

NHS LEEDS NORTH CCG, NHS LEEDS SOUTH AND EAST CCG

UPDATE REPORT FOR SCRUTINY BOARD (ADULT SOCIAL CARE PUBLIC HEALTH AND NHS) ON DEVELOPMENT OF GENERAL PRACTICE SERVICES.

Summary and Purpose of this report

In November 2015, NHS Leeds North CCG (LNCCG), Leeds South and East CCG (LSECCG) and NHS Leeds West CCG (LWCCG) provided a report to Scrutiny Board. The report outlined the three CCGs approach to improving quality and access to General Practice services. The report also described the challenges faced by General Practices in reconfiguring both teams and infrastructure to achieve seven data working across the NHS including primary care.

The purpose of this report is to provide an update to the Adult Health, Public Health and Social Care Scrutiny Board on the current arrangements and the plans for extended access to primary care within LNCCG and LSECCG.

The report describes actions taken within LNCCG and LSECCG to reflect and act on local and national learning from CCGs who have progressed alternative approaches to commissioning extended access to primary care.

1. Background Information

- 1.1 NHS England currently commissions general practice services. Through their national 'core' contract, all general practices are contracted to provide primary medical care to registered patients between 08.00-18.30 hours.
- 1.2 From April 2016, the Leeds CCGs will have delegated responsibility for the commissioning of general practice services. The Leeds CCGs currently have no plans to make any changes to the national 'core' contract with regard to the requirement to provide care to patients between 08.00-18.30 hours.
- 1.3 Over and above their core contract, General Practices can choose to be commissioned by NHS England to provide, through an optional (National) Enhanced Service Agreement, a number of extended hours appointments before 08:00hrs, after 18:30hrs or during the weekend. In Leeds, 86% (93/108) of practices provide extended hours provision, this includes 22 practices in NHS Leeds North CCG, 34 practices in NHS Leeds South and East CCG and 37 practices in NHS Leeds West CCG.
- 1.4 CCGs already have a statutory duty for improving the quality of general practice services. It is through our statutory duty to improve quality that CCGs have a responsibility to work with practices to improve access and patient experience as a recognised marker of quality.
- 1.5 On 4 October 2015, David Cameron announced a development of a voluntary GP contract for groups of practices with a combined population of 30,000 patients. The contract, to be available from April 2017, would allow groups of general practices to work together to deliver better integrated care and work more closely alongside community nurses, hospital specialists, pharmacists and other health and care professionals. The voluntary contract will also enable participating groups of practices to provide 7-day access to general practice services by 2020.

- 1.6 The NHS Five Year Forward View (5YFV) sets out a clear vision for general practice at the heart of ‘New Models of Care’. Reiterating that list based general practice will remain the cornerstone of the NHS, the 5YFV sets out that in future general practices will increasingly work together to serve a population of between 30-50,000.
- 1.7 The 5YFV also describes how, through ‘New Models of Care’ (NMoC), general practices will work in a more integrated way with community, mental health and secondary care services to deliver more joined-up care for registered patients. Nationally, funding has been provided to health and social care systems to test the establishment of NMoC through the ‘Vanguard’ programme. Each Vanguard site is an early adopter of one of several NMoC including Multi-speciality Care Providers (MCPs) and Primary and Acute Care Systems (PACs).
- 1.8 The 2016/17 NHS Planning Guidance requires CCGs to describe, within their operational and five year Sustainability and Transformation Plans how they will deliver key elements of the 5YFV and in particular:
- Develop and implement a local plan to address the **sustainability and quality of General Practice**, including workforce and workload issues.
 - Plan for a sustainable, resilient general practice and wider primary care and improve primary care infrastructure.
 - Implement enhanced access to primary care in evenings and weekends and using technology
 - Develop a “radical upgrade” in prevention, patient activation and self-care, choice and community engagement
 - Adopt new models of out-of-hospital care, e.g Multi-speciality Community Providers (MCPs) or Primary and Acute Care Systems (PACS), incorporating forthcoming best practice from the enhanced health in care home vanguard sites.
 - An ambition that 20% of the population will have enhanced access to primary care in 2016/17 which is extended to 100% of the population have access to weekend/ evening routine GP appointments by 2020. However it must be acknowledged that at present we are waiting further information regarding the associated funding being made available to commission this on a recurrent basis.

2. Patient Experience

- 2.1 The most recent National GP Survey was published in January 2016 covering the periods January-March and July-September 2015. The survey demonstrates results for Leeds that are reasonably consistent with the national results however; there continues to be wide variation across GP practices as demonstrated in Figure 1.

Figure 1	% patients giving a positive response					
	LNCCG	LSECCG	LWCCG	National	Highest Leeds Value	Lowest Leeds Value
Able to get an appointment to see or speak to someone	88%	83%	87%	85%	98%	56%
Ease of getting through to someone at GP surgery on the phone	76%	66%	74%	70%	96%	31%
Convenience of appointment	92%	92%	93%	92%	100%	84%
Satisfaction with opening hours	74%	73%	79%	75%	88%	57%

- 2.2 All three CCGs continue to work with individual General Practices to address the variation in quality and in particular access and experience as key quality markers. A summary of initiatives being progressed across all three CCGs is available to view (Appendix 1).
- 2.3 Under new co-commissioning arrangements, the three CCGs have established a primary medical care services group to support consistency in the development and commissioning of initiatives across general practices and as part of wider NMoC. This committee will also provide opportunity to share and collectively reflect on learning from initiatives approaches being progressed at CCG level both within and beyond Leeds.

3. Key learning and themes from local and national early adopter sites.

- 3.1 In February 2016, updates on some of the progress from the 50 national 'Vanguard sites', (established 12 months earlier) was published. The key learning from these sites has not yet been published however; common challenges across Vanguard sites have been identified as follows:
- Leadership and development
 - Workforce
 - Commissioning and contracting
 - Evaluation
 - Information management and technology
- 3.2 NHS England has published the initial evaluation report of wave one of the Prime Minister's Challenge Fund. Key conclusions drawn from the 20 pilot sites are as follows:
- The pilots have been successful at providing additional GP appointment time as well as more hours for patients to access other clinicians.
 - Low reported utilisation of appointments on Sunday would suggest additional hours are more likely to be well utilised if provided during the week and/or on Saturdays, particularly Saturday mornings.
 - Where pilots did choose to make appointments available over the weekend, evidence suggests these might be reserved for urgent care rather than pre-bookable slots.
 - Telephone based consultation models proved most popular and successful. Other contact modes such as video or e-consultations have yet to prove significant benefits.
 - Across the 20 pilot sites there has been a 15% reduction in minor self-presenting A&E attendances compared to a 7% reduction nationally. There is no discernible change in emergency admissions or out of hours services.
- 3.3 In January 2016, LWCCG produced an updated evaluation of their 18-month Primary Care Enhanced Access pilot scheme. This was an update to an interim evaluation produced in summer 2015, which the members of the Adult Health, Public Health and Social Care Scrutiny Board were able to view as an appendix to report produced by the Leeds CCGs in November 2015. LWCCG shared and discussed the updated evaluation at the February 2016 Adult Health, Public Health and Social Care Scrutiny Board meeting.
- 3.4 The key learning from this multi million pound pilot that can be derived from the interim and updated evaluation of the LWCCG Enhanced Access Pilot can be summarised as follows:

- **Collaboration** – The pilot has catalysed strong levels of collaboration between groups of practices, which in turn, provides a strong platform for groups of general practices to work together and with other providers to develop other models of care.
- **Additional attendances in general practice** as a result of commissioning extended opening.
- **Very slight decrease in A&E, Minor Injuries attendances, and emergency admissions** but no evidence that there will be any reduced spend in the wider health system because of the pilot.
- **Patient experience** - wide support for the scheme, positive impact for patients and the choice for patients.
- **Staff experience** – concerns expressed from all staff groups around existing resource being spread too thinly and in some cases the impact of this. Some evidence that peak times within the “core hours”, such as Monday AM are more positively managed.

4. Primary Care Developments – Current Arrangements and Future Plans

- 4.1 Both CCGs continue to work with their member practices, commissioners and other providers of health and social care through co-production and co-design to improve the health and wellbeing of their local populations. However, each CCG will take a slightly different approach to support and deliver this based on patient and public needs, General Practice workforce and workload issues whilst considering the wider infrastructure such as estates and information technology. The CCGs have outlined common initiatives affecting General Practice in Appendix 1, these are considered as initiatives focussed within General Practice (e.g. online access), and those providing services wrapped around General Practice and its registered population such as Social Prescribing approaches.
- 4.2 In 2016, all CCGs will develop plans to submit to NHS England to apply for non-recurrent funding within the national Primary Care Transformation fund. The purpose of the fund is to provide non-recurrent monies to facilitate developments in estate and technology that deliver:
- increased capacity for primary care services out of hospital;
 - commitment to a wider range of services as set out in CCGs commissioning intentions to reduce unplanned admissions to hospital;
 - improving seven day access to effective care;
 - increased training capacity
- 4.3 Whilst there are recognised differences in the individual CCG approaches to addressing national drivers, the Primary care teams within each CCG have established excellent working relationships that support effective sharing and learning from individual CCG initiatives, as well as learning from national initiatives and projects. The establishment of the Leeds Primary Care Medical Service Collaborative Commissioning Delivery Group to support delegated Co-commissioning responsibilities of primary care will only strengthen these relationships and partnership working.
- 4.4 The section below provides an overview of some of the specific initiatives and developments occurring within LNCCG and LSECCG.

4.5 NHS Leeds North Clinical Commissioning Group (LNCCG)

- I. NHS Leeds North Clinical Commissioning Group continues to work in partnership with its 28 member practices to support and commission initiatives to improve the health and wellbeing outcomes of our population. In addition to the quality improvement initiatives (described at Appendix 1) each CCG is progressing across the city, LNCCG is supporting and facilitating groups of practices to respond to the NHS 5YFV and our local 'Commissioning Futures' strategic direction of travel.
- II. As a membership organisation, we are acutely aware of the workforce and workload challenges within general practice and the risk this poses to the delivery of high quality and sustainable general practice. Our approach as a CCG is to support General Practices and partner organisations to develop solutions, which maximise the existing resources available and respond to the specific needs of local populations groups. Examples of initiatives being developed and commissioned across LNCCG include:
 - The design and commissioning of additional nursing workforce between General Practices and the Neighbourhood Team in Otley to better meet the needs of the complex housebound population.
 - General Practices within Chapeltown working together to pool resources to establish a shared diabetes nurse to improve the care of the diabetic population within this locality and to integrate with specialist diabetes services.
 - The pooling of resources across practices with the most deprived populations to establish screening and immunisation champions to engage with patients and increase uptake within the most vulnerable patient groups.
 - Workforce development initiatives between practice nurses and community nurses to strengthen relationships and increase resilience across locality nursing.

Commissioning additional GP capacity at times of system pressure

- III. High-levels of system pressure across Acute, Community and Primary Care in April 2015 resulted in Leeds North working with 111 and the Out of Hours (OOHs) provider (Local Care Direct) to commission member practices to provide additional GP capacity over the four day Easter 2015 period.
- IV. Four Leeds North practices provided appointments, which were booked by the GP OOHs provider. Appointments were utilised by any Leeds (or non-Leeds) patients triaged by 111 as needing an urgent primary care appointment in Leeds. The initiative therefore had a significant whole-system impact, alleviating pressure on the citywide GP OOHs service over Easter weekend and improving access to primary care services for patients across the city during this period.
- V. Following the success of this initiative, the scheme was commissioned at Christmas 2015, February 2016 and is planned for Easter 2016. The scheme was also incorporated into working arrangements in early February 2015 to provide enhanced primary care access across Leeds when LTHT and the OOHs provider, Local Care Direct were under significant pressure.

Future Plans

- I. Over the last twelve months, LNCCG has engaged with member practices and patient groups to inform our approach to the planning and commissioning of enhanced access to general practice services.
- II. In September 2015, we talked to our Patient Assurance Group (PAG) about enhanced access to general practice and extended hours. Patients talked about the lack of GPs to provide extended hours, and questioned how we could provide extended hours when General Practices are already 'stretched'. The feedback from the group was that the key focus should be on improvements to in hours where this is still needed.
- III. Following discussion with our PAG, questionnaires were sent to each General Practice Reference Group (PRGs) to support further discussion and feedback regarding primary care in-hours, Out of Hours and extended hours. Based on the feedback received from discussions at seven PRGs, there was no overwhelming voice asking for late opening and weekend. Feedback reflected that Sunday opening was not considered a good idea though opening earlier morning access was more of a priority. If patients have an 'urgent' need they are usually happy to see any GP and patients were concerned that trying to spread existing resources between 8am-8pm will result in care being too thinly stretched.
- IV. In June 2015 and January 2016 LNCCG held a workshop as part of its Council of Members meeting, to review and plan our approach to enhanced access to primary care and extended hours. At the January meeting, members discussed and reviewed a breadth of information including the evaluation of our own enhanced access scheme, learning from both national challenge fund initiatives as well as the learning from the LWCCG extended hours pilot, feedback from patient groups as well as local data analysis.
- V. Feedback from member practices was to continue to progress the existing scheme of proactively commissioning additional primary care capacity for all patients registered within LNCCG at times of known system demand (Christmas, Easter etc) as well as at times of unforeseen system pressure. The approach was seen to maximise the existing resource across the city (within General Practice services and Local Care Direct) and not place additional pressure on General Practice to spread existing resources 'too thinly'.
- VI. Based on the views of patients and General Practices, this approach will therefore continue to be progressed and improved by LNCCG, working in partnership with member practices and Local Care Direct, through 2016/17.
- VII. In addition to LNCCG's approach to commissioning enhanced access to primary care at times of system demand, the CCG is commissioning and supporting the embedding of different technologies to further support enhanced access to general practice services.

Examples include:

- Commissioning of 'Practice Pods' for all practices to enable patients to have key tests undertaken in advance of seeing a clinician. This will improve patient choice and free-up appointment capacity within general practices.
- Commissioning of Wi-Fi for all LNCCG practices to provide enhanced access to general practice services between different services (e.g. between care homes and General practices) and for patients (via skype-like consultations).

- Working with practices to increase the range of services and information that patients can access from their practices through on-line access
- VIII. To address and reduce inequalities in access in access to General Practice services, LNCCG is commissioning initiatives around the needs of specific population groups. Examples include:
- The commissioning of a Care Homes Scheme to improve the quality of primary care for people residing in care home access.
 - Working in partnership with Public Health member practices to provide support, advocacy and signposting support to Eastern European communities in relation to the appropriate use of primary and urgent care services

4.6 NHS Leeds South and East CCG current working:

- I. The CCG has commissioned a winter resilience scheme in both 2014/15 and 2015/16. This scheme focused on supporting collaborative working between practices and increasing capacity and access during November 2015 and March 2016, targeting scarce resources to peak demand.

The uptake for this scheme has increased from 2014/15 levels, demonstrating progression by practices to consider and be involved in ways of working to support improving access and joint working with other practices. Thirty-three practices (78.5%) are participating in the scheme, providing extended access to approximately 91% of the population. Practices are working collaboratively with other practices across eleven hubs to deliver an additional 738 appointments per week, including GP and Practice Nurse availability. Again, the scheme was supported by an extensive communication campaign including personalised letters to those households registered with the participating practices and bus stop advertising close to participating practices.

An evaluation of the scheme in relation to impact on urgent care services will be completed and considered against 2014/15 data.

- II. The Level 3, Quality Improvement Scheme launched in September 2015 has seen four bids submitted by 4 General Practice collaborative hubs, involving 36 practices (86%) in LSECCG. Each collaborative group had to consider Collaboration, Access, Long Term Condition Management and Innovation for Local Populations as key enablers of the scheme. The CCG evaluation panel met in January 2016 and reviewed the bids; each bid met the criteria.

The Practices have perceived access in two ways:

- a) Increase of Provision beyond Core Hours: Three collaborative hubs are exploring and looking at the ability to create working hubs to provide their populations with a number of acute/planned appointments over six/seven days. The collaborative hubs are citing the planned appointments as additional times/capacity for populations to attend for screening, immunisations and long-term condition management alongside acute needs.
- b) Innovation in Practice: All the collaborative hubs are considering schemes that will strengthen the sustainability and capacity of primary care through differing use of workforce including:

- a. Patient liaison officers – following up at risk groups who do not attend appointments, signposting to appropriate services when primary care is not appropriate
- b. Visiting for housebound patients by a multi-disciplinary team
- c. Use of Physiotherapy triage in primary care

The CCG panel will monitor all Schemes quarterly and evaluate to understand outcomes and share any learning.

Other initiatives within Leeds South and East to support improving access:

- III. Developments within Primary Care:
The formation of the Leeds South and East Group Federation in 2015 has seen its membership grow to 29 practices, with two other practices currently considering membership. The Federation led a bid for the National pilot: Clinical Pharmacist within Primary Care, which is a three-year pilot with an expectation that Practices will continue delivering the service model after the end of the pilot. The bid was successful and this initiative will see the implementation of Clinical Pharmacists working in Beeston and Seacroft practices and will contribute to improving access in primary care through the freeing up of GP capacity.

- IV. Use of technologies to increase capacity within Primary Care:
The CCG commissioned a patient messaging system (MJog) for 40 practices from June 2015, which sends messages linked to appointments, reminders, and targeted health messages such as book your flu vaccination. This system also enables patients to cancel their appointment through the messaging system whilst also removing the appointment from the GP clinical system. The impact of this service relating to appointments and non-attendances is as follows:
 - The total number of appointments cancelled using MJog during the first 3 months in LSE practices totals 2783. The number of patients cancelling appointments in this way has a positive impact and releases primary care appointments (2783 between Sept-Nov 2015) to benefit other patients during core hours and reduces the number of non-attendances within practices.

MJog allows the CCG and member practices to engage further with their patients e.g. through bespoke patient surveys, targeted to specific cohorts of patients in understanding their experience of primary care services. A survey relating to MJog is being used to share a survey with patients in south and east Leeds in order to demonstrate the quality of 2015/16 Primary Care Quality Improvement Scheme (QIS) from a patient perspective and the results of this survey will be available in April 2016.

- V. Wi-fi and mobile technology:
The CCG made available a Primary Care Transformation fund to practices within collaborations in 2015/16. The aim of the fund is to support the development and transformation of Primary Care. The CCG received 2 bids from groups of practices, one of which was the Federation covering 29 practices, and a smaller bid. This fund will support the introduction of Wi-fi and mobile technology across 41 practices, this wide scale implementation will support efficiencies within Primary Care, improve patient safety related to delay record keeping and prescribing, promote continuity of care and increase communication with other providers regarding patients. Practices will also be able to direct patients and the public to trusted resources for education and information about their health conditions or concerns which in turn will increase self-management and potential reduce reliance on traditional health services.

- VI. Improving access for specific populations: Practices with 10 or more residents residing in a non-nursing home have been offered a scheme to support the delivery of high quality care through a weekly ward round, post hospital discharge assessment and annual review approach since 2013. In October 2014, this was expanded to include people living in nursing homes. This scheme is a proactive approach to support the needs of a defined cohort of the population which increases access to primary care. The scheme is delivered by 17 practices, across 26 non-nursing homes and 10 nursing homes and provides a service to 735 patients of the care home population.
- VII. Additional capacity during periods of system demand: Building on success of the Local Care Direct scheme led by LNCCG in April 2015, in which practices offered primary care premises and capacity to support the Out of Hours provision over 4 day bank holiday periods. Leeds South and East CCG joined with LNCCG to build on this scheme, which was rolled out at Christmas 2015, February 2016 and is planned for Easter 2016. Practitioners from LSECCG have delivered sessions within the citywide hubs for December and January and at Easter; a hub will be available in LSECCG, supported by LSE clinicians. This provision is over and above the CCG commissioned service.

Future Plans:

- I. Level 3 Quality Improvement Scheme:
Throughout 2016/17, the four collaborative hubs will deliver their schemes. A CCG panel will review and evaluate the schemes in partnership with the collaborative leads on a quarterly basis. Any learning from the collaborative hubs and panel review meetings could lead to some schemes developing further and faster based on positive impact and outcomes, whilst others may discontinue.
- II. Clinical Pharmacist Role:
Following the successful bid by the Federation for the National Clinical Pharmacist pilot, the CCG has made available comparative funding similar to that in the national pilot. This funding is available from April 2016 and will ensure that all Practices who wish to participate and utilise a Clinical Pharmacist role within their Practice and free up GP capacity will be able to do so. The CCG and Federation will develop an evaluation similar to that of the national pilot for consistency.
- III. Primary Care Strategy:
Whilst the CCG recognises the national direction of travel outlined in the 5 Year Forward View and New Models of Care, it is important that a local CCG strategy is created. During the first part of 2016, the CCG will build on previous Primary Care Strategy work to co-produce a Primary Care Strategy. The first part of this journey will be held with Member Practices in March, followed by stakeholder engagement and public consultation. The strategy will enable the CCG to support the transformation of primary care on a local footprint responding to local population needs. It is anticipated this work will encompass issues such as access, workforce, partnership working, population based health care and outcomes.
- IV. New Models of Care:
During 2016 the CCG will commission two proposed early implementers New Models of Care sites within the Beeston and Crossgates area. This multi-disciplinary service will be for a small cohort of patients with frailty and or four or more long-term conditions. The aim is to deliver proactive care management through a multidisciplinary model, which consider

alternative work force models to the traditional approach and may influence access to other health and social care services.

5. Governance:

Consultation and Engagement

- 5.1 This paper aims to provide an update on primary care developments across LNCCG and LSECCG, including the development of enhanced and extended access to General Practice Services and the current plans for development. Each individual organisation has undertaken its own specific consultation and engagement process in the development of the individual schemes identified.

Equality and Diversity / Cohesion and Integration

- 5.2 Primary Care Teams within each CCG have established excellent working relationships that support effective sharing and learning from individual CCG initiatives as well as learning from national initiatives and projects. There is currently no national mandated specification for 7-day GP services. The development and implementation of improved access to General Practice Services is being progressed at CCG level within the context of feedback from patients and practices and within the context of CCG's wider primary care and MoC strategies.
- 5.3 Each CCG will be responsible for undertaking an equality impact assessment for the individual schemes commissioned locally. The establishment of the Leeds Primary Care Medical Service Collaborative Commissioning Delivery Group to support delegated Co-commissioning responsibilities of primary care will only strengthen these relationships and partnership working.

Resources and value for money

- 5.4 As detailed, each CCG is working within their member organisations and collectively across the system to ensure that the development of enhanced access to General Practice services contributes to a sustainable health and social care system in Leeds and maximises the use of the Leeds £. To achieve this, it is essential that the development of enhanced access to General Practice services: forms part of CCGs' wider strategy for the development of NMoC, works within the context of existing workforce challenges and is underpinned by sustainable funding and reflects value for money across the whole system. This will be achieved by ensuring that the CCGs and partners continue to work together to review and evaluate learning from local and national initiatives in the refining and development of local plans and developments.

6. Conclusions

- 6.1 The policy for delivering 7 day working and enhanced access to General Practice services is still evolving with a number of national and local pilots underway. Learning arising from the pilot within LWCCG alongside learning from Challenge Fund and Vanguard sites will continue to be shared and reviewed locally to inform future plans.
- 6.2 There are varying views from patients and clinicians with regard to the policy development and ability to deliver extended access to general practice services within the context of limited workforce and infrastructure; there are significant resource implications to consider within a constrained financial envelope.

- 6.3 Primary care is not a “one size fits all” and therefore ensuring local services are aligned to local populations is an important approach in developing our approaches to primary care delivery. Quality improvement approaches being progressed within LNCCG and LSECCG have been designed through engagement with patients and General Practices. These reflect the wider strategic approach to the development of Primary Care and NMoC within CCGs
- 6.4 Overall, there is a willingness to test out new models of delivery to support the overall system resilience whilst continuing to learn from the existing schemes in operation.
- 6.5 CCGs will continue to work together to share learning and support overall system transformation and collaborations of practices to test out new models of care.

Appendix 1

A summary of initiatives being progressed across all three CCGs

Initiative	LNCCG	LSECCG	LWCCG
Increase usage of online services to support self-management and access to appointments	✓	✓	✓
Development of pharmacy first services to support self-management and improved access to services	✓	✓	✓
Roll out of 'house of care' approach to long term conditions to support patients being involved in their care, led by Public Health	✓	✓	✓
Workforce development initiatives to support recruitment and retention in primary care including testing out new workforce models <ul style="list-style-type: none"> • Clinical Pharmacists in practice, • Health Care Assistant apprenticeships, • Physician associates • Nurse leadership initiatives 	✓	✓	✓
Ensure all practice complete the Health Education England workforce tool to understand the risks relating to workforce and prioritise initiatives to those areas of greatest need	✓	✓	✓
Development of social prescribing models to support people to access non-medical sources of support and activities in the community reducing the need to access primary and urgent care services and therefore creating more capacity and improved access to these services	✓	✓	✓
Development of medicines optimisation initiatives to improve the quality and efficiency of prescribing	✓	✓	✓
Reviewing Friends and Family test data to understand real time patient experience	✓	✓	✓
Supporting practices to tackle people who Do Not Attend (DNAs) through various initiatives such the use of technology to support patients to receive reminders for appointments and complete surveys etc.	✓	✓	✓

Initiative	LNCCG	LSECCG	LWCCG
Identifying scope for productivity and efficiencies through Quality Improvement Programmes such as General Practice Improvement Programme (GPIP) or Productive General Practice (PGP). A module of these programmes support capacity and demand modelling to support improving internal systems for appointments	✓	✓	✓
CCG quality improvement schemes in place to support improvements through the identification of key actions that will help to address local priorities	✓	✓	✓
Utilise the Primary Care Webtool to understand variation across general practice by highlighting where practices are a statistical outlier against local and national benchmarks.	✓	✓	✓