFV</p> <p><i>Number of practices: ALL</i></p>	<p>Managers developed to be future ready – up skilled workforce</p> <p>Leadership and growth in the primary care management</p>	<p>6 x 10 = 60K</p> <p>3K</p> <p>3k</p>
<p>4. Coaching / Supervision / Mentorship as appropriate to identified needs</p>	<p>A. Continuation of nurse lead role to support nursing and general practice clinical workforce developments. Post holder is also the super mentor for the nurse mentor training below.</p>	Succession plans for the primary care workforce in place.	15k

	<p><i>Number of practices: All</i></p> <p>B. Nurse mentor placements including backfill x 10 practices (10 achieved in 16/17)</p> <p><i>Number of practices: 10</i></p> <p>C. Continue to support ATP to develop nurse mentorship network, meetings, seminars, networking events</p> <p><i>Number of practices: All</i></p>	<p>Increased numbers of practices supporting nurse/HCA training</p> <p>Increased numbers off HCA workforce.</p> <p>Up skilled and retained workforce.</p>	<p>10k</p> <p>10k</p>
<p>5. Practice Management Capacity Support E.g. cover for practice manager sick leave</p>	<p>A. PM Training support programme for those that have been through the ILM training.</p> <p><i>Number of practices: Deputies PM Programme Practices</i></p>	<p>Development and identification of future primary care leaders in Sheffield.</p> <p>Resilience across the whole of primary care as super managers goes into support and trains others.</p> <p>Efficiency in systems.</p>	<p>15K</p>

<p>6. Coordinated Support to Help Practices Struggling With Workforce Issues e.g. capacity for practice nursing, sudden clinical vacancies, sickness, creating a local pool of expert peer support or funding key elements of GP costs (MDU, GMC, and appraisal) in return for securing a minimum clinical commitment e.g. 2 GP RCGP/NHSE Funding sessions per week</p>	<p>A. Develop the SCCG Workforce Strategy and use of the development fund (£1.50) to support the workforce. <i>Number of practices: All</i></p> <p>B. Develop the clinical leadership programme –Master classes for clinical staff and developing personal resilience– link to portfolios and neighbourhood developments – all practices <i>Number of practices: All clinical staff</i></p> <p>C. Two senior clinical staff trained on the Calderdale Framework to support those practices where workforce is their biggest issues work through a workforce plan. <i>Number of practices: Targeted to those requiring workforce support</i></p> <p>D. Support the practices most at risk of immediate GP workforce issues (as identified from the resilience questionnaire) approximately 17 to undertake a clinical consultation workload, leading to a workforce plan being developed jointly with them and the Calderdale leads <i>Number of practices: 17 at risk losing GP's imminently</i></p>	<p>Retained workforce.</p> <p>Retirement and succession plans in place for each practice through their resilience plan</p> <p>Increase workforce skill mix and increased numbers and supply of clinical workforce</p>	<p>45k</p> <p>11K</p> <p>17K</p>
---	--	---	---

7. Change Management and Improvement Support to Individual Practices or Group of Practices E.g. PMO approach with project and change management resources to help practices future resilience	NHS QI Programme offered to extended primary care team to develop their skills to support others. NHSQI team working with initially one locality on developing further their QI skills with the potential to roll out to other localities. <i>Number of practices: All</i>	up skilled and suitable trained practice manager workforce to lead future change.	TBC
		Total Funding Required from Resilience Programme	£184.5K

