

**North Durham CCG and Durham Dales, Easington and Sedgefield CCG
Strategy alignment to GP Five Year Forward View**

Workforce	DDES and ND CCG position	Primary Care Strategy alignment	
		DDES	ND
Details action to double the growth rate in GPs, through new incentives for training, recruitment, retention and return to practice	Our member GP practices were facing GP recruitment and retention issues. Many GPs are taking early retirement and new GPs are choosing to become agency locums as an alternative career/lifestyle choice. In addition, DDES and ND CCGs have some areas of very deprived populations with high levels of morbidity that increases the work burden on General Practice. Geographically the area does not offer the same economic or lifestyle choices that other parts of the North East offer a GP and their family when making a life commitment to a workplace. With the support of Health Education England we committed to reverse this downward spiral by launching 'Career Start'. By offering newly qualified GPs the opportunity of guaranteed continuing education and a minimum guarantee of salary DDES has recruited seven new GPs. The scheme is being extended to include ND in phase 2 when it is hoped to recruit a further 8 – 10 newly qualified GPs.	Strategy Overview - Page 15	PC01
	NHSE is developing schemes for return to practice and near retirement GPs which the CCGs will promote to promote to member practices.	Objective 1.3 – page 22	PC01
Aims to add a further 5,000 GPs to the workforce in the next five years	Continued development of the Career start GP scheme built upon Phase I of the scheme which now has seven new GPs in post. Phase II will be the development of 8	Objective 1.3 – page 22	PC01/06

	<p>– 10 posts in ND and GPs with additional interests, by providing access and support to development/courses in areas of interest. These are recognised as being key development areas, especially for delivery of care in an out of hospital setting. For example, care of the elderly, which has been highlighted as an area of interest and priority to provide enhanced care for the frail elderly in their own homes and dealing with multi-morbidity. We are currently working with HENE and our local acute trusts to develop this.</p> <p>Promote the career start scheme as an employment route for aspirant/trainee GPs who are in their final stages (ST3).</p> <p>Explore portfolio opportunities with other providers as part of the GP career start development.</p>		
Overseas recruitment of 500 GP's	This is nationally driven and the CCG will align its work to these requirements		
Aims to add 3,000 new fully funded practice-based mental health therapists	<p>Mental Health is a high priority for both CCGs. There are a large number of services provided by Tees Esk and Wear Valley Foundation Trust (TEWV), Voluntary and Community Sector Organisations plus some private providers. It is therefore difficult when a patient presents at General Practice for the practitioner to have knowledge of all available services and this results in some patients not being referred into the most appropriate service for their needs first time.</p> <p>To aim to address this issue DDES CCG has proposed</p>	Objective 2.1 - Page 30	PC01

	<p>working with TEWV and the DDES GP Federations to develop a service model that would see Community Psychiatric Nurses (CPN's) aligned to work in and alongside General Practice. To ensure the smooth running of this proposal a Partnership Agreement has been developed which proposes a joint working arrangement between TEWV and the DDES GP Federations.</p> <p>NDCCG has commissioned mental health therapists who are based in GP practices providing IAPT and psychology services.</p>		
Aims to add an extra 1,500 co-funded practice clinical pharmacists	<p>By testing new ways of working across professional boundaries, we are taking another step forward to relieving some of the pressure that GPs are clearly under and ensuring that patients see the health professional that best suits their needs. In 2015, the government announced a pilot with funding of £15m to incentivise general practice to employ pharmacists. In DDES CCG two of our Federations have been successful in this bid for this pilot which will see 10 practices locally employing pharmacists alongside their clinical staff.</p> <p>In NDCCG all practices have been given the opportunity to purchase additional clinical pharmacist sessions with a view to embed a clinical pharmacist within the practice. Exec in common agreed to support the development role of a link practice pharmacist across both North Durham and DDES.</p>	Objective 1.3 - Page 21	PCo1/8
Provides nationally funded support for practice nurses, physician assistants, practice managers and receptionists	Through the Primary Care Strategy we will expand a career start programme for practice nurses. This will help the transition of nurses working in the secondary	Objective 1.3 - Page 22	

	<p>care setting who wish to work in primary care. This expansion will include Sedgefield for the first time and therefore benefit all localities.</p> <p>Create Specialist Practice Managers who will work in practices identified requiring support. This will be done in conjunction with Federations.</p> <p>NDCCG actively encourages practice staff to enrol on the HENE led Leadership Development Programme. A number of practice managers and administration staff have signed up to the first tranche.</p>	<p>Objective 2.4 - Page 36</p>	<p>PC01/7</p>
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Workload	DDES and NDCCG	Primary Care Strategy	
<p>Sets out a new practice resilience programme to support struggling practices</p>	<p>DDES CCG and ND CCG will create local capacity to support struggling practices by investing in Specialist Practice Managers who will be available at least one day per week to be placed in practices who are identified as requiring support</p> <p>Support access to the Royal College of General Practitioners peer support pilot programme for practices in CQC special measures using the Vulnerable Practices fund. NHS England will fund 50% and the Practice will match fund.</p> <p>Key elements of support services to struggling practices include:</p> <ul style="list-style-type: none"> • Offer of diagnostics – development of action plan • Targeted approach – time limited interventions • ‘Whole practice 360 appraisal’ • Specialist advice and guidance – e.g. HR, IT, Management, Finance • Support for merging / federations 	<p>Objective 2.4 - Page 35</p> <p>Objective 2.4 - Page 36</p>	

	<ul style="list-style-type: none"> • Coaching / supervision / mentorship • Short term clinical or practice management capacity • Intensive support from a specialist manager <p><u>Rescue bid for vulnerable practices</u></p> <p>DDES CCG has identified 4 practices that warrant support from the vulnerable practices scheme and will receive this support when suitable providers are identified following the national tendering process outlined below:</p> <p>NHS England is running a competitive tender for GPs and wider primary care organisations to provide support for vulnerable practices, with a view to unveiling the scheme in June.</p> <p>The much-delayed £46m scheme – first announced last summer in health secretary Jeremy Hunt's 'new deal' – will include coaching and mentoring support for practices identified as 'vulnerable' and help in diagnosing their problems.</p> <p>A 'prior information notice' has been published by NHS England. This is to sound out organisations that can potentially provide support to vulnerable practices.</p> <p>http://publicsectortenders.net/modules.php?op=modload&name=News&file=index&catid=253</p> <p>Those successful in the tender will be paid to provide support under the £10m vulnerable practices fund announced last year, and boosted by £16m in the GP Forward View last month.</p> <p>The notice says providers will be expected to help vulnerable practices with:</p> <ul style="list-style-type: none"> • diagnostic support (identifying the detailed needs of the practice); • practice management (strategic and operational development); • leadership and management (development of skills, organisational structure); 		
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	<ul style="list-style-type: none"> • infrastructure (IT, HR, premises, finance), organisational development (mergers); • mentoring and coaching; • and reports/analysis. <p>NHS England has previously said providers could include 'good local practices, GP federations, LMCs or wider primary care organisations who are able to organise and deliver a peer support offer'</p> <p>Create Specialist Practice Managers who will work in practices identified requiring support. This will be done in conjunction with Federations. *Please note that this work is currently on hold due to a national procurement for providers</p> <p>Create a risk register which aligns practices highlighted as having quality or workforce issues.</p> <p>Work with partners to develop a suite of offerings to practices that extend their options at an identified time of vulnerability to support recruitment, premises or financial viability.</p>		
Sets out changes to streamline the Care Quality Commission inspection regime	The CCG's have local communications/links with CQC on a regular basis to ensure that they are kept up to date with inspection regimes and arising issues	Objective 2.4 – Page 34	PC02
Sets out support arrangements for GPs suffering from burnout and stress	<p>An Occupational Health service to address these issues will be nationally procured.</p> <p>Locally the County Durham CCGs commission and fund a GP occupational health service called GP Choices, the service is available to all staff working in primary care services and includes:</p> <ul style="list-style-type: none"> • Occupational Health & Safety advice and support • Advice and Support: (provided by the GP Choices manager and GP 	Objective 2.4 – Page 34	PC02

	<p>Advisors)</p> <ul style="list-style-type: none"> • Mentoring: (provided by GP Mentors) • Education and Training: (peer support networks and educational events for GPs) • A Flexible Workforce: (salaried locum GPs, a resource beyond the pool of GP Principles and also cover for GP sickness) • Counselling • Workplace Counselling 		
Sets out the legal limits on administrative burdens at the hospital/GP interface	Work Creep - Focus group work is being undertaken with the NHSE and the LMC to look at what is the appropriate setting for admin work and how it can be streamlined.	To be added to delivery plan	PC02
Sets out actions to cut inappropriate demand on general practice.	Work Creep – as above	As above	PC02

Infrastructure	DDES and NDCCG	Primary Care Strategy	
Proposes upgrades to GP practice premises	<p>We will invite new bids and re-appraise previous premises bids with approval in principle to re-apply to the Transformation Fund fund if they meet the criteria.</p> <p>We will continue to encourage practices to meet the statutory and regulatory frameworks for GP premises and offer NHS England Improvement grant scheme.</p> <p>We will explore with General Practice how empty sessional space already covered by notional rent can be optimised.</p>	Page 43	PC01/11

	Work with practices to ensure that their current sites are fit for purpose and that services are sustainable based on future workforce requirements and clinical good practice.		
Outlines new proposals to allow up to 100 percent reimbursement of premises developments	Published 16 th May 2016 active from Sept 2016 – Estates and technology guidance – paragraph 3.2 - NHS England will work with the Department of Health to introduce new rules set out in revised NHS (General Medical Services – Premises Costs) Directions, from September 2016 which will enable NHS England to fund up to 100% of the costs of premises developments, rather than the previous cap of 66% funding. This will improve affordability for GPs and in turn reduce recurring costs.	To be considered within delivery plan	
Outlines the direct practice investment technology to support better online tools and appointment systems	<p>We will ensure that the Primary Care Information technology structure supports patient care and greater accessibility by healthcare professionals and patients alike. Working with ICT and Information Governance colleagues we will provide safe and secure access to solutions as e-consultation, WIFI and patient online access, which gives improved access to services, ensuring the patient is at the centre of their own care.</p> <p>We will continue to build on the success of national solutions such as patient online, which gives patients direct online interaction with their GP enabling them to book appointments, book repeat prescriptions and</p>	<p>CCG Vision - Page 8</p> <p>Objective 4.2 - Page 48</p>	PC01/12/13/14

	view their own medical record reducing the need to travel to the practice		
Proposes upgrades to consultation and workload management systems	GP Access systems – we are investigating the use of these systems and how they can be applied within the CCG localities	Being developed as part of Urgent Care work stream	PC01/12/13/14
Proposes better record sharing to support team work across practices	<p>In conjunction with our Information Technology Strategy, all Practices in the CCG have been moved to a new system that stores patient data in warehouses as opposed to being in the individual practice computer. This web based system has now enabled patients to access their records at many more points of care than just their General Practice. However, this requires patient consent.</p> <p>We will use technology to deliver the paper free agenda, pushing forward with the 2020 vision of having fully interoperable electronic health records in place, so that patients' records are paperless at the point of care. The paper-free agenda is supported further through the delivery of projects such as electronic prescribing, this enables prescriptions to be sent electronically to the pharmacy of choice; this not only reduces paper flow but gives further flexibility for patients</p> <p>We will continue to ensure that all providers of</p>	<p>Strategy Overview - Page 15</p> <p>Objective 4.2 - Page 48</p>	PC01/12/13/14

	<p>care in the vulnerable patient pathway are able to access the patient record with permission of the patient</p> <p>We will work towards a standardised care template for key clinical data for vulnerable patients so that the record is able to be shared.</p>		
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Care Redesign	DDES and NDCCG position	Primary Care Strategy	
<p>Signals practical support for individual practices, federations and super-partnerships</p>	<p>Encouraging GP practices to work together. GPs have traditionally worked separately yet there is a growing realisation that general practice has to work at a larger scale to extend access beyond core hours and compete for community based services as they move out of hospital. Since 2013 the practices have been developing federations i.e. Practices coming together in a separate commercial entity to provide services at scale for a greater population and to compete in the healthcare market. There are six federations across the two CCGs.</p> <p>The benefits to patients:</p> <ul style="list-style-type: none"> • Services closer to home - every patient has access to a local, flexible and enhanced service that is delivered by their own GP Practice or a group of practices from a hub. <p>For practices</p>	<p>Strategy Overview - Page 15</p> <p>Objective 3.2 - Page 39</p>	<p>PC03</p>

	<ul style="list-style-type: none"> • Allows them to deliver primary care services at scale and creates an opportunity for practices to share staff skills and other back office functions. • Allows their patients to access services even if they are unable to provide them at the practice level. 		
Proposes direct funding for improved in hours and out of hours access, including clinical hubs and reformed urgent care	<p>DDES CCG has created slots with 111 for them to book directly into General Practice during the day. This offers an alternative to sending all patients to Urgent Care.</p> <p>Commence a consultation on day time urgent care as part of the DDES wide urgent care strategy development NDCCG has engaged with local GP colleagues and patients to review the current OOH arrangements. The future model will see the development of clinical hubs for OOH urgent care.</p> <p>July 2014 – Primary Care (PC) federations started delivering weekend opening services for the entire DDES population. In July 2015 this service was modified to ensure that there was a focus on the frail elderly population including those in care homes by providing additional support throughout the weekend. Urgent care attendances have decreased by 12% on a Saturday morning following the introduction of PC Federated weekend opening.</p>	<p>Objective 1.1 - Page 18</p> <p>Objective 3.2 - Page 39</p>	PC03

	<p>The NDCCG practices have been providing weekend opening for a number of years under different schemes, the primary care strategy sets out to commission clinically effective out of hospital care with practices and federations as providers.</p>		PC03
<p>Proposes a new voluntary GP contract supporting integrated primary and community health services</p>	<p>The Primary Care at Home model enables primary care, community health and social care professionals to work in partnership with specialists to provide out of hospital care. The workforce model should reflect the size and needs of the registered population, which may result in exploring opportunities to design and develop the roles of nursing, pharmacy and allied health professionals. The scale of the population for the PCH model is intended to drive a workforce model that ensures patients have a consistent and personalised experience of care</p> <p>Federations work with the CCG to integrate General Practice teams with community staff wrapped around the patient</p> <p>The out of hospital services have been developed to ensure the services provided are delivered by multi disciplinary health and social care professionals working with partner organisations.</p>	<p>Objective 3.2 - Page 41</p>	PC03

DDES CCG

Alignment refers to the actions within the Primary Care Strategy and aligned to the objective and relevant page number

NDCCG

Alignment refers to the actions within the Primary Care Strategic Objectives P01/P02/P03