+ GP PROVIDER ORGANISATIONS LOGOS

NHS
East Lancashire
Clinical Commissioning Group

PROJECT INITIATION DOCUMENT

Project: **New Model of Access for Primary Care in East Lancashire**
Name: **Joint Collaborative Service Design & Delivery Group (JCSDDG)**

Purpose

The purpose of this project is to co-design a new model of primary care that delivers the co-produced principles and represents an equitable, cost effective and sustainable service for the patients of East Lancashire. The project also seeks to support resilience and ensure the sustainability of general practice by making the increasing activity demands being placed on primary care services more manageable for those providing NHS services, whilst at the same time being affordable. In addition the project recognises that clinical manpower, particular GP capacity is limited and mindful of the impact that this new model would create on other services.

This project will be undertaken by the Joint Collaborative Service Design & Delivery Group (JCSDDG).

Contents

This project initiation document contains the following topics:-

Document History

Version No.	Revision Date	Summary of Changes
1.0	-	
2.0	01/02/17	Substantial – General and specific amendment to all sections
2.1	02/02/17	Amendment to the TOR

1 Project Background

Following a period of engagement and involvement East Lancashire undertook formal consultation for a period of 12 weeks. This 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 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 extended access to primary care services

The consultation completed in July 2016 gave the CCG a mandate on behalf of the population of East Lancashire to take this work forward with the majority support of patients, local councillors and other stakeholders.
Appendix 1 shows the key findings of the consultation

The CCG feels that the needs of its population are best served by their local GP Practices working collaboratively together, in the form of their respective GP Provider Organisations (PCOs), alongside the CCG with the aim of developing and then mobilising a new model of access to Primary Care services that meets the co-produced principles and has been co-designed by the GP Practices themselves, their respective GP Provider Organisation, the population of East Lancashire, relevant stakeholders and the CCG.
Appendix 2 shows the East Lancashire Landscape in terms of GP Practices, Neighbourhoods, Localities and the respective GP Provider Organisations, whilst the Terms of Reference for the group who will undertake this project (JCSDDG) are shown at Appendix 3.

East Lancs CCG believes that this project will also support delivery of the NHS Operational Planning and Contracting Guidance 2017-19 published in September 2016 (see section 2 below).

Initial discussions were held in each of the five localities during the engagement and co-production phase so as to gauge the general feeling as to how a new primary care model could operate and these discussions represent a starting point from which this more detailed piece of work can commence.

The initial pressure upon this new model commencing is in Hyndburn where patients have been able to access a walk in facility at Accrington Victoria Community Hospital for extended GP hours of 8.00am to 8.30pm 7 days a week. The current contract for this service comes to an end on 31 March 2017. The aspects of the new model of care that will cover the Hyndburn locality is to be an alternative to the current walk in facility.
Appendix 4 shows the initial outline plan as agreed with the CCG Primary Care Committee with due consideration of possible options and issues to be considered.

2 Project Aims & Objectives

The primary aim is the creation of a new model of care that is equitable for patients in addition to being cost effective, sustainable and affordable for both the CCG Commissioner and the GP Practices / GP Provider Organisations, as service providers. This service also aims to support resilience and ensure the sustainability of General Practice while making a significant contribution to meeting the ever increasing patient demands being placed upon the NHS in general and Primary Care in particular.

This service model will be part of a much wider review of local health and care being undertaken as part of the LDP process ensuring synergy with the development of integrated community services and with the urgent care review across Pennine Lancashire. The service model will be sensitive to the current pressures and expectations on Primary Care particularly those GP Practices that are currently recognised to be either vulnerable or reviewing their resilience.

The new Primary Care model seeks to:-

- Deliver the co-produced principles that the CCG consulted on in summer 2016:-
    - Closer to home
    - Co-ordinated care
    - Continuity of care
    - Simple
    - Easily accessible
    - Extended routine access to primary care
    - Easier same day access
    - Consistent, sustainable and affordable
    - Care Navigation
    - Support independence rather than creating dependence
    - Address need without generating inappropriate demand

- Meet the Operational Planning and Contracting Guidance 2017-19 which set out the minimum terms of seven day access as follows:-
    - Appointment times
        - Weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6.30pm) thus providing an additional 1.5 hours per day
        - Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs
        - Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week
        - Appointments can be provided on a flexible basis with practices working at scale

    - Capacity
      A minimum of an additional 30 minutes consultations capacity per 1,000 population, rising to 45 minutes consultations capacity per 1,000 population.

- Measurement
  Ensure usage of a nationally commissioned new tool to automatically measure appointment activity by all participating practices, both in hours and in extended hours.

- Communications
  Ensure that services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community so that it is clear to patients how they can access these appointments and associated service. In addition the promotion of patient self-care materials.

- Digital
  Use of digital approaches to support new models of care in general practice.

- Inequalities
  Reduce the inequalities in patients experience of accessing general practice identified by local evidence and actions to resolve in place.

- Deliver the relevant Urgent Care Commissioning Standards as identified below:-
  - At the heart of the Integrated Urgent Care include system will be a 24/7 NHS 111 access line working together with all in hours GP Services
  - Direct booking from Integrated Urgent care into GP and GP and Out of Hours
  - Special Patients notes (SPNs), End of life plans and crisis plans to be available at the point in the patient pathway which ensures appropriate care
  - DOS to hold accurate information across all acute, primary care and community services and to be expanded to include social care

3. Project Approach

This project recognises and embraces the following principles / considerations:-

- High corporate and political profile
- Partnership working
- Collaborative Co-design
- Relevant stakeholder involvement
- Appropriate governance via CCG Primary Care Committee
- Phased approach to implementation
- Project management methodology

Appendix 5 shows the initial scoping workshop of the Joint Collaborative Service Design & Delivery Group (Post its)

4. Project Scope

The scope of this project is to successfully and comprehensively design and then introduce a new model of care that sets out to meet both the national guidance referred to above and also the following co-produced essential requirements for inclusion in the detailed service delivery model:-

a) This service will be central to the provision of an integrated service model across the five East Lancs localities, providing pre-bookable access to GP services
b) Locality Health Service as determined for the local population
c) Two of the Locality Health Services (Burnley and Hyndburn) will also be available on a Saturday and Sunday appropriate to the identified needs of the population
d) The function of a Locality Health Service initially is to provide extended routine and urgent access to GP services until 8pm on weekdays, routine access to GP services on a Saturday and urgent access to GP services on Saturdays and Sundays. It is envisaged that over time the Locality Health Service will evolve to provide more integrated services within each locality in line with the CCGs wider new models strategy including supporting the development of MCPs
e) Patients will be able to access pre-booked appointments in their Locality by simply ringing their own GP Practice
f) Capacity for Paediatric presentations
g) Dedicated Care Navigators (Health and Social Care) will be available to offer consistent information and advice that will help patients decide on the best place for them to access appropriate guidance that meets their needs, at the time of presentation including self-care
h) The whole Locality Service system will be integrated which means that if one locality health service is very busy then patients will be able to access a Health Service in another locality.
i) The Locality health Service will have secure and confidential access to the patients full electronic medical record.
j) Each Locality Health Service will be located with or near to a pharmacy and other services.
k) Where possible the Locality Health Service will ensure co-ordination with other services which will include but are not limited to GP out of hours, Minor injuries, community treatment rooms, community pharmacy and integrated with other services
l) The Locality Health Service will provide a point of access to primary care services for NHS 111
m) The service will require access to Special Patient Notes (SPNs), End-of-life care plans & crisis plans are available at the point in the patient pathway which ensures appropriate care as an extension to core general practice
n) The Locality Health Service must be located in premises that are both suitable and centrally located
o) Patients accessing the Locality Health Service will have access to good quality information to support choices about when and where to access services including access to advice and information about prevention and self-care in a range of formats at the time of accessing services. This is linked to the role of the Care Navigator
p) The service will support wider patient education / information campaigns
q) The service will be able to refer patients to secondary care, community care and social services as appropriate

5. Project Deliverables /Plan

The key deliverables of phase one are engagement, co-production and establishing the service provider organisational form. Phase Two key deliverables cover all aspects of service design through to service delivery.

Phase	Work stream	Task	Start	End
1	1	Engagement on the principles of co-production and Provider model	1/04/15	30/11/16
2	2	Provider Development		
	3	Project Management, Governance & Risk Management		
	4	Service Specification Development		
	5	Service Model Workforce		
	6	General Practice Development		
	7	Financial Modelling		
	8	Care Navigation		
	9	Quality		
	10	Communications		
	11	Estates & Equipment		
	12	IT		
	13	Formal Agreements – Contracts etc		

6. Interfaces

As referred to earlier this project is to be part of an integrated response to the improvement of services and patient flow between them. This project will consult and work with the following work streams:-

- Integrated Neighbourhood Team
- Urgent Care Service Providers inc Urgent care Centres and Out of Hours
- 111
- Social Care and Local Authorities
- Locality Pharmacies
- Emerging other new models of care
- Public Health
- Neighbouring CCGS
- NHS England
- Community and Third Sector organisations

7. Exclusions / Constraints

There are no geographical exclusions whereby patients that are registered with an East Lancashire GP will be able to access services in either of the five localities. However it may be necessary to address requests for immediate and necessary treatment.

The following have been identified as potential constraints:-

- In terms of the Hyndburn service, time is a constraint in that a new service needs to be in place before the walk in service contract comes to an end.

- Available clinical capacity may be a constraint as clinical time is at a premium.
- The new models of care will have to be affordable and not exceed the available funding identified across all localities.

8. Risk

There are a number of potential risks associated with this project and are included in this document.

Appendix 6 shows the initial Risk Register for this project

9. Project Organisation structure

We will use a project management approach with the following key roles:-

- Project Board – Primary Care Group
- CCG Project Sponsor – Angela Brown
- CCG Project Manager – Lisa Cunliffe
- Project Team (Joint Collaborative Service Design & Delivery Group) Membership:-
  - Phil Mileham (Chair) – Ribblesdale GP Practices
  - Carole Martin – EU Federation of GPs
  - Michael O'Connor – East Lancashire Medical Services
  - Kathryn Phillips – Pendle Care Direct
  - Peter Higgins – Local Medical Committee
  - Provider Organisation Clinical Lead – (TBA – Vary by locality)
  - Relevant Locality Manager – East Lancashire CCG
  - Elisabeth Fleming – (Unscheduled Care Team) East Lancashire CCG
  - Paul Hegarty – (Head of Transformation) – East Lancashire CCG
  - Andy Laverty – (Project Support) East Lancashire CCG
  - Co-opted members as and when required (Providing further project support which includes: CCG Clinical Director; Communications and Stakeholder involvement, Finance, Estates; Contracting, Equality & Diversity, Medicines Management, IT, Legal and Lancashire Transformation Team Representation)

The Joint Collaborative Service Design & Delivery Group are accountable to East Lancashire CCG Primary Care Committee. This direct reporting relationship is shown in the TOR document – See Appendix 2.

The remit of this group will be to design and then mobilise a new model service for primary care in each of the five East Lancashire localities, which will include a phased implementation with the model for Hyndburn being the priority.

An action matrix rather than formal minutes will be updated after every (JCSDDG) meeting.

10. Communications Strategy

Initially communications will be through presentations to the CCG Primary Care Committee and to GP Practices via respective GP Provider Organisations. In addition presentations will be made during design and implementation phases to specific

stakeholder groups such as relevant patient groups and Local Authority committee's such as Overview and Scrutiny.

Additionally the CCG needs to consider if it has fully executed its responsibilities around consultation whilst recognising any legal responsibilities with regard to a process challenge.

Appendix 7 shows the initial Communications Plan – To be developed

11. Quality

It is important that this project is subject to suitable benchmarking with other similar models of care and quality control. Regular monitoring of the project will be made through the EL CCG Primary Care Committee.

12. Finance

The £6 per head of population (For a 381k population this would be £2.286m) referenced in the Operational Planning Guidance will not be available to East Lancashire until 2020. Until then the CCG has committed £2m across East Lancashire which will include the £3 per head of population that the CCG has to spend on the development at scale providers for improved access from 1 April 2017.

13. Project Controls

External reporting:-

- Regular written RAG report to the project board (EL CCG Primary Care Committee) via a standing agenda item to be delivered by group members led by the Chair.
- Regular updates when requested to stakeholder groups / committees (ie Unscheduled Care work stream, PPGs or Local Authorities)
- Regular reporting of any project risks through the Primary Care Committee.

Internal reporting:-

- Monthly updating of the Project Plan and RAG Repot with slippage highlighted
- Monthly updating of the Project Risk Register
- Maintenance of an up to date Action notes log

14. Attachments

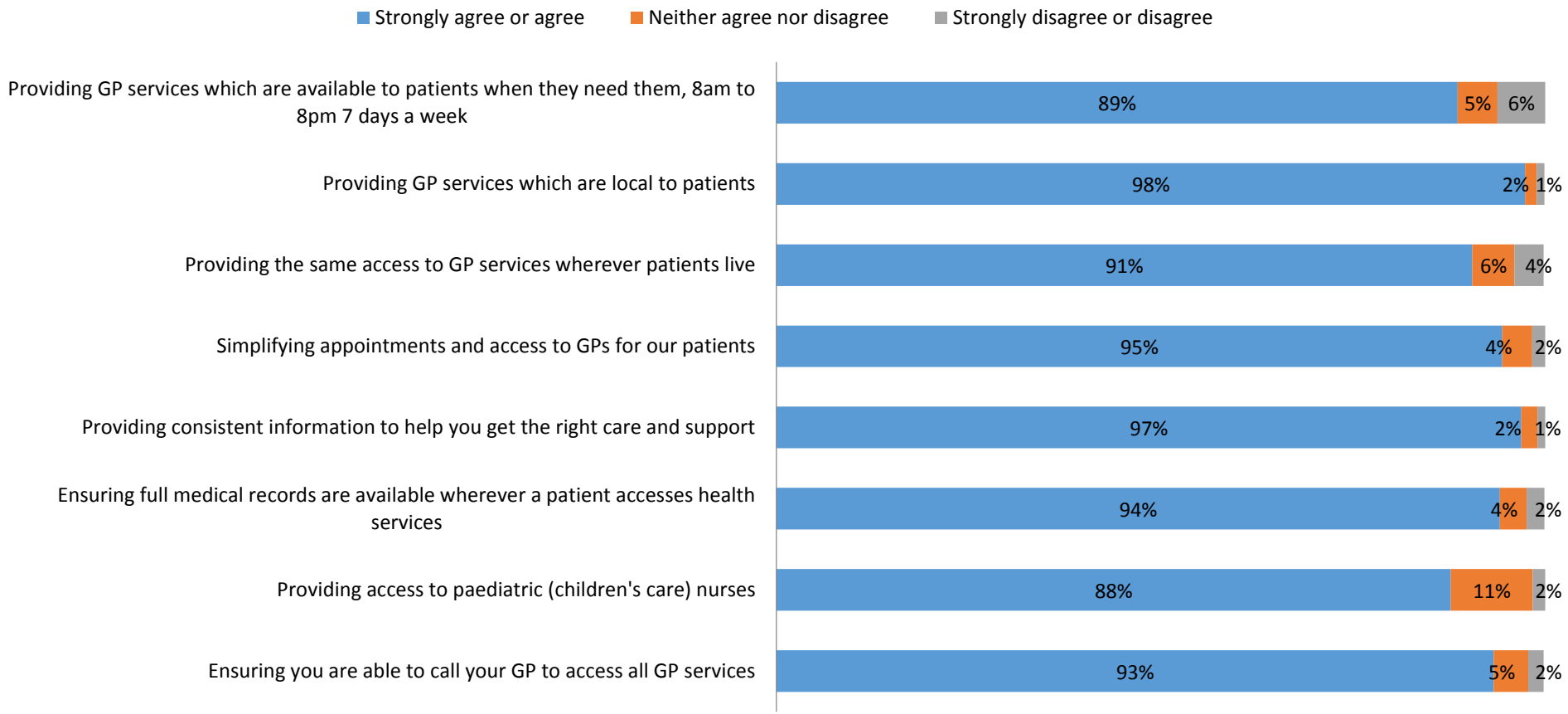
Document	Appendix No
Consultation Summaries	1
East Lancashire GP Provider Organisations, Localities, Neighbourhoods and GP Practice analysis	2
Terms of Reference – Joint Collaborative Service Design & Delivery Group	3
Initial Outline Plan – April 2016	4
Initial scoping – Post Its Exercise	5
Initial Risk Log	6
Initial Communications Plan	7

Appendix 1 – Consultation Overview (1 of 5)

- **Pre-consultation engagement in March 2016 in Hyndburn**
- **12 week public consultation undertaken between April and July 2016 (EL 2, 129 responses /Hyndburn 678 responses)**
- **Editorial, repeated, in every newspaper and local magazine (approx total readership: 165,000)**
- **All three radio stations in the area featured the consultation (approx audience reach: 315,000)**
- **Social media reached over 16,000 Facebook followers (with EL postcodes), and 3, 935 Twitter followers**
- **13,000 Paper Questionnaires distributed to 58 GP practices (200 questionnaires each)**
- **Advertising in every newspaper with questinonaire supplements**
- **Presentations at PPG networks, PPGs, locality groups and stakeholders (OSC, Healthwatch etc)**
- **Face to face drop-ins to health centres (16) in each area**
- **Promotion on CCG and partner websites and through social media**
- **Online podiums (4) situated throughout the area in GP and health centre waiting rooms**
- **Ad-hoc and direct comments from patients and the public via phone, email, online and face to face**

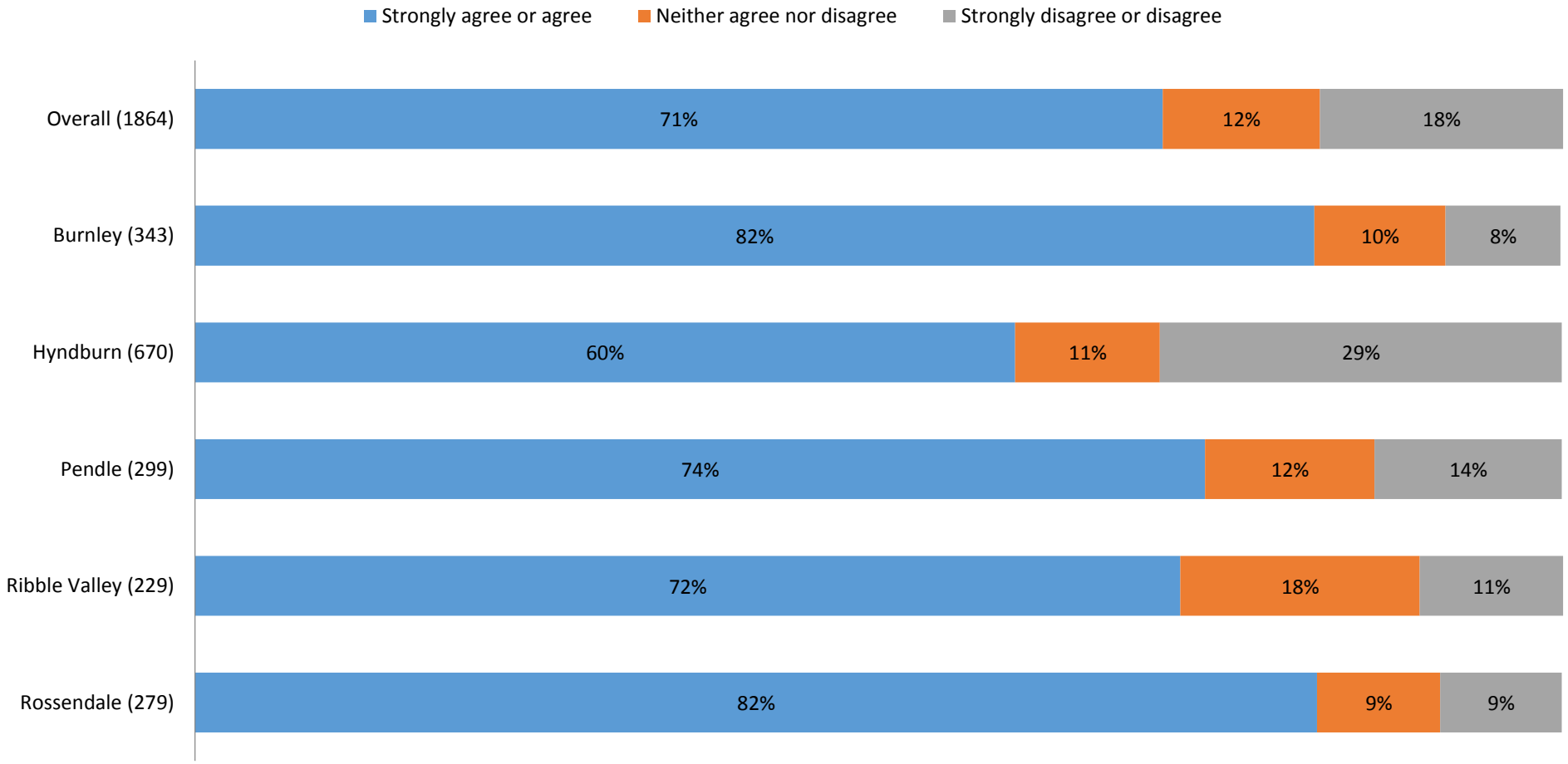
Appendix 1 – Consultation Overview (2 of 5)

High levels of agreement with the principles which have informed the Primary Care model



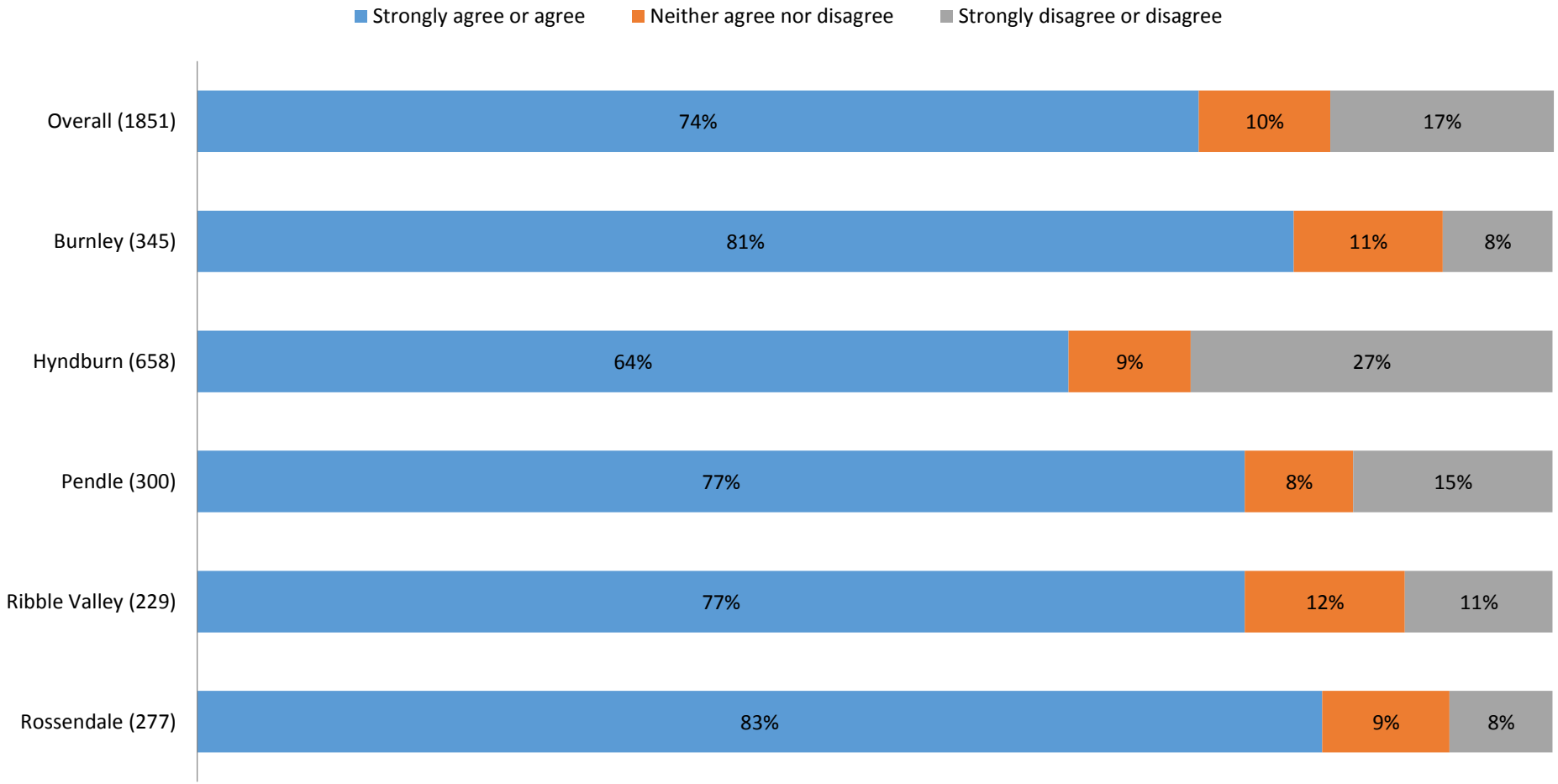
Appendix 1 – Consultation Overview (3 of 5)

7 in 10 residents agree with the proposed Health Hubs (Service) model as an alternative to the current HAC arrangement



Appendix 1 – Consultation Overview (4 of 5)

3 in 4 residents agree with the proposed new model of Primary Care in East Lancashire

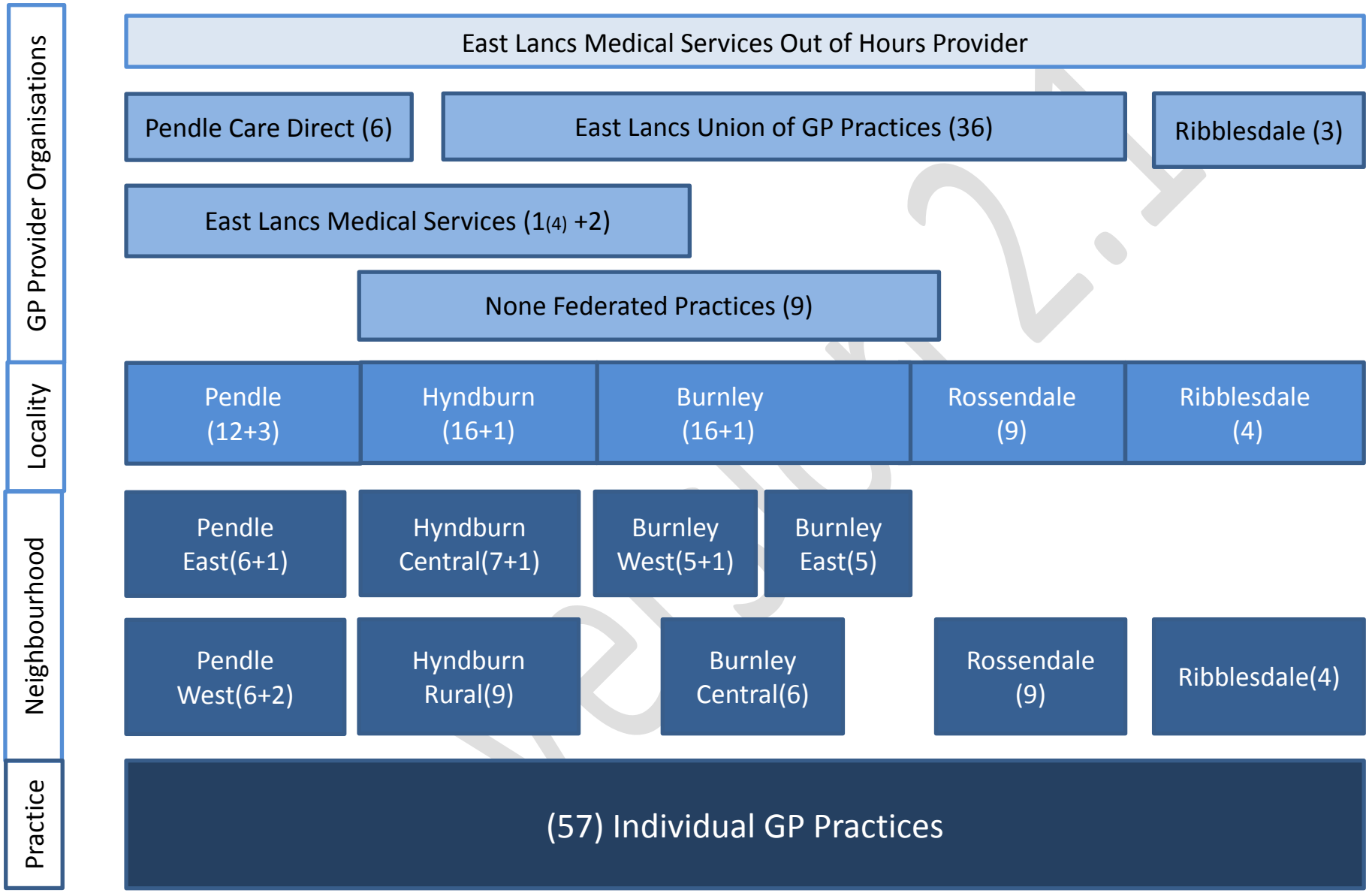


Appendix 1 – Consultation Overview (5 of 5)

Key themes from comments

- **Access to GP services is very important to residents**
- **Some frustration with the current system for contacting surgeries in the morning and joining the queue and the implications of this for the proposed service**
- **Some praise for the current walk-in centre arrangements and strong views that it should not close**
- **Some concern about the loss of "walk-in" capacity and impact on other services (A&E)**
- **"Thin end of the wedge" concerns (MIU, AVCH etc)**

Appendix 2 – GP Practices, Neighbourhoods, Localities and the respective GP Provider Organisations



Appendix 3 – Terms of Reference - JCSDDG

Joint Collaborative Service Design and Delivery Group

Terms of Reference

Purpose of the Group

1. The East Lancs Joint Collaborative Service Design and Delivery Group is a task and finish group which reports to the East Lancashire Primary Care Committee.

2. The Group will be responsible for:

    a. Working with GP Practices, the GP Provider Organisations that represent them, the LMC, wider providers of primary care services and patients to develop a detailed service delivery model that builds upon the work already undertaken in localities and reflects the feedback received as part of the formal consultation including details of how the model will vary by locality to meet the identified needs of the registered population while ensuring an equitable and sustainable approach across East Lancashire.

    b. Ensuring, in addition to building on work already undertaken in localities and the outcome of the formal consultation, that the detailed service delivery model addresses the requirement of:

        i. The NHS Operational Planning and Contracting Guidance 2017-19 with a view to securing additional recurrent funding from 2018/19.

        ii. The Commissioning Standards for Integrated Urgent Care

    c. Developing the detailed programme for implementation in each locality. This includes an expected phasing of implementation in order to minimise clinical risk.

        i. Key priorities for delivery including:

            1. Design and delivery of a solution for Hyndburn before the current Walk in Centre Contract ends on the 31 March 2017 in order to ensure a smooth transition from one service to another.

            2. Ensuring service deliver model meets NHSE criteria that will enable the CCG to access additional resources.

Approach to Project Management

1. The group will adopt a robust project management approach with dedicated project management support including:

    a. The development of roust governance and reporting systems
    b. The development and maintenance of a detailed project management plan
    c. The development and maintenance of a risk register and a process for risk escalation where appropriate
    d. The development and maintenance of an issues log

e. Ensuring effective links with interdependent programmes of work including but not limited to:

   i. Pennine Lancashire Transformation Programme
   ii. INT Development
   iii. Unscheduled Care
   iv. Locality developments

2. The group will be responsible for providing assurance to the East Lancs Primary Care Committee that the project will deliver to plan, on time and on budget

3. Any recommendation from the group that relates to resource provision into General Practice must be considered and agreed by the East Lancs Primary Care Committee

4. The group will establish time limited working groups to progress actions as appropriate

5. The group will work within an agreed management budget

Frequency of Meetings

1. It is anticipated that initially project planning and service development meetings will take place weekly.

Membership

1. The group will have a membership as listed below.

2. All permanent members may nominate a deputy to attend in their absence and send apologies when unable to attend.

3. Resignation from the group should be forwarded to the chair.

4. Each group member is responsible for ensuring that relevant information from the Group is feedback to their peers via an appropriate forum/group and that information relevant to the Project from each of those forums/groups is feedback to the Group

5. Additional membership will be agreed by the group, will be in line with developments and reflect partnership working.

MEMBERSHIP LIST

Phil Mileham, Management Lead, Ribblesdale **(Chair)**
Carole Martin, Operational Director, East Lancs Union of GPs (Deputy Chair)
Michael O'Connor, Managerial Lead, East Lancs Medical Services
Kathryn Phillips, Management Lead, Pendle Care Direct (Deputy Chair)
Peter Higgins, Local Medical Committee
Provider Organisation Clinical Lead (TBA – Vary by locality)

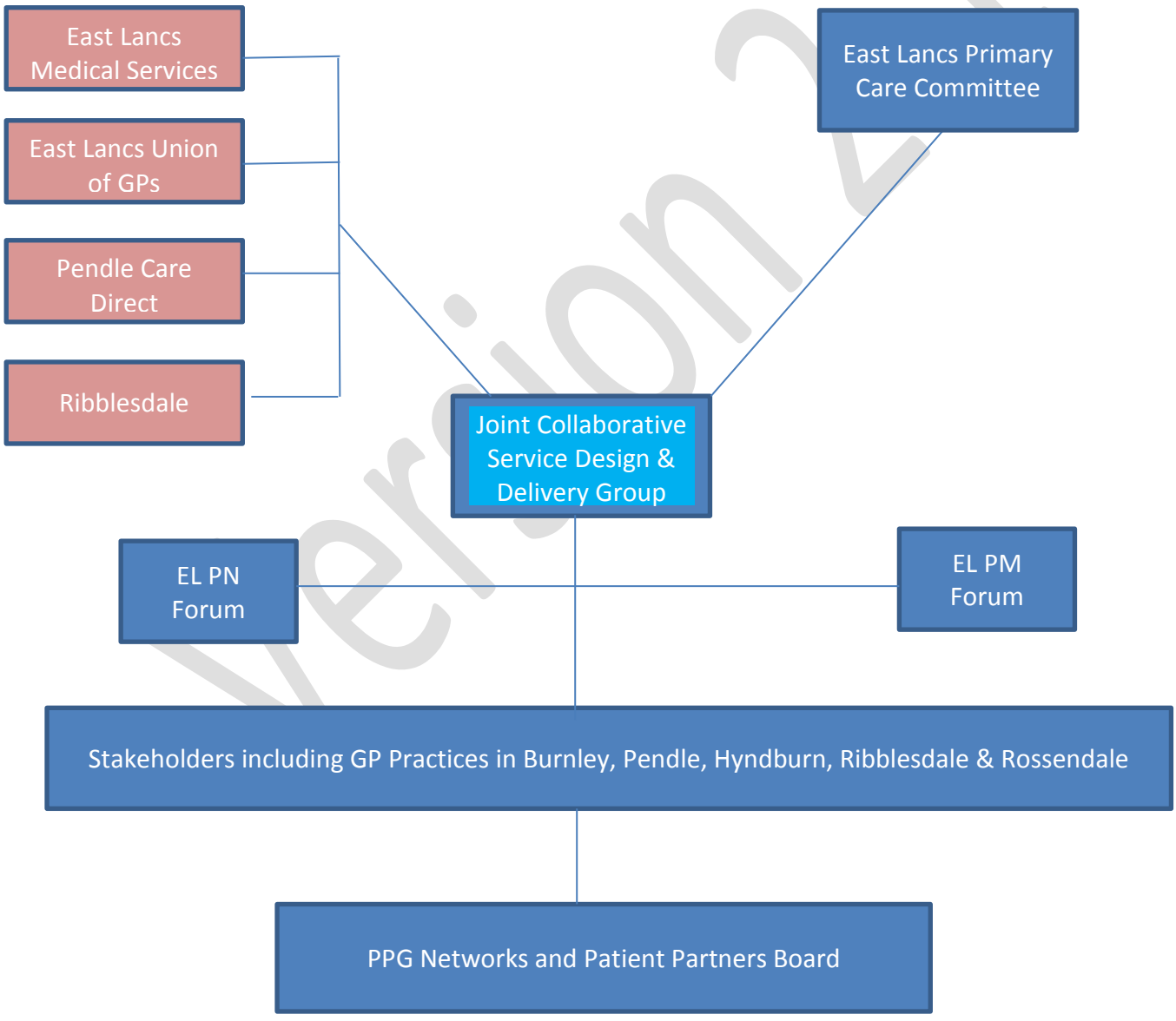
CCG Support
Lisa Cunliffe, Primary Care Development Manager, Project Management
Relevant Locality Manager

Elizabeth Fleming/Alex Walker, East Lancs Unscheduled Care Team
Paul Hegarty, Head of Transformation – Integrated Care
Andy Laverty, Locality Manager, Project Management Support

Co-opted Support
Dr Richard Daly, Clinician Director
David Rogers, Head of Communication and Engagement
Nick Burks, Finance Manager
Kirsty Slinger, Estates Lead

Marianne Rintoul, Contracts Lead, MLCSU
Granville Thelwell, Equality and Diversity
Lisa Rogan, Head of Medicines Commissioning
Stewart Cooper, IT Systems Manager
Lancashire Transformation Team Representation

Governance and Project Delivery Framework



Appendix 4 – Initial Outline Plan (April 2016)

NHS
East Lancashire
Clinical Commissioning Group

New Model of Primary Care Outline Plan and Timeframe

Preferred Option
CCG will work with GP Provider Organisations (PCOs) in East Lancashire to develop a one capable provider model

22/11/16 – 13/12/16
Collaborative Committee will develop a detailed business case for Hyndburn
(intention to roll out across EL with refinement)

20/12/16
Business Case for Hyndburn presented to Primary Care Committee
with options paper

Based on the procurement process the Business case will as a minimum include:

- Organisational Form/ Governance/Structure
- Clinical service Delivery
- Workforce
- Finance Including capacity
- IT
- Estates
- Insurances
- CQC
- BCP
- Mobilisation and Exit Plans
- Service model including activity, change in service provision, ie impacts, efficiencies , interoperability with other services

PCC are assured GP PCOs capable of delivering the Hyndburn model within agreed timescales

GP Provider Organisations capable of delivering but need more time

PCC **not** assured GP PCOs capable of delivering the Hyndburn Model within agreed timescales

Options for Hyndburn

Mobilisation of New Model in Hyndburn from 1/3/17

WIC Contract extension beyond 1/4/17

Care Taker arrangements from 1/4/17

WIC Closes on 1/4/17

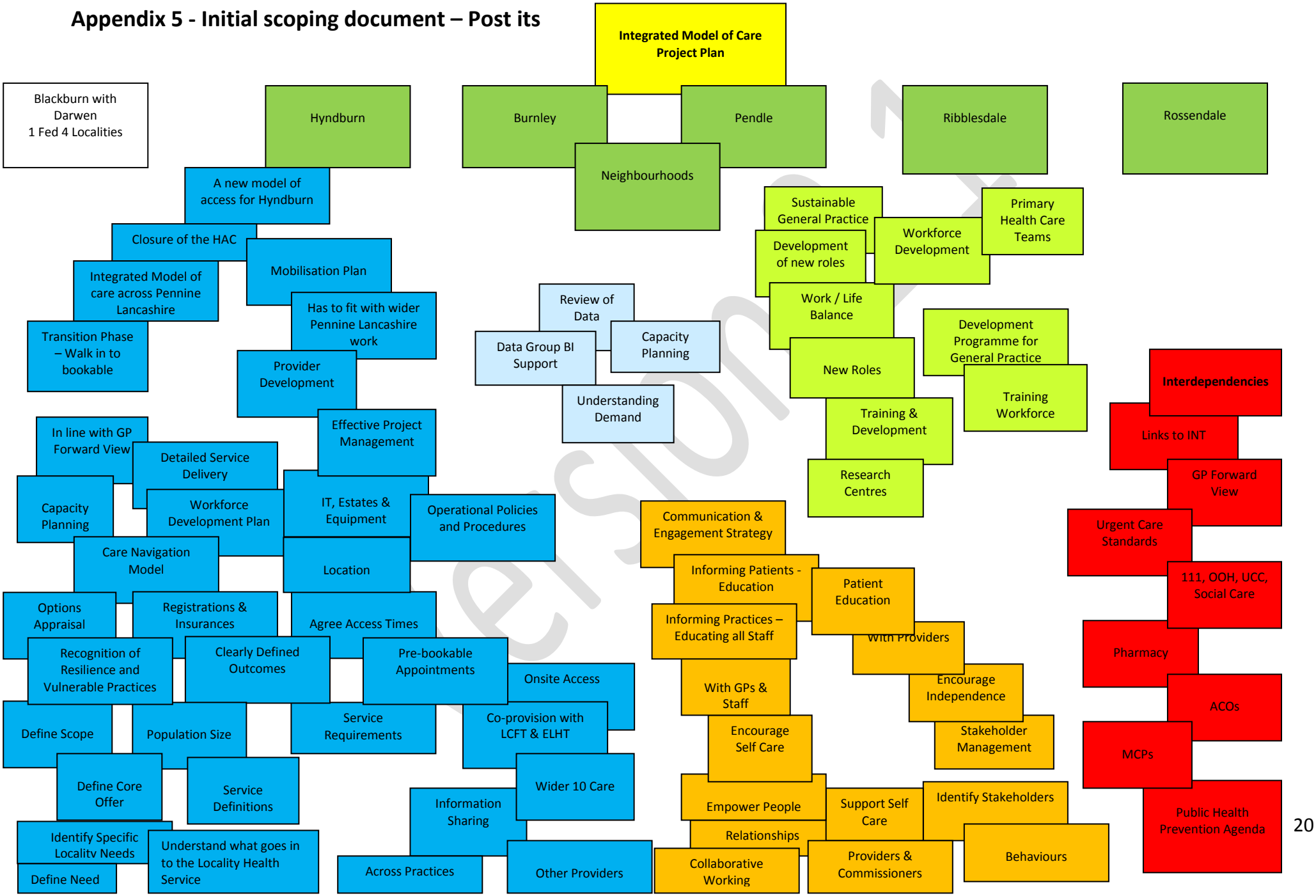
Phase roll out of New Model across all localities in East Lancs from 1/4/17

New model in Hyndburn mobilised from 1/6/17

Phased roll out of new model across all localities from 1/7/17

Full Procurement for New Model across East Lancs anticipated go live 1/10/17

Appendix 5 - Initial scoping document – Post its



Appendix 6 – Initial Risk Log

Risk	Likelihood	Impact	Mitigating Action
Project Management: Available time to complete the project Failure to have an alternative service to the Hyndburn Walk In Centre National directives change dramatically making the process unworkable / too complex			
Political: Pressure not to change services			
Financial: Available financial resources to implement desired model			
Workforce capacity: Service model not supported by GP Provider Organisations (PCOs) membership Insufficient capacity amongst primary care workforce to work in new service Takes resources away and destabilises other existing services			

Appendix 7 – Initial Communications Plan

To be developed