GPFV Plan Review

CCG(s)	**Worcestershire**		
	Rating	**Comments**	**Recommendations/next steps**
Overall rating	**Amber/green**	The plan satisfies the requirements set out in the GPFV Planning Guidance with some reservations – i.e. that some of the key elements have not been fully considered or fully articulated, as detailed below.	As the planning guidance identifies, a detailed delivery plan will be required for the next iteration. This will need to be comprehensive and give much greater detail on each individual area, as the plan covers a multitude of sub-projects. Actions, timescales, resources required, and outcomes will need to be detailed enough to give confidence that all the ambitions set out in the narrative plan will be realised. The project plans will need to be accompanied by associated risk register with mitigating activities
1. Investment of transformational support	**Green**	A good general description of investment by the CCG in transformational support required with examples of initiatives underway or planned.	A detailed delivery plan will be required for the next iteration, as above
2. Investment of ring-fenced devolved funding: • On-line consultation • Training for care navigators and medical assistants • Extended access	**Green**	The plan describes how devolved funding will support the development of on-line consultation software/systems, training and extended access funding identified.	A detailed delivery plan will be required for the next iteration, as above
3. Other investment: • ETTF • GP Resilience programme • GPIT • Other	**Green**	Investment by the CCG in a range of areas described including, General Practice Resilience Programme, ETTF investment and IT infrastructure investment linked to the local digital road map	A detailed delivery plan will be required for the next iteration, as above
4. Care Redesign	**Amber/green**	The CCGs are at an early stage in the development of a new model of primary care, identifying their intent to commission a MCP based primary care model from 2019. "The first meeting of the MCP development board took place on 6 December 2016". The governance structure for the programme is	A detailed delivery plan will be required for the next iteration, as above, with particular emphasis on the timetable for developing and sign-off of the MCP based model.

		illustrated and the process of engagement identified. However, given the importance of developing and agreeing the model with stakeholders is key to the successful delivery of services at scale, a clearer timetable needs to be identified.	
5. Improving access	Amber/green	The CCGs identify that in two of the areas (Redditch and Bromsgrove and South Worcestershire) there is an ambition to achieve the 100% target by 2019, however no target is set for Wyre Forest. The national extended access trajectories spreadsheet which identifies that all 3 CCG area will achieve the target by 2019. Recurrent funding and core requirements identified	Clarify the access trajectory target for Wyre Forest.
6. Workforce	Amber/green	The CCGs are in the process of developing "a local action plan for workforce sustainability and development for 17/18". Key ambitions and initiatives have been identified (including the use of other professionals and roles) in collaboration with HEE set against some local workforce intelligence data. No specific activities against expenditure and a timeline have been identified as yet, however the plan does indicate that "devolved funding and workforce trajectories" will be submitted in February 2017" .	A detailed delivery plan will be required for the next iteration, as above, with particular emphasis on the activities and timetable underpinning the workforce development strategy.
7. Workload	Green	Clear description of approach to tackling workload pressures including the GP resilience programme, Time to Care programme" and championing the 10 High Impact Actions and promoting self-care.	A detailed delivery plan will be required for the next iteration, as above
8. Infrastructure	Green	Identifies strategy and investment intentions for estates and IT linked to the digital roadmap	Provide future updates on allocations as they are made

Notes on this template

Definition of ratings

Rating	Interpretation
Green	Satisfies the requirements set out in the GPFV Planning Guidance. Demonstration that all key elements have been carefully considered.
Amber/green	Satisfies the requirements set out in the GPFV Planning Guidance with some reservations. Some reservations that some the key elements have not been fully considered or fully articulated.
Amber/red	Partially satisfies the requirements set out in the GPFV Planning Guidance but with major reservations. Major reservations that a number the key elements have not been fully considered or fully articulated.
Red	Does not meet the requirement set out in the GPFV Planning Guidance. Few of the key headline themes have been considered or articulated.

Review areas

Each plan will be reviewed against the following 8 areas:

Investment - Headlines
- CCGs must plan to increase general practice funding by at least the % increase in core CCG allocations, to fund core contract changes
- £3 per head non-recurrent transformation support funded from CCG allocations starting in 2017/18 and can be split over 2017/18 and 2018/19 – to be used to stimulate development of at scale providers, implementation of 10 high impact actions and secure sustainability;
- £15m devolved to CCGs in 2017/18 and £20m in 2018/19 to fund online GP consultation software in line with national specification (specification to follow in New Year);
- £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;
- £8m funding in each 2017/18 and 2018/19 to support practice resilience (NHS England)
- £6 per weighted patient for GPAF site CCGs in both 2017/18 and 2018/19, and £3.34 per head for all remaining CCGs in 2018/19
- Estates and Technology Transformation Fund (NHS England)

1. TRANSFORMATIONAL SUPPORT
Plans should set out:

- Priorities for use of the £3 per head
- Be clear about investment in general practices or in supporting services e.g. federation development
- Expected outcomes across the 2 year period
- Phasing of spend across the 2 years

2. RING-FENCED DEVOLVED FUNDING
a) On-line consultation
National specification for online consultation software to follow in the New Year
- Plans should set out:
- Where a system is being 'piloted' locally details of costs and contractual arrangements
- Roll out and 'mainstreaming' plans with phased costings and population coverage
- Procurement strategy
- Linkages across STP footprint and cross borders- consistency check
- Patient and public engagement plans to maximise impact
- Transformational change at practice level to respond to on line consultations- capacity benefit

b) Training for care navigators and medical assistants
Criteria for use of this funding, and a directory of training providers are available here:
https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/reception-clerical/how-will-it-work/
- Plans should set out:
- How the CCG intends to deliver the programme
- Any collaborative delivery with other CCGs or across STP
- Fit with other development activity e.g. General Practice Development Programme
- How the delivery plan has been developed with practices
- Outcomes and impacts expected

3. OTHER INVESTMENT
Other investments will be made via funding either held nationally or devolved to NHS England local offices these include:
- General practice resilience programme
- Estates and technology transformation fund
- Increases in funding for GP trainees (HEE)
- Increases in funding for GPIT
- Increases in funding for public health services (section 7A)
- Fully funded practice based mental health therapists

The plan should set out how the CCG(s) is working with NHS England and Health Education England on delivery of these programmes and investments

4. CARE REDESIGN
Plans should set out:
- Clear articulated vision (Primary care strategy, Vanguard, new models of care etc.)
- Sustainable services today
- Transformed services tomorrow
- Fits with STP vision
- Includes self care, technology, wider workforce actions to address capacity and capability
- Implementation plan co-produced with primary care providers

5. IMPROVING ACCESS
- £6 per weighted patient for GPAF site CCGs in both 2017/18 and 2018/19, and £3.34 per head for all remaining CCGs in 2018/19
- Recurrent funding
- All CCGs to achieve 100% population coverage of extended GP access by end of March 2019.
- GPFV planning guidance sets out core requirements for extended access.
- CCGs must demonstrate that increased access meets patient demand, which may include additional capacity within core hours as well as in evenings and at weekends.

6. WORKFORCE
Plans should set out:
- Baseline assessment
- Workforce development plans and links to STP workforce development plan
- CCG/STP recruit and retain initiatives
- Plans to promote and develop use of other health care professionals in practice
- Impacts and opportunities from new models of care on delivery of general practice and development of workforce, including skill mix and new roles
- Joint approaches with HEE to deliver increased workforce

7. WORKLOAD
Plans should set out:
- Approach(es) to self-care and care planning
- Inclusion of community pharmacy (and other agencies) within care pathways
- Approach to and support for the general practice development programme (Time for Care), and practice manager development programme

- Joint work with NHS England to support practice resilience
- Plans to support implementation of practices' choice of the 10 High Impact Actions

8. INFRASTRUCTURE
Plans should:
- Align to local digital roadmap and local estates strategy
- Confirm investment plans for GPIT
- Provide assurance that revenue impacts of any ETTF projects delivering in 2017-19 are planned and affordable
- Set out expected impact of investments on interoperability, patient access and workload pressures