Full Business Case

Project name	Primary Care Investment 2017/18
Unique reference	
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Implementation lead	Toby Hyde, Head of Strategy

Date approved	*Primary Care Commissioning Committee recommended approval on the 16 October 2017*
Signature	
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Role	

Counter signature (if applicable under detailed scheme of delegation)

Date	
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Role	

Document Information

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Version	*Release date*	*Description of changes*
v. 11	18.10.2017	Incorporated changes suggested by Primary Care Commissioning Committee members on 16.10.17 (Page 7) Amended HF04 risk in relation to investment being non recurrent. (Page 25)

Revision History

Version	*Date*	*Reviewer name*	*Role*
v.11	18.10.2017	Sophie Ruiz	Head of Primary Care

Contents

SECTION 1: Strategic Objectives and Drivers for Change

Indicate below which strategic objectives this proposed project supports the delivery of.

Hammersmith & Fulham CCG, in common with CWHHE, have the following strategic objectives, as approved by the Governing Body in June 2015:

- Enabling people to take more control of their health and wellbeing through information and ill-health prevention
- Securing high quality services for patients and reducing the inequality gap
- Strengthen the organisation's infrastructure to help us deliver high quality commissioning
- Working with stakeholders to develop strategies and plans
- Delivering strategic change programmes in the areas of primary care, mental health, integrated care, and hospital reconfiguration
- Empowering staff to deliver our statutory and organisational duties

Provide the reason(s) why change is needed, based on what is known now. These may be opportunities, challenges or problems that need to be addressed.

Strategic Context

Hammersmith and Fulham is a small, but densely populated borough spanning 6.3 sq. miles. Hammersmith and Fulham Clinical Commissioning Group (Hammersmith and Fulham CCG) commissions services from 30 GP practices, meeting the needs of approximately 215,000 registered patients[1]. Practices are currently arranged into five GP networks, of the 30 practices, 26 practices hold GMS contracts, 1 practice hold a PMS contract and 3 hold APMS contracts. Hammersmith and Fulham GP Federation was formed in October 2014, representing all 30 member practices. The GP Federation has been commissioned to deliver an Out of Hospital Services (OOHS) contract through the member practices. In addition to the core and OOHS contracts, practices in Hammersmith and Fulham also deliver an annual Local Improvement Scheme (LIS), known locally as the Network Plan.

More than 90% of contacts with the health service take place in the community, involving general practice, pharmacy and community services. Imperial College Healthcare NHS Trust and Chelsea & Westminster NHS Foundation Trust are the main providers of acute and specialist care. Central London Community Healthcare (CLCH) provides community nursing and therapies and West London Mental Health Trust provides mental health services.

[1] Registered Population as at 1st April 2017: source Open Exeter

New investment available in primary care to support GPs to meet local needs

Primary care in Hammersmith and Fulham has been historically under-funded, in comparison with other areas of the country *(Appendix 1).* This is now being rectified and over the next four years, the CCG will be receiving accelerated growth monies as shown in the table below:

2016-17	2017-18	2018-19	2019-20	2020-21	2016-17 – 2020-21
£24.9m	£27.2m	£28.8m	£30.0m	£31.1m	**+ 25%**

This provides an important opportunity to address current inequalities in care provision and therefore to improve population health outcomes.

The CCG and GP Federation will work with local people and other partners to develop a suite of primary care standards that it will expect to be met for all patients in the borough.

The core standards will focus on improving:

- improving patients' experience of care
- radically upgrading prevention and wellbeing
- eliminating unwarranted variation and improving the management of long-term conditions
- achieving better outcomes and experiences for older people and people with mental ill-health
- reducing the number of unnecessary admissions to hospital
- ensuring high quality services are delivered in primary care, in line with the requirements of the Care Quality Commission (CQC)

Funding available in 2017/18

The value of additional funding in Primary Care equates to **£1.3 million** for 2017/18.

This funding is specifically allocated for primary care. Due to the full delegation of primary care commissioning responsibilities to the CCG, Hammersmith & Fulham CCG is the commissioner responsible for agreeing spending plans for these additional monies in line with its statutory responsibilities.

This business case sets out how Hammersmith and Fulham CCG proposes to use this additional investment to:

- **accelerate the implementation of the joint CCG and Federation Primary Care Strategy to support delivery of care at scale**
- **Initiate action plans for reducing unnecessary emergency admissions in-year which will lead to further reductions in the medium to long term**

National Context

The Five Year Forward View (FYFV), published in October 2014, sets out recommendations for sustaining and improving the NHS in the period between 2015 and

2020 to be a universal health service free at the point of access. Key points in the FYFV included:

- A key focus on Primary Care, Mental Health, Urgent & Emergency Care, Cancer, integrating care locally, funding and efficiency, strengthening our workforce, patient safety and harnessing technology and innovation.
- A radical upgrade in prevention and public health, including national action on obesity, smoking, alcohol, cancer and other major health risks;
- A shift to give patients far greater control of their own care;
- Decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care e.g. through Primary and Acute Care Systems (PACS);
- Support from the NHS' national leadership to develop radical new care delivery options including permitting groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care e.g. through Multispecialty Community Providers (MCPs);
- Urgent and emergency care services redesign to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services;
- Greater support for frail older people living in care homes;
- A 'new deal' for GPs, including investing more in primary care, while stabilising core funding for general practice nationally over the next two years and a shift in investment from acute to primary and community services.

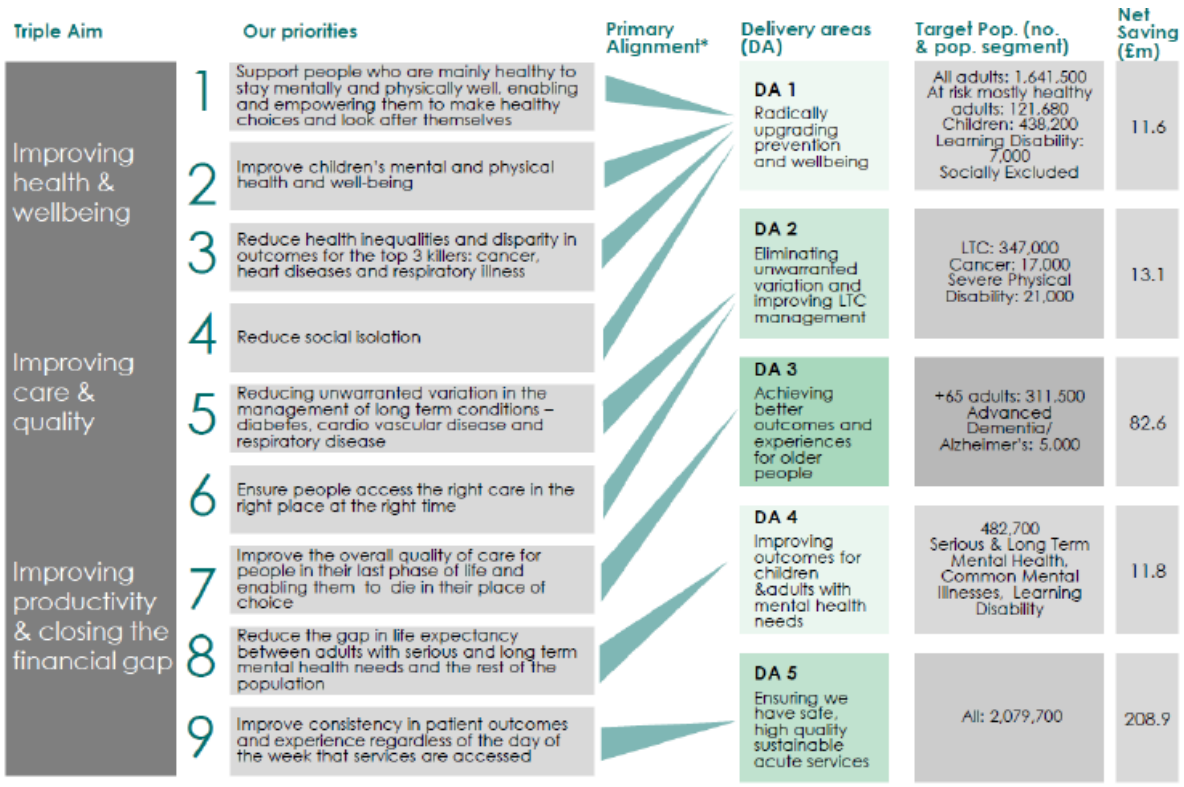
The GP Forward View (GPFV), published in April 2016, reiterated these themes with a 'triple reinvention' for general practice, comprising recommendations for changes to the 'clinical model', 'career model' and 'business model'. The report pledges a 14% real-terms rise in general practice investment, with an expectation of local CCG investment on top of this rise in national funding. It sets out recommendations to grow the number of qualified GPs, support practices to be more resilient and establish new rules to reimburse up to 100% of premises developments. It also sets out support to establish federations and 'super-partnerships', as well as direct funding for improved in hours and out of hours access, including clinical hubs and reformed urgent care.

North West London (NWL) Context

The eight CCGs in North West London work together as a collaboration underpinned by the CWHHE CCG collaboration and the Federation of CCGs in Brent, Harrow and Hillingdon. Most recently, the NWL CCGs have worked together with providers and Local Authority colleagues to develop the Sustainability and Transformation Plan (STP) in response to national requirements. The STP builds on the work delivered to establish a vision for care in North West London which is illustrated in Figure 1.

The golden thread running across and within the STP is general practice; the five delivery areas within the STP all require general practice to enable the benefits they describe. However, primary care cannot deliver this on its own, but as part of a system aligned to deliver to the same outcomes.

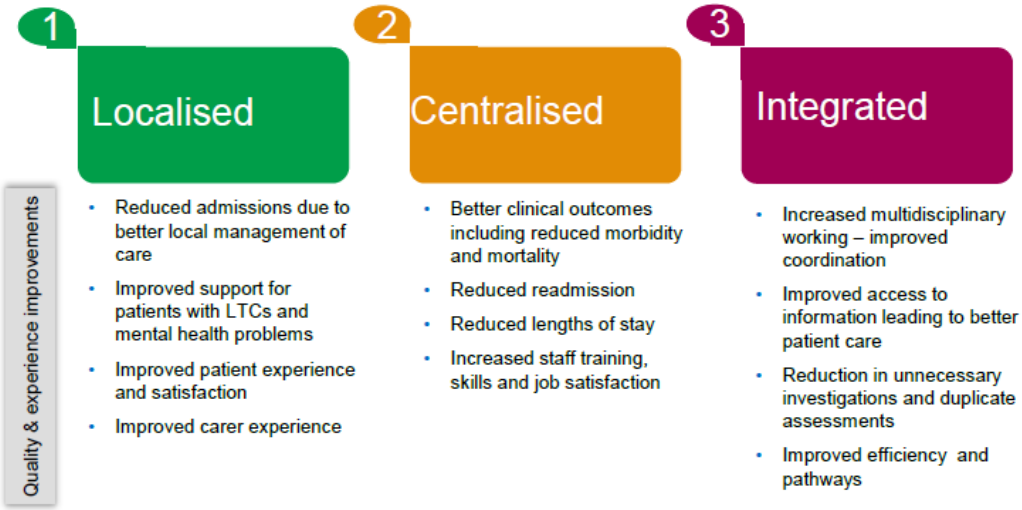
Figure 1: Sustainability and Transformation Plan (STP) vision for care in North West London



Therefore, primary care must be commissioned and supported to become resilient and transformed, so that it is not working in isolation. As indicated above the STP builds on the work health partners started with the Shaping a Healthier Future (SaHF) programme. The SaHF programme is led by clinicians and has been set up to develop proposals that will improve both hospital and out of hospital care. SaHF is a reconfiguration that requires a fundamental change in the way both acute and community services are delivered with a focus on delivering care as close to patients' homes as is possible.

Following a significant programme of consultation with patients, carers, members of the public and professionals across North West London, the SaHF Decision Making Business Case (DMBC) was signed off in February 2013. This set out a vision for the future of care delivery in North West London which would be localised, centralised and integrated.

Figure 2: SaHF DMBC vision for care in North West London



The SaHF case focused on both the acute reconfiguration and out of hospital care with Out of Hospital strategies underpinning the acute changes. Hammersmith and Fulham CCG has been working to deliver the out of hospital strategy over a number of years which had the transformation of general practice as a critical enabler.

Hammersmith and Fulham (H&F) Context

Primary Care Strategy

Hammersmith and Fulham CCG and GP Federation have jointly developed a strategy for Primary Care which sets out our shared vision for an integrated health and social care system, with primary care as the foundation for better population health across the borough.

The ambition of the strategy is to harness the energy and ideas of people who deliver and receive care in Hammersmith and Fulham to create a system that works seamlessly for everyone in the borough. This will result in a material improvement based upon understanding local residents' needs and developing the ways in which GP Practices work together and with other health and care services.

The strategy builds of the work already done and recognises the improvements already made in primary care in Hammersmith and Fulham, based on what local people have said about the need for more patient-centred care closer to home.

The strategy, which builds on the Whole System Integration Care programme, sets out an

ambition for achieving a more unified and co-ordinated care system for local residents through a model of accountable care. This will be achieved by:

- Reinvigorating existing General Practice networks to become 'primary care networks' which will deliver services at scale for the benefit of local residents.
- Bringing primary care networks together into a unified approach to community based care – this will be through the platform of a Multispecialty Community Provider (MCP); a place based model of integrated care which serves the whole population.
- Adding hospital-based services to the MCP for a co-ordinated, outcome based borough-wide approach to all care which we describe as 'accountable' care.

In order to achieve this the first stage will require:

- Practices to work in larger established networks to provide services at scale for the local population. Patients will be able to access a wider range of services provided by practices within the networks through inter-practice referrals.
- Primary care networks will work towards reducing variation and unnecessary admissions /referrals through an agreed common set of outcomes and quality standards.
- A shared workforce will be established across primary care networks: this will enable practices to address their workforce issues more comprehensively than when working alone, including recruiting for a wider range of roles across multiple practices.

Developing Primary Care At Scale - Primary Care Networks(PCNs)

Key to implementation of the strategy will be the development of Primary Care Networks (PCNs) which will be based around the following features:

- Combined focus on personalisation of care with improvements in population health outcomes
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- Aligned clinical and financial drivers through a unified, capitated budget with appropriate shared risks and rewards

- Provision of care to a defined, registered population with a guideline of between 30,000 and 50,000 and aligned to where patients live and access healthcare

PCNs will provide a strong foundation for a future Accountable Care System(ACS), within which health and care professionals will work alongside local communities to improve the lives of our residents and registered patients.

It is important to make a distinction between the activities that practices will be expected to deliver within their PCNs and other activities that may relate to practices developing their business models.

- **Primary care networks to coordinate care delivery and population health management -** primary care networks will need to facilitate multi-disciplinary working and the delivery of care to a defined, registered population focused on a discrete geographical area. Therefore, when developing a new network structure practices should give appropriate consideration to the geographical area where their patients live and where services will be located. An Equality Impact Assessment will be undertaken and monitored by the CCG to ensure that patients are not disadvantaged. For example, there is an expectation that patients should not be disadvantaged in accessing an ECG procedure from a practice located close to their own registered practice.

- **Collaboration of practices to support business development and back office transformation** – the primary care network structure does not limit practices working with other practices within or outside their immediate area and with whom they may have existing relationships. We are aware of practices already working together to share back office/business functions and resources in order to deliver operational efficiencies.

The CCG and GP Federation are working with Practices to develop an optimum primary care configuration for the benefit of local residents. This will be completed by the end of October 2017 and will be based on a series of considerations, including geographies that align to where patient live and access healthcare, existing collaborative relationships, common challenges, and an appropriate mix of practice readiness to lead the transformation process.

2018/19 Enhanced Primary Care Contract

Hammersmith and Fulham CCG are developing a new Enhanced Primary Care Contract which it intends to commission from the GP Federation and General Practices in 2018/19. This contract will achieve better alignment and integration across the primary care commissioning mix, in a way that supports the direction of travel towards MCP and Accountable Care.

The design principles for the proposed Enhanced Primary Care Contract are as follows:

- Integrate all non-core primary care funding streams into a single contract from 2018/19
- Re-purpose funding currently aligned to the Network Plan and PMS Premium in 2018/19 towards the commissioning of a set of outcome measures and quality standards; aimed at reducing unwarranted variation in health outcomes in line with the NWL Sustainability Transformation Plan
- Provide equality of investment and provision across practices
- Reward General Practice for the delivery of outcomes rather than activity, as much as possible
- Deliver 100% population coverage
- Enable Primary Care at scale to hold the contract, with a clear process for sub-contracting with other practices and flexibility to sub contract other organisations.
- Align the wrap-around contract to an MCP contract by 2019

The proposed investment is a key enabler for the implementation of the 2018/19 Contract as it will support practices to undertake the preparatory work to enable the delivery of the specific services and outcomes to be commissioned through this contract.

Key improvement areas

Assessment of Health and Wellbeing Services in Hammersmith and Fulham – April 2016

In 2016, the GP Federation commissioned Sobus to provide an assessment of health and wellbeing services in the London Borough of Hammersmith and Fulham (LBHF) from the viewpoint of services users aged 65 and over, together with input from voluntary/community and statutory services providers.

Participant organisations were selected from Sobus database of over 500 organisations, of which approximately 100 provide health and wellbeing services, to enable an appropriate representation of the client group (over 65s) as well as service providers in the north and south of the borough. The key themes identified through the assessment included the:

- **Need to improve coordination between Health and Social Care**
  Through the interviews and focus groups the discussions revealed that there is still a perceived gap between primary care and social care with mixed levels of information on the local services available. The feedback also identified opportunities for greater

levels of care navigation and improvements in care through social prescribing approaches. Shared communication strategies with providers and local community-based groups to provide clear, accessible and up to date information on health and wellbeing were also requested.

- **Access to GP / Health Services**
  Participants also noted the challenges in accessing clinical services including accessing booking services and availability of appointments. The lack of time available within appointments for a more holistic, personal approach to care and continuity of GP were identified as areas of concern along with the need to attend multiple settings for different health needs.

Reducing Non Elective Admissions – Over 60's

The CCG is under significant financial pressure to meet its statutory requirements and commissioned Kingsgate, an external consultancy, to analyse areas in which there may be opportunities to reduce spend. This report suggested that whilst H&F non-elective activity is in keeping with other London CCGs, it is an outlier in non-elective admissions for patients over 60. This analysis has been further confirmed and expanded upon by the Business Intelligence team, which have indicated that reducing variation in primary care performance in this area could save over £1.6m.

Whilst the evidence base for reducing non-elective admissions is mixed and highly contextual, there exists a significant opportunity to make progress in this area as a result of relationships and working practices being formed through the emergent H&F Accountable Care Partnership. This provides a framework within which clinicians involved at various steps of the pathway can directly contribute to service design.

In order to support this the Federation is developing its support function comprising three clinical leads and a programme manager to add to its existing team, which already includes a specialist data analyst. The Shared services function of this function includes developing reliable data sources.

The investment to support development of this function within the GP Federation is intended to deliver some 'quick wins' in primary care with a specific focus area on non-elective admissions along with the development of the existing Quality Improvement

programme within H&F to support the ambitions of the Primary Care Strategy.

The work with primary care will also feed into the broader programme of work being under the NEL programme particularly in relation to the development of the:

- Community nursing response –recommendations on form/function of community nursing
- Intermediate care response – using output of FTI work and review of CIS to make recommendations on form/function of intermediate care

SECTION 2: Proposed change (business option / solution)

Describe what the proposed project would deliver i.e. what would be done to fix the problem and deliver the change.

The proposed project seeks to fulfil the four elements of the quadruple aim, namely enhancing patient experience, improving staff satisfaction, improving population health, and reducing costs.

The CCG primary care team and GP Federation have been working with practices over recent weeks and months on areas that they wish to see supported by headroom investment. There was a focus session at the September members' meeting which specifically asked practice representatives to nominate the areas that would most increase efficiency and effectiveness. This insight through working with practices has helped to identify where the primary care investment monies would be most effectively directed and has identified three specific areas of focus for investment in 17/18:

1) **Workstream A: Releasing Capacity in Primary Care - Delivery of Quality Improvement**

This is the starting point to enable the continued development of general practice in H&F from individual providers of care into collaborative units of at scale delivery. One function of PCNs will be to release capacity within practices to undertake transformation. This workstream will be an essential pre-requisite to the delivery of the Primary Care Strategy, as it will allow practices to adopt a more sustainable business model, increase operating efficiency and provide access to commercial and quality improvement support.

Practices will be funded to resource, develop and implement an improvement project utilising the 10 High Impact Actions with a particular focus on efficiencies, based on the four actions below:

- Reducing DNAs

- Productive Workflows
- Personal Productivity
- New Consultation Types

This builds upon the work to review back office functions that has been initiated within three practices already: there has been significant interest in scaling this up to support other practices, forcibly expressed at the recent members' meeting

Practices will have the option to adopt support through the Federation or through the Productive General Practice Quick Start Programme for which H&F is a wave 4 site in order to increase the pace at which the project can be implemented and begin releasing capacity within the practice in year.

This investment will primarily be an enabler to the other focus areas but will also deliver foundational work in transformational areas of the GP Provider Development Maturity Assessment. This tool will be used in 17/18 to assess the readiness of the primary care system to deliver primary care at scale and will be used in early 18/19 to assess the maturity of the PCNs to deliver elements of the 2018/19 Enhanced Primary Care Contract. It is essential that preparatory work is undertaken in year to enable practices to understand the requirements of the Framework and work towards improving the level at which they operate. This will focus on the four domains listed below. Rather than ask all practices to undertake activities across all four domains, practices will be asked to nominate two areas of focus across their PCN in 17/18, working alongside the GP Federation to identify clear deliverables for implementation between November 2017 and March 2018.

- Domain 1: Continuous Quality Improvement: Quality Processes
    i. Quality Improvement Plan
    ii. Quality Improvement Activities
- Domain 2: Population Health Management
    i. Appointment Types
    ii. Workflow Design
- Domain 3: Patient interaction and engagement
    i. Reports on processes and outcomes of care
- Domain 4: Care Coordination
    i. A&E Attendance follow up
    ii. Admissions follow up

Appendix 2 provides examples of the key deliverables and outcomes that we expect will be delivered from GP Practices and Networks against the above workstream.

The GP Federation has developed a small practice support function, including a Medical Director and two clinical leads with a quality improvement background. The role of this function is to facilitate the expansion of the workforce and the development of patient services, based on analysis by GPs and their teams of patients' unmet needs. This is an essential pre-requisite to increasing collaboration between practices, reducing inequities in provision and developing the requisite functionality to support accountable care in Hammersmith & Fulham.

2) Workstream B: Collaborative working and development of PCN infrastructure

The 10 High Impact Actions also include a number of additional opportunities that recognise the potential provided by integrated working or the introduction of new roles including:

- Active signposting
- Develop the team
- Partnership working
- Social Prescribing
- Support self care

The provision of services at scale for the local population will enable practices to invest in a shared workforce across practices and establish a greater range of services that are not currently cost effective within individual practice.

Practices have already identified a number of potential shared resources that would help to improve patient services including opportunities around a centralised recall team to increase uptake of annual checks and shared resource to upskill reception staff into care navigators. The investment would provide an opportunity to pilot new roles and ways of working as a more formal network of practices.

Following the reconfiguration of networks into the new PCNs the Federation will work with the PCNs to assess where the investment is most appropriately directed for each network and put together a case to draw down investment from the CCG.

As the first step in the journey towards 'accountable care', the Primary Care Network is an important aspect of the Primary Care Strategy and will need resourcing to allow it to embed new ways of working at scale. It is expected that the investment in the PCNs will initially make progress in the transformational and relational core competencies that describe the capabilities required for primary at scale to manage and deliver outcomes based care.

Aspects of core competencies anticipated to be developed through PCN development and collaborative working include:

- Domain 1: Population Health Management
    i. Team Approach to Patient Care, Working in Teams
- Domain 2: Patient Interaction and Engagement
    i. Involving patients in decision making and care
    ii. Education and self-management support
- Domain 3: Care Coordination
    i. Community Resource Integration
    ii. Evolving the MDT model
- Domain 4: Leadership and strategic capabilities
    i. Partnerships
    ii. People and culture
    iii. Workforce

Appendix 2 provides examples of the key deliverables and outcomes that we expect will be delivered from GP Practices and Networks against the above workstream.

Following confirmation of PCN configuration, an assessment of existing collaboration levels between the participating practices will inform the development of a collaboration plan for each PCN. This will focus on a minimum of two of the above four domains, and set out how resource will utilised during 17/18 to improve collaboration. This element of the 17/18 programme will be essential to successful delivery of the Enhanced Primary Care Contract in 18/19.

1. **Workstream C: Delivering 'quick-ins' in improving clinical pathway, with particular focus on long term condition management and frailty**

As practices work in an increasingly collaborative way, and with the aspiration to move towards a more outcome focused system, there will be a need to improve the pathways in and out of secondary care.

This also aligns to the wider strategic objective to reduce NEL activity, particularly in relation to the older adult population for whom both the external consultancy analysis and internal analysis has indicated H&F is an adverse outlier.

Practices will be supported to deliver plans to address the variation across short, medium and long term timescales to reflect the shift in focus from practice level, through PCN and ultimately towards an accountable care solution. Initially the short term i.e. in year plans will focus on working with practices with higher weighted levels of activity for the older adult population to reduce towards the CCG average, through sharing best practice and learning from practices with lower levels of activity, including those who have been delivering the Non elective DES specification. This work will provide the foundation for the subsequent years enhanced primary care contract, in which stretch targets and outcomes will be required in order to trigger payment.

In parallel the opportunities for greater levels of coordination and continuity of care and longer appointments afforded through greater collaborative working will be developed to improve frail/ elderly and disease specific pathways for implementation as the PCN develops.

Specific areas of focus for 17/18 include:

a) Building on the existing use of the WSIC dashboard within the network plan, work across PCN registered populations to identify intensive users of health and care services and adopt case management and care coordination approaches to more effectively support person-centred care.
b) Working with Heath Education England and Imperial College Healthcare Trust to undertake improvements across COPD, CKD and Heart Failure pathways through virtual MDTs and case reviews with secondary care consultants.
c) Working alongside CCG-commissioned services such as the Community Independence Service and the Ambulatory Emergency Care Units to provide proportionate and timely clinical support to patients with multiple long-term conditions.
d) Working with secondary care colleagues to provide seamless transitions of care for patients recently discharged from hospital through the 'Home First' programme, including identifying where practices can work through PCNs to

enable safe and timely support to patients, families and carers following hospital admissions.

Across all three workstreams, practices individually and collaboratively as the PCN, will be supported to utilise data to help inform where resources and improvement efforts are most appropriately directed to enable the development of a population focused approach to care. The work in each of the three focus areas will also aid in the development of the Enhanced Primary Care Contract from April 1 2018, which will build further toward MCP development, consolidating the multiple existing non-core contract investments in a single contracting model with a greater focus on delivering improvements in patient experience and clinical outcomes, population-based health and collaborative working.

PCNs will continue to be supported to develop throughout the process by the CCG and GP Federation, with those able to move more quickly given increasing levels of autonomy - both in terms of decision-making and resource allocation. This step-wise model is very much in development and the CCG and GP Federation will seek feedback from practices on how we can support primary care development in a way that is equitable, fair and transparent.

GP Practices and Primary Care Networks will be expected to submit a Project Initiation Document (PID) against each of the above workstreams to enable investment to be drawn down from the CCG. The proposed governance arrangements for releasing funding to GP practices and Primary Care Network is set out in Section 5 of this document.

SECTION 3: Economic Case

This section must be completed in conjunction with the CCG Head of Finance.

Some projects will have benefits that are not cash releasing but are never-the-less an important consideration in the decision to make an investment.

In this section list and, as far as possible, quantity all of the non-cash releasing benefits for the options that you have considered. The option that has the greatest economic benefit should be strongly considered to be the preferred option, although other factors can be taken into consideration in the next section. Detailed calculations should be shown as an appendix to this document.

The Primary Care investment is primarily a transformational investment to support the delivery of the Primary Care Strategy and to underpin the ambition to move towards a system of accountable care. It also intended to address the historic underfunding of general practice within Hammersmith & Fulham. The reduction in unwarranted variation is anticipated to provide a level of return on investment through a reduction in the non-elective

activity for the older adult population in practices with higher weighted levels of activity.

In addition to the return on investment associated with addressing unwarranted variation, unnecessary admissions and referrals, there are a number of non-financial benefits that can be expected from the proposed additional investment in Primary Care:

1. **Expected benefits from investment in releasing capacity in Primary Care - Delivery of Quality Improvement**

- More streamlined and effective operational and clinical processes leading to greater improvements in care quality and clinical outcomes;
- Reduction in the variation of CQC ratings across General Practices
- Greater practice efficiency with potential financial savings (i.e. to be realised through practices operating at scale delivering centralised business and clinical functions)
- Reduction in avoidable work for clinical staff enabling the development of a more agile workforce; with increased capacity to develop a broader skill-mix and integration between traditional primary and community roles.
- Improved staff morale contributing to improvements in workforce retention rates
- Improved patient access and experience as a result of reduced waiting times for GP appointments – to be demonstrated through GP patient survey results

Evidence from similar work programmes being delivered in other areas of the country:

Example 1: Reducing avoidable demand for GP appointments

An audit undertaken by the Primary Care Foundation in 2015 reported that 27% of GP appointments could potentially be avoided if there was more coordinated working between GPs and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens and wider system changes. The audit was completed by 56 GPs reviewing a total of 5,128 appointments over a 6 month period to understand how many GP consultations with patients were avoidable but also the nature of these consultations. The main areas for potentially avoidable appointment were:

- *Patients who could have been seen by others in the practice*
- *Patients who could have been seen by others, particularly pharmacies*
- *Patients who could, given the right support, have been in a position to self-care*
- *Requests from other clinicians, including prescribing and onward referral (for example from opticians, but also from secondary care clinicians) that could have been avoided (with the practice being informed only)*
- *Requests for documentation (no just fit notes for employers, but for gyms, benefit appeals etc.).*

The audit findings informed the development and testing of new ways of working for releasing capacity across General Practices.

Example 2: Primary Care Home Pilot - Larwood and Bawtry (two practices covering a population of 30,450)

As part of the evaluation of the Primary Care Home pilots launched by the National Association of Primary Care (NAPC), GPs and their colleagues in the primary care homes were surveyed about the difference that the new ways of working have made to their professional lives. One Primary Care Home (PCN) site, Larwood and Bawtry in South Yorkshire reported the following benefits:

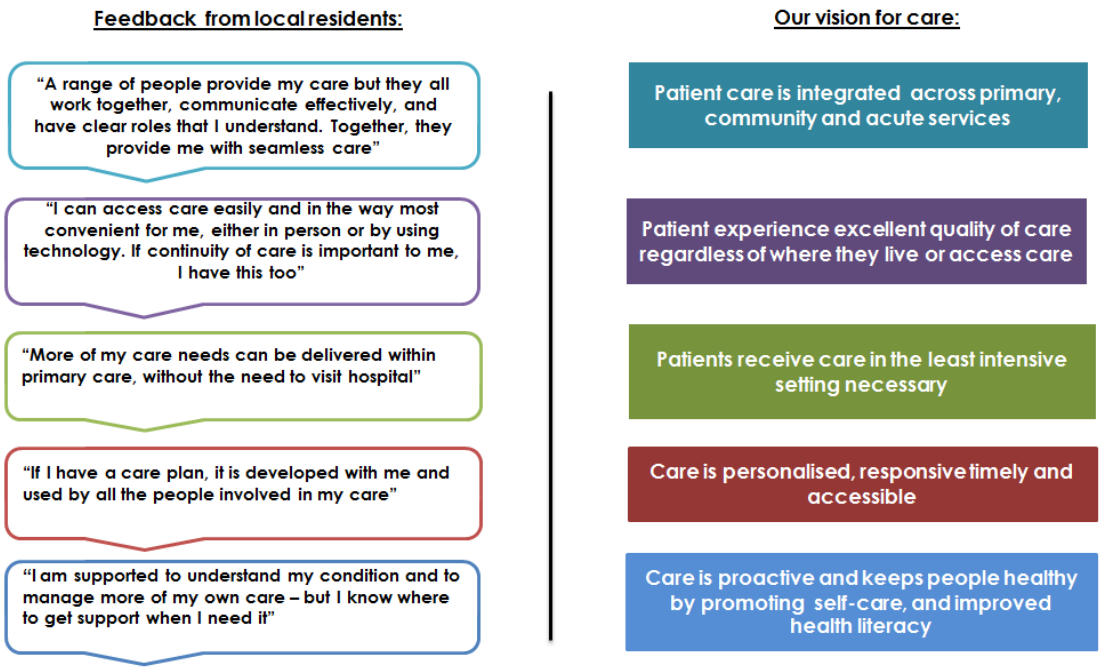
- *87% of staff feel that the primary care home way of working has improved their job satisfaction*
- *78% of staff over the three sites feel that the PCN model has decreased or not added to their workload.*

Overall, the pilot sites reported that the PCN way of working had activated staff – GPs and others – to become the drivers of positive change. The proposed investment is seeking to derive similar benefits for practices working in primary care networks across Hammersmith and Fulham.

2. Expected benefits from investment in collaborative working and development of Primary Care Network (PCN) infrastructure

- Provides practices with capacity to engage in new structures for collaboration providing more robust means of sharing learning and best practice
- Enables to primary care networks to develop their competencies and capabilities for delivering additional community or out of hospital services through an integrated infrastructure. This will be demonstrated by our ability to shift more acute and community services into primary care
- Allows practices working together in primary care networks to develop a collective understanding of population needs (i.e. through data management and analysis); to support the planning and delivery of effective population health management
- Enables primary care networks to develop their technical capabilities (i.e. data management and analysis, finance and risk management and actuarial skills) to support the delivery and management of new models of care
- Enables primary care networks to develop their leadership and culture to support the delivery of transformational change
- Allows primary care networks to develop a clear understanding of the progression towards Accountable Care working and their role in it as stakeholders and providers
- Enables networks to engage and work with the public, patients and partners across the health and economy to facilitate the development of MCP/Accountable Care working

From a patient's perspective, investment in the proposed workstreams will develop the primary care networks' ability to deliver the outcomes that our local residents have told us they want from the local health and care system; these are detailed in the diagram below.



Source: Feedback received from local engagement with local residents on the development of the Hammersmith and Fulham's Primary Care Strategy (July, 2017)

3. Expected benefits from investment in addressing unwarranted variation and unnecessary admissions and referrals

- Reduction in non-elective acute activity within the last quarter of 2017/18 and across 2018/19 through implementation of improved processes within practices.
- Further builds on the expected benefits of investment in collaborative working and development of PCN infrastructure through opportunities to engage with wider partners regarding admission and referral pathways.
- Improved communication and pathways between primary and secondary care.

The financial elements of the economic case are reflected in the Section 6: Financial Case below.

SECTION 4: Options Appraisal

In this section please describe the options that are available for achieving the desired outcome. This should include: a summary of the economic assessment of the various options (as above), details on how the options were evaluated, why they were discounted and the process by which the selection process was followed. This should include factors such as financial; legal or reputational risk criteria that impacted these decisions.

It must evidence that alternative approaches were considered, evaluated and dismissed for sound reasons.

The options appraisal should include the formal evaluation of “doing nothing”.

Option 1: Do nothing

- No additional investment in Primary Care in 17/18 would be made.
- This means the implementation of the agreed Primary Care Strategy towards accountable care delivery, particularly Stage 1 which initiates at scale working across practices working in Primary Care Networks, would be impeded.
- It is expected that savings identified in section 6 in relation to Emergency admissions in this financial year 17/18 will not be realised, as practices will not have had the capacity to work individually and / or collectively to implement key deliverables.
- **This is not the recommended option**

Option 2: Invest in the addressing unwarranted variation and unnecessary admissions and referrals workstream (Workstream C only)

- Under this option, partial investment would be made to support reduction in emergency admissions only
- This may lead to fragmented implementation of the agreed Primary Care Strategy towards accountable care delivery, particularly Stage 1 which initiates at scale working across practices working in Primary Care Networks
- Failure to invest in Quality improvement – key enabler in Phase 1 and Phase 2 – may impede delivery of full savings expected in year and in the medium to long term (18/19) (outlined in section 6)
- **This is not the recommended option**

- **Option 3: Invest in all workstreams (A-C)**
- Under this option, implementation of the Primary Care Strategy aims and objectives will be accelerated, and practices working within Primary Care Networks will begin to see the advantages of working at scale to improve efficiencies and health outcomes.
- Full implementation of the offer will also maximise the CCG’s potential to deliver savings attributable to emergency admissions in both 17/18 and 18/19
- Opportunity for Primary Care Networks to initiate and develop relationships with other care partners to support new pathways and new models of care that are key to the future of accountable care working.
- **This is the recommended option**

SECTION 5: Commercial Considerations

Outline all of the commercial considerations in taking forward this project. This should include as a minimum:

- Procurement route
- TUPE implications
- Premises
- Contracting mechanisms (including proposed payment mechanism)
- Length of contract
- Exit strategy
- Legal implications

Proposed governance arrangements for releasing funding to GP Practices and Primary Care Networks:

The following governance arrangements will be in place to provide oversight of this investment:

- The funding will be held by the CCG for release to GP Practices and Primary Care Networks;
- GP Practices and Primary Care Networks will be required to submit Project Initiation Documents (PIDs) outlining the key deliverables and milestones associated with each of the workstreams set out in Section 2 of this document;
- A subcommittee of the Primary Care Commissioning Committee will be established to provide oversight of the investment. The subcommittee will be referred to as the 'Primary Care Delivery Group'.

- The role of the Primary Care Delivery Group is to:

    - Review Project Initiation Documents submitted by GP Practices and Networks against the outcomes and objectives set out in the Business Case
    - Direct investment into GP Practices and newly formed primary care networks upon agreement of PIDs
    - Assure the Primary Care Commissioning Committee that funding is being used appropriately and offers value for money
    - Ensure the successful delivery of all work aligned to the investment across practices and networks

- The membership of the subcommittee will include lay members and representatives from the CCG and GP Federation – which reflects our shared commitment to deliver our joint primary care strategy.
- The tenure of the Primary Care Delivery Group is until 31 March 2018 in line with the proposed implementation plan. A review will be undertaken to determine if the Group has a role beyond March 2018.

The Terms of Reference for the Primary Care Delivery Group will be submitted to the Primary Care Commissioning Committee in advance of the November meeting for approval.

Contracting mechanisms (including proposed payment mechanism)

A Memorandum of Understanding (MOU) agreement will be established between the CCG and each Primary Care Network (PCN) for this investment. The MOU which will be signed by each member practice within a PCN will set out requirements for individual practices and Primary Care Networks for all three workstreams of the 17/18 programme.

Procurement route

N/A. This Investment is available for GP Practices individually and working within Primary Care Networks and is not subject to an external procurement process.

TUPE implications

No TUPE implications apply currently. This is new investment is primarily for available for GP Practices individually and working within Primary Care Networks to support provision of care at scale and a quality improvement programme.

Premises

N/A

Exit strategy

N/A

Legal implications

N/A

SECTION 6: Financial Case

This section must be completed by the CCG Head of Finance.

Outline and summarises the financial impact of the project.

For a service redesign programme set out what the current cost of the service is. Using standard activity growth assumptions forecast what the service will cost over the next three years.

Set out how the recurrent service cost will change as a result of the project, stating the recurrent cost of the new service, the recurrent cost any residual elements of the old service and any recurrent savings. Underpin all financial assumptions with activity flows.

Present a three year financial model which includes the non-recurrent set up costs to demonstrate financial viability of the overall investment plan.

For an invest to save project present, if possible, a three year financial model which includes the non-recurrent set up costs to demonstrate financial viability of the overall investment plan. Clearly demonstrate where the investment will deliver cash-releasing savings.

For all types of project or investment:

1) Provide a sensitivity analysis and payback calculation.
2) Split out capital investment and include the revenue implication of this in the recurrent cost.
3) Include detailed financial costings and workings in an appendix to this document.

There are two scenarios presented:

- Base scenario:
  Working with practices with higher weighted levels of activity for the older adult population (>60s) to reduce towards the CCG average (5.6% reduction in overall activity)

- High scenario:
  Working with practices with higher weighted levels of activity for adult population (>60s) to reduce to an admission level 5% below the current CCG average (8.5% reduction in overall activity)

	2017/18 (Based on 4 month delivery)		**2018/19**	
Scenario	**Admission Reduction**	**Saving**	**Admission Reduction**	**Saving**
Base	128	£260,864	389	£792,782
High	196	£399,448	587	£1,196,306

[1] Savings calculated using an average tariff of £2038.

[2] The CCG is currently developing the 2018/19 Enhanced Primary Care Contract which will include quality standards and outcomes measures relating to non-elective reduction. Savings anticipated for 2018/19 will be delivered this contract.

Costs for the options detailed in section 5 above are provided below.

Option 1: Do Nothing

- No transformational costs incurred
- Practices will not receive support to address the variation in NEL activity so acute

activity will remain at the current forecasted levels.

Option 2: Invest in the addressing unwarranted variation and unnecessary admissions and referrals workstream only

- **£504,350**
- Investment of 40% of the Primary Care funding (£504,350)
- Practices will be supported to address the variation in NEL activity but may be unable to release sufficient capacity to achieve change at pace or scale.

Option 3: Invest in all workstreams

- **£1,260,875**
- Investment of 40% of the Primary Care funding (£504,350) to address unwarranted variation as per Option B
- Investment of 30% of the Primary Care funding in practices to release capacity and implement quality improvement work (£378,262.50)
- Investment of 30% of the Primary Care funding in PCNs to support collaborative working (£378,262.50)

SECTION 7: Funding source

Outline all sources of funding for the project including non-recurrent, recurrent and capital.

Consider the application route for sources of funding that are outside CCG allocations, for example, capital requirements.

The funding source for this investment is through the release of additional primary care monies that have been made available in 17/18 in acknowledgement of the historic underfunding in Primary Care.

Recurrent headroom funding will be available from 18/19. It is likely that this funding will be aligned to 2018/19 Enhanced Primary Care Contract for the delivery of quality standards and outcomes as well as out of hospital services.

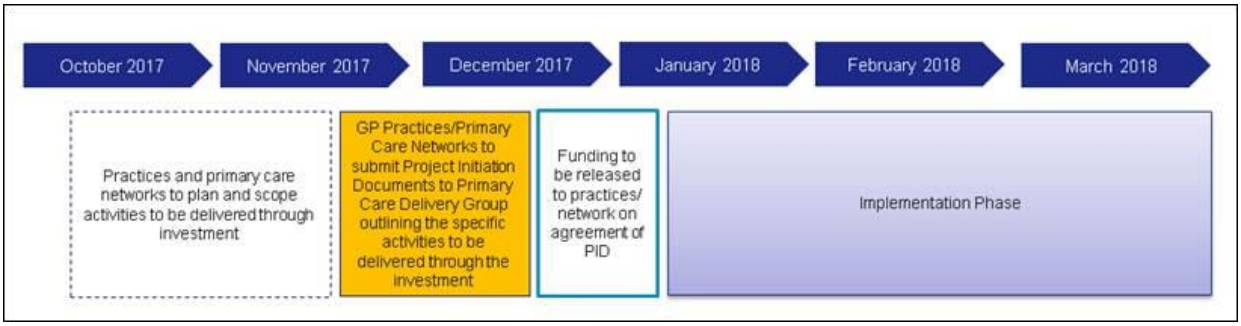
SECTION 8: Overall Plans for Implementation and timescales

This section builds on the resources and cost of delivery section included in the project mandate.

Outline the resources and timescales required to deliver all phases of the project. Consider procurement cost, legal costs, project management time, the completion of capital bids, stakeholder engagement, equipment and overheads. These costs should also be included in the non-recurrent costs in the financial case.

Also consider the cost of slippage in delivery of the project and the inclusion of a contingency.

The high level implementation timeline is set out below:



Detailed implementation plans for the specific activities to be delivered through this funding will be submitted by GP Practices and Primary Care Networks in December 2017.

SECTION 9: Risks

Build on the key risks identified in the project plan to provide an initial risk register to be used at the commencement of the project. This will become the live risk register and will form a separate document. Include a detailed list of risks, scores and mitigations in the appendix of this document

RISK ID	Description of Risk	Category	C	L	S	Action taken to date to mitigate impact of risk/issue

HF01	Investment collaborative working and development of Primary Care Network (PCN) infrastructure is contingent on the re-configuration of networks – GP Practices will fail to form a new network structure by required timescale	Organisational	4	3	12	A significant amount of engagement has been undertaken by the CCG and GP Federation to support primary care network re-configuration. Local engagement has included discussions at existing network meetings and members' meetings, sharing of primary care at scale models from other parts of across the country (i.e. NAPC's Primary Care Homes) as well as the development of suggested network configuration options for practices' review. Also, the locally commissioned 2017/18 Network Plan incentivises GP Practices to enter into a new network structure. The deadline for network re-configuration has been extended to the 13 October 2017 to enable GP Practices to reach a final position.
HF02	The investment will fail to deliver the savings identified for non-elective admissions	Financial	3	3	9	This investment is intended to support practices to engage in a quality improvement programme and activities for improving clinical pathways, which are key enablers for addressing unwarranted variation in outcomes and reducing unnecessary hospital admissions. The implementation of these workstreams in-year will expedite the CCG's ability to deliver financial savings in future years. The delivery of financial savings associated with reducing unnecessary hospital admissions will be incentivised through the

						2018/19 Enhanced Primary Care Contract.
HF03	The CCG and GP Federation may fail to secure GP practices' engagement in the delivery of this work. This due to the fact that the proposed workstreams are to be implemented during the busiest time of year for GP providers which may prevent the release of the full funding available for 2017/18 (£1.3m)	Operational	4	4	16	CCG and GP Federation will continue to engage GP Practices via primary care networks. Support will be available from the CCG and GP Federation to enable Practices to develop robust project proposals and to support delivery.

SECTION 10: Stakeholder Engagement

Include here a summary of the stakeholder engagement plan, highlighting particular interdependencies. This should be a summary of the communication plan to support project delivery.

SECTION 11: Rapid Equality Impact Assessment

The CCG has engaged with stakeholders and residents in order that their views can inform development of the strategy to facilitate understanding of primary care within the borough. ***Appendix 3*** provides a summary of our local engagement for the strategy.

Please complete the assessment form below.

If the Full impact assessment is required, please complete the Equalities and Health Impact template below.

See Appendix 4: Equalities Impact Assessment completed for the Primary Care Strategy

SECTION 12: Quality Impact Assessment

As clinical commissioners, we need to ensure that our QIPP plans are delivered without adversely impacting on the quality and safety of patient car. Please consider and note the impact of the QIPP scheme on the components.

Component	Impact assessment	Comment
Patient safety	Can this be mapped across to any of the CQC essential standard requirements? Is there evidence of how the scheme will ensure essential standards can be achieved?	All commissioned services will be delivered in line with CQC essential standard requirements.
Patient experience	What is the likely patient experience impact of the scheme? Is there evidence of patient/lay representative perspective on the scheme being proposed? Have changes resulted from patient experience feedback?	Patients will be able to obtain services closer to home through a GP service with more integration of care As detailed in the EQIA As detailed in the preliminary Equalities Impact Assessment Screening Tool (EQIA) there has been significant patient engagement events which have helped shape the strategy
Clinical effectiveness	Is there any evidence that the proposed changes improve clinical effectiveness? What level of clinical engagement has taken place?	A suite of primary care standards will be developed with local people and local partners, in line with NICE Guidance and STP delivery areas to help improve the care quality and outcomes for all patients in the borough. The core standards will focus on improving: • improving patients' experience of care • radically upgrading prevention and wellbeing • eliminating unwarranted variation and improving the management of long-term conditions • achieving better outcomes and experiences for older people and

		people with mental ill-health • reducing the number of unnecessary admissions to hospital • ensuring high quality services are delivered in primary care, in line with the requirements of the Care Quality Commission (CQC) The CCG and the GP Federation undertook a series of clinical and public engagement activities. It is acknowledged that whilst there has been engagement with GPs, there is a proportion of the primary care workforce that requires us to further engage with. This will be completed as part of the Primary Care Strategy mobilisation process. This is outlined in the strategy (page 26) as well as in the EQIA Screening tool.
Workforce	Are there any potential safety impact/risks to the workforce	Additional training required in some areas in line with CEPN role and GP federation. New structures for collaboration provide more robust means of sharing learning and best practice**.** There may be potential to transfer staff and other resources to facilitate the shift of secondary care activity to primary and community care. Development of primary care at scale may lead to an establishment of a shared workforce across groups of practices. One of the key aims of the strategy is to increase capacity in primary care by broadening the skill mix. The Primary Care team may be expanded to include new roles and functions i.e Pharmacists, Care Navigators, to accommodate to reflect different patient needs.
Risks	Note: please make sure any risk to quality of your project is recorded on the risk register	Please see Risk Register in section 6.
Preventable harm	Identification of any possible harm as a result of planned changes through schemes	Hammersmith and Fulham CCG will operate/deliver the service in line with an up to date infection control policy as per service specification.

SECTION 13: Recommendation

Include here an outline of the key decisions that the reviewer (s) of this business case are required to make.

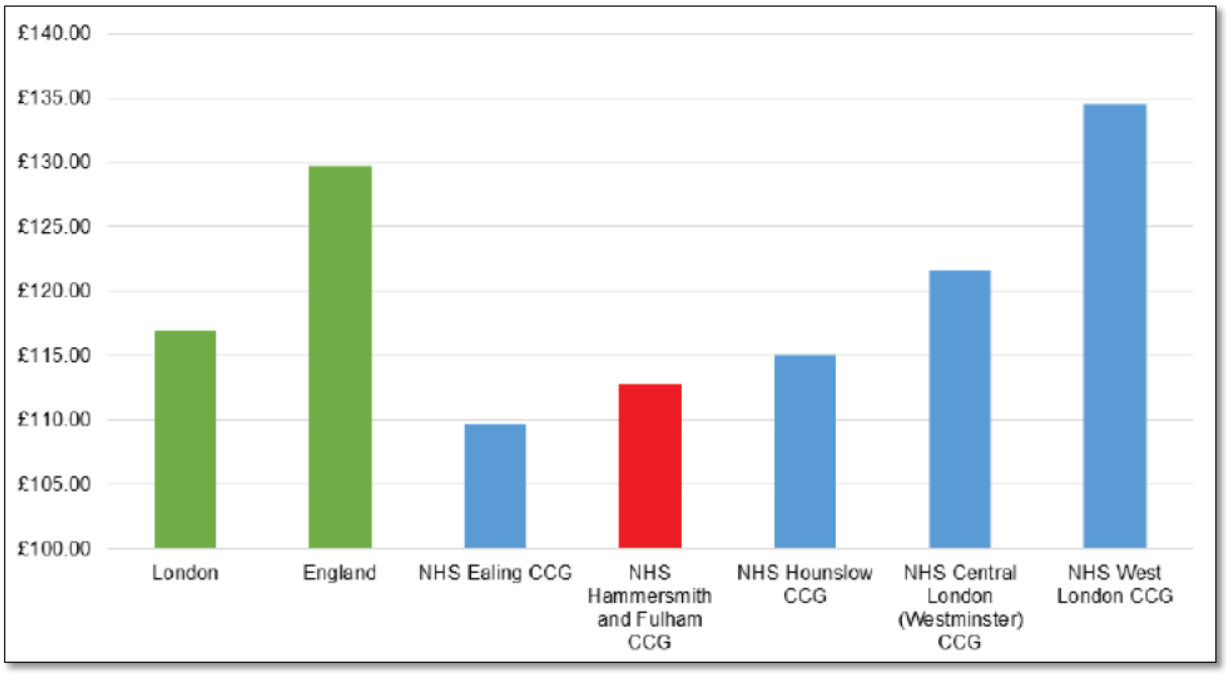
The Primary Care Commissioning Committee is asked to review the business case and approve the CCG proposed investment to support delivery of the workstreams detailed in this business case i.e Option C which are as below:

Workstream A: Releasing Capacity in Primary Care - Delivery of Quality Improvement

Workstream B: Collaborative working and development of PCN infrastructure.

Workstream C: Delivering 'quick-ins' in improving clinical pathway, with particular focus on long term condition management and frailty

Appendix 1 – Primary Care Allocation Per Head (Based on Average Payment to Practices by NHS England (2015/16)



Appendix 2 – Examples of key deliverables and outcomes for the proposed workstreams

Workstream	Impact areas	Suggested deliverables and milestones	Expected outcomes/results	Support available to practices and primary care network
Workstream A: Releasing Capacity in Primary Care - Delivery of Quality Improvement	New Consultation Types	*GP practices/networks may:* • Undertake capacity and demand audit during November 2017 to determine areas for improvement; • Use audit findings to identify opportunities for releasing capacity; these may include a range of options such as group consultations and increasing the use of telephone and online consultations etc; • Complete Project Initiation Document outlining proposed methods for releasing capacity and a detailed implementation plan; PID to be submitted to the Primary Care Delivery Group in December 2017; • Implement project from January 2018.	*Expected outcomes/results for patients:* • Improved continuity and convenience for patients • Improved patient access and experience as a result of reduced waiting times for GP appointments *Expected outcomes/results for practices:* • Reduction in clinical time per contact. • Expanded capability and capacity; ability to do more with the same resources.	• Programme management resource is available to practices via NHS England's Quickstart Programme • GP Federation staff are available to engage Practices and Networks to promote innovation and to lead service redesign
	Productive Workflows	*GP practices/networks may:* • Take a systematic approach to identifying ways to reduce bureaucracy – PID to be submitted to Primary Care Delivery Group in December 2017 • Implement one or more of the following productive workflow initiatives from January 2018: - Improving repeat prescription processes - Improving clinical follow-up protocols (ensuring that uncomplicated follow-ups are less reliant on GPs consultations) - Streamlining printing processes - Improving/redesigning appointment systems and staff rotas - Centralising clinical and business functions i.e. back office transformation	*Expected outcomes/results for patients:* • Improves appointment availability and patient experience. *Expected outcomes/results for practices:* • Improves practice efficiency and resilience • Frees time for staff throughout the practice • Reduces errors and duplication	
Workstream B: Collaborative working and development of PCN infrastructure	Develop the team	*GP networks may:* • design and implement new workforce models to enable broader skill-mix to meet patients' needs • Pilot new roles and ways of working e.g. clinical pharmacist working across a group of practices	*Expected outcomes/results for patients:* • Patients will be seen by the right professional at the right time; • Improved patient experience	A range of support is available from the following organisations: - Hammersmith and Fulham GP Federation - Community Education Provider Network (CEPN)

		• Complete Project Initiation Document outlining proposals for developing new workforce models across networks; PID to be submitted to the Primary Care Delivery Group in December 2017 • Implementation of new workforce models/ways of working from January 2018	*Expected outcomes/results for practices:* • Allows for a greater range of services to be provided from primary care for the benefit of patients • Reduction in GP workload/ pressure on GP appointments ensuring that clinicians are able to give more time and attention to those patients that are more complex • Builds resilience in General Practice	hosted by Hammersmith and Fulham GP Federation. - Health Education North West London (HENWL). - Workforce Transformation Directorate, Strategy and Transformation. - SOBUS: http://sobus.org.uk/ - NHS England Self-Care Programme – Patient Activation Measures (PAM)
	Partnership working	*GP networks may:* • Develop and agree a Memorandum of Understanding (MOU) setting out the basis on which practices will be working collaboratively with each other / and or with other health and social care providers • Develop their primary care network infrastructure in a range of areas including leadership, governance, out of hospital service delivery etc. • Work with other health and care providers to identify opportunities for further collaboration e.g. working with community pharmacies to provide additional in-house services such as minor ailments • Complete Project Initiation Document outlining proposals; PID to be submitted to the Primary Care Delivery Group in December 2017 • Implementation from January 2018	*Expected outcomes/results for patients:* • Allows for a greater range of services to be provided from primary care for the benefit of patients • Patients will be seen by the right professional at the right time; *Expected outcomes/results for practices:* • Collaborating with other practices can support any fluctuations in demands for services meaning that patients can be managed in a more responsive and effective way. ▪ Provides practices with capacity to engage in new structures for collaboration providing more robust means of sharing learning and best practice ▪ Enables primary care networks to develop their competencies and capabilities for delivering additional community or out of hospital services through an integrated infrastructure. This will be demonstrated by our ability to shift more acute and community services into primary care. ▪ Enables networks to engage and work with the public, patients	

			and partners across the health and economy to facilitate the development of MCP/Accountable Care working	
	Social prescribing	*GP networks may:* • Review population demographics and identify patient needs • Consider implementation of one or more of the following social prescribing initiatives: - Work with local voluntary organisations to develop social prescribing pathways - Up-skill existing primary care staff to take on care navigation/social prescribing roles • Complete Project Initiation Document outlining proposals; PID to be submitted to the Primary Care Delivery Group in December 2017 • Implementation from January 2018	*Expected outcomes/results for patients:* • Improves mental health outcomes • Improves community well-being • Reduces social outcomes • Improves quality of life for patients and carers through social interventions *Expected outcomes/results for practices:* • Reduces demand for GP and other appointments meaning that time is released for General Practice to focus on more complex patients; • Develops cross sector partnerships to support provision of holistic care	
	Support self-care	*GP networks may:* • Review population demographics and identify patient groups that may better from self-management (e.g. those with LTCs) • Develop and implement strategies for promoting self-care management for patients; • Use the Patient Activation Measures tool (PAM) to capture the extent to which people feel engaged and confidence in taking care of their health • Complete Project Initiation Document outlining proposals; PID to be submitted to the Primary Care Delivery Group in December 2017 • Implementation from January 2018	*Expected outcomes/results for patients:* • Improves patient activation leading to better health outcomes • Improves experiences of care • Reduces the frequency unplanned care admissions *GP networks will:* • Frees up clinical time to allow practices to focus on more complex patients	

Workstream C: Delivering 'quick-ins' in improving clinical pathway, with particular focus on long term condition management and frailty	Addressing unwarranted variation and unnecessary admissions and referrals	*GP practices/networks may:* • Work with Heath Education England and Imperial College Healthcare Trust to undertake improvements across COPD, CKD and Heart Failure pathways through virtual MDTs and case reviews with secondary care consultants. • Work alongside CCG-commissioned services such as the Community Independence Service and the Ambulatory Emergency Care Units to provide proportionate and timely clinical support to patients with multiple long-term conditions. • Work with secondary care colleagues to provide seamless transitions of care for patients recently discharged from hospital through the 'Home First' programme, including identifying where practices can work through PCNs to enable safe and timely support to patients, families and carers following hospital admissions.	*Expected outcomes/results for patients:* • Improved patient experience of care across the system • Reduction in the frequency of acute exacerbation *Expected outcomes/results for practices:* • Reduction in non-elective acute activity within the last quarter of 2017/18 and across 2018/19 through implementation of improved processes within practices. • Improved communication and pathways between primary and secondary care.	A range of support is available from the following organisations: - Hammersmith and Fulham GP Federation - Imperial College Healthcare NHS Trust - Chelsea and Westminster Ambulatory Emergency Care Service

Appendix 3 – Local engagement for strategy development

Stakeholders / Forum	Dates
Hammersmith and Fulham GP Members Meeting	27th April 2017
Hammersmith and Fulham GP Members Meeting	7th June 2017
Patient Reference Group (which included representation from Healthwatch, the London Borough of Hammersmith and Fulham (LBHF) as well as Community and Voluntary sector organisations)	15th June 2017
Practice Managers Forum	5th July 2017
Primary Care Strategy Patient Focus Group	10th July 2017
Primary Care Strategy Patient Focus Group	27th July 2017