SHROPSHIRE SUSTAINABILTY AND TRANSFORMATION PARTNERSHIP (STP) PRIMARY CARE STRATEGY 2019 -2024

Shropshire and Telford and Wrekin CCGs have worked collaboratively to ensure that the development of Primary Care is planned across the Sustainability and Transformation Partnership to ensure future sustainable and resilient services for patients

This strategy document is built around the GP Forward View (April 2016), the NHS Long Term Plan (2019) and new GP Contract – Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan (2019)

Included in this strategy document are year one operational delivery plans for 2019/20

UPDATED JUNE 2019

Produced by:
Shropshire Clinical Commissioning Group
Telford & Wrekin Clinical Commissioning Group

Stabilise General Practice today

Support the transformation of Primary Care for tomorrow

Ensure Primary Care integration as part of the NHS Long Term Plan

VERSION CONTROL

Document location

This document was originally written and approved by Shropshire and Telford and Wrekin Primary Care Commissioning Committees in April 2019.

As new guidance is issued by NHS England, the document will be updated.

The most current version of this document can be found at www.shropshireccg.nhs.uk / www.telfordccg.nhs.uk once it has been through the approval processes

Revision History

Date of the original document April 2019

1st Revision: July 2019

Key Additions – July 2019	**Page(s)**
Pictorial representation of the STP governance structure	9
Support available to Primary Care Network development	10
Links with Care Closer to Home and Neighbourhood working	11
Primary Care Network links with wider primary care clinicians such as dentists, optometrists and pharmacists	11
Further clarify on addressing health inequalities, population health and risk stratification	12 and 13
STP workforce targets and trajectories	15-16
Detail around monitoring process to ensure delivery of strategy	20
Finance allocation amendments including GPFV funding programme	20 - 22
Renumbering of appendices	24-59
GPFV funding programme spending plan (appendix 7)	44

Contents

SHROPSHIRE (STP) PRIMARY CARE SUSTAINABILTY AND TRANSFORMATION STRATEGY 2019-2024 (UPDATED JUNE 2019)

1 Executive Summary

In 2016, NHS England published the GP Forward View (GPFV) which outlined the key work programmes to be delivered across all GP practices to support the resilience and sustainability of Primary Care. It provided guidance on actions practices should take to support their resilience and also laid out requirements to deliver extended access to routine and pre-booked GP appointments 8am to 8pm 7 days a week. Both Shropshire and Telford and Wrekin CCGs successfully delivered the required programmes as outlined in the GPFV.

In January 2019, NHS England published The NHS Long Term Plan (LTP) which as well as setting out the overarching long term goals for the NHS, included some specific changes for Primary Care. To support delivery of the Primary Care elements, amendments were needed to the national GP Contract and these were published in the form of "Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan".

To ensure successful delivery of the GP contract reform in line with the LTP, CCGs were initially required to refresh their STP Primary Care Strategies at least in draft by 1st April 2019. This timeline was then amended to June 2019. The Strategy must ensure that the sustainability and transformation requirements of the LTP and changes identified as part of the GP contract reform are all documented locally and plans put in place to support the required improvements to population health. Both Shropshire and Telford and Wrekin CCGs agreed that it was more appropriate to re-write the STP Primary Care Strategy rather than refresh it as many changes were required.

In addition to the strategy, CCGs are instructed to undertake a series of internal audits *(in line with the Internal Audit Framework for delegated Clinical Commissioning Groups)* to provide assurance that delegated statutory functions are discharged effectively. The delegated areas of responsibility are detailed below and this strategy considers how evidence will be collated to ensure successful outcomes:

- Primary care commissioning and procurement activities
- Primary care contract and performance management
- Primary care financial management and
- Governance of all primary medical care delivery

To ensure that this Strategy supports the delivery of all the requirements, year 1 operational plans are included for the following key areas:

- Primary Care Networks and models of care
- Prevention and addressing health inequalities
- Care quality and improvement
- Improving access to Primary Care
- Ensuring a workforce fit for the future
- Improvements to technology and digital enablers
- Ensuring high quality Primary Care estate
- Optimising workflow and address workload pressures
- Audited delegated statutory functions and governance arrangements

Attached at appendix 1 is a short summarized version of the Strategy for easy reference which can be used to aid discussion.

2 Background and Introduction

2.1 GP Practices across Shropshire STP

The table below provides a high level summary of the GP Practices across Shropshire*. Additional information about the Practices can be found on the CCG's websites or via NHS choices. Overall the primary care services provided in Shropshire are of high quality with higher than average overall patient satisfaction levels (as confirmed by the national patient access survey 2018). Despite these statistics, the CCGs are not complacent and are aware that improvements are required to both maintain this level of service and to continue to improve.

	Shropshire	Telford & Wrekin
No of Practices	41	14
Total Population	311,000	188,000
Largest Practice	17,500 (Drayton)	45,000 (Teldoc)
Smallest Practice	2,000 (Worthen)	4,200 (Ironbridge)
Average Practice Size	7,600	13,400
Contracts Held	39 GMS, 1 PMS, 1 APMS	All GMS
Dispensing Practices	18 Practices	1 Practice
Latest CQC Rating	4 'Outstanding', 37 'Good'	13 'Good' 1 'needs improvement'
QOF Average Achievement National: 96%	98.2%	97%
Overall Patient Satisfaction National: 84%	89%	85%

*Information correct as at 5th March 2019 (table will be updated annually)

2.2 GP Forward View

The GP Forward View (GPFV) was published by NHS England in April 2016 and set out a framework which was designed to secure GP Services for the future. The Framework centered around 5 key work-streams: Investment, Workforce, Workload, Practice Infrastructure and Care Redesign.

Shropshire and Telford and Wrekin CCGs have worked collaboratively in many areas to deliver the requirements of the GPFV and have made significant progress in ensuring that practices have access to national, regional and local funding as and when available.

One of the most challenging areas has been around the development of the workforce agenda. Traditionally CCGs have not been involved in workforce planning with the majority of planning and support delivered centrally through Health Education England. Over the past 12 months, there has been significant progress in understanding the workforce baseline across Shropshire and Telford & Wrekin and a number of retention and supply initiatives delivered to support the GP workforce. Latterly work has commenced to extend this baseline activity to include other professionals working in Primary Care. The LTP and the GP contract reform documentations provide further guidance on the existing work programmes and detail the required next steps. These are documented within this Primary Care Strategy.

The workload initiatives have primarily been around the introduction of the nationally agreed 10 high impact actions, designed to improve the workflows in practices and release some of the administrative burdens. An example is improving personal productivity and Quality Improvement expertise by supporting development opportunities run by the National Time for Care team.

The area of community care redesign has so far been designed as part of the wider CCGs' transformation programmes under the Neighbourhood model in Telford and Wrekin and the Care Closer to Home programme in Shropshire CCG. With the formal introduction of the Primary Care Network model as part of delegated functions, there will need to be strong governance links between these projects which will be co-interdependent.

2.3 The NHS Long Term Plan

The NHS Long Term Plan (LTP) published in January 2019 describes 5 key reasons for increased demand in the NHS which need to be managed and mitigated.

- Growing and ageing population increasing the number of patients needing care
- Visibility and concern around unmet health needs
- Expanding frontiers of medical science and innovation introducing new diagnostics and treatments
- Actions taken to improve and deliver services in optimal care settings
- Improvements in upstream prevention of avoidable illness and exacerbations

It sets out the overall national ambition for the future of healthcare services:

- Increased investment in Primary and Community healthcare
- A new service model, supporting primary and community care, dissolving the barriers between teams – Primary Care Networks
- Focus on population health and health inequalities
- Improved personalised care quality and outcomes
- Retaining and developing the workforce
- Increased use of digital technology to support services
- Guaranteed NHS support to people living in care homes
- New service funding commitments
- Confirmation of the move toward Integrated Care Systems (ICS) by 2021
- Significant changes to Quality and Outcomes Framework to support new ways of working

For Primary Care, a key requirement is the refresh of the STP Primary Care Strategy which must include:

- Details of the required local investment in transformation with a minimum of £1.50 per head investment for the management and organisational development of PCNs. This is required annually until March 2024.
- A Primary Care Network (PCN) Development Plan to achieve 100% coverage by 30th June 2019. Support the introduction of any nationally-agreed contract arrangements and configure community services in line with Network boundaries. Ensure PCNs are part of the national development programme.
- A Local workforce plan

There are several references throughout the LTP which rely on Primary Care and Primary Care Networks to deliver wider pieces of strategy, such as prevention, quality, and condition specific improvements such as for cancer and mental health. Whilst the overarching plans are contained in the CCGs' Operational Plans, for

completeness, elements are also included in this strategy together with details of enabling programmes such as technology and estates.

2.4 Investment and Evolution

To enable delivery of many of the national ambitions for Primary Care, changes were needed to the GP Contract. The changes have been nationally agreed and are detailed in the document 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' published by NHS England in January 2019. This GP contract reform framework document builds on the work-streams of the GPFV and provides detail on future expectations.

There are 5 main goals outlined as part of the GP Contract changes:

1. Secure and guarantee the necessary extra investment;
2. Make practical changes to help solve the big challenges facing general practice, not least workforce and workload;
3. Deliver the expansion in services and improvements in care quality and outcomes set out in *The NHS Long Term Plan*, phased over a realistic timeframe;
4. Ensure and show value for money for taxpayers and the rest of the NHS, bearing in mind the scale of investment;
5. Get better at developing, testing and costing future potential changes before rolling them out nationwide.

Specifically within the Investment and Evolution Framework there are identified programmes of work which are nationally designed to ensure that General Practice is sustainable to meet patient needs in the future. The programmes are identified as Workforce, Guaranteeing Funding and Solving Indemnity Crisis, Improving the Quality and Outcomes Framework (QOF), Introducing the Network Contract DES and delivering new Network services, and Digital First and improving access. All of these are embedded into this Primary Care Strategy.

2.5 Primary Care Strategy design

Building on the GPFV and taking the content of the LTP and the Investment and Evolution Framework, this Primary Care Strategy brings together all the elements of delivery required to support General Practice and their registered patient populations.

3 Vision

Patients value the services of their GP Practices and rely on good access and high standards of care. Both CCGs recognise their duty to involve patients in the redesign of Primary Care and through a communications and engagement plan will ensure that this duty is delivered.

The national and local vision for Primary Care is for General Practice to continue as the bedrock of the NHS. Whilst there had been some areas of innovation and use of technology from the GPFV, locally this has been minimal and has not yet transformed Primary Care into a model that is sustainable and resilient for future years.

The use of technology cannot continue to be ignored in future patient care; the need is there from both a patient and a workforce perspective. Improved electronic access to prescriptions, booking of appointments and access to full medical records will all be the norm in the coming years. The traditional method of face to

face consultations will always remain; however this will be enhanced by online and video consultations where appropriate, avoiding the need to travel to a GP Practice in some cases. This development will require significant improvements to the digital network infrastructure.

Primary Care Networks (PCNs) will be commissioned from July 2019 to deliver extended access hours and from April 2020 to provide nationally agreed services. The CCG can also consider commissioning additional services in line with new models of care and population need, when PCNs are mature enough to take on additional service provision. GPs will be at the forefront of new models of care and service transformation as detailed in the CCGs' Operational Plans for Neighbourhood working and Care Closer to Home. Services commissioned will be delivered on Primary Care Network geographical footprints were appropriate. There will also be close working with social care and other community providers to work within the Network model to ensure a streamlined service to patients.

Identifying care requirements early will become an increasing part of primary care so that patients are diagnosed early, have risk factors identified and are aware how to self-care to avoid exacerbations of symptoms. Complex patients and patients in care homes will have personalized care plans and coordinators of their care so that they know what to do and where to contact help urgently during periods of escalation to avoid unnecessary hospital admissions.

The opportunities that Primary Care Networks (PCNs) bring will ensure that Community and Primary Care services become integrated from a patient perspective, with organisational boundaries invisible in terms of delivery of care. To ensure that partner organisations will work with the CCG to deliver appropriate services around Networks; this requirement has been added to provider contracts as part of the 2019/20 contract negotiations.

Groups of practices (around 30,000 to 50,000 in patient population) will come together to form PCNs. There will be a single contractual framework for each Network to enable the sharing of workforce and skills to ensure that the population receives optimum care, driven by local need. It is only in exceptional circumstances such as sparse rurality that any PCN should be less than 30,000 patients; however PCNs can be more than 50,000 if there are sub-network arrangements in place.

PCNs will not mean the end of the individual GP Practices, the guidance is clear that individual General Medical Service's contracts will remain in place; however there are opportunities for practices to join together under GMS to become larger if they choose to do so, as well as working together under the Primary Care Network contract.

The workforce in primary care, like many areas of the NHS, needs support. The vision is to redesign a model of care that allows flexibility for the workforce which also delivers continuity for patients especially when facing complex health needs. The workforce will increase in terms of skill mix and patients will be able to see different professionals, as clinically appropriate, within the primary care environment. There will also be closer working of the whole Primary Care Practitioner family, including dentists, opticians and community pharmacy.

4 Governance

The CCGs are aware that if this Primary Care Strategy is to be delivered, there needs to be a formal Governance process in place to demonstrate transparency across the system and accountability for continuously improving quality of services and safeguarding.

Currently both CCGs have Primary Care Commissioning Committees which are held in public and which receive assurance that the delegated function of Primary Care Services is delivered. The minutes of these meetings are included in the Governing Body meetings of both CCGs.

An STP Primary Care Programme Board has been established by the 2 CCGs in Shropshire STP to provide a forum for co-operation and collaboration across the footprint. Its core purpose is to provide a structure through which CCGs can support one another to successfully deliver their local primary care strategy. There will also be a STP Primary Care Delivery Group which will ensure assurance is provided to the Programme Board.

There is a formal assurance structure of reporting to NHS England through a GP Forward View Assurance meeting and a Primary Care Transformation Board. The STP Governance Structure is set out below:

<table>
<tr><th colspan="10">Shropshire and Telford and Wrekin CCG Governing Bodies</th></tr>
<tr><th colspan="9">Internal CCG Governance</th><th>STP Governance</th></tr>
<tr><td colspan="4">Shropshire CCG
Primary Care Commissioning Committee</td><td colspan="5">Telford and Wrekin CCG
Primary Care Commissioning Committee</td><td>Prevention and Place Based Care Programme Board</td></tr>
<tr><td colspan="9">Shropshire and Telford and Wrekin CCG programme delivery group</td><td>STP Primary Care Programme Board through Primary Care Commissioning Committees</td></tr>
<tr><td>Primary Care Networks working Group (including Enhanced Services)</td><td>Prevention and Health Inequalities working Group</td><td>Improving Access working Group (including demand management)</td><td>Primary Care Workforce working Group</td><td>Technology and Digital Enablers working Group</td><td>Optimising workflow and addressing workload pressures working group</td><td>Auditing delegated statutory functions and governance arrangements working group (including PC performance indicators)</td><td>Care and quality improvements working group</td><td>Ensuring a high quality primary care estate working Group</td><td>Links to the wider STP working groups e.g. workforce, technology, estates</td></tr>
</table>

As well as the clarification of governance arrangements within the CCG, the introduction of PCNs is new to General Practice and organisational development support will be provided both locally and via a national programme to ensure that robust governance and accountability processes are set up within the PCNs.

5 Primary Care Key Deliverables

There are some clear deliverables for Primary Care and the key messages are detailed below. The year 1 delivery plans are found in section 10 of this Strategy as a number of appendices.

5.1 Primary Care Networks and models of care

There is a fundamental structural change with the introduction of PCNs and there is a contractual requirement that every practice will have a right to join a PCN and have a right to participate in the Network Contract DES. If a practice does not want to sign up to the DES, the CCG will need to add its patients to one of the local PCNs.

To support this change, a new nationally agreed Directed Enhanced Service (DES) is to be introduced as an extension of the GMS Contract from July 2019. This DES will formally require groups of practices to work together under a single agreement to provide services around patient populations of around 30,000 to 50,000. Whilst there could be exceptions to the lower population base for very rural practices with sparse

population density, this is expected to be the exception rather than the rule and only where service provision would be affected by the minimum 30,000 population. PCNs can be more than 50,000 if there are sub-network arrangements in place. Networks must have boundaries that make sense geographically as community and social care providers will be required to build their teams around these Networks (building on the Care Closer to Home model of care in Shropshire and the Neighbourhood model in Telford and Wrekin).

15th May 2019 was the first key date for the development of Networks and by this time, GP practices will need to collectively complete network registration forms (nationally mandated) and submit them to the CCG. The Network submission must include:

- The Network name
- Details of the names and codes for each practice within the Network
- Confirmation of the total list size
- A map detailing the geographical boundary
- A signed network agreement
- Confirmed of how funding will flow into the Network
- The name of a named and accountable Clinical Director for the Network – these are important positions and will be involved in the creation of future Integrated Care System, being integral in dissolving the divide between primary and community services. They will need the total support of all GPs within their Network

There was a requirement for all applications to be reviewed to ensure that they met the requirements by 31st May 2019. Across Shropshire 8 PCNs have been approved, 4 in Telford and Wrekin and 4 in Shropshire CCG all of which meet the required criteria.

5.1.1 Network development

Nationally the development of Networks is seen as a change that requires significant support and all the Networks across Shropshire will be encouraged to be part of the national development programme.

The support offered to PCNs to ensure that they progress from their foundation to maturity will be through the PCN Development Programme which is made up of an assessment tool and support from the national Time for care programme team and a national prospectus which will offer support across a number of different modular areas.

As outlined in the Vision section of this Strategy, during 2019 the development of national network service specifications will be designed with delivery from April 2020 as follows:

2020/21
➢ Structured medications review and optimisation
➢ Enhanced health in care homes to implement the vanguard model
➢ Anticipatory care requirements for high need patients typically experiencing several long-term conditions
➢ Personalised care service specification to implement the NHS comprehensive model
➢ Supporting early cancer diagnosis
2021/22
➢ Tackling neighbourhood inequalities
➢ Cardiovascular case finding

A national network dashboard will be introduced by 2020. Whilst details of this are not yet known, the CCGs will support Networks to achieve delivery of the indicators. The CCG will also promote and support

Networks to participate in the national Testbed pilot, to look at additional and new specifications as and when opportunities become available.

The introduction of PCNs is not in itself transformational, the services they design and provide will deliver the required transformation.

Building on the role of GPs as commissioners, Primary Care Networks will be responsible for ensuring that services are both commissioned and provided to implement a comprehensive model for personalised care and that individual practices are identified and supported to build resilience and sustainability where required.

In addition to the mandated areas in the table above, the CCGs will also, in discussion with practice consider moving some or all of the currently commissioned locally commissioned services into the Network contract from April 2020 and through the CCG Operational Plans will identify additional areas for Network delivery, with the support of Practices.

To enable Networks to deliver the required services to patients, they need to have access to data analytics for population segmentation and risk stratification. A version of this will be provided to networks upon their commencement in July 2019; however this data set will be developed further during 2019/20. To further support integrated provision of services, Duty to Cooperate will be amended as part of the contractual processes to facilitate appropriate data sharing between providers. Further detail on population health and risk stratification can be found in section 5.2 below.

5.1.2 Links with Care Closer to Home/ Neighbourhood working

- The CCGs are currently piloting a new model for community based services. These new models of care deliver some of the service requirements contained in the DES and also form some of the integrated teams which will sit around PCNs.
- Although there is very little information currently available regarding the DES specifications for PCNs, a very high level review has been undertaken to look at where there may cross over in terms of service planning.
- The specific areas identified are around, the medicines reviews and medicine optimisation, health in care homes around multidisciplinary teams offering proactive and reactive care, anticipatory and personalise care.
- As the work develops for Care Close to Home and Neighbourhood working and more details are released nationally on the PCN specifications, work will be undertaken to align the programmes of work.

Year one delivery plans for Primary Care Networks are found in Appendix 2.

5.1.3 Working with Other Primary Care Contractors

GPs and practice teams provide vital services for patients. They are at the heart of our communities and we recognise the importance of having good access to the full range of primary care services, not only to a GP practice but to the full range of Primary Care Providers. We will use innovation and work in collaboration with NHS England as the commissioner of community pharmacy, dentistry and opticians to ensure improved patient access to all areas of primary care, which in turn will reduce the pressure on the wider health system

There are planned further developments of the PCN DES at a national level to include non GP providers in the future and also the intention of including wider professional body representation on the STP Primary Care Boards in future. Further information is awaited through national contract negotiations regarding Community Pharmacy, Optometry and Dentistry to enable further engagement.

5.2 Prevention and addressing health inequalities

Using an evidence-based approach to prevention that is embedded within the STP system-wide work, we will support Networks to reduce health inequalities by using data analytics to provide baseline information and trajectories. This work will be linked to the wider STP population health management programme which is development across health and social care in Shropshire together with Rightcare and Public health data and other rolling indicators.

General practice is in a good position to do more to reduce health inequalities however they will need support to do this. In the future, there are plans to support this work with the introduction of a new Tackling Neighbourhood Inequalities Service Specification to be delivered by PCNs from 2021/22. However in the shorter term the use of data and technology will be an important development to assess population health needs to enable inequalities to be addressed. PCNs will be supported both in their decision making and in monitoring performance to reduce variation and inform continuous service improvement.

The identification of early risk factors and prevention of escalation will be important areas to consider during 2019/20. Discussions with integrated teams via the Care Closer to Home and Neighbourhood working projects will enable the design of new models of care to operate effectively and efficiently to address prevention and inequalities.

The LTP specifically but not exclusively refers to five key risk factors of health – smoking, poor diet, high blood pressure, obesity and alcohol / drug misuse. These priorities are mirrored within the STP Plan which ensures that all parts of our system are committed to addressing the wider determinants of ill-health and health inequality through a radical upgrade in prevention and delivery.

Via risk stratification, screening and early diagnosis, GP Practices working in Networks, and supported by STP partners, will identify population needs and help design clinical pathways, self-management plans and use of technology to reduce health inequalities and increase prevention of priority conditions. Nationally there will be a menu of evidence-based interventions available to support outcomes. Specific programmes of work will include:

- Improvements to the uptake of physical health checks for the seriously mentally ill
- Consideration to specific actions to support people with Learning Disabilities and Autism and delivery of the required increase in the number of health checks
- Improvement in the Type 2 Diabetes prevention and management programme and delivery of the National Diabetes Prevention Programme
- Dementia diagnosis rates
- Introduction of prevention and management programme for respiratory conditions
- Programme of work to reduce Antimicrobial resistance
- Delivery of the LHE cancer survival plan which has a strong prevention focus
- Delivery of a co-ordinated package of social prescribing and care navigation
- A co-ordinated programme to improve the presentation, detection, treatment & management of preventable cardiovascular disease
- A system wide approach to tackling the obesity epidemic

5.2.1 Population Health Management (PHM)

Building on the paragraphs above, PHM is the tool to be used to improve the health of entire communities by improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities.

The approach focusses on prevention to reduce the risk factors of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies. The approach takes the form of data driven planning and delivery of proactive care to achieve maximum impact. It includes segmentation, stratification and impact modelling to identify local 'at risk' cohorts and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcome.

A West Midlands Population Health Management Programme Board has been established (as a subgroup of the regional ICS Board) to support STPs to develop their approach to PHM.

Locally the STP has convened a Population Health Management Steering group to take forward our approach to Population Health and Population Health Management. This steering group has recognised the importance of the population health work and the regional support offer, as well as the importance of connecting across organisational boundaries, with clinicians, managers, and other stakeholders, to ensure that we are working with data, evidence and insight to transform our services.

5.2.2 Population health and risk stratification

In line with the new Shropshire CCG Risk Stratification Policy (May 2019), risk stratification tools will be used for both population planning purposes (known as "risk stratification for commissioning") and for identifying which patients should be offered targeted, preventive support (known as "risk stratification for case finding"). Currently risk stratification is supporting the case management element of the Shropshire Care Closer to Home programme being piloted in 8 General Practices across Shropshire.

5.2.3 Immunisations and Vaccinations

To support the prevention agenda, national uplifts have been agreed for seasonal influenza, pertussis and pneumococcal vaccination payments. Reviews of other vaccination, immunisation and screening programmes are to take place in 2019.

From April 2019, care home and social care staff will be added to people entitled to the NHS influenza vaccination scheme and amendments to the related DES will be made to ensure that providers follow NHSE guidance in terms of using a specific and recommended flu vaccine.

The new contract includes changes to the HPV vaccine which has been amended to include women aged over 18 and under 25 from April 2019. HPV for boys will begin from September 2019.

To meet the needs of children who have not yet been vaccinated for MMR between the ages of 10 and 11 a catch up programme will be implemented.

5.2.4 Marketing

GP Practices will be required to support 6 national marketing campaigns on an annual basis where they must display materials, 6 times every 12 months – the material will be supplied by NHS England and will support national programmes of work.

Year one delivery plans for prevention and addressing health inequalities in Primary Care are included at Appendix 3.

5.3 Care Quality and Improvement (including Care Homes)

Assuring patient safety and improving care provision is fundamental. Whilst Primary Care Networks are not solely responsible for making improvements, they do have a role in ensuring that services are commissioned to a high standard and monitored appropriately. The LTP explicitly details 5 areas of care for national improvement which will be supported by the Networks:

- Supporting children and young people
- Perinatal mental health
- Diabetes care
- Respiratory care
- Patients in Care Homes

In addition to these areas, the CCGs will continue with their Medicines Management plans to continue to reduce medication errors, increase the use of generic medicines and prescribe according to best practice.

All stakeholders have a role to play in care quality and improvements. Primary Care Networks will ensure that collaboration with patients, NHS and social care providers, voluntary organisations, carers and the wider primary care professionals (NHS England commissioned Pharmacy, Optometry and Dental) will all contribute to the care quality and improvement programme of work.

5.3.1 Quality and Outcomes Framework (QOF)

Issues from the existing QOF indicators were identified from a national consultation process and therefore a number of changes have been made as part of the arrangements from April 2019. The CCGs will ensure that practices are all aware of these changes and that they are delivered consistently across Primary Care providers.

- 31% of the indicators are being retired and new indicators introduced from April 2019. These have been introduced to ensure that they are more clinically appropriate and support the management of patients.
- Another key change is the removal of exception reporting, which is replaced by a Personalised Care Adjustment process which contains 5 reasons for adjusting care: unsuitability, patient choice, did not respond, specific services not available (limited to certain indicators) and newly diagnosed / new registered patients.
- There have been two Quality Improvement models introduced, one for prescribing safety and one for end of life care.
- As part of the outcomes framework, these new indicators will be monitored alongside the remaining QOF indicators to identify where improved patient outcomes are identified.
- A national review of heart failure, asthma and chronic obstructive pulmonary disease QOF domains will commence in 2019/20.

The first year of the operational delivery plan for Care Quality and Improvement can be found at appendix 4.

5.4 Improving Access to Primary Care – 7 days a week

As part of the GPFV programme of work, CCGs have worked closely with GP Practices to improve access to appointments both in and out of the core working hours of 8.00am to 6.30pm. By April 2021, improving access will become part of the Network responsibility. There is already provision of access to general

practice services, including at evenings and weekends, for 100% of the population across Shropshire, including bank holidays. However going forward, patients will be able to access appointments in a variety of ways as outlined in the Digital section below (e.g. 25% of primary care appointments available online from July 2019) and will also be able to book local GP appointments via NHS111. NHS111 will also be able to direct patients to appropriate providers such as pharmacies rather than always directly to a GP Practice.

There will be new reporting requirements of the patients' experience of accessing services which will be published at a network level by 2021. Further details of the operational plan for 2019/20 are detailed in appendix 5.

5.5 Ensuring a workforce fit for the future

None of the changes and transformation programmes can be delivered unless there is workforce fit to deliver services to patients. Both CCGs have worked during 2018/2019 to ensure that there is an awareness of the workforce baseline and required trajectories to meet the needs of the multidisciplinary workforce required in Primary Care. The CCGs have excellent links with Health Education England and local universities to maximise opportunities across Shropshire.

The STP has a People's Strategy which details the key requirements to Attract, Recruit and Retain. There is a formal Governance Structure to ensure alignment of the People's Strategy across the STP and Primary Care representatives are members of both the working group and Board for the People's Strategy. The Primary Care workforce plan has been designed taking forward the 3 key requirements of the People's Strategy.

For the last 12 months, practices have worked together to develop workforce plans which are linked to the overarching Primary Care workforce plan and the STP People's Strategy. With the development of Primary Care Networks, the workforce plans will be realigned to practices within each Network.

Many GP practices have welcomed the opportunity to enhance their workforce by adding in additional professionals such as urgent care practitioners and clinical pharmacists, and the new workforce model brings additional opportunities to further develop the skill mix in practices.

Specifically from 2019 as part of the additional roles reimbursement scheme, there is funding to increase the number of clinical pharmacists in Primary Care and also to build on the work of the Care and Community Coordinators and Social Prescribing models with the introduction of additional social prescribing link workers. In 2019, each Network covering a population of 30,000 will be able to claim up to 70% of the salary of a clinical pharmacist and 100% of the salary of a Social Prescribing Link Worker. From 2020, funding will be provided through the network contract to support the recruitment of physician associates and first contact physiotherapists, and from 2021 funding will support the recruitment of first contact community paramedics. Employment of these staff can either be direct by Networks or through other NHS or voluntary organisations.

The work programmes initiated as part of the GPFV will continue for the retention and recruitment of additional staff and are detailed in Appendices 6 and 7. The 10 point nursing plan initially sat outside the mainstream workforce planning process however as part of this Strategy is now be integrated into the STP Primary Care workforce plans.

As part of the innovation in terms of workforce, not only are the CCGs looking to increase multidisciplinary working but are also looking at maximising opportunities in terms of flexible / mobile working, interoperability and portfolio careers. These are all seen to be important areas to build on to ensure that Shropshire is seen as a vibrant and attractive place to work.

Alongside the retention and recruitment programmes, the CCGs have started to develop compassionate leaders in primary care who are needed to meet the complex, practical, financial and cultural challenge ahead. Learning and education also remain important elements of the development of the workforce with Protected Learning Time sessions being adapted to meet the future needs of working in Networks.
In addition to the Additional Roles Reimbursement Scheme the CCGs are developing a number of projects and initiatives designed to recruit and retain as many GPs as possible across the STP. This work is funded by the GPFV GP Retention pot and the Local GP Retention ("Four Pillars") funding stream. The former is set out in detail in Appendix 7, along with the other GPFV-funded schemes, and the latter is referred to in Appendix 6 (Ensuring a Workforce Fit for the Future.

The STP has trajectories in place to ensure that there is sufficient workforce for the future. The high level workforce data baseline was set as at 31st March 2019:

Staff Group	Current Numbers (Q4 18/19)		September 2020 Target*	
	Headcount	FTE	Headcount	FTE
GPs (excluding Registrars)	357	257	382	275
Nurses	243	158	267	174
Direct Patient Care	186	120	205	132

**The target for GPs is a 7% increase, and the target for Nurses and Direct Patient Care is a 10% increase, on current numbers – these targets reflect an anticipated increase in population size, complexity of patient problems and local knowledge around the ages of key staff groups.*

The baseline data and trajectories are worked to individual CCG, PCN and individual practice levels to provide more detailed monitoring to take place.

5.6 Improvements to Technology and Digital Enablers

As mentioned several times during this strategy document, the use of technology needs to advance if the new model of care is to be delivered successfully. There are some specific improvements as part of the "Digital First" programme of work ensuring clinically safe use of data, real time and secure access to data for patients and NHS users, interoperability and better comparison of activity and outcomes. The core level of digitisation will be met by 2024 including the withdrawal of the use of fax machines by 2020.

The CCGs will ensure that all GP Practices and PCNs are technically enabled to provide the required functionality and interoperability of systems. To ensure that practices in Shropshire are technically able to offer all the digital enhancements detailed here, there will be a significant refresh of IT infrastructure in GP premises during early 2019/20 and a prioritised rollout of the new Health and Social Care Network to improve network access speeds.

The NHS App will be available and promoted in Shropshire and some practices will commence online consultations from early summer 2019. This will be expanded to include online and video consultations across all practices by 2021. This is building on the current availability for patients to book appointments online, with 25% of appointments being made available for online booking by July 2019. Many patients are already able to request their repeat prescriptions electronically; however this will be a default position from April 2019.

There is currently limited patient access to their medical reports. All patients will have online access to their full record, as the default position, from April 2020, subject to existing safeguards for vulnerable groups and third party confidentiality and system functionality. It should be noted that a national agreement has been

reached which means that patients would need to opt out of digital services rather than being asked to opt in.

As indicated in the Care Quality and Improvement section, the use of predictive analytical tools to support the anticipatory care requirements of patients will be rolled out across Shropshire and all patient records will be digitalised by 2022.

Technology for engaging and communicating across primary care, including care homes, requires improvement. There is a need to improve access to electronic and integrated decision trees with direct links to create referrals so that GPs are one click away from advice and diagnostic information.

The LTP identified that NHSmail will be available in Care Homes which will help facilitate communications and that integrated child protection systems will be put into place.

Substantial investment is required to enable the digital agenda to be delivered. The operational plan for 2019/20 is shown in appendix 8.

5.7 Ensuring high quality Primary Care Estate

Both CCGs have ongoing premises plans to develop their Primary Care Estate. These plans can be found on the CCG websites and are included as part of the wider STP Estates programme and supported at least in part by the Estates and Technology Transformation Funding (ETTF) scheme.

Planning beyond the currently approved projects will be invigorated as part of this strategy. Nationally there is to be a review of Primary Care Estate during 2019, however the detail of this is not available at the time of writing this Strategy. There is an ongoing commitment for GP Partners in terms of holding leases for their premises and it is anticipated that support for these GPs will be available as part of the national premises review.

Whilst there are 55 GP Practices across Shropshire (as at March 2019), there are 73 premises from which primary care services are provided, which includes 13 branch sites in Telford and 5 in Shropshire. Many of our practices have identified pressures and limitations in terms of their estate and work has commenced to understand the functionality of this estate. In early 2019/20 this work will expand to identify how the use of technology, changes in workforce, opportunities arising from Primary Care Networks and population growth will impact on the premises requirements in the future.

Once this review is completed, the CCGs will work as part of the One Public Estate programme of work to align, where possible, developments which encompass several schemes under the same programme of work, making the most of public funding. This will be a requirement for all future premises developments. A prioritisation process for future capital and revenue funding will then be undertaken. Appendix 9 details the operational plan for 2019/20.

5.8 Optimising workflow and addressing workload pressures

The GPFV identified 10 high impact changes:-

1. Active signposting
2. New Consultation types
3. Reduction in DNAs
4. Developing the team

5. Productive Workflows
6. Personal Productivity
7. Partnership working
8. Social Prescribing
9. Support Self Care
10. Develop Quality Improvement Expertise

As part of the GPFV practices were expected to deliver a minimum of 2 of the High Impact Changes, however many Practices across Shropshire delivered many more. The CCG will continue to support practices to engage in the 10 high impact changes to improve workflow. There is now a new opportunity to ensure that these programmes of work are introduced when developing the Primary Care Networks, ensuring that further optimisation can be achieved. These opportunities will be explored further through the development of Primary Care Networks and via the Network Development Programme.

Details of the operational plan for 2019/20 are found at Appendix 10.

5.9 Auditing Delegated Statutory Functions and Governance arrangements

Both CCGs have delegated responsibility for Primary Care. This means that the CCGs are responsible for making decisions relating to the commissioning, procurement and management of primary medical service contracts including, but not limited to the following listed activities:

➢ Enhanced services	➢ The approval of practice mergers
➢ Administering the contractual amendments set out in the NHS England Long Term Plan for primary care – "*Investment and Evolution*" GP Framework	➢ Undertaking reviews of primary medical care services in the area
➢ Local incentive schemes (including the design and costing of such schemes)	➢ Planning primary medical care services in the area including undertaking needs assessments
➢ Establishment of new GP practices (including branch surgeries)	➢ Management of the delegated budgets
➢ Closure of GP practices	➢ Premises cost direction functions
➢ Commissioning of urgent care (including home visits) as required for out of area registered patients	➢ Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the CCG area, as appropriate
➢ Management of poorly performing GP practices – including, without limitation, decisions and liaison with the Care Quality Commission (CQC) where the CQC has reported non-compliance with standards (excluding any decisions in relation to the performer list)	➢ Other ancillary activities that are necessary in order to exercise delegated functions
➢ Decisions about discretionary payments	

CCGs are required to undertake a series of audits to provide assurance that delegated functions are being discharged effectively. A reported self-assessment of compliance with national Primary Care policy is required through the annual Primary Care Activity Report and also via a report covering the outcomes achieved through delegated commissioning. There is a requirement for internal audit of delegated CCGs' primary medical care commissioning arrangements.

Alongside the audit requirements and the Governance set out in Section 4, details of reporting requirements within individual CCGs, across both CCGs, at STP level and through NHS England will be further defined. This, alongside the quality and performance matrix detailed in section 5.3 and KPIs in section 6 will be used to assure delivery of outcomes. This requires joint working of both CCGs and NHS England who currently retain the contract management support on behalf of the CCGs. Details of how this Strategy will support the assurance process can be found in appendix 11.

6 Monitoring and Key Performance Indicators

Access to accurate and timely information is vital to ensure that services can be designed using evidence to inform monitoring and performance. The operational detail for year 1 identifies a process to ensure that this data is available.

The overarching areas for Key Performance Indicators (KPIs) for Primary Care are detailed below and each operational work stream will have their own lower level KPIs in place:

6.1 Key Performance Indicators for Primary Care

NHS Long Term Plan – Annex F Joint Technical Definitions for Performance and Activity 2019/20	
Reference	**Performance Indicator**
E.A.S.1	Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.
E.D.15	The STP Primary Care workforce plans are required for the following staff groups, GPs and wider workforce. The wider workforce comprises the staff groups' nurses, direct patient care roles and admin/non-clinical staff. The staff groups comprise several job roles.
E.D.16	Percentage of CCG registered population with access to online consultations.
E.D.17	Extended access appointment utilisation rate is the number of booked appointments minus the 'did not attend' appointments (DNA) divided by the number of available appointments.
E.D.18	Proportion of the population that the urgent care system 111 can directly book appointments into the contracted extended access services.
E.H.13	People with a severe mental illness receiving a full annual physical health check and follow-up interventions.
E.K.3	Learning Disability Registers and Annual Health Checks delivered by GPs.
E.M.7a	Total GP Referrals made for a First Outpatient Appointment.
Other Key Performance Indicators – Investment and Evolution	
LTPPC1	Internal Audit Assurance reporting
LTPPC2	Demonstrated local Investment into Primary Care Transformation
LTPPC3	Delivery of a PCN Development Plan in line with the requirements of the Long Term Plan
LTPPC4	Delivery of a local workforce plan in line with the requirements of the Long Term Plan

6.2 Monitoring arrangements for the Strategy

To ensure that this Strategy is a live document and delivers the outcomes contained within it, regular update reports will be provided to Shropshire and Telford and Wrekin's Primary Care Commissioning Committees (PCCC). These high-level reports cover the nine programmes as listed below (and as detailed within Appendix 2-11 of the Strategy):

- Primary Care Networks and Models of Care
- Prevention and Addressing Health Inequalities
- Care Quality and Improvements
- Improving Access to Primary Care
- Ensuring a Workforce fit for the future (including the expenditure plan)
- Improvements to Technology and Digital Enablers
- Ensuring a High Quality Primary Care Estate
- Optimising Workflow and Addressing Workload Pressures
- Auditing Delegated Statutory Functions and Governance Arrangements

Each programme is overseen by an identified lead, and is RAG-rated each month as green (on schedule); amber (behind schedule with mitigating actions in place); red (behind schedule).

A template is updated for each programme and included within the report, to include anticipated outcomes; summary status (update on outcomes); activities and updates from the last period; actions planned for next period; whether escalation is required; risks. Any identified risks are given a score using a risk scoring matrix, which identifies the level of risk on the delivery of the relevant strategy outcomes, and mitigating actions are listed.

It has been agreed by PCCC that a cross-CCG working group will be set up, to ensure delivery across all 9 work programmes.

7 Funding

As part of the overall planning for Primary Care finance, both CCGs have a mid-term financial plan, which highlights cost pressure in the future. Plans are being put into place to mitigate the known cost pressures, which are primarily around estate and workforce.

The GP contract reform is accompanied by additional funding maintaining current services and also supporting the transformation of Primary Care. There are national headlines around the overall £4.5bn investment into Primary and Community Services, but it is important that this Strategy reflects on how finances will be received locally and where they will be used to support the delivery of transformation of care.

7.1 CCG allocations

The main allocation as noted in the schedule below for respective CCGs:

	Allocatiuon 19/20	Current Proposed Budget Amount 20/21	Current Proposed Budget Amount 21/22	Current Proposed Budget Amount 22/23	Current Proposed Budget Amount 23/24
SCCG Allocation - Jan 19	- 45,891,000	- 47,668,000	- 49,995,000	- 51,823,000	- 53,793,000
% Increase		3.87%	4.88%	3.66%	3.80%
SCCG Revsied Allocation - Mar 19 *	- 44,570,000	- 46,347,000	- 48,674,000	- 50,502,000	- 52,472,000
% Increase		3.99%	5.02%	3.76%	3.90%
* Note the Allo has been amended for future yrs to reflect the shortfall received in 19/20					
T & W CCG Allocation - Jan 19	- 24,862,000	- 26,017,000	- 27,475,000	- 28,664,000	- 29,907,000
% Increase		4.65%	5.60%	4.33%	4.34%
T & W CCG Revsied Allocation - Mar 19*	- 24,146,000	- 25,301,000	- 26,759,000	- 27,948,000	- 29,191,000
% Increase		4.78%	5.76%	4.44%	4.45%
* Note the Allo has been amended for future yrs to reflect the shortfall received in 19/20					

The 19/20 budgets have been agreed by respective CCG committees and include all known commitments including the specific new DES schemes, detailed in the five year plan, for implementation in the current year. The main adjustments are highlighted below:

- 1% Pay increase for staff in General Practice, deferred from 2018/19, plus a recommendation of 2% for 2019/20, subject to indemnity cover funding arrangements within each practice.
- Additional Role Reimbursement Scheme launched, and design of Primary Care Fellowship Programme.
- Transfer out of Extended Hours DES to network level, as part of access changes, including design of a new National Network Service specification.
- Amendments to the QOF payments, with 28 indicators being retired, 15 more clinically appropriate indicators being introduced along with 2 quality improvement modules.
- Indemnity now to be centrally funded.
- A requirement will continue to set aside a contingency of 0.5% of allocations and to demonstrate through the assurance process that they have adequate mitigations for any risk to delivery of their plan.

It should be noted that the SCCG budget was set at £46,104k (£1,534k over allocation) in order to cover all commitments highlighted above. This funding GAP has been funded out of the main CCG allocation.

7.2 GPFV Funding

A key element in delivering change and transformation in Primary Care is the GPFV funding which, for 2019/20 and 2020/21, is being paid to the STP in a single sum which the CCGs are required to use to deliver against a number of individual work streams. The detailed expenditure plan for this funding, agreed by NHS England, is set out in Appendix 7 and be summarized as follows:

Work stream	2019/20 £	2020/21 £
Practice Resilience	68,267	72,320
GP Retention	108,360	108,480
Reception and Clerical Training	83,544	83,450
On-line Consultation	136,290	132,600
Practice Nursing		36,160
Totals	**396,461**	**433,010**

7.3 Network allocations

With the changes in some of the funding streams from practice based to Network based, there will need to be specific allocations to Primary Care Networks who in turn will need to set up their internal governance processes to ensure allocations are made fairly and transparently to constituent practices.

The budget identified to transfer from July 2019 is:

- A new **Additional Role Reimbursement Scheme**.
- **Network Support** through a combination of £1.50p.p., and funding of a new 0.25 WTE contribution of the Clinical Director; the two funds together equate to £2.01 p.p. in 2019/20. These will be a minimum funding requirement.
- **Access**, through a combination of transferring the Extended Hours Access DES and also the £6.00p.p. CCG commissioned enhanced access arrangements. As from 2021/22 these become a legal entitlement for implementing the revised and more joined up access requirements.
- **A new Investment and Impact Fund.** Access to funds becomes an entitlement, in line with national rules.

7.4 Other Funding Steams

The national agreement covers the contract funding and does not cover additional CCG funding for Primary Care such as locally commissioned or enhanced services. As the contractual changes impact, CCGs will review local funding schemes to avoid duplication in payments.

Primary Care benefits from additional support provided which are met from separate NHSE budget allocations. This support has included GP Forward View Programmes, such as Practice Nurse Development, International GP Recruitment, as well as Estates and Technology Transformation Programmes, Practice Resilience etc. So far CCGs are aware that the new agreement commits NHSE to new centrally-funded support, to include the following:

- New framework to offer digital-first platforms to all Primary Care Networks
- A significant national Primary Care Network development and support programme
- New Primary Care fellowship programme and training hubs
- Provision for expected indemnity costs
- Support for the New Test Beds Programme.

8 Communication and Engagement

It is essential the CCGs inform and engage with the key stakeholders to create understanding, raise awareness, and foster participation and involvement in the development and implementation of the strategy. The key stakeholders include not just the practice networks, but our wider healthcare professionals and partners, the local health and social care economy, and crucially, our patients and the public.

This activity must be on-going and continuous following through the life cycle of the strategy from development right through to its implementation and delivery.

The initial stage currently underway is to inform stakeholders about the strategy, with a focus on the top level mandatory requirements. This will provide a foundation to help people understand the aims of the strategy in a national context so they can then contribute to helping them then meet the needs of local people. Introductory briefings have been held for the CCGs' respective patient groups, communications

have been shared with the practice networks, and public-facing information is available on the corporate web sites.

Once the strategy has been approved, a communications and engagement plan will be developed setting out how we will talk, listen, and engage with our stakeholders. From that, action plans will be developed to support the delivery of the strategy outlining what type of activity will take place and how this will be delivered. Underpinning this corporate communications and engagement plan will be tailored plans supporting specific programmes of work, with a focus on local delivery.

A short version of the Strategy provided the high level key messages is found at appendix 1 and is also available on the CCG website for easy reference.

9 Risks and Mitigations

There are a number of changes to happen in General Practice to deliver the requirements of the transformation and it is important that risks are highlighted, a process of escalation is in place and mitigations identified to minimize impact. All risks will be identified through the individual projects and listed on the PCCC Risk Register and where appropriate escalated to the Executive Risk Register / Board Assurance Frameworks. The appendices include the currently identified risks in each work programme.

10 Appendices

Appendix 1 – Summary of the eight specific areas within the LTP that Primary Care needs to deliver/support:

Primary Care Networks (PCNs)	• Each GP Practice must be part of a PCN from 1st July 2019 and a formal Network Contract in place • CCGs will receive applications from Practices to form Networks by 15th May and approvals will be complete by 30th May PCNs will usually be made up of practices and serve patient populations of around 30,000 to 50,000. Whilst there could be exceptions to this population base for very rural practices with sparse population density, this is expected to be the exception rather than the rule and only where service provision would be affected by the minimum 30,000 population. PCNs can be more than 50,000 if there are sub-network arrangements in place. • Each Network will identify a Clinical Director • The boundaries of the Networks must make geographical sense to enable community and social care services to be provided • Some services will be provided via Networks from 1st April 2020. These will be mandated nationally and CCGs will be able to add additional local services
Supporting Prevention and addressing health inequalities	• Improvements in the uptake of physical health checks for the seriously mentally ill • Consideration to specific actions to support people with Learning Disabilities and Autism and delivery of the required increase in the number of health checks • Improvement in the Type 2 Diabetes prevention and management programme • Improvements to Dementia diagnosis rates • Introduction of prevention and management programme for respiratory conditions • Programme of work to reduce Antimicrobial Resistance
Improving Care Quality	• The LTP explicitly details five areas of care for national improvement which will be supported by the Networks: supporting children and young people, perinatal mental health, diabetes care, respiratory care and patients in care homes – Primary Care will support these national improvement programmes • Continue to reduce medication errors, increase the use of generic medicines, and prescribe according to best practice • Amendments to the Quality and Outcomes Framework (QOF) to ensure more clinically appropriate support for patients to include 2 Quality Improvement models introduced; one for prescribing safety and one for end of life Care • A national review of heart failure, asthma, and chronic obstructive pulmonary disease. QOF domains will commence in 2019/20
Improving access to Primary Care	• As part of the GPFV programme of work, CCGs have worked closely with GP Practices to improve access to appointments both in and out of the core working hours of 8.00am to 6.30pm • By April 2021, improving access will become part of the Network responsibility • Patients will be able to access appointments via 111, who will also be able to direct patients to appropriate providers such as pharmacies rather than always directly to a GP Practice
Ensuring a workforce fit for the future	• From 2019 as part of the additional roles reimbursement scheme there is funding to increase the number of clinical pharmacists in Primary Care • From 2020 there will be national funding from the reimbursement scheme to introduce physician associates and first contact physiotherapists and from 2021 first contact community paramedics • Employment of these staff can be direct by Networks or through other NHS or voluntary organisations • The work programmes initiated as part of the GPFV continue for the retention and recruitment of GPs and other clinical professionals • As well as retention, recruitment and increased multidisciplinary working there will be increased opportunities for flexible/ mobile working, interoperability and portfolio careers. • Clinical Directors will provide the compassionate leadership in primary care to lead the complex, practical, financial and cultural challenge ahead

	• Learning/education also remain important elements of the development of the workforce with Protected learning Time sessions being adapted to meet the future needs of working in Networks
Improving the use of technology	• The use of technology will enhance models of care • The core level of digitisation will be met by 2024 including the withdrawal of the use of fax machines by 2020 • The CCGs will ensure that all GP Practices and PCNs are technically enabled to provide the required functionality and interoperability of systems • The NHS App will be available and promoted in Shropshire and some practices will commence online consultations from May 2019 • Online and video consultations across all practices by 2021 • At least 25% of appointments will be available for online booking by July 2019 • Many patients are already able to request their repeat prescriptions electronically; however this will be a default position from April 2019 • There is currently limited patient access to medical reports. This will be increased with full access by 2020 and patients will be able to input their own information • Improvements to electronic and integrated decision trees with direct links to create referrals so that GPs are one click away from advice and diagnostic information
Ensuring a high quality Primary Care Estate	• Planning beyond the currently approved estates projects will be invigorated • National review of Primary Care Estate during 2019 • A project to fully understand the functionality of Primary Care estate will identify how the use of technology, changes in workforce, opportunities arising from Primary Care Networks, and population growth will impact on the premises requirements in the future • Future integration of the Primary Care Estates planning with the One Public Estate programme of work to align, where possible, developments which encompass several schemes under the same programme of work

Optimising workflow and addressing workload pressures	• Continued support will be available via the National Primary Care Resilience programme and the Releasing Time to Care Programme, enabling GPs and Managers to think and plan to identify new ways of making better use of resources (e.g. premises, IT, workforce, HR, back office functions, staff)
	• Continued support to deliver the 10 high impact changes
	  • Active signposting
	  • New consultation types
	  • Reduction in DNAs
	  • Developing the team
	  • Productive workflows
	  • Personal productivity
	  • Partnership working
	  • Social prescribing
	  • Support self-care
	  • Develop Quality Improvement expertise
	• Strong public awareness campaigns explaining wider practice team roles and services provided by a range of healthcare professionals - patients will in the future be seen by a wider range of healthcare professionals
	• To promote self-care and alternative sources of advice and treatment
	• Social Prescribing, Care Coordination, and Link Workers will continue to support people to identify support and those with the lack confidence or knowledge to get involved with community groups or to approach agencies on their own
	• GP Practices will be supported to use the new demand and capacity tools to identify how appointments are used and the effect of seasonal variation

Appendix 2 - Primary Care Networks and models of care

Project Title	Primary Care Networks and Models of Care
Clinical / Managerial Leads	Steve Ellis – Head of Primary Care, Shropshire CCG Dr Steve James – Primary Care GP Lead Tracey Jones – Telford and Wrekin CCG
Overarching aim/outcome of the Project	To ensure that Primary Care Networks are set up by 1st July 2019 ready to deliver network services on 1st April 2020.
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	By 2021 Integrated Care Systems will cover the whole country and Primary Care Networks will be a fundamental building block. The overarching principle of PCNs is that they will be fundamentally Primary Care led and owned. • Network Directed Enhanced Service will be used as a contract for the Networks • 7 nationally agreed service specifications are being negotiated for delivery by the Networks; 5 from April 2020 and an additional 2 from 2021 • Analysis of how the new specifications, e.g. anticipatory care, enhanced care in care homes and personalised care, work with existing programmes of work need to be undertaken, e.g. care closer to home/ neighbourhood model of care • All locally commissioned non-core services will be considered for commissioning at Network level rather than from individual practices • Community providers will work collaboratively with Networks to remove the organisational boundaries of the current commissioning model of care and support urgent care services • Structured medication reviews and optimisation will be mandated and this needs to complement the work of the CCG medicines teams • Supporting early cancer diagnosis and cardiovascular disease prevention • Each Network will have a clinical director whose role will be to provide leadership for strategic planning to improve quality and effectiveness of the network services. • This programme clearly links to all the other programmes of work identified in the Primary Care Strategy including workforce • Networks will in time be given budgets to deliver services and support further enhancement of the improvements identified in the Quality and Outcomes Framework • Further guidance will be issued by NHSE but the development of PCNs will be driven by local, network based needs assessment • National programmes of support will be available to all PCNs • Links with other primary care professionals (dentists, opticians and pharmacists will be made during 2019/20
Which CCG/STP strategies does this project link with and are there other co-dependencies	Care Closer to Home Neighbourhood working Condition specific programmes of work e.g. cancer, CVD
Key Performance Indicators	Non-specific for networks, KPIs are specific to the projects within the networks and detailed in the following appendices

Data Requirements	Data sharing agreements will need to be in place as part of network agreements Network dashboards will be developed nationally during 2019/20
Finance/Funding Streams	Funding for additional staff for networks (see workforce reimbursement scheme) Network DES – funding to be confirmed nationally through DES specification Clinical Director funding for each Network – 0.25FTE per 50,000 population pro-rata. £1.50 per head of population from CCG baseline funding The £1.50 per head together with the Clinical Director funding equates to £2.01 per head in 2019/20.
Governance Arrangements	Networks will become part of the health system and the clinical directors will be integral to the development of ICSs. As provider organisations, the DES will be monitored according to the specifications and reported to Primary Care Commissioning Committees. From a commissioning perspective, networks have a role in ensuring appropriate services are commissioned to enable delivery of services to patients. The role of networks alongside the current governance of the CCGs and GP membership will be considered by the CCG governance leads.
Risk Management	The introduction of Primary Care Networks is very new. The early risks are that Practices will not be able to align into geographical networks and lack of information currently available at national level. Both CCGs and practices from both CCGs may need to consider how cross boundary Networks could be developed to ensure appropriate geographical coverage.
Impact Assessments	Impact Assessments will be completed as required as part of any new projects.
Timescales	March 2019 – Final guidance will be released that may affect some of the detail of this plan March 2019 – Clinical Director attributes and skills matrix to be released 29th March 2019 – network agreements published 15th May 2019 – network applications to be submitted from Primary Care 31st May 2019 – CCGs to approve and submit all applications to cover 100% of its practices June is set aside to manage outstanding issues 1st July 2019 – Network DES to commence July 2019 – March 2020 – development of networks and preparation for service delivery post April 2020

Appendix 3 - Prevention and addressing health Inequalities

Project Title	Prevention and Health Inequalities
Clinical / Managerial Lead	Telford & Wrekin CCG, Jacqui Seaton Shropshire CCG, tbc Telford & Wrekin Council, Helen Onions Shropshire Council, Kevin Lewis STP Population Health & Prevention Group, Penny Bason
Overarching aim/outcome of the Project	Improve the health of the population and reduce health inequalities

Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	• Deliver progress against the priorities for the renewed NHS prevention programme, i.e. smoking, poor diet, high blood pressure, obesity, alcohol and drug use.
	• Systematically raise awareness and deliver lifestyle advice, signposting and appropriate referral in primary care.
	• Embed a 'making every contact count' approach and proactively identify people at risk of ill health and behaviour change; developing infrastructure within primary care that supports behaviour change, motivational interviewing and coaching.
	• Actively use population health management intelligence at primary care network level to shape prevention work, e.g. risk stratification, population segmentation, and predictive analytical tools.
	• Deliver the NHS LTP CVD ambitions, both primary and secondary through prevention, detection and improved management of CVD high risk conditions, i.e. Atrial Fibrillation, high blood pressure, high cholesterol and diabetes.
	• Deliver the prevention expectations of the national Cancer Strategy, including supporting early cancer diagnosis, ensuring promotion and high uptake of screening programmes and case finding.
	• Ensure that primary care actively engages and drives forward social prescribing programmes aimed at strengthening community and personal resilience, by addressing the wider determinants of health, such as debt, poor housing and physical inactivity, increasing people's active involvement with their local communities; this programme must also support behaviour change models to improve health behaviour, support management of long term conditions, and low level mental health.
	• Tackle health inequalities, through reducing unwarranted variation in care, with a focus on:
	  ○ mental health problems
	  ○ vulnerabilities and those from at-risk groups, e.g. substance misusers and the homeless
	  ○ carers
	  ○ learning disabilities and autism
	  ○ screening and immunisation programmes
	• Connect with local services to support children and families.
	• Implement the government's new five-year action plan on antimicrobial resistance.

	• Annex 1 provides details of the Shropshire, Telford and Wrekin Primary Care Strategy public health indicators overview.

Which CCG/STP/national strategies does this project link with and are there other co-dependencies	• Telford & Wrekin Health & Wellbeing Strategy
	• Shropshire Health & Wellbeing Strategy
	• Shropshire & Telford STP, including the:
	  ○ STP Population Health & Prevention work stream plan – NB population health management approach will be delivered through the Primary Care Networks and Models of Care priority of this strategy
	  ○ STP Cancer Strategy – early diagnosis, prevention and screening
	  ○ STP Mental Health Strategy
	• Local Maternity System Plan – links with health inequalities, maternal weight, smoking in pregnancy, breastfeeding, perinatal mental health, immunisation and screening
	• Shropshire & Telford Health Economy E.coli bloodstream infection plan
	• STP Workforce plan
	
	National ambitions
	• CVD System Leadership Forum – CVD ROI tool and pathway
	• NHS RightCare and Getting it Right First Time (GIRFT)
	• STOMP - Stopping Overmedication of people with a Learning Disability, Autism or both
	• Tackling antimicrobial resistance 2019-2024 – the UK's five-year national action plan (24 January 2019)

Key Performance Indicators	• Life Expectancy (LE) and Healthy Life Expectancy (HLE) and inequality in LE & HLE • Smoking prevalence adults (% of population 16+ years) • Maternal smoking (% of mothers smoking at the time of delivery) • Obesity and excess weight prevalence (% adults 16+ years and children 5-6 years and 10-11 years) • Reduction in Type 2 Diabetes • Reduction in alcohol misuse via increase in alcohol treatment rates • Physical inactivity (% of adult population) • All relevant QOF clinical indicators, including inequalities KPIs • All relevant indicators no longer incentivised by QOF (INLIQ) • Cancer screening programme coverage (cervical, bowel and breast) E.H.13 People with a severe mental illness receiving a full annual physical health check and follow-up interventions E.K. Learning Disability Registers & Annual Health Checks delivered by GPs
Data Requirements	See above for standard data sources that will be used, including QOF, INLIQ, ePACT, Public Health Outcomes Framework (PHOF) and PHE Fingertips.
Finance/Funding Streams	• NHS LTP funding for Social Prescribing Link Workers • NHS Telford & Wrekin CCG funded Healthy Hearts programme • British Heart Foundation Telford & Wrekin Community Blood Pressure Testing Project • NHS Diabetes Prevention Programme – funded by NHS England • Shropshire & Telford LMS programme funding • Shropshire LPC AF project • CCG enhanced funding for CRP Testing (Telford) The majority of the local preventative services, including lifestyle services,

	social prescribing and NHS Health Check are funded through the two Local Authority Public Health Grants, e.g. Telford Healthy Lifestyles and Shropshire Healthy Lives/Help2Change.
Governance Arrangements	Governance will be to PCCCs via the STP Population Health and Prevention work-stream and Health and Wellbeing Boards.
Risk Management	There is a significant risk regarding funding for local lifestyle services given the savings required in local authority public health budgets, e.g. Shropshire Council is currently consulting on significant reductions in services Ability to recruit to new posts (e.g. social prescribing link workers) Clinical workforce across primary and community care – ability to retain and recruit
Impact Assessments	All relevant impact assessments (e.g. Equality and Quality) should be completed and appended to the project plan (using standard CCG templates).
Timescales	Planning to commence July 2019

Annex 1 – Public Health Indicators Overview

	Telford & Wrekin		Shropshire		West Midlands	England
Life Expectancy and Healthy Life Expectancy		**Years**		**Years**	**Years**	**Years**
Healthy life expectancy at birth (Male, 2015-17)		60.9		64.5	62.1	63.4
Healthy life expectancy at birth (Female, 2015-17)		62.4		65.4	62.9	63.8
Life expectancy at birth (Male, 2015-17)		78.5		80.4	78.8	79.6
Life expectancy at birth (Female, 2015-17)		81.9		83.4	82.7	83.1
Inequality in life expectancy (Male, 2015-17)		9.6		4.6	9.5	9.4
Inequality in life expectancy (Female, 2015-17)		6.4		2.8	7.4	7.4
Smoking	**Count**	**Rate or %**	**No.**	**Rate or %**	**Rate or %**	**Rate or %**
Smoking Prevalence in Adults: Current Smokers (age 15+ years, QOF, 2017/18)	28,976	19.1%	38,480	14.6%	17.5%	17.2%
Women smoking at time of delivery (2017/18)	348	17.2%	289	13.1%	11.9%	10.8%
Hospital admissions attributable to smoking (age >35 years, count and direct standardised rate per 100,000 population, 2016/17)	1,839	1,999 per 100,000	3,545	1,631 per 100,000	1,697 per 100,000	1,685 per 100,000
Obesity & Associated Lifestyle Factors						
Prevalence of overweight (including obesity) in school reception year (age 4-5 years, 2017/18)	465	22.7%	606	23.1%	23.4%	22.4%
Prevalence of overweight (including obesity) in school year six (age 10-11 years, 2017/18)	783	38.0%	784	30.4%	37.1%	34.3%
Estimated proportion of adults classified as overweight or obese (aged >18 years, 2016/17)		65.6%		70.3%	63.6%	61.3%
Proportion of the population eating the recommended "5 a day" at age 15 (estimates from the WAY Survey, 2014/15)		49.7%		54.5%	51.1%	52.4%
Proportion of the adult population eating the recommended "5 a day" (age >18 years, 2016/17)		54.8%		65.4%	54.8%	57.4%
Proportion of physically inactive adults (age 19+ years, 2016/17)		30.3%		20.2%	25.0%	22.2%
Hypertension & Cardiovascular Disease						
Estimated undiagnosed hypertension (PHE modelled estimates based on 2016/17 QOF)	18,201		33,846			
Prevalence of diagnosed hypertension (all ages, QOF, 2017/18)	25,660	13.8%	51,415	16.5%	14.9	13.9
Prevalence of Stroke in the GP Practice registered population (all ages, QOF, 2017/18)	3,351	1.8%	7,965	2.6%	1.9	1.8
Under 75 (years) mortality rate from all cardiovascular disease (aged standardised rate per 100,000 population, 2015/17)	372	84.3 per 100,000	612	61.5 per 100,00	77.5 per 100,000	72.5 per 100,000
Alcohol Harm						
Estimated proportion of adults drinking at harmful levels (aged >18years drinking >14 units a week, 2011-14)	39,300	29.0%	49,500	19.3%	25.7	25.7
Estimated proportion of adults binge drinking on heaviest day (aged >18years drinking >6 units for women or >8 units for men, 2011-14)	23,056	17.0%	40,700	15.8%	15.8	16.5
Population living with alcohol dependence not in treatment (2017/18)	1,453	75%	1,478	82%		83%
Hospital admissions for alcohol-related conditions (narrow) (all ages, direct age standardised rate per 100,000 population 2017/18)	1,088	659 per 100,000	2,146	630 per 100,000	690 per 100,000	632 per 100,000

Source: Public Health Indicators Fingertips https://fingertips.phe.org.uk/

Life Expectancy in Shropshire & Telford & Wrekin

- The population living in Shropshire, on average, lives for longer and has a longer period of life in good health compared to the Telford & Wrekin population and England population. Life expectancy at birth for males and females in Shropshire is 80.4 years and 83.4 years respectively, above but comparable to national life expectancy.

- By comparison males and females in Telford and Wrekin can expect to live to 78.5 years and 81.9 years. Life expectancy at birth in Telford and Wrekin is significantly worse than life expectancy for males and females in England.

- As well as reduced life expectancy, males in Telford and Wrekin on average also experience a shorter period of life in good health with an average of 60.9 years in good health, significantly worse than the national male population.

- Inequalities in the Telford and Wrekin population have a significant effect on life expectancy with males and females living in the most deprived areas dying 9.6 years and 6.4 years earlier than those living in the most affluent areas.

- Inequalities in life expectancy in Shropshire are smaller with males and females in the most deprived areas dying 4.6 and 2.8 years earlier than those in the most affluent areas.

Population prevalence of current smokers

- The proportion of the population currently smoking in Telford is significantly higher than the national prevalence with 19.1% of the registered population in Telford & Wrekin identified on QOF as a current smoker. This equates to 28,976 people currently smoking and is significantly above the national prevalence.

- Shropshire prevalence is below the national prevalence with 14.6% (n= 36,480) of the registered population identified as a current smoker on QOF registers. This is compared to 17.5% in the West Midlands and 17.2% in England.

- In line with national trend, the population of current smokers is declining with reduction in the number of current smokers in both Shropshire and Telford and Wrekin.

- In both areas the proportion of mothers smoking at the time of delivery is above the national average with 17.2% of pregnant women in Telford and Wrekin and 13.1% of pregnant women in Shropshire smoking at delivery in 2017/18.

- With higher smoking prevalence in the population, Telford & Wrekin also has a higher rate of smoking attributable hospital admissions, with 1,839 admissions in 2016/17. In Shropshire there were 3,545 hospital admissions due to conditions directly attributable to smoking.

- Standardised rates of hospital admission demonstrates Telford and Wrekin has a significantly higher rate of hospital admissions due to smoking than the national rate at 1,999 admissions per 100,000 population in 16/17 whilst Shropshire's rate is significantly better at 1,631 per 100,000 population.

Population prevalence of overweight and obese patients

- The proportion of the population that is overweight or obese increases through the life course increasing from 22.7% of the population in school reception year to 65.6% of the adult population in Telford and Wrekin.

- In Shropshire the proportion of the population that is overweight or obese population follows a similar trend with the increase from 23.1% of school reception year children to 70.3% of the adult population.

- In Telford and Wrekin 22.7% (n=465) children in reception school year (age 4-5 years) were identified by the National Child Measurement Programme (NCMP) in 2017/18 as being overweight or obese. Of these 10% (n= 206) are obese or severely obese. This is comparable with national and regional figures.

- In Shropshire the proportion of reception year children who are overweight or obese is slightly higher with 23.1% (n=606) of children in 2017/18 identified as overweight or obese by the NCMP. Of these 8.5% (n= 224) are obese or severely obese. This is comparable with national and regional prevalence.

- Both areas have seen a decline in the proportion of children in reception year being identified as overweight or obese over the past decade with levels in Telford the lowest they have been.

- By school year 6 (age 11-12) the proportion of children overweight or obese is significantly above national prevalence for 2017/18 with 38% of children measured as being overweight or obese in Telford and Wrekin and 21.5% (n=441) obese or severely obese.

- By comparison 30.4% of school year six children in Shropshire are overweight or obese with 16% (n=411) obese or severely obese. This is significantly below national prevalence.

- Looking at obesity only in the adult population for Telford and Wrekin, 10.7% (n=15,584) of the adult population were on QOF registers diagnosed as being obese in 2017/18. The prevalence of obesity in the CCG remains stable.

- In Shropshire CCG 10.8% of adults have been diagnosed as obese (n= 27,053) in 2017/18. This is a 1% increase on previous years with an additional 2,716 adult patients identified as being obese.

Population prevalence of diagnosed and undiagnosed hypertension

- In Telford and Wrekin 13.8% of registered patients (n=25,660 patients) have been diagnosed as having hypertension in 2017/18, significantly below the national prevalence. By comparison, in Shropshire 16.5% of registered patients (n= 51,415 patients) have been diagnosed with hypertension.

- Undiagnosed hypertension is recognised as a public health issue with patients at increased risk of adverse health outcomes, for example ischaemic and haemorrhagic stroke, myocardial infarction, heart failure, chronic kidney disease and premature mortality.

- There are various models predicting undiagnosed hypertension in the population. For this report we have used data from PHE modelled estimates of undiagnosed hypertension cases.

- Based on PHE modelling, 58% of people with hypertension living in Telford and Wrekin have been diagnosed with 18,201 people living with undiagnosed hypertension.

- In Shropshire 59% of people with hypertension have been diagnosed with 33,846 people living with undiagnosed hypertension. Both areas are comparable to the national achievement with 59% of hypertension cases in England diagnosed.

- Patients in Telford and Wrekin experience higher levels of premature mortality from cardiovascular disease with 84.3 deaths under the age of 75 years from cardiovascular disease per 100,000 population in 2015-17. This is significantly worse than the national rate.

- By comparison in Shropshire there are 61.5 deaths under the age of 75 years from cardiovascular disease per 100,000 population during 2015-17, significantly better than the national rate.

Prevalence of drug and alcohol harm in the population

- Estimates indicate that in Telford and Wrekin 29% of the adult population drink alcohol at levels that are harmful with 17% of the adult population binge drinking. Based on these estimates there are approximately

39,300 adults drinking at harmful levels with 23,056 binge drinking at least one day a week in Telford and Wrekin.

- In Shropshire rates of harmful alcohol consumption are significantly lower with an estimated 19.3% of the adult population drinking at harmful levels with 15.8% binge drinking on at least one day during the week. Based on these estimates there are approximately 49,500 adults drinking at harmful levels with 40,700 "binge" drinking at least one day a week.

- Adults with alcohol dependence not in treatment pose a significant public health challenge. Estimates indicate that there are approximately 1,543 people living with untreated alcohol dependence in Telford and Wrekin, 75% of the population with alcohol dependency. This is better than national figures where 83% of people with alcohol dependence are untreated.

- In Shropshire estimates indicate that there are approximately 2,072 people living with alcohol dependence with 28% (594) of these receiving treatments. The remaining 1,478 people living with untreated alcohol dependence have increased risk of morbidity and premature mortality.

- In Telford and Wrekin 33% (n= 306) of opiate and/or crack cocaine users do not currently receive treatment. By comparison 47% (n=564) of opiate and/or crack cocaine users in Shropshire do not receive treatment. Both areas have a greater proportion in treatment than the national figure of 52%.

Appendix 4 - Care Quality and Improvement (including Care Homes)

Project Title	Care Quality and Improvement
Clinical / Managerial Leads	Samantha Bunyan, Head of Nursing, Quality and Safety Jennifer Bate, Senior Quality Nurse for PHC and Nursing Homes, IPC Specialist Nurse
Overarching aim/outcome of the Project	To provide high-quality care, we need high performing providers and commissioners working together and in partnership with, and for, local people and communities, that: • Are well-led: they are open and collaborate internally and externally and are committed to learning and improvement. • Use resources sustainably: they use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture. • Are equitable for all: they ensure inequalities in health outcomes is a focus for quality improvement, making sure care quality does not vary due to characteristics. To support the government's vision for a health and care system focused on delivering the best possible health outcomes. Application and on-going monitoring of quality standards to ensure that high-quality care or services are being commissioned. Gain quality assurance of primary care and care home services aligned to the three quality domains: Clinical Effectiveness, Patient Safety and Patient Experience. Practices and care homes will be compliant with national quality standards and key performance measures. To determine a rolling programme of quality assurance visits to all primary care premises in collaboration with the Locality Managers.
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	Shropshire and Telford & Wrekin Primary Health Care Strategy needs aligned to Government Strategies and National Quality Drivers • Practices and Locality Managers will implement and support the GPFV Workforce Plan incorporating the Ten Point nursing action plan through engagement with the workforce programme team and training hub. • Where identified as a requirement, commissioners will commission services/re-design/new services where required to meet the NHS LTP and GPFV. • CCG GP leads, Medicines Management and Locality Managers will work with Practices and Care Homes to ensure work steams identified in the NHS LTP/contracts/QOF have action plans developed with SMART outcomes/solutions. • CCG Medicines Management team will work with Locality Managers and PMs to reduce medicines-related patient safety incidents by designing, agreeing and embedding systems for drug monitoring (DMARDs etc.), monitoring medication incidents, medication reviews and medicine reconciliation. • Best practice will be collaboratively shared across PHC networks by Locality Managers to ensure all Practices and Care Homes are provided the expertise to manage change. • Quality teams will work with Locality Managers, Health watch, PPGs, Practices and Care Homes to ensure quality is embedded in the patient experience networks and that data is shared with the

	Quality Leads. • Locality Managers will work with Business Intelligence (BI) and Practice Managers to agree sharing and reporting to the CCG quarterly, evidence of Quality and Performance audit, monitoring and improvement. • This initial data will be used to benchmark against NHS LTP and other Quality Improvement Outcomes. • Where performance or quality is deemed poor, Locality Managers and CCG Quality Teams will support Practices and Care Homes to establish Quality Improvement Cycles. • BI will produce quarterly reports on Patient Survey and Practice Performance with Quality Indicators embedded. • The CCG quality team will monitor Quality and Performance Indicators, conduct assurance visits and triangulate qualitative and quantitative data to gain assurance of safe, effective services.
Which CCG/STP strategies does this project link with and are there other co-dependencies	Working across the STP supporting the following programmes of work: • Implementation of the STP Enhancing Health in Care Homes Framework • Shropshire Care Closer to Home Programme and pilot implementation group • GPFV Workforce plan incorporating the ten point nursing action plan • General Practice 5 Year Forward View • NHS Long Term Plan • Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan • NHS Shared commitment to quality from the National Quality Board
Key Performance Indicators	• Shared Internal Audit Assurance • Quality assurance dashboard that is aligned to quality and performance indicators • Routine quality metric monitoring using an agreed Primary Care and Care Home dashboard • Medicine management compliance • Specific KPIs will be developed by Locality Managers and Practice Managers for each key area of improvement
Data Requirements	Practices, Care Homes and Locality Managers will agree on data sharing requirements to enable performance and quality monitoring. Business intelligence to produce data reports to monitor the quality and improvement of services: • To allow benchmarking against National Indicators • To enable interpretation and where necessary, root cause analysis • To inform on and evidence quality improvement • To enable triangulation of the information in order to inform quality assurance visits
Finance/Funding Streams	None identified
Governance Arrangements	Quality assurance monitoring will be reported through Quality Committee and onto Executive Board if required. Concerns will be escalated to Practices and Care Homes via Locality Managers and Contracts Team.

	Practices and Care Homes will be required to produce and share evidence of Quality Improvement projects and action plans with the CCG.
Risk Management	This is a newly redefined work stream and at present risk assessments have not been completed. Any risks will be included on the Quality Team risk register and Corporate risk register as appropriate.
Impact Assessments	Will be completed for transformational projects for primary care and care homes.
Timescales	Quality and Performance Dashboards will be developed and agreed by 1st April 2019. Combined Quality Assurance Visit Calendar will be completed by 1st April 2019. Areas for quality improvement aligned to NHS LTP/GMS contract/QOF will have been identified and a plan agreed by the end of the 1st quarter 2019. Quality and Performance Dashboards will be populated in 25% increments through each quarter, ending with 100% quality indicator reporting by end of March 2020. Evidence of 2nd and 3rd cycle audits on quality indicators will be produced by end of March 2020. Programme of quality assurance visits to be determined in collaboration with locality managers and programmed into the contractual year by beginning of April 2019.

Appendix 5 - Improving Access to Primary Care – 7 days a week

Project Title	Improving Access to Primary Care
Clinical / Managerial Leads	Dr Steve James Dr Andy Inglis Steve Ellis, Head of Primary Care Darren Francis, Primary Care Commissioning Manager
Overarching aim/outcome of the Project	To maintain and improve 7 day access to General Practice both through face to face appointments and technological solutions.
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	There are a number of key areas that the project will deliver on: • Maintenance of the current Extended Access service that is available to 100% of patients across the STP footprint and delivered by distinct groups of practices and augmented by weekend and Bank Holiday appointments provided by Shropcom/Shropdoc. • Continuing the delivery of the Extended Hours DES by practices and ensuring that PCNs are in a position to deliver this to 100% of their population from July 2019. • Contribute and respond to the NHSE Access Review that is due to start in 2019. • Ensure that 111 are able to directly book into General Practice appointments in both 'in-hours' and extended access appointments. This should be delivered at the rate of 1 appointment/3,000 patients. • Improve the use of online access to make appointments to 25% by April 2019. This could include the use of the NHS App or other partner apps. • Pilot the use of e-consultations and prepare for the introduction of video consultations.
Which CCG/STP strategies does this project link with and are there other co-dependencies	• The digital aspects of this plan will link with the digital aspects of this document (Appendix 6) and also with the Wider STP Digital Roadmap. • The extended access will link with the Primary Care Networks plan (Appendix 1) and also with strategic developments in the delivery of Integrated Urgent Care (Out of hour's delivery, Urgent Treatment Centres etc.)
Key Performance Indicators	• Extended access utilisation data (ED17) • 111 Direct booking delivery (ED18) • Delivery of the Seven Core Requirements
Data Requirements	Monthly data gathered from Practices/Hubs and also the monthly returns to NHSE.
Finance/Funding Streams	**Extended Access** Continued funding at £6/head (using ONS population figures) is being provided through 2019/20 to support the delivery of extended access. This will fund the ongoing contracts in Shropshire CCG area with the 4 practice led delivery groups (contracts cease 31/03/2020) and the pre-booked appointments section of the integrated urgent care (IUC) contract with Shropdoc. In Telford, the funding will be used to deliver the access requirements through a mixed model of delivery including direct from practices (for their own patients) and via 2 hubs (weekdays hub for all

	T&W patients Mon-Fri and a weekends hub shared with Shropshire patients covering weekends and Bank Holidays). **Extended hours** Funding for the provision of the old Extended Hours DES will be passed to Networks from July 2019. The delivery of this DES will also pass to the networks to cover 100% of their population. There are guarantees that the funding will be increased from the current baseline to ensure that the increased provision is fully funded – we are awaiting details of the final offer. Any other appropriate funding to support developments will be accessed as it becomes available.
Governance Arrangements	Any new projects within this area will require approval from CCG Execs (weekly meetings), Primary Care Commissioning Committee (meet bi-monthly) and, if necessary, CCG Board (meet bi-monthly). Any relevant capital funding from the STP or NHSE will need to be approved through the relevant processes in place at the time.
Risk Management	There are no current identified risks to the implementation of this work programme. Any risks and mitigations will be included in both the PCCC risk registers and escalated through the Executive Risk Register/Board Assurance Framework, where appropriate.
Impact Assessments	Impact Assessments will be completed as required as part of any new projects and will be included as part of any assurance documentation required for sign off as indicated in the Governance section above.
Timescales	- April 2019 - clarification on requirements for Extended Hours DES in Networks post July 2019 - Apr/June 2019 – Quarterly review meetings with all access groups and discussions with PCNs regarding arrangements post July - Jul 2019 – begin planning for Access arrangements from April 2020 (current contract end date) - Delivery of 25% of appointments available online - Jul 2019 – 111 able to directly book into extended access hubs - Oct 2019 – 111 able to directly book into 'in-hours' and UTCs - Oct 2019 – Annual review with all access groups

Appendix 6- Ensuring a workforce fit for the future

Project Title	Workforce
Clinical Managerial Leads	Dr Ray McMurray – Shropshire CCG Dr Melanie Abey – Telford & Wrekin CCG Phil Morgan, Primary Care Manager, Shropshire CCG Jane Sullivan, Quality Lead Primary Care, Telford & Wrekin CCG
Overarching aim/outcome of the Project	The overall aim of the workforce project is to improve the resilience and sustainability of the Primary Care Workforce in Shropshire so that it can meet the needs of patients.
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	The project, which consists of a number of sub-projects and initiatives (see "Timescales" below), is designed to deliver against the requirements of the Long-Term Plan and, more specifically, against the issues set out in the "Addressing the Workforce Shortfall" chapter in the joint BMA/NHS England document "Investment and Evolution". The specific issues and challenges from these documents that the Workforce project will deliver against include: • The increasing number of GPs retiring early and the consequent need to retain GPs in the workforce • The shortage of Nurses in general practice and the need to upskill Nurses and HCAs through training • The increasing unattractiveness, to newly-qualified GPs, of the partnership model • The trend in part-time working among newly-qualified GPs • Increased use of Locum GPs • An increase in the number of medical school places • New funding for specific roles within the new Primary Care Networks – Clinical Pharmacists, Social Prescribing Link Workers, First Contact Physiotherapists, First Contact Community Paramedics and Physician Associates • Improving the link between general practice and community mental health staff • The planned introduction of fellowships for newly-qualified GPs and Nurses • A continued focus on International Recruitment of GPs • The establishment, from 2020/21, of Primary Care Training Hubs • The establishment of a new, national Clinical Negligence Scheme • Introducing flexible/mobile working and portfolio careers Other issues, relating to improving the resilience and sustainability of the Primary Care Workforce in Shropshire, include: • Ensuring that primary care leaders are developed and supported • Developing the current protected learning time (PLT) and mandatory training arrangements to support the above challenges • The promotion of Shropshire as an attractive place to work • Engaging with HEE over its Targeted Enhanced Recruitment Scheme (TERS) • Ensuring that the workforce is involved in the development of new initiatives and that staff feedback is used to measure success

	• Engaging with patients as the new working arrangements and new roles are developed These issues will be addressed via joint working with key stakeholders including the newly formed PCNs, Health Education England (with particular reference to training and education).
Which CCG/STP strategies does this project link with and are there other co-dependencies	One of the key challenges, identified in the CCG's Annual Report, is Workforce: "Shropshire faces the issue of many local GPs nearing retirement age, and difficulties of attracting new staff to the area. We continue to work with our partners across the health economy to find ways to address local workforce issues as well as working with Health Education England, NHS England and NHS Improvement." The STP's People Strategy (which is the workforce strategy for the STP) has five priorities, all of which are aligned with this Plan: • Attract, Recruit and Retain • Workforce Planning and Modelling • Education, Development and Training • OD and Leadership This Plan also aligns closely with the NHS England GP Forward View, the national GPN 10 Point Action Plan and the priorities of Health Education England around the development of the Primary Care workforce. Care Closer to Home/Neighbourhoods (ref: STP strategy) and STP Mental Health Strategy.
Key Performance Indicators	The only national KPI relevant for this project is E.D.15 *Workforce plans for GPs and wider workforce. The wider workforce is comprised of the staff groups' nurses, direct patient care roles and admin/non-clinical staff. The staff groups are comprised of several job roles.* These plans, including targets, trajectories and narrative around specific actions designed to meet the targets, are included in regular data returns to NHS England. There are, at present, no other local KPIs in this project. However, it is likely that indicators will be developed to measure the impact of the sub-projects and initiatives. These could include: • The number of trainees accessing Fellowships • The number of GPs attending Retention events • The number of Nurses/HCAs attending training events
Data Requirements	The data required to ensure effective delivery of this project includes: • Accurate and timely completion by practices of the NHS Digital National Workforce Reporting System (NWRS) which captures data on the number of staff working in general practice • Numbers and locations of trainees across Shropshire • The level of interest from practices in the key, recruitment and retention schemes The data inputted into the NWRS is used by the STP to track progress against workforce targets and trajectories. The current targets, based on the

workforce data as at 31st March 2019, is as follows:

Staff Group	Current Numbers (Q4 18/19)		September 2020 Target*	
	Headcount	FTE	Headcount	FTE
GPs (excluding Registrars)	357	257	382	275
Nurses	243	158	267	174
Direct Patient Care	186	120	205	132

*The target for GPs is a 7% increase, and the target for Nurses and Direct Patient Care is a 10% increase, on current numbers – these targets reflect an anticipated increase in population size, complexity of patient problems and local knowledge around the ages of key staff groups.

Finance/Funding Streams

Funding for the various sub-projects and initiatives in this project comes from NHS England and Health Education England.
To date most of this funding has been relatively small amounts with specific criteria, including:

- GP Fellowships
- Employing GP Workforce leads
- The Physician Associates Internship Scheme
- Developing a programme of support for newly-qualified GPs
- Training for GPs on supervision of other clinical staff
- Training for Nurses and HCAs
- GP Retention
- International GP Recruitment
- Locum support

(NB – not all of these funding streams are joint across both CCGs)

Going forward a significant amount of funding for the development of the general practice workforce will come via the new "Five year framework for GP contract reform". This comprises:

- increased funding for the core GP practice contract – designed to increase the number of nurses and doctors in general practice, and
- the Additional Roles Reimbursement Scheme – designed to recruit Clinical Pharmacists, Social Prescribing Link Workers, First Contact Physiotherapists, First Contact Community Paramedics and Physician Associates to the new Primary Care Networks

The first of these, the increase in the core funding, is being introduced in April 2019. The Additional Roles Reimbursement Scheme is being rolled out as follows:

- 2019 – Clinical Pharmacists and Social Prescribing Link Workers
- 2020 – Physician Associates and First Contact Physiotherapists
- 2021 – First Contact Community Paramedics

The GPFV funding for 2019/20 contains an element for GP Retention for which the STP has allocated £40k. An engagement exercise will take place with practices to identify how best to use this funding – likely projects will include specific training/information for registrars and newly-qualified GPs,

	supervision skills for GPs, personal reliance training and further support for locums. In addition, funding totalling £106k has been provided by NHS England from a regional "GP Retention "Four Pillars" pot – this is likely to be used for developing portfolio careers, strengthening clinical workforce leadership, providing medical education update training and helping GPs currently not working to return to work. Additional, local funding has also been provided from the Shropshire and Telford & Wrekin Local Workforce Action Board (LWAB) – this will be used to fund the two Primary Care Nurse Facilitators and upskilling training for Nurses and HCAs. Finally, the STP will be receiving, in the 2020/21 financial year, additional investment designed to provide increased capacity within the local Training Hub.
Governance Arrangements	There are four levels to the governance arrangements for this project: • STP Primary Care Workforce working group – this meets monthly and comprises managers from both CCGs and the two GP workforce leads. Issues for escalation are identified at this meeting and action is taken as appropriate. A number of task and finish groups are set up as needed. Also, the GPN Development Group reports to the STP Primary Care Workforce working group • STP Strategic Workforce group – chaired by Victoria Rankin and attended by one or both of the Directors of Nursing • NHS England Shropshire and Staffordshire Workforce Group – a bi-monthly group chaired by Rebecca Woods, Head of Primary Care for NHS England Staffordshire and Shropshire. Issues for escalation are identified at this meeting and actioned as appropriate • The Primary Care Commissioning Committees of the two CCGs
Risk Management	The key, high-level risks for the workforce project include the ability of the CCG and practices/PCNs to access and utilise funding to increase the number and diversity of the general practice workforce and the availability of the workforce. These are being mitigated and have been escalated through PCCC and NHSE.
Impact Assessments	A number of Quality Impact Assessments have already been carried out in relation to some of the specific sub-projects and initiatives in the workforce plan. These include the introduction of Physician Associates and the development of the new role of Nurse Associates. Where relevant Impact Assessments will be carried out on any new sub-projects and initiatives to ensure that there are no adverse effects on patient care from the introduction of new working arrangements and roles.
Timescales	The main sub-projects and initiatives, along with known and anticipated timescales, are as follows: • Data collation and reporting – quarterly returns to NHS England. New collation of vacancy information from practices, probably quarterly. • GP Trainees – completed and analysed survey by end of March 2019 • TERS – ongoing liaison with HEE over the 2019/20 scheme • Support Programme for newly-qualified GPs – establish support

	programme(s) by end of March 2019 • IGPR – identification of interest in the scheme – ongoing • Local GP Retention Fund – delivery of training events by NB Medical – September 2019 • Fellowships – award ST3 Fellowships – end of March 2019 • Supervision Training for GPs – arrange training by end of March 2019 • Physician Associates – recruitment of PAs into practices by end of April 2019 • Clinical Pharmacists – identification of interest in the scheme – ongoing • General Practice Nursing – increase in number of GPNs in practices – ongoing • Introduction of the new Nursing Associate role in practices via the use of apprenticeships - ongoing • Urgent Care Practitioners – increase in number of UCPs in practices – ongoing • Upskilling Nurses and HCAs – increase in number of GPNs and HCAs receiving training – ongoing • Ensuring that primary care leaders are developed and supported – working with the STP OD Leadership group to provide cross-sector development events – June 2019 • Developing the current PLT and mandatory training arrangements to support the above challenges – ongoing • The promotion of Shropshire as an attractive place to work – working with the STP strategic workforce group – June 2019 • Ensuring that the workforce is involved in the development of new initiatives and that staff feedback is used to measure success – ongoing • Engaging with patients as the new working arrangements and new roles are developed – tbc, once the new arrangements are in place

Appendix 7 – GPFV Funding Programme Expenditure Plan

Governance and Engagement

Shropshire and Telford & Wrekin STP (STW STP) has established a Primary Care Programme Board to provide a forum for cooperation and collaboration across the footprint. The core purpose of the Board, which meets quarterly, is to provide a structure through which the two CCGs (Shropshire and Telford & Wrekin) can support one another to successfully delivery their local Primary Care Strategy, and to provide assurance to the STP PMO around local Primary Care delivery.

Although the Board does not have the authority to take decisions about resources that will bind an individual CCG, in order to ensure that it is effective, its representatives have sufficient delegated authority to enable the Board to function effectively.

The Board oversees a number of shared work streams including Workforce, Estates, Digital and Organisational development/Leadership.

Included in the key responsibilities of the Board is tracking investment against the expenditure plans set out below. This may include decisions on transferring budgets between the programmes as they develop.

The Board is accountable to the Boards of the two STW STP CCGs via the two Primary Care Commissioning Committees (PCCCs).

The membership of the Board includes lay member chairs of the PCCCs, clinical chairs of the PCCCs, Accountable Officers of both CCGs, the Primary Care Lead GP from each CCG, the Director of Primary Care for Shropshire CCG (The STP Primary Care Lead), the Heads of Primary Care from each CCG, a nominated Finance Lead, an LMC representative and an STP PMO member.

Programme Spending Plans and Descriptions

Programme	CCG	Funding will support	Amount	Assurance
Practice Resilience All of the action plans referred to below will require the CCGs/practices/PCNs to spend at least 75% of the funding by 31st December 2019 and 100% by 31st March 2020.				
Practice resilience	**SCCG**	Network delivery of actions / outcomes from the time for care/learning in action (LiA) events and the Productive General Practice Quickstart (PGPQS) programme	£40,000	12 Practices have completed LiA and 8 practices are booked onto Wave 8 of PGPQS. The CCG will work with each of the PCNs to agree an action plan resulting from shared learning from these two programmes. The CCG has also been invited to apply for Wave 9 of PGP QS which will focus on Network development. To capture the outcomes from the funded activity the PCNs will be required to produce case studies both during, and at the end of, the activities.

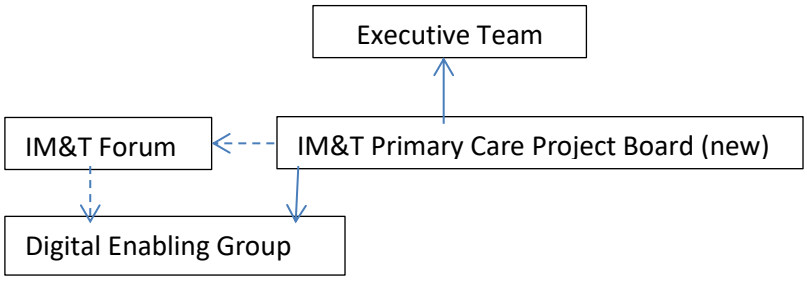
Programme	CCG	Funding will support	Amount	Assurance
Practice resilience	**SCCG**	To increase the competency of the 41 existing community and care coordinators (Practice link workers)	£20,000	The CCG will work with the existing group of C&CCs to establish a base line of core competencies and agree a training and development plan. We plan to hold 3 events per year and will link these with the existing PLT sessions. The C&CCs will be asked to undertake a self-assessment, at the end of the training a development activity, designed to demonstrate the extent to which core competencies have been enhanced.
Practice resilience	**SCCG**	Promotion and support of self-care across networks	£20,000	The CCG will work with practices, PCNs and the CCG's medicines management team to deliver 4 self-care campaigns through the year. To capture the outcomes from this funded activity the PCNs will be required to produce case studies both during, and at the end of, the activities, demonstrating improvements to self-care.
Practice resilience	**T&WCCG**	Delivery of action plan from Attain survey	£20,000	From the outcomes of the action plan the CCG will produce action plans for each practice and make recommendations for use of Winter and Easter resources.
Practice resilience	**T&WCCG**	Actions from OD programme being delivered by Quality Team/Health skills and outcomes from time for care for those PMs attending	£15,000	The CCG is currently revisiting the OD programme plan. To capture the outcomes from the Time for Care programme the PCNs will be required to produce case studies both during, and at the end of the programme.
Practice resilience	**T&WCCG**	Support for the roll out of social prescribing hubs across networks	£20,000	Once clarified and agreed each network will provide a delivery plan to the CCG.
GP Retention Details of how the CCG will be linking funding from this work-stream with the established LGPRF projects are set out below.				

Programme	CCG	Funding will support	Amount	Assurance
GP Retention SCCG and T&WCCG	**Both**	Work to date has been retention of mid-career and later career existing GPs. This funding will be used to support bespoke retention support package for first five (first 5 years qualification) qualified GPs to stay in the STW STP area	£40,000	The CCGs will build on existing work with ST3s and newly-qualified GPs to firstly identify and understand the key issues facing these doctors – i.e. their key challenges and pressures which may lead them to decide to leave the profession and/or the STW STP area. The CCGs, in partnership with representatives from this cohort of doctors, will then develop a set of actions and activities (including training and development events, improved mentoring and networking opportunities) designed to address the key challenges. Success in this work stream will be measured via self-assessments carried out by the doctors in the cohort.
High Impact Actions The CCGs will fulfil the assurance statement "Detailed local plans ensuring delivery of two HIAs by 1st July 2019" by the implementation of the action plans set out below for: • On-line consultations (HIA 2) • Active Signposting (HIA 1) • Workflow Management (HIA 5) More details on the above programmes are set out below. In addition, the CCGs will also continue to work with the national NHS England Time for Care team to deliver the Productive General Practice Quick Start programme for eight individual practices across the STP. This follows on the successful Learning in Action programme run across the STP by the national Time for Care Team in 2018/19 (attended by 12 practices) and is designed to meet the following HIAs: **Personal Productivity (HIA 6)** and **Develop QI Expertise (HIA 10).**				
On-line consultations SCCG and T&WCCG	**Both**	ED16 – percentage of CCG registered population with access to online consultations = 75% Funding for software licences	£125,000	Shropshire CCG has begun a pilot of eConsult with 3 practices as early adopters. Following the pilot, there is an aggressive roll-out planned to reach 75% by March 2020. Telford & Wrekin CCG have completed procurement and awarded the contract to EMIS Online Triage. Teldoc (across 9 sites) and a standalone practice wishing to be early adopters. Kick-off meeting scheduled the end of April along with further promotion from the provider to get further practice buy-in showing the benefits as well as Patient Groups awareness. The CCG's target is for 75% of practices to have signed-up by March 2020.

Programme	CCG	Funding will support	Amount	Assurance
Reception and clerical signposting training	**Both**	Building on 2018/19 delivery plan, 1 Productive Workflow training session for each of the practices that has not yet received this training. This will be provided, at their own practice. Across both CCGs 131 staff have already received Productive Workflow training.	£43,000	The CCGs will confirm the number of practices that have implemented Workflow management processes and will work with the remaining practices to improve take-up. At a minimum we would expect at least one member of staff per practice to receive training i.e. around 80 in total across the STP. The CCGs will work with the practices to ensure that the training is delivered by experienced, professional trainers – probably by using companies used before including Insight Solutions and Thornfields Training The CCGs will continue to report, via the monthly GPFV Monitoring Survey, the number of staff trained in workflow management
Reception and clerical signposting training	**Both**	Continuation of Active signposting training building on 2018/19 – an agreed number of level 3 and level 4 courses to be run for each existing locality Across both CCGs 387 staff have already been trained on Active Signposting with many having received level 2 training	£35,000	The CCGs will use their existing monitoring arrangements to confirm the number of staff who have already been trained on the various levels of Active Signposting and then, working with individual practices, establish the number of staff needing training at levels 3 and 4. At a minimum we would expect 1 per practice to receive training i.e. around 80 in total across the STP. The CCGs will work with the practices to ensure that the training is delivered by experienced, professional trainers – probably by using companies used before including Insight Solutions and Thornfields Training The CCGs will continue to report, via the monthly GPFV Monitoring Survey, the number of staff trained in Active Signposting.
Contingency	**Both**	The above costs are estimated to avoid overspend a contingency will be kept in reserve to be released when formal quotes have been received	£19,000	The use of any contingency funds will be agreed by the STP Programme Board.
Total			**£397,000**	

Appendix 8- Improvements to Technology and Digital Enablers

Project Title	Technology/Digital Enablers
Clinical Managerial Leads	Dr David Loveday Dr Steve James Sara Spencer Antony Armstrong
Overarching aim/outcome of the Project	Digitally enabled primary care
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	The primary care IT strategy will install and promote the use of applications that increase innovation in the way primary care is accessed, helps patients to navigate the primary care services and provides paperless referral processes in primary and secondary care. These are promoted projects by NHS Digital and we will work with the NHS partners to ensure that all GP practices use the standard systems in the NHS. Primary care will support the local project for creating and sharing clinical information for the Local Health and Care Record (LHCR) project. Within this patients will be more empowered to share their clinical information and know the benefits the LHCR has to the care they receive. The use of health information to co-ordinate the care of high risk groups to keep patients out of hospital. Also to ensure that health information for prevention is available to practices to adjust their service delivery. The uses of wearable and home based technologies will increase, for prevention and co-ordination of care. The telehealth programme will introduce to practices the increased monitoring that can be introduced in order to focus community care and home visits.
Which CCG/STP strategies does this project link with and are there other co-dependencies	All projects are aligned to the local digital roadmap. The following project interdependencies apply: • Innovation is dependent upon the HSCN upgrade and the GP network installation. This project will ensure that the GP practices have the architecture to install more innovative applications. • Investment is needed in the project to ensure we can achieve the predicted timescales.
Key Performance Indicators	E.D.16 Percentage of CCG registered population with access to online consultations
Data Requirements	• Uptake of spine services from NHS Digital • Risk stratification – Aristotle with GP practice data for baselines and preventative initiatives • Information Governance support to help the GP practices agree a safe process of sharing information for the local health and care record
Finance/Funding Streams	There is no funding stream for this project; we would need to write a business case for a funding source such as, Health System Led Investment (HSLi), ETTF which is agreed through the STP.
Governance Arrangements	IM&T projects are currently not reviewed at a CCG committee. This is the proposed governance structure for the project:

	 **<u>Executive Team – Project initiation for high risk projects</u>** Project progress approval for projects that have moved from agreed tolerance level High level risks reviewed, mitigation process agreed **<u>IM&T Board – Medium – low level risk</u>** Project progress reported to the board Risks and issues reviewed, mitigations agreed Business case approval **<u>Digital Enabling Group STP</u>** To ensure the programme and progress is aligned to the local digital roadmap To achieve transparency of the programme to progress the digital agenda as a health and care economy Business case approval for STP funding streams **<u>Joint Shropshire and Telford & Wrekin CCG IM&T Forum</u>** Stakeholder discussion To maintain clear communication to patients and practices Awareness of project initiation and progress Risks and mitigations reported
Risk Management	No current risks highlighted however there is a real risk to infrastructure and therefore potential impact on service delivery if the milestones are not met.
Impact Assessments	DPIA – Data Protection Impact Assessment to be used to assess the IG risk and recommend the next steps. MLCSU support to be initiated at this stage.
Timescales:	• NHS App – July 2018 deployment starts, NHS Digital to support • Local Health & Care Record – April 2019 – ongoing • HSCN procurement – deployment July – September 2019 • All patients will have the right to online and video consultations by April 2021 • All patients will have online access to their full record, including the ability to add their own information from 2020, with new patients having full online access from April 2019 • All practices will be offering and promoting electronic ordering of repeat prescriptions and using electronic repeat dispensing from April 2019 • All practices will ensure that ≥ 25% of appointments are available for online booking by July 2019 • All practices will have an up to date and informative online presence from April 2020 • All patients will have online access to correspondence from April 2020 • Practices will no longer use facsimile machines for NHS or patient communications from April 2020 • From October 2019 practices will register a practice email address and mobile phone number with the MHRA CAS alert system and be required to monitor the emails and act on CAS alerts as appropriate

Appendix 9 - Ensuring high quality Primary Care Estate

Project Title	Primary Care Estate
Clinical / Managerial Leads	Dr Adam Pringle Dr Steve James Darren Francis, Primary Care Commissioning Manager Steve Ellis, Head of Primary Care
Overarching aim/outcome of the Project	A review of the primary care estate (and IM&T) will: • inform the wider STP primary care strategy • enable the prioritisation of commissioning intentions for the CCGs • in collaboration with Shropshire STP, Local Authorities and other key providers, develop action plans to bring forward estate and IM&T investment opportunities which will inform the ongoing primary care work programme
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	The current Primary Care Estate across Shropshire and Telford & Wrekin will need to change over the period of the Long Term Plan to accommodate predicted population increases resulting from extensive housing developments in both urban and rural locations. The following are options that will need to be considered: • closing sites and relocating activity to where there is spare capacity • reducing operating costs and releasing land and capital for reinvestment • increasing the number of larger premises to accommodate Primary Care at Scale • substantially consolidating activity to a smaller number of sites
Which CCG/STP strategies does this project link with and are there other co-dependencies	Across the STP, there is an STP Estates Working Group and Local Estates Forums (LEFs) for both Telford & Wrekin and Shropshire. Funding for estates projects is no longer available from the Estates and Technology Transformation Fund (ETTF). In order to be eligible for any future capital funding an estates project will have to follow the STP's prioritisation process and will need to meet a number of local and national priorities: • Focusing on neighbourhoods/primary care networks to prevent ill health and promoting the support that local communities offer to help people lead healthier lives and encourage them to care for themselves where appropriate • Multi-disciplinary neighbourhood care teams working closer together to support local people with long-term health conditions and those who have had a hospital stay and return home needing further care • Ensuring all community services are safe, accessible and provide the most appropriate care • Redesigning urgent and emergency care, creating vibrant 'centres of excellence' to meet the needs of local people, including integrated working and primary care models • Making the best use of technology to avoid people having to travel large distances where possible – especially important to people living in the most rural communities in Shropshire and Powys

	• Involving local people in shaping their health and care services for the future • Supporting those who deliver health and social care in Shropshire, Telford and Wrekin, developing the right workforce, in the right place with the right skills and providing them with local opportunities for the future • Providing a disposal and supporting the delivery of housing units, especially if they lead to key worker housing • Be ambitious and transformational and enable the transformation of service delivery at scale • Be multi-disciplinary, incorporating services from across health and social care and include partners from across the wider public and voluntary sector Should the above criteria not be met, a project would not make it through the prioritisation process.
Key Performance Indicators	Could possibly tie in with: • LTPPC2 - Demonstrated local Investment into Primary Care Transformation • LTPPC3 - Delivery of a Primary Care Network Development Plan in line with the requirements of the Long Term Plan
Data Requirements	Information and data around usage of buildings and how the changes in workforce and technology will impact on future use of buildings.
Finance/Funding Streams	Main estates related projects being considered or already underway: **T&WCCG** The Primary Care Estates Plan is currently being revised and will now include IM&T projects. An initial draft has already been completed and shared with Finance and NHSE colleagues for feedback before receiving final approval from PCCC and publication in April/May 2019. <u>Shawbirch</u> – proposal for new build premises – funding to support production of the Full Business Case for the project and provide capital funding towards the build costs – Full Business Case awaited - Capital funding through ETTF is £600,000 – practice have been given approval to begin drawing down costs from ETTF from February 2019 – may be an option for further funding from STP in future but will need to go through STP Estates process to secure this (next round of funding is likely to be March 2020)– practice raising remaining funding through borrowing/own funds – expected completion by December 2020. <u>TelDoc</u> – Estate Rationalisation – proposal for reducing current estate from 9 locations to 6 – Outline Business Case awaited – funding from CCG funds, STP capital funds and from savings in rent reimbursements – practice to raise remaining funding through borrowing/own funds – proposal is in 2 phases beginning in Q4 2018/2019 through to completion of proposed new build by December 2020. <u>Dawley</u> – Improvements – proposal for internal improvements to renovate current premises and convert former dental suite for GMS use – Outline Business Case awaited – funding from CCG/NHSE Improvement Grant funding, CCG funds and own funds/borrowing – expected completion by Q1 2019/2020 latest.

	Ironbridge – practice considering options for relocation to new build premises or improvements to existing premises – Improvement Grant funding from CCG/NHSE funds or capital funding (if new build) via STP or own funds/borrowing – expected completion by December 2020 latest (new build) or Q3 2019/2020 (internal improvements). **SCCG** Estates Plan Update – the CCG has employed the services of an external consultant to carry out a review of the primary care estate across Shropshire and this will be used to inform the revision of the Estates Plan – currently anticipated to be completed by June 2019 latest. Whitchurch – new build - further work will continue on the business case with a view to an FBC going to PCCC by May 2019 – planning is currently being considered by the Local Authority – capital funding via ETTF – expected completion by May 2021. Shifnal – new build – further work will continue on a business case with a view to an FBC going to PCCC in April 2019 – final negotiations are underway with the District Valuer – expected completion by March 2021. Riverside MP – new build project – local authority led project – OBC approved by PCCC – Full Business Case expected to be approved by PCCC in May 2019. **Premises Costs Directions** (both CCGs) – Long awaited revision of the PCDs was promised for Q3 2018 and the proposed changes contained therein could have a significant impact on estates related projects. For example, the new PCDs could allow for funding up to 100% for certain projects versus the current 66% limit. The revised PCDs are still awaited with no publication date released as yet.
Governance Arrangements	Any capital expenditure and revenue impact, once agreed with the GP practice, will require approval from CCG Execs (weekly meetings), Primary Care Commissioning Committee (meet bi-monthly) and CCG Board (meet monthly for SCCG and bi-monthly for T&WCCG). Any capital funding from the STP or NHSE will need to be approved through the relevant processes in place at the time.
Risk Management	Any estates related risks (and mitigations) will be included in both the Primary Care Risk Register and the Executive Risk Register/Board Assurance Framework, where appropriate. As Full/Outline Business Cases are awaited for these projects, no risks have currently been identified for individual projects. There could be risks highlighted in terms of revenue consequences if business cases are not robustly reviewed and figures varied at all levels of the projects. Should capital funding not be secured from external sources and developments not completed, there could be risk to service delivery.
Impact Assessments	Impact Assessments will be completed as required as part of any estates projects and will be included as part of any assurance documentation

	required for sign off as indicated in the Governance section above.
Timescales	**T&WCCG** <u>Estates Plan Update</u> - Feb 2019 – draft version completed and circulated to NHSE and Finance colleagues for review and feedback - Mar 2019 – Draft version circulated to GP practices and STP colleagues for review and feedback - April 2019 – Final plan submitted to PCCC/Execs/CCG Board for final approval. Publication on website <u>Shawbirch</u> - April 2019 – Full Business Case submitted to PCCC for approval - July 2019 – Building work commences - Dec 2020 – Completion of building works <u>TelDoc</u> - April 2019 – Outline Business Case submitted to PCCC for approval - May 2019 – Phase 1 commences – closure of some premises - Aug 2019 – Phase 1 completion - Oct 2019 – Full Business Case for Phase 2 submitted to PCCC for approval - Dec 2019 – Building work commences on new build - June 2021 – Completion of building works for Phase 2 <u>Dawley</u> - April 2019 – Outline Business Case submitted to PCCC for approval - June 2019 – Completion of building works and improvements <u>Ironbridge</u> - June 2019 – Outline Business Case submitted to PCCC for approval - Sept 2019 – if improvements to existing premises – building works commence - Dec 2019 – if approved for new build premises – Full Business Case submitted to PCCC for approval - Feb 2020 – Building works commence - July 2021 – Completion building works for new premises **SCCG** <u>Estates Plan Update</u> - Mar 2019 – commence review of primary care estate - Apr 2019 – complete estates review and submit initial draft estate plan to key stakeholders for review and feedback - June 2019 – final Estates Plan submitted for approval to PCCC <u>Whitchurch</u> - May 2019 – Full Business Case to PCCC for approval - May 2021 – Completion of building works for new premises <u>Shifnal</u> - May 2019 – Outline Business Case to PCCC for approval - Mar 2021 – Completion of building works for new premises <u>Riverside</u> - May 2019 – Full Business Case to PCCC for approval - Dec 2020 – expected completion of building works for new premises

Appendix 10 - Optimising workflow and addressing workload pressures

Project Title	Workload and Workflow
Clinical /Managerial Leads	Bernadette Williams, Primary Care Commissioning Manager, Telford and Wrekin CCG Steve Ellis, Head of Primary Care Shropshire CCG
Overarching aim/outcome of the Project	Primary Care is the first point of entry for most patients in diagnosing and treating health problems. GPs and other staff play a crucial role in treating minor medical conditions, managing patients' long term conditions in the community and referring them for hospital treatment, social care etc. as appropriate. There is widespread consensus that our health and social care services need to change if they are to be sustainable for the future. Demand for services continues to grow and this pressure is evident in primary care. Shropshire and Telford & Wrekin share both similar and distinct challenges in developing the future model of local primary care provision. Workload has been identified as the single biggest issue of concern to GPs and their staff. The work processes undertaken in General Practice is increasing year on year so it is important that Practices look at the way they work to ensure all workflows are as productive as they can be. There is a need to develop innovative solutions to manage increasing demand.
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	**CCGs will ensure:** Practices have full access to the National Primary Care Resilience programme and the Releasing time to care programme, enabling GPs and Managers to think and plan to identify new ways of making better use of resources (e.g. premises, IT, workforce, HR, back office functions, staff). Support practices in the employment of other practitioners e.g. Clinical Pharmacists to work in practices to manage demand and create capacity. Also to develop and understand their workforce and their skills currently and in the future. Continued use of Telford Referral and Quality Service and Shropshire Referral Assessment Service and a single referral hub. Standardise referral processes and reduce variation across practices and ensure equity of the referral process for all patients. CCGs will continue to link practices with the NHS England GP Resilience programme in particular where Primary Care Networks (PCNs) indicate a need for this support. Practices have been supported more recently through this programme with IT solutions such as file sharing software. CCGs will continue to look at Best Practice, National Guidance and the learning from each practice from within each of the PCNs. CCGs will support practices to enhance the work already being undertaken for the Ten High Impact Actions (HIAs).

	Ten High Impact Actions • Active signposting • New consultation types • Reduction in DNAs • Developing the team • Productive workflows • Personal productivity • Partnership working • Social prescribing • Support self-care • Develop Quality Improvement expertise CCGs will continue to support practice staff to play a greater role in the navigation of patients through: **Strong public awareness campaigns:** • Explaining wider practice team roles and services provided by a range of healthcare professionals. Explaining that patients can be seen by someone who is not a GP if appropriate, which has a range of benefits. • To promote self-care and alternative sources of advice and treatment – consistent information should be developed and distributed widely to signpost to high quality services. **Social Prescribing Link workers:** The link workers will be embedded within the PCNs to give time to people who lack confidence or knowledge to get involved with community groups or to approach agencies on their own. In 2019/20 link workers will take referrals from the PCNs' members. There is a national offer of support to assist with the development of local plans together with key stakeholders including: commissioners, the local authority, PCNs and the voluntary sector. The outcomes from an event in May 2019 will inform future planning for this initiative. **Care coordination/navigation:** Practices currently utilise Community & Care Coordinators and Care Navigators to support patients and carers to identify and access the systems and support that are available to them within health and social care and beyond. They support people to make positive choices to promote good health and emotional wellbeing and can often provide a non-medical referral option that can support existing medical treatments for patients. Examples of assistance offered include referrals to social groups such as walking groups, arts groups and lunch clubs or offer assistance to obtain advice for issues such as housing, benefits or debt management. It will be important for the PCNs to make the most of their workforce to deliver this service flexibly dependent on local need, e.g. focus on certain cohorts of patients. The evidence of the efficacy of certain HIAs in achieving a reduction in GP workload is stronger for some than for others. As such, initiatives and resources will be adapted and expanded to build upon the HIA to create a sustainable future for general practice with manageable workloads. **Learning in Action – Time for Care Development programmes** The STP (both CCGs) is currently participating in the Learning In Action

	programme delivered by the national time for care team. The learning from the first programme will be appraised at an event in early April 2019. As well as celebrating successes it will focus on next steps such as: • How to ensure sustainability of the current QI work? • How to develop a culture of continuous improvement? • How to 'spread and adopt'? The outcomes of this will inform the future plans for sharing across the STP including supporting practices to maintain the skills and confidence learned from participating in the programme. **Organisational development** Organisational development (OD) support will be needed to ensure PCNs are successful. Each PCN will have differing needs and also visions for their own development. Having the capacity to work through these issues will be key. As the PCNs develop, CCGs can support with the various options for OD - for example this could be derived from audits. **Demand and Capacity tools** NHS Digital publishes data to inform uses about GP appointments and help show how primary care is affected by seasonal variation. GP appointments data provides: • the number of surgery appointments, home visits, telephone and online consultations • type of healthcare professional leading the appointment • the number of appointments where a patient did not attend • the time between appointments being booked and taking place. This data will develop into a necessary resource to measure seasonal impact. Training to use and understand Demand and Capacity tools are being rolled out to commissioners and providers by NHS Improvement. Both CCGs will share the learning from this to practices as appropriate in line with the requirements of the 'NHS Long Term Plan' – Understanding GP activity level and waiting times. **Improvements** CCGs will demonstrate improvements through quality, finance and service improvement measures for example: • Reduction in expenditure, e.g. fewer referrals into secondary care • Reduction in the number of significant events and complaints • 360 feedback • Staff survey • CQC ratings • GP Patient Survey
Which CCG/STP strategies does this project link with and are there other co-dependencies	This plan aligns with: • GP Forward View • STP Workforce plan • Estates and Technology plans • Communications plan; including national communications such as

	111, Flu campaigns, Extended Hours (GP Access) Pharmacy There are also co-dependencies with: Patient Participation Groups (PPGs) – using the PPGs to disseminate information about the changes, i.e. PCNs and the new roles in primary care.
Key Performance Indicators	There is a correlation to the following Key Performance Indicators for Primary Care: E.D.15 Workforce plans E.D.16 % on line access E.D.18 111 booking E.M.7a GP referrals 1st OP - reduction in referrals Examples of local KPIs • No. of referrals via social prescribing link worker • No. of patients referred to self-care alternatives • % increase in on line booking • % decrease in DNAs • Reduction in secondary care usage
Data Requirements	The data that will be needed to inform the project includes the following: Primary Care Workforce data – Primary Care Web Tool Public Health data – NHS England and Local Authority Public Health Risk stratification – Aristotle Referral management data – TRAQS Comprehensive Directory of Service (DOS) – e.g. Pathways, local DOS GP appointment data including usage of booking on line – NHS Digital
Finance/Funding Streams	NHS England GP Resilience programme – Summer 2019/20 Social Prescribing Link Workers - Summer 2019/20 Estates and Technology Transformation (on line consultation programme) - TBC
Governance Arrangements	Primary Care Commissioning Committees. Resilience bids are approved by NHS England – North Midlands, Shropshire & Staffordshire.
Risk Management	Any risks highlighted will be reviewed, added to the appropriate risk registers and mitigated. Currently there are no risks highlighted for this work programme.
Impact Assessments	All relevant impact assessments (e.g. Equality and Quality) should be completed and appended to the project plan (using standard CCG templates).
Timescales	Timescales for key areas are: GP Resilience EOI applications completed - TBC Social prescribing development meetings – May 2019 Social prescribing link worker in place – TBC Training for Demand and Capacity tools – April 2019 Public awareness campaigns – TBC

Appendix 11 - Auditing Delegated Statutory Functions and Governance arrangements

Project Title	Auditing Delegated Statutory Functions and Governance arrangements
Clinical / Managerial Leads	**T&WCCG** – Dr Adam Pringle **SCCG** – Dr Steve James **T&WCCG** – Head of Primary Care **SCCG** – Steve Ellis, Head of Primary Care
Overarching aim/outcome of the Project	This project will:- • Review the current compliance with statutory functions, • Review the internal governance processes to ensure we are fully compliant in all aspects • Update the roles and responsibilities of both the CCG and NHS England in the light of current and evolving policy • Review and update current governance arrangements • Provide assurance in a number of statutory areas, such as procurement, financial governance, patient engagement in decision making
Summary of the Project - how will the Project deliver the Long Term Plan and GPFV?	Ensure that the required audits are completed. Ensure that a process is in place to achieve high level assurances. Ensure that Committee structures are in place to receive the overall levels of assurance for all indicators as described in the GP Reform guidance 2019 and the Primary Care elements of the LTP.
Which CCG/STP strategies does this project link with and are there other co-dependencies	This project links directly to:- • NHS England's Investment and Evolution GP Framework – particularly with reference to the GP Partnership Review Report and the overarching NHS England Long Term Plan • NHS England Delegated Agreement and Memorandum of Understanding for Delegated Commissioning (local agreement) • CCG internal audit programme
Key Performance Indicators	Internal audit in place to support delegated functions undertaken annually. Assurance to NHS England that delegated functions are delivered. Regular review of the NHS England/Shropshire STP Memorandum of Understanding for Delegated Commissioning.
Data Requirements	Improvements to demonstrate delivery should include:- • Steps which demonstrate that planning the provision of primary medical care services in the area is done following carrying out effective needs assessments and consulting with the public and other relevant agencies as necessary; • A clear policy for the procurement of primary medical care services, including decisions to extend existing contracts; • A process which clearly demonstrates the active involvement of patients / public in those commissioning and procurement decisions relating to primary care; • Clear evidence of how the effective commissioning of local incentive schemes supports the corporate ambitions of the CCG; • A clear policy for managing urgent GP practice closures or disruption to service provision.

Finance/Funding Streams	Primary Care delegated budgets of both CCGs.
Governance Arrangements	Governance will be through CCG Audit committees, Primary Care Commissioning Committees and NHSE.
Risk Management	Any risks highlighted from the audit process will be reviewed, added to the appropriate risk registers and mitigated. Currently there are no risks highlighted for this work programme.
Impact Assessments	The impact of the outcomes of the audits will be reviewed and recommendations delivered.
Timescales	Audit requirements to assure statutory functions are completed annually.