

**Clinical Commissioning Group
Governing Body**

Paper Summary Sheet

For: PUBLIC session PRIVATE session

Date of Meeting: 23 May 2017

For: Decision Discussion Noting

Agenda Item and title:	GOV/17/05/11 General Practice Forward View Stage 2 Plans												
Author:	Tracey Strachan, Deputy Director, Primary Care												
Lead Director/GP from CCG:	Jo Cullen, Director of Primary and Urgent Care, Group Director West Wiltshire												
Executive summary:	<p>The General Practice Forward View (GPFV) was published in April 2006.</p> <p>The GPFV sets out specific, practical and funded steps – on 5 programme areas: investment, workforce, workload, infrastructure and care redesign.</p> <p>This paper sets out the GPFV Stage 2 Plans as submitted to NHS England on 17th March. The Clinical Executive and Governing Body (Seminar 13th December 2016) approved the submission of the first Wiltshire response to the GPFV and plans under each of the transformation programmes and investment which the CCG are leading in December. The Governing Body approved the GPFV Stage 2 plans in private session (28 March 2017).</p> <p>The plan had been assessed as ‘Green’ overall by the NHSE local team, however changes to the recent national assurance framework have meant this has been reassessed as ‘Amber’. The outcome of the Strategic Healthcare Planning exercise and finalisation of the Estates Strategy should improve the assessment of ‘Practice Infrastructure’ to ‘Green’ which will then change the DCO assessment to ‘Green’.</p> <p>The current assessment is as follows:</p> <table border="1" data-bbox="435 1591 1555 1745"> <thead> <tr> <th>GP Access</th> <th>Care Redesign & development</th> <th>Investment in Primary Care</th> <th>Workforce</th> <th>Practice Infrastructure</th> <th>DCO Assessment</th> </tr> </thead> <tbody> <tr> <td style="background-color: yellow;"></td> <td style="background-color: green;"></td> <td style="background-color: green;"></td> <td style="background-color: yellow;"></td> <td style="background-color: yellow;"></td> <td style="background-color: yellow;"></td> </tr> </tbody> </table> <p>Further detail on enhanced access plans will be required as service design develops with the preferred provider of Integrated Urgent Care. Trajectories for new investments will be developed as details of available funds are received.</p>	GP Access	Care Redesign & development	Investment in Primary Care	Workforce	Practice Infrastructure	DCO Assessment						
GP Access	Care Redesign & development	Investment in Primary Care	Workforce	Practice Infrastructure	DCO Assessment								

Evidence in support of arguments:	CCG Strategic Plan Five Year Forward View General Practice Forward View
Who has been involved/contributed:	Clinical Executive GP Resilience Board Wessex Local Medical Committee Primary Care Operational Group Primary Care Joint Commissioning Committee
Cross Reference to Strategic Objectives:	Links to delivery of the Wiltshire CCG Strategic Five Year Plan
Engagement and Involvement:	Initial public meetings have taken place about the workload and workforce challenges in primary care; a number of local public meeting regarding mergers of GP practices. A GP Resilience Board has been meeting over the last few months, led by the Exec GPs with strong GP representation from all 3 Groups to review the GPFV, specifically the GP Resilience programme.
Communications Issues:	Engagement will be necessary with a wide range of stakeholders via the Primary Care Operational Group, NHS England, Primary Care Commissioning Committee and other forums including Healthwatch, patient representatives, and the Local Authority.
Financial Implications:	Funding as allocated via NHSE under GPFV – there is a risk that actual costs may be in excess of funding received. Certain assumptions of CCG funding Operational Planning Guidance – ensure local investment meets or exceeds minimum required levels.
Review arrangements:	The CCG has a monthly Primary Care Operational Group, currently chaired by the LMC and with the CCG and NHS England represented; a quarterly Primary Care Commissioning Committee will be held in public. From 1 st April Wiltshire CCG has delegated responsibility for commissioning primary medical services.
Risk Management:	Managed through Directorate Dashboard and CCG Risk Register
National Policy/ Legislation:	Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 General Practice Forward View
Public Health Implications:	None identified
Equality & Diversity:	No adverse impact identified. This proposal covers all Wiltshire CCG member GP Practices and all registered patients with a Wiltshire CCG GP practice.
Other External Assessment:	NHS England, Wessex Local Medical Committee, Healthwatch and Wiltshire Council are represented on the Primary Care Joint Commissioning Committee.
What specific action re. the paper do you	The Governing Body is asked: <ul style="list-style-type: none"> To note the progress and work to date in developing the GPFV Stage 2

wish the Governing Body to take at the meeting?

Plan, recognising the role and input from the GP Resilience Board in providing clinical leadership and oversight of the resilience programmes.

- To note the complexity and synergy of the programmes under GPFV – such as the Integrated Urgent Care procurement to expand general practice capacity; the Estates and Technology Transformation Fund for development of investment in infrastructure; GP IT programmes to link to the Local Digital Roadmap work; the Vulnerable Practice programme with increasing numbers of practices in crisis; and training programmes for all staff groups to develop and enhance the widening skill mix of the primary care workforce.
- To note the GPFV Plan builds on the Wiltshire Primary Care Offer in place from April 2016 as a 3 year programme - based on the principles delivering primary care services at scale to support increased efficiencies and address issues of recruitment and retention of a competent, capable and resilient primary care workforce to deliver high quality services in primary care
- To note the details in the GPFV about the future models of care for larger organisational forms - Multi Speciality Community Providers or Primary and Acute Care Systems; with the commitment the foundation of NHS Care will remain the list based system of general practice.

General Practice Forward View Stage 2 Plan

NHS Wiltshire CCG

March 2017

1. Introduction to the plan

Wiltshire CCG recognises the central role that Primary Care plays in access to and the delivery of high quality care. Our Primary Care Offer (PCO) is designed to move away from providing care through a transactional activity driven model, and is based on individual practices moving towards place based commissioning and development of locality working to deliver Primary Care at scale.

The PCO directly supports the development of new integrated care models, centred on accountable care through alignment and integration of Primary Care with expanded Out of Hospital care. We are also improving access to Primary Care by linking with broader initiatives to improve patient flow through the care system.

Key elements of the PCO are:

- Three year programme 2016-2019 (allowing for transition and some pace of change);
- Transform the commissioning, delivery and monitoring of the CCG commissioned enhanced services from GP Practices in Wiltshire, over and above core GMS/PMS services to deliver responsive, safe and sustainable services;
- Move towards “placed based commissioning” and the CCG vision of integrated out of hospital services;
- Support the development of locality working to deliver primary care services at scale to support increased efficiencies, and to address issues of recruitment and retention of a competent, capable and resilient primary care workforce to deliver high quality services;
- Move towards a "block contract" type arrangement - setting out the total funding available for 2016 onwards to cover the specified services to be delivered to meet the needs of their locally registered population in return for meeting the outcomes required (moving from year 1 with KPIs and agreed metrics towards a full outcome based model by year 3);
- Use 2016/17 as a shadow transition year before delegated commissioning of primary medical services from April 2017.

Wiltshire CCGs plan has elements in common with other CCGs within our STP footprint, and has been shared with them. The STP footprint covers a large geographical area and local programmes of work will be required for implementation of the GPFV programme.

Wiltshire CCG has invested £3 per registered patient within the Primary Care Offer since 2016/17 as a three year funded contract package (April 2016 – March 2019), bringing together services and programmes previously offered as enhanced services, Group Service Level Agreements, TCOP and prescribing. It was designed to be a more flexible way of commissioning services from GP practices, allowing them the ability to deliver services in more innovative ways, across localities or at practice level and individually tailored to the needs of patients at a local level. In moving away from a transactional activity driven model, practices and localities have been able to use resources in a more efficient and effective way and, in some cases, to combine income streams to deliver improved outcomes for patients.

For Wiltshire CCG, the plan for 2017/18 is to develop the primary urgent care (same day) centres, aligned to the development through the ETTF schemes in Devizes and Trowbridge, and the Strategic

Health Planning exercise for Chippenham, Melksham and Trowbridge; and developments in Salisbury City.

Wiltshire CCG is leading the Integrated Urgent Care Procurement across the STP footprint. The key objective for us in the procurement is to deliver a more functionally Integrated Urgent Care Access, Treatment and Clinical Advice Service model by aligning existing service specifications for NHS 111 and the GP OOH service, in line with the national direction. It is not simply the bolting together of existing services (NHS 111 and GP Out of Hours) but in fact the introduction of a new, functionally integrated service that includes a new clinical advice element: the clinical hub. This model will offer patients who require it access to a wide range of clinicians, both experienced generalists and specialists. It will also offer advice to health professionals in the community, such as paramedics and emergency technicians, so that no decision needs to be taken in isolation. The service will commence in April 2018 and will support the CCG in meeting the enhanced access targets as well as facilitate the move towards place based commissioning.

In common with many other CCG areas, Wiltshire GP practices are beginning to face challenges with respect to sustainability of delivery of primary care services and resilience for the future. Wiltshire CCG has 9.8 wte GP vacancies, 7.95 wte nurse and clinical staff vacancies and 16.3 wte administrative staff vacancies in GP practices as at January 2017 (see workforce data Appendix 1). 12 practices are currently classed as 'vulnerable' – one of which has served notice on their contract. There are 3 mergers underway with 6 further practices considering their options. The quality of general practice service provision within Wiltshire CCG is high – with 7 GP practices rated as excellent, 39 as good and 5 as requiring improvement out of 51 which have been inspected by the CQC.

The CCG has set up a GP Forward View/Resilience Group to have an overview of our work on resilience. This will include review of and oversight of a menu of support, from GP mentoring, to supporting different training and providing expertise to support the primary care at scale/new models of care going forward. The group will assess and prioritise investment proposals, monitor and assess impact of support, identify other sources of funding and share best practice across the CCG.

2. GP Forward View Narrative Plan

2.1 Introduction to the GPFV plan

Wiltshire CCG is committed to the delivery of the GPFV to improve the efficiency and effectiveness of primary care services and to facilitate the readiness of GP practices for new models of care as they develop in Wiltshire. Plans are based on the '9 Must Dos' as outlined in the strategic commissioning guidance and link in to the primary care strategy and the STP plan for Wiltshire, BaNES and Swindon.

Wiltshire is in Wave 2 NHS RightCare Programme and has embraced the concept of using Commissioning for Value Pack data to identify areas of outlying activity on which to focus resources. A report was discussed at the CCG Governing Body in Jan 17 and it was agreed to set up a RightCare / Commissioning for Value Working Group, reporting to the Clinical Executive.

The planning process involves GP commissioners and is clinically led.

2.2 Model of care

The detailed model of care for Wiltshire will be informed by the Integrated Urgent Care Procurement as it will build on the Integrated Urgent Care Access, Treatment and Clinical Advice Service model. The preferred bidder will be identified by August 2017 and the contract will be awarded in September 2017. The service model will be refined during the mobilisation period with input from providers, patients and other stakeholders. All services will be fully in place by May 2018.

Further development of locality based provision and integrated health and social care services will support optimal out of hospital services, and the delivery of more services closer to home. This will be facilitated by investments in premises to support the primary urgent care centres (described more fully under section 2.6). There is strong locality working already in place across Wiltshire with Integrated Teams led by groups of GP practices, supported by aligned services working in the local community such as mental health services, social care, third sector organisations and patient groups.

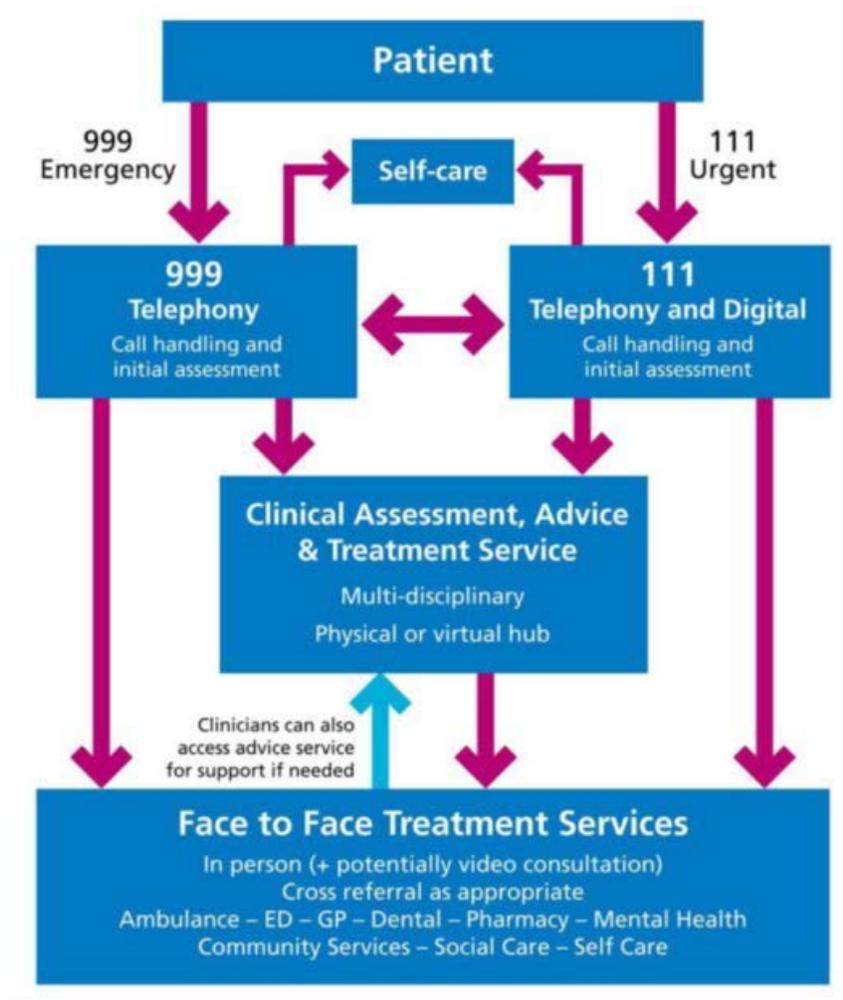
Plans are in development to design an Accountable Care Organisation structure for Wiltshire under which multiple providers will work together to deliver services at a community level. Stakeholder conversations have started and a Board to oversee progress and provide oversight is being set up. The proposed shape of the organisation should be available by Summer 2017, ready for broad consultation. It will be important to align the development of the Accountable Care Organisation with the STP plans and the primary care plans which the CCG is currently working to so that there is a clear direction of travel.

2.3 Access

Wiltshire CCG is committed to working with NHSE to improve access to primary care services in community based settings, including access to primary care, especially in local GP practices. In 2016/17, 52 of the 55 GP practices in Wiltshire were signed up to the Extended Hours Access Scheme DES, working to the national specifications providing evening and weekend routine appointments in line with patient demand. GP practices are encouraged to provide this service across wider localities and under delegated commissioning of primary care which becomes a responsibility of Wiltshire CCG from 1st April 2017, implementation and assurance of this scheme will pass across to Wiltshire CCG from NHSE. Practices will be encouraged to deliver this scheme in conjunction with other services currently delivered through the PCO.

Improving access to services in Wiltshire is integrally linked to the provision of wider access to services, both in and out of hours, through the Integrated Urgent Care Procurement process. The resulting service, covering NHS111, the out of hours service and an Integrated Urgent Care Service provided via clinical hubs will enable patients to access integrated, high quality services outside core hours and will link in to the existing Extended Hours Access Scheme provided by GP practices.

Proposed Integrated Urgent Care Service



As the shape of the extended access model emerges from the procurement process, it will be aligned to and impact on pathways being developed at the CCG enabling patients to be seen closer to home and out of hospital settings. It will align to the procurement / mobilisation of Adult Community Services Contracts recently commissioned in Wiltshire, BaNES and Swindon. It will also reflect the plans emerging from the Wiltshire Strategic Healthcare Planning Review (Chippenham, Trowbridge and Melksham) and BaNES parallel procurement of their Urgent Care Centre. For patients with long term conditions, the wider review of pathways ongoing at the CCG, including the MSK review and the diabetes community triage and local clinics plans will be aligned to a wider out of hospital, improved access model. Improving access for patients to services in Wiltshire is critical in response to demographic, infrastructure and military growth that is expected in coming years. Wiltshire's population is expected to grow from 474,300 in 2011 to 505,416 in 2021, an increase of 6.6%. A steep increase in the number of older people is predicted with the percentage of the population in Wiltshire aged 65 or over reaching 22.6% by 2021, representing a 32% increase in 10 years. This patient group is known to increase the demand for healthcare services in an area significantly

The military presence in Wiltshire impacts on health and social care provision, with serving personnel, their families, reservists and veterans, with their own distinct wellbeing and health care needs living across the county. Military personnel in Wiltshire currently constitute about 3.2% of the total population or 6.4% including dependents. The military population is focused in the Tidworth, Bulford, Durrington, Upavon, Warminster and Lyneham areas with the greatest population being in Tidworth. . The Army Rebasing Review for military transformation under the 'Army 2020' concept will have an impact on the local military population. The Reaction Forces will be based in the Salisbury Plain area and is expected to comprise 4,000 uniformed personnel and an additional 2,000 dependents living and working in Wiltshire. The Defence College of Technical Training is likely to accommodate 1,500 military and civilian personal, rising to 4,500 by 2019, depending on MOD decisions.

Healthwatch Wiltshire has provided feedback from patients in Wiltshire concerning their experiences of accessing local healthcare services. These comments inform the direction that the CCG is taking in developing urgent care and improved access services. Key messages were that the current system is not easy to navigate, it is not immediately clear what is available and there is uncertainty about where to get advice. Non-clinical triage is not easily understood and patients really want to see a clinician. The location of care and waiting times are not always convenient and parts of the system don't work well together, including a lack of information sharing across health and social care organisations. All of these comments will be addressed by the emerging Urgent Care System in Wiltshire and the development of a provider led Accountable Care Organisation linking in with STP planning process.

In Wiltshire, plans for improved access to services draw on learning from the Clinical Hub pilot which started in October 2016, under the leadership of Severn UECN. It gave patients access to a wide range of clinicians, both generalist and specialist, and also offered advice to clinicians working in the community, such as paramedics and emergency technicians. Learning showed that the availability of clinical records such as the Summary Care Record, and the coordination of health and social care services such as acute provider liaison and palliative care and the integrated approach improved patient access and provided a locally based, high quality service. There is also learning from Primary Care Offer schemes such as extended scope practitioners, older persons nursing teams and the use of ECPs in practices. National funding of £3.34 in 2018/19 and £6 from 2018/19 will be made available to Wiltshire CCG to support improvements in access. The use of this funding will be determined by the outcomes of the Integrated Urgent Care Procurement and the resulting service model to be put in place from May 2018. An Integrated Urgent Care Procurement Group has been set up to oversee the transition to the new model of care. Once the shape of the new model has been determined, the workforce, technology and estates implications of the change will be addressed.

2.4 Workforce

The approach to workforce planning across Wiltshire CCG supports the STP workforce work stream and priorities - Priority 4 – 'Establish a flexible and collaborative approach to workforce' – Attract, develop and retain a workforce through collaborative workforce planning. The STP priorities are:

- Common vision
- Shared approach and aligned training
- Identifiable, improved employment offer

- Joint workforce planning
- Staff health and wellbeing initiatives

In Wiltshire, there are a number of key risks and issues that impact on any decision concerning workforce development. These include:

- Increasing age of GPs – retirements and reductions in hours
- Increasing age of practice nurses – retirements, reduced hours, 64% Wiltshire practice nurses across STP over 50 (Wiltshire Practice Nurse Survey, NHSE, 2016)
- Rural nature of Wiltshire – large distances to travel for staff and patients
- Small, scattered GP practices – local identity
- Distance from acute trusts, universities and graduate support and networking
- Difficulty in developing portfolio careers, gaining experience in different sectors due to geographic spread
- New models of care changing skills and care requirements

In Wiltshire, investment in the development of a clinically led, locally based Community Education Provider Network (CEPN) is progressing. Whilst baselining and collection of staff data is being analysed and local workforce projects are being developed, a major focus of this programme of work is on supporting GP practices to identify their future training needs and be in a position to collaborate, develop new staffing models and commissioning training to suit their needs. Many practices are sharing clinical staff and some have plans to maximise sharing of back office functions within general practice through practice mergers and federated activities, locality working, emergent GP Federations, Active Signposting / Clinical Correspondence training across localities, TCOP older persons teams and shared staff across localities. This supports the STPs vision for integrated, cross organisational working and the development of a shared culture and vision. Wider stakeholders are involved in this process via the CEPN Board and Reference Group, the Primary Care Operational Group and the Primary Care Offer Oversight Board, including the LMC, Healthwatch, GPs and specialist representatives such as HEE and the Deaneries.

Wiltshire CCG is adopting the general principle of ‘recruit, retain and train’ to support delivery of the emerging model of care. Groups of practices have bid for wave 2 of the clinical pharmacy pilot and many GP practice already have pharmacists in place, supporting medications reviews, reviewing prescribing activity and dealing with patient queries and support. Innovative schemes funded by the CCG through the Primary Care Offer include specialist older person’s teams, specialist nurses and emergency response practitioners, supported by apprentices across the fields of clinical care, administration data support and IT. Learning is shared across Wiltshire and its localities and there is increasing interest in these more specialist and varied roles. Financial support for GP practices under the vulnerable practice and resilience funding streams includes resources for project managers, change managers and specialist organisational development staff to support practices through change at times of pressure to deliver contracted services for patients. GP practices are also being encouraged to nominate staff to act as ‘locality leads’ taking over the role from the CCG to provide a more local approach to secure improved practice engagement.

NHSE are running a number of programmes with the aim of increasing the number of GPs in Wiltshire. These include:

- Retained Doctor Scheme

- National GP Induction and Refresher Scheme
- Targeted Enhanced Recruitment Scheme
- Targeted Investment in Returning Doctors Scheme
- NHS GP Health Service
- International GP Recruitment Programme
- GP Career Plus

The CCG is supporting these programmes with the aim of encouraging more GPs to choose Wiltshire as a place to live and work.

To support new models of care there needs to be a step change in the flexibility and adaptability of GP practice staff, working differently, working across organisational boundaries and becoming more flexible in their approach. The CCG is working closely with HEE to make available specialist practice nurse training through local universities, namely UWE and Bournemouth. A project to attract ST4 GP trainees to Wiltshire is starting in September 2017, building on the success of the Severn Deanery scheme in 2016/17 and a training provider has been appointed to deliver a pilot Clinical Correspondence training scheme, closely followed by Active Signposting for GP receptionists, supported by a detailed programme for funding in future years. Details of funding for practice manager training under the GPFV are awaited from NHSE and, in the meantime, the CCG has been in talks with Wessex LMC about possible delivery methods.

All workforce initiatives at the CCG are underpinned by strong and effective clinical leadership. The CCG offers the GP Mastermind Programme, supported by statutory and mandatory training for GP Executives and GP clinical leads to ensure they have the skills and capabilities to perform their duties to the full. The CCG New Leader Programme / Future Proof Leadership Programme have been introduced to develop new leaders, both amongst CCG and GP practice staff and clinical leads have been identified for all CCG work programmes with involvement from secondary care and community clinicians where appropriate.

2.5 Workload

In 2016, the CCG Governing Body agreed the principles of use of the GP Practice Resilience funding in Wiltshire. The programme is being managed into 2017/18, targeting GP practices using a series of selection criteria including local knowledge, a locality dashboard, and NHSE GP Toolkit markers and from following up requests for help and support. The CCG Resilience Group oversees the allocation of funding and the development and monitoring of planned outcomes, encouraging the sharing of learning and good practice in developing resilience and sustainability in primary care service delivery (see Appendix 5). It reports through the Clinical Executive to the Governing Body. Successful initiatives will continue to be offered to GP practices including project management support, top up s.96 top-up locum funding, facilitated planning sessions and practice pharmacists.

Having evaluated National schemes, including those developed by Swindon CCG and Walsall CCG, Wiltshire is implementing a Prescription Ordering Direct (POD) scheme aimed at reducing workload for GPs, reducing medication cost and wastage, providing a more standardised service for patients and enabling discussions with local pharmacists. Patients will phone a 'call centre' staffed with pharmacists who will take on the management of repeat prescriptions. Recruitment is underway and the scheme will be rolled out to the first of 7 first wave GP practices in May 17.

The CCG is keen to embrace the principles of the '10 High Impact Actions' developed by NHSE as a part of the General Practice Development Programme. Some of the initiatives being rolled out in Wiltshire from 2017 onwards include:

**GP Forward View '10 Point Plan' Implementation
Wiltshire CCG
2017 onwards**

	10 Point Plan	Scheme Development / Implementation	Timeframe for Implementation
1.	Active Signposting	<ul style="list-style-type: none"> • Active Signposting Training • Clinical Correspondence Training • Making every Contact Count (MECC) 	April 2017 onwards April 17 pilot scheme 2017/18
2.	New Consultation Types	<ul style="list-style-type: none"> • Schemes being developed in line with the CCG Digital Roadmap 	Following project plan
3.	Reduce Did Not Attend	<ul style="list-style-type: none"> • Practice / locality based projects to address non-attendance. 	Ongoing – Wiltshire wide.
4.	Develop the Team	<ul style="list-style-type: none"> • Practice Manager Training • New Leader Programme / Future Proof Leadership Programme • GP Mastermind Programme 	Awaiting confirmation of funding. April 2017 second cohort starts. April 2017 second cohort starts.
5.	Productive Work Flows	<ul style="list-style-type: none"> • Productive General Practice 	In place in one practice. 13 practices expressed an interest in wave 2 scheme-awaiting funding decision.
6.	Personal Productivity	<ul style="list-style-type: none"> • New Leader Programme / Future Proof Leadership Programme 	Cohort 2 starting April 17.
7.	Partnership Working	<ul style="list-style-type: none"> • Locality MDT and Strategic Development • Healthwatch and PPG network development. 	Ongoing through PCO 2016-19. Builds on work completed 2016/17.
8.	Social Prescribing	<ul style="list-style-type: none"> • TCOP / PCO Innovation Schemes – Leg Clubs, Carers Cafes, Dementia Cafes, • Obesity Strategy – weight loss, gym, • PHBs 	Ongoing, delivered through the Primary Care Offer 2016 – 2019. Ongoing, delivered in conjunction with Wiltshire Council.
9.	Support Self-Care	<ul style="list-style-type: none"> • Diabetes Wave 2 programme, Health Trainers, MECC, Wilts Council / CCG comms health promotion, Healthwatch PPG work, links to third sector organisations, GP public / patient meetings in West Wiltshire 	Programmes ongoing through 2017/18.
10.	Develop QI Expertise	<ul style="list-style-type: none"> • General Practice Improvement Leaders Programme 	3 year programme of courses.

		<ul style="list-style-type: none"> • Primary Care Improvers Conference • NHSE Sustainable Improvement Team Workshops • Time for Care programme 	<p>March 2017. April 17 onwards.</p>
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2.6 Infrastructure

Wiltshire received ETTF funding for Urgent Treatment Centres in Devizes and Trowbridge in October 2016. A competitive procurement for the appointment of healthcare development advisors was run and the successful company is now working on the development of the schemes. Project governance arrangements are in place, a project group established, PIDs developed and development of the next steps including the development of the model of care, site options appraisals and commercial strategy are in hand. Additional PIDs will be submitted to NHSE by March 17 and a cost review is ongoing. The surgery extension in Calne is progressing in line with the proposed timetable and will provide additional clinical space for clinicians at the practice.

The Strategic Healthcare Planning process for schemes in Chippenham, Melksham and Trowbridge is ongoing. The final report, in the form of the Strategic Outline Case, will be considered by the CCG Governing Body in May 2017.

Priorities for delivering improved IT systems to support new models of care in Wiltshire have been locally determined. The Digital Roadmap plan for Wiltshire (Oct 16) outlines the key deliverables for 2016/17 and 2017/18, linking into the STP plan and also reflecting the wider requirements required nationally to deliver digital capabilities.

For 2016/17:

- Delivery of Universal Capabilities
- Further deployment of EPR elements (trusts)
- Interoperability initiatives (enabling health and social care systems to share the data held within them across multiple platforms, subject to appropriate patient consent and information sharing agreements)
- Realign priorities with STP (for example client or patient-facing digital technology opportunities at scale)

For 2017/18:

- Interoperability initiatives around shared care planning and cross-provider, cross-border information sharing
- Patient portal and self-care digital initiatives
- Further sharing and potential consolidation of infrastructure (for example wide area networking across Wilts/BaNES)
- Whole system and population level analytics

The key priorities for the Wiltshire CCG Interoperability Programme (extension to BaNES and Swindon under consideration) are:

- TPP Hubs – Devizes, Diabetes Prevention (under consideration), leg clubs (under consideration)
- TPP in nursing homes
- TPP systems to support the Integrated Urgent Care procurement mobilisation

- TPP template standardization across GP practice and community users
- LDR / digital maturity refresh
- GP practice mergers support
- BIDS for Integration Engine, MSK MyHealthTools, Diabetes Prevention PHR

The management and delivery of digital programmes in Wiltshire, including the Digital Roadmap and the Interoperability programme are overseen by the Wiltshire Interoperability Programme Board to ensure robust governance and delivery against plan.

2.7 Investment

The GPFV includes the additional investment in general practice, as set out below:

- Increase general practice funding by at least the % increase in core CCG allocations, to fund core contract changes. For Wiltshire CCG this increase is 2.26%
- £3 per head non-recurrent transformation support – see detail below in 2.7.1
- £15m devolved to CCGs in 2017/18 and £20m in 2018/19 to fund online GP consultation software in line with national specification; - further detail is awaited from NHS England.
- £10m devolved to NHS England local teams or delegated CCGs in each 2017/18 and 2018/19 to fund training for care navigators and medical assistants for all practices in line with national specification; and £8m funding in each 2017/18 and 2018/19 to support practice resilience – detailed above in 2.4
- £6 per weighted patient for GPAF sites and Transformation Area CCGs in both 2017/18 and 2018/19, and £3.34 per head for all remaining CCGs in 2018/19 – detailed above in 2.3

The plan describes how all these strands of investment will be brought together to achieve transformation in general practice, and deliver the overall vision through the development of locality based provision and integrated health and social care services, building on the Integrated Urgent Care Access, Treatment and Clinical Advice Service model as refined through the Integrated Urgent Care Procurement process.

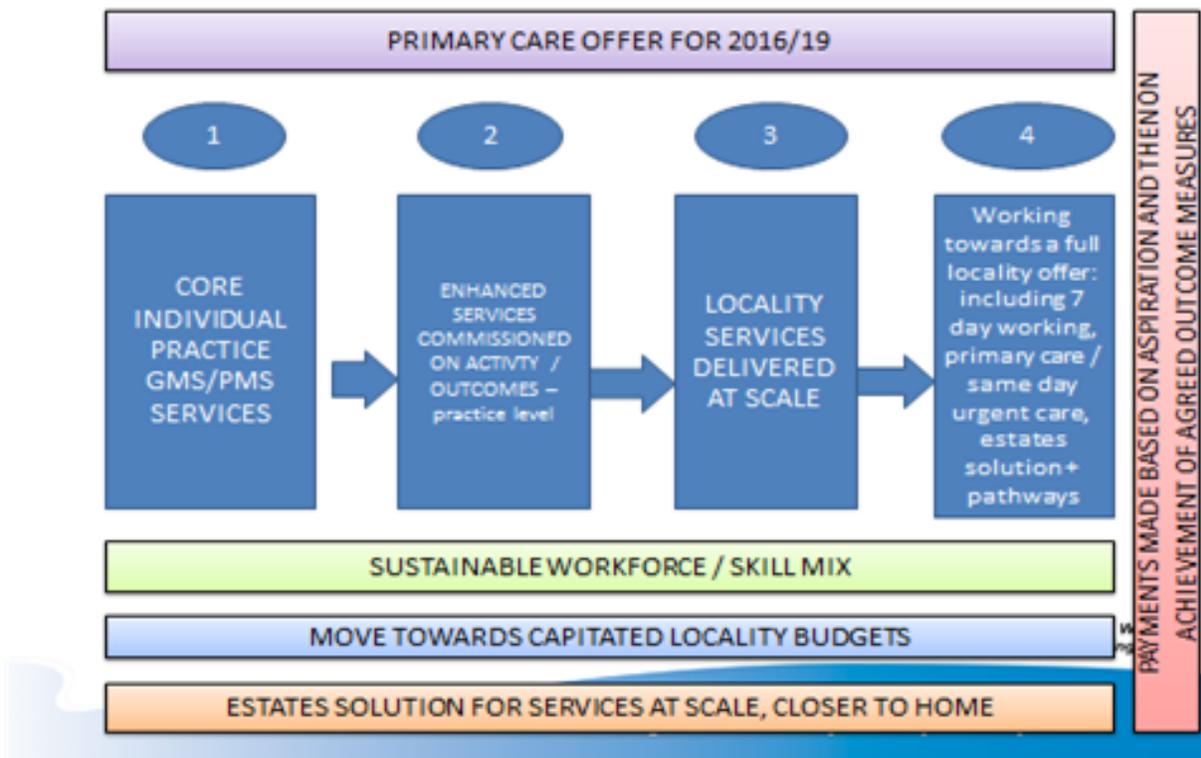
2.7.1 Transformational support

In Wiltshire, the £3 per head has been paid to practices as a part of the integrated Primary Care Offer from 2016-2019. The CCG agreed the Primary Care Offer (PCO) as a three year programme 2016-2019 of CCG commissioned enhanced services from GP Practices in Wiltshire over and above core GMS/PMS services. This supports the development of locality working to deliver primary care services at scale, supports increased efficiencies and helps to address issues of recruitment and retention. The alignment of funding for the £3 per head will be scrutinised at the next Primary Care Oversight Board with external review (LMC, Healthwatch, and NHSE) with PCO investment and Resilience Funding and other CCG funding sources. The PCO is fully in line with the principles of the GP Forward View.

The PCO has a value in excess of £9.4m and is made up of a number of elements:

- | | | |
|--|-------|-----------------------------|
| • Transforming Care of Older People (TCOP) | £2.4m | (£5 per head of population) |
| • Locality Development | £1.0m | (£2 per head of population) |
| • Group and locality projects | £1.4m | (£3 per head of population) |
| • Local Enhanced Services | £3.2m | |

- Prescribing Incentive Scheme £0.5m
- Salisbury Walk In Centre £0.9m



The ambition for the Primary Care offer supports the GPFV outcomes and links into the CCG primary care strategy and the STP plan and is as follows:

Primary Care Offer Ambition

The ambition of the CCG is that services commissioned in primary care under the PCO will:

- Maintain the current high quality primary care service across Wiltshire in the face of growing population and demand;
- Protect the core values of general practice of contact, co-ordination of care, comprehensive services and continuity of care;
- Deliver improved patient safety and clinical outcomes across Wiltshire;
- Deliver an improved experience for patients and their carers;
- Encompass clinical best practice and reduce variation;
- Be sustainable;
- Be innovative and promote skill-mix within primary care providers;
- Deliver a demonstrable return on investment (financial or otherwise);
- Be delivered “at scale” (i.e. at Practice, Locality or Group level as appropriate);
- Be monitored and funded on the basis of outcomes achieved rather than of activity.

2.7.2 Ring-fenced devolved funding

On-line consultation software

Wiltshire CCG awaits NHSE National guidance for online consultation software.

2.7.3 Other investment

Other investments in general practice will be made via funding either held nationally or devolved to NHS England local offices these include:

- General practice resilience programme – investments will follow the principles agreed by the Governing Body for 2016/17 funds.
- Estates and technology transformation fund (ETTF) – anticipated revenue implications of these schemes are included within plans. More detail on financial investment required will be included within the Full Business Case for each scheme.
- Increases in funding for GP trainees (HEE) – the CEPN Board and Reference Group will have input to and oversight of this.
- Increases in funding for GPIT – local priorities have been agreed, linking in to the STP plan and oversight will be through the IT Steering Group.
- Increases in funding for public health services (section 7A) – closer links are being developed with Public Health.
- Fully funded practice based mental health therapists – currently awaiting further detail from NHS England.

The CCG is working through the STP with NHS England and Health Education England on delivery of these programmes and investments. In addition the CCG will:

- Continue to support practices in planning resilience primary care workforce, including succession planning, increases in staffing and development of new roles;
- Ensure reinvestment of the PMS premium to the Primary Care Offer as in previous years.
- Refine the Primary Care Offer by setting up working groups to review current local enhanced services and make recommendations for change and/or new services that reflect the cost of service provision.

2.8 Leadership, governance and programme arrangements

Wiltshire CCG has governance arrangements in place for the GPFV programme that link into the CCG and STP governance arrangements. There is also a risk register associated with the programme. Please see details in Appendix 4.

Public consultation will be carried out in line with guidance in the CCG Communications and Engagement Strategy and through the involvement of Healthwatch and local Patient Participation Groups where appropriate.

3. Delivery Plan

GPFV delivery plan for Wiltshire set out below.

4. Planning Trajectories

Wiltshire CCG awaits NHSE National guidance and Unify templates for completion of the GPFV planning trajectories.

APPENDIX 3 - Delivery plan template

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
GPFV – Model of care								
Develop an Accountable Care Organisation model as a single provider organisation for Wiltshire.	Outline model designed and agreed by CCG Governing Body and supported by NHSE.	Wiltshire CCG functioning as statutory commissioner of local primary healthcare services including delegated primary care commissioning from 01/04/17.	tbc	Develop model.	Wiltshire CCG	Mar-June 17	Model designed with full stakeholder engagement and support. Governing Body and NHSE sign off.	
				Governing Body approval.	Wiltshire CCG	tbc		
				Consultation and engagement process.	Wiltshire CCG	tbc		
				Agree final model.	Wiltshire CCG	tbc		
	Develop implementation plan.	As above.	tbc	Milestones to be developed following formal approval of model.	Wiltshire CCG	tbc	Implementation plan drawn up and delivery timetable in place.	
					Wiltshire CCG	tbc		
					Wiltshire CCG	tbc		
					Wiltshire CCG	tbc		
To ensure the provision of a health service	Development of effective, clinically led,	Core integrated teams in	Funded through locality	Progress to be reviewed by CCG Gov.	Wiltshire CCG	March 17	Focused high level resilience /	

that is high quality, effective, clinically led and local.	locality working.	place supported by statutory and voluntary agencies.	element of the PCO.	Body.			locality plans in place. Supporting action plans developed.	
	Effective multi-disciplinary teams working together to deliver joined up local services.	Effective patient focused MDTs in place supported by strategic locality oversight.	Funded through locality element of the PCO.	Progress to be reviewed by CCG Gov. Body.	Wiltshire CCG	March 17	Effective, patient focused MDTs in place. Locality practices demonstrating strategic planning processes in place.	
GPFV – Improving access								
Integrated Urgent Care Procurement	Develop specification for Integrated Urgent Care service across the STP footprint, including Wiltshire, Swindon and BaNES CCG requirements.	Separately commissioned services in Wiltshire, Swindon and BaNES CCG areas.	Finance in place for existing service to May 18.	Development of specification. Agreement of documentation and process across three CCGs. Procurement process designed.	Wiltshire CCG Urgent Care Team (on behalf of STP)	2016	Specification developed and procurement process in place.	
	Procure and commission new service in line with NHS procurement	Separately commissioned services in Wiltshire, Swindon and	Cost determined in negotiation with	Advert and expression of interest requests.	Wiltshire CCG Urgent Care Team (on behalf of STP)	01/12/16	Procurement process in place Bidder	

	guidelines.	BaNES CCG areas.	preferred bidder.				engagement Acceptable bid received	
				Invitation to negotiate stages 1 and 2.	Wiltshire CCG Urgent Care Team (on behalf of STP)	22/03/17	Contract in place	
				Decision on preferred bidder made.	Wiltshire CCG Urgent Care Team (on behalf of STP)	July/August 17	Preferred bidder selected.	
				Award contract, mobilisation and contract implementation	Wiltshire CCG Urgent Care Team (on behalf of STP)	Sept 17 – May 18	Mobilisation planned.	
GPFV – Workforce								
Development of coordinated training across primary care organisations in Wiltshire.	Clinically led CEPN in place planning and accessing locally focused primary care training.	Training and development opportunities for primary care staff implemented by CCG or by practices individually.	£85k 2016/17. Further £40k expected 2017/18.	Appoint Project Manager – primary care workforce	Wiltshire CCG Primary Care Team	April 17	Project manager in post.	
				CEPN Board to Agree Project Plan	Wiltshire CCG Primary Care Team	May 17	Project plan in place with effective monitoring of delivery and outcomes.	

				Comms Strategy to be Developed	Wiltshire CCG Primary Care Team / WoE AHSN	May 17	Comms plan in place.	
				CEPN to be Clinically Led by Wiltshire GP Practices	Wiltshire CCG Primary Care Team / Wiltshire GP Practices	March 18	CEPN in place with buy in from all Wiltshire GP practices.	
New Staffing Models in Place Across Wiltshire GP Practices	Practices piloting new staffing models and sharing learning.	NHSE funded initiative.	Clinical Pharmacists	NHSE / Wiltshire Primary Care Team	tbc – following locality selection and funding confirmation by NHSE	Clinical pharmacists in place in GP practices.		
		Severn and Wessex Deanery / HEE funded schemes. Local scheme in development.	ST4 GP Trainees	Wiltshire CCG Primary Care Team / Severn and Wessex Deaneries	September 2017	ST4 GP Trainees in post supporting GP practices.		
		STP led initiative to maximise uptake of apprentice levy.	Apprenticeships	Wiltshire CCG Primary Care Team / STP		Increased number of apprentices in post in GP practices.		

			NHSE funded initiative.	Clinical Psychologists in GP Practices	NHSE / Wiltshire Primary Care Team	tbc – following scheme specification and funding confirmation by NHSE	Clinical psychologists in place in GP practices.	
	Programme of Leadership / Clinical Leadership Initiatives in Place	CCG commissioned management development and clinical leadership cohort 1 in place.	CCG funded 2017/18.	GP Mastermind Programme	Wiltshire CCG	Ongoing – start of next cohort March 17	Increased uptake in GP clinical leadership training.	
CCG funded 2017/18.			Roll out of New Leader Programme / Future Proof Leadership Programme	Wiltshire CCG	Ongoing – start of next cohort April 17	Increased number of GP practice and CCG staff accessing leadership training.		
Recruitment, Retention and Training	Work with NHSE to recruit, retain and train GPs, encouraging them to work in Wiltshire GP Practices		NHSE funded initiative.	Support NHSE Programmes to Recruit and Retain GPs	NHSE (supported by Wiltshire CCG)	tbc	Increase in number of GPs working in Wiltshire GP practices. Reduction in GP vacancies.	
	Work with GP Practices to roll out Active Signposting and Clinical Correspondence Training,	GP practices currently accessing training independently.	NHSE/CCG funded initiative 2016-2021	Active Signposting	Wiltshire CCG / GP Practices	Phase 1 – December 17	Pilot scheme delivered and evaluated.	
	NHSE/CCG funded initiative		Clinical Correspondence	Wiltshire CCG / GP Practices	Phase 1 – April 17 Phase 2 –	Pilot schemes delivered and evaluated		

	Making Every Contact Count (MECC) Training and maximise uptake of Nurse Training Places across Wiltshire		2016-2021			December 17	phase 2 roll out.	
			Wiltshire Council funded initiative.	Making Every Contact Count (MECC)	Wiltshire Council / STP	2017 / 2018	Plan in place to roll out MECC to all GP practices.	
			HEE funded initiative.	Nurse Training Places – UWE and Bournemouth Uni.	Health Education England / STP	September 2017	Full uptake of training places by GP practice staff.	
GPFV – Workload								
GP Resilience / Vulnerable Practices Programme	To provide support to practices facing challenges in delivering effective services.	Practices struggling with GP retirements, sickness etc. Practice nurse vacancies.	CCG spend within budget for 2016/17 and planned spend for 2017/18 in place.	Series of initiatives including supported sessions, project management, locum top up.	Wiltshire CCG	Series of projects ongoing across Wiltshire practices.	Resilient GP practices with staffing structures to support the proposed new models of care.	
10 High Impact Actions	Develop and Implement Initiatives to Work Towards Delivery of 10 High Impact Actions with Wiltshire GP Practices	Practices developing individual processes and working independently.	NHSE / CCG funded initiatives.	See table on pages 8/9 for scheme details.	Wiltshire CCG	Series of projects ongoing across Wiltshire practices.	Improved efficiency and productivity in GP practices. Aligned systems.	

GP IT Systems and Online Consultation Systems	Improvements in GP systems to support GP practices in delivering locally based, joined up care to support GPFV initiatives.	Practices using IT systems in isolation from other providers.	NHSE funded initiatives.	tbc – following scheme specification and funding confirmation by NHSE	Wiltshire CCG	tbc – following scheme specification and funding confirmation by NHSE	Online Consultation Systems / TPP Hubs / Remote Access in place.	
General Practice Development Programme	Work with the NHSE Sustainable Improvement Team to Maximise Uptake of Quality Improvement and Change Management initiatives	GP practices delivering change according to their current level of skill and ability.	NHSE funded initiative.	Productive General Practice Scheme	NHSE / CCG	Ongoing uptake as NHSE makes places available.	More effective and efficient processes in GP practices / across localities .	
			NHSE funded initiative.	General Practice Improvement Leaders Programme	NHSE/CCG	Ongoing uptake as NHSE makes places available.	More trained GP manages in GP practices and in organisations supporting general practice change.	
GPFV – Infrastructure								
Estates Strategy / ETTF Implementation	Primary Urgent Care Centres through ETTF Scheme – Devizes and Trowbridge	To develop premises from which effective and efficient urgent care can be	ETTF funding allocated by NHSE.	Details project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.	Schemes in place and ready to accept services as per specification.	

		delivered in the community.						
	Strategic Health Planning Exercise – Chippenham, Melksham and Trowbridge	Exercise to establish the need for healthcare provision in Wiltshire towns.	'One Public Estate Wiltshire Council / ETTF funding	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		
	Salisbury City Primary Care Development	Development of improved primary care facilities to support GP practice merger.	No funding stream identified at present – GP practices pursuing.	tbc	Wiltshire CCG	To be delivered in line with project plans.		
	Calne Premises Development Scheme	Extension to existing practice premises to provide additional clinical space	ETTF funding allocated by NHSE.	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		
Digital Roadmap	Digital Roadmap for Wiltshire	Developing IT systems that support GPFV.	NHSE funding.	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		
	Wiltshire Interoperability Plan	Systems to facilitate shared resources across providers.	NHSE funding.	Detailed project plan in place for delivery.	Wiltshire CCG	To be delivered in line with project plans.		

GP Practice Staff Workforce as at 30th September 2015 – Wiltshire CCG compared to CCGs with ‘similar’ profile in NHSE South Region.

BASELINE

FTE as at 30 Sep 2015 - experimental statistics			Region	All GP Practitioners	All Nurses	All Direct Patient Care
England				34,592	15,398	14,469
South				8,507	3958	4394
40	Bath, Swindon and Wiltshire		South	524	288	312
43	Gloucestershire		South	371	183	231
Q80	NHS England South (South West)			1,952	1013	1266
38	11X	NHS Somerset CCG		348	182	245
Q81	NHS England South (South East)			2,436	1144	1345
32	99J	NHS West Kent CCG		252	99	139
Q82	NHS England South (South Central)			2,437	1006	1080
43	11M	NHS Gloucestershire CCG		371	183	231
40	99N	NHS Wiltshire CCG		287	167	196
Q70	NHS England South (Wessex)			1,683	794	703
42	11A	NHS West Hampshire CCG		349	134	151

Baseline data from NHSE. (Original Source: NHS Digital <http://content.digital.nhs.uk/workforce>)

* CCGs ‘similar’ to NHS Wiltshire CCG in the South identified using Commissioning for Value Packs / Tool at: <https://www.learnenv.england.nhs.uk/similar> (accessed Mar17).

GP Practice Staff Workforce as at 30th September 2017 – variance between NHS Wiltshire CCG and four CCGs with ‘similar’ profile in NHSE South Region.

CCG	All GP Practitioners	Variance from NHS Wiltshire CCG	All Nurses	Variance from NHS Wiltshire CCG	All Direct Patient Care	Variance from NHS Wiltshire CCG
NHS Wiltshire CCG	287	---	167	---	196	---
NHS Somerset CCG	348	+61	182	+15	245	+49
NHS West Kent CCG	252	-35	99	-68	139	-57
NHS Gloucestershire CCG	371	+84	183	+16	231	+35
NHS West Hampshire CCG	349	+62	134	-33	151	-45

GP Forward View Implementation
Wiltshire CCG
High Level Risk Register

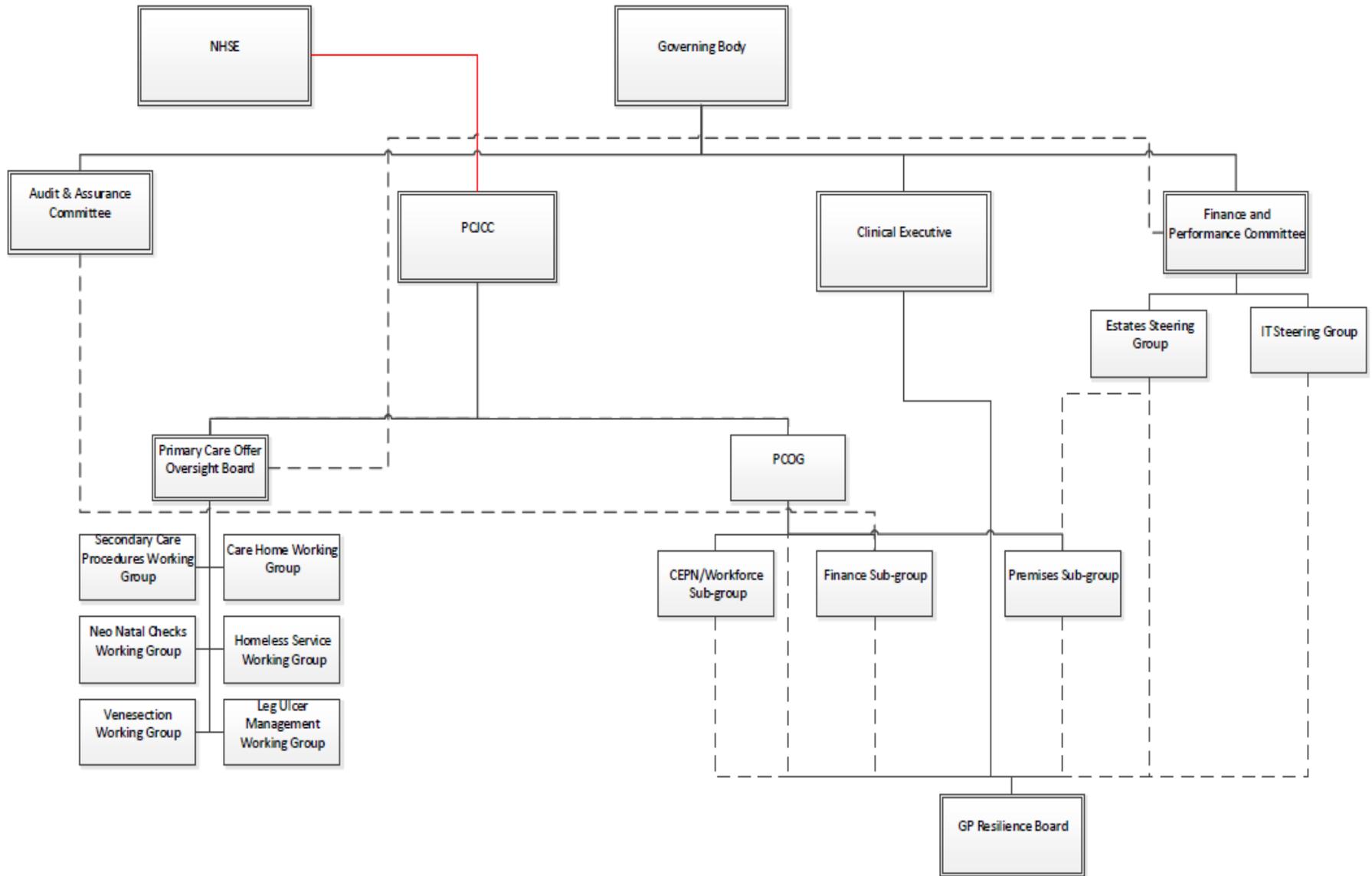
	Source of Risk	Date	Risk Details (including effect of risk)	Project Objective Threatened by this Risk	Existing Controls	Likelihood	Consequence	Score	Mitigating Actions
1	GP Forward View funding does not cover cost of delivering GPFV programme in Wiltshire.	10/03/17	Need for support to develop GP practices in line with GPFV objectives outweighs available funding.	Developing sustainable, resilient local primary care services in Wiltshire with clinical staff capable of delivering out of hospital care for patients through 'place based' delivery solutions.	Programme and financial management, planning and horizon scanning. Liaison with NHSE, maximising and targeting use of available funding.	3	3	9	Prioritise investment in GP practices according to urgency to ensure resilience maintained.
2	Larger number of GP practices becoming vulnerable more quickly than expected.	10/03/17	Loss of clinicians through retirement, sickness and resignation and inability to recruit replacement staff. Practices affected by increases in demand from rapidly growing local populations.	Developing sustainable, resilient local primary care services in Wiltshire with clinical staff capable of delivering out of hospital care for patients through 'place based' delivery solutions.	Delivery of the GP resilience and vulnerable practice programmes to support sustainable and resilient primary care services, out of hospital and community based, in Wiltshire.	3	4	12	Work with localities to develop local practices resilience plans.
3	Inadequate staff resource at NHSE and Wiltshire CCG to deliver full requirements of GPFV.	10/03/17	Movement of staff across provider and commissioning organisations, the STP, GP practices etc. affecting ability of organisations to deliver	Ability to access funds, develop implementation plans, work with GP practice representatives and the LMC to design and deliver change programmes.	Recruitment of NHSE GPFV posts across the CCG to support delivery of GPFV initiatives, planning for staff to support delegated	3	3	9	NHSE and CCGs to work together to maximise effective use of staff time and plan together.

			new initiatives e.g. GPFV, delegated commissioning of primary care, vulnerable practice and resilience support.		commissioning, effective project management systems in place.				
4	Lack of specific Primary Care focus in STP planning process.	10/03/17	Primary Care seen as a strand running through the STP planning process but not a focus in its own right.	Community based Primary Care services, locally based and developed around the identified needs of the local population.	Involvement of CCGs in STP planning process.	2	2	4	CCGs continue to work with STP Board to raise profile of primary care in STP plans.
5	5 year funding regime and implementation timeframe creates inequities across GP practices.	10/03/17	To become resilient, GP practices need to build local capacity and develop new skills across localities. Change process is needs to be resourced and delivered in a timely manner before more practices become vulnerable.	Developing sustainable, resilient local primary care services in Wiltshire with clinical staff capable of delivering out of hospital care for patients through 'place based' delivery solutions.	CCG Resilience Board overseeing take up and delivery of programmes. Primary Care team working with NHSE to ensure maximum take up of resources.	3	3	9	Ensure effective project planning and monitoring system in place. Target resources. Access all available sources of funding.
6	Potential for conflict between the Primary Care plans developed by the STP and the local development of Accountable Care Organisations in the three CCG areas.	10/03/17	Development of parallel and conflicting plans, splitting available resource and causing confusion for commissioners and providers.	Delivery of local 'place based' out of hospital services in Wiltshire.	Accountable Care Organisation planning at an early stage. Identification of risk of conflict recognised by both STP and CCGs.	3	3	9	Develop communications channels linking STP plan development with Primary Care Strategy implementation in Wiltshire, BaNES and Swindon.

**GP Forward View Implementation
Wiltshire CCG
Stakeholder Engagement Matrix**

	Stakeholder	Strategic / Project Specific	Impact	Influence	Stakeholder Category
1	Public	PS	1.5	2	Public
2	Patient Participation Groups at GP Surgeries	PS	1.5	2	Public
3	Patient Groups (condition specific)	PS	1.5	2	Public
4	Local Communities	PS	1.5	2	Public
5	Healthwatch	S	2	2	Public
6	General Practices / Practice Managers	S	2	2	Provider
7	Wiltshire CCG Groups – NEW, West Wilts and SARUM	S	2	2	Provider / Commissioner
8	Wiltshire CCG Clinical Executive and Governing Body	S	2	2	Commissioner
9	Wiltshire CCG Primary Care Team	S/PS	2	2	Commissioner
10	Wiltshire CCG Urgent Care Team	S	1	1	Commissioner
11	Wiltshire CCG Meds Management Team	PS	1	1	Commissioner
12	Wiltshire CCG Finance Team	S	2	2	Commissioner
13	Wiltshire CCG Comms Team	S/PS	2	1	Commissioner
14	NHSE South Central Area Team	S/PS	2	2	Commissioner
15	NHSE GPFV Support Teams	S/PS	2	2	Commissioner
16	BaNES and Swindon CCGs	S	2	2	Commissioner
17	STP	S	2	2	
18	Other Providers - acute hospitals	PS	1	1	Provider
19	Other Providers – community team	PS	1	1	Provider
20	Wiltshire / BaNES / Swindon Councils	PS	1	1	Commissioner
21	Public Health	S	0.5	1	Commissioner
22	Area Boards	PS	0.5	0.5	Statutory
23	Health and Wellbeing Board	S	0.5	0.5	Statutory
24	Health Scrutiny Panels	S	0.5	0.5	Statutory
25	Mental Health Commissioners	PS	0.5	0.5	Commissioner
26	CSCSU	PS	0.5	0.5	Support Services
27	NHS Property Services	PS	0.5	0.5	Support Services
28	Voluntary Sector	PS	0.5	0.5	3 rd Sector
29	Charities	PS	0	0.5	3 rd Sector
30	Schools	PS	0	0	3 rd Sector
31	Housing Groups	PS	0	0	3 rd Sector
32	Emergency Services	PS	0	0	Support Services

Primary Care Governance Structure Diagram



Equality Impact Analysis – the EIA form

Title of the paper or Scheme:

General Practice Forward View Stage 2 Plans

For the record

Name of person leading this EIA – Jo Cullen

08 May 2017

Names of people involved in consideration of impact

Name of director signing EIA

08 May 2017

What is the proposal? What outcomes/benefits are you hoping to achieve?

This paper updates the Governing Body on the GPFV Stage 2 plan

Who's it for?

The GPFV Stage 2 plan covers all general practices and their registered patients in Wiltshire

How will this proposal meet the equality duties?

All registered patients are covered

What are the barriers to meeting this potential?

None identified

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

All Wiltshire registered patients covering the full range of protected characteristics will be covered within this plan.

How can you involve your customers in developing the proposal?

Engagement will be undertaken with a wide range of stakeholders via the Primary Care Operational Group (PCOG), NHS England, Primary Care Commissioning Committee (PCCC) and other forums including Healthwatch, patient representatives, and the Local Authority.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

No gaps identified at this stage

3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is?

How can this be mitigated or justified?

None identified

What can be done to change this impact?

N/A

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

None identified

Does further consultation need to be done? How will assumptions made in this Analysis be tested? N/A

4 So what?Link to business planning process

What changes have you made in the course of this EIA?

None

What will you do now and what will be included in future planning?

Further detailed plans to be developed following Integrated Urgent Care procurement process

When will this be reviewed?

Ongoing review through PCOG and PCCC

How will success be measured?

Services commissioned in primary care under the PCO will:

- Maintain the current high quality primary care service across Wiltshire in the face of growing population and demand;
- Protect the core values of general practice of contact, co-ordination of care, comprehensive services and continuity of care;
- Deliver improved patient safety and clinical outcomes across Wiltshire;
- Deliver an improved experience for patients and their carers;
- Encompass clinical best practice and reduce variation;
- Be sustainable;
- Be innovative and promote skill-mix within primary care providers;
- Deliver a demonstrable return on investment (financial or otherwise);
- Be delivered “at scale” (i.e. at Practice, Locality or Group level as appropriate);
- Be monitored and funded on the basis of outcomes achieved rather than of activity.