**Primary Care Transformation Fund**

**Summary:**

Groups of GP practices meeting criteria described in this policy and intending to establish a sustainable model of working in line with the 5 year Forward View vision for general practice working at scale are invited to apply for funds to support the development process. NHSE (South West England) has set aside a limited interim local budget for immediate applications.

It is anticipated that there will be an imminent announcement about national funding to support solutions which manage risk associated with ‘vulnerable practices’ and groups of practices meeting those criteria are encouraged to apply for funding using that route.

Initial applications for the local interim fund are invited by 30 November 2015 and there will be a rapid decision making process so that funding can be allocated to successful applicants by early January 2016. There will be no ‘closing date’ as such and as long as there is interim funding available or (if the interim arrangement proves successful) further funding is identified in 2016/17 later applications for will be considered. Applications should be submitted on the attached proforma and bids for funding up to a maximum of £1 per weighted patient population covered by the proposal will be considered.

We are keen to support applications which will implement innovative solutions or spread existing best practice. Applicants are encouraged to use the resources available from the Sustainable General Practice project [www.england.nhs.uk/south/publications/sustainable-gp/](http://www.england.nhs.uk/south/publications/sustainable-gp/) or other examples of good practice such as in the recent NHS Alliance publication Making Time in General Practice: <http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-01-10-15.pdf>

**Background:**

NHSE South West has agreed to establish a framework for deployment of an interim Primary Care transformation fund for the second half of the 2015/6 financial year. The proposal is to use the funds to facilitate development of resilient and sustainable primary care organisations and to stimulate innovation which can deliver new models of care. Practices will be given the opportunity to bid for access to this fund on demonstration of meeting selection criteria as set out in the paper.

With a backdrop of increasing pressure of demand on primary care, quality, recruitment and financial challenges, there is a heightened need to facilitate the development of resilient and sustainable models of primary care in the short term. There is a growing acceptance that Primary Care managed ‘at-scale’ is the most pragmatic option to explore, along with multi-disciplinary team development and care delivery. NHSE is also keen to support practices who are already operating at scale and are now ready to introduce further innovation and new ways of working. Proposals are likely to include pro-active management of long term conditions and frailty; usually involving a segregation of planned and unplanned care systems. This may include reconfiguration of estate.

In addition to the willingness of a group of practices to work together it is recognised that such developments need appropriate business planning and change management. Such changes require focused attention and development of policies, protocols and governance mechanisms to support the preferred organisational structure.

**Criteria for bids and purpose of funding:**

* More than two practices with a combined population of more than 30,000 patients (this generally regarded as the smallest business unit for future primary care) and covering all GP practices in a natural geographic community.

OR

* Two or more practices with a combined population below 30,000 where one or more is currently ‘at risk’ (but not eligible for national funding for vulnerable practices) where the initial priority is to avert those risks and the proposed solution would provide a stepping stone to a sustainable service delivery model for a natural community. (It is accepted that in some more remote areas that a natural community may be below 30,000).
* A practice or group of practices already operating ‘at scale’ and planning the next stage of their development and able to deliver significant innovation and change in the service delivery model ‘at pace’
* To support a programme of work that delivers
  + Effective and sustainable primary care
  + That delivers the highest quality of care (including achievement of CQC ratings of good or outstanding)
  + That contributes to delivery of CCG strategic plans
  + That demonstrates high value
* Able to deliver measurable progress in year and with a clear timetable for achievement of the expected ‘at scale’ organisational solution

Bids will need to demonstrate how the money will be spent and how it will benefit service transformation in line with the above. Examples may include dedicated business management and clinical leadership time to implement a large scale merger and services redesign. Funding could also be used for diagnostic services to support the successful implementation of the new organisational model including ‘360 appraisal’ or specialist advice and guidance. Groups of practices making applications will be expected to set out details of how they will ‘match fund’ the value of their bid through financial or ‘in kind’ contributions that they will be making to delivery of the proposed arrangement. Money cannot be spent on activities that can be argued to be funded already from elsewhere.

**Process:**

Bids will be invited in the last week of October, from all practices but with known groupings of practices being targeted for an early response. Commissioners are aware of those most likely to be able to make an early application. There will not be a closing date as such. Bids will be considered as they are received and evaluated on the basis of the degree to which they meet the criteria. If the interim arrangement is successful in driving change and innovation in the delivery of new models of working for primary care it may be possible to identify a local budget again next year.

**Monitoring and Evaluation**

Brief monthly activity and finance reports will be required from successful bidders. Monitoring will include a quarterly summary of progress towards objectives.

Groups of practices who put forward a successful bid will be jointly responsible for progress of the proposed action plan but will need to nominate a lead practice to hold the budget and take responsibility for timely reporting. The agreed funding will be fully allocated to successful bidders and can only be used for the agreed purpose. Where during the development process the applicants identify the need for a change in funding to be prioritised work this change should be requested via the monthly reports.

**Application Form:**

|  |  |
| --- | --- |
| Contact details for lead applicant (this practice will be the budget holder if the application is successful and be responsible for meeting reporting requirements:  Name:  Practice code:  Email:  Telephone: |  |
| Application summary information:   * which practices are applying, applicants must confirm that all practices named have seen and approved the application and are willing to share responsibility for delivering the programme of work proposed * practice population covered and geographic area |  |
| Are any ‘at risk’ practices included in the application (provide details) and/or what are the current or expected risks the proposal is designed to reduce eg temporary list closures, inability to recruit, concern about impact of PMS review etc. Where the application meets the ‘vulnerable practices’ criteria for national funding NHSE may direct the bid towards that funding source. |  |
| What are the applicants proposing as the ‘at scale’ solution eg merger or federation (or ICO/link with other community services) etc  At what stage is the development of the proposal and what is the anticipated timeline for implementation |  |
| Describe the key innovations in service delivery that the bid is expected to deliver together with the key milestones and timeline for implementation |  |
| What are the key opportunities and benefits that the proposal is expected to deliver |  |
| What are the key risks and challenges identified to date |  |
| How much funding is requested and what do the applicants want to use the funding to do (please include expected expenditure for each purpose eg free up clinical time to develop plan, away-days, buy in external expertise) |  |
| What are the expected outputs eg action plan, business plan, etc |  |
| What contribution are practices (individually and/or collectively) planning to make (funding or time) to the work in order to ‘match fund’ |  |
| Proposed milestones (action and timescale) against which successful application would be evaluated |  |
| Date of application: |  |

**Completed applications should be emailed to:** [**england.primarycaremedical@nhs.net**](mailto:england.primarycaremedical@nhs.net)

**First wave applications should be submitted before 12.00 noon on 30 November 2016. However there is no closing date as such and applications can continue to submitted and will be considered when funding permits**