NHS
East Lancashire
Clinical Commissioning Group

Agenda Item No: 7.3

REPORT TO:	**Primary Care Committee**	
MEETING DATE:	**17 August 2015**	
REPORT TITLE:	**Primary Care Transformation Team**	
SUMMARY OF REPORT:	Proposal to establish a primary care transformation team in Lancashire in 2015/16	
REPORT RECOMMENDATIONS:	The Primary Care Committee are asked to consider the content of this paper and provide feedback for consideration at the Co-commissioning Management Group which will in turn inform the decision of the CCB	
FINANCIAL IMPLICATIONS:	Funding identified by NHSE	
REPORT CATEGORY:		**Tick**
	Formally Receipt	
	Action the recommendations outlined in the report.	
	Debate the content of the report	√
	Receive the report for information	
AUTHOR:	**Jackie Forshaw, Head of Primary Care**	
	Report supported & approved by your Senior Lead	**Y**
PRESENTED BY:	**Jackie Forshaw, Head of Primary Care**	
OTHER COMMITTEES/ GROUPS CONSULTED:		
EQUALITY ANALYSIS (EA) :	Has an EA been completed in respect of this report?	**N**
RISKS:	Identified in the paper	**Y**
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	**N**
PUBLIC ENGAGEMENT:	Has there been any public engagement associated with this report?	**N**
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	**Y**

Which Strategic Objective does the report relate to		**Tick**
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	
2	Optimise appropriate use of resources and remove inefficiencies.	
3	Improve access, quality and choice of service provision within Primary Care	
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

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Primary Care Transformation Team

1. Introduction

1.1 Following discussion between the Director of Commissioning Operations for Lancashire and Greater Manchester and CCGs in Lancashire, a commitment was given by NHS England (L&GM) to establish a Primary Care Transformation Team in Lancashire. Subsequent discussions have taken place at CCG Network, Collaborative Commissioning Board and also with individual CCGs which have informed this report.

1.2 The purpose and aim of the primary care transformation team is to provide a pump priming resource to create additional capacity to support CCGs to deliver primary care transformation and ultimately placed based commissioning. The Team will also support the delivery of the local collaborative priorities identified by the Lancashire CCG Network, Co-comissioning Management Groupin addition to the national priorities as outlined in the "New deal for GPs" which includes workforce, infrastructure, 7 day access, new models of care, quality of care and reducing bureaucracy.

1.3 The proposal builds on the structure, operating model and what has worked well in Greater Manchester. We would also wish to be mindful of any emerging models elsewhere which may be of interest.

1.4 It is proposed that the operational line management of the primary care transformation team sits within the primary care commissioning part of the direct commissioning team in Lancashire, which is led by the Head of Primary Care. This will support team resilience across both transformation and direct commissioning and the team will work both with CCGs and other collaborative commissioning teams across Lancashire. The accountability arrangements will also be captured by the existing co-commissioning infrastructure.

2. Mandate

2.1 The Secretary of State for Health has described plans for transformation of primary medical care that include workforce, infrastructure, access and quality improvement, ensuring that general practice plays its part in improving access to routine appointments and that hospital capacity is kept clear for those who really need it. The approach to transformation is not about a one size fits all and the challenge is to translate this into a coherent plan for Lancashire which will help CCGs achieve their aspirations.

2.2 CCGs in Lancashire are already progressing new models of care with their partners across the health and social care economy, eg Vanguards, PMCF and Better Care Together. CCGs have also identified a number of important priority areas which they feel could be progressed on a Lancashire footprint, for which some CCGs have requested support and which the primary care transformation team could take forward. The purpose of the Primary Care Transformation team is therefore to provide a dedicated resource to CCGs to deliver agreed priorities and the action plan and mandate for change is predicated on these A key priority for the health economy is to

ensure system resilience during Winter and a key element of the action plan for 2015/16 is to support this ambition and also to build upon early wins to deliver sustainable transformational change.

3. Purpose of Report

The purpose of this report is to:-

(a) Seek approval to proceed to appoint a Primary Care Transformation Team in Lancashire with operational line management within the primary care direct commissioning team in Lancashire.
(b) Seek agreement to the structure and financial implications for 2015/16 and 2016/17.
(c) Seek agreement in relation to Lancashire priorities to be progressed and project deliverables in 2015/16 which will ultimately be agreed by the Co-commissioning Management Group.
(d) Seek approval to the governance arrangments in relation to oversight of the use of the resource.

4. Current Position

4.1 Discussions have taken place with CCGs in Lancashire around the creation of a primary care transformation team to support CCGs take forward their ambitions for co-commissioning – with co-commissioning being seen as a vehicle for the broader primary care tranformation to support/enable the delivery of new models of care and the delivery of the new deal for primary care . The transformation team will provide a dedicated resource to support all CCGs regardless of the level of co-commissioning they are at and will enable plans to be delivered at scale, maximising the potential for shared learning and taking plans further, faster. Feedback from discussions with CCGs indicates that they support this proposal, including the proposal to locate the team alongside the existing NHS Engalnd primary care commissioning team. This will be increasingly important as co-commissioning develops further to include potentially other areas of primary care and will ensure the integration of the wider direct commisisioning team. Work was undertaken in April 2015, by NHS England, Lancashire, on behalf of the Lancashire CCGs to understand the aspirations of the Lancashire CCGs in relation to primary medical care, and potential opportunities to deliver these through co-commissioning. The outcome of this work was presented to the CCB in May 2015.

4.2 The report of the work undertaken on behalf of the CCG's highlighted that:-

- CCGs at all three levels of co-commissioning were ambitious to see real improvement in the delivery of services from General Practice.
- Senior leaders including clinical leaders within CCGs see this as a priority for their organisation during 2015/16.
- Although levels of ambition were high, the readiness to deliver real change quickly is mixed.
- There are variations in levels of funding for both core and non core services across CCGs.
- Whilst there are opportunities for joint working, this could not be at the cost of slowing delivery in some areas.

4.3 Following this work, the Lancashire CCG Network has also identified a number of priority issues which are referenced below. Further work is now needed to clarify the scope of the work and to develop and agree detailed project plans for implementation. The CCG Network has identified important issues they wish to progress and the action plan and mandate for change is derived from these.

What are the important issues?	What should the Network do about them	How can they be taken forward?
New Contracting approaches	Review of best practice. Local implementation Share local approach to standards and pricing.	Establish Task and Finish Group - Link with Vanguard & PMCF project leads and NHSE national leads to assess best practice and develop plans to roll out. Support expansion of successful pilots.
QOF	As above	National guidance being developed. As above.
Improving access	Review of best practice and areas for collaboration. Development of implementation plans.	Develop costed implementation plans in all CCG areas. Implement plans – prior to winter 2015.
Estates	Support implementation of PCIF. Support development of CCG estates strategies. Support Estates Infrastucture Project Group.	Support CCGs to develop individual estates strategies by December 2015. Oversee implementation of all PCIF schemes.
Workforce	Lancashire review of best practice. Develop Lancashire Workforce Action plan with HENW	Ensure all pilot opportunities are taken up, eg clinical pharmacies in GP practices.
Shared learning	Shared learning from new models of care including Vanguards and PMCF. Plans to extend working in conjunction with NHSE Central team.	Assess what works well from pilots and support rapid roll out.

4.4 The following structure has been identified to support the primary care transformation team in Lancashire:- Based on successful recruitment to the proposed team, this will provide capacity to support agreed priorities on the transformation of primare care.

Role	Grade	Projected full year cost 2015/16*
Primary Care Transformation Manager	8c	76933
Primary Care Transformation Manager –	8c	76933
Project Manager, – Finance	8b	65,376
Project Manager; Primary Care Transformation	7	43,912
Business Manager	6	36,637
Administration	4	25,149

and Engagement Officer		
Sub total	**6 x wte**	**324,940**

*all costings at mid-point.

4.5 The GM transformation team includes sessions for clinical champions whose role includes supporting consultation/ public and staff engagement sessions. This provides a high level of assurance in terms of the level of public engagement that has been achieved in terms of the primary care transformation programme. Further scoping is required to understand the resources required in relation to clinical champions and to finalise costings based on priorities identified. At this point therfore, it is suggested that resources are ring fenced pending priorities being fully scoped.

5 Proposal for 2015/16

5.1 It is proposed that the team should be recruited in 2015/16 and be funded up to 31.3.17. It is anticipated that the team will be in place by Autumn 2015 which would give a project time of 18 months. The projected costs for 2015/16 and 2016/17 are shown in the table below:

Resource	**Estimated requirement for 2015/16 ***	**Estimated costs 2016/17**
Administrative team	£162,470	£324,940
Clinical leadership team	£50,000	£100,000
Expenses	£10,000 (including costs for primary care transformation event and other events)	£20,000
Business Intelligence	10,000	20,000
Travel	4959	9919
Total	**237,429**	**474,859**

* Based on team being established by October 2015.

5.2 Funding has been identified to support this proposal from non recurrent programme monies. It should be noted that it may be necessary to seek a “host” employer for the team. However, regardless of the employer model, to ensure resilience of both the direct commissioning function and transformation and the interdependencies of the two teams, it is proposed to keep both teams together, as per the GM model which has successfully worked alongside and complemented the existing direct commissioning primary care team.

6 Governance

6.1 It is proposed that the resource will be “assigned” to CCGs in the same way as the direct commissioning primary care team in co-commissioning. Support to CCGs will be based on agreed priorities and project plans and matched to need.

6.2 It is proposed that oversight of progress on agreed project deliverables will be through the Co-Commissioning Management Group and the NHS England (L&GM) SMT

6.3 For each priority area, a project plan will be developed and signed off and monitored by the Co-Commissioning Management Group.

6.4 Investment decisions will be taken in parallel governance arrangements to include the Co-Commissioning Management Group and NHS England Senior Management Team or delegated committee within NHS England.

6.5 Accountability for delivery of project plans will also be through both the Co-Commissioning Management Group and NHS England SMT or delegate committee within NHS England.

7. Risks

Risk	Mitigation
Unable to recruit to transformation posts.	Consider agencies, secondments from practice management, CSU/ wider NHS/social care.
Existing core primary care direct commissioning team wish to take up some of the posts leaving vacancies in primary care team.	As above.
Team not in place in time to take forward plans and to deliver agreed milestones in 2015/16	Immediate approval of structure and proceed to advertise vacancies.
NHS E central team do not approve structure/proposals.	Seek host employer.
Individual CCGs prioritise local matters above wider responsiblities	All work programmes to be supported/agreed by CCB
HR liabilities	Identify potential liabilities and work through solution to each.
Lack of revenue for GPIF/Capital schemes	Consider use of uncommitted investment monies.
CCGs do not support establishment of PC Transformation Team.	Outline benefits of centralised resource as opposed to alternative. Allocation of resource to each PCT would not provide sufficient dedicated resource to progress plans, would not enable clear oversight of plans, by Co-Commissioning Management Group and would not provide Lancashire wide assurance.

8. Key Deliverables

See appendix 1. Additional project metrics/deliverables will be agreed with CCGs. All projects and timescales will be subject to ratification and sign off by the Co Commissioning Management Group and NHS England SMT.

9. Recommendation

Members of the Committee are asked to consider the content of this paper and to confirm the establishment of the Primary Care Transformation Programme in Lancashire.

Appendix 1

Project Deliverables

Draft project deliverables are detailed below. It is suggested that the Co-commissioning Management Group is asked to review and finalise these. Prioritisation of projects is to be agreed by the Co-Commissioning Management Group and NHSE SMT.

Key project deliverable	**Action**	**Expected Outcomes/Metrics**	**2015/16**	**2016/17**
New contracting approaches/ Sharing learning/innovation	Knowledge Management – Group identified to oversee and agree process for sharing learning/innovation. – sub-group of CCMG? Review of best practice. Spread innovation through close working with PMCF, Vangards and other pilots such as the Clinical Pharmacists in General Practice to facilitate early adoption of successful innovation. Share local approach to standards and pricing. Creation of primary care strategy which is co-owned with agreed priorities.	Primary Care Transformation Event – to be arranged to take place in Autumn 2015. Innovation guides developed and CCG's/practices supported in developing implementation plans which support achievement of agreed outcome measures. Reduction in non-elective admissions. Increase in number of patients who are self-managing conditions using technology/apps.	**N**	**Y**
Quality and Outcomes Framework	Review QOF and DES's to assess common/priority areas for review. Ensure consistent with national guidance.	Quality improvement metrics to be developed based on priorities for changes to QOF.	**N**	**Y**
Improving access	Develop model for extended access across Lancashire. Develop implementation plan. Roll out of 7 day access in primary medical care. Increase use of technology/apps to promote self- care.	**Within 3 months** 60% of population in urban areas will have access to extended/7 day primary care service and 40% in rural areas. • Within 6 months 10% increase in non-routine appointments in primary care	**Y**	**Y**

		provided at times of high demand/high activity in A&E (eg Mondays). • Within 6 months • Overall reduction in A&E attendances by CCG. • Overall reduction in non- elective admissions by CCG. • Within 3 months • Increase in number of GP appointments provided per week. (note: CCGs to agree included establishing baseline). *(CCGs to agree percentage reductions based on plans/implementation dates and evidence from PMCF where reductions have been achieved).* *Within 6 months of enhanced access commencing* Improved patient satisfaction with access and quality measured through GP Patient survey.		
Estates	CCG Estates strategies in place by December 2015. Member of CCG Estates strategy groups. Support CCGs to develop estates strategies and identify projects for next tranche of PCIF and other capital schemes.	PCIF – maximise uptake & unblock any barriers (project manage). All schemes delivered to plan. Estates strategies developed.	**Y**	**Y**
Workforce	Maximise uptake of pilots, eg Clinical Pharmacists in Primary Care, Physician Associates.	By September 2015 Target localities where criteria likely	**Y**	**Y**

		to be met working in partnership with CCG and provide support to bid for Clinical Pharmacy in PC pilot.		
Contract Monitoring/Quality	Improved quality Dashboard – new national being developed.	By April 2016 • Develop and run improvement programme for 5 worst performing GP practices in each CCG identified in GP Patient Survey (access, quality and satisfaction metrics).	**Y**	**Y**