Primary Care Commissioning Committee (PCCC)

Draft Minutes of the meeting held on Thursday 29 March 2018 at 9:00am in the Board Room, Sanger House, Gloucester GL3 4FE

Present:		
Alan Elkin *(Chair)*	AE	Lay Member – Patient and Public Engagement
Andrew Beard *(Deputising for Cath Leech)*	AB	Deputy Chief Finance Officer
Dr Andy Seymour	AS	Clinical Chair *(Non-voting)*
Colin Greaves	CG	Lay Member – Governance
Joanna Davies	JD	Lay Member – Patient and Public Engagement
Julie Clatworthy	JC	Registered Nurse
Marion Andrews-Evans	MAE	Executive Nurse and Quality Lead
Mark Walkingshaw *(Deputising for Mary Hutton)*	MW	Director of Commissioning Implementation
In attendance:		
Alan Thomas	AT	Healthwatch Representative
Andrew Hughes	AH	Associate Director of Commissioning
Becky Parish	BP	Associate Director Engagement and Experience
Helen Edwards	HE	Associate Director of Primary Care and Locality Development
Jeanette Giles	JG	Head of Primary Care Contracting
Cllr Roger Wilson	RW	Chair of Gloucestershire County Council Health and Wellbeing Board
Ryan Brunsdon	RB	Board Administrator
Zoe Barnes	ZB	Corporate Governance Officer
David Pouncey *(Agenda Item 5)*	DP	GP Partner, Minchinhampton Surgery
Jim Hart *(Agenda Item 5)*	JH	Architect ,West Hart Partnership
Tristan Cooper *(Agenda Item 5)*	TC	GP Partner, Minchinhampton Surgery
Zaheera Nanabawa *(Agenda Item 8)*	ZN	Locality Development Manager
Jo White *(Agenda Item 9)*	JW	Programme Director for Primary Care
There were no members of the public present.		

1 Apologies for Absence

1.1 Apologies were received from Helen Goodey (HG), Cath Leech (CL) and Christina Gradowski (CGi).

1.2 The meeting was confirmed as quorate.

2 Declarations of Interest

2.1 AS declared a general interest as a GP. AE declared that AS should not be excluded from any discussions as he was a non-voting member.

3 Minutes of the Meeting held on Thursday 25th January 2018

3.1 The minutes of the meeting held on Thursday 25th January 2018 were approved as an accurate record subject to the following amendment to section 5.14:

- Section to be reworded to: "*AH added that the business cases were written differently and had different methodologies applied to them".*

3.2 CG requested assurance that the amount approved with regards to the revenue requirements (£346,900) for the new health centre at Valley Road was correct in the context that AH advised that revenue costs were likely to decrease, as found at point 5.15 of the minutes. AH confirmed that he would check the net figures and circulate a revised resolution to members for inclusion within the minutes. **ACTION**

3.3 Post Meeting Note: AH proposed the following amendment to the minutes and appending resolution:

- Point 5.6 to read "AH identified that the PCCC paper set out additional annual revenue requirements amounting to £346,900 and required from November 2019, with a one off reimbursable cost of £105,526 in the financial year of 2019/ 2020 to cover reimbursable GP IT costs. It was estimated that the practice would be required to pay around £87,500 in fees however, no fee support was to be made available by the CCG".

- Point 5.15 to read: “AH identified that there had been an uplift in existing rent reimbursement since the paper was written. The existing rent paid by the practices for the existing health centre was now £56,066 per annum compared to £40,000 set out in the business case. The total net annual revenue increase of £346,900 identified within the CCG business case could now decrease by £16,066 to £330,834 as these extra costs had already been reimbursed.”
- Point 5.23 to read “RESOLUTION: The Committee supported the business case for the development of a new Health Centre at Valley Road, Cinderford with total recurrent costs of £386,900 and:
  - Agreed the net additional revenue requirements which amounted to £330,834 rather than £346,900 per year to cover current market rent, applicable VAT and rates to be required from November 2019 onwards;
  - Agreed the IM&T costs which amounted to £105,526 needed within the financial year 2019/2020; and
  - Supported the recommendation from the PCOG that no fee support would be available to the practices and these needed to be paid by the practice and/or the 3rd party developer but supported the use of ETTF funding if available”

4 Matters Arising

4.1 **30/03/2017, Item 7.3, Practice Nursing Strategy** – MAE provided an update regarding the Practice Nursing Strategy and advised that a draft framework had been written which was deemed not fit for purpose and was to be re-written in line with NHS England’s (NHSE) ten point plan for Practice Nurses. MAE added that the new Deputy Director of Nursing for the CCG had been appointed and would be responsible for picking this up. JC felt that this strategy would benefit from incorporating the results of the Health Education England (HEE) consultation on the future workforce strategy which was to be released in June 2018. It was agreed that this item would be closed, however a report on the outcome of the HEE workforce consultation and Practice Nursing Strategy would be presented at a future PCCC. **Item Closed.**

4.2 **25/01/2018, Item 6.10, Learning Disabilities DES Preliminary Report** – HE provided an update regarding the Learning Disabilities

(LD) Direct Enhanced Service (DES) Preliminary Report and informed members that 39 practices delivered this service currently for 615 people. HE advised that the service focused on:

- holistic care planning;
- proactive visits;
- enhanced medication reviews
- admission episodes; and
- relationship building.

JC requested that an evaluation was undertaken which would provide the committee with further context of the service. **Item to remain open.**

4.2.1 MAE advised that the CCG was leading on mortality reviews for people with LD and noted that there were fifty reviews a year. MAE reported that there was a common theme present within the reviews around access to screening services.

4.2.2 It was requested that further information was obtained from Gloucestershire Care Services NHS Trust (GCS) regarding community dental services for people with LD. **ACTION**

5 Minchinhampton Premises Development

5.1 The Committee welcomed DP, TC and JH to the meeting, who provided a presentation on the Minchinhampton Premises Development.

5.2 AH acknowledged that Minchinhampton Surgery was included within the twelve priorities to be addressed as part of the Primary Care Infrastructure Plan agreed in 2016.

5.3 AH advised that the current surgery was approximately 50% smaller than required and scored poorly on the estates survey around its functionalities and condition.

5.4 AH clarified that the financial plan anticipated additional revenue costs of £100k per year together with approximately £25k for additional rates. It was aimed to complete the business case in time for the May PCCC meeting at which time it would have also been approved by the District Valuer.

5.5 DP identified that the existing premises were nearly fifty years old and outlined the conditions and limitations of the premises and specifically highlighted that they had been built using unconventional techniques.

5.6 DP highlighted that Minchinhampton Surgery had a strong relationship with its Parish Council and they shared a joint vision for a community health hub providing equitable access to healthcare provided by the NHS, the Voluntary Sector and the Community. It was added that there was also a very active Patient Participation Group (PPG) in Minchinhampton. AE felt that the relationship with the Parish Council was a positive aspect of the proposal.

5.7 TC presented the clinical opportunities identified with a new building and emphasised that the outcome would be an overall improvement to patient experience.

5.8 TC acknowledged that staff at the Practice were limited in terms of what they could do in the current space, and a new building would provide them with the opportunity to be innovative by using improved technology, new ways of working and greater collaboration.

5.9 TC advised that Minchinhampton Surgery had a good track record of staff training and a new building would provide them with an increased capacity to be able to train further.

5.10 JH presented the different sites identified within Minchinhampton for a new surgery. The finally agreed proposed site was currently owned by the Parish Council who were willing to sell the land and discussions were ongoing. JH noted that the proposed site had improved access and additional parking.

5.11 JH confirmed that a Sustainable Urban Drainage System (SUDS) would be included on the new site.

5.12 JH presented the floor plan which demonstrated that there was room for expansion in the future. It was added that there was a third zone which was to be used for a health promotion area, which was to be funded separately from the General Medical Services (GMS) funding. AS queried whether this zone was GMS space and it was

confirmed that it was not.

5.13 JH advised that a pharmacy would not be provided within the development as a result of concerns from planners on the potential impact on the retail activity within Minchinhampton centre - but noted that there could be alternative provision to provide pharmaceutical advice.

5.14 JH emphasised that there was substantial attendance to the public consultation evening held on 29th November 2017, with over 177 responses completed during the meeting. An overwhelmingly positive response had been received regarding the proposals.

5.15 JH informed the committee that a draft cost plan had been completed but negotiations were still taking place.

5.16 AE noted that the presentation had identified that approximately 50% of patients who accessed the surgery came from outside Minchinhampton and queried what the implications of the new location were for those patients within Minchinhampton registered with the current surgery. DP advised that the PPG ran a patient transport volunteer service which took patients from Minchinhampton to the surgery and to Gloucester Royal Hospital (GRH) and Cheltenham General Hospital (CGH) when required too. The PPG had confirmed that they would be happy to continue this service at the new proposed site.

5.17 JC questioned whether Minchinhampton Surgery was currently a dispensing practice. DP confirmed that they were not a dispensing practice as a result of a historical decision.

5.18 RW requested clarity as to whether the positive consultation response was for a new surgery or for the proposed location. DP advised that once the PPG had been informed of the reasoning behind the decision to establish a new surgery and the proposed location, the PPG was positive about the proposal overall.

5.19 RW questioned whether there was public transport available providing access to the proposed site. DP confirmed that a bus service was available.

5.20 CG expressed concern regarding the lack of pavements on

Cirencester Road, where the proposed site had been identified. JH informed the committee that within the cost plan, resource had been allocated to create a public footpath.

5.21 **<u>RESOLUTION:</u> The committee noted the update.**

6 Primary Care Infrastructure Plan

6.1 AH introduced the Primary Care Infrastructure Plan (PCIP) which provided the committee with an update on the primary care premises development workstreams. The report was taken as read.

6.2 AH highlighted that good progress had been made in 2017/18 on the schemes. It was noted that there could be a significant number of business cases forwarded to the PCCC during 2018/19. AE felt that the substantial amount of work taking place was a reflection of the good work in developing and driving the plan.

6.3 AH reported that Churchdown Surgery had recently opened and the work on the Gloucester City Primary Care Hub had progressed well.

6.4 AH expressed his thanks to Declan McLaughlin who managed to obtain an additional £260k funding from NHSE for improvement grants.

6.5 CG reflected on the outstanding work that had been completed over the years and expressed thanks to AH. CG requested assurance that growth had been built into the budgets regarding the financial pressures of increasing rent costs. AB confirmed that he had been working closely with AH around any updates to the infrastructure plan and any potential slippage had been reflected within the budgets.

6.6 AE requested clarity regarding the midpoint of the PCIP and when this was to be reviewed, as discussed within the report. AH clarified that there was a potential opportunity to look beyond the existing PCIP as it was at its midpoint.

6.7 **<u>RECOMMENDATION:</u> The committee noted the Primary Care Infrastructure Plan.**

7. General Practice Forward View Update

7.1 HE introduced a presentation providing an update on the General Practice Forward View (GPFV). It was added that there was over sixty projects underway or due to commence as part of the GPFV.

7.2 HE provided assurance to the committee that reporting to NHSE regarding GPFV was now required monthly rather than quarterly and the CCG had been asked to self-assess the plan as part of their work in 2018/19. It was reported that a green rating for the elements of the GPFV was anticipated.

7.3 HE described how the schemes within the GPFV were evaluated and identified that a dashboard-type high level report containing quantitative and qualitative evaluation metrics were used. It was added that the report was presented to the CCG Core Executive team every six weeks.

7.4 HE identified that the overall programme was called "Releasing Time For Care" and there were ten programmes that operated within it at cluster level and individual practice level which were designed to enable delivery of the Releasing Time For Care programme. HE provided an update on the different programmes and presented a video.

7.5 HE advised that thirty-five practices undertook the Productive General Practice (PGP) programme with an additional twelve practices being offered an additional module. The "Efficient Process" module was noted to be the most selected module.

7.6 CG requested clarity regarding the funding for the additional modules for six practices agreed by the CCG Core Executive team. HG confirmed that the Executive team had approved the use of the Primary Care Budget for the purchase of additional practices to undertake the PGP programme.

7.7 HE outlined the national requirements for Online Consultations which included:

- A core GPFV element with £45m national funding over 3 years;
- Indicative Gloucestershire share: £481k;
- CCGs required to submit plan to NHSE by 2nd March 2018; and

- Must have certain defined functionality from an NHSE perspective.

7.8 HE highlighted that video consultations were not an essential technical or national requirement and suggested that committee members visited the Stow Surgery website as this was a good example.

7.9 HE advised that the CCG had not received feedback from NHSE regarding the draft plan submitted on 2nd March 2018 but work was ongoing to help develop the plan in full. It was added that there was further engagement across practices regarding the final pathway and specification.

7.10 HE presented the online consultation draft and highlighted that there was one single point of access for patients who required an online consultation.

7.11 HE reported that the national procurement hub was supporting CCGs, along with a national framework of suppliers. HE assured members that the accelerated timetable was achievable.

7.12 The positive work undertaken was commended by the Committee.

7.13 <u>RESOLUTION:</u> The committee noted the GPFV update.

8 <u>Update on Workforce Initiatives</u>

8.1 AE welcomed ZN to the committee who presented an update on workforce initiatives in primary care.

8.2 ZN described the Health Inequalities Fellowship scheme, an initiative where the CCG fund 50% of salaries for four GP's to be placed within four inner city practices within Gloucester City. The other 50% of funding was to be funded by the practice themselves. As part of the role, there were four core elements which included: four clinical sessions a week; one health inequalities focused session per week and two sessions undertaking Postgraduate study in Public Health at the University of Western England (UWE) per week.

8.3 ZN outlined other initiatives including international recruitment

where a bid had been submitted in partnership with BSW, and the newly qualified GP scheme aimed at developing future leaders and retaining GPs.

8.4 ZN reported that there were a number of specialist roles identified to enhance the primary care workforce including mental health primary care practitioners, advanced physiotherapists and specialist paramedics.

8.5 ZN discussed the Community Education Provider Network (CEPN) project noting that the project manager and educational facilitator had been appointed; and a programme of support across different roles, including evaluation of training and development needs and mentoring infrastructure. A bid had been submitted to NHSE for practice nurses to deliver mental health training in partnership with 2Gether NHS Foundation Trust (2G).

8.6 JC queried how existing members of the practice team were being supported alongside new posts. ZN advised that a bid had been placed for funding for the clinical pharmacists mentorship and leadership programme. JC raised concerns specifically for practice nurses and ZN confirmed that Karen Probert within the quality team was working on the programme for them. AS agreed that there was a gap in terms of appropriate support, and recommended that the new Deputy Director of Nursing gave this issue appropriate focus when they commence in post. MAE added that Practice Nurses were continuing to feel demoralised and this was a concern.

8.7 AT suggested that a collective evaluation of the GPFV was undertaken in 6 months' time. BP confirmed that an excel document was being pulled together to prepare for a review later on.

8.8 AS noted that some practices may not have capacity to attend events due to staffing levels or high workloads and queried what support could be given to address this. HE advised that resilience funding should be accessed to support and this approach could be encouraged through the clusters. AE recommended that the 20 practices facing particular problems were prioritised. ZN confirmed that an item had been scheduled for a Governing Body Business Session in May to discuss the primary care workforce strategy and plan with members and gain their views.

8.9 The Committee noted that the work in Gloucestershire on the GPFV and workforce initiatives had been recognised nationally.

8.10 <u>RESOLUTION:</u> The committee noted the update and presentation.

9 Update on Improved Access Pilots

9.1 JW presented a PowerPoint providing an update on the improving access pilots.

9.2 JW advised that there were 16 clusters and 14 delivery models, with 4 early pilots commencing in October/November 2017 (TNS, FOD, St Pauls and Aspen) as outlined within the presentation. The last 6 pilots were ready to go live w/c 2 April 2018, and an update would be provided to the Committee on progress in May.

9.3 JW introduced a video showing positive outcomes from the 4 initial pilots.https://www.youtube.com/watch?v=E_1wY-aRv0M&feature=youtu.be

9.4 Further issues highlighted within the presentation included:

- Evaluation including sustainability of primary care and impact on the wider system, and evaluation plan overview
- Routine appointments survey
- Paramedic review – TNS
- Advertising
- Learning to date
- Next Steps

9.5 AE requested further information on the timescales for the remaining pilots. JW confirmed that all needed to be live next week however noted that due to issues with IT, more were going live at the end of March/April than expected.

9.6 <u>RESOLUTION:</u> The committee noted the update on improved access pilots.

10 Delegated Primary Care Financial Report

10.1 AB presented the report which outlined the financial position of the

delegated primary care co-commissioning budgets as at the end of February 2018. The paper was taken as read.

10.2 The CCG reported an under spend of £404k against delegated budgets, representing an increase from the December report. This was due to savings from business rates, enhanced services underspend, and a lower spend in dispensing costs than previous years.

10.3 AB outlined the areas which were reporting overspends and discussed the mitigations in place.

10.4 AB highlighted the table on page five of the report which outlined the budget by area.

10.5 <u>RESOLUTION:</u> The committee noted the contents of the report.

11 Primary Care 2018/19 Budget Proposals

11.1 AB presented the delegated primary care budget proposal for 2018/19, with budgets prepared in line with NHSE business rules. The report was taken as read.

11.2 AB highlighted the increase in the Quality and Outcomes Framework (QOF) budget and advised that costs arising from the new indemnity scheme were to be paid centrally.

11.3 AE queried how clinical pharmacists were funded if it were not through this budget. AB advised that the team were investigating this issue and assessing all options for next year.

11.4 JC noted that the LD enhanced services uptake was still low and needed greater focus for 2018/19. AS advised that the Local Medical Committee (LMC) had requested uplift in enhanced services as there had been no uplift for three years. The primary care team would be developing a paper to consider the options in due course.

11.5 <u>RESOLUTION:</u> The committee noted the paper.

12 Primary Care Quality Report

12.1 MAE presented the quality report which provided the committee with assurance that quality and patient safety issues are given appropriate priority and actions are in place to address them. The report was taken as read.

12.2 MAE advised that incident reporting was low within practices, with just four reported onto the national reporting learning system (NRLS). Work was underway this year to encourage more practices to commence the Sign up to Safety initiative.

12.3 MAE highlighted the safeguarding section of the report and advised that GP practices were being requested to review newly registered children's records for early warning signs. A level 2 enhanced safeguarding training event was facilitated by the CCG for clinical pharmacists in January.

12.4 MAE reported that the most common theme from quality alerts was delays and discharges however the number of reported incidents relating to delays had decreased significantly.

12.5 MAE discussed CQC inspections noting that there were four practices with an 'outstanding' rating. Improvements had been made by Locking Hill Surgery following their CQC inspection which had resulted in a warning notice and an 'inadequate' rating. The surgery had subsequently been rated as 'good' following an inspection in November.

12.6 MAE advised that the Friends and Family Test (FFT) was being reviewed nationally with a consultation. BP outlined the questions as part of this consultation which included 'what is the one thing you would change about the FFT?' and 'what currently works well about the FFT?' BP confirmed she would be making a submission on behalf of the CCG in response. It was confirmed that there were no indications that the FFT would be ceasing.

12.7 BP discussed the GP patient survey and advised that the CCG had been asked to participate in the national steering group for the development of the GP patient survey moving forward.

12.8 JC supported the Student Nurse placements as discussed within the

report under the ‘well led’ section.

12.9 CG noted that there had been an outbreak in measles of South Wales and queried whether this was linked to the recent outbreak in Stroud.

12.10 <u>RESOLUTION:</u> The committee noted the quality report which was provided for information.

13 Any Other Business

13.1 There were no items of any other business.

The meeting closed at 12:30pm

<u>Date and Time of next meeting:</u> Thursday 31st May 2018, 09:45am, in the Board Room, Sanger House.

Agenda Item 4

Primary Care Commissioning Committee (PCCC)
Matters Arising – May 2018

Item	Description	Response	Action with	Due Date	Status
25/01/2017 Item 6.10	Learning Disabilities DES Preliminary Report	JD queried whether there were any examples of practices undertaking an outreach programme to allow health checks to be completed outside of a practice environment. HG identified that there was a Local Enhanced Service (LES) which was used within care homes and felt that feedback on the results of the LES would be beneficial to the Committee. 29/03/2018 – JC requested that an evaluation was undertaken providing further context of the service.	HG	Aug 18	For update
29/03/2018 Item 3.2	Revenue requirements – Valley Road Health Centre	CG requested assurance that the amount approved with regards to revenue requirement for the new health centre at Valley Road was correct in the context that AH advised the costs were likely to decrease. AH confirmed to check the net figures and circulate a revised resolution. **AH circulated revised resolution – see post meeting note in the minutes of the meeting 29/03/18 (AI 3, 3.3).**	AH	May 18	Complete – for agreement
29/03/2018 Item 4.2.2	Matters Arising – Community dental services	MAE advised that the CCG was leading on mortality reviews for people with Learning Disabilities, and a theme had been identified around access to screening services. It was requested that further information was obtained from Gloucestershire Care Services regarding community dental services for people with LD.	MAE	May 18	For update

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 5

Primary Care Commissioning Committee

Meeting Date	**Thursday 31 May 2018**
Title	**Briefing on the proposed branch closure of St Catherine's**
Executive Summary	St Catherine's Surgery, based at St Paul's Medical Centre in Cheltenham, currently offers GP and nurse sessions at the Healthy Living Centre in Hester's Way, Cheltenham. The practice has been considering their future at this branch surgery location for a while, as servicing the branch has become more difficult for the practice, threatening their ability to remain sustainable at their main site. Therefore, following a consultation period with their patients, the practice has submitted an application to close their branch surgery.
Risk Issues: **Original Risk** **Residual Risk**	Continued provision of offering local patient care is the principal risk with a branch surgery closure. With this application, the risk is assessed as low likelihood as patients will continue to have access to services at St Catherine's main surgery site and there is interest from other local practices to provide a service from Hesters Way Healthy Living Centre.
Financial Impact	Closure of the branch surgery will result in a small saving on notional rent, but this factor is not a consideration in the decision.
Legal Issues (including NHS	Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS England dated 26th March 2015 for undertaking the functions

Constitution)	relating to Primary Care Medical Services. A branch surgery closure represents a variation to a practice's GMS contract and therefore requires agreement by GCCG under delegated commissioning arrangements. The PCCC approved a GCCG Standard Operating Procedure for a branch closure application in November 2015, which also sets out the prevailing guidance, legislation and regulations to be considered. This protocol has been followed in handling this application.
Impact on Health Inequalities	Although the Healthy Living Centre is located in a ward of high deprivation and health inequalities the impact would be low if another practice received approval to provide a service at this location.
Impact on Equality and Diversity	Assessed as low impact. Patients will continue to have access to services at St Catherine's Surgery main surgery, or can choose to register with another local practice.
Impact on Sustainable Development	Assessed as low impact through the Quality and Sustainability Impact Assessment.
Patient and Public Involvement	The practice has undertaken a patient and public consultation for a 5 week period.
Recommendation	The PCCC is asked to: • Note this report for information whilst the CCG Primary Care Team consider alternative GP provision at the Healthy Living Centre, Cheltenham. A paper will be brought back to PCCC for decision.
Author	Jeanette Giles

Designation	Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

Agenda Item 5

Primary Care Commissioning Committee

Thursday 31 May 2018

Application from St Catherine's Surgery to close their branch surgery at the Healthy Living Centre, Cheltenham

1. Introduction and background

1.1 St Catherine's Surgery, based at St Paul's Medical Centre in Cheltenham, has applied for approval from Gloucestershire CCG to close their branch surgery at the Hesters Way Healthy Living Centre (HLC), Cassin Drive, Cheltenham.

1.2 St Catherine's Surgery (currently 9,600 patients) holds a GMS contract and currently offers sessions at the Healthy Living Centre in Hesters Way:

HLC GP Sessions:

- Monday morning
- Tuesday morning
- Wednesday morning.

HLC Nurse Sessions:

- Monday morning
- Tuesday morning
- Wednesday morning
- Thursday morning.

2. Consultation and engagement for the branch closure

2.1 As per the Standard Operating Procedure (SOP) for the application to close a branch surgery, the practice had discussions with the GCCG Primary Care & Localities Directorate Team and the Patient Engagement and Experience Team have also been aware and commented on the patient engagement process.

2.2 A five week consultation, which commenced in March 2018, was undertaken, with information presented on the practice website, in their newsletter, as well as being displayed on posters and their call board.

3. CCG engagement for the application for the branch closure

Gloucestershire CCG, again in accordance with the SOP, have engaged with:

- Neighbouring practices
- Healthwatch Gloucestershire
- The Local Medical Committee
- NHS England

4. Recommendation

4.1 The PCCC is asked to:

- Note this report for information whilst the CCG Primary Care Team consider alternative GP provision at the Healthy Living Centre, Cheltenham. A paper will be brought back to PCCC for decision.

Agenda Item 6

Primary Care Commissioning Committee

Meeting Date	**Thursday 31st May 2018**
Title	**Development of a Primary Care Hub, Quayside regeneration, Gloucester City Centre progress report**
Executive Summary	In the context of the Primary Care Infrastructure Plan and specific City Centre infrastructure issues, the PCCC agreed the strategic approach for a Gloucester City Primary Care Hub as part of a County Council led Quayside regeneration programme in November 2017. The project has been live since February 2018 with applicable membership and is overseen by a Project Board. The Primary Care hub is anticipated to deliver primary care services to 17,686 patients by 2031; A Schedule of Accommodation has been completed and total size is 1,441m2 GIA and been issued to the County Council; In light of final requirements and recent other financial models, costings have been updated to reflect anticipated future requirements; Whilst business case writing has commenced, due to the County Council requirements to commission technical and professional advice in line with their procurement policies, the project has been unable to complete the business case in time for this PCCC. The aim it to complete the business case for the July 2018 PCCC. However, it could be the case that an extraordinary meeting is required in August

	2018; The overall County Council business case for Quayside is expected to be considered by relevant County Council committees in mid-October 2018, which means health elements will need to have been completed and agreed in advance of a decision for the overall scheme; Subject to necessary approvals, It is anticipated that construction will in January 2019 and a new facility open between June and September 2020.
Risk Issues: **Original Risk** **Residual Risk**	Key risks related to this project include the following: - • Reputational and operational risk of not delivering identified priority within the PCIP relating to current facilities no longer fit for purpose or large enough to provide services to the population served; • Lack of suitable primary care infrastructure in place to offset the closure of two branch surgeries between now and December 2019 and the timing of the availability of any new facility; • Insufficient primary care infrastructure available to be able to accommodate increased population growth; • The risk of not being able to finalise proposals due to commercial matters relating to lease arrangements; • Availability of necessary CCG investment to fund requirements.
Financial Impact	The proposals set out in this report and subject to business case finalisation and district valuation assessment are estimated to have the following net financial impact: - • One off costs of around £137k spread over 4 years 2017/ 2018 to 2020/ 2021; • Additional estimated annual revenue requirements for rent and business rate reimbursement amounting to £298k per annum; • One off GPIT costs of around £114k.

Legal Issues (including NHS Constitution)	The CCG applies NHS Premises Directions to the rights and responsibilities of the practice and the CCG. In terms of the NHS Constitution the author considers 'You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary' and 'You have the right to be cared for in a clean, safe, secure and suitable environment' as the most pertinent NHS Constitution rights applicable to this scheme.
Impact on Health Inequalities	The proposed investment set out in this report will improve access to service for patients currently experiencing relative health inequalities. According to the 2015 index of multiple deprivation, the GHAC registered list is the most deprived and the GCH the third most deprived in the County.
Impact on Equality and Diversity	There are no direct equality and diversity implications contained within this report, although both these pratices have diverse populations with significant numbers of patients from BME groups
Impact on Sustainable Development	The Building Research Establishments Environmental Assessment Method (BREEAM) is the national standard for assessing the sustainability of new construction developments. It aims to differentiate between developments with higher environmental performance by providing a sustainability ratings across 9 indicators (management, health and wellbeing, energy, transport, water, materials, wastes, land use and technology and pollution)There are 6 performance levels (unclassified, pass, good, very good, excellent and outstanding). There is a national government requirement that generally for new public buildings, the rating should be excellent. The NHS oversees compliance with this, although the NHS stipulates this applies to schemes that cost over £2m to complete. The proposals commented on in this report are expected to cost in excess of £2m.

Patient and Public Involvement	There has been some limited patient engagement to date. Practices included this report will ensure effective engagement during the life of the project
Recommendation	Members of the committee are asked to note the contents of the report and provide feedback on the progress made, the revised timeline, assumption changes and consider any further implications.
Author	Andrew Hughes
Designation	Associate Director, Commissioning
Sponsoring Director (if not author)	Helen Goodey Director of Locality Development & Engagement

Agenda Item 8

Primary Care Commissioning Committee

Development of a Primary Care Hub at Quayside, Gloucester City Centre

1. Purpose

1.1 The purpose of this report is to provide an update on the business case development, set out any significant changes and inform members of latest timelines for a proposed Primary Care Hub which is part of a wider Quayside regeneration programme being led by Gloucestershire County Council.

1.2 The Primary Care Hub involves two City Centre Practices: Gloucester City Health (GCH) based with 2gether NHS Trust in Rikenel and Gloucester Health Access Centre (GHAC) currently in Eastgate House.

2. Background & Context

2.1 The Primary Care Commissioning Committee (PCCC) approved the Primary Care Infrastructure Plan[1] (PCIP) in March 2016. This plan sets out where investment is anticipated to be made in either new, or extended buildings, subject to business case approval and the available funding for the period 2021 to 2026. The plan responds to the following: -

2.2 A strategic prioritisation was completed and the redevelopment/replacement of Gloucester City Health Centre (located in Gloucester city centre) is one of the core schemes taking into account the current condition of the building, planned housing developments and the current size of the existing building.

2.3 PCCC members are also aware that there a number of additional issues which are impacting on primary care in Gloucester City Centre and making infrastructure improvement even more of a priority including the closure of College Yard surgery, the planned closure of St Michaels branch surgery and the long term location of Gloucester Health Access Centre;

[1] Gloucestershire Primary Care Infrastructure Plan: NHS Gloucestershire CCG, March 2016

2.4 Members are aware of the opportunity to develop primary care facilities, to include GCH and GHAC as part of a potentially larger 'Hub' in respect of the approved Local Development Order (LDO) for the redevelopment the Quayside and Blackfriars site in Gloucester City Centre. This is being led by Gloucestershire County Council.

2.5 At the PCCC meeting in November 2017, a strategic approach for the development of primary care infrastructure in Gloucester City Centre was agreed. That is, the ambition for the inclusion of a primary care hub as part of the County Council led redevelopment of Quayside and Blackfriars in Gloucester City Centre.

2.6 Both practices received formal letters from the CCG setting the strategic approach Both have confirmed their involvement in the development of proposals and support, subject to final commercial considerations. The CCG formally wrote to the County Council setting the assumptions and expectations of County Council as Developer.

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3. Project and business case development

3.1 The project has been up and running since February 2018. A specific health Project Board has been set up since March 2018. Good progress has been made with the Schedule of Accommodation being completed and issued to the County Council Development Team. There has been some initial patient engagement. IM& T requirements have been developed. The business case document is also partially completed. However, as the County Council are required to tender for professional and technical advisors, some of the key business case elements are unable to be completed until these advisors are in place. This means that it has proven to be impossible to provide a fully costed business case for consideration by the PCCC and means changes to some of the projects delivery timescales.

4. Population and final sizing

4.1 In respect of initial population estimates (November 2017), prior the project commencing, it was assumed the two different practices would need to serve up to 15,000 by patients by 2031 and require around 1,200m2 for two practices (assumed some shared space, only GHC would be training practice and did not include any space for non- registered services provided by GHAC).

4.2 According to the Joint Core Strategy, Gloucester City as a whole needs to deliver 14,350 houses by 2031. This is further supported by the Gloucester City Plan, which sets expectations to 2031 and for the town centre sets out a desire for greater use of upper floors, more student accommodation as well as new buildings. The total increase is expected to be 2,158 homes in the City Centre vicinity by 2031. Based on an average of 2.2 people per household, the population is expected to increase by 4,792. As result, the confirmed population to be served and to underpin requirements is set out in the table below,

Item	**Estimated population**
Current combined list sizes (October 2017) – 7,847 GHC and 4,487 GHAC	12,334
Gloucester city centre commitment (1462 @ 2.2 per household) in City Centre	3,261
Further allocations (696 units @ 2.2 per household) growth in City Centre	1,531
Estimated transfer from St Michaels surgery	200
Estimated transfer from College Yard surgery	360
Total anticipated registered list size	17,686

4.3 It should be noted that the assumption agreed with both practices is that growth will be equally shared and lead to an increase in each list size of 2,676 patients. This will mean that GCH list size will be 10,523 and GHAC's City centre list will be 7,163 (plus another 2,200 for Matson Lane so combined list would be around 9,400).

4.4 In respect of sizing of the surgery, if both practices were taking forward separate schemes, around 1,467 m2 gross internal area (GIA) would be required for GMS provision, excluding any GP trainee requirements and specific services provided by GHAC for non-registered services. In total these additional elements amount to 112m2 and so would result in total separate surgery requirements amounting to 1,579m2 GIA.

4.5 As a consequence of pursuing a joint development, there has been some opportunities for sharing some facilities and a Schedule of Accommodation has been completed and agreed with the practices. This has been submitted to the County Council Team ready for more detailed design work. Total agreed requirements for

GMS provision amounts to 1,329m2 GIA. Additionally, training requirements for both practices and the provision of access appointments provided by GHAC have been included. The confirmed area is 1,441m2 GIA and is around 9% more efficient than two separate schemes.

5. Financial update

5.1 At the PCCC meeting in November 2017, project costs were estimated to be £133k over three years. These estimates remain on track, albeit stamp duty land tax costs (SDLT) are likely to be slightly higher as a consequence of a slightly larger building. However SDLT costs of around £40k (a projected £4k increase) will now not be required until the financial year 2020/ 2021 based on revised timelines.

5.2 Initial estimated revenue costs were £249k per year for annual rent reimbursement. This was based on a 1,200m2 GIA building, a reimbursable rate of £195 per m2 per annum and included 60 car parking spaces @ £250 per annum. Firstly, the proposed requirements now require additional space and sized at 1,441m2 GIA. Taking into account latest rental values and future projections of construction costs, the per m2 cost assumptions has been increased to £200 per m2. Total lease costs are expected to be no more than £260k per annum (based on typical scheme where 90% of space is reimbursable [the NIA to GIA ratio). The assumed number of car parking spaces has also been increased to 80 with each space receiving a reimbursement of £300 per annum. = £24k.

The total assumed maximum revenue requirement is now £284k per annum. Existing rents paid by both practices is around £56k per annum and so assumed net increase will be around £228k per annum. The final requirement though is subject to district valuation of the financial appraisal. It should also be noted that business rates will be reimbursed and are expected to be around £70k per annum. These assumed costs have been built into the primary care financial plan. Final requirements will be set out in the business case and require the PCCC approval.

5.3 As part of the PCIP, the CCG agreed that all reimbursable IM&T costs would be set out in business cases for proposed new surgeries. A standardised approach (facilitated by CSU IM&T

specialists) has been developed and has being used to agree the IM&T specification. From a CCG perspective, £113,612 funding will be required for GPIT capital. It is assumed this will be required for the financial year 2019/ 2020.

6. Revised timelines

Item	Planned date	Status
Strategic approach agreed for a Gloucester City Primary Care Hub	November 2017	Completed
Practice agreement	January 2018	Completed
Practice advisors in place	January 2018	Completed
Project initiated	February 2018	Completed
Population and sizing	March 2018	Completed
Schedule of accommodation completed	April 2018	Completed
Commencement of County Council programme (Quayside demolition)	April 2018	commenced
Practices IM&T requirements completed	May 2018	Completed
County Council commissioning of technical and professional advisor team complete for wider Quayside scheme	May 2018	Completed
Health business case (requires design, confirmed financial model, lease arrangements and wide agreement of both practices, patient engagement findings County Council & CCG legal agreement)	May 2018	Now due July 2018/ possibly August 2018 for PCCC
County Council Quayside business case approval (agreement of County Council)	October 2018	On track

Subject to planning approval (It is assumed that during business case finalisation and as the site has LDO status, planning matters will be taken forward as the scheme is finalised) , commencement of construction	January 2019	On track
Building completed and Primary Care Hub open	June to Sept 2020	On track

7. Conclusions

- In the context of the PCIP and specific City Centre infrastructure issues, the PCCC agreed the strategic approach for a Gloucester City Primary Care Hub as part of a County Council led Quayside regeneration programme in November 2017;
- The project has been live since February 2018 with applicable membership and is overseen by a Project Board;
- The Primary Care hub is anticipated to deliver primary care services to 17,686 patients by 2031;
- A Schedule of Accommodation has been completed and total size is 1,441m2 GIA and been issued to the County Council;
- In light of final requirements and recent other financial models, costings have been updated to reflect anticipated future requirements;
- Whilst business case writing has commenced, due to the County Council requirements to commission for technical and professional advice in line with their procurement policies, the project has been unable to complete key elements in time for this PCCC;
- The business case is now expected to be completed in time for the July 2018 PCCC. However, it could be the case that an extraordinary meeting is required in August 2018;
- The overall County Council business case for Quayside is expected to be considered by relevant County Council committees in mid-October 2018, which means health elements will need to have been completed and agreed in advance of a decision for the overall scheme;
- Subject to necessary approvals, It is still anticipated that construction will start by January 2019 and a new facility open between June to September 2020.

8. Recommendations

Members of the committee are asked to note the contents of the report and provide feedback on the progress made, the revised timeline, assumption changes and consider any implications.

Agenda Item 7

Improving Access Pilots

Jo White - Programme Director, Primary Care

Background

NHS Gloucestershire Clinical Commissioning Group

- APMS contract as part of the Prime Ministers Challenge Fund
- Choice Plus appointments, countywide service, urgent only
- GDOC successfully delivered against original objectives
- However there were challenges meeting national core requirements
- PCCC agreed 4 initial cluster pilots following a robust process to go live Oct/Nov 17

Cluster pilots

NHS Gloucestershire Clinical Commissioning Group

- After 4 clusters successfully went live agreed to extend pilots into 2017/18 to test the delivery model for all clusters
- GP Cluster designed, bottom up approach to delivering Improved Access to Primary Care services
- IT Interoperability required to deliver routine care
- Designed to give equity of access for patients
- Testing different urban and rural models
- Investing in different skill mix such as paramedics, physiotherapists, mental heath workers, pharmacists
- Working together at scale, sharing new ways of working
- Meeting national core requirements

Original cluster pilots

NHS Gloucestershire Clinical Commissioning Group

Cluster/ locality	Practices	Population	Hours at 30 mins p/1000	Proposed GP/nurse hours excl other PCPs	Cluster model
TNS	4	42,827	21	33.5	Weekday evenings in 2 rotational hubs, Sat am in one hub, countywide solution for rest of weekend and BH. Piloting paramedics for home visits
FOD	11	69,684	35	50	Weekday in core and evenings in 2/3 rotational hubs, Sat am in one hub, countywide solution for rest of weekend and BH. Piloting shared nurse clinics
St Pauls	5	46,161	23	25	Weekday evenings and Sat am in 1 hub, Sun am also provided by cluster in 1 hub. Piloting shared physio and ANP
Aspen	4	29,721	15	15	Weekday evenings and Sat am in 1 hub, countywide solution for rest of weekend and BH. Piloting frailty nurse and physio

New Cluster pilots

NHS Gloucestershire Clinical Commissioning Group

Cluster/ locality	Practices	Population	Hours at 30 mins p/1000	Proposed GP/nurse hours excl other PCPs	Cluster model
RHQ	3	42,227	21	21	Weekday evenings and Sat am in 1 rotational hub, (with some in core hours on Fridays) countywide solution for rest of weekend and BH. Other PCPs tbc
Inner City	4	33,335	17	17	Weekday evenings and Sat am in 1 rotational hub, (with some in core hours with GDOC) countywide solution for rest of weekend and BH. Piloting MH support workers
SEG	3	23,897	12	19	Weekday evenings and Sat am in 1 rotational hub, (with some in core hours) countywide solution for rest of weekend and BH. Piloting MH worker
NEG	4	33,946	17	26	Weekday in core, evenings and Sat am in 1 rotational hub, countywide solution for rest of weekend and BH. Piloting additional shared GP in hours
Chelt Central	7	50,112	25	40.43	Weekday evenings in 2 rotational hubs, Sat am in one hub, countywide solution for rest of weekend and BH. Piloting additional shared GP in hours

Joined up care CCG

New Cluster pilots cont'd.,

NHS Gloucestershire Clinical Commissioning Group

Cluster/ locality	Practices	Population	Hours at 30 mins p/1000	Proposed GP/nurse hours excl other PCPs	Cluster model
Chelt Periph	5	50,812	25	27.4	Weekday in core, evenings and Sat am in 1 rotational hub, countywide solution for rest of weekend and BH. Piloting additional shared GP and nurse clinics.
Stroud 2,3 &4	12	80,065	40	41	Weekday evenings and Sat am in 2/3 rotational hubs, some in core hours, countywide solution for rest of weekend and BH. Piloting frailty, phlebotomy and addl shared GP clinic in hours.
The Vale	6	39,868	20	27	Weekday in core, evenings and Sat am in 1 rotational hub, countywide solution for rest of weekend and BH. Addl shared PCP - possible paramedic
N Cots	5	33,297	17	30	Weekday in core, evenings and Sat am in 1 rotational hub, countywide solution for rest of weekend and BH. Piloting addl shared GP clinic in hours
S Cots	7	58,353	29	29	Weekday evenings and Sat am in 2/3 rotational hubs, some in core hours, countywide solution for rest of weekend and BH. Propose piloting nurse in MIIU.

Joined up care CCG

Evaluation

NHS Gloucestershire Clinical Commissioning Group

- Improved access
  - National core requirements
  - Wait to routine appointment
  - Equity of access
- Sustainability of Primary Care
  - Impact of Skill mix
  - Feedback from GPs and practice staff
  - Workforce, recruitment and retention
  - New ways of working building on cluster development
- Impact on the wider system
  - OOHs
  - MIIU
  - ED

Evaluation Plan

NHS Gloucestershire Clinical Commissioning Group

Cluster pilot evaluation

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity		2 pilots	4 pilots	4 pilots	5 pilots	5 pilots	10 pilots	14 pilots											
Routine wait	ALL					4 pilots	Remaining			14 pilots			14 pilots			14 pilots			14 pilots
Patient & staff survey		Individual cluster feedback/surveys, 4 pilots						Common formal survey -4 pilots					Formal survey - 10 pilots						
Workforce, recruitment & retention																			
New skill Mix			Devloping framework and templates					Qualititve f'back to inform training and devt					Full evaluation						
ED attendances		2 pilots	4 pilots	4 pilots	5 pilots	5 pilots	10 pilots	14 pilots monthly											
OOH		2 pilots	4 pilots	4 pilots	5 pilots	5 pilots	10 pilots	14 pilots monthly											
MIIU attendances		2 pilots	4 pilots	4 pilots	5 pilots	5 pilots	10 pilots	14 pilots monthly											

Joined up care CCG

Wait to routine appointments

NHS Gloucestershire Clinical Commissioning Group

- Conducted a baseline survey with all practices in September/early October
- All early cluster pilots had one or more practice with waits over 2 weeks (in some cases 4-5 weeks) to see a GP or a nurse for a routine appointment
- A further survey was conducted in February with the practices in the early pilots
- All pilot cluster practices reported within 1-2 weeks wait for both GP and nurse with the exception of 1 practice reporting over 2 weeks due to high levels of staff sickness

Paramedic review - TNS

NHS Gloucestershire Clinical Commissioning Group

Cluster audit from 18th December '17 until 8th January '18	
Patients seen – 67	Mythe medical practice – 33 Church St Medical – 34
Patients per day = 7.1	Age range:- <40 = 3, 40-60 = 2, 61-80 = 26, >80=36
Conditions:- Respiratory - 29 Musculoskeletal - 9 UTI - 5 Abdo pain - 2 Vomiting - 5 Diarrhoea - 3 Palliative - 2 Other - 12	**Outcome**:- Antibiotics - 24 Advice and reassurance - 22 Analgesia - 8 Other drugs - 5 Bloods - 6 Steroids - 5 Medication advice - 1 Requires proactive follow up - 5 Follow up visit - 4 Social services referral - 3 ADMISSION - 3

Joined up care CCG

Advertising

NHS Gloucestershire Clinical Commissioning Group

- Practice websites
- Posters in waiting rooms
- Radio Gloucestershire interest FOD & countywide
- NHSE communications - local papers, radio, posters

Key message is ASAP, pharmacy, self care
If you need a GP appointment contact your registered practice in hours and 111 out of hours

Joined up care CCG

Learning so far

NHS Gloucestershire Clinical Commissioning Group

- Cluster working to provide shared services, challenging but effective
- Equity of access – patients like better access to local services and will travel to other practices
- IT interoperability – real time patient record, some challenges
- Rota fill – very positive in most areas, though some shifts still difficult to fill

Next steps

NHS Gloucestershire Clinical Commissioning Group

- Main focus now is reiterating governance
- Ensure consistent shift fill/contingency plans are in place for all pilots
- Several clusters still considering innovation plans
- 111 direct booking into urgent countywide appointments at weekends and Bank Holidays

Joined up care CCG

Agenda Item 8

Primary Care Commissioning Committee

Meeting Date	**Thursday 31st May 2018**
Report Title	**Online Consultation Systems Project Update**
Executive Summary	NHS England is making funding available to CCGs for the implementation of an online consultation system. There is emerging evidence this approach will support General Practice in meeting the challenge of growing patient demand and features within our Gloucestershire Primary Care Strategy. There is significant opportunity over the coming year to develop an online patient offer that integrates 'ASAP', 111 Online, Patient Online and our Directory of Services to support self-care and signposting to appropriate services. The Localities & Primary Care Directorate are proactively engaging with our member practices to understand local requirements, test concepts and further develop our patient pathway and functional specification through locality meetings. We plan to continue this engagement at our GPFV event in June, along with patient engagement through the PPG Network. This paper provides an update on current project progress and status.
Key Issues	**111 Online Implementation** The implementation of 111 Online has been brought forward from December 2018 to the end of July 2018 and the use of NHS Pathways has been mandated. NHS Pathways does not currently integrate with online consultation products. We have assurance it is on the NHS Digital Team's roadmap to build this functionality,

	but not initially. Therefore, on the recommendation of NHS England and NHS Digital, we will mitigate this with a short-term supplier contract (maximum of 2 years) to mitigate against our chosen supplier failing to work with NHS Digital to integrate their product. We are working closely with the urgent care team to align this project with 111 Online. **Ongoing Funding** The funding from NHSE is non-recurrent only. Evaluation of the project will therefore be highly important in supporting future investment.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	A complete list of risks and mitigations, along with scoring, is provided at Appendix 4.
Management of Conflicts of Interest	We plan to utilise the Dynamic Purchasing System available through the National Procurement Hub, who will identify suppliers that meet our local requirements from the national framework of suppliers. We plan to set up a local panel consisting of GPs, Practice Managers, patients and lay members from PCCC to select the final supplier based on those the National Procurement Hub confirm meet our specification.
Financial Impact	Nationally NHSE is making available £45 million to support the implementation of online consultation systems by GP practices. The total three year allocation (17/18 – 19/20) for Gloucestershire is approximately £481k. This funding supports non-recurrent set up and licensing costs. Funding beyond this value will need to be found locally.
Legal Issues (including NHS Constitution)	There are no known legal issues.
Impact on Health Inequalities	The system will support a consistent disposition throughout Gloucestershire, where patients can

	more readily reach the correct professional, service, or receive self-management advice, as clinically appropriate for their condition.
Impact on Equality and Diversity	There is no anticipated impact on equality and diversity at this stage. All existing services will continue, with this system serving to complement those.
Impact on Sustainable Development	This solution has the potential to reduce patient travel as requests will be dealt with online without need for a face to face consultation.
Patient and Public Involvement	We are utilising the PPG network event on 8 June to seek patient input to this project and will identify individuals to support the procurement process.
Recommendation	Members are asked to note the content of this report.
Author	Stephen Meadows and Stephen Rudd
Designation	Locality Manager and Head of Locality & Primary Care Development
Sponsoring Director (if not author)	Helen Goodey Director Locality Development and Primary Care

Agenda Item 8

Primary Care Commissioning Committee

Thursday 31 May 2018

Online Consultation Systems Project Update

1. Introduction

1.1 Gloucestershire CCG has committed to full implementation of the General Practice Forward View (GPFV) and has joined together all the initiatives within one programme, led by the same team and overall GPFV programme lead to create a cohesive programme of work where all the initiatives align with our Primary Care Strategy. 'Online Consultations' is one such project within the GPFV programme, aligning with the 'Greater Use of Technology' component of our Strategy.

1.2 'Online Consultations' is the facility for patients to conduct a clinical consultation with their practice online, using a mobile app or online portal.

1.3 CCG's are asked by NHS England to procure a system that allows patients to ask their practice about their query or problem, submit monitoring results, request prescriptions, call backs, electronic replies and provide facilities for other kinds of appointments. They can also access information about symptoms and treatment, supporting greater use of self-care. This programme element will help us to achieve the 'Greater Use of Technology' ambition in the Primary Care Strategy.

1.4 NHS England is making available approximately £481k, non-recurrently over three years (17/18 – 19/20), to Gloucestershire CCG for the implementation of an online consultation system in the county.

1.5 Our ultimate goal, as a CCG, is to procure a system that will integrate ASAP, Patient Online, 111 Online including NHS Pathways and the

Local plus National Directory of Services. Executing this well will result in a seamless digital patient experience that provides consistency of disposition across the county, while supporting resilience and sustainability of general practice.

2. Progress so far

2.1 *Funding Plan Submissions*

2.1.1 Key early deliverables for this project were to submit planning returns to NHS England to secure our 17/18 funding allocation for Gloucestershire, given later than anticipated national release of planning guidance.

2.1.2 The plans, updated iteratively and inclusive of a draft pathway and draft functional specification, were developed with input from a project working group including GPs and PMs from those practices who had already piloted online consultations locally, CSU IT colleagues, NHS England, NHS Digital, other CCGs in the country who were early adopters, the NHS England National Procurement Hub specialists and the Primary Care and Localities Directorate. The latest iteration of this plan can be found at Appendix 1, along with the accompanying draft patient pathway at Appendix 2 and draft functional specification at appendix 3. These documents continue to evolve through our current engagement (see below).

2.2 *Engagement*

2.2.1 In order to engage with a wide range of our member practices, we are attending locality meetings throughout April and May, utilising a dedicated set of pages on CCG Live and communicating with practices through What's New This Week. This is in addition to specific engagement with our Locality Chairs, GP Provider Leads and the LMC.

2.2.2 This engagement continues in June, with the PPG Network Event where we're jointly presenting with the Urgent Care Team on 111 Online (see below) on 8 June. Additionally, we have this as a workshop and a stand at our GPFV event on 12 June.

2.3 *111 Online*

2.3.1 The timescale for implementing 111 Online has been brought forward from December 2018 to the end of July 2018. It has been mandated that NHS Pathways, supplied by NHS Digital, is the implemented system. While that is different to what was known at the time we initially wrote our plan and last presented to PCCC, it does not

materially alter our long-term plan to have an integrated system.

2.3.2 NHS Digital are working on the interoperability of NHS Pathways with those suppliers on the framework for online consultations, but have advised us this may not be complete until 2019/20. Therefore, we will continue as planned with finalising our specification and pathway through engagement with practices and patients, finalising our plans for submission to NHS England by mid-June, with a view to entering procurement from July onwards. This approach has been approved by NHS England.

2.3.3 We are working closely with the urgent care team to ensure our projects remain aligned and they will continue to form part of the project team going forward, including as part of our procurement panel as we maintain our vision for an integrated system.

3. Procurement Plans

3.1 We are planning to use the Dynamic Purchasing System offered by the National Procurement Hub for our procurement. The Hub ensures that system suppliers meet the necessary assurance standards required to be an approved framework supplier. They will run a competition to draw up a shortlist of suppliers that match our functional specification. The final preferred supplier will then be selected by our local panel. As per the requirements of NHS England South, and our own ambitions, we plan to procure one system for the county.

3.2 As the National Procurement Hub will be utilising a framework of accredited suppliers, the procurement runs to an expedited timetable with an indicative outline provided by the National Procurement Hub as follows:

Activity	Timescale (Indicative)
ITT Released	Start Time (T) to be determined
Deadline for Clarification Questions	T + 5 days
Deadline for Submission of Bidder Responses & Prices	T + 10 days
Bid Evaluation & Supplier Presentations	T + 31 days
Moderation	T + 33 days
Award Report Produced	T + 35 days
Sign off & Award Announcement	T + 38 days
Pre-Contractual due diligence	T + 45 days
Contract Formation	T + 52 days
Contract Start	T + 52 days

3.3 In order to assess the bidders that match our specification, we will have a local panel consisting of GPs, Practice Managers, patient representative(s), our CCG Urgent Care Team, CSU IT colleagues who are part of our working group, lay member representation, our CCG Chief Clinical Information Officer, and the Primary Care and Localities Directorate to score the supplier responses to our Invitation to Tender (ITT) questions. The National Procurement Hub will oversee the whole process and provide support to moderation, where required.

3.4 The overall supplier contract, once procured, will be managed by our CSU IM&T team.

4. Implementation Plans

4.1 NHS England has commissioned the NHS South, Central and West Commissioning Support Unit (CSU) to support us with the implementation of online consultations. This, combined with the expertise of the National Procurement Hub and our current CSU IT team who are part of our working group, is giving us access to specialists who are supporting the implementation of online consultations.

4.2 Our current rollout plan to utilise initially those practices who have successfully trialled forms of online consultations with their patients previously and those who are willing early adopters. This will enable us to test systems in a controlled way and optimise the rollout process.

4.3 We then intend to extend the system, in Q4 2018/19, to those 'fast followers' utilising the evidence gathered from the early adopter practices, with the aim of reaching 50% of practices utilising online consultations by March 2019. In 2019/20, our plan is to promote the system to the remaining practices with aim of reaching 75% of all practices by March 2020.

4.4 These figures are not nationally imposed and are explicitly draft intentions only, as much will rely on timing of assurance from NHS England, suppliers being able to meet our specification and then our chosen supplier successfully deploying. Other factors will include practice sign-up and other pressures in practice which prevent them proceeding at a given time. We will therefore continue to revisit this and report back to the Primary Care Operational Group and Primary Care Commissioning Committee as we refine these plans.

5. Evaluation

5.1 Benefit measures have been outlined within the plans submitted to NHS England and include:

- Patient sign up for use;
- Patient experience and satisfaction;
- Improvement in practice wait to routine appointment;
- Number of online contacts and remote closures, to measure the reduction in actual contacts (e.g. phone calls to general practice);
- Face to face appointments saved;
- Clinical time saved;
- Administration time saved;
- DNA monitoring, to measure the change in non-attendance;
- Online contact monitoring by condition and disposition, to understand the impact in patient access and demand.

5.2 Through our engagement with member practices and patients we are teasing out these benefits and, with further input from our working group and local and national expertise – such as through CSU colleagues and the National Procurement Hub, will finalise them pre-procurement.

5.3 These will then form part of the procurement process as we look to secure the chosen supplier to meet our desired benefits.

5.4 Evaluation metrics will be developed, inclusive of measuring the benefits anticipated along with a set of other key performance indicators based on our final specification, to measure the impact of implementing online consultations in Gloucestershire. Evaluation of the project will be brought under the umbrella of the GPFV evaluation work stream and supported by the CSU IM&T team.

5.5 Furthermore, reporting nationally will be through the GPFV monthly assurance return to NHS England, while locally progress will be reported through the Primary Care Operational Group and Primary Care Commissioning Committee, along with the New Models of Care Board and STP Delivery Board as part of GPFV and Primary Care Strategy reporting.

6. Recommendations

6.1 Members are asked to note the content of this report.

7. Appendices

- **Appendix 1:** Outline NHSE Plan Template

GCCG_STP_CCG_Onl
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- **Appendix 2**: Draft Patient Pathway

GCCG_Draft_Patient
_Pathway

- **Appendix 3:** Draft Functional Specification

GCCG_Functional_Sp
ecification.pdf

- **Appendix 4:** Risk Register & Issue Log

Risk_Register_&_Iss
ue_Log

NHS England

GPFV FUND FOR ONLINE CONSULTATION SYSTEMS

Planning Template
Online Consultation Systems – South Region

Sponsors and authors of documents seeking appropriate authority to fund or proceed with this project must consider whether the content or strategy to which the document applies at this stage is sensitive or may have commercial implications. If it is considered necessary, the document should be headed and watermarked appropriately.

Document version control (for use by Project sponsors) Add rows as required. Last entry should read: '**Final for signatures'**	Version No.	Status	Issue date	Notes
	1.0	Signed-off – plan for £30k	18/01/18	Version for sign-off (separate PDF supplied with signatures)
	1.1	Updated for additional £77k	07/02/18	As per guidance from NHSE: to drawdown remaining 2/3rd of 17/18. All updates to original denoted by *italics.*
	2.0	Final plan submission	02/03/18	Final plan submission for remaining Gloucestershire funding allocation

1. DATE OF FORMAL SUBMISSION	Date	2 March 2018

2. NHS ENGLAND REGION	Region	South

3. SPONSORING ORGANISATION MAKING THE APPLICATION	Organisation Name	NHS Gloucestershire CCG
	Registered Address	Sanger House
		5220 Valiant Court
		Gloucester Business Park
		Brockworth, Gloucester
		GL3 4FE

4. OTHER ORGANISATIONS PARTICIPATING IN THE APPLICATION (for example other CCGs within the STP if this is an STP wide application. Add rows as required)	Organisation Name	
	Organisation Name	
	Organisation Name	
	Organisation Name	

5. LEAD CONTACT Please include a named contact for this application from the lead	Title	Mr
	Name	Stephen Rudd
	Organisation	Primary Care and Locality Development Team

organisation who can answer any queries relating to this document.	Office tel.	0300 421 1956
	Mobile tel.	07795 685090
	e-mail	stephen.rudd@nhs.net

6. PROJECT DESCRIPTION Please specify what is being purchased and for which and practice(s). A list of practices may be included as an annex. Include a description of the project, which should include a summary of: • Scope and content • Objectives and benefits • Communications & engagement plan for:- a. Clinicians, patients and support staff b. Wider stakeholders Please describe how the project:- • Aligns with other initiatives, current and planned, for improving digital services and improving access for patients, and specifically 111 Online.	*Please note: This application for the remaining one-third allocation for 2017/18 and the remaining allocation for 2018/19 and 2019/20. This application therefore should be seen as complementary to the previous applications (v1.0 and v1.1) to release the initial £30k and £77k amounts respectively from our 17/18 allocation.* Gloucestershire CCG has commited to full implementation of the General Practice Forward View and we have joined together all the initiatives within one programme, led by the same lead contact as for this Online Consultation plan, to create a cohesive programme of work where all the initiatives fit within our Primary Care Strategy. We have been implementing the ten high impact actions for general practice diligently, working with the Sustainability and Improvement Team to create a 2 year programme of implementation that will complete in Spring 2019. Online consultations is another important element of this overarching programme; another part of the jigsaw for providing the sustainability of general practice as a cornerstone of our Gloucestershire STP. For example, in modelling our future general practice workforce needs, we have considered a range of pressures (ONS population growth, increasing appointments through patient demographic shifts, along with increasing appointment trajectory) and then offset by the measures we are undertaking throught our Primary Care Strategy. Online consultations is one element of the interventional measures and utilising evidence from the Making Time for Care study and testing against emerging evidence from successful pilot sites nationally, we have assumed a 5.5% reduction in GP consultations as a result of this initiative. In developing this plan, we have worked with GPs, practice managers, our LMC, our local GP federation, NHS England colleagues, our CSU and taken advice from the national procurement hub along with speaking to Hampshire and Aylesbury CCGs to understand more about their learning from the work they've already done in this area. Our working group has supported the development of a draft local patient pathway and system specification, which are both attached in their current draft form. This work has also been informed by three practices who have been trialling online consultation software, commenced under the original Gloucestershire Prime Ministers Challenge Fund (later renamed the General Practice Access Fund). Three practices, below, are currently trialling online consultation software. These are services that commenced online consultations under the original Gloucestershire PMCF bid: • Stow Surgery, North Cotswolds locality • Chipping Campden, North Cotswolds locality • Mythe Medical Practice, Tewkesbury localiy A valuable degree of learning has been provided by the practices, which has helped inform our proposal for Gloucestershire. We plan to utilise the opportunity of continuing these systems temporarily, with evaluation metrics in place to evaluate those systems and the impact on patients and practices. Local practice interest in online consultations is already growing. A practice in a deprived area of Cheltenham, Springbank, along with two further practices (Cheltenham and Tewkesbury localities) have also expressed interest in piloting online

consultations. These formed part of our interim bid that has been approved and is now being progressed. The learning from these practices will help inform our long term procurement strategy, while initially are supporting the development of our pathway, specification and this plan.

Some key principles are:

- The care pathway, and by extension the specification and therefore the chosen system supplier, will align with the one place new model of care and 111 Online.
- Requirements will be approved by users of the service; both patients and practices.
- The system(s) must be intuitive, easy to use, with minimal workload/steps for all users.
- The system(s) must integrate (or have plans to integrate) with current systems to negate any re-keying of information.

Full details are included within our draft functional specification.

- **Who will online consultations be targeted at?**
  Online consultations will be available to all patients over the age of 16 who are registered with a Gloucestershire practice. At the time of writing, we intend to ensure full interoperability with Patient Online services with one login, thereby immediately creating the scope for joined-up online services for targeting communications. We also plan to have specific modular add-ons for patient groups, included within our functional specification, such as being able to provide frequent BP readings – and therefore specific targeting of these patients will be undertaken.

- **What evidence of patient demand and insights have been used to inform approach?**
  Patient demand is emerging from evidence of early adopter sites, as well as our pilot sites in Gloucestershire. Speaking with early adopter CCGs and attending regional and national Digital events, along with our pilot practices, has demonstrated some real patient demand for such services, but this has varied significantly by site. What appears crucial is whole practice engagement, patient engagement, exemplar processes and communication that integrate online consultations into business-as-usual, rather than a bolt-on. In addition, intergration with other services along with interoperability, will be equally important. It is with this evidence in hand that we have developed our thinking and this is reflected in our plan, draft pathway and draft specification.

- **What is the anticipated impact on demand and capacity and the evidence this is based on?**
  As above, this evidence is at emerging stage nationally and locally. However, demonstrating our joined-up approach across the GPFV and our Primary Care Strategy, we have used a planning assumption within our workforce modelling that underpins our Primary Care Workforce Strategy of a 5.5% reduction in activity through online consultations and directing patients more effectively to self-care by 2020/21. This is based on the published Making Time in General Practice study from the NHS Alliance. We are aware that some practices have achieved in excess of this figure and therefore believe this to be a reasonable planning assumption based on the evidence to date.

- **What are current resourcing and patient flow challenges that need to be considered?**
  Patient flow will be improved by an automated workflow solution, where patient requests are added to specific Practice workflows by the system, without need for additional administrative input. We therefore do not anticpate operational

resourcing challenges for practices; this project is an intervention to support patient need through other means and therefore reduce – not increase – workload for practices. Patient flow through the system is described within the accompanying draft pathway (see embedded PDF below).

GCCG_Draft_Local_Pathway_Feb-18

- **What type of consultation will be offered to address patient needs in response to evidence?**
  The pathway above, and specification embedded below, demonstrate the service offering we anticipate through the online consultations system. Through intergration with Patient Online, patients will be able to access self-care through NHS Pathways, access to local and national services through integration with the national and local DOS, triage through to GP appointment along with additional modules for video consultations and submission of test results. This specification has been built from primary and secondary research techniques, specifically with GPs, PMs, other CCGs and desk-based research. This will all be tested with patients, initially through identified early volunteers from our patient network, then in June 2018, at our patient network event.

- **What will be the impact on wider system & STP alignments?**
  The implementation of an econsultation tool within primary care aligns closely with the STP's redesign of Urgent and Emergency Care Services (the One Place Programme) as well as our Primary Care Strategy, which is a key enabler of our STP plan. As mentioned above, emerging evidence shows that enabling patients to access advice and guidance through an online symptom tracker, which then directs them to the most appropriate service, helps to reduce appointments in practices and gives patients a superior service. This reduction in demand of low-level need that can be better serviced through e-consultations, provides more capacity within the system, along with greater resilience of primary care, which in turn underpins the foundations of new models of care across the system. Furthermore, the STP plan includes improving access to information and services for patients through the use of digital tools which support self care and prevention. The implementation of an electronic online consultation tool aligns with the wider STP Self Care and Prevention programme which has a digital sub-group examining opportunities to support patients and citizens to stay healthy, improve their health, find information about their conditions and to self care.

- **What are the 111 online alignment plans?**
  We plan to fully integrate our procured system with 111 online and NHS Pathways. In order to realise this we are waiting for publication of national guidance and technical frameworks regarding future requirements, so in the meantime have made this a core element of our functional specification.

  The implementation of 111 Online has been brought forward from December 2018 to end of July 2018. The use of NHS Pathways has been mandated. This creates an issue that our online consultation system and 111online will be non-integrated from the initial implementation. We have assurance it is on the NHS Digital roadmap, but not initially and therefore we will have to mitigate this with a short term supplier contract. This will be for a maximum of 2 years, with a break clause at year 1. Should our chosen supplier not integrate with 111 Online we'll be able to move to one that does (should that continue to be our preference as a CCG). We are working closely with the urgent care team to align the projects.

- **Has integration with other digital programmes been considered / does the process include signposting to other programmes?**
  Both the 111 Online and Online Consultations projects are part of the Local Digital Roadmap and are being considered as part of an LDR workstream reviewing how patients access information and health and care services. This includes how patients access their record, book appointments and undertake other transactional services. This project is closely aligned to the Joining Up Your Information project (the clinical shared records project for Gloucestershire) which will share clinical information about the patient from multiple sources with clinicians and patients. This workstream will work with patients and citizens to identify what their requirements are for a ePHR. Their requirements will support the development of a strategy and plan to support patients with the use of patient facing technologies. This will also include the further development of the work that is currently underway to consolidate the information that is available to patients via multiple health and social care websites to one countywide website called Your Circle. This workstream will examine the use of apps and websites that patients use and develop a roadmap to integrate those that are seen as essential for example 111 Online and Online Consultations.

  Some of the projects which will be included in this wider review of patient facing technologies include:
  - Your Circle (the consolidation of patient facing websites)
  - Condition Specific Apps (such as MapmyDiabetes, MyCOPD, Moodometer)
  - JUYI including the patient held record
  - Patient Online
  - Better Births programme – use of Handi\Matenity voices

  Additionally, prior to 111 Online alignment being realised, we plan to integrate the system with our existing local digital programme, namely the ASAP advice and guidance online application. As part of our procured system solution we aim to have tailoring of the signposting element so that all local services, including independent providers and the voluntary sector, are easily accessible.

- **What are the planned access routes and communications?**
  The online Consultations system will be accessed via Practice websites primarily, but signposting from other routes will be explored as part of a communications plan. This includes, but is not limited to, the following considerations below.

  - Changing the welcome message on practice telephone systems to direct them to the online services in the first instance, informing/reminding patients of the services they are able to access;
  - Practice websites;
  - Social Media;
  - Posters in practice and video screen;
  - With maturity across Gloucestershire as we rollout, wider GCCG advertising campaigns.

  The roll out to Practices will be phased across the County. A detailed plan for this will be developed in conjunction with the Procured System Provider. This includes developing a comprehensive patient engagement communications plan with the GCCG Communications department.

- **How will be success be measured and what is the review process?**
  We aim to procure a system that has analytics functionality within the system solution itself, allowing us to report on all elements of the patient pathway, including patient disposition and demand and capacity impact.

  In addition, the project team has been reviewing the evidence on benefits and lessons learned from other projects. The evaluation metrics are still being

finalised, but are likely to include:

- Figures for uptake/usage:
    - % patients signed up for use: No. of patients in practice signed up to use econsultations/No in Practice.
    - No. of econsultations visits and total submitted per month and total YTD
    - % econsultations appts to all appts in practice.
    - No. of self-help visits
    - No. of pharmacy self-help visits

- Clinical information:
    - Condition by No. to list top 10 conditions/visit type
    - Outcome by condition/visit type

- Patient experience:
    - Survey at end of consultation to find out what patients thought about the experience – capturing rich qualititative information.

- **Clinical engagement, leadership and governance?**

  The econsultations project is part of the Local Digital Roadmap programme and is also closely aligned to the One Place Programme. The Project Group has clinical representation from GP practices and the GP Chief Executive of the local GP Federation, plus the CCG CCIO and Clinical Safety Officer.

  The eConsultations project group reports to both the GPFV Project Team and the One Place Digital Group. The GPFV Project Team (chaired by our Gloucestershire RCGP GP Ambassador and STP Delivery Board representative) reports to the Primary Care Operational Group, which in turn reports to the Primary Care Commissioning Committee. Meanwhile, the One Place Digital Group reports to the One Place Programme Board which in turn reports to the STP Delivery Board.

  The attached document below outlines the governance structure for the One Place Digital Group and GPFV Project Team.

  Governance Structure v0.2.docx

  In addition, we are communicating with all our practices through utilisation of our newsletter (What's New This Week), our CCG Live GPFV intranet site, along with face-to-face at a recent countywide GP Provider event run by our seven GP Provider Leads who are the countywide representatives of their GP practices and who have seen and contributed to the documents within this plan. We have also engaged with our LMC, with presentations from the NHSE Digital team too, through the GPFV Project Team and through email communications in the shaping of our pathway and specification. Further communiations will follow through all these channels, once our plan is approved by NHSE, to finalise our pathway and specification and build our rollout and procurement plans and have GP and PM leadership on our procurement panel.

  Initially online consultations will be implemented as a standalone application which is signposted from the GP Website. This will be integrated with GP clinical systems and 111 Online once the system suppliers have completed their integration roadmap. This is anticipated to be during 19/20. In addition scoping of integration with other systems will be undertaken during the first 18 months. The integration scoping will include reviewing integration with the local DOS MiDos and JUYI.

	The integration with GP clinical systems will initially include the ability to book appointments but may also include the ability to undertake other transactional services e.g. ordering repeat prescriptions or sick notes. • **How will patient satisfaction/experience be measured/approached?** As above, we are engaging with our PPG network in the implementation of this project and will work them in co-designing and developing patient satisfaction and experience measures. Early thoughts are included within this plan and our draft specification, such as measuring quantitative as well as qualititative (post online consultation feedback) through the software.

7. TECHNICAL AND SERVICE REQUIREMENTS Please outline:- a. Your plan for ensuring that your proposed solution will meet specified national functional, technical and security requirements (see Operational Information) b. Any additional local service requirements Confirm that any proposed digital technology development will be compliant with appropriate and relevant NHS guidance. (The Sponsor must ensure that the capture of metrics for national reporting purposes are included in the specification of supplier service requirements)	We have taken advice and been supplied with national specifications from the National DPS Procurement Hub in the development of our local specification. This has also been tested with, and feedback sought, from NHS England Digital colleagues and our CSU IM&T experts. Local requirements have been considered based on GP and PM feedback along with local intelligence and support from our CCIO. This specification has been embedded below. It is explicitly still at draft stage as we will move to finalisation on approval of this plan by NHS England.  GCCG_Functional_Specification_V1 • **Appointment slot approach and response times?** Best practice will be refined and agreed through learning from our pilot and early-adopter practices. We anticipate that consultation requests will be triaged and responded to by the end of the next working day at the latest. Requests will be prioritised through clinical need to ensure urgent requests receive a timely and appropriate clinical intervention. • **Interoperability and system-wide workflow?** The online consultations project is part of a wider programme for sharing records and integrating systems. Joining Up Your Information is the programme which is integrating clinical records from multiple organisations and which will be defining requirements for an electronic Person Held Record during 18/19. This programme will also ensure that other projects such as 111 Online and online consultations are aligned and dependencies identified. • **Support and emergency procedures at Practice, CCG and Supplier?** The solution will be procured through the NHSE Procurement Hub and will be based on the requirements and functional , technical and security specification provided by the national team. The specification will be reviewed locally but the project group and any local requirements will be added if needed. These will include any local integration requirements e.g. to GP Clinical systems, MiDos, 111 Online. The implementation of a Online consultations solution will be compliant with local and national guidance on security, information governance, patient safety, privacy impact assessment. The evaluation of the product and the implementation process will be supported by the CCG Clinical Safety Officer and CCIO and will be reviewed by the Project Group.

8. REPORTING Funding approval is conditional on CCGs committing to populate the online consultation systems data fields in the periodic GPFV Monitoring Survey. These are currently being updated to capture metrics relating to roll-out and patient uptake. Please confirm commitment in the box provided.	Yes: Y No:

9. BENEFITS In addition to reporting metrics through the periodic GPFV Monitoring Survey, please describe how the realisation of benefits (such as GP time saved and improved access for patients) will be tracked and your approach to Post Project Evaluation.	• **How will benefits be aligned and managed?** The project team will develop a benefits realisation plan and a stakeholder plan which will be approved by the project group. This will be in conjunction with the NHSE Digital team and the DPS procurement hub who have both offered to support with this work. The benefits realisation plan will include defining the benefits metrics and timetable and details on the collection of baseline metrics, how often and methods of collection e.g. survey or reporting from the online consultations system. Benefits measures will be agreed as part of pre-implementation work, but are likely to include: ◦ Time saved in administration tasks (review of no of sick notes, vaccination documents etc ordered online) ◦ Appointments avoided ◦ Clinical time saved ◦ Patient experience – more convenient, ease of use, faster response time, able to self manage • **Are robust and automated reporting mechanisms in place for wider GPFV metrics monitoring and wider reporting?** Yes. GCCG has an established GPFV reporting mechanism. Online consultations is already integrated into this reporting. Equally, we are developing an in-depth evaluation workstream across the whole GPFV programme. Online consultations will be integrated into this workstream, with evaluation shared with local NHSE colleagues.

PLANNING TEMPLATE

10. FORECAST COSTS

Please specify what the forecast revenue cost will be (separately itemising and profiling cost) and when it will be expected. As per the South region approach, plans may include bringing funding forward into 17/18 or 18/19, or delaying spend into 18/19 or 19/20 depending on local need, and as long as the overall allocation for the area is not exceeded over the three years. These chanes will be accomodated as far as possible within the overall South allocation.

After discussions with the Procurement Hub we have assumed a prudent price per patient of £0.50p and a potential rollout projection as follows where we only pay for practices as they rollout :

- 18/19 : c.25% of all practices (average figure) have online consultations for 1 year licence cost (given i twill be a slowly increasing profile over the year with an aim to have 50% of practices by March 2019)
- 19/20 : An average of c.75% of practices over the year

Also, original £107k reprofiled into 18/19 to reflect latest thinking.

Forecast profile remains explicitly draft and subject to change and refinement ; we will keep with local NHSE team informed as this changes.

Forecast Costs	2017/18 £000	2018/19 £000	2019/20 £000	Total £000
Application of Funds				
Project management/implementation	9	10	10	29
Licences	37	80	244	361
Evaluation (existing pilots and ongoing)	2	10	10	22
Backfill	2	6	6	14
Scoping of integration with 111 online and local Dos and integration costs		24		24
Comms and engagement	5	15	20	40
Total	**55**	**145**	**290**	**490**

11. FUNDING ARRANGEMENTS

Please indicate how funding will be managed at local level, and whether funding should be sent to a lead CCG on behalf of a larger area, or to individual CCGs.

By the lead CCG on behalf of all participating organisations	Y
Proportional allocations to be paid to all participating CCGs	

12. RECURRING REVENUE COSTS

Please explain how the CCG(s) will support practices to continue use of online consultation systems beyond the period of nationally provided funding.

It is currently too early to pre-judge the evaluation of online consultations and combined with the emerging market that will be more mature by the end of the funding period, it would not be prudent to second guess the required recurring revenue cost at this stage.

Furthermore, with potential additional costs for 111 Online and DOS integration, this could represent a significant investment for GCCG.

Therefore future recurring revenue costs will be informed through the evaluation of the benefits and the integration across our STP priority digital areas.

13. PROPOSED PROCUREMENT STRATEGY

Please describe the procurement strategy, who will be leading, and timetable for completion.

Please include:-

- Market assessment and plan for market engagement
- Procuring organisation
- Procurement Advisers (CSU,

- **Procurement route and mechanism?**
  Following confirmation from NHSE that funding has been secured, we will continue to work with the NHSE DPS Procurement Hub in working up our procurement documentation. This work has already progressed and the hub are engaged, ready for when we wish to proceed. The CCG will be supported by the CSU team in running a mini-procurement, whereby we will involve local GPs, PMs and patients.

- **Market engagement activities and assessments?**
  In order to take an informed view regarding system functionality we are considering an informal pre-procurement exercise to better understand system functions. If undertaken this would purely be to support an informed viewpoint on overall procurement requirements, not to be influenced by specific suppliers.

health informatics service, etc.), if applicable
- Procurement route (e.g. NHS England dynamic purchasing system, direct award, framework agreement, EU procurement procedure)
- Procurement plan (key tasks, milestones and timescales)

However, by utilising the Procurement Hub, market engagement – to some extent – will be undertaken on our behalf.

- **Expertise used to decide on most appropriate solution?**
Our Procurement advisors are the SCW CSU IM&T team, combined with our CCIO and the DPS Procurement Hub. SCW are particularly well placed to support the CCG as they are able to provide shared learning and expertise from supporting procurement processes with other CCG customers. An additional element of support from SCW is an operability matrix outlining to what extent providers meet specific criteria.

- **Procurement criteria and approach to procurement at scale?**
Please refer to our technical specification attached above.

- **Supplier management process, relationship ownership and escalation?**
The overall supplier contract will be managed by our CSU IM&T team. The system supplier shall make available named contacts with whom individual practices can have direct day to day contact with. In order for the team to performance manage the contract effectively, an escalation process for pratices will be established. This will be to gain routine intelligence for contract performance management. Additionally it will allow escalation of exceptional system issues and 'events' that impact normal operability and provision of services to patients.

- **Plan outline?**

This is explicity subject to change, but is based on early conversations with, and information supplied by, the DPS Procurement Hub team (Garry Mitchell and Rob Amil):

Activity	Timescale (Indicative)
ITT released	Start time (T) to be determined
Deadline for clarification questions	T + 7 days
Deadline for submission of CCG Plans	T + 14 days
Plan Evaluations complete	T + 21 days
Bidder notified	T + 28 days
Contract starts	T + 35 days

14. NATIONAL PROCUREMENT HUB
Have you consulted the national Commercial and Procurement Hub for Primary Care IT on your procurement strategy?

Yes	Y
No	

15. PROPOSED DEPLOYMENT / IMPLEMENTATION STRATEGY

Please describe the strategy for deployment of the Online Consultation product(s), including:
- who will be leading on ensuring take-up and useage,
- the resources that will be available to GP practices to support roll out,
- targets that will be set for up-take by GP practices and/or patients, and
- key implementation milestones and timescales.

- **Have considered pros/cons or rollout in phases or 'big bang' approach. Are practices identified who will be front runners?**
The initial users are anticipated to be practices already piloting online consultation systems. This is in order to preserve the new service offering for patients where it has already been embedded. Once NHSE has confirmed the acceptance of this plan, we will conduct further membership wide engagement to identify those willing to be early adopters. Based on response we will develop a phased roll out plan. This will be tailored to specific clusters and localities within Gloucestershire, in order to support integration with existing GPFV work programmes and planned practice clinical system changes in the most complimentary manner.

- **What are the timescales and phases for implementation?**
This will partly depend on planned practice engagement once the funding award is confirmed and through capacity discussions with the preferred system supplier. A phased approach will in theory allow for faster issue resolution by the supplier, it will also allow identification of shared learning that can be applied to subsequent roll out phases, both by the system supplier and practice to practice.

	• **Who is responsible for delivery, assurance and oversight?** The supplier is responsible for delivery of contract terms to specified tolerances, to include full system functionality. Suppliers will be required to successfully complete the annual assurance process. Suppliers will need to provide assurance each practice installation/integration is completed successfully as per contract terms, including all required governance standards and approval through user acceptance testing. The system supplier shall provide a secondary oversight check once installation and user acceptance testing has been completed. Practices will provide installation and ongoing operational feedback to SCW CSU and GCCG centrally so that an internal oversight and assurance process can be completed, allowing management of supplier contract performance. As part of the phased roll out a GCCG and SCW CSU management team will project manage and coordinate the phased installation through liaison with the supplier and practices. • **Resource requirements across CCGs, CSUs, Practices and suppliers?** A resourcing plan will be completed following funding award. At this stage, we can definitively confirm resources will be made available within the CCG and CSU to manage this project, with some backfill assigned funding within our allocation for supporting GP and PM input to this project. • **Quality, uptake and outcome targets and who owns these?** Specific targets will be owned by GCCG, SCW CSU, Practices and the Supplier as required. These are currently under development and will be completed finalised funding award. Please refer to the attached GCCG specification for more detail.

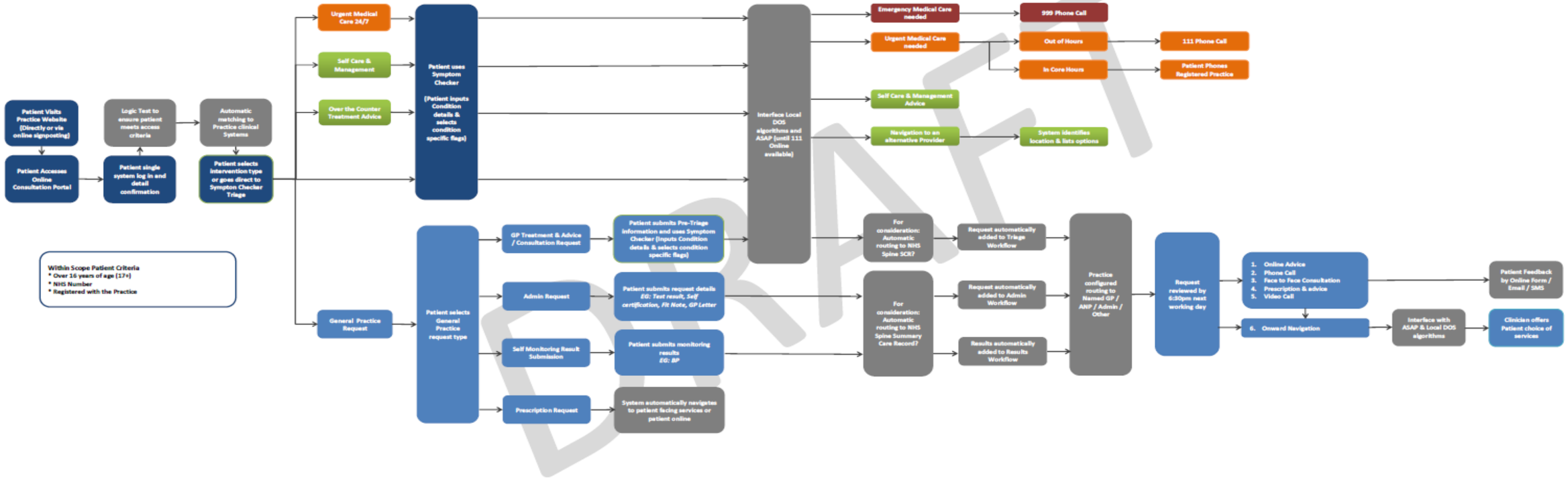
16. PROJECT ENDORSED (AS APPROPRIATE) BY:		
SPONSOR ORGANISATION CHIEF FINANCIAL OFFICER	Organisation	Gloucestershire CCG
	Name	Cath Leech
	Signature	
	Date	
STP Endorsement	Organisation	Gloucestershire CCG
	Name	Helen Goodey
	Signature	
	Date	05/03/2018

Gloucestershire CCG Online Consultation Pathway

Draft Pre 111 Online Pathway

28/02/2018

The Patient pathway below as a diagramtic representation of the Pre 111 Online solution for Gloucestershire.
For more technical detail please refer to the GCCG Functional Specification



NHS
Gloucestershire
Clinical Commissioning Group

Gloucestershire CCG Online Consultations

DRAFT FUNCTIONAL SPECIFICATION

1. Background

1.1. Gloucestershire CCG (GCCG) has a population of nearly 650,000 people across seven localities and sixteen clusters. The county has a mix of substantial urban settlements contrasting the large open areas interspersed with market towns and villages, plus rural and forest areas. Gloucestershire General Practices currently operate with one of three primary clinical systems, EMIS, TPP Systmone or Vision.

1.2. The volume and complexity of work in General Practice has risen considerably over recent years and Gloucestershire is no exception to this. GCCG has responded to this through our Gloucestershire Primary Care Strategy 2016-2021, and enabler of our STP, and investing significant resource into its implementation and the full and comprehensive implementation of the General Practice Forward View.

1.3. Online Consultations forms part of our Primary Care Strategy, Primary Care Workforce Strategy, Urgent Care Strategy and STP Self-Care and Prevention Plan as an intervention to support patients to self-care and navigate to services more effectively.

2. Scope

2.1. All patients registered with a GP practice in Gloucestershire.

2.2. This procurement is for the complete cloud based product solution including training, roll-out and ongoing maintenance including helpdesk support.

2.3. This procurement will be undertaken as a competitive process using the Dynamic Purchasing System. It is currently anticipated that a multi-year contract for single preferred supplier for the county will be awarded, however in order to respond to the annual provider assurance process and to reflect contract performance, the award will be subject to Terms of Convenience break clauses.

2.4. The rollout schedule is to be determined, and the CCG will be invoiced on a pro rata basis based on practice Go Live dates during this rollout.

2.5. This specification has been based on sight of an early draft of the national specification for Online Consultation. If the specification changes or affects the overall requirements there will either be a variation of specification (or contract if awarded), or the Awarding Authority has the right to pause, re-start the process or terminate the contract if it is deemed that the changes to the national specification are material and would affect the choice of supplier.

2.6. GCCG must always be provided with the latest release of the software, so as to benefit from new functionality that becomes available over time.

3. Requirements

3.1. General Requirements

3.1.1. The bidder should describe how the solution will support General Practice to improve service efficiency and quality.

3.1.2. There should be no direct charge to the patient for access to the online consultation service or technologies.

3.1.3. The system shall provide full service to patients including the ability to receive medical advice 24 hours a day and 365 days a year. The supplier should be monitoring the system uptime availability and if for any reason the system is unavailable to users this must be resolved within a maximum of 24 hours.

3.1.4. The online consultation should manage GP-Patient communications using a web browser and/or an App, as the primary communication platform.

3.1.5. The system shall provide signposting to alternative providers based on the existing Gloucestershire local directory of services (DOS). It should be possible for the system administrator to add, delete and edit the directory of services. The system should also utilise the national DOS through NHS Pathways.

3.1.6. The system shall provide multi-language support (if multi language functionality is not currently available, please include a Roadmap to confirm when this will be available). Based on 2011 Census data the priority languages requiring system support are English, Welsh, Scots, Polish, Punjabi, Urdu, Bengali, Gujarati and Arabic.

3.1.7. The system shall provide self-help and symptom checker functionality.

3.1.8. The system shall have the ability to red flag symptoms throughout history taking to identify and alert patients that they need immediate medical intervention.

3.1.9. Option to accept self-help or ask for a consultation with a GP.

3.1.10. The system shall offer integrated up-to-date clinical questionnaires (PHQ9, GAD7 etc.), which will support evidence of achievement measures and avoid duplication.

3.1.11. The system shall capture comprehensive patient details to enable a clinician to triage effectively.

3.1.12. Functionality to allow the patient to enter a query, symptoms or other information and for this to be transmitted securely to their registered General Practice.

3.1.13. The system should offer functionality to provide or signpost the patient to information relating to their query or symptoms. This may include information about conditions and treatment, or about local health, care and support services.

3.1.14. Condition and treatment content Information will be primarily locally edited by GCCG's Content Lead. Access and availability of the Content Management System will be granted in line with Governance standards and policies. Information shall also be taken from the NHS Choices Content API where available.

3.1.15. The system allows patients to record and upload ambulatory readings e.g. BP measurements.

3.1.16. The system must have the potential to support Improved Access Service Pilots, being delivered by General Practice Clusters, as a future requirement. This will be either directly within Practice or Centralised Hubs, both in Core and Non-Core hours, as required by Cluster Clinical and Management Leads.

3.1.17. The system must direct patients to 999 based on emergency clinical need. The system shall have potential to be developed to link with the local urgent and emergency care provider(s) and allow the patient to continue their journey, through consented onward referral of triage and personal information, if red-flagged for emergency treatment.

3.1.18. The bidder should take all steps necessary to ensure disruption to Practices and IT systems already in use is kept to a minimum, during transition to and implementation of, the new contract. Any downtime must be prearranged with Practice Managers and scheduled outside clinical times wherever possible. As a guide there shall be no Practice website downtime between 7am to 11pm, Monday to Saturday and Practice Clinical systems shall operate normally from 8am to 8pm Monday to Friday and on a case by case basis as required from 8am to 2pm on Saturdays, during the system installation, set up and user acceptance testing. Exceptions to this will need to be communicated in advance by the system supplier for risk assessment and mitigation by all parties concerned. The system shall operate seamlessly for both Patients and Practices once operational.

3.1.19. There are currently a number of Pilot Practices in Gloucestershire using Online Consultation portals at the time of this contract award. The successful supplier would need to migrate stakeholders to the new system with little or no disruption to the current service, as outlined in 3.1.17. Those current contractual arrangements will be superseded by this new procurement arrangement.

3.1.20. The bidder should understand and be able to describe to GCCG how the solution may need to develop to ensure strategic alignment and integration with the emerging 111 Online solution requirements, NHS Pathways and other solutions as dictated by national guidance. In addition the bidder should understand and be able to describe how the solution can provide full interoperability with 111 online within Gloucestershire in the future.

3.1.21. The system shall have the ability for the patient to attach photographs from an internet connected device, such as mobile phone or personal computer and upload them in support of an Online Consultation request. Appropriate storage of photos shall be guided by recommendations from the system supplier and existing Practice Clinical system suppliers. There shall be the option to develop this system element to allow uploaded photograph to be transferred to other clinical systems in support of additional clinically appropriate intervention, such as onward referral to secondary or Community services provider.

3.1.22. The system should allow the ability to develop modular elements so that Practices can choose whether to implement specific features and functionality. These include online consultation bookings, video consultations, Results submissions, Prescription requests and Administrative requests such as GP Fit Notes.

3.1.23. The system should allow Practices to fully implement section 16.5 of the NHS England Standard General Medical Services (GMS) Contract and section 33 of the NHS England Standard Personal Medical Services (PMS) Agreement, as applicable.

3.2. **Clinical Safety Requirements**

3.2.1. The bidder should confirm that the manufacturer/developer of the online consultation solution has applied clinical risk management as required under SCCI0129 (3) (formerly ISB 0129 Clinical Risk Management: it's Application in the Manufacture of Health IT Systems) during the development of the product. The bidder should also be able to provide assistance to the practice (and its local IT provider) in the application of clinical risk management as required under SCCI0160 (4) (formerly ISB 0160 Clinical Risk Management: Its Application in the Deployment and Use of Health IT Systems) during the deployment of the online consultation solution.

3.2.2. Where the solution uses a clinical decision support tool (i.e. utilising predefined algorithms and / or a knowledge base) for direct use by the patient or a remote clinician, then details on the provenance and validation of this tool should be provided by the bidder, together with Clinical Safety Assurance.

3.3. **Data Processing Requirements**

3.3.1. The solution should be hosted securely on the cloud with the bidder acting as a 'data processor' of patient identifiable information.

3.3.2. The bidder should confirm they can provide Information Governance assurances for their organisation via the NHS Information Governance Toolkit (2) (using the applicable IG Toolkit version e.g. 'Commercial Third Party', an 'NHS Business Partner', an 'Any Qualified Provider').

3.3.3. The organisation holds a current Cyber Essentials (CE), as a minimum preferably Cyber Essentials Plus (CE+), certificate from an accredited CE Certification Body.

3.3.4. The bidder should describe how the online consultation system will support individual general practice(s) to discharge its legal responsibilities as data controller in particular.

3.3.4.1. How data sharing between legal entities e.g. individual practices can be controlled.

3.3.4.2. How the practice can respond to a Full Data Disclosure Request made by a patient under the Data Protection Act.

3.3.4.3. That a record access audit log is automatically maintained in the system. This audit log should be readily accessible by the practice as data controller to allow the practice to respond to patient requests for this information (as committed in the NHS Patient Care Record Guarantee) or to any authorised information security or governance investigations.

3.3.4.4. Where patient identifiable data is hosted by the bidder (or one of its subcontractors) the bidder should confirm the data is held securely within England.

3.3.4.5. Fully support the practice, and its commissioned GP IT Service delivery partner, detect, report and investigate personal data breaches complying with the requirement to report specific breaches to the ICO within 72 hours of becoming aware of such a breach.

3.3.5. Confirm it can comply with the National Data Guardian's Data 10 Security Standards (7).

3.3.6. Confirm that as a Data Processor they will be compliant with the EU General Data Protection Regulation applicable in the UK from 25 May 2018. This compliance will include keeping records of data processing activities.

3.4. **Interoperability Requirements**

3.4.1. Software, including 'apps' for use on personal computers, tablets and mobile devices, as part of the bidder's solution must be functionally compliant with current supported operating systems and internet browsers.

Supported operating systems shall include Microsoft Windows 7 and above, Microsoft Windows NT 6.1 and above, Apple IOS, Android.

Supported internet browsers shall include the most concurrent versions of Microsoft Internet Explorer (Including Microsoft Edge), Mozilla Firefox, Google Chrome, Safari and Opera.

Support shall include historic compatibility, to include previous iterations of those operating systems and browsers that are still supported through product updates by their software manufacturer. Bidders should explain how this compliance will be maintained and supported through the product lifecycle.

3.4.2. The proposed solution must be interoperable with the general practice principle clinical system so that data is electronically transferred into the clinical system without manual data entry (re-keying) being required.

3.4.3. Where clinical data (history, diagnosis, symptoms, findings, diagnostic investigations & results, treatment, prescribed drugs) is exchanged electronically using a formal clinical coding system between the online consultation system and the GP principal clinical system the data should be in approved clinical term nomenclature such as SNOMED CT. NB: From April 2018, SNOMED CT must be adopted by all general practice service providers.

3.4.4. The system should use the verified NHS number as the primary identifier supporting any interface with other clinical systems including the principal GP clinical system and in any documented outputs of patient identifiable information.

3.4.5. If the bidder's proposed solution will interface with the GPSOC principal clinical system in the practice using the NHS Digital GPSOC GP Connect platform and FHIR standard the bidder should hold a Licence for the Digital Interoperability Platform (5) from NHS Digital. If the bidder's proposed solution uses a different interoperability platform then (i) this platform should be stated (ii) any standards on which it is based should be stated (iii) confirmation is required that the interoperability is approved and supported by the principal clinical system supplier(s) (iv) the bidder should commit to migrating to the NHS Digital GPSOC GP Connect platform and FHIR standard if that becomes mandated in the future.

3.4.6. If the bidder's proposed solution will interface with the NHS111, GP out of hours or Integrated Urgent Care principal clinical system using the Interoperability Toolkit, the bidder should hold the relevant authority from NHS Digital. If the bidder's proposed solution uses a different interoperability platform then (i) this platform should be stated (ii) any standards on which it is based should be stated (iii) confirmation is required that the interoperability is approved and supported by the principal clinical system supplier(s) (iv) the bidder should commit to migrating to any NHS 111 Online technical standards that are issued in the future

3.4.7. Information provided by patients used for clinical purposes must be capable of being recorded in the GP practice system without manual intervention, via a direct system interface with the GP practice system.

3.4.8. The system shall provide the ability for practice admin team to manually add incoming consultation requests into GP workflow.

3.4.9. The system shall provide interoperability to automatically add incoming requests to specific workflow modules within General Practice. This is envisaged to include consultation requests into GP workflow, administrative requests into an administrative workflow and self-monitoring test results into a Results workflow. This list is non exhaustive.

3.4.10. The system shall provide the interoperability to automatically connect to the NHS Spine and the Summary Care Record.

3.4.11. The system shall provide the interoperability to interface with National and Local Directory of Services.

3.4.12. The system should be able to integrate where appropriate with other local systems through the GP IT System. In particular the system shall provide the interoperability to integrate with all principle Practice clinical systems in Gloucestershire, namely EMIS, TPP SystmOne and Vision. This includes maintaining full system interoperability by responding to future Practice Clinical system software updates and upgrades throughout the product lifecycle.

3.4.13. The system must provide usage information and analytics to demonstrate all system inputs and outputs for measurement of conditions, outcomes of disposition for example, so that GCCG can monitor system usage and interrogate date at Practice, Locality and CCG level. Please refer to section 3.9 later in this specification.

3.4.14. The system should have the interoperability to integrate with and display real time waiting time data at different providers both within the county and out-of-area.

3.4.15. The system shall provide the interoperability to interface and align with our local Joining-Up-Your-Information (JUYI) solution.

3.4.16. The system shall have the Interoperability with integrate with patient online and EPS to create a single, smooth, process for the patient as set out within our Gloucestershire pathway.

3.5. Patient Identification & Authentication Requirements

3.5.1. The solution design should mitigate against the risk of unauthorised disclosure of personal confidential information. This might include face-to-face interaction over video, or steps to verify or authenticate the identity of a user such as an existing patient verification process used for patient online services.

3.5.2. The solution should support practices follow the good practice guidance in “Patient Online Services in Primary Care - Good Practice Guidance on Identity Verification” (6)

3.5.3. Where the system supports patient proxy access (e.g. nursing or care home or patient carer) the system should require a separate identity authentication for the patient proxy and a relationship link to the patient record. This patient proxy verification should meet the same standard as used for patient identity verification.

3.5.4. Bidders should confirm they will ensure their solution will be compliant with future NHS or Government standards on data and cyber security and patient identity verification, including the integration with any future mandated single or common patient identity management service. For example NHS.UK, NHS.UK online and citizen ID.

3.5.5. The solution must support the recording of the location of the patient (or patient proxy) at the start of the consultation.

3.6. **Patient Record Management Requirements**

3.6.1. Where patient records are stored as part of the online consultation solution the bidder should describe how the following scenarios will be managed.

3.6.1.1. On changing registered general practice.

3.6.1.2. On patient becoming deceased.

3.6.1.3. Other patient identity management issues (name change, gender reassignment, legal protections).

3.6.1.4. On termination of the online consultation solution contract.

3.6.1.5. On the bidder (or a subcontractor) ceasing to trade.

3.6.1.6. On the bidder ceasing to use a subcontractor (e.g. clinician) in the delivery of the service.

3.6.1.7. Supporting patients to exercise rights of rectification, erasure (the right to be forgotten), restriction, data portability and, objection to processing as part of GDPR compliance

3.6.1.8. If a Practice migrates to a new Clinical System.

3.7. **Access Requirements**

3.7.1. The system should be able to seamlessly integrate with existing practice websites.

3.7.2. The system should be able to be navigated from our existing GCCG ASAP application until this is decommissioned once online consultations and 111 Online is fully rolled out.

3.7.3. The online consultation should manage GP-Patient communications using an internet web browser and/or an App, as the primary communication platform.

3.7.4. The online consultation solution should be compatible with and accessible from mobile devices with the availability of specific Apps during the lifetime of the contract to enhance the patient experience of using the tool.

3.7.5. The online consultation solution will have shared access to the Patient Online Services access database so that patients only register once. Existing patients already registered for Patient Online will therefore have immediate access to new system through existing credentials.

3.8. **Security Requirements**

3.8.1. Where the bidder (or its subcontractors – including clinicians) uses any desktop PCs, tablets or mobile devices in providing the service, any patient identifiable data stored on these devices should be encrypted and backed up in real-time or near real-time to either the practice GPSOC clinical system or a secure, resilient off-site data storage service to a standard of at least tier 3 data centre.

3.8.2. The bidder is responsible for the security of any desktop PC, tablet or mobile device used by any of its subcontractors (including clinicians) in the provision of the online consultation service. This includes the responsibility for the removal of any patient identifiable data held on these devices.

3.8.3. Communications should utilise end-to-end encryption of data in transit, for example Transport Layer Security (TLS) (8). The online consultation may also utilise other platforms as part of an

integrated solution such as (a) secure email (b) video conferencing (c) instant messaging (d) telephony.

3.9. **Reporting & Monitoring Requirements**

3.9.1. The system shall for each online consultation provide a clear and structured report highlighting key areas to support GPs to triage more efficiently and reduce potential workload.

3.9.2. Practices and GCCG will require simple access to online consultation utilisation and process data as standard reports. Example useful data to support practices might include patient registrations, online consultation requests and outcomes e.g. completed, abandoned, follow up appointment booked, and activity data such as days of week and times of day.

3.9.3. The system shall provide a consolidated report for all practices across GCCG which can be filtered based on CCG, Locality, Cluster and General Practice. KPIs for inclusion in reporting are listed below. This list is intended to be a non-exhaustive guide and will be developed in conjunction with the system supplier as part of the pre-implementation process.

KPI No.	KPI Description	Measure	Timeframe	Report Frequency
1.01	Patient Registration	Activity numbers, % of Registered. Population	Weekly, Monthly, Annual, Rolling 12months	Weekly, Monthly
1.02	Patient Uptake – Site usage			
1.03	Patient Uptake – Repeat Visits			
1.04	Patient Uptake – Enquiry abandonment			
1.05	Enquiry completion times	Average, median, Min & Max time duration		
2.01	Patient Disposition – 999	Activity numbers, % of Registered. Population		
2.02	Patient Disposition – 111			
2.03	Patient Disposition – Pharmacy			
2.04	Patient Disposition – Self Care			
2.05	Patient Disposition – Other, by type			
2.06	Patient Disposition – Practice Consultation			
2.07	Patient Disposition – GP, by type			
2.08	Patient Disposition – ANP, by type			
2.09	Patient Disposition – Nurse/HCA, by type			
2.10	Patient Disposition – Admin, by type			
3.01	Patient usage demographics - Age group			
4.01	Patient Satisfaction			

3.9.4. The system should provide the ability to acquire patient feedback by email, through the online consultation portal and SMS. The system shall provide a report for all practices across GCCG, which can be filtered based on CCG, Locality, Cluster and General Practice.

3.9.5. As part of the initial roll out and implementation of the system the supplier shall describe how they can support patients with answering queries on system functionality and to resolve log in

issues. This support shall be weighted towards the period immediately following a Practice launch.

4. Training and Marketing

4.1. The bidder will be required to provide training to enable clinical and support staff to use the system effectively. Training will be provided through collaboration with SCW CSU, who will provide requirements for minimum delivery following procurement. Part of the training requires the supplier to provide best practice guidelines. The Contracting Authority requests consistency in training and messages across the STP Footprint.

4.2. The bidder will be required to provide NHS Branded marketing materials, e.g. patient information leaflets and flyers, to enable broad advertising of the online consultation product. Marketing will include NHS Branded online user videos and patient experience videos to support new users and provide information to patients to support system uptake and ongoing utilisation.

This will be done through collaboration with the GCCG Communications department, who will provide requirements for minimum delivery following procurement. Additionally the contract awardee will be expected to work with our communication team regarding the development of additional media campaign materials e.g. radio, news media articles.

The bidder will be required to align system front end visualisation and marketing material with the branding and visualisation utilised in the existing GCCG ASAP application. This will be reviewed once future integration with the emerging 111 online system is required.

5. Project Management

5.1. The bidder must use an accredited project management methodology, such as PRINCE2, Agile or equivalent, where applicable and work closely with GCCG and SCW CSU project management teams.

5.2. The bidder shall define an end-to-end rollout approach including project timelines based on the defined scope and clearly outline its own obligations as well as expectations from GCCG and GP practices.

6. Qualification Credentials

6.1. The bidder shall have a proven track record in delivering Online Consultation products to General Practice. This includes being able to demonstrate benefits and system change impacts to GCCG.

7. Timescales

Indicative timescales for the procurement process are as follows below.

Activity	Timescale (Indicative)
ITT released	Start time (T) to be determined
Deadline for clarification questions	T + 7 days
Deadline for submission of CCG Plans	T + 14 days
Plan Evaluations complete	T + 21 days
Bidder notified	T + 28 days
Contract starts	T + 35 days

8. Contract Duration

The expected contract duration is for a multi-year contract (2/3 years) with annual break clauses as described earlier.

Contract Start Date	01st April 2018
Contract End Date	31st March 2021 (3 years)
Terms of Convenience Break Clause 1	*31st March 2019 (Start Date +1 year)*
Terms of Convenience Break Clause 2	*31st March 2020 (Start Date +2 years)*

9. Lead Contacts for Gloucestershire CCG Procurement

Mr Stephen Rudd
Head of Locality & Primary Care Development

Email: stephen.rudd@nhs.net
Phone: 0300 421 1956

Mr Stephen Meadows
Locality Manager

Email: stephen.meadows3@nhs.net
Phone: 0300 421 1468

10. References

(1) https://www.england.nhs.uk/gp/gpfv/
(2) https://www.igt.hscic.gov.uk/Home.aspx?tk=64&cb=95512368-128e-4003-8cf1-5758182ef9bb&lnv=7&clnav=YES
(3) http://content.digital.nhs.uk/isce/publication/scci0129
(4) http://content.digital.nhs.uk/isce/publication/scci0160
(5) https://nhsconnect.github.io/gpconnect/
(6) https://www.england.nhs.uk/wp-content/uploads/2015/03/identity-verification.pdf
(7) https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs
(8) https://www.ncsc.gov.uk/guidance/tls-external-facing-services

Project :	Online Consultation Systems
Description	Implementation of an OCS for Gloucestershire General Practice
Sponsor	Helen Goodey
Senior Manager	Steve Rudd
Project Manager	Stephen Meadows

Last Saved By (Auto.) :	Zoe Barnes
Date Last Saved (Auto.) :	24/05/2018 08:52

Risk Score Key		
Green :	1 - 3	Low
Yellow :	4 - 6	Moderate
Amber :	8 - 12	Significant
Red :	15 - 25	High

		Consequence				
		1	***2***	***3***	***4***	***5***
Likelihood	***1***	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Risk Register

No.	Localities(s) / Cluster(s) / Practice(s)	Description of Risk	Issue Owner(s)	Date Risk was identified	Person Identifying Issue	Conseq. (1 - 5)	Likelihood (1 - 5)	Risk Score (I x L) *(Auto.)*	Risk Rating (R/A/Y/G) *(Auto.)*	Mitigating Action	Revised Conseq. (1 - 5)	Revised Likelihood (1 - 5)	Revised Issue Score (I x L) *(Auto.)*	Revised Rating (R/A/Y/G) *(Auto.)*	Status (Open / Closed)	Date Closed
1	All	**Change Uncertainty/Resistance** System implementation is not mandatory. Some Practices may not want to change current ways of working and will decline implementation.	GCCG	01/04/2018	SM	2	3	**6**	**Y**	Early adopter Practices should provide the empirical evidence that the system offers benefits. However, there will be a lead time of several months to realise and acquire this evidence.	2	2	**4**	**Y**	Open	
2	All	**Specification Matching** Our technical specification may be too technically ambitious and specific, meaning a null return through the DPS procurement process.	GCCG	01/04/2018	SM	3	2	**6**	**Y**	Regular communication with the DPS has reassured us that informally there are already 3 out of 16 providers that meet our draft specification requirements.	3	1	**3**	**G**	Open	
3	All	**Wider GP Engagement** Ensuring we are able to speak at appropriate General Practice Forums in each Locality to provide an overview of the project, gain feedbalc locally and generate interest.	GCCG	01/03/2018	SM	3	2	**6**	**Y**	SM has been invited to a Locality meeting in all 7 Localities. Additionally a GPFV event is being held on 12th June 2018. A CCG live page has been created and updates will also be sent via Whats new this Week.	3	1	**3**	**G**	Closed	
4	All	**System Funding** Project outcomes can only be realised by securing funding from NHS England.	GCCG	01/03/2018	SM	3	2	**6**	**Y**	Our funding plan has been submitted to NHSE by the agreed deadline. We actively collaborated with our Project working group (Including GPs and PMs), Provider leads, GPFV project group including the LMC, CSU IT specialists. Additionally we sought feedback from NHSE colleagues and responded to that feedback in our final submitted version.	3	2	**6**	**Y**	Open	
5	All	**Electronic/Online Triage** Some GPs are concerned that the system will fill their inbox / workflow with a large number of triage requests, which they do not want. This may affect willingness to implement the system.	GCCG	01/04/2018	SM	3	3	**9**	**A**	The impact on triage depends on current process in each Practice. We are trying to inform GPs & PMs that this is a different method of managing workload, not an overall increase. OCS allows more self management, self referral and self submission of requests and results with reduce clinical and administrative input from Practices. Additionally the system should reduce avoidable F2F GP consultations as outlined in the 'Making TIme in General Practice' paper from the NHS Allilance and Primary Care Foundation.	3	2	**6**	**Y**	Open	

Project :	Online Consultation Systems
Description	Implementation of an OCS for Gloucestershire General Practice
Sponsor	Helen Goodey
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Last Saved By (Auto.) :	Zoe Barnes
Date Last Saved (Auto.) :	24/05/2018 08:52

Risk Score Key		
Green :	1 - 3	Low
Yellow :	4 - 6	Moderate
Amber :	8 - 12	Significant
Red :	15 - 25	High

		Consequence				
		1	***2***	***3***	***4***	***5***
Likelihood	***1***	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Issue Log

No.	Cluster(s)	Description of Issue	Issue Owner(s)	Date Issue was identified	Person Identifying Issue	Impact (1 - 5)	Likelihood of Issue Continuing (1 - 5)	Issue Score (I x L) (Auto.)	Issue Rating (R/A/Y/G) (Auto.)	Mitigating Action	Revised Impact (1 - 5)	Revised Likelihood (1 - 5)	Revised Issue Score (I x L) (Auto.)	Revised Rating (R/A/Y/G) (Auto.)	Status (Open / Closed)	Date Closed
1	All	**111 Online** The introduction of NHS pathways has been brought forward to end July 2018, from December 2018. NHS pathways has been mandated by NHSE. We want our procured system to be able to integrate with NHS Pathways to create a seamleass patient experience and consistency of disposition. This relies partly upon NHSE/Digital realising the NHS Digital roadmap integration objectives. Additionally it is not clear at present which supplier systems may be able to integrate with NHS Pathways at the expected time of procurement.	GCCG	01/04/2018	SM	3	4	**12**	**A**	Lack of potential NHS Pathways interoperability means we will likely have to procure for a short term contract only: 2 years with a break clause a t year 1. We are also collaborating with NHS Digital and CCG Colleagues managing the 111 online implementation.	2	2	**4**	**Y**	Open	
2	All	**Supplier Assurance** Suppliers will need to ensure they complete an annual assurance process through the DPS. If they cannot comply with assurance requirements it may no longer be viable to continue with their product.	GCCG	01/04/2018	SM	5	1	**5**	**Y**	Include annual terms of convenience break clauses in the supplier contract.	3	1	**3**	**G**	Open	

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 9

Primary Care Commissioning Committee

Meeting Date	**Thursday 31 May 2018**
Title	**Primary Care Offer (PCO) 2018/2019**
Executive Summary	The Contract Specification attached details the Primary Care Offer (PCO) for 2018/19. The PCO encompasses: • Continuation of some existing elements of the 2017/18 PCO • The retention of the frailty element of the 2017/18 offer • A number of new elements and wording inclusions.
Risk Issues: **Original Risk** **Residual Risk**	There is a theoretical risk that some practices may choose not to accept the PCO. This risk has been mitigated since the Locally Enhanced Services (LES) Review Group, which is clinically led, agreed the content of the PCO. A draft has also been shared with the LMC. In previous years all Practices have accepted the PCO.
Financial Impact	The value of the PCO is £2.93 million. Practices either accept the totality of the offer or decline it. Where practices do not comply and complete all of the PCO recoveries will be made.
Legal Issues (including NHS	Gloucestershire CCG needs to act within the terms of the Delegation Agreement with NHS

Constitution)	England dated 26 March 2015 for undertaking the functions relating to Primary Care Medical Services.
Impact on Health Inequalities	There are no negative impacts anticipated.
Impact on Equality and Diversity	There are no negative impacts anticipated.
Impact on Quality and Sustainability	There are no negative impacts anticipated.
Patient and Public Involvement	N\A.
Recommendation	Paper for information only
Author	Jeanette Giles
Designation	Head of Primary Care Contracting
Sponsoring Director (if not author)	Helen Goodey, Director Locality Development and Primary Care

The specification can be found in appendix 1:

19 - Primary Care Offer CES Specificatic

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement.

Service Specification No.	19
Service	Primary Care Offer CES 2018-19
Commissioner Lead	Helen Goodey (Director of Locality Development and Engagement)
Provider Lead	
Period	1st April 2018 to 31st March 2019
Date of Review	Annual review each year to support future planning

1. Population Needs

Enhanced Services are services commissioned from GP practices over and above their main contract. There are 3 types of Enhanced Service – National, Directed and Community. Community Enhanced Services (which are community or practice-based) are developed locally in response to local needs and priorities, and are voluntary for practices.

This specification relates to a Community Enhanced Service (CES) for the provision of various clinical and other services by GP practices. The activity that is patient-based covers enhanced aspects of clinical care of the patient which are beyond the scope of essential or additional services and over and above that provided in most primary care settings. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

1.1 National/local context and evidence base

This new CES is being put in place to:

- Ensure continuation of provision of **some** activity previously delivered by GP practices through the Miscellaneous and Prostate Cancer Local Enhanced Services.
- Enable delivery of new Enhanced Service activity:
    a. linked to priority GCCG clinical programmes (e.g. Frailty) to support the Urgent Care agenda and educate patients on the appropriate use of health services; and
    b. to increase the level of GP practice engagement with GCCG commissioning activities/systems.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing 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 safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

Local outcomes for this Enhanced Service are:

- Improved quality of primary care services;
- An expanded and enhanced range of primary care services;
- Reduced pressure on A&E and secondary care services;
- Influencing of clinical commissioning activity.

Practices must ensure equal access to this Enhanced Service for people with Learning Disabilities. This may be achieved through making "reasonable adjustments", as detailed in the Equality Act 2010. For advice on "reasonable adjustment" please contact Miriam Street (Tel: 01452 328579 or email: miriam.street@nhs.net) in the first instance.

3. Scope

3.1 Aims and objectives of service

The aims of this CES are to (i) reduce unexplained variation in primary care, (ii) support quality improvement and innovation in primary care, and (iii) focus services on patients with complex health needs.

The objectives are to:

- provide a safe, clinically effective and easily accessible primary care based service for a range of clinical activities;
- reduce pressure on Urgent Care services; and
- support improved GP practice engagement with the work of GCCG.

3.2 Service description/care pathway

A detailed specification is attached below at Appendix A.

Other Service Requirements

Staff Training and Supervision – All relevant staff must have a current Basic Life Support certificate. Equipment and drugs must be available which the GP and supporting staff are conversant with, supported by current resuscitation protocol.

Coding – Practices must use the relevant Read Code(s) listed in Appendix A when recording activity in the patient record.

Reporting – Practices must complete and submit the annual reporting template that will be provided by GCCG. In addition, some of the building blocks require practices to submit additional information (e.g. GCCG PCCAG audit).

3.3 Population covered

For patient-based activity, practices are expected to provide these services to all eligible patients at their practice.

3.4 Any acceptance and exclusion criteria and thresholds

Not applicable.

3.5 Interdependence with other services/providers

Practices must liaise with the District Nursing service and urgent/secondary care providers etc., as appropriate.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

Practices must adhere to all relevant:

- NICE standards/guidance;
- National Service Frameworks; and
- Care Quality Commission Essential Standards of Quality and Safety.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Practices must adhere to all relevant guidance from relevant professional bodies.

4.3 Applicable local standards

Not applicable.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Under review.

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

Not applicable.

APPENDIX A: PRIMARY CARE OFFER

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
1. Pathway Compliance	Single Point of Clinical Access (SPCA)	All GP Practices to use SPCA for all Admissions to GHT and Community Hospitals and to use NEWS scoring system. Currently use of A&G at GP Practice and individual GP level is hugely variable. The CCG wants to encourage increased uptake of the service across GP Practices and encourage all individual GPs to use the service. In order to achieve this aim the CCG proposes the following:- 1. To review the activity data sent by the CCG on quarterly basis to ensure that all practice GPs have taken the opportunity to use A&G and assess the impact on referrals. 2. Discuss at practice meeting the experiences of using A&G at individual GP level and agree a plan to use the A&G service for all practice GPs	
2. Practice based clinical audit	GP practices to continue clinical audit activity through GCCG PCCAG via the new Primary Care Data Extraction & Sollis PCDES) method, including reviewing audit feedback and implementing suggestions highlighted within the audit results. GP practices to sign up to the new PCDES clinical audit data sharing agreement to comply with Information Governance requirements.	Clinical audit activity completed and agreed actions implemented. Clinical audit data sharing agreement signed. Miquest extraction will continue in parallel until the PCDES process and data has been verified for audit use.	MIQUEST queries provided by GCCG. Clinical audit data sharing agreement to be provided by CCG.

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
Data Quality	This LES is intended to be the first step of a longer term rolling programme for primary care and is designed to raise the awareness of the benefits of good quality clinical data, to bolster the consistency of recording of key information and to better align it with similar data recorded in other organisations and handled by our new record sharing tools. This process should help move the community forward by improving data quality over time across our healthcare community. This 2018-9 Data Quality initiative is a **simple tidying up exercise** in which practices are incentivised to audit their data quality in key areas where consistency is of benefit to individual care when they are seen outside the practice, and to reward them for high standards. The record sets to be audited include: a) Records which practices are already being funded (e.g. frailty codes). b) Records which should already be being kept in order to safeguard patients' best interests and their safe care. This will be a records-related quality assurance, improvement and patient safety exercise. The work is consistent with GMC Good Medical Practice paras 22, 25 and 27 and as such will be suitable for clinicians to include in their annual appraisals (see GMC Good Medical Practice paras 22, 25 and 27).	• Ensure there is a nominated lead from each practice to attend and feedback on a CCG-run seminar on data quality and its relationship to patient safety, which will be delivered at locality events across the county. • Agree to use the recommended clinical code sets in their practices. CCG will provide templates for each system, short lists of preferred codes and longer* lists of acceptable codes. (**The longer lists are to avoid having to re-code historic records with appropriate codes which are not in the current set)* • Sign up to allowing the new CCG Primary Care Data Extraction Tool (PCDET) to be installed and used to extract benchmarking data from their practice system to allow the CCG to audit this LES and determine payment levels. • Attain specified performance targets for collecting an appropriate quantity of specified data as would be expected in a given population and as measured by the PCDET and/or other audit tools, as agreed with LMC (*Further details in the embedded guidance*).	 Data Quality Rationale and Guidan

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
3. Not yet approved' Amber drugs and Post-Operative wound care	GP practices to prescribe in-year Amber drugs. *New proposed Amber drugs may be added or removed in-year from the list by the One Gloucestershire Medicines Optimisation Board (OGMOB) without a change to the funding arrangements. This agreement will be renegotiated on an annual basis.* GP practices to provide post-operative wound care (including removal of sutures).	GPs to prescribe agreed Amber medications for patients registered at their practice. Liaising with specialists, where appropriate. GP practices to provide post-operative wound care for patients registered at their practice.	
4. Participate in annual practice visit by CCG **Attend locality and countywide commissioning meetings/events** **Social Prescribing**	Engage with annual GCCG Practice visit. Engagement as determined by each locality executive throughout 2017/18 with the locality plan, meeting and events as required. • Promote the potential of social prescribing as one of the GP Forward View ten high impact actions to release time to care • Facilitate awareness of the social prescribing offer in Gloucestershire • Facilitate understanding of how to make appropriate social prescribing referrals • Facilitate understanding of the potential benefits of social prescriptions for people with LTCs	At least one GP plus Practice Manager to attend annual GCCG practice visit. At least one GP per practice needs to attend the annual CCG commissioning event. At least one GP per practice to engage in locality meetings, events and implementation of locality initiatives. All GPs and PNs to be reminded and encouraged to refer appropriate patients to the Gloucestershire CWS service for 18/19. The CCG will provide quarterly activity data on the referrals made at practice level, along with case studies on patients using the service. GP Practices to discuss at practice meetings to maximise uptake and use of the social prescribing offer.	

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
CVD Prevention, Social Prescribing and Physical Activity Masterclass	• To facilitate development of realistic objectives for change in improving the delivery of Physical activity advice to patients in Gloucestershire. • Awareness of local initiatives and programmes that support individuals to become more active • Must have GP representation at Masterclass to raise awareness of the latest evidence and guidance on: a. the diagnosis and management of Hypertension b. the assessment and management of Cardiovascular risk	**Masterclass: Either 4th July or 7th November 2018 (evening)** • PHE Physical Activity Clinical Champion - Dr Campbell Murdoch • Practical application of offering advice on physical activity and information on where patients can access support in Gloucestershire • Presentation of Gloucestershire model (of social prescribing - universal (primary care) and targeted (clinical pathway)). Masterclass will also include: • Local hypertension pathway • Guidance on antihypertensive drug treatment • Using QRISK2 (QRISK 3 when implemented) and the management of CVD risk Participants will be required to book through Eventbrite – further information to follow	

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
5. National Diabetes Prevention Programme (NDPP)	Practices will be required to identify and refer suitable patients to the NHS National Diabetes Prevention Programme (NDPP). PLEASE NOTE – Patients identified with raised blood glucose levels should be coded a Non-Diabetic Hyperglycaemia and not 'pre-diabetes'.	Practices to code patients identified with a HbA1c between 42mmol/mol - 47mmol/mol with **non-diabetic hyperglycaemia.** **C317** - NDH Read Code V2 (Emis Web & Vision) **XaaeP** - NDH Read Code V3 (TPP) **700449008** – NDH (SNOMED CT) Practices to work with the local NDPP project team and selected provider to identify eligible patients (with non-diabetic hyperglycaemia) and ensure that they are offered a referral onto the NDPP.	 Guidance NDPP PCO 18-19.docx
6. Pain	**Implementation of Risk Mitigation Plan -** This will include the Clinical Pharmacist/PSP within practices running their own prescribing searches with the aim that patients on potentially high risk combinations of medicines can be reviewed to ascertain whether they are deriving benefit. The Clinical Pharmacists and Prescribing Support Pharmacists will review the clinical records of these patients and support the practice to undertake initial reviews of their pain medicines as part of their medicines optimisation activity. For many of the patients, further review and follow up may require the involvement of GPs or MDTs.	The PCO will therefore require GPs in practices to: • Using the pharmacist searches, ensure all patients receiving repeat prescriptions of high risk analgesic medication* are appropriately reviewed before December 2018, supported by a lead GP within the practice. • The patient reviews should be undertaken with consideration of the recommendations of the pain formulary and learning taken from the pain masterclasses. • A practice summary report should be produced at month 6 (October) and end of year (March) using a template provided by the CCG. This report should be discussed within a minuted practice meeting.	 Pain Primary Care Offer - Guidance Note

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
		* Definition of high risk combinations is included within the attached guidance note. To further support this programme of work an audit will be undertaken by PCCAG. The audit will require that the patients in the above high risk groups, following their pain medication review, are coded with the suggested read codes: · ***To be confirmed***	**Audit template to follow**

<table>
<tr><th>ACTIVITY</th><th>DESCRIPTION 2018-19</th><th>DELIVERABLES 2018-19</th></tr>
<tr><td>7. Gloucestershire Formulary Prescribing</td><td colspan="2">This section of the PCO is aimed at encouraging all practices to minimise off formulary prescribing in some key ‘domains’ of current priority focus for the CCG, as outlined in the below table. The PCO prescribing targets stated below reflect levels of prescribing already being achieved by a significant proportion (ie. a quarter) of Gloucestershire practices in Q2 or Q3 2017/18.
<table>
<tr><th>PCO Prescribing Formulary Domain</th><th>PCO Formulary Prescribing Target</th></tr>
<tr><td>1) Do Not Prescribe (DNP) List items
(Aim: To minimise all DNP items.)</td><td>Practices are to achieve a target below £146 or less (per 1000 patients).
This target has been derived from the Top Quartile of Q2 17/18 of spend by all practices on DNP list items per 1,000 patients</td></tr>
<tr><td>2) Inhaled Corticosteriods
(Aim: To maximise the cost effectiveness of steroid inhalers prescribed.)</td><td>Within Top Quartile of Q3 17/18 of spend by all practices per 100 QOF respiratory patients = £2907 or less.
Local guidance is being developed to support maximising the clinical and cost effectiveness of ICS in COPD & asthma. Adjustment will be made for any practice who can provide evidence that their high ICS costs are appropriate.</td></tr>
<tr><td>3) Appliance prescribing (ie. ostomy & incontinence products)
(Aim: To minimise unnecessary prescribing/ maximise cost effective product choice.)</td><td>All repeat prescribing requests for appliances to have been processed via the Gloucestershire centralised repeat prescription hub before December 2018.
OR
The costs of appliance prescribing to be less than Q2 17/18 Top Quartile of all practices spend per 1000 patients = £1749 or less.</td></tr>
<tr><td>4) Optimise Rx formulary prescribing recommendations.
(Aim: To maximise recommendations uptake when appropriate.)</td><td>Activity: A practice Optimise Rx recommendations review report (to be provided by the CCG) to be reviewed on a quarterly basis at a practice meeting to assess any scope for increase adoption of recommendations within practice and appropriate action taken.

An alternative quarterly practice prescribing report will be provided to practices who are unable to use Optimise Rx (ie. Vision practices).</td></tr>
</table>
Source of measurement information: the prescribing figures available in the BSA epact system

The PCO qualification measurement period for achievement of the above formulary prescribing aims is for 1) DNP & 3) Appliances <u>Quarter 2 2017/18</u> and <u>Quarter 3</u> for 2) inhaled steriods. Epact prescribing data will be available for Q2 2018/19 in December 2018 and for Q3 2018/19 in March 2019. Practices prescribing dashboard (available via the CCG Live commissioning info portal here or via PSPs) will provide monthly updated measurement of these four areas of prescribing, although with a two month time lag after the prescribing has occurred. Practices can obtain more up to date prescribing figures from their own practice systems.</td></tr>
</table>

<table>
<tr><th>ACTIVITY</th><th>DESCRIPTION 2018-19</th><th>DELIVERABLES 2018-19</th><th>TEMPLATES</th></tr>
<tr><td>8. Frailty</td><td colspan="3">From the 1st of July 2017, there are national requirements for the care of frail patients, of which a brief summary has been issued as part of the General Medical Contract negotiations 2017/18. The frailty requirements of the Glos CCG Primary Care offer are <u>in addition</u> to the national requirements.

<table>
<tr><td colspan="2"><u>National Requirements</u> – 2017/18 General Medical Contract Negotiations – National Guidance to follow</td></tr>
<tr><td>Patients with Moderate and Severe Frailty</td><td>Use an appropriate tool (e.g. EfI) to identify patients age 65+ living with frailty</td></tr>
<tr><td>Patients with Severe Frailty</td><td>Clinical review for patients
Annual medication review;
Discuss if patient has fallen in the last 12 months;
Provide any other clinically relevant interventions;
Promote enriched SCR and seek informed consent to activate and share.</td></tr>
</table>
Embedded in each section are the expected outcomes which will form part of the evaluation.

It is recognized that some practices may have a higher number of frail elderly frail people than others. Therefore the frailty leads will work with individual practices to identify the most vulnerable and at risk.</td></tr>
<tr><td>Practice based lead contacts for Frailty</td><td>A. Frailty role in each GP practice to include lead contact responsibilities at each level to include:

1. A frailty administrative/co-ordination lead;
2. GP frailty contact lead (ideally this would be one individual GP within a practice however recognising GP working patterns this could be a shared role between two GPs);
3. Practice Management frailty contact lead;
4. Practice Nurse frailty contact lead.</td><td>Names of any changes to practice frailty contact leads to be provided to the CCG by 1st of June 2018.

Frailty contact leads to undertake responsibilities within GP practices as per role descriptors.</td><td> 
Frailty practice leads - role descriptors Fina</td></tr>
</table>

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
Medicines Optimisation	**M1.** Undertake Medication Reviews for frail patients. <u>Outcomes</u> • Reduce medications that can possibly cause adverse health impact for patients; • Improve patient well-being related to medication issues; • Reduced spend on prescribing budgets. **M2.** Access CCG guidance and learning materials on polypharmacy in the frail elderly. <u>Outcomes</u> • Increase local support and associated confidence of GPs to de-prescribe when appropriate; • Implementation of the STOPP/START toolkit. **M3.** Peer review approach to De-prescribing within locality/cluster groupings. <u>Outcomes</u> • Share learning and best practice on de-prescribing approaches; • Increased de-prescribing by GPs; • Reduced risk of medication related side effects and cost savings.	**M1.** In addition to the national GMC contract requirements of medication reviews for severely frail patients, practices to undertake medication reviews for moderately frail patients: • Post falls; • On High risk medications; • On 10+ medications. **M2.** All prescribing clinicians including GPs, Nurses and Clinical Pharmacists to access frailty prescribing advice including: • Written guidance – see attached • Online podcast on frailty and de-prescribing available in the frailty section of G-Care here. **M3.** Frailty lead contact GP for each practice to attend a bi-annual cluster based frailty medicines optimisation case reviews– in line with Prescribing Improvement Plan (PIP) meetings. Quantitative review: Assessment against baseline 'PCCAG' and 'Eclipse' audits of most common frailty related medicines. Qualitative review: Sharing of positive and negative cases for review against local guidance and STOPP/START toolkit.	 High Risk Medicines.docx  Falls Risk Drugs.docx  DePrescribing in Frailty Guidance.pdf  1 page summary guidance.pdf

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
Communication	**C1.** Improve two-way communications between OPAL and GP practices. GP practices to provide 'Back-door' phone numbers to OPAL (Older People's Advice and Liaison) Team at Gloucestershire Hospitals Trust.	**C1.** Practices to develop a simple in-house process to ensure calls from OPAL clinicians are prioritised for response from a GP. Where a relevant clinician or GP is not able to take an initial call regarding a frail patient, a GP must return the call to OPAL within **one** hour to discuss if hospital admission is appropriate. The CCG will be working with OPAL to ensure that GP practices have an appropriate contact number for them to be able to speak to an OPAL member as part of a reciprocal arrangement.	**C1.** Back door phone numbers for OPAL use to be provided on PCO Frailty Return 1 document.
Training, Education and Awareness	Raising awareness on best practice management of frailty issues through specialist clinical training on the frailty syndrome, face to face information sessions and online podcasts. **T1.** Face to face sessions will take place through Masterclasses, to include a marketplace event including provider services, voluntary and community organisations, equipment and other relevant frailty services - (date to be confirmed).	**T1.** All practice frailty lead contacts to attend Frailty based Masterclasses: Workshops to include: • Frailty clinical prescribing; • Prognostic frailty indicators and symptom management; • System wide resources and signposting including social prescribing; • End of Life best practice including 'Just In Case' boxes; • 'Advanced communication skills for sensitive Honest and Open' conversations; • Advanced care planning process and legalities; • MCA/DoLs and safeguarding awareness; • Falls Management.	

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
	T2. Frailty podcasts available for viewing in practice on CCG Live. **T3.** Online dementia training.	**T2.** GP frailty lead contact to identify and encourage all relevant new practice staff to watch clinical frailty podcasts on: • Primary care frailty guidance; • Frailty and delirium; • Frailty and sepsis; • Diabetes and frailty; • Frailty and vascular diseases. **T3.** All practice frailty lead contacts to undertake KWANGO online dementia training. Passwords can be found on P15 of the Gloucestershire E-Learning Booklet.	**T2.** Resources all available on G-Care: https://g-care.glos.nhs.uk/pathway/104/resource/8 **T3.**  Gloucestershire E-Learning Booklet 2(
Primary Care Team meetings for frail patients	**P1.** Practice based primary care team meetings to discuss patients living with frailty. **P2.** Working toward cluster MDTs	**P1.** Primary Care Team meetings to discuss frail patients – approx. 20-35 mins every two to four weeks (depending on practice size) to include GPs, practice nurses, practice employed clinical pharmacists and district nurses – to internally review frail patients. **GP practices to provide list of dates of MDTs to their District Nursing Team to ensure DNs have opportunity to attend MDTs at practice level. GP Practices to keep a note of all attendees to each of the frailty MDTs and provide to CCG on request.** **P2.** Within the clusters there are plans to allow for the escalation for frail patients requiring a multi-agency response into cluster based MDT's. Cluster MDT's will include representation at cluster level with colleagues from Social Care, GCS, 2gether, ICT's, and relevant VCS organisations. GP's can phone into cluster MDT's or attend in person if preferred.	**P1.**  Primary Care Team Frailty Meetings.docx **P2.**  Spreadsheet Primary Care Team meetings. Cluster based MDT guidance will be released as test and learn sites progress.

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
		A phased test and learn approach is being embedded across the cluster based MDTs into Gloucestershire clusters. Clusters based MDTs work towards the aims of the STP and are based on national best practice – Cornwall guidance attached.	 Cornwall Living well MDT guidance.docx
Existing Services	**Increase awareness of existing services to support frail patients** **ES1.** Rapid Response. **ES2.** SPCA. **ES3.** Social Prescribing	**ES1. and ES2.** All clinical staff in practice to watch podcasts on Single Point of Clinical Access and Rapid Response. **ES3.** All practice staff to watch podcast on social prescribing and be made aware of practice referral process into scheme.	**ES1 and ES2.** Single Point of Clinical Access and Rapid Response: https://g-care.glos.nhs.uk/pathway/275/resource/8 **ES3.** On Gloucestershire CCG Website: http://www.gloucestershireccg.nhs.uk/multimedia/patient-stories/

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
Carers	**Ca1.** Working towards a practice based culture where carers of frail patients are supported with their health needs. **Ca2.** Increase awareness of existing services to support carers of frail patients.	**Ca1.** GP frailty lead contact and practice management frailty lead to work towards implementing recommendations from the Carers Champion Guide – *developed by the Carers Federation in conjunction with GP practices in Nottinghamshire.* **Ca2.** Practice frailty lead contacts to watch podcasts on carers.	**Ca1.** Good-Practice-Guidelines-–-Carers-Champi **Ca2.** Carers podcasts: ccglive.glos.nhs.uk/intranet/index.php?option=com_k2&view=item&layout=item&id=2079&Itemid=1089
Falls Prevention	Proactively support falls prevention.	Frailty GP lead contact to implement simple practice process for pro-active falls prevention for frail patients – as per guidelines provided – to be supported by the frailty care coordinator/admin role. Outcomes • Explore role of primary care in reducing number of fractured neck of femurs occurring as a result of a fall; • Reduce medications that can possibly cause falls or impact on bone health; • Encourage and improve access to falls prevention interventions.	Proactive Falls prevention guidelines

<table>
<tr><th>ACTIVITY</th><th>DESCRIPTION 2018-19</th><th>DELIVERABLES 2018-19</th><th>TEMPLATES</th></tr>
<tr><td>Identification and coding</td><td>Continue undertaking a frailty assessment for an identified cohort of patients.

<u>Outcomes</u>
Quality of holistic, personalised, tailored care delivered to individuals;
Change in individuals' ability to manage their own health;
Change in knowledge and confidence for individual professionals/staff members;
Change in collective knowledge and confidence across providers.</td><td>Frailty assessments and recording:
Before the end of Q3 2018/19 – practices to have assessed all patients over <u>65 years old</u> and on their long term conditions register (Including patients with more significant Chronic Kidney Disease (i.e. those with stage CKD 4 + 5)) for frailty using a validated frailty scoring tool such as Rockwood or the electronic Frailty Index that is already incorporated in some GP clinical systems.

For increased accuracy in frailty scoring, it is recommended that Rockwood, or a similar individual patient observational approach to frailty assessments, should be applied, rather than only rely on the results of automated eFI risk scoring, to incorporate more effective consideration of individual patient circumstances.

The outcomes to be recorded using the frailty Read codes stated below:

<table><tr><th>Clinical Term</th><th>SNOMED CT</th><th>Read Code V2 (Emis Web & Vision)</th><th>Read Code Version 3 (TPP)</th></tr><tr><td>Patient feels well</td><td>267112005</td><td>1Y</td><td>Xa96k</td></tr><tr><td>Mild frailty</td><td>925791000000100</td><td>2Jd0.</td><td>XabdY</td></tr><tr><td>Moderate frailty</td><td>925831000000107</td><td>2Jd1.</td><td>Xabdb</td></tr><tr><td>Severe frailty</td><td>925861000000102</td><td>2Jd2.</td><td>Xabdd</td></tr></table></td><td> 
Rockwood Scale.pdf

 
How to Guide Scoring Frailty.docx

 
eFI Guidance SystmOne Notes.doc</td></tr>
</table>

ACTIVITY	DESCRIPTION 2018-19	DELIVERABLES 2018-19	TEMPLATES
		The practice frailty registers produced will facilitate future audits of appropriateness and quality of care in this priority group of patients. Frailty registers based on 2017/18 audit findings will be used in consideration for implementation of frailty related projects.	
Reporting Template	Template for reporting.	**Feedback 1** – Key contacts, back door phone number and simple protocol around contacting OPAL. To be returned by 1st June 2018. **Feedback 2** – Training and awareness through watching podcasts for relevant new practice staff. To be returned by 28th September 2018.	 Reporting Template - Primary Care Offer 2(

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 11

Primary Care Commissioning Committee

Meeting Date	**Thursday 31st May 2018**
Report Title	**Delegated Primary Care Financial Report**
Executive Summary	At Year End (March 2018), the CCG's delegated primary care co-commissioning budgets reported an underspend of £6k.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	None
Management of Conflicts of Interest	None
Financial Impact	The current position and forecast has been included within the CCG's overall financial position.
Legal Issues (including NHS Constitution)	None
Impact on Health Inequalities	None
Impact on Equality and Diversity	None
Impact on Sustainable Development	None
Patient and Public Involvement	None
Recommendation	The PCCC is asked to note the content of this report.
Author	Andrew Beard
Designation	Deputy Chief Finance Officer
Sponsoring Director (if not author)	Cath Leech Chief Finance Officer

Agenda Item 11

Primary Care Commissioning Committee - May 2018

Delegated Primary Care Commissioning financial report as at 31st March 2018

1 Introduction

1.1 This paper outlines the financial position on delegated primary care co-commissioning budgets at the end of March 2018.

2 Financial Position

2.1 The CCG reported an under spend of £6k against delegated budgets at the end of March 2018 (Financial Year 2017/18) (see table on page 4).

2.2 The outturn position reflects issues acknowledged in previous reports, in that:

- Savings from business rates which, following a national review, resulted in reduced bills for most practices. The in-year and recurrent benefit of this to the CCG has been calculated as £697k.

- Enhanced Services is underspending due to lower than expected Minor Surgery claims, with underspends on the Learning Disability DES also contributing.

- Dispensing costs have also maintained a lower level of spend than last year although a slight increase has been reported in March itself.

2.3 Within the position, there are also some areas which are overspending:

- The GMS contracts budget was set using a demographic increase of 0.18% each quarter (0.72% p.a.) which was in line with NHSE South Central planning assumptions. However, the

annual growth in weighted list size, April 17 to April 18, has been 1.34%.

- Other GP Services has overspent by £1.3m in the year to date, mostly due to changes in the rules around sickness and maternity payments, making claiming easier, and the amounts claimable being higher than in previous years which also led to increases during March.

- During March, costs were incurred relating to the GP Fellowship scheme and future estimates of IT costs relating to approved premises developments were accounted for.

- Overspends in the above areas have been mitigated through full utilisation of the 0.5% planned contingency fund and headroom funding; allowing the CCG to achieve a small underspend position for 2017/18.

2.4 Budget proposals for 2018/19 are presented within a separate report; these proposals include the full year effect of current year commitments in addition to known potential new costs (e.g. premises developments). This has been compared with future allocations confirmed by NHSE and uses the latest available guidance.

3 Recommendation(s)

3.1 The PCCC are asked to note the contents of the paper.

NHS
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Gloucestershire CCG
2017/18 Delegated Primary Care Co-Commissioning budget

	Area	Year End Budget £	Year End Actual £	Year End Variance £
SPEND	Contract Payments - GMS	49,176,255	49,502,685	326,430
	Contract Payments - PMS	3,597,021	3,638,758	41,737
	Contract Payments - APMS	1,596,633	1,915,227	318,594
	Enhanced Services	2,423,507	2,325,861	(97,646)
	Other GP Services	1,955,615	3,229,405	1,273,790
	Headroom	799,680		(799,680)
	Contingency	399,840		(399,840)
	Premises	8,608,247	7,547,263	(1,060,984)
	Dispensing/Prescribing	3,155,446	3,143,866	(11,580)
	QOF	8,267,756	8,670,776	403,020
	TOTAL	**79,980,000**	**79,973,840**	**(6,160)**

FUNDING	Allocation	79,968,000
	Of which :- nationally mandated adjustments	
	1% headroom	799,680
	0.5% contingency	399,840

- The 0.5% Contingency is to manage risks within the in-year financial position. Headroom is a reserve for non recurrent spend with 50% to remain uncommitted and 50% available for non recurrent spend to support transformation and change. These are both now included within Other GP Services
- Global Sum (GMS contract payments) has now been published and represents a 5.91% increase on 2016/17
- Global sum per weighted patient moved from £80.59 to £85.35 in April 2017
- Other GP Services includes:
  - Legal & professional fees
  - Seniority
  - Contingency & Headroom
  - Doctors retainer scheme
  - Locum/adoption/maternity/paternity payments
  - Other general supplies & services

NHS
Gloucestershire
Clinical Commissioning Group

Agenda Item 11.1

Primary Care Commissioning Committee

Meeting Date	**Thursday 31st May 2018**
Title	**2018/19 Delegated Primary Care - Budget Update**
Executive Summary	The paper provides an update to the CCG's budget for delegated co-commissioning for the 2018/19 financial year.
Risk Issues: **Original Risk** **Residual Risk**	None
Management of Conflicts of Interest	None
Financial Impact	The position has been included within the CCG's overall financial plan for 2018/19.
Legal Issues (including NHS Constitution)	None
Impact on Health Inequalities	None
Impact on Equality and Diversity	None
Impact on Sustainable Development	None
Patient and Public Involvement	None
Recommendation	The PCCC are asked to note the contents of the paper
Author	Andrew Beard
Designation	Deputy Chief Financial Officer
Sponsoring Director (if not author)	Cath Leech Chief Finance Officer

Primary Care Commissioning Committee - May 2018

Delegated Primary Care Commissioning 2018/19 - Budget Update

1	**Introduction**
1.1	This paper is to update the details of the 2018/19 budget proposals for delegated co-commissioning for Gloucestershire CCG. Budgets have been prepared in accordance with the NHS England business rules.
2	**Allocations** The total notified allocation for 2018/19 was £81.511m, an increase of £1.543m from 2017/18. However, the CCG has recently been notified by NHS England that, on a national basis, £1.017p per registered patient (equating to £657k) will be deducted from delegated allocations in 2018/19 and transferred to programme budgets to contribute to the funding of national programmes for: - Reception/clerical training £110k - On-line consultation £214k - Improving Access £333k
3	**NHS England Business Rules** NHS England's national business rules continue to state that • 0.5% of the allocation should be provided as a contingency to manage risks within the in-year financial position. • No non-recurrent reserve (headroom) is required to be held uncommitted at the start of the 2018/19 financial year. (1% was held at the start of the previous financial year). As such, the primary care allocation allowed for a contingency reserve of £0.4m (0.5%) in 2018/19. However, this reserve has

	been fully committed at the start of the financial year within the 2018/19 budget.
4	**Budget Setting Methodology** Since the budget was finalised for the last PCCC meeting in March 2018, national guidance has been received from NHSE regarding contractual uplifts applicable in 2018/19. These adjustments have been included within the updated budgets.
5	**Contract Payments** The main change from the previous report is that indemnity payments will no longer be required from CCG funds this year (previous expectation was £324k would be required), this requirement has been replaced by the assumption that £1.017p per registered patient is to be used to contribute to new investment (see section 2). The global sum figure for 2018/19 has been set at a value of £87.92 (a 3.01% increase) which was broadly in line with the estimates included in the March budget. It should be noted that the current plan includes a pay uplift of 1%, subject to any Government response to recommendations made by the DDRB. As stated within the Autumn Budget, it has been assumed that any uplift above the 1% will lead to a corresponding rise in the CCG's allocation; this remains a risk to the overall budget position.
6	**Quality and Outcomes Framework Budget** Having now received confirmation of the final 2017/18 QOF achievement figures, the budget the 2018/19 aspiration and achievement budgets has been amended to reflect on these values. In line with national contractual guidance, the value of each QOF

	point has risen by 4.7% to £179.26.
7	**Risks** Potential risks have been identified in the following areas: • An amount of £657k has been mandated to be reclassified from “delegated funding” to “core funding” (non-recurrently) to reflect that this funding is being spent on GPFV programmes (Reception & Clinical Training, Online Consultations and part funding of Improving Access to General Practice). • Payments for Primary Care Enabling Services (previously paid by NHSE) will be charged to the CCG at £107k in 2018/19. • Capital associated with premises developments • Potential fee costs for specific premises schemes • Demographic Growth in excess of that assumed within the plan. • Additional funding above the 1% pay uplift will not cover increased costs Note that, within the context of the overall CCG financial plan for 2018/19, all the above items have been either mitigated or mitigations are in progress. However, all mitigations are non-recurrent in nature which may lead to financial pressures in future years
8	**Recommendation(s)** PCCC are asked to: • Note the contents of the paper

Proposed 2018/19 Primary Care Co-Commissioning budgets

	Area	2018/19 Budget £000's
FUNDING	Allocation	81,511.0
	Total Funding	**81,511.0**
SPEND	Contract payments	56,522.0
	Enhanced services	2,189.6
	Other GP services**	2,504.1
	Premises	8,503.7
	Dispensing/prescribing	3,081.4
	QOF	8,710.3
	Provision	0.0
	Total Spend	**81,511.0**
	SURPLUS/DEFICIT	**(0.0)**

*** Other GP services includes:- legal fees, GP retainer scheme,*

NHS
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Agenda Item 12

Primary Care Commissioning Committee

Meeting Date	**Thursday 31ST May 2018**
Report Title	**Primary Care Quality Report**
Executive Summary	This report provides assurance to the Committee that quality and patient safety issues are given the appropriate priority and that there are clear actions to address them.
Key Issues	Failure to secure quality, safe services for the population of Gloucestershire.
Risk Issues: **Original Risk (CxL)** **Residual Risk (CxL)**	Failure to secure quality, safe services for the population of Gloucestershire
Management of Conflicts of Interest	Not applicable
Financial Impact	There is no financial impact
Legal Issues (including NHS Constitution)	Compliance with the NHS Constitution, NHS Outcomes Framework and recommendations from NICE and CQC.
Impact on Health Inequalities	A focus on the delivery of equitable services for the residents of Gloucestershire and which will reflect the diversity of the population served.
Impact on Equality and Diversity	There are no direct health and equality implications contained within this report.
Impact on Sustainable Development	There are no direct sustainability implications contained within this report.
Patient and Public Involvement	This report provides information about Patient and Public involvement, engagement and experience activity.
Recommendation	The PCCC is asked to note the content of this report.
Author	Marion Andrews-Evans
Designation	Executive Nurse and Quality Lead

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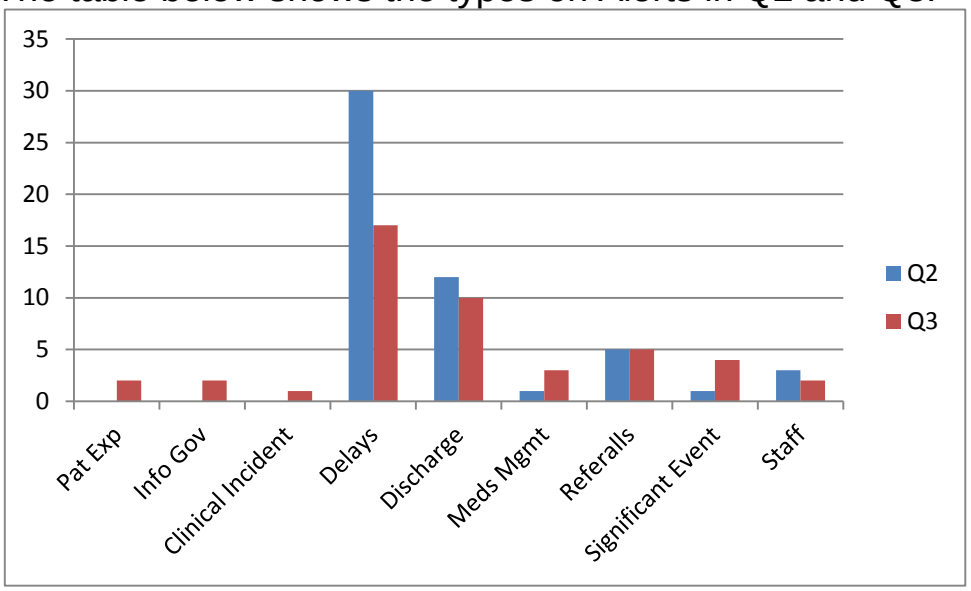
Agenda Item 12

Primary Care Quality Report May 2018

CQC Key Line of Enquiry	Quality Lead Commentary
Are they safe?	**Serious Incidents & Significant Events** Serious Incidents in GP practices are normally referred to as Significant Events. Most Significant Events are reviewed internally in practices, while some are also uploaded to the National Reporting and Learning System (NRLS) via a GP Eform. Four reports to the NRLS were made during Quarter three. None of the reports were about significant events in the reporting practice. GPs have reported four Significant Events via Quality Alert which are indicated in the relevant section below. **Safeguarding** Gloucestershire Safeguarding Children Board (GSCB) completed a Serious Case Review following the death of a three month old baby. Publication of this report is significantly delayed due to ongoing criminal processes involving both parents. However, multi-agency action planning has commenced to address key findings from the review, including the rigour of 'child in need', potential risks where a child is not registered with a GP, and systemic issues related to GP Practice review of patient records for newly registered children. GCCG Safeguarding Team continue to lead both Child and Adult Safeguarding Forums, programmed through the year and facilitated to update, refresh and inform GP Safeguarding Leads on topics pertinent to local and national practice. These sessions are well attended with excellent representation from practices across the county. GCCG Safeguarding Team continues to work proactively to support training needs across all Gloucestershire GP Practices. From September 2017 a direct funding commitment from GCCG has encouraged all Practices to directly access to GSCB multi-agency training at Level 3 (required for all GPs); GSCB training unit reports a significant increase in numbers with 271 Primary Care colleagues undertaking this training over quarters 3 and 4 (Sept 17 – March 18). In addition, where a need is identified or requested, the Safeguarding Team has been able to facilitate and support the funding of Adult / Child sessions that address specific and bespoke needs for Safeguarding awareness or updates.

	Care Homes Enhanced Service (CHES) The service specifications for the Care Homes Enhanced Service (CHES) have been updated for 2018/19. In addition to annual minor updates for clarification, the Service Specifications now state that appropriate elements of the service may be delivered by an appropriately qualified and experienced Practice Nurse working to the Lead GP. However where GPs are delegating pieces of work to nurses they still need to take overall clinical responsibility.
Are they effective ?	**CCG Clinical Effectiveness Group** Strategic purpose of the Clinical Effectiveness Group (CEG) is: • To ensure that clinical and cost effectiveness (value) and balanced evidence-based practice is integrated in the commissioning and contracting of services on behalf of the population of Gloucestershire by NHS Gloucestershire Clinical Commissioning Group. • To seek assurance around local consideration/implementation of recommendations published by National Institute of Health and Care Excellence (NICE), Royal Colleges and other National Guidelines or National Audits. The group meets on alternate months and is a sub group of IGQC. The last meeting of the CEG was 15th March 2018. **Do not Prescribe List** This locally produced list aims to bring together drugs which are not recommended for use in normal practice within primary care based on evidence of safety, efficacy and cost-effectiveness. It sits alongside the Gloucestershire Joint Formulary. Decisions for inclusions on the "Do Not Prescribe" list are made by the One Gloucestershire Medicines Optimisation Board (OGMOB), The Drug & Therapeutics Committee in consultation with Gloucester Hospitals and 2Gether Mental Health Trusts. It also reflects National Guidance where appropriate (including safety aspects). The list incorporates: • 'Red Drugs' which are on the Gloucestershire "Traffic Light List" and should only be prescribed by secondary care consultants • All drugs not recommended on the Gloucestershire Joint Formulary. • Medicines considered of low therapeutic value/not cost-effective A recent update included the addition of Items which should not be routinely prescribed in primary care following recommendations as a result of the public consultation by NHS England and NHS Clinical Commissioners

	Quality Alert 46 Alerts were sent in Q3 2017/18. As with the previous Quarter, these have overwhelmingly been about delays, though we have seen an increase in GPs using the system to record significant events. Although these would be better reported to the NRLS, it is encouraging to see the shift change in openness and willingness to share. The table below shows the types on Alerts in Q2 and Q3.  These Alerts came from over 20 different practices. Historically, one practice has been the highest of reporters, and while they made up 17% of Alerts in Q3, other practices have started to increase their usages. **CQC Update** The purpose of CQC inspections are to ensure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. Two practices have been inspected and reports produced since the last Quality report (March 2018), both received an overall rating as good. Four Gloucestershire practices are currently listed as “Outstanding”. **Primary Care Assurance Framework** The Quality team and the Primary Care team are continuing to work together to develop the Primary Care Assurance Framework. The quality assurance framework describes GCCG proposed approach to monitoring and assuring quality in all Primary Care commissioned medical services.
Are they caring?	**Friends and Family Test (FFT)** The FFT results for GP Practices in Gloucestershire present a mixed

picture. The full data for the most recently published data (January 2018) is available on the FFT website at: https://www.england.nhs.uk/publication/friends-and-family-test-data-january-2018/

The GP FFT dataset includes FFT responses for the latest month from GP practices. Data is submitted directly to NHS Digital's Calculating Quality Reporting System (CQRS) each month.

The overall results for all GP practices combined in Gloucestershire in October, November, December 2017 is:

	Responses Submitted and % recommend GP practice		
	December 2017	**January 2018**	**February 2018**
England	256,598 / 89%	349,790 / 89%	348,699 / 89%
Gloucestershire	835 / 93%	1.146 / 94%	1.245 / 93%

Gloucestershire results continue to be consistently better than the England average. However, it should be noted that a significant number of Gloucestershire practices submit fewer than 5 responses on a monthly basis. Some Gloucestershire practices routinely submit no FFT data. In most cases the response rates, in line with other areas nationally, are very low and therefore cannot be considered to be statistically significant when looking at one month's data in isolation.

The Primary Care Clinical Quality Review Group reviews the FFT data alongside the national GP Patient Survey data. Practice Patient Participation groups continue to be reminded to ask their practices for a copy of the FFT results and to promote FFT within their practices.

Practice Participation Groups

GCCG has established a Gloucestershire Patient Participation Group (PPG) Network. The last PPG Network, attended by approximately 50 PPG representatives, was held on 23 February 2018. The agenda included: Urgent Care/Centres of Excellence, GP Five Year Forward View – future of the Primary Care Workforce, Improving patients confidence of self-managing their minor aches and pains and increasing the number of patients self-referring into Core physiotherapy, Accessible information for patients and an update on the New National GP Patient Survey. The next PPG Network Meeting is 8 June 2018. One the agenda will be GP online consultations and 111 Online.

GP Patient Survey

The GPPS is an England-wide survey, providing practice and CCG level data about patients' experiences of their GP practices. It provides data

	using a consistent methodology, which means it is comparable across organisations and over time. The survey content has changed quite considerably for the 2018 survey, which launched in January 2018. The CCG was involved in the redesign of the national survey and has been invited to be a member of the GPPS Steering Group.
Are they responsive?	**Prescription Ordering Line (POL)** GCCG Prescription Ordering Line (POL) has been operating since July 2017 and now has 15 practices, making the service available to patients requesting repeat medications within practice populations of around 130,000. The call activity continues to increase as patient numbers using the service increase in both current practices and within new practices. Feedback from participating practices is positive, with patient feedback received (during calls) also being positive. On average about 3% of requested items are identified as not required, thus reducing the prescribing of items which would stockpile and be wasted. All requests are generated via the telephone calls. Mondays are regularly in excess of 250 telephone patient contacts. The results of the PWC audit (which was carried out in December 2017) have been received and are being considered by the CCG currently. The POL has commenced inviting Dispensing Appliance Contractors to start requesting prescriptions via the POL. This will allow the POL team to check the suitability and timeliness of those requests, which tend to have a far greater average items cost, meaning that any identified unnecessary items will lead to reduced waste and greater reduction in costs. Ultimately, relieving some of the repeat medication request work from practices allows practice staff to do other tasks beneficial to the practice efficiency. **Prescription Ordering Centre (POC)** Berkeley Vale locality Prescription Ordering Centre has been operational since April 2017 and has extended to four of the six practices in the locality. Activity has continued to increase. Avoided items are about 3.5%, again delivering reductions in unnecessary prescribing. Similarly, relieving some of the repeat medication request work from practices allows practice staff to do other tasks beneficial to the practice efficiency. **Dressings Prescribing** The Countywide wound management formulary will be reviewed during 2018-2019, in order to make the most cost effective choices. GCCG and GCS are working closely together to do this, as well as to deliver publicity and training to staff in all settings to make full utilization of the dressing formulary, and to reduce variation across clinicians so that all patients get similar evaluated products. A QIPP plan has been

developed to support the desired outcomes.

Medicines Optimisation in Care Homes (MOCH)

A recent application by the GCCG to participate in a national Medicines Optimisation in Care Homes (MOCH) project has received agreement from NHS England. This will involve creating 2.2 fte pharmacist and 0.7 fte pharmacy technicians' posts to focus on supporting improvements in the quality and safety of medication use in care homes.

Pharmacy technicians

The GCCG is in the process of increasing the number of pharmacy technicians in its established GP practice prescribing support team from currently 1.6 fte to 3.6 fte posts. The intention is to improve the skill mix and effectiveness of the current team which is currently based on 6 fte pharmacists, as well as increase support to GP practices to improve the efficiency of repeat prescribing processes in targeted practices. The two current pharmacy technicians who commenced employment last year have proven to be very effective.

Prescribing Support Dietitians

The GCCG Prescribing Support Dietitians seconded from GHT to support Medicines Optimisation nutritional prescribing projects are continuing to support GP practices to ensure the appropriate prescribing of primarily Oral Nutritional Supplements (ONS) and Gluten-Free foods. December 2017 EPACT data for ONS prescribing shows a continued downward trend in prescribing costs across the whole county, currently at a 53% reduction compared to previous year's figures. The dietitians continue to advise practices and other health care professionals including community nursing teams on alternative ways to support patient's nutritional status, based on a 'Food First' approach.

The dieticians are considering further areas of involvement and cost/quality effectiveness.

Prescribing data

Actual prescribing data for 2017/18 is now available to Feb 2018. This demonstrates impressive levels of achievement in all the key areas of medicines optimisation local focus last year, including sip feeds; inhalers; pregabalin; analgesics; and deprescribing. The GCCG prescribing improvement plan for 18/19 is in the process of being finalised ready for wider circulation shortly.

Primary Care Complaints

Primary care complaints are managed for the most part by GP practices themselves. However, some complainants also choose to draw their complaints to the attention of NHS England. From 1 June 2017, GCCG is now receiving details of primary care complaints which have been handled by NHS England South (Central). 14 complaints have been received to date (9 admin closures - no consent received, already investigated by provider, closed on instruction of complainant, 5 still being investigated). Subjects of complaint are: End of Life Care, Care Planning, Refusal to Refer, Clinical Treatment x 6 and Communications x 2. No themes are emerging.

Patient Advice and Liaison Service (PALS) contacts

The table below gives a breakdown of the types of enquiries the PALS team has dealt with up to the end of Quarter Four 2017/18.

Type	Quarter 3 16/17	Quarter 4 16/17	Quarter 1 17/18	Quarter2 17/18	Quarter 3 17/18	Quarter 4 17/18	
Advice or Information	48	58	**48 (16 PC)[1]**	**45 (15PC)**	**58 (PC16)**	**63 (PC20)**	
Comment	7	7	**2 (1 PC)**	**2**	**7**	**0**	
Compliment	0	4	**4**	**3**	**3**	**2 (PC1)****	
Concern	20	41	**52 (17 PC)**	**47 (17PC)**	**41 (PC15)**	**55 (PC 19)**	
Complaint about GCCG	11	9	**11 (1 PC)**	**10 (2 PC)**	**5**	**2**	
Complaint about provider	22	18	**22 (7 PC)**	**18 (3 PC)**	**21 (PC4)**	**9 (PC2)**	
NHSE complaint responses copied to GCCG			**2**	**2**	**1**	**0**	

[1] GP medical service complaints in brackets

PALS							
Other	3	10	**14 (4 PC)**	**15 (1 PC)**	**8**	**68**	
Clinical Variation (Gluten Free)	49	11	**2**	**0**	**0**	**3**	
Total contacts	**130**	**158**	**155**	**140**	**144**	**202**	

From 1st November 2017 Freestyle Libre flash glucose monitoring system was made available via NHS prescribing across the UK; the device was still subject to local GCCG Guidance. The Gloucestershire Prescribing Guidance recommends that adult patients are only initiated on Freestyle Libre by a Hospital Specialist and that they meet the clinical criteria set. PALS have received 52 enquiries to date, relating to the prescribing policy for this product. Each contact received an acknowledgement and a formal response along with the GCCG Prescribing Guidance.

Only three Gluten Free enquiries have been received in the last quarter, one where the GCCG Dietician was able to speak directly to, and two satisfied with GCCG guidance.
There have been no specific ongoing themes identified from a total of 47 enquiries received in Q4 relating to GP/Practice.

- Waiting times for an appointment
- Patient's wanting to register outside their catchment area due to ease for work based access
- Accessing medical records and change of patient details
- Medication changes via CCG guidance

Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections

Public Health England has set a target for 6 or less MRSA infections. 3 have been attributed to community Acquired (2 third party currently under arbitration), 2 have been attributed to hospital acquired and 1 allocated to a third party. A Post Infection Review is mandatory and key learning actions were:

- The need for representation of the key clinicians so the right decisions are made at the review.
- Areas for practice improvement include use of IV Cannula care plans, MRSA screening on admission, documenting when blood cultures taken, correct prescribing of suppression therapy, hand hygiene and environmental cleaning.
- Consideration is being given at the Screening Group to advice GP Practices to MRSA screen Intravenous Drug Users annually.

Since April 2017 no deaths have been reported in Gloucestershire due to MRSA Bacteraemia.

MSSA Bacteraemia Infections

During the period 1 April 2017 – 31 March 2018, 112 cases were reported divided between 77 community acquired and 33 hospital acquired infections.

Escherichia coli (E.coli) Infections

The Quality Premium for 17/19 aims to reduce E.coli Gram Negative Bloodstream Infections (GNBSIs) by 10% and reduce inappropriate antibiotic prescribing for Urinary Tract Infections as well as sustain the decrease. The target for the year 2017/18 was 257 (or less) cases. 2017/18 276 cases were reported with 221 community acquired and 55 hospital acquired.

TOTAL NUMBER OF CASES ACROSS GCCG						
15/16	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
E.COLI BSI	81	77	70	68	285	**No threshold**
16/17	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
E.COLI BSI	82	84	48	30	256	**No threshold**
17/18	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Target: 257 Over projected trajectory**
E.COLI BSI	67	62	83	64	276	

E.coli bacteraemia is linked to Urinary tract Infections (UTI) (approximately 41%). The Countywide UTI Group has several work streams linked to UTI including the improving the diagnosis and treatment of patients with a UTI, improving hydration particularly in older people and self-care advice. To support this work a training day for nurses working in GP practice is being in June 2018 and engagement events are being held in 7 locations over July and August to reach nurses working in hospitals and care homes.

Prescribing targets

GCCG has been set a Quality premium to reduce antibiotics associated with UTI and C. Difficile Infections. GCCG is currently achieving these targets as detailed below.

PRESCRIBING TARGETS WITHIN THE QUALITY PREMIUM & AMR CCG IMPROVEMENT AND ASSESSMENT FRAMEWORK INDICATORS												
Item	Target	**On Target?**	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Co-amoxiclav, cephalasoprins and Quinolones	<10%	**Yes**	9.7	9.7	9.6	9.54	9.5	9.5	9.5	9.5	9.4	9.4
Trimethoprim : Nitrofurantoin ratio reduction	1.69	**Yes**	1.75	1.72	1.65	1.569	1.483	1.396	1.299	1.206	1.136	1.059
Antibiotics per STAR/PU	1.161	**Yes**	1.001	1.003	1.002	0.998	1.001	1	1.001	0.991	0.980	0.981
Trimethoprim in patients over 70yrs	18454	**Yes**	18753	18756	18593	18239	18269	17907	17488	17009	16473	16092

C. Difficile Infections (CDI)

The target set by Public Health England for GCCG is 157 cases of CDI 2017/18. CGCG has exceeded the target by 47 cases. 4 CDI related deaths have been reported in the same time period. All have been reviewed and any learning actioned.

16/17		**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
CDI cases	**Comm**	8	10	13	15	**46**	**157** (20 cases over target)
	Hospital	37	26	18	30	**111**	
	Sub total	45	36	31	45	**177**	
17/18		**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Threshold**
CDI cases	**Comm**	34	45	25	23	127	**157** (47 cases over target)
	Hospital	14	18	23	22	77	
	Sub total	48	63	48	45	204	

Countywide there is an upward trend in cases. A short life working group (6 meetings) met for the first time October 2017. The group is refining an action plan focusing on environmental cleaning, implementing an MDT team to lead on managing patients with CDI, investigating faecal macrobiotic transplant as well as improving the information given to patients on discharge from hospital.

Kliebsiella Pneumoniae and Aeruginosa Pseudomonas
Since September 2017 it is mandatory to report of these infections.

OTHER BLOODSTREAM INFECTIONS TOTAL NUMBER OF CASES ACROSS CCG						
17/18	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**Thresho ld**
Kliebsiella spp.	21	24	17	20	82	**No threshold**
P.Aerugino sa	8	7	17	6	38	**No threshold**

Seasonal Influenza uptake frontline workers

Trust	**%**	**Comments**
GHNHSFT	75.7%	4,724 of patient facing staff vaccinated as follows: 75.5% doctors, 67.5% registered nurses, 87.6% other professionally qualified staff and 79.3% support staff. CQUINN target met.
GCS	72%	1,576 of patient facing staff vaccinated. CQUINN target met.
2gether	76.6%	1,205 of patient facing staff vaccinated. CQUINN target met.

Seasonal Influenza vaccination uptake for children from reception to Year 4
It was the first year of a new contract awarded to Gloucestershire Care Services NHST to provide the school immunisation programme. The school programme achieved a combined score of 62%. This is below the target of 65% but it was an improvement from the previous year (see next page).

SCHOOL GRADE	Reception (4-5)	Year 1 (age 5-6)	Year 2 (age 6-7)	Year 3 (age 7-8)	Year 4 (9 – 10)
PERCENTAGE OF CHILDREN	65.6%	64.4%	62.2%	60.2%	58.5 %

CATEGORY	2016/17	2017/18			2018/19
	2016/17 UPTAKE	TARGET 2017/18	ENGLAND 2017/18	2017/18 GLOS UPTAKE	TARGET 2018/19
> 65 years	72.1	75%	72.6	74.4	75%
At risk (6months - < 65 years)	49.5		48.7	50.1	55%
Children aged 2 (Born 1/9 - 31/8)	47.6	48%	42.8	49.4	48%
Children aged 3 (Born 1/9 - 31/8)	50.1	48%	44.2	51.0	48%
Pregnant women – At risk	62.8	55%	62.1	62.0	55%
Pregnant women – Not at risk	44.6	55%	45.7	47.2	55%
Pregnant women - All	46.7	55%	47.2	58.6	55%

RAG Rating	
Higher uptake compared to same period last year	
Lower uptake compared to same period last year	

Seasonal Influenza Vaccination

Seasonal Influenza vaccination uptake for pregnant women at Gloucester Royal Hospital

Gloucestershire Hospitals NHS Foundation Trust is in its second year of a contract to provide influenza vaccination to pregnant women when they attend midwifery appointments at the hospital. The programme focuses on offering the flu vaccination at the 20 week scan appointment. The figures demonstrate an increase in uptake for 2018 however the uptake is low. While changes are not possible for this flu season a request from GCCG has been made to review the contract to extend the provision to all midwife appointments.

2017/18 FLU VACCINATION FOR PREGNANT WOMEN AT GRH						
PROVIDER	**OCT 2016**	**NOV2016**	**DEC2016**	**JAN2017**	**FEB2017**	**TOTAL**
Gloucester Royal	206	146	26	85	25	488
PROVIDER	**OCT2017**	**NOV2017**	**DEC2017**	**JAN2018**	**FEB2018**	**TOTAL**
Gloucester Royal	318	158	123	100	99	798

Seasonal Influenza vaccination uptake plan 2018/19

The annual flu letter from PHE/NHSE outlining the national influenza immunisation programme 2018/19 has been received. Changes described are:

- The school age children's cohort has been extended to include school year 5, so the programme now covers reception to year 5.
- Uptake ambition for 2 and 3 year olds has changed to at least 48%.
- Uptake ambition for school aged children in reception to year 5 has changed to an average of at least 65% to be attained by every provider across all years.
- The other eligible cohorts remain the same.
- A second letter will follow in late spring with information about frontline healthcare workers and social care workers.

The CCG is working with partners to develop an action plan for the 2018/19 season. To date actions completed or progressing:

- A PSD to facilitate administration of nasal flu vaccination for people who are over 18 years of age as an accommodation to support people with severe needle phobia, dementia or learning disability.
- Improving uptake of flu vaccination amongst care home workers.
- Developing a strategy for collating data on flu vaccination uptake to care home residents.
- Working with communication team to develop media messages tailored to Gloucestershire.

Childhood Vaccinations

Indicator	Target	2017/18 Q3	2016/17 Q4	2017/18 Q1	20171 8 Q2	2017/18
DtAp/IPV/Hib vaccination (1 year olds)	95.0	94.6	95.1	94.1	94.3	95.3
DtAp/IPV/Hib vaccination (2 year olds)	95.0	95.3	95.5	95.8	97.5	96.3
DtAp/IPV/Hib vaccination (5 year olds)	95.0	96.0	96.0	96.9	97.2	97.1
DTap/IPV (5 yr old)	95.0	88.1	88.1	88.0	89.3	90.3
PCV (I year olds)	95.0	94.8	95.2	95.1	95.3	95.4
PCV (2 year olds)	95.0	95.5	91.9	93.2	93.2	93.2
MenC Vaccination (1 year olds)	95.0	94.3	86.0	Data not published	Data not published	Data not published
Hib/MenC Booster (2 year olds)	95.0	89.6	92.1	93.3	93.1	93.3
Hib/MenC Booster (5 year olds)	95.0	90.5	92.1	93.3	93.1	94.7
MMR 1 dose (2 year old)	95.0	90.6	92.1	93.2	93.2	93.2
MMR 1 dose (5 year old)	90.0	94.7	95.0	95.9	96.1	95.6
MMR 2 doses (5 year old)	95.0	87.7	89.1	88.3	89.6	90.2
Rotavirus	95.0	91.7	92.3	90.8	91.9	92.6

Men B (12 months)	95.0	93.4	95.0	94.8	95.1	95.0

Immunisation of school children

Gloucestershire Care Services were awarded the tender for school based immunisation programmes within Gloucestershire and the immunisation team has expanded. January 2018 the team offered year 8 and 9 girls their HPV vaccination to protect them against cervical cancer. Catch up sessions were offered to young people from Year 2 upward who are outstanding their Mumps, Measles and Rubella (MMR) vaccination.

Scheduled from April - July 2018 is a programme delivering to Year 9 pupils, Diphtheria, Tetanus and Polio (DTP) and MenACWY, with catch up clinics for the entire programme being offered during all academic holidays. In addition to the school based programmes, the team also deliver monthly BCG clinics within children centres at Cheltenham & Gloucester.

Measles

In Gloucestershire there were recently a number of linked measles cases in children attending a school, particularly amongst the older pupils. There is currently a large ongoing outbreak of measles in Europe and an increase in the number of cases in the Avon, Gloucestershire and Wiltshire areas. Un-immunised children will continue to be at an increased risk of contracting the infection both here in the UK and Europe. A plan is being developed to invite young adults between 16 and 25 years to attend their GP practice for MMR vaccination over a 6 month period.

Are they well led?

Primary Care Workforce Strategy

GCCG Primary Care Workforce Strategy has now been shared with all stakeholders and uploaded to our GPFV section of CCG Live where it sits alongside our Primary Care Strategy and our Primary Care Infrastructure Plan. The strategy specifically focuses on developing our current workforce, attracting primary care staff to Gloucestershire and developing a new skill mix in primary care. It looks at wider issues, such as improved data on workforce, activity and capacity and how we can empower clinicians to support patients through consideration of the whole practice team and by working as clusters of practices within networks.

Our workforce position is beginning to improve in some areas, with the latest quarterly provisional figures for December 2017 demonstrating a second quarterly increase in WTE GPs and a second consecutive reported increase in the number of nurses in general practice (Mar 17 –> Sept 17 –> Dec 17). However, there is still much more we can do, and we remain committed to the ongoing support of general practice in Gloucestershire; the Primary Care Workforce Strategy demonstrates our proactive approach to tackle the challenges presented in recruiting and retaining our workforce.

Our Health Inequalities Fellowship for Gloucester City is now being promoted as we look to support the inner city area that persistently struggles to recruit GPs. The aim is to inspire and support new or experienced GPs to undertake a salaried post in the inner city, augment clinical learning with developing academic knowledge via a fully-funded post-graduate qualification in Public Health with UWE and disseminate learning within the county to support primary care across the patch. Further information has been made available on our GPFV pages of CCG Live here: https://ccglive.glos.nhs.uk/intranet/index.php/localities/all-localities/general-practice-forward-view/workforce-opportunities.

Productive General Practice Programme

Following the success of the initial 35 practices that recently completed the Productive General Practice programme, a further 8 practices have asked to be considered for the programme. With Gloucestershire already receiving above the national share of places, we secured GCCG funding for these practices and, tied in with the GPFV event above to provide further coaching to support the frequent attenders session, they will commence their programme in May to run through until July 2018.

Practice Managers Development

Funding has been secured from NHSE to support Practice Managers development. The plan is to have a blended programme of both face to face and e-learning to include change management and working at scale. We secured some funding from NHSE for 18/19 for further Practice Manager development. The funding must be used to support “hard to reach areas” and we therefore have planned, with agreement of the LMC, to support those areas that have particularly struggled with PM recruitment and retention. This has predominantly impacted the Forest of Dean locality. The GP Provider Lead, has devised a programme of support spread, which will be supported through this funding, evaluated and lessons learned that can be spread across the county.

Community Education Provider Network (CEPN)

The CEPN a semi-independent advisory and project body, supporting primary care based education, training and workforce developments in Gloucestershire; commissioned through the WEHASN (West of England Academic Health Science Network) by HEE (Health Education England). An Educational Facilitator for Primary Care role has been recruited. Adopting a whole system approach to primary care education, the main responsibility of the role will be in the development of sustainable quality placements for non-medical learners. The intended outcomes of the post include increased placement capacity and quality for training Physician Associates, Nursing Associates, Nursing and Pharmacy students also Paramedics and other learners in the primary and community care setting and the promotion of multi professional learning and supervision.

Sustainability and Transformation Partnerships (STP)

The STP Capability Thematic group has entered a bid for funding from Health Education England for transformation monies for the clinical priorities of the STP. Primary Care has received monies for Advancing Practice courses, Non-Medical Prescribing, spirometry training and other development that support the clinical pathways.

Gloucestershire Clinical Commissioning Group Practice Nurse Facilitator (PNF)Team

The GCCG PNF team engages with the national drive, aligned to the General Practice Forward View, to further develop practice nurses. The "General Practice Nurses (GPN) Ten Point Action Plan" sets out the measures required to bring about the changes that are needed, which will be taken forward by NHS England, Health Education England, NHS Improvement, Public Health England, The Royal College of Nursing, The Royal College of General Practitioners and the Queens Nursing Institute. These organisations will support commissioners and providers to implement the actions at local level. Delivery of this Ten Point Action Plan at a local level will be supported by one of four Regional GPN Delivery Boards. Locally the PNF team has been supporting these actions.

All localities except Stroud and Berkeley Vale now have Practice Nurse Protected Learning Time events. The PNF team is working with the Primary Care team to ensure the remaining locality will have events in the future. The aim of the events is to provide clinical support, supervision, education, training and sharing best practice.

The PNF team has been working with both practices and Universities to increase student nurse placements. The number of practices taking student nurses has increased from 7 (Jan 2017) to 14. Several practices

	are interested in taking students and these are being supported to take students in the future. NHS England has asked the PNF team if they can use the Practice Induction document developed by the PNFs to develop a national Practice Induction document. The PNFs continue to support Practice Nurses with their Nursing and Midwifery Council revalidation. An increasing g number of Health Care Assistants have been supported and assessed for their Care Certificate by the PNFs. Over 100 Practice Nurses and Health Care Assistant have attended an update for Travel Immunisations and Vaccinations. A non-medical prescribing CPD event planned is planned for June which will include updates regarding prescribing in asthma, diabetes and hypertension. **Hospital Discharge** This pilot scheme is being led by a Gloucester Nursing Home manager, supported by CHST manager and CCG Quality Manager. 5 Care Homes have 2 Red Bags each and the pilot is being progressed using QSIR methodology, including PDSA cycles to test out the processes. This project is being progressed under the Teaching Care Home initiative, with the Red Bags for the pilot funded by DH. The ACT Academy has identified the project as a 'good news' case study as "a brilliant example of QSIR tools 'in action'!" The CHST Trusted Assessor pilot post has been well-received and an Interim report demonstrating the beneficial impact on quality of discharge, length of stay and Care Home / Hospital communications is in preparation. Care Home Support Team provided support in January when the acute trust was in a high level of escalation. All the team re-prioritised their work and maintained a visible presence in both acute hospitals, working with acute and community staff and Care Homes to expedite timely and safe discharges. **Hospital Admissions** The Care Home Programme is reviewing the recently available hospital emergency attendance and admissions data for Care Home residents; scoping and linking a number of workstreams: Quality, CHST, CHES, dementia, frailty, LTCs. The Countywide graphs of the overall increase in 2017/18 from 2016/17 show a smaller seasonal reduction in the summer months.

	Increases were higher for residents with Dementia and for afternoon/evening admissions. A working group has been set up, led by Dementia CPG, and using a QSIR PDSA approach to pilot multiagency actions to reduce emergency admissions for Care Home residents with Dementia.