



Provider Collaborative Board

Monday 24 July 2023.

Provider Collaborative Programme Director Report

Highlights from the report include:

- The board announced that further work is to be carried out to understand the impact on delivering priorities where some pieces of work are at different stages of development.
- Key points taken from the Regional Community Practice Meeting were shared to the board. It was announced that each system is developing different forms of provider collaboratives. South Warwickshire and Herefordshire are moving towards Place arrangements where they become sub-committees of the ICB (Integrated Care Board) with functions delegated to it, this will take effect from April 2024.
- The Regional Community meeting stated that areas have undertaken the maturity matrix self-assessment and the emphasis from NHS England (NHSE) is that this is a supportive reflective tool, many areas are at different stages of that self-assessment.
- Feedback to the NHSE national team around how the tool has been used will be provided once the matrix work has been completed.

The Provider Collaborative Board noted the progress reported and key actions to be undertaken in the next month to progress the delivery of the Board Work Programme.

Provider Collaborative Project Overview

- Meetings have taken place with members of the UEC (urgent and emergency care) portfolio and the ELF (End of Life, Long Term Conditions and Frailty) Portfolio regarding high intensity users and how to take this initial scoping piece of work forward.
- It was presented to the board that the main challenge overall is capacity within those portfolios as they are looking to elevate existing projects within their portfolio to support winter and the big challenge around continuing healthcare.
- The board members were asked to give approval for high intensity users to be transferred to the IPH (Improving Population Health) Portfolio and to ask Optum to take the lead as this piece of work is around data collection.
- The board members were notified of an escalation regarding recruitment efficiencies and were asked for approval of this project to be removed from the work programme as this is no longer a provider collaborative opportunity due to ongoing IG issues.
- All members gave approval for the recruitment efficiencies to be removed from the work programme.

Provider Collaborative Projects

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The board noted the progress of each provider collaborative opportunity as it moves from Stage 1 (scoping) to Stage 5 (closure).

The board noted the one escalation this month and approved the cancellation of the recruitment efficiencies provider collaborative opportunity due to ongoing IG issues.

Below is a summary of how the Provider collaborative opportunities and live projects are progressing, as they move from Stage 1 (scoping) to Stage 5 (closure):

Primary Care Portfolio

Primary and Secondary Care Interface Agreement

Dr Hannigan, The Clinical Director of Primary Care gave a presentation on GP Engagement Proposal Primary: Secondary Interface Agreement.

- The board members heard how the importance of this issue has risen over recent months, along with a publication by Medical Evolution (Policy Exchange) where they described the scale of the issue; they quantified it in terms of 15M GP appointments wasted annually, 150K patients on hidden waiting lists for services because of complexity.
- The board members heard about how the SSoT Primary: Secondary Interface agreement has been approved by the PCB and Clinical Senate; it has now been circulated to all organisations with an ask for this to go through their formal internal governance processes.
- The board members were asked to facilitate the agreements journey through to adoption at an organisational level. The board agreed.

Tracy Bullock, Chief Executive, University hospital of North Midlands (UHNM) queried about PCNs (primary care networks) and GP Federations being a collective provider, asking what the difference is between the two?

Dr Hannigan Clinical Director of Primary Care responded: the GP federation and alliances could be legal entities which will allow GPs to do things faster than PCNs. PCNs are not legal entities, therefore it would be difficult for them to hold some of the contracts. There are mature federations in the North and South West and increasingly mature alliance of three eastern PCNs which gives a population coverage of over 100k, we have the models in place to start with, but these will need developing further. A review of the contracting models is currently taking place and we need to make it easier to transact with General Practice 'at scale'.

- Dr Hannigan asked for board members to facilitate the passage of the agreement through their respective organisation to ensure this is signed off and adopted, as it will give added momentum behind the need to carry out the work and the support of convening the three interface meetings.
- The board agreed there is a need for GP involvement and engagement and the board would be very keen to facilitate and enable this.

Shared Care Medicines Project

Mr Amin Mitha, Associate Director Medicines Optimisation provided a brief overview of his report.

- The board members heard that since the last presentation to the board, the second shared care medicines workshop has taken place with good representation. There were three main areas that came out of the workshop:

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- A set of principles and standards for shared care were discussed and then sent out to a wide range of stakeholders for their contribution.
- There was a specific discussion around rheumatology medication, with a suggestion of this being one of the first test cases to inform how shared care arrangements could be embedded in practice more effectively.
- The workshop created three sub-groups; a UHNM facing group, a University Hospitals of Derby and Burton (UHDB) facing group and The Royal Wolverhampton NHS Trust (RWT) facing group, with representation from local clinicians who will be involved in making decisions and agreeing pathways locally.
- The Provider Collaborative Board noted the update from this project.

CYP & Maternity Portfolio CYP Asthma Bundel of Care Programme – Mobilisation Plan

Mrs Sarah Evans, CYP Strategic Improvement Lead provided an update to her report.

- Mrs Evans provided an update to the board from the Stage 2 Project Initiation document presented to the board on 26 May, when the mobilisation programme plan was not available to share as it was under development through the task and finish groups.
- The board members heard how the Programme Plan are the key actions that these groups are taking forward and the associated timelines. It was confirmed that the plan is a 12-month plan; the reason for this is that version 2 of the bundle of care will be issued shortly by NHSE. This may result in a revision of the programme plan based on any changes made to the deliverables.
- A quarterly report is submitted to NHSE.

The Provider Collaborative Board noted the mobilisation / programme plan. The board is assured that plans are in place to ensure that the deliverables with the bundle of care will be achieved.

Planned Care and Cancer Portfolio Stage 2 MSK Full Case for Change

Professor Kay Stevenson, Consultant Physiotherapist gave an overview of her presentation.

- A Musculoskeletal Stewardship and Transformation Group has been formed where the scope, population and personal outcomes were agreed.
- The background of the project and the method of the project taken so far has been around having opportunities to do with NHSE.
- NHSE identified areas of the population that are a real challenge, this being people who suffer with low back pain or osteoarthritis.
- The board heard that the portfolio would introduce a community based multidisciplinary team for patients with low back pain where management needs further discussion. This will ensure referrals go through the appropriate pathway. These will undertake an audit to better understand the large number of MRI scans from GP/OPD.
- The board members heard that a task and finish group will work up what is involved in spreading services that focus on biopsychosocial management across the whole of the SSoT population.
- The Board Members were asked to note the data does not include primary care or the voluntary sector.
- Board members approved to set up the suggested task and finish groups to start work on the recommendations.

The Provider Collaborative Board noted the mobilisation / programme plan.

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The Board are assured that plans are in place to ensure that the deliverables with the bundle of care will be achieved.

Provider Collaborative Business Cycle

- The Business Cycle was noted by the board members.

Any other business: Review of meeting effectiveness

- All papers were reviewed today within the correct timings with good strong leadership.

Date and Time of Next Meeting

Monday, 21st August 2023 from 2:00 pm until 4:00pm via Microsoft Teams