

Primary Care Restoration and Recovery Programme

West Sussex

11th November 2020

General Practice Restoration & Recovery Framework



The SE Regional vision

In restoring & recovering services we will take the opportunity to lock in the positive gains made during the response phase and drive transformation at pace to deliver high quality, clinically and financially sustainable services, improving outcomes for our populations, driving down health inequalities, with a focus on the most vulnerable



Delivering access to safe, high quality & effective services

SRO: TBC
Lead: TBC

Deliver access to safe, high quality & effective services, through innovative service models that consider national & international best practice, appropriately reflect local need & factor in the ability to manage future surge pressures (Covid-19, Seasonal Flu)

1. Continue to safely reinstate General Practice services that were suspended during Phase 1; in particular, through LCSs or not, patients with:
 - a) Long-term conditions; and
 - b) Identified as Vulnerable
2. Consolidate 'hot sites' and create a plan for the continued usage during Phase 3 and beyond
3. Ensure a seamless transition of the current elements of the Covid Care Home Support into full specification delivery of the Network DES from October



Capturing & building on innovation & transformation

SRO: TBC
Lead: TBC

Capture and build on successful innovations implemented in the response phase & fast track planned LTP transformation where appropriate to support system recovery

1. Continue to closely review Digital First Primary Care (e.g. Total Triage and Remote Working) progress, and consider long-term implications of innovations
2. Share learning and best practice of Network-based approaches during Phase 1 & 2
3. Ensure Primary Care, Digital and Estates colleagues are strategically aligned in regards to long-term planning
4. Share learning and best practice to inform longer-term operating models as Networks of Practices



Six systems delivering world class, place based health & care

SRO: TBC
Lead: TBC

Six high performing systems, with their constituent organisations working seamlessly to provide **world class, place based health & care for their populations, focusing on the vulnerable.**

1. Deliver the early cancer diagnosis and SMR specs of the Network DES
2. Continue focus on Population Health Management (PHM) via the Aspirant ICS PHM Development Programme
3. For Phase 3, plan and ensure there is a Network approach to meeting Health Inequalities challenges
4. Once available, support implementation of recommendations of the Access Review
5. Support Systems with their PCN Development Support approaches for 20/21, ensuring continued investment against 19/20 'top 3 priorities'
6. Take an integrated approach across health & care, particularly partners in primary care, to the delivery of services e.g. homelessness & hard to reach communities



Resilient & supported health & care workforce

SRO: TBC
Lead: TBC

Develop a resilient, flexible, inclusive and well supported health and care workforce who feel valued and optimistic about a career in the NHS.

1. Continue to focus on PCN development, both the Clinical Directors and wider PCN teams, as part of PCN Development Support Programme
2. Continue to encourage PCNs to uptake ARRS roles
3. Map the wellbeing & resilience offers available to General Practice through Covid-19
4. Continue to support BAME workforce
5. Support Systems and Networks to convert seasonable GPs to substantive roles
6. Support Systems to develop and utilise their Training Hubs to support PCN workforce development



Financially sustainable systems

SRO: TBC
Lead: TBC

Build financially sustainable systems, maximising the efficient use of resources to deliver affordable, high quality, outcome focussed healthcare

1. Introduce adjusted QOF payment for remainder of 20/21
2. Continue with GPFV investment
3. LCS Payment protection covering historic activity extended until the end of the financial year 20/21

We will focus on 5 strategic objectives

To achieve our objectives we will work across a number of priority areas

General Practice Restoration & Recovery Framework

Sussex Primary Care and Community Services Workstreams



Delivering access to safe, high quality & effective services

1. Development of the place based Primary Care Strategy
2. General Practice consolidation of hot sites
3. LCS Service reintroduction and priority for harmonisation
4. Population based care and management of long term conditions – SOP, pathway refresh and referral improvement guidance to support the management of patients with Diabetes, COPD and Heart Failure
5. Flu programme
6. Winter Planning to manage demand and capacity



Capturing & building on innovation & transformation

1. Development of the local Covid Age tool, and aligned to the emerging national tool due Autumn
2. Prevention (improvement in uptake LD Annual Health Checks and Screening services)
3. Technology to enable care (Implementing the Covid Age Algorithm)
4. Quality education and sharing good practice
5. GPFV recovery plan (Inc. Improved Access)
6. Data working group identifying information extraction required to present a current picture of demand and capacity for Primary Care



Six systems delivering world class, place based health & care

1. Shielded and High risk patients
2. Additional General Practice support to Care Homes
3. Primary Care Networks
4. Additional Roles Reimbursement Scheme (ARRS) and work force planning
5. Pharmacy and medicines support to care homes
6. Early Cancer Diagnoses DES
7. Rollout of the RESPECT tool (interface with Planned Care)



Resilient & supported health & care workforce

1. BAME LCS
2. Shielded Patient LCS
3. SMI LCS review to improve uptake
4. Atrial Fibrillation LCS interface with Urgent Care
5. Quality education and sharing good practice
6. Membership engagement
7. Staff information and condition specific webinars



Financially sustainable systems

1. LCS Service reintroduction and harmonisation
2. Prescribing QIPP plan recovery
3. Prescribing incentive schemes re-introduction
4. Re-instigation of QoF reviews
5. Review of local incentive schemes e.g. QIS
6. Financial support and evaluation of Hot sites consolidation and zoning practices

Restoration and Recovery Phase 3

Implementing phase 3 of the NHS response to the COVID-19 pandemic published 7th August 2020 takes forward the ambition set out in the Phase 3 letter shared 31st July, specifically:

- A Accelerating the return to near normal levels of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter
- B Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally
- C Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention

The 8 actions as set out are:

1. Protect the most vulnerable from Covid – 19
2. Restore NHS services inclusively
3. Develop digitally enabled care pathways in ways which increase inclusion
4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes
5. Particularly support those who suffer mental ill-health
6. Strengthen leadership and accountability
7. Ensure datasets are complete and timely
8. Collaborate locally in planning and delivering action

We are on track to deliver the strategic plan by 21st September and currently have 25 work streams within the Primary Care Programme

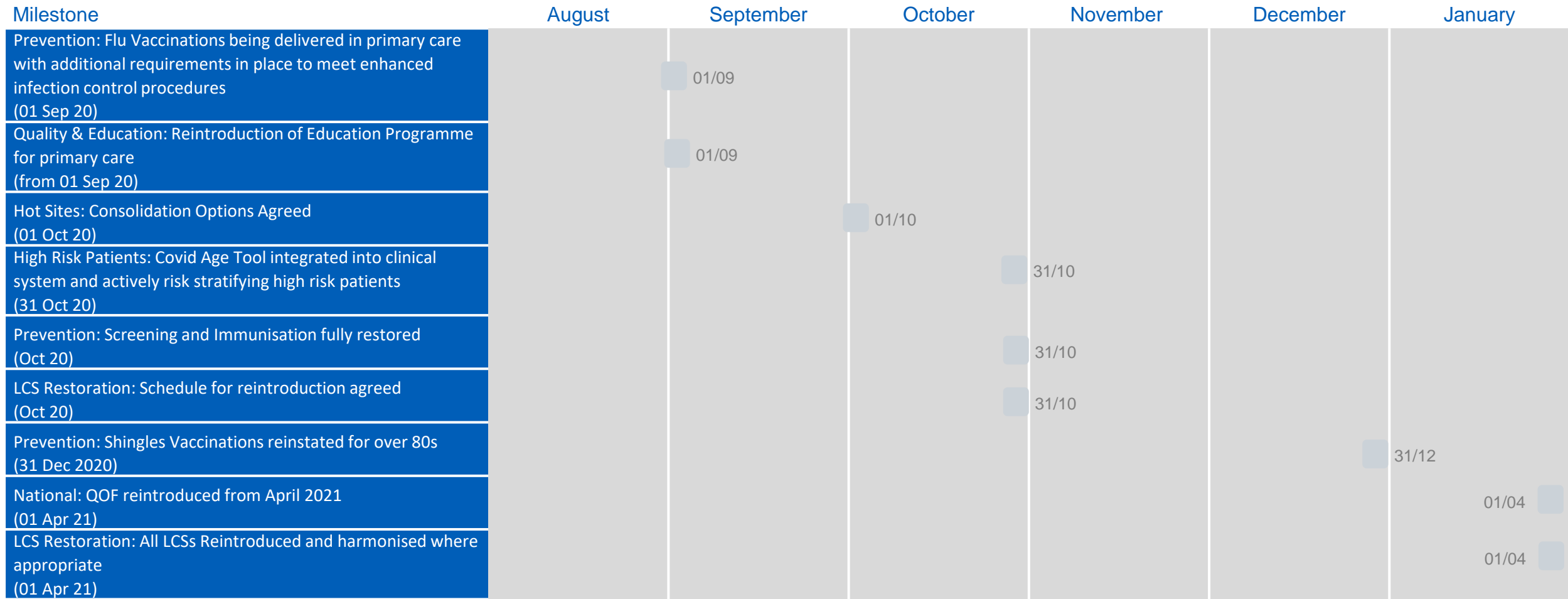
Recovery and Restoration Programme

	A. Primary Care & Community Services Joint Working	B. General Practice	C. Medicines Optimisation
Purpose / Description Of Programme	Enhance the current joint ways of working across Primary Care and Community Services. In addition, design and implement new joint ways of working as would be beneficial, initially with a focus on enhancing the system response to COVID. The programme will work with colleagues across multiple organizations involved in delivering these services, with general practice, SCFT and ESHT.	To develop a framework that describes a new model of care for general practice to consider. This will be based on what went well during phase 1 of COVID-19 and the guidance as set out in Simon Stevens letter. This programme recognises the interdependencies of other programmes and risks associated with the delivery of the programme.	To work with system partners to restore Medicines Optimisation Programmes and support delivery of patient-centred and population Medicine Optimisation through the CCG MO team and new pharmacy workforce in Primary Care Networks
Key Objectives	<ul style="list-style-type: none"> • Enhance existing joint ways of working between Primary Care and Community Service teams. • Explore opportunities to add additional joint working arrangements for the benefit of the system. • Ensure a consistent and joined up response to Shielded Patients across Primary Care & Community Services. • Take forward the implementation of the national Care Homes specification against the revised timelines requested by NHSE. 	<ul style="list-style-type: none"> • To describe a new norm in ways of working based on local best practice for general practice with general practice • To be clear on expectations for patients in accessing services • To increase the scale and pace of progress in reducing health inequalities and regularly assess progress 	<ul style="list-style-type: none"> • Engaging the Primary Care Networks on the implementation of the Medicine Optimisation elements of the DES from 1st October 2020. • The suspended QIPP programmes and prescribing incentives will be reviewed to agree appropriate levels of restoration (Oct – Mar 21) • Transformation of local decision-making on medicines • Aiming to have an aligned Integrated Medicines Optimisation Strategy from 1st April 2021.
Expected Outcomes / Benefits	<ul style="list-style-type: none"> • Enhanced health and care outcomes, more efficiently delivered across Primary Care & Community Services. • Consistent implementation of national guidance across Sussex. • Future, sustainable benefits beyond the COVID response as a result of joined up team working enhancing service delivery. 	<ul style="list-style-type: none"> • General Practice supported to deliver Phase 3 of the national COVID response. • General Practice setup to deliver effective and efficient care in the context of the ‘new normal’ model of operation. 	<ul style="list-style-type: none"> • Improved Primary Care quality and resilience • Improved patient safety and outcomes. • Improved efficiencies to the Primary Care Prescribing budget

Critical Path - Primary Care and Community Services – Joint Working

Milestone	August	September	October	November	December	January
PCNs: PCN / Community services arrangements agreed (30/09/20)		30/09				
EHCH: Enhanced Health in Care homes Specification Delivered as part of PCN DES (01/09/20)			01/10			
EHCH: Medicines Optimisation support to Carehomes Delivered as part of PCN DES (01/09/20)			01/10			
PCNs: Early Cancer Specification Delivered as part of PCN DES (01/09/20)			01/10			
PCNs: Recruitment plans 22/22-23/24 confirmed with Clinical Directors (30/11/20)					30/11	
Strategy: Set out first year plan priorities. Identify service development proposals and resourcing required. Development of business cases and release funding (31/03/20)						31/03
EHCH: Protocols established between the care homes and with system partners for information sharing, shared care planning, use of shared care records and clear clinical governance (31/03/20)						31/03
PCNs: PCN / Community Mental Health and Community Pharmacy arrangements agreed (31/03/20)						31/03
PCNs: All PCNs and practices offering a core digital first service (01/04/20)						01/04

Critical Path - Primary Care and Community Services – General Practice



Closed Work streams and Projects

Celebrating Success

Date agreed as closed by Oversight Group	Project	Original objective	Outcome
7 th Aug 2020	BAME LCS	Introduce an LCS to maximum possible practices to provide additional healthcare support to BAME residents who are at higher risk of complications resulting from Covid.	Delivered
7 th Aug 2020	Shielding LCS (High Risk Patients)	Introduce a home visiting LCS for practices to provide healthcare to patients who are nationally recorded as shielding, and under non - Covid conditions would use public transport.	Delivered and ready to be stood up in the event of resurgence
August 2020	Diabetes Standard Operating Procedure	To provide clinical guidance for General Practice when managing people living with Diabetes during the Covid Pandemic. Next step to update and harmonise the existing Diabetes LCS specifications across Sussex in response to Covid to support this clinically vulnerable population.	Delivered
19 th Sept 2020	Consolidation of hot sites	To review and agree the provision to manage patients in general practice who have diagnosed Covid or Covid symptoms <ul style="list-style-type: none"> - The work stream established the operating model design for General Practice moving forward in the context of the ongoing pandemic response. - Support to hot sites and zoning practices is ongoing 	Delivered

General Practice

Working in partnership across Sussex

Objective: to review the LCS, the activity and payment mechanisms for this service and to produce an action plan to improve delivery. This may include the option to commission in a different way

Work stream: Serious Mental Illness (SMI) LCS

Highlights and Areas for Escalation

- ICS team engaged and links between T&F and ICS work stream established
- Baselines to be established
- Need assistance with conversations with Digital Team around automatic data extraction
- Refocus on the data and trajectory to meet the 60% standard – identify alternative commissioning options
- Delay in request to practices for Q2 data being sent due to significant technical issues with TPP, requested extension from NHSE
- Q2 returns showed issues around data collection in CWS, but also highlighted poor returns generally. Meeting to be held with Digital team and Primary Care to identify issues and resolve ready for Q3 returns
- MH commissioners to complete bids for resources to improve take up of SMI Physical Health Checks

Actions Completed since previous report

- Trajectories for achievement of targets discussed and agreed
- Meeting held with BI and Digital to agree how quarterly returns will be co-ordinated and submitted
- Communication to all practices was sent week commencing 28/09/20 advising how practices can submit their returns
- Reports and guidance sent to practices to enable them to complete quarterly returns – deadline for returns 21/10/20
- Final draft SOP circulated for comment
- BR had discussions with Cancer team about opportunities for working together, e.g. taking part in Cancer webinar, around opportunities for cervical screening, and using opportunistically to complete all 6 elements of physical health checks for SMI patients
- Q2 returns submitted
- MH ICS received SOP 20/10/20
- LMDs approved SOP 22/10/20

Milestone	Date	Status
Agreed Trajectories	09/09/20	Achieved
Agree whether SOP or similar required to assist practices with SMI PH	10/09/20	Achieved
Quarterly data collection process agreed, between Digital, Performance and Intelligence and Primary Care	30/09/20	On track
Final SOP signed off at T&F Group	20/10/20	Off track
SOP to be signed off at MH ICS Group meeting	20/10/20	Off track
SOP issued	End of October	On track
Set date for Webinar	20/10/20	On track
Q2 data to be reviewed	30/10/20	On track
SOP to be signed off by clinical leads, then communicated to practices	30/10/20	On track
Place based webinars to take place lead by clinicians	30/11/20	On track

Work stream: Atrial Fibrillation LCS harmonisation

R&R Workstream: General Practice
System SRO: Karen Breen
Silver Lead: Sarah Henley
Bronze Support:
Slide updated by Keith Hoare / Hollie Hughes

Work stream: Phase 3

Workstream Delivery

Highlights and Areas for Escalation

14/10/20 – update - To minimize risk for West Sussex patients, LCS Recovery & Restoration group agreed to move this action from Phase 3 to Phase 2 to expedite the harmonization of the LCS across Sussex

Clinical leads: James Simpkin, Pete Birtles, Sarah Pledger, Suneeta Kochhar, Alison Warren, Stephen Bellamy, Glyn Williams

Actions Completed since previous report

Primary Care interface with Urgent Care Stroke programme

- Initial T&F meeting 4th November to plan how to harmonize the AF specifications across Sussex, as agreed at the LCS R&R group, and to become a subgroup of the LCS R&R
- Timeline for LCS development agreed – launch projected for April 2021
- Clinical leads for task and finish group and project resource identified
- Progress to be reported back to the R&R group for the November meeting
- Risks to be identified and added – financial

Milestone	Date	Status
Draft business plan	31/11/20	
Agree tariffs with LMC	30/12/20	
Sign off person specification	19/01/21	
Approve funding	28/02/21	
Sign off LCS	16/03/21	
Launch LCS	01/04/21	

Work stream: Prevention – Learning Disabilities

Workstream Restoration	
Workstream Delivery	

Highlights and Areas for Escalation

LD Screening Programme and Health Checks

- Proposal for Specialist Pharmacy services for Stopping Over Medication in People with Learning Disability (STOMP-LD) being developed which will support the medication review element of Health Checks. inter relationship with Medicines Optimisation programme
- Launch of Thumbs Up GP toolkit – included within practice comms 08/09 - Further support package still to be determined
- Planning for alternative provision
- Digital solutions for aligning registers

Executive Managing Director Peter Kottlar now overseeing work stream
Deep dive scheduled for 29th October
Carla Dow – writing comms evaluation process

Actions Completed since previous report

- Deep dive meeting with NHSE completed 29/10
- Options appraisal drafted – awaiting news on funding

Critical Path Milestones	Date	Status
Roll out of Thumbs Up GP Toolkit in General Practice	08/09/20	Achieved
Guidance for practices for LD	30/09/2020	On hold awaiting deep dive outcome
Deep dive completed	16/10/2020 29/10/2020	On track Completed
Comms evaluation process	31/10/2020	On track ?delayed

Working in partnership across Sussex

Work stream: Prevention – Screening

R&R Workstream: General Practice
System SRO: Karen Breen
Silver Lead: Sarah Henley
PMO Support: DK/CK/AC
Slide updated by : Penny Hawes / Luke Smith

Workstream Restoration	
Workstream Delivery	

Highlights and Areas for Escalation

Immunisation & Screening

- Data concerning cervical screening indicates Brighton and Hove are below the national average, West and East Sussex are above the national average for ages 25 - 49. West are in line with the national average, with East and B&H below the national south England average for 50 – 64 ages. Further scope to take place.
- Childhood immunisations paused due to school closures, catch up programme scheduled for the autumn.
- Update 29/10/2020: S&I manager NHSE/I. Following the national guidance on maintaining childhood immunisations, the delivery of childhood immunisations and the close monitoring of uptake at local level is part of business as usual activities. The Screening and Imms Team is working closely with our local Child Health colleagues to monitor performance at local level across all 4 Local Authority Areas across Surrey and Sussex and issues around practices with waiting lists, access, delivery of imms during COVID – workforce issues and parental confidence are all being addressed and discussed at our programme board meetings with remedial plans in place.
- From next week move to interface project and monitor

Actions Completed since previous report

contact made with the Screening and immunisations Manager from NHSE/I (PHE SE) regarding addressing local issues affecting uptake. Request made by PHE for CCG representatives from West and B&H to attend the Imms programme Board – escalated for a representative to be nominated

Critical Path Milestones	Date	Status
Work stream documentation, risks and issues, etc. complete (LD element). Outstanding - Draft is completed, however requires further development	w/c 29/06/20	Achieved
To be completed	tbc	

Working in partnership across Sussex

Highlights and Areas for Escalation	Milestone	Date	Status
<ul style="list-style-type: none"> Currently no further update available from PHE re risk stratification tool anticipated for launch in Autumn 2020. This is a risk as it could destabilise other planning Plan to be discussed and agreed regarding Project closure <p>Escalation for decision / approval</p> <ul style="list-style-type: none"> LCS for CEV patients (without access to private transport) to be considered for approval to launch as required , pending national guidance. Information indicates that there are presenting CEV/ CV patients attending hospital for whom a broader LCS may be required. Decision required regarding sharing of communications to CEV / CV patients with practices in order that any amendments to practice websites (where patients will be referred to), can be completed in advance as required. – Risk of milestone delay 	<p>Launch Pilot 'Age Tool' (algorithm to calculate 'Covid age' and associated risk factor of patients) in clinical systems – to include webinar <i>Update: Pilot commenced and plan for expansion to inform if launch will be adopted locally – Clinical Lead and Workstream Lead suggests this is paused until response from IT team and meeting on 16/09/20 re other risk stratification tools</i></p>	09/10/20 Delayed – to be determined by Clinical Lead	Decision to delay for improved outcome
	<p>Support and advice for CEV/ CV patients developed and distributed. <i>Timescale confirmed by Communications team at follow up meeting</i></p>	22/09/20 Week commencing 26/10/20	Delayed on track for new revised date
	<p>Service mapping completed and recommendations made for consideration for service improvement</p>	22/09/20	Achieved
	<p>Review completed regarding current progress against SOP expectations for High Risk Patients</p>	29/09/20	Achieved
	<p>Covid Tool embedded in Primary Care Clinical systems</p>	09/10/20 - Delayed – to be determined by Clinical Lead	Anticipate delay due to impact of other risk stratification tools. Further discussions needed considering new info from PHE / Docobo
Actions Completed since previous report			
<ul style="list-style-type: none"> Plan for Plans agreed to link with Health Watch and Community Hubs to further build on current Communication Plan and aim to ensure all CEV/ CV patients are reached Discussions with East Sussex adults Social Care re Shielding patient plan to inform prioritisation of patients to be contacted. Clinical View sort and role of BAME LCS sought. Feedback received raising concern about IG in relation to PID, further discussions to take place. Action agreed to contact Brighton & Hove and West Sussex Local Authorities Further focus for MDT working (with an initial focus on respiratory rehabilitation) as a new workstream or in scope of this workstream has been escalated now pending decision 			

Workstream Restoration	
Workstream Delivery	

Highlights and Areas for Escalation	Milestone	Date	Status
<ul style="list-style-type: none"> There are new QOF requirements re annual review for heart failure patients. This will support the launch of the new pathway. Webinar delayed by 2 weeks <p>ESCALATION</p> <ul style="list-style-type: none"> A risk has been flagged to the group re patients being unable to access ICD de-activation during pandemic (for example for patients at end of life). The working group is escalating this patient care issue to the Oversight Group as senior management may wish to seek assurance that this will not be repeated / will not be an issue in the event of a second wave. Information shared with Alison Cannon providing assurance and highlighting remaining gaps in information 	<p>Geographical service mapping for the service footprint for the Heart Failure service (Acute and Community) produced and approved <i>Update: Mapping was produced by deadline. Additional information required by workstream.</i></p> <p>Heart Failure Pathway presented to and approved by CCG Medical Directors</p>	<p>16/09/20 Completed 09/10/20</p> <p>09/10/20 Anticipated 19/10/20 Delay to 26/10/20 delay to 03/11/20 to enable all final comments to be incorporated by design team to produce final product</p>	<p>Achieved</p> <p>Delayed</p>
<p>Actions Completed since previous report</p> <ul style="list-style-type: none"> Agreement made by Clinical and Project leads to delay presentation to Medical Directors until next week (03/11/20) Pathway reviewed within sub-group and final alterations made. Pathway to be sent to the Design team for production of final document. Use of Organisation logo discussed and agreed with HOS for Primary Care - West Sussex CCG logo to be added to pathway Further plans regarding webinar launch made Kraydel Home Monitoring tool recorded as 'Lessons learnt' and slide has been updated. 	<p>Presentation of existing LCS and shared learning facilitated via webinar to Primary care</p> <p>Primary to Secondary care pathway launched at second webinar</p> <p>All Actions completed, project closure <i>Update: Delayed in line with need to completed actions above – scope of Pathway extended</i></p>	<p>12/10/20</p> <p>09/11/20</p> <p>01/09/20 Likely 16/09/20 Likely 30/10/20</p>	<p>Achieved</p> <p>On track</p> <p>Delayed</p>

Workstream Restoration	
Workstream Delivery	

Work stream: High Risk Patients: COPD

Highlights and Areas for Escalation	Milestone	Date	Status
<p>Draft SOP produced ahead of schedule – signed off by LCS Restoration & Recovery group on 02/09/2020</p> <p>Additional oversight process by Medical Directors requested by Restoration group – impact on critical path for publication of SOP – extended by one week.</p> <p>T&F Group scoping for 2nd phase of work – to identify and review best practice locally & nationally; to undertake a review of all existing respiratory LCS specs; and to develop objectives for a harmonized LCS.</p> <p>Community Respiratory teams advise unable to accept referrals without spirometry. Gap in service provision for newly diagnosed patients. Escalated at the LCS R&R group 14/10 and to be raised at the next community interface group</p> <p>For escalation: Sign-off needed by Medical Directors group a.s.a.p. as now a delay to publication</p>	Final SOP document agreed by T&F group	15/09/2020 01/09/20	Achieved
	SOP approved by LCS Restoration group	16/09/2020 02/09/20	Achieved
	SOP presented to Medical Directors	22/09/2020	Achieved
	Reach agreement with community respiratory teams regarding the issue of requiring spirometry with referrals	02/10/2020	In progress
	Guidance / SOP to practices published Delayed pending resolution of the above	25/09/2020 16/10/2020	Revised date On Track
	Clinical Webinar on COPD SOP	12/11/2020	On Track
Actions Completed since previous report			
<p>Launch of clinical webinar due to consultant availability now resolved and back on track</p> <p>T&F meeting on 13/10/20 reviewed and amended SOP to reflect issue of referrals to community respiratory teams. Also finalized plans for clinical webinar on 12/11/20</p> <p>SOP agreed by Medical Directors group for sign-off</p>			

Workstream BAU	
Workstream Delivery	

Highlights and Areas for Escalation

- Need to confirm governance for escalation framework.
- Agree to close capacity plan.
- Hot paediatric patients agreed as a work stream for plan.
- Project support for work streams
- Need to identify support for work streams.

Actions Completed since previous report

Warning Signs and Triggers -Confirmed need to align to 'Winter and Covid-19 Command and Control and Escalation Framework 20/21. -Request for Winter Planning Task and finish Group to comment on the escalation framework and Monday 2 November: for further discussion ay next on 04/11.

Expansion of IC24 Roving GP service to East and West Sussex: -Meeting held with IC24 working up overarching business case for potential model of delivery by 02/10/20. Next version of business case with CCG for final feedback to IC24 30/11/20.

Outcomes and expectations from meeting 21 October

- UC and A&E deep dive findings to be presented at meeting to align with primary care winter planning
- SHCP winter plan to be discussed in relation to primary care

Milestone	Date	Status
Ratification of Key work streams and leads -- Warning Signs, triggers capacity planning and interface with A&E and Urgent care agreed Care Homes and Frailty agreed as work stream to monitor update of OOH and temp placement care home LCS. Reprioritisation of Primary Care Service to discussion 21/10/20. Agreed Hot Paediatric patients to be part of this workstream.	09/09/20 07/10/20	At risk
Warning Signs and Triggers – Aligned to 'Winter and Covid-19 Command and Control and Escalation Framework 20/21 Request for Winter Planning Task and finish Group to comment on the escalation framework and Monday 2 November: for further discussion ay next on 04/11 three categories of response as follows Actions taken within existing financial envelopes/contractual arrangement Actions taken which are not currently funded/within existing contractual arrangements Services/activities which a practice could temporarily suspend in order to release additional capacity.	14/10/20 04/11/20	At risk
Interface with Urgent Care and A&E – Full presentation of UC and A&E deep dive and interfaces to presented on 21/10/20 to align with PC winter planning.. Feedback on discussions scheduled for 28/10/20 and updates to be provided in next slide deck.	21/10/20	At Risk
Febrile Patient Pathways : keen to have a pathway and way of managing "hot paediatric cases" as all children appear to have a temperature. initial separate meeting with to scope this work out with Clinical Lead Integrated Urgent Care Sussex and Medical Director for West Sussex CCG Initial scoping meeting scheduled for 03/11/20.	TBC	
Alignment of plan with main system plan. Main winter plan submitted to A& EDB, however Head of System Resilience has confirmed more detailed plans can be inputted in next iteration. JM to confirm timescales. CLOSE?	18/09/20	On-going On track
Project plan and timescales completed.(to inform more detailed milestones). Work streams developing and formal and draft project plan in development. Project plan pending confirmation of work streams. Still awaiting confirmation of final workstreams. Aim for final project plan to be confirmed on 04/11/20.	07/10/20 04/11/20	At risk
Outline business case to be developed to look at the potential to expand the Brighton and Hove Roving GP service across Sussex. Business case received internal feedback from CCG back to IC24 by 09/10/20. CCG comments on business case sent back to IC24 for review, next version expected from IC24 on 16/10/20. Next version of business case with CCG for final feedback to IC24 30/11/20. Need to cross reference with the Same Day Home Visiting Service.	21/10/20	On track

Work stream: Primary Care Data

R&R Workstream: General Practice
 System SRO: Karen Breen
 Silver Lead: Sarah Henley
 PMO Support: DK
 Slide updated by Alex Palethorpe

Workstream Restoration

Workstream Delivery

Highlights and Areas for Escalation

NHSE/I team gave presentation on GP appointment data on 24th Sept. Looking for 5 practices to be part of their pilot - 4 practices now agreed to be part of their pilot.

Timeline for data collection slipped due to IT issues experienced by Digital team – findings to be shared w/c 9 November
 15 practices agreed to be part of pilot

Both LMT's approved pilot and funding

- Draft comms to pilot sites updated and shared with Primary Care Senior Team for approval prior to pilot launched after 27/10
- Questionnaire updated following feedback from Group and to be sent out with comms for completion by pilots.

Pilot delayed by 2 weeks due to competing priorities within digital team –

Due to be released to all 15 practices 3/11/20 (following confirmation from Digital Team ok to send out) with data to be returned by 13/11/20, analysed and findings planned to be shared w/c 30/11

Risk added re the competing priorities and deadlines within the digital team that they may not be able to support the workstream now or in the long term as the Facilitation team is not resourced to carry out this work and therefore is outside their original agreed work remit.

Actions Completed since previous report

•Draft comms to pilot sites updated and shared with Primary Care Senior Team for approval

•Digital team to share qualitative analysis with 3 practices for feedback by 27/10, if favourable intention for pilot to be launched subject to comms approval

•Telephone data collection commenced findings to be fed back at 19/11 meeting

•Questionnaire updated following feedback from Group and to be sent out with comms for completion by pilots.

•Draft position statement comms sent to all 15 practices 31/10 informing them that to expect pilot w/c 2/11

•Feedback from 2 test practices received and fed into revision of search waiting confirmation from Digital Team ok to send out

•Risk identified and added re the digital team may not be able to support the workstream now or in the long term as the Facilitation team is not resourced to carry out this work and therefore is outside their original agreed work remit.

Milestone	Date	Status
Assessment of qualitative and quantitative data currently available	02/09/20 Likely 09/10/20 5/11/20	Slipped
Engagement with PCNs and other stakeholders complete – 'Wish list' and drivers understood	09/09/20	Completed
Paper to LMT requesting support and Funding	13/10/20	Completed
Preparation communication with the pilot practices sent	29/10/20	Completed
Options Appraisal presented to LMTs. Preferred option identified.	w/c 16/11/20 w/c 30/11/20	Slipped
Pilot completed		
Preferred solution implemented	November	Awaiting LMT outcome

Work stream: Quality, Education and sharing of good practice

R&R Workstream: General Practice
System SRO: Karen Breen
Silver Lead: Sarah Henley
PMO Support: Dee Kelly & Anne Corkhill
Slide updated by: Amanda Sangster

Workstream Restoration	
Workstream Delivery	

Highlights and Areas for Escalation

Dates for PLT confirmed as 20th January for internal PLT and 29th April for external PLT. Draft communication ready and awaiting sign-off from senior managers.

Communication with GP Federations and IPC about clinical cover for PLT's continuing. Liaison with GP Federations about potential topic areas for non-medical and non-clinical PLT workshops ongoing.

Escalation :

Proposal to merge budgets across the CCGs still sitting with Jeremy Horgan for decision. ABC have submitted an invoice so we need a decision to know how to process the payment

Actions Completed since previous report

- External training providers have confirmed dates are available.
- GP Feds are submitting quotes for clinical cover.
- Process for specialist webinars is being developed.
- Pre-COVID training opportunities are being reviewed and prioritised for future roll out

Milestone	Date	Status
Phase 1: Recommendation process to LMT; 07/07 Submission Complete – To be resubmitted to address LMT feedback	05/08/20	Achieved
Phase 1: LMT agreement and funding streams agreed (Delayed – Achieved 05/08/20)	22/07/20	Achieved
Phase 2: Sussex wide group set up to oversee, co-ordinate and make recommendations for training activity across Sussex.	30/09/20 13/10/20	Achieved
Phase 3 – establishing BAU (Project Closure)	31/12/20	On Track

Work stream: Self-refer into services

R&R Workstream: General Practice
System SRO: Karen Breen
Silver Lead: Sarah Henley
PMO Support: Anne Corkhill
Slide updated by Andrea Hill

Workstream Tasks on Track	
Workstream Delivery	

Highlights and Areas for Escalation
<ul style="list-style-type: none"> Phase 3 requirement Further clarification to be attained regarding the content and requirement to achieve the outcome of this work stream <p>• Currently patient self-referral falls within the planned care pathways, although some are commissioned by County Councils E.G. maternity services, physio (MSK), terminations, sexual health clinics, IAPT.</p> <p>• Initial meeting scoped other services that could possibly be self-referral such as vasectomy, tier 3 weight management and falls that could be considered.</p> <p>• We have also taken advice from NHSE and the view is that this primarily sits within a planned care approach therefore, contact has been made with the Planned Care Lead to ensure that GP practices are both aware of what services can be self-referred into and to be assured that patients have access to the relevant information needed – awaiting response from planned care team</p>
Actions Completed since previous report
<ul style="list-style-type: none"> Initial scoping meeting has taken place Clinical leads identified Risks and interdependencies identified Project plan underway

Milestone	Date	Status
Identify clinical lead	30/9/20	Achieved
Complete initial scoping	31/10/20	Achieved
Directorate responsibility confirmed		delayed
Project plan agreed	31/10/20	Not started
Patient comms plan agreed	30/11/20	Not started

Community Joint Working

Working in partnership across Sussex

Highlights and Areas for Escalation**For decision /action:**

- The PCN DES requirement that PCN's have detailed arrangements with Community Providers by 30th September 2020 (detailed in Schedule 7 Network agreement) requires assurance by the CCG that actions to meet this have been fully met..

Update

- Meeting took place 22/10/20 with SCFT to stocktake / agree next steps regarding Care Home Matron Model
- Discussions regarding funding routes for Community Provider models are taking place this week as a priority
- Cross referencing of CCG Care Homes spreadsheet with SPFT commenced and amendments / additions made as required .
- Assurance required that the current reporting of 100% coverage remains accurate and mitigating actions identified as required
- Draft Schedule 7 produced by the CCG for sharing and consideration by PCN's and Community Providers to use to meet expectations
- Indicative approval / broad support from LMT for SCFT Care Home Matron Model.
- Indicative issue (s) raised by PCN regarding challenges in progressing the service specification requirement for patient re-registration to re-align to PCN / Care Homes . Plan to address through introduction of checklist / assurance tool process.
- Consideration indicated by ESHT of potential support in recruitment / employment to EHCH related ARRS roles

Actions Completed since previous report

- Checklist / Assurance tool developed and being further considered by PCN Delivery Managers re content and implementation options
- Presentation at East Sussex Care Homes Group meeting on 15/10/20 agreed actions including sharing PCN alignment with Care Homes Associations, / identified Communication mechanisms to Care Homes moving forwards
- Assurance received that all Care Homes have been notified of the process to claim free iPad via NHSX to support MDT working
- Identification of PCN's with highest number of LD Care Homes completed . Plan to convene meeting with CCG LD Clinical Lead Amy Dissanayake and Peter Birtles to explore how to progress engagement of CD's aiming to support MDT working in partnership with SPFT
- Follow up meeting regarding LD Care Homes / Dementia Care Homes with SPFT/ LA's /SCFT scheduled for beginning of November . Further discussion planned re risk stratification tool, Restore 2 and Webinar for Primary Care.

Milestone	Date	Status
EHCH Model agreed by interface group (Detailed, Costed and Funding arrangements agreed);	Presented to LMT 's on 06/10/20 and 07/10/20	In progress
Signup to EHCH LCS and resolution agreed for any gaps as determined by outcome of case for change	Supplementary Care Homes LCS drafted Indicative date for commencement 01/12/20	In progress
MDT established and co-ordinated with Community Providers to meet National requirement (including development of personalised care and support plans) Establish arrangements for the MDT to enable the development of personalised care and support plans	30/09/20	Delayed – refer to actions to address re Schedule 7 in update . CCG facilitated meetings between ESNT and PCN's to explore how MDT Model can be built on / develop further.
EHCH Model is live across all care homes	01/10/20	Delayed – please refer to update re EHCH paper going to LMT. Care Homes LCS 's continue but Community Provider Model currently not 'live'.
Approach to data sharing with care homes resolved / agreed	31/10/20	On Track
Data Sharing national requirement achieved	31/03/21	On Track

Work stream: Care Home supplementary LCS (NEW)

R&R Workstream: General Practice
System SRO: Karen Breen
Silver Lead: Sarah Henley
PMO Support: Carol King
Slide updated by TBC

Work stream Restoration / BAU	
Workstream Delivery	

Highlights and Areas for Escalation

Consolidated review of existing LCS's against DES service specification completed. This will inform the content of the Supplementary LCS.

Draft Supplementary LCS has now been produced by Clinical Lead (Peter Birtles) in consultation with LMC

Meeting with LMC scheduled to discuss / approve Supplementary LCS

Draft LCS to be discussed at next LCS Restoration Group

Actions Completed since previous report

Notice service to practices on existing care homes LCSs

Consolidated review of existing LCS's against DES service specification completed. This will inform the content of the Supplementary LCS.

Draft Supplementary LCS has now been produced by Clinical Lead (Peter Birtles) in consultation with LMC

Milestone	Date	Status
Notice served to practices on existing Care home LCS	28th August 2020	Completed
Produce draft LCS	14 September 2020	On Track
Review LCS with LMT – LCS has been drafted in liaison with LMC but final approval remains outstanding	21 September 2020	Delayed – to be discussed at LCS Restoration group week commencing 11/11/20
LCS specifications to go to PCCC for sign off, and prior to that to LCS R&R Group on 11/11/20		On track
New specifications to be approved at PCCC	25 November 2020	On track
New Care Home supplementary LCS agreed and launched to General Practice	30th November 2020	On Track
Project Closure / Move to BAU approved by Programme Oversight Group	4th December 2020	On Track

Patients Flu Vaccinations

Task & Finish Group Lead – Hugo Luck

Highlights and Areas for Escalation	Key Actions Outstanding	T&F Group	Target Date	Owner
<p>>58% 65+ vaccinated as of 22/10/20 Working with PCNs to understand disparity between <65 at risk performance (Btn outlier) Latest NHSE reminder letter to patients resulted in inappropriate additional calls to practices Vaccinations for housebound patients with SCFT agreed – ESHT to be confirmed.</p>	<p>Development of a mixed model for vaccination delivery in progress with PCNs, Community Providers and Pharmacies.</p>	Patients	complete	Hugo Luck / Mandy Catchpole
<p>Actions Completed</p> <ul style="list-style-type: none"> Local weekly reporting on progress now in place Details of arrangements for accessing further vaccine from mid November received and circulated Process in place to receive and respond to bids for additional funding. 	<p>Contractual arrangements to be developed with NHS Community Providers for housebound patient groups. (partially – ESHT to confirm)</p>	Patients	05/10/20	Hugo Luck / Mandy Catchpole
	<p>Establish vaccination model for homeless populations.</p>	Patients	01/11/20	Hugo Luck / Mandy Catchpole
	<p>Review of NHS Provider vaccination programme for long stay patients and pregnant women. Awaiting NHS Acute Community Providers specification.</p>	Patients	01/11/20	Hugo Luck / Mandy Catchpole
	<p>Development of mechanisms to allocate additional National funding to support PCNs in the delivery model. (delayed due to dep. on national announcement)</p>	Patients	complete	Hugo Luck / Mandy Catchpole

Highlights and Areas for Escalation

- NHSE Letter 16/10 sets our Primary Care Transformation monies including Primary Care Development Funds (£1.34m for the STP)
- Menu of ideas to be developed and circulated

Escalation

- Project Manager needed to deliver EHCH digital project – Digital unable to provide this resource
- LCS funding of Care Coordinators in the legacy HMS CCG PCNs may cease at the end of 20/21 - need a decision as to whether CCG funding of these post will continue or whether they should be transferred to the ARRS scheme. Amendments will be required to PCN baselines as originally these posts were included as SPLWs in error.
- Schedule 7 Network Agreement detailing arrangements for PCN work with community services providers drafted for consultation with CCG and Community Services Clinical Leads, to be shared with PCN CDs (This supports milestone 1 on this slide) This is with Sally Smith for comment and has not yet been shared with PCN CDs.

Actions Completed since previous report

- PCN Delivery Manager support offer refined and shared back with PCN DM, following review with senior management, prior to sharing with PCNs this week.
- PNC Intranet Pages – further meeting to agree framework, scope, content and arrangements for maintenance 30/10/20
- Draft PCCC paper giving update on PCN developments has been prepared and circulated with Heads of for input
- PCN development funding for 20/21 has been confirmed - working on revised maturity matrix with aim of getting development funds out by end of calendar year
- Investment and Impact Fund - comms being developed for PCNs – presentation to CDs weekly webinars (11th-18th November)
- PCN Dashboard developed by P&I, and shared with PCN Delivery Managers to inform development of plans with CDs and development of business cases.
- Primary Care Learning Session (30/10) on PCN DES changes, focusing on Investment and Impact Fund and PCN Development fund.

Milestone	Date	Status
PCNs have detailed the arrangements with local community services providers <i>Interdependency; ARRS</i>	30/09/20	Delayed
Supporting Early Cancer diagnosis requirements implemented <i>Interdependency PCN DES - Cancer</i>	1/10/20	In progress
PCNs have detailed arrangements with community mental health providers and community pharmacy <i>Interdependency; ARRS</i>	31/03/21	On track
All PCNs and practices offering a core digital first service <i>Interdependency: Digital</i>	31/3/21	On track
Care Home requirements to view patient records in place <i>Interdependency: Digital; EHCH;</i>	31/03/21	On track
Impact and Investment Fund introduced <i>Interdependency Primary Care Data</i>	1/10/20	Off track
Transfer of Improved Access service to PCNs under DES <i>Interdependency: GPFV Recovery Plan, Urgent Care and Digital</i>	01/04/21	On track

Work stream: Restoration / BAU	
Workstream Delivery	

Highlights and Areas for Escalation	Milestone	Date	Status
<p>Key achievements to date</p> <ul style="list-style-type: none"> Evaluation and review process reduced potential unclaimed funding from £1,447k to £572k LMC and PCN informed of Unclaimed Funding estimates in line with DES PCN's informed of outcome of ARRS 19/20 Underspend Business cases <p>Upcoming key actions</p> <ul style="list-style-type: none"> New guidance received and being reviewed re Nursing Associate roles – especially in relation to employment of Registered Nurses in these roles Local offer of support to be developed, to help PCNs with the logistics of recruitment. Development of MoU to support sharing of ARRS posts across and between PCNs Guidance re remote working of ARRS posts to alleviate accommodation shortages <p>For escalation</p> <ul style="list-style-type: none"> Advice requested re governance for CCG to agree changes to ARRS PCN baseline (31/3/19) before submitting to NHSE/I 	PCNs submit bids for Unclaimed Funding 20/21	16/10/20	Complete
	CCG inform PCNs of outcome of Unclaimed Funding Bids	24/10/20	Feedback sent
	Workforce indicative planning template 21/22-23/24 submitted to CCG	31/10/20	On track
	CCGs submit collated first cut PCN recruitment plans for 2021/22-23/24 to regional NHSEI	9/11/20	On track
	CCGs submit collated final PCN recruitment plans for 2021/22-23/24 to regional NHSEI	30/11/20	On track
Actions Completed since previous report			
<ul style="list-style-type: none"> 6 ARRS bids for 20/21 unclaimed funding reviewed by evaluation panel, feedback give to PCNs re risk of cost pressures in 21/22 and emphasizing that these would need to be absorbed by the PCNs. LMT paper prepared to obtain sign off on the bids. Paper for LMT prepared with recommendation to renegotiate the Pharmacy Technician waiver process with LMC 20/21 workforce plans reviewed to check whether full year costs can be met within 21/22 projected allocations. NHSE advice sort re proposal to transfer funding of Care Coordinators in Horsham and Mid Sussex from CCG baseline to ARRS Indicative future years plans are being received and shared with PCN DMs for comment. Meeting with NHSE/I to review ARRS workforce plans and processes - confirmation received that PCN Development Funds should not be used to top up ARRS salary and on-costs. 			

Work stream: PCN DES - Early Cancer

R&R Workstream: Primary Care & Community Services
 System SRO: Karen Breen
 Silver Lead: Sarah Henley
 PMO Support: DK / CK / AC
 Slide updated by Becky Gayler / Hollie Hughes

Work stream: Restoration / BAU

Workstream Delivery

Highlights – Areas for Escalation

- CS Cancer team exploring PKB – Patient Knows Best (Patient Held Record) to help cancer patients manage their own care pathway
- Cancer Alliance has produced a support pack for PCNs to summarise support available to practices and PCNs (working in partnership with ICS, and charities) - available on the Intranet (summary for Delivery Manager is being produced)
- Meeting with Primary Care Leads, ICS Digital and Cancer Team (8/9/20) supportive of proposal to roll-out a single digital decision support tool.
- Cancer Alliance have funding to deploy in 20/21 across all practices but need CCG decision and costings before they can make a bid for funding.
- Sussex and Surrey Cancer Alliance have developed a data pack at PCN and Practice level – this is available on the Intranet and will be developed further to encompass deprivation and Learning Disabilities.
- Primary care coding requirements to be communicated to PCNs, regarding which SNOMED codes can be used to understand how well processes are being implemented in primary care.

For Escalation

- Screening guide to be signed off by Primary Care Cancer Team and circulated via Delivery Managers when finalised

Planned work

- Webinars planned Cervical Screening (including LD and SMI), Nice Guidance 12 update and refresher.
- Cancer Alliance and ICS are linking together on engagement and inequalities.

Dependency

- *Dependency with Prevention programme and Cervical Screening*
- *Dependency with Performance and Intelligence Team – to produce updates to the Data Dashboard*

Milestone	Date	Status
Procurement decision regarding digital support tools (PCCC decision 25/11/20)	30/9/20	Delayed
Early Cancer DES implementation begins and monitoring arrangements in place	01/10/20	On Track
Implementation of decision support tools across Sussex complete	28/2/21	Not started

Actions Completed since previous report

- Paper seeking approval to proceed with single system for decision support presented to LMT (4/11 and 10/11) before going to PCOG (23/11) and then PCCC (25/11)
- Procurement of decision support system will be triggered after PCCC decision, however digital are preparing ground by selecting methodology for this.
- Liaison with Bexhill PCN (13/10/20) re use of Care Coordinator as PCN Cancer Champion – this could be a role model for other PCNs – Hollie Hughes following up on progress
- Dental cancer pilot being launched with QVH – to support more rapid diagnosis using photo and video submissions
- Updated Surrey and Sussex Cancer Alliance dashboard available on intranet
- ICS Cancer Project Manager visiting PCNs on request to discuss their action plans.