South Yorkshire and Bassetlaw
ACS

Workstream Charter

Primary Care

2017/18 – 2020/21

Workstream information

Workstream Name :	Primary Care
Senior Responsible Officer:	Maddy Ruff
Workstream Support (Programme/Project Manager):	Karen Curran
Workstream Plan Start Date:	June 2017
Workstream Plan Completion Date	2019

DOCUMENT CONTROL

Document History

Version	Date	Amendment History	Comment
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1.1	16/06/2017		Initial outline and key deliverables
1.2	03/08/2017	Draft to be updated following discussion at ACS PC Steering Board	
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1.4			
1.5			
1.6			
1.7			

Reviewers and Approvers

Name	Project Role	Job Title	Date	Version
Maddy Ruff	Senior Responsible Officer	Accountable Officer NHS Sheffield CCG	Aug 17	4.2
Karen Curran	PC Workstream Lead	Head of Co-Commissioning NHS England - North	Aug 17	4.2

Approvals

Name	Role	Date	Version
ACS PC SRO	Maddy Ruff	30/08/17	4.2
Primary Care Steering Board	Assurance	03/08/17	3

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Related documents

Title	Owner	Location
5YFV and Next Steps on 5YFV	NHS England	
GPFV	NHS England	

Distribution

Name	Role	Organisation
Primary Care Steering Board	Assurance	N/A
Exec Steering Group	Assurance	N/A
Collaborative partnership Board	Assurance	N/A

Contents

1. Introduction & Purpose of this Document

This document builds on existing work and supporting documentation including CCG GP Forward View (GPFV) delivery plans and the case for change articulated within the GPFV [1]

It sets out the context for the work stream, its scope including aims and objectives, clarity of interventions, timelines and resources required to enable delivery.

The following questions will be addressed:

- *What is the Work stream aiming to achieve?*
- *Why it is important to achieve the stated objectives and outcomes?*
- *Who will be involved in managing the Work stream, it's Interventions and what are their roles and responsibilities?*
- *What resources are needed to deliver the interventions?*
- *How and when will the arrangements discussed in this Work stream Charter be put into effect?*

2 Executive Summary

The triple aim of the NHS's strategic Five Year Forward View[2] is: to improve the health of populations; to improve care patients receive and their experience of it; while delivering the best value possible for taxpayers. These aims are set against a backdrop of pressures, particularly those of rising demand and limited resources. These challenges require the health service to evolve and adapt to changing needs and innovations in treatment and to work in very different ways.

Nationally providers and commissioners of health and care services are coming together by region to form and implement system Sustainability and Transformation Plans. The South Yorkshire and Bassetlaw footprint incorporates 5 localities: Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Context

Primary Care services have been under considerable pressure for over a decade.

The workload of General Practice has grown substantially in recent years with a 15% increase in contacts, comprising a 13% increase in face-to-face contacts and a 63% increase in telephone contacts. Whilst some of these changes are due to changes in the demographic profile, some are driven by patient expectations and technology.

Issues elsewhere in the system have compounded this problem. Changes in mental health and community nursing provision have put additional pressure on General Practice and wider primary care. The increase in demand has resulted in increases in workload, without a corresponding increase in workforce or funding for staff.

Primary care services are fundamental to delivering the new models of care set out in the NHS five year forward view and are a core component of the General Practice

[1] General Practice Forward View (GP Forward View), published in April 2016, commits to an extra £2.4 billion a year to support general practice services by 2020/21.
[2] NHS Five Year Forward View, October 2014.

Forward View (2016). The GP Forward View outlines a plan to stabilise and transform general practice, supported by investment of an additional £2.4 billion into General Practice services by 2021/21, taking overall spending to £12 billion by 2021.

Additionally, there will be a one off, five-year £500 million national sustainability and transformation package to support GP practices, with some additional funding from local clinical commissioning groups (CCGs).

South Yorkshire and Bassetlaw

Our response to our challenges will be delivered at a local level, within 5 localities, however our plans in this respect have evolved around a number of themes:

Theme 1	**Primary care at scale**: GP Federations and other collaborative entities will enable the delivery of primary care at scale increasing the volume and variety of services that can be delivered outside costly hospital settings
Theme 2	**Prevention**: Primary care is central to the delivery of our radical upgrade in prevention. We will deliver a cultural shift through behavioural change and motivational interviewing training for primary care nurses and health care assistants
Theme 3	**Integration with social care and the voluntary sector**: Primary care will be at the forefront of our social prescribing efforts, in which primary care professionals will refer patients to non-health based interventions that can improve health outcomes
Theme 4	**Long term conditions (LTC) management**: Care Planning for people with LTCs will continue to be delivered in Primary Care, overseen by the GP as the senior decision maker.
Theme 5	**Urgent and elective care**: We will develop a wider more accessible urgent primary care model
Theme 6	**Children:** Primary care is key to ensuring that we can give children the best possible start in life. We will respond to the recommendations of Facing the Future for Paediatric Health (2015)

The SY&B ACS Primary Care programme is an overarching work stream that brings together key enabling work streams of Workforce, Estates and Digital as they relate to primary care and in the context of delivering the GP Forward View.

This document builds on the existing work and supporting documentation of the 5 SY&B CCGs, including implementation plans for the GP 5 year forward view, Digital Roadmaps, workforce plans and Estates strategies. It recognises however that primary care is broader than General Practice and will capture potential areas for transformation across Community Pharmacy and Eye care services which should be considered within each 'place' as a potential enabler for transformation and a delivery mechanism for care delivered closer to home which will ultimately create a demand for education and training of a wider workforce.

Governance arrangements have been established through an Executive Management Group and Primary Care Steering Board with representation for across the 5 localities and key supporting ACS workstreams . This Steering Board will act to support transformation of primary care in its widest sense, in order to achieve the

transformation necessary if primary care is to deliver the ambition summarised in this document, through the engagement and delivery mechanisms described within each of the 5 CCG place plans.

With the exception of Dental services, the Primary Care work stream will rely on delivery through 5 CCG 'place' plans and through realistic expectations of the STP Workstreams on primary care as a delivery mechanism.

Dental services fall within the definition of primary care; however the nature of the service means that for the purposes of this primary care charter they are included only in reference to Urgent and Emergency Care.

3. South Yorkshire and Bassetlaw Vision

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer. A summary of the plan can be found below:

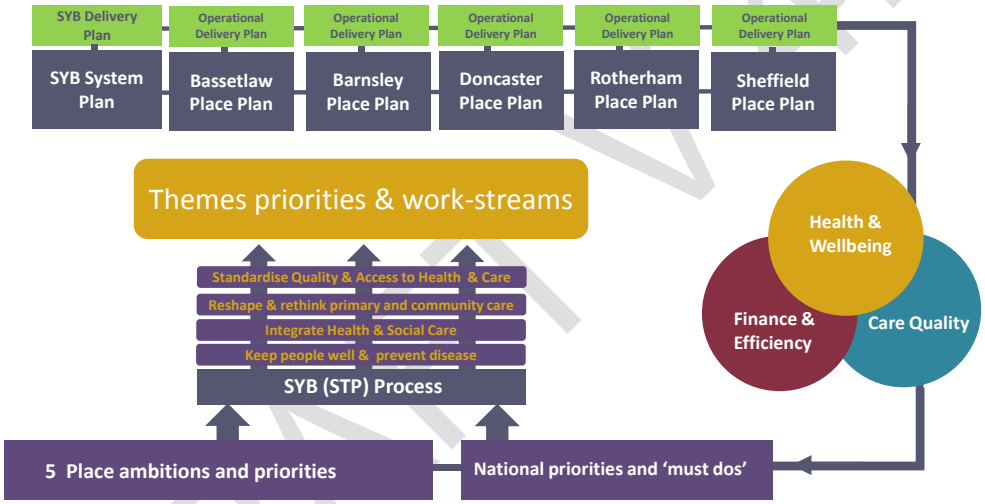


Figure 1 Summary of the SY&B Sustainability and Transformation Plan

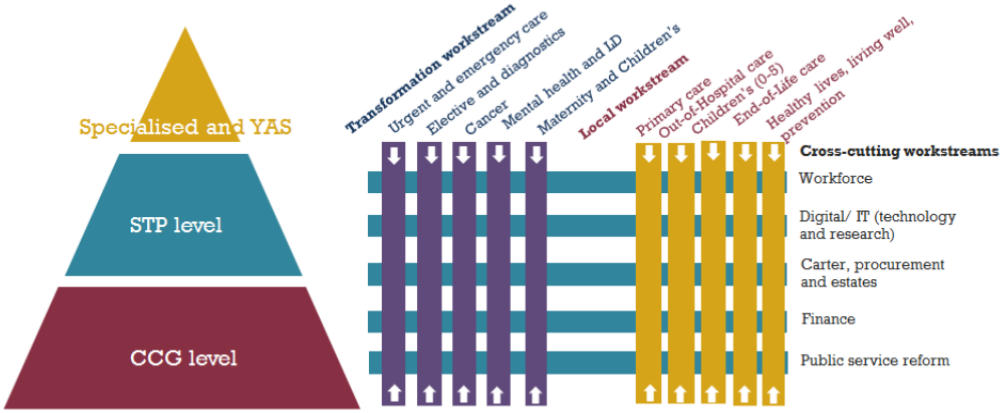


Figure 2 South Yorkshire & Bassetlaw's ACS incorporates a range of work streams delivered at both regional and local level as illustrated.

Primary Care Work stream Vision

To transform Primary Care through the establishment of 'at scale' primary care organisations capable of taking on population health responsibilities, which are accessible 7 days per week, are increasingly resilient and able to plan for and deliver outcomes described within the 5YFV/GPFV.

To expand the clinical workforce which will be increasingly multidisciplinary and which facilitates improvements in recruitment and retention.

Increasing demand and the drive for greater efficiency with wider integration of services requires a more complete primary care offer aligned to the delivery of the GP Five Year Forward View. This should include a collective approach to managing urgent access to primary care, repositioning of the GP role as the senior decision maker in driving prevention, integration with social and voluntary sector partners and managing complex patients with long term conditions in the most appropriate setting through the registered list.

Expansion and diversification of the clinical workforce will require development of Clinical Governance to support workforce development linked to the GP Forward View and the local 'Place' in association with New Models of Care and the 'left–shift'.

4. Key themes of the 5 South Yorkshire & Bassetlaw Place Plans

8 Key themes run through each of the 5 place based plans, ensuring that they are able to contribute to the delivery of our vision as a system, these include:

Theme 1	**Development of primary care 'at scale'** – including development of primary care organisations, neighbourhoods and networks that facilitate integration of the multi-disciplinary workforce working.
Theme 2	**Increasing the primary care and clinical workforce** , making primary care an attractive career option
Theme 3	**Building sustainable and resilient general practice** by utilising innovations in technology (supporting locally appropriate digital and technology solutions) and capital investment into Estates and infrastructure that promote integrated
Theme 4	**Extending access** to primary care – integrated with out of hours and urgent care services, including reformed 111 and local clinical hubs.
Theme 5	**Increasing investment in primary care** made available through GPFV and

	ACS Transformation funding streams, commissioning for 'left shift' and increasing primary care workforce.
Theme 6	**Development of wider primary care** - community pharmacy, eye care services, dental
Theme 7	**Addressing the wider determinants of health (prevention)** – developing the local wrap around services (voluntary organisations alongside health and care support, social prescribing) so that people can access the right support in the right order and are more in control of their health and wellbeing
Theme 8	I**ntegrated out of hospital services** (including health and social care) , whole systems approach to ensure that the whole health and care system at 'place' is able to respond to patient needs through seven day working and achieves a way of working that best suits the needs of the population it serves.

Theme 1 - **Development of primary care 'at scale'** – including development of primary care organisations, neighbourhoods and networks that facilitate integration of the multi-disciplinary workforce

Progress has already been made across SY&B in establishing new models of care which aim to deliver primary care at scale.

Doncaster, Rotherham and Sheffield these new emerging configurations take the form of federations with a focus on general practice and include the totality of GP practices and consequently total registered populations within each CCG area.

Barnsley Federation currently includes all but 5 GP practices and covers 198,000 (77%) of the registered Barnsley population.

Bassetlaw has already established one Primary Care Home[3] covering 35,000 population, with a second Primary Care Home emerging covering 51,000 population – in total 75% of registered population and 9 of the 10 practices are covered by these arrangements

[3] National Association of Primary Care, Primary Care Home model.

CCG 'Place'	Name of organisation	Form	CCG population	Total population covered	% CCG population covered	Number of member practices	No of practices not	PCH (NAPC)	Other
Barnsley	Barnsley Healthcare Federation	Community Interest company	258,438	198,495	70%	28	5		
Bassetlaw	Newgate		116,044	30,165	26%	1	1		
	Larwood & Bawtry	Informal Network		35,032	30%	3	0	1	
	Retford and Villages	Informal Network		50,847	44%	6	0		1
Doncaster	Primary Care Doncaster	Limited Company	317,529	317,529	100%	43	0		
Rotherham	Connect Healthcare	Limited company	261,288	261,288	100%	31	0		
Sheffield	Primary Care Limited	Limited company	593,967	593,967	100%	82	0		
		Informal networks		593,967	100%	82			16

GP Federations and other collaborative entities will enable the delivery of primary care at scale. This will increase capacity and the range of services that can be delivered safely in this setting, enabling us to shift a proportion of activity currently being delivered inappropriately in acute settings.

Mostly these Federations are being established as Provider organisations, however in some cases they are also addressing resilience issues amongst groups of practices where there are recruitment, retention or other concerns regarding future viability (i.e. rationalising back office support, access to management expertise etc.)

Local Care Networks

Recognising the progress already being made by GP practices participating within the NAPC Primary Care Home pilots, the national ambition is to establish place based population models of integrated primary care covering geographically defined populations of between 30,000 and 50,000.

These will provide a natural delivery vehicle for ACS transformation priorities and the General Practice Forward View; being geographically aligned they would ensure that GP population based care is not fragmented and being based on an integrated care team of between 100 – 150 multidisciplinary staff, would provide the ideal platform on which to build the future model of primary care.

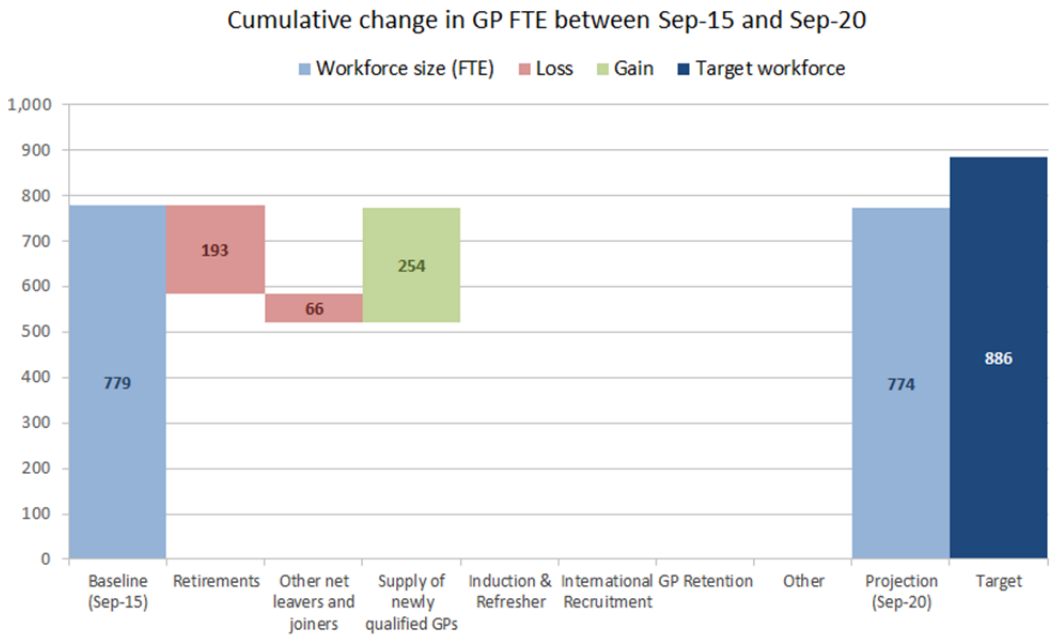
Neighbourhood working has been growing in localities with the support of CCGs, but not all emerging neighbourhoods fit the NHS England/NAPC Primary Care Home model of 30,000 – 50,000 population therefore some reconfiguration may be required

which would potentially have the effect of stalling local developments whilst new relationships are formed.

Theme 2 Increasing the primary care and clinical workforce , making primary care an attractive career option

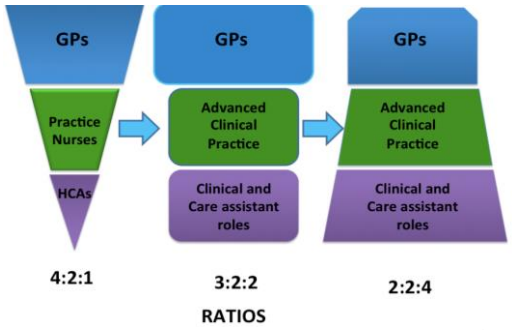
Primary care in SYB is now experiencing a change in workforce with greater numbers of clinical staff retiring or leaving general practice and practices struggling to recruit like for like replacements.

The planned increase in GP workforce at England level is 5,000 between 2015 and 2020, shared across the regions using a weighted population model, South Yorkshire and Bassetlaw would need to achieve a GP workforce of 886 by 2020, a net increase of 112.



NHS England August 2017 (OIC Primary Care)

A Primary Care Workforce Group commissioned by Health Education England undertook to assess the scale of workforce gaps across the SYB region. The Group recommended a shift in workforce models away from the traditional 4:2:1 ratio towards a 2:2:4 model.



To deliver this, it has been estimated that the following increases will be required **per year** across South Yorkshire & Bassetlaw:

100	new General Practitioners (GP)
40	new nurses in general practice
40	new clinical pharmacists
40	new advanced 'AHP' practitioners (Paramedics/Emergency Care Practitioners , Physiotherapists and Occupational Therapists)
30	Physician Associates.
	Major development of support worker based in general practice.

[NB: These estimates do NOT take impacts of ACS work streams into account]

SYB Local Workforce Action Board (LWAB) - The overarching ambition of the LWAB is to make South Yorkshire and Bassetlaw an attractive place to work in order to attract and retain staff – it has **3 initial priorities**;

1. Development of the SYB Region Excellence Centre (1 of 7 in England) which aims to raise the standard for support staff by promoting vocational education including apprenticeships, sharing resources and acting as a vehicle for innovation.

2. Creation of a Faculty of Advanced Clinical Practice for the region which aims to ensure consistent practice standards and secure resources for Advanced Clinical Practitioners (ACPs) and Physician Associates (PAs)

3. Sustainable Primary Care through an increase in GP, Practice Nurse and Clinical Support Worker numbers, plus further development of Physician Associates, AHP Practitioners, Care Navigators and Clinical Pharmacists.

The South Yorkshire & Bassetlaw LWAB commissioned the development of a framework **"Developing and Enabling our Workforce"** July 2012 which

- Identifies current and anticipated workforce challenges
- Informs the development of local workforce plans and strategies
- Sets out key priorities for action at ACS level where 'at scale' transformation will be required
- Contributes to business cases for investment in workforce development
- Recommends processes and mechanisms to take forward collaborative actions
- Provides a platform for further consultation with key stakeholders so they have opportunity to inform future strategic priorities.

The framework acknowledges the well-known shortage of GPs and other staff groups across SYB and highlights that the 'left shift' of services to primary and community care settings mean a) significantly greater capacity is required (over and above existing initiatives) and b) the development of different roles/ways of working will be important (nurse skill mix, advanced practitioners, care navigators, community pharmacists, prevention and self-care promotion).

The framework describes the importance of understanding the supply "pipeline" and describes the efforts that have been made to assess this taking into account the numbers of staff projected to exit training, and projected leavers based on current service models. A heat map of predicted workforce supply issues across Yorkshire and Humber Region will be developed and particular areas of concern will be highlighted.

Local workforce initiatives will also be implemented by our 5 CCGs at the same time as they maximise uptake amongst their GP practices of the training and development places available through the national workforce development programmes for Practice Managers, practice staff and Clinicians.

Retaining GPs - There are 28 GPs on the GP Retainer scheme across Y&H, however none of these are within South Yorkshire & Bassetlaw. We will work at 'place' and with Health Education England to identify and encourage utilisation of this scheme across SYB GP practices.

Placements in a Primary Care Setting - The ability to attract new roles/staff in to primary care are linked to providing placements in a primary care setting. There is a need for a structured approach to offering placements for new roles such as Physician Associates. We will explore opportunities to work with primary care providers and HEE to consider innovative ways of creating placements within a primary care setting.

	Workforce Initiative	Planned increase in capacity
Barnsley	Baseline data from 30 June 17 workforce return will inform a local plan for Barnsley. Clinical Pharmacist programme is providing integrated clinical support within GP practices – 15 Clinical Pharmacists recruited March 2017. Barnsley Healthcare Federation working with Universities to offer Physician Associate roles to newly qualified graduates – joint initiative with local Trust. CCG developed Health Care Assistant (HCA) apprenticeship scheme aimed at young people in Barnsley. **Nurse Associates** – A new Nurse Associate role being tested by Health Education England, many of the partner organisations are from secondary care, Barnsley CCG is the only primary care organisation participating in the pilot.	15 Clinical Pharmacists 2017/18 5 Physician Associates 2017/18 6 apprentices in 2016/17 – 3 year scheme. *Not yet confirmed*
Bassetlaw	A workforce baselining exercise was recently carried out which identified key GP workforce challenges in Bassetlaw, will be developed into a PC workforce strategy aligned with the Y& HEE GP workforce strategy. CCG will work with community providers to develop a broader Bassetlaw place based workforce strategy in 2018/19.	*Not yet identified*
Doncaster	TARGET learning event April 17 highlighting workforce options for GP practices. Workforce/workload tool being piloted through GP Federation to inform a workforce plan. Doncaster CCG attending Physician associates fair in October and Mental Health Therapists event October. Participation in Health Education England schemes such as GPN ready and healthcare apprenticeship schemes Further development of TARGET sessions to include wider primary care team	*Not yet identified*

	One practice identified for GP Returner Scheme Revisit clinical pharmacist scheme in wave 4 Participate in ACS workforce initiatives.	
Rotherham	Utilising GPFV funding to support development of Bands 1-4 within practices. ATP programme encouraging practices to train student nurses and employ newly qualified nurses. Clinical Pharmacists are being employed by some practices in Rotherham with professional leadership and mentorship through CCG Medicines Mgt Team. Expect to submit application to national programme for Clinical Pharmacists in 2017.	*1 Senior Clinical Pharmacist* *4 Clinical Pharmacists* • 2wtePractice Nurse Trainers 15wte Healthcare Apprenticeships 2wte Development Practice Nurses ~~*Not yet confirmed*~~
Sheffield	Practice Manager training around employment options for GPs and Practice Nurses utilising CCG HR expertise. Clinical Pharmacists being employed during 2017 through the Federation (Primary Care Sheffield) to work in general practice.	3 Snr Clinical Pharmacists 15 Clinical Pharmacists

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Theme 3 - Building sustainable and resilient general practice by utilising innovations in technology (supporting locally appropriate digital and technology solutions) and capital investment into Estates and infrastructure that promote integrated working.

Our approach for meeting the shared transformational priorities of our SYB Accountable Care System rests upon the unique position of primary care - starting with the person and person centred care, valuing registered patient coordination of health and care provision, and recognising the value of maintaining continuity of care.

The role of the GP and practice teams is therefore pivotal. In our model, GPs adopt a leadership role in coordinating the care provided by other services but operate through the collective skills and expertise of a wider integrated team based outside of a hospital environment. These community focussed, multi-disciplinary, integrated health and care teams are further supplemented by a wider network of community based voluntary and charitable sector services all coordinated via the 'primary care network' hub.

These teams will work collaboratively, connected by technology, data sharing, estates, processes and, importantly, high quality relationships to work as a single connected community. Their focus will be the delivery of health and care services that are sensitive to the specific needs of their neighbourhood or population. In identifying those needs, each PCN hub will be guided by a meaningful set of outcomes identified within their respective Place-Based Plan (typically developed through place-based Accountable Care Partnership (ACP) forums) which measure improvements in population health across the place-based footprint. Each ACP will focus on the delivery of these shared system outcomes, to which the PCN hubs contribute, within the overall governance of the SYB Accountable Care System.

Key themes of this new approach include:

- Reprioritise prevention and early intervention to identify and focus on issues that impact on health and wellbeing upstream rather than tackling them at the point of demand. Includes a focus on population health management and addressing wider determinants of physical and mental health including education, housing, employment, welfare and benefits support.
- Building on self-care in a more proactive manner, by engaging and 'activating' patients not only to contribute to their own health and wellbeing but also to support others to do the same.
- Building strong, resilient and connected communities by maintaining a strong voluntary sector and developing our existing community assets to meet the health and care needs of the local people.
- Promoting patient access to the right services at the right time through standardised access to services, enhanced community based diagnostics and ensuring integrated services that meet routine, urgent and emergency care needs. This will also include development of services tailored to specifically address the needs of those suffering from multiple LTCs or deemed to be frail or vulnerable.
- Support locally appropriate digital and technology solutions, estates and workforce infrastructure that promote integrated working and enable members of our collective workforce to flourish.

Local digital and technology developments will focus on promoting access to shared intelligence on the use of resources as well as the ongoing clinical care and management of patients as they access services.

It will also include enabling local health and care professionals to access information and clinical systems remotely as well as 'on-site', supporting safe and efficient service coordination and avoiding unnecessary travel, duplication and gaps in care.

Key themes for ongoing digital and technology maturity have been identified as part of the wider South Yorkshire ACS Digital/IT Work stream. These are summarised below and reflect the local priorities for our ACS already identified within each of the five place-based Local Digital Roadmaps. Work to develop these themes into local implementation plans will be a focus for the Accountable Care Partnership in 2017/18.

Theme 4 - **Extending access to primary care** – integrated with out of hours and urgent care services, including reformed 111 and local clinical hubs.

GP practices across SYB have been funded for several years through an Enhanced Service to provide appointments outside of core hours (core hours are 08:00 – 18:30 Monday to Friday excluding bank holidays). Such extended hours must always been agreed with the commissioner and opening hours must be in line with patient preferences either established through the GP patients survey, patient participation groups, the Friends and Family Test or other feedback.

The amount of extended access required is 30 minutes per 1,000 registered patients and appointments must be routine and bookable.

Providing extended hours through this Enhanced Service is voluntary, and in SYB not all practices have agreed to provide them in 2017/18.

	Providing national extended hours specification	No decision	Not providing
Barnsley	67%	20%	13%
Bassetlaw	70% 10% providing Bassetlaw CCG service	10%	10%

Doncaster	56%	18%	26%
Rotherham	68%	19%	13% to be provided through CCG Hub from 1/10/2017
Sheffield	62%	20%	18%

In April 2014 a programme to test innovative ways of improving access was launched, supported by £175m national funding the Prime Ministers Challenge Fund delivered 57 schemes nationally, covering 2500 practices and 18 million populations.

In SYB two CCGs participated; Sheffield and Barnsley, both schemes successfully transitioned into GP Access Fund sites in 2016/17 and are amongst those CCGs that will introduce the full 7 core requirements for extended access during 2017/18.

National evaluation of the pilot sites demonstrated that they;

- Stimulated transformational and sustainable change with practices joining together to deliver broader range of at scale services
- Increased the choice and range of contact modes
- Introduced a wider range of practitioners
- Integration of other practitioners into primary care provision has been successful. Joint working with ANPs, pharmacists, the voluntary sector, care homes, physiotherapists and paramedics has released local GP capacity and more appropriately matched the needs of patients with practitioners.
- Helped reduce demand elsewhere - 14% reduction in minor A&E attendances

In line with the NHS Operational Planning and Contracting Guidance 2017-19, our CCGs are setting out plans for delivering full extended access by March 2019, this includes addressing inequalities in access where they exist therefore we need to understand how to meet the needs of our local populations as part delivering improved access.

There are currently significant inequalities in different groups' experience of access. Whilst making changes designed to improve access, CCGs will ensure that new initiatives work to reduce inequalities as well as improve access for all.

Recurrent funding has been made available to CCGs to commission additional capacity and to support implementation of full core requirements of extended access by March 2019. Those CCG's, who are in a position to deliver GP extended access to 100% of their population, will receive £6 per head in 2017/18 to commission the service. Remaining CCGs will receive £3.34 per head to improve access in 2018/19. All our CCGs plan to be delivering improved access to 100% of the population by March 2019.

Implementation timetable and investment across the 5 SYB localities;

CCG	2017/18	2018/19	2019/20
Barnsley	£6 per head	£6 per head	£6 per head
Bassetlaw		£3.34 per head	£6 per head
Doncaster		£3.34 per head	£6 per head
Rotherham		£3.34 per head	£6 per head
Sheffield	£6 per head	£6 per head	£6 per head

Additional access funding is not just about delivering additional appointments with a GP – it will integrate with out of hours and urgent care services, including reformed 111 and local clinical hubs and will help to deliver the step change required to deliver the new care models set out in the Five Year Forward View

The 7 Core Requirements of Extended Access

Timing of Appointments	○ Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day. ○ Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs. ○ Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week. ○ Appointments can be provided on a hub basis with practices working at scale.
Capacity	○ Commission a minimum additional 30 minutes consultation capacity per 1,000 population, rising to 45 minutes per 1,000 population
Measurement	○ Ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. ○ This will enable improvements in matching capacity to times of high demand

Advertising and ease of access	○ Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity that into the community, so that it is clear to patients how they can access these appointments and associated service.
	○ Ensure ease of access for patients including:
	  ○ all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services;
	  ○ patients should be offered a choice of evening or weekend appointments on an equal footing to core hours

	appointments.
Digital	○ Use of digital approaches to support new models of care in general practice.
Inequalities	○ Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.
Effective access to wider whole system services	○ Effective connection to other system services enabling patients to receive the right care the right professional including access from and to other primary care and general practice services such as urgent care

Theme 5 - Increasing investment in primary care made available through GPFV and ACS Transformation funding streams, commissioning for 'left shift' and increasing primary care workforce.

Funding stream	**purpose**	**Funding route**	**SYB – position at August 2017**
General Practice Improvement leaders programme	Build capability to support implementing change in practices. Local improvement facilitators.	Access to national scheme	Barnsley – 9 CCG staff completed in July 2017
Reception and clerical staff training fund	£45m programme of training for reception and clerical staff – care navigation and handling clinical paperwork to free up GP time		Barnsley – 15 practices by December, remainder by March 2018 Bassetlaw – 4 practices attended workshop. Doncaster – 4 workshops attended by 27 practices. Rotherham – 29 practice attended medical documentation training. First 10 practices trained and commenced care navigation, further 10 in November and final practices by April 2018

International Recruitment initiatives	To support recruitment of overseas GPs	North Region 29% of national budget - £5.8m Applications supported receive £36k per GP	CCGs in SYB considering joint initiative.
Practice Manager development programme	£6m for practice manager development programme	Access to national scheme	Barnsley opted for own PM development programme (18 managers x 6 sessions). Bassetlaw – 3 practice managers Doncaster – 2 workshops 22 practice managers Rotherham – PGP support provided to all 31 practices. Work being undertaken to identify key training requirements and support a local programme
GP Retainer Scheme & GP Returners Scheme	Increase in funding from May 2016 & New targeted financial support from May 2016 for doctors returning to work.		GP Returner Scheme Bassetlaw up to 6 places (wave 2) Doncaster – 1 place Rotherham – 1 place Retainer Scheme None
GP Transformation Support	£500m Sustainability and Transformation Fund including £206m w/force and £17m * one-off investment by CCGs from 2017/18 to support GP service redesign	£3 per head * to be spent in either or both of 2017/18 or 2018/19 SYB £2.777m 17/18* £1.834m 18/19 *DCCG full allocation yr1	Barnsley - £3 per head to practices 17/18 through a Practice Delivery Agreement. Rotherham £1.50 per head for 2 years to support implementation of the new workforce model
GP Access funding (formerly PMCF)	Formerly Prime Ministers Challenge Fund. GPAF to extend access to GP at evenings and weekends.	£6 per head	£321k Barnsley (PYE) £854k Sheffield (PYE) Full Year allocations 1027/18 to be confirmed.
Practice Resilience programme (17/18)	Targeted Funding to support General Practice resilience. 4 year programme from 2016 worth £16m in year 1	NHS England /DCO (SYB) Weighted population share Reimbursement of	SYB £213,840 2017/18 fully committed against applications

(Vulnerable Practice Programme £10m replaced by PRP in 17/18.)	and £40m over 4 years.	actual costs of support.	from GP practices, supported by CCGs.
Releasing Time for Care programme	£30m national programme – aim to release up to 10% of GPs time.	Access to national programme	Barnsley – Releasing Time for Care event planned for March 2018.
ACS - STF allocation		15-20% of allocation to be spent on primary care by 2020/21	
Clinical Pharmacists in general practice programme	£112m to enable every practice to access a clinical pharmacist . Target: 640 addl pharmacists in GP by April 2017. 1,500 addl pharmacists in GP by 2020.	Funding to Region/DCO. Applications from GP practices % contribution to cost of employment of SCP/CP on ratio of 1:30k population 60% in year 1 40% in year 2 20% in year 3	**Sheffield** 3 Senior Clinical Pharmacists; 15 Clinical Pharmacists **Bassetlaw** – 2 sites 1 Senior Clinical Pharmacist 1 Clinical Pharmacist **Barnsley** – local scheme in place 15 Clinical Pharmacists **Rotherham** - Application expected in next wave (November)
Pharmacy Integration Fund	To help transform how pharmacists, their teams and community pharmacy work as part of wider NHS services in their area.		Allocation and priorities yet to be determined – likely known by Autumn 2017
WiFi	roll out across primary care	Funding direct to CCGs Based on GP surgery size to cover impl.in 17/18 and 2 years' service charges	Barnsley CCG £136k Bassetlaw CCG £ 68k Doncaster CCG £137k Rotherham CCG £130k Sheffield CCG £164k SY&B total £635k

Premises ETTF	Primary care premises development and investment in tech.	Region/DCO £51.9m 17-18 £49.1m 18-19 £48.1m 19-20	SYB Pipeline value currently £3,114k 2017/18 £ 968k 2018/19 £6,165k 2019/20 Values above are indicative subject to due diligence, approval and affordability
GP IT	IT systems in general practice – GP practices apply for funds through CCGs to help improve patient access and reduce GP workload	Regional fair share of c £25m pa (on-going) of a £45m budget allocation	SYB share currently (2017/18) £3,065k
Primary Care BAU	GP premises improvement grants	Regional fair share c £20m p.a. (on-going) of £45m budget allocation	SYB share currently £ 771k
On-line consultation	£45m national programme. Toward cost of practices purchasing systems, improving access and making best use of clinicians time.	£45m over 3 years ; £15m 17-18 £20m 18-19 £10m 19-20	SYB allocation £ tbc No split available yet at Y&H level.
Tech-HSCN	Interoperability between health and care organisations	GPs and CCGs get uplift in funding to reflect costs of switch over. Trusts apply for funds.	

Our CCGs have made a commitment to invested £3 per head of population from their existing budgets, to support practice transformation, to be spent in full in either 2017/18 or 2018/19, or split over the two years.

Implementation timetable and investment across the 5 SYB localities;

CCG	2017/18	2018/19	Invested in
Barnsley	£1.50 per head	£1.50 per head	Support rollout of Practice Delivery Agreement (PDA), via 4 schemes:- • Demand Management • Medicines Optimisation • Health Inequalities Target Scheme (HITS)

			• Workforce analysis
Bassetlaw	£1.50 per head	£1.50 per head	Support the delivery of PCH working in all three localities.
Doncaster	£3 per head	N/A	Development of at scale primary care organisation.
Rotherham	£1.50 per head	£1.50 per head	Delivering improved access to 100% of the population, ~~& the~~ development of the federation and funding to increase HCA roles in primary care along with nurse educator roles.
Sheffield	£1.50 per head	£1.50 per head	Support the CCG transformation programme of work, centred on:- • Workforce • Neighbourhood Estates development • Technology Solutions releasing time for care • Neighbourhood delivering new models of care • Prescription ordering service • Training: leadership skills, clinical masterclasses.

Theme 6 - Addressing the wider determinants of health (prevention) – developing the local wrap around services (voluntary organisations alongside health and care support, social prescribing) so that people can access the right support in the right order and are more in control of their health and wellbeing

People are now living longer in South Yorkshire & Bassetlaw, however there are a number of areas which do not compare as well with other similar regions and with the national average;

- Poverty, poor housing and unemployment
- Smoking , Physical inactivity and obesity
- Smoking during pregnancy
- Teenage conceptions
- Alcohol related admissions to hospital
- Cancer and heart disease
- Adult mental illness

All 5 of our localities in SY&B are more deprived than the national average.

Around 5% of the national population aged 16-64 is unemployed – in SY&B this is around 7%, reaching 9% in one of our areas.

The proportion of 16-18 year olds not in education, employment or training is significantly higher in than the national average in some of our areas.

South Yorkshire & Bassetlaw Healthy Lives Programme is delivered locally to improve people's health and achieve;

- A reduced gap in healthy life expectancy by 5 years from an average of 20 to 15 years.
- 25% less people being admitted to hospital, visiting their GP
- More than halve the number of teenage pregnancies (under 18 year olds) from 31.9 to 12 per 1000 women by 2021
- Reduce number of Children &Young People between 5 & 15 years old who develop a clinically diagnosable mental health disorder.

We are increasing our investment in primary care so that people's needs can be managed better, with primary care rooted in 'neighbourhoods' and working closely with schools and wider education to ensure a more coherent approach to supporting young people who might be vulnerable and not in education, employment or training.

We are developing local wrap around services including local voluntary organisations alongside health and care support. Making sure that people can access the right support, in the right order so that they are more in control of their health and wellbeing.

Primary care is central to the delivery of a radical upgrade in prevention which requires a cultural shift through behavioural change, and delivery of more secondary prevention and support through primary care.

	Social Prescribing in South Yorkshire & Bassetlaw
Barnsley	My Best Life is a borough wide Social Prescribing service which was commenced in April 2017 to enable adults to access non-medical sources of support in the community an holistic approach to health. The service has been commissioned by Barnsley CCG and the provider is South Yorkshire Housing Association. 260 referrals have been made to the service since its go-live date in April. **A referral target for the first year has been set at 600** so this is likely to be exceeded based on quarter 1 data.

Bassetlaw	Social Prescribing has been established in Bassetlaw for 3 years. Strong links exist with Bassetlaw Voluntary and Community Services. Community advisors funded by the voluntary sector work from the Larwood surgeries, running citizen's advice clinics signposting patients to voluntary and non-medical services in the area. There are **plans to review the existing specification**.
Doncaster	Doncaster is jointly commissioning with DMBC a pilot scheme across Doncaster via the Better Care Fund, allowing referral from GP Practices to the Social Prescribing Service. The service will be part of the first wave of services to go live when Care Navigation is implemented in October 2017. **The scheme is commissioned until July 2018 when it will go out to tender**
Rotherham	Funded by the CCG, Rotherham's Social Prescribing Service helps people with long term health conditions access a range of services and activities provided by voluntary and community groups. Over 2000 patients with LTCs and at risk of hospital admission have been referred for a social prescription in Rotherham with 82% reporting a positive change in their well being. Evaluation found that • Non elective inpatient episodes reduced by 7% • Non elective inpatient spells reduced by 11% • A&E attendances reduced by 17%
Sheffield	The People Keeping Well (PKW) initiative has been developed in conjunction with Sheffield City Council; social prescribing is a key part of the initiative. The goal of PKW is to enable people to help themselves, to access the right services for their needs at the right time. PKW is being rolled out across the 16 neighbourhoods, with Community Support Workers providing support in conjunction with Local Voluntary Bodies. The role of the care navigators will be a key function, and will help link the community and third sector with the patient

Theme 7 - Integrated out of hospital services (including health and social care) , whole systems approach to ensure that the whole health and care system at 'place' is able to respond to patient needs through seven day working and achieves a way of working that best suits the needs of the population it serves.

Our CCGs will work to achieve and implement the priorities set out in the commissioning standards for integrated urgent care and contribute to delivery of the national delivery plan.

Barnsley	Barnsley CCG has recently procured Out of Hours services which provide both routine bookable and urgent access appointments outside of core hours (08:00-18:30) 7 days per week – awarded to Barnsley Healthcare Federation, the service commenced July 2017. From 4 September 2017 primary care streaming in A&E will ensure a 24/7 primary care offer as part of the wider urgent care services in Barnsley. Barnsley CCG, its GP practices and local Trust use the Medical Interoperability Gateway (MIG), which enables all partnered organisations to see patient health records and supports integrated care.
Bassetlaw	Bassetlaw CCG will procure an integrated urgent primary care service. The CCG is facilitating a whole system approach to ensure that the whole health and care system in Bassetlaw is able to respond to patient needs through seven day working.
Doncaster	Doncaster CCG commissions its Same Day Health Centre to provide same day access to GP services 8am – 8pm, 7 days a week. During 2017/2018 the CCG will be working with Primary Care Doncaster (GP Federation) to pilot extended access schemes at scale including hub models. These are expected to be a range of evening and weekends to help to provide evidence of utilisation and inform the CCG's future strategy.
Rotherham	Rotherham CCG plans to co locate Social Care, Voluntary and Community Services within existing Primary Care facilities to create 7 neighbourhood 'hubs'. Improving communication, Services acting as 'one team' reducing inefficiencies, lessening the requirement for GPs and releasing their capacity to improve and extend access to GP appointments. Hubs will provide the weekend offer for primary care as well as host enhanced services for the locality in order to achieve equity of access in areas such as anti-coagulation, aural care, colon cancer monitoring and minor surgery.
Sheffield	Sheffield CCG has considered its requirements for an integrated 111 and Out of Hours services and has built these into its review and redesign of Urgent Primary Care.

	Active Support & Recovery programme – a citywide multi-commissioner, multi-provider programme of work to support the development of care outside of hospital. Includes schemes to support the transformation of intermediate care services, schemes to deliver case management approach to those most at risk of admission, the development and maturity of 16 neighbourhoods in Sheffield and a significant focus on person-centred approach to health and wellbeing, activation and promotion of the ability to self-care.

Transforming health and care through development of new organisational forms

Place	Organisational form	Headlines	Timescales
Barnsley	Accountable Care Organisation	The development of a plan to create an Accountable Care Shadow Delivery Board (ACSDB) by April 2018 which promotes horizontal integration for Tier 1 services across Barnsley is progressing at pace. For Barnsley, this acts as a catalyst for change, and feeds into a set of defined objectives. The intention is to integrate commissioning and provision of health and social care services for the people of Barnsley to deliver; • seamless care, through "one pathway" and one team approach • the key asks for local people as set out in the ACS local plan ('the Barnsley Plan') • agreed operating principles of accountable care	April 2018

		The Barnsley Plan also specifies the following deliverables, which are therefore proposed to be within the remit of the ACSDB: • Developing integrated locality based health and well-being teams • Implementing the GP Forward View (GPFV) to strengthen primary care • Creating a single Barnsley health and care record • Developing the Accountable Care Partnership/Organisation.	
Bassetlaw	Multi Specialty Community Providers– Primary Care Homes	• Creation of three Primary Care Home environments with associated integrated nursing teams including social care • Development of integrated urgent primary care service • Primary Care Workforce Strategy supported by PCH workforce development plans • Primary Care Estates Strategy	Q 2 2017/8 Q2 2018/9 Q4 2017/8 Q3 2017/8
Doncaster	local integration model and development of single GP Federation		
Rotherham	Framework for jointly providing services Federation	**Rotherham has agreed and is progressing its Accountable Care Partnership to hold organisations to account to deliver the Rotherham Place Plan.** **Connect Healthcare Rotherham is a member organisation of the Accountable Care Partnership ensuring that Primary Care is actively engaged.**	

Sheffield	Single Federation and formation of neighbourhoods	Each of the 82 General Practices in the city is part of Primary Care Sheffield (PCS), our city-wide federated organisation, which was the lead organisation in our PCMF initiative and is now the provider of our 4 GP Access Fund (GPAF) Satellite Units located across the city. PCS is a member organisation of our Accountable Care Partnership approach, ensuring that Primary Care has a voice in the ACP development. Each Sheffield practice is also a member of one of our 16 Neighbourhoods (we would consider these to be our Primary Care Networks), each of which is a geographically defined community of 30,000-50,000 population based on the registered lists of the local practices.	

Theme 8 - Development of wider primary care - community pharmacy, eye care services, dental

Community Pharmacy

Whilst the core role of community pharmacy remains dispensing medicines, it also provides other services such as medicines use review, support for self-care and promoting healthy lifestyles as well as other services that may be commissioned at local level (such as supporting people to stop smoking or treating minor ailments etc.) Some of these services are commissioned by local authorities, in line with community pharmacy's growing role in improving public health. Over 2,000 pharmacies in England are accredited as "healthy living pharmacies"

An independent review was commissioned by the Chief Pharmaceutical Officer Dr Keith Ridge in April 2016 following the opportunity presented by NHS England's publication of the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, both of which set out proposals for the future of the NHS based around the new models of care. The need for an in-depth pharmacy review was determined by the present context in which pharmacy operates:

- The changing patient and population need for healthcare, in particular the demands of an ageing population with multiple long term conditions.
- Emerging models of pharmaceutical care provision from the UK and internationally.
- The evidence of sub-optimal outcomes from medicines in primary care settings.
- The need to improve value through integration of pharmacy and clinical pharmaceutical skills into patient pathways and the emerging new care models.
- The need for service redesign in all aspects of care for a financially sustainable NHS.

Clinical Pharmacists working in General Practice

The GP Forward View committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in general practice by 2020/21. This is in addition to over 490 clinical pharmacists already working across approximately 650 GP practices as part of a pilot, launched in July 2015.

NHS England is inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists. Providers participating in the Programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term.

Clinical pharmacists will work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety.

Having clinical pharmacists in GP practices means GPs can focus their skills where they are most needed, for example on diagnosing and treating patients with complex conditions. This helps GPs manage the demands on their time.

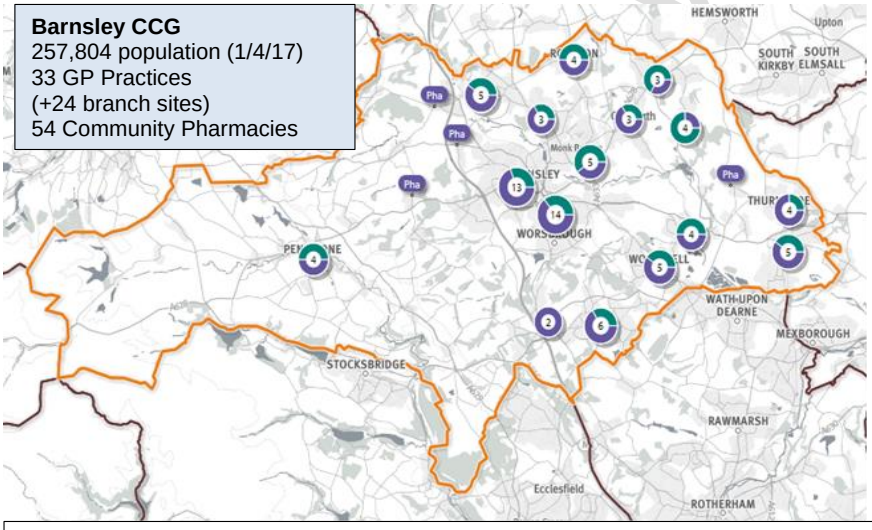
General Practices & Community Pharmacies - South Yorkshire & Bassetlaw

CCG	Registered populations 1/4/17	No. of GP Practices	No. of GP Branch Sites	No. of Pharmacy
Barnsley	257,804	33	24	54
Bassetlaw	116,023	10	6	23
Doncaster	317,529	43	14	79
Rotherham	261,288	31	19	72
Sheffield	593,967	82	27	129
	1,546,611	**199**	90	**357**

CCG	GP Practice List Size Range	Small List Size Under 5,000 Patients	Medium List size 5000 to 15,000 Patients	Large List Size 15,000 to 25,000 Patients	Super List Size Over 25,000	Total
Barnsley	993 - 17,081	12	9	12	0	33
Bassetlaw	2,606 - 30,160	4	1	3	2	10
Doncaster	1,714 - 14,734	11	23	9	0	43
Rotherham	1,539 - 20,817	7	13	11	0	31
Sheffield	1,219 - 30,014	29	41	10	2	82
		63	87	45	4	199

HSCIC 2015: UK average list size UK 7,183, England 7,450

N.B The 2 Sheffield CCG practices with a list size over 25k are both university practices.



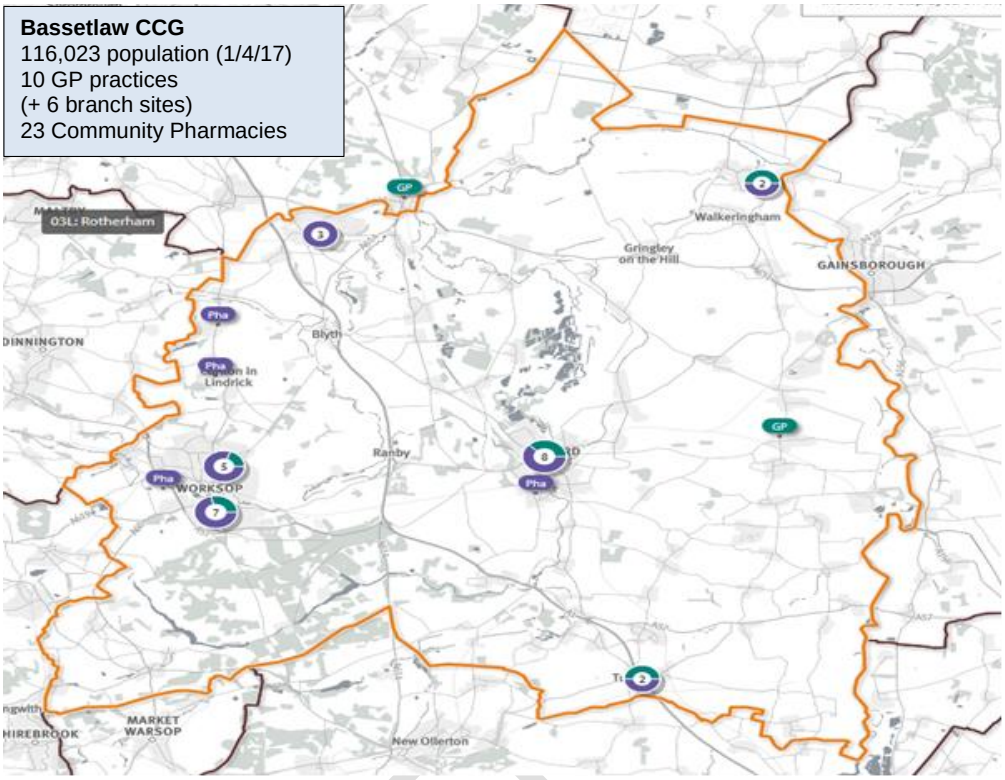
Barnsley CCG commissions a range of services directly from community pharmacies in its area;

- Minor ailments scheme – 48 pharmacies
- Smoking cessation – 48 pharmacies
- Primary eye care assessment & referral – 48 pharmacies
- Advice to care homes – 48 pharmacies
- Specialist drugs service – 13 pharmacies
- Emergency Hormonal Contraception – 10 pharmacies

Weekend opening

- 22 pharmacies open on Saturdays
- 7 pharmacies open on Sundays

Bassetlaw CCG
116,023 population (1/4/17)
10 GP practices
(+ 6 branch sites)
23 Community Pharmacies



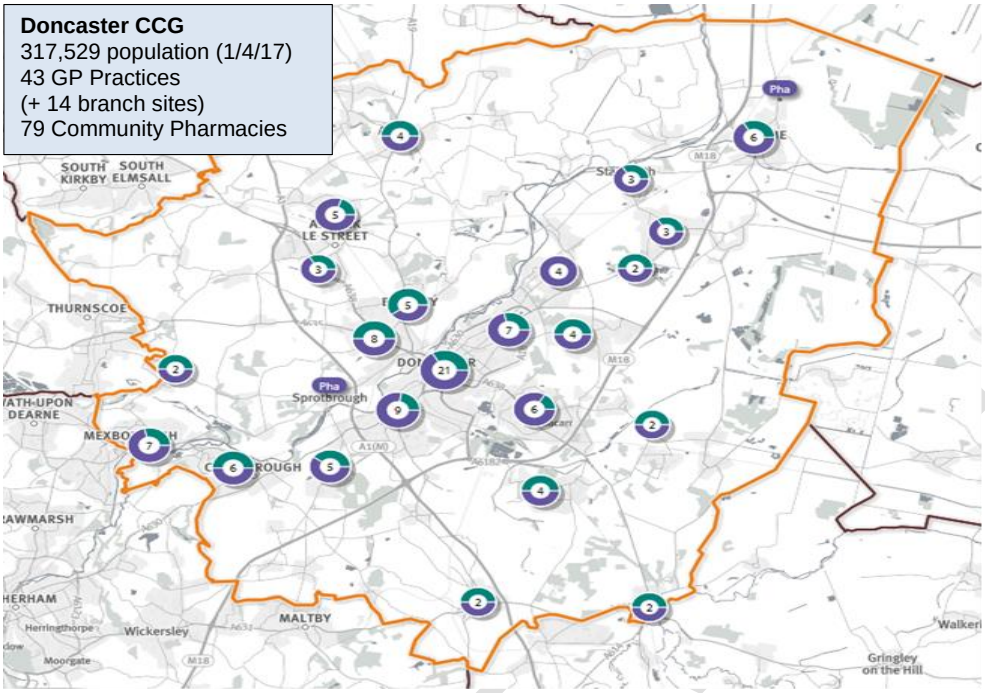
Bassetlaw CCG commissions a range of services directly from community pharmacies in its area [detail]

Weekend opening

- 21 pharmacies open on Saturdays
- 7 pharmacies open on Sundays

Clinical Pharmacists – Bassetlaw has been successful in securing funding for a Snr Clinical Pharmacists and a Clinical Pharmacists, both working across different areas within the locality.

Doncaster CCG
317,529 population (1/4/17)
43 GP Practices
(+ 14 branch sites)
79 Community Pharmacies



Doncaster CCG commissions a range of services directly from community pharmacies in its area;

- Minor ailments scheme – 70 pharmacies
- Inhaler Technique – 69 pharmacies
- Emergency Supply – 54 pharmacies
- Palliative Care drugs – 15 pharmacies

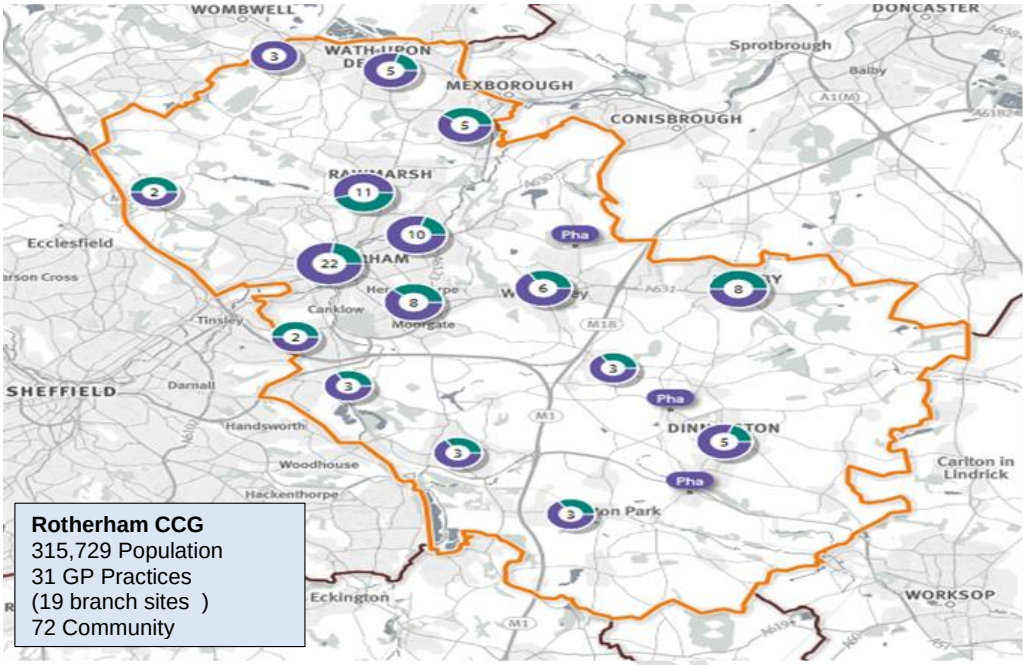
Weekend opening

- 52 pharmacies open on Saturdays
- 14 pharmacies open on Sundays

The Minor Ailments Service will be one of the first services to go live with Care Navigation in October; the evaluation of this will help the CCG's strategy for primary care and explore the offer from community pharmacy.

The CCG has facilitated two GP Practice and Pharmacy Staff joint events to allow clinical and non-clinical staff the time to better understand each other's roles and services and to start building upon relationships between the two professions.

Doncaster CCG hasn't to date taken part in the NHS England Clinical Pharmacist Scheme, however this is something the newly established GP federation is looking to explore.



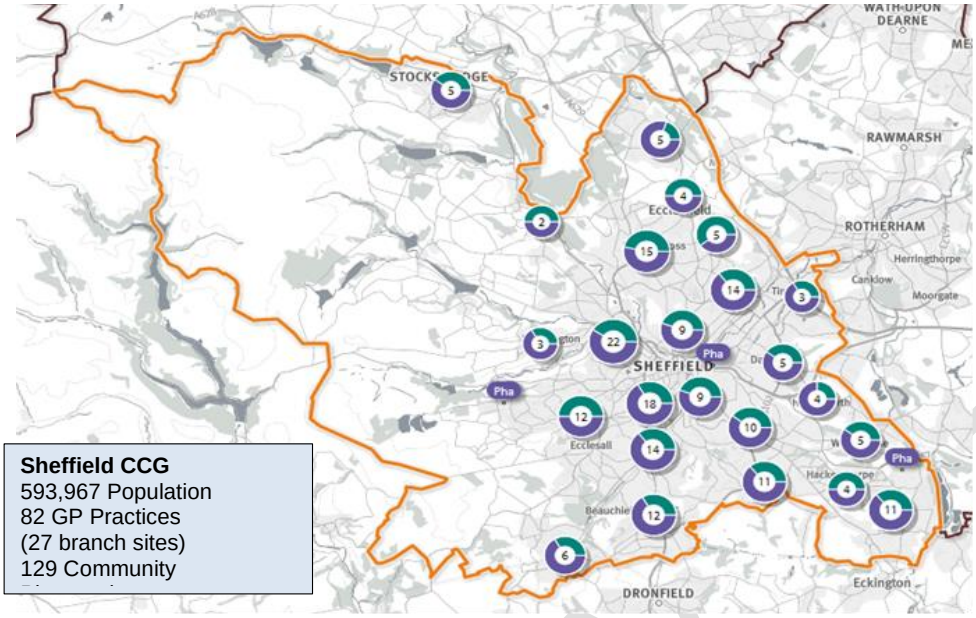
Rotherham CCG commissions a range of services directly from community pharmacies in its area;

- Minor ailments scheme – 52 pharmacies
- Palliative Care drugs – 44 pharmacies
- Emergency Hormonal Contraception – 34 pharmacies
- Not dispensed scheme – 3 pharmacies
- Smoking cessation – 3 pharmacies
- Primary eye care assessment and referral – 3 pharmacies

Weekend opening

- 47 pharmacies open on Saturdays
- 15 pharmacies open on Sundays

Clinical Pharmacists are being considered by Rotherham GP practices and an application to the national Clinical Pharmacy programme is likely in November 2017.



Sheffield CCG
593,967 Population
82 GP Practices
(27 branch sites)
129 Community

Primary Care Sheffield, the GP Federation in Sheffield has been successful in its application to secure an additional 18 Clinical pharmacists to be in post within general practice by the end of 2017.

These clinical pharmacists will work in general practice as part of a multi-disciplinary team in a patient facing role and will work with and alongside the general practice team.

Sheffield CCG commissions a range of services directly from community pharmacies in its area;

- Minor ailments scheme – 120 pharmacies
- Not dispensed scheme – 109 pharmacies
- Smoking cessation – 85 pharmacies
- Supervised consumption – 81 pharmacies
- Emergency Hormonal Contraception – 63 pharmacies
- Palliative Care drugs – 18 pharmacies
- Condom distribution – 18 pharmacies
- Chlamydia screening – 8 pharmacies
- Anticoagulation scheme – 8 pharmacies
- Community script switch – 2 pharmacies
- Extended hours – 1 pharmacy
- Sub-cutaneous fluid scheme – 1 pharmacy

Weekend opening

- 91 pharmacies open on Saturdays
- 28 pharmacies open on Sundays

Pharmacy Needs Assessments – Health & Wellbeing Boards requirement to update 2018[4]

Health & Wellbeing Boards (HWBs) were required to produce the first assessment of Pharmacy needs in April 2015, with a revised assessment to be published within three years – Across South Yorkshire & Bassetlaw PNAs are being considered now by HWBs for publication in early 2018.

Having assessed local needs and the current provision of services, the PNA needs to identify any gaps that need to be filled. Such needs might comprise a pharmacy providing a minimum of "essential services" in a deprived area, or pharmaceutical services of a specified type. The PNA may also identify a gap in provision that will need to be provided in future circumstances, for example, a new housing development is being planned in the HWB area.

Gaps in provision are not just gaps in pharmaceutical health needs but also gaps by service type. For example, a locality may have adequate provision of essential services to meet the needs of the population, but have a need for more specialist services, such as the management of long-term conditions. Examples of gaps that HWB's may identify include:

- inadequate provision of essential services at certain times of day or week leading to patients attending the GP-led health centres being unable to have their prescription dispensed;
- opening hours that do not reflect the needs of the local population;
- areas with little or no access to pharmaceutical services; and
- adequate provision of dispensing services (by those GPs who dispense), but patients unable to access the wider range of essential services.

It is important that PNAs identify services that are not currently being provided but which will be needed to secure future improvements to pharmaceutical services – common examples of this are major housing developments or service redesign as set out in the Joint Health and Wellbeing Strategy.

HWBs can also identify those services, which are currently not being commissioned by NHS England, local authorities or CCGs but may be services that could be commissioned in the future from Community Pharmacy.

There may be services provided or arranged by the HWB, NHS England, a CCG, an NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors.

A joint approach to developing PNAs has been agreed Across South Yorkshire & Bassetlaw, the aim is for a consistent approach to the content and wider considerations of the 5 PNAs and our task must be to ensure that these plans are cognisant of the potential for Pharmacy to play a greater part in the delivery of services in the community.

[4] The Health and Social Care Act 2012 established Health & Wellbeing Boards (HWBs). transferring responsibility to develop and update Pharmacy Needs Assessments (PNAs) from PCTs to HWBs.

SYB Local Pharmacy Professional Network

Securing Excellence in Primary Care published in June 2012 [5] outlined a commitment to developing Local Professional Networks (LPNs). The LPNs cover dentistry, pharmacy and eye health and aim to drive forward developments in community pharmacy; they encourage service improvements and reduction in health inequalities within their local communities.

LPN's are hosted and supported by NHS England and are part of a family of clinical networks across commissioning and provider services that are working with NHS England, as a catalyst for positive change in the NHS.

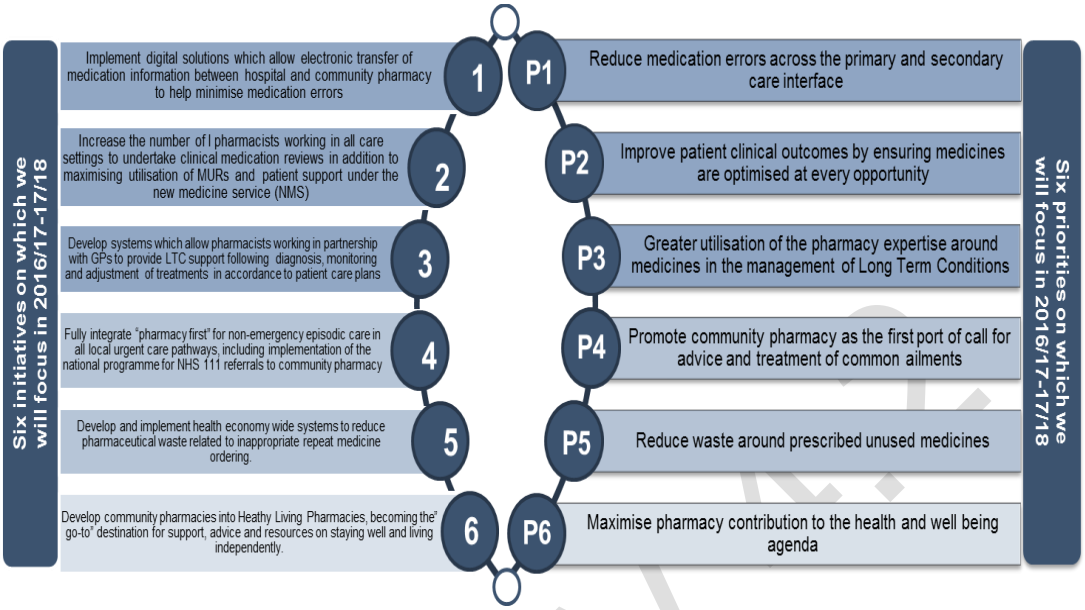
"The Pharmacy Programme covers a population of over 1,300,000 people accessing services via community pharmacies and registered with GPs across South Yorkshire & Bassetlaw.

Our vision for South Yorkshire & Bassetlaw is to provide affordable care built and given locally around communities of 30-70,000 people. By doing this, services will be tailored to local need and, supported by less complicated locality and county wide arrangements, will allow us to give joined up care to people close to or in their own homes, with less need to go to hospital.

All of our plans are and will be built on collaborative relationships and consensus amongst our system leaders which we will continue to develop to ensure the success of our STP, and which provide the foundations for an integrated health and social care system in the future".

Six Initiatives – Six Priorities identified by the SYB Pharmacy LPN

[5] 'Securing Excellence in Primary Care' (June 2012)



An underpinning programme of transformational enablers includes:

- Becoming a system with a collective focus on the whole person.
- Developing communities so that people have the skills and confidence to take responsibility for their own health and care.
- Developing the workforce across our system so that it is able to deliver new models of care.
- Using technology to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.
- Redevelop our services and estate to ensure patients have services closer to home.
- Ensuring full integration of pharmacy with GPs and other primary care providers

Eye care in South Yorkshire and Bassetlaw

Increasing demands on eye health services due to the ageing population[6] and the availability of new treatments are creating acute capacity bottlenecks within the hospital eye service (HES), especially in relation to age-related macular degeneration (AMD), diabetic eye disease and glaucoma.

Health & Social Care Information Centre NHS Digital data reports a 30% increase in ophthalmology outpatient attendances over the last five years and evidence from the Royal College of Ophthalmologists "Way Forward" Research predicts a 50% increase in demand across the major eye care pathways by 2030.

[6] According to National population projections for the UK, Office for National Statistics 2015, the number of people aged 65+ is projected to rise by over 40 per cent (40.77%) in the next 17 years to over 16 million. By 2040, nearly one in four people in the UK (24.2%) will be aged 65 or over. The percentage of the total population who are over 60 is predicted to rise from 24.2% at present to over 29% in 2035. The number of people over 85 in the UK is predicted to more than double in the next 23 years to over 3.4 million. The population over 75 is projected to double in the next 30 years.

All of the recent national commissioning frameworks and guidance advocate:

- The up skilling and better integration of the primary and secondary care Multi-Disciplinary Team (MDT) eye health workforce in all settings (optometrists, GPs with a special interest (GPwSI's), nurses, orthoptists, clinical support workers/ophthalmology allied health professionals)
- Increasing capacity in traditional primary care settings through enhanced optometry high street services (e.g. glaucoma referral refinement, ocular hypertension, cataract, acute minor eye conditions)
- Increasing capacity in other community settings through consultant led integrated primary/secondary care Community Ophthalmology providers to decentralise lower complexity, higher volume, conditions from Hospital Eye Services (HES)
- Commissioning across wider populations through ACS footprints to achieve maximum impact and economies of scale with appropriate risk stratification.

There is an increasing awareness that the number of patients with diseases of older age is growing across the United Kingdom (UK) without a commensurate growth in the number of eye care professionals and other resources available to treat those patients.

Traditional models of service delivery are increasingly being seen to be inadequate to meet this challenge and better value ways of working are needed. To quantify the likely growth in demand on eye services over the next 20 years for the major ophthalmic conditions, the National Eye Health Epidemiological Model (NEHEM) (www.eyehealthmodel.org) provides the opportunity to enter new demographic data and apply prevalence figures from appropriate population based surveys. By sourcing estimates from the Office of National Statistics of the projected UK population, stratified by age, gender and ethnicity, it is possible to create estimates of the future demand for services related to cataract, glaucoma, Age-related Macular Degeneration and Diabetic eye disease relative to specific areas of the country.

Locally commissioned service	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Child Eye Screening or Children's Post Vision Screening			✓		✓
Primary Eyecare Acute Referral Scheme (PEARS) or Minor Eye Care Scheme (MRCS)	✓			Under development	✓
Glaucoma Referral Refinement (GRR)					✓
Stable Glaucoma Community Monitoring			✓		

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Contact Applanation Tonometry Service (CATS)				√	✓
Ocular Hypertension (OHT) Referral Refinement			✓		
Direct Cataract Referral			✓		
Triage Service					✓

Dental Services in South Yorkshire & Bassetlaw

NHS England has direct commissioning responsibility for primary care dental services and must ensure that services are high quality, consistent and value for money[7]

General access and unplanned dental care issues have an impact on other commissioning and provider organisations, including CCGs, primary medical services and emergency departments. NHS England is will engage and contribute with relevant Urgent and Emergency working groups to ensure plans and strategies are aligned and complementary.

Commissioning of and access to primary dental services is part of the wider NHS England dental commissioning plan which also considers 111 signposting, urgent dental services and primary care access to dentistry.

Background

Across Yorkshire & the Humber we commission 9.5million Units of Dental Activity (UDAs) – for South Yorkshire and Bassetlaw this is XXXXXXXXX

UDA values vary and the number of UDAs commissioned per head of population is 1.72 compared to 1.62 across England. The variation across South Yorkshire & Bassetlaw is xx in CCG xxxx to xx in CCG xxxxx

A lack of routine dental care impacts on the demand and availability of urgent dental care.

Emma Wilson/Alistair providing a SYB version of the info/data which formed part of DCMT paper on dental plans.

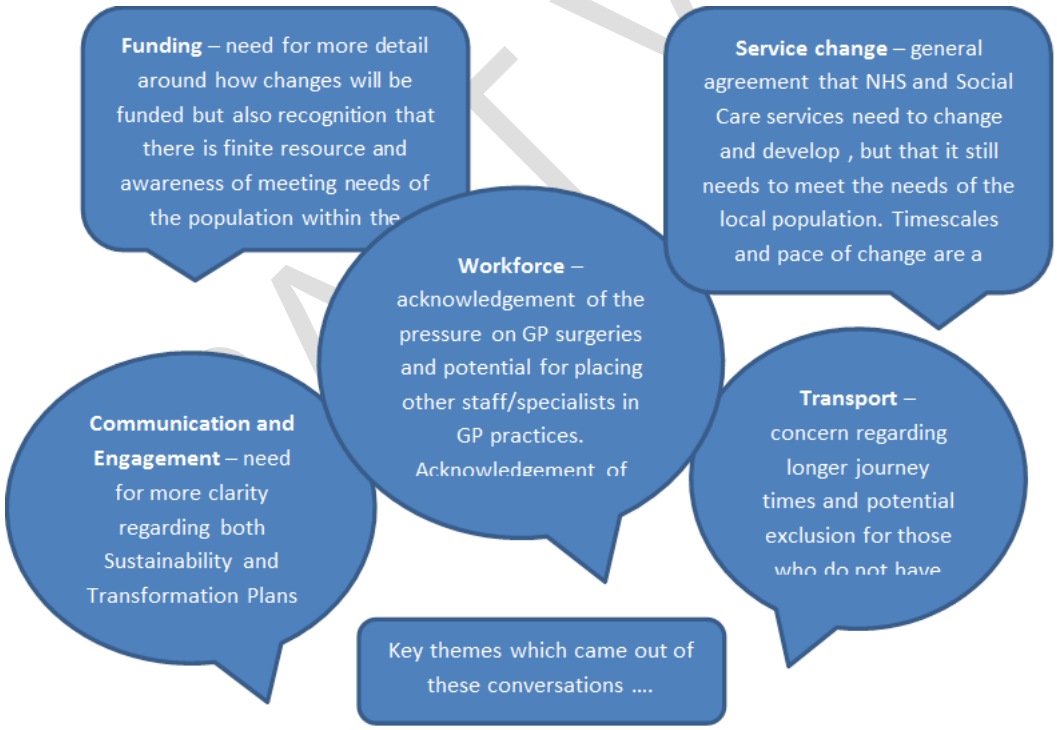
[7] Securing Excellence in NHS Dental Services

Communication & Public and patient perception

Our CCG are each committed to a programme of engagement regarding their Place Plans, transacted through various groups and events , in order to ensure patient experience informs the transformation of general practice and wider primary care and ensure people have a positive experience of care. As fully delegated commissioners of primary care they also aim to ensure that their GP practices have active Patient Participation Groups which in turn ensure that services provided locally are responding to patient needs.

Early in 2017 "Commissioners Working Together" agreed that local conversations with local communities would enable us to understand perceptions and feelings toward the SYB ACS.

Local Healthwatch and Voluntary organisations used their existing networks and memberships within each of the 5 local areas and using a conversational approach and accessing these pre-existing groups managed to reach 872 people across SY&B.[8]



[8] "Community Conversations about the SY&B STP " March-April 2017

Research and Innovation

The 5YFV commits to accelerating health innovation and emphasises that research is vital in providing the evidence we need to transform services and improve outcomes. It commits to continue to support the work of the National Institute for Health Research (NIHR) and the network of specialist clinical research facilities in the NHS.

The use of research and innovation is important to advance practice and is vital in providing evidence to transform and improve clinical and service outcomes. We will work with stakeholders to influence the research and innovation agenda for the benefits of our patients and communities.

- Driving the direction of primary care research so that we can maximise research developments that not only meets national priorities but that also fits with local population needs.
- Providing consistency of access to research for all patients giving them the opportunity to participate in new innovations and benefit from new models of care to improve quality and health outcomes.

We'll develop a culture that supports a collaborative approach to research and innovation which will deliver 'faster, easier clinical research' that accelerates health innovations in primary care, through:

- Building research capacity within our practices, and services, to provide greater access to research
- Stakeholder engagement and collaboration for the development of clinical research to drive the direction
- Knowledge mobilisation and supporting the use of evidence in decision making and translating research and innovation into practice (faster, quicker implementation – links to AHSN, CLAHRC and Innovation agencies)

Five Year Forward View & GP Forward View and interdependencies with other ACS workstreams

The triple aim of the Five Year Forward View (5YFV) is:

1. Improve the health of the population
2. Improve care patients receive and their experience of it
3. Deliver the best value possible for taxpayers.

It sets out a vision to transform the NHS based around 7 new models of care;

- Multispecialty Community Providers (MCPs)
- Primary and Acute Care Systems (PACS)
- Urgent & Emergency Care Networks

- Viable Smaller Hospitals
- Specialised Care
- Modern Maternity Services
- Enhanced Health in Care Homes

and through a commitment to strengthening leadership, developing and growing a modern workforce, exploiting the information revolution and accelerating innovation in new ways of delivering care which will drive efficiency and address rising demand on NHS services.

The General Practice Forward View (GPFV) commits NHS England to increasing investment in primary care. This includes £2.4 billion a year by 2021 into general practice services, meaning that investment will rise to more than £12 billion a year by 2021. It is a critical component of the 5YFV and will build for the future of the NHS by strengthening primary care, enabling it to become more resilient (bigger, integrated).

Implementation of the GPFV stems from the three gaps identified within the 5YFV;

1. Health and well-being gap requiring radical upgrade and~~l~~ prevention, empowering patients and engaging communities.
2. Care and Quality gap – to be addressed through new models of care, to deliver more care out-of-hospital by integrating services around the patient
3. Funding gap – driving need for greater efficiency from existing NHS funds through targeted investment to better manage demand through greater prevention and by driving greater efficiency from current care system by exploiting information revolution, aligning NHS systems and developing a modern workforce.

In addition to the GPFV, plans are being developed nationally and locally to transform the way in which services are delivered in Pharmacy, General Ophthalmic and Dental services with Pharmacy specifically being targeted as a potential solution to some of the capacity and demand issues facing General Practice.

The table below begins to map the key priorities from Next Steps on the NHS Five Year Forward View and the GP Forward View delivery plans developed within our *5 CCG localities (place plans) .*

Interface with other ACS work streams is being identified, indicating a dependency on delivery through joint working and the necessity for clarity on expectations;

Elective & Diagnostic work stream describes successful delivery of demand management and care co-ordination as heavily reliant upon Primary Care providers being able to develop their services, implement new ways of working and work closely with other key providers. Reducing unwarranted system demand requires:

- Advice, guidance and peer review solutions that support GPs in getting patients to right place first time.
- Targeted support to high referring practices to reduce unwarranted variation.

- New community services to provide access to care closer to home (Estates)
- Improvements in PC access to optimal testing to inform treatment and referral decisions.
- Improvements in non-face to face and primary care follow up.

Urgent and Emergency Care work stream equally places a significant dependency upon primary care reshaping service provision to meet future demands, reducing demand through improved community based service provision, signposting and triage.

It describes a primary care workforce sufficient to support channel shift, care co-ordination and community based urgent care services including OOH and highlights the potential role for Community Pharmacists.

Digital & IT work stream objectives demands Interoperability i.e. 111 direct booking into GP appointments.

We will work collectively to ensure that place based actions align with ACS level strategy.

Key deliverables	Next Steps on the NHS Five Year Forward View (incl GPFV)	SYB CCG priorities	Interface with other ACS workstreams
GP Access	50% of population has access to pre-bookable same-day, evening and weekend GP appointments by March 2018 and 100% by March 2019. Integration of extended access with out of hours and urgent care services including reformed 111 and local clinical hubs.	Transformation of urgent care in primary care. Co-ordinated service provision within neighbourhoods Delivery of GP Access target and 7 core national requirements.	**UEC** (theme 4) – Reshaping service provision to meet future demands **Elective and Diagnostic -** Successful delivery of demand management and care co-ordination is heavily reliant upon Primary Care developing their services, implement new ways of working and work closely with other key providers.
Development of Primary Care Networks	Roll out PCNs across population of each ACS in wave 1 (2017/18). Sites contribute to delivery of national transformation priorities including extended access to primary care and mental health; integration with UEC; personalised care including Personal Health Budgets; a broader offer in the primary care setting e.g. diagnostics	Development of neighbourhoods – primary care at scale Contributes to delivery of access target and 7 core national requirements. Urgent & Emergency Care Potential delivery mechanism for Federations/PCH etc.	**UEC** (theme 4) reshaping service provision to meet future demands **UEC** - Spring 2018 - Standardised Urgent Treatment Centre service open 12 hours a day 7 days a week, integrated with local urgent care centres, offering bookable appointments through 111 as well as GP referrals. (target Dec

Key deliverables	Next Steps on the NHS Five Year Forward View (incl GPFV)	SYB CCG priorities	Interface with other ACS workstreams
			2019)
Social prescribing	Support for integration across the wider health and care system.	Social prescribing established in some areas, being considered in others.	**UEC** (theme 1) – reducing demand through improved community based service provision, signposting and triage. **MHLD** – 1 of 10 priority areas; Embed social prescribing through place based delivery. **ACS** – Investment in social prescribing to reduce A&E attendances by 1.4%, emergency admissions by 2.6% and free up £3.8m to be spent in other areas by 2021.
Estates	Capital investment and 'at scale' project support (financial, legal and design processes) NHSPS/CHP to work with CCGs to agree local estates strategies. Identification of underutilised buildings and plan to ensure all are used productively and effectively.	To develop capacity an capability to take forward local schemes from an early stage – CCG 'place' level.	**Estates** Charter – Ensuring capital investment is aligned to channel shift in service provision. BAU, ETTF, Transformation funding and private finance. Supporting local primary care systems to access the right support to access the right funding to realise estates ambitions,
Medical Workforce	Expansion of Medical workforce; .	Barnsley – Clinical Fellowship Model	**UEC – Primary care workforce** sufficient to support channel shift, care co-ordination and community based urgent care services including OOH. Role of Community Pharmacists.
Building the wider Workforce	• General Practice Nurse development strategy with increase in pre reg placements and measures to improve retention and return to work	Bassetlaw and Sheffield secured 20 Clinical Pharmacists July 2017 Staff accessing national development programmes for clinical	Developing & Enabling workforce SYB share of targets and trajectories Place based actions are to 'align with ACS

Key deliverables	Next Steps on the NHS Five Year Forward View (incl GPFV)	SYB CCG priorities	Interface with other ACS workstreams
	• Physician Associates • Mental Health Therapists (3000 by 2020) • Clinical Pharmacists in GP – target 1 per 30,000 population • Care navigation and clinical paperwork training for practice staff • Practice Manager Development SYB Share of workforce targets – include numbers	and non-clinical practice staff- Linked to Productive General Practice & Resilience funding	level strategy'
Digital & IT – greater use of technology	£45m nationally for uptake of online consultation systems in every practice. WiFi services in every GP practice for staff and patients % of patients using one or more online services by xx		**UEC – Digital & IT** – Interoperability i.e. 111 direct booking into GP appointments.

Delivery of the SYB ACS Primary Care Programme is largely dependent upon delivery plans agreed at 'place', however the challenges within 'place' are not all the same and each CCG may prioritise differently.

There is a need for assurance that emerging primary care organisations made up of groups of GP practices (federations/Primary Care Homes/Local Care Networks) are supportive of the wider place plans. The greater the number of emerging delivery organisation, the greater the task of trying to bring them together so that objectives align at ACS level.

Each of the ACS work streams carries expectations of and places demands to varying degrees upon primary care, this requires sustainable core primary care services and a workforce sufficient to deliver effective and sustainable primary care services before we begin to expand the range of services it delivers.

Primary care is effectively the gateway into NHS services; it plays a pivotal role in the co-ordination of care as well as a critical role in the prevention agenda. Many services currently delivered in secondary care could be delivered within primary care with appropriate planning and resources and development of new models of care. It must therefore be a priority for primary care to be appropriately resourced in order to maintain and in some instances improve its existing functions whilst also being able to respond to the "left shift" implications described within the various ACS work streams.

8.1 Costs and Benefits

8.2 Benefits

Key benefits	
Health & Wellbeing	▶
Care Quality	▶
Finance & Efficiency	▶

8.3 Potential Dis-benefits

Potential dis-benefits	
Access to services	▶

9. Workstream Controls

10. Workstream Organisation and Structure

The Work stream governance structure forms an integral part of the overarching ACS governance structure. Appropriate links will be made with the place-based governance arrangements.

The Work stream has been established to provide overall direction and management of the Work stream and the broader ACS. It will oversee the progress of the Work stream and provide strategic leadership. The SRO is ultimately responsible for the work stream, supported by the other members of the project teams. The membership of the Work stream is detailed in the Terms of Reference provided at Appendix A:

The key responsibilities of the Work stream are as follows:

- Provide collective system leadership for the delivery of primary care services across the ACS
- Promote resilience in primary care across the ACS footprint, recognising the pivotal role of out-of-hospital services in securing system sustainability

- Identifying opportunities for primary care transformation supporting delivery of ACS priorities and new models of care
- Mechanism for supporting ACS assurance on delivery of primary care national priorities such as GPFV
- Identification and exploitation of opportunities for supporting ‘at scale’ primary care developments delivering improved cost effectiveness and/or patient outcomes across the ACS
- Acting as a ‘prism’ to focus ACS work stream activity to support achievement of place-based primary care priorities
- Support identification and alignment of interdependencies (e.g. workforce, digital and IT, estates) across ACS and place-based activities to ensure cost effective use of resources
- Provide a mechanism for engaging with providers of primary care services (medical, pharmacy, eye care and dental as appropriate) to support ongoing engagement in the work of the ACS and delivery of its aims
- Proactively support innovation and shared learning across the five place-based systems to maximise opportunities for quality improvement and sustainable primary care services

11 Appendices

11.1 Appendix 1 Governance Arrangements

South Yorkshire and Bassetlaw ACS Primary Care Programme Steering Board Terms of Reference	
1	**Purpose of the Board**
	The purpose of the South Yorkshire & Bassetlaw (SYB) ACS Primary Care Programme Steering Board is to provide leadership, focus and oversight for the delivery of the recommendations from the SYB Case for Change (Oct 15) to support a collaborated, system wide approach to services within SYB Strategic Accountable Care System, to meet the standards of the NHS Constitution. More specifically the Board's focus will be to provide leadership in transforming primary care through the establishment of 'at scale' primary care organisations that are capable of taking on population health responsibilities , are accessible 7 days per week, are increasingly resilient and able to plan for and deliver the outcomes described within the 5 Year Forward View and General Practice Forward View, including expansion of a clinical workforce which is increasingly multidisciplinary and facilitates improvements in recruitment and retention. The Board will act to support transformation of primary care in its widest sense including pharmacy and eye care and where relevant, dental services.
2	**Role and responsibilities of the Board**
	The Steering Board roles and responsibilities are to: ▪ Provide system leadership in support of transformation of primary care in ways that reduce the health and wellbeing gap, improve care and quality, reduce the financial gap and optimise services to provide sustainability. ▪ Resolve strategic and directional issues so that capacity can meet growing demand within Primary Care service delivery. • Promote resilience in primary care across the ACS footprint, recognising the pivotal role of out-of-hospital services in securing system sustainability. • Identifying opportunities for primary care transformation supporting delivery of ACS priorities and new models of care • Mechanism for supporting ACS assurance on delivery of primary care national priorities such as GPFV • Identification and exploitation of opportunities for supporting 'at scale' primary care developments delivering improved cost effectiveness and/or patient outcomes across the ACS • Acting as a 'prism' to focus ACS work stream activity to support achievement of place-based primary care priorities • Support identification and alignment of interdependencies (e.g. workforce, digital and IT, estates) across ACS and place-based activities to ensure cost effective use of resources.

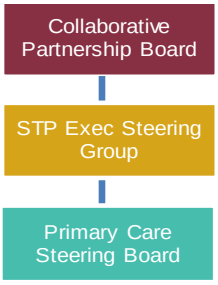
	• Provide a mechanism for engaging with providers of primary care services (medical, pharmacy, eye care and dental as appropriate) to support ongoing engagement in the work of the ACS and delivery of its aims. • Proactively support innovation and shared learning across the five place-based systems to maximise opportunities for quality improvement and sustainable primary care services ▪ Ensure continued alignment of the required transformational changes within the Primary Care Work stream. ▪ Provide co-ordination and management of decisions and outputs as directed by the *Collaborative Partnership Board.* ▪ Provide scrutiny, assurance and make recommendations to the *Collaborative Partnership Board.* ▪ Engage partners, NHSE, providers, NHSI and stakeholders in the transformational requirements to meet the key priorities to delivery of services. ▪ Develop, lead and action a robust programme of work that will meet the key challenges and facilitate optimised transformational changes with all partners. ▪ Mitigate and escalate risks and issues to the *Collaborative Partnership Board.* ▪ Advising the ACS executive on opportunities where collaboration would offer mutual benefit to partner organisations across SYB and where common approaches will support delivery of strategic objectives and ACS Case for Change objectives, by improving sustainability, resilience, financial benefits and high quality outcomes for patients. ▪ To ensure that resources are mapped out across secondary and primary care that will support the new models of care and operational delivery of future services
3	**Membership** **Chair** - Maddy Ruff , Accountable Officer, NHS Sheffield Clinical Commissioning Group **Vice Chair** Medical TBC **Clinical SRO** Tim Moorhead **Work stream Lead**: Karen Curran, Head of Primary Care, NHS England (SY&B) **Membership:** Alistair Dickson — SYB GPFV GP lead, NHS England Penny Brooks — SYB Nursing Representation Antony Gore — Clinical Representative NHS Sheffield CCG Mehrban Ghani — Clinical Representative NHS Barnsley CCG Eric Kelly — Clinical Representative NHS Bassetlaw CCG Nabeel Alsindi — Clinical Representative NHS Doncaster CCG Avanti Gunasekera — Clinical Representative NHS Rotherham CCG Carolyn Ogle — Primary Care Lead, NHS Doncaster Clinical Commissioning Group

	Katrina Cleary	Primary Care Lead, NHS Sheffield Clinical Commissioning Group
	Jackie Holdich	Primary Care Lead, NHS Barnsley Clinical Commissioning Group
	Victoria McGregor Riley	Primary Care Lead, NHS Bassetlaw Clinical Commissioning Group
	Jacqui Tuffnell	Primary Care Lead, NHS Rotherham Clinical Commissioning Group
	Garry Charlesworth	Senior Primary Care Manager, NHS England
	Victoria Lindon	Senior Primary Care Manager, NHS England
	Carolyn Ogle	Senior Primary Care Manager, NHS England
	Raheel Baig	GPFV Transformation Programme Manager, NHS England
	Jaz Uppal	GPFV Transformation Team , NHS England
	Lisa Simonite	GPFV Transformation Team, NHS England
	Alastair Bradley	Local Medical Committees Representation
	Thomas Bisset	Local Pharmacy Committees Representative
	tbc	Local Optical Committees
	tbc	Local Dental Committees

Other co-opted members will be invited as appropriate.

4 Accountability

The Steering Board is accountable to the Collaborative Partnership Board. The accountability chart is summarised below:



5	**Quorum**	
	The Quorum will be 1 of Chair or Vice Chair 1 NHS England representative 1 representative from each CCG (clinical or non clinical)	
6	**Frequency of Meeting**	
	Meeting will be held monthly. Agendas and papers will be circulated where possible five working days in advance of each meeting. With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.	
7	**Reporting**	
	A monthly highlight report will be provided to the ACS Collaborative Partnership Board.	
8	**Secretariat**	
	GPFV Transformation Team	
9	**Inception of Group and Review Responsibilities**	
	Date of group inception	24th March 2017
	Date of last review of terms of reference and membership	N/A
	Lead responsible for reviewing terms of reference	
	Date of next planned review	March 2018