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Dear Tracey

### **2018/19 – Mid-year review of GPFV Programmes**

I am writing further to my previous letter dated 23 April 2018 to provide an assessment of the delivery of the GPFV programme. We recognise your continued focus on implementing the GPFV plans, engaging with national programmes and driving forward local developments. I hope the following feedback is helpful and this will inform our ongoing work with the CCG, STP and emerging ICS.

Elsa Brown, Sue Rest and the NHSE GPFV Team will continue to support your team. Elsa and Sue have been involved in producing this feedback, which is set out against the key sections of the GPFV programme.

#### **1. Improving Access**

I would like to take this opportunity to recognise the significant amount of work undertaken by your team and your provider colleagues ahead of the 1 October 2018 deadline for implementation of Improving Access. The model you have developed appears to be providing valuable additional services, with good utilisation across the week. The key next steps for your service to fully meet the core requirements are:

- Increasing delivery to meet the minimum specification of 30 mins per 1000 population. The key to this will be recruiting additional nurses to provide the clinics in the out-of-Bath hub.
- Full implementation of the IT system that Rivium and EMIS have been commissioned to deliver
- Review of your communication strategy aligned to the national winter campaigns which will include Improving Access in early December
- Enabling direct booking from NHS111 into the Improving Access service, including adding the relevant information to DOS.

This continues to be a significant area of focus from the National Team, as it is viewed as a key part of winter planning. Elsa Brown will continue to work with your team to support the development of your model and to ensure the appropriate deadlines and key requirements for 18/19 onwards are met.

The National Improving Access Team has introduced a fortnightly report from 29 October 2018 linked to winter planning. This is for all CCGs to complete, not just those rolling out from 1 October 2018. The information is being used to populate a fortnightly return from the Regional Director to the National Team.

This report will cover the following aspects of Improving Access between now and Christmas; advertising, direct booking from 111 and inclusion in the DOS. It is expected that from early 2019, integration with the wider system, digital technologies and inequalities will be added. Further guidance on meeting these core requirements is expected shortly.

Your team has received the draft procurement guidance relating to improving access schemes. Following a recent procurement challenge in the South East, I must stress the importance of ensuring you are able to demonstrate compliance with your organisational Standing Financial Instructions in relation to procurement.

Following feedback from CCG colleagues, we will arrange a meeting in January 2019 to share experiences of implementing Improved Access across the area. We will be in contact with your leads shortly. The intention will be to extend the invite to Urgent Care, Digital and Communication Leads both within NHS England and CCGs if this is helpful.

**The assessment of this area remains partially assured (Amber).**

## **2. Care Redesign & Development / Workload**

### **Primary Care Networks**

We held an event on 25 October 2018 in collaboration with the national team, sharing learning and hearing from colleagues about their journey towards achieving the benefits of working in Primary Care Networks (PCN). Following feedback at this and similar events nationally, we are expecting the revised PCN Guidance document to be published shortly.

The planning guidance sets out the expectations that 100% of practices will be included within a network by March 2019. The GPFV monthly monitoring return for October indicates that 100% of practices within your CCG/STP/ICS are already part of Primary Care Network. However, it would be good to better understand how GP practices are developing links with the wider health and care services in BaNES to provide a truly integrated service for patients.

We have recently shared with you information about some additional funding to support delivery of PCN across SWN. We look forward to supporting you in taking this work forward to deliver benefits to patients, practices and the wider system.

Primary Care Networks will continue to be a key priority in the NHS England long term plans, including progression in the maturity framework, as detailed in the guidance.

### **Resilience Programme 18/19**

You have confirmed that the CCG allocation for 2018/2019 has been committed and that you are working have finalised MOUs in place. The next national reporting is planned for the 8 January 2019 at which time we will be required to confirm that 75% of your allocated funding has been spent. We are also required to submit a total of 10 case studies across the South West North by the end of March 2019, 4 of which have to be submitted in the next reporting period (8 January 2019). We have identified one case study in the BaNES CCG area – Fairfield Park Health Centre. Sue Rest will be contacting your team shortly to confirm next steps for preparing this case study.

### **'Time for Care' Programme**

The Sustainable Improvement Team (SIT) continue to provide resources for GP practices to work towards projects aligned to the 10 High Impact Actions, improving systems and freeing up clinical time in practices across SWN. The Learning in Action Programme is available for GPs to access and registration for the last planned rounds of the General Practice Improvement Leaders Programme (GPIL) has opened online for training programmes in Newcastle and London. CCGs are asked to continue to encourage GP practices to access this resource through their local Development Advisors.

The GPFV Team will be in contact with you shortly to discuss arrangements for a meeting with SIT to review progress, support available and to identify priorities going forward. It is good to see that the Minerva Group of GP practices are working with the SIT to further develop and implement some of their plans for change locally.

### **10 High Impact Actions**

The current NHS planning guidance refresh includes a priority that all CCGs ensure that every practice implements two of the 10 High Impact Actions within 18/19.

I am pleased to note that the CCG is implementing a number of the 10 High Impact Actions and continuing to work with practices to support this, as outlined in the Planning Refresh template return. The GPFV team are currently finalising a piece of work to review the number of 10 High Impact Actions each of your practices has implemented. This will demonstrate whether practices in your CCG are currently meeting the requirements of the planning guidance.

It is noted that some CCGs have focused on commissioning either care navigation or active signposting training for their GP practices. This is a focused approach which has had some real benefits in terms of GP practices working across networks, developing shared approaches and maximising the impact for patients. The GPFV team will continue to work with you to facilitate care navigation training for BaNES GP practices, linking this work to the relationships that are being developed across wider primary care networks.

### Group Consultations

There has been an increasing national focus on the implementation of Group Consultations where patients are seen together, enabling them to benefit from networking with their peers and sharing learning about their conditions. Discussions are ongoing with your team to highlight the benefits of this type of clinical intervention with a view to engaging with GP practices. To this end we have identified additional local funding to deliver local Group Consultations workshops, to support practices that want to develop this.

The National Team slide pack attached (see Appendix A) outlines progress across the country against key areas of the General Practice Development Programme. These compare regions and CCGs on delivery of staff training for Active Signposting and Clinical Correspondence management, Online Consultations, engagement with the Time for Care Programme and Sustainability and Resilience. The information is largely taken from the GPFV Monthly Monitoring survey which CCG colleagues complete each month.

**The assessment of this area remains fully assured (Green).**

### 3. Investment

Funding streams relating to 18/19 GPFV are summarized as follows:

<b>Initiative</b>	<b>Sum of Allocation £000's</b>
<b>Allocations direct to CCGs</b>	
GP Access initiatives	636
GDP - Online Consultation Software Systems	69
GDP - Reception and Clerical training	35
<b>Total</b>	<b>740</b>

<b>Funding to be invoiced by CCG to NHSE</b>	
Resilience	28
Retention	25
Practice Manager Development	TBC
<b>Total</b>	<b>53</b>

<b>Total 18/19 GPFV planned spend</b>	<b>793</b>
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As reported within the GPFV toolkit, the CCG is forecasting to spend the £740k allocations in full and in addition it is assumed that resilience and retention is fully committed in year. As per 17/18, NHSE will request assurance that the YTD spend heading into Q4 is on plan and where this is not the case CCGs will need to provide trajectories for the remainder of the year.

In addition to the initiatives listed above, the month 7 non ISFE financial return confirms the £3 per head transformation funding. This indicated that against the £613k control total, covering 17/18 and 18/19, an £82k underspend was being

forecast; it is anticipated that the CCG will spend £613k over the 2 years and NHSE will offer support to achieve this where possible.

**The assessment of this area remains fully assured (Green).**

#### **4. Workforce**

We recognise the progress made over the year to date and appreciate your hard work and commitment to this area which is key to supporting the sustainability and development of General Practice. This will remain a focus area as primary care strategies continue to develop and integrate with wider workforce strategies across STPs/ICSSs.

You have recently produced a workforce trajectory and completed a supporting template for the BSW STP, incorporating feedback from the Regional Team. The information included has been used by the National Workforce Team to make an assessment against the objectives for increasing the number of doctors and the wider workforce working in General Practice as outlined in the GPFV which was presented at the national Primary Care Programme Board in November.

The Regional Team plan to hold meetings with the DCO to review the on-going support required to implement and further local strategies. If there are any support requirements that you would like to highlight ahead of this meeting please let Elsa know.

#### **Clinical Pharmacists in General Practice (CP in GP)**

We have already notified your GPFV leads that the eligibility criteria for the CP in GP programme have been amended to make it easier for sites to apply for co-funding for a clinical pharmacist in general practice. .

The practices in the Wave 2 application had now fully recruited but unfortunately the CP in Heart of Bath resigned at the beginning of November 2018 and the practice have not indicated whether they wish to re-recruit. Elsa Brown will continue to keep in contact with BEMS+ who are leading on the bid for the practices

We have received one new bid in Wave 7 which will be reviewed by the local and regional panels over the next few weeks.

The National Team has confirmed the closing dates for future waves of the programme which are as follows:

- Wave 8 – closing date 22 February 2019
- Wave 9 – closing date 31 May 2019

We will update the maps we have previously shared showing the coverage of the programme once applications for Wave 7 have been reviewed. CCGs are encouraged to review coverage of existing schemes across their area to ensure practices that may be interested in applying for future waves can prepare. Currently no further dates are anticipated for this programme beyond those indicated above, so interested practices are strongly encouraged to apply in Waves 8 or 9.

### **International GP Recruitment (IGPR)**

As you will be aware GPFV includes a commitment to deliver a major international recruitment drive to attract up to 2,000 GPs from overseas.

We have been successful in securing IGPR GPs within BNSSG, BaNES and Gloucestershire, who have been integrated into General Practice. It has been agreed to work more collaboratively across the South West to ensure that we realise the benefits that the programme is able to offer. We are working with your GPFV Workforce Leads to establish an IGPR Steering Group and will support you in taking your bid forward.

### **Practice Manager Development Fund**

Plans have been agreed for 2017/18 and funding transferred. We have been notified that a further allocation has made available in 2018/19; confirmation of this will be sent out to your team shortly.

### **Local Retention Fund**

As you will be aware NHSE has launched the Local Retention Fund to support GPs who might leave the profession to remain in practice. Your CCG successfully bid for an allocation of funding to progress with initiatives to address local workforce pressures. The National Team has requested monthly reporting to ensure that schemes are being developed and funding utilised. We will ensure that where possible the reporting spreadsheets will be pre-populated to support this process.

We have also identified additional funding totalling £300,000 to support GP Retention which colleagues across the STP have indicated they would propose to use collaboratively. Significant progress is being made within the GP Retention Intensive Support Sites nationally and we hope learning from this will help target retention initiatives through this funding:

- £250,000 across Swindon & Wiltshire CCGs to support additional initiatives for GP Retention which should focus on learning from GP Retention Intensive Support Site (ISS) in Weston and Worle and use of funding to target a smaller number of practices intensively – we have shared a document outlining the actions being undertaken within the GP ISS in Weston and Worle to assist with ideas on how this funding could best be utilised.
- £50,000 to work collaboratively with NHS E to pilot a proposal by B&NES CCG to develop a “GP Chambers” approach, with a view to identifying learning that can be spread across the STP and possibly wider, if successful.

We look forward to hearing the outcome of discussion held across the STP in 16 November with regard to this additional funding.

The GPFV Team will work with your colleagues to develop the GP chambers scheme in BaNES, to support GPs who are thinking of leaving general practice. This scheme has the potential to play a significant role in supporting GPs in your area.

**The assessment of this area remains partially assured (Amber).**

## 5. Infrastructure

### Estates Strategy

We understand that work continues on an STP wide approach to an estates strategy that includes primary care that considers how estates will be effectively utilised across the whole system. We look forward to reviewing the outcomes of this work when it is complete.

### Digital

Primary Care National Digital investment progress (covering things such as GPIT Capital, ETTF Technology, Patients Online, Online Consultations, Electronic Prescriptions and practice Wifi) will be reported into your executive team by your local CIO, Clinical Digital Lead (CCIO for Primary care) and your STP Chief Digital Officer.

They are supported by Heath Cormack, Head of Digital, NHS England as part of STP Digital Assurance.

### On-line Consultations

We are intending to fund additional support from the CSU to the end of March 2019 to support the development, procurement and implementation of the online consultation programme. The BSW STP is working locally to identify the elements that will be useful to include with the support package and we will be in a position to confirm this shortly.

It is good to see the progress that you have made, to date, in consulting the BaNES GP practices and using their input to develop a draft service specification for a BSW wide online consultations system, working with Swindon and Wiltshire CCGs. We note your initial timeframe for a provider event in December 2018, running in parallel with engagement with the procurement hub in developing the final service specification ready for tender in early 2019 and contract to be in place before 31 March 2019.

**The assessment of this area remains partially assured (Amber) overall. (It is fully assured (Green) for Digital and partially assured (Amber) for Estates.)**

## 6. Assurance

An assessment of progress against the GPFV programmes has been provided in the following RAG rated table.

Assessment	Improving Access	Care Redesign & development	Investment in Primary Care	Workforce	Practice Infrastructure	DCO Assessment
Original Assessment	Amber	Amber	Green	Amber	Amber	Amber
Q4 – 17/18	Amber	Green	Green	Amber	Amber	Amber
Mid-year review – 18/19	Amber	Green	Green	Amber	Amber	Amber

## 7. Support from NHS England GPFV Team

The NHS England GPFV team will continue to support South West North CCGs and ICSs, recognising that some areas of work are led by CCGs/STPs/ICSs and other are led nationally. Support has been offered in the following key areas:

- International GP Recruitment
- Improving Access
- Primary Care Networks
- Clinical Pharmacists in General Practice programme
- ETTF: premises and digital
- Online consultations
- Group consultations
- Local Retention Fund
- Local Transformation Funding – Retention
- Practice Manager Development
- Resilience programme for General Practice
- Support on new models of care and 10 High Impact Actions
- Sharing best practice and information from other national sites

The GPFV team across South West North will continue to work closely with the B&NES CCG Primary Care team to agree how we might support you in delivering the GPFV locally, including supporting your teams as they continue to work more closely together on GPFV initiatives across BSW STP.

I hope this feedback is helpful and we look forward to continuing to work collaboratively to ensure demonstrable benefits and outcomes for patients from the implementation of the GP Forward View.

Yours sincerely



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**Debra Elliott**  
**Director of Commissioning NHS England South West**  
**Director of Armed Forces Health Commissioning (Operations) for England**