

## **LEICESTER CITY CLINICAL COMMISSIONING GROUP**

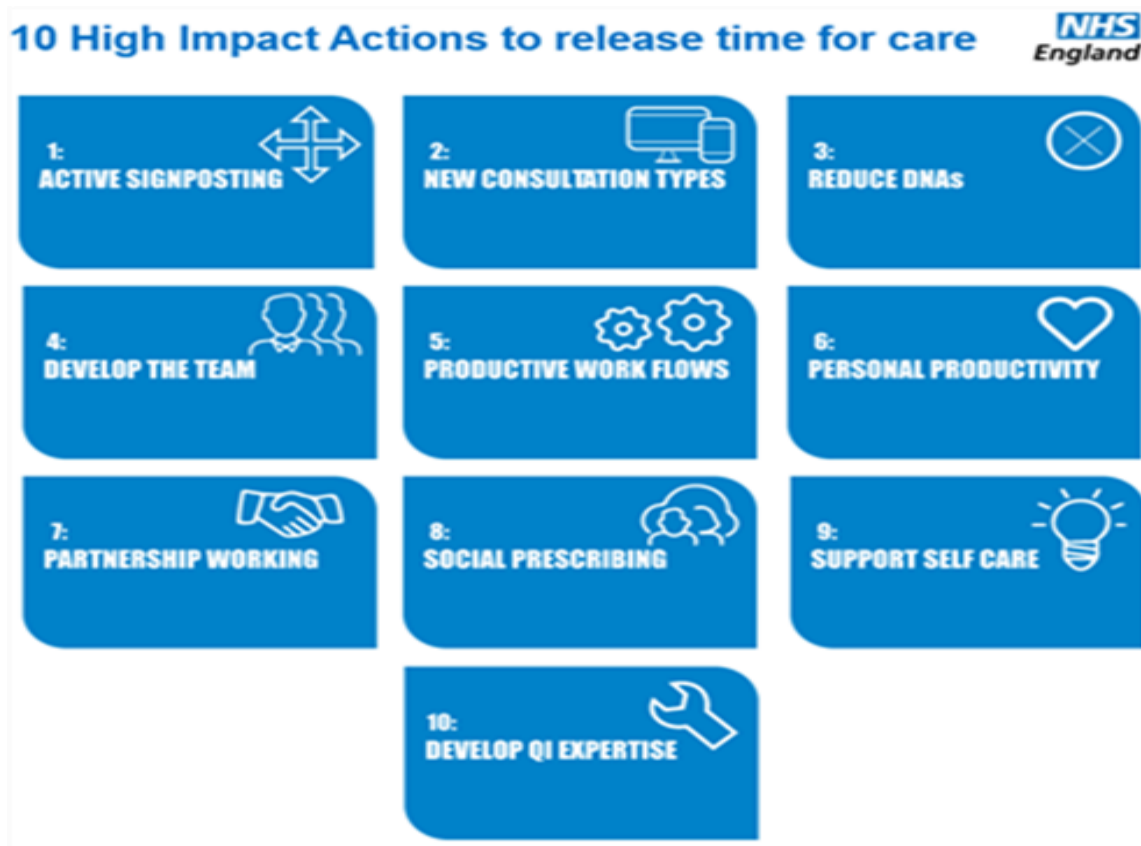
### **An update on delivering the Leicester City CCG Primary Care Strategy**

#### **Introduction**

1. The purpose of this paper is to provide an update on the development and delivery of the Leicester City CCG Primary Care Strategy and how it links with the General Practice Forward View (GPFV) delivery across the Sustainability and Transformation Planning (STP) footprint of Leicester, Leicestershire and Rutland (LLR). The paper will focus on reporting against delivery of key milestones for Q1 and Q2 , and describe some of the links between national and local approaches to supporting and sustaining primary care in Leicester City.

#### **Context**

2. For background the GPFV was launched in April 2016 by NHS England with the aim to stabilise and transform General Practice, and included practical and funded actions against five key areas;
  - Investment
  - Workforce
  - Workload
  - Infrastructure
  - Care redesign.
3. One of the key elements of the GPFV is the 'Releasing Time for Patients' programme, which included support for practices to accelerate change either within individual practices or across groups or federations of practices. The main components of this programme are:
  - Innovation spread – to support introducing the 10 High Impact Actions
  - Service redesign – to support practices to release capacity and improve patient care
  - Capability building- investment and support to build leadership capability in practices.
4. The diagram below shows the 10 high impact actions. Through work with their local CCGs, practices are asked to decide which of the 10 high impact actions will have the most benefit for them, and to consider how to implement their choice. In some cases practices have grouped together to explore implementing one or more of the actions. Some of the 10 high impact actions are linked to other areas of work detailed in Table one below.



### **Sustainability and Transformation Planning and local delivery of the GPFV**

5. At the same time as publication of the GPFV, the CCG had started to develop its own Primary Care Strategy. It became obvious during the development of the CCG strategy that there were some links with this strategy and the wider piece of work across Leicester, Leicestershire and Rutland to deliver the GPFV through the STP. As part of this work the STP produced a plan called a Blueprint for General Practice. City and countywide aspirations were aligned in this document. The ambitions contained in the document have been formed into an implementation plan.
6. Table one describes the areas of the plan which have been delivered or are in scope to be delivered during Q1 and Q2 of 2017.

### **Details of Q1 and Q2 delivery milestones**

7. The delivery of key workstreams for the first 6 months are detailed below:

Table one

Deliverable (National)	Action	Milestone	Comment
50% of the public have access to weekend and evening GP appointments by March 2018 and 100% by March 2019	Integrated primary care service that offers up to 45 minutes/1000 patients of GP services	Met	Primary care access hubs running across 3 sites in the city (Saffron Health, Westcotes Surgery and Brandon St) offer this to 100% of patients, a fourth hub at Merlyn Vaz offering an enhanced urgent care service commences 1 <sup>st</sup> October 2017 following a recent reprocurement. Currently utilisation of hub appointments remains at around 90-95%, with some under utilisation at saffron and across all sites on Sunday afternoons.
	Clinical Triage HUB to enhance NHS 111 service	Met	The clinical navigation hub is operational. During Q1 the hub triaged 8,992 cases in April, 8,574 in May and 7,590 in June. Of those approximately 13% were signposted to a GP or hub, 8.5% to ED and 7.5% to ambulance or 999.
	An integrated home visiting service available 24/7 for patients with urgent or complex needs	Met	Home visiting service available across LLR. In April 3,102 home visits were undertaken across LLR, 3,013 in May and 2,847 in June (942, 1087, and 1181 in-hours respectively). Of these approximately 40% were city

			patients – with around 11.5% of all cases requiring onward referral to an acute setting.
Increase the number of clinical pharmacists working in GP practices to over 900 (nationally) by March 2018 and over 1300 by March 2019	Complete bids for funding as part of wave 1 and 2 national pilots	Met	LCCCG have wave 1 pilots sites within 9 practices in the city to deliver clinical pharmacist services (6.5 wte in wave 1) and a further 1 wte linked to wave 1, but part of wave 2 pilots
Estates and Technology Transformation Fund	Business case completion for GP premises investment (3 practices in total across LCCCG) and 1 bid for LLR wide technology investment	Partially met	2 bids are undergoing a due diligence process leading to final sign off of funds, 1 bid is undergoing business case approval, and the 4 <sup>th</sup> bid relates to technology funding
Use of funding incentives – including for extra staff and premises- to support the process of practices working together	This is delivered through Health Needs Neighbourhoods in LCCCG.	Met	Funding provided to practices to support at scale working across federations or groups of practices, to support resilience of general practice
<b>Deliverable (National)</b>	<b>Action</b>	<b>Milestone</b>	<b>Comment</b>
Workforce support for active signposting and correspondence management to support 10 high impact changes	To support and upskill practice staff and release GP time	Met	GP practices have been invited to submit expressions of interest to be involved in training to meet this aim
Transferring care safely	Clinical integration group in place across LLR Development of new common reporting pathways for operational and quality concerns	In scope to be delivered during Q2	Transferring Care Safely Guidebook co-designed with stakeholders across LLR - Transferring Care Safely Task & Finish Group - addresses key areas such as - medication, investigations, referrals at final draft stage. GP concerns

			pathways being re-designed across UHL and LPT. Engagement plan being co-developed for communication of re-designed pathways and guidebook.
10 High impact actions	Support launch event and rollout of supported cohorts (reducing workload and improving productivity)	In scope to be delivered during Q2	Focus on reducing workload as detailed above, and delivering the 2 <sup>nd</sup> wave of productive general practice programme as part of 10 high impact actions. Events for active signposting delivered in February and July '17.
Linking three clinical workstreams for complex, non-complex and planned care within the STP GP programme board to assess, analyse and model joint working, new models of care	Develop toolkit for general practice to support delivering sustainable models of care	In scope to be delivered during Q2	Toolkit describes a range of options for GP practices to consider when deciding whether to work at scale, and models examples for practices to explore and implement

Deliverable (National)	Action	Milestone	Comment
Communication and engagement plan and vision	To formulate and agree a single vision and stakeholder communication and engagement plan	In scope to be delivered in Q2	To include plans to communicate with internal and external stakeholders
Transformation and models of funding	Agree, align and distribute funding to support further transformation in General Practice	Met	£1.50/ head (£582k) distributes to GP practices to support working at scales models and develop GP federations to become at scale provider

## Details of Q3 and Q4 delivery milestones

8. Whilst this paper has dealt with key milestones for the first two quarters of this financial year, there are key deliverables which extend into Q3 and Q4. These are detailed below, and give the Commission details of the focus for the latter half of this financial year and into 2018/19.

Table two

<b>Deliverable (National)</b>	<b>Action</b>	<b>Milestone</b>	<b>Comment</b>
800 mental health therapists in place in primary care by March 2018 and 1500 by March 2019 (nationally)	Increase number of trainee places for psychological therapists, including developing recruitment and retention plans	For delivery through Q3 and Q4 and Q3 2018/19	Links to workforce and resilience capability workstreams
Modelling delivery of complex/non-complex patient pathways	Testing pathways to support patient receiving the best care in right place	For delivery/completion in Q4	Link to new models of care workstream
On-line consultations and single platform linked computer systems	Development of online consultation systems	For delivery/completion during Q3 and Q4	Links to infrastructure and making best use of clinicians time
Increase and support use locally of clinical pharmacists	Ensure bids are placed when national pilots are announced	For delivery completion during Q4	Links to making best use of clinicians time and workforce workstreams
Estates and Technology Funding	Support business case development for scheme cohorts (premises)	For delivery and completion during Q3 and Q4 (2018/19)	Links to infrastructure workstream