NHS Wakefield CCG

The Wakefield 2020 General Practice Plan: Delivering the General Practice Forward View

Dr Greg Connor - Executive Clinical Advisor
Catherine Wormstone – Programme Manager, Primary Care Co-Commissioning
Version Control

<table>
<thead>
<tr>
<th>Version No</th>
<th>Date</th>
<th>Details of Changes included in Update</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>V0.1</td>
<td>21/10/16</td>
<td>First draft for submission to NHS England</td>
<td>Greg Connor, Catherine, Wormstone, Esther Ashman, Martin Smith, Richard Main, Dasa Farmer, Katherine Bryant, Kerry Munday</td>
</tr>
<tr>
<td>V.02</td>
<td>22/12/16</td>
<td>Second draft incorporating changes to reflect feedback on plan from practices, NHS England, Local Medical Committee and patients.</td>
<td>Greg Connor, Catherine, Wormstone, Kerry Munday, Richard Main, Adam Robertshaw, Mel Brown</td>
</tr>
</tbody>
</table>

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Introduction &amp; the Wakefield Context</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Links to Sustainability &amp; Transformation Plan</td>
<td>11</td>
</tr>
<tr>
<td>4.</td>
<td>Investment</td>
<td>14</td>
</tr>
<tr>
<td>5.</td>
<td>Workforce</td>
<td>16</td>
</tr>
<tr>
<td>6.</td>
<td>Workload</td>
<td>19</td>
</tr>
<tr>
<td>7.</td>
<td>Infrastructure</td>
<td>20</td>
</tr>
<tr>
<td>8.</td>
<td>Care Redesign</td>
<td>23</td>
</tr>
<tr>
<td>9.</td>
<td>Access</td>
<td>27</td>
</tr>
<tr>
<td>10.</td>
<td>Governance &amp; Delivery Mechanism</td>
<td>29</td>
</tr>
<tr>
<td>11.</td>
<td>Engagement</td>
<td>30</td>
</tr>
<tr>
<td>12.</td>
<td>Risks</td>
<td>33</td>
</tr>
<tr>
<td>13.</td>
<td>Conclusion</td>
<td>33</td>
</tr>
<tr>
<td>14.</td>
<td>References</td>
<td>34</td>
</tr>
<tr>
<td>15.</td>
<td>Appendices</td>
<td>34</td>
</tr>
</tbody>
</table>
1. Executive Summary

This document sets out NHS Wakefield CCG’s plan for stabilising, strengthening and transforming general practice in the district between now and April 2020.

The plan is based on consultation with practices, the Local Medical Committee, patient representatives, the CCG Governing Body and the Health and Wellbeing Board.

It describes how Wakefield will build on the progress it has already made locally and address the pressing problems afflicting general practice across the country: excessive workload, an ageing workforce and inadequate investment. It envisages a future where stronger practice teams collaborate and work more closely with other health and care services to meet the needs of Wakefield’s growing population.

The first challenge addressed by this plan is to strengthen general practice. This will be achieved by investment to produce an expanded and re-modelled workforce employed by and working through individual practices and federations of practices. This reinvention of the primary healthcare team will see patients cared for by GPs and extended role nurses working alongside pharmacists, physician assistants, paramedics, mental health workers and physiotherapists all co-ordinated by better supported and resourced practice and federation management.

The second challenge addressed by this plan is to link revitalised general practice teams with the other components of a people-centred primary care system. This means integration with health and social care specialists, community services and the voluntary sector to provide a joined up network of support for patients outside hospital for routine and urgent care with more appropriate use of hospitals for emergencies and specialist treatment.

The plan combines the investment and opportunities for change contained in these major national and local initiatives:

- the General Practice Forward View (GPFV);
- the extension of the GP Access Fund (GPAF) to the whole district;
- the extension of new models of care across the district through a Multi-specialty Community Provider (MCP) system;
- the development of Wakefield and West Yorkshire Sustainability and Transformation Plans (STPs);
- the NHS Operational Planning and Contracting Guidance 2017-2019;
- the interim Local Estates Strategy;
- The local Digital Roadmap.

These are focused on a package of support and transformation which will result in better patient care, a healthier population and sustainable investment underpinned by renewed optimism and greater job satisfaction.
2. Introduction

“People rely on general practice for the health and wellbeing of themselves and their families. It is one of the great strengths of the NHS and this is recognised time and again in international comparisons.” Dr Arvind Madan, GP Director of Primary Care, NHS England.

“One of the great strengths of general practice has been its diversity across geographies and its adaptability over time...this support package is likely to herald a ‘triple reinvention’ – of the clinical model, the career model and the business model at the heart of general practice.” Simon Stevens, Chief Executive, NHS England.

These extracts from the introduction to the General Practice Forward View published by NHS England in April 2016 restate the importance of high quality general practice to good health and care.

Local people are already served by good or outstanding general practices in Wakefield and the district has a proud record of investment and innovation.

2.1 Where we are now: quality and innovation in Wakefield

Wakefield is used to taking a lead in improving patient care.

All PMS and GMS practices in Wakefield have signed up to a premium contract delivering improvements in quality, access, holistic care and continuity of care (the Wakefield Practice Premium Contract). Investment in general practice in Wakefield is some 20% above the expected national level and this has helped to retain staff, maintain standards and avoid the practice closures seen in other areas.

All practices belong to one of six geographical practice networks across the district which have been the template for the creation of federations – groups of practices working together to provide clinical commissioning and clinical services. An example of this is the Trinity Care clinical triage service run collectively by the six practices of Network 5 offering same day access to all their patients via a single triage hub.

One network, West Wakefield, successfully joined wave 1 of the Prime Minister’s Challenge Fund (now GPAF) to offer its patients extended opening hours seven days per week. West Wakefield, together subsequently with two other networks, has gone on to become a national vanguard site for the Multi-specialty Community Provider (MCP) model of care introduced in the Five Year Forward View.

Wakefield was also successful in becoming a national vanguard site for the Care Homes model of care. More than half of Wakefield’s practices now take part in this through an enhanced service aligning one practice with one care home and in the process skilling care home staff, improving care for residents and reducing unnecessary A&E attendances and emergency hospital admissions.

The Connecting Care programme has brought together community health and social care services and the voluntary sector to provide award-winning integrated care from multidisciplinary hubs. These services support people in their own homes, prevent unnecessary hospital admission and help people get better quicker if they become ill. This has been
recognised with the Integrated Care Pioneer status NHS England awarded the district in January 2015.

One of the benefits of the local vanguards, the extended access pilots and the Connecting Care programme has been to test out ways of enhancing the primary healthcare team using extended role nurses, paramedics, physiotherapists and pharmacists. The evaluation of these schemes will inform the next steps on the journey for general practice between now and 2020.

2.2 The pressures facing general practice: population, workload, workforce, funding

“General practice is facing great pressure at the moment. Funding is tight, there is an impending workforce crunch and – perhaps most significantly of all – the needs of patients have changed beyond recognition, as the population lives longer with chronic conditions.”

The Nuffield Trust 2015

a) Population

The size of the resident population of Wakefield District is approximately 333,000, making it the 18th largest local authority area in England and Wales. As is typical nationally, the Wakefield age profile shows the effect of baby-boom years of the 1950s and 1960s and greater numbers of women in older age than men. Overall numbers are projected to keep on increasing, albeit more slowly than elsewhere in the region, with improved life expectancy resulting in a greater proportion of the population being made up of people in older age groups.

Figure 1 - The estimated percentage increase of population growth from 2015 to 2020

<table>
<thead>
<tr>
<th></th>
<th>Predicted Resident Population</th>
<th>Predicted Registered population</th>
<th>Predicted Weighted population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>333,964</td>
<td>366,060</td>
<td>390,373</td>
</tr>
<tr>
<td>2017</td>
<td>335,709</td>
<td>367,072</td>
<td>392,475</td>
</tr>
<tr>
<td>2018</td>
<td>337,465</td>
<td>368,992</td>
<td>394,588</td>
</tr>
<tr>
<td>2019</td>
<td>339,210</td>
<td>370,900</td>
<td>396,685</td>
</tr>
<tr>
<td>2020</td>
<td>340,958</td>
<td>372,812</td>
<td>398,782</td>
</tr>
</tbody>
</table>

Source – NHS Operational Planning and Contracting guidance for 2017-18

Implications of an ageing population are wide in terms of people living longer into older age, with an increased demand for health and well-being services, a reduction in working age people, a reduced contribution to the economy and lower incomes, and increased human resources for care services (paid and unpaid carers).

As well as an ageing adult population there are significant increases too in children and young people who have different health needs.

The combination of a larger population and an increasing proportion of that population living with multiple long term conditions puts increasing strain on health and social care services. This is compounded by the increasing number and complexity of medical diagnoses, treatments and monitoring.
b) Workload

Nationally GPs are facing rising patient demand, particularly from an ageing population with complex health conditions. By 2011 the number of people aged over 65 had reached 10,494,000 and by 2031 it is predicted to reach 15,778,000.

By 2021, more than one million people are predicted to be living with dementia and by 2030 three million people will be living with or beyond cancer. By 2035 there are expected to be an additional 550,000 cases of diabetes and 400,000 additional cases of heart disease in England. The number of people with multiple long-term conditions is set to grow from 1.9 to 2.9 million from 2008 to 2018.

18 million patients in the UK are estimated to suffer from a chronic condition, with the majority being managed in the community by GPs. Around 53% of all patients in England report having long standing health conditions, many of which will be treated at some stage by GPs.

The number of consultations at a GP surgery (from a sample of 337 practices) rose by 11% between 2010 and 2014. (Source: Nuffield Trust)

The number of people who say they have failed to get an appointment has risen from 9 to 11% between 2011/12 and 2013/14. (Source: Ipsos MORI)

Increasing demand on other parts of the health and care system also increases workload in general practice despite contractual mechanisms designed to prevent the shift of testing, chasing results and monitoring treatments from hospital to GP care.

c) Workforce

While the demand for general practice services is increasing the workforce available to provide these services is not.

Comparatively Wakefield has more GPs and nurses per 1000 population than in other parts of West Yorkshire (0.77 per 1000 population) but it has a similar age profile of staff with 28% of practice nurses aged over 55 and 52% of extended role practice nurses are aged over 55.

Almost 1 in 10 GPs under the age of 50 say they intend to ‘quit direct patient care’ in the next five years, a rise of over a third between 2010 and 2012. (Source: Hann et al)

Approximately 12% of GP trainees now work part time. (Source: Nuffield Trust analysis of CFWI data)

More than 10% of posts for new GP trainees in practices were left empty in 2014 (Source: BMJ)

d) Investment

Spending on core GP services has fallen by over 2% in real terms throughout the course of the 2010-2015 parliament. Wakefield has invested proportionately more in general practice than other areas which means that although it will receive core funding growth in the next three years this will only be 1% per annum which is the lowest level paid to CCGs.
2.3 Where we want to be: stronger practices in a joined up Wakefield system

General practice is the cornerstone of effective and responsive population health care. It is a fundamental building block of population health improvement. Wakefield has adopted an orientation for its health and care system based on principles defined by the World Health Organisation and together comprising “people-centred primary care”.

People centred primary care is:

- person-centred and holistic;
- empowering and equitable;
- providing continuity of care;
- collaborative and multi-disciplinary;
- proactive and responsive;
- effective, efficient and continuously improving.

A people-centred primary care system can be represented as a network with each of five key domains, and the providers within them, forming a jigsaw of interdependent elements comprising a comprehensive system supporting individuals and families to achieve a healthier life.

*Figure 2 - The components of people-centred primary care*

Although access to health and care is not the most important determinant of health in Wakefield (poverty, inequality, education, work, family life and other determinants have a greater effect) a people-centred primary health and care system with general practice playing its full part can make a significant contribution to health improvement especially when economic resources are constrained.

The first challenge addressed by this plan is to strengthen general practice. This will be achieved by investment to produce an expanded and re-modelled workforce employed by and working through
individual practices and federations of practices. This reinvention of the primary healthcare team will see patients cared for by GPs and extended role nurses working alongside pharmacists, physician assistants, paramedics, mental health workers and physiotherapists all co-ordinated by better supported and resourced practice and federation management.

The second challenge addressed by this plan is to link revitalised general practice teams with the other components of a people-centred primary care system. This means integration with health and social care specialists, community services and the voluntary sector to provide a joined up network of support for patients outside hospital for routine and urgent care with more appropriate use of hospitals for emergencies and specialist treatment.

Aligning general practice, community nursing, pharmacy, hospital consultants and other healthcare generalists and integrating these with community development, social care and other community services provides a solid multi-specialty provider (MCP) system for out of hospital care.

The General Practice Forward View is part of a series of transformational changes which were set out in another important NHS England document last year – the Five Year Forward View. This document introduced several new “models of care” for the NHS to pilot and implement. These are designed to change the way services work together and in particular set out two models of generalist healthcare – the multi-specialty community provider (MCP) model and the Primary and Acute Care Systems (PACS) model. The PACS model envisages general practice being integrated with hospital trusts and may be suited to areas where general practice is under-developed and hospital trusts are strong. The MCP model focuses on primary care organisation with general practice at its core. We believe that Wakefield can adapt the MCP model to suit the needs of its population and build on the development of practices networks and federations and the Connecting Care programme.

The Made in Wakefield model of MCP development builds on the local progress made in health and social care integration. It is called Connecting Care and means synergy and mutual accountability rather than competition and cost-shifting. The mechanism for this will be a “virtual” MCP model – one where local providers including general practice voluntarily agree to work more closely together through a joint committee. This arrangement will not affect core practice contracts and will not take any non-core funding away from general practice (non-core funding will be directed to practices through a new “Practice Plus” contract from April 2018 to reduce the burden of delivering multiple contracts). It allows general practice and other providers to access and make the best use of recurrent funding, such as outpatients and prescribing budgets, to ensure the resilience of the system after non-recurrent and pump-priming monies have been expended. Any progress to further collaboration in the system will rest on robust independent evaluation of its benefits to patients and value for money and individual practices can decide not to take part with no loss of core or non-core income.

The Made in Wakefield model acknowledges that some care can only be safely and cost effectively provided in hospital but that an increasing focus of care and resources should be orientated to primary care:

- generalist healthcare led by general practice;
- community care comprising community development, wellness promotion, disease prevention, community health and social care and the voluntary sector.
2.4 How we get there: investment, workforce, workload, infrastructure, care redesign, access

In order to achieve stronger practices in a joined up system NHS Wakefield CCG will combine the investment and opportunities for change contained in these major national and local initiatives:

- the General Practice Forward View (GPFV);
- the extension of the GP Access Fund (GPAF) to the whole district;
- the extension of new models of care across the district through a Multi-specialty Community Provider (MCP) system;
- the development of Wakefield and West Yorkshire Sustainability and Transformation Plans (STPs);
- the NHS Operational Planning and Contracting Guidance 2017-2019;
- the interim Local Estates Strategy;
- The local Digital Roadmap.

In practical terms the CCG will support the practice federations to implement nine transformation projects which will strengthen practice teams and extend collaboration with other services:

1) a Wakefield Training Academy to grow a new workforce;
2) Clinical pharmacy in general practice;
3) Physio First in general practice;
4) Primary mental health workers in general practice;
5) Integrated primary nursing teams;
6) Care home model of care;
7) Home visiting service;
8) Consultant attachment;
9) 24/7 generalist healthcare access including care navigation.

a) Increasing investment

The General Practice Forward View promises that from 2020 an extra £2.4bn will be spent on general practice in England. In the meantime a £508m transformation package will provide funding for staff, infrastructure and organisational development.

By adopting the virtual MCP model across Wakefield in 2017/18 an additional £3.1m from NHS England will be invested in the transformation projects and in federation development, with another £0.4m for the Care Homes Vanguard including the enhanced service for general practice.

In addition Wakefield is bidding for national funds for diabetes prevention and treatment, mental health improvement, cancer care and the extension of clinical pharmacy.

Bringing the maximum non-recurrent funding into Wakefield will fund the development of general practice which will be sustained from 2020 onwards by the £2.4bn recurrent GPFV investment (including the GP Access Fund) and savings released by more efficient use of devolved prescribing, outpatient and community healthcare budgets.

The sources of funding for this plan are set out in Appendix 1.

b) Expanding and developing the workforce

The ageing workforce and lack of new recruits is the greatest threat to general practice. Hence the transformation project 1 will use investment from the GPFV and the virtual MCP model to establish the Wakefield Training Academy. The academy will assess the current and future workforce gaps in Wakefield, support staff to stay on and leavers to return and build on existing training capacity to expand the range of professional roles trained and supported in the district.

The workforce section of this plan sets out the aims of this transformation project in more detail and this is expanded further in Appendix 2.

c) Eliminating unnecessary workload

National research has established that practices have to spend too much time on unnecessary bureaucracy and that up to a quarter of GP appointments could be avoided with the right alternative provision. The Time to Care Programme is a feature of the GPFV and includes ten high impact actions which can reduce workload and manage demand more efficiently.

Appendix 3 sets out the ways in which the high impact actions will be implemented in Wakefield.

d) Improving premises and IT infrastructure

Renovation and rebuilding premises can increase the capacity for general practice services and allow more care to be provided out of hospital by co-located teams. A better physical environment improves staff morale and productivity.
General practice needs to learn how to use digital infrastructure to improve care processes, improve access more efficiently and involve patients in their care.

The infrastructure section of this plan sets out how Wakefield will use the Estates and Technology Transformation Fund, the additional GPFV investment in GP IT and the local digital roadmap to improve general practice.

e) Redesigning care

As well as managing workload through the Time to Care Programme and 10 high impact actions, the transformation projects set out in this plan will support general practice by expanding the primary healthcare team to share the work and by increasing collaboration with other professionals and services in the generalist healthcare pillar of the Connecting Care virtual MCP model.

Practices and federations will be funded to take on clinical pharmacists, physiotherapists and mental health workers (transformation projects 2, 3 and 4).

Federations will be supported to work more closely with district nursing, care homes, Connecting Care hubs and hospital consultants (transformation projects 5, 6, 7 and 8).

The care redesign section of this plan outlines how these projects will support and expand general practice.

f) Improving access

The generalist approach and continuity of care provided by general practice is proven to improve health in a cost effective way. With a larger, more diverse and better supported general practice workforce it is possible to extend patient access to generalist care. There is not sufficient money or staff to provide everything, everywhere all the time. But this plan will allow greater and more appropriate access to routine and urgent generalist care including through transformation project 9.

The access section of this plan outlines how this can be achieved using the recurrent GP Access Fund.

3. Links to the Sustainability and Transformation Plan – the Wakefield Place

The Wakefield 2020 General Practice Plan is part of a wider plan for improving care in Wakefield and West Yorkshire.

3.1 Wakefield Health and Wellbeing Plan

The Wakefield Health and Wellbeing Plan is one of six local plans which collectively form the West Yorkshire Sustainability and Transformation Plan (STP). It has been developed collaboratively with the Wakefield Health and Wellbeing Board. Intelligence from the local Joint Strategic Needs Assessment (JSNA) and Children’s JSNA show that in Wakefield despite much
progress being made, the challenges remain the same and it was agreed that the priorities for the plan remain the same as highlighted in the diagram below:

*Figure 4 - Wakefield Priorities*

In order to ensure that as a health and social care economy we are able to bring about the transformation needed to make real change in these priority areas, we have agreed a set of six outcomes which we intend to achieve through delivery of our plan. We have agreed six corresponding work streams under the Health and Wellbeing Board each of which will be led by a member of the Board and will have a key role for general practice.
3.2 West Yorkshire Sustainability and Transformation Plan

The Wakefield 2020 General Practice Plan has a clear line of sight to both the Wakefield Health and Wellbeing Plan and the West Yorkshire STP. Figure 5 above highlights that one of the key priorities for the Wakefield Health and Wellbeing Plan is developing new accountable care systems to deliver new models of care in Wakefield. The Wakefield 2020 General Practice Plan describes how general practice will contribute to this Health and Wellbeing Board priority through participating in the Connecting Care wider health and social care integration work programme. This work programme will be overseen by the Health and Wellbeing Board.

The vision for health and care in the West Yorkshire STP clearly states that care will be person centred, simpler and easier to navigate, aligning to our own local vision. In addition the Healthy Futures Collaborative who are overseeing the development of the West Yorkshire STP have identified a number of work streams where they feel through working across a larger footprint they will achieve better outcomes for patients and Primary and Community Services are one of these. The aim of a focus on a bigger footprint here is that it will enable us to do some work once and share best practice and in Wakefield we intend to share the learning we have through development of our new models of care.

The vision for health and care in the latter clearly states that care will be person centre, simpler and easier to navigate, aligning to our own local vision. In addition the Healthy Futures Collaborative which oversees the development of the West Yorkshire STP has identified a number of work streams where they feel through working across a larger footprint they will achieve better outcomes for patients and Primary and Community Services are one of these. The aim of a focus on a bigger footprint here is that it will enable us to do some work once and
share best practice and in Wakefield we intend to share the learning we have through
development of our new models of care.

The West Yorkshire STP sets out a number of principles for high quality primary care:

- We will deliver good quality integrated primary care to local populations, with 24/7 services
  that meet the needs of that local population, ensuring that services are organised around peoples’ needs. This will be planned around a population size of 30,000 – 50,000 with all
  resources focused on the holistic care of that population.
- We will be bold in the adoption of a ‘left shift’ as a central philosophy of all primary care
  services, which will mean a fundamental move to enabling people to self-care and stay well
  for longer
- We will embrace new and existing technology to support people using services, their carers
  (paid and unpaid) in their care
- People will be partners in their care and engaged and involved at every level – this could
  mean the scaling of health coaching and or asset based approaches to care
- We will break down the culture of organisational silos and barriers to give the best care to
  our populations, focusing on the values of those people who work in primary care
- We will stop medicalising issues and ensure people get the right support from the right
  professional. We will look outside the clinical model to deliver a more holistic service to our
  local populations and achieve better outcomes; prescribing will not be the default position.
- We will ensure that we have the right workforce, in the right place, to deliver services. The
  people who make up the workforce will be energised, happy and fulfilled in their work and
  not limited in their ability to care
- We will create the space for primary care thought leadership which will allow innovation to
  flourish for the benefit of our patients. We will recognise and better share the real examples
  of transformation, best practice and new ways of working. In West Yorkshire we have great
  people doing great things; we will harness and share this, learning from one another.
- We must be brave in rationalising our estate where this is in the interests of patient care and
  integrated working, ensuring that more public sector estate is utilised cohesively and to best
  value.

4. Investment

Investment in general practice in Wakefield is above the national average. As a result of this
general practice provides a high quality service with all practices so far inspected rated by the
Care Quality Commission as good or outstanding. Another consequence of this is that the
district is 20% above its target primary care allocation and so the next three years of allocation
growth will be restricted to 1% pa. By that time the allocation will have risen from £153 per
patient to £156 per patient and be 12% above target. If the annual national GP contract
settlements are above 1% in the next three years there will be a cost pressure for the CCG’s
primary care budget.

In addition to its primary care allocation, the CCG also invests other funds into general practice.
In the past two years these have been supplemented by additional NHS England investment
through the MCP Vanguard and the GP Access Fund (GPAF). The table below summarises the
expenditure for 2016/17 over and above GMS, PMS and APMS practice budgets and includes the
funding for the West Wakefield MCP Vanguard.
The CCG has the following strategy for general practice investment:

- maximise the quality of service provided by GP core contracts and minimise unwarranted variation in clinical effectiveness, patient satisfaction and secondary care resource utilisation between practices through the Wakefield Premium Practice Contract;
- invest discretionary CCG spending in contracts with general practice which shift care closer to home at reduced cost and remodel existing contracts to minimise bureaucracy through a unified Practice Plus Contract from 2018/19 aligned to the MCP Integration Agreement;
- use the new recurrent GPAF funding stream across the district to extend generalist health care and link practice hubs, the GP out of hours service, 111 and the primary care stream in the new Integrated Emergency Department to maximise utilisation and value for money;
- maximise the use of non-recurrent funding available through the GP Forward View and the MCP Vanguard to transform care;
- maximise the synergy between practice activity, community services and the voluntary sector through the MCP system;
- use an accountable care approach to allocate capitated budgets to practice federations – initially prescribing and outpatients – so that the non-recurrent transformation and expansion of primary healthcare teams is sustainable through local gain share mechanisms once the non-recurrent funding finishes.
On 30 September 2016 the whole CCG area was included as GPAF transformation area (an extension from the current West Wakefield area) and so will be able to access £1.50 per head this year and £6 per head annually from April 2017 for extended general practice access. In addition funding has been announced to continue the work of the two Vanguards:

- Multispecialty Community Provider Vanguard – £3.15 million for 2017/18
- Enhanced Health in Care Homes Vanguard – £405,000 for 2017/18

The sources of non-recurrent and recurrent are indicated against the transformation projects.

Appendix 1 describes the CCGs investment plan for primary care as determined by the NHS Operational Planning and Contracting Guidance 2017 – 2019

5. Workforce

The general practice workforce needs to grow in order to keep pace with population growth, the increasingly complex needs of older patients with multiple long term conditions and the need to expand primary care provision in order to improve quality and reduce cost. The Health Education England workforce survey is completed by 100% of Wakefield practices and in the past 12 months has shown a change to fewer GPs but more nurses and HCAs over the past year. This reflects both the difficulty in recruiting and retaining GPs but also the consequent transition to new models of primary healthcare team.

Comparatively Wakefield has more GPs and nurses per 1000 population than in other parts of West Yorkshire (0.77 per 1000 population) and a similar age profile of staff with 28% of practice nurses aged over 55 and 52% of extended role practice nurses are aged over 55.

The district has taken a broader view of primary care workforce issues and developed a Wakefield System Workforce Framework applicable across health and social care providers and incorporating a common induction programme. Adult community nurses and HCAs and practice nurses and HCAs are being trained together in order to achieve the implementation of a common core specification across the district.

The West Wakefield MCP Vanguard has piloted reception care navigation, clinical pharmacists and physio first to model the impact on GP workload. The evaluation of these projects will allow modified versions to be spread across the district from April 2017.

Wakefield has adopted the five core strategies advocated by Health Education Yorkshire and Humber and one of the nine transformation projects is the establishment of a Wakefield Training Academy. The CCG’s new Nurse Leadership Fellow has been assigned to support this work which will be delivered on conjunction with the five practice federations in the district.

<table>
<thead>
<tr>
<th>Transformation Project 1</th>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wakefield Training Academy</td>
<td>Wakefield has a diverse, well trained health and</td>
<td>GPFV funding: Multidisciplinary</td>
<td>GPFV CCG allocation</td>
</tr>
</tbody>
</table>
workforce planning, training, retention and recruitment.

| workforce planning, training, retention and recruitment. | social care workforce with sufficient staff in training to meet forecast needs. Mandatory training is co-ordinated and provided locally. Primary care staff learn and develop together. Practice managers and reception/admin staff have dedicated training and development. Clinical staff are retained in the workforce for longer and staff banks support practices to cover absences. | training hub
- Practice nurse development
- Reception and clerical staff care navigation
- Practice manager development
- GP training and retention
- Physician associate and medical assistants
- MCP Vanguard funding
- GPAF funding
- HEE | External training grants and funding streams
Course fees |

Appendix 2 describes in detail the context, population projections and outcomes expected from this transformation project.

In summary, the Wakefield Training Academy will:

a) Assess workload and demand:
   - Continue to ensure practices complete the workforce survey to maintain 100% return
   - Develop a system to get weekly data from practices about demand e.g.
     - Number of GP appointments.
     - Number of nurse appointments
     - Number of visits
     - Number of HCA appointments
     - Work with colleagues to develop standardised ways of coding appointments in a meaningful way
b) Develop incentives to attract and retain GPs and other practice staff
c) Develop a learning culture in practices that will attract new staff and deliver the following to enable the development of a sustainable primary care workforce.

**ATTRACTING WORKFORCE TO WAKEFIELD – This will be done through:**

1. Training Academy Lead and associated staff
2. Advanced Training Practice – currently HEE funded
3. Schools, Colleges and Universities – Careers days to offer work experience and promote
<table>
<thead>
<tr>
<th>Wakefield as the place to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Internships - offered to local 6th Form students</td>
</tr>
<tr>
<td>5. HCA apprentices - 1 per practice = 40</td>
</tr>
<tr>
<td>6. Primary Care Admin Apprentices – 1 per practice =40</td>
</tr>
<tr>
<td>7. Nurse Associates – (Joint application already submitted which included 2 Practices) -1 per training practice =20</td>
</tr>
<tr>
<td>8. Nurse Degree Apprenticeships – (in development nationally)</td>
</tr>
<tr>
<td>9. Physicians Associates – 1 per training practice = 20 (fund as per Leeds University)</td>
</tr>
<tr>
<td>10. Advanced Care Practitioners – fund as per HEE scheme.</td>
</tr>
<tr>
<td>11. Advanced Nurse Practitioners</td>
</tr>
<tr>
<td>12. GP Nurse Ready – continue to build on the 6 recently recruited</td>
</tr>
</tbody>
</table>

**RETAINING THE WAKEFIELD WORKFORCE – This will be done through:**

| 1. Wakefield Workplace Wellness Checks |
| 2. Clinical Supervision for Nurses, ANP’s, ACP’s, PA’s, AHP’s etc. |
| 3. Mentor and sign off mentor training (HEE Funded) |
| 4. Co-ordinate training and development to reduce demands on individual practices which facilitate new models of care and integrated multidisciplinary teams |
| 5. Access to coaching trainers for GP leaders where this need is identified from the GP Resilience Fund |

**IMPLEMENT AND EXTEND THE WORKFORCE INITIATIVES IN GPFV :**

| 1. Clinical Pharmacists – 1 per 30,000 patients |
| 2. Physiotherapists – as per Wakefield West Model |
| 3. Mental Health Workers (GPFV reports 3000 new ones = 20 per CCG) |

**SUPPORT NEWLY QUALIFIED PROFESSIONALS**

| 1. Physicians Associate /Advanced Care Practitioner – pilot of the new roles and evaluate the difference |
| 2. Preceptorship for newly appointed practice nurses (Course currently HEE Funded) |
| 3. First Five Years – support scheme for newly qualified GPs |
**DEVELOP IN-HOUSE TRAINING CAPACITY**

1. **TARGET** – (Nurse and GP)

2. Administrative Staff Training

3. Nurse Training – CPD e.g. Wound care

4. Practice Manager Training and Development of Assistants (Funded by GP Resilience Fund)

5. Care Navigator Training (based on roll out of MCP Vanguard and funded by GP Resilience Fund)

Outcomes and improvements in the primary care workforce will be monitored through:

- Staff numbers
- Recruitment
- Retention
- Vacancies
- Staff survey
- Core and role specific MAST rates
- Annual appraisal rates
- Staff sickness rates

The Training Academy will support other providers including urgent care practitioners to work across primary and secondary care, training for hospital nurses (linked to the proposed Mid Yorkshire Hospitals Nursing School).

Practice federations will be encouraged to establish a bank of clinical and managerial staff able to plug gaps and reduce locum costs.

6. **Workload**

   Alongside the need to expand the primary healthcare team and integrated working with consultants and community staff there is a need to reduce practice workload and free up GP time to look after complex patients.

   Work is underway in Wakefield to implement the ten high impact actions identified in the GP Forward View and this is summarised alongside relevant funding sources (where required) in **Appendix 3 – Wakefield General Practice 2020 Plan – 10 High Impact Actions**

   The Wakefield Practice Premium Contract has introduced a mechanism for practices to highlight exceptions (locally called interface incidents) arising from the changes to the NHS Standard Contract with secondary care providers in which work is being inappropriately exported to general practice. These incidents are taken up with hospital providers by the CCG contracts team and the outcome fed back to practices.

   As part of Connecting Care system development the local authority has procured a social prescribing service and from April 2017 this will be accessed by care navigators and clinicians in practices to ensure that patients’ non-medical needs are being addressed. Similarly a new
A health and wellbeing service is being implemented to support prevention and self-care and this will be aligned to the new national programme for people with long term conditions when this launched.

Some groups of patients derive little benefit from many of their contacts with general practice. These include some patients with chronic pain for whom there is the additional risk of increased analgesic prescribing, including opiates, and some patients with social and substance abuse problems which lead to chaotic use of primary care and secondary care services. The pain service will be redesigned to improve care for this group and a pilot scheme for vulnerable and chaotic patients will form the basis of a model to implement across the district.

7. Infrastructure

7.1 Estates

Wakefield CCG has an interim Local Estates Strategy (December 2015). In 2017 the CCG will revise and update the Local Estates Strategy and the Local Estates Forum to identify opportunities for utilising public estate in Wakefield to improve outcomes for patients. As part of the work, plans are underway to hold a workshop in 2017 across the health and social care sector to set a clear vision and plan for estates, linking to the Leeds City Region One Public Estate work.

A critical part of delivering a vision for transformation is the drive for a more efficient estate. Wakefield is in a position where significant opportunities exist for effective change to:

- Reduce running and holding costs
- Reconfigure the estate to better meet commissioning needs
- Share property (particularly with social care and the wider public sector)
- Generate capital receipts for reinvestment
- Ensure effective future investment
- Facilitate primary care at scale or enable patient access to a wider range of services

With an ageing population demand for care services will continue to grow so we need to now continually look to see how we can do things differently to make the best use of the money available. Through working together as a health and social care system we can do this more effectively and we are already seeing this through our approach to integrated health and social care in Wakefield (Connecting Care)

The primary medical care estate is owned or leased from private landlords or NHS PS by GPs for the delivery of their service and they are responsible for the upkeep of the premises and meeting the requirements of minimum standards as outlined in their contract some of which will be assessed by CQC in inspections.

GP Premises surveys were undertaken in 2008 and a further series of 6 Facet Surveys have been partially updated in 2016. Analysis of the findings from the most recent 6 Facet Surveys and a limited number of utilisation studies is underway. This information, together with the interim Local Estates Strategy will set the direction and priority for investment and transformation between 2016 and 2019.
The CCG has co-ordinated submission of bids for capital funding from the Estates and Technology Transformation Fund (ETTF). 7 bids have progressed to the next stage of the process from an initial submission of 12. The CCG will work with practices and NHS England to complete appropriate due diligence with a view to planning investment in a timely and affordable manner. Recurrent revenue consequence is being continually checked and the CCG is committed to supporting bids where the revenue consequence is affordable.

Investment in the GP estate is needed not just to improve or extend existing facilities. The CCG aims to support the increase in flexibility of facilities to accommodate multi-disciplinary teams and their training, innovations in care for patients and the increasing use of technology. It is likely that new premises may be needed to cater for significant population growth.

ONS trend-based projections indicate that the number of households in Wakefield District is expected to increase by 25.9% from 139,000 in 2008 to 175,000 in 2033. This represents an average annual increase of around 1,400 households.

There are three key areas of significant housing development which will add pressure to primary care services.

- City Fields Development which is located in the Wakefield City Centre, opposite the secondary care facility Pinderfields Hospital. This site alone seeks to deliver 2,500 homes with the first 500 homes being built in the first phase.
- The Prince of Wales Colliery site is based in Pontefract and is already in development. This site seeks to deliver 917 homes over the next decade.
- The last key development site is in Castleford which seeks to deliver 3,000 homes over a number of different locations.

The CCG will work with Master Planners at the Local Authority and practices in the neighbouring areas to effectively plan services for this additional growth.

The Local Estates Forum, hosted by the CCG, brings together key stakeholders from across the patch. It includes representatives from health (primary, secondary and mental health), Local Authority, NHS Property Services and NHS England. This forum is essential to ensure a cohesive approach to developing joint estate priorities.

7.2 Technology – The Wakefield Vision

Wakefield CCG’s ICT strategy and Local Digital roadmap both outline our vision for a digital health and care community this vision is described below:

To create a ‘digital’ health and care community that shares information and knowledge, communicates, plans and collaborates in ways that helps the citizens across the district to receive the highest possible quality of care, supported by the citizen having access to the information needed to help them self-care.

This vision aims to provide digital delivery of services where this can demonstrate improved health and well-being, firstly across the priorities identified in the Wakefield STP and then more widely as digital health services mature, recognising that not all citizens will choose or be able to utilise digital services.
This vision incorporates and builds upon that of the Connecting Care Pioneer project and the West Wakefield MCP to ensure that, with appropriate consents and safeguards, data can be identified, shared and used by care professionals and citizens to better support health and well-being.

At the most simplistic level, information and knowledge will be shared securely for the right care in the right place at the right time through:

1. Enhanced communication and collaboration for people and systems.
2. Investment in technology linked to business and clinical objectives across the CCG, its partners and service providers.
3. Innovation that will lead to the improvement in the quality of services and better outcomes for patients.

As a Transformation area and a Multi-speciality Community Provider (“MCP”) Contract development area we aim to achieve the stretch targets for provision of digital services at the earliest opportunity. More detail on the delivery against these can be found in the spreadsheet - Appendix 4 – Wakefield General Practice 2020 Plan IT Milestones

The CCG recognises that these cannot be achieved through one organisation acting alone and will need all partners across the district to work together to identify ways of meeting the aims of the MCP and Transformational targets.

Accepting some of these targets are aspirational we are actively engaged with NHSE and NHS Digital teams to support our planning and engagement activities.

Most practices are already operating effectively ‘paper free at the point of care’ with no reference to paper based notes during patient consultations. However this does not extend to mobile working for home visits or care home consultations. Despite developments towards paper light and paper less working, there is still limited reliance on fax communication particularly when exchanging data across smaller care providers.

E-consultation - 10 specialities provide e-Consultation service at Mid Yorkshire Hospitals Trust to Wakefield and North Kirklees CCG primary care practices through the SystmOne clinical system covering the following specialities:

- Cardiology
- Diabetes
- Endocrinology
- Haematology
- Acute Paediatrics
- Pain Management
- Palliative medicine
- Radiology (through ICE)
- Respiratory
- Urology

This project has proven successful in:

- enabling integrated primary and secondary care
- providing primary care with access to clinical advice from secondary care clinicians to better inform shared care and referral decisions
• supporting timely and high quality clinical care in the most appropriate setting
• enabling best practice with mutual professional education and development

Future implementation will include Dermatology, Gastroenterology (Hepatology), Gynaecology, Elective Orthopaedics/MSK, Paediatrics, Renal (Nephrology), Rheumatology, Stroke.

A great deal of work has been undertaken in Wakefield to date to encourage ‘Patient Online’ access to medical records, requesting repeat medication and booking appointments. Practices are being supported to work towards a stretch target of 25% and the average is currently approximately 16%. The Communications Plan which has been developed in Wakefield around encouraging uptake of patient online services through prescription requests has been shared by the national team as an exemplar plan. This is also being shared with the Royal College of GPs.

Uptake is increasing rapidly following recent changes which mean that patients must request medication themselves (and not via a community pharmacy). Numbers of patients registered for online ordering of repeat prescriptions has increased from 48,943 in September to 51,967 in October – an increase of 3024 in the first month.

A project manager has been brought in for an interim period to work with practices that need additional support and patient champions have also been identified.

The CCG will implement the general practice consultation software system using the additional funding as support from the GPFV. This is envisaged to happen earlier within the MCP Vanguard practices.

The CCG will deploy the 18 percent increase in allocations for the provision of IT services and technology for general practice.

As part of the deployment of the HSCN we will seek support from NHS digital in developing a shared WIFI estate allowing professionals from across the health and care economy to work from the council or health estate. Subject to NHS Digital guidance and targeted funding we will extend this to public access to better enable use of digital services

8. Care Redesign

Aside from strengthening and broadening individual practice teams the biggest change in the care design in the next three years will come from the development of Wakefield’s five practice federations and the creation of a district-wide confederation. Sharing staff, providing services at hub level and working with other providers as part of the Connecting Care system will allow practices to deliver the nine transformation projects summarised in this plan and the ten high impact changes described in the General Practice Forward View.

Three of the nine transformation projects relate specifically to strengthening and expanding practice teams.

<table>
<thead>
<tr>
<th>Transformation Project 2</th>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Pharmacists in general practice</td>
<td>GPs are relieved of much of</td>
<td>MCP Vanguard</td>
<td>CCG GPFV</td>
</tr>
</tbody>
</table>

Wakefield will implement a

Page 23 of 34
A sustainable model for pharmacy in general practice that builds on the lessons from the West Wakefield scheme and the first wave of the national clinical pharmacy programme.

- The workload related to hospital discharge medication, ad hoc medication queries, medicines optimisation and medicines monitoring.
- Suitable patients can access clinical pharmacists instead of GPs and nurses for advice and long term conditions monitoring.
- Medicines waste and adverse effects are reduced and cost effective prescribing is maximised.

### Transformation Project 3
Physio First in general practice

<table>
<thead>
<tr>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wakefield will implement a sustainable model for first contact physiotherapy in general practice that builds on the lessons from the West Wakefield scheme.</td>
<td>Some of the 20% of GP consultations which relate to musculoskeletal symptoms are seen and assessed by a physiotherapist instead of a GP through care navigation. Suitable patients can quickly access 15-minute physiotherapy appointments involving a brief assessment, advice, and arrangement of further management if required.</td>
<td>MCP Vanguard funding</td>
</tr>
<tr>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This will be recurrently funded through a redesign of the Wakefield AQP community physio service specification and contracts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Transformation Project 4
Primary mental health workers in general practice

<table>
<thead>
<tr>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wakefield will implement a sustainable model for primary mental health workers in</td>
<td>Practice based workers provide fast access to</td>
<td>National transformation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To be confirmed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wave 2 of the NHS England clinical pharmacy programme</td>
<td>Gain share proceeds from prescribing budget</td>
</tr>
<tr>
<td>GPV clinical pharmacy programme</td>
<td></td>
</tr>
</tbody>
</table>
In addition to strengthening primary healthcare teams there is a need to extend the boundaries of traditional general practice care in collaboration with other services through the virtual Connecting Care model.

<table>
<thead>
<tr>
<th>Transformation Project 5</th>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated primary care and community nursing teams</td>
<td>Practice nurses and community nurses form one team around a registered patient population making the most of skills and experience to care for patients at the surgery or at home and provide a gateway to specialist community services.</td>
<td>MCP Vanguard funding</td>
<td>Adult community nursing budget and practice nursing budgets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transformation Project 6</th>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Home Model of Care</td>
<td>Practices are funded for care home patients and have fewer unplanned visit requests and patients in fewer separate homes.</td>
<td>Care Homes Vanguard funding</td>
<td>Aspects of the care home vanguard model of care will commence to be recurrently funded</td>
</tr>
</tbody>
</table>

Patients with medically unexplained symptoms, chronic pain and other long term conditions receive appropriate psychological therapies to help them manage their conditions and minimise unnecessary medication.
multidisciplinary team and improved care home staff training and morale. Full district wide coverage and rollout of the model of care home attachment being tested through the Care Home Vanguard and adoption of One GP practice – One Care Home approach.

be £825K. NHSE have confirmed £400K in 2017-18 of which £204K will support the Primary Care LES costs in 2017-18 funded from 2017-18 through the MYHT community contract such as the care home vanguard support MDT. Other recurrent resources will be released post 2018 through a system reduction of A&E attendances, evidence of emergency bed day reductions and reducing emergency admissions.

<table>
<thead>
<tr>
<th>Transformation Project 7</th>
<th>Home visiting service</th>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>MCP Vanguard funding</td>
<td>GPAF CCG GP access funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GPAF funding</td>
<td></td>
</tr>
<tr>
<td>Wakefield will implement a sustainable model for same day home visiting based on further evaluation of the scheme in Network 3 using an advanced nurse practitioner based in the Connecting Care hub.</td>
<td>Patients requiring home visits are assessed promptly by an appropriate professional, ambulance calls and emergency admissions are avoided where possible and hospital ambulatory care is used more efficiently. Practices can plan rotas better and provide more routine and surgery-based urgent capacity.</td>
<td>MCP Vanguard funding</td>
<td>GPAF CCG GP access funding</td>
<td></td>
</tr>
<tr>
<td>Transformation Project 8 Consultant attachment</td>
<td>What will be different in 2020?</td>
<td>Pump-priming funding</td>
<td>Recurrent funding</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------</td>
<td>---------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Wakefield will implement a sustainable model for consultant attachment to practice federations to provide pre-referral advice and guidance, develop local treatment pathways, provide training and peer review and consult with suitable patients outside the hospital outpatient clinic.</td>
<td>Hospital consultant specialists attached to or employed by practice federations to extend the primary care management of long term conditions, provide a frailty service and transform outpatient assessment and treatment. Reduced waiting times, reduced unnecessary investigation and referral, and reduced inappropriate requests from hospital specialists to GPs.</td>
<td>Gain share arrangement from reduced outpatient activity.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Access

Wakefield has good access to general practice for most people for most of the time. Through the Wakefield Premium Practice Contract practices have CCG approved access policies on their websites which include a 4 hour standard for clinical triage and a 48 hour standard for routine GP appointments. They also provide a specific access offer for young people.

CCG investment through the Additional Patient Access Contract funds 130,000 patient contacts annually in-hours and all practices are on track to be dementia and sensory impairment friendly by March 2017. Most Wakefield practices undertake the extended hours Directed Enhanced Service. The General Practice Access Fund pays for extended access seven days a week in the West Wakefield federation and a combination of MCP Vanguard funding, CCG non-recurrent funding and collaboration with the out of hours GP service provides extended urgent access to general practice in the rest of the district.

National and local patient surveys indicate that access for specific groups of patients varies considerably across the district. Patients who struggle with English and those with chaotic lifestyles sometimes miss out on the continuity of care provided by general practice and disproportionately access walk in services and the emergency departments.
Wakefield has developed a 24/7 Generalist Healthcare Plan with three core components:

- consistent service level to patients in all parts of the district;
- accessed by one call – GP practice, 111 or 999;
- care navigation via a hub-based clinical advice and booking service developed from the successful local Trinity Care model;
- Walk-in (sit and wait) urgent care available at the Pontefract Urgent Care Centre and the primary care stream at Pinderfields Integrated Emergency Department.

The infrastructure for this service will be developed from October 2016 and the service will go live during 2017/18 offering urgent and routine access Monday to Friday 8am to 8pm, routine access on Saturday mornings and urgent access from 9am to 3pm on Saturday and Sundays. This will be a seamless 24/7 generalist offer with practice services in core hours able to book into extended hours provided jointly by practice federations and the out of hours service and the overnight out of hours service able to book into practice core hours. Callers to 111 will be put through to the clinical advice and booking service; those that have been assessed by the 111 Clinical Assessment Service can be booked directly into face to face appointments.

The Multispecialty Community Provider Vanguard has piloted a home visiting service by advanced nurse practitioners and this model is being evaluated to form the basis of a district-wide service to be mobilised during 2017-2018. The intention is to improve efficiency (at present all 40 practices have a duty doctor on call for whom one or two late visits can disrupt the work of a whole afternoon) and to get to frail patients faster in the morning so that they can be treated at home or assessed in an ambulatory care setting and returned home the same day. This service will link with the admissions avoidance teams based in the Connecting Care hubs.
and the hospital and be commissioned as part of the ‘virtual’ MCP system the District will have in place from April 2017.

<table>
<thead>
<tr>
<th>Transformation Project 9</th>
<th>What will be different in 2020?</th>
<th>Pump-priming funding</th>
<th>Recurrent funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 generalist healthcare including care navigation</td>
<td>All patients across the district can access clinical advice and be booked into a suitable service 24 hours a day 7 days a week via their practice telephone number. Practices can plan routine and urgent care more easily and use extended capacity when needed after 5pm on weekdays.</td>
<td>GPAF A&amp;E Improvement Accelerator Zone funding Estates and technology transformation fund</td>
<td>GPAF CCG GP access funding</td>
</tr>
</tbody>
</table>

10. Governance & Delivery Mechanism

10.1 Governance

Decisions relating to general practice commissioning are delegated by the CCG Governing Body to its Probity Committee in order to manage the conflicts of interest for Governing Body GPs. The membership of the Probity Committee does not contain any local GPs but has clinical, executive and lay members, is chaired by a lay member and is attended by the Chair of the Health and Wellbeing Committee, the Director of Healthwatch and a representative of NHS England. The Probity Committee has been consulted about this plan, has approved its submission and will provide the ultimate assurance that it is being delivered appropriately.

As part of a virtual MCP system general practice federations will form a committee in common with other local providers, including the hospital trust, the mental health trust, other local health and voluntary sector providers, governed by an alliance agreement which sets out how they work together in the best interests of patients. This committee will be chaired by a GP and will include all 5 federations working alongside the CEOs of the Wakefield system.

The joint committee will link to the Connecting Care Executive, established by the CCG and Wakefield Council. The Connecting Care Executive seeks to deliver the ambition of the Health and Wellbeing Board to achieve more effective integration between the commissioning of public health and NHS services for children and adults. It also reviews the performance and oversight of the Better Care Fund. This new governance forum will commence on 30 January 2017.

A work programme for the 9 GP Forward View transformation plan will be developed to report into these arrangements and progress will be overseen and monitored through the wider health and social care integration agenda.
At West Yorkshire level, the CCG is a member of the Healthy Futures Collaborative Forum. It is intended that the West Yorkshire CCGs will form a joint committee in early 2017; the CCG will be a member of this committee. In addition Wakefield CCG is engaged in joint decision making arrangements in South Yorkshire. This provides an operational link between the Wakefield Health and Wellbeing Plan and the West Yorkshire and South Yorkshire STPs.

10.2 Delivery Mechanism

While the Probity Committee will assure the CCG Governing Body and NHS England that this plan is being implemented there will be three other mechanisms to ensure that the work is carried out effectively.

There will be a delivery team comprising CCG primary and integrated care commissioners and members of the CCG quality, finance, contracting and development teams. The medical advisor to the team will be Dr Greg Connor and it will report to the responsible CCG Executive Director, Melanie Brown. This will be supported by the West Yorkshire NHS England Transformation Team.

There will be an independent evaluation of the projects contained in the plan to assess whether they are effective and value for money. The Deputy Director of Public Health will commission experts to undertake the evaluation work.

There will be two reference groups to oversee the implementation and evaluation of the plan. The general practice reference group will include the LMC Medical Secretary, Dr Carolyn Hall, the CCG Governing Body GPs Dr Pravin Jayakumar and Dr Debbie Hallott and the CCG Governing Body Practice Manager Alison Sugarman. The patient and public reference group will be provided by the CCG’s Public Involvement and Patient Experience Committee (PIPEC).

There will be strong links with the Primary Care Operational Group, Local Estates Forum and Overview and Scrutiny Committee.

In addition, expertise, engagement and input into the planning process will be sought from nursing, dental, optometry and pharmacy colleagues.

11. Engagement

Over the years the CCG has considered what the local population and health system needs are and involved the public, local communities and other stakeholders in these discussions. This engagement underpins the development of this plan and the STP.

Major transformation projects around Meeting the Challenge previously provided us with lot of insight on which we continued to build. More recently, the work around our Vanguards, Connecting Care and the Multi-Specialty Provider initiatives has seen significant engagement taking place and being planned over the coming months. Many of our projects are carried out in partnership with other organisations, such as our local Healthwatch.
11.1 Engagement with practices and the Local Medical Committee (LMC)

The first draft of this plan was based on meetings with leaders of the five practice federations in Wakefield and a meeting for all practices about the future of general practice in September. It was sent out to all 40 practices and to the LMC at the end of October. The CCG Chief Officer and Executive Clinical Advisor attended meetings of all five federations to present and discuss the draft plan.

While many aspects of the draft plan were welcomed by practices and federation leaders it was debated at the November meeting of the LMC and significant concerns were raised which were subsequently echoed by the 18 practices which replied to the consultation.

One concern related to the protection of core and discretionary funding to general practice in an MCP model. The other concern related to the evaluation and decision-making processes required before any decision to move further than a virtual model. The Chief Officer has given written assurances to the LMC and practices regarding these issues and these have been incorporated in the final plan which has also been circulated to the LMC and all practices.

11.2 Public assurance

The Public Involvement and Patient Experience Committee (PIPEC) is the CCG’s public assurance body. It provides assurance on engagement and patient experience work. Apart from their regular quarterly meetings, the group has been involved in an extraordinary meeting to receive the findings and discuss proposed actions following the Improving Access to Primary Care Services engagement, a significant piece of work we carried out last summer.

The areas of work recently considered by PIPEC include

- Primary Care – considering the key findings from engagement, the actions proposed by the CCG and feedback on these
- Urgent and Emergency Care – plans for engagement
- Care Homes Vanguard
- Sustainability and Transformation Plan
- Multispecialty Community Provider
- Patient Access Policy - GP practices
- Transport
- Managing waste in medicines
- Primary Care update and local proposals
- End of Life care

PIPEC is chaired by the Governing Body lay member for public involvement and provides suggestions as well as challenges to the processes and actions taken.

Overview and Scrutiny Committee have been engaged in a number of recent primary care transformation discussions and will continue to be involved in the engagement around GP Forward View.
11.3 Public engagement on improving access to general practice

Engagement took place across Wakefield District between 10th August and 24th September 2015. The purpose of the engagement was to:

- Raise awareness of potential changes to general practice services
- Understand current general practice demand particularly in relation to urgent care
- Explore accessibility of local services
- Investigate preferences for access to general practice
- Collect views on proposed changes to general practice services.

The engagement was very widely publicised, and was supported by intensive activity to reach a wide section of the local population. In total 1,237 people took part in the survey, either in hard copy, tablets or online, providing a robust sample size. In addition, staff from the CCG engaged with 469 people face-to-face at events in the district. Healthwatch was an active partner in the engagement, and was particularly focussed on engaging with ‘seldom heard’ groups. As well as presenting the findings to PIPEC, our public assurance committee, this was also shared with the Overview and Scrutiny Committee and Probity Committee.

The Health and Wellbeing Board (HWBB) have received assurance of GP Forward View plans and had an opportunity to comment.

11.4 Patient engagement at practice level

Patient Participation Group Network (PPGN)

At these quarterly meetings representatives from all 40 practices are invited to come together to share experiences of engagement with their practices and act as a direct link from the CCG to PPGs. The following topics were discussed at Patient Participation Group Network meetings. It should be noted that the core part of the meetings is a session where members share their experiences, work ideas, ask questions and contribute to the overall update on what is happening at GP practice level. These were at times scheduled to be the main agenda item:

- Co-commissioning and GP contract update
- Friends and Family Test in GP practices
- Primary and community care access – planning for engagement
- Improving access to primary care – engagement
- Open feedback on local services
- Planning for future engagement at practice and district level, including GP, primary and secondary care services.
- Working Together
- Urgent and emergency care engagement plans
- Primary care – clinical networks and what this means locally
- Choose and Book
- MCP in West Wakefield

Network members provide ongoing feedback through the course of successive meetings, adding to the debate as required for feedback to the CCG. Members continue to receive, consider and provide feedback on communication and engagement plans, documents and reports which has
helped to shape our approaches. They also provide general feedback on local services which were used to feed in as part of the commissioning work and also to help shape the agendas and work of the group.

There is a commitment to growing the membership of the PPG Network and the support we have given has been both to the network as well as individual groups. Issues and comments raised by the group in respect of services have been shared within the organisation both as feedback on services and in support of commissioning work.

11.5 Patient engagement across clinical networks

Our Clinical Networks have been working on their five year Network Health Improvement Plans, which include focus on priority areas linked to addressing health inequalities, or improving access to services. To support their work, communications and engagement plans had been developed with the input of the Networks themselves but also the local public and approach to engagement tested at a public meeting.

Each Network has had specific plans to underpin their work, progress against which has been monitored. Feedback to their respective patient participation groups on the work of each Network and receiving their comments on this is also included in the wider performance monitoring.

12. Risks and Mitigation

A full programme management approach will be implemented to ensure the delivery of the GPFV plan and a full assessment of risks will feature as part of this work. This will link to the governance structure described above.

Appendix 5 describes sets out the management of risk and delivery - Delivering the GP Forward View to transform Primary Care to ensure future sustainability. This is an integrated approach to risk management and forms part of the NHS Wakefield Clinical Commissioning Group Assurance Framework – November 2016

13. Conclusion

The GP Forward View recognises that general practice is under significant pressure. This affects patients and it impacts on the wider NHS. Yet, given the nature of future health needs, never have we as a country needed provision of high quality general practice services more.

The GP Forward View and the NHS Operational Planning and Contracting Guidance for 2017-19 describes a substantial package of investment and reform to address the pressures around workforce, workload, care redesign and access.

This plan describes the start of the GPFV journey for Wakefield and sets out a framework for getting on and delivering it so that practices can start to feel the difference.
14. References

General Practice Forward View (April 2016)
NHS Operational Planning and Contracting Guidance for 2017-19 (Sep 2016)
NHS Wakefield CCG Sustainability and Transformation Plan (Sep 2016)
Interim Local Estates Strategy (Dec 2015)
NHS Wakefield CCG - Local Digital Roadmap (Jun 2016)
NHS Wakefield CCG - Primary Care Strategy (2015)
HEE (2016) ‘By choice – not by chance - Supporting medical students towards future careers in
general practice’ (Accessed: 07/12/2016)

15. Appendices

Appendix 1 – NHS Wakefield CCG – GP Forward View - Schedule of Investment
Appendix 2 – Wakefield Workforce Academy Transformation Project
Appendix 3 - Wakefield General Practice 2020 Plan – 10 High Impact Actions
Appendix 4 – Wakefield General Practice 2020 Plan – IT Milestones (Spreadsheet)
Appendix 5 – Management of risk and delivery
## Appendix 1

### NHS Wakefield CCG – GP Forward View - Schedule of Primary Care Investment


<table>
<thead>
<tr>
<th></th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>2020 Onwards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Allocation</strong></td>
<td>Delegated budget plus proportionate % increase in primary care funding in line with CCG uplift. 1.0% £56.320m</td>
<td>Delegated budget plus proportionate % increase in primary care funding in line with CCG uplift. 1.0% £56.883m</td>
<td>Delegated budget plus proportionate % increase in primary care funding in line with CCG uplift. £57.452m</td>
<td>Delegated budget plus proportionate % increase in primary care funding in line with CCG uplift. £58.027m</td>
</tr>
<tr>
<td><strong>Discretionary Spend</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
</tr>
<tr>
<td><strong>GPFV Funding Streams</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
<td><strong>See Figure 6 Non-Core GP Investment</strong></td>
</tr>
<tr>
<td><strong>Transformational Support</strong> (1.2.1.a)</td>
<td>£3 per head on population of 365,164; non recurrent investment over one year £1,095,493 or £1.50 over two years £547,746</td>
<td>£547,747</td>
<td><strong>TBC</strong></td>
<td><strong>TBC</strong></td>
</tr>
<tr>
<td><strong>Online General Practice Consultation Software</strong> (1.2.1.b)</td>
<td>367,072 population on share of £15m £94,649</td>
<td>368,992 population on share of £15m £125,953</td>
<td><strong>Approx £130k</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td>(deployed over 3 years)</td>
<td>New CCG allocation</td>
<td>New CCG allocation</td>
<td>New CCG allocation</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
<td>--------------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Training Care Navigators &amp; Medical Assistants (1.2.1.c)</strong>&lt;br&gt;(£45m deployed over 5 years)</td>
<td>367,072 population on share of £10m&lt;br&gt;£63,099</td>
<td>368,992 population on share of £10m&lt;br&gt;£62,976</td>
<td>£63,000 approx</td>
<td></td>
</tr>
<tr>
<td><strong>General Practice Resilience Programme (1.2.1.d)</strong></td>
<td>West Yorkshire &amp; Wakefield&lt;br&gt;£40m over 4 years&lt;br&gt;£16m allocated nationally 2016/17&lt;br&gt;£8m in 2017/18&lt;br&gt;Resource is held centrally by NHSE local teams&lt;br&gt;Amount TBC and commissioners should not factor into plans yet</td>
<td>£8m in 2018/19&lt;br&gt;Resource is held centrally by NHSE local teams&lt;br&gt;Amount tbc and commissioners should not factor into plans yet</td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td><strong>Improving Access to General Practice (1.2.2)</strong>&lt;br&gt;commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to GPAF site&lt;br&gt;£6 per head per 65,001 population in 16/17 (£390k)&lt;br&gt;£6 per head for 367,072 whole district population as a transformation area £2,202,432</td>
<td>GPAF site only £6 per head in 16/17 (£390k) in N6 pilot site&lt;br&gt;£6 per head for 368,992 whole district population as a transformation area £2,213,952</td>
<td>GPAF site only £6 per head in 16/17 (£390k) in N6 pilot site&lt;br&gt;£6 per head for whole district as a transformation area</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>45 minutes per 1000 population</td>
<td>Plus (£3 per head transformational non recurrent support as described above)</td>
<td>Plus (£3 per head transformational non recurrent support as described above)</td>
<td>would be approximately £2.3m</td>
<td>N/A</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Estates and Technology Transformation Fund (1.2.3)</strong></td>
<td>Summary of recurrent revenue consequence for submitted PIDS. Overall completion date 31.3.2019</td>
<td>Maximum estimated recurrent revenue impact if all projects go ahead is c£286,762.73</td>
<td>Process of due diligence will be undertaken to determine affordability once accurate figures have been assessed.</td>
<td>ETTF being managed by NHS England Central and Regional Teams</td>
</tr>
<tr>
<td><strong>Reception &amp; Clerical Staff training</strong></td>
<td>£32k in 16/17 non-recurrent</td>
<td>Plan will be agreed with practice managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New Models of Care – Enhanced Care Homes</strong></td>
<td>Primary Care – locally enhanced service (phased roll out)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funded from Vanguard £226,480</td>
<td>Funded by CCG £275,019</td>
<td>Funded by CCG £323,557</td>
<td>Funded by CCG £372,096</td>
</tr>
<tr>
<td><strong>New Models of Care – MCP (exc care homes)</strong></td>
<td>NB numbers are subject to revision in new plan due 3 Feb 2017.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funded from Vanguard £2.4m approx</td>
<td>Funded by CCG £2.3m approx</td>
<td>Funded by CCG £2.2m approx</td>
<td>Funded by CCG £2.3m approx</td>
</tr>
</tbody>
</table>
Appendix 2

Transformation Project 1

A Wakefield Training Academy to grow a new primary Care Workforce

1. Context

The workforce is our greatest asset, and a co-ordinated collaborative programme of development will ensure that, well trained, competent, confident, flexible and high quality are key characteristics of the workforce. Now, more than ever before approaches to shaping the workforce need to be rethought.

In the General Practice Forward View (GPFV) there is a clear model for an expanded Primary Care workforce. Primary Care needs to grow in order to keep pace with population growth, the increasing complex needs of older patients with long term conditions and the need to expand primary care provision in order to improve quality and reduce cost.

The NHS Wakefield CCG Primary Care Workforce Strategy is currently under development, informed by the workforce plan Appendix 1. The strategy will incorporate the workforce elements of the New Models of Care - Primary Care Transformation and Delivering the GP Forward View, with the emphasis on ensuring General Practice becomes more integrated, the workforce skill mix revised and training capacity increased.

Wakefield District has taken a broader view of the health and social care workforce issues and is working towards developing a Wakefield system workforce framework applicable across health and social care providers. Primary care is integral to this work, with members of the CCG workforce group working closely with local partners and at a National level to deliver the Wakefield workforce vision of:

“The right people (confident, engaged & motivated) with the right skills, values & behaviours, which results in a workforce who collaboratively support self-management & deliver wrap-around health, care and well-being services which embodies the “Triple Aim” of patient experience, health outcomes and financial effectiveness”

West Wakefield MCP Vanguard has piloted Care Navigation, Clinical Pharmacists and Physio First to model the impact on GP workload. The learning from these projects will form part of the wider workforce strategy. In addition to the MCP Vanguard there are several sites across Wakefield testing new workforce models. We are working with our GP Practices to evaluate these models and advance practice roles, also identifying Practices who are keen to develop further. Wakefield has made significant progress with regard to workforce models and currently has learning to share in some of the following areas which it is progressing:

- Advanced Training Practice (Hub and Spoke)
- Advanced Care Practitioners
- Practice employed Pharmacists
- Physio First
2. Workforce Risks and Concerns

The Health Education England Yorkshire and the Humber (HEE Y&H) Workforce Survey is completed by 100% of Wakefield practices and in the past 12 months has shown a change to fewer GPs but more Nurses and HCA’s. This reflects both the difficulty in recruiting and retaining GPs but also the consequent transition to new models of primary healthcare. Comparatively Wakefield has more GPs and nurses per 1000 population than in other parts of West Yorkshire (0.77 per 1000 population) and a slightly higher age profile of staff with 32% of Practice Nurses and 26% of Practice Managers aged over 55.

The loss of the over 55 year old group of staff referred to as the Baby Boomers is considered a significant risk to primary care, as this group are often the most experienced.

Table 1 below outlines the current workforce data form the quarter 2 survey (July – September:

3. Primary Care Workforce Transformation

In order to ensure the delivery of primary care in the future, the primary care workforce needs to meet the needs of its population. This must reflect the primary care workforce risks and concerns general practice are facing now and in the future:

- Retiring workforce
- Low morale in general practice, particularly noted by trainees (By choice not chance – HEE 2016)
- Education and training gaps/requirements
- Minimal number of applicants to primary care roles
- Integration of new roles
- Aging population and increased health needs, increasing demand on GP practices
- Multiple planned housing developments

In accordance with the GPFV the proposed transformation model will enable a wider skill mix in the practice team, allow more time for GPs to be able to consult with more complex cases and the routine care being undertaken by other healthcare professionals.

The scoping of the transformation model is part of the workforce project; an increase in advanced Practice roles is a priority in NHS Wakefield CCG. We acknowledge that further work is required to test and scope the models. However, below (Figure 1) is an example of the move towards the transformation model. Traditionally the ratio of GP, Nurses and HCAs has been 4:2:1 and the move to 1:2:4.

\[ \text{RATIOS} \]

**Figure 1 – change in shape of primary care (adapted from Lane P, Advanced Training Practice Scheme Vol 5)**

HEE Y&H have modelled changes in the primary care workforce based on this model (Figure 1) that has three types of practice:

1. ‘Conservative’ practices which deal with increased demand and shift from secondary care by growing their workforce in line with the promised additional 5,000 doctors (and other staff in the 4:2:1 ratio).
2. ‘Evolutionary’ practices that might be able to meet demand without growing the medical workforce by changing skill mix. This has the ratio of GPs to advanced practice roles to clinical assistant roles as 3:2:2. In Wakefield the current ratio of staff is 3.2:1.7:1.
3. ‘Transformation’ practices which are predicated on a 10-20% reduction in GPs. In Wakefield this reduction is likely to be due to involvement in other workforce roles such as GPwSI’s, involvement in pathway resign and GP Clinical Leadership for instance.
Using NHS Digital data Wakefield has 203 of England’s FTE 34,914 GPs; therefore we might expect a GP ‘growth’ of 203/34914 x 5,000 GPs. This only applies to 25% of Wakefield’s practices – around 7 additional GPs needed in the ‘conservative’ practices with associated increases in other staff.

The ‘evolutionary’ practices will have the same number of GPs and may be able to meet future demand growth by a shift in skill mix.

In the ‘transformative’ practices the model assumes losing 10% of GPs by role substitution and there is a loss of 6 GPs and increase in other staff.

This modelling produces the additional staff that is required in Wakefield and can be seen in table 2 below:

**Table 2 Future Staff Requirements**

<table>
<thead>
<tr>
<th></th>
<th>Ratio 4:2:1</th>
<th>Ratio 3:2:2</th>
<th>Ratio 1:2:4</th>
<th>Total number</th>
<th>Additional staff required</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs</td>
<td>68</td>
<td>122</td>
<td>55</td>
<td>246</td>
<td>1</td>
</tr>
<tr>
<td>Advanced Practice Roles</td>
<td>38</td>
<td>82</td>
<td>110</td>
<td>230</td>
<td>93</td>
</tr>
<tr>
<td>Clinical Assistant Roles</td>
<td>21</td>
<td>82</td>
<td>220</td>
<td>232</td>
<td>243</td>
</tr>
</tbody>
</table>

| Percentage of practices  | 25%        | 50%        | 25%        |              |                          |

4. **Wakefield CCG Primary Care Training Academy**

The workforce plan activities in Appendix 1 will be incorporated into the workforce strategy which will enable the development of a proposed NHS Wakefield CCG Primary Care Training Academy.

We intend to build on our workforce intelligence, expand and develop our system leadership and develop an education and training infrastructure to successfully engage with the primary care workforce.

We will ensure a supportive approach via the Wakefield Primary Care Training Academy to enable practices to take on new roles in a safe way that enables trust across the whole team. By “Growing our Own” staff and developing, owning and delivering the education, training, supervision and support they require we can begin to address the recruitment, retention and retraining of our workforce.

A sum of £196,000 has been included in the MCP VBP bid to fund the initial development of the Primary Care Training Academy. It is proposed that additional funds will be from practice levies, the CCG, course fees and any available HEE Y&H training and education funding as detailed below.
Additionally, Primary Care will continue to use the current HEE Y&H mechanisms, including funding, for how sufficient numbers of new practitioners are going to be trained in the clinical competencies required to provide the right ingredients for practice teams to develop. The mechanisms for undertaking the necessary training programmes to produce the workforce numbers above each year are detailed below:

- **General Practitioners** - through HEE Y&H School of Primary Care supported by training programme directors and training practices and to continue to invest in ST4’s and Leadership Fellows which have been supported by the CCG and General Practice
- **Practice Nurses** - through the GPN Ready scheme using the Advanced Training Practice (ATP) network from those trained each year and also return to practice schemes
- **Clinical Pharmacists in general practice** - through the NHS England and other regional schemes
- **Advanced Practitioners** – to continue to be delivered via the HEE Y&H programmes
- **Physician Associates** – using the Leeds University and Sheffield Hallam University programmes. Placements being facilitated by HEE Y&H School of Primary Care. A preceptorship year is recommended for new PAs into their first jobs in primary care and we hope to provide this via the Wakefield Primary Care Training Academy
- **Clinical Support Workers** to be delivered by the ATP Hub using the HEE Y&H HCA apprentice scheme

Development of an integrated general practice and primary care service is crucial to the success of Wakefield’s service transformation in order to provide a quality health service to all our population whilst meeting financial constraints. The following developments will be undertaken to enable the General Practice workforce to become more integrated, revise the skill mix and increase the training capacity. This will ensure the primary care workforce consists of the right number of engaged, motivated and integrated staff with appropriate skills in order to deliver high quality patient care.

5. **Internships**

In order to promote General Practice as a future career choice to overcome recruitment problems in primary care, a structured internship programme will be developed as part of the primary care workforce strategy. The overall aim is to support students considering medical and non-medical careers however internships provide an opportunity for learning about Health and Social Care, self-care etc., enabling the current workforce to have a greater impact on future demand.

Consideration will be given to the recommendations in ‘By choice - not by chance: supporting medical students towards future careers in general practice’ (HEE 2016). Focus will particularly be on structured evaluation aiming to create a positive learning experience for students throughout placements and ensuring structured work experiences are provided.

6. **Advanced Training Practice Hub and Spoke Practices**

Wakefield has an ATP Hub currently with 8 spoke practices. Further spokes are currently being recruited in order to meet the requirements of providing mentorship and preceptorship to increased numbers of primary care training places which we wish to offer. Success of providing
previous student nurse placements within Wakefield practices is being seen as new graduates are employed locally as Practice Nurses as part of the GPN Ready Scheme.

We are hoping to place a total of 39 student nurses this year (2016-2017) and plan to increase this number as the number of spokes/mentors increases, encouraging more student nurses to consider a career as a Practice Nurse.

7. Primary Care Health Care Assistant and Administration Apprenticeships

Wakefield Primary Care currently employs 13 Health Care Apprentices and 22.44 Administration Apprentices in practices. The ATP is currently promoting and supporting all practices to develop these roles within Primary Care.

8. Care Navigation

It is proposed that the Care Navigation programme is upscaled to meet the needs of all GP practices across the Wakefield District. The evaluation of the Prime Ministers Challenge Fund pilot (now GP Access Fund) through year one and two of the Vanguard has been considered in the future roll out plan.

The anticipated outcomes for the roll out plan are:

- Care navigation training available and offered to all suitable staff
- Bespoke training sessions developed and delivered
- A significant increase of signposting to appropriate online self-management resources
- A reduction in inappropriate GP contacts
- Improved outcomes for patients
- Improved patient experiences – e.g. Physio first care navigation – seeing the right professional in a timely manner
- Improved and enhanced skills and knowledge for practice staff
- A reduction in social isolation for older people
- A reduction in repeat GP attenders

The proposed cost for a three year roll out programme is: £84,495 per year (funding allocation from GPFV and the MCP Value Based Proposition (VBP) bid). This would include the project management, super user sessions, training sessions, shadowing opportunities, IT support/package, and the provision of updating and whitelisting of Directory of Services.

9. Practice Management

The review of recruitment initiatives for practice management and the development of this role is a priority. The workforce group are developing a practice management leadership programme in order to develop and retain this vital staff group which is essential with 26% of the current group being over age 55 and the future developments within primary care.

10. Physician Associates/Advanced Care Practitioners
Several new roles are already being developed in Wakefield e.g. Physician Associates (PA) and Advanced Care Practitioners (ACP) both of which provide rapid clinical assessment and management. We aim to:

- Review trainees/supervisors roles and opinions of PA’s etc. in primary care
- Promote these new roles by undertaking an engagement exercise with Federations
- Secure funding via the MCP VBP to employ two practitioners (1 x PA and 1 x ACP) for a year post qualification along with funding for preceptorship to assess their impact in avoiding admissions and contributing to the Primary Care workforce particularly looking at roles where the practitioner is unable to prescribe.

11. Pharmacy in General Practice Model

Building on the success of the pharmacy in general practice model for the West Wakefield Vanguard, upscaling to a district wide initiative is proposed that supports the development of the new model of care for Wakefield. The 5 GP Federations will be responsible for the recruitment of General Practice Pharmacists and Pharmacy Technicians across the district to support an efficient skill mix. This will be closely overseen and supported by the Medicines Optimisation Team who would provide clinical leadership, governance, quality assurance and strategic direction as part of an MCP provider arrangement to drive up quality and efficiencies in prescribing across the district.

Savings captured from prescribing, admissions and investment in pharmacy time indicate there is cash releasing savings that could be realised to support further investment into the system as identified from the financial analysis and return on investment projections below:

The new model will utilise a blended skill mix of pharmacy skills employed by GP Federations:

- 7 x WTE Medicines Optimisation Technician band 5
- 7 x WTE Medicines Optimisation Technician band 6
- 7 x WTE Clinical Pharmacist band 8a
- Total cost: £1,006
- Total savings £1,803m
- Return on investment: £797K

This new model will drive up quality standards in prescribing, medicines optimisation, waste education, prescribing costs, improved governance.

Federations will have clear ownership of the service and receive a budget to directly recruit pharmacy personnel or subcontract to an external provider using the recommended skill mix as described above.

12. Physio First

Building on the progress of the current Physio First initiative in West Wakefield where 67% of patients seen by Physio First have been supported to self-management and self-care reducing the need for referral to the GP for community physio. We plan to develop an integrated district wide model that encompasses the Physio First and Community Physio service.
The intention is to commission a 1 year pilot to integrate Physio First with the Community Physio contract. This pilot would inform further learning for future procurement as part of an MCP model of care for 2018/19.

This new model would include:

- Utilisation of the Trinity Care Triage model to allow same day booking of appointments across all physio clinics;
- Self-referral options for the patient through online portal/telephone/leaflet;
- Upscaling of telephone triage via physio based on the Trinity Care model;
- Physios directly referring into community physio without tasking GPs

The cost of the Physio First service is proposed to be £319k, with a saving of £475k and return on investment of £155k.

13. Nurse Associates

Two Wakefield GP practices will be participating in the training of Nurse Associates which will commence in April 2017. The evaluation and learning from this will be used to promote the role, encouraging further practices to support the development of these practitioners.

14. GPN Ready Scheme

Implementation of the General Practice Nurse Ready scheme in practices in Wakefield, delivered in partnership with HEE Y&H has seen positive recruitment from students previously placed in ATP spoke practices during their student nurse training. Six practices are participating with 4 appointments made to date. We continue to be actively involved in recruitment and careers events with local schools, colleges and universities to promote practice nursing and NHS careers and are looking to expand our involvement.

15. Practice Nurse Mentorship programme

Mentorship programmes are vital to primary care training placements and new employment. In order to fulfil the GPFV plans of ensuring general practice teams have the skilled workforce of nursing, PAs, and other professionals who have undergone specific vocational training in primary care there is a need to increase the number of mentor and preceptors across practices.

All practices will be encouraged to have a nurse mentor and the eight GPN Ready Nurses will undertake nurse mentor training in Year 2 of their programme and therefore create additional mentorship capacity.

Where practices already have mentors trained they will be encouraged to train additional staff to provide additional placements and ensure succession planning.

16. Clinical Supervision and Preceptorship

We aim to increase opportunities for clinical supervision and devise a structured clinical supervision and preceptorship programme for Health Care Professionals in Practice.
This will support new roles in practice and provide a structured approach to the deeper reflection of clinical practice, promoting high quality patient care, which will increase learning with the aims to increase the morale of staff and increase staff retention.

It is proposed that a preceptorship programme is launched for the new roles to primary care e.g. Nurses, Advanced Nurse Practitioner’s, Advanced Care Practitioner’s, Physician Associates, Clinical Pharmacists, Mental Health Workers, Practice Managers, Clerical and Admin etc.

17. Practice Nurse Training

Nurses are central to the delivery of new care models in the GPFV. In order to meet the demands in terms of capacity and capability Practice Nurses must have the opportunity for development to ensure that Wakefield is seen as the employer of choice by investing in our education and training infrastructure.

The development of an integrated education and training programme to support and grow the workforce is a key priority of the workforce group who are currently working to understand key issues and gaps relating to training provision, how to overcome these collectively, combining resources and training opportunities across the District. This is of particular relevance due to the reduction in Health Education England funding. The development of a Wakefield Primary Care Training Academy will be one of the first priority areas for development to address this.

We are keen to broaden the scope of practice training to include nurses and other clinical disciplines to increase inter-professional learning based around needs of the population, which will provide an opportunity to meet the educational needs of the multidisciplinary primary care team.

Adult Community Nursing and Primary Care Nursing teams are already working collaboratively and participating in joint education, training and development. This will support the development of the Integrated Nursing Specification for the Wakefield District and sustainability and stability in the future.

We are working with the Federations to identify their population health needs to develop tailored education and training to ensure that staff have the knowledge skills and competencies required to meet these needs.

18. Target and Nurse Engagement

It is a priority that protected learning time is available to support professional acuities focused on quality improvement and clinical governance. We aspire to become the employer of choice and provide opportunities for staff by investing in our training and development infrastructure.

The CCG has leaders within primary care who work to develop the primary care workforce, and education/training programmes. Current leadership roles consist of Workforce and Primary Care Lead GPs and Nurses which we wish to develop further to create a critical mass of leader’s, educators and researchers.

The CCG continues to deliver structured Target sessions for all primary care staff, tailored to the requirements of the staff at Federation and District level. Nurse engagement and non-medical
prescribing sessions are held for all nursing staff to attend, again tailored to the requirements of the staff. We propose that these educational sessions will become part of the role of the Primary Care Training Academy.

19. Summary

The development of a NHS Wakefield CCG Primary Care Training Academy will ensure delivery of the necessary workforce changes by 20/20 (Table 3).

Table 3 NHS Wakefield Primary Care Workforce by 20/20

| • Delivery of the workforce transformation model 4:2:1 to 2:2:4 |
| • Broad multi-disciplinary teams that have the required skill mix with a mixture of GP’s, ANP’s, Nurses, ACP’s, PA’s, Pharmacists, Physiotherapists, Mental Health Workers etc. meaning patients are directed to the most appropriate professional, reducing urgent workload and allowing GP’s to spend more time on what only they can do |
| • Sustainable and highly motivated, engaged workforce |
| • A more joined up Primary Care Workforce in Practices and across Federations with greater partnership/collaborative working |
| • Staff bank and GP retainer schemes introduced |
| • Reduced dependency on and the number of GP locums and agency staff used |
| • More care provided closer to home or at home with an extended team of GP’s and specialists offering improved access |
| • Increased opportunities and numbers of GPwSI |
| • Reduction in the administrative burden from clinicians to administrative staff to free up direct patient contact time |
| • A greater focus on self-care to support patients to manage their own health and wellbeing, reducing the number of unscheduled visits to GP’s. |
| • Care Navigators in every Practice signpost and support social prescribing, reducing the burden on GPs whilst improving patient access to local services (health and non-healthcare) |
| • NHS Wakefield Primary Care Training Academy fully operational providing the infrastructure for recruitment, retention and retraining/training of the workforce |
| • Collaborative delivery of a modular induction programme and mandatory and statutory training via the Wakefield Connecting Care Workforce Programme |
| • Increase in the number of spoke practices of the Wakefield Advanced Training Practice Hub to support the increase in training, mentorship and preceptorship requirements |
Appendix 1 Workforce Plan Trajectory

In order to ensure a sustainable Primary Care workforce the following initiatives have been achieved, in progress or on the next stage of development as part of the plan.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• CCG and Primary Care representation at the Wakefield Connecting Care Steering and HR Groups</td>
<td>• Analysing workforce survey data according to roles/skills/qualifications and age, check accuracy at Practice/Federation level</td>
<td>• Primary Care Training Academy launched with delivery of the workforce strategy and education and training programme</td>
</tr>
<tr>
<td>• Primary Care Workforce Project Group established</td>
<td>• Mapping MAST in conjunction with the Connecting Care Wakefield Workforce Group and undertaking gap analysis</td>
<td>• Participate in the West Yorkshire Workforce Intelligence project on baseline information, to track ongoing progress and inform the programme in real time for the planning of anticipatory activity requirements</td>
</tr>
<tr>
<td>• Modelling of workforce numbers based on the availability of advanced and other skilled roles</td>
<td>• Workforce Strategy developed to include:</td>
<td>• Explore development of a bank of staff to utilise across the Federations,</td>
</tr>
<tr>
<td>• Evaluation of the MCP Physio and Pharmacy First roles and planned roll out of roles across primary care</td>
<td>• Education and training strategy</td>
<td>• Explore expansion of extended roles such as GPwSI according to the requirements of the patient population</td>
</tr>
<tr>
<td>• Development of alternative workforce models including employing Advanced Care Practitioners, Clinical Pharmacists and Physician Associates</td>
<td>• Recruitment and retention</td>
<td>• Clinical supervision programme and undertake gap analysis of clinical supervision according to competency frameworks</td>
</tr>
<tr>
<td>• Collaborative working with Adult Community and Primary Care Nursing teams to avoid duplication ensuring staff have the knowledge, skills and competencies for their respective roles</td>
<td></td>
<td>• Review suitability of new roles in general practice (ACP/PA)</td>
</tr>
<tr>
<td>• Successful application to HEE for the Nursing Associate Pilot</td>
<td></td>
<td>• Review of Personal Development Reviews in relation to consistency and content</td>
</tr>
<tr>
<td>• Implementation of the General Practice Nurse Ready scheme</td>
<td></td>
<td>• Review of stress and wellbeing absence data</td>
</tr>
<tr>
<td>• Undertaking workforce engagement activities commenced at a variety of levels and events including Network meetings, Target events and Nurse Engagement meetings</td>
<td></td>
<td>• Review the Target programme for all staff with specific training and education programmes according to role</td>
</tr>
<tr>
<td>• Plan for joint Wakefield Connecting care and Primary Care Network Chairs engagement event (January 2017)</td>
<td></td>
<td>• Review apprenticeships and placements and development of a programme for the next three years</td>
</tr>
<tr>
<td>• Attending and planning future recruitment events and careers events with local schools, colleges and universities</td>
<td></td>
<td>• Review Practice Manager skills, qualifications, available training and gap analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review of mentor/preceptor/supervisor requirements and confirmation of current numbers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Review of Wakefield Practice Premium Contract Quality data related to workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop a plan for engagement and communication with partners, staff, public, patients and carers</td>
</tr>
</tbody>
</table>
Appendix 3: Implementing the ten high impact actions to release time for patients

<table>
<thead>
<tr>
<th>High impact action</th>
<th>What will delivery in Wakefield look like?</th>
<th>Mechanism</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| 1. Active signposting | • Receptionist Training and Care navigation  
• Trinity Care type clinical advice and booking system  
• pilot of AskmyGP online portal  
• modification of planned care Devon Formulary | • Roll-out of West Wakefield MCP Vanguard scheme across the district. This is supported by a Directory of Services for care navigators to direct to  
• 24/7 generalist healthcare transformation project  
• One practice trialling this approach in 16/17 for evaluation  
• Import and population of web-based system by local clinicians providing pre-referral guidance, patient advice and access to local pathways | • Commencing Autumn 2016 on East of the patch with 2 training events already arranged (1 delivered Nov 16)  
• 24/7 generalist healthcare offer commencing April 2017  
• Underway |
| 2. New consultation types | • telephone clinical advice and booking  
• e-mail consultation  
• group consultation for long term conditions  
• Patient online | • 24/7 generalist healthcare transformation project  
• AskmyGP pilot site  
• Sharing exert clinical staff across federations  
• Encouraging uptake of online services to reduce demand | • Commencing April 2017  
• Underway  
• Project Underway – as a transformation area the CCG is working to achievement of a 25% target of individual practice lists being signed up for services by 1 April 2017 |
| 3. Reducing non-attendance | • improved access to reduce “just in case” appointments  
• technology to remind and support simple cancellation  
• monitoring attendance and utilisation  
• young person friendly practice | • 4 hour and 48 hour access standards in premium contract from 1.4.16  
• GPIT and digital roadmap  
• Capacity and demand audits in premium contract, training academy  
• Commissioning district service based on evaluation of pilot | • Established April 16  
• Premium contract requirement from 1.4.16 |
| 4. Developing the team | • Wakefield Training Academy  
• HEYH five core strategies  
• practice manager development  
• reception training including care navigation  
• skill mix in clinical advice and booking service  
• home visiting service  
• supporting care home staff  
• integrated primary nursing  
• Clinical pharmacy  
• Physio First  
• Mental health workers  
• Physician associates, nurse associates  
• Apprenticeships | • Training academy transformation project  
• Training academy transformation project  
• Training academy transformation project  
• Training academy transformation project  
• Training academy transformation project  
• Home visiting transformation project  
• Care homes attachment transformation project  
• Integrated primary nursing transformation project  
• Clinical pharmacy transformation project  
• Physio first transformation project  
• Mental health workers transformation project  
• Training academy transformation project  
• Training academy transformation project  
• Training academy transformation project | • See Appendix 1 |
|---|---|---|---|
| 5. Productive workflows | • Sharing systems and procedures  
• Improved working environment and technology | • Federation and confederation development programme  
• GPIT, digital roadmap and estates and technology transformation fund | • To be supported by Resilience Programme |
| 6. Personal productivity | • Coaching and mentoring for resilience  
• Computer, speed reading, touch typing training | • Training academy transformation project  
• Training academy transformation project | • To be supported by Resilience Programme at WY level and NHSE transformation team |
| 7. Partnership working | • E-consultation  
• Sharing skills across federations | • Consultant attachment transformation project  
• Federation and confederation development | • Commencing April 2017  
• To be supported by Resilience Programme |
<table>
<thead>
<tr>
<th>programme</th>
<th>Programme at WY level</th>
</tr>
</thead>
</table>
| 8. Social prescribing | • Care navigation  
  • Social prescribing service | • Training academy transformation project  
  • Commissioned service as part of Connecting Care  
  • Community anchors programme | • Training plans already commenced |
| 9. Supporting self-care | • Prevention  
  • Care navigation  
  • Co-ordinated care planning | • Commissioned health and wellbeing service as part of Connecting Care  
  • training academy transformation project  
  • Wakefield premium contract and integrated primary nursing | • Commenced April 2016 – to focus on evaluating, embedding and enhancing in 2017 |
| 10. Quality improvement | • General practice dashboard and variance analysis  
  • Significant event analysis and sharing  
  • Change leadership  
  • Quality team support for SEA, audit, rapid cycle change, process improvement | • Wakefield Practice Premium Contract  
  • Wakefield Practice Premium Contract  
  • training academy transformation project  
  • CCG co-commissioning and quality teams  
  • Training academy transformation project | • Commenced April 2016 |
### 1.1 Identify current level of Patient Online performance and produce gap analysis and risk rating for each practice.

Delivered

**This is an ongoing process of review and planning.**

100% of practices have enabled Patient Online access. But limited take-up at present. (approx 12% enabled, of these 16% use for prescriptions, 14% use for Appts). Very limited take up for tests and letters.

Data is available from NHS Digital however this is two to three months behind current levels.

Risk: Data was available from NHS Digital This work isn’t hindered by a technology challenge but a focus is needed on OD/culture approach which CCG will mitigate through a multi-faceted approach to promoting this area with public and primary care

Mitigation: NHS Digital asked to provide data.

Local data now available

### 1.2 Building on current adoption activity, identify support and toolkits required to achieve the enhanced transformation area target and create a delivery plan in conjunction with the National Patient Online Programme team.

Delivered

**This is an ongoing process of review and planning.**

Communications plan in place to engage with public and practices throughout Autumn/Winter 2016/17 alongside changes to repeat meds process.

Contract PM identified to provide 1:1 support to practices identified as unlikely to achieve target. Practices identified requiring additional support.

Support offer received from NHSE PoL lead

Risk: as above and below plus lack of public uptake

Mitigation: Engagement and support from National Patient Online team required. Plan engagement with Public and Practices

### 1.3 Continue implementing delivery plan and engage with each practice to ensure they are monitoring their own progress on a monthly basis. Provide central Patient Online Programme team with a monthly report showing detailed measurement of take-up of online services.

Delivered

SystmOne reports are available for practices to self-monitor.

### 1.4 Review progress against milestones and identify areas at risk whilst implementing mitigating actions

Delivered

Risk: target of 50% is actually a very much higher proportion of list size since many patients registered have no regular interaction with the practice.

---

### Deliverables

<table>
<thead>
<tr>
<th>Delivered</th>
<th>Milestones</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliverables</td>
<td>Milestones</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>Jul</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>2.1</td>
<td>Identify current level of SCR performance for all providers and care settings and liaise with National SCR teams to coordinate a tailored support offer.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>Produce Dashboard of current SCR performance for each provider setting and create a plan to achieve the target and close the gap in each of these settings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>Test approach to delivery of SOL, including extended support team, in one provider and then mobilise activity in all providers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>Target resources to address any predicted shortfalls in SCR delivery in 2016/17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Deliver 90% SCR in all UEC settings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Develop plan &amp; test approach for stretch target of 90% e-Discharge from Acute Providers to GPs.</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
</tr>
</tbody>
</table>
| | | | | | | | | | | | | | | Current level of e-discharge from MY is at high level of availability however delivery and use needs to be embedded in clinicians. 
WY/RYU&EC vanguard aim is to use access to Integrated care record or core systems to provide greater depth information than SCR 
مهما كانت نسبة التوجه الأولية في HPAC، يمكن أن يكون الخطوة التي تُستخدم في تتبع البيانات، تظهر أن هناك نقصًا في استخدام التوجه الأولي للحالات (Acute) عندما تطبق البيانات على YUEC. |
| | | | | | | | | | | | | | | Risk: process for Acute clinicians may reduce actual achievement. 
Mitigation: Maintain engagement and support for HPAC in implementing e-discharge. |
| 3.2 | Refine plan/approach, manage risks, refine comms and propagate approach to reflect learning and modify engagement plan for remaining providers. | Delivered | Delivered | Delivered | Planned | Planned | Planned | Planned | Planned | Planned | Planned | Planned | Planned | Planned |
| | | | | | | | | | | | | | | Clarity required regarding target and how this will be measured.eg Mental Health do not have same process as Acute, does this apply to discharges from UEC? |
| | | | | | | | | | | | | | | Risk: process for Acute clinicians may reduce actual achievement. 
Mitigation: Maintain engagement and support for HPAC in implementing e-discharge. |
| 3.3 | Ensure appropriate benefits management and realisation plans in place and mobilise activity. | Delivered | Delivered | Delivered | Planned | Planned | Planned | Planned | Planned | Planned | Planned | Planned | Planned | Planned |
| | | | | | | | | | | | | | | Full benefits not achievable until coded e-discharge available following completion and implementation of PRSB recommendations. 
In 2016/17 have plan in place for development and testing of e-discharge from Acute. |
| | | | | | | | | | | | | | | Risk: process for Acute clinicians may reduce actual achievement. 
Mitigation: Maintain engagement and support for HPAC in implementing e-discharge. |
<table>
<thead>
<tr>
<th>Deliverables</th>
<th>Milestones</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Comments</th>
<th>Risks &amp; mitigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4</td>
<td>Target resources to address predicted shortfalls in e-Discharge delivery in 2016/17.</td>
<td>Planned</td>
<td>Mitigation of above. Resources required will be to develop and support MY clinicians. GHNYHT have plan in place and identified resources.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5</td>
<td>Deliver 90% e-Discharge in relevant settings in all transformation areas.</td>
<td>Planned</td>
<td>Risk: as above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Identify current level of ERS performance and group practices into level 1 (basic), level 2 (limited), level 3 (mainstream) and level 4 (optimised). Understand the reasons for low utilisation across the transformation footprint.</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Categorisation not understood. Measurement point for ERS use not clear (practices % ERS use is higher than reported levels due to counting only of referrals completed to appointments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>liaise with National ERS teams to coordinate a tailored support offer (identifying any barriers and requirement for additional resources) and create a plan to achieve the target and close the gap.</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Risk: use of SystmOne for a referral not counted in target</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Implement the delivery plan and engage with providers and practices to identify key responsible NHS e-Referral users and local champions at provider and practice level. Share knowledge and good practice relating to key issues preventing increased utilisation.</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Delivered</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Joint CCG / MYHT team in reviewing use of ERS and identification of areas for process improvement. May need ERS developments for integration with other provider systems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>Target resources to address any predicted shortfalls in ERS delivery in 2016/17. Deliver 80% ERS utilisation</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Risk as above re counting SystmOne e-referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td>Deliver 80% ERS utilisation</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Planned</td>
<td>Project management support in place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Q1 2016/17
- Q2 2016/17
- Q3 2016/17
- Q4 2016/17

**Key Terms:**
- Deliverables: Identified actions to achieve specific targets.
- Milestones: Key points in the delivery plan.
- Comments: Additional notes or warnings.
- Risks & mitigations: Strategies to address potential issues and uncertainties.

**Abbreviations:**
- ERS: Electronic Referral System
- MY: Multiple KEY

**Actions:**
- Planned: Action is scheduled.
- Delivered: Action has been completed.
- At risk: Action is uncertain.
- Overdue: Action is behind schedule.
# Management of Risk and delivery - Delivering the GP Forward View to transform Primary Care to ensure future sustainability


<table>
<thead>
<tr>
<th>Characteristic and Vision 10: Delivering the GP Forward View to transform Primary Care to ensure future sustainability</th>
<th>Lead Clinician: Dr Pravin Jayakumar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threats against the achievement of the characteristic and vision: Primary Care faces the challenges of:</td>
<td>Lead Director: Melanie Brown, Programme Commissioning Director Integrated Care</td>
</tr>
<tr>
<td>• increasing population and population needs</td>
<td>Lead Manager: Catherine Wormstone, Programme Manager</td>
</tr>
<tr>
<td>• increasing demand for service</td>
<td></td>
</tr>
<tr>
<td>• increasing complexity of the problems presented due to age and co-morbidity and</td>
<td></td>
</tr>
<tr>
<td>• constrained/reduced resources (inadequate funding, increasing workforce shortages and underdeveloped alternatives to traditional models of care)</td>
<td></td>
</tr>
<tr>
<td>• existing values, cultures and beliefs of the workforce</td>
<td></td>
</tr>
<tr>
<td>• independent contractor status of General Practice</td>
<td></td>
</tr>
</tbody>
</table>

## Risk Rating

(likelihood x consequence)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Previous</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4 \times 4 = 16$</td>
<td>$3 \times 4 = 12$</td>
<td>$4 \times 4 = 16$</td>
</tr>
</tbody>
</table>

Appetite: $2 \times 4 = 8$

<table>
<thead>
<tr>
<th>Date identified: November 2016</th>
</tr>
</thead>
</table>

### Rationale for Current Score

Progress has been made in a number of areas including the formation of federations across the district. The CCG has taken on responsibility for general practice co-commissioning from NHS England. This is a key objective for the CCG.

## Key Controls in Place

1. Development and delivery of the Primary Care Workforce Plan to identify the information required to support development of the Primary Care Workforce Strategy.
2. Collaborative Working with the Connecting Care Workforce Programme
3. TARGET sessions, district and network level
4. MCP Consultation and engagement
5. Development of Networks and Federations
6. Practices increasingly engaging with voluntary and social care providers
7. Local contracting arrangements in place with practices which address access, joint working and effectiveness

## Internal Assurances

1. Engagement and consultation with Primary Care
2. Probity Committee updates on a quarterly basis
3. Internships, Apprenticeships and new roles within Primary Care are currently being developed/offered
4. Mentors and ATP training practices
5. Care Navigation training delivered in Primary Care
6. Primary Care working collaboratively with the connecting Care Workforce Programme
7. Key learning and action plans from Target sessions shared and presented at ET.
8. Production of Wakefield 2020 General Practice Plan in response to GPFV and creation of 9 transformation projects. Each project has a lead identified and a governance structure in place to monitor progress and outcomes.

**External Assurances**
1. Wakefield Primary Care and CCG are members of the West Yorkshire Primary Care (GP) Workforce Reference Group
2. General Practices receive CQC ratings of good or outstanding

### Gaps in controls
1. Development of a Wakefield Primary Care Training Academy which aims to ensure the workforce is trained, supervised and developed.
2. Secondary Care Consultants attachment to Networks
3. Revising the skill mix and increasing the training capacity for the new workforce which these changes will require across organisations to provide integrated care
4. Pooling resources, including estates and staff, with other care providers in order to maximise efficiency and resilience
5. Using digital technology to provide information, advice and care navigation in order to improve access to appropriate care.
6. Ensuring the availability of the single care record in the integrated hubs.
7. Establishing sharing of care plans and patient notes.
8. Supporting the Local Estates Forum to ensure forward thinking planning around estates and primary and community care access.

### Gaps in assurances
None identified

**Link to risk register**
816 – Continuing Healthcare (score 12)
872 – Home to Hospital service (score 9)

### Actions from gaps in controls
1. Funding requested for development of the Primary Care Training Academy via MCP submission.
2. The Primary Care Workforce Steering Group will oversee the Workforce Transformation Project and timeless for delivery.
3. Negotiation with MYHT regarding contracts
4. Consultation and engagement with the LMC and General Practices regarding implementation of GP forward view has commenced

### Actions from gaps in assurances
None identified