

## Update on Apex Insight Tool

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### Primary Care Commissioning Committee meeting

8 November 2018

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<b>Purpose of Paper</b>	
<p>The purpose of this paper is to provide the Primary Care Commissioning Committee with an update on the developments and roll out of the Apex Insight Tool, which will support capacity and demand planning in GP Practices and Primary Care.</p>	
<b>Key Issues</b>	
<p>Since the NHS England announcement individual CCG's have been responding by meeting with the providers of the tool to gain an understanding of how the tool can be utilised and rolled out locally across Primary Care.</p> <p>The Apex Insight Tool has been rolled out to a number of Sheffield and Doncaster CCG practices as part of a pilot. Initial feedback from the pilot has been largely positive.</p> <p>Licence agreements will run for 12 months following the contract sign off date. However, in recognition of the time taken for implementation, Apex have agreed to allow a 6 month implementation period. Where a practice is signed up to implement the tool within the first 6 months of the contract start date, a full 12 month licence will be given. However, practices signing up to the tool after this 6 month period will have a reduced period of funded licence. For every month beyond the 6 month window for implementation, the practice will lose 1 month of licence cover.</p> <p>NHS England are currently working to understand the financial implications following the delay of the rollout due to the finances needing to span 2018/19 and 2019/20 and Apex are involved in this process. Recurrent financial implications remain a standout issue for all CCGs. The cost of an annual licence is £1554 per practice (per clinical system) or £5994 per enterprise licence. There is no commitment from NHSE to fund licence costs beyond this initial 12 month period.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by the Primary Care Commissioning Committee</b>	
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of the paper</li> <li>• Recognise there could be potential financial implications if the CCG were to fund this beyond the initial implementation phase.</li> </ul>	

<b>Governing Body Assurance Framework</b>
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <ul style="list-style-type: none"> <li>2. To improve the quality and equality of healthcare in Sheffield</li> <li>4. To ensure there is a sustainable, affordable healthcare system in Sheffield</li> <li>5. Organisational development to ensure CCG meets organisational health and capability requirements</li> </ul>
<p><b>Are there any Resource Implications (including Financial, Staffing etc)?</b></p> <p>Recurrent financial implications remain a standout issue for all CCGs.</p>
<p><b>Have you carried out an Equality Impact Assessment and is it attached?</b></p> <p>Not required at this stage</p>
<p><b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b></p> <p>Not needed at this stage</p>

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#### **1. Introduction / Background**

It was announced at the ICS Primary Care Workforce Event held on the 27 March 2018 that NHS England planned to purchase licenses for the Apex Insight Tool for all GP practices in the North of England. The Apex tool mobilises real time data held in GP clinical systems to enable Practices to understand the demographic of their patient list in more detail, along with long-term condition prevalence, mortality and frequent attenders at the Practice. The tool allows for capacity and demand management as well as future workforce planning. CCG's are able to view 'enterprise' level data which will support the development of local care networks, monitoring of GP Access Hubs and delivering the primary care at scale agenda.

Since the NHS England announcement individual CCG's have been responding by meeting with the providers of the tool to gain an understanding of how the tool can be utilised and rolled out locally across Primary Care.

A South Yorkshire and Bassetlaw Task and Finish Group was established in July 2018 to progress the programme roll out and implementation with lead sponsors agreed from each CCG. Going forward the group will act as the Programme Board responsible for the contract management and oversee the deployment across South Yorkshire and Bassetlaw GP Practices.

#### **2. Current Position and Deployment**

The Apex Insight Tool has been rolled out to a number of Sheffield and Doncaster and CCG practices as part of a pilot. Initial feedback from the pilot has been largely positive. Whilst the tool is fully accessible to EMIS Web practice systems already, work to support full access via TPP systems is expected to be completed shortly.

The main stages of delivery are illustrated in Appendix 1. In summary, individual CCG's are at different stages with regards to engagement with local practices and are developing local processes for utilising the Apex Tool independently. The Programme Board are looking to share ideas of how the Apex Tool will be utilised within each of the CCG's and explore how other CCG's outside of South Yorkshire and Bassetlaw have successfully used the tool, including the benefits and outcomes they have realised. Apex have offered to meet with individual CCG's to identify how the tool can support local incentive schemes and quality improvement programmes that are already in place, with support from the SYB ICS Digital team.

Doncaster CCG, is the lead SYB sponsor of the programme and is responsible for signing the contract once finalised on behalf of all SYB CCGs, this is anticipated to be signed September 2018.

Deployment will commence after the contract is signed and will last for a period of 6 months. An indicative timescale for delivery is illustrated on Appendix 2 and will be finalised on contract sign off. It has been agreed that deployment will not be undertaken per CCG but by rolling out the Apex Tool to practices who are the most willing and engaged first leaving more time for engagement with practices who require further support.

Apex licences have been commissioned by NHSE. Licence agreements will run for 12 months following the contract sign off date. However, in recognition of the time taken for implementation, Apex have agreed to allow a 6 month implementation period. Where a practice is signed up to implement the tool within the first 6 months of the contract start date, a full 12 month licence will be given. However, practices signing up to the tool after this 6 month period will have a reduced period of funded licence. For every month beyond the 6 month window for implementation, the practice will lose 1 month of licence cover.

NHS England are currently working to understand the financial implications following the delay of the rollout due to the finances needing to span 2018/19 and 2019/20 and Apex are involved in this process. Recurrent financial implications remain a standout issue for all CCGs. The cost of an annual licence is £1554 per practice (per clinical system) or £5994 per enterprise licence. There is no commitment from NHSE to fund licence costs beyond this initial 12 month period.

The approach to establishing Information Governance and Data Sharing Agreements/ Data Protection Agreements is being documented prior to sharing with CCGs. NHS England has undertaken some assurance of the approach being proposed by Edenbridge, which will be covered in the update to CCGs and should reduce the impact on CCGs. With the data feeds being used by the Apex tool being common across CCGs and GP systems (EMIS and TPP), artefacts such as Privacy Impact Assessments should be able to be re-used by CCGs to support deployment activity. At the least, artefacts can be used for initial engagement and testing.

The SYB ICS Digital Team will be providing assurance of the Edenbridge and PA Consulting programme delivery approach, and engaging with CCGs as required, to support deployment.

### **3. Next Steps**

The Programme Board will continue to meet on a monthly basis to support deployment. The Programme Board are working to develop an MoU to broker agreement on information sharing between practices and CCG's to support full benefits of the tool being realised in respect to wider workforce capacity and capability modelling.

Individual CCG's are encouraged to lead engagement and communication with all local practices as early as possible in order to prepare practices for the deployment stage. The next steps for the roll out of the Apex tool are summarised below:

- Develop collateral to support comms and engagement activity with practices and CCGs covering the benefits/ outcomes and the deployment approach.

- Agree local priorities and objectives for this programme, including establishing programme delivery approaches with suppliers, CCGs, practices and the SYB ICS.
- Create a list of practices and contact details for nominated leads (at each practice, hub or enterprise). It would be useful to sort these practices into order of deployment with the practices identified as most willing/ready for deployment first.
- Practices will need to sign a data sharing agreement allowing the Apex Insight software to connect to their GP IT system, this will be shared with all CCG's once the contract has been signed.
- Practices will be asked to authorise Edenbridge and PA as users on their Apex and Insight accounts
- CCG team and practices to commit time to attend relevant training/information events to support implementation.

The Programme Board will provide each CCG with bi-monthly briefs which will contain any risks to delivery and updates of deployment across each CCG. Update on the development of the tool will also be reported into the ICS Primary Care Workstream.

#### **4. Action for Primary Care Commissioning Committee / Recommendations**

The Primary Care Commissioning Committee is asked to:

- Note the above
- Recognise there could be potential financial implications if the CCG were to fund this past the initial implementation phase.

Paper prepared by: Louise Robinson, Primary Care Contracts Manager  
 On behalf of: Sarah Burt, Deputy Director of Delivery – Care Outside of Hospital  
 Date 26.10.2018

## Appendix 1 – Delivery Stages

	<b>REGIONAL KICK-OFF MEETING</b>	<b>CCG AND PRACTICE ENGAGEMENT EVENTS</b>	<b>GP PRACTICE DELIVERY PROCESS</b>	<b>ENTERPRISE LEVEL PLANNING EVENTS</b>
Prerequisites	<ul style="list-style-type: none"> <li>Contract award</li> </ul>	<ul style="list-style-type: none"> <li>DCO approval</li> </ul>	<ul style="list-style-type: none"> <li>Signed DSAs from practices</li> </ul>	<ul style="list-style-type: none"> <li>Practice-level delivery practically complete</li> </ul>
Attendees	<ul style="list-style-type: none"> <li>Regional DCO</li> <li>Regional DCO's team (optional)</li> </ul>	<ul style="list-style-type: none"> <li>CCG lead(s)</li> <li>Practice leads (incl. management and clinical)</li> </ul>	<ul style="list-style-type: none"> <li>Practice leads (incl. management and clinical)</li> </ul>	<ul style="list-style-type: none"> <li>Enterprise leads</li> <li>Practice leads</li> </ul>
Objectives	<ul style="list-style-type: none"> <li>Agree regional priorities and challenges</li> <li>Agree regional approach (pace, sequence)</li> <li>Agree how the Apex Insight team will work with and report to the DCO team</li> </ul>	<ul style="list-style-type: none"> <li>Provide an introduction to Apex Insight and its benefits</li> <li>Explain practice delivery process</li> <li>Sign up practices to delivery process</li> </ul>	<ul style="list-style-type: none"> <li>Train practices to use Apex Insight</li> <li>Create reliable, trusted, actionable workforce plans at practice level</li> <li>Engage practices in Enterprise-level planning events</li> </ul>	<ul style="list-style-type: none"> <li>Agree local priorities and challenges suitable for joint enterprise-wide approach</li> <li>Explore enterprise-level workforce scenarios and service landscape</li> <li>Develop enterprise level workforce plans</li> </ul>

Next steps	<ul style="list-style-type: none"><li>• Engage CCGs</li><li>• Engage other key stakeholders</li></ul>	<ul style="list-style-type: none"><li>• Confirm delivery arrangements with practices</li><li>• Practices sign DSAs</li></ul>	<ul style="list-style-type: none"><li>• Aggregate findings to enterprise level</li><li>• Implement practice-level plans</li></ul>	<ul style="list-style-type: none"><li>• Develop detailed enterprise-level plans</li><li>• Aggregate enterprise-level plans to inform region-wide strategy</li></ul>
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## Appendix 2 – Indicative time scale for roll out

### Delivery Mobilisation Timescales

