


<b>Agenda Item:</b> 10 ii)	<b>Meeting: Governing Body</b> 15 <sup>th</sup> September 2015	 <b>East Riding of Yorkshire Clinical Commissioning Group</b>
<b>Report Author(s):</b> John Brennan	<b>Presented at Meeting by:</b> <b>Alex Seale</b> <b>Director of Commissioning and Transformation</b>	
<b>Title:</b>	Primary Care Transformation Pathfinder	
<b>Recommendations:</b>	The Governing Body is asked to note the arrangements for the Pathfinder project	
<b>Sub Committee Process and Assurance:</b>	The arrangements set out in this report have been agreed by SRCC	
<b>Strategic Aims: (Delete as required)</b>	<ol style="list-style-type: none"> <li>1. To support our patients and population to achieve healthy independent ageing.</li> <li>2. To reduce health inequalities across the East Riding.</li> <li>3. To improve the physical and mental health and wellbeing of children and young people</li> <li>4. To work within our financial allocation</li> <li>5. To meet our commitment to deliver improving outcomes in line with our key statutory duties.</li> <li>6. To ensure the workforce is equipped with knowledge, skills and capacity.</li> </ol>	Tick  ✓ ✓ ✓ ✓ ✓ ✓
<b>Patient/Clinical and Stakeholder Engagement:</b>	Demonstrating good patient/clinical and stakeholder engagement is one of the criteria upon which the Pathfinder bids will be judged	
<b>Financial Impact:</b>	Financial provision has been made to run this exercise. Up to a maximum of £600,000 is available for the successful bid(s) and funding is also available to meet the practice costs associated with the development and submission of bids.	
<b>Legal/regulatory considerations:</b>	None identified	
<b>Equality and Diversity Analysis:</b>	Successful bids will be required to undertake a Equality and Diversity Analysis as part of the mobilisation process	
<b>Sustainability Impact:</b>	One of the objectives of the Pathfinder scheme is the identification of sustainable solutions to support the development of the local health economy.	
<b>How will Conflict of Interest be managed if necessary:</b>	Arrangements are in place to manage potential conflicts of interest. Clinicians on the Evaluation Panel will be excluded from voting on any bids with which they are associated.	
<b>VOTING REQUIRED:</b>	<input type="checkbox"/> <input type="checkbox"/> NO	

<b>Overall risk (Likelihood and consequence):</b>	Low risk
---	----------

**Reason for the report:**

The purpose of this short report is to brief members of the Governing Body on the Pathfinder arrangements and the timetable and process for selecting the successful project(s). The details are set out below

**Primary Care Transformation Pathfinder**

**Introduction**

The bidding process for the Pathfinder funding was launched on 21 July 2015 when details of the scheme were circulated to all GPs in the East Riding along with an application form for those interested in submitting a bid for funding.

Set against the context of the CCG's high level vision for primary care<sup>1</sup> and the need to develop locality hubs that deliver accessible and integrated services, the aim of the pathfinder project is to test out some of the transformative areas and ideas that can deliver these goals. In so doing it is envisaged that the innovations that will hopefully emerge from this process will contribute to securing the sustainability of primary care across the East Riding.

**Financial Arrangements**

A total of £600,000 has been made available to fund those proposals that can make the biggest impact on patient care and outcomes and which will deliver the vision for more locally provided integrated care. This funding may be allocated to one or more pathfinder projects and practices or localities submitting bids are not limited to a single proposal, nor does each proposal have to utilise the full £600,000 available.

This funding will be available to support the successful bid(s) for a twelve month period starting from the point at which the project becomes operational. It is expected that the successful scheme(s) will commence between January – March 2016.

**Evaluation Process**

Since it is inevitable that there will be more bids for funding than the budget available, SRCC has agreed an evaluation process based on a list of weighted evaluation criteria:

<b>Objective/Criterion</b>	<b>Weighting</b>
Involves a workforce plan for Primary Care that delivers sustainable transformation and which can be readily applied across other practices.	20
Improves access [ <i>access in this context is not confined to 7 day working but can involve anything that improves the accessibility of services by patients</i> ]	15
Introduces effective referral mechanisms to ensure consistent and systematic management of referrals	10
Within the financial envelope, achieves value for money and demonstrates a return on investment (not necessarily within 12 months of implementation). This means there should be an element of savings in all proposals but the scheme does not necessarily have to be cost neutral and nor do all the savings have to be realisable in year 1.	10

Better Co-ordination and Integration of Primary Care/Community Services/Secondary Care/Social Care (i.e. appropriate stakeholders for each bid)	10
Achieves progress towards delivery of key CCG targets (eg dementia, e-referrals etc)	10
Involves a commitment from General Practice and demonstrates clinical leadership	10
Describes clear and quantifiable outcome measures	5
Embraces technological solutions.	5
Reflects patient needs – demonstrating engagement and patient feedback	5
Total of weightings	100

Each criterion will be scored out of five so the maximum possible score is 500 points.

The process of evaluating the bids received will be undertaken by a panel consisting of Directors and Clinicians as follows:

**Exec's:**

Richard Dodson, Chief Finance Officer  
Jane Hawkard, Chief Officer  
Alex Seale, Director of Commissioning and Transformation  
Paula South, Director of Quality and Governance/Executive Nurse

**GP Leads:**

Dr David Fitzsimons, GP Governing Body, Holderness Locality  
Dr Alan Francis, GP Governing Body Bridlington Locality  
Dr Clive Henderson, GP Governing Body GHWW Locality  
Dr Richard Little, GP Governing Body Bridlington and Driffield Locality  
Dr Gina Palumbo, GP Chair, Governing Body  
Dr Krishnaraj Sivarajan, GP Governing Body, Haltemprice Locality  
Dr Frank Thornton, GP Governing Body, GHWW Locality  
Dr Anne Jeffreys

**Others:**

Craig Dobson, Medical Advisor  
Dr Andrea Fraser, GP (or alternative non ERY GP if unavailable)  
Ben White, GP Lead  
Patient Representative - TBC

**Governing Body Members:**

Alex Henderson, Lay Member  
Sally-Ann Spencer Grey, Lay Member  
Jonathan Beckerlegge, Lay Member  
Rosy Pope, Director of Adult Services (ERYC)  
Tim Allison, Director of Public Health (ERYC)

## **Timetable**

The timetable for submitting bids through to the mobilisation of schemes is as follows:

30 September 2015	Stage One Stage 1 –	Deadline for Expressions of Interest
7 October 2015	Express Interest and shortlisting	Initial evaluation against Selection Criteria Shortlist for Stage 2
16 October 2015	Stage Two – Presentation	Shortlisted Bidder Presentations Panel to evaluate against Selection Criteria Selection of preferred bid(s)
Early November 2015	Stage Three – Project Definition	Successful bid(s) worked up with support from CCG management (and others as required)  Project Document developed and signed-off by CCG
1 January 2016 on	Stage Four – Mobilisation & Monitoring	Project mobilisation and monitoring

## **Support to Localities/Practices**

Bidders will be responsible for developing and writing their own bids but the CCG will provide advice and support as required.

The CCG has also made funding available to support the work necessary to pull bids together. This will amount to £750 per practice for the first proposal received and £500 for the second and any subsequent submissions ie a maximum of £1,250 is available per practice for their involvement in and commitment to two or more submissions. In addition, the CCG has already convened a series of 'Pathfinder clinics' involving staff drawn from a number of functions including Finance, Business Intelligence and Medicines Management in order to provide advice and guidance to those practices/localities who felt there would be benefit in attending such an event. Three localities have taken up this offer of assistance.

<sup>i</sup> The Governing Body and Council of Members have agreed a high level vision for primary care that includes:

- Increased integrated working with staff across social care, community and general practice, including in co-located centres
- The workforce in general practice will develop and evolve new models of working, including working with physiotherapy and pharmacists,
- Practices working together more collaboratively and effectively across small and large practices,
- General practice will be clear on what is and what is not the offer from general practice to be systematic and consistent in delivery