



PROJECT INITIATION DOCUMENT (PID)

Project: Humber Primary Care Collaborative

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Project Initiation Document History

Document Location

This document is only valid on the day it was printed.

The source of the document will be found on the project's shared storage in location:

[2021 04 16 Primary Care Collaborative - Project Initiation Document - V 0.doc](#)

Revision History

Date of this revision:

Revision date	Previous revision date	Summary of Changes
20 04 2021		New document
23 04 2021	20 04 2021	General amendments in response to stakeholder feedback
03 05 2021	23 04 2021	Membership table (section 5) amended in response to stakeholder feedback

Project Initiation Document

1. Purpose of Document

The overall purpose of this document is to define the project, to form the basis for its management and the assessment of overall success. This will include:

- Ensuring that the project has a sound basis before asking stakeholders to make any major commitment to the project
- Using the PID as a base document against which the stakeholders and Project Manager can assess progress, change management issues and on-going viability questions
- Ensure that the Project Manager is agreed on the project objectives
- Plan the project stages, tasks and milestones and allocate dates and necessary resources
- Detail the project deliverables

2. Background

In April 2022 Integrated Care Systems (ICSs) will replace regional NHSE and CCGs. It is expected that statutory functions and duties currently carried out by NHSE and CCGs will be transferred to ICSs. The next 12 months will bring significant change to how healthcare is commissioned and organised in the Humber region. This will bring about changes to General Practice and will impact on all of our constituents.

Humberside LMC believe that Primary Care must have a strong voice and influence over how the ICS will be structured and the role of Primary care leadership going forward. We are working on your behalf to represent general practice and we propose to create a new Primary Care Collaborative body comprised of Clinical Directors, GPs, Federations, Primary Care providers, Commissioners and Humberside LMC- to be this voice. We also see this as an opportunity to include other primary care stakeholders e.g. Pharmacy/Optom/Dentistry and Community Services). Funding has been secured to cover loss of earnings for Collaborative members who are practicing GPs.

There is more information in this paper [Primary Care Leadership in an Integrated Care System - A discussion paper – March 2021](#)

3. Project Definition

3.1. Project Objectives

Key **high-level** objectives for this project have been listed below:

The project's aims are to:

- Set up, launch and operate a Primary Care Collaborative working group
- Positively influence the formation of the structure of the Integrated Care System in the Humber region
- Create a strong primary care leadership voice for the Humber

The project's benefits are to:

- Deliver a balance of primary care provider representation and leadership at ICS level
- Influence how service changes will be organised and delivered through PCNs
- Provide medial leadership for General Practice commissioning / contracting managed by the ICS (strategic/ GMS Contract etc)
- Align provider representation with the emerging Place and Neighbourhood infrastructure for primary care in the Humber
- Maintain a focus on GPs leading neighbourhood and Place based care, and representing the voice of general medical care / potentially wider primary care as an influential member of provider collaboratives. General Practice will need to capitalise on the experienced clinical leadership from legacy CCGs and leaders from GP Federations and PCNs
- Support the role of PCN clinical directors as their role widens to include interface management between practices, PCNs and ICS infrastructure
- Balance the dominant voice of NHS Trusts and provide equity of decision making on financial controls and commissioning decision making powers

3.2. Project Scope

In Scope	Out of Scope
Humber level primary care provider representation to four places of Hull, East Riding of Yorkshire, North and North East Lincolnshire	Pan HCV ICS primary care representation
Acting as primary care advocates to strike the best contractual deal to reflect the work, commitment and responsibilities of primary care – in conjunction with Humberside LMC	Discharging the GP and PCN contractual responsibilities for service delivery, population health improvement and effective engagement and contribution to collaborative arrangements at PCN, Place, Humber and HCV levels.
Representation on contractual issues, disputes and required variations	
Communicating the concerns , frustrations , ambitions and ideas from a GP/PCN perspective	

3.3. Project Overview

3.3.1 All the stakeholders want to be heard on the ICS Executive, Health & Care Partnerships and the Joint Committees so this may lead to a struggle for a voice in a crowded landscape.

Every organisation will want to be heard at the ICS level given it controls the budget. There currently appears to be a position of each Trust at the table but primary care, and in particular general practice (other than where this is currently represented by CCGs), is simply too large and disparate to accommodate. At Humber system level the existing CCGs are developing a proposal of primary care infrastructure based on the primacy of Place but which allows for collaboration across Places at a Humber level. Appointed Medical Directors at each Place are likely to be the interface for PCNs. The proposal is that PCNs can take up the mantle with a representative covering 'PCNs' at neighbourhood and Place level, but the risk is the voice gets diluted amongst the Trust and LA voices. There is also a risk that PCN clinical directors are insufficiently resourced to deliver this role. The role of PCNs and in particular clinical directors in the ICS is likely to be much greater than first described in July 2019 when PCNs were formed. It remains the case that PCNs are not recognised incorporated organisations.

3.3.2 LMCs, who are the mandated representatives of this collective of individuals, have aligned themselves locally and regionally to influence, represent and ensure that general practice voice is heard at every level. This is strengthened by a statutory mandate for LMCs as a consultee for changes in Primary Care. Practices also have opportunity to input through CCG Governing Bodies and GP Federations, and PCNs have also seen increased engagement at 'multi-practice' level.

3.3.3 The ICS [white paper](#) acknowledges that it will be important for GPs to have a clear and co-ordinated voice when participating in ICS Health and Care Partnerships, if they want a say in the priorities for funding in their 'place'. It is important to consider the value of corporate memory in providing stability, experience, knowledge, understanding and direction and long developed relationships in providing trust, honesty, practicality, critical insight and communications.

3.3.4 The first step for general practice is to be part of preparing the plan which each ICS Health and Care Partnership will be required to draw up. Implementation is anticipated in 2022. The nascent ICS is likely to run in a shadow form at some point in 2021 prior to full implementation. The Primary Care Collaborative will be well placed to assist with this step.

3.3.5 On this basis, it is important that general practice and wider primary care have a clear and coherent voice of representation. A strong united voice and sufficient seats around the table is needed to balance the ICS structure. This will be a challenge for PCN Clinical Directors, who did not engage on their journey with this in mind, and the 650 General Practitioners in the Humber System. PCNs are deemed the solution but are in their infancy, under-resourced and recovering from an integral role in fighting a pandemic. There is a strong case for additional resource and support infrastructure to undertake this huge role.

3.4. Humber Primary Care Collaborative

3.4.1 Humberside LMC has established strong links with the 19 PCNs in Humber and has held regular meetings with clinical directors in each Place since July 2019, when PCNs were formed. Humberside LMC are recognised at ICS level and are well placed to understand the strategic contribution of primary care on the integrated care agenda. Humberside LMC will work in concert with YORLMC in their approach to primary care within the ICS across the Humber Coast and Vale footprint.

3.4.2 It is proposed to join together General Practice and other primary care stakeholders at Humber System level by coalescing Primary Care stakeholders in a new Primary Care Collaborative body with key features:

- A new Collaborative body comprised of primary care stakeholders at a Humber level (East Riding, Hull, North Lincolnshire, North East Lincolnshire), including GPs, Federations, Primary Care Providers, Pharmacy, Optometrists, Dentistry and Community Services.
- This body will act as a single point of contact for primary care engagement in the Humber area to enable membership to contribute and respond to all Integrated Care System (ICS) developments from now until April 2022.
- The Collaborative will develop mechanisms to ensure that primary care can effectively influence the ICS changes and has a clear and co-ordinated voice when participating at the ICS, Place and neighbourhood level.
- Humberside LMC will be the contact point and conduit for interactions between Primary Care and other ICS participants including Trusts, NHSEI and the existing ICS architecture
- The new Collaborative body should be formed as soon as possible by agreement and invitation and should meet regularly.
- Loss of earnings funding will be provided for Collaborative members who are practicing GPs or where members are not reimbursed by their employing organisations. Sessional and part time practitioners will also be supported.

3.5 Project Deliverables and Programme

	Description of Deliverable	Delivery Date
1.	Secure representation on Humber Primary Care Collaborative	April/May 2021
2.	Schedule regular meetings and invite attendees	May 2021
3.	Secure infrastructure support for the Collaborative	May 2021
4.	Embed links with Humber Primary Care Collaborative to emerging ICS structure and leadership including the ICS Community and Primary Care Collaborative	July 2021
5.	Secure Medical/ Primary Care representation within the ICS structure	September 2021
6.	Agree role of Collaborative and leadership in Primary Care beyond April 2022	October 2021

3.6 Resources

- Humberside LMC will chair and provide administration of Collaborative meetings.
- Support for coordination and administration of Collaborative from third parties.

3.7 Assumptions

- Funding will be provided and continue until at least April 2022.

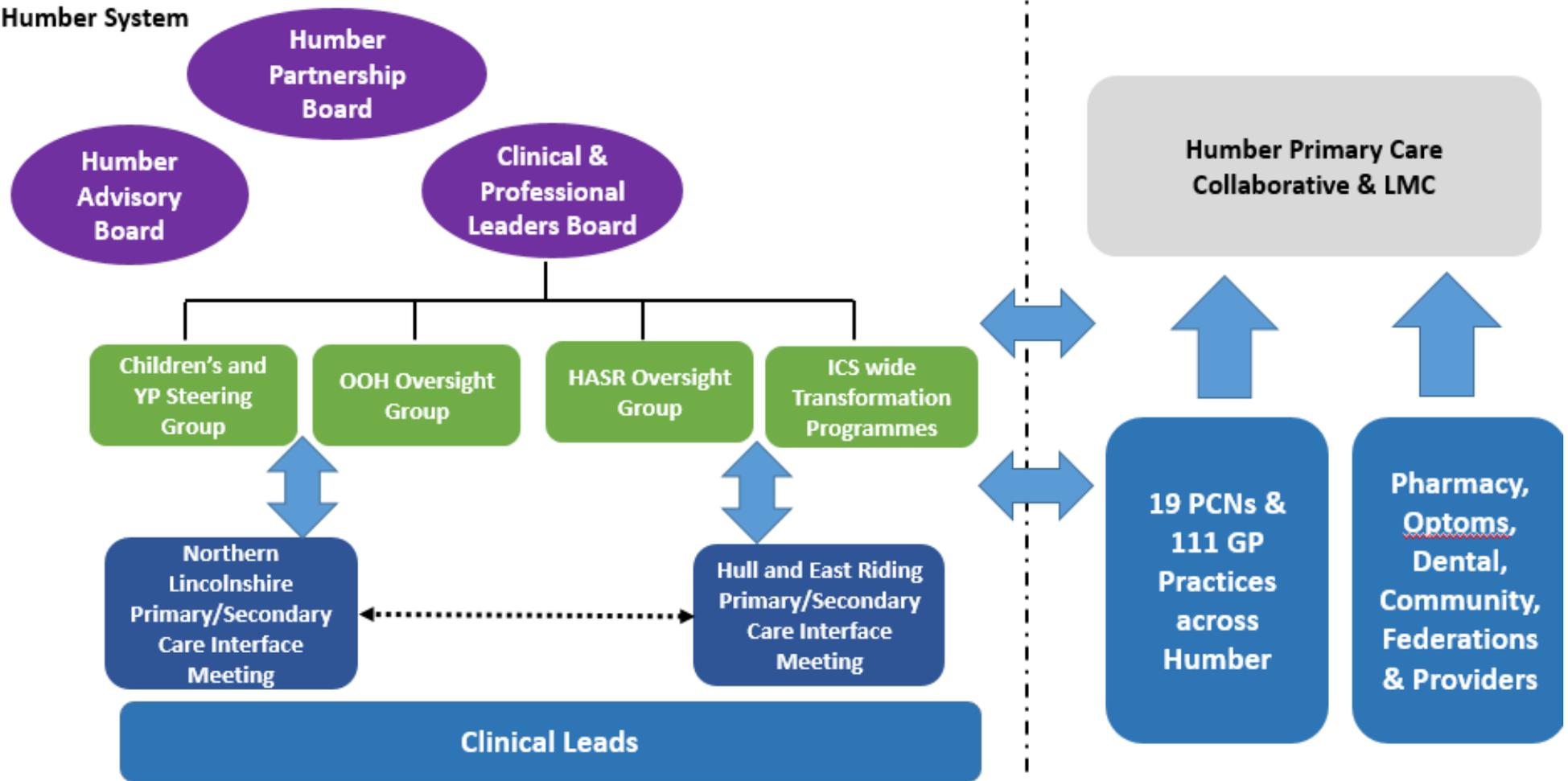
- ICS structure will view the Humber Primary Care Collaborative as the single point of contact for Humber level primary care provider care leadership.

3.8 Interfaces/Interdependencies

- Existing CCGS
 - Emerging Primary Care Place support organisations
 - ICS executive
 - Emerging ICS level primary care/community collaborative
 - 19 PCNs
 - 111 GP practices
 - Optometry, Dental and community pharmacy
 - Humberside LMC committee members
 - YORLMC
-

4 Structure

Humber System



5 Humber Primary Care Collaborative Structure

Below is the proposed matrix of representation.

Members		
Organisation	Location & level	Role
Primary Care Network	Hull - Place	GPs or Clinical Directors
Primary Care Network	East Riding of Yorkshire - Place	GPs or Clinical Directors
Primary Care Network	North Lincolnshire - Place	GPs or Clinical Directors
Primary Care Network	North East Lincolnshire - Place	GPs or Clinical Directors
Primary Care Network	Place – Humber North bank	PCN or Practice managers
Primary Care Network	Place – Humber South bank	PCN or Practice managers
Dental	Humber system level	LDC secretariat or chairs
Optometry	Humber system level	LOC secretariat or chairs
Community Pharmacy	Humber system level	LPC secretariat or chairs
GP Federations	Place – Humber North bank	GPs
GP Federations	Place – Humber South bank	GPs
Humberside LMC	Humber system level	LMC secretariat

Co-opted members		
Organisation	Location & level	Role
Primary Care Commissioning Leads	Place/Humber system level	GPs
Head of Primary Care – NHSE/I	Humber system level	Director/manager
Primary Care Provider	Humber system level	GPs/managers - Yorkshire Health Partners
Primary Care Provider	Humber system level	GPs/managers - City Healthcare Partnership
Primary Care Provider	Humber system level	GPs/managers - Humber Teaching Foundation Trust
Primary Care Provider	Humber system level	GPs/managers - NaviGo

Primary Care Provider	Humber system level	GPs/managers - Safecare
Community Providers	Humber system level	GPs/managers

HUMBER PRIMARY CARE COLLABORATIVE TERMS OF REFERENCE V2

1. Purpose and Duties

- To join together all primary care stakeholders at a Humber level (East Riding, Hull, North Lincolnshire, North East Lincolnshire), including GPs, Federations, Primary Care Providers, Pharmacy, Optometrists, Dentistry and Community Services.
 - To act as a single point of contact for primary care engagement in the Humber area to enable membership to contribute and respond to all Integrated Care System (ICS) developments from now until April 2022.
 - To develop mechanisms to ensure that primary care can effectively influence the ICS changes and has a clear and co-ordinated voice when participating at the ICS, Place and neighbourhood level.
 - To consider the purpose and requirement for a Humber Primary Care Collaborative beyond April 2022.

2. Powers and Authority

The Humber Primary Care Collaborative will have the mandate to act on behalf of its membership in an advocacy and advisory role for primary care, influencing the developments of the emerging ICS and proposing primary care representation at all ICS levels of operation. It will not have any delegated authority to act in a commissioning capacity or replace existing governance, engagement or partnership structures within the Humber Coats and Vale area.

The Collaborative has the ability to develop sub groups to take forward elements of its work if deemed appropriate.

3. Membership

The membership will be through self-nomination to provide representatives from the following stakeholders:

- Humberside LMCs (Chair and point of contact for ICS)
- GP and PCN Representation (East Riding, Hull, North Lincolnshire, North East Lincolnshire)
- Optometrist representation
- Pharmacy representation
- Federation representation
- Community Services

All Members should make an effort to attend or send a suitable representative to the meetings.

Co-opted Members

- Wider GP representation from providers including Yorkshire Health Partners, City Healthcare Partnership, Humber Teaching Foundation Trust and NaviGo to represent Primary Care
- Dental representation
- Primary Care Commissioning Leads and Medical Directors – CCG

- Head of Primary Care – NHSE/I

4. Quoracy

A minimum of five members must attend. This must include GP representation from at least three of the four Place areas, one representative from either Dental, Optometry or Pharmacy and one LMC representative.

5. Meeting Arrangements

The Collaborative shall meet monthly with adhoc meetings arranged, as necessary, to respond to engagement requests. The LMC will initially provide the Chair. Funding for representation and administration support will be provided. Meetings will be virtual (MS Teams) until September 2021 when this arrangement will be reviewed.

Production of agenda will be within 5 working days prior to meetings, for agenda items. Production of draft minutes and action points to be issued within 10 working days of the meeting. The minutes will then be considered for approval at the next meeting.

6. Accountability and Reporting Arrangements

The Collaborative is accountable to its members in democratic decision making. The Collaborative will represent Primary Care at the meetings of the ICS Community and Primary Care Collaborative, Humber Clinical and Professional Leaders Board, Place Boards and PCN Board meetings. Feedback from the Collaborative will be fed into the ICS, Place and Neighbourhood planning process.

The Collaborative will be the primary point of contact for all ICS development engagement for Primary Care.

Version 3
April 2021

Appendix 2

Humber Primary Care Collaborative - **Member Role Requirements**

Context

A new Collaborative body comprised of primary care stakeholders at a Humber level (East Riding, Hull, North Lincolnshire, North East Lincolnshire), including GPs, Federations, Primary Care Providers, Pharmacy, Optometrists, Dentistry and Community Services, to act as a single point of contact for primary care engagement in the Humber area to enable membership to contribute and respond to all Integrated Care System (ICS) developments from now until April 2022.

How to nominate yourself

Nominations for representation from the primary care sector are invited by 14 May 2021. Nominations should be sent to HumberSide.lmcgroup@nhs.net with a short (100 word) personal statement setting out suitability and reasons for nomination. HumberSide LMCs will consider and appoint on the basis of nominations using the criteria set out in this role description.

Role Description

Nominees will have local knowledge of primary care, the needs and drivers of their patients, colleagues and organisations and an understanding of what is needed in an emerging integrated care system to serve these needs. It would help to have experience of working in a clinical leadership position and be able to demonstrate support from your colleagues and organisations.

General Duties

The post holder will be required to:

- attend and participate fully in all the Humber ICS Primary Care Collaborative regular meetings.
- undertake any work agreed as part of the Humber Primary Care Collaborative's work programme throughout each year.
- proactively engage with other professionals in your field including GP practices, and GP-led organisations in Humber, to understand the views of the primary care sector and convey these views to the Humber Primary Care Collaborative
- ensure that they provide feedback to the primary care sector with explanation and insight into the views of the Humber Primary Care Collaborative and the implications of any decisions taken.
- work with other members of the Humber Primary Care Collaborative to ensure it delivers its objectives.

Specific Duties

To enable the Humber Primary Care Collaborative to deliver its objectives (working within its terms of reference) by:

- Undertaking work with other Humber Primary Care Collaborative members to align on resources for health and social care across the region and ensure that these are allocated to the appropriate sectors, organisations and levels in order to enable each to contribute effectively to the shared mission of integrated care.
- Helping to resolve any issues that arise in the system as it plans to operationally deliver against the agreed priorities.
- Monitoring progress against the priorities and enable any remedial steps to be agreed and implemented with a particular focus on the role of primary care.
- Representing the Humber Primary Care Collaborative at external meetings, if requested, within the region in line with Humber Primary Care Collaborative agreed positions.

- Work with Humberside LMC to provide a conduit for two-way communication with the primary care sector and its constituent members.
- Work closely with all Humber Coast and Vale ICS stakeholders to facilitate coherence of intention and action across the wider primary care community and their engagement with their operational and representative roles in the new integrated care arrangements and boards across the region.
- Supporting Humber Coast and Vale ICS in implementing the transitional arrangements.

Person Specification

Values and Behaviours

- An empathy with the values of the NHS and care system and the needs of citizens and patients.
- A commitment to public service ethos acting in line with the 'Nolan principles' of public life, including appropriate management and declarations of any conflicts of interests.
- A willingness and ability to dedicate sufficient time to the role.
- Actively drives quality, equality, inclusion and equity in health outcomes and promoting high standards of care to improve outcomes.
- Committed to involving patients, citizens and staff in determining what services and ways of delivering those services are required by different communities within the population.
- A focus on promoting collaborative working, working across their operational boundaries - looks for collective success, listens, involves, respects and learns from the contribution of others and seeks out diversity of thought and decision making
- Committed to continuous development of self and others.

Skills and Competencies

- Possesses the ability to work beyond the boundaries of a single practice or profession – demonstrably be able to think beyond their own professional viewpoint.
- Ability to act as an ambassador for Humber Primary Care Collaborative in its vision, mission and goals.
- Political awareness and ability to think strategically and to reach an informed judgement.
- The ability to establish relationships quickly and build/maintain the confidence of stakeholders (including from the wide interests within primary care) and fellow Humber Primary Care Collaborative members including the ability to help people reach a consensus.
- Possesses highly developed networking and communication skills and experience.

Remuneration, Time Commitment, Length of Office

- It is anticipated that the time requirement will be 8 to 10 hours per month including attendance at the Humber Primary Care Collaborative.
- Nominations are invited for a 12month term.
- Loss of actual earnings may be claimed by members up to a rate of £90 per hour.
- There is a commitment to creating and sustaining a fully inclusive culture at all levels, including within the local leadership. Applications are therefore welcome, and encouraged, from applicants of all backgrounds and communities, particularly from those who are currently underrepresented within our regional systems.