

General Practice Five Year Forward View Action Plan

Scheme	Description	Key actions	Timescales	Lead organisation	Investment
ORGANISATIONAL DEVELOPMENT					
Effective engagement with primary care	Building on the effective engagement with patients and practices that was undertaken as part of 21 st Century primary care by the CCG and Heartbeat Alliance, ensure that the content of this strategy and plan is used to inform and drive further discussion about the steps required to implement this strategy and that they have full ownership of the primary care community	Develop a detailed engagement plan, agreed through the primary care co-commissioning committee Engage effectively with: GP practices, Local medical committee, community pharmacy, community pharmacists, Local Optometry Committee, optometrists, heartbeat Alliance	March 2017 In line with plan timescales but generally throughout the course of this strategy	CCG	Contained within in existing organisational budgets
Federated approach to deliver primary care at-scale	Continue to work with Heartbeat Alliance as the single GP Federation for our area to develop its capacity and capability as a provider to participate in the wider healthcare market.	Performance manage HA effectively against the extended access service specification and demonstrate successful contract performance Consider developing shared post(s) between the CCG / HA / practices to further develop capacity and capability and support operational delivery of joint work across practices	From January 2017 Plan finalised by end March 2017	CCG / NHSE CCG	Shared posts to be established from within current budgets

Encourage primary care to work in clusters to help deliver primary care at scale	The CCG must also strengthen cluster-working between individual GP practices, for example linked to delivery of out of hospital services.	<p>Seek opportunities within key projects below for the delivery of new models and services for frailty, diabetes, MSK and planned care</p> <p>Create a revised GP out-of-hospital services contract that clarifies the ambition over the next few years and brings together the full range of services and objectives that will collectively underpin this approach</p>	Ongoing From April 2016	CCG / practices / HA CCG	Contained within in existing organisational budgets
Multi-community specialty provider (MCP) model	Delivering a new model of care based on primary care working at scale, integrated with community services and social care, delivering improved outcomes across a range of key pathways, built up around smaller clusters of GP practices working in conjunction with multi-disciplinary locality teams	<p>Establish the principle of working towards an MCP model through focusing on key underpinning clinical pathways (see clinical detail below):</p> <ul style="list-style-type: none"> • Frailty • Diabetes • MSK <p>Consider MOUs (Memorandum of Understanding) between Heartbeat Alliance, community providers, GP practices and the CCG to explain the MCP model and facilitate inter-organisational working on common objectives and outcomes in support of the MCP model</p> <p>Develop an action plan to understand the specific implications of this strategy within each of the 7 sub-localities linked to community and social care teams</p> <p>Enable MCPs to operate on a shadow basis through appropriate innovative joint governance arrangements</p>	<p>Underway From January 2017 From March 2017</p> <p>By June 2017</p> <p>By June 2017</p> <p>By April 2017</p>	<p>CCG CCG CCG</p> <p>CCG / HA / Practices / community providers / social care</p> <p>CCG / HA / Practices / community providers / social care</p>	Contained within in existing organisational budgets

'Time to care'	This is a national development programme based on 10 high impact changes that would help improve General Practice efficiency.	Practices to complete a Time to Care questionnaire to establish their priorities. An integrated approach to be agreed with commissioners, HA and practices based on preferences. Plan to be implemented according to practice preferred timescales	By end February 2017 By end June 2017 From Sept 2017 - Sept 2018	HA CCG CCG / HA / practices	This might be a call on resilience funding for 2017-19.
Vulnerable practice and resilience scheme	Nationally allocated funding to help support practices experiencing difficulties in recruitment, new staffing models, such as nurse prescribing, practice mergers, and development of plans to respond to crises	Vulnerable practice monies allocated 2016/17 proposals to be finalised for resilience funding Engagement across local STP to determine priorities for 2017/18, including considering whole system approaches to support recruitment Continued investment in 2017/18 and subsequent years	November 2016 December 2016 Feb/March 2017 From April 2017	NHSE CCG / NHSE CCG / STP / NHSE CCG / STP / NHSE	£18K for HRW (VP) c.£41K for HRW (R) Investment in future years to be confirmed by NHSE (£40m non-recurrent funding over 4 years nationally (NHSE))
CLINICAL PATHWAYS					
Frailty	Creating a new pathway of care for patients in the last year of life based on: risk stratification for frail elderly / geriatric advice and guidance / medication reviews / lead role for primary care in co-ordination / pilot new models of care home provision. This expected to lead to improved health outcomes and a much more efficient system clinically and financially.	Establish the new model of step-up and down beds, supported by investment through the GP out-of-hospital services Finalise the local frailty pathway and the model for delivery Work with GP practices and community providers to develop an integrated delivery plan for the pathway and implement	December 2016 January – March 2017 April 2017 to March 2018	CCG CCG / HA / community providers / social care	Investment for strengthened community services is contained within Better Care Fund Primary care element is contained within nursing workforce investment (see below)

Diabetes	Improved model of care based on managing complex patients more effectively in a primary care setting through an integrated approach across practices and other organisations, supported by improved pathways for foot care and structured education	<p>Application for transformational funding submitted on STP footprint</p> <p>Agree new model of integrated primary, community and inpatient care linked to Multi-Community Specialty provider development with representation from patients and stakeholders</p> <p>Implement action plan to deliver new model of care</p> <p>Ensure increased access to diabetes education for Type 1 and Type 2 and reduced waiting times</p> <p>Ensure new MDT foot clinic arrangements are in place</p>	<p>By end January 2017</p> <p>By end February 2017</p> <p>By end June 2017</p> <p>By end June 2017</p> <p>By end Sept 2017</p>	<p>CCG</p> <p>CCG, HA, community providers, practices</p> <p>All</p> <p>CCG</p> <p>CCG</p>	Transformational funding is available through NHSE subject to a successful application, so TBC in March 2017.
Optometry pathways	Re-procuring community optometry enhanced service provision for minor eye conditions and the cataract referral scheme, in line with refreshed pathways agreed with local acute Trusts in order to transfer work away from GP practices	<p>CCG to produce optometry specification and seek Trust views</p> <p>Pathway review meeting to discuss the optometry pathway, agree cataract thresholds and proposed optometry commissioning arrangements.</p> <p>Community optometry enhanced service to be re-procured by CCG</p> <p>Community optometry provider to refer in line with new specification, pathways and agreed thresholds</p>	<p>By end January 2017</p> <p>By end March 2017</p> <p>By end June 2017</p> <p>By end September 2017</p>	<p>CCG</p> <p>CCG</p> <p>CCG</p> <p>New provider</p>	Contained within in existing organisational budgets

Planned care	Utilising the local GP practice out-of-hospital services contract as the vehicle for local investment in primary care for more services closer to home. This will be linked to the NHS RightCare programme to release significant financial savings through re-engineering planned care pathways and commissioning services.	RightCare clinical review workshops for gastroenterology and orthopaedics as priority areas	By end March 2017	CCG	
		Clarify the emerging opportunities, including timeframes for returns and the full scope of improvements being targeted	By end May 2017	CCG	
		Implement service innovations, including opportunities to commission services within primary care, including on a cluster basis.	By end Dec 2017	CCG / HA / practices / acute providers	
ACCESS					
Extended Access	Delivering more routine and pre-bookable access to primary care in evenings and weekends based on practices working together and developing and testing new workforce models to deliver increased capacity.	Contract variation placed with Heartbeat Alliance (HA)	November 2017	NHSE / CCG	£6 per head pro rata (£852k FYE)
		Delivery of extended access in place	January 2017	HA	
		Review of service delivery	March 2017	NHSE / CCG	
		Service arrangements for 2017/18 in place for the 2017-19 period	From April 2017	NHSE / CCG	
Improved care for military families and their dependants	Ensuring that the population based around Catterick Garrison and surrounding areas, which has significant health needs and capacity issues associated with military populations is supported through effective and resilient primary care with sufficient capacity to meet demand	Finalise contract variation for enhanced service with Harewood Medical practice and Catterick Village surgery	December 2017	CCG	Re-investment of PMS Premium funding
		Review health needs assessment of military families population	March 2017	CCG	
		Clarify revised commissioning specification and model for 2017-19	From April 2017	CCG	
		Take forward wider over-arching project to develop an integrated health approach for local civilian and military primary and community care	During 2017-19	CCG and partners	

On-line consultation	Following a limited pilot under 21 st Century Primary Care, the challenge is to develop a working model that improves access while responding to patient need and preferences. Ideas might include a patch-wide solution, rather than through individual practices, which patients would be able to access through a link on their own practice website.	<p>Work with Standout media and Embed (IT provider) to identify opportunities to develop an e-consult platform.</p> <p>Review options including: a 1 stop shop with a Directory of Service, symptom checker etc.</p> <p>Engage with practices on possible options and agree a suitable business case</p>	<p>By end March 2017</p> <p>By end June 2017</p> <p>By end September 2017</p>	CCG / HA	<p>Funding would need to be agreed through a business case.</p> <p>(£45m nationally over 3 years (CCGs))</p>
Care navigation	By supporting and involving service users and carers, we will look to develop a range of ways in which individuals and communities can be signposted to support and maintain independence, so that highly qualified professionals, who are in short supply can be utilised most effectively and support community asset building approaches to create opportunities for volunteers and other members of local communities.	<p>Identifying good practice roll-out models from other areas</p> <p>Plan in place for establishing care navigators at practice level, through reception teams, who have the skills to sign-post patients more effectively, including for self-care opportunities</p> <p>Participation in pilot linked to 7-day access project</p> <p>First deployment of funding to support care navigator plan</p>	<p>End January 2017</p> <p>End January 2017</p> <p>Jan – March 2017</p> <p>End March 2017</p>	<p>CCG / HA</p> <p>CCG</p> <p>HA</p> <p>CCG</p>	<p>£12.5K allocation to HRW CCG</p> <p>Further allocations for future years TBC</p> <p>(£45m nationally over 3 years (NHSE/fully delegated CCGs))</p>
WORKFORCE					
Over-arching workforce strategy	Develop a whole system approach to identify and managing workforce pressures working across our local health system	<p>Ensure all practices are submitting workforce information to Health Education England</p> <p>We will work collaboratively with providers of services and education and training to ensure that workforce</p>	<p>By March 2017</p> <p>During 2017/18</p>	<p>CCG</p> <p>CCG</p>	<p>Contained within in existing organisational budgets</p>

		<p>development runs parallel to service developments and seek to influence the work of Health Education England (HEE) and others to ensure the needs of a rural population are considered equitably.</p> <p>In collaboration with partner organisations on the Transformation Board, we will look to develop a comprehensive recruitment strategy that utilises the strengths of all sectors in making HRW an attractive option for professionals, students and their families</p>	During 2017/18	CCG and partner organisations	
Clinical pharmacists in GP practices	Establishing clinical pharmacists as part of the front-line skill-mix within primary care through an initiative focused on delivering medicines management efficiencies and outcomes for frail patients, following the successful Heartbeat Alliance pilot under 21st century primary care. This should release significant prescribing savings identified through the RightCare programme.	<p>CCG specification commissioned through GP out-of-hospital services contract</p> <p>Service to be continued in 2017/18 with revised objectives</p> <p>Consider extended use of clinical pharmacists through application to NHSE</p> <p>Clinical workshops to review RightCare prescribing priorities and identify quick wins and savings opportunities</p> <p>Implementation of RightCare prescribing priorities in practices</p>	<p>July 2016</p> <p>April 2017</p> <p>January – June 2017</p> <p>Quarterly from January 2017</p> <p>Continuous</p>	<p>CCG</p> <p>CCG</p> <p>CCG, NHSE & practices</p> <p>CCG / practices</p> <p>CCG / practices</p>	<p>£250K investment from CCG</p> <p>Further investment from NHSE by application</p>
Physiotherapists in GP practices	Developing the role of physiotherapy within the front-line primary care team to stream-line referral	Build physiotherapy and MSK professionals into the extended access delivery model, particularly to benefit working age adults	January to March 2017	HA	Investment would be contained within current contracts and would need to

	pathways and transfer suitable work away from a GP, building on the successful Heartbeat Alliance pilot under 21 st century primary care	Review community musculo-skeletal care model for Whitby and determine opportunities for a more integrated model (linked to development of MCP) As above for Hambleton and Richmondshire	April to September 2017 September 2017 onwards	CCG / HA CCG / HA	be re-engineered to support work in front-line primary care
Practice nursing workforce	Project to develop the role of nurses in GP practices to support frail, elderly patients, particularly those with long term conditions or who are housebound or in Care Homes, through a clustering approach where practices start to work together to support more complex patients.	Scheme initiated Project proposals agreed and commenced First year of scheme reviewed Refreshed scheme objectives linked to CCG frailty project agreed based on systematising learning from first year successes Standard data collection template to be issued Regular reporting on project progress Ongoing recurrence to be determined	July 2015 October 2015 February 2017 March 2017 March 2017 Quarterly October 2016	CCG CCG CCG CCG CCG Practices CCG	£3 per head (i.e. £426K) per annum for 2 years from October 2015 Recurrence will depend on delivery of refreshed service outcomes. In 2017/18, this will contribute to the national £3 per head 5YFV requirement.
Practice based mental health therapists	Nationally there is a drive to significantly increase the number of therapists based within GP practices, as part of creating a workforce with a wider skill-mix and supporting better integration at practice level	Agree an action plan in conjunction with the mental health five year forward view Consider contribution of therapists as part of delivery of extended access	By end March 2017 By end March 2017	Partnerships Commissioning Unit / CCG HA / PCU	Funding arrangement to be clarified

Physician associates and Medical assistants	As part of the development of new roles on a national basis, HEE and NHSE to provide frameworks and models	Actions undertaken at national level	Ongoing	NHSE	Funding arrangement to be clarified
National workforce development schemes	<p>A number of national schemes are</p> <ul style="list-style-type: none"> • Retained Doctors scheme • Induction and Refresher scheme • Pharmacy integration fund • Practice nurse development funding • Practice manager development funding • Multidisciplinary training hub funding • Targeted £20k bursaries in areas that have found it hardest to recruit into GP training • Occupational health • Winter indemnity scheme for out of hours 	<p>Roll-out as per national agreement and plan</p> <p>The CCG will work with local GPs, HA, the LMC and practices where required to support delivery of these schemes</p>	As per national timescales	NHSE	<ul style="list-style-type: none"> • TBC • £2,300 bursary per month • £20m available in 16/17 rising by a further £20m each year nationally • £15m nationally • £6m nationally • £3.5m nationally • TBC • £16m + £3.5m nationally for specialist mental health services to support GPs • £2.5m total nationally for 14/15 and 15/16
INFRASTRUCTURE					
Progress applications under the ETTF (Estates and Technology Fund)	The 5YFV recognises the need to invest in the primary care estate. Across HRW, there are currently 10 applications which are currently live.	Progress funded applications agreed through NHSE and NHS Property Services.	As per the timescales in the project PIDs	CCG / Practices / NHSE / NHSPS	Funding is conditional on national approval.