

## Primary Care Commissioning Committee

1. **Date of Meeting:** 15<sup>th</sup> November 2018
2. **Title of Report:** Primary Care Commissioning Report
3. **Key Messages:**
  - Primary Care Network Development Fund: Three West Cheshire primary care networks: Chester East, Ellesmere Port and Fountains which were successful have all signed off a Memorandum of Understanding with NHS England and have started to progress their projects and all have appointed a project manager to support the delivery of their proposed projects.
  - GP Resilience Fund: The Rural Alliance and Chester South clusters applied for funding to support their progress towards primary care at scale. Their applications were successful and were awarded £17,300 between them.
  - A further wave of applications for clinical practice pharmacists is currently open. The application criteria have changed with this wave which will be of benefit to our member practices.
  - Pan Cheshire working for primary care commissioning across Cheshire: A meeting was held in October between the Executive Lead and the Chairs of each of the Primary Care Commissioning Committees in Cheshire. Functions and where responsibility would sit were discussed and documented as well as a list of actions to be taken. The Committee's view on these proposed actions is sought to inform decisions taken at future pan Cheshire meetings.
  - Primary Care IT: A great deal of positive work has been undertaken to provide practices with a solid foundation of IT infrastructure onto which can be built a number of IT improvements, to make practice IT more efficient and effective.
  - Capital funding of £962,507 has been approved by NHS England for increased bandwidth for all practices across West Cheshire.
4. **Recommendations** The Primary Care Commissioning Committee is asked to:
  - a) note the content of the report;
  - b) provide a steer regarding future pan Cheshire actions as per paragraph 18.
5. **Report Prepared By** Sarah Murray, Head of Primary Care

**NHS WEST CHESHIRE CLINICAL COMMISSIONING GROUP**  
**PRIMARY CARE COMMISSIONING COMMITTEE**  
**PRIMARY CARE COMMISSIONING REPORT**

**PURPOSE**

1. The purpose of this report is to update the Primary Care Commissioning Committee on developments in primary care commissioning.

**PRIMARY CARE NETWORK DEVELOPMENT FUND**

2. Cheshire and Merseyside Health and Care Partnership and NHS England have made £4m available in 2018/19 and £2m available in 2019/20, to support the development of primary care networks through the Primary Care Network Development Fund.
3. Three West Cheshire primary care networks: Chester East, Ellesmere Port and Fountains which were successful, have all signed off a Memorandum of Understanding with NHS England and have started to progress their projects.
4. All primary care networks have appointed a project manager to support the delivery of their proposed projects.
5. A more detailed report of progress will be shared at the next Primary Care Commissioning Committee.

**GP FORWARD VIEW**

**GP Resilience Programme**

6. Following the successful application to the Primary Care Network Development Fund, the 3 applications which were originally submitted by groups of practices in West Cheshire were withdrawn. This was also the case across the Cheshire and Mersey footprint.
7. Therefore a further opportunity was presented, for practices to apply in a second round for funding from the GP Resilience Programme.
8. The Rural Alliance and Chester South clusters applied for funding, to support their progress towards primary care at scale. Their applications were successful and were awarded £17,300 between them.

## **Clinical Practice Pharmacists**

9. A further wave of applications for clinical practice pharmacists is currently open.
10. The application criteria have changed with this wave. There has been a reduction in the current population criteria from 1 WTE clinical pharmacist per 30,000 population to 1 WTE per 15,000 population (or the proportion of WTE that can be applied to the population criteria eg 0.5 WTE for 7500 population). Part-time clinical pharmacists (minimum of 0.5 WTE), are now permitted. This is all good news for our practices and should make it easier for them to take advantage of this initiative.
11. The closing date for applications for this wave is 23 November 2018.
12. A number of practices have indicated that they may be interested in applying and the clinical commissioning group is supporting them, in terms of facilitation of sharing best practice and experience from other areas, as well as supporting in the application process.

## **FULL DELEGATION OF PRIMARY CARE COMMISSIONING**

13. Following the clinical commissioning group taking on full delegation of primary care commissioning, specifically general practice from 1 April 2018, a number of arrangements have been put in place to ensure there will be sufficient capacity and capability to support this function.
14. The finance function is being supported with a pan Cheshire approach. A member of staff from South Cheshire and Vale Royal Clinical Commissioning Groups is taking the lead on a number of finance responsibilities.
15. In terms of joint working on other areas, the Joint Executive Team nominated Neil Evans, Commissioning and Turnaround Director from Eastern Cheshire Clinical Commissioning Group as the Executive, to take the lead on primary care contracting across Cheshire, in September.
16. A meeting between Neil Evans and the Chairs of each of the Primary Care Commissioning Committees across Cheshire was held on 16 October. Appendix 1 was shared with Heads of Primary Care following the meeting.
17. Of particular interest is the information in the second tab which sets out a list of 'things to do' and is listed below for ease:
  - Single Terms of Reference to be developed for Operational Group
  - Single Terms of Reference to be developed for Primary Care Committee
  - Primary Care Committee 'consolidation' into single committee
  - Agreed to move Eastern Cheshire Clinical Commissioning Group to alternative months from quarterly to align with West Cheshire and South Cheshire and Vale Royal Clinical Commissioning Groups from November 2018.
  - The contracts team needs administrative support

- Need Primary Care Estates Lead role and develop single approach/forum to consider Cheshire issues
  - Single finance team to be implemented.
18. A meeting is due to be convened to discuss the proposals in Appendix 1 as well as agree future organisational structures. The views of the members of the Primary Care Commissioning Committee on these proposals would be helpful to inform these discussions.

## **PRIMARY CARE IT INFRASTRUCTURE PROJECTS**

19. There have been a number of positive developments recently that will improve the IT infrastructure for our member practices.

### **Migration of practices the North West Shared Infrastructure Service (NWSIS):**

20. NWSIS is a shared network domain that provides a single platform for the practices' IT. The domain controls access to PCs, access files, wireless network and other security related tasks that are part of the usual IT operations of a practice. The single shared domain ensures that practices can retain network security, whilst increasing the functionality of IT systems. This allows staff to roam between any connected location, using the same user name and password, on any device to access the network.
21. There had been a 'pause' in the migration, as practices had been experiencing significant issues. The Commissioning Support Unit now assesses the technical readiness of each site beforehand and matters are addressed prior to commencement of the work. The Commissioning Support Unit team are now receiving positive feedback for their efforts.
22. After November 2018, it is planned that all practices apart from two would have migrated onto NWSIS. Both Park Medical and Handbridge Medical are unable to migrate due to a duplicate network address with Garden Lane. Once the network server at Garden Lane has been decommissioned, the NWSIS migration will commence with Park Medical and a similar approach will be taken with Park's server, to enable Handbridge to go ahead.

### **CSU IT Troubleshooting Team to visit every GP Practice**

23. Following the success and positive feedback from practices, of the commissioning support unit's troubleshooting team resolving the more problematic IT issues experienced by a number of practices; it has been agreed for the resources to be deployed to undertake this work in all practices at no additional cost to the clinical commissioning group.
24. The overall IT infrastructure including the performance of PCs, together with configuration of PCs, network and printers will be reviewed and address the issues they can on-site and flag up those that need further work from commissioning support unit colleagues.

### **Roll-out of Docman 10 / Internet Explorer 11:**

25. The roll-out has started well, with 5 practices being successfully migrated. In order for practices to install Docman 10, there is a requirement for the each PC to have Internet Explorer 11. The project to deliver the upgrade of Internet Explorer 11 to all desktops in West Cheshire practices has now been completed. The roll out has seen some 950 devices receiving the upgrade, with the majority installed remotely, though a few also required site visits to enable the update.

### **Centralised storage**

26. The pilot migration to the new technical infrastructure was successfully completed at Garden Lane Medical Centre at the end of last year and more recently at Helsby & Elton. The migration has moved the practices' and users' shared and personal folders to the new infrastructure and away from the server held within the practice. It is stored at a data centre at another NHS site in the North West. The Helsby work has been used as a blueprint for approach to be adopted with other practices, highlighting the preparation work required.

### **Personal Computer Replacement programme for GP practices.**

27. It has been recognised that the stock of PCs in GP practices across West Cheshire would benefit from being enhanced. Consequently, 200 PCs were purchased and the commissioning support unit are installing them at those practices that have more technical issues.
28. Application for funding for a further 400 desktops within practices has been approved by NHS England. Arrangements are being made to roll-out to all practices, to replace the older desktops across the PC estate.

### **Laptop roll-out to GP practices**

29. The clinical commissioning group has been successful in an application for funding for laptops for practices, to enable mobile and agile working across different settings including; care homes, patients' homes, clinical commissioning group premises etc. The programme will also improve business continuity, to enable practices to respond to such things as power outages and other incidents.
30. The laptops have been piloted with GPs, Practice Managers and some admin staff. After some technical changes, the feedback from users has been very positive. Once an issue regarding the NWSIS and the wireless network has been resolved, the roll-out will continue.

### **EMIS Remote Consult Clinical System in Extended Hours**

31. The EMIS Remote Consult clinical system will be implemented within Extended Hours service to replace the existing EMIS Clinical Services system. EMIS Remote Consult is used by the providers of Extended Hours for Wirral, South Cheshire and Vale Royal. This system will allow clinicians in the Extended Hours Service to access the patient's EMIS record and write their consultation notes directly into the patient's record (as a locum in a practice would).

32. The following benefits outline the reason for the change:
- Simplified booking process
  - The patient record will be up to date
  - There will no longer be a need for costly data dumps (£500 per practice)
  - Clinician has better access to patient info by being able to access Docman and view clinical correspondence relating to the patient
  - Clinician is able to write directly into patient's GP records (will save practice time from moving notes from workflow into patient's practice record)
  - Clinician will be able to stop inappropriate repeat medications as in patient's record
33. Improved compliance with General Data Protection Regulations as extended hours will no longer hold additional patient records. In order to progress this initiative, it is necessary to closely engage with stakeholders and as a result a Task & Finish Group has been set up, to ensure the planning and implementation is appropriate. The group includes GPs, practice managers, representatives from the extended hours service and Single Point of Access service.
34. A key dependency is for practices to sign an Information Sharing Agreement – which updates the previous existing one and incorporates General Data Protection Regulations (GDPR) requirements. This will be developed with Information Governance reps from the stakeholder organisations.

### **Increasing bandwidth for all practices across West Cheshire**

35. The current network is very slow and is a barrier to efficient working, therefore a bid was submitted to NHS England, for capital funding of £962,507 to address these issues. The bid was successful and it is intended (subject to survey and review) to upgrade the bandwidth in all practices. The exceptions to this may be branch sites, where current capacity may be sufficient.
36. This will enable IT services to be further centralised, removing the demands and risks associated with those IT services being hosted at each practice. Patients will also benefit from more bandwidth to support public Wi-Fi.

### **RECOMMENDATION**

37. The Primary Care Commissioning Committee is asked to:
- a) note the content of the report;
  - b) provide a steer regarding future pan Cheshire actions as per paragraph 18.

### **Appendix 1 – [Primary Care Team Workload Activities](#)**