

GP Forward View

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Audience (delete those that do not apply / add as necessary):	Governing Body

EXECUTIVE SUMMARY

The GP Forward View (GPFV) represents a step change to support GPs in the future in respect of investment and support for general practice. CCGs have been asked to demonstrate to NHSE how they will implement the GPFV in practical and specific steps on the following GPFV principles:

- Investment – Premises and IM&T
- Workload
- Workload infrastructure
- Extended Access
- Care Redesign

The enclosed documents demonstrate the GPFV implementation resources across the Surrey Heartlands STP and the three individual CCGs.

The documents demonstrates both plan for the CCGs and the STP to implement the various programmes of the STP and also includes the financial planning to support the GPFV programme

The trajectory document supports the CCGs implementation in respect of extended access across the CCGs and what the anticipated trajectories are for the future workforce to support GPFV

NHSE have requested that CCGs ask that their Governing Bodies sign off the enclosed documentation.

For further information contact:

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GOVERNANCE SUMMARY

Compliance:	Finance: The enclosed GPFV plan stipulates the risks in relation to the financial aspect of the GPFV
	Engagement : Engagement on the GPFV will take place via the Primary Care Group of the STP, GPFV is an ongoing agenda item on the locality monthly meetings. There will also be a need to be an engagement process with stakeholders which will be discussed at the Primary Care Group of the STP
	Formal impact assessments: N/A at present but will be developed as the GPFV plan develops
	Risk: Please insert any comments on whether this issue is or should be on the risk register and any generic comments about risk that may be relevant
	Legal: N/A
CCG principal objectives relevant to this paper (delete those that do not apply):	<p>P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality</p> <p>P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care, ensuring that this is consistent with broader commissioning development</p> <p>P4) Ensure that the CCG's Organisational Development programmes support the delivery of both strategic objectives and business as usual.</p>
CCG Operating plan objectives relevant to this paper(delete those that do not apply):	<p>OP1) Implement the quality improvement strategy</p> <p>OP2) Implement pathway programmes</p> <p>OP3) Enabling work programmes</p> <p>OP4) Delivery of planning trajectories including constitution standards</p> <p>OP5) Delivery of other priorities</p>
CCG core functions relevant to this paper(delete those that do not apply):	<p>CSF2 Meeting required national and local performance standards</p> <p>CSF3 Improving quality, including research</p> <p>CSF5 Reducing inequalities</p> <p>CSF6 Patient and Public engagement</p> <p>CSF7 Governance and leadership, including standards of conduct</p>

	<p>CSF16 Employer responsibilities including senior appointments and remuneration</p> <p>CSF18) Collaborative arrangements – NHS, local authority and other</p> <p>CSF19 Public Health responsibilities including child poverty</p> <p>CSF20 Sustainable development</p> <p>CSF21 Supporting Health and Wellbeing including JSNA</p>
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Dear Sarah

GP Forward View submission

Guildford and Waverley CCG, North West Surrey CCG and Surrey Downs CCG

Surrey Heartlands GP Forward View submission: strategic fit

The work to create the Surrey Heartlands GP Forward View submission has been undertaken as part of the wider STP Primary Care and Integrated Out of Hospital workstream. The attached GP Forward View plan demonstrates a number of areas where a clear plan at locality, CCG and STP level is now in place for 2017 - 19. The CCGs are working together to deliver the GPFV at STP level where it is more effective and appropriate to do so, and at CCG or locality level where this is considered to be the best approach.

There is significant variation across the STP in terms of how demand for services is changing, how local GPs work together currently and the 'transformational' services that have been implemented. . It is important therefore that the CCGs retain the ability to flex their approaches to these very local needs. Positively, some groups of practices have clear aspirations to work together either formally or informally delivering services at a Hub level and this is supported as part of the STP's overall out of hospital and integration strategy.

The STP submission recognises the impact that growing demand for 'on the day' primary care access has on the ability of general practice to support effective chronic disease management and primary-care led care of the frail elderly. Whilst we continue to seek the input of colleagues across primary care, there is already a clear consensus around the need for a primary care operating model which supports experienced general practitioners to work 'at the top of their licence', leading the wider primary care multidisciplinary team which will involve physician assistants, clinical pharmacists and paramedic practitioners, amongst others . We are working with the CEPN on how we create the workforce to support this approach.

The Surrey Heartland system has three objectives for the Integrated Out of Hospital and Primary Care programme:

1. **Enabling people to stay well** - maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs;
2. **Enabling people to stay at home or in the most appropriate setting** - integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care;
3. **Enabling people to return home sooner from hospital** - excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.

Primary Care will act as a critical enabler for the above objectives. A future model will reflect local variation and aspiration, but the key driver is to free up the time of the generalist professional to operate effectively at the heart of the out of hospital system, and take a broader role in leading the delivery of high quality, proactive, evidence based chronic disease management. Generalist professionals will be at the heart of a system designed to ensure shared decision making, promoting and supporting the physical and emotional wellbeing of Surrey Heartlands citizens.

The GP Forward View plan and associated funding streams are seen as the enablers for achieving these goals. The delivery of key workstreams including 7 day access, 10 High Impact Actions, online consultation systems, workforce diversification, the resilience programme, clerical and receptionist training, will enable GPs to focus on caring for those complex and frail patients.

The detailed description of the work programmes within the GP Forward View can be found in the attached summary.

Best wishes

David Eyre-Brook

Charlotte Canniff

Claire Fuller

Chair, Guildford and Waverley CCG
CCG

Chair, North West Surrey CCG

Chair, Surrey Downs

Primary Care Investment

Funding Requirement

Scheme	Detail	Actions: Planned/in Progress for Surrey Heartlands	North West Surrey	Surrey Downs	Guildford and Waverley
Primary Care Transformational support - 2017/18 and 2018/19 from CCG allocations. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. CCGs will need to find this funding from within NHS England allocations for CCG core services.	CCGs should plan to spend £3 per head as a one-off non-recurrent investment commencing in 2017/18. This could be £3 split between 2017/18 and 2018/19 (e.g. £1.50 in 2017/18 and £1.50 in 2018/19) or £3 in one of these years (i.e. either £3 in 2017/18 or £3 in 2018/19).	Across the STP, we are working to: - Fast-track delivery of out of hospital models - evaluate locally based models through the Surrey Heartlands Academy to ensure spread and adoption of good practice - engage GPs at locality level to agree the best deployment of the £3/head into supporting local transformation - accelerate the work already in place in the localities across the STP to build single accountable care systems through new models of care An out of hospital approach that reflects the differing populations in the footprint, but which in each case delivers a step change in managing frailty A new model for primary care which addresses the need for consistent, accessible, evidence-based care and continuity of generalist-led care across all settings in physical and mental health	NWS will be investing £1.50 in 2017/18 and £1.50 in 18/19. In 2017/18 we have designed a scheme for the first year that encourages practices to work in localities to: 1. Develop a Locality Vehicle to work at scale and interface effectively with other North West Surrey providers and the Surrey Heartlands STP 2. Working in partnership with CSM Surrey (incoming community provider) to ensure we achieve maximum value and effectiveness from the implementation of the new contract in the best interest of patients 3. Develop a business case to secure additional transformational funding for enhanced primary care, including extended access (recurrent) from 2018/19	The CCG will utilise the transformational monies to support the localities to develop their capacity around the following: - supporting the development of MCPs - supporting localities to look at back office functions in respect of the 10 high impact changes - supporting commissioning access provision across the three Hubs - through the procurement of 111 and Out of Hours services, looking to integrate urgent care services looking at new models to support implementation of GPV around workforce - Applying for Clinical Pharmacists in GP Practices - wave 2 pilot - supporting Practice Nurse mentorship and supporting PN applying for enhanced PN courses through local universities - Facilitating support to our three localities to develop a local strategy - providing localities with external input to bring practices together to explore current and future sustainability challenges, scale of aspiration for closer integration and future operating models - Supporting Nursing Homes through a PCS where retainers to practices have been withdrawn. Ensuring sufficient funding to get a uniformed level of outreach GP provision to all nursing homes across the CCG - Epsom GP in A&E - looking at ongoing funding following SRG and reviewing learning from GPs in A&E this winter. Work is being undertaken on linking PMCG (GP Access) hubs, GP in A&E and supporting practice to manage on the day demand - reviewing the East Elmbridge paediatric clinics - reviewing East Elmbridge CMT extension which enables 28 sessions a week to provide extended closed-loop capacity and proactive support to patients with LTC - commitment to fund the Dorking CMT in 17/18	GW&W have planned to allocate £1.50 in 2017/18 and £1.50 in 2018/19. The CCG will engage member practices in Q4 16/17 to determine the best use of this funding. Potential areas for investment include: - Scoping current service provision, identifying gaps and building consensus as to solutions - Funding GP time to attend workshops/locality meetings to discuss development of locality solutions to support GP workload - Facilitating GP engagement in the implementation of the STP and GPV - Determining an implementation plan for the 10 High Impact Actions and undertaking the preparatory work with practices in order to join the NHSE facilitated programme of support - Working in collaboration with STP to design innovative service models to create provision of services at scale in the community to reduce reliance on acute trusts and create efficiencies - Development of an Accountable Partnership Alliance model in partnership with GP practices and local providers.

Primary Care Transformation Fund

Funding to improve access to general practice services	CCGs should plan to receive £6 per weighted patient for each of the Prime Minister's Challenge Fund or General Practice Access CCGs with GP Access Fund sites will receive £6 per weighted patient in 2017/18 and 2018/19. In addition to this 18 transformation areas will receive £6 per head in 2017/18. All other CCGs will receive £3.34 per head of population from 2018/19. Appendix 1 explains this in further detail. There are a number of requirements to access this additional recurrent funding which CCGs will need to demonstrate, around the timing of appointments, capacity measurement, advertising and ease of access, digital, inequalities and effective access to the wider whole system services. More detail about these is set out in pages 53 and 54 of the NHS Planning guidance. CCGs	Across the STP we are working to: - Support localities to consider the case for change in the way of accessing GP care - Use the ongoing legacy PMCF funding in Epsom to trial new models and ways of working including in-hours primary care hubs (subject to locality agreement) and EMIS-based GP in A&E services - Using the information from Epsom and locality-level discussions, ready the other localities for delivering in 2018/19, using the £3.34 per head, via at scale models	NWS CCG will receive £3.34 per head of population from 2018/19. Actions Completed • Single clinical system deployed across the CCG to support ease of access to patient's records across CCG footprint to support at scale working • Daily upload of demand and activity via Alamac (Alamac facilitate daily sharing of performance metrics between local health and social care providers) to gather data to support the system wide unscheduled care demand analysis • Delivered a series of GP Workshops on local and national initiatives to support: o Workload – Dr Robert Varnam, Head of General Practice Development o Workforce – Dr Hilary Diak, Head of Primary & Community Care, HEKSS o New Models of Care – East Elmbridge & Epsom Health Care In 2017/18: • Analyse data and information including A&E and OoH and patient survey • Assess current extended opening hours and OoH services consider service gaps and pressure points • Stakeholder engagement including GP practices and the LMC • Patient and public communication and engagement, including PPE and PPG and vulnerable groups using a variety of methods • Determine number of hubs and locations • Develop specification • Develop financial model, savings and efficiencies • IT, IG and governance around sharing patient data and information • Understand medicines management implications and solutions	As part of the GPV monies to implement 7 days a week in line with the national requirement to ensure that there is 100% coverage across the CCG population of extended access by April 2019. As part of the £3.34 per head of population from 2018/19 the CCG will: - Engage with our stakeholders, including GP Practices, localities and the LMC - Discuss extended access with the public/PPG and key stakeholder patient groups and representatives - Hold Workshops with our localities to discuss provision of Extended Access for the future - Analyse current capacity and demand of GP access - Review and analyse data from A&E and OoH - scope a future model of extended access in line with OoH and 111 procurement	The CCG will work with practices to implement extended hours coverage 7 days per week in line with the national requirement to achieve 100% coverage by April 2019. The CCG will design and engage on the most appropriate models in 2017/18, with a view to using the £3.34/head funding in 2018/19 to begin delivery, prior to 100% coverage from April 2019. The implementation plan is as follows: 2017/18 actions: • Analyse data and information including A&E and OoH and patient survey • Assess current extended opening hours and OoH services consider service gaps and pressure points • Stakeholder engagement including GP practices and the LMC • Patient and public communication and engagement, including PPE and PPG and vulnerable groups using a variety of methods • Determine number of hubs and locations • Develop specification • Develop financial model, savings and efficiencies • IT, IG and governance around sharing patient data and information • Understand medicines management implications and solutions 2018/19 actions: • Launch pilot project • Review and evaluate pilot • Refine model and roll out more widely • Ongoing communications and engagement with key partners and patients.
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Funding to improve Access to General Practice

A fund to contribute towards the costs of purchasing online consultation systems, improving access and making best use of clinicians' time. Examples of types of schemes NHS England is looking for is here.	CCGs to get a share of £15 million available nationally in 2017/18 and £20 million in 2018/19 (£10 million will be available in 2019/20, but this financial year is beyond the two year planning horizon of CCGs two year plans). For detail on your CCG's exact allocation please see page 50 of the NHS planning guidance.	The CCGs will collectively scope options for online consultation systems in partnership with GP practices, the LMC and local federations. The STP is establishing a GPV Primary Care Programme Board, which online consultation systems will be a core component of. This Board will be up and running by March 2017. The scoping phase will be completed in early 2017, with a view to commissioning a provider in line with national requirements in 2017/18. Key actions as follows: • Scope options for online consultation software (Jan-May 17) • Patient and public engagement, including PPE and PPG and vulnerable groups (Jan-May 17) • Stakeholder engagement including GP practices and the LMC (Jan-May 17) • IG and governance around sharing patient data and information (Jan-May 17) • Appraisal of available options (June 17) • Approval of preferred service provider (July 17) • Implementation and roll out of preferred model (July 17 - Mar 18) • Evaluation, review and refinement (April 18-Mar 19) The STP will also: - Deliver a Surrey Shared Care Record Programme - Establish a citizen portal and development of consumer technology via accredited health apps - Roll out of 5G and new technologies to enable a fully digital enabled health and care delivery approach	The CCG will work collectively with its local GP Federation, LMC and STP colleagues to engage practices in options for the roll out of online consultation systems. See detailed milestones in cell E5.	The CCG will work collectively with its local GP Federation, LMC and STP colleagues to engage practices in options for the roll out of online consultation systems. See detailed milestones in cell E5.	The CCG will work collectively with its local GP Federation, LMC and STP colleagues to engage practices in options for the roll out of online consultation systems. See detailed milestones in cell E5.
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On-line General Practice Consultation Software Systems

Training for care navigators and medical assistants for all practices	£10 million available nationally in 2017/18 and £10 million in 2018/19. Funding will be devolved to NHS local teams or delegated CCGs based on their share of registered patients as a percentage of the England total. Further detail on your CCGs allocation can be found on page 51 of the NHS Planning guidance	Surrey Heartlands will work together to review the training provided for navigators and medical assistants when reviewing further provision of training for navigators and medical assistants	• Task & finish group set up (comprising 6 Practice Managers (nominated via each Locality) and CCG Management support • Meeting scheduled in January 2017 to meet with four companies who can offer both care navigation training and optimization of workflow and pathways • Task & Finish group to make recommendations to Primary Care Commissioning Committee for year 1 spend • Locality Development Team running a pilot with 3 Practices to map current process to share variability with membership • Locality Development Team to develop process map and guidelines for effective workflow process with preferred provider of training (Clinical Correspondence)	SurreyDowns is committed to providing training for care navigators and clinical medical assistants for all practices. We have had discussions with Practice Managers on training and discussed the following: - Meeting with company to discuss online navigation training - Review to be undertaken of training	Clerical/Receptionist training The CCG has engaged with practices and the consensus is that the clerical correspondence management would be the preferred option. Key actions as follows: • Present training options and case studies to practice managers (Nov 16) • Engage GP practices, Practice Council and LMC in options and proposals (Nov 16) • Develop service specification (Nov 16) • Scope options (Dec 16) • Gather quotes and appoint provider (Jan 17) • Delivery of training sessions (Feb - March 17) • Evaluate training and outcomes (April 17) • Feedback to NHSE (April 17) • Consider options for ongoing training (April - May 17)
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Training Care Navigators & Medical Assistants

General practice resilience programme	Funding in 2017/18 at a national level is £8 million, with a further £8 million in 2018/19. This funding is delegated to NHS local teams and NHS local area teams should already have identified the practices they have decided to support.	Funding the development of new, large scale models of primary care development, specifically to pilot the development of at scale approaches to chronic disease management (including a bid to NHS England for improved Diabetes care resourcing in primary care) and at scale on the day GP management	• CCG level completion of NHSE template to 'score' practices using both hard and soft intelligence • Letter to member practices on self-referral to the scheme to encourage uptake where required • Submission discussed with LMC via internal governance route • Submission outcome supports 5 practices to support change management • Successful practices informed and programme of work to be defined • Locality Development Team supporting practice to share best practice and implementation of new schemes/projects	CCG completed the NHSE assessment of practices based on evidence - CCG identified those practices for resilience fund monies - CCG successful in three practices receiving resilience fund monies - practices informed about the level of funding to support practices in respect of resilience for ongoing workforce support - 1 practice requires a more diagnostic piece of work. CCG has met with practice and have commissioned a piece of diagnostic support to work directly with the practice - Primary Care Team to review diagnostic work and outcomes	• Analyse data to identify practices in greatest need of support to increase resilience and sustainability (Oct 16) • 4 practices identified to receive resilience funding (Nov 16) • Contact providers for proposals (Dec 16) • Proposal for diagnostic and implementation received from PCC (Dec 16) • Requirements for support to be discussed with practices (Dec 16) • Commission provider to implement diagnostic review and assessment (Jan 17) • Report and plan for improvement (Feb 17) • Implementation and review (Feb - April 17) CCG will support practices to consider mechanisms to for improving resilience, such as sharing functions or working at scale where appropriate
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General Practice Resilience Programme

Estates and Transformation Fund (formerly the Primary Care Transformation Fund) Bids made to NHSE. Funds 100% of GP connectivity bid (NB: Values shown are for NWS only but bid is Surrey wide)		Develop an asset register for Surrey Heartland Estates	• EITF 11 Bids submitted for 9 Practices 2 locality Hubs • Successful bid for 1 Locality Hub (NWS request that funding can be utilised across 3 EITF bids) • 5 Technology Bids submitted on behalf of Surrey wide project • 2 Technology Bids successful	No funding awarded - however, Surrey Downs CCG will continue to support their practices in applications to the EITF scheme but note that this will be subject to final NHSE approval	N/A - no funding awarded, however the CCG will continue to work with practices to scope potential estate solutions and alternative funding sources.
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Estates and Technology Transformation Fund

GPV Implementation Capacity - Recurrent		• Production of the Digital Roadmap, which supports; • Replacement of Surrey N3 networks with next generation HSCN network. • Link GP practices into next generation Surrey network • Provide capability for local Acute provider to view locality patient record. • Improve utilisation of GP clinical system facilities eg referrals, edischarges. • Standardise application versions e.g. Docman Vault • Centralise forms creation and management • Share best practice clinical system usage • Improve appointment management (deploy Mlog) • Improve consultation methods using digital technology e.g. e-consultation	In line with digital roadmap	In line with digital roadmap. Also, we will be providing practices with public access wifi at each GP primary care site and to provide secure wifi services for practice personnel access to a wifi network to support both remote working and peripatetic working which will support GPs and other clinical professional support in achieving collegiate working	No further funding awarded
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Estates and Technology Transformation Fund
Values shown are for NWS CCG only, but expectation is that NWS would hold the funds at an STP level

GPV Implementation Capacity - Non Recurrent					
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See separate submission made to NHSE on 28/2/2017

<p>Primary Care Winter Resilience</p>		<ul style="list-style-type: none"> • GP Cover at all Walk in Centres o Bank holidays o Weekends o From 5th December to 31st March 2017 • Access to diagnostic (Xray) to support extended Primary Care • GP Ward Round at community hospitals at weekends • Additional GP appointments on system pressure days (ie access before and after bank holiday in between Christmas & New Year) • Information collected and disseminated (via DOS) and email: o Record of extended access delivery via the DES o Dental Services opening over the Bank Holiday period o Pharmacy opening over the Bank Holiday period o Communication Plan to support advertising access of services via General Practice staff, answer phone services and via Twitter & NWS Website 	<p>Surrey Downs CCG will utilise winter capacity monies to:</p> <ul style="list-style-type: none"> - provide GP cover on Bank Holidays at the Weekends in both Epsom and SASH A&E Departments - Additional Clinical Support to Nursing Homes to support the prevention of admissions to A&E - Additional GP clinical sessions available to all GP practices in Surrey Downs before, during and after the Christmas holiday period. - Hub service in East Elmbridge providing additional pre bookable appointments specifically for children when there is no capacity at their own practices <p>Winter Capacity services will be advertised via Start the Week, Facebook, Twitter and SDCCG website</p>	<p>GR&WCCG is utilising this funding to provide additional GP capacity over weekends and bank holidays from 17 December 2016 until mid-February 2017. The GP sessions are being provided by local GPs, and the service is being co-ordinated by the local GP Federation (Procare). The service will be based at the Royal Surrey County Hospital and Procare will work with RSCH to proactively divert patients from A&E into the primary care service. The service will be available between 0800 and 1800 on weekends and bank holidays.</p> <p>Key actions as follows:</p> <ul style="list-style-type: none"> • Scope current provision and resilience planning (Nov 16) • Agree plan and business model for implementation of additional capacity (Nov 16) • Agree accountability, governance, IG, prescribing for service (Dec 16) • Agree contract for service (Dec 16) • Communications and engagement (Dec 16) • Service launch (17 Dec 2016) • Monitoring and data collection (Dec 16 - Feb 17) • Evaluation (March 17)
<p>Increase in CCG funding to general practice. In 2015/16 overall investment by CCGs into general practice was 1.8 billion.</p>	<p>CCGs have been asked to increase CCG funding to general practice at least in line with increases in CCG core allocations which are 2.14% in 2017/18 and 2.15 in 2018/19. It is important that you understand and monitor your CCGs level of investment into general practice.</p>	<ul style="list-style-type: none"> • Planned increase in LCS budget by 2.1% per annum 	<ul style="list-style-type: none"> - Primary Care Standard budget uplifted by 1.5% - PMS monies reinvested into Primary Care Standards budget 	<p>The CCG will commit to investment in general practice in line with national requirements and will work with member practices to determine priority areas for investment.</p> <p>The CCG are proactively working with the LMC to identify and scope Locally Commissioned Services that would improve patient experience, outcomes and deliver efficiency. The CCG has committed to investing the PMS release monies into Locally Commissioned Services in line with national requirements. The CCG continues to work closely with Primary Care partners and will ensure parity of funding through the planning period equitable with the CCG core allocation changes.</p> <p>Primary care investment is reviewed on a bi-monthly basis through the LMC Liaison meeting and the Locally Commissioned Services Meeting.</p>

Primary Care Investment - NWS

Funding Requirement	Detail	Source	Recurrent / Non Recurrent	2016/17	2017/18	2018/19	2019/20	2020/21
GP Forward View Planning Requirements:								
Primary Care Transformational Support	£3 per head, split between 17/18 & 18/19	Planning requirement to be funded from CCG baseline allocation	NR		547,500	547,500		
Funding to Improve Access to General Practice	£3.34 per head 18/19, £6 per head 19/20	NHSE additional funding	R			1,260,000	2,280,000	2,280,000
On-line General Practice Consultation Software Systems	£45m available nationally over 3 years, allocated to CCGs on head of population	NHSE additional funding	NR		96,000	128,000	64,000	
Training Care Navigators & Medical Assistants	£45m available nationally over 5 years, allocated to CCGs on head of population	NHSE additional funding	NR	32,000	64,000	64,000	64,000	64,000
General Practice Resilience Programme	£40m nationally available, delegated to regional teams. £16m already allocated in 2016/17. £15k per practice - advised 5 practices will be funded.	NHSE to transfer funding to CCG	NR	75,000				
Estates and Technology Transformation Fund	Bids made to NHSE. Funds 66% of Ashford Hub	NHSE additional funding	NR	64,000	708,000			
Estates and Technology Transformation Fund	Bids made to NHSE. Funds 100% of GP connectivity bid - WiFi (NB: Values shown are for NWS only but bid is Surrey wide)	NHSE additional funding	NR	657,000				
Estates and Technology Transformation Fund	Bids made to NHSE. Funds 100% of GP connectivity bid - Clinical System Enhancement (NB: Values shown are for NWS only but bid is Surrey wide)	NHSE additional funding	NR	588,000				
GPFV Implementation Capacity - Non Recurrent	Values shown are for NWS CCG only, but expectation is that NWS would hold the funds at an STP level	NHSE additional funding	NR	25,000				
GPFV Implementation Capacity - Recurrent	Values shown are for NWS CCG only, but expectation is that NWS would hold the funds at an STP level	NHSE additional funding	R	21,000	41,000	41,000	41,000	41,000
Primary Care Winter Resilience	Awaiting allocation	NHSE additional funding	NR	124,000				
Vulnerable Practice Funding	Ashford Dispersal - awaiting allocation	NHSE additional funding	NR	20,000				
Total GP Forward View Funding				1,606,000	1,456,500	2,040,500	2,449,000	2,385,000

Funding Requirement	Detail	Source	Recurrent / Non Recurrent	2016/17	2017/18	2018/19	2019/20	2020/21
CCG Led Primary Care:								
Contractual Payments	As per notified allocations (less PMS Premium Release)	Within CCG baseline allocation	R	39,381,684	39,306,597	42,716,331	44,333,124	45,854,290
Contractual Payment Growth	As per notified growth	New funding within CCG baseline allocation	R		3,491,000	1,696,000	1,599,000	2,167,000
PMS Premium Release	From July 2016, phased over 5 years	Within CCG baseline allocation - released from PMS contracts	R	56,316	131,403	212,669	291,876	369,710
Locally Commissioned Services	2016/17 budget, 17/18 & 18/19 as per draft operating plan budget, future years based on 18/19 plus 2.1% growth	Within CCG baseline allocation	R	2,356,981	2,587,856	2,642,201	2,697,687	2,754,339
GP IT	2016/17 budget, 17/18 & 18/19 as per draft operating plan budget, future years based on 18/19 plus 2.1% growth	Within CCG baseline allocation	R	926,000	945,446	965,300	985,572	1,006,269
Locality Hub GPs	Assumes Woking fully operational in 17/18, Ashford & Weybridge at 50% capacity in 17/18 and at full capacity thereafter	Within CCG baseline allocation	R	293,440	998,400	1,497,000	1,497,000	1,497,000

Primary Care Engagment	Locality meeting attendance. Based on 2016/17 budget	Within CCG baseline allocation	R	235,620	235,620	235,620	235,620	235,620
Medicine Management Practice Delivery Scheme	Funded in 2016/17 and assumed funded within non recurrent reserve from 17/18.	Within CCG baseline allocation (Non recurrent reserve from 17/18)	NR	180,000	180,000	180,000	180,000	180,000
Total CCG Led Investment				43,430,041	47,876,322	50,145,121	51,819,879	54,064,227
Total Investment				45,036,041	49,332,822	52,185,621	54,268,879	56,449,227

Primary Care Investment - Surrey Downs

Funding Requirement	Detail	Source	Recurrent / Non Recurrent	2016/17	2017/18	2018/19	2019/20	2020/21
GP Forward View Planning Requirements:								
Primary Care Transformational Support	£3 per head, split between 17/18 & 18/19	Planning requirement to be funded from CCG baseline allocation	NR		462,324	466,433		
Funding to Improve Access to General Practice	£3.34 per head 18/19, £6 per head 19/20	NHSE additional funding	R			1,018,700	1,830,000	
On-line General Practice Consultation Software Systems	£45m available nationally over 3 years, allocated to CCGs on head of population	NHSE additional funding	NR	190,000	400,000	408,000	416,160	424,483
Training Care Navigators & Medical Assistants	£45m available nationally over 5 years, allocated to CCGs on head of population	NHSE additional funding	NR	26,000	52,000	52,000	52,000	52,000
General Practice Resilience Programme	£40m nationally available, delegated to regional teams. £16m already allocated in 2016/17. £15k per practice - advised 5 practices will be funded.	NHSE to transfer funding to CCG	NR	30,000				
Estates and Technology Transformation Fund		NHSE additional funding	NR					
Estates and Technology Transformation Fund	WiFi - NWS holding this funding on behalf of STP - see NWS spreadsheet	NHSE additional funding	NR					
Estates and Technology Transformation Fund	Clinical System Enhancement - NWS holding this funding on behalf of STP - see NWS spreadsheet	NHSE additional funding	NR					
GPV Implementation Capacity - Non Recurrent	Values shown are for SD CCG only, but expectation is that NWS would hold the funds at an STP level	NHSE additional funding	NR	20,000				
GPV Implementation Capacity - Recurrent	Values shown are for SD CCG only, but expectation is that NWS would hold the funds at an STP level	NHSE additional funding	R	17,000	34,000	34,000	34,000	34,000
Primary Care Winter Resilience		NHSE additional funding	NR	103,000				
Vulnerable Practice Funding		NHSE additional funding	NR					
Total GP Forward View Funding				386,000	948,324	1,979,133	2,332,160	510,483

Funding Requirement	Detail	Source	Recurrent / Non Recurrent	2016/17	2017/18	2018/19	2019/20	2020/21
CCG Led Primary Care:								
Contractual Payments			R					
Contractual Payment Growth	As a non delegated CCG - NHSE will hold this information		R					
PMS Premium Release	From July 2016, phased over 5 years	Within CCG baseline allocation - released from PMS contracts	R	122,000	300,000	450,000		
Locally Commissioned Services	2016/17 budget, 17/18 & 18/19 as per draft operating plan budget, future years based on 18/19 plus 2.1% growth	Within CCG baseline allocation	R	2,565,972.00				
GP IT	2016/17 budget, 17/18 & 18/19 as per draft operating plan budget, future years based on 18/19 plus 2.1% growth	Within CCG baseline allocation	R	673,000	909,000			
Prescribing Incentive Scheme	Funded in 2016/17 and assumed funded within non recurrent reserve from 17/18.	Within CCG baseline allocation (Non recurrent reserve from 17/18)	NR	420,000	325,000	325,000	325,000	325,000
Total CCG Led Investment				3,780,972	1,534,000	775,000	325,000	325,000

Total Investment				4,166,972	2,482,324	2,754,133	2,657,160	835,483
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Primary Care Investment - GW

Funding Requirement	Detail	Source	Recurrent / Non Recurrent	2016/17	2017/18	2018/19	2019/20	2020/21
GP Forward View Planning Requirements:								
Primary Care Transformational Support	£3 per head, split between 17/18 & 18/19	Planning requirement to be funded from CCG baseline allocation	NR		336,000	339,000		
Funding to Improve Access to General Practice	£3.34 per head 18/19, £6 per head 19/20	NHSE additional funding	R			755,417	1,367,113	1,376,962
On-line General Practice Consultation Software Systems	£45m available nationally over 3 years, allocated to CCGs on head of population	NHSE additional funding	NR		58,000	77,000	39,000	
Training Care Navigators & Medical Assistants	£45m available nationally over 5 years, allocated to CCGs on head of population	NHSE additional funding	NR	19,000	37,000	37,000	37,000	37,000
General Practice Resilience Programme	£40m nationally available, delegated to regional teams. £16m already allocated in 2016/17. £15k per practice - advised 4 practices will be funded.	NHSE to transfer funding to CCG	NR	60,000				
Estates and Technology Transformation Fund	NWS holding this funding on behalf of STP - see NWS spreadsheet	NHSE additional funding	NR					
Estates and Technology Transformation Fund	NWS holding this funding on behalf of STP - see NWS spreadsheet	NHSE additional funding	NR					
GPFV Implementation Capacity - Non Recurrent	NWS holding this funding on behalf of STP	NHSE additional funding	NR	15,000				
GPFV Implementation Capacity - Recurrent	NWS holding this funding on behalf of STP	NHSE additional funding	R	12,000	25,000	25,000		
Primary Care Winter Resilience	Non recurrent winter allocation	NHSE additional funding	NR	75,000				
Total GP Forward View Funding				181,000	456,000	1,233,417	1,443,113	1,413,962

Funding Requirement	Detail	Source	Recurrent / Non Recurrent	2016/17	2017/18	2018/19	2019/20	2020/21
CCG Led Primary Care								
Contractual Payments	GWCCG does not have delegated commissioning therefore does not hold these budgets							
Contractual Payment Growth	GWCCG does not have delegated commissioning therefore does not hold these budgets							
PMS Premium Release	From 2016, phased over 5 years	Released from PMS contracts	R	52,627	122,796	192,965	263,134	333,303
Locally Commissioned Services	Local CCG LCS budgets	Within CCG baseline allocation	R	2,100,000	2,000,000	2,100,000	2,100,000	2,100,000
Frailty Initiative	LCS for management of Frailty in Primary Care	Within CCG baseline allocation	NR	1,000,000	1,100,000	1,100,000	1,100,000	1,100,000
GP IT	Local GP IT budget devolved to CCGs	Within CCG baseline allocation	R	500,000	500,000	500,000	500,000	500,000
Prescribing Incentive Scheme	Local CCG medicines management LCS	Within CCG baseline allocation	NR	100,000	100,000	100,000	100,000	100,000
Total CCG Led Investment				3,752,627	3,822,796	3,992,965	4,063,134	4,133,303

Total Investment				3,933,627	4,278,796	5,226,382	5,506,247	5,547,265
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Workforce

	North West Surrey				Surrey Downs				Guildford and Waverley			
	Baseline 16/17	17/18	18/19	19/20	Baseline 16/17	17/18	18/19	19/20	Baseline 16/17 (based on autumn 2016 workforce tool)	17/18	18/19	19/20
All numbers in WTE and cumulative												
GPs (NB numbers are estimates provided by NHSE in November 2016)	161.37	174	187	200	159.06	169.06	179.06	189.06	113.95	122	130	138
Practice nurses	54.79	Requirement for PN growth will be reviewed when the CCGs have more understanding of impact of other			50.25	Requirement for PN growth will be reviewed when the CCGs have more understanding of impact of other			43.7	Requirement for PN growth will be reviewed when the CCGs have more understanding of impact of other		
HCA's	17.89	Requirement for HCA growth will be reviewed when the CCGs have more understanding of impact of other			25.11	Requirement for HCA growth will be reviewed when the CCGs have more understanding of impact of other			16.69	Requirement for HCA growth will be reviewed when the CCGs have more understanding of impact of other		
Clinical pharmacists	3	6	9	12	1	3	6	10	0.11	3	6	7
Mental health therapists	0	0	9	19	0	0	8	16	0	0	6	12
Physician Associates (NB numbers based on retaining 70% of those due to qualify from University of Surrey)	0	0	6	18	0	0	5	16	0	0	4	11
Returners	0	0	0	0	0	0	0	0	0.45	0.45	0.45	0.45
Retainers	0.33	0.33	0.33	0.33	0	0	0	0	0.44	0.44	0.44	0.44

NB baseline data is based on workforce tool, to which all practices did not submit data

Access

	North West Surrey				Surrey Downs				Guildford and Waverley			
	Baseline 16/17	17/18	18/19	19/20	Baseline 16/17	17/18	18/19	19/20	Baseline 16/17	17/18	18/19	19/20
Additional primary care capacity to be provided in line with national requirements	* 163 Hrs per week based on DH requirements (15 min appts) * 652 appts per week * this is delivered across the week and Saturdays	* 163 Hrs per week based on DH requirements (15 min appts) * 652 appts per week * this is delivered across the week and Saturdays	Funding from Access Fund CCG is working with Localities to commission : - Weekday evening provision between 6.30 and 8pm (pre-bookable and same day) - Saturday appointments to meet local need (pre-bookable and same day) - An additional 30 minutes per 1000 population per week (10,860 mins / 181 hrs)	Funding from Access Fund CCG is working with Localities to commission : - Weekday evening provision between 6.30 and 8pm (pre-bookable and same day) - Saturday and Sunday appointments to meet local need (pre-bookable and same day) - An additional 45 minutes per 1000 population per week (16,290 mins / 271.5 hrs)	There are 25 practices currently offering the extended hours DES and they offer: *107 Hour per week *428 appointments per week delivered across the week and Saturdays In addition the GP Access Fund (Epsom) provides 6pm - 9pm five days a week in hubs for Epsom patients and 4 hours per weekend for Epsom patients	There are 24 practices currently offering the extended hours DES and they offer: *107 Hour per week *428 appointments per week delivered across the week and Saturdays In addition the GP Access Fund (Epsom) provides 6pm - 9pm five days a week in hubs for Epsom patients and 4 hours per weekend for Epsom patients One practice will be retiring its contract April 2017	The CCG will be looking to commission the following: - Weekday evening provision between 6.30 and 8pm (pre-bookable and same day for East Elmbridge and Dorking localities) - Saturday appointments to meet local need (pre-bookable and same day) - An additional 30 minutes per 1000 population per week (9167 min)	100% population coverage for the following: - Weekday evening provision between 6.30 and 8pm (pre-bookable and same day) - Saturday and Sunday appointments to meet local need (pre-bookable and same day) - An additional 45 minutes per 1000 population per week 13750 mins	There are 14 practices currently offering the extended hours DES, and they offer 75.2 hours (4512 mins) per week of additional capacity. No practices offer Saturdays and Sundays and weekday evenings, although some offer a sub-set of these requirements.	No new funding available, therefore current DES provision expected to remain at 4512 mins per week, spread across weekdays and weekends	50% population coverage for the following: - Weekday evening provision between 6.30 and 8pm (pre-bookable and same day) - Saturday and Sunday appointments to meet local need (pre-bookable and same day) - An additional 30 minutes per 1000 population per week (6600mins/110 hours per week)	100% population coverage for the following: - Weekday evening provision between 6.30 and 8pm (pre-bookable and same day) - Saturday and Sunday appointments to meet local need (pre-bookable and same day) - An additional 45 minutes per 1000 population per week (9900 mins/165 hours per week)

Online consultation systems

	North West Surrey				Surrey Downs				Guildford and Waverley			
	Baseline 16/17	17/18	18/19	19/20	Baseline 16/17	17/18	18/19	19/20	Baseline 16/17	17/18	18/19	19/20
Number of practices using online consultation systems	0	10	30	41	0	10	21	31	0	7	14	21