



The United Front for General Practice in Buckinghamshire  
An alliance of BSO LMC, Bucks Primary Care Networks and Practices

# END OF YEAR REPORT

## 2023/2024

Prepared by Bobby Pozzoni-Child

# Foreword


*GP Leadership Groups* were an answer to a question and a strategy in the face of risk. General Practice is made up of hundreds of autonomous units - practices, PCNs and Federations. System partners need to be able to work with General Practice in all its components, but how do they do this in a way that is practical, coordinated, and with the assurance of a mandate? A commissioning concept that moved away from GP-led – and towards partnership-led – commissioning risked the system losing GP provider expertise at development level; an uncoordinated multiplicity of small providers risked failure in accomplishing collective purpose and stagnation in the delivery of integrated healthcare.

From this question, and these risks, GP Leadership Groups were formed. Practices (represented by LMC delegates), PCNs (by Clinical Director delegates), and Federations (through their executives) have come together with other GPs of significant experience in each place in BOB, to form three alliances of providers and experts. Collectively, they act as system partners for General Practice in the ICS. So successful has been their development that their model has been recognised as a national exemplar of effective system working in an ICS.

The enclosed report reveals the fruits of your leadership group's labours in their first year. Enclosed are examples of excellent working relationships with system partners; an expert knowledge in General Practice provision applied to solutions needing a joined-up approach, and a relentless focus on practice sustainability for the needs of our patients and staff.

As with any organism with energy, purpose and productivity, GP Leadership Groups continue to evolve as they set their eyes on the future: They now more accurately identify as '**GP Provider Alliances**', recognising the maintained independence of their constituent parts underneath the umbrella of a cohesive voice. A strong LMC secretariat facilitation supports governance, including separating LMC representatives from executive decision-making so that the impartiality of the LMC can be protected for all practices. And collectively we are look to what these alliances can take on for practices as discretionary commissioning functions are increasingly delegated to providers.

There is no doubt in my mind, and that of other system leaders I speak to, that a well-functioning integrated care system needs an effective and strong General Practice leadership. Our GP Provider Alliances are the manifestation of that aim.



Berkshire, Buckinghamshire  
& Oxfordshire LMCs

Dr Richard Wood CEO – Berkshire, Buckinghamshire & Oxfordshire LMC



# What is the GPPA

The General Practice Provider Alliance (GPPA) provides **the United Front for General Practice in Buckinghamshire** by directly working at System and Place with the ICB and local providers. It supports Buckinghamshire General Practice resilience through the principle of the maintenance of choice and autonomy of its' constituent members whilst being able to provide a consensus opinion to System and External Partners regarding opportunities to improve and develop services for Buckinghamshire residents.

## **The purposes and remits of the GPPA are to:**

1. Collaborate on issues that affect general practice
2. Gain consensus wherever possible to represent a united front
3. Operate as the 'system partner' for the benefit of General Practice in the BOB ICS
4. Work with other ICB system partners to agree on ICS priorities for General Practice in the BOB ICS
5. Be recognised as subject matter experts in General Practice service delivery and how those ICS priorities should be delivered within General Practice



**GPPA Director Dr George Gavriel presenting the Buckinghamshire GPPA model at the March BOB ICB Primary Care Strategy Development event.**



The Memorandum of Understanding between the GPPA and the ICB sets out the following requirements;



Getting to integrated primary care is all about local relationships, leadership, support and system-led investment in transformation.”

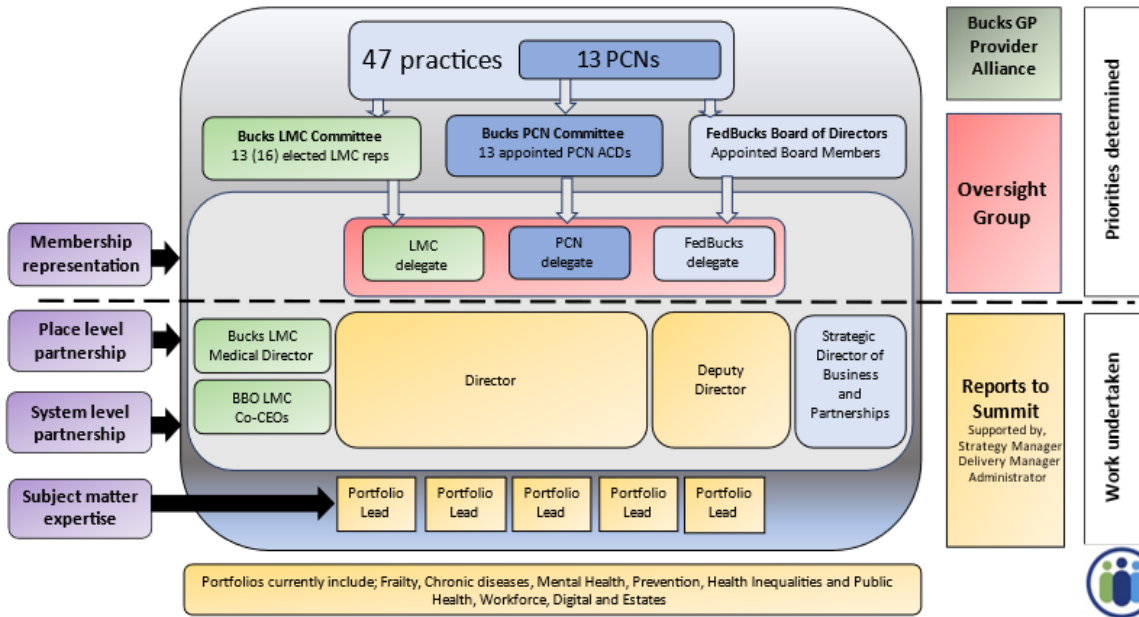
**Dr Claire Fuller, Fuller Stocktake Report**



# GPPA Organisational Structure



## Buckinghamshire GP Provider Alliance Full Structure



GPPA Delegates and Summit attendees remain representatives of their own stakeholder groups from which they were appointed, not representative of all General Practice providers as a whole.

The GPPA does not have executive control over their constituent GP stakeholders and do not replace or override the existing functions and powers of the different stakeholder groups within General Practice.

**Dr. James Murphy**  
GP partner in Buckinghamshire  
Out of hours services in Gloucs and Oxon  
GP representative on the Buckinghamshire BMA Executive  
Buckinghamshire LMC representative

Practices

**Dr Stephen Burr BSc MBBS**  
GP Partner - Little Chalfont Surgery  
PCN Accountable Clinical Director - Chesham & Little Chalfont Primary Care Network (CLC PCN)

Primary Care Networks

**Dr. Penny MacDonald**  
Managing Partner - Marlow Medical Group  
Chair - FedBucks  
Clinical Director - Arc Network

Federation

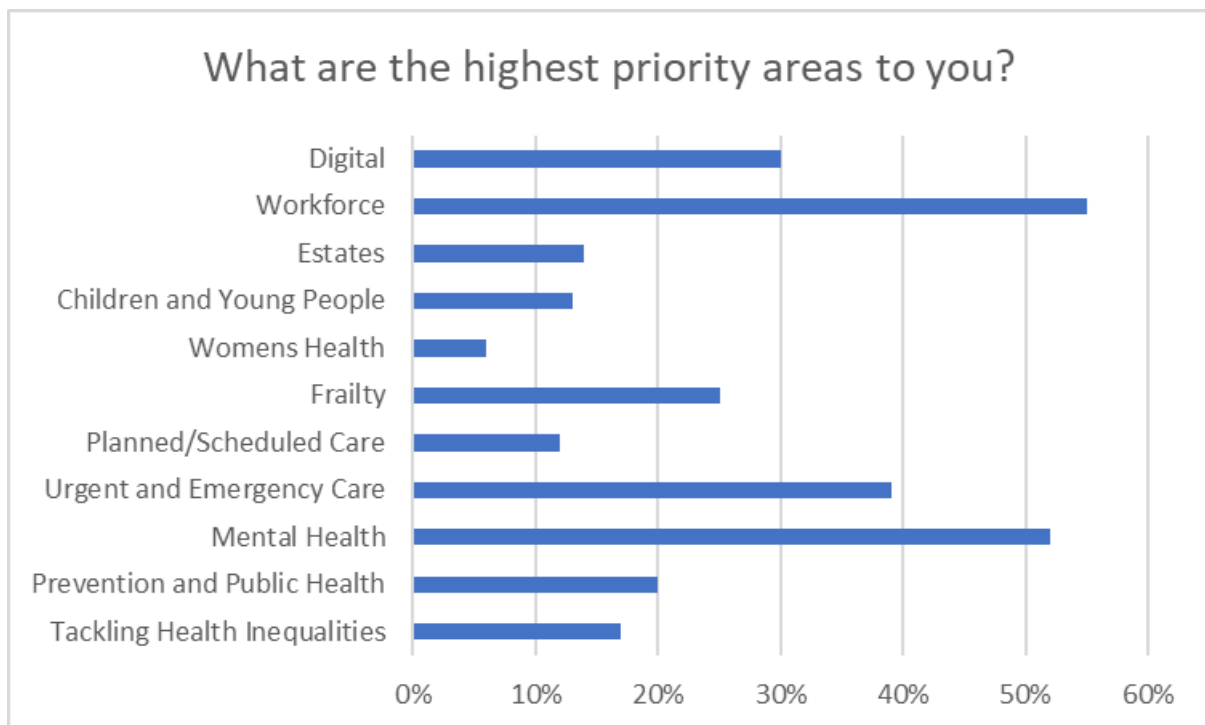
### GPPA Delegates in 23/24



# General Practice Engagement

In order to assist Primary Care Networks (PCNs) and Practices it has been essential to understand and gather information, opinions, and determining desired directions regarding various issues. Some examples across the past year include funding of ARRS Mental Health Practitioners (MHPs), Impact and Investment Fund (IIF) challenges for 2022/2023, concerns surrounding non-core work without resource including ECGs and Denosumab injections, as well as advocating for and supporting a resolution for Discharge Hubs. The development of our organisational structure and the implementation of the Portfolio Leads model have been guided directly by input from General Practice. Through consultation on priorities during assemblies, we have adjusted our actions to align with these priorities. Additionally, we have ensured alignment with the priorities of the Buckinghamshire Executive Partnership to support our local area within the Buckinghamshire, Oxfordshire, and Berkshire (BOB) region.

In our February 2023 Virtual Assembly, we asked Practices and PCNs what their priority areas were. Using this insight we have identified portfolios to recruit to, giving appropriate focus and subject matter expertise.



The GPPA have organised three comprehensive assemblies in the last 14 months to facilitate consultations with General Practice providers, along with Protected Learning Time (PLT) sessions run virtually as part of an alternating program for Place-based PLT sessions. We're actively assisting Practices in arranging Practice-based PLT sessions by coordinating dates and communications with the ICB and FedBucks. At our latest assembly, we saw an impressive turnout, with over 120 attendees, including Clinical Directors and Managers representing every Primary Care Network (PCN), along with more than 350 participants attending virtual sessions held on the same afternoon. 100% of General Practice Providers felt the GPPA had focused on the right priorities when asked at our Face-to-Face Assembly in February 2024.



All 13 PCN Clinical Directors and managers meeting in February 2024

the practice time resilience terms  
wasted urgent  
Funding capacity care Stop  
coordinate staff primary voice use  
unnecessary

August 2023 Virtual Assembly – General Practice responses when asked, “What could the GPPA support you with”



## Priorities in 24/25

### Engagement

Engagement mapping – to understand which Practices engage with GPA and ensure we approach those who do not, proactively, to gain breadth of understanding across Buckinghamshire

#### Convening General Practice Leaders

- Summit
- ACD meetings
- Assemblies
- Managers forums

#### June PLT session and future assemblies

- Primary Care Strategy and the future
- Identify opportunities e.g. CAS and Enhanced Access
- SPLW at Place – a wider offer to provide consistency

Supporting other Providers in best communication with General Practice





# GPPA Recruitment

The recruitment timeline for the GPPA highlights a series of strategic hires aimed at strengthening effectiveness in our identified portfolios as directed by our General Practice Providers. Commencing with the temporary appointment of Dr George Gavriel in the Director role and followed by the recruitment of Bobby Pozzoni-Child as Strategy Manager in November 2022. Dr Martin Thornton took on the Deputy Director role, as well as Portfolio Lead for Urgent and Emergency Care in August 2023. Claire Osborne joined the GPPA as our Team Administrator in January 2023, further demonstrating the commitment to building a robust team to drive the alliance forward.

Dr Gavriel is a PCN Clinical Director, Managing Partner and Trainer at the Swan Practice and Network in Buckingham. Since qualifying as a GP he has held numerous positions with HEE and the RCGP as well as being Clinical Director of the Medicas Federation in North Bucks. He now also acts as the Primary Medical Services Partner Board Member for the BOB ICB, which is complimentary to his role within the GPPA. Dr Gavriel was made the permanent Director of the GPPA after successfully applying in July 2023.



Dr Thornton is a Practicing GP in Buckinghamshire, having previously been GP Partner at Unity Health for 14 years and held leadership positions across Buckinghamshire including having been a PCN Clinical Director, and Medical Director and then Interim Managing Director of FedBucks. In 23/24 he held a dual role with the GPPA, as both the Deputy Director and UEC portfolio Lead.



Bobby joins the GPPA with an extensive background in both operational and strategic roles in GP Federations and Primary Care Networks, as well as leadership roles in the private sector. Her key function is to sit across all the workstreams and portfolios within the GPPA, convening the GPPA team and ensuring all work is aligned to broad Buckinghamshire General Practice perspectives. In Buckinghamshire she worked as a PCN Network Manager before taking on the post with the GPPA.

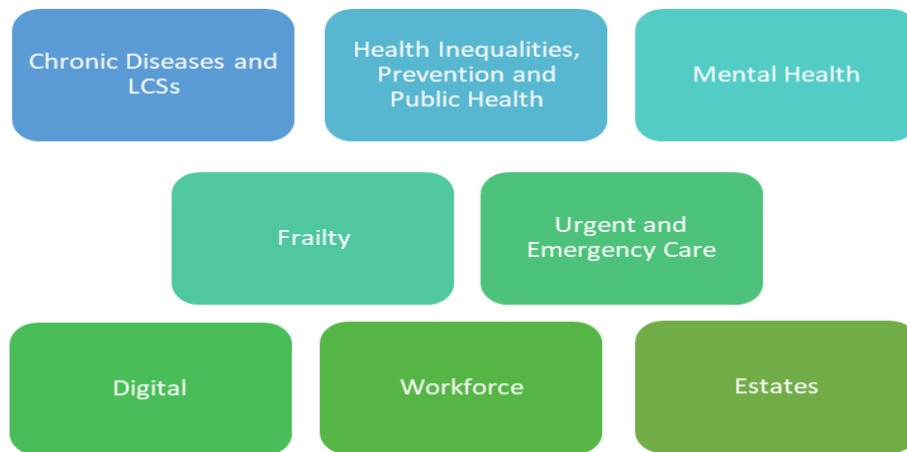


Claire has joined the GPPA from the private sector, with excellent administrative and communication skills. She also works within one of the largest Practices in Buckinghamshire as Personal Assistant to the management Team. Some of Claire's notable achievements within the GPPA are her coordination of Assemblies and Protected Learning Time sessions, as well as managing the day-to-day administrative activities.



Despite successful appointments in key roles, challenges arose in filling the Engagement Officer position, prompting a reassessment of workload priorities. Consequently, the focus shifted towards recruiting a Delivery Manager to bolster operational support for the Strategy Manager, better leveraging the strength of our GP Federation, FedBucks and working across all GP Providers. We are fortunate to have recruited into this role in April 2024, bringing Rob Weir onboard, with a strong Practice Management background and solid operational experience within General Practice.





## GPPA Portfolios in 23/24

Key portfolio leads were appointed to spearhead critical areas of focus within the organization. **There is also distinct contrast between the Portfolio Leads and GPs within the GPPA, who advocate for the General Practice within the system, and the ICB system clinical leads (who may also be GPs) tasked with representing all providers in the system.** Dr Vinesh Mistry assumed the Frailty Portfolio Lead role in January 2023, successfully addressing issues surrounding Discharge to Assess Hubs. This was identified early on as a top priority and this appointment enabled swift development of the Discharge Hubs. The Digital Portfolio underwent a transition, initially led by Dr Toby Gillman and later by Ben Meredith, appointed in November 2023. Ben brings a wealth of Digital experience from his operational roles in Practices and PCNs across Buckinghamshire.

Notable appointments include Dr Toby Gillman's transition to the Prevention, Health Inequalities, and Public Health Portfolio in October 2023. Dr Gillman is an experienced GP leader, with a special interest in Prevention. Janine Beattie was recruited as the Workforce Portfolio Lead in November 2023. In her PCN role Janine has led on workforce initiatives at place, such as Social Prescribing Link Worker induction packs for Buckinghamshire. Additionally, Jessica Newman joined as the Estates Portfolio Lead, leveraging her extensive experience in management roles both within providers but also at the former CCG and NHSE. Similarly, the Chronic Disease Portfolio welcomed Dr Dulepa Koralage in August 2023, while Dr Amanda Bartlett assumed leadership of the Mental Health Portfolio in September 2023. Dr Bartlett has also worked closely with our colleagues at Oxford Health, who are the Mental health provider in Buckinghamshire. Through identifying with Practices their portfolio priorities, the GPPA recruitment efforts has fortified the structure, positioning itself for continued success in advancing primary care initiatives and addressing key healthcare challenges.



# Executive Summary

The GPPA has been a pivotal force in both Place and System level meetings, leveraging the united voice of General Practice to achieve significant milestones across various domains. Through strategic collaboration and advocacy, the GPPA has secured notable advancements in working with our system partners across digital transformation, mental health services, urgent care provisions, frailty management, local authority engagement, interface coordination with various healthcare entities, managing unfunded work and Locally Commissioned Services (LCS) prioritisation, the ICBs Primary Care Strategy, and initiatives to address health inequalities.

*“General Practice is complicated and communicating directly with GPs to get a consensus view has historically been challenging. The GPPA has simplified communication channels to enhance the GP contribution to collaborative work. Bucks GPPA are now a core member of the Bucks Exec Partnership and have become an essential system partner in the design and delivery of local priorities.*

*As well as their contribution to the BEP, the GPPA has allowed BHT to begin collaborative work with General Practice providers to develop new Community Services for our patients as we look to define and implement Integrated Neighbourhood Teams in Bucks.”*

**Neil Macdonald**

Chief Executive



Engagement with Local Authorities has been fostered through regular informal meetings, enhancing partnership dynamics and aligning priorities with Portfolio leads. Furthermore, strategic involvement with our Acute and Community provider, Buckinghamshire Healthcare Trust (BHT) has facilitated further development of the established Interface. The GPPA has also **supported the HASC Scrutiny committee by providing a General Practice provider perspective** in an uncomplicated way. We have contributed to the ‘Development of Primary Care Networks Inquiry’ and the ‘Planning for Future Primary Healthcare in



Buckinghamshire Rapid Review' across the last 12 months. Both of which are available to view on Buckinghamshire Council's website.

*“As a Health & Adult Social Care Select Committee, part of our role is to hold health partners to account and to challenge service change and improvements on behalf of residents. Due to its complexity, General Practice has, in the past, been difficult to navigate but the creation of the Bucks General Practice Provider Alliance now provides the essential united voice and gateway for stakeholders to engage on a much wider scale with local GPs. We welcomed representatives from GPPA to be part of our evidence gathering for two recent in-depth pieces of work – Primary Care Network Development in Buckinghamshire and Future Planning for Primary Healthcare. As a scrutiny committee, we value GPPA’s commitment to come before the committee to represent the key views of local GPs.”*

**Cllr Jane MacBean**

Chair of Buckinghamshire’s Health & Adult Social Care Select Committee

The GPPA has also had an eye to the future, looking at how General Practice can engage with the NHS Net Zero ambitions, **coordinating bids for sustainability support**. Had this been successful, it would have supported Practices with initiatives to further develop their ‘Well Led’ areas for CQC. We have also worked with the ICB to target onboarding of a Sustainability fellow, to further support the Net Zero ambitions in General Practice.

As the ICB have now taken on responsibility for Pharmacy, Optometry and Dentistry commissioning, which sits within the Primary Care Team, the GPPA have worked to engage with our colleagues in local leadership positions across these 3 pillars of Primary Care. The intention is to better understand, collaborate and support each part of Primary Care through **better integration and closer working**. This group of Primary Care leaders meet ahead of the ICB Board, with Dr Gavriel taking comments and insights in his role as the ICB Board Member for Primary Medical Services.

In summary, the GPPA’s strategic engagements and collaborative efforts have not only influenced strategic decisions but also driven tangible improvements across various areas of General Practice delivery, ultimately enhancing patient outcomes and the resilience of primary care systems.



*“With the increased pressure for our colleagues in Primary Care it is essential that the leaders across General Practice, Pharmacy, Optometry and Dentistry collaborate to work through our challenges and ensure that we are aligned in delivering the BOB Primary Care Strategy. Having the GP Leadership groups in BOB has enabled this in a way that has not previously happened.”*

David Dean Chief

Executive Officer



## Portfolio Summaries

### Interface

Portfolio Lead: Dr George Gavriel

The Buckinghamshire Interface was established during the Covid-19 pandemic to facilitate the closer working of primary, community and acute care. The GPPA was invited to join the Interface group in November 2022, and Dr George Gavriel has chaired the group for the past 12 months.

The Interface continues to work through the issues of the day in a systematic manner, but this year it held its first Away Half-Day and set three proactive priorities for 2024/25.

1. Call/recall system for hospital and community settings.
2. Proactive prevention for people at risks of falls.
3. Improving quality and safety through shared learning events.

The group also recognised some specific challenges to improve its effectiveness including enhancing communication with on the ground clinicians, better integration with Bucks Exec Partnership and better incorporation of the Community Team into the work of interface. As a first step towards this the Interface Meetings now provide a Highlight Report which is shared across formal communication channels and social



media and any individual queries regarding Secondary Care requests of general practice should be notified to the trust by email to bobibc.interface@nhs.net.

The LMC will also be supporting access in primary care by improving workflow and handoffs via the interface, through such actions as developing an educational video for trusts to articulate how primary care operates in BOB and Buckinghamshire.

Priorities in 24/25	
<b>Interface</b>	Monitoring and call/recall needs to be centralised. Explore how this would be developed with focus on digital solution
	Proactive prevention for people at risks of falls, also a BEP Priority
	Communication <ul style="list-style-type: none"> <li>• How to better engage general practice with Interface</li> <li>• Email address for issues – into GP Bulletin etc</li> </ul>
	Analysis of issues – prioritise working closely with Medical Director to analyse and address issues that become themes
	Primary Care Liaison – support and champion improvements in operational liaison between providers
	Use of new initiatives such as; <ul style="list-style-type: none"> <li>• Pharmacy First</li> <li>• EPS</li> </ul>

## Prevention, Public Health and Health Inequalities

Portfolio Lead: Dr Toby Gillman

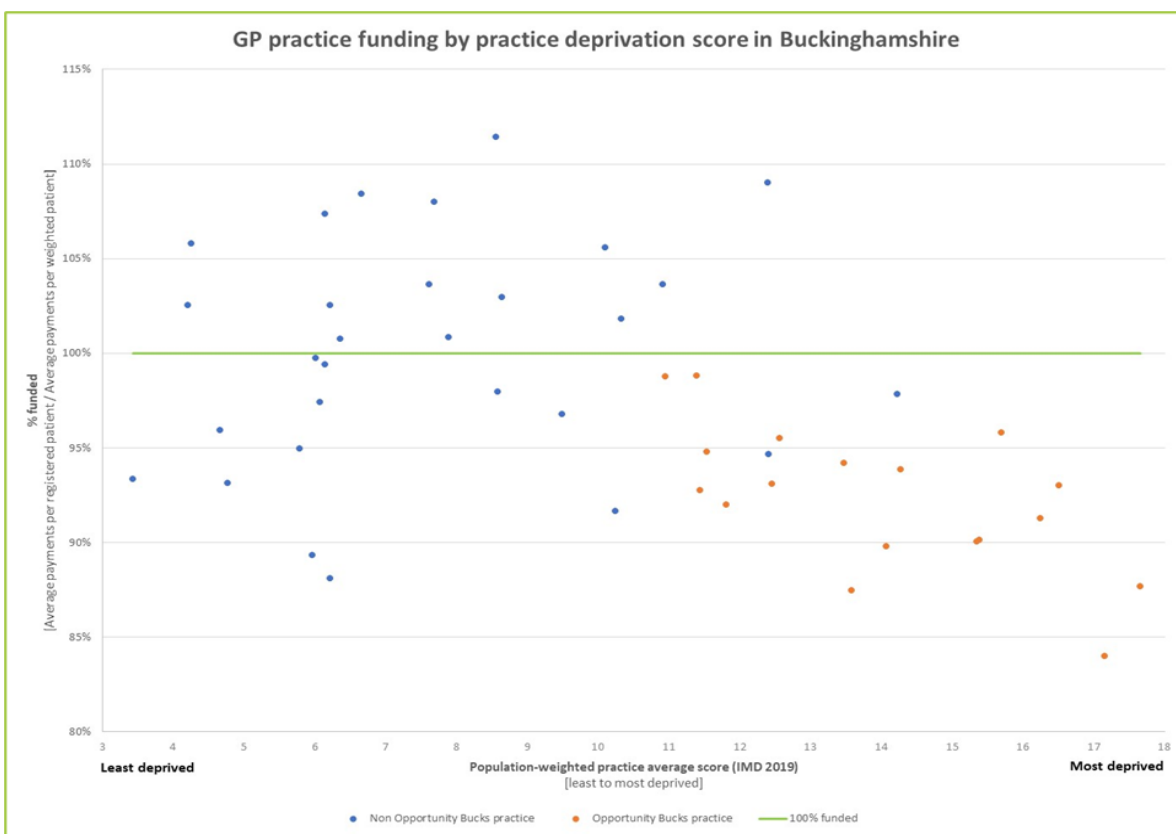
The Bucks Health Inequalities General practice ‘Deep End network’ provide a preventative approach to health inequalities, providing dedicated forums for knowledge-sharing, learning and problem-solving to General Practice teams to supporting people experiencing inequality. To ensure this is not only accessible to those



with a very strong interest, but is tailored to the communities in need, we will target funding to ensure attendance and backfill for the Practices with significant numbers of patients who experience inequality.

We anticipate a session on an 8-weekly basis across the next 12 month, emulating the success of the ACD Network, the Workforce Support lead network and the CVD lead network – all of which have funding to support them and are currently successfully running in Bucks.

We know that Practices and PCNs in the most deprived wards in Bucks receive the lowest capitation funding thanks to nationally set funding formulas. We also see that these PCNs and Practices have the lowest approval ratings from patients and the starkest inequalities in outcomes. The GPPA is therefore please to both be supporting the Practices and PCNs in these areas, but also supporting the ICB in developing a Locally Commissioned Service to support Practice sin these more deprived areas with additional resource to mitigate this funding gap issue.





## Priorities in 24/25

<b>Prevention, Public Health and Health Inequalities</b>	Prevention - Young people and healthy lifestyles, what role can Personalised Care roles take on in tackling obesity. <ul style="list-style-type: none"> <li>• Connect with education leaders – to understand barriers to food education in schools</li> <li>• Champion Personalised Care Approach to support</li> </ul>
	Deep End Network – mobilize and evaluate
	Inclusion Groups navigating system <ul style="list-style-type: none"> <li>• Access to mental health hubs for Homeless patients, without need for GP contact</li> <li>• GRT communities – how can General Practice address mental health issues in this group</li> </ul>
	CVD – aligning work to the BEP priority and in integrating existing work. Attention to digital solutions and integration where possible.

***“As a large council serving over half a million people it is critically important that we develop a positive relationship with primary care so that we can work collectively to improve the health and wellbeing of our residents. The formation of Bucks GPPA has undoubtedly enhanced communication and collaboration between general practice and Buckinghamshire Council and allowed us to develop a partnership which enables a stronger contribution from General Practice in thinking and decision-making processes.***

***I am confident that the integration of Bucks GPPA into initiatives like Opportunity Bucks (with the establishment of a Deep End Network of practices) will result in even greater benefits for our communities and we are delighted to be able to work productively with the GPPA on a range of issues.”***

Rachael Shimmin

**Chief Executive, Buckinghamshire Council**





**PCN Spotlight - Aylesbury Central PCN** were awarded £250,000 to develop a Liver Cancer Case Finding pilot project which aims to increase early detection of liver cancer, thus contributing to the Long-Term Plan ambition for 75% of all cancers to be diagnosed at stages 1 & 2 by 2028. Aylesbury Central PCN are working in collaboration with Dr James Maggs, Bucks Healthcare Trust (BHT) consultant hepatologist and One Recovery Bucks (ORB). The project is enabling the PCN to offer a comprehensive liver assessment, including ultrasound and fibroscan where appropriate, at PCN level. In addition, vulnerable patients with high alcohol intake are being offered a full health check as part of their liver assessment with an uptake of over 90% to date and significant co morbidities identified and addressed. Given the significant wait times for patients referred to BHT for liver assessment this partnership initiative is enabling patients to be seen, assessed and further investigated with little to no wait time thus significantly reducing the delay between experienced by patients between identification that they are in an at risk group to confirmation of cirrhosis and inclusion into hepatocellular cancer surveillance pathway. Importantly we are also able to support at risk patients with lifestyle change via both the PCN health coaching team and ORB.

## Chronic Diseases and Locally Commissioned Services

Portfolio Lead: Dr Duleepa Koralage and Dr George Gavriel

**Addressing critical areas of work that sit outside core GP Contracts underscores the GPPA's commitment to comprehensive primary care services.** Examples include women's health services, medication management, and a lack of ECG commissioning.

In early 2023 Practices took the time to share their concerns about workload and the lack of appropriate remuneration to support delivery. The GPPA were able to listen and take action, working with the ICB to move to solutions, and using the LMCs costing calculator, tackle some of the commissioning gaps occurring in BOB ICB, and specifically in Buckinghamshire.

In February 2023, practices the GPPA review commissioning gaps, specifically:

- ECGs
- Vaginal pessaries
- IUS/Mirena for menorrhagia or HRT
- Denosumab injections



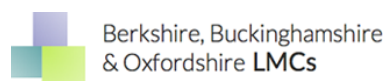
The GPPA surveyed Buckinghamshire Practices to understand the scale of the commissioning gaps they had identified and received responses accounting for over 300,000 registered patients. Based on these responses we estimate that nearly 12,000 hours of work without a commissioned service are undertaken in these four areas every year. Based on an average appointment length for these activities of 15 minutes, redirecting these activities to core services could provide patient across Buckinghamshire with 48,000 additional clinician appointments each year at a time when General Practice is experiencing unprecedented demand on its services.

Over the past 12 months, General Practices, PCNs and FedBucks have been represented by the LMC and the GPPA to review and discussed these services and produced a Locally Commissioned Service for ECGs. This has meant that **over 1000 ECGs per month have been delivered across 37 GP Practices and generating around £24,000 per month investment into services more local to patients, in General Practice.** The remaining 10 Practices being able to refer patients to a service run on their behalf by FedBucks. This perfectly demonstrates the advantages of having a robust GP Federation in Fedbucks, as our back-stop provider – ensuring no patients go without services where Practices are unable to deliver them.

Other positive outcomes of this work have been the Near Patient Medicines Management Tiered Payment Locally Commissioned Service, which includes Denosumab injections. This is a service which Practices can choose to opt into, whereby if a drug is typically prescribed or recommended in secondary care, and there is good safety data to support its use in primary care, then the medication may be considered for shared care or continuation in primary care with a Near Patient Medicines Management (NPMM) fee. NPMM fees may also be suitable for Green drugs which require additional monitoring over and above standard care, or new drugs which require GPs to build experience. This has meant **the provision of appropriate services to patients, closer to their homes though General Practice, in a sustainably funded manner.**

***“It should be noted that this LCS is a significant achievement through joint working. I would like to commend Dr Meena Paul and her team for this, as well as GPLG and LMC delegates. The LMC’s position has always been that this work should be funded, it should be new resource, and the autonomy of the practice should be respected.”***

Dr Richard Wood, BBO LMC CEO



Unfortunately, we have yet to be able to agree an appropriate service for the provision of IUS/Mirena for menorrhagia or HRT. This continues to remain a priority for Practices, with **42 Practices unable to now offer this service to their patients**. The GPPA and LMC are committed to working with the ICB to identify a solution.

The work of the ICB teams alongside the GPPA and LMC has been critical in reviewing locally commissioned services specifically around diagnostics. In addition to the work already articulated around ECG's in General Practice, there has also been a significant focus on reviewing other specifications. Notably the ICB has committed to levelling up the three places in BOB in the funding for phlebotomy. Buckinghamshire has historically received a lower amount of funding than other places for phlebotomy, with payment calculated in a different fashion. Moving forward we are pleased that the ICB is committed to uplifting specifications by 6% in the first quarter of the new financial year, and with significant increases for General Practice in Buckinghamshire for phlebotomy from the 1st of July. We anticipate that **this will enable patients to be seen closer to home, more quickly, in a more resilient General Practice**. This also represents **significant savings to the public purse, given General Practice is the most cost-effective place to deliver phlebotomy services**.

### Priorities in 24/25

<p><b>Resourcing and Locally Commissioned Services</b></p>	<ul style="list-style-type: none"> <li>• Continue with current levels of engagement in ICB LCS working groups</li> <li>• Utilising LMC calculator</li> <li>• Practice engagement and steer</li> </ul> <p>Prioritise commissioning at Practice level - This will give flexibility to Practices, driving delivery either through Practices, PCNs or groupings and FedBucks for whole place depending on the appropriate delivery model for local patients, workforce and estates infrastructure.</p> <p>Horizon scanning to identify synergies across services in the community, opportunities that arise and General Practice steer on areas of focus.</p> <p>- For example, engagement in Women's Health across LCS groups, Women's Health Strategy and FedBucks Community Gynae service</p>
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**PCN Spotlight - ARC PCN Digital Cafés - Building stronger wellbeing and healthcare inclusion.**

During some of our talking cafés it had been noted that some attendees struggled with technology, many have asked for assistance in sending emails to their relatives abroad for example.

According to NHS Digital, research for the UK digital strategy suggests that there are several barriers to digital connectivity, and more than one may affect individuals at any one time.

Arc Bucks PCN has partnered with the BOB ICB Digital Team, Buckinghamshire Libraries and The Good Thing Foundation to establish Digital Cafés. The aim is to provide informal friendly low level IT support to individuals and break down barriers that may prevent them from using technology.

The PCN successfully submitted a bid via The Good Things Foundation for sim cards loaded with free data to support those that may not have/afford internet. So far, we have helped with NHS App questions, explained simple smart phone actions, helped patients to connect to trusted online health websites and filed hundreds of pictures to a gallery and provided simple written instructions on how to do so for individuals.

*“Thank you so much, there is nowhere an 80-year-old can go to ask these questions, I’m so pleased that you are here to advise”.*



## Urgent and Emergency Care

Portfolio Lead: Dr Martin Thornton

The GPPA has made significant strides in collaborative working by initiating discussions and establishing a collaborative partnership. As a result, the GPPA Urgent Care Portfolio Lead now co-chairs the local Buckinghamshire Urgent and Emergency Care Board alongside the Chief Operating Officer of Buckinghamshire Hospitals NHS Trust.

To explore primary care collaboration opportunities, an urgent care workshop was organised, with attendees from Practice, PCN and FedBucks present. As an outcome of the workshop, a survey was conducted to identify areas where general practice requires support, in addition throughout GPPA Assemblies FedBucks have further developed this to look at ways in which the Clinical Assessment Service (CAS) could be developed including review of enhanced access hours, upskilling different staff, using the Bucks Health and Social Care Academy to support with skill mix development and training. The survey conducted and the feedback received highlight the need to review primary care urgent care provision.

Reflecting on the past year, **the support and implementation of a CAS has been significant.** This service is delivered by our GP federation, FedBucks and provides clinical triage support for all patients routed to 111 during the daytime. The CAS not only helps local General Practices manage their patient load but also reduces unnecessary referrals to accident and emergency departments. **Approximately 75% of cases are successfully closed through remote clinical triage, leading to improved efficiency for both patients and NHS services.**

With additional funding from NHS England, FedBucks have expanded the CAS and explored opportunities for budget and resource sharing. Currently, there is also a trial with the local acute trust funding of the CAS on two additional days of the week to assess its impact on A&E attendances.

Working alongside the LMC we have supported meetings to review the GP-111 interface, ensuring alignment and providing support when practices face capacity challenges. A process for collaboration was agreed upon which lays out more clearly expectations and processes when GP practices escalate their OPEL status. OPEL is a system used within healthcare organisations, to assess and manage operational pressures and demands on services. **The OPEL demand tool tells us that over 20% of a Practice's population is contacting them every week in Buckinghamshire.**



## Priorities in 24/25

### UEC

CAS – focus on expanding the service

- Opportunities in Enhanced Access
- Working with BHT to expand service and its impact on A&E
- Connection to other initiatives such as Pharmacy First

Promote the use of Risk Stratification via Connected Care and the John Hopkins RAG on EMIS

Drive engagement in the LMCs OPEL tool – which will best enable General Practice to be understood by system partners and the ICB.

***“As the Urgent and Emergency Care Commissioner Lead across Buckinghamshire the collaboration with the GPPA in the UEC arena has been invaluable to the development and transformation of services. The GP UEC representative is now the Bucks UEC dual chair, bringing the primary care interfaces into urgent care that is essential for delivering high quality same day care and same day access. As part of the triumvirate to develop the Buckinghamshire UEC Programme with the Acute Trust and ICB, having the GP provider representative ensures we consider and put the population at the forefront of what we do, and see the wider view of care across all services. The UEC events, meetings and presentations throughout the last 12 months have only been strengthened through the partnerships now successfully developed with the GP provider representative being an integral part of the Urgent and Emergency Care across Buckinghamshire.”***

**Caroline Capell**  

Programme Director of Urgent and Emergency Care (Bucks Place)



**PCN Spotlight - North Bucks PCN** Social Prescribing team – known as the Patient Support Service is made up of 5 social prescribers and 3 care coordinators that work across 4 practices.

The team visit patients in their own home, offering a full holistic assessment of their needs – with key aims to keeping patients independent in their own home, reducing social isolation and reducing GP visits for non-clinical issues.

As well as receiving referrals from the all staff across the practices, the team proactively look at:

- Housebound patients
- Frequent flyers
- New to area / patient registrations
- Carers
- Over 90's

The team is well established in the PCN, working with all our PCN Additional Roles staff in a true MDT way. The PCN has recently set up a housebound chronic disease service. Offering home visits to all housebound patients reviewing all long-term conditions across the network, working alongside the social prescribers to support the unmet needs of our housebound patients.

## Mental Health

Portfolio Lead: Dr Amanda Bartlett

**52% of General Practice provider respondents at our August Virtual Assembly described Mental Health as one of their top priorities for the GPPA to tackle.**

Working closely with Oxford Health, the GPPA has successfully negotiated changes to the model of ARRS Mental Health Practitioners' (MHPs) agreements, enabling Primary Care Networks to have the flexibility to recruit and directly employ more than 1 ARRS MHP, giving some flexibility to PCNs to continue to strive to provide Mental Health access to their patients, according to their needs. Our Mental Health Portfolio Lead has also been involved in collaboration with initiatives such as Right Care, Right Place, and ADHD advisory groups, bolstering **interface coordination and ensuring that the voice of General Practice is present in discussions for the future.**





As we look forward, the Bucks Executive Partnership priorities will see further involvement from the GPPA Mental Health Portfolio to ensure that General Practice is able to give input and support level change to services.

Priorities in 24/25	
<b>Mental Health</b>	Work with Oxford Health to support with communications about services in action and development.
	ARRS - Identifying and supporting the utilisation of ARRS roles, and how those without access services
	CYP – Providing General Practice support to addressing issues around long waits for CYP on neuro pathways and in accessing services
	ADHD medication – working as a system partner to support resolution in prescribing, monitoring & reviews, and safety & quality
	CAMHS into adult services transition - working as a system partner to support development and understanding in general Practice of services and pathways.
	CMHF and the development of Mental Health Hubs <ul style="list-style-type: none"> <li>• An eye to Integrated Neighbourhood teams</li> </ul>
<p><b>PCN Spotlight - South Bucks PCN 'The Big Meet Up'.</b> South Bucks PCN hosted a session bringing together teams from their Practices and PCN, in the form of GPs and Social Prescribers, as well as bringing together local organisations such as carers Bucks, the Village Hall, Sing &amp; Sign, Rotary Clubs and many other VCSE services, and even a Tai Chi demonstration. Local residents used the opportunity to come together, support one another and Dr Siva and the South Bucks PCN team will be hosting more events in the future, including Walking groups and other health events.</p>	



## Frailty

### Portfolio Lead: Dr Vinesh Mistry

Dr Vinesh Mistry assumed the role of Frailty Portfolio Lead in January 2023. Since this appointment we have swiftly addressed issues surrounding patients occupying Discharge to Assess (D2A) beds, which were identified as a priority. Primary Care Networks (PCNs) expressed the need for a centrally commissioned service to provide care to D2A patients - there was such significant concerns amongst General Practice providers that notice was serviced to cease GP support for D2A services from 1st April 2023.

The issues surrounding the D2A model in Buckinghamshire, highlighted in early 2023, included who held clinical responsibility and therefore subsequent increased risk to patient safety, as well as a lack of central coordination of these patients.

The **Buckinghamshire Executive Partnership (BEP)** had identified a small number of priorities for 23/24, which were critical to delivering local and system priorities and would be accelerated through partnership working. One of these priorities was 'Joining Up Care' which centred on bringing partners together to deliver person-centred care, in the community that helps people stay healthy and independent for longer. One thread of this centred around interim, complex bedded care hubs.

In March 2023, the GPPA participated in a constructive Clinical Task and Finish Group discussion, focusing on addressing current D2A issues and exploring options for a way forward. The agreement was reached that the future discharge model should provide high-quality care and appropriate support for those involved in patient care. The involvement and proactive approach of the new Place Director, Phillipa Baker, alongside Dr Vinesh Mistry, the GPPA Frailty Lead, were commendable in resolving these challenges.

An interim solution was agreed upon, with input from the GPPA through Dr Mistry, which involved a small number of GP practices and block beds to facilitate discharge from Secondary Care while ensuring geographical coverage in Buckinghamshire. An MOU was developed to commission a total of 40 block beds in Care Homes to support hospital discharge, backed by a multidisciplinary team (MDT), with the ambition for a cross-system MDT. The discharge hub model will continue in Bucks under the existing MOU from April

### Joining up Care

**The aim: Bringing partners together across health and care, to deliver person-centred care, in the community that helps people stay healthy and independent for longer.**

**Transformed the way we discharge patients from hospital with the right support where needed in Buckinghamshire, including by establishing**

- an integrated discharge team working across the NHS and local authority social work teams;
- a new interim/complex bedded hub model (June);
- A new intermediate care centre (Sep);
- A new transfer of care hub to better co-ordinate people's discharges across multiple agencies (Oct).

**Transform not just discharge services but our wider model of integrated care to ensure that all parts of the health and care system are joining up to support people's needs in the community, increasingly through integrated teams and preventative models of care.**



2024 with reduced bed numbers, with the ICB keen on strengthening existing arrangements for a further 12 months.

The GPPA is pleased to have collaborated as a positive system partner to ensure that individuals living with Frailty and being discharged from secondary care continue to receive adequate services, while also supporting general practice sustainability through effective commissioning. **It's important to note that as of 2024, there has been no agreed uplift to the D2A MOU, despite increased costs to providers in delivering services.** The greatest risk to services lies where they are not commissioned to cover the cost-of-service delivery.

Priorities in 24/25	
Frailty	Discharge Hubs – supporting engagement and negotiations into 24/25 and beyond
	Working with community services to understand and address both specific operational matters and broader place issues.  For example;  - MAR and PAR process – resolve the issues  - Better Digital Integration through share care record and joy  - Agreeing one Care Plan template for tall providers
	Grow clarity – Understand local services better and how General Practice can utilise and engage with these services.  Service map what do all the services do?  - Examples of services; H@H, CATS, MUDAS, ACHT, CCCT etc
	Shifting focus to Proactive Care and Prevention, rather than Discharge focus





PCN Spotlight - Maple PCN launched an initiative to increase COVID, Flu and Pneumonia vaccination uptake in their hard to reach communities, focusing on patients who are vaccine hesitant. They also have a particular emphasis on those who fall in at risk groups of COPD and respiratory issues. The PCN worked collaboratively with community and local services to address some of the challenges identified within this project. Through reviewing patients without vaccine status recorded, and who were within at risk groups, the Practices identified who had not taken up the vaccine and we're also overdue an annual review. They scheduled longer appointments with each of these patients in order to have a face-to-face review and discussion around their vaccine choices with the with the goal to increase in the uptake in vaccinations. Using the intelligence gleaned they were able to increase uptake of vaccines within a vulnerable cohort of patients, supporting preventative healthcare within their community for those most vulnerable.

## Women's Health

Portfolio Lead: Dr George Gavriel

The BOB Women's health Strategy Stakeholder Group was established in November 2023 in response to the provision of funds to enhance services for women. The group set three priorities which aligned well with the Bucks GPPA agenda. The specific priorities were agreed as

1. Establishment of Women's Health Hubs.
2. Enhancement of gynaecology provision in the community.
3. Improvement of the management of Long-Term Conditions for women.

The group had been working towards the agreement of an LCS for fitting of vaginal pessaries/IUS for heavy menstrual bleeding/HRT, as well as looking to level up Community Gynaecology services in Bucks and Berkshire West to provide similar services to the nationally recognised service in Oxfordshire which receives significantly higher levels of ICB funding. Unfortunately, due to the ICB financial position this funding was reallocated to reduce the ICB deficit and so little progress have been made towards these priorities. The group continues to meet and from a Bucks GPPA perspective the following will be our priorities for 2024/25.



1. Establishment of an LCS, or similar, allowing practices to deliver the fitting of vaginal pessaries and Intra-uterine Systems (IUS) for heavy menstrual bleeding and HRT under an appropriately funded contract.
2. **Lobby for the levelling up of funding for Community Gynaecology services in Buckinghamshire**, in line with Oxfordshire, to allow Fedbucks to provide a Community Gynaecology Service for the population of Bucks with appropriate variety of services with acceptable waiting times.

## Enabler Portfolios

By aligning with the Fuller Stocktake, the introduction of Enabler Portfolios has not only enhanced the GPPA's strategic agility but also fosters a more targeted approach towards addressing real areas of pain within General Practice. Through dedicated leadership and focus within Digital, Workforce, and Estates domains, the GPPA aims to proactively tackle challenges, empower stakeholders, and drive sustainable improvements in primary care delivery.

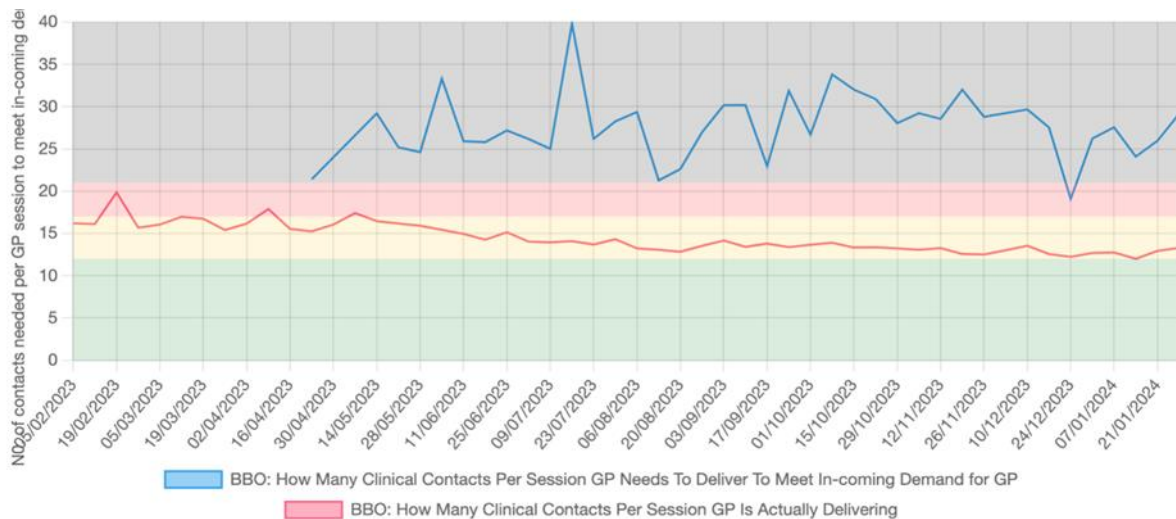
### Digital

#### Portfolio Lead: Ben Meredith

Working closely with the BOB ICB Digital team, the GPPA has played a crucial role in negotiating delays in the termination of TeamNet contracts, ensuring continued access to a service that a significant number of practices rely upon. Through the link with FedBucks, Practices and PCNs have been able to retain their TeamNet Access, benefitting from at-scale purchasing. Additionally, efforts have been directed towards supporting the understanding of digital impacts and advocating for funding stability for platforms like Accurx. The Digital Team have worked closely with the 3 places in BOB to establish a workable way forward, which unfortunately has meant some cost to practices, however we assert that the influence of the GPPA, and particularly the LMCs comments have meant that the best possible outcome has been achieved, against significant financial restrictions.

The LMC has facilitated the rollout of Operational Pressures Escalation Levels (OPEL), contributing to enhanced emergency preparedness and response. For the first time, In Buckinghamshire we are able to present accurately the concerning trend of demand vastly outstripping the supply available to meet it. BBO LMCs visionary work in this regard better articulate the whole-place picture on behalf of Practices. As part of our priorities into 24/25 the GPPA will be supporting the use of OPEL data with the ICB, and with practices to support operational responses to times of extreme mismatch. PCNs have also championed the use of OPEL within their Capacity and Access Improvement plans, as part of the national Network Direct Enhanced Service (DES).





**‘The difference between demand and supply’ – taken from BBO LMCs OPEL dashboard for general Practice.**

Population Health management sits at the heart of the Network DES and the move toward a more preventative model of care in Buckinghamshire. John Hopkins population health management risk stratification tool is being deployed via the Connected Care programme, to transform patient access in both unscheduled and scheduled care.

It enables clinical and non-clinical staff to recognise at a glance, the complexity of an individual alongside their acuity. It is allowing organisations to make the best use of their clinical professionals – with **patients being triaged to the right clinician, with the right skill set, in the right setting at the right time, first time.** For more complex patients, it is enabling greater continuity of care.

Whilst the initial focus is to improve NHS front-door access across primary and secondary care, it is starting to support service planning, helping hospital and primary care teams identify opportunities to shift care paradigms from \*unscheduled to scheduled \*urgent to routine \*reactive to proactive.

It is providing a common language across care settings as primary and secondary care look to optimise joined up working and care. The Connected Care system insights is being adopted by the GPPA and engaged with by Practices and PCNs to both provide analytics and insights across the population, but also using the John Hopkins methodology enables Practices to better triage and support patients, though an application within the clinical system in each Practice.

The Connected Care team have attended PLT and Assembly events hosted or organised by the GPPA, to support its roll out across Buckinghamshire and are closely aligned with the new BEP priorities and working groups.



## Priorities in 24/25

### Digital

Act as Subject Matter Expert for new procurement, support and utilisation of digital tools that the ICB has currently.

Digital Roadmap to Managers – Enable managers to have a shared understanding of the Digital Roadmap and challenging financial position. To give clarity on what this means for General Practices providers.

Innovation – support the ICB in their approach to digital innovation. Champion innovation forums.

Digital Integration and Integrated neighbourhood working;

- What do we need to integrate
- What are the gaps
- What are the available options now
- Shared Care Records



**PCN Spotlight - Mid Chilterns PCN** has introduced a dedicated Digital Care Coordinator, aiming to foster digital inclusion among patients. Through a combination of group and one-to-one sessions, patients are empowered to utilise the NHS App and navigate a variety of digital services available to them. These sessions are meticulously designed to cater to diverse needs, offering step-by-step guidance to ensure seamless digital access to vital healthcare services. By bridging the digital divide, Mid Chilterns PCN is not only enhancing patient engagement but also amplifying digital healthcare accessibility within the community.



## Workforce

Portfolio Lead: Janine Beattie

To explore primary care collaboration opportunities, FedBucks hosted an urgent care workshop. The workshop involved members of all scales of General Practice providers; FedBucks, PCNs and Practices. As an outcome of the workshop, a survey was conducted to identify areas where general practice requires support, in addition throughout protected learning time sessions we have further developed this to look at ways in which the CAS could be developed including review of enhanced access hours, upskilling different staff, using the Bucks Health and Social Care Academy to support with skill mix development and training.

**55% of General Practice provider respondents at our August Virtual Assembly described workforce as one of their top priorities for the GPPA to tackle.**

Additionally, the GPPA has supported commissioners and other parties attempting to interface with PCNs and Practices to support new forums, communications and understanding of how a program of work will have an operation impact. Examples of this include supporting the new Managers forum in Buckinghamshire, engagement in developing communications and frameworks for Practices and PCNs to use, and general understanding of the operational nuance in our many different providers.

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### Priorities in 24/25

#### Workforce

Social Prescribing and Personalised Care roles – working to better support a place wide initiative and develop Social Prescribing and Personalised Care roles in Buckinghamshire.

- Joy – support business case and roll out. How do we evaluate the success of this and use it for other priorities
- Recruitment and retention – drive to increase headcount
- Frailty and Proactive care – how to support those ahead of frailty. De-medicalised model.





- CYP – specifically ADHD and ASD support. Understand more about the BHT pilot and learnings, to rollout, should it be required.
- Prevention - Young people and healthy lifestyles, what role can Personalised Care roles take on in tackling obesity.
- Digital Inclusion – looking at PCN models and supporting greater uptake through SPLW forum and other methods.
- Health on the High Street – can this be utilised to support teams to have a base for working from?

Collaborate with the Health and Social Care Academy (HASCA) to enable direct input into Primary Care Faculty. Support engagement with Practices - what it is, how it works and how Practices can utilise it.

Focus on recruitment fairs, apprenticeships, university entrants etc for entry level roles.

- What do Practices need to know and do

- How can we mobilise place initiatives

Champion FedBucks role and possible support in recruitment.

**PCN Spotlight - The Swan Network** responded to the urgent healthcare needs of asylum seekers in their local community with a compassionate and innovative approach. Collaborating with the local authority and third sector organisations, they established primary care services in a temporary healthcare facility within a nearby hotel. Led by their Clinical Services Manager, their dedicated team of healthcare professionals ensured a welcoming and culturally sensitive environment for asylum seekers. By setting up the clinic in the hotel, they eliminated barriers to healthcare access and provided timely and comprehensive medical attention. Services offered encompassed general health screenings, vaccinations, treatment for common illnesses, mental health support, specialist referrals, and collaboration with community wider community services. This initiative exemplified The Swan Network's not only provided essential medical care but also demonstrated the importance of solidarity and compassion in the face of challenging circumstances.



## Estates

Portfolio Lead: Jessica Newman

The estates portfolio was created to enable General Practice providers to start to engage in longer term, strategic decision making. **The estates picture in General Practise is complex, and inadequate.** Practices often feedback that lack of space is a significant blocker to them being able to develop services, offer more clinical appointments, and recruit further workforce. From a retention perspective for PCN's it is also a significant issue, with new staff recruited to PCN roles without a base to work from. The inability to co-locate teams is a significant blocker to further integration. The GPPA has always taken the view that development of General Practice estates is a long-term piece of work. We anticipate not seeing significant change in the short term, however without being part of the discussion and acting as a system partner at place with our local authority and other relevant stakeholders, we will never be able to impact change.

This year the GPPA has contributed evidence to the 'Planning for Future Primary Healthcare in Buckinghamshire' scrutiny review, undertaken jointly by the Growth, Infrastructure & Housing and Health & Adult Social Care Select Committees at Buckinghamshire Council. We hope that this will **support system wide change and enable greater development of General Practice** and wider Primary Care estates in the future.

In early 2023 PCN's were asked to take part in a Primary Care Estates toolkit, an audit run by an external consultancy firm commissioned by the ICB. The scope of this had been to establish the scale and challenges within Primary Care estates and within each PCN. The GPPA has been supporting practices in articulating their concerns around the outputs of the review. The GPPA, and specifically our Estates Portfolio Lead will continue to work with the ICB to develop an effective toolkit and approach to estate in General Practice.

### Priorities in 24/25

#### Estates

Become the known SME for estates in Bucks, for the Bucks Estates forum (currently BHT lead) and the ICB Estates forum and local initiatives such as HASC

Champion the requirements for a needs analysis of estates – This should be an accepted, robust report for use by General Practice to effectively priorities development. This is an evolution of the Estates Toolkit and using the priority matrix.

Minor Improvement Grants – Focus on supporting where this goes and how will the projects be prioritised. Strategic support to Practices to have 'off the shelf' plans for improvement for quick bids.



Engage in specific issues that impact more than one Practice, such as Aylesbury Garden Village and other similar Planning matters. Also requires a spotlight on Wycombe Practices and PCNs given known estates issues.



**PCN Spotlight - Westongrove** was one of 3 PCNs to pilot the Xpert programme. X-PERT have developed 'Weight & Wellbeing'. This programme is a lifestyle intervention and not centred around diabetes. It is appropriate for patients with any Long-Term Condition (LTC) who would benefit from weight loss through lifestyle intervention.

The programme provides interactive education for patients and gives flexibility on how the patient would like to learn (including an interactive whiteboard). The programme is delivered in weekly group sessions of 1.5 hours spread over 12 weeks. The Health and Wellbeing Coach and one of our HCAs were trained to deliver this programme over a 12-month period and have seen improvements within the lifestyle and health of participants. We have extended this out as an internal programme for 10 of our staff over a 6-month period using PLT sessions, as part of our Health and Wellbeing plan.

## Looking ahead – priorities for 24/25

Having consulted with Practices, PCN and FedBucks at our recent assembly, and further to an away day with all Delegates and Portfolio Leads bringing their input, the GPPA have now established priorities across each portfolio as we face 24/25. These will **link to system and place priorities as set out in the Primary Care Strategy and the BEP priorities**. They are intentionally aligned to supporting General Practice in delivery and sustainability given the difficulties of the new GP Contract.

### GPPA Priorities 24/25

<b>Interface</b>	Monitoring and call/recall needs to be centralised. Explore how this would be developed with focus on digital solution
	People at risk of falls - Pro-active care – BEP Priority
	Communication <ul style="list-style-type: none"> <li>• How to better engage general practice with Interface</li> <li>• Email address for issues – into GP Bulletin etc</li> </ul>



	<p>Analysis of issues – prioritise working closely with Medical Director to analyse and address issues that become themes</p>
	<p>Primary Care Liaison – support and champion improvements in operational liaison between providers</p>
	<p>Use of new initiatives such as;</p> <ul style="list-style-type: none"> <li>• Pharmacy First</li> <li>• EPS</li> </ul>
<p><b>Engagement</b></p>	<p>Engagement mapping – to understand which Practices engage with GPPA and ensure we approach those who do not, proactively, to gain breadth of understanding across Buckinghamshire</p>
	<p>Convening General Practice Leaders</p> <ul style="list-style-type: none"> <li>• Summit</li> <li>• ACD meeting</li> <li>• Assemblies</li> <li>• Managers forums</li> </ul>
	<p>June PLT session and future assemblies</p> <ul style="list-style-type: none"> <li>• Primary Care Strategy and the future</li> <li>• Identify opportunities – e.g. CAS and Enhanced Access</li> <li>• SPLW at Place – a wider offer to provide consistency</li> </ul>
	<p>Supporting other Providers in best communication with General Practice</p>
<p><b>Resourcing and Locally Commissioned Services</b></p>	<ul style="list-style-type: none"> <li>• Continue with current levels of engagement in ICB LCS working groups</li> <li>• Utilising LMC calculator</li> <li>• Practice engagement and steer</li> </ul>
	<p>Prioritise commissioning at Practice level - This will give flexibility to Practices, driving delivery either through Practices, PCNs or groupings and FedBucks for whole place depending on the appropriate delivery model for local patients, workforce and estates infrastructure.</p>



	<p>Horizon scanning to identify synergies across services in the community, opportunities that arise and General Practice steer on areas of focus.</p> <p>- For example, engagement in Women’s Health across LCS groups, Women’s Health Strategy and FedBucks Community Gynae service</p>
<b>Frailty</b>	<p>Discharge Hubs – supporting engagement and negotiations into 24/25 and beyond</p>
	<p>Working with community services to understand and address both specific operational matters and broader place issues.</p> <p>For example;</p> <ul style="list-style-type: none"> <li>• MAR and PAR process – resolve the issues</li> <li>• Better Digital Integration through share care record and joy</li> <li>• Agreeing one Care Plan template for tall providers</li> </ul>
	<p>Grow clarity – Understand local services better and how General Practice can utilise and engage with these services.</p> <p>Service map what do all the services do?</p> <ul style="list-style-type: none"> <li>• Examples of services; H@H, CATS, MUDAS, ACHT, CCCT etc</li> </ul>
	<p>Shifting focus to Proactive Care and Prevention, rather than Discharge focus</p>
<b>Mental Health</b>	<p>Work with Oxford Health to support with communications about services in action and development.</p>
	<p>ARRS - Identifying and supporting the utilisation of ARRS roles, and how those without access services</p>
	<p>CYP – Providing General Practice support to addressing issues around long waits for CYP on neuro pathways and in accessing services</p>
	<p>ADHD medication – working as a system partner to support resolution in prescribing, monitoring &amp; reviews, and safety &amp; quality</p>
	<p>CAMHS into adult services transition - working as a system partner to support development and understanding in general Practice of services and pathways.</p>



	<p>CMHF and the development of Mental Health Hubs</p> <ul style="list-style-type: none"> <li>- Continuing to support the development</li> <li>- An eye to Integrated Neighbourhood teams</li> </ul>
<p><b>Prevention, Public Health and HI</b></p>	<p>Prevention - Young people and healthy lifestyles, what role can Personalised Care roles take on in tackling obesity.</p> <ul style="list-style-type: none"> <li>• Speak to education leaders – to understand barriers to food education in schools</li> <li>• Champion Personalised Care Approach to support</li> </ul>
	<p>Deep End Network – mobilize and evaluate</p>
	<p>Inclusion Groups navigating system</p> <ul style="list-style-type: none"> <li>• Access to mental health hubs for Homeless patients, without need for GP contact</li> <li>• GRT Communities – how can General Practice address mental health issues in this group</li> </ul>
	<p>CVD – aligning work to the BEP priority and in integrating existing work. Attention to digital solutions and integration where possible.</p>
<p><b>UEC</b></p>	<p>CAS – focus on expanding the service</p> <ul style="list-style-type: none"> <li>- Opportunities in Enhanced Access</li> <li>- Working with BHT to expand service and its impact on A&amp;E</li> <li>- Connection to other initiatives such as Pharmacy First</li> </ul>
	<p>Promote the use of Risk Stratification via Connected Care and the John Hopkins RAG on EMIS</p>
	<p>Drive engagement in the LMCs OPEL tool – which will best enable General Practice to be understood by system partners and the ICB.</p>
<p><b>Enablers</b></p>	



<b>Digital</b>	<p>Act as Subject Matter Expert for new procurement, support and utilisation of digital tools that the ICB has currently.</p> <hr/> <p>Digital Roadmap to Managers – Enable managers to have a shared understanding of the Digital Roadmap and challenging financial position. To give clarity on what this means for General Practices providers.</p> <hr/> <p>Innovation – support the ICB in their approach to digital innovation. Champion innovation forums.</p> <hr/> <p>Digital Integration and Integrated neighbourhood working;</p> <ul style="list-style-type: none"> <li>- What do we need to integrate</li> <li>- What are the gaps</li> <li>- What are the available options now</li> <li>- Shared Care Records</li> </ul>
<b>Workforce</b>	<p>Social Prescribing and Personalised Care roles – working to better support a place wide initiatives and develop Social Prescribing and Personalised Care roles in Buckinghamshire.</p> <ul style="list-style-type: none"> <li>- Joy – support business case and roll out. How do we evaluate the success of this and use it for other priorities</li> <li>- Recruitment and retention – drive to increase headcount</li> <li>- Frailty and Proactive care – how to support those ahead of frailty. De-medicalised model.</li> <li>- CYP – specifically ADHD and ASD support. Understand more about the BHT pilot and learnings, to rollout, should it be required.</li> <li>- Prevention - Young people and healthy lifestyles, what role can Personalised Care roles take on in tackling obesity.</li> <li>- Digital Inclusion – looking at PCN models and supporting greater uptake through SPLW forum and other methods.</li> <li>- Health on the High Street – can this be utilised to support teams to have a base for working from?</li> </ul>



	<p>Collaborate with the Health and Social Care Academy (HASCA) to enable direct input into Primary Care Faculty. Support engagement with Practices - what it is, how it works and how Practices can utilise it.</p> <p>Focus on recruitment fairs, apprenticeships, university entrants etc for entry level roles.</p> <ul style="list-style-type: none"> <li>- What do Practices need to know and do</li> <li>- How can we mobilise place initiatives</li> </ul> <p>Champion FedBucks role and possible support in recruitment.</p>
<p><b>Estates</b></p>	<p>Become the known SME for estates in Bucks, for the Bucks Estates forum (currently BHT lead) and the ICB Estates forum and local initiatives such as HASC</p>
	<p>Champion the requirements for a needs analysis of estates – This should be an accepted, robust report for use by General Practice to effectively priorities development. This is an evolution of the Estates Toolkit and using the priority matrix.</p>
	<p>Minor Improvement Grants – Focus on supporting where this goes and how will the projects be prioritised. Strategic support to Practices to have ‘off the shelf’ plans for improvement for quick bids.</p>
	<p>Engage in specific issues that impact more than one Practice, such as Aylesbury Garden Village and other similar Planning matters. Also requires a spotlight on Wycombe Practices and PCNs given known estates issues.</p>

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