NHS
Rotherham
Clinical Commissioning Group

Appendix 3 – Wentworth PCN

PCN Innovation Fund - Bid Template

PCN name:	Weighted list size:
WENTWORTH1	45797 as at 1st January 2019 updated figure will be provided from when new list size's become available next year
Bid submitted by:	**Amount of money bid for:**
DR TARIQ AHMED	£87,000

Name of project:

IMPROVING ACCESS TO PRIMARY CARE

Commissioning plan priorities:

Please indicate which of the CCG commissioning plan priorities this project will work to address:

1 Primary Care	xx	7 Mental Health	
2 Unscheduled Care	xx	8 Learning Disabilities	
3 Cancer		9 Medicines Management	xx
4 End of Life Care		10 Maternity and Children	
5 Clinical Referrals		11 Continuing Healthcare	xx
6 Community Services		12 YAS and Patient Transport	

And highlight which areas of clinical focus for the CCG will be covered:

Cancer	x	Diabetes	x
Cardiovascular Disease	x	Respiratory Disease	x
Stroke Care	x		

Project brief:

Practices are struggling to provide appropriate access to primary care services especially same day appointments as well as timely access to doctors for less acute problems. Overall practices do not yet have adequate access to trained Advanced Nurse Practitioners (ANP's) due to a variety of reasons. Funding has been gradually withdrawn from PMS Practices: greatly impacting on delivery of services and causing significant strain on their stability and viability. This project goes some way re addressing the issue.

If the funding allows, we intend to recruit two ANP's. (less than full-time)

(i) One will cover the Parkgate/Rawmarsh practices

(ii) The other will cover the Magna/Shakespeare/York road practices.

The ANP's may carry-out surgery bases consultations, triaging of patients and may also undertake home visits as appropriate.

We will consult with our Federation in the recruitment process. Renewal of contracts on whether the project has been found to be beneficial to the practices.

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If ANP posts cannot be filled, we will work with the Federation as well as the CCG to find alternative uses for the project monies. However, our priorities will continue to be focused on Primary care and unscheduled care. We may look at alternative uses taking into consideration the success of other PCN projects on the use of the innovation fund.
We will also consider employing additional staff such as Practice pharmacists, pharmacy technicians and or doctors to improve access and to maintain stability of practices if the ANP posts cannot be secured
There will be continual monitoring of the success of the project and an audit will be carried out near the end of the year to assess the success of the project.
The project will be managed by the doctors and senior managers of each practice but we may request help from our Federation.
The aim of the project is to provide timely access to patients.
By reducing pressure on practice's we should be able to concentrate more on providing better access to patients presenting with Cancer, CVS, diabetes respiratory and stroke problems and issues

Financial breakdown:

two ANP's working 30 hours aprox.
hourly rate of £24
2x30x £24= £1440 per week
£1440x 52 = £74880
on costs add 30%
total cost £74880 x 1.30= £97344
Some practices may want to contribute extra monies on top of the innovation fund monies of 87k to make it viable or we may have to reduce the number of hours
The total hours may reduce depending on what hourly rate is agreed with the new prospective ANP's taking into consideration their experience and expertise.

Key issues and risks:

There will be no negative impacts on other services. The main risk is recruiting appropriately trained staff as well as risks with having no sickness cover

Patient, public and stakeholder involvement:

we have had conversations with our other PCN's and our Federation.
We have also spoken to CCG officers. Providing the project delivers and continues to deliver on its aims and provides additional benefits to patient on top of the current contract it is anticipated that the project funding will be recurrent

Equality impact:

All patients will have equal access to the new service

Human resource implications:

see above.
The doctors and managers of each practice will manage the service.
full plans of the extra staff taken and their agreed costs will be forwarded to CCG prior to commencement of post holders. However, there will be no extra costs

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requested from the CCG

Additional information:

If there was further additional financial support from CCG, it would provide significantly more benefits to practices.

Questions asked by the CCG:

1. This bid seeks to provide core services in addition to what is already in place. In hours care is funded via the core contract, which has recently been supplemented by the winter resilience funds, and we also have in place the extended hours DES, and the extended access hubs. The Quality Contract also rewards the timely provision of care outlined in standard 1. What extra value will these posts deliver?
2. The management of the roles and division across the practices isn't clear; who will they be employed by?
3. How will the audit and monitoring evaluate success? What are you trying to achieve?
4. If the assistance of the Federation is needed, what are the cost implications of their overheads? ''

I can supply additional clarification following the above feedback:

1. As you say the bid seeks to provide additional capacity for core services but this is no different to most other bids. Some bids are for work that is already paid for to the secondary sector by the CCG.General practice is struggling to provide timely access for a variety of reason including a lot of work dumped on by secondary. Patients are waiting days/weeks for an appointments to see their GP's. Patients are turning up inappropriately at Accident and Emergency departments and clogging up the system. A/E departments are struggling to meet their targets with large number of patients waiting for many hours to have their problem attended to. The bid seeks to expand in hour access almost exactly as the home visiting service provided by ANP's and paramedic's, which will also provide core services to relieve pressure on services but also increase capacity in the system. Currently, In fact we believe it would be more difficult to recruit staff for a visiting service than surgery based staff. You mentioned the extended hours DES and extended access hubs. These services are in general for a different set of patients and are not by their definition core hours services.
The new Winter Resilience service which we want to build on appears to be working well, unfortunately, the funding is going to decrease from April as it is likely to be spread over one year rather than 3 months as it is currently.

2. All practices will be able to access the service equitably across the PCN. The management of the service will depend on the recruitment process. If the PCN is able to recruit we would probably have one or two practices employing them directly for a one year contract or employ locums ad-hoc as the federation is doing. If we cannot recruit ourselves we will use the services of the Federation

3. Monitoring will be similar to the existing winter sustainability fund bid. We could also perform a patient centred survey to assess its success

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4. I believe our previous costings were very conservative. Currently, The fed is charging for the ANP at £60.00 per hour. Further clarification can be provided on this issue

In light of the above clarification and information we believe our bid represents good value for money.