

East Lancashire Clinical Commissioning Group

Agenda Item No: 5.2

REPORT TO:	PRIMARY CARE COMMITTEE	
MEETING DATE:	20 April 2015	
REPORT TITLE:	Primary Care Development Update Report	
SUMMARY OF REPORT:	This report provides an update position in relation to Primary Care Development in East Lancashire between 1 April 2013 and 31 March 2015 and a proposed plan from 1 April 2015.	
REPORT RECOMMENDATIONS:	Primary Care Committee are asked to: <ul style="list-style-type: none"> - Agree the proposed plan for 2015/16 - Consider the Organisational structure required to support co-commissioning functions - Consider Primary Care Team capacity issues as a result of co-commissioning 	
FINANCIAL IMPLICATIONS:	Financial plan attached as part of report	
REPORT CATEGORY:	Formally Receipt	Tick √
	Action the recommendations outlined in the report.	√
	Debate the content of the report	√
	Receive the report for information	
AUTHOR:	Lisa Cunliffe, Primary Care Development Manager	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Dr Fiona Ford and Lisa Cunliffe	
OTHER COMMITTEES/ GROUPS CONSULTED:	Primary Care Steering Group	
EQUALITY ANALYSIS (EA) :	Has an EA been completed in respect of this report?	N
	Equality impact assessments have been carried out on elements of this report where required e.g. in relation to improving access.	
RISKS:	Risks have been identified in relation to the workload and financial pressures within primary care. These are include on the corporate risk register	Y
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	Y
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	
PRIVACY STATUS OF THE REPORT:	Can the report be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	√
3	Improve access, quality and choice of service provision within Primary Care	√
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	√

East Lancashire CCG Primary Care Committee

20 April 2015

Primary Care Update Report

1. Introduction

1.1. This report provides an update position in relation to Primary Care Development in East Lancashire between 1 April 2013 and 31 March 2015 and a proposed plan from 1 April 2015 including:

- 1.1.1.** Current investment in and development of primary care
- 1.1.2.** Timelines for ongoing schemes
- 1.1.3.** Priorities for 2015/16 to deliver the PC Strategy including future decisions that need to be made to fulfil the strategy
- 1.1.4.** Current groups in the CCG where PC is discussed current governance and proposed future governance of primary care linked back into the PC Committee moving forward.

2. Background

2.1. Recognising that strong and effective primary medical care is:

- 2.1.1.** Central to improving health and health outcomes
- 2.1.2.** Will have a positive impact across the whole of the health and social care system
- 2.1.3.** Pivotal to the successful delivery of the CCGs key priorities

2.2. East Lancashire CCG engaged patients, carers, member practices and wider stakeholders in the development of a strategy for the development of primary medical care which was ratified by the CCG Governing Body on the 19 August 2013

2.3. The key priorities identified for the development of primary medical care focused upon:

2.3.1. Continuous Quality Improvement Leading to Reduced Variation in:

- 2.3.1.1.** Workforce Capacity and Capability
- 2.3.1.2.** The Quality, Range and Accessibility of Primary Care Services
- 2.3.1.3.** Health Outcomes
- 2.3.1.4.** Patient Experience
- 2.3.1.5.** Resource Availability

2.4. It was envisaged that these key priorities be delivered through:

- 2.4.1.** Development of the Primary Care Workforce by increasing:
 - 2.4.1.1.** Capacity,
 - 2.4.1.2.** Capability and
 - 2.4.1.3.** Sustainability

- 2.4.2.** Improving service delivery and developing new services
- 2.4.3.** Collaborative and Integrated Working
- 2.4.4.** Investment
- 2.5.** £750,000 was made available none recurrently to support delivery of the strategy. Although it was acknowledged by the CCG that non-recurrent short term funding is not suitable for increasing staffing capacity and that more sustainable long term investment is required to genuinely increase capacity in primary care.
- 2.6.** Along with the Strategy the CCG Governing Body ratified the year 1 implementation and spending plan.
- 2.7.** Year 1 (2013/14) of the Strategy focused on developing strong foundations on which to build and included:
 - 2.7.1.** Improving access and increasing capacity in primary care:
 - 2.7.1.1.** Each year approximately half of the £750k has been set aside to support improving access and increasing capacity.
 - 2.7.1.2.** It is important to ensure that we build primary care capacity to meet the needs of the population of East Lancashire while avoiding:
 - 2.7.1.2.1. Duplication
 - 2.7.1.2.2. Rewarding poor practice
 - 2.7.1.2.3. Universal/inequitable resource provision
 - 2.7.1.3.** Plans recognised the importance of striking a balance between same day acute access and providing prevention services and continuity and quality care for complex/long term conditions and included:
 - 2.7.1.3.1. Supporting Practices to review capacity and demand through facilitated action learning and a primary care quality improvement scheme designed to provide resource directly to practice to free capacity to undertake the review and subsequent quality improvement planning.
 - 2.7.1.3.2. Provision of resource through a local extended hour's scheme enabling practices to increase capacity during both in and extended hours.
 - 2.7.1.3.3. Reducing inappropriate demand on primary care by supporting alternative services including extension to the Pharmacy First Minor Ailments Scheme with a view to freeing capacity in General Practice.
 - 2.7.2.** Resourcing Practice Nurse and Practice Manager Forums with a view to providing:
 - 2.7.2.1.** Update training to ensure nurses/managers are aware of policy changes and best practice and are able to meet CPD and reflective practice requirements

- 2.7.2.2. A support network with a view to reducing isolation for nurses/managers in small and single handed practices
- 2.7.2.3. To build relationships between practices and across localities
- 2.7.2.4. A forum for sharing best practice and improving the quality of primary medical care through achievement of RCGP Awards and QOF
- 2.7.3. These schemes provided resource to backfill nurse and manager attendance at a minimum of 8 Locality based and 4 East Lancs wide Learning Forums per annum (24 hours of Nurse and Manager backfill per annum)
- 2.7.4. Resource to support training and development including:
 - 2.7.4.1. 9 Protected Learning Times per annum
 - 2.7.4.2. To enable the sourcing and supply of training based on identified learning and development needs on behalf of GP Practice staff
 - 2.7.4.3. To enable individuals or groups of practices to bid for training and education resource.
- 2.7.5. Resource to support Practice Quality Improvement Planning.
 - 2.7.5.1. In 2013 NHS England produced a Primary Medical Care Assurance Framework which included a number of GP high level indicators and outcome standards. NHS E required CCGs to provide assurance that individual practices, localities and the CCG have in place quality improvement plans to address underperformance against the Framework
 - 2.7.5.2. This resource was provided with a view to engaging localities in developing a process for reviewing achievement against the Framework at practice and locality level, supporting the development of quality improvement plans and providing assurance of achievement against the plans
- 2.7.6. In addition to the above, in 2013/14, resource was also made available for practices or groups of practice to bid against with primary care development innovations which would further the aims of the East Lancs strategy
- 2.8. The majority of these year 1 investments were further developed and continued into year 2 (2014/15)

2.9. Draft Investment Plan for 2015/16 at **Appendix 1**

3. Progress Against Strategy

- 3.1. In order to support delivery of the key elements of the Strategy for Developing Primary Medical Care the Group established to oversee the development of the Strategy was reformed as a Primary Care Development Steering Group and initially 3 working groups were established:
 - 3.1.1. Primary Care Workforce Development
 - 3.1.2. Service Improvement and Development
 - 3.1.3. Collaboration and Integration

3.2. A fourth working group was established in the summer of 2014 to project manage the primary care access engagement work.

3.3. Primary Care Organisational Structure included at [Appendix 2](#)

3.4. Improving Access to Primary Care

3.4.1. In 2012/13 the CCG supported the collection and analysis of primary care capacity and demand data through the development of user friendly spreadsheet(s) and templates and the provision of training and support through workshops and individual practice visits and used this data along with feedback from practices to develop in 2013/14:

3.4.1.1. A Local Improvement Scheme with 2 elements:

3.4.1.1.1. Improving Quality (With commissioned support from the Primary Care Foundation)

3.4.1.1.2. Increasing capacity in hours

3.4.1.1.3. A Locally Commissioned Scheme for Extended Access to Primary Care

3.4.2. In 2013/14 the CCG worked with the Primary Care Foundation to collect and analyse practice data, compare key indicators, offer practical suggestions to improving care and provide access to on-going support and advice with a view to improving access to primary care services (Primary Care Foundation Proposal for support available **on request**)

3.4.3. Feedback from practices was extremely positive with the majority of practices planning to implement changes that would improve access to primary care services for patients.

3.4.4. The Local Quality Improvement Scheme for primary care access and the work with the Primary Care Foundation was therefore developed further and continued in 2014/15 (Service Specification available **on request**)

3.4.5. Because of evident inequities the 'increasing capacity in hours' element of the Local Quality Improvement Scheme was not continued in 2014/15

3.4.6. The Extended Hours Scheme was developed further in order to encourage practice to work together to provide additional access to both urgent/same day and routine requests for appointments between 6:30 and 8:00pm Monday to Friday and on a Saturday, in line with patients expressed preferences, across a neighbourhood of GP Practices with a view to ensuring a consistent, cost effective and sustainable extended hours system locally while working towards the national expectation of 8 while 8 (Service Specification available **on request**)

3.4.7. In the summer of 2014 the CCG established a Primary Care Access Project Group as a sub group of the Local Delivery Group with a requirement to maintain close links with both the East Lancs Developing Primary Medical Care Steering Group and the Pennine Lancashire Access and Flow Group

3.4.8. The Primary Care Access Group is responsible for:

3.4.8.1. The development of a 24/7 model for the delivery of Primary Care across East Lancashire that meets the needs of the population including:

- 3.4.8.1.1. A programme of engagement
- 3.4.8.1.2. Ensuring effective links and where appropriate work with other work-streams to reduce duplication and ensure effective delivery

3.4.9. Terms of Reference, Project Brief and subsequent reports to Governing Body available ***on request***.

3.5. Reducing Inappropriate Demand in Primary Care

3.5.1 The Pharmacy First Minor Ailment Scheme was rolled out across East Lancashire as part of winter pressures (Service Spec available ***on request***).

3.5.2 The Primary Care Team work in close collaboration with scheduled care, urgent care and Area Team colleagues with a view to ensuring that the impact on primary care is given due consideration when considering service redesigned to ensure activity isn't transferred into primary care without the necessary resource to support it.

3.6 Primary Care Workforce Development

3.6.1 Capability

3.6.1.1 In 2012/13 as part of the strategy development the CCG supported GP practices in undertaking a workforce mapping exercise in order to better understand the make-up and needs of the primary care workforce.

3.6.1.2 This was used to support the development of training and development frameworks for both Nursing and Admin and clerical staff in relation to statutory, core and development training.

3.6.1.3 In 2014/15 the CCG has worked in close collaboration with Health Education North West's workforce transformation team to undertake further workforce data capture targeted at General Practice with a view to informing 2015/16 workforce and education investment planning. (More detail is in the HENW Workforce Report for East Lancs which is available ***on request***)

3.6.1.4 The CCG has supported the establishment of a number of networks and forums with a view to providing development support and the sharing of best practice including:

- 3.6.1.4.1 East Lancs and Locality Primary Care Nursing Forums
- 3.6.1.4.2 East Lancs and Locality Practice Manager Forums
- 3.6.1.4.3 East Lancs Primary Care Nurse and Practice Manager Leads Forum
- 3.6.1.4.4 GP First Five Group
- 3.6.1.4.5 GP Trainers Group

3.6.2 Protected Learning Time Events

	2013/14	2014/15
April		
May		RCGP Practice Accreditation / Quality Practice Award
June		Dementia Masterclass
July	RCGP Practice Accreditation / Quality Practice Award	Paediatrics
September		Locality Based
October	Developing General Practice	Locality Based
November	Practice Based Event	Mental Health
December	Risk Profiling	
January	RCGP Practice Accreditation / Quality Practice Award and Developing General Practice	
February	Integrated Neighbourhood Teams	End of Life (Pennine Lancs wide Clinical Networking Event)
March	End of Life	

3.6.3 Clinical Networking

3.6.3.1 The CCG has worked in collaboration with Clinicians from across East Lancs and BwD CCG and ELHT to plan and deliver 2 Pennine Lancs wide clinical networking events in 2014/15

3.6.4 Education and Training

3.6.4.1 The CCG, based on the identified needs of the primary care workforce, has either sourced or developed and delivered the following training workshops/courses

2013/14	2014/15
Customer Care Workshops x 5	GP Contract Changes workshop(s) x 3
RCGP Practice Manager Development Programme x 2	Commercial Success (PCC)
Primary Care Webtool Workshops x 2	Procurement (PCC)
QOF QP Launch Event	Pre-retirement Training
QOF QP External review workshops x 5	Health and Safety for Practice Managers
QOF QP Follow up event	Bespoke RCGP Reception Training x 5
	Childhood Immunisations (Full day and update)
	Travel Vaccination Training (Full day and update)
	Influenza Vaccination (Nurses and HCAs Full day and update)

3.6.4.2 In 2013/14 and 2014/15 the CCG also made available training and development resource for individuals, practices or groups of practices to bid for. (Breakdown of approved bids available **on request**)

3.6.4.3 In addition to the resource available from the CCG HENW commissions a number of modules from Universities and educational establishments in the North West which are accessible by qualified primary health care professionals (not GPs). The CCG has actively encouraged Primary Care Health Professionals to consider the modules available on CPD Apply as part of performance development processes.

3.6.4.4 HENW also made available a flexible cash allocation for multi-professional education and training. This equated to approximately £49k in 2014/15 and was based on the population of Practices nurses as identified on the 2013 GP workforce census.

3.6.4.5 In 2014/15 the CCG used this resource to support education and training of the whole practice workforce, including support staff and non-clinical workforce. Training included:

- 3.6.4.5.1 Diabetes Management in Primary Care
- 3.6.4.5.2 Diabetes Management in Primary Care Update
- 3.6.4.5.3 Understanding Diabetes Care for HCAs
- 3.6.4.5.4 Revalidation and Portfolio Development
- 3.6.4.5.5 # Hello my name is Launch event

3.6.5 Sustainability

3.6.5.1 The CCG continues to support GP Training practices and the placement of GP Trainees including:

- 3.6.5.1.1 The development of GP Plus posts
- 3.6.5.1.2 Development of and appointment to an Academic Research post

3.6.5.2 Further information about the work being undertaken with GP Training Practices is available ***on request***

3.6.5.3 The CCG has also established link to the North West Placement Leads with a view to developing student nurse placements within East Lancs practices

3.6.5.4 Research:

- 3.6.5.4.1 GP Research Champion
- 3.6.5.4.2 Research ready practices
- 3.6.5.4.3 Member of the Collaboration for Leadership in Applied Health Research and Care (Further information available ***on request***)

3.7 Service Improvement and Development

3.7.1 Quality Improvement and Assurance

3.7.1.1 During the last quarter of 2013/14 the CCG worked with the 5 localities to develop and agree a process for reviewing

achievement against the Primary Care Assurance Framework at individual practice and locality level, support the development of practice and locality quality improvement plans and provide assurance of achievement against the plans.

- 3.7.1.2** During the first quarter of 2014/15 Practices worked towards completion of their Practice Quality Improvement Plans. Localities, then, in line with their agreed processes, reviewed practice and locality quality improvement plans and work towards achievement of the actions detailed in their plans. These initial draft reports were presented to the CCG Quality and Safety Committee
- 3.7.1.3** In 2012/13 the CCG agreed to support GP Practices to achieve one of the two quality awards available from the RCGP, The Practice Accreditation Award or the Quality Practice Award.
- 3.7.1.4** Achievement of these awards has been supported not only through the provision of resource for RCGP fees, which practices found prohibitive, but also through protected learning, action learning and the sharing of experience and best practice across practices.
- 3.7.1.5** To date the CCG has 5 GP practices that have achieved the RCGP Quality Practice Award and xx have achieved Practice Accreditation (Awaiting updated position form RCGP).
- 3.7.1.6** In addition to the 11 practices that work to a PMS contract who are undertaking the modular version of the Quality Practice Award as part of their quality contract there are a further xx GMS practices working toward achievement of this award.

3.7.2 Local Quality Improvement Schemes

- 3.7.2.1** Over the last two years the Primary Care Team has worked with other commissioning teams across the CCG to support the development of a number of Local Quality Improvement Schemes including:
 - 3.7.2.1.1** Improving Access to Primary Care
 - 3.7.2.1.2** Advice and navigation
 - 3.7.2.1.3** Cancer
 - 3.7.2.1.4** Dementia
 - 3.7.2.1.5** Diabetes

3.7.3 Locally Commissioned Services (Local Enhanced Services)

- 3.7.3.1** During 2013/14 the Primary Care Team co-ordinated, in line with national guidance, a robust review of the Local Enhanced Services that were commissioned by the former PCT
- 3.7.3.2** As a result of the review process the CCG was able to agree which services it wished to continue to commission and which

would be decommissioned from 1 April 2014 and wrote to practices to inform them of the outcome of that review.

- 3.7.3.3** Following the review the CCG was required to consider the service delivery model and the procurement route for each of the enhanced services the review recommended should continue.
- 3.7.3.4** However this part of the process proved extremely difficult as the CCG felt that the LES review, service re-design and re-commissioning process was pushing ahead of and was out of sequence with the CCG integrated strategic plan, other service review and commissioning processes and the recently agreed cases for change and as a result a number of risks were highlighted to the CCGs Local Delivery Group.
- 3.7.3.5** The Local Delivery Group therefore made a recommendation to the Governing Body that in order to ensure continuity of service provision, reduce disruption for both patients and service providers and avoid the risk of increasing activity at the Acute Trust the CCG should transfer existing local enhanced services on to the standard NHS contract and re-commission from GP Practices and Optometrists for a maximum period of 12 months (31 March 2015) in order to enable the CCG to develop a phased procurement programme for enhanced services that is in line with integrated strategic commissioning plans rather than in isolation.
- 3.7.3.6** During 2014/15 the Primary Care Team has again co-ordinated a review of these locally commissioned services
- 3.7.3.7** In addition to the activity and outcomes data reviewed as part of the 2013/14 review the CCG also considered feedback from patients and providers received as part of the 'Improving Access to Primary Care Engagement Project'
- 3.7.3.8** The recommendations for re-commissioning fell into two main categories:
- 3.7.3.8.1** Re-commission from General Practice for 2 years from 1 April 2015
 - 3.7.3.8.2** As it would not make sense for the CCG to re-procure the GP provided element of a service in isolation, where a service is already or will in the future be part of a wider service review the CCG has agreed to extend the service for a further 12 months or until such time as the wider service review is complete.
- 3.7.3.9** The Primary Care Team has subsequently been working with responsible commissioning colleagues and the CSU to update service specifications with a view to issuing them to General Practice before 1 April 2015

3.8 Collaboration

- 3.8.1** The East Lancs Strategy makes it clear that in order for primary medical care to meet the significant challenges of the future there is a need for major changes in the organisation, the capacity and capability and the culture of Primary Medical Care.
- 3.8.2** The CCG has actively supported the development of General Practice by supporting the emergence of new and innovative ways of working. This has involved working with practices and localities to support collaborations between and across GP practices in East Lancashire
- 3.8.3** The CCG has worked with PCC to develop and deliver a series of events and workshops aimed at supporting the development of General practice including:
 - 3.8.3.1** Developing General Practice PLT(s)
 - 3.8.3.2** Skills based workshops
 - 3.8.3.2.1** Procurement
 - 3.8.3.2.2** Commercial Success
- 3.8.4** In addition the CCG has provided external facilitation to support the development of existing and emergent Federations through PCC.
- 3.8.5** This has resulted in the further development of some existing and the emergence of a number of new collaborations including:
 - 3.8.5.1** The East Lancs EU Federation of GPs
 - 3.8.5.2** Ribblesdale Federation
 - 3.8.5.3** Pendle Care Direct
 - 3.8.5.4** PMS Federation
- 3.8.6** The CCG has also funded four places on the Confident Leader – Primary Care Provider Programme developed by PCC (Primary Care Commissioning)

3.9 Integration

- 3.9.1** In 2013/14 the Primary Care Team working in close collaboration with Integrated Care Colleagues supported the implementation of the national 'Risk Profiling' Directed Enhanced Service holding a PLT event on Risk Profiling and Case Management in December, an INT event in February, followed by the production of a GP Practice Support Pack
- 3.9.2** Although supporting the development of Integration Neighbourhood Teams based around GP registered populations was identified as a key priority in the Primary Care Strategy during 2014/15 the Primary Care Team has only been involved on the periphery of development such as:
 - 3.9.2.1** £5 per head of population
 - 3.9.2.2** 0/75 and Nursing Home Nurses
 - 3.9.2.3** Increasing appointments times in General Practice
 - 3.9.2.4** Locality INT Development Plans and Resourcing

3.10 Co-commissioning

- 3.10.1** Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions.

3.10.2 In January 2015 East Lancashire CCG submitted to NHS England Lancashire Area Team an application for the delegated commissioning of primary care and on the 17 February was approved to take on delegated commission responsibility for NHS England specified general medical care commissioning functions from 1 April 2015.

3.10.3 The CCG has already become more involved in a number of Primary Care contracting issues including:

3.10.3.1 PMS Contract reviews

3.10.3.2 APMS Re-procurement

3.10.3.3 Primary Care Infrastructure Bids

4. Plans for 2015/16

4.1. Organisational Structure

4.1.1. With the exception of the locally commissioned medical services, previously LESSs, the focus of the Primary Care Team within the CCG has been the development of General Practice not the commissioning and contracting of primary care.

4.1.2. The organisational and governance structure has been developed to support the delivery of the Strategy for Developing Primary Medical Care and will need to be adapted in 2015/16 to take account of the CCGs wider responsibilities under co-commissioning

4.2. Improving Access to Primary Care

4.2.1. Continuation of the Primary Care Access Project with a view to the co-production of new service delivery models for primary care in 2015/16 (See draft timeline **Appendix 3**)

4.2.2. Ongoing development of the Local Quality Improvement Scheme to support improving access in primary care

4.2.3. Continuation of the locally commissioned extended access scheme until October 2015 while co-produced new service models are agreed and development to enable operational delivery.

4.3. Primary Care Workforce Development

4.3.1. Primary Care Workforce Development Group to continue to work in close collaboration with HENW in relation to:

4.3.1.1. Primary Care workforce data collection

4.3.1.2. Continuing Professional Development Modules via CPD Apply

4.3.1.3. MPET flexible CPD cash allocation

4.3.1.4. The development and introduction of new roles in Primary Care

4.3.1.5. Student Nurse placement

4.3.2. Develop plans for a rolling programme of training and development for Primary Health Care staff with particular focus on receptionists as this has been identified as a priority as part of the wider patient engagement

- 4.3.3. Continue to support Practice Manager and Primary Care Nurse Forums including supporting the development of Nursing and Managerial Leads within each locality with a view to increasing the capability of the primary care workforce.
- 4.3.4. Continue to work with Clinical and Commissioning Leads to develop a protected learning time programme for 2015/16 including the further development of the Pennine Lancs Clinical Network.
- 4.3.5. Continue to support GP training by:
 - 4.3.5.1. Increasing the number of training environments which offer a wide spectrum of training placements for the multi-disciplinary workforce
 - 4.3.5.2. Supporting GP trainers and practices in the process of undergoing development as Deanery accredited trainers and training environments
 - 4.3.5.3. Development of GP Speciality Training posts which lay emphasis on developing base skills which provide a foundation for developing post CCT capacity in areas of defined need for the health economy
 - 4.3.5.4. Continuing to support doctors in the first five years CCT through the First Five Forum
 - 4.3.5.5. Continuing to support the GP Trainers group
- 4.3.6. Continue to support research in Primary Care via the GP Research Champion

4.4. Service Improvement and Development

- 4.4.1. Continue to develop the process for Practice Quality Improvement Planning and assurance provision in line with national guidance and taking into account:
 - 4.4.1.1. Primary Care Quality Assurance Frameworks,
 - 4.4.1.2. CQC Framework for Primary Care
 - 4.4.1.3. Advancing Quality
 - 4.4.1.4. Primary Care Dashboard
- 4.4.2. Arrange a celebration event on behalf of the Practice that have successfully achieved the RCGP Practice Accreditation or Quality Practice awards over the last 18 months.

4.5. Local Quality Improvement Schemes

- 4.5.1. Explore feasibility of rolling all current and potential new Local Quality Improvement Schemes into one 'Quality Contract' for General Practice.

4.6. Locally Commissioned Services (LESSs)

- 4.6.1. The CCG will work with CSU colleagues to:
 - 4.6.1.1. Review claiming and payment methodology during 2015/16 with a view to reducing workload and bureaucracy for GP Practices

- 4.6.1.2. Explore options for remote monitoring of activity using appropriate read coding and EMIS web in 2015/16 with a view to providing more accurate contract monitoring data that would reduce the workload burden on General Practice

4.7. Collaboration

- 4.7.1. Continue to support practices to work together to develop and deliver new models of primary care in line with the Five Year Forward View

4.8. Integration

- 4.8.1. To work in close collaboration with the Integrated Commissioning colleagues with a view to developing a sustainable model of integrated service delivery in Primary Care that is able to meet the care needs of the population now and in the future
- 4.8.2. This has become increasingly difficult because of the delay in recruiting to primary care support posts developed following the resignation of a part time member of the primary care team.

4.9. Co-commissioning

- 4.9.1. To support the delegated commissioning functions including decision in relation to:
 - 4.9.1.1. Enhanced Services
 - 4.9.1.2. Local Incentive Schemes (including the design of such schemes);
 - 4.9.1.3. The establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - 4.9.1.4. 'Discretionary' payments;
 - 4.9.1.5. Commissioning urgent care (including home visits as required) for out of area registered patients;
 - 4.9.1.6. Practice mergers;
 - 4.9.1.7. The management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- 4.9.2. Planning primary medical care services in the Area, including carrying out needs assessments;
- 4.9.3. Undertaking reviews of primary medical care services in the Area;
- 4.9.4. Management of the Delegated Funds in the Area;
- 4.9.5. Premises Costs Directions Functions;
- 4.9.6. Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- 4.9.7. Such other ancillary activities that are necessary in order to exercise the Delegated Functions.

5. For Further Consideration

- 5.1. Organisational structure to support co-commissioning functions
- 5.2. Primary Care Team capacity issues (Currently holding 16 hours of vacancies)

Lisa Cunliffe

Primary Care Development Manager

DRAFT