

Prime Ministers Challenge Fund (PMCF) Briefing

Background

In September 2014, the Prime Minister announced a second wave of funding of £100m for a Challenge Fund for 15/16 to help improve access to general practice and stimulate innovative ways of providing primary care services.

There was a pan-Oxfordshire submission by the three GP Federations covering the County's population. It comprised three complementary sets of interventions to address a patchwork of local need. The aim of the schemes is to enhance patient access to Primary Care (physically and digitally), increase focus on patients with complex needs, and support patients to manage their own care better. At the end of March 2015 it was announced that Oxfordshire Federations were successful in securing funding to £4.9M

A summary of the schemes approved can be found in the table below. Further information on the schemes can be found in Appendix A.

Category	Initiative <i>Percentage of total Oxfordshire population covered by Federation</i>	GP Federation		
		PML 65%	OxFed 30%	Abingdon 5%
Improved access	Neighbourhood Same-day Care Hubs	✓		
	Early Visiting & Home Support Teams	✓	✓	
	Tele-health & E-Consultations	✓		✓
Enhanced Complex Care	Care Navigators		✓	✓
	Enhanced OOH Access		✓	
	20-minute GP appointments	✓		
Empowered Patients	Online Health Resource	✓	✓	✓
Total funding		£2,608,633	£892,207	£419,946
Evaluation & programme management support for federations		£608,500		
Capital funding		£390,000		
TOTAL		£4,919,286		

Commissioning / Contracting for PMCF pilots

The CCG recognise that it is strategically important to invest in primary care and to develop commissioning arrangements with its federations. Co-commissioning is one of a series of changes set out in the NHS Five Year Forward view and is the first step in CCGs having more control of the wider NHS budget, enabling a shift in investment from acute to primary and community services. The CCG consider holding the contracts for the PMCF pilots to be important in establishing the sustainability of access to primary care through different initiatives. Such initiatives also support the Better Care Fund.

An agreement has been reached with NHS England for OCCG to have delegated authority to contract for the PMCF schemes with the GP Federations, working within the framework permitted through the co-commissioning agenda in line with section 13Z of the NHS Act.

Governance

The CCG has set up a PMCF Commissioning Board to oversee and provide scrutiny of the CCG process as well as overseeing the delivery of the projects by the Federations. It will be responsible for assuring successful mobilisation and monitoring ongoing performance. Membership of this board includes OCCG Director of Finance, OCCG Director of Delivery and Localities, CCG GP Lead for Primary care as well as a representative from Local Authority and NHS England.

The CCG is in communication with the Federations every two weeks with more formal monthly meetings to ensure delivery. High level milestones have been agreed with them against which they are being monitored prior to release of funding.

Mobilisation of Services

As at 28 June 2015, two of the schemes have started: an early visiting service in the north of Oxfordshire and e-consultations provided by two practices in Abingdon (commenced 19 June). In the first three weeks of operation the early visiting service has seen 120 patients. Roll out of the early visiting schemes to Bicester is planned for the beginning of July and then to Witney and Wantage by early August. The neighbourhood same day care hubs and enhanced out of hours service and skype consultations are due to commence in September. OxFed are working closely with Age UK's Circles of Support to recruit and train practice care navigators with the view that the first of these will be in post in August. Abingdon Health Federation has commissioned a new local online health resource which is in the process of being designed and developed with the help of patients for launch in August. It should be noted that all schemes are subject to a 7 week delay as the federations were informed about the award of funding on 27 March rather than mid-February.

A county wide newsletter has been produced to brief patients, other providers, and third sector agencies about PMCF (see Appendix B). OCCG communications leads are liaising closely with federation communication leads to coordinate subsequent publicity as schemes begin operation.

Evaluation

OCCG has commissioned Oxford University's Centre for Evidence Based Medicine to undertake a detailed evaluation of all the projects. The evaluation has been scoped and following input

from the federations, patients and OCCG has been finalised. The evaluation will consider the impact of the schemes in terms of:

- Increased access to primary care
- Patient satisfaction
- Impact on A&E attendance
- Impact on non-elective admissions
- Impact on referrals to social care and community health services
- Impact on the sustainability of primary care

It will inform the CCG's business case to secure funding to continue/adapt the initiatives into 16/17.

The Health & Wellbeing Board is asked to

- 1) Note the progress in mobilisation
- 2) Note plans to evaluate the impact of the schemes

Rosie Rowe
29/6/15

The Interventions:

1. Improved Access

Introduce Neighbourhood Hubs providing same day access and extended 8-8 working, delivered by GP-led Multi-disciplinary Teams (MDTs). Patients will be triaged into this service if their own practice is unable to offer them a same-day appointment for urgent assessment. Evidence - 77% of respondents said they would like access to weekend and evening appointments (*Healthwatch-Oct '14*). 19% regularly experienced unsatisfactory waiting times (*OCCG-'14*). Outputs - 27,500 additional appointments by the end of the first year.

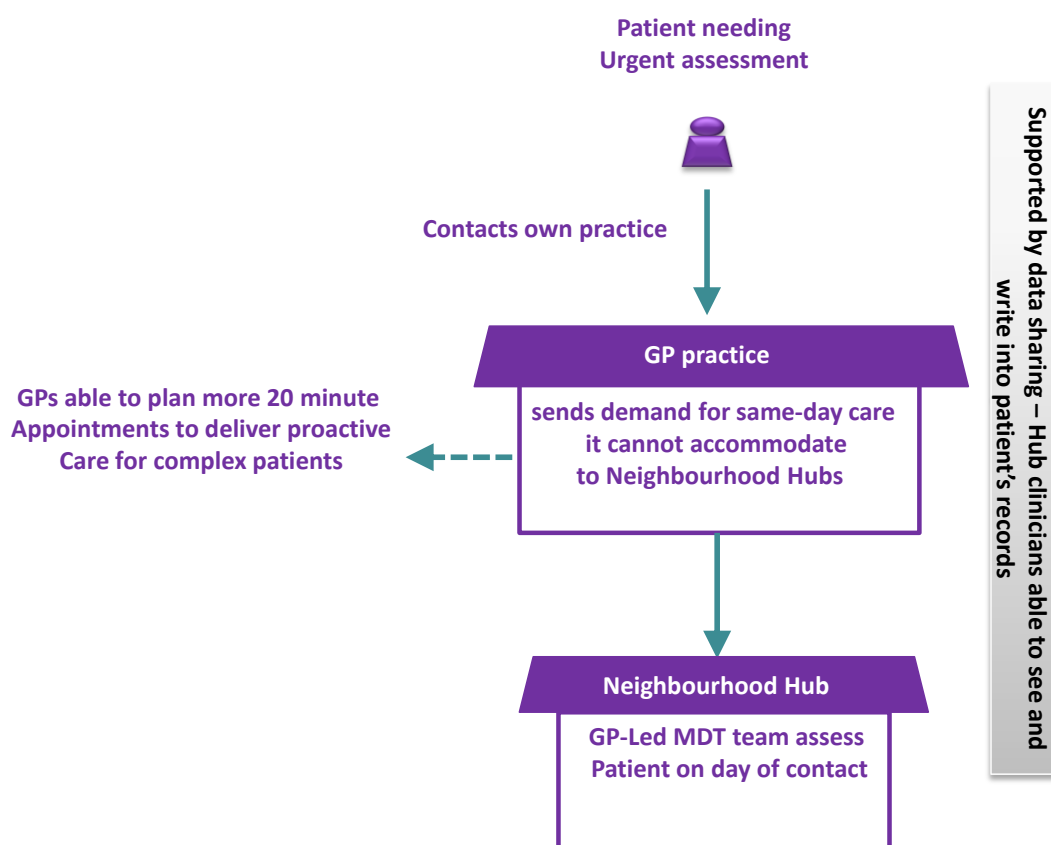


Figure 2 – Neighbourhood Hubs in Practice

- Introduce Early Visiting and Home Support Team provided by ECP/ANP* teams supporting GPs to respond to some urgent visit requests early in the day, releasing GP time for more complex patients. Output -21,500 per year delivered by 16 ECP/ANPs county –wide each conducting six visits daily.

* Emergency Care Practitioner/Advanced Nurse Practitioner

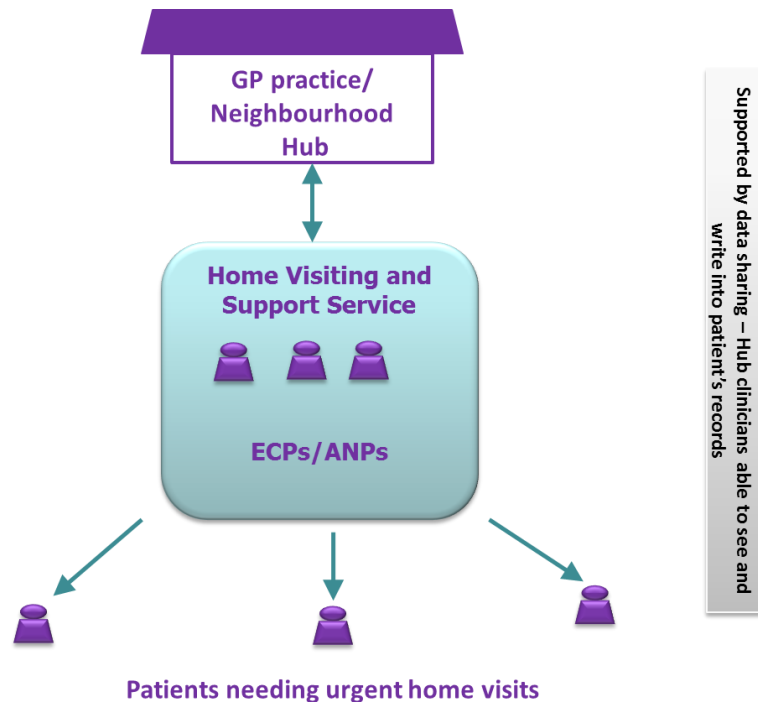


Figure 3: Home Visiting and Support Services in Practice

- Introducing 'Tele health' consultations providing enhanced GP support to other healthcare professionals in care homes and Emergency Medical Units.
- Piloting E' consulting outside core hours with pre-bookable email appointments with a 2 hour response target for urgent queries to identify demand and satisfaction levels for alternative access. Evidence-18% of respondents were dissatisfied with the time taken to answer calls expressing interest in alternative methods (*Healthwatch-Oct '14*). Output – 344 email consultations per week or 17,000/year.

2. Enhanced Complex Care

- Introduce Care Navigators dedicated to tracking, implementing and supporting care for 2% of most complex patients on practice registers, liaising directly with GPs, patients, families and carers, within practices and in patients' homes. Evidence effective co-ordination support enables GPs to provide more proactive, preventive care, uncompromised by time constraints. Output Five Care Navigators covering 35% of the county population, with particular focus on Oxford City. Assume each Navigator will undertake 20 face to face patient meetings per week, collectively almost 5,000 per year.

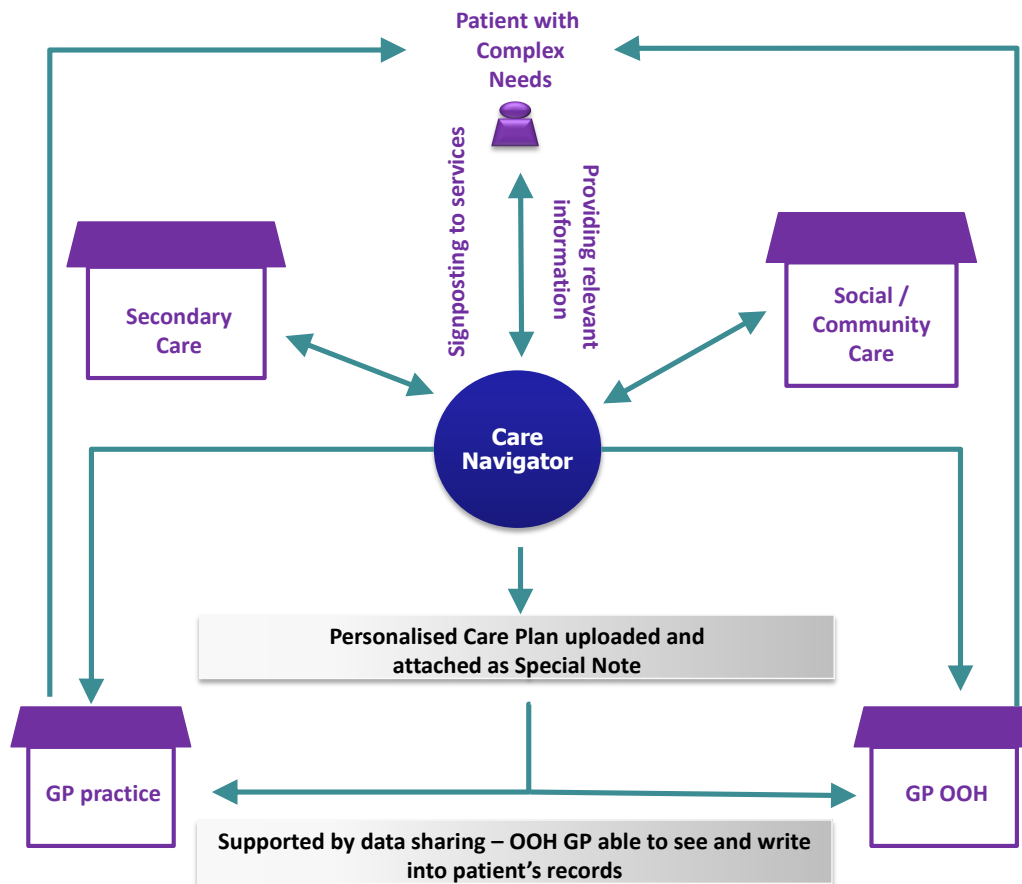


Figure 4: Overview of Care Navigator Approach

- Enhanced OOH Care Access, 24 hours a day, 7 days a week giving OOH GPs access to full patient records for the 2% most complex patients (with prior consent) enabling them to add directly to records, improving patient continuity and integration of in- and out-of-hours care.
 - Attaching Personalised Care Plans (PCPs) flagged by a Special Note to records of those 2% ensuring the PCP is always viewable by OOH GPs (beyond existing DES requirements), improving continuity of care and patient safety.
3. Introduce 20min appointments for the most complex patients focusing on preventative care and building their health resilience. absorbing some of the demand for same-day assessment through Neighbourhood Hubs
 4. Empowered Patients and Carers

- General Practice Interactive online health resource available via practice/federation websites, providing comprehensive locally-tailored information, promoting self-management and health resilience among people with long-term conditions, support carers, improving patient health literacy.

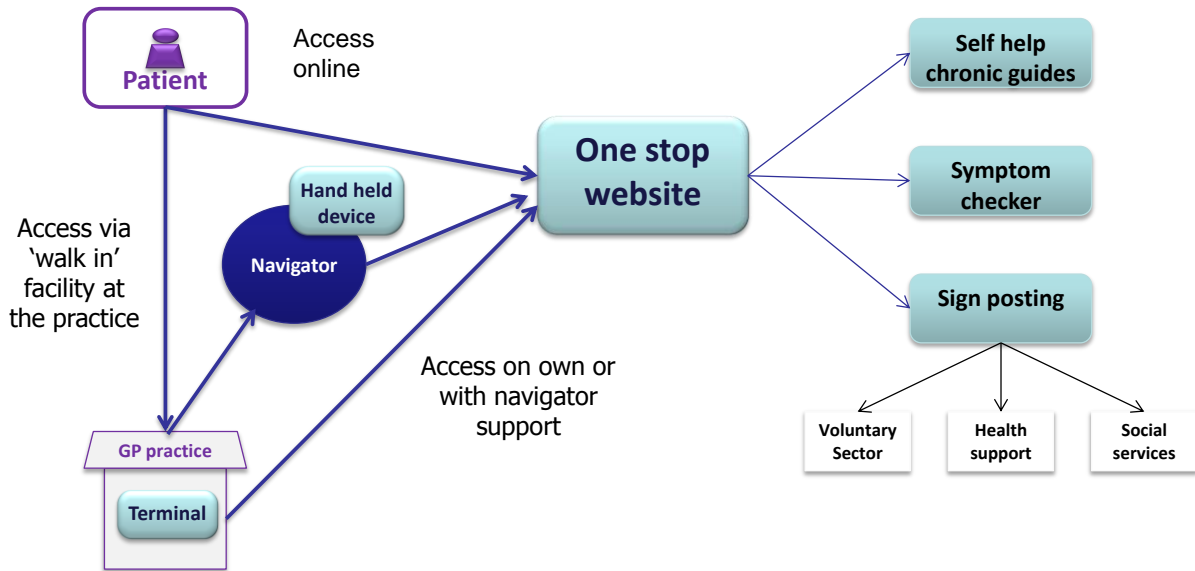


Figure 5: Overview of Online Health Site

