

PRIMARY CARE CO-COMMISSIONING COMMITTEE (PCCC)

Date of Meeting	1 st July 2015	Agenda Item No.	12.
Title of Report	Prime Minister's Challenge Fund Update		
PCCC Responsible Officer	Roger Parr	Lead Clinician	Dr Mohammad Umer
		Lead Manager	Martin Walls
Summary/Purpose of Report	To provide an overview of the key deliverables associated with the Prime Ministers Challenge Fund. To review the timeframes for implementation of the deliverables.		
PCCC Action	<ol style="list-style-type: none"> 1. Receive and consider the contents of the paper 2. Support the delivery of the pilot in line with the project plan 		
Please indicate the Committee(s)/Group(s) where the paper has been discussed/developed			
<p>The following groups all receive regular updates on the Prime Ministers Challenge Fund (PMCF):</p> <p>Commissioning Business Group (CBG) Executive Team Operations Group</p>			
Please note the following section must be completed in full			
Patient and Public Engagement Completed		Not required at this stage, a communications strategy will be developed in advance of the additional services going live.	
Equality Analysis Completed		Planned	
Financial Implication(s)	The year 1 costs of the pilot will be covered by the financial settlement of £3 million. However any future costs of delivery in future years are not factored into the bid and therefore must be met locally.		
Risk(s) Identified	The project is not delivered within the budget or timeframes stipulated.		
CCG Strategic Objectives supported by this paper			
1.	To extend the life of our citizens and their quality of life adding life to years as well as years to life.		x
2.	To ensure there will be no gaps, no duplication – with integrated services and partnership working; including better relationships with voluntary, community and faith sector organisations.		x
3.	To engage and encourage patients and the public to participate in everything we do and the importance of self-care and family wellbeing.		x
4.	To improve services and tackle inequality, evidence best practice to inform decisions and root out poor practice.		x
5.	To offer effective service interventions which will provide a better experience for patients with privacy and dignity.		x
CCG High Impact Changes supported by this paper			
1.	Delivering high quality Primary Care at scale and improving access.		x
2.	Self-Care and Early Intervention.		x
3.	Enhanced and Integrated Primary Care and Better Care Fund.		x
4.	Access to Re-ablement and Intermediate Care.		
5.	Improved hospital discharge and reduced length of stay.		
6.	Community based ambulatory care for specific conditions.		x
7.	Access to high quality Urgent and Emergency Care.		x
8.	Scheduled Care.		
9.	Quality.		x

CLINICAL COMMISSIONING GROUP (CCG)

PRIMARY CARE CO-COMMISSIONING COMMITTEE (PCCC)

WEDNESDAY 1ST JULY 2015

PRIME MINISTER'S CHALLENGE FUND UPDATE

1. Background

- 1.1 In 2013, the Prime Minister announced a £50 million Challenge Fund to help improve access to general practice. The Challenge Fund was designed to test innovative ways of providing primary care services.
- 1.2 This fund was extended a further year and another £100 million was made available and health care.
Management of this fund was delegated to NHS England and they were responsible for encouraging practices / providers to submit bids and also for reviewing and approving the bids.
- 1.3 A decision was made locally that the recently formed GP Federation with the support of the Clinical Commissioning Group (CCG) would submit a bid.
The bid focused on four key deliverables and had a total value of £3.7 million. More detail of the deliverables will be provided later
- 1.4 The bid was subject to a robust review process and was finally awarded in April 2015. However during the review process assumptions made over the costings of various elements of the bid were challenged. The impact of this was that the final award value was £3.1 million.
In agreement with the CCG and NHS England a decision was made to transfer the total revenue element of the bid to the CCG for them to administer. The mechanism for the release of capital monies has yet to be agreed. The capital element is £1.4 million.

2. Current Position

- 2.1 Once the bid was confirmed the CCG in conjunction with the GP federation moved quickly to mobilise the project.
- 2.2 The first step was the recruitment of an interim project manager with experience in delivering PMCF pilots in other areas. The project manager started at the end of April and the first step was to complete the necessary due diligence exercise required by the national team as part of the award.
- 2.3 Following on from this was the development of robust project management documentation to ensure the pilot is delivered in a structured methodical way and also provided the necessary governance.

3. Key Deliverables

- 3.1 The major focus within the project documentation is the creation of defined work streams which group all of the pilot deliverables.
- 3.2 This paper will provide a brief overview of the key deliverables within each work stream and also provisional delivery dates

I. Primary Care Access Centre(PCAC)

This relates to the provision of a defined primary care centre situated within the Royal Blackburn hospital. The vision is that this centre will provide additional primary care capacity in the form of pre bookable appointments 7 days a week

Clinical pathways will be agreed with the out of hours (OOH) provider and East Lancs Hospital Trust (ELHT) and these will be used to ensure patients access the most appropriate service when they attend. These pathways will be used when triaging patients and could result in patients being deflected out of an accident and emergency(A+E) setting and referred into the primary care centre.

The go live date for the PCAC will be no earlier than January 16. However there are still a number of key decisions outstanding which are being addressed through the project steering group.

II. Locality Spokes

The PCAC will provide additional primary care capacity across all of the localities. However due to the timeframes associated with the implementation of the hub there is a need to place additional capacity to meet the existing demand.

This capacity will be provided by a number of spokes / hubs located in each of the localities.

These spokes will provide urgent care / same day GP slots 4pm to 8pm Monday to Friday and 9.00 – 13.00 on Saturdays.

Appointments at these spokes will be available for use by all practices and will provide an overspill, which should support patients who may have attended A+E.

Work is progressing well in this area and it is expected that these spokes will be operational by July. As with the PCAC both work streams are reliant on an IT solution. However an interim IT solution can be employed within the spokes which would support an earlier go live date.

III. Patient Signposting

Supporting existing practices to manage their workload is equally as important as providing additional capacity. To meet this requirement the pilot will provide financial support for participating practices to purchase a patient triaging system. The CCG has identified a number of providers who will install the software / hardware and also support the practices in redesigning their operating model to accommodate the new system.

Once in place these systems have been proven to help practices better manage demand and are invaluable in ensuring patients are managed in the most appropriate way based upon their presentation.

The Federation with the support of the CCG are leading on this work stream.

All practices have been asked to submit expressions of interest along with the level of financial support required. These will be reviewed in early July and the outcome fed back to the practices. On approval each practice will be responsible for procurement, implementation and payment of their chosen solution. However the CCG would reimburse the practices the total cost, which could also include costs associated with downtime whilst undertaking training etc.

IV. Accessing Healthcare

Providing greater capacity at practice level can also be provided by supporting patients to take greater ownership of their conditions and self-care where appropriate. To support this one of the deliverables is to increase the levels of services provided by pharmacists.

The proposal for this work stream was to provide additional training to pharmacists in order to upskill them to provide targeted advice for patients with minor conditions. This would be supported by receptionist training at practice level to ensure patients are signposted into the pharmacies.

However following consultation with a number of key stakeholders a number of concerns have been raised, especially around measuring outcomes and value for money. Therefore work on this work stream has been postponed and the steering group are reviewing alternatives.

4. Communications and Engagement

4.1 The bid was formally approved at the end of April. One of the key actions for the project manager was to engage with as many groups as possible to share details of the bid and also an overview of the patient benefits and timeframes.

To date the following groups have been engaged with:

- North and Darwen patient participation groups (PPG)
- All four locality groups
- Equality delivery systems group

4.2 The PPG meetings were very good as it was a good opportunity to provide an overview of the patient benefits that the pilot will bring and also an idea of timeframes for implementation. The feedback was very good and the key outcomes around additional GP access both at practice level and within the spokes were easily identifiable for the groups.

4.3 There is an expectation that all of the aligned practices will need to contribute significantly in various ways to support the delivery of the pilot. The four locality meetings were a good opportunity to explain what the PMCF would mean for their practices and the requirements from them going forward.

A commitment was given by the project manager to support the practices through the process and a regular attendance at all the locality meetings would offer further reassurance.

4.4 No work has yet been undertaken with regards to the development of a communications strategy. Once robust timelines are in place for the delivery of the new services the project manager will work with the CSU and develop a plan. This plan will be formally signed off by the project steering group

5. Finance and Governance

5.1 As part of the national due diligence process, the project manager had to develop a more detailed budget profile as the details provided in the bid were high level. This profile has been signed off by the CCG and also NHS England and the revenue element of the bid will transfer over the CCG shortly.

5.2 The CCG will manage the budget throughout the process and all invoices for costs incurred delivering the pilot will be transacted through the Oracle system and subject to the usual approvals process. The commission business group will provide the necessary oversight of the budget and will monitor expenditure against plan.

5.3 The pilot is being delivered using robust project management principals which includes a risk register. Any high level risks associated with the PMCF are also aligned with the organisations risk register.

5.4 A steering group is held every two weeks to review progress and is also responsible for the sign off for key decisions this will ensure appropriate governance exists. The group is chaired by the project manager and is attended by all stakeholders including providers, federation and CCG officers. Reports on progress are also provided regularly for presentation at Exec Team and the Operations group.

6. Conclusion

6.1 This update paper has set out the background of the Prime Ministers Challenge Fund pilot and also a review of the key deliverables and timeframes for implementation. It also seeks to provide reassurance that the pilot is being delivered in a methodical way and that robust governance is in place.

7. Conclusion

7.1 Members are asked to:

1. Receive and consider the contents of this paper
2. Actively support the proposals detailed in this paper

Martin Walls
Interim Project Manager
15th June 2015