Proposal for supporting general practices’ resilience and sustainability in Wessex

- Vulnerable Practice Programme -

The Vulnerable Practice Programme is aimed at providing support to GP practices that have been identified at risk according to objective performance, quality, workforce, and patient experience criteria along with local intelligence. Whilst local knowledge may indicate areas of difficulty, the root cause or contributors to those current issues may not always be identified by the practice, recognised or understood. It is therefore proposed that a diagnostic phase should be the first step to enable your Practice to identify what support would best enable you to begin the journey to sustainable service delivery.

1. Part 1 of the offer – the diagnostic phase

Following exploratory discussions with Wessex LMCs and the GP School of Health Education England, Wessex, we have developed a four-strand diagnostic phase.

**Strand 1: Practice sustainability health check.** This phase will use a tool to enable you to ask questions of yourself, reflect and gather information to enable you to consider the sustainability of your current business model, mode of operation and service delivery. The health check tool reflection should involve as a minimum a range of practice staff, clinical, managerial and administrative.

*Where is it?* The Health Check Tool will be provided by NHS England as an attachment to the introductory email.

**ACTION:** You will need to complete this with some guidance from your facilitator.

**Strand 2: Workforce profile.** The Workforce Strategy and Transformation Team of Health Education England (HEE), Wessex, will be able to produce your workforce profile to allow you to reflect on workforce and business risks and support a more thorough and informed completion of the workforce sections of the health check tool. Identifying risks will allow you to consider business continuity and succession planning. The workforce profile should also have a skills / qualifications assessment part to it in order to identify potential and opportunities within the existing workforce.

*How do I access it?* HEE will organise a telephone conversation with you to discuss the workforce data ahead of producing the profile.

**ACTION:** You will need to provide the necessary data (HSCIC six-monthly workforce census should be a useful starting point) and make one or two members of staff available for a telephone discussion with HEE.

**Strand 3: 360 degree feedback.** This will enable staff and stakeholders to provide feedback on aspects of the practice’s culture, values, engagement, service quality
and delivery, etc. which will allow a triangulation with the team reflection, but also provide an opportunity for different perspectives and perceptions to be gathered.  

**How do I access it?** The facilitator allocated to each practice will set you up on the website and will receive a copy of the collated report.  

**ACTION:** You will need to allow all staff to complete the questionnaire between visit No1 and No2.  

**Strand 4: Practice visit.** A visit to a practice who can show a vision of the future, who is already operating at scale or with alternate delivery models, has innovative service delivery or innovative application of technology, or other features which may inspire you and your staff. The visit would be undertaken to recommended practices, probably outside of your immediate local area and funding would be provided to visitors for backfill and to hosts. We would recommend that your visiting team is composed of a cross-section of clinical and administrative staff.  

**How do I access it?** From completion of the initial elements, the facilitator may be in a position to suggest what type of setting would be more valuable to visit, but you may also have ideas about what you would like to see. NHS England will then make the necessary arrangements.  

**ACTION:** You will need to organise a visiting team.  

### 2. The role of the facilitator  

A single or a few facilitators will be allocated to support you through the process. Their role will essentially be of support and guidance. They will be expected to:

- Introduce the programme to you,
- Support you with the completion of the health check tool, facilitating self-reflection and the consideration of alternative options,
- Introduce the aim and objectives of the 360 degree questionnaire, support the practice in identifying all the participants, collate the results and provide feedback to you,
- Provide one-on-one or small group support throughout the process,
- Support you in identifying the main issues through triangulation of data from the health check tool, 360-degree questionnaire feedback and any visit to other providers,
- Support you in designing your action plan to address the issues identified.

The facilitators are not expected to complete the health check tool or devise the action plans. These need to be owned by your practice in order to generate effective and sustainable change.  

### 3. Commitment  

The principle of the vulnerable practice scheme is that practices should be co-investors in their future. There are two conditional requirements to participate in the scheme:  

a) Matched funding commitment – identified vulnerable GP practices will be expected to contribute matched funding on 50:50 basis as a measure of their commitment to improvement, and
b) Movement towards sustainable models of care – funding must not be used to support unsustainable models of care or practices that fail to engage with local CCG plans for primary care (where these are in place).

For this phase of the support programme, we are asking you to provide a contribution in kind, by making your staff available to engage with and complete the work required.

**Practice contribution** - We have estimated that the clinician back-fill and staff time to participate in sustainability health check will be **equivalent to four half-day sessions per participating staff member over a four- to six-week period** plus additional time as needed to gather information. This would possibly break down as follows:

- All practice staff time to undertake the 360 feedback questionnaire: 15 mins each.
- Clinician (back-fill) and staff time to visit another practice: 1 session (i.e. c. 3 hours) plus travel time and costs per attending practice member.
- Staff meetings to discuss outcomes and plans with and without facilitation: 2-3 sessions.

**How do I demonstrate my contribution?** A simple log will be provided by NHS England so that you can indicate how many hours have been spent by each staff member on contributing to the programme.

**ACTION:** Complete the template as you go through the programme and return it to NHS England at the end of the diagnostic phase along with a copy of your action plan.

**NHS England contribution** - NHS England will provide funding for:

- Facilitator time for face-to-face and telephone support to match the practice’s commitment: up to four sessions.
- Costs of 360-feedback questionnaire.
- A hosting fee to the visited practice.

**HEE (Wessex) contribution** - Health Education England (Wessex) will provide support to:

- Establish a workforce profile and risk analysis.
- Identify training capacity and capability (initially GP and nursing focus).
- Provide information and support on workforce sustainability through a “growing your own” approach (e.g. apprenticeships) and possible links with a training hub.
- For further information, please visit: [https://www.hee.nhs.uk/hee-your-area/wessex/our-work/attracting-developing-our-workforce](https://www.hee.nhs.uk/hee-your-area/wessex/our-work/attracting-developing-our-workforce)

4. Output

At the end of the diagnostic phase, with support from your facilitator(s), you will be able to identify the areas where support is particularly required to enable you to develop a sustainable future. The output will be an action plan co-designed by all the
practice staff with support from your facilitator(s) and owned by your practice. This will then shape the support package that you design and co-fund as part of the second phase of the programme, which will be the remedial work.

**How do I record my Practice’s action plan?** A template will be provided by NHS England to record all the areas identified for further work. This will probably be wider than the support you require NHS England to co-fund.

**ACTION:** Complete the action plan with areas identified for further work and type of support needed.

5. **Part 2 of the offer – remedial work**

**Accessing further support**

The action plan needs to identify the type of support required and the resources’ implications to address the issues brought forward by the diagnostic phase. This may be internal work that you can do yourself and that requires time commitment only, for example. This may also be accessing specialist business, HR, leadership support for the practice as a whole or for some individuals within the practice. Support should not be limited to clinical staff and needs to address business and workforce issues as a whole.

Submission of a completed and signed off action plan will be taken as application for further support under the second phase of the Vulnerable Practice Scheme. This offer will be individual to your Practice and will be sourced as and when needed. A framework agreement is being procured nationally that will enable the efficient appointment of providers who can deliver tailored support, including peer support, to meet the needs of local practices by providing access to:

- Diagnostic services if required where areas for improvement need to be identified and understood
- Specialist advice and guidance – e.g. HR, IT, Management, Finance
- Coaching / Supervision / Mentorship as appropriate to identified needs
- Practice management capacity support

This call-off framework should be available from September 2016. The action plan should be reviewed regularly in order to measure progress against objectives and adjust the level of support required as necessary. This will also act as a monitoring report to assure local commissioners and NHS England of the work undertaken.

For the second phase of the work, CCGs are able to provide support to the practice by way of clinical cover or financial contribution, if required.

OFJ – 12.07.2016