

# Primary Care Committee: GP At-Scale Plan & Finance Spend Next Steps for the Strategic Commissioning Framework -

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# 1. Next Steps to the Strategic Commissioning Framework for London – October 2018

## *A vision for strengthening general practice collaboration across London*

- The aim of the ‘Next Steps’ document is to support the delivery of primary care transformation, to provide a pan-London vision to deliver collaborative working, and to offer guidance to support local leadership and initiatives.
- Practices have highlighted a number of current challenges they face – for instance, workforce, workload, and sustainability – and the document sets out a number of steps that can be taken to address these challenges through working together at greater scale, whilst still providing the personalised and holistic care that is at the heart of general practice, offering care to all patients by the right person, in the right place, at the right time.
- The document has been developed in collaboration with London CCGs and the Londonwide LMCs, and has been overseen by the Primary Care Clinical Cabinet in London. The intention of the document is to ensure a sustainable future for general practice as a key part of new Integrated Care Systems (ICS) as they develop across London.
- For NW London, if we are to achieve our ambition of whole person, population based care, we need a strong collective primary care voice. A “voice” that is not just at the table but that is pro-actively participating in leading this change.

# The “Next Steps” outlines two main types of collaborative arrangements between practices –

## 1. Larger scale general practice organisations (LGPOs)

- These are mainly borough based, federated organisations, with population sizes of 150,000 – 300,000. They provide the foundations for primary care for the new Integrated Care Systems (ICS), and will enable general practice to gain the critical mass it needs to play a central role in care delivery, system leadership and the transformation of our health care system.
- It is intended that all the CCG’s practices are members both of the CCG and of the federated organisation. Practices will work together via formal collaborative arrangements so they can develop and train a broad workforce, as well as create shared operational systems and share quality improvement approaches

## 2. Primary Care Networks (PCNs)

- These networks are formed by practices coming together with community providers, social care and the voluntary sector to serve smaller populations of 30-50,000 (approximately). The vision is to create multidisciplinary and team-based care for people with enduring, complex health and care needs. They support multidisciplinary working to deliver joined up, local holistic care, and care co-ordination, for patients and their family carers.
- In NW London, many of the local networks already provide extended access (8-8) for the local population, via the access hubs. More details shown at Appendix 3/4

# 5 Themes in the 'Next Steps' document

1. **Comprehensive population-based care**
2. **Systems, information and quality improvement**
3. **Organisational capabilities**
4. **Effective governance and stewardship**
5. **Building and leading collaborative system partnerships**

The document identifies the 'core values' of general practice – the registered list, expert generalist care, the consultation and the therapeutic relationship, provision of timely episodic care alongside relationship continuity and long-term preventive care, advocacy and confidentiality – and emphasises the importance of strengthening these for the future, within collaborative and 'self-sustaining' systems

- **An accompanying document - Primary Care Networks Reference Guide (currently in draft) – describes the journey of development for Primary Care Networks in a health and care system.**

## 2. Implications and Opportunities for NW London

- **Working at scale builds on many of the achievements to date by general practice across NW London**
  1. **Comprehensive population-based care** - access to the Whole Systems Integrated Care dashboard is a key advantage for NW London practices
  2. **Systems, information and quality improvement** – several CCGs have offered contracts to practices and practice-groupings that incentivise collection and reporting on quality and outcomes
  3. **Organisational capabilities** – all CCGs have now identified geographical practice-groupings, with registered populations ranging from 30,000 – 100,000
  4. **Effective governance and stewardship** – 6 of the 8 CCGs and GP Federations have run the NW London Maturity Evaluation Framework to assess ‘readiness’ to work at scale
  5. **Building and leading collaborative system partnerships** – S & T and BI have worked with volunteer clinical leads on an algorithm, within the WSIC dashboard, to help identify the “rising risk” patients who require planned pro-active care
- **It must be recognised that each of the GP Federations, and Networks/Primary Care Homes, are at varying stages of maturity and development**
- **The coming months are crucial to help build on the progress made so far**

# 3. Delivery to date by NW London CCGs and S & T

Funding of £2.4 million has been made available to NW London STP in 2018/19 for implementation of General Practice at scale. This has been allocated (as set out in Appendix 1) in two tranches during the year, to support CCGs, GP Federations and Networks deliver the objectives set out in slides 8 and 9)

## NWL Federations progress:

### April to September 2018

1. GP Federations – 6 out of 8 have completed the Maturity Evaluation Framework. 2/8 discussions are taking place to confirm dates by 30<sup>th</sup> November. The majority of CCGs have contracted the Federations and/or networks and practices to deliver patient-facing services for 2018 – 19. Discussions are taking place in some Federations (e.g. Hillingdon Confederation) to provide a service offer to networks for back office and professional-facing services
2. Networks – Analysis of evidence-based approaches to Population Health Management has helped to identify the “rising risk” patients by defining risk and complexity for the population who will require proactive care planning. Network clinicians have now audited a snapshot of patients to sense check the criteria used, to generate a list of patients numbering approximately 50 in a list size of 10,000, judged as manageable and appropriate to be on the practice’s “rising risk” radar. More information in Appendix 2
3. Work has started in 3 CCGs for Networks to test the workload/workforce modelling tool

### Next Steps October – March 2019

1. GP Federations - Development of system leadership and Federation board / organisational development programme
2. Commissioning and contracting for Primary Care 2019 – 20.
3. NHSE has been asked to confirm availability of ‘At Scale’ funding for 19/20

## 4: Role of the GP Federations 2018 – 2020

### Phase I: April 2018 – March 2019

#### Partnership Support for the Networks

1. Contracted to deliver 'patient-facing' services
2. Develop a service offer to the Networks for back office and 'professional-facing' services
3. Complete the GP Provider Maturity Evaluation Framework, with CCGs
4. Develop an Organisational Development Plan to support the journey to an MCP / ICS

### Phase 2: April 2019 – March 2020

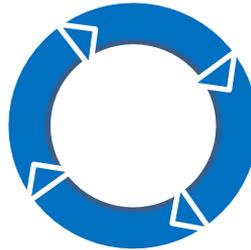
#### Development of a Primary Care Organisation to ensure Primary Care has a "Voice" as part of the MCP / ICS to include:

1. Governance
2. Human Resources
3. Commissioning, contracting, performance management
4. Continuous Quality Improvement
5. Demand and capacity tools across the networks and workload/workforce planning (including Primary Care 'bank')
6. Professional development and career pathways

## 4: Role of the Networks 2018 –19

### Phase I: April – September 2018

1. GP Practices arranged in networks geographically located e.g. 30 – 50,000 registered population
2. Use the WSIC dashboard to identify population health needs
3. Identify and develop partnerships with community, social care and voluntary providers
4. Co-design care pathway(s) between commissioners, providers and patients
5. Ensure patient and public engagement
6. Prepare a map of staffing resource across the network – WTEs, skills and competencies
7. Define the outcomes for the population
8. Develop improved quality services for 1 patient subgroup (as a minimum)



### Phase II: October 2018 – March 2019

1. Delivery of data driven integrated multidisciplinary based services
2. Development of a metric to measure activity, quality, outputs and outcomes
3. Include hub development in the network development of - care redesign, estates, workforce, digital, IT and care home support
4. Improve the quality of prevention, self care and patient health and well being
5. Improve the quality of care plans
6. Improve collaborative working with shared governance
7. Free up time in general practice
8. Proposals to reduce A/E / UCC attendances, hospital admissions and deliver NWL Outpatient Programme

## 5. CCG Progress on GP at Scale plans for 2018 – 19 Federations and Networks – Hammersmith and Fulham Specific

### Primary Care Network Development Programme Plan:

Network Financial Allocation Based on Equal Shared	
Northern	£59k
Central	£59k
Southern	£59k

£177,800 funding has been made available by NHSE to support primary care networks to develop as capable organisations and build better networks through economies of scale. GP Federation have undertaken maturity assessment to identify developmental needs, help networks to develop and carry out plans for working at scale and sharing the learning across the networks. The use for this funding is being determined by each network according to the identified organisational developmental need. GP Federation are offering support to networks to bring them to the same standard.

It is envisaged that encouraging collaboration and networking will help deliver improvements quicker across the locality and give teams on-going access to peer to peer support.

#### Progress so far:

- Maturity assessment has been completed with the GP federation
- Clinical and managerial leads established for each network to provide leadership
- Population Health data produced for each network to inform production of network plans
- Network plans for funding have been received and have/ are undergoing clinical peer review
- Monthly network meetings organised and led by the network leads with the support of the Federation

# Appendix 1: North West London Funding Proposal for GP at Scale

## Total Allocation 2018 – 2019 £2,448,000

CCG	Practice normalised weighted list size	Funding
NHS Brent CCG	352,645	£311,200
NHS Central London (Westminster) CCG	211,494	£186,600
NHS Ealing CCG	395,282	£348,800
NHS Hammersmith And Fulham CCG	201,477	£177,800
NHS Harrow CCG	235,622	£207,900
NHS Hillingdon CCG	293,953	£259,400
NHS Hounslow CCG	296,114	£261,300
NHS West London CCG	232,712	£205,400
<b>Total</b>	<b>2,219,298</b>	<b>£1,958,400</b>
Population Health Management	15%	£367,200
Legal Expertise, Leadership Development, Workforce Modelling tool, Project Support	5%	£122,400
<b>Grand Total</b>		<b>£2,448,000</b>

\*Based on October 2017 weighted list size

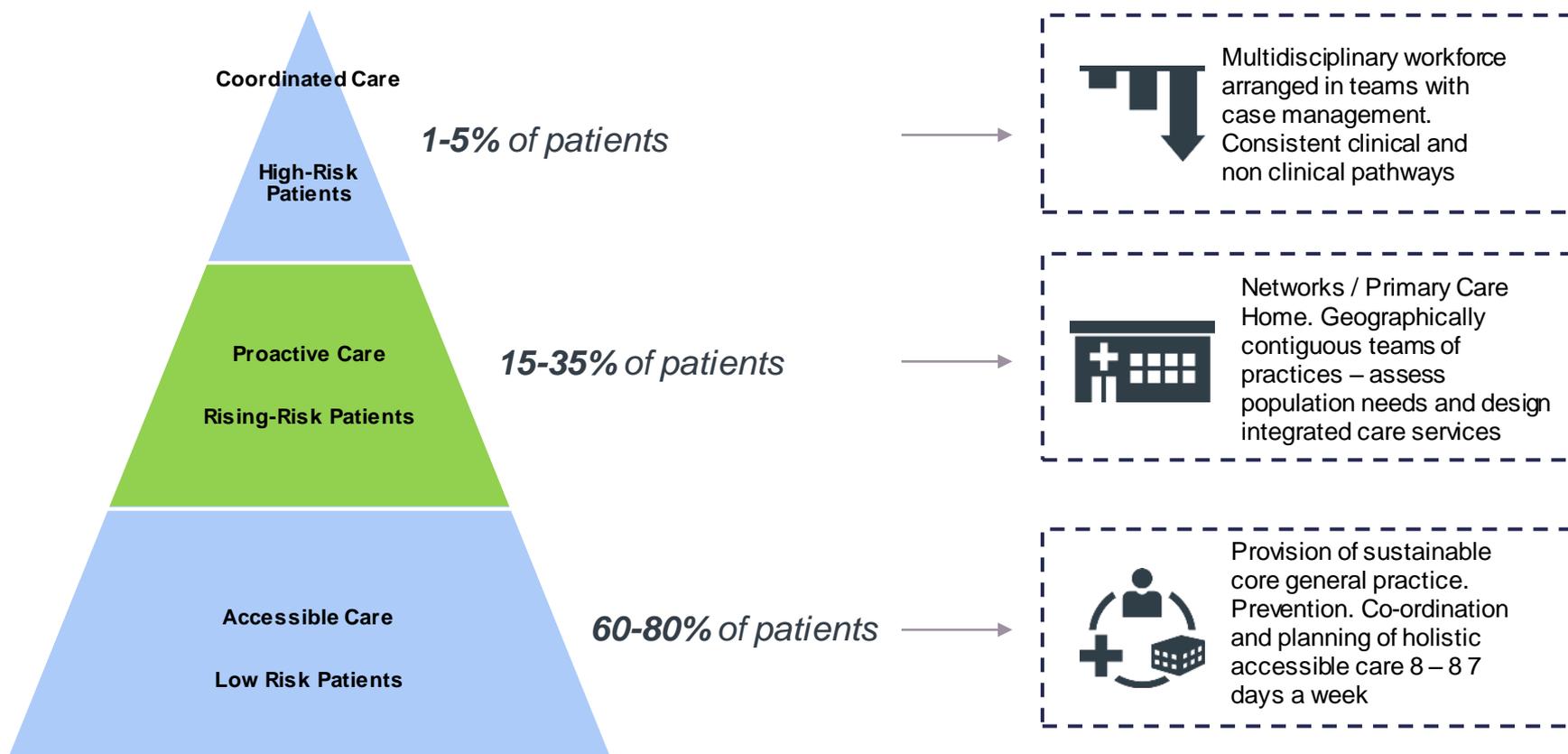
# Population Health Management Spending Proposals for GP at Scale 2018 – 19 allocation

#	Initiative	Amount	Progress by Month 6 (30/09/2018)	Progress by Month 12 (30/03/2019)
1	Produce population health packs & dashboards on WSIC for networks	£110,000	<ul style="list-style-type: none"> <li>Workshops held to gather network requirements.</li> <li>Documenting requirements and use cases</li> <li>Development of tableau dashboards (potentially care professional dashboards as well as population health dashboards)</li> </ul>	<ul style="list-style-type: none"> <li>Deployment of dashboards.</li> </ul>
2	Analysis to identify the rising risk cohort of patients and the interventions	£75,000	<ul style="list-style-type: none"> <li>Analyst support for the development required for the identification of patients within the dashboards</li> <li>Presenting the dashboards to the primary care transformation teams/meetings</li> </ul>	<ul style="list-style-type: none"> <li>On-going supporting and maintenance of the dashboards once developed</li> <li>Providing local data analytics to the primary care transformation team</li> <li>Help in the re-design of pathways and review data availability within WSIC to support this</li> </ul>
3	Improve the performance / speed of the WSIC dashboards for clinicians in general practice	£62,000	<ul style="list-style-type: none"> <li>Performance tuning of tableau server</li> <li>Review of the WSIC technical architecture to support networks</li> </ul>	<ul style="list-style-type: none"> <li>Measure benefits</li> <li>Support change management</li> </ul>
4	Deployment of the dashboards including workforce training and development in the networks.	£110,000	<ul style="list-style-type: none"> <li>Creation of user guides</li> <li>Write-up of crib sheets</li> </ul>	<ul style="list-style-type: none"> <li>Training super users identified at network level</li> <li>Preparing packs for meetings</li> <li>Providing users access to the dashboards</li> <li>Service desk support in creation of ICT AD groups</li> </ul>
<b>Grand Total</b>		<b>£357,000</b>		

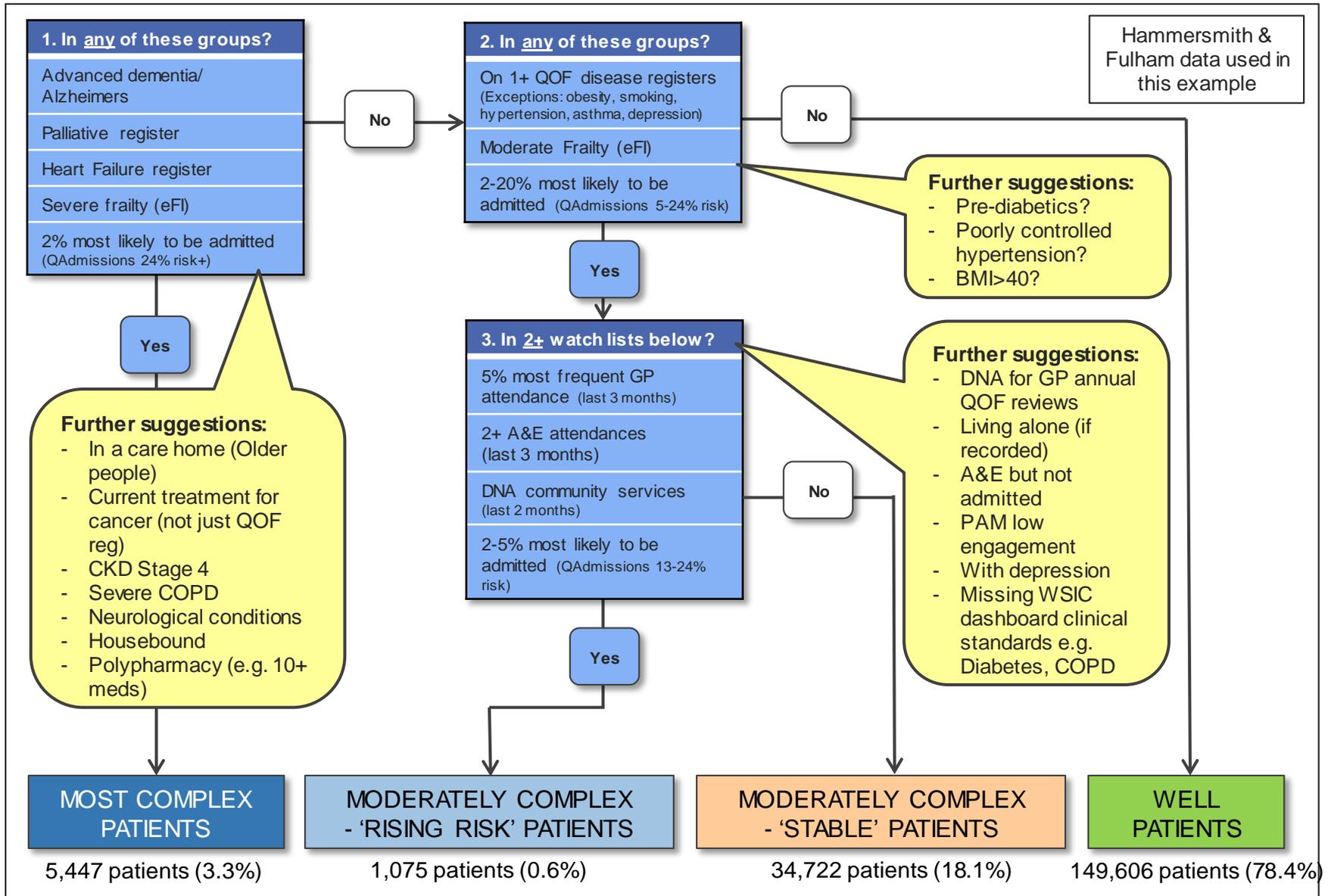
# ‘Once for NW London’ Spending Proposals for GP at Scale 2018 – 19 allocation

#	Initiative	Amount	Progress by Month 6 (30/09/2018)	Progress by Month 12 (30/03/2019)
1	Legal expertise – eg, preparation of draft ‘Memorandum of Understanding’ between groups of practices to establish a Network, and between Networks and Federation; supporting contract advice as necessary	£10,500	<ul style="list-style-type: none"> <li>Workshops held to gather network requirements and prepare model</li> <li>Draft ‘Memorandum of Understanding’ and test with stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Circulation of MOU</li> </ul>
2	Leadership development – eg, facilitated events for Network and Federation clinical leads; support to programme and clinical leads; preparation of OD Plans	£35,000	<ul style="list-style-type: none"> <li>Event booking and facilitation</li> <li>Mentoring support to programme and clinical leads</li> <li>Development and roll-out of OD Plan support to Federations</li> </ul>	<ul style="list-style-type: none"> <li>On-going support</li> <li>Feedback on support to NHSE for mid-year review</li> <li>Refresh of OD Plans</li> </ul>
3	Workload/Workforce modelling tools	£20,000	<ul style="list-style-type: none"> <li>Support to Networks to build on HEE pilots</li> <li>Support to CCGs for shared workforce analysis</li> </ul>	<ul style="list-style-type: none"> <li>Development of strategic plan for NW London, HEE and stakeholders</li> </ul>
4	Programme co-ordination and project support	£55,000	<ul style="list-style-type: none"> <li>Work with NHSE and CCGs in preparation for mid-year review and assurance of release of Qs 3 and 4 funding</li> <li>Overview of achievement of Network and Federation goals</li> </ul>	<ul style="list-style-type: none"> <li>Support with collaboration at MCP/ICS level</li> <li>Preparation for future primary care contracting</li> </ul>
<b>Grand Total</b>		<b>£120,500</b>		

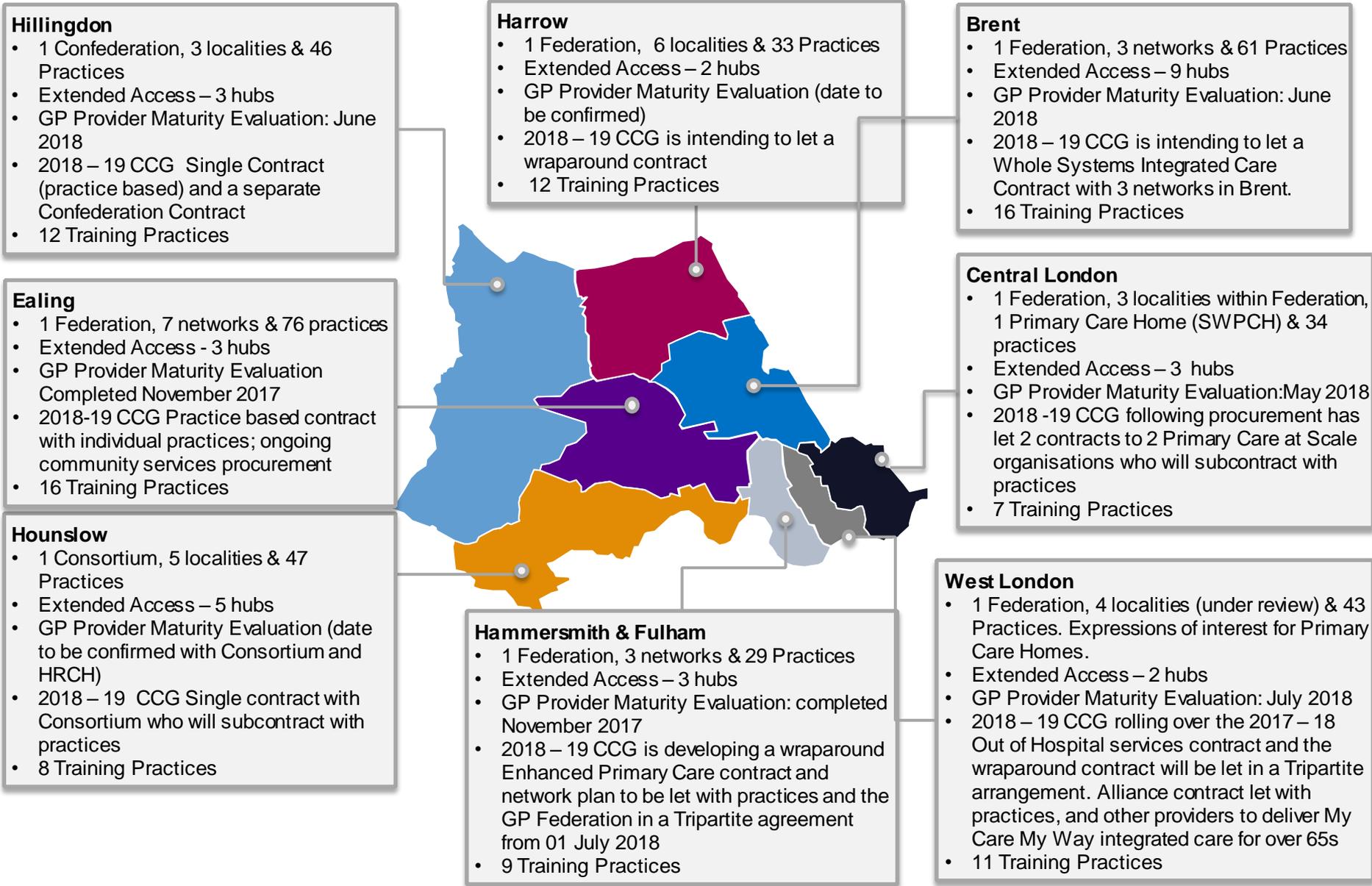
## Appendix 2: The 'triangle of care' to help manage demand in Primary Care



# Flow Chart: To define complexity of patients in NWL



# Appendix 3: Snapshot of GP at Scale in NW London (Sept 2018)



# Appendix 4: Training Practices in NW London by Primary Care Network

