NHS
North East Lincolnshire
Clinical Commissioning Group

General Practice Forward View (April 2016)

The General Practice Forward View (GPFV), which was published by NHS England in April 2016, sets out proposals for addressing the pressures on general practice and for securing and maintaining the pivotal role of general practice within the care system, covering five specific areas: investment; workforce; workload; infrastructure and care redesign.

The proposals set out a vision of the future of general practice which, supported by additional investment, will see changes to the structure of the clinical workforce and redesign of the way care is delivered; this includes practices working at scale in larger groups or federations and working in a more integrated way with a wider range of services, including community and acute services.

This document sets out the main commitments outlined within the GPFV, alongside an initial assessment of the current local position and some early recommendations regarding next steps. It is intended to generate discussion and facilitate engagement and involvement in developing plans to take forward the proposals within the GPFV, and should therefore be treated as a working document which will be developed further as discussions progress.

Access to the full document and further information on NHS England's website can be found below:

Main Document: general practice forward view final.pd

Further information can be found at:
NHSE GPfv

GPFV Commitment	Where are we at locally?	Recommendation / further action
Chapter 1: Investment		
Increase in investment into general practice of 10% by 2020/21, with a minimum of £2.4bn a year by 2020/21 For 2016/17, NHS England has allocated an additional £322m in primary medical care allocations, providing for an immediate increase in funding of 4.4%	National action.	Ask NHS England to confirm additional funding and how this will be allocated to CCGs. CCG to reconsider position on fully delegated commissioning; need to ensure any additional funding supports local priorities. CCG to develop local plans for investment to 2020/21.

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Local investment: Sustainability and Transformation Plan (STP) to secure and support general practice, and enable it to play its part in more integrated primary and community services.	PMS reinvestment into additional practice based enhanced services in 15/16 and 16/17. CCG supplemented investment in NHS England Clinical Pharmacist scheme (i.e. covering the 40% salary costs in year one). Investment into community based models within 2016/17, including Support to Care Homes, Urgent Care Model and long term conditions, as well as additional investment in complex case management, over 75s and housebound. Long history of investment in primary care services as alternative to secondary care use, but not systematically across NEL. Investment in local Education Programme. Investment in overseas recruitment (CCG to match national bursary for any overseas recruits).	Continue work on developing plans for PMS reinvestment in 2017/18, set in the context of the GPFV requirements. Ensure investment in development of new community based care models recognises additional general practice workload. Consider additional investment in successful enhanced services to support all of NEL population (at scale delivery will be necessary). Ensure final version of STP plan reflects full range of activity and plans relating to primary care development. Consider opportunities for working across STP footprint where this makes sense.
Five year general practice sustainability and transformation package: - £56m to include new practice resilience programme starting in 2016/17, and the offer of specialist services for GPs suffering from burn out and stress. - £206m for workforce measures to grow the medical and non-medical workforce - £246m to support practices in redesigning services, including a requirements on CCGs to provide around £171 million of practice transformational support - new national £30m development programme for general practice	See workload section. See workforce section See care redesign section	Understand from NHS E how the £206m for workforce measures will be invested and allocated to local areas – likely that additional funding to CCGs will be based on STP plan, but need to understand process. Understand from NHSE likely timescale for guidance regarding £246m support for redesigning services and how CCG share of £171m will be determined.

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Review of the Carr-Hill formula (concluded Summer 2016) and discussion with the BMA about changes that might be needed.	National action. All local practices on PMS contracts based on weighted capitation payments following NHS E PMS review (in year 2 of 4 year transition).	Understand from NHS E the timeline for completion and determine likely impact locally.
Tackling rising costs of indemnity: - establishment in 2014/15 and 2015/16 of a £2.5 million 'winter indemnity' scheme to help with the costs of those working out of hours - indemnity costs taken into account in agreeing funding for the 2016/17 GP contract. - working with the medical defence organisations and indemnity insurers to meet the needs of new ways of delivering care. DH consultation on options for introducing a Fixed Recoverable Cost scheme to cap the level of recoverable costs for claimant lawyers on clinical negligence claims.	Practices operating new models of care have reported issues with rising indemnity costs. National action.	Understand the timeline for consultation on options for introducing fixed recoverable cost scheme Consider implications on local care models.
From April 2016, CCGs, local authorities and NHS England will be able to pool budgets to jointly commission expanded services	CCG has delegated responsibility for adult social care services and has had pooled budgets and integrated services in place for a number of years. BCF builds on this approach by extending it to a range of services including 'Just Checking', Support to Care Homes, 7 day working, Assisted Living Centre.	
Chapter 2: Workforce		
HEE and RCGP will continue to develop the current recruitment campaign to raise the profile of general practice as a career. Major international recruitment drive, to attract up to 500 appropriately trained and qualified doctors – and possibly more - from overseas over the next five years.	CCG undertook recruitment drive in Holland; engagement plan in place for Dutch GPs who have expressed interest in working in NEL over next few years. Links established with Dutch Medical School (Erasmus) to take Dutch medical school placements into local training practices.	Understand timescales for international recruitment drive and how local areas engage with it. Continue work on local arrangements with links to Holland. Consider what the CCG could do to retain GP trainees within the area. Encourage Practices to talk to trainees at

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Evaluate HEE £20,000 bursary scheme to attract trainees into hard to fill areas and identify if more needs to be done. Roll out a total of 250 post CCT fellowships by summer 2017 to offer wider and more varied training opportunities in areas of poorest GP recruitment.	Health Education Yorkshire + Humber are developing programme for GP trainees from Holland who will begin to come over to NEL for placements. All trainees in NEL are being offered HEE £20k bursary (10 GP trainees in NEL August 2016 intake).	an early stage regarding offering jobs – forward planning. Consider potential for CCG to supplement trainees' study budgets, with potential for offering additional in 3rd year with a tie-in for 2 years (i.e. trainee must pay back funding if they leave the area within 2 years). Understand plan for evaluation of impact of HEE £20k bursary and consider any local action required. Understand how post CCT fellowships will be allocated.
Attract at least 500 extra doctors back into general practice: • Establish straightforward route and simplify process for doctors to return to work • Financial incentives to GPs, targeted at areas of greatest need	National action.	Keep updated on progress with various national schemes. Continue attendance at NY+H Workforce Development Group. Review CCG plans for supporting recruitment, in light of these measures.
Support the employment of a minimum of 5,000 extra staff: • £15m in general practice nurse development • £112m in extension of the clinical pharmacists programme – expect coverage over population on average of 30,000 • £20m in 2016/17 and a further £20m each year – transform how community pharmacy works as part of wider NHS • Extra 3000 mental health therapists in primary care by 2020 to support localities to expand IAPT programme • £45m over five years to help GP reception and clerical staff play a greater role in care navigation and handling clinical paperwork to free up GP time • pilot new medical assistant roles • pilot the role of primary care physiotherapy services • £6m in practice manager development • roll out the recently published HEE Community (District) and General Practice Nursing Service Education and Career Framework and the accompanying HEE Education and	Nurses currently invited to PTLs. Already 5 practices that have clinical pharmacists. Scope to rollout more widely if NHS England offers further opportunities. Minor ailments scheme approved for implementation with community pharmacies. Primary care mental health nurse services in place within one federation locally – commissioning arrangements under review currently. One year formal pilot (working with HYMS) of physiotherapist within general practice – one local practice involved. Evaluation by University of York at end of 12 month period.	Understand timeline for releasing further guidance on various national measures and ways in which local areas can access. Ensure learning from local schemes that are already in place is shared across all practices. Proposal to hold a workforce event locally (potentially September 2016), to share information about the different types of new roles and hear from those already involved in different schemes. Review current support to nurse training. Consider mirroring arrangements that VTS (GP trainees) have - half day sessions together (from across all training practices) to identify learning needs, sharing ways of working. Understand plans for national investment in Practice

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Career Framework • implement the Queen's Nursing Institute Voluntary Education and Practice Standards for District and General Practice Nursing; and • work with general practice to ensure general practice nurses have access to mentorship training. All supplemented at local level through workforce plans.	Bespoke Practice Manager development programme, instigated by local practice managers, about to launch. CCG supporting this programme.	manager development and how this could support local action.
A balanced GP Workforce: • new measures entitling GPs to flexible working over longer periods • indicative rates for locums • 'at scale' working in larger practice groupings will create opportunities to embed a more locally focused team based approach which incorporates locums.	Some examples of flexible working for GPs within practice (e.g. part-time, later start times, earlier finish times). High use of locum support within some practices locally. Some progress towards working at scale across specific service areas (more detail at care redesign section below).	Understand when new measures will be available, and consider application at local level. Include ideas about flexible working arrangements within the local workforce event planned for September 2016.
Chapter 3: Workload		
A new national service to improve GPs' access to mental health support available by December 2016 (£3.5m already committed, and a further £16m to be invested)	National action to develop national service for MH support. Locally, a number of GPs reporting longer working hours, and greater administrative burden, including those caused by interface issues with secondary care. Work on-going to help address issues with interface, although issues still occurring. Local PTL on burnout and stress already planned.	Ensure details of new national scheme are shared with all Practices, once available. Review CCG approach to trying to resolve interface issues between primary and secondary care.
Managing demand: • £30m investment in 'Releasing Time for Patients' development programme • September 2016 launch of national programme to help practices support people living with LTCs to self-care • Reform of 111 service and work with CCGs to ensure plans to address patient flows using tried and tested ideas - access hubs, social prescribing and evidence based minor ailment schemes.	National action on releasing time programme. Further development of prevention approach with local councils – workshop July 2016. Development of community models for LTC with a focus on self-care. Local urgent care model builds on 111 approach with single	Understand progress with national programme and ensure local rollout is supported. Ensure self-care aspect of LTC model is introduced as soon as practicable. Continue work on developing implementation plans for local urgent care model, particularly where it relates to

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	point of access for physical, mental and social care needs. Further work required to ensure GP advice is part of response.	GP advice and support.
Building Practice Resilience: • £10m vulnerable practice fund: a multi-supplier (call off) framework available to commissioners from September 2016 to support this (RCGP support for inadequate rated practices will continue as part of this programme) • Additional £40m to develop a practice resilience programme, starting with a £16m boost in 2016/17. Work with the RCGP and BMA to develop this programme, and consider introducing practice resilience teams.	All local practices offered opportunity to be considered for vulnerable practice fund. A number of practices taking forward plans through this approach. NHS England currently assessing requests. National action for vulnerable practice call off framework and resilience programme.	Understand timeline for NHS E decisions regarding vulnerable practice fund. Understand progress with development of practice resilience programme and consider how to support rollout at local level.
New legal requirements in NHS Standard Contract in relation to the hospital/general practice interface from April 2016: • Local access policies – No adoption of blanket policies for DNAs to be automatically discharged back to GP for re-referral • Onward referral – no requirement to refer back to GP for onward referral within same hospital for non-urgent condition related to the original referral • Discharge summaries: by direct electronic or email for inpatient, day case or A&E within 24 hours (local standards to be set for discharge summaries from other settings) • OP clinic letters: Where GP needs information quickly in order to manage a patient's care, clinical letter sent no later than 14 days after the appointment (2017/18 requirement for electronic transmission of clinic letters within 24 hours) • Results and treatments: new overarching requirement on hospitals to organise the different steps in a care pathway promptly and to communicate clearly with patients and GPs. • Medication on discharge: a new requirement on providers to supply patients with medication following discharge from inpatient or day case care.	National standard contract in use for all local contracts. Incident app used for gathering information regarding issues arising from non-compliance with these elements. CCG aware of issues relating to requests for onward referral, lateness of discharge summaries and OP clinic letters, lack of information from A&E in relation to admissions, requests for faxes to hospital rather than email/e-referral system, requests to GP to undertake tests for patients under the care of Consultant/hospital team. Issues are being addressed through contractual arrangements.	Ensure all GPs are aware of the contract requirements, so that all are clear on what should happen. Review CCG approach to resolving interface issues between primary and secondary care.

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NHS E established Rapid Testing Programme – testing out ways of enabling GPs to get rapid Consultant advice, rather than refer. Most effective measures to be rolled out late Summer 2016	National action. Local arrangements through community cardiology model implementation in 2016/17 for GPs to be able to access rapid advice. Some ad-hoc requests for advice from GPs to consultants, but not systematic.	Understand timeline for rolling out measures (currently says late Summer 2016), and consider how to support rollout at local level.
NHS E to work with innovative practices, federations and software suppliers to develop & design task automation solution – available to all in 2017/18	National action.	Ensure local support to enable all practices to access once solution is available.
Streamlining CQC Practice oversight - CQC to consult on changes (after all practice inspected later this year): • Practices rated good and outstanding move to a maximum 5 year interval, subject to the provision of transparent data • New streamlined approach for new care models and federated or super-partnerships practices. • NHS E to consider how best to recognise any further fee increases and ensure practice are appropriately compensated. • A set of key 'sentinel' indicators to be published on My NHS in July 2016.	National action.	Ensure CCG and all local Practices are aware of, and have opportunity to comment on, CQC consultation when launched. Review sentinel indicators, once published, and consider how best to support improvements at local level, where required.
NHS England review of QOF with the GPC in the coming year (and discussions with GPC re discontinuing AUA enhanced service from April 2017)	National action. CCG combined AUA with local specification (extending approach to wider cohort) for 2016/17.	Understand timeline for any decisions regarding QOF changes. Review approach to commissioning of proactive care within general practice
Simplifying payment systems: • improvements in the consistency and accuracy of payments • increasing the transparency and availability of information to support them • the feasibility of a single payment vehicle	National action. CCG attempting to simplify payments wherever possible. Working with NHS E and NELC to understand any overlap in commissioning arrangements and amend where possible.	Understand timeline for national work and ensure any changes to payment systems are effectively communicated to local practices.

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Paper free at point of care: • By 2020 all incoming clinical correspondence from other NHS providers to be electronic and coded	National action. CCG Digital roadmap developed, outlining journey towards paper free by 2020.	Ensure all practices aware of digital roadmap.
Promoting best practice: • a new audit tool to be available for all practices that will allow practices to identify ways they could reduce appointment demand • automated appointment measuring interface to give detailed information about activity and how it varies over time – available for every practice from 2017/18.	National action. Some local practices undertaking work on managing appointment demand, including NEL Docks Collaborative approach to managing urgent requests across 7 days; individual practice work on reviewing capacity and demand.	Understand timeline for development of tools. Consider local support to ensure best use of tools available and provision of effective information to support improvements to service and/or commissioning arrangements. Share learning from current local projects.
Mandatory training: • NHS E to work with relevant bodies to review and reduce requirements to ensure a far more proportionate approach is taken (keeping in mind the impact of appraisal and revalidation requirements in the analysis).	National action.	Ensure all Practices aware of changes to mandatory training requirements, once agreed.
Support for more integration across the system: • DH to issue guidance to Health and Wellbeing Boards asking them to ensure that joint health and wellbeing strategies include action across health, social care, public health and wider services to build strong and effective relationships with general practice services.	DH action.	Ensure local H&WB Board is aware of impending guidance.
Work and health: • GPs to have greater access to treatment pathways for conditions that impact on ability to work (e.g. IAPT and musculoskeletal) • Government to continue to develop 'Fit for Work' approach – free advice, assessment and case management for people employed and off sick • Government to consider whether fit note could be undertaken by other healthcare professionals.	See workforce section regarding models that facilitate rapid access to IAPT and MSK services. National action.	Consider rollout of models that support rapid access for Practices to these services.
Chapter 4: Practice Infrastructure		

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National fund for investment in premises and technology (ETTF - CCGs invited to put forward bids by 30th June 2016) NHS E negotiating new rules from September 2016 to fund up to 100% costs of premises developments (current cap of 66%). NHS E to provide additional support to practices in three areas: • Stamp Duty Land Tax for practices • VAT on premises, where the ultimate landlord has elected to charge VAT • Transitional support **for** significant increase**s** in the costs of facilities management on leases held with NHS Property Services (NHSPS) and Community Health Partnerships. General practices will need to help to ensure that buildings are all used productively and effectively. NHS E to consider wider commissioning gains against underwriting lease arrangements or buying out GP or third party owned premises.	Former North East Lincolnshire PCT had programme of investment in primary care infrastructure which has resulted in vast majority of Practices working from within purpose-built premises. All practices invited to submit potential premises schemes through ETTF (emails sent out to Practices from November 2015 through to May 2016). Five schemes for extension/re-modelling/improved utilisation of premises submitted to NHS E by 30th June 2016. Awaiting next steps from NHS E. National action for support on stamp duty tax, etc. Some Centres have potential underutilisation, and some at capacity. CCG commissioned estates utilisation study within larger centres, although not all Practices allowed utilisation tools to be installed. Locally there are minimal GP owned premises. Most premises leased from private landlord.	Continue to support ETTF and progress on local schemes, where supported by NHS E, subject to confirmation of funding requirements from CCG. Ensure all local Practices are aware of national changes that support management of increasing costs of premises/facilities management, where applicable. Ensure results of local estates utilisation work are shared with practices and joint plans are developed to support improved utilisation. Understand NHS E work on potential underwriting of lease arrangements or buying out GP or third party owned premises, and consider potential impact locally.
Investment in better technology: • extra investment – increase of over 18% into CCG allocations for IT and technology services for general practice • specific £45m multi-year programme to support uptake of online consultation systems • setting new core requirements for what general practice should be able to expect from IT services, and creating a new framework to assess progress – the Digital Primary Care Maturity Index • national enabling work – to both stimulate the development of the supplier market, and provide certain functions at a national level where that makes sense. Core GP IT services – NHS E introducing a greater range of core requirements for GP IT – further extension in 17/18:	CCG has taken on management of GP IT contract (funding transferred). Recent re-procurement of GP IT following changes to commissioning support services. All practices invited to submit potential technology schemes through ETTF (emails sent out to Practices from November 2015 through to May 2016). Five schemes submitted to NHS E by 30th June 2016 – covering automated telephone systems; system-wide communication tools (webchat, email, SMS); piloting of online apps (AskMyGP); video-consultation equipment; extended telephone access; and accessing records within Care Homes. Awaiting next steps from NHS E. National action on enabling work and extension of core requirements in 2017/18.	Continue to support ETTF and progress on local schemes, where supported by NHS E, subject to confirmation of funding requirements from CCG. Understand whether there is additional investment for CCGs, over and above funding for core GP IT which has been transferred. Ensure extension to core GP IT requirements within 2017/18 are factored into CCG plans.

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• funding for Wi-Fi for staff and patients within practice settings • ability to access data and tools - analysing demand, activity and gaps in service provision allowing effective planning, resourcing and delivery of practice services - from June 2017 • national framework for cost-effective purchase of telephone and e-consultation tools - from December 2017 • funding to support education and support for patients and practitioners to utilise digital services to best effect and impact - from December 2017 • enhancements to the Advice and Guidance platform on the e-referral system to allow two way conversations between GPs and specialists		
NHS E to continue programme of work including: patient online access to clinical triage systems; approved Apps library; increased uptake EPS; improvements to record sharing, electronic transfer and interoperability across the system.	Local work to ensure appropriate view of patient record across systems, where possible (e.g. WebV, enabling Practices to see where patient is within hospital setting)	Ensure any national developments are disseminated and communicated to local Practices to support optimisation.
Practices and CCGs expected to work closely together to realise benefits and exploit opportunities of collaboration through GP federations, locality footprints and local procurement hubs.	NEL GP Docks collaborative testing out extended access across 7 days for urgent GP requests, supported by automated telephone system.	Ensure that learning from collaborative model is shared across all Practices.
Chapter 5: Care Redesign		
Support to strengthen & redesign general practice, including **delivering extended access**: • NHS E **additional** funding of £500m by 2020/21 for CCGs to commission extra capacity (including routine & urgent at evenings and weekends) Achieved by: • enabling self-care, e.g. online self-management and signposting to other services • better use of wider workforce • greater use of digital technology, e.g. apps, phone and email consultations, webcams links with care homes.	PMS reinvestment funding currently identified to support 7 day access. Some early work commenced on potential access requirements, based on findings of PMCF sites. Work on further refining this will continue during 2016/17. See earlier sections for local position regarding work on self-management, use of wider workforce and use of digital technology.	Understand how additional funding for extended access will be allocated to CCGs. Reconsider use of PMS reinvestment funds if required.

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• working at scale across practices to provide extended access collectively, such as Primary Care Access Hubs which offer additional clinical capacity across a group of practices. CCGs to commission services (7 day) and ensure extra investment in general practice dovetails with urgent care plans: • single point of access to integrated urgent care and GP out of hours services, accessed through reformed 111 • Joined up services, e.g. hubs hosting GP out of hours, community nursing teams and greater access to diagnostics • No expectation every practice open 7 days - collaboration between Groups of local practices and other providers expected (funding to such arrangements) • Balance of pre-bookable and same day appointments, and capacity required, to be determined based on local need to ensure VFM • Minimum requirements to be published later in the year (to be tested with GP Access Fund sites during 16/17 – rollout to rest of country 17/18 onwards) • **CCGs will be required to meet minimum requirements before accessing the additional funding.** Waves of increasing recurrent funding available each year, linked to CCG plans – designed to match planned growth in workforce	See earlier section for local position on practices working at scale to provide extended access collectively. Local commissioning plans for urgent care model include SPA and inclusion of GP support within that.	Continue work on engaging with stakeholders to develop strategy for 7 day access by 2020/21. Ensure urgent care requirements are incorporated. Ensure understanding of minimum requirements for accessing additional funding as soon as these are ready, and assess CCG position against these. Ensure CCG plans for 7 day and urgent care models include workforce requirements.
CCGs to be asked to provide £171m of practice transformational support to be used to: • stimulate development of at scale providers for extended access delivery • stimulate implementation of the 10 high impact changes in order to free up GP time to care • secure sustainability of general practice to improve in-hours access.	CCG has existing, relatively small, fund to support provider development. This was previously LINCS funding, and the workplan included stimulation of 'at scale' and securing sustainability of general practice (amongst other things). Further work to do to ensure work continues on these areas.	Understand how CCGs will be asked to identify their share of £171m (presumably based on population), and ensure implications are factored into financial planning for 2017/18 and beyond. Ensure plans are in place to continue work on practice transformation.

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New Multispecialty provider contract - the MCP model is about: • creating a new clinical model and a new business model for the integrated provision of primary and community services, based on the GP registered list, but fully integrating a wider range of services and including relevant specialists wherever that is the best thing to do, irrespective of current institutional arrangements • provider holds a single whole population budget for the full breadth of services it provides • a stronger focus on population health, prevention, and supporting and mobilising patients and communities • more integrated urgent care as part of a reformed urgent and emergency care system • integrated community based teams of GPs and physicians, nurses, pharmacists, therapists, with access to step up and down beds, in reach into hospitals, for example, redesigning outpatients, geriatric care, and diagnostics as part of extended community based teams • the MCP is defined as an integrated provider not a form of practice based commissioning or total purchasing. Its scope is the services it will itself be providing, not all acute and specialised services • there are multiple organisational forms that could be adopted and flexibility within the organisation for how services are delivered, internal performance management arrangements, etc. NHS England will shortly publish the MCP Care Model Framework and contract elements describing the emerging model options in more detail. Aim of going live, on a voluntary basis, in April 2017.	The locality is moving forward with plans to develop an accountable care approach. General practice is well represented within the local ACP (Accountable Care Partnership) which includes providers from across the system. General practices have formed two groupings (Group A and Group B) to ensure representation within the ACP. There are common features between the MCP model and the ACP and the aim is the same, i.e. greater integration of care, with primary care playing a key role in this. Organisational forms, contractual arrangements, etc, are yet to be determined. National action on the MCP Care Model Framework.	Understand potential implications of voluntary MCP contract within context of local ACP development. Continue to clarify expectations of general practice within ACP, as arrangements evolve and become clearer.
Working at scale Existing practice groups or federations seeing benefits as follows: • Economies of scale: common policies and procedures,	Long history of some groups of practices working together to deliver specific services at scale (Yarborough Clee Care and 360 Care) and in sharing some clinical staff and back	Ensure groups are supported to further develop collaborative approach.

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sharing the work between all members • Quality improvement: some federations are becoming a focus for sharing professional development, clinical governance and service improvement • Workforce development: many are also providing new opportunities to train and support staff • Enhanced care and new services: vanguard programmes demonstrating how collaboration at scale makes it possible to improve access, introduce new members of the workforce and provide innovative care in ways that are simply not possible at the level of a single practice. • Resilience: federations are helping practices improve their resilience • System partnerships: establishing a shared identity across practices makes it easier for primary care to have a larger voice in the local health and care system	office functions. Work to explore opportunities for further economies of scale continuing within some groups. NEL Docks Collaborative (10 Practices working with Out of Hours provider) providing extended access, evenings and weekends, for urgent GP access. General practices have formed two groupings (Group A and Group B) to ensure representation and have a larger voice within the ACP. CCG has offered to provide support to the groupings for further development, as and when required.	Share learning from collaborative approaches across all Practices. Ensure commissioning arrangements support and encourage collaborative approaches, where appropriate.
National 3 year 'releasing time for patients' (investment of £30m over 3 years): • Innovation spread: a national programme to gather and disseminate successful examples and measure impact • Service redesign: locally hosted action learning programmes with expert input, supporting practices and federations to implement high impact innovations which release capacity and improve patient care • Capability building: investment and practical support to build change leadership capabilities in practices and federations, enabling providers to improve quality, introduce care innovations and establish new arrangements for the future Ten High Impact Actions: 10 areas that will support practices to release capacity (see end of document)	National action.	Understand process and timeline for national programme and ensure sharing of information and CCG support to learning programmes at local level. Share learning from current local pilots/projects across all Practices. Review current local progress against 10 high impact changes and develop plans for stimulating implementation.

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Measuring workload and improvement: • Online audit tool to be available to all practices to allow them to identify ways to reduce pressure on GP appointments and to compare themselves with others • Automated appointment measuring interface to give practices detailed information about activity and how it varies over time – available from 2017/18	National action.	Understand timeline for development of tools. Consider local support to ensure best use of tools available and provision of effective information to support improvements to service and/or commissioning arrangements.
Stimulating local support: • CCGs to strengthen arrangements for protected learning time and backfill to enable GPs time and space for development • CCGs involved in provider development identified 3 most effective things: space for meeting together and joint planning; expert facilitation to create improvement plans; focusing development on improving care and ways of working before addressing organisational form • CCGs encouraged to ensure STPs contain details of approach and plans for provider development • NHS E to develop frameworks for practices and federations to access credible, relevant and high quality support for the full range of their development needs – further details to be published in the summer.	CCG is funding local Education programme (Protected Learning Time). CCG has included current approach to primary care within STP plan. National action on framework.	Review programme of content for Education programme in 2017/18 and ensure practices are given opportunity for support in areas suggested as most effective. Ensure final version of STP plan reflects full range of activity and plans relating to primary care development, to support access to additional funding where applicable. Consider opportunities for working across STP footprint where this makes sense. Understand timeline for publishing frameworks for practices and federations to access support and ensure CCG works with local Practices to raise awareness and provide every opportunity to access support.