NHS
Rotherham
Clinical Commissioning Group

OUR INTERIM STRATEGY FOR GENERAL PRACTICE WITHIN ROTHERHAM

1.Introduction

Rotherham Clinical Commissioning Group (CCG) is responsible for commissioning the majority of health services for Rotherham patients, its overall strategy is available on the following link: Commissioning plan

Primary care exists to contribute to preventing ill health, providing early diagnosis and treatment, managing ongoing mental and physical health conditions and helping recovery from episodes of ill health and injury (Ref: NHS mandate 2013). General practice plays a significant part in primary care and Rotherham CCG is committed to adhering to the principles of the NHS and how these are applied locally to best meet the needs of our population.

The CCG has an overall vision of working with the people of Rotherham to sustain and improve health services, to improve health and to reduce health inequalities. Primary care, defined for this purpose as care that can be provided out of hospital by GPs and the teams they employ, is at the heart of the NHS and will play a central role in achieving this aim by ensuring a co-ordinated service for patients, centred on the needs of the people that we serve and not silo organisations.

We have fantastic examples of care in Rotherham but as our population increases and ages, it is critical that we respond by providing services in different ways to ensure we continue to sustain and improve during challenging times. Our key challenges within GP services include our own ageing workforce. Over 33% of GPs in Rotherham are due to retire in the next 5 years with limited availability of trainees to fill vacancies. In addition there are significant changes to funding arrangements for GP practices potentially destabilising investment and pressure to improve access.

Rotherham CCG believe a significant step forward in this journey included bringing back, the commissioning of primary care (GP services) to Rotherham, this was achieved in April 2015. We are already seeing the benefits of being able to respond to local issues with local knowledge as often it is difficult to understand and respond to our population from afar but with our dedicated resources we are able to ensure this is achieved. To ensure good governance is maintained, the CCG has created an additional committee, Primary Care Sub-Committee which is chaired by a Lay

member of the CCG and meets monthly in public to discuss all issues affecting general practice. Healthwatch, NHSE and a representative from the Health and Wellbeing Board are all committee members. The CCG will continue to work with NHSE who commission other primary care services i.e. pharmacy, optometry and dental to ensure these services complement each other however this strategy is focused on GP services.

This strategy is a key component to ensure we continue to mould our journey to deliver our priorities and what we will do to make the vision a reality. The strategy aligns with the Health & Wellbeing board priorities and the CCG's commissioning plan which has a specific strategic aim of developing general practice. The strategy should also be considered as an enabler for, and read in conjunction with the RCCG Better Care Fund (BCF) plan which is a pooled budget of £23 million for health and social care.

There are some considerable challenges to be overcome as we move towards delivery of our vision. 56.8% of our population live with health-related problems. More people are living longer with more chronic diseases and medical treatments are getting more complex and expensive. We have to deliver healthcare differently as funds are not growing to deliver in its current format which could increase inequity in funding if it is not managed effectively.

We have developed our strategy by reflecting on feedback from our patients and the wider primary healthcare teams at market place and development events held in June 2015, as well as considering the challenges facing general practice. The following ten key principles have been identified to form the main elements of the general practice strategy:

1 Quality driven services – providing high quality, cost effective, responsive and safe services

2 Services as local as possible - teams working in community in conjunction with GPs, in-reaching into secondary care where possible

3 Equality of uniform service provision - addressing inequalities in Rotherham's life expectancy – we will focus on health prevention and education to support these areas along with 'baskets' of services to ensure equality across Rotherham

4 Increasing appropriate capacity & capability – as well as continuing to recruit to our workforce, we will develop new roles to support the GP and nursing workforces to ensure patients are well managed along with innovative models to manage patients conditions e.g. telephone support and extended use of pharmacists. We will also educate the public to feel confident in using different health professionals for their care.

5 Primary care access arrangements – ensuring our access to general practices meets the needs of our population

6 Maximised use of integrated / aligned care pathways – new models of care, taking a lead from the new Vanguard models and other good practice across the NHS

7 Self care – improved information including patient health portals, ability to monitor conditions at home/link to appropriate service when 'abnormal'

8 Robust performance management to provide assurance that safe and cost effective care is being delivered

9 Continuing our programme to improve medicines management with appropriate prescribing and reducing waste

10 Engaging patients to ensure patient pathways are optimised – to date engagement has been varied and the CCG is committed to finding alternative ways to ensure the patient voice is heard

We have now developed our strategy for general practice, its journey for approval will be as follows:

Draft strategy for discussion	May Primary Care Sub-Committee
Draft strategy for discussion	June AGM/Commissioning events for engagement

Draft strategy	July Operational Executive (endorsement)/Strategic Clinical Executive (feedback)/GP members committee(feedback)/Local Medical Negotiating Committee(feedback)
Final strategy approval	August Primary Care Sub-Committee

Engagement with local professional, patients and the public will continue as we develop more detailed operational plans. There will be continued opportunities for people to influence how we make our vision a reality. This strategy will be incorporated during 15/16 into the CCG overall commissioning plan to ensure that delivery and review remain high priority.

2. General Practice Plan on a Page 2015-19 (need to make this pretty!)

VISION

PRIORITY AREA	CHALLENGES	SOLUTIONS
Quality Driven Services	Financial uncertainty	4 year reinvestment plan Benchmarking Comparing practice quality & productivity Delegated control of general practice New models of delivery
Services as local as possible	Capacity to deliver	New ways of managing patients: - Telephone consultations, skype video consultations - Utilising our wider workforce Integrating OOH and urgent care
	Care closer to home	Seamless services
Equality of service provision	Inequalities in life expectancy Equity of services	'Baskets' of services Providers working together Focused health prevention measures - Working with public health
Increasing appropriate capacity and capability	Recruitment & retention	Workforce plan - Sufficient capacity and an appropriately skilled workforce Effective succession planning New workforce models - More effective use of different professions - Engaged and empowered workforce Recruitment strategy - Improved profile of Rotherham as a place to work – improved fill rates
Primary care access arrangements	Public expectation	Review of arrangements and to pilot extended opening Provision of wraparound services to support GPs
New models of care	Contractual complexity	Collaborating groups of practices to deliver care in the community New emergency centre - Secondary & primary care clinicians working together -
Self Care	Increasing demand	Education - Patients confident to manage their condition(s) Social prescribing - Signposting and support to manage their condition(s) Technology - Proactive monitoring to enable fast response Case management - Clear plans of care
Robust performance management	Different systems in place	Performance dashboard to collate data RAIDR to ensure consistency
Continued improvements to medicines management	Reducing medicines waste	6 service redesign projects to improve prescribing Prescribing LIS
Engaging patients to ensure Patient pathways are optimised	Improving patient involvement	Effective PPGs Condition specific focus groups

STEPS TO MAKE THE VISION REALITY

There are the key enabling strands of work that underpin the strategy. These tackle the main issues and challenges facing general practice and will allow the CCG to turn the vision into reality. More detailed consideration of them is required in the short term to translate them into an implementation plan.

3. CONTEXT

3.1 PROFILE OF PRIMARY MEDICAL CARE IN ROTHERHAM

90% of all NHS contacts are with general practice.

There are around 1.5M GP consultations every year in Rotherham with each patient seeing their general practice 6 times per year on average.

Rotherham's resident population is estimated at 259,800 who are cared for by a total of 36 GP practices (as at April 2015) alongside a centrally based walk-in centre providing 24/7 access. At the present time, five GP practices in Rotherham are singlehanded compared to 31 practices with multiple GP partners or which are alternative providers.

National average list size	6287
Rotherham average list size	7182

The CCG currently has 15 training practices. This is important as training practices play a significant role in supporting new GPs and encouraging them to stay in the area once they are qualified.

With regard to type of contract there are:

24	Personal Medical Services (PMS) practices
8	General Medical Services (GMS) practices
2	Alternative Provider Medical Services (APMS) practices (covering 4 practices)

A Limited Liability Partnership (LLP) is currently being formed by an appointed GP lead to enable practices to work collectively and be able to respond to the demands facing general practice. These demands are identified more extensively within this strategy.

3.2 CURRENT GENERAL PRACTICE

Whilst media attention is often focused on the challenges facing the heath service , it must be acknowledged that there is excellent work taking place in general practice, day in, day out to ensure patients receive high quality care. As a principle, it was agreed that these should be protected and preserved when thinking about any future model of care. They included:-

- GPs holding longer term contracts that build real commitment to the local community
- Registered list that leads to continuity of relationships and care•
- GP acting as the coordinator of care between other health and social care settings
- Appetite for innovative ways of working
- Keen to learn new skills through educational programmes designed by local GPs
- Practices beginning to work together to share good practice and learning
- Secondary to primary care Local Enhanced Service agreement where practices have agreed to work together to provide services for all patients when individual practices have not got capacity
- The delivery of high quality care e.g. anticoagulation, where the increased service quality being delivered is outstanding.

General practice incorporates the essential values of personal care, continuity of care, generalist skills and a holistic approach to patients. Prevention and the treatment of ill health both have equal priority.

It is also important to acknowledge the teams that support the clinical professionals such as practice managers, reception staff and apprentices without whom our services would not be fully functional.

3.3 CHANGES TO CONTRACTUAL ARRANGEMENTS

NHS England are nationally leading changes to the payment arrangements for general practice to apply the principles of equitable funding. The aim of which is to by move to a position where all practices (whether GMS, PMS or APMS) receive the same core funding for providing the core services expected of all GP practice. The review of PMS funding, determined that any additional funding above this must be clearly linked to enhanced quality of services or the specific needs of a local population. Also that practices should have an equal opportunity to earn premium funding if they meet the necessary criteria. NHSE have determined that over the next four years commencing 2015/16 financial year, the current PMS premium paid to PMS practices will be reduced by ¼ each year and reinvested across Rotherham GP practices to enhance the quality of services. All practices will have equal access to the payment as detailed above. A decision regarding the phasing out of MPIG for GMS had already been determined with correction factor payments reduced by 1/7th over 7 years commencing 2014/15.

On a positive note, the funding released from the PMS review will remain within Rotherham and will be reinvested back into Rotherham primary care over the 4 year period described to achieve the following:

-Reflect joint area team/CCG strategic plans for primary care – supporting an integrated approach to delivering community based services

-Secure services or outcomes that go beyond what is expected of core general practice – ensuring premium funding is tangibly linked to providing a wider range of services or providing services to higher quality standards

-Help reduce health inequalities

-Give equality of opportunity to all GP practices

-Support fairer distribution of funding at a locality level

The GMS monies released from MPIG removal will not remain within Rotherham and it is understood that they will be reinvested into the 'global sum' for general practice (equitable funding level).

4. OUR KEY PRIORITY AREAS

4.1 QUALITY DRIVEN SERVICES

A high-quality service can only be delivered if there is a focus on three key quality dimensions: clinical effectiveness, safety and patient experience. It is crucial that the economic challenge does not change this focus. We will, therefore continue to support innovation in clinical practice and develop pathways that improve effectiveness and that enhance the patient experience as well as providing value for money. The CCG already supports protected learning time every 2 months, for all GP practices and sufficient time for localities to ensure they are clinically and professionally updated. There are four core components to this focus: quality, innovation, prevention and productivity. The CCG will continue to review benchmarking and learning from peers to support this agenda.

Funding for all practices should be equitable for delivery of service and also demonstrate value for money. Core contract activities will be remunerated in line with national agreements. Benchmarking information, comparing practice quality and productivity within our area and externally, will be used to ensure value for money. We will look to achieve best value for money, driving efficiencies in the way general practice is delivered. Local practices have already embraced the opportunities to be more efficient in medicines management and prescribing with £1.8m savings in 2014/15.

The CCG already undertakes quality peer review visits to all GP practices and has developed a framework to support practices where there are quality concerns co-commissioning principles. The Care Quality Commission (CQC) have advised the CCG that they will be undertaking quality visits of all GP practices during 2015/16 commencing with 8 practices in June 2015. The CCG will work collaboratively with practices where any required improvements are identified.

4.2 SERVICES AS LOCAL AS POSSIBLE

Our main aim is for general practice to sit at the heart of a patients care. Currently, when a patient requires secondary care intervention, care is handed over to the 'specialist' and handed back once treatment is complete or where protocols exist for care to continue in the community. Often patients could be more appropriately managed by their GP who has a holistic understanding of the patient and therefore increasing used of shared care protocols is a key aim of this strategy. This is difficult to achieve when there are capacity issues therefore patient management will take on a variety of forms e.g. skype and telephone consultations and utilising our upskilled nursing workforce.

Three important local plans which will impact on general practice are the community transformation plan (which will improve and expand out of hospital care provided by teams from Rotherham NHS Foundation Trust), Rotherham Mental Health Transformation plan which will increase the locality focus of mental health services provided by RDASH and the Emergency Centre.

Integration with GP out-of-hours providers and other urgent care services will help to reduce duplication and confusion about how best to access urgent care. Rotherham CCG has committed to capital funding to build a new emergency centre on the Rotherham Hospital Foundation Trust site. Building work has commenced with a completion date in 2017, along with significant pathway work between primary and secondary care clinicians to ensure pathways are as seamless and effective as possible.

The CCG has also committed to the provision of 'social prescribing' to support patients requiring healthcare

4.3 EQUALITY OF SERVICE PROVISION - ENHANCED SERVICES

GPs are contracted to provide "core services" (essential and additional) to their patients. The extra services they can provide on top of these are called „enhanced services" which are voluntary but, if taken up, often add to the quality of care. The

CCG is committed to maximizing the uptake of enhanced services and will look to practices to collaborate with each other to ensure that patients have equitable access.

There are three types of enhanced service:
National enhanced services (NES) - services to meet local needs, commissioned to national specifications and benchmark pricing. The CCG is unable to influence these.
Directed enhanced services (DES) – must be commissioned by NHS England (optional for GPs to provide). The CCG will work with NHS England to ensure these arrangements are congruent with CCG aspirations.
Local enhanced services (LES) – locally developed and commissioned services designed to meet local health needs. These are now commissioned by the Local Authority and CCG.

Enhanced services address gaps in essential services or deliver higher than specified standards, with the aim of helping the CCG to reduce demand on secondary care and other health services. Enhanced services expand the range of services to meet local need, improve convenience and extend choice. The total investment by the CCG in 2014/15 was £3.4m. The number and variety of schemes has increased over the years as local enhanced services have been developed and the local enhanced services are currently:

Case management
Anticoagulation
Aural care
DMARDs (Rheumatology monitoring)
PSA
Suture removal
Acupuncture

In addition to this the CCG also has Local Incentive Scheme (LIS) which ensure that practices remain up to date with current practice. Rotherham CCG spends on average £4 per head of population, which is at the lower end of the national range

The CCG is responsible for providing services for all Rotherham patients so developing the capacity to help all eligible patients will be an important consideration when planning future expansions of general practice services.

4.4 INCREASING APPROPRIATE CAPACITY & CAPABILITY

Less trainees are choosing general practice when they qualify and more GPs are choosing to retire earlier than normal retirement age. Rotherham has a good track record of attracting trainees, predominantly due to a good reputation for education but also the proximity to Sheffield.

Until fairly recently, practices were almost exclusively run on a GP partner basis, with occasional use of locums to cover study, sickness or holiday absence. More recently, there has been a significant growth in locum and salaried GPs, with fewer being attracted to the partnership model. The primary care workforce is changing. An increasing number of GPs are working outside the traditional model with more sessional and locum GPs and utilisation of different professions, more typically nursing to undertake traditionally GP roles. The gender balance between male and female doctors is also changing which is also impacting on workforce availability as traditionally female GPs have chosen to work part-time. The success of the CCG will be dependent on its ability to embrace, utilise and develop potential across its whole clinical and non-clinical workforce. It will also work with provider organisations and the local authority to harness the skills of the wider primary care health and social care teams including district nursing, social work, pharmacy, podiatry, physiotherapy and others. A workforce plan is under development and will also incorporate the national 10 point plan – Building the workforce – new deal for GPs.

Practice size and sustainability is an important consideration. Rotherham has historically benefitted from having high quality services provided by practices of different sizes. In May 2015 the CCG Governing Body took the view that as opportunities arise the CCG will work to encourage small practices to work closer together in order to provide more sustainable services.

4.5 PRIMARY CARE ACCESS ARRANGEMENTS

Primary care access arrangements are set out in the GMS contract. This defines core hours as the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday, except Bank holidays. The contractor must provide essential services at such times within core hours, as are appropriate to meet the reasonable needs of its patients. Practices offer a variety of systems for walk in access, telephone triage, same day and pre-booked appointments. Some practices close for one afternoon a month in order to have protected learning time however many increase their capacity during that week to ensure the same number of appointments are offered. Where practices are closed, arrangements are in place for patients to access the out of hours service during this period.

It is acknowledged that access is one of the most significant concerns for the general public. As detailed below, the area requiring most focus is patient experience of making an appointment. From triangulating this data, we have commenced work with practices about their capacity for patients contacting their surgeries along with the service received once their call has been answered.

	ED 1										ED 2	ED3			
	Last GP/N they saw /spoke to was good at giving them enough time		Last GP/N they saw/spoke to was good at listening to them		Last GP/N they saw /spoke to was good at exp' tests / treatment		Last GP/N they saw/ spoke to was good at involving them in decisions about their care		Last GP/N was good at treating them with care & concern		Describe overall exp of surgery as good	Exp of making an appt as good			
	GP	Nurse	GP	Nurse	GP	Nurse	GP	Nurse	GP	Nurse			ED 1	ED 2	ED 3
Roth	87	83	88	82	83	79	76	69	83	80	86	74	81	86	74
Eng Av	86	81	88	79	82	75	74	67	82	78	86	77	79.2	86	77

The CCG will also work with practices to examine the options for extended hours to support access and redesigned service provision. At present, no GPs open on Saturdays with the known increase in impact on secondary care which is no longer sustainable. We will therefore review this evidence and pilot extended working arrangements to meet Rotherham population needs. This ambition will also support the new urgent care pathways which culminate with a new Emergency Centre opening in 2017.

4.6 NEW MODELS OF CARE

In October 2014, an alliance of NHS organisations published the Five Year Forward view. A significant element of this strategy is to review the local healthcare system to consider different models of delivering healthcare. Different variations of the models are emerging and NHSE announced in March the first wave of 29 Vanguard sites which will lead the way for piloting new operating models. It was also recently announced that Greater Manchester health and social care budgets will be devolved to the region's councils and health groups by April 2016 enabling local control over how budgets are allocated and with a main purpose to pool resources to improve out of hospital care.

As outlined in 4.2, the CCG has already committed to a new emergency centre which is based on a partnership between urgent care providers in Rotherham and best utilising the different skills of clinicians with primary and secondary care training. The CCG has also committed to transforming community services and already seen significant improvement to out of hospital care, focus is currently on the following:

Better quality community nursing services
Supported discharge and admission prevention
Enhancing the Care Co-ordination Centre
An integrated out of hours service

We will consider facilitating the availability of specialists and community teams in primary care settings. Consultants may work with federated groups of practices to provide integrated care, defaulting to primary and community settings rather than hospitals. This enhanced care will be provided in the home setting regardless of place of residence meaning those people who live in care homes will be able to access enhanced community and home based care. An effective case management Local Enhanced Service is already in place providing effective management of more than 12,000 patients who are at highest risk of hospital admission.

4.7 SELF CARE

The aim of self care is to prevent patient's conditions from deteriorating to facilitate them being able to remain at home, in familiar surroundings but with the knowledge that their condition is well managed. As well as the changes outlined above, which facilitate the most effective arrangements for long term care, patients and carers will be supported to take control of their long-term conditions through a variety of different ways. Case management and social prescribing are already in place to support patients. Community transformation projects will also refocus community nursing and social work time to input into patient reviews so all the patients needs are considered.

The CCG will also be considering the use of technology to assist patients to manage their conditions for example blood pressure monitoring at home with results reported directly into the GP to take action where results are abnormal.

Education will be a key component to self care, to empower patients and their carers to manage their conditions and to take a more active role in consultations and decisions about their care. . We know that to date, success in improving patient attendance and adherence has been patchy e.g. uptake for cardiac rehabilitation and we must work harder to devise innovative ways of reaching our population.

4.8 ROBUST PERFORMANCE MANAGEMENT

As a CCG with delegated responsibility for GP commissioning, we have agreed trajectories for patient survey results with NHS England for the following three outcomes:

1. ED1 Satisfaction with quality of consultation at the GP practices
2. ED2 Satisfaction with the overall care received at the surgery
3. ED3 Satisfaction with accessing primary care

2014/15 performance is included within the primary care access arrangements section of this strategy. In addition to this, the CCG has developed a performance

dashboard that provides the primary care sub-committee with an effective tool for high level monitoring of general practice key performance indicators. Data alone is not an indication of poor service provision however this enables the primary care sub-committee to focus attention on practices that are outlying to ensure that the primary care team are triangulating with other local intelligence to take the necessary steps and provide the committee with an appropriate level of assurance.

This also supports the published commissioning and quality principles for primary care. These identify the processes which will be followed in circumstances where the key performance indicators are not being achieved.

4.9 CONTINUED IMPROVEMENTS TO MEDICINES MANAGEMENT

The CCG is responsible for all GP prescriptions issued by its member practices. In 2014/15, the CCG spent £45.2 million on prescriptions and on commissioned services (nutrition and continence). The CCG is focused on ensuring all patients are receiving the right medications, at the right time, to date efficiency savings of over £1.8m have been achieved. A Prescribing Local Incentive Scheme commenced in 2014/15 and is reviewed regularly to ensure more effective practice is achieved. More info required from Stuart

4.10 ENGAGING PATIENTS TO ENSURE PATIENT PATHWAYS ARE OPTIMISED

Rotherham CCG is committed to active and meaningful engagement with all its patients and potential patients Link to engagement and communications plan.

Patient Participation Groups have been in existence for several years; the changes to primary care commissioning will mean that the CCG can more effectively:

- Work with practices to ensure that wherever possible, practices have an active PPG, operating to acknowledged good practice (Link to NAPP website)

- That PPGs are supported through the PPG Network with information, shared good practice, and the opportunity to consider wider, cross Rotherham issues

However, PPGs are only one mechanism for patient and public engagement and experience. The CCG also aims to extend engagement, and work with a variety of organisations to improve the patient voice for specific communities, both geographical and communities of interest, for example people with specific long term conditions. If the CCG is to develop new ways of working; it will be vital to ensure that patient experience actively and meaningfully informs new systems and processes. This cannot be done in one way, and may involve any of the following:

- Condition specific focus groups
- Patient interviews and/or diaries
- Patient experience – from survey work, consultations, and other feedback (ie social media, complaints and issues raised with other bodies such as Healthwatch)

5. ENABLERS TO DELIVERING OUR STRATEGY

5.1 PRIMARY CARE ESTATES AND PREMISES

The CQC has a mandate for ensuring that essential standards of quality and safety are met.

However, the CCG undertakes quality visits which encourage practices to offer premises that:-

Deliver care in the right place with the right access

Provide the patient with an environment that is fit for purpose

Ensures easy access with clear sign posting

Meets all statutory and mandatory requirements including compliance with all relevant disability, fire, health and safety legislation

Rotherham Metropolitan Borough Council are currently reviewing all 'government' estate to ensure it is fit for purpose and utilised appropriately across all services. Whilst this is welcomed by the CCG, many general practices are privately owned by partners in the practice and will not therefore be captured under this review. The CCG will therefore undertake an assessment of the current estate suitability for primary care in Rotherham. The strategic direction is towards larger practices (around 10,000 plus patients), able to provide a range of general medical services, enhanced services and community based healthcare.

5.2 INFORMATION MANAGEMENT & TECHNOLOGY

The CCG has developed its IT strategy through consultation with GPs, RMBC and providers and the following identified the key areas where IT development will support the general practice agenda

Practices should be able to access electronic information relating to their patients when they are treated in other parts of the health system. This particularly includes discharge and out patient summaries, pathology, diagnostics and care delivered in community settings.

The CCG is supporting the roll-out of SystmOne to practices as the system of choice. At present 8 practices use a different system, EMIS web which to date has caused a barrier to linking practices. EMIS web and SystmOne have now agreed to facilitate interoperability between the 2 systems which will significantly support the CCG's strategy to facilitate the exchange of information between practices and other local providers, dissemination of guidelines, audit etc. whilst ensuring patient confidentiality is maintained, there are appropriate levels of data protection and access will be undertaken only on a need to know basis.

The CCG is also supporting practices to utilise the Electronic Palliative Care Co-ordination Systems (EPaCCS) which enables the recording and sharing of patient's preferences and key details about their care with those delivering their care. The systems support co-ordination of care and the delivery of the right care, in the right place, by the right person, at the right time. EPaCCS is the most effective way of providing an EOLC register for patients in Rotherham, enabling information to be seen and shared by all parties involved in a patient's care. A template has been developed and IT solutions put in place to enable the sharing of this information across primary care. GPs have a key part in the roll-out of an electronic EOLC register in Rotherham and linking this to the PMS premium will provide an excellent incentive for the EPaCCS to be fully implemented and for patients to get real benefits from a co-ordinated and well informed approach to their care

The CCG is committed to ensuring that all patients have equal access to internet based services, in particular the ability to book appointments online and order repeat prescriptions which are then automatically forward to pharmacies for collection. 33% of practices are now live with EPS Release 2 functionality and 82% of pharmacies. Many general practices in Rotherham already offer the facility to online book but it is not well publicised and websites are not easy to navigate so a key aim will be

- The CCG is also committed to exploring best practice in relation to IT solutions for self care, it will therefore commission and IT workstream to review the following:
- Monitor and review telehealth solutions that can be used to support the elective referral programme
- Monitor and review telehealth solutions that can be used as part of Long Term Conditions management
- Observe the work ongoing in other health communities and the whole system demonstrator programme to identify opportunities for local telehealth implementations in particular, there is strong support across the NHS for Flohealth with positive feedback from where it has been implemented to date

Implementing (RAIDR) Reporting Analysis & Intelligence Delivering Results. The CCG is required to provider member practices with high quality information on patient activity and costs. In summer, 15/16 the CCG will pilot RAIDR which is a GP developed tool initially from the North East of England. It is expected that this tool will help practices better understand their patient flows and compare their activity with their peers. The tool has a range of Dashboard covering areas such as emergency admissions, patients who regularly attend hospital, risk stratification, linkages between prescribing and activity data. There are also screens that will help practices with tasks such as flu vaccination, dementia diagnosis and data quality. Over time it will be possible to develop screens that will make reporting for Locally Enhanced Services to become less onerous. If the tool pilots well the CCG will procure RAIDR for all practice in autumn 15/16.

GLOSSARY

A&E	Accident & Emergency
APMS	Alternative provider of medical services
BCF	Better Care Fund
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DES	Directed Enhanced Service
FyFV	Five year forward view
GMS	General Medical Services
GPs	General Practices
LES	Local Enhanced Service
LIS	Local Incentive Scheme
MPIG	Minimum practice income guarantee
NES	National Enhanced Service
NHS	National Health Services
NHSE	NHS England
PMS	Personal Medical Services
QIPP	Quality, innovation, productivity and prevention programme
RMBC	Rotherham Metropolitan Borough Council