

Wessex General Practice Resilience Programme Proposal

Document Management
<p>Document name Wessex General Practice Resilience Programme Proposal</p>
<p>Author South, Central and West Commissioning Support Unit</p>
<p>Proposal date 24th October 2016</p>
<p>Description SCW CSU were asked by NHS England, South (Wessex) to prepare an offer for the delivery of 16/17 General Practice Resilience Programme. This document is a response to that request and we are pleased to enclose our prepared statement of work. Please note this document is iterative and we would welcome further dialogue to refine should NHS England South, (Wessex) wish to.</p>
<p>Internal sign off</p>
<p>Document status CONFIDENTIAL DRAFT for discussion</p>
<p>SCW CSU Contact details for further information Marina Muirhead Programme Director, Primary Care Transformation South, Central and West Commissioning Support Unit 07525495691</p>
<p>Client sponsor / manager Julia Bagshaw Director of Commissioning NHS England, South (Wessex)</p>

Contents

Background	4
Identifying the practices to receive support	5
Our approach.....	6
Products and deliverables.....	9
Confidentiality	10
Dependencies.....	10
Risks.....	10
Resource estimates.....	10
Commissioning arrangements	11
Practice Commitment	11
Our role	12
What we need from NHS England, South (Wessex)	12

1. Background

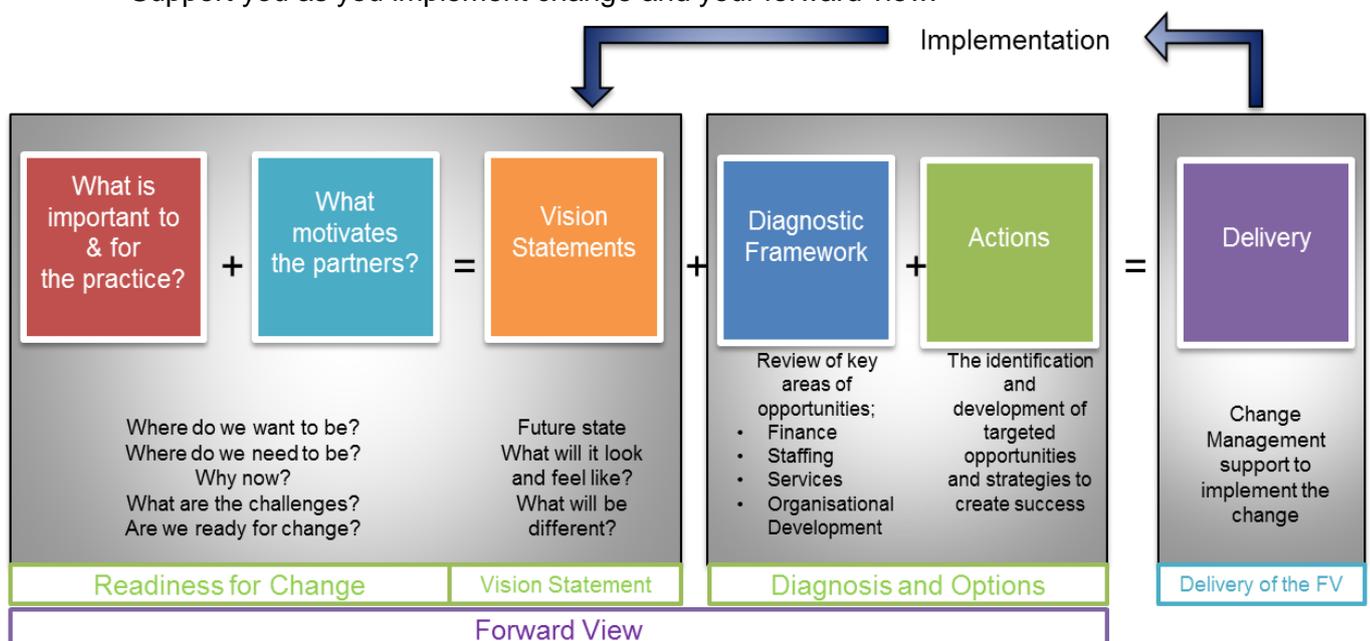
Rising GP workload pressures are widely recognised in England. Managing GP services that are at or beyond capacity risks locking those practices into responding reactively and inhibits effective strategic leadership and practice management. Recruitment challenges exacerbate these difficulties. In addition, practices do not exist in isolation and the impact of these pressures can have a 'domino effect' in local areas. One or two local problems can quickly impact on otherwise functioning and stable practices.¹

NHS England, recognising the impact of rising workloads within Primary Care has established a national General Practice Resilience Programme committing £40m over the next 3 years as part of their commitment to deliver of the 'General Practice Forward View.'² These funds, delegated at a local office level, are to be utilised not only to ensure the provision of immediate help but support the development of a vibrant and sustainable future, the aim of the GPRF is to help practices:

1. Improve their sustainability and resilience
2. Securing operational sustainability
3. Developing more effective ways of working
4. Working towards future sustainability
5. Exploring new care models.³

To deliver on principles listed above we are committed to working the identified general practices to:

- Understand the 'as is' situation of the practice
- Analyse agreed elements of your business to identify opportunities for change and increased resilience
- Support you as you implement change and your forward view.



¹ gp-resilience-programme-guidance.pdf

² <https://www.england.nhs.uk/ourwork/gpfov/>

³ gp-resilience-programme-guidance.pdf

2. Identifying the practices who will receive support

We know that within the 'General Practice Resilience Programme'⁴ guidance there was a requirement for local offices to identify by the 30th September 2016 the practices that will receive support via the resilience programme.⁵ We understand that using the below approach, combined with the sustainability and resilience support matrix, Wessex have identified 22 general practices in category two in need of our support.

Domain	Criteria
Safety 1	CQC rating – inadequate
Safety 2	CQC rating – requires improvement
Safety 3	Individual professional performance issues
Workforce 4	Number of patients per WTE GP and/or WTE Practice Nurse
Workforce 5	Vacancies (include long term illness)
External perspective 6	Other external perspectives not covered in the above criteria, for example significant support from LMC, CCG or NHS England local team.
External perspective 7	Primary Care Web Tool
Organisational Issues 8	Practice leadership issues (partner relationships)
Organisational Issues 9	Significant practice changes
Organisational Issues 10	Professional isolation
Efficiency 11	QOF % achievement
Efficiency 12	Referral or prescribing performance compared to CCG average
Patient Experience/ access 13	List closure (including application to close list)
Patient Experience/ access 14	GP Patient Survey - Would you recommend your GP surgery to someone who has just moved to your local area? (% no).
Patient Experience/ access 15	GP Patient Survey – ease of getting through by phone (% not at all easy).
Patient Experience/ access 16	GP Patient Survey - ability to get an appointment to see or speak to someone (% no)

⁴ gp-resilience-programme-guidance.pdf

⁵ gp-resilience-programme-guidance.pdf

3. Our approach

We will support NHS England, South (Wessex) to deliver your requirements within the reliance programme by:

Please note the meetings with practices will be undertaken in priority order as identified in the 'Annex B - National Criteria and its associated Sustainability and Resilience Support Matrix'⁶

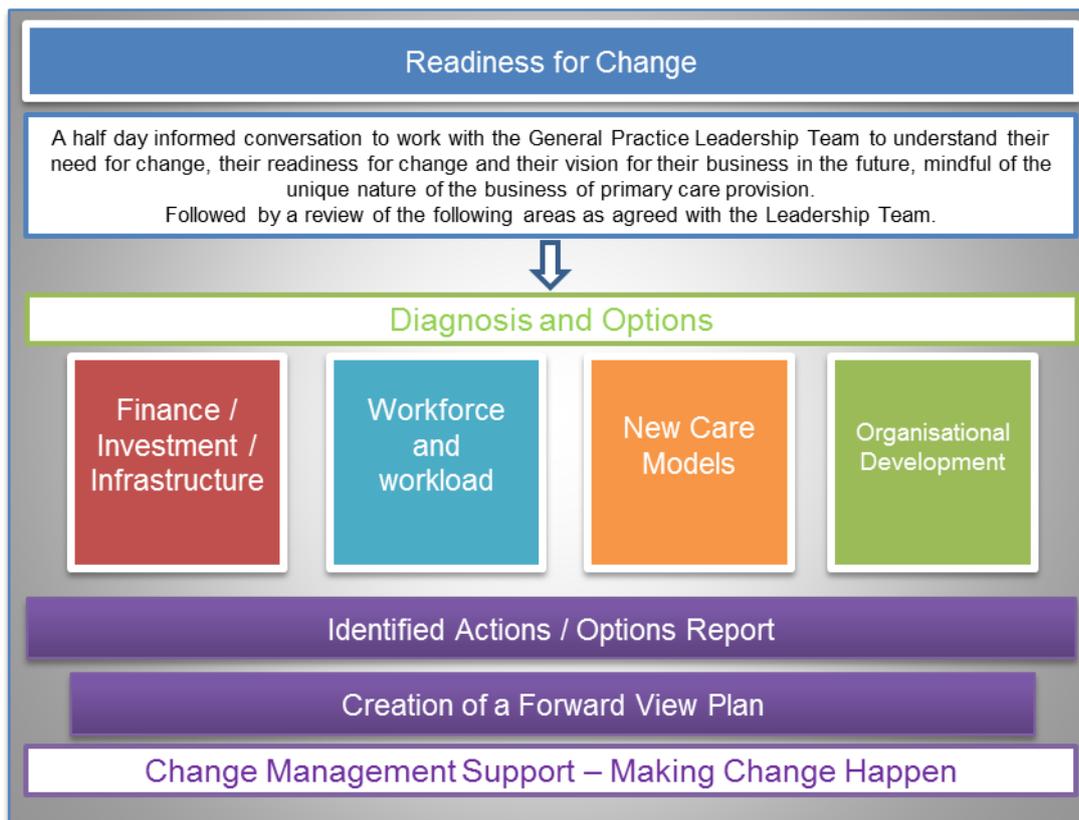
National requirements	How the SWC CSU will deliver the national requirements on NHS England, South (Wessex) behalf	Milestone
1. Readiness for Change	<p>The development of resilience in General Practice requires challenging conversations at a practice or group of practices level:</p> <ul style="list-style-type: none"> • Where are we now? • Where do we want to be? • Where do we need to be? • Are we ready for change? • What are we prepared to do? • What are our options? <p>Our approach to supporting practices to navigate through these conversations is to facilitate an informed conversation designed to challenge thinking in a safe environment, to create acceptance that that change needs to happen to survive and to define an improvement / forward view for the surgery.</p> <p>Once the desired future state has been agreed and the need for change accepted, we will then undertake a diagnostic review across the agreed domains that will lead to the identification of a set of opportunities aligned to that forward view.</p>	Completed in Q4. We will start with practice identified as the highest priority via the local office and annex 10 risk assessment profile.
2. Diagnostic services to quickly identify areas for improvement	<p>Once a vision for the practice has been agreed by the leadership team, the process of identifying and quantifying the opportunities to deliver the vision can begin.</p> <p>The diagnostic framework (see page 9) covers 4 domains, addressing key aspects such as assessment of existing financial pressures and performance, review of staffing arrangements, opportunities for service redesign and availability of necessary staffing capability and capacity to deliver the change.</p> <p>The review process will draw on the breadth of expertise available to the team to bring in high level expertise as necessary to explore individual domains.</p>	Q4

⁶ gp-resilience-programme-guidance.pdf

	<p>Included in the diagnosis element will be a review of the 360-assessment process undertaken by practice staff as commissioned previously by NHSE (Wessex).</p> <p>Additional resources such as CQC ratings and performance indicators from the Primary Care Web Tool will also be used to provide intelligence.</p> <p>The outputs of the process will include an options report giving an overview of the data analysis undertaken and provide a summary of practice specific opportunities to support the realisation of their agreed vision for the business.</p> <p>The options report will also include a thematic highlight report to the local office on areas of general practice identified by practices where it may make sense for them to consider collectively for example areas which could support efficiency via primary care at scale.</p>	
<p>3. Creation of an Improvement / Forward View Plan</p>	<p>All 22 practices (subject to practices engaging with the process) will have a co-created improvement / Forward View Plan in place that covers options for the future from the immediate to longer term considerations. This will help practices on their GPFV journey to 2020 as it will be chunked around the 5 core domains of the GPFV:</p> <ol style="list-style-type: none"> 1. Investment / Finance 2. Infrastructure 3. Workload 4. Workforce 5. New care models <p>The improvement / forward view plan will also draw on our internal capability to provide:</p> <ul style="list-style-type: none"> • Specialist advice and guidance on operational and strategic HR, IT, Management and Finance • Analytics and/ • Change management and improvement support to individual or groups of practices • This may include sometime working on site. 	<p>All completed by end of Q4.</p>
<p>4. Delivery of the improvement / forward view plan</p>	<p>Change management / improvement support to provide support and guidance in the adoption of new ways of working and the implementation of the agreed actions following the Diagnostic review.</p>	<p>Start as soon as possible and continuing through Q1/2 in 17/18 based on</p>

		<p>prioritisation from local office Annex 10 risk scores. This would only be the case where practice elects to use the CSU in an ongoing capacity after the readiness for change and diagnostics.</p>
--	--	---

Aligned to the NHS England ‘Menu of Support’ and the 4 domains of the SCWCSU service the following narrative indicates more details of our offer of support. Please note that this list is not exhaustive and will be further expanded as a result of ongoing discussions.



The resulting Options Report will identify areas for further investigation or propose actions to address the identified issues.

For example – a practice review may indicate that;

- The CQC rating for the practice being well-led is inadequate

- Prevalence of diabetes appears to be low given the population demographics
- The practice has had a vacancy for a GP for over 2 years
- Income appears to be lower than would be expected

The options report may recommend the following actions:

- A confidential OD diagnostic review is undertaken by an OD professional to explore the culture and relationships within the practice, identify good practice and areas where improvements could be made.
- A practice specific OD plan is developed and the practice team work with an OD expert to implement changes and ensure the vision for the practice is adopted by all.
- A review of clinical coding is implemented and training accessed to ensure appropriate levels of knowledge within the team. Templates are developed to ensure accurate coding of clinical information.
- A focus on coding aligned to enhanced services is undertaken to ensure accurate payments are received
- The SCW CSU Recruitment team work with the practice to maximise the impact of recruitment processes including the development of a practice profile for potential candidates.

4. Products / deliverables

- An improvement / forward view plan for each individual practice defined by the practice leadership team
- A data pack per practice.
- A practice specific options report
- A thematic highlight report to the local office on areas of general practice identified by practices where it may make sense for them to consider collectively for example areas which could support efficiency via primary care at scale
- A nominated Change Manager to work with the practice to ensure that the agreed options are implemented

5. Service scope and exclusions

<i>In Scope</i>	The scope of this service is potentially far reaching and will be defined and agreed on a practice by practice basis.
<i>Outside Scope</i>	The service will does include the arrangements or costs associated with any venues or facilities associated with the informed conversations and / or meetings. Any reporting to NHSE Central team as required via the GPRP guidance. Any refresh of the list of risk assessment as required by the GPRP guidance every six months.

6. Confidentiality

SCW recognises the success of the GPRP relies on the practice being open to us, and that this process may lead the practice to reveal sensitive issues. Where this applies, we will work with NHS England, South (Wessex) to enter a confidentiality agreement to protect certain data collected by us in our supporting role.⁷ It is important that an open and transparent way of working is enacted with the local office.

We will seek agreement from practices to use anonymised data collated to develop benchmarking analysis.

7. Dependencies

- Timely access to GP practices for initial informed conversation
- Availability of data in a timely fashion
- Access to the 360 review tool by NHSE Wessex
- Signed SLA in place between the SCW CSU and individual practice which confirms the agreement and mechanism for payment. This will be underpinned by a MoU between NHS England and the practice as per the GPRP guidance.

8. Risks

- Changes in national policy regarding approaches to the provision of primary medical care services.
- None payment of participating practices.

9. Resource estimates

Practice element

Area	Cost
Readiness for Change	£3050 (per practice)
Diagnostic services to quickly identify areas for improvement to include: <ul style="list-style-type: none"> • Making time in general practice audit review • Support practices to complete the 360 and then review • Review of CQRS / QOF • Review of P&L • Creation of a data pack per practice 	
Creation of an Improvement / Forward View Plan	
Programme Management <ul style="list-style-type: none"> • Which includes the chasing of information • Booking of appointments • Overall coordination. 	

⁷ gp-resilience-programme-guidance.pdf

Change and Improvement support (this is separate to any interventions NHS England may need to commission via the national sustainability and resilience framework).

Please note the above costs do not include any costs associated with meeting venues.

10. Commissioning Arrangements

It is anticipated that NHSE (Wessex) will allocate funds from their allocation to individual practices. Individual practices will be expected to pay SCW CSU directly for this service. Invoices will be issued to the practices by SCW CSU following the completion of the Improvement / Forward View Plan.

All practices identified in this cohort will be required to participate in a Readiness for Change Conversation and undertake the Diagnostic Review. Practices will be offered choice regarding their delivery partners for the delivery of recommended actions – however a governance and appropriateness review will be undertaken by NHSE on each request.

The practice lead and the SCW CSU lead will agree the improvement / forward view plan and key objectives, and will identify the commitments to support its delivery.⁸

In order not to contribute to practice capacity issues SCW CSU will only approach practices for data where we have not been able to get this from any other means such as the NHS England local office.

We have made the assumption that the local office has identified the 22 practices to receive first year support via the risk assessment tools in the GPRP guidance – if this is not the case please do alert us.

11. Practice Commitment

We are aware that practices receiving GPRP monies will be expected to sign a 'MoU.' SCW CSU is happy to co-sign that as the 'operational partner' understanding that the 'strategic partner' is NHS England as per the guidance we as the operational partner would also wish to ensure that practices:

1. Full engage in the GPRP to ensure effective use of the resource and interventions
2. The practice acknowledges that a high level of commitment is essential for optimal impact and the practice will make available such staff as are required to develop and implement the Improvement Plan at the request of NHS England/ SCW CSU.
3. The practice will adopt an open approach and engage effectively with other stakeholders including other practices, the local medical committee and patients (including the patient participation group) where appropriate to enable an inclusive approach to the Improvement Plan set out in the MoU.
4. The practice will use its reasonable endeavours to co-operate in the implementation of the Improvement / forward view to effectively address the resilience and sustainability of the practice, in the overall interests of patients.
5. Ahead of the informed conversation the practice will review the data pack supplied by the SCW CSU.

⁸ gp-resilience-programme-guidance.pdf

6. The practice will complete the making time in general practice audit and provide the outputs to SCW for review and inclusion in the final report
7. The practice will complete the 360 team assessment as commissioned by NHSE Wessex. The outputs will be shared with SCW
8. The practice will commit to paying SCW CSU for its work.
9. The practice shall nominate a lead and notify NHS England / SCW CSU of the name and contact details.⁹ This will be for the purpose of lead commissioner of the CSU and making things happen.

12. Our role

South, Central and West Commissioning Support Unit

The Operational Lead will liaise on all operational matters relating to the agreed contributions to support delivery of the Improvement Plan and advise the Strategic Lead, providing assurance that the Key Objectives are being met and that the Improvement Plan is performing within the boundaries agreed with the Practice. The Operational Lead may be a representative nominated by NHS England.

13. What we need from NHS England, South, (Wessex)

1. Please could the local office share the 22 practices selected
2. It would be useful if the local office could share with us your risk profiling so when we plan the programme we pay immediate and first attention to those profiled with the highest risk
3. We understand that the local office commissioned a 360 assessment of all practice staff in the practices in the area, it would be useful if these could be shared for the 22 identified practices – where a 360 has not been undertaken please could the local office provide access to the 360 tool so the CSU can support practices to complete
4. Any other information relating to the practice which you think it would be useful for us to have sight of including the previous 2 years CQRS data
5. Agreement on approach to kicking off the process with identified practices
6. Whilst we have based this proposal on the delivery of 22 individual practice meetings we are open to bringing groups of practices together in a marked 'resilience area' should Wessex wish to take this approach as exemplified within the resilience programme national guidance.

⁹ gp-resilience-programme-guidance.pdf