



*East Lancashire
Clinical Commissioning Group*

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**General Practice Forward View
Operational Plan 2017-19**

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1. Summary/Overview

This operational plan:

- Provides a background to the work currently being undertaken in East Lancashire to support the development of General Practice with a view to ensuring high quality sustainable Primary Care Services are at the heart of an integrated health and social care system.
- Sets out the proposed investment in General Practice for the period 2017 to 2019 that is associated with delivery of the General Practice Forward View ***including how ring-fenced funding being devolved to CCGs to support training and stimulate online consultations will be deployed*** and ensures that local investment meets or exceeds minimum required levels.
- ***Sets out how funds for transformational support (as set out in the GPFV) will be deployed to support General Practice***
- Addresses workforce and workload issues including developing the capacity, capability and skill mix across General Practice.
- Describes ***how access to General Practice will be improved*** through the development of Locality Health Hubs which will evolve to provide more integrated services within each locality in line with the CCGs wider new models strategy including supporting the development of place based systems of care.
- Demonstrates alignment with the development and implementation of the CCGs strategy for Primary Care and the ambitions and priorities articulated in the STP, in particular the Primary Care Plan on a Page which is described in Appendix 1.

2. The Vision

The vision for East Lancashire CCG is for high quality sustainable Primary Care Services at the heart of an integrated health and social care system.

In the next two years the CCG will focus on implementing the local aspects of the GP Forward View in order to strengthen General Practice in the short term and support sustainable transformation of Primary Care in the future.

In order to achieve this the CCG will work in close collaboration with GP Practices, the population of East Lancashire, colleagues at NHSE Lancashire, Health Education England and the CQC to support local adoption and implementation of actions set out in the GP Forward View.

3. Local Context

3.1. Population Overview

From the latest ONS mid-year population estimate (2015), East Lancashire has a total of 374,223 residents, whilst there are 369,616 patients registered at East Lancashire GP Practices. This population is projected to rise to 379,000 by 2026.

East Lancashire comprises of four localities (Burnley, Hyndburn, Pendle and Rossendale) that are co-terminus with their respective local authority boundaries and one (Ribblesdale) which represents the majority (approximately 70%) of the Ribble Valley borough.

Across many of the public health indicators, the picture for East Lancashire is variable.

According to the 2015 Index of Multiple Deprivation, three of the boroughs (Burnley, Hyndburn and Pendle) are ranked in the 20% most deprived districts / unitary authorities in England, whilst the Ribble Valley is ranked in the 20% least deprived (Reference – Public Health England - District Health Profiles 2016).

3.2. Health

In terms of life expectancy, for both males and females, four of the five boroughs (Burnley, Hyndburn Pendle and Rossendale) are below the England average life expectancy, whilst one borough (Ribble Valley) is higher (males) and equal (females) to the England average life expectancy. The slope index of inequality in life expectancy (IMD 2010 deprivation deciles) shows large variances in life expectancy between the most deprived and most affluent residents of the five districts of East Lancashire. With the gap in life expectancy recorded as being as high as 12.8 years for males in Burnley and 7 years for females in Pendle (Reference – Public Health England – District Health Profiles 2016).

Like other parts of Lancashire, over the last 10 years, all-cause mortality rates have fallen, along with premature (under75) mortality from cancer, heart disease and stroke, but remain worse than the England average.

4. Our Approach

East Lancashire CCG is committed to working with local GP provider organisations, the population of East Lancashire and wider stakeholder groups to ensure effective involvement and engagement in local development and delivery of Primary Care Services.

The CCG will build upon this General Practice Forward View Plan (GPFV) to develop a local Primary Care Strategy and implementation plan that supports delivery of the GPFV, the Local Delivery Plan and the Lancashire wide Sustainability and Transformation Plan locally (see Appendix 1).

We will work with local providers and continue to develop and embed evidence based improvement techniques that will ensure continuous quality improvement across General Practice

5. Care Redesign

The Lancashire STP recognises Primary Care as the bedrock of the NHS and the setting for 90 per cent of all NHS patient contacts. However, it also recognises that Primary Care and in particular General Practice is under unprecedented strain and struggling to keep pace with rising demand and that it has become clear that action is needed to secure a responsive NHS that is fit for the future.

The Lancashire vision is for sustainable, high quality Primary Care with reduced variation and inequalities that underpins the development of new models of care in each of the LDP areas.

East Lancashire has developed a number of initiatives that seek to integrate health and social care services and become an Accountable Care System. Two of its localities (Ribblesdale and Rossendale) are test bed sites for MCP (Multispecialty Community Providers) working and this has so far been achieved through collaborative working between Member GP Practices, GP Federations, Local Authorities and local NHS Trusts.

The vision for East Lancashire is that each locality will develop an MCP or place based system of care as a new model of care that will ultimately support the progression towards an Accountable Care System. It is envisaged that this model represents a positive future for all, including General Practice, by aligning Community Nursing, Mental Health and Health and Social Care around Locality Hubs and General Practices. Through the creation of MCP's/place based systems of care, all partners (through respective governance arrangements / board) would help decide where support is needed to be placed so that they could undertake more complex and coordinated care in the community.

In 2014 East Lancashire CCG proposed the development of Integrated Neighbourhood Teams (INTs) in each of its five localities. They have been designed to bring together Primary Care services, community services and social care in order to provide integrated out of hospital care, with the aim of shifting appropriate outpatient and ambulatory care to out of hospital settings.

These INTs are now well established and have successfully brought together providers of services together to work in a co-ordinated and integrated way. The INT acts as a support service for patients with complex needs who may benefit from a multi-disciplinary approach. Each INT service seeks to identify a case manager for the patient to act as a single point of access for all of their care needs and combine assessments and care plans to avoid duplication and provide a consistent approach to meet the patient's needs. Because the needs of family members is also important, care plans may also include support that is being given to family and carers.

Although not totally attributable to the development of the East Lancashire INTs, the first INT service evaluation was able to report that emergency admissions for patients over the age of 65 has reduced by 8% and re-admission rates have also reduced.

6. Improving Access to General Practice Services

6.1. Background

During 2014/15 East Lancashire CCG worked with the population of East Lancashire to co-produce a vision for the future of Primary Care that was presented to the CCG Governing Body in June 2015.

The CCG then secured external expertise to work with GP Practices through their commissioning localities to develop an outline model for extended access to Primary Care based on the co-produced vision.

The outline model, developed by the localities with support, was agreed by the CCGs Primary Care Committee and Governing Body in April 2016.

A twelve week period of formal consultation followed which completed on the 8 July 2016.

The outline model described as part of the formal consultation was based on:

- The co-produced principles developed and agreed with the population of East Lancashire and the CCGs Governing Body
- The work undertaken with the involvement of GP Practices in each locality to develop an outline model based on these co-produced principles
- Shared learning and experience of other CCGs in delivering new models of extended access in Primary Care through the 'Prime Ministers Challenge Fund'
- The national directive for the provision of Primary Care services 8am until 8pm seven days per week.

The CCGs preferred option is for the new model for Primary Care to be commissioned as an extension to core General Practice and delivered by a 'collaboration' of General Practices across East Lancashire. However, the provider market in East Lancashire is complex with 57 individual GP Practices based in 9 neighbourhoods across 5 Localities aligned in varying numbers to one of four GP Practice Federations. Therefore, the CCG has sought legal advice regarding the procurement implications in relation to its preferred commissioning model (see 6.8 below).

6.2. Model and Timings of Appointments

The CCG will work with GP Federations locally to develop a detailed service delivery model that builds upon work already undertaken in localities and takes account of the feedback received as part of the formal consultation including details of how the model will vary by locality to meet the needs of the population while ensuring a consistent and sustainable approach across East Lancashire.

The CCGs proposal is for Locality Hubs in four of the five East Lancashire localities that will provide bookable access to GP services between 16:00 and 20:00 hours Monday to Friday and between 9.00 and 13.00 on a Saturday.

Two of these Locality Health Hubs will also be available from 10:00 and 18:00 hours on a Saturday and Sunday.

At present the function of a hub(s) is to provide extended routine and urgent access to GP services until 8pm on weekdays, routine access to GP services 9.00 – 13.00 on a Saturday and urgent access to GP services 10.00 – 18.00 on Saturdays and Sundays.

It is envisaged that over time the Locality Health Hubs will evolve to provide more integrated services within each locality in line with the CCGs wider new models strategy including supporting the development of place based systems of care.

6.3. Capacity and Measurement

Early outline modelling undertaken in each of the five CCG localities is summarised below. This is indicative and will be subject to changes as the detailed service deliver model is developed in each locality

MODEL COMPONENT	BURNLEY PROPOSAL			PROPOSED SERVICE LOCATION
	Type	Hours	Additional Appointments	
Extension until 8pm Monday – Friday	Urgent GP	16:00 – 20:00 hours	90	St. Peters Centre
Extension until 8pm Monday – Friday	Same day Paediatrics	16:00 – 20:00 hours	80	St. Peters Centre
Extension from 9am – 1pm Saturday and Sunday	Routine GP	09:00 – 13:00 hours	16	St. Peters Centre
Access to Urgent Care after 8pm and before 8am	Signpost to service location – self-care / OOH/UC/ED			
Access to Urgent GP 8am – 8pm Weekends	Signpost to service location – self-care /hub/OOH/UC/ED 64 (Available across EL)			
TOTAL APPTS	250			

MODEL COMPONENT	HYNDBURN PROPOSAL			SERVICE LOCATION
	Type	Hours	Additional Appointments	
Extension until 8pm Monday – Friday	Urgent GP	16:00 – 20:00 hours	80	TBC
Extension until 8pm Monday – Friday	Same day Paediatrics	16:00 – 20:00 hours	80	TBC
Extension until 8pm Monday – Friday	Nurse Practitioner	16:00 – 20:00 hours	80	TBC
Extension from 9am – 1pm Saturday and Sunday	Routine GP	09:00 – 13:00 hours	16	TBC
Access to Urgent Care after 8pm and before 8am	Signpost to service location – self-care /OOH/UC/ED			
Access to Urgent Care at Weekends 8am – 8pm	Signpost to service location – self-care /hub/OOH/UC/ED 96 (Available across EL)			
TOTAL APPTS/	352			

MODEL COMPONENT	PENDLE PROPOSAL			PROPOSED SERVICE LOCATION
	Type	Hours	Additional Appointments	
Extension until 8pm Monday – Friday	Urgent GP	16:00 – 20:00 hours	90	TBC
Extension until 8pm Monday – Friday	Same day Paediatrics	16:00 – 20:00 hours	0	
Extension from 9am – 1pm Saturday and Sunday	Routine GP	09:00 – 13:00 hours	16	TBC
Access to Urgent Care after 8pm and before 8am	Signpost to service location – self-care /OOH/UC/ED			
Access to Urgent Care at Weekends 8am – 8pm	Signpost to service location – self-care /hub/OOH/UC/ED			
TOTAL APPTS	106			

MODEL COMPONENT	RIBBLESDALE PROPOSAL			PROPOSED SERVICE LOCATION
	Type	Hours	Additional Appointments	
Extension until 8pm Monday – Friday	Urgent GP	17:00 – 20:00 hours	0	Extended access will be provided by the individual practices
Extension until 8pm Monday – Friday	Same Day Paediatrics	16:00 – 19:00 hours	0	Extended access will be provided by individual practices
Extension from 9am – 1pm Saturday and Sunday	Routine GP	09:00 – 13:00 hours	16	Clitheroe Community Hospital
Access to Urgent Care after 8pm and before 8am	Signpost to service location – self-care /OOH/UC/ED			
Access to Urgent Care at Weekends 8am – 8pm	Signpost to service location – self-care /hub/OOH/UC/ED			
TOTAL APPTS	16			

MODEL COMPONENT	ROSSENDALE PROPOSAL			PROPOSED SERVICE LOCATION
	Type	Hours	Additional Appointments	
Extension until 8pm Monday – Friday	Urgent GP	17:00 – 20:00 hours	60	Rossendale Primary Care Centre
Extension until 8pm Monday – Friday	Same Day Paediatrics	16:00 – 19:00 hours	60	Rossendale Primary Care Centre
Extension from 9am – 1pm Saturday and Sunday	Routine GP	09:00 – 13:00 hours	12	Rossendale Primary Care Centre
Access to Urgent Care beyond 8pm at night	Signpost to service location – self-care /OOH/UC/ED			
Access to Urgent Care at Weekends	Signpost to service location – self-care /hub/OOH/UC/ED			
TOTAL APPTs	132			

6.4. Advertising and Ease of Access

The CCG will continue to work in close collaboration with local Patient Participation Networks to develop a robust communication and engagement campaign that is appropriate and relevant to the population in each of the five localities of East Lancashire.

In Hyndburn, where the new health hub is proposed as an alternative to the existing walk in centre, additional support will be provided to ensure a smooth transition from the current walk in centre service to the new service in Hyndburn.

Care Navigators in each of the locality health hubs will support patients in making the most appropriate decision about where and how to access the service they need to meet their immediate and ongoing health care needs.

6.5. Digital

The new model in East Lancashire will ensure that electronic health care records are available in full, with consent, to the health care professionals providing the service in order to ensure a safe and effective service that promotes continuity.

Registered patients will be able to access any one of the four Locality Health Hubs across East Lancashire regardless of where they are registered so the system will ensure that records are accessible in order that patients receive the same quality of service wherever they access in East Lancashire.

The CCG will work with partners across Lancashire to deliver the portfolio of work set out in the Local Digital Roadmap (see section 11.2 below).

6.6. Inequalities

East Lancashire has a large diverse population (see section 3). Engagement work across our communities has been used to inform the development of the Locality Health Hubs in Primary Care. We know that different groups prefer to access services in different ways and at different times of the day e.g. we know that attendances by families with young children increase in the late afternoon and evening when schools close. We also know that some groups, whose first language is not English, struggle with telephone access.

We will therefore ensure that access to health care services at GP Practices and the Locality Health Hubs will be available in a variety of forms including on site, on the phone and/or online.

The CCG will continue to work with local communities and wider stakeholders including public health colleagues to ensure that the new model of Primary Care in East Lancashire continues to meet the needs of all.

6.7. Effective Access to Wider Whole System Services

6.7.1. Integrated Neighbourhood Teams

We are redesigning systems, wrapping multi-disciplinary teams around neighbourhoods of 30k-50k patients (based on registered GP lists). We are committed to expanding the case management approach to patients deemed to be at risk of hospital admission following its proven success. It is envisaged that Locality Health Hubs will evolve to provide more integrated out of hospital services within each locality in line with the afore mentioned care closer to home strategy teams and place based systems of care (see introduction to section 5 above).

6.7.2. Over 75s Nurses

We have invested in the development of a scheme which aims to:

- Provide support for elderly patients, particularly those over the age of 75 with multiple and complex problems to prevent them from requiring secondary care services. This includes improved access to primary care.
- Provide support for those patients over the age of 75 with long term conditions to improve management and prevent them requiring secondary care services.
- Provide support for those patients (irrespective of age) residing in a Nursing or Residential Care Home.
- Utilisation of tele-medicine in Care Homes across East Lancashire
- Provide case management support to ensure patients are seen at the right place at the right time by the right person.
- Provide greater use of alternative support to prevent admissions and/or treatment required in secondary care i.e. befriending schemes, third sector referral via Care Navigators etc.

6.7.3. Out of Hours Provision

We are working in partnership with our out of hours provider to maximise system efficiencies. In order to ensure services are delivered in a safe and cost effective way the development of the Locality Health Hubs in East Lancashire will be aligned with a review of the GP out of hour's service locally. This will support the simplification of the pathway for patients and will reduce unnecessary duplication.

6.8. Investment and Procurement

East Lancashire CCG will not be in a position to access additional resource to support improved access to General Practice services until 2018/19. The CCG will therefore utilise

the £3.00 per head of population it is required to spend as part of the sustainability and transformation package to stimulate the development of at scale providers for improved access.

After carefully considering its duties under the relevant regulations the CCG is of the view that if it can satisfy itself that there is only 'one capable provider' (or one capable provider is able to develop) then the CCG is not required to run a tender process for these services, but can award a contract directly to that one provider.

It is the view of the CCG that these services can only be provided by GPs who practice locally. Based on the detailed co-production work undertaken and feedback from formal consultation, the CCG feel that the service would best be delivered by a 'collaboration' of General Practice across East Lancashire. The rationale for this includes:

- The service to be commissioned is core GP Services delivered **locally** during the extended hours period i.e. Until 8pm on weekdays and 8am – 8pm at weekends. Local GPs are best placed to deliver this service because:
- Local GPs are already commissioned to provide core GP Services during the in hours period i.e. 8am – 6.30pm Monday to Friday through GMS/PMS and APMS contracts locally. The service to be commissioned is an extension to the service already provided.
- Patients told us that it was important to them to have services delivered close to home, preferably in or around their own GP Practice. Across East Lancashire GPs are already commissioned to provide services locally within each neighbourhood and close to patients homes.
- Patients told us that the GP/Patient relationship is very important with high levels of trust reported between patients and GP Practices. Because of the value placed on GP Services by patients the CCG is keen to strengthen that relationship by commissioning the service from a collaboration of GPs rather than introducing an additional provider that will add to an already complex system, potentially increasing the number of inappropriate or duplicate attendances resulting in a poorer patient experience and poorer outcomes for patients.
- Patients told us that they find accessing health services to be complex, confusing and frustrating with multiple contact points, multiple service providers and divisions between services that they don't fully understand. The CCG believe that commissioning extended access to Primary Care through local GPs will support a more simplified system and provide greater opportunity to reduce inappropriate demand, reduce duplication and improve the patient experience (Reference – ELCCG Governing Body Report – Primary Care Access Project – Developing a Model of Improved Primary Care Access – 1 June 2015).
- Local GPs have access to the full electronic patient record through the EMIS system. Access to the full electronic patient record supports continuity of care, supports effective decision making by clinicians, reduces the likelihood of duplication or omission and therefore improves patient safety.

Therefore, in order to ensure a consistent, co-ordinated and sustainable model across East Lancashire, the CCGs preferred commissioning option is for a 'one most capable provider' model.

Investment:

The CCG will invest a total of £2.2m in improving access to General Practice in 2017/18 and in 2018/19. In addition to an anticipated £1,004,000 to be made available from NHSE Lancashire the CCG will invest £3 per head as a one off non-recurrent investment (a total of £1,127,475) in 2017/18 as part of the Transformational Support programme (already in CCG Baselines) and the £3.34 per head for improved access (a total of £1,258,083) in 2018/19

7. Sustainability and Transformation

7.1. Transformational Support

The CCG will invest in General Practice with a view to stimulating:

- The development of 'at scale' providers for improved access and
- The implementation of the 10 high impact changes to free up GP time and secure the sustainability of General Practice.

The CCG will utilise the £3 per head of population provided for Transformation Support to support GP Practices, Federations and Providers to work together across neighbourhoods, localities and East Lancs as a whole with a view to developing an at scale provider capable of delivering a new model of extended access to Primary Care including developing the necessary infrastructure and capacity to deliver the service (see Section 6 above).

The CCG will also identify time for care champions to spread awareness of the high impact changes and support GP Practices and Federations at locality level to participate in the time for care programme.

7.2. Releasing Time for Care/Primary Care Development Programme

General Practice is under tremendous pressure right now. Recent years have seen a growth in the volume and complexity of work alongside rising costs. Yet the growth in funding and workforce has not kept pace with the demands or growth elsewhere in the NHS. The General Practice Forward View presents a wide ranging package of national actions aimed at increasing funding, growing the workforce, improving infrastructure and reducing workload.

This includes £127m of practical support over the next five years to help practices manage their workload better through releasing time for care. The new General Practice Development Programme, supported by training for staff, support for Practice Managers will make General Practice more sustainable and improve care for patients. It will have immediate effects through making workload more sustainable and releasing time for staff to spend with the patients who need it most. It will also have longer term benefits through strengthening collaboration between practices and other organisations in the health and care system, establishing a renewed focus on patient benefit within Federations, and building capacity and capability for service improvement.

National expertise and resources will be used to facilitate locally hosted collaborative action learning programmes, supporting groups of practices to come together, learn about proven innovations of interest, agree priorities for action, and implement changes that release time for care. This change programme will help practices to implement at least one of the Ten High Impact Actions, drawing on the experience of others and experts in improvement science. The programme will be designed with local leaders, with the support of the CCGs' appointed Development Adviser, to ensure it meets needs and aligns with other practice

development local plans. NHS England believes that by participating in this programme, most practices can expect to release about 10% of GP time.

The CCG have submitted an Expression of Interest to the national NHS England team to request the support of a Development Adviser who can support the CCG and practices to build partnerships and make plans to implement the Time for Care Programme. The request has been submitted for support in 2017/18.

In November 2016 the CCG engaged and consulted with all five locality forums, Practice Manager forum and Practice Nurse forum to understand which of the 10 High Impact Changes practices feel they can implement now, and which will make the most difference to their populations.

Analysis of the feedback provided as part of the engagement and consultation will inform the development of the CCGs strategy and implementation plan for developing Primary Care.

The CCG has identified a named lead to champion the Time for Care Programme which will be incorporated into the CCGs quality framework programme (See section 10).

Included in the Time for Care programme are:

7.2.1. General Practice Improvement Leader Programme:

General Practice Improvement Leader training programme from NHS England's sustainable improvement team. The CCG recognises that having clinicians and managers with quality improvement skills is key to successful change and will support future leaders to be part of this 9 month personal development programme to build confidence and skills for leading service redesign.

7.2.2. Practice Manager Development:

Funding is provided to support the growth of local networks of Practice Managers. This will promote sharing of good ideas, action learning and peer support. The CCG will collaborate across Lancashire in developing and implementing this support for Practice Manager Development.

7.3. Online General Practice Consultation Software Systems

In agreement with the Primary Care Programme Board, charged with implementation of the Primary Care transformation agenda within the STP, the implementation of the GP consultation software systems will be delegated back up to a Lancashire and South Cumbria footprint overseen by the STP digital programme. All CCGs across Lancashire and South Cumbria have agreed to implement a single local digital roadmap which will incorporate the implementation of the online GP consultation software in accordance with the specification and rules once published.

This collaborative approach enables economies of scale and the integration of online consultation software into the wider programme of digital transformation. Across Lancashire and South Cumbria, e-consultation technology and virtual clinics are already being tested in primary care. Our aim is to share:

- Deployment resources to accelerate online consultation across Lancashire
- Local policy, guidance, and training materials

- Public and workforce communications materials
- The technology platform to support
- On-line multi-disciplinary team meetings
- Online advice and guidance between Primary and Secondary Care.

Oversight at a Lancashire and South Cumbria STP footprint will enable best practice and lessons learned from early adopters to be shared across the patch. To secure practice engagement an implementation plan will be developed through a task and finish group with representatives from practices, commissioners and the LMC.

Investment:

The investment across Lancashire to support GP consultation software for 17/18 equates to £396k and £525k for 18/19. For East Lancashire CCG this equates to £96,906k for 17/18 and £128,574k for 18/19. This will potentially be supplemented with £500k local non recurrent investment across Lancashire and South Cumbria to support and develop the digital maturity of practices overseen by the Primary Care Programme Board of the STP.

7.4. Reception and Clerical Staff Training

The Primary Care Programme Board will pool CCG budgets to commission the Workflow Optimisation model developed in Brighton and Hove, which has demonstrated a saving on average of 40 minutes of each GP's time per day. This could be commissioned by a train the trainer model to enable local delivery across Lancashire and South Cumbria. The model involves a robust protocol to allow clerical staff to read code and where appropriate take action on incoming clinical correspondence, rather than the GP having to deal with every letter. On average, only 20 percent of letters previously directed to a GP required their direct input with no significant events.

Training staff includes clear mechanisms to provide internal governance and auditing of activity. GPs report being satisfied with the safety of the approach, the improved quality of coding and the release of their time.

In 16/17 the CCG received funding of £32k and have plans to spend this working with 'West Wakefield Health and Wellbeing' to develop and deliver a Care Navigation Service initially in the Hyndburn locality with a view to rolling this out across East Lancashire which will support the implementation of the New Model of Primary Care Access (see 6.4 for more detail).

7.5. Training Care Navigators and Medical Assistants

Care Navigation is something patients began to describe to the CCG during the new model of access to Primary Care engagement and co-production phase with a view to supporting patients to navigate the complex system by providing good quality information about the services available enabling patients to make good choices about how and when to access services and to support self-care where possible.

The CCG has been in close liaison with West Wakefield Health and Wellbeing who have piloted a model of Care Navigation.

Through their work as a Prime Minister Challenge Fund (PMCF) site and subsequently as an MCP Vanguard, West Wakefield Health and Wellbeing has successfully developed and implemented a highly effective Care Navigation model and developed an accredited Care Navigation Training Programme.

The CCG are working with West Wakefield Health and Wellbeing to develop and implement a Care Navigation Service across East Lancashire that will support the New Model of Access to Primary Care by providing quality information to patients about the services available enabling patients to make good choices about how and when to access services and to support self-care where possible.

Investment:

The investment across Lancashire equates to £263k in 17/18 and 18/19. For East Lancashire CCG this equates to £64,604 in 2017/18 and £64,287 in 2018/19.

7.6. General Practice Resilience Programme

The General Practice Resilience Programme aims to deliver a menu of support that will help practices become resilient and sustainable, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

7.6.1. Identifying Practices to Support

Eligible practices were identified by applying the national criteria which aims to reflect practices' needs in developing their sustainability and resilience. A Task and Finish Group was established including CCG Primary Care Leads and LMC Leads. The group were responsible for reviewing the practices identified for support and setting a local threshold based on local intelligence and decisions as to where the greatest impact can be achieved. Practices may also choose to self-refer for assessment for improvement support under the GPRP throughout the 4 year programme.

7.6.2. Identified Practices

39 practices across Lancashire were identified to receive support through the General Practice Resilience Programme. 37 individual practices and 13 groups have self-referred to the General Practice Resilience Programme.

Within East Lancashire CCG the numbers are as follows:

Number of practices Identified for the Vulnerable Practices scheme	9
Number of practices Identified for the Resilience Programme	16
Number of practices who referred themselves for the Resilience Programme	16
Number of groups who referred themselves for the Resilience Programme	6

7.6.3. Funding

NHS England Lancashire has been allocated £420k for the General Practice Resilience Programme in 2016/17 and then £210k for the following 3 years. The Task and Finish Group agreed that the resource is to be allocated on a Lancashire footprint and not pro rata per CCG.

The resource will be based on the need of each individual practice and the practice action plan, focusing on sustainable outcomes and value for money. Resource will not be allocated

on weighted list size or a set value per practice.

Pennine Lancashire will also invest in a band 8a Primary Care Quality Manager to support delivery of the quality elements of the GPFV and the primary care strategy.

7.6.4. Support

Practices have been asked to complete a pro-forma providing details of the issues they wish to address and the current impact this has on their services, staff and patients. The pro-forma includes a nationally identified menu of support for the practices to choose from.

The menu of support comprises of:

- Diagnostic services to quickly identify areas for support
- Specialist advice and guidance
- Coaching/Supervision/Mentorship
- Rapid intervention and management support for practices at risk of closure
- Change management and improvement support to individual practices or groups
- Practice Management capacity support
- Workforce/capacity issues
- Training support.

A panel consisting of the GP Clinical Lead of the Primary Care STP, Head of Primary Care and Assistant Head of Finance at NHS England Lancashire is established to consider the bids. During 2017/18 and 2018/19 the Primary Care Transformation Team will work with Federations and GP Collaborations to develop sustainable solutions through practices working at scale.

8. Workforce

8.1. Background

NHS East Lancashire CCG is broadly similar to both the regional and North West position. The data suggests a slightly younger age profile overall, except for nurses. There are less GPs per head of population than regional and North West averages, and a higher turnover of R&R GPs. This suggests that increasing some General Practice staff, particularly GPs, may be a challenge faced by General Practices across NHS East Lancashire CCG in coming years.

The General Practice workforce within NHS East Lancashire CCG is fairly evenly distributed across four age groups, with those aged over 65 accounting for a relatively small proportion. **43%** of staff are aged 44 or under, which implies that the workforce is marginally younger than that of peers across both South Cumbria & Lancashire (**39%**) and the North West (**39%**).

An important consideration is that **26%** of the total workforce is aged over 55, with **22%** aged between 55 and 64, which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. The figures also emphasise the disproportionate age of General Practice staff compared to the population. Although **22%** of the General

Practice workforce is aged 55-64, this is a greater proportion than is observed in the general working age population (**15%**), emphasising the greater pressures of an ageing population felt by General Practice than in other sectors. (Reference – Health Education England – General Practice Workforce Survey 2016 – NHS East Lancashire CCG)

Further analysis shows:

8.1.1. Gender Split

The gender split across NHS East Lancashire CCG is broadly consistent with both the regional and North West position, with females accounting for more than 4 in 5 of the total workforce. There are typically very small numbers (<10%) of males working in General Practice, other than in GP roles. **57%** of GPs in the CCG are male, which is average compared to geographic averages. This split is, however, likely to change as male GPs are generally older. Around a **quarter** of male GPs are aged over 55 compared to around **11%** of female GPs.

8.1.2. Pressure on an Ageing Workforce

Despite being younger than many peers in the North West overall, an important consideration is that **26%** of the total workforce are aged over 55, with **22%** aged between 55 and 64. This gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. The figures also emphasise the disproportionate age of General Practice staff compared to the population. This is particularly evident within Nurses across NHS East Lancashire CCG.

8.1.3. Profile of Staff

Administrative and managerial staff form the largest staff group, accounting for **53%** of all FTEs across NHS East Lancashire CCG, in line with regional and North West and England averages. The next largest staff group are GPs, who account for **24%** of all FTEs, which is comparable to geographic averages. There is also a similar proportion of nurses and DPC (direct patient care) staff across NHS East Lancashire CCG compared to peers.

8.1.4. Staff Rates per 100,000 People

When considered per head of population, NHS East Lancashire CCG has slightly lower than average numbers of GPs compared to the geographic averages. Practices across the CCG have a rate of **49 GPs per 100,000**, which is close to the regional average of **51 per 100,000**, but below the North West average of **56 per 100,000** and eleven fewer than the England average rate of **60 per 100,000**. However, when registrars and retainers are excluded, the rate for NHS East Lancashire CCG is closer to both the North West and England averages (**47 vs. 48 and 52 per 100,000** respectively), implying a lower than proportional use of registrars and retainers across the CCG.

The rate for nurses is average for the region, North West and England (**28 vs. 25-29 per 100,000**), as is the rate for DPC staff (**16 vs. 12-18 per 100,000**). However, admin staff levels are low compared to the geographic averages (**108 vs. 110-120 per 100,000**).

As expectations increase about more care being delivered in Primary Care, maintaining or increasing the rates of GPs and other General Practice staff will be important to remain in line with peers and to meet increasing demand.

8.1.5. Participation – Part-time Working

NHS East Lancashire CCG have a lower proportion of General Practice staff working part-time hours (**49%** vs **52%** regionally and **53%** across the North West). When looking at GPs in isolation, a slightly lower proportion of GPs work part-time across NHS East Lancashire CCG (**40%**) compared to the region (**43%**) and North West (**45%**). A gender bias is evident across NHS East Lancashire CCG where **46%** of female GPs work part-time, compared to **35%** of male GPs.

When participation is considered alongside age, a strong pattern emerges. Across all roles, the proportion of staff working part-time typically increases with age. Across the North West the degree of part-time working increases from **55%** for those aged over 45, to **61%** for those aged over 55 and to **79%** for those aged over 65. A similar pattern is observed across NHS East Lancashire CCG, where across all roles, the degree of part-time working increases from **50%** for those aged over 45, to **60%** for those aged over 55 and to **83%** for those aged over 65.

8.1.6. Staff Retention

Data clearly shows that retirement is not the only reason why people are leaving roles in General Practice, and NHS East Lancashire CCG has a relatively high proportion of leavers due to fixed-term contracts ending. This is mirrored by a relatively high degree of turnover in R&R GPs.

8.1.7. Clinical Skills

NHS East Lancashire CCG has a similar degree of reported clinical skills for both nursing and DPC staff compared to regional and North West peers. As expectations increase about more care being delivered in Primary Care, maintaining the correct level of staff with the right degree of clinical skills will be a challenge faced by all general practices. Although a wide range of clinical skills are evident, typical rates of 30% or less across the region suggests potential to invest in the up-skilling of the existing nursing and DPC workforce at scale, to ensure a minimum core competency and minimise the risk of increasing variation in the next 5-10 years.

8.1.8. Recruitment, Leavers and Retirement Planning

GP retention is a growing area of concern, with vacancy rates reaching their highest levels for 5 years and recent surveys indicate that a significant proportion of GPs plan to leave general practice within the next five years.

Looking forward, the retention of a suitably qualified workforce presents a significant challenge for the Health and Social Care system. As well as attracting new staff, it is vital to try and stem the outward flow of GPs and other General Practice staff.

To reduce attrition, it is important to understand why people have left positions with General Practice. Local data shows that retirement is not the only consideration; NHS East Lancashire CCG show a similar pattern of reasons for leaving compared to the region and North West, where resignation is the largest contributor to attrition. It is unclear, however, from the available data the extent to which those resigning have moved to another General Practice role within the region.

8.2. East Lancs Primary Care Workforce Development Group

The CCG will continue to work in close collaboration with HEE, The Lancashire Transformation Team, GP Practices locally and the LMC to develop, fund and implement local workforce plans in line with the GPFV and that support delivery of STPs including:

Developing the capacity of the Primary Care workforce by:

- Working with GP practices and HENW to ensure appropriate completion of the workforce data collection tool as a baseline assessment of current workforce and workload demands and the use of the data to support sustainable workforce development in areas of most need
- Exploring the opportunities afforded by new and developing Primary Care roles and new ways of working including the development of multi-disciplinary teams and Primary Care at scale
- Working in close collaboration with ELHT and HEE to maximise the effectiveness of the GP Training programme locally including interim milestones that contribute towards increasing the number of doctors working in General Practice
- Exploring available funding streams to support increased capacity including clinical pharmacists and the expansion of IAPT in General Practice
- Ensuring effective links with other local project groups including the Primary Care Transformation and Quality Assurance Groups
- Supporting initiatives to attract, recruit and retain GPs and other clinical staff including locally designed and nationally available initiatives
- Facilitating an expanded multi-disciplinary team and greater integration across community services to optimise out of hospital care for patients including access to premises, diagnostics, technology and community assets.

Developing the capability of the Primary Care workforce by:

- Ensuring GPs are operating at the top of their license, for example through use of clinical pharmacists in a community setting and upskilling other health care professionals to manage less complex health problems
- Supporting Primary Care forums and networks
- Supporting protected learning times
- Working with HENW to maximise uptake of the modules available on CPD Apply
- Managing the CPD Flexible cash allocation from HEE
- Supporting research.

Developing a sustainable Primary Care workforce by:

- Increasing the number of learning environments suitable of for all grades of staff, clinical and non-clinical
- Developing a modern estate solution for service delivery

- Providing scope to develop work portfolios for all professionals
- Create an environment for new models/place based systems of care and Primary Care at scale
- Advancing further service integration across current organisational structures.

8.3. Primary Care Workforce Data Collection

The CCG has worked with practices and HEE to ensure appropriate completion of the workforce data collection tool and the use of the data to support sustainable workforce development.

The CCG will continue to:-

- Encourage practices to complete the workforce data collection tool
- Inform practices of the dates for submission of the data collection tool
- Ensure that the workforce report received from HEE is received and reviewed by the Primary Care Development Workforce Group and shared with General Practice.

8.4. Health Education England

Health Education England working across the North West has a suite of workforce transformation offers that CCGs and local Primary Care providers can link into to support the delivery of the GPFV. The broad range of offers covers new workforce supply, upskilling, new roles and new ways of working. The CCG is directly linking in with the offers outlined below:

Primary Care Investment Area	CCG				North West			
	2015/16		2016/17		2015/16		2016/17	
	Places	£	Places	£	Places	£	Places	£
Care Certificate	Covering Lancashire	£ 40,000	Covering Lancashire	£ -	55% CCGs covered	£ 170,000	-	£ -
Apprenticeships - Invest In Health funding	11	£ 19,750	0	£ -	79	£ 153,000	-	£ -
Assistant Practitioners	0	£ -	1	£ 16,280	179	£ 2,914,120	190	£ 3,093,200
Enhanced Training Practice	0	£ 90,000	0	£ -	13	£ 1,170,000	1	£ 90,000
Return to Practice	0	£ -	0	£ -	0	£ -	-	£ -
CPD Allocation	0	£ 101,846	0	£ 65,004	-	£ 1,902,131	-	£ 1,111,631
Additional Non-Medical Prescribing	1	£ 2,572	18	£ 34,632	50	£ 124,712	145	£ 266,020
Optometrists	1	£ 2,572	6	£ 15,432	46	£ 118,312	35	£ 90,020
Community Pharmacists	0	£ -	1	£ 1,600	4	£ 6,400	25	£ 40,000
General Practice Nurses and Practice Pharmacists	0	£ -	7	£ 11,200	-	-	68	£ 108,800
Clinical Pharmacists	0	£ -	4	£ 6,400	-	-	17	£ 27,200
Advanced Practitioners	0	£ -	0	£ -	129	£ 3,018,600	135	£ 3,159,000
Sponsored Physician Associates Training Places	0	£ -	0	£ -	160	£ 3,760,000	160	£ 3,760,000
Population Centric Workforce Planning Programme	0	£ -	12	£ 3,240	-	£ -	200	£ 78,000

In addition, HEE in the North West is understood to be currently developing the 2017/18 Primary Care offer which is likely to include:

- Investment in new Medical Assistant role development

- Investment in Physiotherapist education for Primary Care services
- Further Physician Associate investment
- Further development of student nurse (and other key roles) placements in General Practice
- Continued investment in Primary Care access to apprenticeships and other widening participation strategies
- Develop implementation plan for General Practice Staffing Tool aimed at Practices and Federations
- Continued consideration of Community Pharmacy, Optometry and Dental contribution to GPFV.

Further information is provided below on how the CCG is linking in with the support offered by HEE along with a number of local initiatives that will continue to be developed during 17/18 and 18/19.

8.5. Apprenticeships

The CCG has worked closely with HEE and practices to increase the number of apprentices working in Primary Care by making practices aware of the opportunities for employing apprentices and providing them with the relevant contact details for support from HEE.

The CCG will continue to work with practices and HEE to increase the number of apprentices working in Primary Care.

8.6. Core Skills

The CCG has worked closely with HEE to support practices to undertake the online core skills programme.

The CCG will continue to support practices to undertake the online core skills programme.

8.7. Admin & Clerical Training Programme

East Lancs CCG has worked with Practice Manager representatives to develop an annual training programme for practice staff in order to standardise and improve the quality of training across practices. The training programme was launched on 1st April 2016 and currently includes training in the following areas:

- Read coding and note summarisation
- EMIS web
- Scanning, searches and recalls
- Microsoft Office

- Information governance
- Repeat prescribing for receptionists
- Infection Prevention & Control
- Understanding Primary Care Funding Arrangements
- Appraisals & Performance Management
- Contractual Changes
- Medical Terminology for Non-Clinical Staff
- Confidentiality & chaperoning for admin staff.

The CCG will continue to develop the training programme to include the following areas:-

- E Referrals
- Recruitment & Selection/Sickness Management
- Employment Law.

8.8. Practice Manager and Primary Care Nurse Forums

Practice Managers and Primary Care Nurses are critical to the success of primary medical care and a valuable resource to the CCG. East Lancs CCG has historically provided support and backfill resource for attendance at Manager/Nurse Forums with a view to providing:

- Update training in order to ensure Managers/Nurses are aware of policy changes and best practice and are able to meet CPD and reflective practice requirements
- A support network with a view to reducing isolation in small or single handed practices
- To build relationships between practices and across localities
- A forum for sharing best practice and improving the quality of medical primary care
- Locality based advisory groups for commissioning proposals.

The CCG will continue to provide support to East Lancs wide Practice Manager and Nurse Forums including providing additional development support to identified Practice Manager and Nurse Leads/Chairs.

8.9. Care Certificate

East Lancs CCG was successful in securing funding on behalf of the CCGs within Lancashire, except North Lancs CCG, to support the implementation of the Care Certificate in General Practice. The funding was used to employ a Project Manager who has:

- Attended Practice Manager forums to raise awareness regarding the Care Certificate
- Met with individual practices to discuss the Care Certificate in more detail
- Visited practices /HCAs that have undertaken the Care Certificate to learn from their experiences in order to share this with others
- Created high level implementation guidance as a guide for practices to adopt the Care Certificate
- Produced a baseline to identify current status of the Care Certificate within General Practice across Lancashire.

The CCG will continue to promote adoption of the Care Certificate within General Practice and will repeat the baseline in the future to ascertain whether uptake levels have increased.

8.10. CPD Apply/Flexible Cash

Health Education England provides the CCG with resource to support CPD this includes:

- The funding for Post Qualification Learning modules through an SLA with the 11 Universities in the North West via an online system called CPD Apply
- Resource that can be used flexibly to purchase CPD that is not available through the SLA with local Universities. This can be used to support education and training of the whole practice workforce including support staff and non-clinical workforce but excluding GPs.

The CCG has used the CPD flexible cash allocation to fund the following training in 15/16 and 16/17:

- Diabetes Management in Primary Care (Accredited)
- Developing an Understanding of Diabetes
- Compassionate Care in Practice
- Foundation in Spirometry
- Cervical Screening Mentor Training
- Nurse Revalidation
- ARTP Spirometry Foundation/Full
- SRH Essentials
- Motivational Interviewing

- Foundation and advanced insulin management
- Diabetic foot screening.

The CCG will continue to use its CPD flexible cash allocation to commission training to meet the needs of the workforce.

The CCG will continue to utilise the allocation on CPD Apply to fund courses for the Primary Care workforce.

8.11. General Practice Learning Events

The CCG has historically supported up to 9 GP Practice Learning Events each year. In 2015/16 these events were linked to the East Lancs Quality Framework for General Practice which aims to embed quality improvement methodology in Primary Care.

In 2017/18 the CCG will continue to deliver a programme of GP Practice learning events linked to the content of the Quality Framework for General Practice.

8.12. Clinical Pharmacists

8.12.1. Phase 1

In 2016/17 a collaboration of GP practices in East Lancashire were successful in their application to pilot the use of Clinical Pharmacists in General Practice. A team of 4 Clinical Pharmacists (3 full time and 1 part time) were appointed to cover 5 GP practices with recruitment problems, serving deprived and substantially ethnic minority populations.

The practices range from small, singlehanded to one of the largest practices in the CCG. All 4 Clinical Pharmacists are training under the NHSE scheme and are currently undertaking a Non-Medical Prescribing course. They meet monthly with a clinical mentor to share experiences. The Pharmacists are all bilingual and work closely with staff from the Medicines Management Team attached to the practices.

Early findings include:

- The Clinical Pharmacists facilitate medicines optimisation in all practices
- A Clinical Pharmacist in the team helps to overcome professional isolation for single handed GPs
- In larger practices, the Clinical Pharmacist has an important role in risk minimisation, particularly when there are multiple sites and/or a reliance on locum GPs
- The presence of the Clinical Pharmacist facilitates communication around medicine changes e.g. between Primary and Secondary Care and the patient
- Medicine related clinical outcomes are improved, but this is not always fully reflected in reduction of GP workload, as this aspect of work may have been done inconsistently previously
- The roles of Clinical Pharmacist and Nurse Practitioner are particularly complementary in the Primary Care team.

Experiences of the Clinical Pharmacists themselves, and of Primary Care staff and patients, is very positive so far and the roles are bedding in well. This may be a way of improving the recruitment crisis which is particularly severe in practices like these.

In addition to the Clinical Pharmacists recruited in phase one, additional funding will be available (as set out in the GPFV) for providers over the next three years to assist in costs of establishing the role in practices.

The CCG is awaiting further information that will be made available in December 2016 but look forward to working in close collaboration with HEE and GP Practices locally to support the continued development of this role.

8.13. Mental Health Therapists

The CCG will work in close collaboration with HEE to support the expansion of Improving Access to Psychological Therapies (IAPT) in General Practice.

8.14. Nursing Associates

East Lancashire CCG has supported a collaborative partnership of acute hospitals, community providers and further education provider to bid to develop a test bed site for Nursing Associate Training. The collaboration has been awarded status as a “fast follower” and can expect to commence a Nursing Associate training programme in 2017. The Nursing Associate programme, along with the new apprenticeship framework, will provide exciting opportunities to build skills and career opportunities for non-registered carers across the local economy. The CCG will continue to work in partnership with partner organisations to develop opportunities for learning placements that will include working as part of multi-professional locality teams and across organisational boundaries including health and social care, acute, Primary Care and nursing and care homes in the regulated care sector, where there will be opportunity to gain knowledge and skills in the key priority areas.

8.15. GP Training, Physicians Associates, Extended Education Hub and Careers Hub

In 2005 the then 3 PCTs which make up Pennine Lancashire had a total of 14 Health Education North West accredited GP Training Practices, with 25 GPs registered as Trainers to train GP Registrars, in 2004 the local training programme had 4 GP Registrars training locally. The Pennine Lancashire area includes some of the worst areas for GP recruitment in England, and in 2005 the 3 PCTs adopted the approach to recruiting and retaining GPs through the process of ‘Growing our Own’. A shift in the way that all doctors are trained occurred through Modernising Medical Careers. The effects of this were that by 2007 up to 80% of doctors would undertake a 4 month attachment in General Practice in their second year after qualifying as part of their foundation training – an “F2” attachment. 100% of Foundation Doctors undertaking their Foundation training in East Lancashire have undertaken a GP placement (69 four month placements per year). This has the potential to attract more doctors into General Practice.

Doctors then choose to specialise in General Practice and now spend more of the current minimum three year training time actually in Primary Care – previously potential GPs spent two years out of the three year training in Secondary Care. Changes from 2007 resulted in doctors in the East Lancashire GP Specialty Training Programme spending at least half their time based in General Practice, partly in “GP+ training posts” which are posts that are based

in General Practice with opportunities for learning in other environment(s). Across East Lancashire the GP trainees spend their first year in hospital posts, their second year doing 6 months in hospital and 6 months in a GP+ post. A number of innovative GP+ posts have been developed in East Lancashire that are based outside Secondary Care settings for example with the Musculoskeletal Service, in Public Health, with the Dermatology Service provided by local GPwSIs and at a local hospice. The East Lancashire GP Specialty Training Programme is the second largest within the North Western Deanery currently recruiting 30 new trainees per year.

These changes have required a huge increase in the number of GPs accredited as Trainers and in HENW accredited training practices and in 2009 the Pennine Lancashire PCT GP Practices attracted in excess of £2 million pounds from the North Western Deanery to support the development of new training environments.

Item	Current Position	Plans
General Practitioner Trainers and the Learning Environment		
Number of HENW accredited Learning Environments	40 GP practices across Pennine Lancashire are now accredited by Health Education North West as Learning Environments	2016-17 4 GP Practices are awaiting HENW accreditation visits now their GPs have completed their FY2 Supervisors course
Number of GP Trainers (can supervise both GP and Foundation Trainees)	55 GPs have HENW accreditation as GP Trainers	2016-17 1 GP currently on Basic Trainers Course 2017-18 3 GPs currently on waiting list for next Basic Trainers Course to start May 2017
Number of GP Associate Trainers (Can supervise Foundation Trainees)	25 have HENW accreditation as GP Associate Trainers and 1 has been accredited to act as an Educational Supervisor to Foundation Trainees	2016 -17 9 GPs completed current GP FY2 Supervisors course and now awaiting HENW accreditation 4 GP Associate Trainers awaiting accreditation as Educational Supervisors 2017-18 2 GPs on waiting list for GP FY2 Supervisors course for September 2017.
Retirements	Over the last 2 years 8 GP Trainers or Associate Trainers have retired from General Practice without causing a significant shortfall of training placements in GP.	Over the next 5 years it is likely that up to 18 GPs currently acting as Trainers and Associate Trainers, will retire from GP. This will have a significant impact on training placements in terms of maintaining both placements offered for both GP trainees and Foundation year trainees, as well as the Programme's ability to expand over the next few years. It is likely that Pennine Lancashire will need to increase the number of GP Trainers by at least 28 over the next 5 years.
Types of Trainees in General Practice and Placements		
Number of GP STs	Intake for GP Specialty Training in East Lancashire is currently 30 per year	Health Education North West has asked the East Lancashire GP Specialty Training Programme to increase the number of training posts offered from 30 to 40 over the next 3 years
Number of GP STs in GP	45 GP STs are currently placed in training posts in GP Practices, 2/3 rd undertaking their final year of training and 1/3 in a 6 month GP placement	If the programme is successful in recruiting 40 trainees per year, then 60 placements in GP will be needed which will require an increase in GP Trainers from the current 55 to 60.
Number of FY2 doctors undertaking	69 Foundation Year 2 trainees undertake a 4	To maintain the 100% GP placements to expose all junior doctors to

GP placements	month placement in GP. This represents 100% of the East Lancashire Foundation Programme and compares favourably to some areas which only expose 55% of the trainees to GP	GP as a career, additional GPs will have to be trained as GP FY2 supervisors to take into account the number of GP Trainers likely to retire within the next 5 years.
Longitudinal Integrated Foundation Training Programmes (FY1)	<p>Format of Training for LIFT</p> <p>The North West of England Foundation School is piloting a number of Longitudinal Integrated Foundation Training (LIFT) programmes, which do not have traditional four-month FY2 placements in General Practice. Instead LIFT programmes have 6 four-month placements in specialities, with a longitudinal attachment to a practice. Each trainee will have a named GP trainer for two years, to orchestrate 3 sessions weekly in the primary care setting. At least one primary care session will be a general one, dealing with unselected problems from the practice's panel of patients. Other sessions will be chosen to augment the theme of the four-month hospital placement operative at the time. The doctors produced will be well-versed in patient-centred practice and a full range of care pathways. These programmes will be fully evaluated throughout the two year programme.</p>	Pennine Lancashire currently host 2 FY LIFT posts in GP as part of the LIFT pilot and will expand by a further 2 posts in 2017-18.
Pre GP STs	Preparation for Specialty Training (PST) is an initiative by which doctors who have been unsuccessful at GP selection in 2016 have been offered a year of exposure to the NHS working in hospital posts left vacant by	The East Lancashire GP Specialty Training Programme accepted a Pre GP ST to the programme in August 2016 with 2 further doctors due to join the programme in February 2017. The Doctor who joined in August 2016 has since been successful at recruitment to GP and will join as a GP Specialty Trainee locally in February 2017. Those doctors

	<p>the shortfall in GP trainee recruitment.</p> <p>Evidence suggests that many of these doctors have excellent clinical skills, but may be lacking in knowledge of how the NHS works, of consultation models based on patient-centred care or have worked in hierarchical rather than team-based healthcare delivery environments. The PST programme seeks to develop these aspects as well as instilling an understanding of working as a professional in the UK health system, developing reflective skills which in turn lead into improved abilities in appropriate recording of learning for revalidation purposes.</p>	<p>who then go on to be successful at recruitment are then placed with the training programme hosting them for Pre GPST, therefore increasing the number of trainee GPs in the area.</p>
Number of Foundation GPs	<p>Foundation GPs are doctors who have applied for GP training but have not done Foundation Training or been able to demonstrate Foundation competencies to be able to apply for GP training.</p>	<p>August 2017 will see East Lancashire offering to take Foundation GPs for the first time, with the aim of increasing the doctors' chances of success at recruitment and the likelihood of them remaining to train as a GP in East Lancashire.</p>
Retention of GP Trainees upon qualification	<p>Monitoring of GP Trainees who have completed their training with the East Lancashire GP Training Programme show that nearly 55% of those successfully gaining their Certificate of Completion of Training have then chosen to stay and work within Pennine Lancashire. Many Training Practices continue to use their training status for succession planning. A number of recently qualified GPs have taken up partnership roles as well as roles within their locality and as Trainers.</p>	

Physician Associates		
<p>Physician Associate Student</p> <p>The appetite for introducing Physician Associates roles is growing steadily across all health care sectors, in response primarily to the shortage of doctors in a number of specialities e.g. Emergency medicine, elderly care/rehabilitation and general practice.</p> <p>The role of Physician Associate is an innovative new health care professional who while not a doctor works to the medical model with the attitudes, skills and knowledge base to deliver holistic care under defined levels of supervision.</p> <p>As part of the Workforce Transformation programme in March 2015 Health Education North West (HENW) invited NHS providers across the region to be part of the discussion that would ultimately shape the development of a pilot programme for 160 student Physicians Associates across the region.</p>	<p>As a health economy the Pennine Lancashire CCGs and East Lancashire Hospitals Trust agreed to jointly sponsor 10 PA students from UCLAN as part of the HENW pilot. This was further increased to 12 as additional GP Practices expressed interest in being part of the pilot and providing PA student placements in GP. Currently 6 GP practices provide placements as part of the sponsorship agreement and a further 2 GP practices have been recruited to provide additional placements.</p>	<p>The current recruitment round will increase demand for GP practices to take PA students, with a further 30 starting their 2 year training with UCLAN at the end of January 2017.</p>
<p>Non Learning Environments taking Physician Associate Students</p>	<p>1 GP Practice not currently a GP Learning Environment has met the requirements for providing placements for Physician Associate students</p>	
Extended Education Hub		
<p>Enhanced Training Practice</p> <p>Enhanced Training Practices are a</p>	<p>One of the East Lancashire GP practices, Waterfoot Group of Doctors, successfully</p>	<p>2017-18 – Expected to provide 40 student placements</p> <p>2018-19 – Expected to provide 80 student placements with their hub</p>

<p>practice or group of practices accredited to provide undergraduate and postgraduate multi-professional training placements, operating through a Hub and Spoke model - akin to medical student placements; Hubs taking the lead role in developing both sufficient capacity and quality of learning environments, whilst also creating a multi-professional learning organisation ethos as part of core business.</p> <p>Given the size of current nursing commissions in 2015/16 (3,600 – one third of which should be exposed to primary care each year for an average 8 week placement), Health Education North West (HENW) plans to invest in the development of up to 15 Hubs across the North West – each Hub committing to accommodating a total of 80 students incrementally over the three year period, through the development of high quality Spokes sufficient to accommodate 20 students in year one, 40 in year two and 80 in year three.</p>	<p>bid to HENW for funding to become an Enhanced Training and is in the process of developing their hub and spoke model with GP practices across Pennine Lancashire, and should be aiming to place 20 students in the current year.</p>	<p>and spoke model GP practice partners.</p>
Career Hub		
<p>Careers Hub</p>	<p>The Pennine Lancashire CCGs and East Lancashire Hospitals Trust successfully bid for funding from Health Education England North West to set up a 'whole health economy' careers hub. The funding is being</p>	<p>Further careers events are planned for February to June 2017 and it is expected that the Enhanced Training Practice will support these events as part of their ETP remit.</p>

	used for ELHT to provide for admin staff to organise careers events both in hospitals and within local schools, which both CCGs can then attend to promote careers in GP. Two events have been attended in 2016/17 with representation from local GP practices and the CCGs.	
Hospital Training Posts		
Number of Hospital posts for GP ST Training	East Lancashire Hospitals Trust and Lancashire Care Foundation Trust have a total of 38 GP Training posts, and work is ongoing to develop 7 new posts to be used in August 2017.	A further 10 training posts will have to be created during 2017-18 and 2018-19 to support the planned expansion of GP Specialty Training to an intake of 40 per year.

8.16. Primary Care Physiotherapists

The CCG will work with Health Education England to work up a Workforce Transformation offer for Physiotherapists in Primary Care for 2017/18. This will be based upon the published evaluation by the Chartered Society of Physiotherapists, RCGP and BMA.

8.17. Social Prescribing – Community Navigation

In addition to tackling capacity, demand and sustainability of the Primary Care workforce directly, the CCG has introduced a number of innovations that have and will continue to support Primary Care. Most notable of these has been the development of our Prescription for Wellbeing, social prescribing programme. Since 2015/16 we have invested £1m per annum in a Prescription for Wellbeing (Social Prescribing) Small Grants Programme, managed by Burnley Pendle and Rossendale Council for Voluntary Services (BPRCVS), working in partnership with Hyndburn and Ribble Valley Council for Voluntary Services (HRV CVS). The Prescription for Wellbeing approach offers a vision for health services in which we recognise and support the community assets such as family, friends, communities and peer networks that can work alongside each other to support patients to live well.

This approach complements the medical care and treatment that the CCG already commissions, whether this is hospital treatment, GP care, community health services or health promotion. GPs can refer patients with social, emotional or practical needs to a range of local, non-clinical services provided by the voluntary, community and faith (VCFS) sector. These services can include everything from debt counselling, support groups and walking clubs, to community cooking classes and one-to-one peer mentoring. The CCG will continue with the Prescription for Wellbeing scheme in 2016/17, supporting the community, faith and voluntary sector organisations, and drawing on the successes and lessons learned to date. Going forward into the next financial year, it is proposed that the framework is revised to meet specific locality needs whilst continuing to grow and support the grassroots organisations.

The CCG will ensure there are effective links between the Community Navigators and the Practice Based Care Navigators.

9. Workload

A number of the elements of this plan seek to address workload issues in General Practice including:

- Care redesign which will bring together Primary Care services, community services and social care in order to provide integrated out of hospital care with a view to delivering sustainable services.
- A focus on prevention, supported self-care and early intervention
- Maximising the use of the East Lancs Pharmacy Minor Ailment Scheme through effective signposting and care navigation
- Better use of technology
- GP providers working at scale to deliver improved access to Primary Care services

- Implementation of 10 high impact changes through the involvement and engagement with the Time for Care Programme
- Continued investment in the Quality Framework which aims to reduce the administrative burden on practices and share effective improvement methodologies across Primary Care
- Introduction of a Care Navigator model locally as part of the new Primary Care access model
- Development of the Primary Care workforce and the embracing of new roles in Primary Care
- The General Practice Resilience Programme.

10. Quality Framework

In April 2016 the CCG introduced a Quality Framework for General Practice which the CCG believes will support the delivery of the GPFV Plan.

The East Lancashire Quality Framework for General Practice aims to support the transformation of General Practice into a sustainable, integrated, high quality provider of primary care services outside of hospital, within the community and closer to home by:

- Providing a framework to enable increased investment in General Practice
- Consolidation of existing schemes
- Reducing the administrative burden on both Practices and CCG
- Sharing of best practice and effective methodologies across the CCG
- Reducing unwarranted variation and improving health outcomes
- Supporting the wider Primary Care transformation agenda
- Building on essential standards required of GMS Contract, QOF and CQC.

A key focus of the Quality Framework for General Practice in East Lancashire is to:

- Identify unwarranted variation, where it exists, understanding the causes of variation and to give consideration to improvement opportunities
- Support new models of care and new ways of working to respond to this variation.

10.1. Phase 1 (1st April 2016)

Phase 1 supported the rationalisation of existing enhanced services and improvement schemes with a view to simplifying monitoring and payment methodologies in order to reduce the administrative burden on GP Practices. These services/schemes include:

- The Cancer Local Improvement Scheme (LIS)

- The Dementia Local Improvement Scheme (LIS)
- The Local Enhanced Service for the Provision of ECGs in Primary Care
- The Local Enhanced Service for the Provision of ABPMs in Primary Care
- The Local Enhanced Service for the Provision of the Phlebotomy in Primary Care
- The Prescribing Initiative Scheme
- The Local Enhanced Service for Amber Drugs (Near Patient Testing).

10.2. Phase 2 (1st July 2016)

Phase 2 supported quality improvement, new and collaborative ways of working and provided new investment of approximately £1m into General Practice. The following specifications are included in Phase 2:

- Atrial Fibrillation
- Hypertension
- COPD
- Improved access to General Practice and Proactive Case Management
- An Extension to the Amber/High Risk Drugs (Near Patient Testing) LES.

10.3. Phase 3 (2017/18)

From 1st April 2017 the Quality Framework will include all of the existing specifications and a number of new developmental ones:

- Revised Access/Urgent Care
- Revised Case Management
- Children's Asthma
- Gold Standard Framework (End of Life)
- Safeguarding Champions
- Procedures of Limited Clinical Value
- Diabetes
- Over 75's and Care Home Nurses.

10.4. Quality Improvement and Peer Review

Four Quality Improvement workshops are being held in 2016/17. The CCG have been working with the Commissioning Support Unit (CSU) and Advancing Quality to provide practices with benchmarked data packs which allow practices to review unwarranted

variation in the accessibility, range and quality of service provision, understand the causes and reasons for this and make plans to address this variation through peer review and support.

The four workshops have focussed on a clinical areas and practices are clustered into groups based on similar demographics. Workshops are facilitated by clinical leads from the locality and practices are required to submit an action plan outlining what changes they are making as a result of the discussions. This format will continue into 2017/18 (see section 9.1 below).

The CCG will continue to work with Advancing Quality to deliver Quality Improvement Workshops, supporting practices to understand the variation in service delivery, supporting them with peer review to develop and implement improvement plans.

11. Practice Infrastructure

East Lancashire CCG's vision for Primary Care is to function within an integrated health and social care system. In addition to developing General Practice, GPs will need to work with other professionals as part of locality based integrated neighbourhood multidisciplinary teams working together to prevent illness, promote healthy living, diagnose illness early, treat safely in line with best evidence and educate the public in self-care and early recognition of illness.

Delivery of these services will be close to home, where safe to do so within modern fit for purpose premises based on a hub and spoke configuration (i.e. larger facilities with satellite surgeries to provide local care depending on need), or in the patients home when required. Community bed provision may be required depending on the ultimate model of care. Primary Care will be accessible on a 24/7 basis through core, extended and out of hours services, utilising the best in digital communication to improve access and convenience. Improvements in IT will include access to patients' own records, ordering prescriptions, making appointments and accessing medical advice and information on line.

This 'new' form of Primary Care delivery, will provide the best of General Practice as well as offering a greater range of services through working with other community based services, the third sector, consultant colleagues etc. Staff will again want to work in Primary Care due to improved job satisfaction, career prospects and work life balance.

11.1. Estates

Across East Lancashire CCG there are 57 GP practices covering a total registered patient population of approximately 371,000, serving a large and complex population with both urban and rural geography demographics containing a wide spectrum of social deprivation and health needs.

East Lancashire has a large number of assets dedicated to the delivery of health and care services, with the management and ownership of these properties both diverse and complex, and there is a varied spread of property type across the CCG.

GP Practices and community providers operate from a mixture of old and new properties in varying conditions across the patch. Space utilisation is often perceived as an issue with many providers reporting a lack of space having an impact on their ability to effectively deliver services. A significant number of GP practices operate from premises that they own, some in converted domestic properties which are over 100 years old.

Others are located in rented accommodation, comprising a mix of NHS Health Centres owned by both NHS Property Services and Community Health Partnerships.

Geographical access to GP practices across the area is generally good. However, the population across the CCG is set to rise over the next few years. In addition plans to increase the local housing stock, both within the borough and in neighbouring authorities, will add significant pressure to existing health and local authority services with an inevitable impact on the estate.

Within the Estates Strategy, East Lancashire CCG has identified a number of priority areas in relation to its Primary and Community estate:

- Create more flexible use of space (less demarcation and more shared and flexible space to be made available where appropriate)
- Improve space utilisation – potential for increasing utilisation will be identified through utilisation reviews
- Reduce void costs within LIFT properties, although void space is limited
- Collaboratively use space across wider public services e.g. local authority
- Enable other underperforming/expensive NHS assets to be closed and sold or leases terminated
- Generating rental income from underutilised assets.

In order for utilisation of the community assets to increase and remain high, there must be effective Centre Management in place. Centre Managers need to work alongside the CCG and partners to ensure that buildings are well managed and that their utilisation as community assets is optimised.

East Lancashire CCG and Community Health Partnerships have funded utilisation reviews and commissioned One Partnership (LIFTCo) to undertake these across six of the seven LIFT buildings across the patch. Utilisation reviews will establish utilisation and will allow the cost of underutilised space to the local health economy be quantified. The CCG, and its Providers, will then look to increase utilisation to an average of between 70-80% across the LIFT properties.

11.2. Technology (Digital Roadmap)

In June 2016, the CCGs were required to submit a Local Digital Roadmap (LDR) alongside our Sustainability and Transformation Plan (STP). East Lancashire CCG joined with seven other CCGs in Lancashire to establish a collaborative LDR that covers, six provider trusts (including Southport and Ormskirk), three councils and the North West Ambulance Service. Cumbria has a separate LDR, however the direction of travel is well aligned through the Better Care Together Programme.

The LDR has been developed through the STP Digital Programme and wide ranging consultation with both clinical and non-clinical leaders. The document sets out five broad strategic themes which drive the national requirements to delivery paper-free at the point of care and improvements across ten universal capabilities. The themes are:

- Electronic record sharing - Supporting safe, effective and efficient care by sharing healthcare records across organisational boundaries
- Empowered citizen – Giving people access to their healthcare records, to new online services and seeking to improve digital health literacy
- Enabled Citizens – Using technology to enable care closer to / in the home, supporting new models of care that allow patients to avoid admission or to get home sooner and to deploy technology that allows professionals to test patients in the community, potentially offering early diagnosis of disease
- Learning healthcare system – Making better use of our data to predict need and manage our population’s health. Creating capability within the workforce to use data and a collaborative approach to how we store and process it
- Enabling IT - ensuring IT works for our staff and supports new models of care, where people can work seamlessly across organisational boundaries and within the patient’s home.

Over the next three years as part of the STP programme, these strategic themes will be translated into a portfolio of work that will be threaded to all parts of the change programme. Facilitating cross-organisational working, creating new approaches to improve access to services and driving operational efficiency. The programme has six interrelated delivery components:

- Increasing capacity in Primary and Community Care – bringing together a resource to support GP Practices and other community assets to embed digital solutions into services. Improving access by offering online services, streamlining processes and removing unnecessary bureaucracy
- Managing demand across the system – embedding a ‘think digital’ approach to service redesign, using online tools to signpost patients appropriately and developing a ‘self-serve’ approach wherever possible
- Avoiding unnecessary hospital admissions – Using our data, in combination with improvements in care coordination, to proactively respond to the changing needs of patients with chronic conditions. To improve the flow of information between organisations and ensure electronic processes actively promote adherence to clinical pathways and right care
- Enable early discharge and avoid re-admission – Using remote care technology to help patients to be safely discharged from hospital with extended support into their homes. Improving the digital maturity of hospital systems to support the care of patients in a range of care settings
- Promoting prevention – Extending the use of digital tools to improve health literacy in our population. Encouraging the adoption of health and wellbeing tools in conjunction with health coaching to motivate people into positive health behaviours
- Driving efficiency & change at pace & scale - Developing our workforce’s capability to delivery technology enabled change. Driving out operational efficiencies and standardisation of the IT infrastructure as part of a programme of activities established under the banner of back office efficiency.

11.3. Estates and Technology Transformation Fund (ETTF)

New builds and refurbishments will be prioritised to ensure they comply with the Pennine Lancashire Strategic Estates Strategy, the Primary Care Strategy and NHS policy. The status of the existing estate is also a factor in deciding where to invest in new estate for example it is a priority to rehouse practices that are operating from converted housing, old facilities that are not fit for purpose. The location of any new build will be determined by the needs of the population taking into account future housing developments. As a result the CCG have prioritised the following developments and have been approved in the initial stages under the ETTF programme, these are still subject to due diligence and full business case.

There are also a small number of improvement grants that have been supported by the CCG within Primary Care across the localities via the Business As Usual grant funding process.

11.4. Barnoldswick Primary & Community Health Care Facility

This scheme is the development of a Primary and Community health facility in Barnoldswick, a small isolated town in the north east of the CCG. Creation of a new primary health care facility that incorporates community services will also allow the closure of an NHS Property Services building which is no longer fit for purpose with a number of issues identified. Existing services would be co-located with appropriate community capacity building into the new build. This community space would also allow the practice to flex up at times where they may require more capacity.

The existing GP Practice currently has a list size of 11,500 and is located across a number of converted terraced houses and there are issues with both accessibility and capacity. With the potential for new houses in the town, the capacity pressure will only increase. Barnoldswick GP practice is a large village GP surgery, serving its local population. However its current premises do not allow the practice to meet current and future needs of its population base.

The vision for Barnoldswick is to co-locate and have more integrated services that are primary care led. The GP practice needs the enabling tools in this case its estate, to effectively manage the care of patients in the community creating a sustainable Primary and Community healthcare system for the future.

Provisional Estimated Cost

An immediate enabling grant for £50,000 to initiate feasibility studies, project management and Land Costs to be undertaken has been identified within the Project Initiation Document (PID). These would allow project management initiation, legal costs, site exploration planning and purchase, existing practice building conversion and negative equity resolution.

Total cost £3.3m

11.5. Oswald Medical Centre

This scheme comprises of relocating three existing GP premises into one central building, by a reconfiguration of the ground floor of Accrington Acorn Health Centre. This development will significantly increase utilisation of a very underutilised LIFT building, whilst getting rid of Primary Care stock that is not fit for purpose as well as rationalising the estate. The scheme will create more flexible use of space, improve space utilisation,

reduce void costs within the property and look to collaboratively use the space across wider services.

Total cost £165,000

11.6. Padiham Medical Centre

This is a small improvement scheme to existing premises with the intention of installing automatic push doors and a lift to provide better access to the surgery.

Total cost £59,800

12. Conclusion

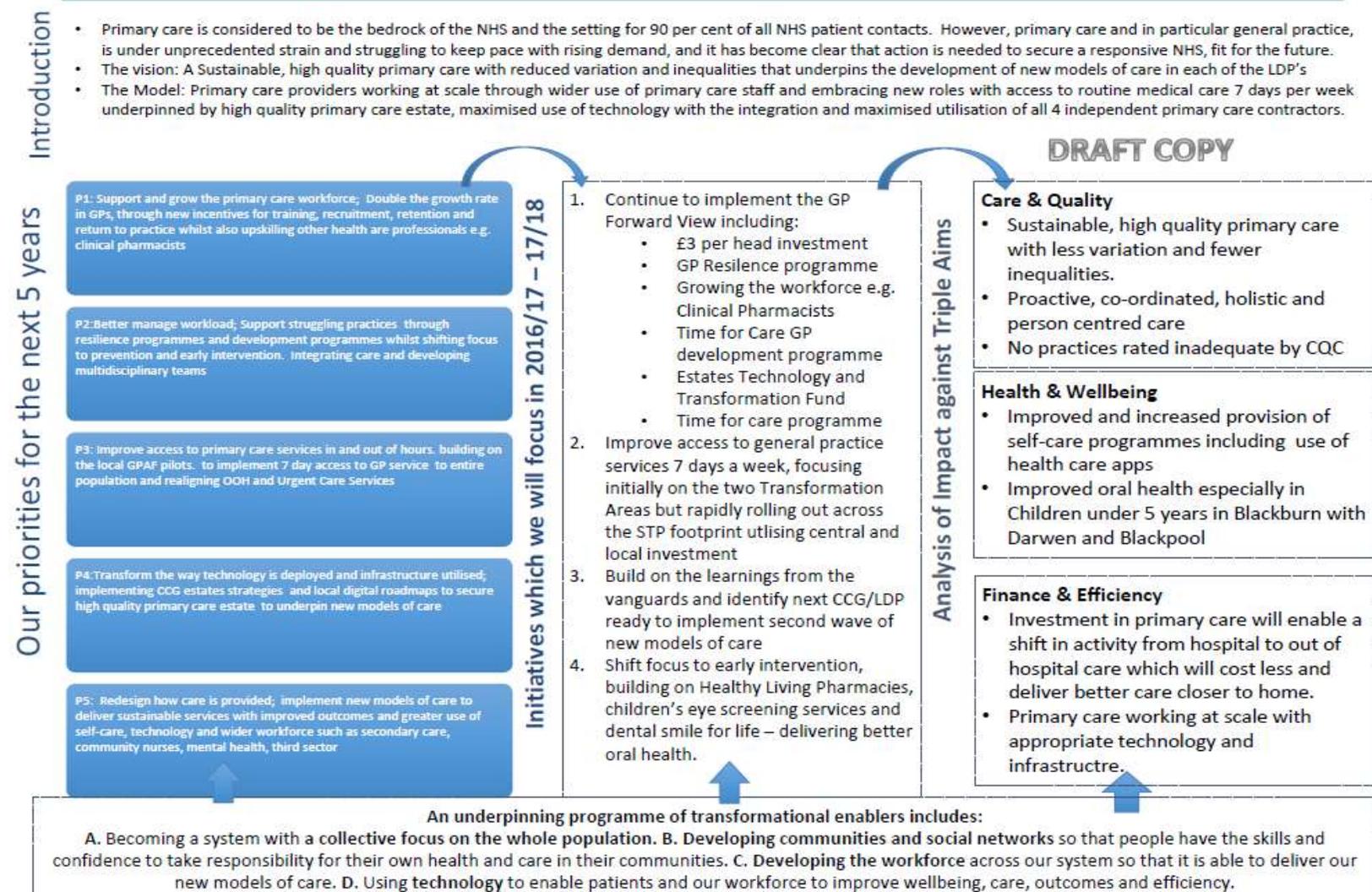
The CCG developed this plan in collaboration with our member practices, stakeholders and representatives of the population of East Lancashire. This plan reflects locally determined priorities and circumstances. We believe that this will ensure the sustainability of General Practice and sets out:

- ***How access to general practice in East Lancashire will be improved***
- A level of investment that exceeds minimum required levels including ***how funds for practice transformational support will be created and deployed to support general practice in East Lancashire***
- A plan to tackle workload and issues including ***how ring fenced funding being devolved to East Lancs CCG to support training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed.***

Appendix 1 STP Primary Care Plan on a Page

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Primary Care Plan on a Page



Appendix 2 – GPFV Investment Summary

Scheme	National value	R/NR	Requirement	Source of funding
Transformational support	£171m	NR	£3 per head spent on NR transformational support over 17/18 and 18/19	CCG core allocation (not co-commissioning allocation)
Online general practice software systems	£15m 17/18 £20m 18/19 (£45m over 3 years)	NR	Spend per specification (awaited) 2017/18 £44,327 2018/19 £58,789	National allocation to be devolved to NHS England or delegated CCGs
Training care navigators and medical assistants	£5m 16/17 £10m 17/18 £10m 18/19 (£45m over 5 years)	NR	Spend per specification (awaited) 2017/18 £29,551 2018/19 £29,394	National allocation to be devolved to NHS England or delegated CCGs
GP resilience programme	£16m 16/17 £8m 17/18 £8m 18/19 (£40m over 4 years)	NR	Spend as per PRP guidance published Sept 16	Delegated to NHS England local offices
Improving access to GP services	PMCF sites - £6 per weighted patient 17/18 and 18/19 Others - £3.34 per head of population 18/19 £6 per head from 19/20	R	2017/18 £575,244 (tbc) 2018/19 £1,035,186	National allocation
Reception and clerical staff training	No info on amount	NR	2016/17 £15k 2017/18 tbc 2018/19 tbc	National allocation to CCGs

Appendix 3: GPFV Investment Summary

NHS East Lancashire CCG		2017/18	2018/19	
Online general practice software		£96,906	£128,574	
Training care navigators		£64,604	£64,287	
Improved Access - Access Monies	£335,000	(£1,004,000)	(£1,004,000)	
Improved Access - PMCF		£0	£1,258,083	£2,265,077
Clerical & Administration Training	£32,000			
Transformation Support (Baseline £3)		£1,127,475		
	£367,000	£1,288,985	£1,450,944	£2,265,077

Appendix 4: References

Section	Reference
3.1	Public Health England - District Health Profiles 2016 (Burnley, Hyndburn and Pendle)
3.2	Public Health England - District Health Profiles 2016 (Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale)
6.8	ELCCG Governing Body Report – Primary Care Access Project – Developing a Model of Improved Primary Care Access – 1 June 2015
8.1	Health Education England – General Practice Workforce Survey 2016 – NHS East Lancashire CCG