The Future of Primary Care
In Doncaster

Delivering the Strategic Model and GP Forward View
2017-19

23 December 2016
VISION

Doncaster CCG (DCCG) has developed a Primary Care Specification and Commissioning Framework (“Framework”) which takes learning from the 5 Year Forward View and the Prime Ministers Challenge Fund Vanguard Sites to inform and support Primary Care transformation in Doncaster. This Framework sets out the ambitions of DCCG and its member practices to position Primary Care at the heart of system transformation through the following agreed principles:

1. People, not organisations and services, must be at the centre of health and care service delivery so that the patient experience is that it is one service
2. People have access to high quality clinical care in a responsive and timely manner
3. Primary Care services should be proactive and focussed on early diagnosis and interventions, and support independence
4. People have good information to enable them to make informed choices about their health care
5. The population of Doncaster has access to a clear offer of high quality services as close to home as possible
6. Health services in Doncaster move towards proactive primary prevention and health promotion rather than reactive treatment and secondary prevention

To complement the Framework the CCG devised its Primary Care Strategic Model, below.
The strategic approach is comprised of four pillars of care (underpinned by the CCG’s Quality and Safety Strategy), which represent the enhanced patient offer in the areas of self-management and prevention, responsive and accessible care, proactive co-ordinated care, and extended services in primary care. Each of these pillars will be commissioned via a dedicated service specification, with the required additional investment in primary care.

Underpinning the model is the CCG’s Primary Care Quality Strategy (below). This provides a consistent framework for continuous learning, development, and improvement in primary care, to allow it to continue to be the bedrock of healthcare in the future transformed system.

**INVESTMENT IN PRIMARY CARE**

Throughout 2014/15 – 2015/16 DCCG made available the full £5 per head, (outlined by the Government’s Transforming Primary Care Policy) to General Practice. Practices were invited to propose individual or networked schemes which resulted in direct investment of just over £1.5 million into General Practice in Doncaster. This supported practices to ‘test out’ ways of improving the care to specific patient populations which included:

- GPs managing and visiting complex patients with multiple co-morbidities
- Case management approaches to patients identified as at increased risk of admission
- Additional MDT meetings focussing on groups of identified patients

The learning from these schemes was then incorporated into the design of the Proactive Co-Ordinated Primary Care specification, which has recently been commissioned from October 1st 2016 as the TPC schemes expired. The PMS Premium has been reinvested equitably across general practice for this purpose; and together with investment from the previous £5 per head Transforming Primary Care funding stream. Altogether this Proactive Co-Ordinated pillar therefore represents an investment of £1.87m in primary care.

The current Local Enhanced Services commissioned from general practice equate to a financial envelope of c.£1m, and it is the intention to sustain and expand this by commissioning the Extended Primary Care pillar to increase services provided out-of-hospital in primary care. Engagement with practices has begun on this work, and the proposal will be from April 2017 to commission local enhanced services in tiers; from those that can be delivered by each and every practice, to those that require a pan-Doncaster approach and a collaborative set of arrangements. It is the intention that through this approach, there will be a consistent primary care offer of these services to patients, a phased reduction in activity within secondary care in 17-18, aiming for exclusive provision in primary care by 2018-19. Detailed activity and cost modelling will be undertaken in 17-18 against the services within this pillar.
The **Keeping Well pillar** will be commissioned jointly between the Local Authority and the CCG, and, subject to successful draw-down from the Sustainability & Transformation Fund, will be funded from this alongside non-recurrent Better Care Fund monies as more integrated commissioning arrangements take shape over the next few months. This pillar of care will identify early opportunities to tackle unwarranted variation in detection and secondary prevention in high risk conditions, such as high blood pressure, atrial fibrillation, high cholesterol and diabetes. It is the intention to build on this further in 2018-19 to broaden to include the wider determinants of healthcare, and adopt innovative approaches to this as collaboration and federation between practices emerges more formally as the vehicle through which to route services such as social prescribing, smoking cessation, and weight management. While not all these services will be provided directly by general practice, the aim is to place general practice, with its co-ordinating function, firmly at the heart of well-being services, and allow investment in this part of the system in order to have maximum impact on patient outcomes.

The **Responsive Care pillar** will be achieved through deploying the GPFV funding streams effectively to facilitate care redesign, better workload management, and delivery of primary care at scale. The Releasing Time for Care programme will be key to this, as will the central workforce initiatives outlined in the GPFV which the CCG will participate fully with locally as more details become available. As a first step, the investment of £135K between 2016-17 and 2018-19 in training reception and clerical staff will be deployed through this specification, to start to build capacity in general practice through care navigation and better management of non-clinical workload. We are intending to work with West Wakefield alongside our local authority to undertake mapping of the service offer across Doncaster, and will be working with West Wakefield and Thornfields Primary Care Training Specialists on a care navigator training package to take shape between Jan-Mar 2017 and inform the 2018-19 and 2019-20 investment. As a minimum, we will be providing access to “Level 1” care navigation training by March 2017, which we will look to offer to the 400+ non-clinical staff working in our practices. We are looking to work collectively across South Yorkshire & Bassetlaw CCGs on this agenda wherever possible.

Equally, the investment of £189K over 2017-18 and 2018-19 in online consultations will feed through this pillar of care, as again this is about demand management and increasing responsiveness of general practice. As Doncaster is not a previous GP Access/PM Challenge Fund site, and therefore will not receive funding for integrated access in 2017-18, the CCG has identified £300K that will be used to make progress in 2017-18 towards meeting the requirements in the planning guidance regarding additional capacity from 2018 onwards, which will then be funded by the £3.34 per head of population that is available from that point (rising to £6 in 2019-20). All these funds will be channelled through this pillar, via a formal specification which will build on all the learning gained in 2017-18, and increase access to routine and unplanned primary care according to local need.

The CCG has also provided more general investment in general practice, by organising, providing and funding cover for CPD sessions known locally as TARGET, on a monthly basis. As well as being a source of structured CPD (including mandatory safeguarding updates); TARGET also provides a forum for clinical updates as well as communication of changes to existing services to the wider workforce. There is time built into these sessions to allow practices to network, collaborate, and start to build resilience, through this opportunity for headspace. Through 2017-18, we will explore how to best structure this time, and offer
useful content for the practices to benefit from. This investment in TARGET cover represents over £100K per annum.

The CCG is also funding Primary Care Commissioning to work with emerging GP federations in Doncaster, and accelerate their progress to build some firm foundations for sustainability and resilience in general practice going forward. To date this investment has equated to over £13k, and the CCG is committed to continuing this as further need for support is identified.

SUPPORTING AND GROWING THE PRIMARY CARE WORKFORCE

The CCG has carried out a baseline stocktake of the general practice workforce in Doncaster.

- There are 43 GP Practices - 12 PMS and 31 GMS
- Including partners, salaried GP’s and registrars there is an average of 4 GP’s per GP practice.
- On average each practice provides 29 GP sessions per week. This is inclusive of partners, salaried GP’s and registrars.
- There are 108 Practice Nurses
- There are 26 Advanced Nurse Practitioners
- There are 70 Health Care Assistants

The data we have tells us that in Doncaster there are:

- Traditional workforce models and a lack of skill mix in our current primary care workforce
- Variations in the services provided and the standard of care provided across Doncaster.
- High retirement risks
- Varying levels of recruitment with areas in severe difficulty, often in places with high deprivation and greater need, widening health inequalities
- High numbers of patients per FTE GP

However we have also collated information regarding the various skills and special interests that exist within the above workforce, and this indicates that in Doncaster we have untapped potential within the workforce that could allow us to expand the services in primary care, and spread good practice via collaborative working. For example, we have GPs with specialised skills in minor surgery, family planning, sexual health, Looked After Children, paediatrics, cardiology, elderly medicine, diabetes and gynaecology. This represents a wealth of potential that we need to unlock with our strategic commissioning approach, via the 4 pillars. In order to do this, it will be critical to support practices to work collaboratively, and the CCG is also investing in this and will work with practices to create the time and support workforce required to make this a successful development programme.

Another way to maximise the workforce in primary care is through introducing diversity of roles, and there is widespread recognition of the value of pharmacist input in general practice, locally as well as nationally. Practices are already working with clinical pharmacists to explore this, in both medication review and patient-facing roles, and the CCG will work
with these practices and the community pharmacies, via the LMC and the LPC, to spread learning and scale up the approach where possible, integrating the relevant funding/workstreams from the GPFV as and when these become available. Doncaster has the advantage of being able to work predominantly with local independent community pharmacies in the borough rather than large chains; we will capitalise on this, optimise the relationship and support the two professions to work together in a far more integrated way.

The above combined initiatives will be developed in order to not only build capacity and resilience within the current workforce numbers, but also to attract additional GPs and other practice staff. The CCG will work closely with HEE and NHS England to deliver national education and training schemes locally, to increase the numbers of doctors and other clinicians working in primary care; and is keen to take advantage of the GPFV funds to match HEE funded placements for ANP and HCA schemes, in the attempt to move the skillmix in general practice along to the transformational end of the spectrum as outlined in the table below. The CCG undertook a workforce development session in March 2016 with practices, facilitated by HEE, which was positively received, and plans are in place for further events during TARGET in 2017. The CCG is also an active member of the Primary Care Workforce Group (South Yorkshire and Bassetlaw) and the STP plans for workforce. It is proposed that the CCG will work with the ATP regarding opportunities to support practices with training and recruiting to these new roles.

Looking wider and further afield than within primary care, the Doncaster Place Plan is built around an aspiration of “neighbourhood” care that will give rise to expansion of multi-disciplinary team working, and greater integration across community services to optimise out of hospital care. The key to the delivery of the vision is that care and support will be delivered locally, within neighbourhoods. This includes integration with other care sectors
such as psychological therapists. The CCG’s Mental Health Delivery Plan sets out the work plan in 2017/2018 for embedding this integration. It is envisaged that the offer will build on existing strengths, with the focus on the individual, their family and friends, existing communities and their infrastructure. Primary care, driven by general practice, will be at the heart of health care delivery, closely linked to other neighbourhood level services in health and social care, such as community nursing, therapies, Start Well (first 1001 days) and Community Led Support for Adult Social Care. This approach will broaden and strengthen the primary care workforce, and make it an attractive proposition for incoming doctors, nurses and therapists.

**IMPROVING ACCESS, IN AND OUT OF HOURS**

In Doncaster we want to ensure that patients have good access to General Practice and that the service we offer is responsive to the needs of our patients. Critical to achieving a health and social system that provides access at the right time, in the right place with the right person is to manage the workload of all system partners including General Practice. The CCG understands that there is a national debate on what ‘good’ access to general practice looks like, and the term is often used to describe a range of quite diverse contact modes; from offering consultations via Skype to providing extended practice opening hours. Our ambition is to support the development of a more responsive system in Doncaster and will actively seek to take learning from the PMCF pilot sites and New Models of Care Vanguards as well as referencing the three aspects of improving access to general practice as outlined by the RGCP.

1. Availability and proximity of care
2. Timeliness of care
3. Ability to see a preferred GP or nurse

Improving access to in-hours GP services is inextricable from the initiatives that will be undertaken relating to care redesign, workload management, and workforce transformation. By supporting practices to work together, access support via the Releasing Time for Care programme, implement the 10 High Impact Actions, and plan for a more diverse and effectively deployed workforce, the CCG will achieve the aim of improving access to in-hours care.

Furthermore, embedding and building on the CCG’s recently commissioned integrated urgent care model will support this. 34/43 practices already deliver extended hours services that they have determined in order to meet local need, via the Extended Hours DES. Patients can already access pre-bookable and same day appointments between 8am and 8pm, 7 days a week, either for unregistered, unplanned primary care needs, via the Same Day Health Centre, or for routine access for patients registered with the Flying Scotsman Health Centre, both in the centre of Doncaster. We have also integrated the Primary Care Out-of-Hours service within the Urgent Care Centre adjacent to A&E, which receives patients triaged directly from A&E as well as patients booked in via phone triage, thereby simplifying and aligning access points for patients. We are commissioning complementary services from other primary care providers to support access, such as community pharmacy. The CCG commissions the local Pharmacy Urgent Repeat Medical (PURM) service and a local Minor Ailments Service (MAS). The PURM allows patients who require a supply of their repeat prescription when access to their GP practices isn’t available attend a community
pharmacy for a limited supply whilst the MAS offers another access point for low level medical and pharmaceutical interventions and an alternative to a GP appointment. These services are currently being evaluated for impact.

However there is more we can do, and going forward, we will:

- work with Health Education England to establish additional placements for HCA and ANP training.
- Use Practice Transformational Support funding to facilitate practices’ engagement with work that has the potential to free up capacity e.g. funding backfill for practices to engage with the Releasing Time for Care Programme and GP Improvement Leader Programme.
- Use part of the Practice Transformational Support funding to run pilots around collaborating/working at scale to create additional access as per the Responsive Primary Care Pillar in 2017 – 2018, ahead of the CCG receiving the funding to meet extended access requirements from 2018.
- Establish a baseline that includes inequalities, local variation in access, assessment of current extended hours practices and patient preference.
- Segment population to understand what is most convenient for local populations.
- Learning from our practices, many of whom have already implemented a number of solutions to ensure flexible but responsive provision to their patient population, we will build wider primary care, including dental, optometry and community pharmacy, into plans for alternative pathways of care.

TRANSFORMING THE WAY TECHNOLOGY IS DEPLOYED AND INFRASTRUCTURE UTILISED

The Doncaster Digital Roadmap describes the system-wide approach to digital transformation, and can be found in full here

http://doncaster.moderngov.co.uk/documents/s8523/Local%20Digital%20Roadmap.pdf

The current digital maturity of the primary care within the Doncaster LDR footprint along with a summary of their recent achievements and current initiatives is given below. All of the general practices in Doncaster have implemented the latest version of their chosen GP clinical system and use either TPP SystmOne (53% practice) or EMIS Web (47% practices).

Key recent achievements within primary care include:

- Mobile devices (laptops with 4G and software to support connectivity over Wi-Fi) have been deployed to all GPs, registrars and appropriate practice nursing staff.
- 100% Practices have been switched on for patient online services
- 100% Practices are ETP enabled
- 100% practices have had ICE software implemented to support order comms with Doncaster and Bassetlaw Hospital and allow a view of historic test results
- 91% practices have gone live with Electronic Prescriptions Service

The key initiatives currently on-going in primary care are:

- Development of an improved and extended Wide Area Network that will connect all Doncaster practices to a set of IT systems and services
• The rollout of Wi-Fi networks into all practice premises is underway
• A programme of work is underway that will help practices meet quality data quality standards for recording and sharing information and improve the utilisation of GP clinical systems and utilisation of universal and local capabilities
• An ETTF (Cohort 1) funded programme to facilitate remote access consultations in general practice

In relation to estates, the CCG has developed the Strategic Estates Plan jointly with Doncaster Metropolitan Borough Council, Rotherham, Doncaster and South Humber NHS Trust and Community Health Partnerships.


The objective of the plan is:

• To develop a strategic estates ‘route map’ for Doncaster, taking into account Health and Local Authority assets, using a holistic view of service needs, capacity and demand and whole-system economics
• To engage with stakeholders in developing the route map, to support development of achievable and relevant solutions for short to medium term development of the local property portfolio
• To agree a set of strategic aims that provides the longer-term framework for estates development and utilisation
• Identify under-performing assets to enable release, creating improved efficiency and re-investment opportunity
• Promote collaborative working between stakeholders.

In summary, to create a smaller but better quality estate that better supports frontline service delivery for stakeholders, taking into account both current and future policy developments. Primary care infrastructure is key to this agenda, and the CCG is in the process of working up more detailed plans within this framework, to be supported and informed by the outcome of the Primary Care Estates and Transformation Fund (ETTF). Currently the CCG has 8 proposals in Cohort 1 of this funding stream, with a further 15 in Cohort 2. These are critical to the development of primary care estate infrastructure in Doncaster.

MANAGING WORKLOAD AND REDESIGNING CARE PROVISION

There are currently four emerging GP collaborations in Doncaster, two of which are limited liability companies and one of which is a formally constituted Community Interest Company, and very recently in the last month has established its Board.

One limited liability company is a consortium of 5 GP practices based geographically in the centre of Doncaster and has been in existence since 2009. The other limited liability company comprises 5 GP practices geographically located in the North East of Doncaster.

The C.I.C currently has 8 member practices, with expressions of interest from a further 17, and formal membership is to be confirmed.
The other emerging collaborative is a group of 10 practices in the North West Locality, who are currently being supported to explore the function and form they wish to adopt.

Through catalysing the development of these collaboratives, the CCG will be able to facilitate access for Doncaster general practice to the Releasing Time to Care programme, and support local delivery of the 10 High Impact Actions, where they are not already in place. The CCG has completed an EOI for the programme on the behalf of Doncaster practices, and together with representatives from the GP federations will be meeting with the development advisor early in 2017 to design the right package for Doncaster.

The CCG is also aiming to direct the GP Resilience Fund slippage monies from 2016-17 into the collaboratives, and prompt greater engagement and communication between the groups. These groups will be supported to explore together how primary care can become more resilient in Doncaster, in tangible ways such as realising efficiencies in back office functions like payroll, HR, and correspondence management. We are looking to learn from other areas in this regard, and are working with Primary Care Commissioning to understand how existing federations are operating.

It is the aspiration that these GP federations will become key players in the transformation of the Doncaster system, and through them, the CCG will be able to engage in conversations regarding Accountable Care Partnerships and new models of care. However they are still embryonic, and require a lot of support. The CCG has enlisted the help of Primary Care Commissioning to establish vision, mission and values for the collaboratives, and do an initial diagnostic of further support needs (which may include elements such as technical, legal, or project management expertise/capability).

In parallel, the CCG has commissioned general practice to deliver a Proactive Co-ordinated Primary Care service from October 1st 2016, which is fundamentally built around the need for wider system working and cross-organisational MDT, to better meet the needs of the most vulnerable, complex and frail population. Some practices have joined together to deliver this, acting as a useful test of the federation concept. Impact of this service will be measured in A&E attendances and admissions for patients in receipt of the interventions, alongside patient satisfaction, increased sharing of the Enriched Summary Care Record, and qualitative information relating to MDT working. All of this will allow general practice to better manage the workload, and redesign how care is provided, in partnership with the wider system; and furthermore, provide a foundation for the Doncaster Place Plan’s ambitions regarding neighbourhood models and integrated team working.

The two pillars of care to be commissioned from April 2017 relating to Extended Primary Care and Keeping People Well go further along these lines, as they aim to identify early opportunities to shift activity and resource from hospital to out-of-hospital care; for example community clinics; and also to tackle unwarranted variation in detection and secondary prevention in high risk conditions, such as high blood pressure, atrial fibrillation, high cholesterol and diabetes.

Complementing the Doncaster Place Plan and the Primary Care Strategic Model is the CCG’s Planned Care Delivery Plan. The Planned Care Delivery Plan is four workstreams which will invoke change in services, referral behaviour and engagement between primary and secondary care. The workstreams are:
• Right Care Programmes and Pathway Design
• Threshold Management and Reduction in Procedures of Limited Clinical Value
• Improvement in Primary Care Information and Referral Management
• Patient Engagement, Choice and Shared Decision Making

The expected impact of this work will be:

• More people will be treated in Primary Care and the community
• Patient Choice is evidenced including information on patient waiting times
• 2017/2018 reduction in planned care referrals by 6%
• 2018/2019 reduction in planned care referrals by 12%

The work being undertaken within the Planned Care Delivery Plan corresponds with the CCG’s Unplanned Care Delivery Plan. The focus of the Unplanned Care Delivery Plan is implementing the five Improvement Initiatives and the Urgent and Emergency Care Route Map, and enhancing the Front Door Assessment Service in our local A&E Department to ensure patients are appropriately streamed away from the Emergency Department.

ORGANISATIONAL FORM

The vision of the Doncaster Place Plan involves an Accountable Care Partnership, as per the potential diagram below, in order to maximise the potential of the system and engender a truly collaborative approach. These conversations are being held with all interested parties including primary care; which only serves to accentuate the importance of primary care collaboration, and to justify the CCG’s focus on supporting this, as outlined above.
Doncaster’s approach to quality in primary care will be for the three domains of quality (patient safety, clinical effectiveness and experience of patients) to be monitored through routine internal contractual processes and clinical governance structures and external sources such as CQC, Monitor, peer reviews, national surveys etc.

The CCG is also implementing its Primary Care Dashboard which has been developed in partnership with the CCG Performance and Intelligence Team.

The Performance and Intelligence Primary Care Matrix is a collection of data statistics grouped under specific categories referred to as domains. The matrix allows NHS Doncaster CCG to identify variations in GP Practice behaviour to help drive improvement and understand any potential concerns. This information resource also allows GP Practice to identify areas of improvement as well as compare themselves against their peers in various areas such as Secondary Care, GP Patient Survey results and prescribing methods (to name a few). The tool has been designed to aid conversation between NHS Doncaster CCG and GP Practice around their business and clinical practices and is not a performance monitoring tool.

The matrix will be delivered to its audiences in various methods. Dashboard reporting will be generated for NHS Doncaster CCG and this will be discussed within the Primary Care Delivery Group and the Quality and Patient Safety Committee (it will support the overall primary care strategy). This report will also be issued to Primary Care directly via a web based system (PBCI Portal) however the online tool will also provide practices with extra functionality such as drilling down each data element should they require further information.
ENGAGEMENT

The CCG has undertaken an Equalities Impact Assessment on the whole Primary Care Strategic Model including a deep dive analysis of the inequalities in primary care medical access, experience and outcomes in order to inform the Primary Care Commissioning Committee.

General Practice is the only part of the wider health care system that is truly universal in that the vast majority of patients are registered with a GP practice, and GPs do not ‘discharge’ patients from their care. As such, continuity of care and preventative care – two important tools in combating health inequalities – form a fundamental part of the work of a GP and their team.

The CCG recognises that general practice can only ever be one part of the solution to tackling health inequalities. Difficulties accessing the healthcare system are one of the major drivers behind health inequalities. The deep dive undertaken suggests that action is needed in the following six areas:

- As part of measures to increase the overall size of the GP workforce, put in place incentives to attract more GPs into currently under doctored areas, ensuring that there is sufficient GP workforce capacity in areas where patient need is highest.
- As part of a wider rebalancing of resources towards general practice, direct more NHS funding into GP and wider primary care services in those areas where health inequalities are currently worst.
- Ensure that the process of piloting and delivering new models of care integrated around patients in each of the four nations of the UK serves to tackle, rather than exacerbate, health inequalities.
- Create a supportive environment for GPs and their teams to take a more proactive population based approach to preventing ill health in their communities, working with other professionals to tackle the underlying causes of health inequalities. However, this cannot be taken forward without an increase in workforce capacity and resources, and must be led by GPs and other professionals from the bottom-up, rather than through imposing top-down interventions.
- Focus on incentivising ways of working that promote continuity of care in areas where patients would benefit most from a continuous therapeutic relationship with their GP — particularly areas where a high number of patients are living with multiple morbidities.
- Fund outreach programmes to help often excluded groups such as those with mental health problems, learning disabilities and the homeless to access general practice.

To address these issues the CCG has in place the below engagement programmes, is implementing the Primary Care Dashboard as described previously and will be funding schemes to help improve access including, supporting federations and their development of ‘back office hubs’ and funding additional care navigation training as part of the development of the Responsive Primary Care pillar.

We have an extensive engagement approach with general practice in Doncaster, which is multi-faceted and consists of:
• Monthly slots at TARGET ring-fenced to practice networking, engagement with CCG on current commissioning topics and issues, and developing practice collaboration
• Monthly meeting of Primary Care Provider Engagement Group, open to all practices, predominantly focused on working up the specifications behind the 4 pillars in the strategic model. Members of the wider health and social care system regularly attend the group and feed into the development of the 4 pillars. Representatives have included members of Doncaster Metropolitan Borough Council, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Rotherham, Doncaster and South Humber NHS Trust, Doncaster Local Medical Committee, Doncaster Local Pharmaceutical Committee and Public Health
• Monthly meetings of the 5 CCG commissioning localities, attended by all member practices of the CCG
• Bi-monthly meetings of the CCG Clinical Reference Group, membership includes Governing Body GPs (x10), plus wider system partners (acute, community, local authority)
• Regular 1:1s between CCG Chief of Primary Care and LMC & LPC secretaries respectively to maintain positive relationships
• 2-3 practice-wide events per annum hosted by the CCG to allow continuous awareness, participation and influence in strategic direction

The CCG also has a public and patient engagement work plan which is overseen by the CCG’s Engagement and Experience Committee. The Committee has representatives from all CCG directorates, general practice, the Health Ambassador and Patient Participation Group network groups and Doncaster Healthwatch.

The Primary Care Team also regularly attends the Patient Participation Group Network and Health Ambassador Network Meetings which ensure there is a consultation and feedback mechanism from the following seldom heard groups: Cancer service users and survivors, Homeless people, Deaf community, Gypsy Traveller community, People with learning disabilities, Refugees and asylum seekers, Sex workers, Lesbian, Gay, Bisexual and Transgender, Armed Forces / Veterans.

### RISKS AND MITIGATION

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<tr>
<th>Risk</th>
<th>Mitigation</th>
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<tbody>
<tr>
<td>Embryonic state of federation in Doncaster compromises deployment of funds/specifications</td>
<td>Catalysing development of collaboration through funding PCC to work with practices</td>
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<tr>
<td>Delay to guidance around monitoring requirements/specific deployment of various GPFV funds may delay implementation for fear of mis-directing them</td>
<td>Progress with engagement with practices to achieve deployment against local needs, in continuous liaison with NHSE team</td>
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<tr>
<td>Workforce is a key risk, and CCG has limited powers in this regard to train/employ/develop staff, or fund placements</td>
<td>Close working with HEE and NHSE through the SYB Primary Care Workforce Group</td>
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### Risk

| Lack of availability of education providers to deliver key programmes ie care navigation | Look at pooling funds across SYB and the STP to increase leverage with suppliers and maximise impact, work with NHSE GPFV transformation team |
| Lack of clarity about access to funds controlled centrally, ie GP Resilience Programme, and risk of over-subscription to these funds | Work with NHSE team and keep close to GP needs locally in order to be ready to apply for funds when process is clear; concerted effort needed to draw down funds from STF for primary care |
| Oversubscribed ETTF means that funds are not released to Cohorts of practices; fundamentally jeopardising ability of general practice to transform as so much estate is not fit for purpose | Explore alternative funding routes within core capital/LIFT/NHSPS |

### GOVERNANCE

Doncaster Primary Care Commissioning Committee (PCCC) is the key governance mechanism for all primary care investment, alongside the Governing Body with its role in approving strategy. Membership of this Committee includes the LMC, Local Authority, and Healthwatch, alongside CCG GB members (SMT, Lay & GPs). Audit Committee are due to receive the external audit report on these arrangements and the workings of the Committee in November 2016. Any recommendations for improvement will be taken forward as required.

PCCC has signed off this final GPFV implementation plan at its meeting on 8th December 2016, prior to its submission centrally on 23rd. Implementation overview and monitoring is the role of the PCCC thereafter.