NHS
Frimley
Clinical Commissioning Group

Annual Plan for Primary Care

2021/22

Bracknell Forest North East Hampshire and Farnham Royal Borough of Windsor and Maidenhead Slough Surrey Heath

Process and timescales

NHS Frimley Clinical Commissioning Group

Overview

NHS England and NHS Improvement published 2021/22 priorities and operational planning guidance on 25 March 2021.

This included a specific priority relating to primary care (Section D: Expanding primary care capacity to improve access, local health outcomes and address health inequalities) with two sub-sections:

- D1. Restoring and increasing access to primary care services
- D2. Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities

In addition, primary care involvement is expected in a number of other areas of the plan including workforce, elective care, mental health, cancer, urgent and emergency care, health inequalities, and the Covid vaccination programme.

The plan set out in the following slides has been developed mainly from a primary care portfolio perspective, and was submitted to NHSE/I on 3 June. Changes are minimal following very positive feedback on the draft from both PCCC and NHSE/I.

Introduction

NHS Frimley Clinical Commissioning Group

Overview

The 2021/22 Frimley ICS plan for primary care includes seven distinct but overlapping themes:

- Access to primary care services
- PCN development
- Population health management
- Covid vaccination programme
- Workforce
- Digital First Primary Care
- Estates and premises

The sections below provide an overview with key actions. They are underpinned by a comprehensive plan that includes an overview of each area, our intended outcomes for the year, risks and mitigations, and detailed activities. At this stage the timelines are indicative, and some actions will take longer than the first half of the year to complete delivery. The delivery of the Primary Care Portfolio Plan ambitions will be driven through Place Primary Care Operational Groups with a programme approach reporting into the Frimley CCG Primary Care Transformation Group.

Our delivery model remains as in our Phase 3 submission in autumn 2021. This plan provides an overview of activities across all four levels of engagement.

Level of engagement	Our approach
73 practices	Supporting our practices to operate safely and with autonomy
16 neighbourhoods (PCNs)	Developing our PCNs and at-scale primary care services
5 places	Developing collaboration with partners
One system	Doing things once across the ICS where this makes sense

Access to primary care services

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Overview

General practice has adapted models of access rapidly to deal with the demands and consequences of the Covid-19 pandemic. During winter 2020/21, many of the core services and business as usual activities undertaken by general practice and PCNs were suspended under a structured prioritisation framework to free up capacity to prioritise Covid related workload. Priorities have included establishing hot sites and local PCN-led Local Vaccination Services and subsequent ongoing delivery of the vaccination programme. Vaccination services are now embedded across the ICS with our 12 PCN-led LVSs supported by a workforce model that has significantly mitigated the impact on business as usual activity.

Practices have adopted new technologies and ways of working, utilising digital tools such as online consultation, video consultation, digital messaging services (AccuRx), as well as moving to a Total Triage model for assessing patients' needs so that the most appropriate service and mode of delivery is identified for the patient.

NHS Digital data shows that general practice appointment levels are broadly similar to pre-pandemic levels, and this does not take into account the additional activity generated and closed entirely in online consultation episodes. This is shown in the chart on the next page. Taken together, activity is likely to already significantly exceed pre-pandemic levels and practices are typically reporting demand in late April of around 20% above normal levels for the time of year. Despite this, patients report difficulties in access in many areas. This is a significant concern at a time when the workforce has been under great strain, and ongoing challenges remain not least the requirements for infection prevention and control which continue to have a significant impact on capacity for face to face services.

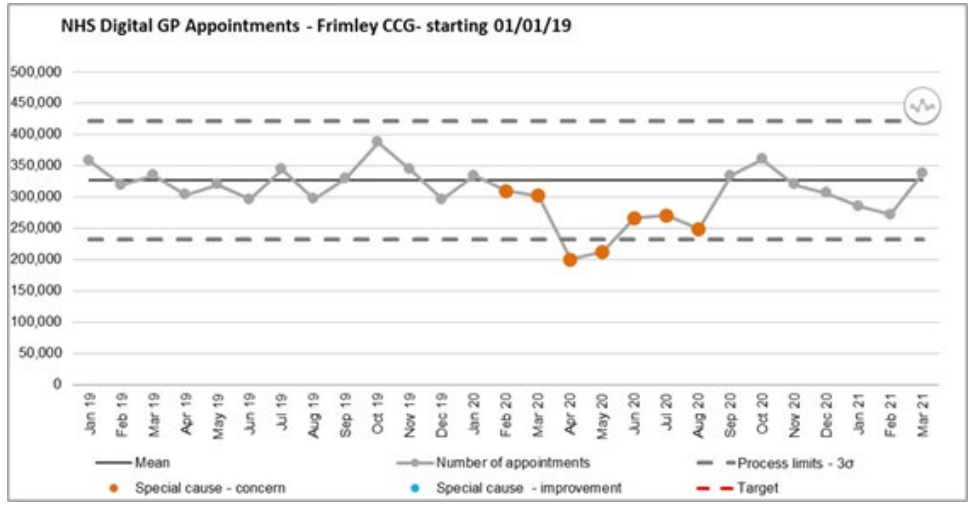
Although the rapid pace of change to deploy and adopt new technologies has been driven in response to the pandemic, it will be critically important for us to work to retain, develop and spread good practice in these new ways of working in a sustainable way that is not counter-productive or leads to poorer levels of access or inequalities of access. We need to make sure that patients are offered choice around how and when they contact primary care and that there is sufficient capacity to meet the needs of our population – including face to face consultations.

Access to primary care services

NHS Frimley Clinical Commissioning Group

Overview

Chart showing the trend in GP appointments since January 2019



The extended hours and improved access commissioned services have been used to support pandemic activities but now need to be refocused on providing additional same-day and pre-bookable appointment capacity on weekday evenings and at weekends beyond normal core hours.

Additional capacity will also be created through the rollout of the Community Pharmacist Consultation Service (CPCS) – this is an important new service intended to educate and encourage patients to see community pharmacy as the first port of call seeking advice and help with managing a minor illness.

General practice resilience will continue to be a key area of focus, particularly for smaller practices, and those with workforce and estates challenges.

Access to primary care services

NHS Frimley Clinical Commissioning Group

Our intended outcomes

2021-22 goals

- More accessible, consistent and effective services for our population with increased patient satisfaction ratings for accessing primary care
- Intelligent recovery of backlogs of care, taking a population health management approach that utilises insights from our linked ICS datasets
- Improved same day access, with PCNs leading the development of integrated models of care within local provider partnerships
- Additional workforce recruited and deployed – ARRS roles within PCNs
- Community Pharmacy Consultation Service established across all PCNs – improved same-day access for minor illnesses
- Resilient general practice – sustainable services, with appropriate capacity to meet the needs of our population
- Digitally enabled practices to support service delivery and engage patients in a variety of ways suitable to their needs and abilities
- Re-established Improved Access appointment capacity, alongside delivery of Network Access DES requirements anticipated during 2021
- Improved appointment activity data reporting
- Ongoing delivery of the Covid vaccination programme in PCN-led LVS sites, utilising sustainable workforce models

Key Risks and Mitigation

Key Risks

- A subsequent wave of Covid-19 impacting capacity and increasing backlogs of activity
- Practices unable to optimise use of digital technologies and return to traditional appointment models
- Practice, PCN and CCG capacity to deliver the level of change required
- Delayed implementation of CPCS due to lack of engagement or benefits not understood
- Ongoing impact of infection prevention and control requirements on face to face capacity
- Increased demand for general practice services that cannot be satisfied

Mitigations

- PCNs will continue to support the Covid vaccination programme
- Support available from the ICS Digital First Primary Care team – and Place based Digital Change Managers
- ICS CPCS implementation leads support

Access to primary care services

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What we will do in 2021-22

Key activities	Timescale
Improved access	
• Develop guidance and support implementation of consistent criteria for the delivery of face to face appointments	Q1/Q2
• Develop and share insights to support the intelligent recovery of general practice backlogs, including consideration of the impact on health inequalities	Q1
• Re-establish Improved Access appointments outside of core hours – delivered via PCNs to pre-pandemic levels	Q2
• Early adopter PCNs (x8) commenced and gone live with Community Pharmacy Consultation Service	Q1
• Remaining ICS PCNs engaged and commenced implementation of CPCS	Q2
• Delivery of Network Access DES requirements – publication expected in summer 2021, with anticipated combination of IAGP and extended hours DES	From Q2
• Continued delivery of the PCN-led Local Vaccination Services and preparation for changes to the programme anticipated in autumn 2021	Ongoing
Same day access	
• Continued review of Covid-related pathways including hot pathways and pulse oximetry, flexing up and down in response to local infection rates	Ongoing
• Develop integrated same day PCN-led models of care in Bracknell, Slough, and Windsor & Maidenhead, investing in general practice same day capacity and considering all pathways including minor illness, mental health, home visiting, and hot pathways	Q1/Q2
• Understand utilisation and future opportunities through 111 First	Q2

Access to primary care services

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What we will do in 2021-22

Key activities	Timescale
Provider resilience	
• Continue to identify practices with challenges through soft intelligence and monitoring of key measures including workforce ratio, quality audits, and practice visits	Ongoing
• Secure a robust resilience support offer through dedicated funding (subject to continuation)	Ongoing
Enablers	
• PCN/practice completion of appointment mapping to enhance quality and accuracy of national and local data collection and reporting	Q1
• PCN additional roles – support development of PCN workforce plans for submission in Q2	Q1/Q2
• Undertake a review of online consultations utilisation (through ICS Digital First programme supported by Redmoor Consultancy)	Q1
• Support and spread best practice through Place-based Digital First Change Managers, including work on digital inclusion	Q2
• Complete development of general practice data dashboard	Q1
• Review telephone access to general practice and identify practices with major challenges	Q1
• Provide support to practices with telephone access challenges in the context of the regionally-led procurement exercise for cloud-based systems	Q2-Q4

PCN development

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Overview

During 2020/21, PCN development was accelerated rapidly through the delivery of a range of services at scale including hot pathways, pulse oximetry pathways, and Covid vaccination services. Many of our PCNs also built on these opportunities to develop coordinated, at scale Covid recovery services during the summer of 2020, addressing backlogs in care including long term conditions checks, childhood immunisations, LD and SMI health checks, and cancer screening. PCNs will continue to play a pivotal role in the response to the pandemic through partnership working, building on what we have learned to transform delivery of services, continuation with recovery and restoration work, and reducing health inequalities within our communities.

Most PCNs have gone well beyond the delivery of the network DES requirements with increasing maturity in their internal relationships between member practices and with external partners, particularly local authorities and community and mental health service providers. The additional network DES requirements for 2021/22 have been postponed, although we are anticipating specifications in the first half of the year that will require work to implement for April 2022 (Personalised Care, Anticipatory Care and Addressing Health Inequalities). These will be in addition to further embedding those commissioned during 2020/21 (Enhanced Health in Care Homes, Medication Reviews and Optimisation, and Supporting Early Cancer Diagnosis).

The Additional Roles Reimbursement Scheme (ARRS) has enabled recruitment of some new workforce with the ability to provide flexible support to PCNs and practices during the pandemic. For 2021/22, revised workforce plans will be established in August with review in October looking further forward to 2023/24. New ARRS roles this year include paramedics and mental health practitioners, which may have impact on local providers therefore options will be explored together.

One additional PCN has formed in Bracknell from 1 April 2021, with two practices splitting from Bracknell and District PCN to form Braccan PCN resulting in three PCNs in the place of Bracknell Forest. Supporting the new PCN will be a priority in the coming months.

This section focuses on the specific actions related to the development of PCNs as primary care delivery structures, the national network DES requirements, and workforce and leadership development. The population health management section focuses on the elements of PCN development that are related to integrated working at PCN, place and with local communities.

PCN development

NHS Frimley Clinical Commissioning Group

Our intended outcomes

2021-22 goals

- Supported PCNs operating with increasing maturity, and Braccan PCN fully established following accelerated development programme
- 100% geographical coverage achieved through working with our two non-participating practices
- PCN strategic leadership developed
- Increased capacity in the PCNs by utilising the full spend of the ARRS funding and enhancing productivity
- PCN staff skills and capability developed to operate effectively across the network as part of integrated teams
- Volunteers and wider workforce retained following delivery of Covid related activities i.e. LVS and vaccination bookings
- Delivery and development of the Extended Hours Access, SMRs, Early Cancer Diagnosis and Social Prescribing services
- Forward development of anticipated DES priorities on personalised care, anticipatory care and health inequalities
- Care Homes MDTs and weekly care home rounds embedded

Key Risks and Mitigation

Key Risks

- Slow maturity of some PCN's organisational infrastructure
- Workforce capacity limitations impact delivery
- Pace and scale of change required to meet post-pandemic challenges head-on – risk that some PCNs get left behind
- Practice, PCN and CCG capacity to deliver the level of change required
- Capacity in the primary care estate to accommodate new and expanding ARRS workforce, including investment in IT to support PCN delivery

Mitigations

- Dedicated support through CCG place-based primary care teams
- Strategic support to PCN development and organisational form through symbiotic connection to place
- System-wide Training Hub and workforce team supporting workforce development and resilience
- Highlight capital investment schemes critical to delivery and sustainability

PCN development

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What we will do in 2021-22

Key activities	Timescale
PCN development – maturity	
• Develop PCN Clinical Director development programme for all CDs	Q1
• Provision of PCN and practice level data tools to ensure reduced variation and optimise evidence-based planning	Q1
• Develop digital plans with PCNs at place aligned to Digital First roadmap and local priorities	Q2
Workforce planning	
• Work with partners to establish optimum service models to mitigate risk and implement the new ARRS roles: paramedic and MH workers	Q2
• Anticipate workforce requirements for network and general practice requirements, considering necessary placements for training and development	Q2
Network DES	
• Develop PCN-led approach to segmentation of population to support collaboration with partners based on population health needs	Q2
• Engage with early adopters of personalised care to learn	Q2
• Develop robust plans for 2022 with partners in local places in relation to health inequalities DES specification	Q2
• Engage with the community assets through the Community Deals under development at place to support addressing health inequalities and improved offer to our population	

Population health management

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Overview

This section sets out work relating to population health management through primary care (practices and PCNs) and with local authorities in our five places.

At the beginning of the pandemic a local Frimley system PHM development programme was in progress, building on our work on linked datasets within Connected Care with the objective of increasing understanding, appetite and expertise across the ICS in population health approaches. A number of primary care clinicians including PCN Clinical Directors and CCG Clinical Leads are already very active and skilled, and our programme aimed to embed and spread this approach across the whole ICS.

Following the first Covid wave, we took an approach that supported PCNs to understand areas where they could practically have an impact on people most at risk both during the following the second wave. PCN-level data packs were developed to support understanding of variation both within each PCN and across the ICS for diabetes and hypertension, both key risk factors for Covid-19. The data packs were supported by a short series of workshop sessions to help PCN CDs and other colleagues to understand what the packs were telling them, how to use them, and discuss what they could do to address some of the challenges.

During 2021/22 a key priority will be for us to build on the progress made during the last year, when awareness of PHM as an approach has significantly increased. Starting in Q1 the ICS will be participating in the NHSEI PHM national development programme, which will support us to develop a wider coalition within each of our five places working with our local authorities and other providers, as well as building additional capacity and capability.

We will also make further progress with our community engagement through working closely with our local authorities on our place-based Community Deals.

Our focus on some of our most at risk cohorts will continue in general practice, maintaining and embedding progress made in recent months on annual health checks for people with learning disabilities and severe mental illness.

Population health management

NHS Frimley Clinical Commissioning Group

Our intended outcomes

2021-22 goals

- Increased integration with community-based health and care services supporting improved patient engagement and access
- Intelligent recovery of backlogs of care, taking a population health management approach that utilises insights from our linked ICS datasets
- Population engaged in their health and wellbeing through a robust approach to our Community Deals
- Increased uptake in existing prevention programmes
- Impact of Covid on health inequalities established and prioritised with a recovery plan across providers that ensures clinical leadership in partnership with patients
- Rollout of Mental Health Integrated Care Services completed across all PCNs
- Digital exclusion understood and addressed, improving take-up of digital tools as well as ensuring equitable access for all
- Datasets are complete and timely to support our health inequalities work, including accurate coding of ethnicity and other population characteristics
- LD prevalence increased, and progress on LD and SMI health checks maintained and enhanced

Key Risks and Mitigation

Risks

- A subsequent wave of Covid-19 impacting capacity and increasing backlogs of activity
- Practice, PCN and CCG capacity to deliver the level of change required
- Ongoing impact of infection prevention and control requirements on face to face capacity
- Increased demand for general practice services that cannot be satisfied
- Workforce capacity limitations impact delivery
- Skills and capabilities in PHM not yet fully developed

Mitigations

- Support available from the place-based primary care teams
- Ongoing financial support via Covid Capacity Expansion Fund
- Participation in national PHM development programme alongside existing local initiatives

Population health management

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
Develop PHM approaches	
• Set up and participate in the national NHSE Population Health Management Development Programme	Q1-Q3
• Support spread of PHM across additional PCNs	Q3/4
Health inequalities	
• Generate insights from Connected Care linked datasets and impact assessments into key challenges for our population, including those not in touch with general practice, those whose health has deteriorated during the pandemic, and those known to be most at risk of and from Covid	Q1
• Utilise insights to support intelligent recovery of backlogs of care, by targeting those most at risk and those whose health has deteriorated including uncontrolled long term conditions and proactively managing those with a history of missing reviews	Q1-Q2
• Develop and implement approach to increasing LD prevalence on GP registers, including cross reference with social care and children's services systems, utilising coding tools, and reaching out to communities	Q1-Q3
• Identify where more targeted resources are needed to support specific communities (including BAME, deprivation, CEV, homeless, LD and SMI)	Q1-Q2
• Focus on care delivery to those patients at greatest risk of harm from Covid-19, building on existing risk stratification and anticipatory care model to target care homes and clinically vulnerable/extremely vulnerable	Ongoing

Population health management

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
Proactive, personalised and integrated care	
• Roll-out Mental Health Integrated Care Services across all remaining PCNs in the ICS	Q1-4
• Use the opportunity of the national PHM development programme to identify place-based opportunities for proactive, integrated care to reduce unwarranted variation in health outcomes	Q1-4
• Deliver optimum uptake of flu and Covid vaccinations, monitoring variation in uptake across cohorts and taking appropriate action	Q1-Q4
• Support uptake on screening for cancers programme, including data sharing between public health and primary care teams	Q1-Q4
Community engagement	
• Work in partnership with local authorities and other partners to engage our population in a series of place-based Community Deals	Q1-4
• Work in partnership with local authorities and other partners to realise wider public health opportunities presented by Covid	Q1-4
• Develop prevention schemes and campaigns to raise public awareness and improve engagement in health checks/ screening programmes	Q2-4
Accurate data	
• Work with practices to improve ethnicity recording on GP systems	Q1/Q2
• Embed and optimise use of Ardens tools in practices and PCNs to improve coding on GP systems	Ongoing
• Utilise tools such as Ardens to monitor recovery progress, identify weaker areas, increase prevalence and diagnosis	Ongoing
• Support improved identification, coding and referrals of patients with long Covid symptoms	Q1-4

Covid-19 vaccination programme

NHS Frimley Clinical Commissioning Group

Overview

General practice has played a central role in the delivery of the Covid-19 vaccination programme since its inception in December 2020. The Frimley ICS programme has been based primarily on delivery via PCNs working together under Enhanced Service contracts. PCNs acted quickly to set up Local Vaccination Service (LVS) sites using a mix of existing NHS sites, local authority and commercial premises on medium-term licenses. The two other modes of delivery in the ICS are a mass Vaccination Centre in Slough, run by East Berkshire Primary Care, and a Community Pharmacy Vaccination Centre in Church Crookham. PCNs have been following JCVI / NHS guidance in delivering vaccinations in order of priority groups. By 15 February 2021 everyone in Cohorts 1-4 had been offered a vaccination, and by 15 April everyone in Cohorts 1-9. The aim is for all adults to have been offered a first dose vaccination by the end of July 2021. In the Frimley ICS, this is a total population of circa 800,000.

As of 27 April 2021, the following PCN sites are in operation and so far have delivered 72% of vaccinations to Frimley CCG patients:

- Yateley PCN: Monteagle Surgery (general practice premises)
- Central Slough Network PCN, SHAPE PCN, SPINE PCN: Salt Hill Activity Centre (commercial premises)
- Surrey Heath PCN: Lakeside Country Club (commercial premises)
- Farnham PCN: Farnham Centre for Health (NHS premises licensed for use medium term)
- Bracknell and District PCN, Ascot PCN: Waitrose Sports Hall (commercial premises)
- Windsor PCN: Windsor Racecourse (commercial premises)
- Maidenhead PCN: Desborough Suite / Maidenhead Town Hall (local authority premises licensed for use medium term)
- Aldershot PCN: Princes Hall (commercial premises)
- Farnborough PCN: Southwood Practice (NHS premises)
- LOCC PCN: Langley Health Centre (NHS premises)
- The Health Triangle PCN: Birch Hill Medical Practice (NHS premises)
- Fleet PCN: The Harlington (commercial premises)

PCNs have also been delivering outreach vaccination programmes for care homes, homeless people, housebound patients, and in community / faith centres to address uptake inequalities.

Covid-19 vaccination programme

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Overview

The huge effort to deliver the programme will reach a milestone at the end of July 2021 if all cohorts have been offered a vaccination. However, it will not end there. There will be a need to continue with outstanding second doses which will take us into early autumn 2021. It is expected that there will then be a requirement to offer booster vaccinations during autumn and winter 2021-22. It is likely that an annual booster programme will be required thereafter.

The exact specifications and requirements of an annual booster programme have not yet been developed by the national team, so there are many unknowns at this stage. Chiefly:

- Will it be an annual requirement?
- What age groups / priority groups will be included? (A reasonable expectation would be for it to cover the existing JCVI cohorts down to age 50, and including the clinically vulnerable.)
- How will it be funded?
- What types of vaccine(s) will be used? (An important consideration in view of the different vaccine characteristics, e.g. stability in transit)
- Can Covid-19 vaccinations be administered in tandem with flu vaccinations, or will separation be required?
- Will the booster programme require one or two doses?
- Will there be a national directive governing modes of delivery and infrastructure? For example, will primary care be asked to play a central role (very likely) and what other modes of delivery will be either stipulated or available as options (e.g. community pharmacy, hospital sites, mass vaccination centres)?
- How viable will it be to continue to use commercially-licensed sites (unlikely for most beyond September 2021), and what other modes of delivery can we implement (e.g. drive-through sites)?

Covid-19 vaccination programme

NHS Frimley Clinical Commissioning Group

Overview

Notwithstanding these current uncertainties, the ICS must make tentative plans and gauge the opinions of primary care at this stage. Some key questions:

- What is the appetite in primary care for continuing to play a central role in the vaccination programme?
- What are the chief concerns among PCNs?
- Are PCNs in favour of retaining a central ICS programme function to support this work?
- Would PCNs be in favour of developing a combined annual immunisation programme incorporating Covid, flu and opportunistic health checks?
- What models of delivery would PCNs favour? Community vaccination hubs? In-practice models? Drive-through sites? Consideration also needed for continuation of outreach / pop-up models to address inequalities.
- How might community pharmacy support PCNs in delivery?
- What workforce modelling and support will be required?

We need to have these conversations in parallel with emerging guidance and direction from NHSEI so that we are as prepared as possible for the expected future requirements. Overleaf are the intended outcomes and key risks and mitigations based on what we know so far.

Covid-19 vaccination programme

NHS Frimley Clinical Commissioning Group

Our intended outcomes

2021-22 goals

- Continued delivery of the current phase of the vaccination programme until all cohorts have been offered first and second dose vaccinations
- Any national requirements met for delivery of a booster programme in autumn and winter 2021/22
- Deliver existing and new requirements with sufficient workforce support to safeguard core primary care work
- Sustainable governance structure established for the continuation of the programme
- Ensure that future work is sustainable in terms of funding
- Scope novel modes of delivery to ensure efficacy and sustainability of the programme
- Scope the integration of Covid vaccination work with flu vaccinations to provide a comprehensive recurrent immunisation programme, enhanced by opportunistic health checks

Key Risks and Mitigation

Key Risks

- Requirement for a booster programme not yet confirmed at national level
- Funding arrangements not yet known
- Priority cohorts (size of population to be covered) not yet known
- Any national directives on modes of delivery / infrastructure not yet known. How much freedom will be given to local systems?
- Availability of commercial sites post-Sept 2021 unknown
- Vaccine types that will be available / characteristics not yet known
- Risk to primary care workforce capacity and potential impact on delivery of BAU general practice

Mitigations

- Assess primary care capacity and preferred modes of delivery in preparation for expected national directives
- Push NHSEI to make requirements and plans known within the next month
- Discuss potential commercial site extensions
- Pilot alternative delivery models e.g. drive-through
- Map workforce needs as definite plans emerge

Primary Care Workforce

NHS Frimley Clinical Commissioning Group

Overview

Our workforce in general practice currently has a headcount 2,300 people employed across 73 independent practices as of September 2020. Many staff work part time, giving us a full time equivalent of 1,500 members of staff serving our registered population of c.800,000. This workforce is made up of just over 400 GPs, nearly 200 nurses, 140 other clinicians, and almost 800 non-clinical workers and has been mainly static for several years.

Our 73 practices work together in 16 primary care networks (PCNs), through which we will see a steady rise in our primary care workforce over the next four years, via the 'Additional Roles Reimbursement Scheme' attached to the national Network contract. Our PCNs submitted outline plans in Q3 of 2020/21 to recruit an additional 150 new roles by March 2021 to support multidisciplinary working, with the most popular roles being clinical pharmacists, physician associates, social prescribing link workers, pharmacy technicians and first contact physiotherapists.

Indicative plans for the years through to 2024 suggest a further 350 clinicians coming into primary care, including c.40+ paramedics and c.30+ mental health practitioners. Work is now in progress with Health Education England (HEE) to ensure a pipeline of newly qualified professionals can meet that demand. Engagement is also underway with system partners to develop rotational employment models, to mitigate any potential impact of this influx into primary care on the workforce required for service delivery in other parts of the system.

Throughout the winter of 2020/21, primary care has been central to the delivery of the Covid vaccination programme, delivering the programme through 12 Local Vaccination Services run by our 16 PCNs. To support this effort, our PCNs staffed up a 'reservist' cohort of additional workforce, who continue to provide resilience to General Practice beyond the needs of the vaccine programme and into the future.

The delivery of the primary care workforce plans as outlined above will be supported by the 'Frimley Training Hub', steered by a multi-agency board which meets monthly with representation from across our system partners, including HEE and NHSE/I.

Primary Care Workforce

NHS Frimley Clinical Commissioning Group

Our intended outcomes

2021-22 goals

- PCN plans for additional recruitment met
- All newly qualified GPs and nurses offered a fellowship
- Increased number of GP Mentors amongst our established GP workforce
- Continuing increase in student learning environments in general practice
- Increase in AHP student placements in primary care
- Increase in the number of HEIs placing students into general practice across Frimley
- Opportunity for apprenticeships in general practice fully explored
- Staff survey in general practice implemented, with results benchmarked and shared with stakeholders
- PCN Clinical Directors completion of CD development programme

Key Risks and Mitigation

Key Risks

- Disruption to recruitment plans through a resumption of the pandemic
- Vaccine hesitancy amongst specific populations of the primary care workforce
- Burnout of primary care staff following the demands of the pandemic
- Availability of workforce to meet ARRS demand
- Destabilisation of system partners through ARRS recruitment

Mitigations

- Continuing work on vaccine penetration amongst primary care workforce
- Availability of health and wellbeing offer
- Continued development of student learning environments in general practice to ensure strong staff pipeline
- Engagement with system partners to explore rotational models of employment

Primary Care Workforce

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
• Encourage all newly qualified GPs and nurses to take up the national offer of a two-year general practice fellowship	Q1-Q2
• Continue to support GPs' progress through the early years of their career with the development of our successful "Aspiring Leaders" programme	Q1-Q2
• Roll out our "Locum Hub" pilot across our footprint	Q2
• Establish a "Business Readiness" programme to support the step up into partnership	Q1-Q2
• Encourage our more experienced GPs to become mentors to their junior colleagues through the Supporting Mentors scheme	Ongoing
• Ensure the delivery of a full range of training and development programmes to meet the continuing professional development needs of all our people working in primary care	Ongoing
• Roll out a PCN Clinical Director development programme for all CDs	Q1-Q2
• Continue to make a health and wellbeing support offer available to all staff	Ongoing

Digital First Primary Care

NHS Frimley Clinical Commissioning Group

Overview

The Covid-19 pandemic saw at pace and at scale digital transformation across General Practice. Practices were required to adopt new digital consultations tools and agile approaches to new ways of working to maintain a degree of service provision whilst moving away from face to face appointments. The robustness and resilience of the existing infrastructure was also tested during this period. A shift from traditional face to face appointments required patients also to adapt to new ways of accessing primary care.

As practices return to face to face appointments and continue switching gears from Covid-19 response to recovery, the focus will be on supporting practices to reflect on and harness their experiences. Understanding staff and patient experiences of the new digital tools and ways of working, and enabling sharing of learning and best practice will be key to support more sustainable and person-centred digital access. Adopting a collaborative approach with practices, patients and system partners will be help us to ensure a connected landscape across general practice and alignment with system ambitions/enablers, which the programme governance encourages.

The Digital First Change Managers will support practices in the business change required to embed genuine digital transformation and to support improved resilience of the underpinning infrastructure and digital people. Data/intelligence will be key to achieving this in both understanding utilisation and local demographics to ensure digital inclusion and equality of access. Embedding the importance of data quality and ensuring fit for purpose and connected information will be vital at practice, PCN and system level.

When it comes to procurement, general practice has tended to operate in siloes. With the formation of the new Frimley CCG and continued shift to PCN and place lenses, the Digital First programme aims to support practices to understand the capabilities/requirements of a digital general practice landscape. Work is ongoing with the regional team and SCW CSU to proactively engage with suppliers and ensure co-design to develop local “frameworks”, to support local procurement that aligns practice mandated/care contractual requirements.

The focus of the Digital First programme in 2021/22 is to support getting the basics of a digitally enabled general practice landscape right and embedded, focusing on Covid-19 recovery, resilience and sustainable ways of digitally enabled new models/ways of working, while building the foundations for innovation and transformation to support the national, system and general practice ambitions.

Digital First Primary Care

NHS Frimley Clinical Commissioning Group

Our intended outcomes

2021-22 goals

- Digitally enabled practices to support service delivery and engage patients in a variety of ways suitable to their needs and abilities
- Ensure a common and consolidated infrastructure across the newly merged CCG, providing a common robust baseline for future innovation and transformation
- Improved data quality to support improved utilisation and business change as well as local initiatives; aligning with primary care and ICS digital analytics workstreams
- Procurement of core OCVC and GPIT systems through co-design and supporting shift from traditional supplier/product to capability led approach
- Supporting delivery of DES requirements anticipated during 202, including improved appointment activity data reporting
- A digitally enabled and confident workforce and citizens
- Building awareness and understanding of the routes into primary care and how best to engage with a digital primary care landscape; establishing community digital champions and place-led digital inclusion/equality

Key Risks and Mitigation

Key Risks

- Capacity within primary care due to pressures of backlogs from response phase, current recovery phase demand, and potential pressures of further wave of Covid-19
- Unable to achieve full benefits due to lack of clinical buy in and ability to achieve place/system-wide shared vision
- Practices fail to optimise use of digital technologies and return to traditional appointment models
- Variation in resilience and maturity of current infrastructure across general practice.
- Ongoing siloed/individual practice procurement activity

Mitigations

- Early and continued engagement across all layers of stakeholders including pre decision making/procurement
- Through the place-based Digital Change Managers close relationships with respective practices
- Close alignment with the primary care transformation programme/workstreams
- Focus on ensuring common core and robust foundations, without closing the door on early adopters/pilots

Digital First Primary Care

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
Ensuring the infrastructure foundations	
• Establish a common core infrastructure across the three predecessor CCGs	Q1 -3
• Support practices to meet a defined core level, Change Managers to support scoping/defining practice level infrastructure improvement requirements	Q1-Q2
• Support/align with the digital inclusion work establishing gaps and working with place teams on local enablers/needs	Q1
• Programme of infrastructure improvement to ensure a robust and fit for purpose infrastructure enablers for the digital front door	Ongoing
• Review of current telephony across practices and local programme of support via the Change Managers	Ongoing
• Review of the current digital landscape across general practice to understand current tools and capabilities/requirements to support shift from reactive and siloed to strategic procurement	Ongoing
• Change Managers to work with practices to identify requirements and supplier shortlisting for local frameworks to support practices with “buying well”	Ongoing
Establishing the digital front door	
• Support places to review/baseline current online and video consultation utilisation including data review, Redmoor support in sharing learning and best practice, and Change Managers to support practice business change	Q1
• Procurement of the online and video consultation capabilities through engagement and co-design with clinical and non-clinical staff, and patients	Ongoing
• Change Managers to support local adoption and new ways of working through harnessing learning from Covid-19 enabled digital transformation and developing a shared understanding of a digital front door that promotes equality of access	Ongoing
• Support practices to understand what good looks like for a digital front door for patients – supported by Redmoor and CSU	Ongoing
• Scope and establishing a common website approach across Frimley practices	Ongoing
• Scope/define approach for establishing network of digital community champions	Q1

Digital First Primary Care

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
Data and analytics	
• Mobilisation of EMIS XA, alignment of requirements and current solutions at practice, PCN and CCG level	Q2
• Change Managers to support practices with IG opt-outs exercise which includes benefits for wider ICS digital projects including remote monitoring and Connected Care	Ongoing
• Redmoor to support mapping of current data and reporting solutions to support alignment of various current solutions	Q1-2
• Digital First programme team to support practices/CCG with the national GP Appointment Data standardisation programme through engagement and signposting to support and training	Q1
Enablers	
• Digital First Change Managers enabling place-based engagement and alignment across practices	Ongoing
• NHSE/I national telephony pilot programme with potential national framework and/or solutions	Ongoing
• National GPIT Futures procurement framework and processes	Q1/Q2
• CCG plans/approach for delivery of Network Access DES requirements; identifying digital enablers/dependencies	Q1
• Digital First Change Managers to understand and align with plans for increasing face to face appointments	Q2
• Support and spread best practice through place-based Digital First Change Managers, including work on digital inclusion	Q1
• Proactively engaging with and encouraging co-design with our patients through channels such as the community panel	Q
• Regional Digital First Collaboration Forum to share and spread learning, best practice and opportunities from other systems	Ongoing
• Establish a working/stakeholder group of GPs to feed in to Frimley Health's EPIC deployment	Ongoing
• Collaboration with training hub and workforce workstream to ensure aligned approach to support an agile digital workforce	Ongoing

Estates and premises

NHS Frimley Clinical Commissioning Group

Overview

Estate and premises continue to present a significant risk to general practice resilience and the delivery of primary care transformation focused on the development of primary care networks. Even taking into account the rapid shift to remote and digital services experienced during the pandemic, the primary care estate will require significant investment over the coming years to address the existing deficits and rapidly expanding PCN workforce along with significant housing growth across the ICS footprint.

Following significant investment in general practice workforce through the Additional Roles Reimbursement Scheme it is anticipated that an additional 210 WTEs will be recruited to work within the primary care estate across the ICS, implementing multi-disciplinary teams and patient facing non-clinical interfaces which would benefit from large flexible spaces in premises which are limited in the existing estate. Additional pressure on general practice is through the opportunity to train in general practice key clinical roles such as general practitioners, nurses and physicians associates which require increased flexible use of space.

The ICS strategy includes the development of eight locality-based Integrated Care Hubs with wider system partners as articulated in the ICH programme busines case submitted in November 2020, alongside a number of other developments of varying size from single surgery extensions to medium-sized locality developments incorporating a mix of other services.

Whilst the vision for primary care has been to move, where appropriate, to digitally enabled virtual consultations, the pandemic has led to a rapid scaling of new technology enabled services with remote consultation featuring heavily in the general practice model. Total triage has been implemented with the aim of limiting visits to GP practices. The national investment in Digital First Primary Care will support the maintenance and extension of the digitalisation of primary care services, maximising the opportunity to right-size the physical estate.

Estates and premises

NHS
Frimley
Clinical Commissioning Group

Overview

During the last six months, the CCG has worked through two of its current developments to understand the impact of changes in the general practice operating model, including examining the sustainability of the current model and developing new planning assumptions to model the requirements for new facilities. This has included consideration of some key issues including the impact of the digital shift on health inequalities and those who face the greatest barriers to access, along with the compromise in quality of consultation including the risk of mis-diagnoses and under-diagnosis of, for example, cancer. The historical challenges in capturing all general practice activity have also been considered, and the mapping and standardisation of appointment data through the GPAD programme may reveal a higher contact level than previously thought.

Additionally, whilst general practice will undoubtedly see a reduction in face-to-face consultations and hence a reduction in physical capacity requirements, there are wider shifts underway that may have an opposite impact. For example, the need to protect acute capacity during the pandemic has increased channel shift to out of hospital care, where many patients are now being held by general practice with access to secondary care advice and guidance. The opportunity and appetite for integration across the primary and acute care interface has also arguably never been greater – this could result in additional services being located in community settings that were not previously envisaged.

During 2021/22 the CCG will accelerate its estates development work, incorporating learning from the pandemic and ensuring that these broader factors are taken into consideration in the development of existing and new schemes. While acknowledging that the general practice operating model and shift to new models of out of hospital care are still a work in progress, there is a critical need to progress the programme to ensure that general practice remains resilient and responsive to the needs of the population.

Estates and premises

NHS Frimley Clinical Commissioning Group

Our intended outcomes

2021-22 goals

- Primary care estates programme team in place with ways of working established across the CCG
- Primary and community estates development forms part of a wider, coherent ICS strategy
- Digital transformation and the development of the general practice operating model inform the planning assumptions for estates requirements
- Clarity on estates strategies for Slough and Surrey Heath
- Improved utilisation of vacant, fit for purpose estate in North East Hampshire and Farnham
- High priority schemes are progressed in all five places, including the three main East Berkshire community hospital sites

Key Risks and Mitigation

Key Risks

- Capacity of all system partners to input into the development of a coherent ICS estate strategy to inform the Integrated Care Hubs programme
- Capacity of the CCG, practices and PCNs to progress a large and complex programme
- Primary care premises ownership model continues to present risks to practice resilience
- Timelines for estates schemes unable to keep pace with housing growth and PCN workforce growth
- Limited availability of capital to fund the estates programme, and the wide gap between existing and required estate resulting in an unaffordable revenue impact
- Continuing rapid development of new models of care results in a shifting landscape of assumptions for modelling estates requirements
- Delays in the Lloyd George digitalisation programme impacting on practice moves and premises reconfigurations

Mitigations

- Agreement reached for refreshed Estates Strategy Group to drive ICS strategy
- Successful bid for One Public Estate funding to support out of hospital estate development

Estates and premises

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
ICS-wide	
• Work with system partners to re-establish and reinvigorate work on the wider ICS estate strategy	Q1/2
• Work with NHSI to iterate and gain successful sign-off for the £28.4m capital Integrated Care Hubs programme business case	Q1
• Deliver a structured programme of support for a single way of working within the CCG on primary care estates development	Q1
• Continue to develop the CCG estates programme team and programme delivery approach	Q1/2
• Continue to work with NHSPS on strategic estates development and management of vacancies	Ongoing
• Continue to work with NHSPS on business as usual primary care premises and management of service charges with practices	Ongoing
Bracknell Forest	
• Completion and commissioning of the Heathlands care home facility with an operational model that drives the best care for rehabilitation, specialist dementia and long term residential care underpinned by an integrated care model	Ongoing
• Delivery of the Blue Mountain (Binfield) strategy, establishing an innovative approach to the integration of primary and community health and care at neighbourhood levels, while responding to significant housing growth	Ongoing
• Develop Outline Business Case for the Bracknell Integrated Care Hub development in Bracknell town centre	Q1-3
• Early scoping of the scheme at the former Transport Research Laboratory (Crowthorne)	Q4

Estates and premises

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
North East Hampshire and Farnham	
• Develop plans with system partners for the full utilisation of vacant space at the Centres for Health in Aldershot and Farnham	Q1/2
• Work with Rushmoor Borough Council and Aldershot PCN to respond to growth in population predicted as a result of town centre regeneration and the Wellesley housing developments	Ongoing
• Work with Rushmoor Borough Council on the Farnborough Civic Quarter development including impact of housing growth on general practice premises/potential new premises for Alexander House Surgery	Ongoing
• Continue work with Downing Street Group Practice (Farnham) and Waverley Borough Council on potential alternative premises to improve facilities and deliver increased capacity for housing growth	Ongoing
• Continue to support negotiations with external parties to successfully deliver the planned extension and refurbishment of current premises at Giffard Drive Surgery (Farnborough)	
Royal Borough of Windsor and Maidenhead	
• Completion of the Brook House, Heatherwood general practice scheme (Ascot)	Q1
• Submission of revised planning application for the Lynwood Integrated Care Hub development (Sunningdale)	Q1
• Subject to planning, completion of FBC for the Lynwood/Sunningdale ICH	Q3/4
• Model of care development for Maidenhead Integrated Care Hub	Q1-3
• Early scoping and model of care development for Windsor Integrated Care Hub	Q3 onwards
• Early scoping of plans for west Maidenhead practices (Woodlands Park, Redwood House and Ross Road)	Q4 onwards

Estates and premises

NHS Frimley Clinical Commissioning Group

What we will do in 2021-22

Key activities	Timescale
Slough	
• Establish baseline position on primary care premises in Slough, including utilisation, list size growth, IPC concerns, capacity constraints, digital enablers, ownership and building risks	Q1/2
• Identify requirements and opportunities around estates required for expanded PCN workforce	Q2/3
• Develop options appraisal for the Slough Integrated Care Hub, including consideration of the existing site at Upton community hospital site and the fit of any proposed ICS with locality hub developments across the borough (overarching estates strategy)	Ongoing
• Continue to progress the Britwell Community Hub project with the mobilisation of staff and procurement of materials in preparation for opening the new building in March 2022	Ongoing
Surrey Heath	
• Establish baseline data on primary care premises in Surrey Heath, including utilisation, housing growth, IPC concerns, capacity constraints, digital enablers, ownership and building risks	Q1/2
• Explore opportunities to develop existing estates portfolio and community opportunities alongside partners – Surrey Heath Borough Council, PCN, community services and CCG	TBC
• Further develop the model of care related to the physical estate, including integrated care approaches, digital opportunities, ARRS development planning and the estates enablers required	TBC
• Develop estates strategy, incorporating capital investment priorities and partner development plans	TBC