

**AGENDA  
PRIMARY CARE COMMISSIONING COMMITTEE**

**Date:** 12<sup>th</sup> April 2018

**Time:** 12.00pm to 13.25pm

**Venue:** Nightingale Room, 2<sup>nd</sup> Floor, St Peters House

Item No.	Time	Duration	Subject	Paper/Verbal for Approval, Discussion or information	By Whom
1.	12.00pm		Apologies for absence.	Verbal	All
2.	12.00pm		Declarations of Interest.	Verbal	All
3.	12.00pm	5 mins	Minutes from the last meeting of the Primary Care Commissioning Committee held on 8 <sup>th</sup> February 2018.	Paper – for approval.	All
4.	12.05pm	5 mins	Report from the Primary Care Operational Group meeting held on 8 <sup>th</sup> March 2018.	Verbal – for information	Kath Oddi
5.	12.10pm	15 mins	Bolton Quality Contract:- <ul style="list-style-type: none"> <li>• Update on the funding for the BQC 2018/19.</li> <li>• Proposal for the development of an acute visiting service.</li> </ul>	Verbal – for information Verbal – for information	Lynda Helsby Lynda Helsby
6.	12.25pm	10 mins	Special Allocation Scheme (previously the Violent Patient Scheme) – further detail on the local process.	Verbal	Kath Oddi
7.	12.35pm	10 mins	Primary Care Investment Agreement – March 2018 Update.	Paper	Lynda Helsby
8.	12.45pm	10 mins	Update on the Practice Relocation application.	Verbal – for discussion	Kath Oddi
9.	12.55pm	10 mins	Access Audit Update.	Paper – for discussion	Lynda Helsby
9.	13.05pm	5 mins	Estates Update.	Verbal – for discussion	Kath Oddi
10.	13.10pm	5 mins	Any Other Business.	Verbal	All
11.	13.15pm	5 mins	Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes.	Verbal	All
12.	13.20pm	5 mins	Time & Date of Next Meeting: 14 <sup>th</sup> June 2018 at 12pm in the Bevan Room, St Peters House.	Verbal	All
13.	13.25pm		Dates/times in 2017 – bi-monthly - 2 <sup>nd</sup> Thursday of the month from 12pm to 2pm in the Bevan Room, SPH: <ul style="list-style-type: none"> <li>• 16<sup>th</sup> August 2018 at 12.30pm (moved from 9<sup>th</sup> August).</li> <li>• 11<sup>th</sup> October 2018</li> <li>• 13<sup>th</sup> December 2018</li> </ul>		
14.	13.25pm		Exclusion of the Public:- <i>“That publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, and that the public be excluded”.</i>		

**MINUTES**

**Primary Care Commissioning Committee**

**Date:** 8<sup>th</sup> February 2018

**Time:** 12.00pm

**Venue:** The Nightingale Room, 2<sup>nd</sup> Floor, St Peters House

**Present:**

<b>Alan Stephenson (AS)</b>	<b>CCG Lay Member (Chair of Committee)</b>
<b>Stephen Liversedge (SLiv)</b>	<b>CCG Clinical Director, Primary Care &amp; Health Improvement</b>
<b>Su Long (SL)</b>	<b>CCG Chief Officer</b>
<b>Stacey Walsh(SW)</b>	<b>Local Practice Manager representative</b>
<b>Steven Whittaker (SWH)</b>	<b>Local GP representative</b>
<b>Kathryn Oddi (KO)</b>	<b>CCG Head of Primary Care Contracting</b>
<b>Lynda Helsby (LH)</b>	<b>Associate Director, Primary Care &amp; Health Improvement</b>
<b>Ian Boyle (IB)</b>	<b>CCG Chief Finance Officer</b>
<b>Jackie Murray (JM)</b>	<b>CCG Deputy Chief Finance Officer</b>
<b>Sara Roscoe (SR)</b>	<b>GM Health &amp; Social Care Partnership, Primary Care Team representative</b>
<b>Jack Firth (JF)</b>	<b>Health Watch Representative</b>

**Minutes by:**

<b>Joanne Taylor (JT)</b>	<b>Board Secretary</b>
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Minute No.	Topic
1/18	<b><u>Apologies for Absence</u></b> There were no apologies for absence.
2/18	<b><u>Declarations of Interest</u></b> <b>Stephen Liversedge, Steven Whittaker and Stacey Walsh declared an interest in all the items on the agenda due to potential financial conflicts of interest.</b>  <b>The Chair agreed that for each item, views would be taken on the potential conflicts of interest to confirm if these members could take part in any voting or decisions taken.</b>  It was noted that declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interest.
3/18	<b><u>Minutes from the last meeting held on 14<sup>th</sup> December 2017</u></b> <b>The minutes were approved as a correct record.</b>
4/18	<b><u>Report of the Primary Care Operational Group meeting held on 11<sup>th</sup> January 2018</u></b> The main highlights from the report were noted as:- <ul style="list-style-type: none"> <li>• Avoiding Unplanned Admission DES appeals review. To be presented to the Committee at the next meeting.</li> <li>• Individual Performer Affairs/Issues from CCG Reference Group.</li> <li>• BQC proposals 2018/19.</li> </ul>

	<ul style="list-style-type: none"> <li>• Estates update.</li> <li>• Primary Care Investment agreement.</li> <li>• Report on contractual changes from Greater Manchester Health &amp; Social Care Partnership (GMH&amp;SCP).</li> </ul> <p><b>The Committee noted the update.</b></p>
5/18	<p><b><u>Bolton Quality Contract (BQC):-</u></b></p> <p><b><u>Review any proposed changes to the KPIs</u></b></p> <p>A presentation was received, following discussions at the last meeting, on the proposed changes to the KPIs. A review of the KPIs has been undertaken to ensure utilisation of the whole 40% allocation. It was noted that there are no significant changes in the overall aims of the BQC of improving population health, better quality and patient experience and value for money.</p> <p>The review undertaken proposed the following changes:-</p> <ul style="list-style-type: none"> <li>• No change to the prescribing standard or KPIs.</li> <li>• Removal of the patient survey KPI due to issues previously reported on timely receipt of information but that the measure will continue to be monitored without an incentive payment attached.</li> <li>• Minor review of the frailty KPI with the proposal to link with the national contract that all patients have a rockwood score.</li> <li>• Inclusion of CKD as an additional KPI in the Best Care standard.</li> <li>• Minor changes to the Health Improvement standard with the introduction of more attention to weight, BMI and smoking status.</li> <li>• Removal of some events and reattribute the split across other KPIs.</li> </ul> <p>The next steps are, subject to agreement to change the KPIs, presentations to the GP membership, clinical leads and the LMC.</p> <p><b>The Committee agreed to the proposed changes to the KPIs.</b></p> <p><b><u>Update on the funding for the BQC for 2018/19</u></b></p> <p>The announcement on the national uplift to the global sum rate was still awaited. The CCG is currently working on the assumption this will be 1% and will adjust for quarterly payments when confirmation is received.</p> <p><b>A report will then be presented to the Committee on options available.</b></p> <p><b><u>Update on the review undertaken of the 2018/19 Contract for a more planned approach to supporting practices with demand/increases over winter</u></b></p> <p>A review has been undertaken due to winter pressures, particularly in light of the national announcement that elective work at hospitals be postponed to use capacity in urgent care. Strong concerns have been raised by clinicians on patient waits without appropriate care and oversight in A&amp;E. The guidance issued to hospitals advised the postponement of operations if the workforce could be utilised elsewhere to help with urgent care pressures. It was reported that Bolton FT did cancel elective inpatient cases, but not those that were urgent or for cancer and the FT did not cancel the majority of daycase or outpatient appointments.</p> <p>At the same time, it was felt appropriate to review the situation in primary care, recognising the pressures across GP practices to see if the CCG could support practices further to alleviate pressures. The CCG considered if reducing pressures on achievement of some</p>

	<p>of the BQC targets during the winter period would help practices, recognising practices were not focusing on proactive care at this time and therefore could give notice on non-achievement of some targets.</p> <p>The Chief Officer consulted on possible options with a number of practices and a wide range of responses were received. The common response was that the system has planned for winter pressures, offering additional appointments, noting the achievement of the BQC and planned ahead for this. Some comments received were that winter pressures are worse this year than in previous years and workforce issues were playing a major part. In conclusion, there appeared little support in reducing pressure on the BQC targets.</p> <p>The Chief Officer reviewed the responses with the CCG Executive and the PCCC Chair, who agreed to the postponement of the February and March CCG events to release more time in practice and agreed that the complexity in last minute adjustments to payments was not feasible.</p> <p>The proposal for reviewing support to primary care for future winter pressures was also discussed by the Committee. It was noted that practices have planned for winter, with most undertaking their review work over the year.</p> <p>Members agreed that cancelling events in this period is helpful for the primary care workforce and considered possible actions that may need to be taken in a pandemic flu situation. Having access to additional GP workforce would also help including access to an acute visiting service to deal with the overflow and help with workload at times of pressure. It was noted that the CCG is due to start discussions with practices and the neighbourhoods over the next couple of months on the options for an acute visiting service.</p> <p><b>Further proposals on the development of an acute visiting service to be presented to the Committee at a future meeting.</b></p> <p><b><u>Future Plans</u></b></p> <p>To ensure further stability in the system, the Committee Chair proposed that the continuation of the contract be agreed for a longer period of time than a year to enable practices to plan more effectively. This would be subject to the recognition that KPIs will continue to be reviewed yearly.</p> <p>Members discussed the value in agreeing the contract for a longer period of time and noted the CCG Board's intention was that the BQC be recurrent in nature if the contract paid for itself. However, the perception was that a review each year should be undertaken to ensure standards and KPIs remained relevant to primary care development. Members also noted that with any contract there is a notice clause if this is required.</p> <p>Members acknowledged that any national announcement on CCG funding allocation may change the financial position on a yearly basis.</p> <p><b>The Committee agreed to propose to the CCG Board a 3 year contract period from next year with yearly reviews of the standards and KPIs being undertaken.</b></p>
6/18	<p><b><u>Primary Care Investment Agreement – January 2018 Update</u></b></p> <p>The Committee received an update on the report previously received. The report detailed progress on each project in the primary care investment agreement and the Committee reviewed each project in detail.</p>

	<b>The Committee noted the update.</b>
7/18	<p><b><u>Special Allocation Scheme (previously Violent Patient Scheme)</u></b></p> <p>The Committee received an update on the new national policy and guidance issued to bring consistency across providers on the allocation to the scheme previously known as the violent patient scheme. This gave further protection to both providers and commissioners including the introduction of an appeals panel for use by commissioners.</p> <p>The CCG is currently liaising with the GMH&amp;SCP to review the new guidance and share progress to date from other CCGs to localise the process.</p> <p><b>Further detail on the local process to be shared with the Committee at the next meeting.</b></p>
8/18	<p><b><u>Branch Surgery Opening Hours</u></b></p> <p>A paper was tabled, following previous discussions held by the Committee and GP practices regarding applications to close branch surgeries or reduce opening hours to help with workforce and capacity issues.</p> <p>The primary care team has undertaken a full review of branch surgery access. Members were also informed of the current issues around lack of estate capacity and increasing primary care workforce, which could lead to those practices with branch surgeries needing to utilise both premises. The ambition to close branch surgeries could therefore decrease.</p> <p>A further piece of work was undertaken with the support from the public health team, the results of which were detailed in the paper tabled. This included a worked up example illustrating the principles to be used when considering any changes to branch surgeries. This included reviewing patient activity, natural boundaries and geo-demographic factors.</p> <p>Members reviewed the example within the report and agreed this methodology could be applied to other practices if the Committee has to consider any further applications in relation to branch surgeries.</p> <p>Members also reviewed the previous issues raised regarding practice's applying to reduce branch surgery opening times. The CCG has not currently served any breach notices regarding this. Members agreed that this methodology could be applied, alongside a review of other factors for consideration, including branch usage and deprivation factors, for any applications received to reduce opening hours.</p> <p><b>The Committee agreed to the methodology detailed in the report to use as part of any future review when considering applications for branch surgery changes.</b></p>
9/18	<p><b><u>Update on the Practice Relocation Application</u></b></p> <p>An update was received, further to previous discussions held by the Committee on the practice relocation application. The Committee has previously approved the application in principle, with the caveat that there is no increase in revenue and full patient consultation is undertaken.</p> <p>Members were informed that the practice is currently reviewing costs and in discussions regarding designs and therefore no further consultation has yet been undertaken until plans are developed further.</p> <p><b>A further update will be reported to the Committee at the next meeting.</b></p>

10/18	<p><b><u>Prescribing Report</u></b>  The report detailed the information shared with the CCG Executive and CCG Finance and QIPP Committee and served to provide assurance to the Committee on the detailed review undertaken with regard to prescribing costs.</p> <p>Members were informed of the different elements of prescribing that the CCG reports on, which included high cost drug payments, FP10s and PbR excluded drugs and the reporting position on each area. The report also detailed national and GM information and comparators and how the CCG keeps track of the position in relation to the data received.</p> <p>It was noted that Bolton is well below the GM and national averages. However improvements were seen last year which moved Bolton above current levels. Currently the position was levelling and the CCG continues to review the position locally and across GM, comparing with other CCG's positions.</p> <p>The CCG also reviews practice reports comparing costs per Astro PU to compare against clusters and comparator costs and also measures practice performance against the budget set at practice level. More work is also being developed on the significant pressures seen on the No Cheaper Stock Obtainable (NCSO) and the savings benefits with Pregabalin. This will be factored out of the reporting position to share with practices on how this would have been dealt with if savings had not been available and pricing increases in NCSO had not increased.</p> <p>The report also detailed trends regarding Category M drugs to track items and costs. This also included a review on spend on non-medical prescribing costs through Bolton FT. Review meetings on PbR excluded drugs and FP10s were also being held to realise further savings across the system.</p> <p>Also highlighted was the areas of pressure as a result of change in NICE guidance. The CCG continued to review spend compared to last year to check baseline budgets, and the outcome will be factored into the year-end position on the BQC achievement.</p> <p>Members noted the significant cost pressures currently being reported which is being shown in line with budget, without any adjustments and noted the continued good work coming from primary care and pharmacists to support the system. It was also reported that the planning guidance advised that CCGs should not plan for the NCSO pressure to continue and that the cost pressure should be removed for 2018/19.</p> <p><b>The Committee noted the update on Prescribing and noted that the CCG Executive review these reports on a regular basis.</b></p>
11/18	<p><b><u>Estates Update</u></b>  Members were informed that the practice bids previously submitted have now been approved to move to the outline business case stage.</p>
12/18	<p><b><u>Any Other Business</u></b>  There was no further business discussed.</p>
13/18	<p><b><u>Chair Reflection on significant decisions/actions/risks that may need reporting to the Board through these Minutes</u></b>  The main areas to be highlighted to the Board through these minutes were noted as:-</p> <ul style="list-style-type: none"> <li>• BQC KPI changes and proposals for agreeing a 3 year BQC contract.</li> <li>• Methodology to contribute to reviewing any applications for changes to branch surgery hours.</li> </ul>

14/18	<p><b><u>Time and Date of Next Meeting</u></b>          Agreed as 12<sup>th</sup> April 2018 at 12pm in the Bevan Room, St Peters House.</p>
15/18	<p><b><u>Proposed dates/times for meetings in 2018</u></b>          Agreed to hold bi-monthly on the 2<sup>nd</sup> Thursday of the month from 12pm to 2pm in the Bevan Room, SPH:</p> <ul style="list-style-type: none"> <li>• 14<sup>th</sup> June 2018</li> <li>• 9<sup>th</sup> August 2018 – to note the change in date/time to 16<sup>th</sup> August at 12.30pm</li> <li>• 11<sup>th</sup> October 2018</li> <li>• 13<sup>th</sup> December 2018</li> </ul>
16/18	<p><b><u>Exclusion of the Public</u></b>          “That publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, and that the public be excluded”.</p>

**CCG Primary Care Commissioning Committee**

**AGENDA ITEM NO: .....7.....**

**Date of Meeting: .....12<sup>th</sup> April 2018.....**

<b>TITLE OF REPORT:</b>	Primary Care Investment Agreement – March 2018 Update
<b>AUTHOR:</b>	Lesley Hardman, Head of Primary Care Development
<b>PRESENTED BY:</b>	Lynda Helsby, Associate Director Primary Care & Health Improvement
<b>PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)</b>  The Committee is asked to review the update as at March 2018 on the Primary Care Investment Agreement projects.	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b> Primary Care Commissioning Committee CCG Executive	
<b>RECOMMENDATION(s)</b>  The PCCC is asked review and note the update as at March 2018.	



GM Primary Care Reform - Year 1						GM Primary Care Reform - Year 2						GM Primary Care Reform - Year 3					
Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW					
Initial meetings - scoping, tasks, timescales - to be completed by Nov 2017						Q1. April - June 2018						Q1. April - June 2019					
Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments		
1					Meeting booked 2 Nov.	1					1						
2					Meeting booked 11 Nov.	2					2						
3					Meeting booked 31 Oct.	3					3						
4					Meeting booked 13 Nov.	4					4						
5					Meeting booked 30 Oct.	5					5						
6					Lhe progressing with WB/ SUL/Exec	6					6						
7					Meeting booked 2 Nov.	7					7						
8					Lhe to progress with Sul.	8					8						
9					MH & HPS progressing. MSK delays with OIS	9					9						
GM Primary Care Reform - Year 1						GM Primary Care Reform - Year 2						GM Primary Care Reform - Year 3					
Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW					
Q2. July - September 2017						Q2. July - September 2018						Q2. July - September 2019					
Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments		
1					Scoping period	2					2						
2						4					4						
3						3					3						
4						1					1						
5						5					5						
6						6					6						
7						7					7						
8						8					8						
9						9					9						
GM Primary Care Reform - Year 1						GM Primary Care Reform - Year 2						GM Primary Care Reform - Year 3					
Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW					
Q3. October 2017 - December 2017						Q3. October - December 2018						Q3. October - December 2019					
Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments		
1					On track - see Exec update for details	1					1						
2					Progressing but new Lead/Project Lead yet to be identified (GB & JG leaving)	2					2						
3					On track - see Exec update for details	3					3						
4					On track - see Exec update for details	4					4						
5					On track - see Exec update for details	5					5						
6					Lhe progressing with WB/ SUL/Exec	6					6						
7					On track - see Exec update for details	7					7						
8					Lhe progressing with IB/JM	8					8						
9					MH & HPS progressing well. MSK - delays with OIS	9					9						
GM Primary Care Reform - Year 1						GM Primary Care Reform - Year 2						GM Primary Care Reform - Year 3					
Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW						Bolton Investment Agreement - MILESTONES OVERVIEW					
Q4. January - March 2018						Q4. January - March 2019						Q4. January - March 2020					
Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments	Projects	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Meetings with WPs/Partnership	Comments		
1					On track - see Exec update for details	1					1						
2					On track - see Exec update for details	2					2						
3					On track - see Exec update for details	3					3						
4					On track - see Exec update for details	4					4						
5					On track - see Exec update for details	5					5						
6					Lhe progressing with WB/ SUL/Exec	6					6						
7					On track - see Exec update for details	7					7						
8					Lhe progressing with IB/JM	8					8						
9					On track - see Exec update for details	9					9						

### Funding Flow

Funding Flow	Receiving organisation	Flow
7 Day Access	CCG	Inter authority transfer
Training Care Navigators & medical Assistants	CCG	Inter authority transfer
Developing a GM Resilience Programme	GM HSCP	Budget transfer
Clinical Pharmacists	APMS Contract Holder	Invoice
Online Consultations	CCG	Inter authority transfer

### Bolton Investment Agreement

	Care navigators & Workflow optimisation	Online consultations	GM Excellence (Resilience)	Additional access £ to meet national req	Clinical Pharmacy Pilot**	Grand total	
2017/18	£ 78,723	£ 78,685		£ 1,023,966	£ 615,000	£ 1,796,373	
Q2	£ -					£ -	
Q3	£ 39,361	£ 26,168			£ 153,750	£ 219,279	
Q4	£ 39,361	£ 26,168		£ 255,992	£ 153,750	£ 475,271	
Total	£ 78,723	£ 52,336		£ 255,992	£ 307,500	£ 694,550	
2018/19	£ 52,343	£ 104,784	Coordinated at GM Level	£ 1,023,966	£ 420,000	£ 1,601,093	
2018/19	£ 52,343	£ 104,784		£ 1,023,966	£ 517,500	£ 1,698,593	
2019/20	£ 52,350	£ 52,336		£ 1,023,966	£ 230,000	£ 1,358,652	
2019/20	£ 52,350	£ 78,685		£ 1,023,966	£ 440,000	£ 1,595,000	
2020/21	£ 52,255					£ 52,255	
2020/21	£ 52,255	£ -				£ 52,255	
Total	£ 235,670	£ 235,805		£ -	£ 3,071,898	£ 1,265,000	£ 4,808,373
Total	£ 235,670	£ 235,805		£ -	£ 2,303,924	£ 1,265,000	£ 4,040,399

	GM values
	Bolton value - included in IA

\*\* Clinical Pharmacy pilot funding to be paid to Bolton GP Federation via APMS contract

## Bolton Investment Agreement - Update for Bolton CCG Executive - March 2018

1	<b>Training - Care Navigation</b>	Meeting to develop training organised for April. <b>On schedule.</b>
2	<b>Training - Workflow Optimisation</b>	Procurement issues now resolved locally. Contract awarded to preferred provider. Engagement with practices being organised. <b>On schedule.</b>
3	<b>Online Consultations</b>	No further updates. <b>On schedule.</b>
4	<b>GM Excellence</b>	This is a GM wide initiative to develop a programme of support which focusses on commonalities and themes relating to resilience, to ensure the funding of £2m over 3 years is used smartly. <b>GM Leadership course</b> - Following appointments to neighbourhood roles - Neighbourhood Clinical Leads are being strongly encouraged to attend this <b>The funding is being coordinated at GM level.</b>
5	<b>Improving Access</b>	The procurement is progressing well and is now in the Dialogue phase, which completes today (29th April 2018). Providers will be submitting their final proposal submission for the full service today, which will be evaluated by a team of subject matter experts by the 16th April, when the moderation panel will take place. Dependent upon the evaluation of the proposals, the procurement is on track for contract award on the 23rd April and service commencement on the 1st May. Please find attached the procurement timeline for your information.  As an interim arrangement The Bolton GP Federation have increased their weekend access service to also include pre-bookable planned evening appointments and this has been live since the 19th March 2018, this service provision will transition into the new PCLS from 1st May.
6	<b>Clinical Pharmacists</b>	No further updates <b>On schedule.</b>
7	<b>General Practice at Scale</b>	No further update <b>Timescales to be determined.</b>
8	<b>Enhanced Care Homes</b>	<b>Care Home LES -</b> 27/33 Care Homes have a link GP Primary Care continue to engage with practices to draw interest in signing up to LES to cover Care Homes without a link GP. Monitoring invoice claims and audit submissions <b>On schedule.</b>
9	<b>Sustainability 10 High Impact Changes</b>	Scoping continuing on the 10 high impact changes, and potential application in Bolton. No further update. Links to other work streams
10	<b>Workforce Planning</b>	The practice workforce audit has been sent to all practices this quarter. Results due back Friday 13 April <b>Update on wider workforce:</b> 1. Pharmacists - see above 2. HIPs recruitment underway 3. MH Practitioners - 10 recruited March 2018 4. MSK Practitioners - out to recruitment <b>2 - project on schedule</b> <b>3 - project back on schedule</b> <b>4 - project timescales still delayed - progressing</b>

**GPFV Implementation Plan**  
**CARE NAVIGATION - Training for clerical staff in GP surgeries**

Key milestone - March 2020				LEAD/s Lesley Hardman/Darren Knight/Sue Longden/Louise McDade/Ian Davies/Vicky Westwood	
Links with					
	Task	Lead	Expected completion date	Actual completion date	Comments
<b>Planning &amp; developing</b>					
1	Scope training project	Lesley Hardman/Darren Knight/Sue Longden/Louise McDade/Ian Davies/Vicky Westwood	Dec-17	Jan-18	Lynda Helsby met with DK and discussed this project as part of the wider CANs/Connectivity of assets. Darren offered CVS as the training provider. LHe agreed.
2	Identify Project Lead	Lesley Hardman	Dec-17	Jan-18	see above comment
3	Develop an action plan and training schedule	Lesley Hardman/Darren Knight/Sue Longden/Louise McDade/Ian Davies/Vicky Westwood	Jan-17		Meetings yet to be arranged - diaries have been impossible to coordinate during January. Meeting arranged for april.
4	Organise Task & Finish Groups	Lesley Hardman/Darren Knight/Sue Longden/Louise McDade/Ian Davies/Vicky Westwood	Feb-18		Delays as per above
6	Identify potential training providers, and commission a single provider	Lesley Hardman/Darren Knight/Sue Longden/Louise	Feb-18		No longer needed - Lhe discussed with DK
5	Develop training content	Darren Knight/Louise McDade	Apr-18		
<b>Delivery</b>					
1	Roll out a schedule of training	Darren Knight/Louise McDade	Mar-20		
<b>Comms &amp; Engagement</b>					
1	Engage with the LMC and GP Federation	Lynda Helsby/ Lesley Hardman	Oct-17		Ongoing updates to both organisations
2	Develop engagement plan and timetable	Lesley Hardman/Nicola Onley/Darren Knight	Apr-18		
<b>Training</b>					
1	As per delivery				
<b>Monitoring &amp; Evaluation</b>					
1	Develop evaluation mechanisms and framework	Lesley Hardman/Darren Knight/Sue Longden/Louise McDade/Ian Davies/Vicky Westwood	Jun-18		
3	Implement the evaluation according to the developed framework	Darren Knight/Louise McDade	Mar-20		
4	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing	ongoing	
5	Feedback the evaluation findings to the CCG, Bolton GP Federation & LMC	Lesley Hardman/Lynda Helsby	Apr-20		

GPFV Implementation Plan WORKFLOW OPTIMISATION - Training for Clerical staff					
Key milestone - March 2020				LEAD/s Lesley Hardman/Nathan Goldrick/Dunstan GP/Gill Warburton/Vera Bourn/Vicky Bourn/ Eve Byrom/Dunstan clerical rep	
Links with					
Task	Lead	Expected completion date	Actual completion date	Comments	
<b>Planning &amp; developing</b>					
1	Organise a Task & Finish Group - to include GP, PM, Clerical Asst, Receptionist	Lesley Hardman	Dec-17	Dec-17	complete
2	Meet the group and identify a lead	Lesley Hardman	Dec-17	Dec-17	Complete
3	Identify project support	Lesley Hardman	Dec-17	Dec-17	Complete
4	Develop an initial action plan with the group	Lesley Hardman	Dec-17	Dec-17	Complete
5	Identify potential training providers	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky Bourn	Dec-17	Dec-17	Complete
6	Meet with potential providers.	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky Bourn/Alana Hall/Eve Byrom/Dunstan clerical rep	Jan-18	Feb-18	complete
7	Commission a single provider for Bolton to ensure consistency across Bolton	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky Bourn	Feb-18	Mar-18	<b>Feb 2018</b> - Awaiting decision from CCG Finance lead about procurement process. Also, have emailed NHSE Leads for clarification about the need to follow NHS procurement processes or able to decide on any provider. <b>March 2018</b> - Jackie Murray - decision on a provider can be made locally without the need for formal tender AT Medic commissioned to provide EZ Doc
8	Task & finish group to visit other areas to identify lessons learned	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky Bourn/Alana Hall/Eve Byrom/Dunstan Clerical rep	Jan-18	Feb-18	Phone call made to other areas to discuss success/learning points fo existing schemes/providers. This was undertaken rather than visits due to demands of time on Practice Managers.
9	Engage all 49 practices - identify a GP champion in each practice	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky Bourn/Alana Hall	Mar-18		This task wil be delayed due to the need to clarify procurement - see above. Expected during April/May
10	Develop a bespoke programme of training across all 49 Practices/10 neighbourhoods	Provider/Nathan Goldrick/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky Bourn/Alana Hall/Eve Byrom/Dunstan Clerical rep	Jun-18		
<b>Delivery</b>					
1	Roll out the training according to the developed programme	Nathan Goldrick/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky	Mar-20		
2	Organise a programme of support visits to Practices	Project Manager/Anne Rigby/Alana Hall	Mar-20		
<b>Comms &amp; Engagement</b>					
1	Engage with the LMC and GP Federation	Lynda Helsby/ Lesley Hardman	Oct-17	ongoing	
2	Develop engagement plan for Practice Managers & GPs	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill	Jun-18		
<b>Training</b>					
1	Identify trained staff to become 'workflow buddies' for other practices	Provider/Nathan Goldrick/Lynda Heywood/Gill Warburton/Vera Bourn/Vicky Bourn/Alana Hall/Eve Byrom/Dunstan Clerical rep	Jun-18		
2	Provide 'workflow buddies' with any identified training needs	The Provider	Sep-18		
<b>Monitoring &amp; Evaluation</b>					
1	Develop evaluation mechanisms and framework	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill	Sep-18		
2	Develop an audit trail	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill	Sep-18		
3	Implement the evaluation according to the developed framework	Nathan Goldrick/Dunstan GP/Lynda Heywood/Gill	Dec-19		
4	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing		
5	Feedback the evaluation findings to the CCG, Bolton GP Federation & LMC	Lesley Hardman/Nathan Goldrick	Jun-20		

**GPFV Implementation Plan  
ONLINE CONSULTATIONS**

Key milestone - March 2019				LEAD/s Avtar Ubbi/Kath Oddi/Naz Hussain/Aimee Hilton	
Links with - Improving Access					
	Task	Lead	Expected completion date	Actual completion date	Comments
<b>Planning &amp; developing</b>					
1	Appoint a Project Lead	Lesley Hardman/Lynda Helsby	Nov-17	Dec-17	Grace Birch has left the CCG and in the interim Avtar Ubbi has been appointed as the new Lead for this
2	Source early adopter deployments, possible visits, and scope lessons learned	Grace Birch/ Avtar Ubbi/ Kath Oddi / Aimee Hilton	Dec-17		This task is no longer required as NHSE are to host a workshop in February to enable CCGs to meet potential providers from a national list of 'Preferred Providers'.
3	Organise a series of workshops to identify a locally preferred solution <ul style="list-style-type: none"> <li>▪ GPs / Practice Nurses</li> <li>▪ Practice Managers</li> <li>▪ Secondary Care Clinicians</li> <li>▪ Social Care</li> </ul>	Avtar Ubbi/ Naz Hussain/ Kath Oddi / Aimee Hilton	Feb-18		PM attended roadshow on 28/02/2018, met with suppliers and received further info on DPS framework. Need to discuss information and next steps with Project group.
4	Develop a procurement strategy	Avtar Ubbi/ Naz Hussain/ Kath Oddi / Aimee Hilton	Jun-18		
5	Award the contract	Avtar Ubbi//Naz Hussain/ CCG Contracts Team	Sep-18		
6	Implement online consultations	Avtar Ubbi/ Naz Hussain/ Kath Oddi / Aimee Hilton	Oct 2018 - Mar 2019		
<b>IT</b>					
1	Cooperate with the development of a national App	Grace Birch / Martin Heuter / ??	ongoing		
<b>Comms</b>					
1	Promote the use of online consultations to patients	Nic Onley / Comms Team / Grace Birch	ongoing		
2					
<b>Training</b>					
1	Engagement and training for local clinicians: <ul style="list-style-type: none"> <li>▪ GPs</li> <li>▪ Practice Nurses</li> <li>▪ MSK Practitioners</li> <li>▪ Pharmacists</li> <li>▪ MH Practitioners</li> </ul>	Grace Birch/Kath Oddi	Jan 2018 - Oct 2018		
<b>Monitoring &amp; Evaluation</b>					
1	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing		
2	Regular updates to Informatics Startegy Delivery Group	Kath Oddi/Grace Birch	ongoing		
3	Regular updates to GM Excellence Group	Kath Oddi / Fed??	ongoing		

GPFV Implementation Plan				GM EXCELLENCE (Resilience)	
Key milestone - April 2018			LEAD/s Kath Oddi /Kam Khan / Saveena Ghaie		
Links with -					
Task	Lead	Timescales	RAG rating	Comments	
<b>Planning &amp; developing</b>					
1	Identify local provider and commissioner leads to support GMHSCP in the development and shaping of a GM 'offer' that will support General Practice and act as a programme for improvement.	Kath Oddi / KamKhan/Saveena Ghaie	End of September 2017		CCG project group including representation from LMC and GP Federation met with GMHSCP colleagues in Sep 17 to identify principles and priorities for the utilisation of the funding locally. At the first meeting, we discussed initial thoughts which centred on the need to develop tools to allow practices to build resilience and continually improve at both practice level and at scale. We talked about striking a balance between the ability to provide reactive support in a crisis situation as well as offering early input on a more proactive basis. We highlighted the need to link with the GP Reference Group which is already a well-established forum for providing timely support to struggling practices and we discussed the need to 'grow' local leaders to ensure a continual flow of peer support.
2	Support the production of the GM GP Excellence Programme	Kath Oddi / KamKhan/Saveena Ghaie	End of November 2017		The output from the meeting in September was documented and forwarded to GMHSCP in order that themes and commonalities across GM may be pulled together. This now forms the basis of the GM Training Needs Matrix and will also includes any locality-specific priorities.
3	Establish formal links between CCG Reference Group and the GM Group	Kath Oddi	Jan-18		Reviewed TOR. LMC rep on the reference group. Referrals to RCGOP support are verified by this group
<b>IT</b>					
1	not applicable to this scheme				
<b>Roll Out / Comms</b>					
1	Promote the GM GP Excellence Programme Locally	K Oddi	ongoing		<p>Since the programme was developed:</p> <ol style="list-style-type: none"> <li>Two Bolton practices have been referred, via the GP Reference Group, onto the RCGP Peer Support Programme. This is following CQC visits which rated one as 'Requires Improvement' and the other as 'Inadequate'. The programme is fully funded by GM HSCP under the GM Excellence Programme.</li> <li>Two candidates from Bolton practices have been accepted onto the Practice Manager Development Programme which is offered by National Association of Primary Care as part of the GM Excellence Programme. The total cost of the course is £3360 per candidate. GM HSCP will fund: <ul style="list-style-type: none"> <li>the 1/3rd NHS England contribution</li> <li>the CCG 1/3 contribution in full</li> <li>provide a 50% contribution towards the practice contribution by means of a training grant therefore the practice contribution is £560.</li> </ul> </li> <li>Two training courses have been offered to practices across GM. Attendance is fully funded by GM HSCP under the GM Excellence Programme. <ul style="list-style-type: none"> <li>Course one LMT (Leadership) is delivered to GPs, Practice Nurses, and Practice Managers and covers personal leadership and resilience, teamwork and delegation as well as workplace skills such as time management, political skills, culture, conflict and difficult conversations.</li> <li>Course two (Working at Scale) focuses on why a practice might want to work at scale and helps delegates to think through what they might be trying to achieve – which option might suit them best and starting to think about how practices might go about doing this. Thirty one individuals from across Bolton practices have expressed an interest in attending Course One and 37 for Course Two. The courses will be held in early April. <ul style="list-style-type: none"> <li>Leadership Course</li> </ul> </li> </ul> <p>- all Clinical Neighbourhood Leads are being strongly encouraged to attend</p> </li></ol>
<b>Training</b>					
1	not applicable to this scheme				
<b>Monitoring &amp; Evaluation</b>					
1	Attend GM Excellence Group	Kath Oddi / KamKhan/Saveena Ghaie	ongoing		Attendance at groups not needed any more as the programme has been set.
	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing		
4	Regular updates to Locality S&P Groups	Kath Oddi/Primary Care Leads/Fed	ongoing		

**GPFV Implementation Plan  
IMPROVING ACCESS**

Key milestone - April 2018				LEAD/s Helen Wright / Gill Baker	
Links with - online consultations					
	Task	Lead	Expected completion date	Actual completion date	Comments
<b>Planning &amp; developing</b>					
1	Organise a <i>Market Engagement</i> Event	Gill Baker	Sep-17		
2	Develop and finalise a Service Specification	Gill Baker	Oct-17		The feedback from the Market Engagement event has informed the final draft of the Service Spec.
3	Procurement - publish adverts, open the supply portal	Gill Baker	Nov-17		The portal is now open
4	Procurement - submission of QQ response, response evaluation, clarification from bidders, notify bidders of evaluation outcome, assessment of bids, determine recommended bidder	Gill Baker	Jan-18		QQ Complete, notification has been given to the provider to take through to the next stage of the bespoke process to developing the model. Dialogue process has begun with the provider and the next key milestone is to have the draft proposal by the 16th March, this will then be reviewed to inform next stage.
6	Procurement - submissions due, award stage evaluation	Gill Baker	Mar-18		Progressing
7	Procurement - final proposal from bidder of the model, evaluation of th proposal, clarification and assurance of the model and the contract award.	Gill Baker	Apr-18		
8	Procurement - commence the new service	Gill Baker	May-18		
<b>IT</b>					
3	Establish links with the online consultations scheme	Helen Wright	Dec-17		Online consultations scheme delayed
<b>Comms</b>					
1	Develop a communications plan	Nic Onley/Gill Baker/Helen Wright	Dec-17		Delayed due to procurment delay
2	Establish links on CCG and GP surgery websites	Nic Onley	Dec-17		Delayed due to procurment delay
	Awareness raising sessions for Practice staff: • Practice Managers/Assistant Practice Managers • Receptionists	Helen Wright	Jan -Mar 2018		Delayed due to procurment delay
<b>Training</b>					
<b>Monitoring &amp; Evaluation</b>					
1	Complete GM information requirements	Lesley Hardman	Apr-18		
2	Regular feedback to CCG Executive	Lynda Helsby/Lesley Hardman	Apr-18		
3	Produce an Equality & Impact Assessment	Gill Baker/Helen Wright	Dec-17		Delayed due to procurement delay
4	Regular feedback to the Health & Wellbeing Board	Helen Wright/Jane Bradford	Jun-18		



**GPFV Implementation Plan  
CLINICAL PHARMACISTS**

Key milestone - March 2020				LEAD/s Ben Woodhouse/Joel Hannan/Fiona Meadowcroft/Shawn Hockey	
Links with - Improving Access, online consultations					
	Task	Lead	Timescales	RAG rating	Comments
<b>Planning &amp; Developing</b>					
1	Develop the current clinical pharmacist role in primary care	Ben Woodhouse / Jole Hannan/Fiona Meadowcroft/Shawn Hockey	Mar-20		
2	Develop plans for recruitment and retention	Ben Woodhouse / Jole Hannan/Fiona Meadowcroft/Shawn Hockey	Mar-20		Ongoing recruitment - as people leave posts
2	Ensure effective and efficient resource for delivery at a neighbourhood level	Ben Woodhouse / Jole Hannan/Fiona Meadowcroft/Shawn Hockey	Mar-20		Under CCG leadership as from March 2018 - mentorship currently being formalised at a neighbourhood level
<b>IT</b>					
1	Remote access required for one locality	Ben Woodhouse / Jole Hannan	Mar-20		
2	Training & updates on Practice systems	Ben Woodhouse / Jole Hannan	Dec-18		This will be ongoing as the clinical pharmacists move around the locality
<b>Comms</b>					
1	Regular communications to local GPs and wider partners	Ben Woodhouse / Jole Hannan/Fiona Meadowcroft/Shawn Hockey/Nic Onley	ongoing		
<b>Training</b>					
1	Organise for the clinical pharmacists to attend relevant GM networks	Ben Woodhouse / Natalie Fleming			
2	Attend 28 days of CPPE training	Natalie Fleming	ongoing		
3	Internal and Federation induction processes	Ben Woodhouse / Jole Hannan/Fiona Meadowcroft/Shawn Hockey/Natalie Fleming			
4	Shadowing existing MOT	Ben Woodhouse / Natalie Fleming	ongoing		
<b>Monitoring &amp; Evaluation</b>					
1	Attend meetings and provide regular updates to relevant GM groups	Ben Woodhouse / Jole Hannan/Fiona Meadowcroft/Shawn Hockey	ongoing		
2	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing		
3	Regular feedback to the Primary Care Strategy & Planning Group	Ben Woodhouse / Jole Hannan/Fiona Meadowcroft/Shawn Hockey	ongoing		
4	Regular feedback to the Health & Wellbeing Executive	Wirin Bhatiani / Su Long	ongoing		
5	Regular feedback to the Sustainability & Transformation Board	Lynda Helsby/Stephen Liversedge	ongoing		

**GPFV Implementation Plan  
GENERAL PRACTICE AT SCALE**

<b>Key milestone - April 2018</b>				<b>LEAD/s</b> Su Long/ Exec Team / George Ogden	
<b>Links with -</b>					
	<b>Task</b>	<b>Lead</b>	<b>Expected completion date</b>	<b>Actual completion date</b>	<b>Comments</b>
<b>Planning &amp; Developing</b>					
1	Develop a proposal for a Bolton LCO model, working with key partners	Su Long / Wirin Bhatiani/ George Ogden	Mar-18		Awaiting updates
2					
3					
<b>IT</b>					
1					
2					
3					
<b>Comms</b>					
1					
2					
<b>Training</b>					
1					
2					
<b>Monitoring &amp; Evaluation</b>					
1					
2					
3					
4					

<b>GPFV Implementation Plan ENHANCED CARE HOMES</b>					
<b>Key milestone - November 2017</b>				<b>LEAD/s Helen Wright / Paul Beech</b>	
<b>Links with -</b>					
	<b>Task</b>	<b>Lead</b>	<b>Timescales</b>	<b>RAG rating</b>	<b>Comments</b>
<b>Planning &amp; developing</b>					
1	Development of the Enhanced Care Homes Specification	Paul Beech / Helen Wright/ Lynda Helsby	Sep-17		Complete
2	Send Spec to practices for expression of interest and sign up	Paul Beech / Helen Wright/ Lynda Helsby	Oct-17		closing date 2 October 2017
3	Review all expressions and identify gaps in care home coverage	Paul Beech / Helen Wright/ Lynda Helsby	Oct-17		Complete
4	Organise implementation	Paul Beech / Helen Wright/ Lynda Helsby	Nov-17		Complete
5	Continue to ensure all Bolton Care Homes have a link Bolton practice	Paul Beech / Helen Wright/ Lynda Helsby	Ongoing		March 2018 - 6 Care Homes still have no dedicated link Practice
<b>IT</b>					
1	Roll out of Immedicare in care homes	Paul Beech / Helen Wright/ Lynda helsby	Oct-17		Complete
2	Practices to sign up to data sharing agreements	Helen Wright / Assad Hayat	Nov-17		Complete
<b>Comms</b>					
1	Clinical Leads updates	Helen Wright	Sep-17		Complete
2	Updates to Care Homes	Paul Beech	ongoing		ongoing
<b>Training</b>					
1	Immedicare to train practices on the use ipads	Paul Beech	Nov-17		
<b>Monitoring &amp; Evaluation</b>					
1	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing		
2	Regular updates to the Primary Care Strategy & Planning Group	Lynda Helsby	ongoing		
3	Regular updates to the Urgent Care Strategy & Planning group	Lynda Helsby	ongoing		
4	Regular updates to the Care Homes Startegy & Planning group	Helen Wright	ongoing		

<b>GPFV Implementation Plan SUSTAINABILITY</b>					
<b>Key milestone - April 2018</b>				<b>LEAD/s</b> Lynda Helsby/Lesley Hardman	
<b>Links with -</b>					
	<b>Task</b>	<b>Lead</b>	<b>Expected completion date</b>	<b>Actual completion date</b>	<b>Comments</b>
<b>Planning &amp; Developing</b>					
1	Develop a plan to demonstrate primary care investment as a priority	Lynda Helsby	Apr-18		Lynda Helsby & Su Long to discuss
2	Scope the 10 High Impact Changes - take part in NHSE webinars/events	Lesley Hardman	Nov 2018 - March 2018		
3	Initiatives - scope potential opportunities for Bolton	Lesley Hardman/Lynda Helsby	Nov-18		
4	Workforce - links to the Locality Plan/Workforce element/ GM Workforce remit	Lesley Hardman/Lynda Helsby	Nov-18		
<b>IT</b>					
1					
2					
3					
<b>Comms</b>					
1					
2					
<b>Training</b>					
1					
2					
<b>Monitoring &amp; Evaluation</b>					
1	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing		
2	Regular updates the the Primary Care Commissioning Committee	Lynda Helsby / Stephen Liversedge	ongoing		
3	Regular updates the Primary Care Strategy & Planning group	Lynda Helsby	ongoing		

GPFV Implementation Plan WORKFORCE					
Key milestone - April 2018				LEAD/s Kath Oddi / LMC?/FED?	
Links with -					
Task	Lead	Expected completion date	Actual completion date	Comments	
<b>Planning &amp; Developing</b>					
1	Workforce audit to be undertaken	Kath Oddi	Mar-18		Audit planned for Q4
2	Analysis of the results of the workforce audit	Kath Oddi	Apr-18		audits due back Friday 13 April
3	Work with GM HSCP to identify opportunities for recruitment and retention in Bolton	Kath Oddi	Mar-20		ongoing
<b>IT</b>					
1	not applicable to this workstream				
<b>Comms</b>					
1	Present findings of the Audit to GPs/PMs - Exec/Clinical Leads/PM Forum	Kath Oddi/Stephen Liversedge	Apr-18		
<b>Training</b>					
1	not applicable to this workstream				
<b>Monitoring &amp; Evaluation</b>					
1	Regular updates to Bolton CCG Exec	Lesley Hardman/Lynda Helsby	ongoing		
2	Regular updates the the Primary Care Commissioning Committee	Lynda Helsby	ongoing		
3	Regular updates the Primary Care Strategy & Planning group	Lynda Helsby	ongoing		

**CCG Primary Care Commissioning Committee**

**AGENDA ITEM NO: .....9.....**

**Date of Meeting: .....12<sup>th</sup> April 2018.....**

<b>TITLE OF REPORT:</b>	Access Audit Report April 2018
<b>AUTHOR:</b>	Helen Wright
<b>PRESENTED BY:</b>	Lynda Helsby
<b>PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)</b>	
Primary Care Commissioning Committee are asked to note the report and	
<b>FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:</b>	
Practices who do not achieve the target to provide 75 contacts per 1000 population will have a 3% claw back of the final year end payment	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	
Demand Management Steering Group	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	
GP representatives on the committee will need to declare an interest	
<b>RECOMMENDATION(s)</b>	
<p>The Primary Care Commissioning Committee is asked to consider:</p> <ul style="list-style-type: none"> <li>Should the penalty be applied to the 10 practices that have not achieved the target to provide 75 contacts per 1000 population?</li> </ul>	

## **Access Audit Report April 2018**

### **1. Introduction**

Standard 1 of the Bolton Quality Contract for 2017/18, Improving Access in General Practice requires practices to ensure that patients receive a good standard of access to their GP Practice.

Practices are expected to deliver:

- Provide 10 bookable sessions (am/pm). Out of hours cover should not be utilised on Wednesday afternoons. Federated arrangements are acceptable to provide cover between practices
- Offer access to both male and female clinicians
- Be open between 8:00am – 6:30pm. Monday to Friday
- **Provide** a minimum of 75 contacts per 1,000 population, per week. Contacts may be provided by a GP or Nurse Practitioner, and may be face to face or by telephone
- Offer pre-bookable appointments one month in advance
- Have a process for unplanned or urgent appointments
- Offer telephone consultations
- Ensure children under 12 are assessed by a clinician the same day
- Accept deflections from A&E, NWAS, Community Services
- Improve on patient survey measures

To measure improvements made by individual GP Practices the Primary Care Development Team carry out an Access Audit twice a year.

In addition, there is a 3% penalty stipulated in the contract if a practice does not meet the target to provide 75 contacts per 1000 population.

### **2. Audit principles**

Practices are asked to pick 2 well-staffed weeks out of a month given to them, this is usually a month where there are no bank holidays or in the height of holiday season.

Only 3 people carried out the audit for consistency and followed the principles set below:

#### **Potential contacts (provided)**

Total number of potential contacts for GP and ANP and other 1<sup>st</sup> contact AHPs (Pharmacists, MSK Practitioners, Mental Health Practitioners)

Include:

- Seen
- DNA

- Empty (actual appointment slots)
- Telephone
- Home visits

**Delivered contacts**

Total number of delivered contacts for GP and ANP and other 1<sup>st</sup> contact AHPs  
 Include:

- Seen
- DNA
- Telephone
- Home visits

**Additional contacts**

Count all delivered Practice Nurse Appointments

- Seen
- DNA
- Home Visits

**3. Access audit November 2017**

The access audit has highlighted:

- On average practices have provided 25,722 contacts per week; this is 83.36 per 1000 population.
- 3.6% of appointments are DNA'd
- 7.8% of appointment slots are empty
- Of the 49 practices, 11 Practices have not achieved the target of 75 contacts per 1000 population.

**PCCC actions:**

The Primary Care Commissioning Committee is asked to consider:

- Should the penalty be applied to the 11 practices that have not achieved the target to provide 75 contacts per 1000 population?
- The next step is to write to practices informing them of the decision and the right to appeal.

**NB:** One practice refused the access audit in practice due to concerns around patient confidentiality. The practice provided a list of contacts. However the list did not include DNA's.



ACCESS AUDIT NOVEMBER 2017

WEEK 1&2 AVG		GP AND ANP ROUTINE/URGENT/ON THE DAY TOTALS														Other FCP	PRACTICE NURSE			
PC	Practice	Full List size (Dec17)	Total potential contacts	No of potential contacts (provided) per 1,000 list size	PEER: No of potential contacts per 1,000 list size	Total contacts (see/DNA/TPhone/HV)	Total delivered contacts (see/DNA/TPhone/HV) per 1,000 list size	PEER Total contacts (see/DNA/TPhone/HV) per 1,000 list size	DNA	DNA % of Total Potential Contacts	DNA per 1,000 list size	PEER DNA per 1,000 list size	Empty	% empty per practice	Empty per practice 1,000 list size	PEER no empty per practice 1,000 list size	Other FCP SEEN	Seen by practice nurse	Seen by practice nurse per 1,000 list size	PEER seen by practice nurse per 1,000 list size
P82625	Sidda	2,146	138	64.31	73.09	136	63.37	71.28	4	2.5%	1.63	4.49	2	1.4%	0.93	1.81	0	5	2.33	23.78
Y03366	The Olive Family Practice	3,788	323	85.14		312	82.23		18	5.6%	4.75		11	3.4%	2.90		0	76	19.93	
Y00186	3D Medical	1,549	114	73.60		112	71.98		15	12.7%	9.36		3	2.2%	1.61		0	46	29.37	
P82640	Al-Fal Medical	4,308	275	63.72		262	60.70		33	11.8%	7.54		13	4.7%	3.02		0	150	34.70	
P82030	Deane Medical	3,572	295	82.59		286	80.07		14	4.6%	3.78		9	3.1%	2.52		0	78	21.84	
P82609	Prasad & Hanif	6,774	474	69.97		472	69.60		18	3.7%	2.58		3	0.5%	0.37		0	173	25.54	
Y02319	Bolton General Practice	5,496	320	58.22	82.01	320	58.13	77.39	11	3.4%	2.00	4.56	1	0.2%	0.09	4.62	0	90	16.28	29.07
P82626	Uddin & Partners	4,256	410	96.22		400	93.98		22	5.4%	5.17		10	2.3%	2.23		10	125	29.37	
Y02790	Bolton Medical Centre	5,987	452	75.41		438	73.07		42	9.2%	6.93		14	3.1%	2.34		0	192	31.99	
P82029	Jeyam & Jesudas	3,396	334	98.35		305	89.66		21	6.1%	6.04		30	8.8%	8.69		0	106	31.07	
P82013	Loomba & Partner	4,049	249	61.50		245	60.39		18	7.0%	4.32		5	1.8%	1.11		0	70	17.29	
P82022	Hendy & Rizwan	4,261	384	90.00		338	79.32		25	6.5%	5.87		46	11.9%	10.68		0	171	40.13	
P82633	Great Lever One	2,158	188	86.89		169	78.31		1	0.5%	0.46		19	9.9%	8.57		0	51	23.40	
P82616	Beehive Surgery	3,068	252	81.98		239	77.90		6	2.4%	1.96		13	5.0%	4.07		0	0	0.00	
P82629	Dakshina-Murthi	2,086	160	76.70		152	72.87		3	1.9%	1.44		8	5.0%	3.84		0	49	23.25	
P82634	Karim & James-Authe	4,056	330	81.36		308	75.94		17	5.0%	4.07		22	6.7%	5.42		0	178	43.89	
P82004	Swan Lane Medical	8,200	779	95.00		727	88.60		51	6.5%	6.16		53	6.7%	6.40		118	337	41.10	
P82002	Counsell & Partners	7,748	684	88.22		81.15	640		82.60	75.51	22		3.1%	2.77	3.86		44	6.4%	5.61	
P82033	Zarrook & Partner	2,007	190	94.42	152		75.73	4	2.1%		1.99	38	19.8%	18.68		0	59	29.15		
P82660	Deane Clinic	3,622	270	74.54	270		74.54	20	7.2%		5.38	0	0.0%	0.00		0	126	34.65		
P82624	Orient House Medical	3,256	261	80.01	248		76.17	12	4.4%		3.53	13	4.8%	3.84		28	39	11.98		
P82020	Hallikeri & Partner	4,100	282	68.78	269		65.49	24	8.3%		5.73	14	4.8%	3.29		0	226	55.00		
P82025	Burnside Surgery	4,931	409	82.94	332		67.33	12	2.9%		2.43	77	18.8%	15.62		0	277	56.07		
Y03079	Bolton Community Practice	12,177	971	79.70	951		78.06	59	6.0%		4.80	20	2.1%	1.64		4	256	21.02		
P82613	Spring View Medical	4,948	408	82.36	370		74.78	15	3.6%		2.93	38	9.2%	7.58		0	64	12.93		
P82008	Stonehill Medical	13,828	1,129	81.65	82.72	1,041	75.25	76.18	27	2.3%	1.92	3.14	89	7.8%	6.40	6.54	31	219	15.84	25.02
P82012	Lyon & Partners	6,078	472	77.66		456	75.02		38	8.1%	6.25		16	3.4%	2.63		0	119	19.50	
P82018	Alastair Ross Medical	7,018	597	85.07		546	77.80		19	3.1%	2.64		51	8.5%	7.27		0	273	38.90	
P82037	Fig Tree Medical	4,896	303	61.89		275	56.07		12	3.8%	2.35		29	9.4%	5.82		0	119	24.20	
P82652	Barua	3,295	236	71.62		210	63.58		19	8.1%	5.77		27	11.2%	8.04		0	122	37.03	
P82010	Dalefield Surgery	6,651	604	90.81		589	88.56		16	2.6%	2.41		15	2.5%	2.26		0	105	15.71	
P82001	The Dunstan Partnership	10,418	924	88.64		824	79.09		25	2.7%	2.40		100	10.8%	9.55		1	348	33.36	
P82011	Lowe & Partners	6,114	558	91.27		502	82.02		29	5.1%	4.66		57	10.1%	9.24		0	156	25.43	
P82009	Garnet Fold	6,176	630	101.93	87.79	606	98.12	79.63	14	2.1%	2.19	2.95	24	3.7%	3.81	8.15	0	159	25.74	29.83
P82607	Crompton View Surgery	5,228	439	83.97		389	74.31		17	3.8%	3.16		51	11.5%	9.66		0	194	37.11	
P82627	Cornerstone Surgery	4,017	332	82.65		305	75.80		8	2.3%	1.87		28	8.3%	6.85		0	193	48.05	
P82007	Kearsley Medical	13,371	1,141	85.33		890	66.52		32	2.8%	2.36		252	22.0%	18.81		0	384	28.72	
P82021	Kirby & Partners	6,722	614	91.27		598	88.89		29	4.6%	4.24		16	2.6%	2.38		0	254	37.79	
P82036	Jain & Subramanian	2,943	214	72.55		203	68.98		10	4.7%	3.40		11	4.9%	3.57		0	44	14.78	
P82014	Spring House Surgery	7,090	579	81.66		526	74.19		17	2.9%	2.40		53	9.2%	7.48		0	257	36.25	
P82016	Harwood Group Practice	12,639	1,161	91.82		1,119	88.50		47	4.0%	3.72		42	3.6%	3.32		127	251	19.86	
P82031	Heaton Medical	10,437	990	94.85	85.41	839	80.39	77.43	21	2.1%	1.96	1.31	151	15.3%	14.47	7.97	13	225	21.51	19.93
P82006	Pike View Medical	7,900	609	77.09		567	71.71		25	4.1%	3.16		43	7.0%	5.38		15	153	19.30	
P82003	Kildonan House	15,217	1,211	79.55		1,058	69.49		0	0.0%	0.00		153	12.6%	10.05		103	0	0.00	
P82005	Stable Fold Surgery	7,364	691	93.83		676	91.80		11	1.5%	1.43		15	2.2%	2.04		0	108	14.67	
P82015	Unsworth Group Practice	20,209	1,756	86.87		1,595	78.93		14	0.8%	0.69		161	9.1%	7.94		62	388	19.20	
P82023	Mandalay Medical	9,722	796	81.82		729	74.98		19	2.3%	1.90		67	8.4%	6.84		0	350	35.95	
P82034	Edgworth Medical	2,845	249	87.35		215	75.57		3	1.0%	0.88		34	13.5%	11.78		37	78	27.24	
P82643	Liversedge & Partners	6,459	546	84.46		529	81.82		14	2.6%	2.17		17	3.1%	2.63		19	298	46.06	
		<b>308,576</b>	<b>25,722</b>	<b>83.36</b>		<b>23,729</b>	<b>76.90</b>		<b>939</b>	<b>3.6%</b>	<b>3.04</b>		<b>1,994</b>	<b>7.8%</b>	<b>6.46</b>		<b>666</b>	<b>7,969</b>	<b>25.83</b>	