

Agenda

Health Overview and Scrutiny Committee

Wednesday, 5 April 2017, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee
Wednesday, 5 April 2017, 10.00 am, Council Chamber

Membership

Worcestershire County Council Mr A T Amos, Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller, Mrs F M Oborski, Mrs M A Rayner and Mr G J Vickery

District Councils

Mr T Baker, Malvern Hills District Council
Ms T Biggs, Worcester City Council
Dr B T Cooper, Bromsgrove District Council
Mrs A T Hingley, Wyre Forest District Council
Mrs F S Smith, Wychavon District Council
Mrs N Wood-Ford, Redditch Borough Council

Agenda

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1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 4 April 2017). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Access to Primary Care	1 - 60
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All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors_and_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Thursday, 23 March 2017

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

5 APRIL 2017

ACCESS TO PRIMARY CARE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be briefed on access to Primary Care following ongoing concerns from residents about being unable to secure a GP appointment in a timely manner.
2. Members will be aware of the changing landscape of primary care nationally and the NHS England General Practice Forward View, published in April 2016. All CCGs were required to publish a Local General Practice Forward View Delivery Plan by 24 February 2017.
3. More locally, the emerging Herefordshire and Worcestershire Sustainability and Transformation Plan will result in further changes to the local health economy.
4. Representatives from the 3 Worcestershire Clinical Commissioning Groups (CCGs) have been invited to attend, alongside a Governing Body GP.

Background

5. Within Worcestershire, there are 65 GP Surgeries and with the exception of two practices all have been rated by the Care Quality Commission (CQC) as good or outstanding. Patient satisfaction data is generally good and results compare well against national statistics despite a gradual and consistent reduction elsewhere in the country.
6. This data is captured via the annual National Patient Survey. In addition, Healthwatch Worcestershire undertook some research which resulted in the 'Going to the Doctors' report being published in September 2016.
7. Most of the contact that people have with the NHS is with general practice and this the first step for most patients in diagnosing and treating health conditions. General practice, therefore plays a vital role in healthcare. Good access to general practice matters for patients and for the health system as this can reduce pressure on other parts of the NHS.
8. Improving access to general practice is a priority for the government who have committed to recruiting 5,000 extra doctors and to ensuring that people have access to general practice out of hours 7 days a week by 2020. Whilst the increase in GP numbers is the government aspiration, most commentators consider that this target will not be met given the number of doctors who are seeking retirement and the numbers actually being recruited into the discipline. This is a significant risk nationally and locally.

9. Worcestershire like other parts of the UK is not immune from the pressures on general practice. These are:

- a) Both locally and nationally there is increasing demand for access to general practice. The Department of Health and NHS England have not routinely collected data on activity levels in general practice since 2008. A survey undertaken of GP workload in 2016 identified a 16% increase in the number of consultations between 2009 and 2014 at the same time as a continuous reduction in the GP workforce and funding. It is worth noting that in terms of the numbers of patients seen, many moderate sized surgeries will have the same number of patient contacts per day as both local emergency departments combined.
- b) The increase in population and especially in those groups most likely to seek help from their GP which are those patients aged less than 4 years and those aged over 75 years. This is a particular risk locally given the demographic profile of Worcestershire.
- c) Increasing complexity of patients with many patients being wholly treated in the community, whereas they would have been seen in hospital in the past.
- d) Significant shortages in both practice nurse and GPs both nationally and locally. This is having an impact upon the NHS' ability to deliver services

10. Solutions that the CCG have encouraged include:

- a) Working with Health Education England (which has the responsibility to train young doctors) and the Royal College of GPs to encourage young doctors to consider Worcestershire as a place to train as a GP and then to stay.
- b) South Worcestershire has been a Prime Minister's GP Access Pilot site since 2015 which has allowed the trialling of different modes of access to general practice and other health professionals during extended opening hours. All South Worcestershire residents will have access to extended hours during 2017\18.
- c) Six practices in Redditch will be offering increased same day access via a Redditch Access Hub during 2017\18. This is described in Section 3 of the Worcestershire General Practice Forward View Local Delivery Plan.
- d) Increased access will begin to be available in Redditch & Bromsgrove and Wyre Forest in 2018 with 100% population coverage by the end of March 2019. Proposed service models are set out in Section 3 of the Worcestershire General Practice Forward View Local Delivery Plan.

12. GP practices' working arrangements affect the proportion of patients who can get appointments. The availability of appointments varies significantly between different practices and much of this variation cannot be explained by demographic factors, practice characteristics or supply of general practice staff alone. The National Audit Office in their Stocktake of Access to general practice in England, 2015, concluded that the way practices work is an important factor. Practices have different processes for allocating and booking appointments and as independent contractors are not required to do so.

13. All practices will be expected in the near future to install a tool within their clinical systems which will count the number and type of appointments available which will

be collated by NHS England. This tool (Apollo) is currently being piloted in South Worcestershire.

14. In addition, CCGs are expecting to be required by NHS England to monitor waiting times for appointments. Further information on this is awaited.

Purpose of the meeting

15. Members are invited to consider and comment on the information provided and determine:

- Whether any further information or scrutiny is required at this stage.

Supporting Information

- Appendix 1 – Healthwatch Worcestershire Survey Report ‘Going to the Doctors’ - available on the Healthwatch Worcestershire website at: <http://www.healthwatchworcestershire.co.uk/going-to-the-doctors/>
- Appendix 2 – Worcestershire General Practice Forward View Local Delivery Plan

Contact Points

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Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- General Practice Forward View April 2016
<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

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*Redditch and Bromsgrove
Clinical Commissioning Group*



*South Worcestershire
Clinical Commissioning Group*



*Wyre Forest
Clinical Commissioning Group*

General Practice Forward View

Local Delivery Plan

Worcestershire

February 2017



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1.0 Introduction to the Plan

The **General Practice Forward View (GPFV)**, published in April 2016, sets out significant investment and commitments to strengthen general practice in the short term and support sustainable transformation of Primary Care for the future.

It includes specific, practical and funded actions across 5 areas :

- Investment
- Workforce
- Workload
- Infrastructure
- Care redesign

On investment, it sets out ambition to invest a further £2.4 billion a year by 2020/21 into supporting general practice services. This represents a 14% real terms increase – almost double the 8% real terms increase for the rest of the NHS. It increases the proportion of investment in general practice services by 2020/21 to over 10%.

The NHS Five Year Forward View states clearly that *'the foundation of NHS care will remain list based primary care'*. However, the challenges facing General Practice mean we need to explore and offer opportunities to rethink how the model for General Practice needs to be developed locally in order to be sustainable in the future.

The General Practice Forward View recognises that a strengthened version of general practice is essential to sustainability of the NHS over coming years.

It is becoming increasingly normal for general practice to work at scale and through a new multispecialty community provider contract we will create a new local clinical model and business model for integrated provision of primary and community services. This will be based on GP registered lists and will support integration with a wider range of services including relevant specialists.

Worcestershire CCGs endorse the vision for general practice described in the General Practice Forward View being the core role of general practice to provide first contact care to patients with undifferentiated problems, provide continuity of care when needed and act as leaders in larger multidisciplinary teams with greater links to hospital, community and social care specialists.

In this updated plan we will describe how we continue to prepare general practice across Worcestershire for the changes ahead to ensure readiness for delivery of extended access and new models of care. It is supported by this updated narrative against progress since the December submission and plans now in place for 17/18 onwards for implementation. A local delivery plan and submission of planning trajectories as per national guidance will also be submitted.

We remain consistent in our approach that Primary Care will have a strengthened role in delivering sustainability and transformation in Worcestershire and as part of the wider local Sustainability and Transformational Plans (STP) footprint. Engagement with our member practices is on-going and will be at the heart of implementation.

1.1 Key Priorities

The CCGs' vision firmly places general practice at the heart of healthcare. We have fully delegated responsibilities for commissioning Primary Care across Worcestershire and with this is the opportunity to look beyond the minimum requirements identified by NHSE and to maximise the local freedom to invest and innovate.

This plan describes our response to the Stage 2 Planning Guidance and our commitments to delivering the following from 17/18:

- General Practice at scale and new models of care
- Preparing practices for delivery of extended access
- Workforce development
- Workload and General Practice development
- Infrastructure
- Investment
- Leadership, governance and programme arrangements.

On-going clinical and practice engagement has been established through our local networks and meetings including : GP Advisory Groups, Practice manager meetings and through one – one sessions with Federation / Alliances Chairs. This will continue through 17/18 as implementation commences.

1.2 Implementation Principles

An important starting point in Worcestershire was determining a set of overarching principles to support our approach to deployment and implementation of the GPFV.

The principles set out below are seen as enablers to support discussions locally, recognise and build on existing good practice and promote a collective understanding of intent within a framework that allows practices to determine how best to adopt changes.

These principles, below, have been formally shared with practices and partnerships at our first county wide GPFV development session hosted jointly by Worcestershire LMC and the county CCGs in November 2016.

- **Recognise county diversity – that practices are at different starting points but all aiming for the same end point to achieve:**

*Sustainable general practice – a strengthened version
Practice readiness for extended hours / additional funding from 18/19
State of readiness to move towards the evolving new model of care and MCP contract*

- **Principal purpose of the Transformation Fund is to pump-prime new ways of working/care models & innovation and *not* emergency support**
- **Investment to be targeted where it will have most impact**
- **Build on, align and share what has been successful to date, maximise the opportunities of working at scale when benefit is realised.**

1.3 Engagement with General Practice

In Worcestershire, engagement and involvement with our general practices is and will be, central to secure effective delivery of our local plans. Work has already commenced to raise awareness and open dialogue with our general practices and the **LMC and CCGs jointly hosted a development day for all Worcestershire GP practices in November 2016.**

- This event focused on “Releasing Capacity and Fulfilling the Potential of Primary Care” and was facilitated by NHSE Head of General Practice Development. It included a range of invited speakers to share best practice and learning from elsewhere to stimulate local dialogue. For example: new super partnership models, vanguard site experiences and innovative social prescribing models that have supported general practice to release capacity and transform care in other areas.
- The CCGs used this opportunity **to share a range of options for deployment and use of transformational support funds (£3 per head) which has subsequently supported further local discussions with GP Clinical Leads across each CCG area. This has included engagement with Federation and Alliance Board chairs to seek local insight and options for deployment.**
- The evaluation indicated strong interest using the 10 High Impact Changes locally to support future design of care. In addition, there is a collective interest in expanding social prescribing through partnership working. A collaborative approach is looking very possible between practices to be considered for investment in 17/18.

Local IQSP programme of practice visits continue to take place across the three CCGs. These are used to further engage and stimulate dialogue with practices about the opportunities in implementation of the 10 High Impact Actions, MCP developments locally and transition to neighbourhood working from 17/18.

In March 17, a STP wide General Practice Workforce event is being hosted in collation with NHSE/ HEE/ RCGP to share best practice and develop alternative new workforce models in support of the earlier identified workforce challenges across Worcestershire. This will also identify any opportunities to develop collective approaches across the STP footprint with Herefordshire practices also.

Our on-going programme of engagement with general practice and stakeholders/partners will be overseen by our **GPFV Local Implementation Group, terms of reference attached at Appendix 1.** This group is accountable to the county wide Primary Care Commissioning Committee (PCCC) and will have interfacing relationships with the STP and local Alliance working groups as locally determined.

A GP portal on the CCGs intranet is being developed where updates and examples of implementation in individual practices are shared. Regular briefings are provided on a monthly basis including attendance at existing practice manager groups, GP advisory groups and the LMC.

The Primary Care Commissioning Committee which is accountable for implementation is held in public. Lay members from each CCG are represented at the Committee and full engagement is planned with HOSC and CCG PPG groups during early 17\18.

1.4 General Practice in Worcestershire

Local context and readiness for General Practice at scale

Worcestershire has a population of 575,000 spread across an area of approximately 672 square miles, with a relatively high proportion of those residents aged sixty five and above. Major urban areas include the towns of Worcester, Bromsgrove, Kidderminster, Redditch, Evesham and Malvern. It is in these areas that the majority of the population live.

General Practice is the cornerstone of NHS care across Worcestershire with 65 GP practices providing General Medical Services across the county.

Worcestershire has a strong foundation of high quality primary care working across three CCG geographical areas. **We recognise the sustainability challenge (which is not unique to us) together with our local opportunities, but importantly are embracing this in readiness for change** with our partners across the local health and social care footprint.

Practices are already working collaboratively across some parts of Worcestershire. We have three formal Federations established :

- Stay Well Health Care – 32 member practices in South Worcestershire
- North Worcestershire Healthcare – 17 member practices in Redditch & Bromsgrove
- Wyre Forest Federation – 11 member practices inclusive of a 6 practice super partnership

There is also Bromsgrove Primary Care Network which currently has 5 member practices.

In February 2017, conversations have started with practices, led by SW Healthcare Ltd to consider new organisational structures on a wider geographical landscape to increase sustainability and provide economies of scale for general practice. During 17\18 a new, strengthened model for general practice at scale will emerge across Worcestershire.

The CCGs will support and enable general practice at scale through commissioning services on larger footprints of 30- 50,000 registered populations from 2017/18 onwards.

1.5 Promoting Clinical Excellence - Local Context

The CCGs have developed a Promoting Clinical Excellence (PCE) contract for the reinvestment of PMS Premium and some other resources with GP practices. The value of the PMS premium is different for each CCG and consequently investment reflects this, although with a consistent clinical focus.

- The contract was piloted in SWCCG in 15/16 and seeks to improve patient outcomes for identified clinical priorities whilst preparing GP practices for new ways of working. From 16/17 PCE was subsequently rolled out across Redditch and Bromsgrove and Wyre Forest practices.
- The priorities drew on established evidence bases plus patient, GP and wider clinical consultation, the overarching aim being to improve health outcomes and ensure sustainable general practice. The key strands are:
 - **Workforce Development**
 - **Excellent long term conditions care with a particular focus on stroke prevention**
 - **Proactive care of the frail**
 - **Right Access – Improving access to other professionals, greater use of technology, care navigation and sign-posting**
 - **Making Quality Referrals – releasing clinical time to consider patient management options**

Practice progress against agreed targets is extracted centrally and performance is captured in a simple monthly dashboard.

Below shows the priorities agreed with the public and practices for Primary Care:

- Embed a philosophy of continuous improvement through “Improving Quality and Supporting Practices” programme.
- Commission Local Incentive Schemes (formally enhanced services) from practices supporting more care outside of hospital.
- Development of enhanced education and learning programmes in partnership with Federations and others that support local CCG workforce plans.
- Further develop the Estates Plan with clear criteria for the prioritisation of bids from practices for improvements and/or new builds. Extend use of technology to support integration of care, improved information sharing, better self-care and reduced workload in general practice. This is in support of the local digital road map.
- Continue to support practices to work together to deliver services at scale and improve primary/community care team integration to shape future new models of care.
- Adopt as a model of best practice and learn from the Extended Access pilot in South Worcestershire. Further promote federative models to increase access and release capacity in practices.

In 17/18, the PCE contract will be offered to practices working in groups of 6 or more or covering a 30-50 k population footprint. The investment will be aimed at supporting release of capacity via practices working across larger economies of scale ; and to enable skills and expertise to be used more effectively to deliver the outcomes set out in the Financial Review Programme for Primary Care.

1.6 Improving Quality and Supporting Practices (IQSP)

Sustainability in general practices has been an on-going process in South Worcestershire for the past 3 years through the introduction of a local quality improvement initiative. T

This is an ethos of continuous improvement, understanding and reducing unwarranted variation and also supporting practices to deliver a quality service for their patients. It has enabled practice teams to work together to explore and agree improvement priorities annually with at least two joint CCG/practice meetings each year. Meetings are clinically led and supported by individual and comparative peer practice clinical data relating to improvement areas shared with practices.

Evidence has been seen with significant improvement in QOF attainment across all practices and a reduction in outpatient referral activity across many specialties in secondary care.

This approach has now been extended to the whole of the county through the roll out of our IQSP initiative in 16/17 and plans are now in place to develop this model into a collaborative quality improvement approach at neighbourhood levels from 17/18. This will build on our strong foundation at practice level but will also support and inform future demand management initiatives and where specialist care can be provided outside traditional hospital settings.

During 2017/18 at county level, IQSP will be a key enabler of continuous improvement across Primary Care to achieve:

- Reduction in variation in referral behaviour not only at individual practice level but across groups of practices working as part of a neighbourhood or similar geographical group. This will also enable practices to:
 - Review skill gaps, identify areas of inconsistency and where skills are not fully utilised
 - Identify opportunities in the group for areas where specialist care can be provided out of hospital and closer to home particularly around specialist planned care egg dermatology, ENT and diabetes.
 - Understand their collective education needs across the group and how best to deploy in the future.
- Engaging and incentivising groups of practices to work together, share clinical data and through an established environment provide clinical challenge across peers to find local solutions that can be collectively endorsed.
- Opportunity for on-going CCG and practice dialogue to share best practice, top tips and examples where small changes could have known impact. This builds on developing a culture of spread and adoption already established at practice level and using/developing the local IQ resource.
- Early identification of where resilience support for practices is needed. This will also include prevention through established relationships the team will have across the group and identifying early trigger factors and acting responsively.
- Specific support will be given to areas where there is known higher variation – *IQSP Plus* for example in Redditch and Bromsgrove CCG, the Primary Care element of this plan will include:
 1. Making Quality Referral Scheme – practices working in small groups to review retrospective and prospective referrals
 2. Visits to the top 5 practices with the highest number of OP attendances
 3. External clinical peer review in a practice setting (practice based facilitation)
 4. Pilot in R&B of *Aristotle*; a business intelligence application. Aristotle has been designed to allow users rapid access to an online suite of business intelligence tools and reports, providing clinicians and commissioners with a deeper understanding of service use and demand to support targeted work to assess quality and quantity of referrals to secondary care.

1.7 Sustainability Transformation Plans (STP)

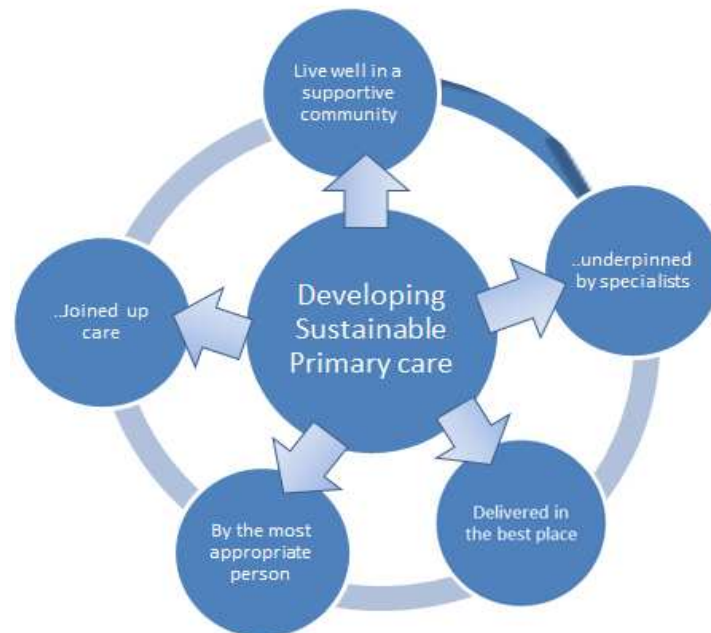
Sustainability of Primary Care is one of the key work streams set out in the Herefordshire and Worcestershire STP as part of the developing effective out of hospital care. Our local delivery plan for general practice is an integral part of the STP.

The vision is to enable “local people to live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people”.

Our overall aim for Primary care set out in the STP is to:

Develop capacity and capability in Primary Care to deliver resilience and sustainability and seamless working with community and acute services

Primary care is to be central to delivering this wider system vision across the two counties.



There is clear synergy and alignment with the STP priorities for sustainable primary care and our local plans:

- Local primary care working “at scale”, developed through a “bottom-up” approach with practices working in partnership with community pharmacy, third sector as well as community and mental health services.
- Implementation of the “10 High Impact Actions for General Practice” within and across practices.
- Build upon the success of local “*Prime Minister’s Access Fund*” pilot to provide 7 day primary care services, including 7 day access to Urgent Care.
- Redesign the primary care workforce to support comprehensive skills and capacity across primary care facilitated through new local alliance frameworks that will strengthen integrated working between practice teams, community and social care teams
- Increase capacity in Primary Care to support proactive models of care and early clinical assessment within a robust process. This will direct patients to the most appropriate clinician to achieve “right patient, right place, right time” and ensure continuity of care of those with complex needs (as opposed to those requiring same day episodic access).

2.0 Care Redesign and new Models of Care

Developing an MCP in Worcestershire is the wider commissioning intent from 2019. This will support us developing a new clinical and business model for integrated care across primary and community services and importantly, sustaining general practice – a strengthened version.

To this effect a set of locally agreed principles for the design of the MCP has guided local dialogue across a range of partners.

It is recognised that general practice will need transformational support to drive change and to empower, not restrict, local teams to work differently.

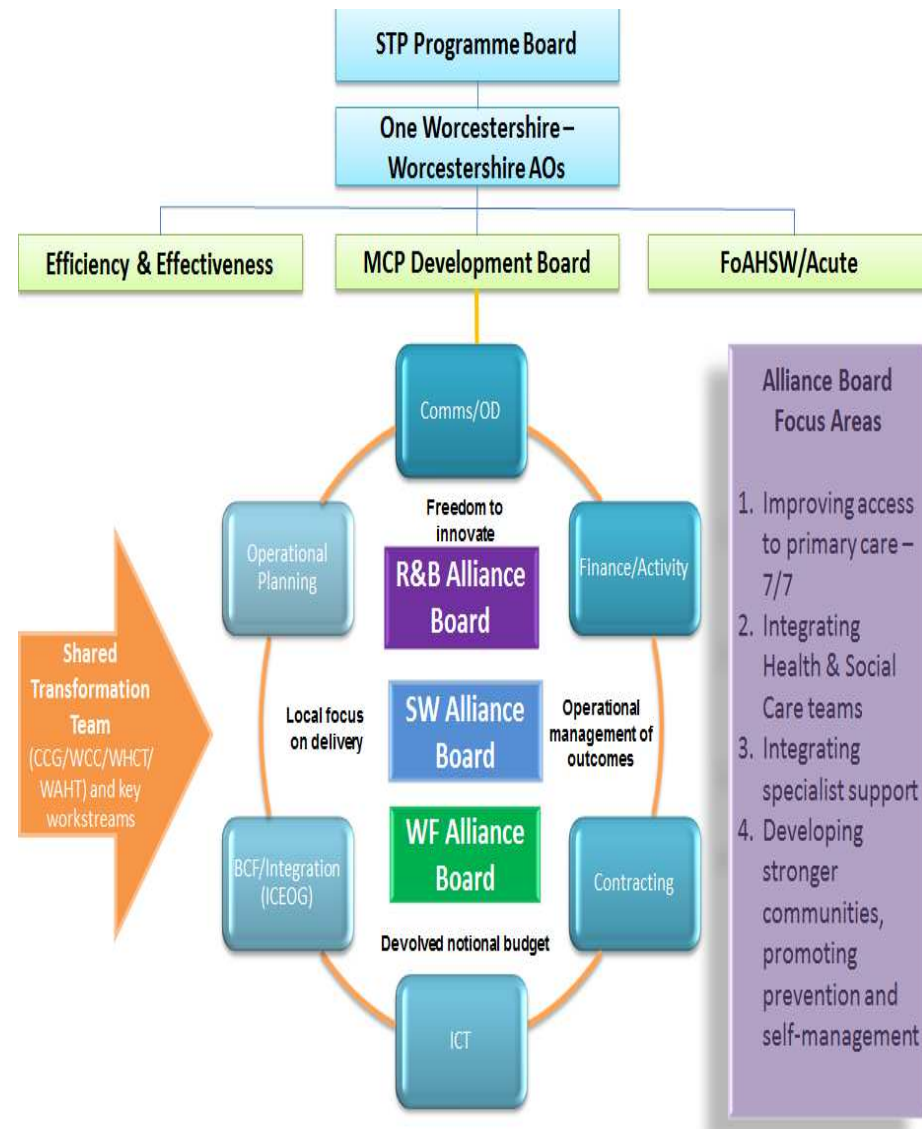
Three Alliance boards are established across Worcestershire. Membership comprises of local partners: general practice, community, acute and social care.

All Alliance boards are committed to securing the following by 1 April 2017.

- Strong clinical leadership across each area with a nominated GP Chair in place for each Alliance Board
- Identify and promote organisational development, training and support to build capability going forward to deliver transformation priorities
- A neighbourhood approach to local delivery allowing for local determination within a wider framework structure, supported & delivered by providers working together in natural neighbourhoods (30-50k populations)
- Aligned finance expertise & shadow population based budgets
- Senior representation from key partners

Our local governance framework and alignment with the STP is illustrated opposite.

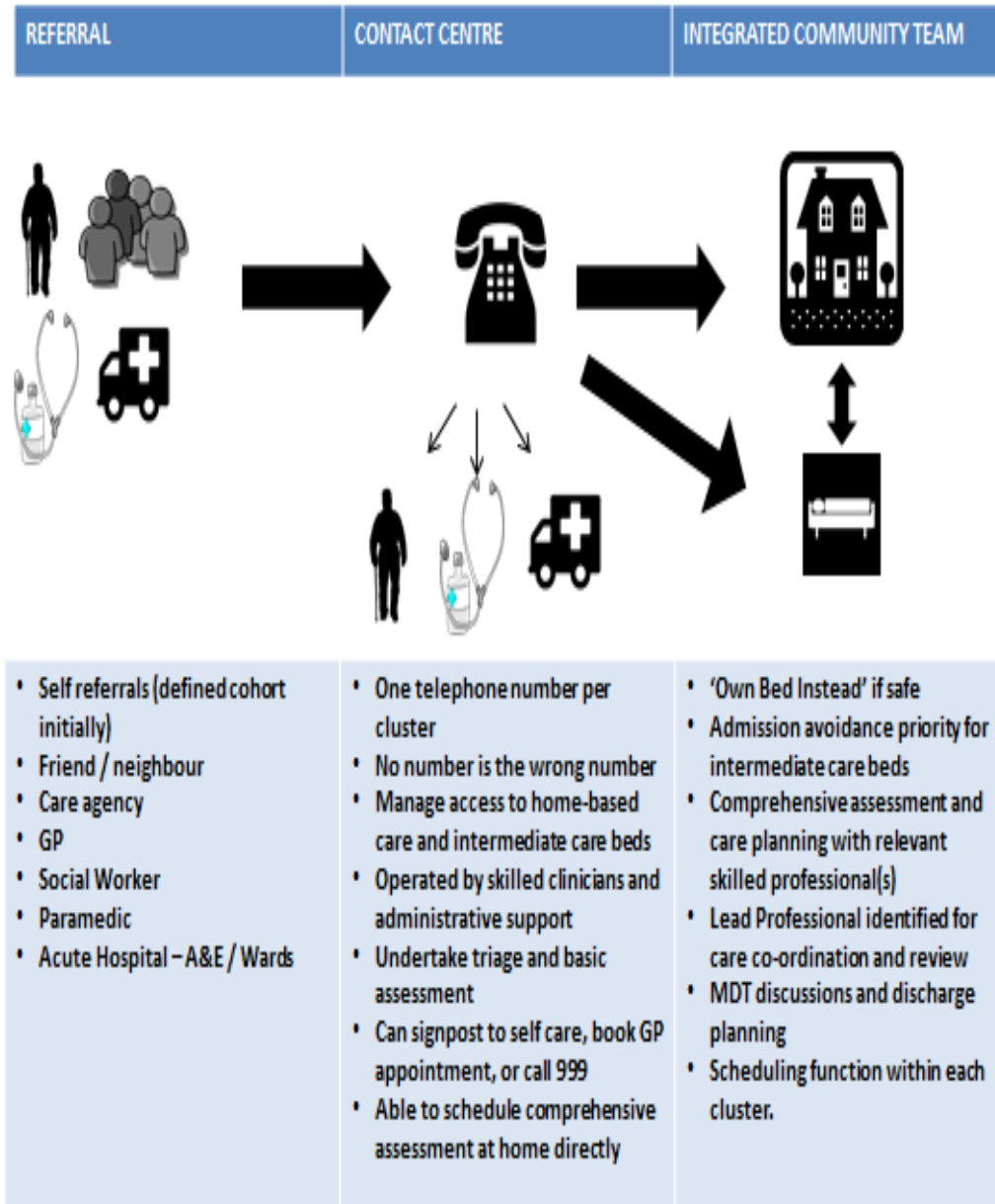
The first meeting of the MCP Development Board took place in December 2016. Meetings continue to drive and shape development of the New Model of Care strategy across Worcestershire.



2.1 A New Model of Care – Alliance Board Development

- **The Alliance arrangements across Worcestershire shape the approach to New Models of Care for each of the 3 locality areas – Redditch and Bromsgrove, South Worcestershire and Wyre Forest.** The Worcestershire Alliance arrangements are a collaboration of local partners, brought together with a common aim to realise the ambition around local integration leading to service improvement and system wide efficiency. Each of the 3 Worcestershire Alliances has a clearly defined Work Programme which includes overarching scope and a series of priority focus areas for delivery within 2017/18. There is a consistent approach across the 3 Alliances in terms of strategic focus across the 3 Worcestershire Alliances, with an overarching aim to secure sustainable Primary Care across Worcestershire via the Alliance arrangements.
- **The Worcestershire Alliances will pursue the integration agenda and progress Primary Care at Scale via the development of ‘Alliance Worcestershire’.** During the remainder of 2016\17 – a New Models of Care Programme Board will be established comprising wider inclusive membership across the health and social economy. Under the auspices of ‘Alliance Worcestershire’, the 3 Alliances will be supported to deliver each locality-specific agenda.
- Each of the 3 Worcestershire Alliances has clearly defined groupings of practices, known as ‘Neighbourhood Teams’, within which integrated teams of health and social care staff have been/are being aligned. **It is recognised that the introduction of the ‘Neighbourhood Teams’ provides the critical foundation for the integration agenda and alongside other key enablers will support the introduction of MDTs.**
- The concept of neighbourhood teams and working differently with various partners has been extensively engaged upon with general practices via existing GP engagement groups across the County.
- Engagement with providers, patients and other stakeholders took place throughout 2016 and further dialogue will be needed as the direction of travel becomes cemented during 2017\18.

2.1 New Models of Care – Local Example of Integrated Working



A key priority for all 3 Worcestershire Alliance Boards is the development of Integrated Community Teams.

These will be formed around the registered GP populations of local neighbourhood teams.

Over the last two months stakeholder workshops have been held across the neighbourhood teams to work with staff to develop the model of care and define the scope of the service. Some common core principles are emerging from these discussions across the county.

However, local neighbourhood teams have been given autonomy to shape the services to meet the specific needs of their local population. The diagram opposite shows a typical local neighbourhood team model.

Redditch & Bromsgrove and Wyre Forest are Primary Care Home pilot sites which will drive integration and provide opportunity to spread and adoption of best practice at scale.

3.0 Improving Access to General Practice

Additional recurrent funding	
17/18	South Worcestershire £6 per head (weighted) - 100% coverage 17/18
18/19	Redditch & Bromsgrove & Wyre Forest £3.34 per head – 100% coverage March 2019
19/20	All CCG's £6 per head

Pre-requisites
<ul style="list-style-type: none">• weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;• weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;• appointments can be provided on a hub basis with practices working at scale.• a minimum additional 30 minutes consultation capacity per 1000 population rising to 45 minutes• New tool automatically measuring activity• Advertising• Use of technology

In addition to the above:

- Not individual practices – delivery and contracting at scale
- Integration with community pharmacy
- Single point of access/integration OOH & 111

3.1 Improving Access - South Worcestershire

With our local experience as a GP Access Fund Wave 2 site (formerly Prime Minister's Challenge) in Worcestershire, we have a strong starting point in taking forward further extended access across the county from 2018 as required (see pre-requisites).

In South Worcestershire, the GP Access fund enabled all 32 practices to take part and benefit from the national pump priming funds secured to offer patients longer opening hours, including weekends, greater flexibility in how to access general practice, and to test use of technology/alternatives to face-face.

This has been successfully led and deployed by a local GP Federation (SW Healthcare Ltd) over the past 2 years. This has enabled the introduction at scale of a range of services with demonstrable improvement in extended access to Primary Care - over 8,000 additional patient consultations across all services with approximately 70% *concluding without referral back to general practice*. The service offer currently supporting practices includes:

- Self help / signposting website
- Minor Ailments Scheme (via community pharmacy)
- Extended Hours Clinics
- Clinical Contact Centre (ANP led, open 7 days a week)

It has evidenced the benefits of collaborative working across member practices and offers an opportunity for widening in scope and geographical footprint using this infrastructure as a springboard for services at scale. An independent evaluation of the Clinical Contact Centre has demonstrated that this model releases capacity to provide more sustainable in-hours working.

From November 2016 the CCG will be commissioning enhanced consultation capacity of initially 30 minutes per 1000 population from SW Healthcare and from 17/18 onwards we will be exploring ways of maximising the opportunities created including commissioning a single point of access which could be county wide. This model will ensure 100% coverage in extending access across South Worcestershire in 17/18 through an innovative service offer at scale to support patients needing same day Primary Care. Procurement of the service will take place in March 2017.

3.2 Extended Access South Worcestershire – Delivery Plans

Establishment of Locality Access Hubs

There will be 4 hubs across South Worcestershire based in community hospitals or within existing purpose built medical centres in the following locations:

- Malvern
- Droitwich
- Evesham
- Worcester City

These currently mirror emerging neighbourhood units recognising diversity, rurality and local needs. Focus will be on a multidisciplinary team approach to working including GPs, clinical pharmacists, ANPs, physiotherapists, mental health workers and others to support both same day urgent care and deliver extended access for registered populations. Delivery through the locality hubs will commence from 1 April 17 with a phased roll out across sites through 17/18.

Improved integrated working

GPs working in locality Hubs will act as “consultants” for the wider integrated community team.

There will be established links with:

- A&E departments and the ambulance service to support hospital attendance/admission prevention.
- Care homes to provide advice and guidance to avoid ‘999’ call outs

Establishment of locality hubs is enabling economies of scale and provides resilience through an alternative workforce. The success of the SW GP Access Fund provides robust evidence to support assessing patient demand and also the types of consultation needed i.e.. 70% : 30% telephone/remote consultations : face to face consultation split . This will continue to be closely monitored with the introduction of the wider MDT.

Estates and technology development

SW Healthcare Ltd has been a central enabler in South Worcestershire supporting the future infrastructure and technology needs across practices to date. The Federation is in a strong position to further develop opportunities for Primary Care working at scale and ensuring maximum gain from the resources available. For example:

- Locality hubs based in community hospitals or purpose built medical centres
- Existing Call Centre environment set up during GPAF pilot
- Cloud based server will enable remote working, whilst retaining the necessary call data
- Information sharing through EMIS Clinical Services and a Tier 3 Data sharing agreement
- Agreements with health and social care providers to access patient records with their permission
- Continue to digitalise services in support enhancing the patients offer outside core hours

Rural Practices

Inequality in accessing the multidisciplinary team during extended access periods is recognised in rural areas. Plans are in place to facilitate face to face access across rural practices by offering a flexible service to these practices by way of rotational local appointments being available through the week at each location.

Same day face to face urgent appointments will be managed in house by rural practices working collectively. This is promoting new ways of working, maximising skill and increased patient access whilst ensuring clinically capacity is appropriately used. All practices have access to telephone consultations as part of the GPAF.

3.3 Improving Access - Redditch and Bromsgrove

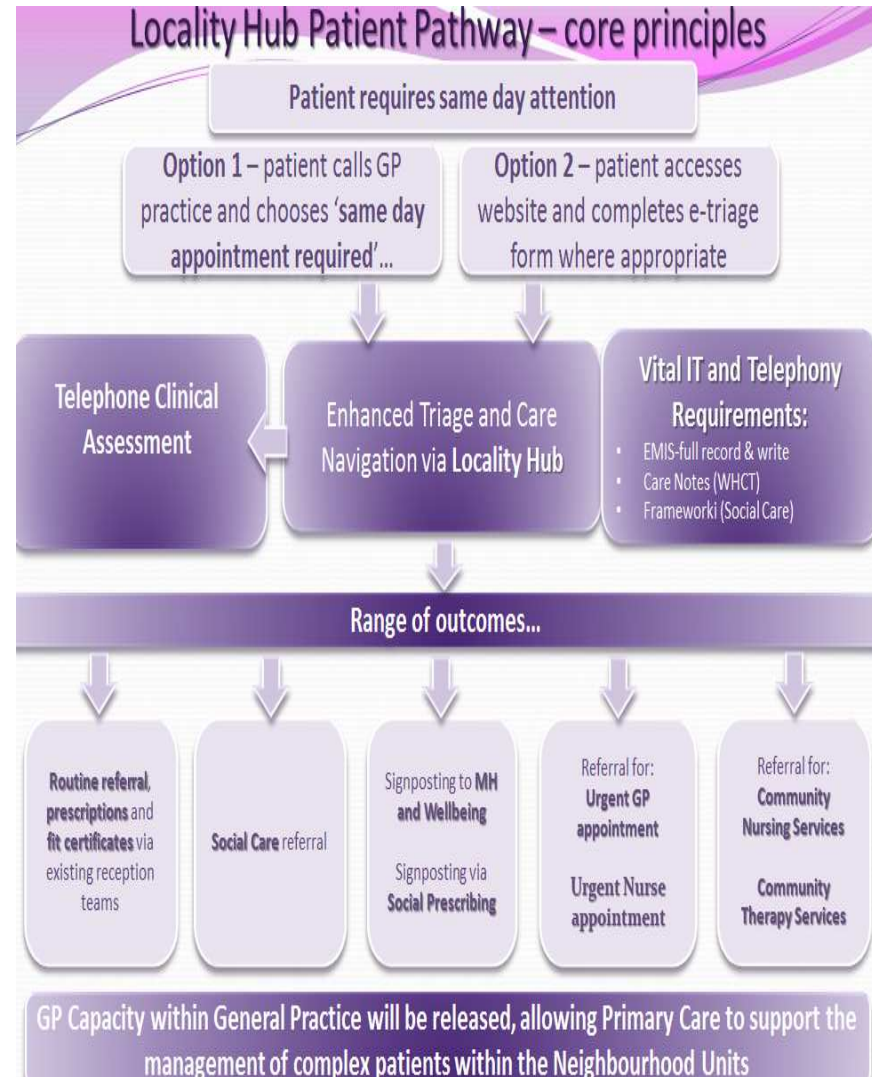
Increasing same day access to General Practice is being developed in Redditch with the establishment of a **Redditch Access Hub** during 16/17. The CCG was successful in securing funding via the ETTF for this development (£112k).

The patient pathway for the Hub illustrates how the model offers a range of same day options for patients embracing wider integration and signposting functionalities to address needs effectively.

This will support extended access for 6 of the 22 practices across the locality, representing 27% coverage across Redditch and Bromsgrove CCG in 17/18. Expansion in coverage to 100% by March 2019 will be in place supported by the learning in the first year of the Access Hub implementation.

A successful bid has been put forward to the Time to Care programme and this support will be used to develop a more collaborative approach to 7 day access in readiness for extending coverage and enhanced consultation capacity.

There are cost and efficiency opportunities to link with the IT infrastructure and capability already in place within the Clinical Contact Centre provided by SW Healthcare Ltd.



3.4 Extended Access Redditch and Bromsgrove – Delivery plans

North Worcestershire Healthcare and Bromsgrove Primary Care Network across Redditch & Bromsgrove are planning to work together to explore the range of available options for providing Extended Access across Redditch & Bromsgrove from October 2018.

Options that will be explored include the establishment of 2 Primary Care hubs across Redditch and Bromsgrove practices to deliver pre-bookable extended access to commence within 17/18 with full coverage by 1/4/19, which is the date from which the minimum £6 per patient funding becomes available.

- Redditch Hub (Maple View Surgery) on behalf of 13 GP practices
- Bromsgrove Hub (Churchfields and St John's Surgeries, BHI building) on behalf of 9 GP practices

The following features will be part of the project scoping exercise in 2017/18:

- Service delivery by a primary clinical team comprising for example GPs, practice nurses, nurse practitioners, physiotherapists, physician associates, paramedics.
- Skill mix to ensure patients' needs are met by the right clinician.
- Access to telephone, face-to-face appointments and on-line consultations.
- Data sharing across all practices.
- Appointments bookable on individual practice systems.
- Coverage – Monday to Friday 6.30-8pm additional appointments mainly pre-bookable across both sites.
- Coverage – weekends, demand led, across both sites.

Engagement is taking place across practices to secure agreement on the approach to be taken.

This work will be supported by funding from the £3 Transformation Fund including for the purpose of clinical backfill in order to support clinical input into project development. Support will also be provided by the CCG Locality Team including assistance with the detailed writing up of the resulting proposal. Use of the transformation funds will also be considered to support early recruitment of new roles to deliver the service from 2018/19.

3.5 Improving Access - Wyre Forest

Practices in Wyre Forest have a strong track record of collegiate working.

- The CCG has invested in Wyre Forest Primary Care Ltd 2016/17 to enable its development and for member practices to be supported across a range of priorities including reduction in unwarranted variation.
- The Federation is now keen to adopt a proactive approach in 17/18 to define how access will be improved. The enhanced consultation capacity (30 minutes per 1000 population) will be met across all practices over 7 days. This will involve engagement, scoping and design of a model that can be deployed at scale from April 2018 utilising the practice transformational support funds.
- There is recognition of the benefits in learning from the experience of practices in South Worcestershire and an event will be facilitated in 2017/18 to share the learning and explore future opportunities for more joint working across practices and federations.
- This will maximise opportunities in areas such as the use of technology, remote consultations, data sharing and ICT central solutions to optimise delivery and value locally across practices in Wyre Forest and Redditch and Bromsgrove.

Delivery Plans

Establish two urgent Primary Care Hubs to support same day and pre bookable appointments during 17/18 expanding to include Extended Access from March 2019 :

- Bewdley Hub is a likely site for the Health Partnership (a super practice), delivering on behalf of the 6 practices using telephone triage and 1st practitioner ANP supported by a GP at all times. Data sharing in place and all bookable on individual practice systems
- Hume Street/Northumberland House Hub will serve other practices in Wyre Forest as part of the Federation and consideration will need to be given to how this works effectively alongside the local MIU.

The following features will be part of the project scoping exercise in 17/18:

- Service delivery by a primary clinical team comprising for example GPs, practice nurses, nurse practitioners, physiotherapists, physician associates, paramedics.
- Skill mix to ensure patients' needs are met by the right clinician.
- Access to telephone, face-to-face appointments and on-line consultations.
- Data sharing across all practices.
- Appointments bookable on individual practice systems.
- Coverage – Monday to Friday 6.30-8pm additional appointments mainly pre-bookable across both sites (18/19).
- Coverage – weekends, demand led, across both sites (18/19).

4.0 Workforce

There are clear immediate workforce priorities for Worcestershire emerging across Primary Care that are reflected within our STP workforce plans.

These are:

- Primary care needs to create a “grow our own” culture adopting a structured career framework. Apprenticeships are key enablers.
- Ways of recruiting and retaining roles to support GPs’ clinical workload such as physicians associate, pharmacists and advanced care practitioners need to be developed.
- The administrative burden for GPs needs to be addressed and development of medical assistant training is a priority.
- Mentorship capacity needs to grow, particularly for the nursing profession (including pre-registration programmes).

Practices across Worcestershire are at various stages of readiness for new ways of working and the pace of transformation will be incremental. New ways of working will need to reflect local population need, closing current skill mix gaps in Primary Care as well as workforce readiness to support the emerging new models of out of hospital care.

Implementation of the 10 High Impact Actions locally is seen as a key enabler in supporting practices in shaping the future clinical and non clinical workforce. There are a number of initiatives set out in the **STP Primary Care Workforce Strategy where HEE-WM has agreed to support key workforce areas**.

These include:

- GP trainee recruitment
- Increase in ST4s and physician assistants in Primary Care
- Practice nurse education and career development
- Developing and strengthening local CEPN capacity
- Training packages for general practice and wider primary care staff to support implementation in practice of the 10 High Impact Actions.

It is recognised that Worcestershire has some particular areas of challenge.

In order to understand and address the capacity issues locally a survey was undertaken by all practices in Worcestershire in September 2016 and shared with members of the Worcestershire PCCC in December 2016.

We will use our local analysis alongside the recent national workforce survey findings to support **a local action plan for workforce sustainability and development for 17/18.**

Some early observations include:

- < 10% of reported Worcestershire GP workforce is over 55 consequently retention of current GP workforce should be a priority going forward
- The number of GPs per head of population is significantly less in South Worcestershire and Redditch and Bromsgrove compared to Wyre Forest. The impact of GPs retiring/leaving practice in these areas is, therefore, more significant.
- >40% of reported practice nursing related workforce (includes HCA, ANP and Specialist nursing) are over 50.
- Prescribing, minor ailments, nurse led triage, contraception services were areas of potential skill expansion for nurses or other HCPs including pharmacists.
- Average GP session length varies from 2.5-5.5 (average 4.0 hrs. in line with BMA standards) – reflective of a large proportion of part-time positions.
- The need and desire for practice manager skill and capability building.

These findings will be shared with the STP Workforce group, emergent Alliance boards, GP federations & networks and will influence decisions on CCG investment including the transformational funds in 17/18 onwards.

4.1 Approach to Workforce Redesign

Illustrated below is the local approach identified as a model of best practice across the vanguard sites by the HEE as described in the STP Primary care workforce strategy. It provides useful clarity in viewing workforce development as a system wide enabler to preparing general practice and wider primary care teams for future new models care and integrated working .

Vanguard workforce redesign – workforce transformation whole system offer (HEE)



4.2 Delivery Priorities for 17/18

Practice nurse development

(1) Success planning

Student nurse placements in practices. Working with Worcestershire practices and CEPN to offer student nurse placements in general practice. In the past student nurses have had very few opportunities to experience placements in practice and as a result have not prioritised it as a career choice.

Via the Worcestershire Training Hub secure support in Practice nurse mentorship and improved links with local universities to:

- Identify PNs who are mentors but need to update their status.
- Support PNs to become mentors.
- Establish a support network for all mentors.
- Link with local universities to facilitate student nurse placements on a rolling programme from 17/18.

(2) Nursing skills development

Using the intelligence from the local workforce surveys and in support of enhancing shared skill sets across groups of practices, plans will be in place to ensure nursing skill sets across all practices are reviewed to ensure recruitment and training needs reflect a mix of core generalist and specialist nursing skills, accessible at practice groups/hubs/neighbourhood units level.

GP Retention/Training sites

Implement GP Career Plus to support GPs near to retirement in reducing hours to work as locality clinical tutors and as part of a pool of clinical leaders to support general practice. Provide portfolio GP and PN career opportunities working across the health economy.

A group model for contracting for PCE in 17/18 will be a key vehicle for developing existing specialist skill sets and identifying future opportunities for GPs to consider alternative roles in place of retirement or leaving general practice. The Financial Review process may provide potential unintended local benefits that should be optimised and set alongside the need for intense financial efficiency.

Developing stronger links with Worcestershire University are planned in line with future Medical School status. This will ensure the opportunities this offers to attract medical students to the area are maximised and associated recruitment potential in the future to general practice

Developing an Alternative Workforce Model.

Recognising the STP gap between the projected and current workforce particularly across GP capacity (gap of 23 WTE GPs across Worcestershire and Herefordshire), it is challenging to see how this gap will be closed imminently given the national recruitment picture and the local challenges we have across the county, considering our semi rural demographic and future workforce supply and career opportunities.

There is need for Worcestershire to design alternative workforce models, seek engagement and ownership of these new models across practices and implement at pace to build sustainability and resilience in general practice locally. Early discussions have taken place and will be further explored through a local HEE/RCGP GPFV Workforce event in early 17/18 with practices. Our plans are to further embed new roles within general practice teams such as: more clinical pharmacists, ANP prescribers, physician associates and Allied Health Professionals (eg physiotherapists, paramedics and extended scope practitioners).

Practice Management and wider team development

Run a local programme for practice managers across Worcestershire. Facilitated externally and tailored to meet our local practice manager needs. In addition, through the practice resilience programme, particular training and organisation development needs will be addressed through tailored practice specific programmes.

Time to Care programmes will start across two of the three CCGs in 17/18. This will support practices either as groups or teams of practices to work together in identifying areas of change or improvement. This will also enable practices to adopt and spread practices through using the 10 High Impact Changes at neighbourhood unit or primary care home level.

5.0 Workload and general practice development

5.1 General Practice Resilience Programme

A number of practices have been put forward to NHSE for support under this programme:

Link End Surgery, Malvern	New Road Surgery, Bromsgrove
Farrier House, Worcester	Dow Surgery, Redditch
Kidderminster Medical Centre	The Bridge Surgery, Redditch
St John's Surgery, Bromsgrove	Catshill Surgery, Bromsgrove
Winyates Health Centre, Redditch	Churchfields Surgery, Bromsgrove
Crabbs Cross Surgery (Wong), Redditch	Barnt Green Surgery
Ridgeway Surgery, Redditch	St Stephen's Surgery, Redditch
Crabbs Cross, Redditch	Maple View Surgery, Redditch
Woodrow Surgery, Redditch	South Worcestershire Federation

Recurrent themes for which practices are seeking support include:

- Assistance in recruitment of staff
- Support during periods of long term sickness, extended vacancies and financial difficulty arising from prolonged use of locums.
- Organisational development resulting from changes in partnership or new practice managers.
- Support for practices in danger of closure, for smaller practices working together to share functions and for practice mergers.

In 17/18 , our approach to building practice resilience will be proactive ensuring opportunities are maximised to identify and support practices. Resilience support available should be seen as an opportunity for quality improvement across general practice services promoting better outcomes clinically and organisationally for practices, not solely for crisis support. The establishment of a clinically led peer support programme (internal resilience) across Worcestershire in 17/18 will support general practice development and the offer will be made to practices to access this support when they need.

5.2 Making Time Audit and 10 High Impact Actions

Stimulating implementation of the **10 High Impact Actions** to release time for care is a central focus of development during 17/18 in Worcestershire. We will be working at multiple levels - practice, neighbourhood and with wider networks/federations to implement these.

We are clear *this is not about practices achieving more by working harder, longer or faster* - nor is it about restricting care for patients. Rather, these are all ways of working that have been found to simultaneously release clinician time and improve care for patients.

- In order for practices to plan their improvement programmes and additional investment priorities in 17/18 we **have adopted and rolled out the national Making Time Audit across Worcestershire**. This has been incentivised through our local Promoting Clinical Excellence contracts across Primary care during 16/17 to ensure practices are supported to undertake the audit.
- Plans are in place for systematic review of Making Time Audits locally with practices to support **selection and implementation of the 10 high impact changes in 17/18. Results will also be analysed at neighbourhood, Federation/Alliance Board and CCG levels** ensuring that areas of common need are identified, opportunities are not missed for working at scale and maximum value of investment is deployed.
- Evaluation of local Making Time practice audits will inform approaches to securing future models for improvement in access in 17/18, particularly in areas of workforce development and exploring how care navigation and medical assistant roles can support Primary Care demands for same day care.
- We will **build primary care capability across each locality ensuring skills are developed and leadership is driven through locally determined teams**. These will include developing practice managers and clinical staff and importantly releasing time from practice through a backfill and protected time programme. This approach will ensure that all 65 practices in Worcestershire receive support from the most appropriate member of the team to deliver their priorities as identified through the Making Time audit.
- The County-wide primary care team will ensure that in each CCG a senior person is identified and is responsible for working directly with practices **to champion and drive this work programme** effectively .

The 10 high impact changes are the key improvement enablers for 17/18 to make *sustainable* Primary Care a reality. This will be supported by our plans for local transformational leadership and utilising the facilitated development opportunities for groups of practices as part of national Time to Care programme.

5.3 Time to Care

- The Time to Care National Development Programmes will support the **CCGs' ambition to create a cadre of system leaders** – clinical, practice managers, IT super users. The CCGs will continue to provide back-fill for local teams to attend national leadership programmes.
- All three CCGs have expressed interest in receiving expert facilitation to focus on key priorities and challenges which working together and with other partners can create in order to identify sustainable solutions. The programme begins in April across Wyre Forest and Redditch & Bromsgrove.
- The intention is to help practices to implement change to release capacity and work together at scale, enable self-care, introduce new technologies and make best use of the wider workforce by implementing the 10 High Impact Actions:



5.4 High Impact Actions – Assessment of on-going progress

Successful implementation of the 10 high impact actions will be a key marker of success going forward. The focus is to support spread and adoption of best practices across practices to evidence positive impact on reducing workload and releasing capacity. The CCGs will lead regular self assessments against the 10 Actions with practices and these will be reviewed by and shared with members of the county wide GPFV implementation group at each meeting.

High Impact Action	What have we done	What do we need to consider
Active Signposting	<ul style="list-style-type: none"> Review of training provider options by a group of PMs and Clinicians Care navigation training – provider option appraisal completed Care navigation training in place in South Worcestershire with plan agreed for Redditch and Bromsgrove 	<ul style="list-style-type: none"> Models of adoption across all three CCGs –local decision by April 2017 Impact on releasing capacity needs to be measured Interfaces with work of the neighbourhood models
New Consultation types	<ul style="list-style-type: none"> Established local PC IT Operational Group Telephone triage models 1st ANP consultation On line appointment booking Clinical Contact Centre Pharmacy Minor Ailments Scheme 	<ul style="list-style-type: none"> AskMyGP pilot in Wyre Forest planned On-line consultation specification and how this aligns with provider offers Patient education & engagement
Reduce DNA's	<ul style="list-style-type: none"> MJOG/ Text messaging in place On line cancellations 	<ul style="list-style-type: none"> Understand the scale locally and variation What and why Links with appointment booking systems
Develop the Team	<ul style="list-style-type: none"> Local General Practice Workforce survey October 2016 Practice based Clinical Pharmacists in place across 2 of the 3 CCGS Secured funding from GP Resilience Programme to invest in Stay Well Healthcare to support a local peer support programme Local events highlighting new roles and pilots in place eg Paramedics working in general practice 	<ul style="list-style-type: none"> Establish and implement short term work force priorities GP retention PN development (succession planning and skill developments) Collaborative working across practices- new workforce models as address GP recruitment challenges NHSE/ RCCP supported STP Workforce event (16 March) will consider local actions against priorities and a wider practice engagement opportunity
Productive Workflows	<ul style="list-style-type: none"> Explored improved document management(eg EZ Doc / Insight) Medical Assistant Training scoped local interest / value and visited AT Medics 	<ul style="list-style-type: none"> Pilot Document handing training in 17/18 (EZDoc) Implementation options including funding from 17/18

High Impact Action	What have we done	What do we need to consider
Personal Productivity	Sharing skills and identifying skill gaps (egg EMIS training) Advice and Guidance training	Linked with Productive Workflows
Partnership working	Practice based MDT meetings involving community services Emerging neighbourhood working and priorities for wider community integration . Social prescribing partnership commitment across the county	Emerging via Alliance Boards and neighbourhood units
Social Prescribing	Partnership with LA to define local approach Early adoption sites already running (Redditch , Worcester City, Droitwich) Visit to Bromley By Bow learn from an established team	Gain a consistent model acceptable across all parts of the county Pilot / evaluate sites Understand funding streams STP linkages
Support Self Care	Healthier You referrals Improved respiratory and diabetes self management in practice Minor ailments and community pharmacy Key Financial Recovery Programme & work stream	Patient Pathway/ Care Navigation Online tools Websites
Develop QI Expertise	Time for Care programme Plans for PM Programme Development of Federations Review clinical leadership examples of support internal resilience programme (e.g. Birmingham peer support programme)	Use of £3 Transformational Funds to develop local teams Scope interest and Identify of practice manager and clinical lead pool

6.0 Infrastructure

6.1 Estates and Technology Transformation Fund (ETTF)

There are a number of successful bids across Worcestershire that are being supported in principle subject to due diligence:

- DeMontfort Medical Centre, Evesham – an extension to existing premises
- Barn Close Surgery, Broadway – new build to replace existing premises
- Stourport Medical Centre – new build to replace Stourport Health Centre and York Street Medical Centre

The revenue implications of these schemes have been discussed and agreed by the Worcestershire PCCC .

A number of technology bids have been approved :

- Redditch Hub- technology to support a centralised hub to receive calls from patients across 6 Redditch Town practices for urgent and same day appointments
- GP practice telephony upgrade across Worcestershire
- GP practice WIFI across Worcestershire.

We recognise that investment in and use of the General Practice estate is going to be a key enabler to working at scale and across new models of care locally. **Practices will need to be *fit for purpose* to deliver a wider array of services and have stronger relationships with community and specialist services particularly aligning with STP out of hospital care plans.**

Key areas for exploration in our estate planning are:

- Flexibility of future facilities to accommodate multi-disciplinary teams and training
- Modelling future capacity needs against population growth and changing services to meet patient need.
- Technology enabled care and support as a core requirement
- Maximising support with premise and infrastructure costs and maintenance now available nationally
- Practice moves from smaller premises to larger sites where support for working at scale is needed.

6.2 Primary Care ICT Strategy

Increasing demands on general practice over the past five years – not just a heavier workload but the increasing complexity and intensity of work – have led to a feeling of crisis. The NHS is finding it difficult to recruit and retain sufficient GPs who want to do full-time, patient-facing work.

The Worcestershire Primary Care ICT strategy sets a number key technology projects planned from 17/18 onwards to support the ambitions set out as part of the Five Year and GP Forward View , supported by successful bids for ETTF/ GPAF funds. These include:

Telephony and WIFI

- Single hosted telephony solution. Cheaper or free telephone calls, managed remotely (for Business resilience and disaster recovery) and accessible from anywhere
- Practice WIFI for N3 and public access
- Access to care records at point of care
- New models of delivering care including telephone, video and online consultations.

EMIS Web Sharing Care Records

- Any patients GP Record in Worcestershire can be accessed via a single point of access through EMIS Web and Data Sharing within Primary Care.
- Through EMIS Community and integrating of data sharing agreements and robust IG processes to support access to any patients GP Record in Worcestershire by secondary care providers.
- Remote Consultations via EMIS Community-. Consultations can be now filed directly against the primary care record efficiently and securely with a full audit trail in areas where data sharing agreements are secured between practices. This feature is being explored across the county which would enable clinicians from within a sharing organisation to access the patients clinical record directly with the patients GP Practice if adopted.
- Docman files, including the workflows and iterations can be accessed from any GP shared record and from any location. This is going to be a phased in roll out across Worcestershire initially starting in South Worcestershire in 17/18.

Back office productivity

Introduce web based sharing and compliance platform for GP Practices and stakeholders , scoping countywide Intranet providers to support cross county working . This would support:

- Sharing back office functions across multiple sites and/or managed centrally
- Central Management of clinical templates, data reporting and analysis.
- Enable agile working

Investing in Better Technology in 17/18

An example of what this means for Worcestershire - Single hosted telephony solution

Current Situation

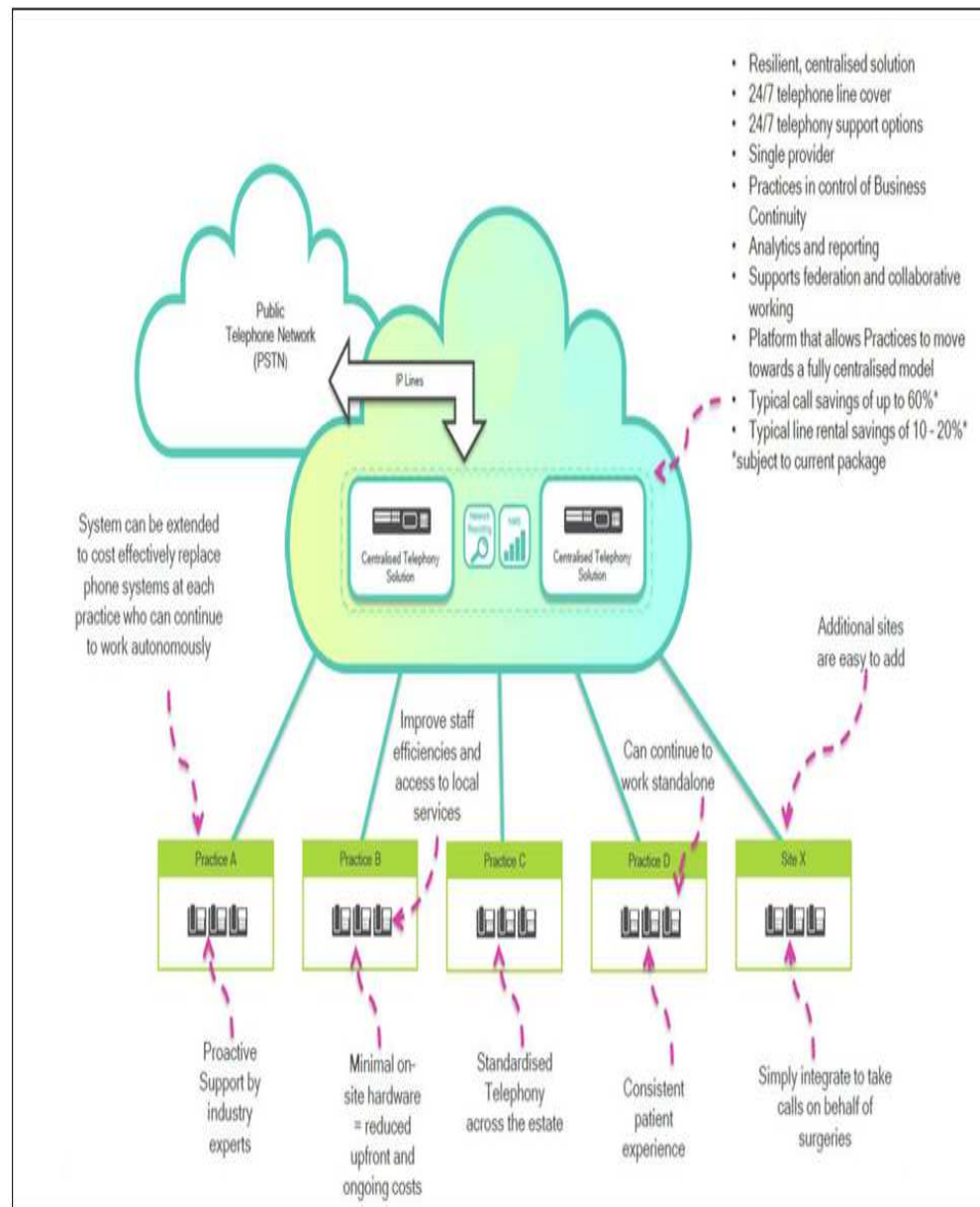
- Disparate, standalone phone systems of various ages with variety of suppliers
- Varying staff resources
- Vast majority have legacy telephone line technologies that are becoming obsolete
- Varying patient access and inconsistent service
- No analytics of current performance
- Operating as standalone practices

A Flexible Approach

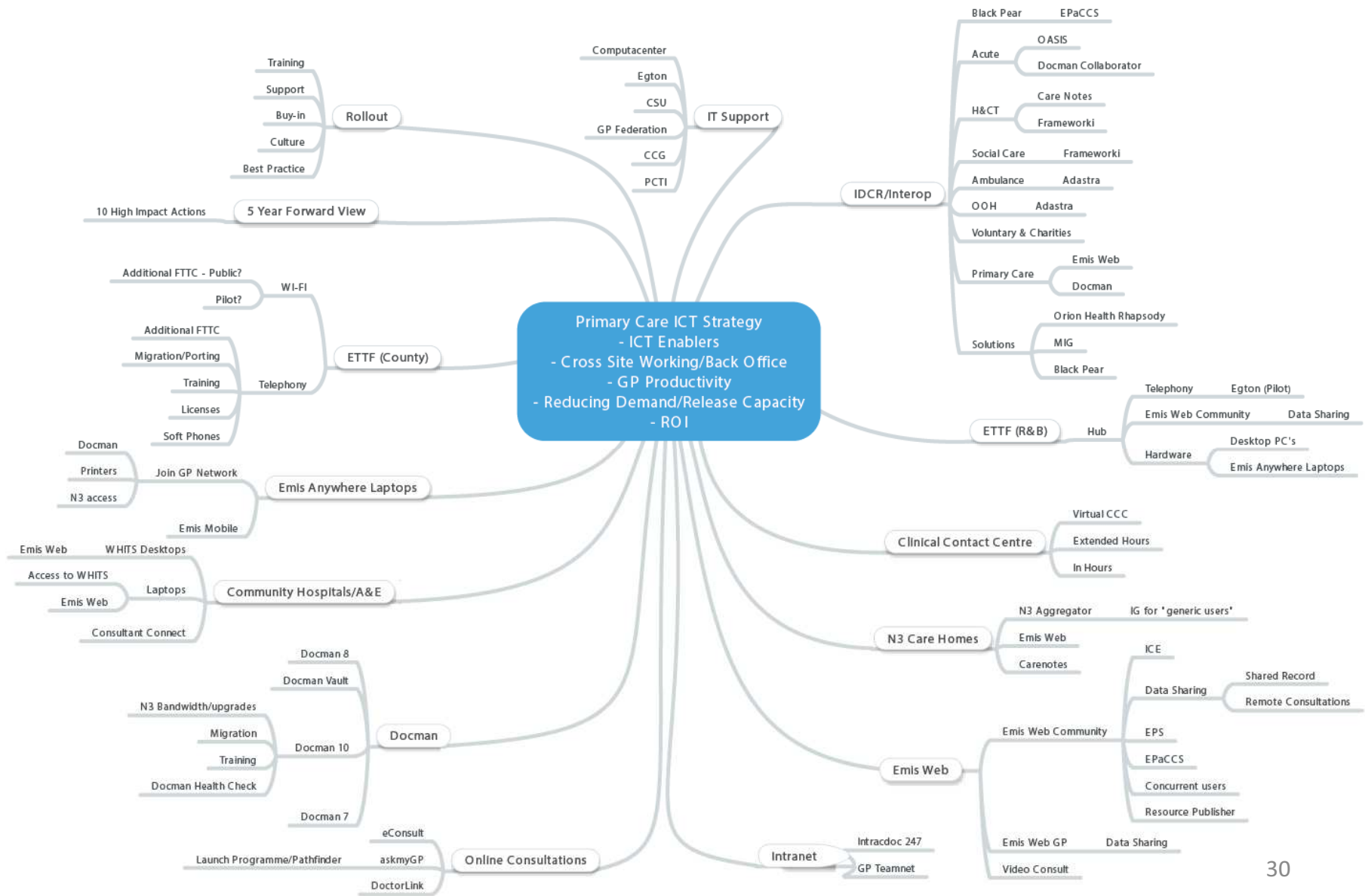
- Ultimately deliver a regional, cloud based, secure phone system
- Phased options and implementations to accommodate specific surgery requirements and where they are at in their technology/contractual refresh cycles
- Project Team to manage the transition and implementation
- Project Team provide consultancy for practices (subject to the service being provided)
- Test site to be established within 6 practices in Redditch (Redditch Hub).

Project Phases

- Phase One – upgrade telephone lines (creates base platform for future phases)
- Phase Two – add optional Media Services (e.g. Auto Attendant, out of hours etc.)
- Phase Three – add optional centralised telephone system
- Future – platform for web / video consultations, web chat, social media etc.



Summary of Primary Care IT Work Programme 17/18 – Worcestershire Mind Map



7.0 Investment

7.1 Local Context

Worcestershire CCGs face significant financial challenges with Redditch and Bromsgrove being in formal financial recovery and the other two Worcestershire CCGs also facing pressure to ensure their financial targets can be met.

A Financial Recovery Board has been established to oversee work to identify £38m of efficiencies across the 3 CCGs in 2017/18. This represents 4.75% of expenditure. Given the challenge presented by the financial recovery programme, the CCGs will invest £1.50 per registered patient over the course of 2017/18 and 2018/19 and this will be sourced from core CCG resources.

The Primary Care contribution to the **Financial Recovery Programme** will focus on reducing variation between practices with the continuation of the evidence based Improving Quality Supporting Practices (IQSP) programme. Allied to this, practices will be working in groups to further implement the peer review aspect of IQSP. This model links intrinsically to the development of MCPs. The early feedback from R&B practices, who are currently piloting this, is that grouping has created firm foundations for other work required at cluster level, which consequently should proceed at a quicker pace.

The funding for this programme is derived from the PMS Premium and delivered by a Promoting Clinical Excellence Contract with practices, funding clinical time for peer review. The PMS premium available differs between the 3 CCGs but the principle of equal payment for equal work will be upheld, however, both South Worcestershire and Wyre Forest contracts will include additional elements which their higher level of funding allows.

The Primary Care contribution to the overall efficiency target of £38m across the county CCGs is £3.5m. This is one of 6 county wide system financial recovery programme areas. There are a number of schemes that have been identified for 17/18 for implementation through Primary Care that will contribute to this efficiency target:

- Referral variation –wider peer review / referral management hubs
- Referral policies/templates for procedures with limited clinical value or with a threshold
- Prescribing cost variation – including best value and wider peer review through local hubs
- Introduction of self-care – subject to practice engagement and consultation
- Repeat prescribing – through the medicines optimisation programme

General practice will only be able to deliver this level of savings if they are being supported to release capacity to focus on this and other priorities. Both the PCE (PMS Premium) and GPFV investments are integral to achieving sustainable general practice, achieving future transformation at scale and delivering the financial review programme for Primary care.

7.2 GPFV Investment breakdown

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.

£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).

The investment identified in the table represents funding identified for Worcestershire either through local allocations or via ring-fenced funds centrally devolved by NHS England.

GP Forward View Investment Breakdown		R&B	SW	WF	TOTAL	Recurrent/ Non Rec
1	Investment in General Practice - Transformational Support					
	2017/18	£ 263,641	£ 455,415	£ 171,878	£ 890,934	N/R
	2018/19	£ 264,766	£ 457,403	£ 172,215	£ 894,384	N/R
		£ 528,407	£ 912,818	£ 344,093	£ 1,785,318	
2	Workforce					
	<u>Care Navigator Training</u>					
	2017/18	£ 30,213	£ 52,190	£ 19,697	£ 102,100	N/R
	2018/19	£ 30,125	£ 52,044	£ 19,595	£ 101,764	N/R
	2019/20	£ 30,125	£ 52,044	£ 19,595	£ 101,764	N/R
2020/21	£ 30,125	£ 52,044	£ 19,595	£ 101,764	N/R	
		£ 120,589	£ 208,321	£ 78,481	£ 407,392	
3	Workload					
	<u>Online Consultation System</u>					
	2017/18	£ 45,320	£ 78,285	£ 29,546	£ 153,151	N/R
	2018/19	£ 60,251	£ 104,087	£ 39,189	£ 203,527	N/R
		£ 105,570	£ 182,373	£ 68,735	£ 356,678	
4	Practice Infrastructure					
	<u>Vulnerable Practice/ GP Resilience</u>					
	2017/18 and 2018/19	£ 30,000	£ 61,340	£ 11,000	£ 102,340	N/R
	<u>Estates & Technology Transformation</u>					
	2017/18 and 2018/19	£ 506,000	£ 2,078,593	£ 1,538,790	£ 4,123,383	N/R
5	Care Redesign					
	<u>Improving Access</u>					
	2017/18	£ -	£ 1,754,768	£ -	£ 1,754,768	N/R
	2018/19	£ 559,407	£ 1,762,465	£ 379,728	£ 2,701,600	N/R
	2019/20	£1,059,066	£ 1,762,465	£ 688,860	£ 3,510,391	Recurrent
2020/21	£1,059,066	£ 1,762,465	£ 688,860	£ 3,510,391	Recurrent	
		£2,677,539	£ 7,042,164	£ 1,757,448	£ 11,477,151	

7.3 Transformational Support

Total CCG Allocation	£
Redditch and Bromsgrove	527,000
South Worcestershire	911,000
Wyre Forest	344,000

Following early sharing of implementation and deployment options with practices at the county-wide Development Day, ongoing individual engagement with GP Clinical Leads has taken place regarding how best to ensure maximum impact from use of the transformational funds from 17/18.

There is widespread consensus that Federations are ideally placed to work with practices to develop plans to ensure readiness to deliver extended access starting in 2018/19. There is also strong appetite to ensure opportunities for wider partnership working, increasing self care and social prescribing are embedded in local plans to implement change across the 10 High Impact Actions.

Our experience in provider development in South Worcestershire and learning through other pilot sites has **identified three critical success factors which CCGs locally will facilitate in 17/18:**

- Creating space for practices to meet and plan together through funding backfill or similar means
- Providing expert facilitation to make rapid progress on reviewing options and creating improvement plans
- Focussing development on improving care and ways of working before addressing questions of organisational form.

Priorities for use of transformational funds in 17/18 and 18/19

Deployment of transformational funds will be informed by the above together with local intelligence including workforce surveys, on-going discussions with general practice and significantly the Making Time Audit. The CCGs will support a range of options set out in plans, *but not limited to:*

- Developing and mobilising extended access
- Support for Locality Hubs and the Clinical Contact Centre
- Building and supporting transformational capability across general practice teams (i.e. Faculty of GPs, practice managers, mentorship schemes)
- Supporting merger opportunities
- Workforce gaps and development of new roles
- Protected time and learning to enable necessary implementation planning for extended access
- Technology and innovation support
- 10 High Impact Changes particularly focusing on self-care and social prescribing models

The CCGs have identified £3 per head as one off non-recurrent investment from 2017/18 which it will allocate over two years to:

- **Stimulate development of at scale providers for extended access delivery**
- **Stimulate implementation of the 10 High Impact Changes in order to free up GP time to care**
- **Secure sustainability of general practice to improve in-hours access**

7.4 How the Transformational Funds will be allocated

In order to gain maximal value and impact from the transformational resource available, a set of principles\criteria have been proposed with members of the Worcestershire GP Forward View Implementation Group at its inaugural meeting in February 2017. This Group will ensure proposals for funding from general practices and federations are robustly assessed against these principles and recommendations will be made for approval to the Worcestershire Primary Care Commissioning Committees in common. The Committee will ensure all funding decisions against transformational funds align with the current policies and frameworks in place for NHS Managing Conflict of Interest across Worcestershire CCGs

Funding criteria:

- **Evidence of working at scale** (groups of practices, hubs, CCG, county levels)
- **Supporting sustainability** (including Making Time Audit)
- **Development and support for Federations**
- **Extended Access** (readiness for 2019)
- **Value and Quality** (Practice efficiencies, delivery of patient care, workforce solutions, building local resilience)
- **Maximum impact and gain** (align system incentives)

A template for applications for funding will be in place by April 2017. Emphasis will be placed on addressing the following questions reflecting the learning and tools from the NHS Change Model:

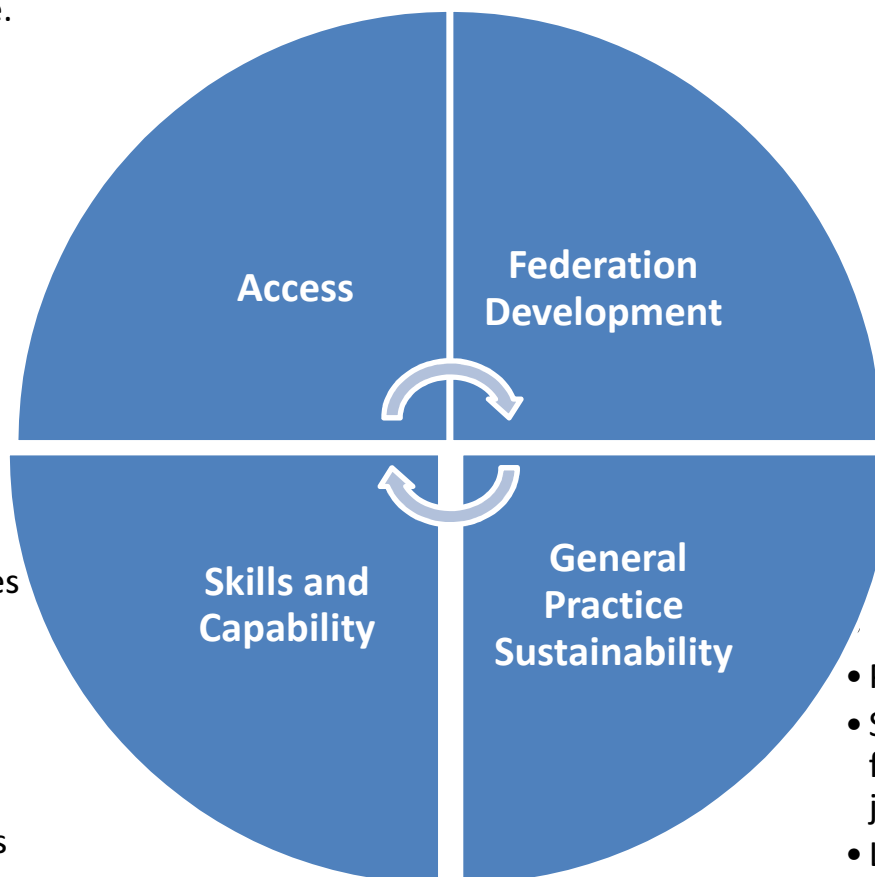
- What needs to be accomplished?
- How you know there has been a change? (measure of impact)
- What will you do?
- Any unintended impact?

There will also be an expectation to evidence alignment across the 10 High Impact Actions and delivery either across groups of practices working together or at a 30-50 k population footprint.

7.5 Transformational Support – Outcomes by March 2019

- Extended Access in place at scale - 100% coverage.
- Capitalise on existing best local practice i.e. Access Fund.
- Integration with other providers via a single point of access.

- New roles delivering improved clinical outcomes and efficiencies in care.
- A wider offer of career opportunities for GP and nursing staff.
- Accelerated learning programmes for ANPs, PAs and clinical pharmacists.



- Formal organisation/ governance structures in place.
- Greater collaborative working across Federations.
- Established function in sustaining general practice.
- Demonstrable influence and leadership across new models of care.

- Practices working at scale.
- Strengthened partnerships and formalised arrangements for joint working.
- Local GP resilience teams functioning effectively across all practices.

Implementation of the 10 High Impact Changes



7.6 Ring fenced devolved funding Training Care Navigators and Medical Assistants

The need for and implementation of these roles within general practice will be informed by the results of the Making Time Audit. This will provide us with the opportunity to define a local training programme which meets the needs of our practices whilst also being adaptable to future demands.

Care Navigators are well established in all practices in South Worcestershire who are attending a locally-designed training programme up to end of March 2017 provided by SW Healthcare Ltd. A training provider option appraisal has been completed and each CCG will be expected to make a decision as to the preferred provider for training by April 17. Funding will be released to support implementation thereafter. To ensure maximum value and consistency in training staff, we will commission training packages at scale on behalf of all practices.

We will be supporting practices in establishing clear internal processes and clinical protocols to ensure these new roles are deployed safely in general practice. This will provide assurance of a robust clinical governance framework which includes identification and reporting of significant events (positive and areas for improvement) consistently across all practices.

A review Medical Assistant training programmes is taking place. Following a visit to AT Medics by a group of clinicians and managers in February, there is strong evidence to support local adoption of EZ Doc document handling training package across practices in Worcestershire as a first priority in 2017/18. The evidence suggests that a 50% reduction in GP workload could be realised through more efficient document handling processes in practices.

There are a number of opportunities for wider programme connectivity to be explored within future training and subsequent implementation of these roles across all practices in the county.

Alignment with The10 High Impact Actions such as sign posting, productive workforce and developing the team will serve to enhance their impact on releasing practice capacity and ensure new pathways of accessing care for patients are integrated, efficient and avoid unnecessary duplication of effort.

7.7 Ring fenced devolved funding - On line General Practice Consultation Software

The CCGs' ambition is to support all practices in the adoption and use of appropriate technology (e.g. new apps and web portals) that help patients access Primary Care when needed, assist in management of their own health and provide satisfaction of effective and safe clinical outcome.

For practices this has to evidence business and clinical efficiency benefits in reducing unnecessary face to face clinical workload, widening the practice skill mix and improving access for patients. This is also a clear enabler of promoting appropriate channels for patient self care.

This will be supported through enabling new types of consultations including introducing online and enhancing existing telephone access.

The national specification for online consultation software will be utilised to support our local ambition once available in 2017.

Since centrally deployed investment is phased over 3 years, **we intend to prioritise local funding allocations** for early adopters, practices willing to work together to operate at scale and those evidencing impact on improved access in and out of core general practice hours.

Since January a review of on line consultation provider options has taken place, led by the Primary Care IT Operational Group across Worcestershire :

- eConsult (Emis Health) - <http://demo.webgp.com/>
- askmyGP (GP Access) - <http://demo.webgp.com/>

All systems make use of Web App technology so they can be accessed not only through web browsers on computers but tablets and smartphones.

Further engagement on provider functionality and offer for general practices will take place across the county with clinical and practice teams in readiness for a full appraisal of provider against the national specification when this is released. This is taking place in early March 2017.

There is a strong interest by Wyre Forest Health Partnership to pilot online consultations to support early adoption of this new type of consultation and test acceptability both by the practice group and by patients.

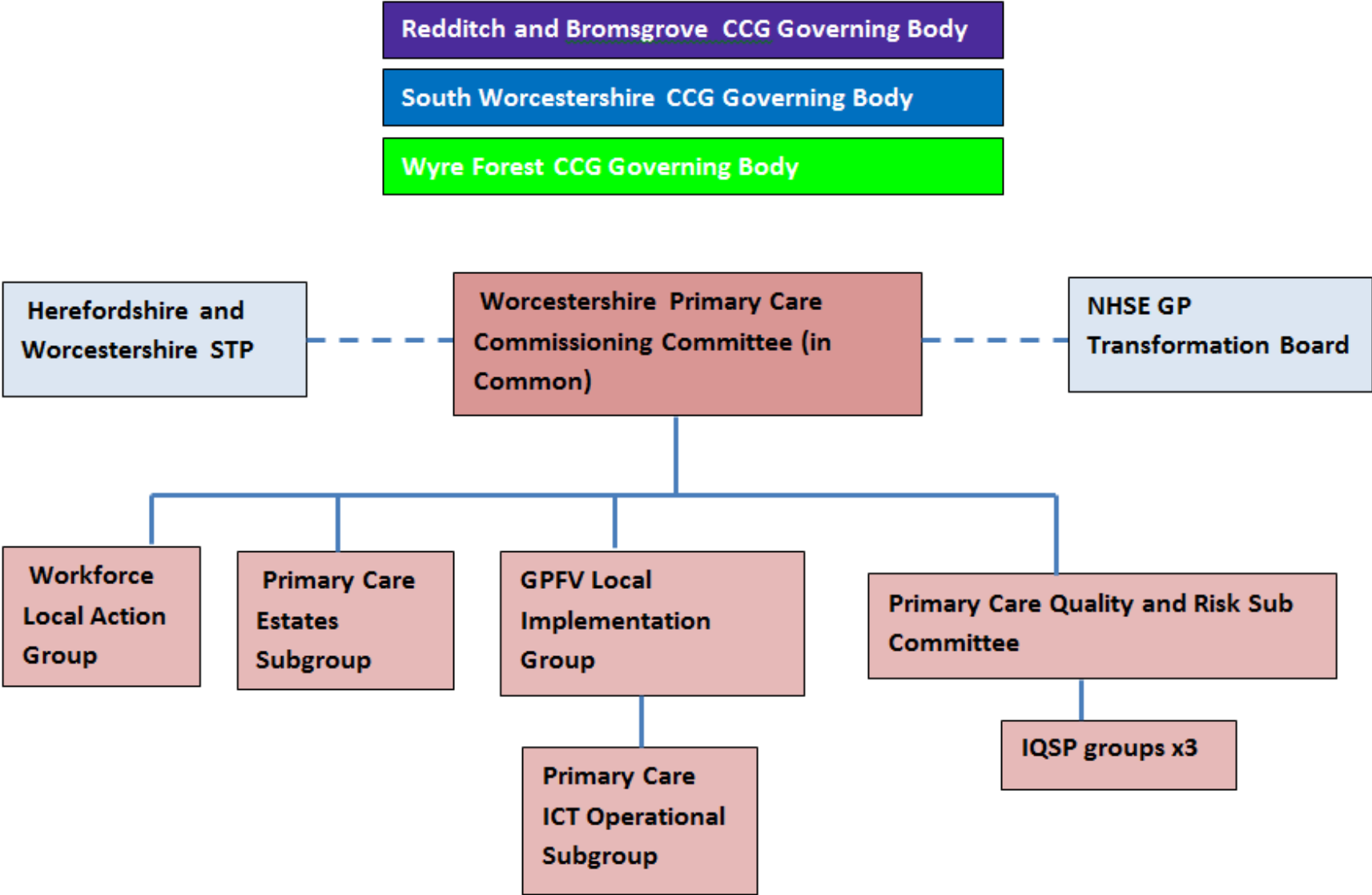
Procurement of the on line consultation service provider will be taken at county level on behalf of all practices.

Affordability is a key consideration against the local funding allocations available and options are being considered :

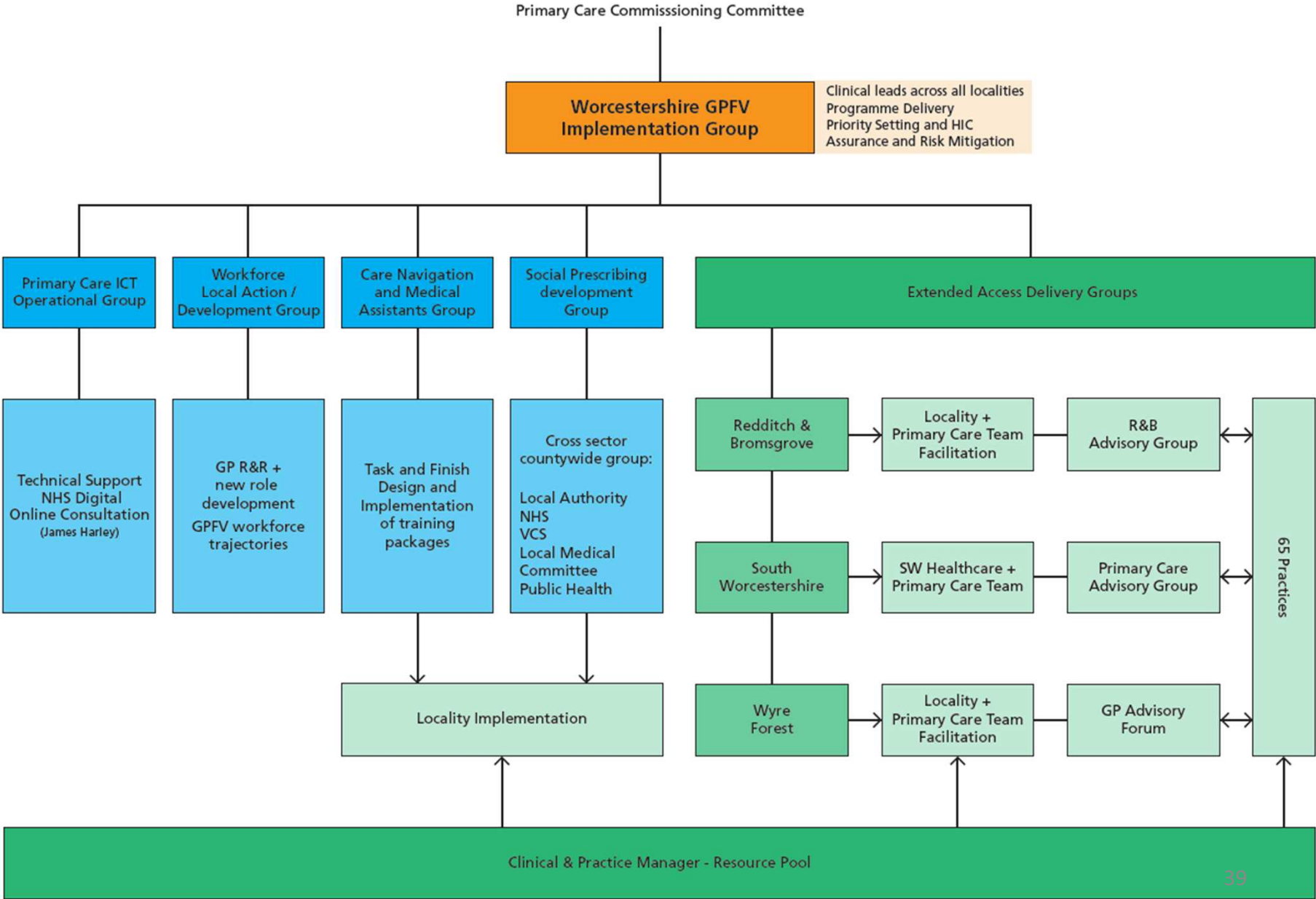
- Roll out on line consultations incrementally over three years using the funds allocated in priority practices
- Early full roll out at scale across all practices using transformation funds to support/top up local allocations .

The procurement process will be centrally led, supported by the IT Operational Group and need to robustly evidence both quality and financial value against the specification and the chosen provider in late 2017/18.

8.0 Leadership, Governance and Accountability



8.1 Local Delivery Programmes



Appendices 1 and 2



Appendix 1

GPFV Implementation Group Terms of Reference

See attached



Appendix 2

Worcestershire Delivery Plan (to follow)

See attached

Worcestershire GPFV Implementation Group

Terms of Reference

Purpose

- Act as a cohesive clinically led programme group for the implementation of the Worcestershire GPFV Delivery Plan.
- Provide strong clinical leadership across the county representing General Practice.
- Determine and support priorities for implementation of the Plan from 17/18 onwards at county and CCG level against local and national funding allocations with a focus on sustainability across General Practice.
- Provide programme assurance, monitoring and risk mitigation against delivery of local and national priorities set out in the GPFV.

Membership and representation

The GPFV implementation Group shall comprise of the following members:

RCGP Regional Ambassador Herefordshire and Worcestershire – Dr Veronica Wilkie
Worcestershire Local Medical Committee – Dr Simon Parkinson / Gill Farmer
SWHC Federation Chief Operating Officer – Clare Gould
SWHC Federation Clinical Director – Dr Gemma Moore
SW Alliance Board – Dr Jonathan Thorn
SW Practice Manager – TBC
Bromsgrove Primary Care Network – Dr Ian Morrey
NW Healthcare Ltd – Dr Gio Caranci
R&B Alliance Board – Dr Jonathan Wells
R&B Practice Manager – Linda Pratt, Hillview Medical Centre
R&B Locality Operations Director – Andrea Guest
WF Alliance Board/Federation – Dr Kashaf Khan
WF Health Partnership, CEO – Clare Nock
WF Practice Manager – TBC
WF Health Partnership – Dr Roy Williams
WF Operations Director – Heather MacDonald
CCG Executive Director of Primary Care – Lynda Dando (chair)
CCG Deputy Director of Primary Care – Helen Southwell
CCG Primary Care, Business Support Officer – Sharon Kendrick
The group will co-opt other stakeholders/leads as appropriate to support programme delivery.

Quorate

Chair, Clinical (GP) representations from each CCG (Alliance and/or Federation), a Practice Manager, CCG Primary Care Member. In absence of chair nominated representative (GP or Federation representative).

Frequency: Initially 6 weekly moving to Bi- monthly meetings

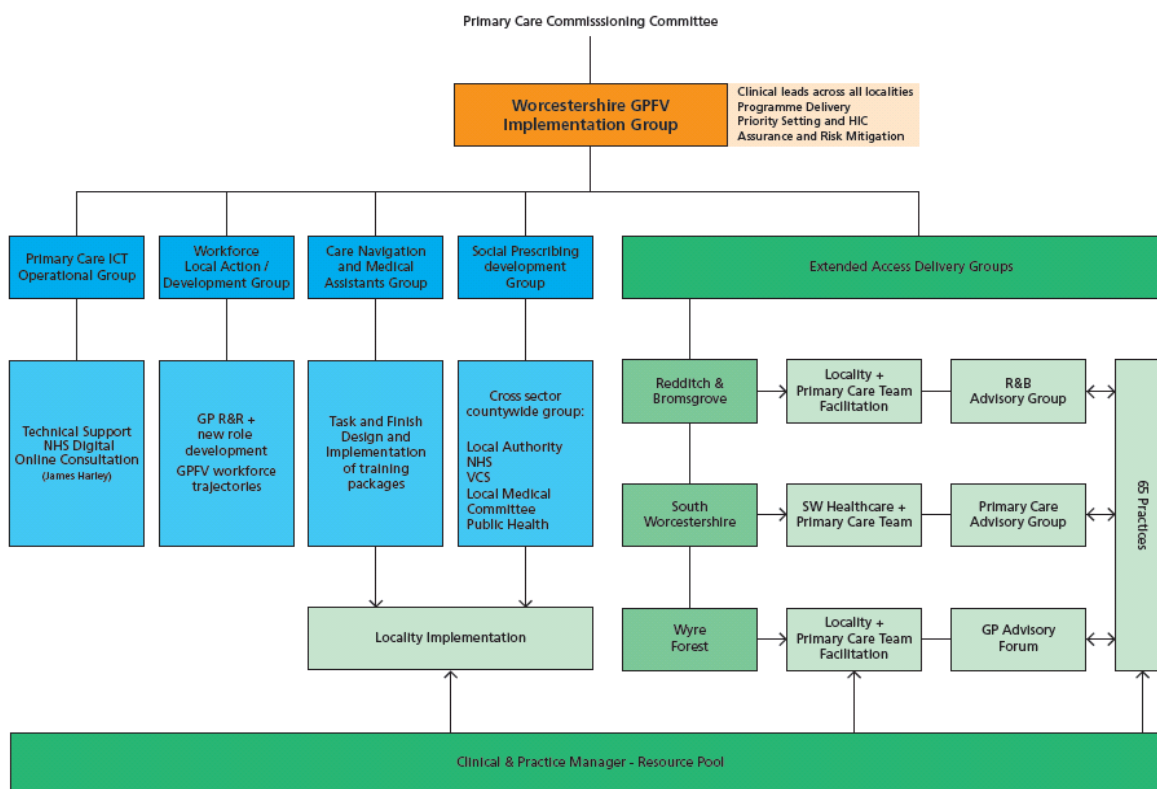
Chair: CCG Director of Primary Care

Key Responsibilities

The Group will:

- Determine priorities for use of the Worcestershire GPFV transformation funds from 17/18 and 18/19 and ensure allocation meets the requirements set out in the GPFV.
- Agree proposals for investments across CCGs providing assurance of effective use of resource.
- Undertaken a review of the Making Time Audit and other local and national intelligence to support local general practice development from 2017/18 including implementation of the 10 high Impact Actions.
- Develop and support establishment of local general practice resilience teams across the county to support sustainability in General Practice and initiate approaches to wider spread and adoption of best practice.
- Provide programme assurance and inform decisions where any corrective action is required against the work streams set out below. *
- Provide peer support, challenge and review of local work stream implementation across the county.
- Ensure that General Practice engagement is central and utilised in the design and local implementation of initiatives.
- Ensure stakeholder engagement including development of effective communications with the wider system particularly where partnership working is an enabler to delivery of the plan.
- Ensure connectivity of the GPFV Worcestershire work programme with the wider STP & national context.

* Programme Structure



Reporting arrangements

The Group will report directly to:

- Worcestershire Primary Care Commissioning Committee
- General Practice transformation Board NHSE

ToR agreed on:	15 February 2017
For review:	October 2017

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

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								
<p><i>Federation Development (general practice at scale)</i></p> <p>Page 47</p>	Stay well Health care Ltd - New organisational form established.	<p>3 formal Federations established : Stay Well Health Care – 32 practices in SW North Worcestershire Healthcare – 17practices in R&B Wyre Forest Federation – 11 practices inclusive of a 6 practice super partnership Bromsgrove Primary Care Network -5 practices</p>	TBC Transformation funds 17/18	SWHC – review and consultant with members on new organisational models	Federations (supported by the CCGs)	Mid 18/19	<p>Single organisation / super practice to support :</p> <ul style="list-style-type: none"> •economies of scale •Increase back office functionality •Standardisation of care •Future sustainability 	TBD
	Support other Federations across the county to explore future forms that fit local needs			General Practice at scale with a potential wider landscape		a/a		
				Continued engagement and dialogue with Federations / practice members		a/a		
	Promoting Clinical Excellence (PCE) in place across groups of practices for 17/18		65 individual contracts in place for 16/17	PMS premium	Worcestershire Primary Care Commissioning Committee approval of 17/18 plans	CCGs		

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory	
<p><i>Worcestershire Alliance</i></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 48</p>	Shape new models of care working structures care through Worcestershire Alliance			Collaborative leadership across Alliance Boards via the establishment of 'Alliance Worcestershire'	New Models of Care Programme Board	Q2 17/18	As Deliverables	TBD STP assurance	
				Secure necessary levels of engagement including: ... Engagement across Primary Care Engagement across wider provider group		Q2 17/18			
				Governance structure in place with cross CCG endorsement		Q2 17/18			
				Connectivity with the GPFV work streams to support deliverability across General Practice at scale		Q2 17/18			
	Development of Neighbourhood Units and Primary Care Home pilots across three CCGs				Integrated Health and Social Care Teams – Introducing Neighbourhood Teams	Alliance Board	From 17/18	Neighbourhood teams in place Locality Hubs in place Improved self-care and LTC management pathways	TBD
					Improving Access to Care – via the introduction of Locality Hubs		From 17/18		
					Specialist Support Areas– Improved Management of Long Term Conditions		From 17/18		
					Promoting Prevention and Self-Management – expanding Social Prescribing and the introduction of Care Navigation and Active Signposting		From 17/18		

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
GPFV – Improving access								
Extended Access Page 49	Establish extended Access Hub/ Models across all three CCGs	SW –Currently delivering extended access as per core requirements. R&B and WF extended access DES only	GPAF funds (SW only £6 per head) TBC Transformation funds to support 17/18-18/19. Access Funds (WF and RB) £3.34 per head from 18/19 and £6 per head from 19/20)	Procurement of the SW GPAF to continue delivery of same day and pre bookable extended access	CCGs	April 17	100% coverage by 17/18	As per national tool -appointment activity in /extended hours practice participation rates (Currently via Apollo and E-dec returns). Other KPIs to meet national requirements will monitored for QA purposes
				Roll out of 4 locality Access Hubs across SW as part of wider integration at neighbourhood level	SWHC Ltd	April 17 onwards	100% coverage by mar 19	
				Establishment of 2 Primary Care hubs across Redditch and Bromsgrove practices to deliver pre-bookable extended access (CCGs	March 19 (commence ment from Oct 18)	100% coverage by mar 19	
				Establish two urgent Primary Care Hubs to support same day and pre bookable appointments in Wyre Forest	CCGs	March 19	100% coverage by mar 19	
GPFV – Workforce								
Developing an alternative Workforce Model	New/ enhanced roles in place across practice teams that support the GP workforce and workload challenges	Practice based clinical pharmacists in place in 2 of 3 CCGs (26 in SW and 6 in WF) Outputs of local workforce survey have	National funding (CP roles) HEE supported funding transformation funds to support TBC	Define workforce priorities for 17/18 implementation plan -the County workforce group	CCGs County wide workforce Group	April 17	New/ enhanced roles in place across practice teams that support the GP workforce and workload challenges Utilising the talents in the	TBC
				GPFV workforce engagement event to secure commitment to expanding roles and new workforce roles		March 17		
				Understand the rurality workforce challenge and local solutions		May 17		

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
		<p>been evaluated to inform 17/18 plans</p> <p>Strong connections made with local CEPN and RCGP</p>		<p>Expansion of Clinical Pharmacy practice roles through NHSE supported funded across all three CCGs</p> <p>Care navigation roles in all practices</p> <p>Expansion of nurse associate training placements in practices</p> <p>Source local support available CEPN and HEE / Universities / RCGP/ Regional NHSE</p>		<p>March 18</p> <p>March 18</p> <p>Mar 18</p> <p>April 17</p>	<p>wider workforce in order to create capacity in general practice</p>	
<p>Practice Nurse Development</p> <p>Page 50</p>	<p>Improve succession planning for PNs across practices where nurses are likely to retire</p> <p>Secure a nursing skill development plan across groups of practices</p>	<p>Local PN networks in place</p> <p>Nurse Associates training posts been offered for 17/18 - practices engaged</p> <p>Community nursing teams working across neighbourhood units</p>	<p>Explore regional , national and local investment opportunities</p>	<p>Establish PN mentorship programme with support from Worcestershire training Hub</p> <p>Improved links with universities locally to establish rolling programme of students nurses in practices/ groups or neighbourhood units.</p> <p>PN skills assessment across practices- general / core and specialist skills</p> <p>Training needs plan in place across groups of practices working together</p>	<p>CCGs</p> <p>County wide workforce Group</p>	<p>March 18</p>	<p>Practices working together to support PN development with clear plans for succession and skill development</p> <p>New model of Practice nursing piloted across Worcestershire</p>	<p>TBC</p>

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
<i>GP Retention</i>	GP Career Plus in place to support wider offer for GPs nearing retirement	Not currently in place	Explore regional , national and local investment opportunities	<p>Identification of skillsets and interest through opportunities sourced via at scale PCE</p> <p>Scope career portfolio options for Worcestershire GPs with wider provider engagement.</p> <p>Locality based Clinical Tutor programme Recruitment of GPs onto an internal resilience teams</p>	CCGs County wide workforce Group	March 18	Career Plus established Portfolio career options available	TBC
<i>Practice Manager and wider team development</i>	<p>Practice resilience programmes providing tailored support to practice teams</p> <p>Practice management development programme commissioned</p> <p>Time to care Programmes rolled out across CCGs</p>	<p>Time to care programmes due to start in 17/18 across 2 CCGs</p> <p>Committed to be part of a region PM development programme commissioned by NHSE</p> <p>Practice Resilience applications have clearly set out PM and team development needs</p>	Regional and local support/ investment TBC	<p>Identification of an appropriate county wide PM programme as part of the wide regional offer</p> <p>Resilience teams supporting practices.</p> <p>Internal Resilience pool established to provide local support across practices in need of support.</p> <p>Output of Time to Care programmes shared via GPFV Implementation Group to support future development needs.</p>	CCGS GPFV Implementation Group	March 18	Time to Care programme active across all three CCGS	TBC

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
GPFV – Workload								
<i>Releasing Time for Care Programme</i>	Time for Care Programme implementation across three CCGs	<p>R&B & WF CCG have 100% practice sign up to the programme due to start in early April 17.</p> <p>R&B have identified their key HIA priorities for support.</p> <p>Application submitted by Stay Well Healthcare Ltd on behalf of all SW member practices with mid 17/18 implementation planned.</p> <p>Some Practice and clinical staff have attended GPFV Improving Leaders programme and Primary care CCG team members</p>	TBC Transformation funds to support 17/18 and 18/19.	<p>Time to Care programmes will start across all three CCGs with practice s working in teams / clustering groups to learn and implement local solutions</p> <p>Outputs from the programme will identify priority areas for local implementation</p> <p>10 High Impact Change areas identified across each CCG for targeted programme support</p> <p>Maintain active engagement with NHSE General Practice Improvement programme</p> <p>Active promotion of the programme through existing engagement channels to ensure practices maximise the value of the programme locally</p> <p>Ensure learning outcomes are captured and feed back to the GPFV Implementation Group and inform future spread and adoption of best practice at county level</p>	CCGs Federations and practices	18/19	<p>All practices participating in the Time for Care Programme</p> <p>Evidence of benefits across the HIAs seen in releasing capacity and improved workload management</p> <p>Evidence of practices working together in groups to support change & improvements at neighbourhood PC home levels.</p>	TBC

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
<p><i>Making Time Audit and 10 High Impact Actions</i></p> <p>Page 53</p>		<p>The national audit tool has been adopted and rolled out during Oct to Dec 16.</p> <p>Evaluation completed by the Primary Care Foundation due March 2017.</p> <p>First self assessment against 10 impact changes undertaken in January 2017.</p>	<p>TBC</p> <p>Support from transformation funds in 17/18 and 18/19.</p>	<p>Dissemination of results of the audit at group/ hub, CCG and county levels.</p> <p>Practices to work together in identifying priorities for improvement and areas where economies of scale can be realised for transformation.</p> <p>Proposals developed for funding consideration through the GPFV Implementation Group and PCCC.</p> <p>Quarterly self assessments on progress against 10 High Impact changes shared with GPFV Implementation Group/Federation/Alliances.</p> <p>Encourage partnership working at scale where appropriate to deliver transformation in areas such as social prescribing, sign posting and self care.</p>	<p>CCG/GPFV Implementation Group, practices, Federations/ Alliances.</p>	<p>Dec 2017</p>	<p>Practices are supported to release capacity and work together at scale using the 10 High Impact Actions as appropriate, based on local need.</p> <p>Transformational funds are used effectively and proposals meet criteria.</p>	<p>Self assessment quarterly against 10 High Impact Actions progress.</p>

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
<p><i>Internal programme for resilience</i></p> <p>Page 54</p>		<p>WF CCG - 1 practice has submitted an application for NHSE resilience support.</p> <p>R&BCCG- 2 separate submissions at scale have been submitted across a group of 4 practices and a group of 9 practices respectively.</p> <p>StayWell Healthcare Limited has submitted an application on behalf of SW practices to deliver a resilience programme at scale responding and supporting practices locally.</p>	<p>General practice resilience funding NHSE and transformation funds 17/18 TBC</p>	<p>PCC completion of all diagnostic assessments across current applications for resilience support.</p> <p>Practices compile an action plan with support from the PCC and CCGs.</p> <p>Practices implement the plan and adopt new improved ways of working.</p> <p>Learning is shared across the county as part of the establishment of the internal resilience programme.</p> <p>Early identification of practices requiring NHSE resilience support through IQSP, internal intelligence and self-selection.</p> <p>Visit Birmingham Cross City to learn and to view their model of internal resilience.</p> <p>Design and establish a local Worcestershire internal resilience programme.</p> <p>Establish a local clinical and practice manager team that can provide responsive peer support to neighbouring practice and across the county as part of the internal resilience programme.</p>	<p>CCGs/ practices</p>	<p>May 17</p> <p>June 17</p> <p>March 18</p> <p>March 18</p> <p>From 17/18</p> <p>Feb 17</p> <p>April 17</p> <p>June 17</p>	<p>Internal resilience programme/peer support programme in place in Worcestershire.</p> <p>Successful implementation of action plans by practices currently within the NHSE resilience programme.</p>	

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
<p><i>Telephony</i></p> <p>Page 56</p>	To implement a single hosted telephony solution in GP practices across Worcestershire	<p>Using the Redditch Hub as a pilot site to inform wider roll-out across Worcestershire</p> <p>Planned a phased option approach and implementation to accommodate specific surgery requirements depending on their technology / contractual refresh cycles</p>	ETTF bids for countywide telephony and the R&B Hub	<p>Launch of the Redditch Hub</p> <p>Scoping of current telephony contracts to inform wider rollout</p> <p>Develop implementation plan to support countywide roll-out</p>	Primary Care IT Operational Group	<p>Redditch Hub live April 17</p> <p>17/18 onwards</p> <p>17/18 onwards</p>	Implementation of a telephone systems which will allow calls to be managed remotely (for business resilience and disaster recovery) and accessible from any location	<p>TBC</p> <p>TBC</p>
<i>EMIS Sharing of Records</i>	To implement a system whereby patients GP Record in Worcestershire can be accessed via a single point through EMIS Web and Data Sharing within Primary Care.	100% coverage in South Worcestershire. WF and R&B keen to adopt data sharing as part of extended access	GPAF		Primary Care IT Operational Group	17/18	Roll out of EMIS Community to support extended access across providers	TBC

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
Page 57	Remote Consultations via EMIS Community - efficiently and securely with a full audit trail in areas where data sharing agreements are in place.	Additional functionality offered by remote consultations has been explored allowing information to be filed directly against the primary care record.				17/18	True integration of primary care patient records	
	Adoption of Docman 10.		Docman 10 Licences for the 32 South Worcestershire practices supported by the GPAF.	Phased rollout across Worcestershire initially starting in South Worcestershire in 17/18.		17/18	Files, including clinical correspondence, workflows can be accessed from any GP shared record and from any location	
<i>Back office productivity</i>	Introduce web based sharing and compliance platform for GP Practices and stakeholders	Undertaking scoping exercise to look at countywide Intranet providers to support cross county working	Supported by transformation fund TBC.		Primary Care IT Operational Group	April 2017 onwards	Ability to share Central Management of clinical templates, data reporting and analysis.	TBC

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
<i>Online Consultations</i>	The CCGs' ambition is to support all practices in the adoption and use of appropriate technology (e.g. new apps and web portals) that help patients access Primary Care when needed, assist in management of their own health and provide satisfaction of effective and safe clinical outcome.	Since January a review of on line consultation provider options has taken place, led by the Primary Care IT Operational Group across Worcestershire	Supported by national programme ring fenced funding	Further engagement on provider functionality and offer for general practices will take place across the county with clinical and practice teams in readiness for a full appraisal of provider against the national specification when this is released.	Primary Care IT Operational Group	April 2017 onwards	Enhancement of patient care and experience	TBC As per national specification
				Pilot on line consultations in Wyre Forest Health Partnership as an early adopter to test consultation technology and acceptability at patient and practice level.		Sept 2017	Greater streamlined practice processes that will help to reduce workload and promote greater efficiencies. Increase access and alternatives to face to face care for patients.	
<i>Premises Development</i>	<i>DeMontfort Medical Centre Extension to current premises</i>	Full approval given Jan 17 Work due to commence	ETTF £132,000 16/17	Commencement	DeMontfort Medical Centre	end March 2017	Building work started	
			ETTF £600,903 17/18	Completion of Extension	DeMontfort Medical Centre	end March 2018	Extension available for GMS use	
	<i>Barn Close Surgery New Build</i>	Supported in principle Draft Business Case prepared	ETTF £1,067,593 17/18 & 18/19	Publication of NHS Premises Costs Directions	Department of Health	March 2017?	Directions issued	
				Practice agree to go ahead under new PCD terms	Barn Close Surgery	early 17/18	Agreement given	
				Due Diligence carried out	NHS England/CCG	early 17/18	Due Diligence completed	

Delivery Plan Appendix 3 Worcestershire

February 21, 2017

Schemes	Key deliverables	Baseline position	Investment (inc dates)	Action / milestone	Action owner (organisation)	Milestone delivery date	Success measure	KPIs / Plan trajectory
Page 59				Full approval given	NHS England	early 17/18	Letter sent	
				Building work commenced	Barn Close Surgery	17/18		
				New premises completed	Barn Close Surgery	18/19	Certificate of Practical Completion	
	<i>Wyre Forest Health Partnership Stourport Health Centre & York House Medical Centre New Build</i>	Supported in principle Draft Business Case being prepared	ETTF £1,538,790 17/18 & 18/19	Publication of NHS Premises Costs Directions	Department of Health	March 2017?	Directions issued	
				Practice agree to go ahead under new PCD terms	Barn Close Surgery	early 17/18	Agreement given	
				Due Diligence carried out	NHS England/CCG	early 17/18	Due Diligence completed	
				Full approval given	NHS England	early 17/18	Letter sent	
				Building work commenced	Barn Close Surgery	17/18		
				New premises completed	Barn Close Surgery	18/19	Certificate of Practical Completion	

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

5 APRIL 2017

CHANGES TO COMMISSIONING POLICIES AFFECTING HIP AND KNEE REPLACEMENT SURGERY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to be briefed on changes to Worcestershire Clinical Commissioning Groups (CCG) commissioning policies that will impact on hip and knee replacement surgery.
2. This update follows earlier communication to HOSC Members about the changes and Members will also be aware of local and national media interest.
3. Representatives from the Worcestershire CCGs have been invited to the meeting.

Background

4. From an earlier update, HOSC Members will recall that in May 2016 the three Worcestershire CCGs carried out a budget prioritisation exercise, to gauge public opinion on possible changes to commissioning policies for the financial year 2017/18. This included a question on hip and knee replacement surgery and the public response was not in favour of supporting changes in this area. The CCGs considered this information alongside the clinical evidence, national and local benchmarking, GP feedback and existing compliance with commissioning policies when examining the need to take action in this area.
5. HOSC Members will be aware that considering public engagement and feedback is important when the CCGs explore policy changes but it cannot be the only factor considered and cannot have a veto on other evidence, benchmarking data or professional opinion when making judgements of this nature.
6. For 2017/18, the Worcestershire CCGs need to identify more than £36m worth of efficiencies to meet the financial planning requirements placed upon them. Even delivering this level of savings will result in Redditch and Bromsgrove CCG incurring a £5.5m overspend on the allocation it is given.
7. To identify areas to focus on, the CCGs have been reviewing patterns of expenditure and activity across a number of areas. These have been compared between CCGs locally and nationally using benchmarking data to identify variation that might result in higher than expected levels of expenditure or poorer than expected patient outcomes.

8. For Redditch and Bromsgrove CCG, this benchmarking data identified Musculoskeletal (MSK) as an area to focus on – both in terms of high expenditure and poor patient outcomes. In addition to this information, the CCGs reviewed rates of Hip and Knee replacement surgery across the County to identify areas of variation.

9. Using a simple geographical split of the Worcestershire population:

Redditch and Bromsgrove (RB) - 29.6%
 South Worcestershire (SW) - 51.1%
 Wyre Forest (WF) - 19.3%

there is an obvious variation. SWCCG activity only accounts for 44.8% of the Worcestershire total, whereas both RBCCG (34.2%) and WFCCG 21.1% have a greater share proportionate to the population.

	POPULATION		HIP AND KNEE REPLACEMENTS		
	Total	% of Worcs	Total	% of Worcs	Rate per 10,000
RBCCG	176,311	29.5%	642	34.2%	36.41
SWCCG	306,342	51.2%	841	44.8%	27.45
WFCCG	115,212	19.3%	396	21.1%	34.37
WORCS	597,865		1879		31.43

10. When the population profile is taken account of the variation becomes even more significant, particularly in RBCCG. The average age of the population in RBCCG area is much younger than the other two CCGs and joint replacement surgery is related to Osteoarthritis, which is a condition that exacerbates with age:

	POPULATION	
	<18	>65
RBCCG	20.6%	19.1%
SWCCG	19.0%	21.7%
WFCCG	18.7%	24.2%
WORCS	19.4%	21.4%

11. One key area of difference between the three CCG areas is the level of use of a guidance document called the Oxford Scoring System. This tool is widely used in SWCCG, partially used in WFCCG but rarely used in RBCCG.

12. The tool itself is not designed to be an absolute threshold for approving or rejecting a surgery but rather to help inform clinical decisions on what the best treatment options would be for patients with different levels of pain and mobility problems. It is also used for assessing the subsequent benefit of that treatment on the patients' condition.

13. A copy of the tool is provided as part of Appendix 1 along with the guidelines for treatment for the different levels of scoring. Significantly for patients scoring between 30 and 39 it proposes non-surgical treatment such as exercise and weight loss or anti-inflammatory medication. This is a key reason why the BMI threshold was introduced to the policy as the original policy omitted this important aspect.

Changes Proposed

14. The CCG clinical discussions have focused on two main areas for change, which arose from a review of unexplained variation in activity levels and patient outcomes:

- **Consistent use of the Oxford Hip and Knee Score** across the three Worcestershire CCGs, particularly in conversations between GPs and patients to determine what treatments to pursue
- **Strengthening the criteria** to ensure that operations are only carried out on the patients who will benefit most from them.

15. The work was initially undertaken for Redditch and Bromsgrove CCG, but has been extended across the three CCGs to ensure an equitable approach across Worcestershire and to avoid a 'postcode lottery' for local patients.

16. The revision to the clinical commissioning policy is designed to ensure that any referrals are always appropriate and that full consideration is given to alternatives such as pain relief, physiotherapy and weight loss before the option of significant major surgery is considered.

17. The attached briefing note (Appendix 1) summarises the key changes to the commissioning policy. It should be noted however, that NHS England has initiated a review of CCG policies regarding use of the Oxford Scoring System. Consequently the CCGs have decided to defer implementing changes to the policy relating to the Oxford Scoring System until this NHS England work has been completed.

18. The CCGs will continue to implement the BMI criteria and will also require GPs and local surgeons to adhere to the existing commissioning policy through a prior authorisation process. This should ensure a consistent approach across all of Worcestershire's population, which is not currently happening.

19. The changes to the commissioning policies came into effect in February 2017. However, patients who are currently listed for surgery will not be affected and there will not be any patients who are receiving on-going care that will be affected by this change. The change will only affect future referrals and decisions.

Equality and Diversity Implications

20. Osteoarthritis is a condition exacerbated by age but the policy does use age as criteria for treatment. Patient obesity levels are incorporated in the policy as a clinical safety factor and to inform the decision on whether a patient is suitable for surgery.

Purpose of the meeting

21. Members are invited to consider and comment on the information provided and determine whether any further information or scrutiny is required at this stage

22. The following areas may be of relevance to HOSC Members' discussion:

- Numbers of people affected?

- How will the new approach and alternatives to surgery be introduced?
- What have been the experiences of similar approaches elsewhere?
- How will the impact and outcomes of the revised policy be monitored?
- Other potential proposals as a result of CCG budget prioritisation?

Supporting Information

- Appendix 1 – HOSC Briefing Note, which incorporates information on the Oxford Scoring System

Contact Points

County Council Contact Points

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Specific Contact Points for this report

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Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- [Hip operations banned if you can sleep](#) Daily Mail, 27 January 2017

Worcestershire Health Overview and Scrutiny Committee Briefing Note

Hip and Knee Commissioning Policy

Introduction Health Overview and Scrutiny Committee members will be aware of proposed changes to hip and knee replacement commissioning policies and procedures from recent media interest. This media interest originated from papers agreed at public Governing Body meetings for two of the three Worcestershire CCGs on Thursday 26th January, with the other – NHS Wyre Forest CCG considering the proposal at their public Governing Body Meeting on Tuesday 7th February.

This proposal has arisen from a review of current expenditure and patient outcome measures. This work was initially undertaken for NHS Redditch and Bromsgrove CCG who are scheduled to overspend their budget in 2016/17 by £8 million, but has been extended across the three CCGs to ensure an equitable approach across Worcestershire.

Rationale In May 2016 the three Worcestershire CCGs carried out a budget prioritisation exercise to gauge public opinion on possible changes to commissioning policies for the 2017/18 financial year. There was a question on restrictions to hip and knee replacement surgery and the public response was not in favour of supporting this.

At around the same time the CCGs reviewed some national benchmarking information that indicated spend on hip and knee replacement surgery in Worcestershire was higher than similar CCGs in England. The analysis identified that the Worcestershire CCGs incur costs in the region of £2 million more than their comparative peer groups on hip and knee replacement surgery. This implies that that surgery is more likely to be the treatment option chosen compared with other areas of the country, which may rely more on alternative treatment such as physiotherapy and pain relief.

Local GPs, who have been reviewing local policy and practice, identified significant variation across the county in terms of approach and outcomes. In particular Redditch and Bromsgrove has a higher rate of surgery and poorer outcomes for hip and knee replacements. South Worcestershire and Wyre Forest have lower rates but are still above the CCG peer group for hip replacement. Both areas also have good outcomes.

One key difference between the three CCG areas is the use of an assessment tool called the Oxford Hip and Knee Score. This is a recognised tool for assessing the level of pain and discomfort associated with hip and knee conditions. It is also used for measuring the impact of treatments. The scoring tool is widely used as guidance in South Worcestershire and Wyre Forest (although not universally), but rarely used in Redditch and Bromsgrove.

The Oxford Hip and Knee Score is explained in more detail in Appendix One of this report, along with a copy of the assessment tool itself. It should be noted that the Oxford Scoring System is not designed to be used to inform commissioning policies, but in the absence of a more robust mechanism, many CCGs use it for this purpose to help inform clinical conversations.

What is being proposed with the policy change?

The CCG clinical discussions have focused two main areas:

1. **Consistent use of the Oxford Hip and Knee Score** across the three Worcestershire CCGs, particularly in conversations between GPs and patients to determine what treatments to pursue.
2. **Strengthening the criteria** to ensure that operations are only carried out on the patients who will benefit most from them.

Patients who are currently listed for surgery will not be affected and there will not be any patients who are receiving on-going care that will be affected by this change. The change will only affect future referrals and decisions. Furthermore there is no proposal to decommission any services currently offered. For this reason, the CCG Governing Bodies did not feel that it was necessary to undertake a specific engagement exercise on the change.

Summary of key changes to the hip and knee policy

Area	Change	Details
Threshold for when surgery should be considered as a treatment option.	Widespread adoption of the Oxford Hip and Knee Score (OHS/OKS) and a reduction in the threshold from <30 to <25	Patients with an OHS/OKS of <25 have an “upper moderate” or “severe” condition and therefore have a greater need for surgery. Patients with a score <30 have a more “moderate” condition. <i>*Please see footnote below</i>
Body Mass Index (BMI)	BMI below 35 or demonstrate at least a 10% loss in body weight in the past 12 months	Mortality rates are higher for patients with high BMI and the benefit of surgery is also likely to be less for these patients. The policy change is aimed at promoting alternative treatments that will have a longer and more widespread health benefit for the patient.

Exceptions to the policy	Introduce a process for enabling individual patient circumstances to be considered when the patient does not meet the stated criteria	<p>Where a patient's BMI is above 35, there is a process to enable clinicians to operate outside the policy where:</p> <ul style="list-style-type: none"> • Mobility is so compromised that the patient is in immediate danger of losing their independence and that joint replacement would relieve this threat. • Joint destruction is of such severity that delaying surgical correction would increase the technical difficulty of the procedure if delayed. • Weight management – the patient has already actively engaged with a weight management programme and achieved a 10% reduction in their weight.
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**Please note that implementation of this specific part of the policy change has been deferred pending the production of national/regional guidance from NHS England, which is expected within the next few months. The policy will be revisited again in the light of that guidance.*

Benefits of the policy change

There are a number of benefits that will be realised:

- **Shorter waiting times** for those listed for surgery. The benefit of consistent use of the Oxford Hip and Knee score is that waiting times for these operations will be improved. Currently more than 30% of patients in Worcestershire wait longer than 18 weeks for surgery. It is expected that this change should bring waiting times much closer to the national target.
- **Promotion of alternative and less risky options** such as physiotherapy and pain relief. Many clinicians report that alternatives to surgery are often too readily overlooked but can often achieve good outcomes.
- **Encouragement for weight loss** for some patients. The policy will require some patients to achieve weight loss before receiving surgery, which will both lower the risk of complications with the surgery and improve the outcome resulting from the surgery. Achieving weight loss will also improve the patient's general health and is consistent with the local Health and Well Being Strategy and the Sustainability and Transformation Plan.

Exceptions to the policy

It is important to be clear that the OHS/OKS score does not equate to an absolute restriction on access. The decision to operate will always be a decision between the surgeon, the patient and/or the referring GP. This policy change does not change this fundamental principle.

There is a process in place for approving exceptions who do not meet standard commissioning policies. Where a patient, the referring GP and/or surgeon believe the patient has specific circumstances that should be taken into

account they can ask to be considered through this process.

**Impact of
the policy**

Implementing this change in policy is likely to result in around 300 fewer operations each year.

David Mehaffey

Director of Strategy, Transformation and Planning
NHS Redditch and Bromsgrove CCG
NHS South Worcestershire CCG
NHS Wyre Forest CCG

Appendix 1 – Oxford Hip and Knee Score

The Oxford Hip Score (OHS) and Oxford Knee Score (OKS) were both developed as a standardised, reliable and reproducible patient reported outcome measures to assess the effect of surgery on a patient's quality of life. Scoring involves the use of 12 questions presented with a 5 point answer system. Points are allocated to each answer allowing a total score to be obtained by summation, giving a range from 0 (the worst score indicating greatest need) to 48 (the best score indicating lowest need). A lower score indicates a larger impact on quality of life and is judged to reflect more severe disease.

Oxford Hip Score

Please answer the following 12 multiple choice questions.

During the past 4 weeks.....

<p>1. How would you describe the pain you usually have in your hip?</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Very mild</p> <p><input type="radio"/> Mild</p> <p><input type="radio"/> Moderate</p> <p><input type="radio"/> Severe</p>	<p>7. Have you been able to put on a pair of socks, stockings or tights?</p> <p><input type="radio"/> Yes, easily</p> <p><input type="radio"/> With little difficulty</p> <p><input type="radio"/> With moderate difficulty</p> <p><input type="radio"/> With extreme difficulty</p> <p><input type="radio"/> No, impossible</p>
<p>2. Have you been troubled by pain from your hip in bed at night?</p> <p><input type="radio"/> No nights</p> <p><input type="radio"/> Only 1 or 2 nights</p> <p><input type="radio"/> Some nights</p> <p><input type="radio"/> Most nights</p> <p><input type="radio"/> Every night</p>	<p>8. After a meal (sat at a table), how painful has it been for you to stand up from a chair because of your hip?</p> <p><input type="radio"/> Not at all painful</p> <p><input type="radio"/> Slightly painful</p> <p><input type="radio"/> Moderately painful</p> <p><input type="radio"/> Very painful</p> <p><input type="radio"/> Unbearable</p>
<p>3. Have you had any sudden, severe pain (shooting, stabbing, or spasms) from your affected hip?</p> <p><input type="radio"/> No days</p> <p><input type="radio"/> Only 1 or 2 days</p> <p><input type="radio"/> Some days</p> <p><input type="radio"/> Most days</p> <p><input type="radio"/> Every day</p>	<p>9. Have you had any trouble getting in and out of a car or using public transportation because of your hip?</p> <p><input type="radio"/> No trouble at all</p> <p><input type="radio"/> Very little trouble</p> <p><input type="radio"/> Moderate trouble</p> <p><input type="radio"/> Extreme difficulty</p> <p><input type="radio"/> Impossible to do</p>

4. Have you been limping when walking because of your hip?

Rarely/never

Sometimes or just at first

Often, not just at first

Most of the time

All of the time

10. Have you had any trouble with washing and drying yourself (all over) because of your hip?

No trouble at all

Very little trouble

Moderate trouble

Extreme difficulty

Impossible to do

5. For how long have you been able to walk before the pain in your hip becomes severe (with or without a walking aid)?

No pain for 30 minutes or more

16 to 30 minutes

5 to 15 minutes

Around the house only

Not at all

11. Could you do the household shopping on your own?

Yes, easily

With little difficulty

With moderate difficulty

With extreme difficulty

No, impossible

6. Have you been able to climb a flight of stairs?

Yes, easily

With little difficulty

With moderate difficulty

With extreme difficulty

No, impossible

12. How much has pain from your hip interfered with your usual work, including housework?

Not at all

A little bit

Moderately

Greatly

Totally

Grading for the Oxford Hip Score	
Score 0 to 19	May indicate severe hip arthritis. It is highly likely that you may well require some form of surgical intervention, contact your family physician for a consult with an Orthopaedic Surgeon.
Score 20 to 29	May indicate moderate to severe hip arthritis. See your family physician for an assessment and x-ray. Consider a consult with an Orthopaedic Surgeon.
Score 30 to 39	May indicate mild to moderate hip arthritis. Consider seeing you family physician for an assessment and possible x-ray. You may benefit from non-surgical treatment, such as exercise, weight loss, and /or anti-inflammatory medication
Score 40 to 48	May indicate satisfactory joint function. May not require any formal treatment.

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

5 APRIL 2017

HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP

Summary

1. To receive a round-up of information on:
 - County Council activities in relation to health
 - District Council activities in relation to health
 - NHS Board meetings
 - Consultations in Worcestershire
 - Urgent health issues in Worcestershire; and
 - Items for future meetings of the Health Overview and Scrutiny Committee

Background

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each meeting of the HOSC.

District Council Activities in Relation to Health

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.

5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

NHS Board Meetings

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member' would be identified for each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each meeting of the Scrutiny Committee.

Consultations in Worcestershire

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Unit at least two weeks in advance of a scheduled meeting of the HOSC.

Contact Points

County Council Contact Points

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Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Worcestershire County Council Procedural Standing Orders, May 2015 [which can be accessed on the Council's website here](#)

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