

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 29th July 2014

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WARD(S): All

PART I **FOR INFORMATION**

PRIME MINISTERS CHALLENGE FUND

1. **Purpose of Report**

To inform the Panel of details of the successful bid and £2.95m award for The Prime Ministers Challenge Fund for Slough. The overall aim is to improve access to Primary Care across 7 days and to do this by increasing capacity, but also by challenging the normal way of working and beginning to change culture in the way that people use services in Slough through engagement education and cooperation.

2. **Recommendation(s)/Proposed Action**

The Panel is requested to note the report and invited to comment on any elements that are of particular interest.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan**

3a. **Slough Joint Wellbeing Strategy Priorities –**

The programme was co-designed by all practices across Slough with involvement of the majority of their member Patient Representation Groups. The headlines are that practices have formed 4 Clusters with one operating as a hub to provide access for all patients. Access will be available at the 4 hubs from 6.30pm to 8pm, Monday to Friday and for 8 hours on a Saturday and 8 hours on a Sunday. Hours are likely to be from 9am – 5pm at the weekends. Most appointments will be booked initially in advance and on the day to suit those working people and to plan for patients with longer term problems. The pilot will provide an extra 48,000 GP appointments over a 12 month period.

There is a range of 10 other projects to support this extension to 7 day working and improve experience of Primary Care for patients in Slough. Details are further on in the paper.

Named 'Steps to the Future', the pilot closely mirrors the vision of the Slough Joint Wellbeing Strategy in that "People are proud to live, where diversity is celebrated and where residents can enjoy fulfilling prosperous and healthy lives".

Patients and GP's worked with a facilitated visual planning process called PATH (Planning Alternative Tomorrows with Hope) to describe a positive possible future for Primary Care; one designed specifically to support people to keep well and live life to the full.

The planning process was led using the Experience Led Commissioning (ELC™) approach and asked participants to consider for primary care in Slough:

- What is our ambition for primary care?
- What is a positive possible future we want to achieve by 2015?
- What is happening now?
- What are the bold steps that will accelerate our progress?
- What are our personal commitments and next steps?

The process resulted in a visual pathway which can be seen further on and has become the symbol of the pilot.

Benefits of the programme are expected to be wide ranging:

- Improve access to primary care services, extending over 7 days.
- Improve the patient experience of Primary Care.
- Develop our Patient Reference Groups to take a leadership role.
- Develop general practice teams to embrace change.
- Support our community to support each other.
- Enable General Practice to work at scale for economies.
- To work with our local schools to educate children about health and health services. To spread the word through families.
- Promote health and prevent ill health. Focus on our children who attend A&E more than they should do.
- Identify long term conditions earlier.
- Develop pathways for patients to enable them to receive the right care at the right time in the right place. Use the benefit of the Better Care Fund to really operate our health system as one.
- Increase the number of people who are able to self-manage their health in relation to long term conditions and minor illnesses.
- Make Slough an attractive place for clinicians to work by developing a GP traineeship model with the Deanery.
- Co-design services with Slough patients.
- Experience Led Commissioning in action.
- Communicate, use media, use technology, talk to people, meet people, and address inequity.
- Practices will work in a 4 Cluster model ranging from 25,565 to 52,930 patients to optimise access experience whilst retaining value for money and quality.
- Respond to our health needs through actions such as healthy diet advice and practical educational engagement.

- Look after the community's mental health by integrating services such as Talking Therapies into LTC management and using behavioural motivational techniques through group consultations.
- Clinicians will help patients to develop disease specific user groups that build support and education to benefit the whole well-being.
- Optimise engagement with voluntary services and patient groups to develop 'Neighbourhood HealthWatch' in the community and information hubs. Consider 'time-banking'.
- Change will see integration across the whole system. Primary - community- secondary- voluntary – population.
- Harness the skills and knowledge in our community pharmacies.
- Change will demonstrate alignment between strategies Better Care Fund – JSNA – Joint Wellbeing– Children– LTC – Urgent Care

Relationship to Sloughs Priorities: **Health**

People told us that the way they feel about their whole life is really critical. How primary care works and supports them needs to be understood in this broader social context. They say **they want to feel 'happy', 'content', 'relaxed', 'listened to', 'supported'**. Participants say feeling like this matters - whether you are young or old.

They wanted an improved experience of primary care and to feel **“They go the extra mile...after going to see the doctor, I feel wonderful”**

The programme reflects the theme of civic responsibility. Patients told us they wanted to help create a stronger, more closely connected community

“Community is about us together....you are not on your own...people help each other keep well”

In the ambitious future, primary care is embedded within and joined up to strong community networks across Slough.

People say that when we have reached our ambition, things will also be very different in the community. An important change that we will have made is that people have learnt how to use the NHS – and when to use other community services to keep well and live life to the full.

The JSNA highlights many needs that will be addressed in part by the extension of 7 day working in primary care and with a number of the bespoke projects that will be launched throughout the year.

Improving the uptake of Seasonal flu

According to data from the NHS Thames Valley Local Area Team, 75.4% of adults aged 65 years and over in Slough received a flu vaccination between September 2012 to January 2013.

'Developing well' and childhood vaccinations

In Berkshire, we are not achieving the national target of 95% for any of the childhood vaccine uptake. Slough has the lowest uptake among the six Berkshire Unitary Authorities, particularly for MMR.

Seven day working will make it easier for people to get to their primary care Hub at times that are more convenient for them. Nurses will be available and there is potential to have targeted clinics working in the Primary Care setting at weekends.

Asthma and chronic obstructive pulmonary disease

The incidence of asthma varies greatly in the developing world (World Health Organisation, 2013). Currently there are 5.4 million people in the UK being treated for asthma; 1.1 million children (approximately 1 in 11) and 4.3 million adults (1 in 12). It is estimated that 75% of hospital admissions and that as many as 90% of deaths due to asthma are preventable (Asthma UK, 2013). In 2010, in the UK, 1143 people died of asthma and in Europe, 3 people per day die due to it.

It is estimated that in the UK, there are 3 million people with COPD (4.7% of the population) and that 1 in every 8 admissions to hospital is due to it. This shows the disease burden and predictions are that unless urgent action is taken to reduce risk factors, that total deaths from COPD will rise by 30% in the next decade.

The main underlying cause of COPD is smoking. However, smoking is also known to be a major trigger for some cases of childhood asthma, whilst exacerbating acute attacks as well as pneumonia. Further work on smoking cessation would therefore be beneficial.

It is estimated that in the UK there are 900,000 cases of undiagnosed COPD. This highlights the need to educate people and therefore encourage them to attend their GP as soon as they have any symptoms, as early identification is essential to ensure appropriate management and follow-up.

Asthma will be an area of focused attention along with other Long Term Conditions in these extended hours and 48,000 extra GP appointments.

GP Patient Survey

The national GP Patient Survey Dec 2013 shows that only 48.9% of patients asked find it easy to get through to someone on the telephone and that only 56.8% of patients find it a good experience to make an appointment. Only 61.8% of respondents would recommend their Slough practice to a new resident.

Although 80.3% of patients find their GP receptionist helpful, the national average score is higher at 88%. Overall, Slough's performance is not improving.

The Steps to the Future programme aims to address these issues and also address identified health inequalities through listening to and working with the community.

4. Other Implications

a) Funding and Affordability

Total funding for the 'Steps to the Future' programme will be met from the Prime Ministers Challenge Fund. Some support staff costs will be provided from within existing CCG and CSCSU teams. Funding is for one year only, to 31st march 2015, thereafter the service if it is to be continued will need to self-fund.

The total project costs are £2.95m.

£1.8 is the full 12 months cost for the new GP Cluster Services, however only 9 months will be distributed to the 4 Clusters in order to reflect actual implementation of the agreed extended service provision in 2014/15.

£1.15 million will be managed by the CCG on behalf of the GP practice clusters in order to deliver the project management and the transformation and innovation projects in line with budget.

Details of these projects are in the papers below and there are indicative budgets for each of the projects.

We will work with practices to advertise for a range of skilled and support staff to come and work across Slough to support these arrangements.

b) **Risk Management**

	KEY RISK	MITIGATING ACTIONS
Sustainability. Funding is for 12 months and non-recurrent.	The additional services in Primary Care will need to be funded. At the moment it is anticipated that this will be from a reduction/minimisation of growth in Secondary Care Costs. Also reduced use of 111 and GP Out of Hours services.	Monitor closely for achievement of QIPP targets and impact on Acute Provision with particular focus on unplanned care. Implement all projects as soon as possible. Optimise use of media for public support.

c) **Workforce**

It is recognised that to extend working in Primary care to seven days, that long term there will need to be more staff. A recruitment campaign is currently underway for GP's, Nurses and Administrative staff.

We are working with partners in Community Health Services to understand the effect of changes on demand for their services as the year progresses.

5. **Supporting Information**

See reports attached

6. **Comments of Other Committees**

Slough wellbeing Board.

7. **Conclusion**

People say that when we have reached our ambition, things will also be very different in the community. An important change that we will have made is that people have learnt how to use the NHS – and when to use other community services to keep well and live life to the full.

Participants described a future where there is a 'Neighbourhood Health Watch'; someone or some people on every street who know about NHS and community

services and who keep an eye on vulnerable people to ensure they keep well. People feel the NHS could build on the existing Neighbourhood Watch network to seed this.

In this new world, the GP surgery is also a community space to meet and learn from peers about how to manage your condition and keep well. The work seeded as part of the primary care strategy recognises that keeping well and primary care is about more than health services.

It is about the community coming together and supporting each other. For instance, young people who crave adult company are connected with older people – like the young mum who started going to her local care home and taking her baby so she could get the adult company she craved and the residents could enjoy her and her child's company. The same was true of dogs. People talked about the fact that some older people would like to be able to walk a dog and miss having one and others might be happy for their dog to be walked or to walk the dog with the older person. The ambition is about self-help, co-created solutions and connecting people with each other.

People passionately want primary care to reframe itself as being about supporting friendship and connection between peers with the same lived experience and health conditions. One participant who was recovering from prostate cancer explained how he really wished he could talk to others going through the same thing; yet had no way to connect with them.

Because of this support, people said they felt sure that when the ambition happened at scale, they would need to see their GP much less and would feel more well and happy.

It is anticipated that Slough Borough Council Officers in various roles will contribute to the success of this programme. There are already communication links through public health, education and adult services.

8. **Appendices Attached**

Slough Steps to the Future Programme report including Anita's story.

9. **Background Papers**

Call to action engagement event 12th February 2014

Experience Led Commissioning Maternity Care event 7th February 2014

GP Primary Care design event 5th February 2014

PPG engagement event 31st January 2014

GP Patient Survey December 2013 results for Slough CCG

Urgent & Unplanned Care in East Berkshire survey April 2013

Slough JSNA 2013

Slough Wellbeing strategy 2013-2016

Prime Minister's Challenge Fund:
Extending Access to General Practice

SLOUGH PRACTICES BID

1. Pilot project title:

Steps to the Future



2. Defined community:

The total of 16 practices across Slough with combined weighted population of 158,616 have developed this bid, with solutions that have been co-designed through involvement of the majority of their member Patient Representation Groups.

3. Project overview:

Slough is transforming the way in which general practice is delivered for its diverse population by taking bold steps with our community so that primary care is a positive experience that leaves people happy, listened to, empowered and supported.

This is the vision for April 2015 seen through the eyes of 55 year old woman called Anita. It draws directly on the ideas of the collective GP and PRG (Patient Reference Group) Co-Design team. "My General practice is accessible 7 days. It offers appointments of 5, 10 15 minutes - or longer. I always feel relaxed and there is time for important conversations. Seeing my GP feels wonderful. My Dad attends group consultations for diabetes with 8 other patients. He no longer feels alone and sees his GP less. He is less anxious and calls his new friends instead. Telephone consultations are available when you are unsure or just need advice or feedback on investigations. It saves time off work and really suits my son who works in London. Before, he wouldn't go if he had to attend a GP appointment. My uncle is very ill. His own GP gave him his

personal mobile number and said to call any time. Last week we nearly went to A&E. We called his GP. He reassured us and saw him first thing the next day.

What I really like is booking an appointment online. The surgery will even text me beforehand so I don't forget to attend. There is also a reply facility so it is easy to cancel.

My grandson came home from school last week. They are doing a new topic and he learned about the NHS and health. He told us that if we forget to attend an appointment, it costs £40 and another person who needed it may end up in hospital instead... that made us think. I am very impressed that they are teaching children things like this at school now. Young people are really involved. My neighbour takes her daughter to a local residential home each week. It has helped her learn lots and the residents love talking to young people.

On our street, the man who runs the paper shop knows everything about local health and community services. He is part of a 'Neighbourhood Healthwatch' team. He is able to tell people about local health and care services and community support, self-help groups. We get lots of new people coming through this area and many do not even have a GP or speak English and so as a community, together, we are helping them. Once registered, Practices also now have lots of useful information.

There are so many ways now for people to help themselves and feel supported and part of the community. It is so much easier to see your GP - and we use our local pharmacy more than ever before. I would say that Slough is on the road to becoming a really strong and health community.

4. Project outputs:

How services for patients should change as a result of the project and what are the expected benefits.

By April 2015

- Surgeries will be available for GP appointments 7 days each week.
- New models of service provision at weekend will be tested, including: LTC focus, telephone consultations, surgeries to 1pm, collaborative practice working. Patients experience a seamless service through shared clinical records. Providing continuity and convenience all week.
- GP's will be able to see a patient record from another practice because they work as a cluster and the practical steps to enable I.T. systems and remote working have been put in place.
- There will be at least one thriving, condition specific self-help group linked to and supported by each GP practice.
- Those patients who are at high risk and vulnerable will have a telephone number for the GP or Nurse whom they know and permission to call if they feel they are tipping into crisis. This reassurance will reduce unplanned care.
- Every patient will have the opportunity to receive text reminders for appointments. There will be a text facility to cancel appointments. This will reduce DNAs.
- GPs and other clinicians will be supported to find ways to explain things simply and ensure jargon free communication with patients. Patients really understand their condition - the first time.
- All practices will have an information resource available to patients to support self-care; enabling people to prepare in advance for appointments and to signpost peer support.
- Practices will run specific education sessions for patients. A particular focus on parents with young children to reduce A&E attendances and Zero Length of Stays in hospital.

- To educate and effect change through 'pester power', adults will receive education through their children about health issues and best use and cost of health services. There will be at least one session run as a pilot in a local school as part of an expanding programme.
- PRGs' will actively work with self-selecting GP practices, supported by the CCG, to co-design the 'welcome and access' experience at surgeries by working directly with reception staff. People of all ages and with a range of abilities will feel positive change.
- Selected, trained practices will provide group consultations for people and family carers with long-term conditions. This will especially benefit people who prefer peer support to learn how to manage their condition.
- In response to Slough PRGs' desire to be listened to and see services that are constantly changing and responding to what matters to people and the community, PRGs' will have greater authority and influence in setting the agenda for primary care development, allocating resources and leading the change. They will be supported to do this through Action Learning Sets.
- When we design the new system, we will also build on the asset that community pharmacies represent. There are 32 pharmacies across the Slough area with access ranging from 7am to 11pm at night. We will expect patients to feel a real connection between their GP and pharmacist.

5. How the project responds to the insights, preferences and priorities of patients and the public

This bid has been based on what patients have told us about current services. The proposals were co-designed with Patient Reference Groups and GPs working together. Below is a sample of the outputs:

People shared their insights:

- I don't know how to connect with other people like me so we can share information
- Some of us could get support using I.T. e.g. text, Facebook, twitter, Skype
- People don't understand the words their GP is telling them. This means they can't manage their condition;
- Pester power works. We can apply it to educating people about health issues.
- I don't feel listened to. I attend events like this and then nothing changes
- It can be difficult to get an appointment and get through on the phone
- If I could more easily get an urgent appointment with my GP, I would be less likely to go to A&E
- Many receptionists are unfriendly and make it difficult to get an appointment
- It's difficult to park your car near the surgery
- If I felt more confident in managing my own health condition or supported, I would be less likely to use A&E

People expressed their preferences:

- To have drop in times in the evenings to see a GP
- To have a range of appointment times and consultation types
- To have help to establish self-help groups
- For GPs to speak in simple language that patients can understand
- To get information before my appointment to help me prepare
- To educate children about the cost of the NHS and about healthy habits and health priorities
- For PRGs to lead conversations about charging for DNAs
- To introduce text reminders for appointments
- 72% of patients would like their surgery to be open on Saturday and 40% on Sunday.

People told us their priorities:

- They want time with their GP especially for those important conversations.
- They want to feel supported by others and those with the same condition.
- They want to feel listened to and to see change as a result of their contribution.
- They want Slough to be a healthy happy community

We plan to build on this foundation of patient and public engagement through a planned programme of events and a focus to ensure that we reach out to those who are less likely or less able to engage.

Table of the projects that will support 7 day provision of Primary Care in Slough

<u>Project</u>	<u>Brief description</u>	All practices can provide?
Phone texting	Software to enable Patient messaging services via SMS, Voice and Email. We expect all practices to offer on line booking of appointments, to offer text reminders of appointments and the facility to cancel by text. This facility will be paid for by the Challenge Fund to set up and will provide the technology to also provide a range of health messages to targeted populations, such as for vaccination, immunisation and health checks.	Yes
Mobiles for urgent contact	Patients have said that for a very few patients with complex and unstable conditions it would be excellent to offer a direct line of contact to the health care professional that knows them best. This would support the patient and their carers to stay in the community setting for as long as it was clinically safe to do so. Technology to enable this will be funded. The practice and the patients will ultimately decide when this service will be offered. The detail and scope of the service is to be developed with practice staff before rolling out.	Yes
PRG Action Learning	Patient Reference Group Leaders wanted PRG's to have a key role in making a difference to services in Slough. They wanted a recognised role that made a difference by seeing tangible changes as a result of their input. They have the ability and drive but need support from each other and will require the development of some leadership skills to engage the wider community. We will work with the PRG leaders to design a programme of support and help them ultimately become a self-supporting action learning group across Slough.	Yes
Information programme	We will work with our Patient Reference Groups and voluntary services and practice staff to design a Slough system for sharing information to keep well. This may mean an 'information station' in each practice, or in local centres. Using technology and engaging the community. The ambition is about self-help, co-created solutions and connecting people with each other. Reception staff may have a role to play.	Yes
Self-help groups	GPs in Slough actively start to support self-help groups for those with long-term health issues, who help each other care for themselves between GP appointments. Every practice has a list on its noticeboard of self-help groups and details of when and where they meet; often in the surgery itself where it is big enough. There is also a contact name and number. It is often a member of the PPG.	Yes

Exercise	<p>Patients have said that they would like to be referred to exercise programmes by their GP or Nurse where the whole family can be involved. This will help Slough to become a healthier place and also provide support to patients and allow contact with others in the same situation.</p> <p>We will explore existing models across the country and seek to have access to a local service that patients say they want and Slough practices can refer to.</p>	Yes
Patient Access programme (improving access to consultations)	<p>As part of this PMCF opportunity Slough wants to look at and try different approaches to one of its biggest problems, that of accessing a GP appointment.</p> <p>It is expected that this will take the form of trying various technological solutions such as email and 'Skype' style consultations and offering 5 – 20 minutes appointment slots for those patients who want it.</p> <p>We will also be looking at a programme called 'Patient Access', details can be found at http://www.patient-access.org.uk/ We will be looking for a number of practices to trial this for Slough. There will be a presentation prior to application. All costs covered in Challenge Fund.</p>	several
Group consultations and improving consultations.	<p>People don't always understand the words their GP is telling them. This means they can't manage their condition; feel anxious and need a lot of reassurance and may not take medicines correctly.</p> <p>We want to work with GPs to reflect on the way they manage their consultations. All GPs could end consultations by asking is there anything else that they need to explain. Some GP's may wish to have training in consulting with small groups of patients. All of the above will mean that the patient needs to see the GP less often and could be in a better position to help themselves.</p>	several
Practice experience redesign	<p>Patients have said that they want to work with front line GP practice staff so that they can really understand the pressures that they face and the opportunities that are available to support keeping people well in Slough.</p> <p>It is expected that a few practices will want to take up this challenge to co-design the way that first contact services to patients are delivered. This will be facilitated and supported externally.</p>	several

6) Scale and ambition of how the project will provide tangibly better services for patients across Slough:

The Slough general practices have always had a strong sense of community. They positively respond to the challenges presented by working with such a diverse and transient population and seek ways to address these in each practice. By coming together and responding to this opportunity for funding support, there is a new wave of optimism to be innovative and to extend access even further with the support of PRGs.

The bid has evolved as practices have reflected on outcomes of engagement with their diverse and harder to reach communities. It has listened deeply to Patient Participation Groups and changed and developed its approach as a result. There is a real commitment and understanding of the need to engage with as wide a population as possible to ensure that changes reflect the whole Slough population. This Fund will help us to achieve this and our approach so far has demonstrated a commitment and capability.

Slough has some of the most deprived wards in the country and pockets of extreme disease prevalence. We aim to focus the resources that we receive, based on weighted populations, in the same way that we use this to monitor practice patient activity. In doing so we can be sure that the risk of inequalities is reduced and that those patients with long-term and more

complex needs are in receipt of excellent access to continuity of Primary Care, across the week.

Patients will:

- Feel that services are constantly changing and responding. This will be in response to their input to how they are delivered.
- Feel that it is easier to see a GP or Nurse when they need to.
- Feel reassured because they can contact their own GP or nurse when they need to (high risk patients).
- Feel that their practice in Slough 'goes that extra mile'.

7) Strategic Fit

This project has been the springboard for the development of Slough's Primary Care Strategy. It has seeded a very important element of strategic development especially around community engagement and relationships.

Slough's Strategic plan describes a vision, for 'clinicians and patients to work together within the NHS to continually improve the health of Slough and healthcare services and making the best use of taxpayers' money'. This has already happened, to inform the development of this bid.

Slough needs to find new ways of responding to demand as it is in the lower quartile in England for the number of patients that each GP has to look after, and the number of GPs that it has per 100,000 population. 1708 and 52.3 respectively.

The vision for this challenge is to begin the 'steps to the future', for a Slough that is a really strong and healthy community. The outcome metrics demonstrate Slough's principles and commitment to focus on listening, collaborating and education to continuously improve the quality of primary care. It strongly supports 'community', to drive change in the way that people support each other and take responsibility for the way they access primary care.

Peer support and self-help groups will support people to live life to the full with prevalent conditions including diabetes, CVD, and mental illness. These are priorities for Slough.

8) Metrics for monitoring progress and measuring the success of this project and how you will evaluate and disseminate the learning.

We will make it our business to disseminate learning through a range of approaches including on-line learning material and coaches. We understand the national importance of shared learning. We are also working with the NHS England National Evaluation Team with the other 19 pilots.

Below are samples of both experiential and process outcomes in order to measure the changes in General Practice.

EXPERIENTIAL

GPs and their front line teams feel:

- There is the right amount of time to spend with a patient
- Patients really understand about their illness and their medication
- I am empowering my patients and they tell me they feel supported
- Patients are telling me the practice is more accessible now

People in Slough feel:

- There is less pressure on their time with the GP when they need to have an important conversation
- It is easier to get to see a GP/practice nurse when you need to
- Supported by and connected with their peers
- Aware of the cost of NHS services (their children are teaching them)
- Reassured because they know they could call their own GP or nurse in an emergency

- GPs talk in simple terms they can understand

PRGs in Slough feel:

- Involved in decision making about the future of primary care
- Listened to, as commissioners and providers are responsive
- Empowered to contribute to making change happen
- The need to represent those sections of the population without a voice.

PROCESS

- Vulnerable people have a mobile number and permission to call a doctor or nurse who knows them for support
- There are different types of 'consultation' available in general practice
- People get information sent to them from their GP prior to their check-ups
- GP practice teams have worked with their PRGs and are implementing co-designed, practice experience development plans to deliver this vision.
- Every GP practice has at least one thriving self-help group it has supported to set up
- Schools have courses in place and are starting to talk to children about the cost of using NHS services. Pester power is taking off in Berkshire and Slough.

METRICS

- A&E reduction in attendances by 15%.
- Non-Elective admissions (BCF) will reduce from 82 per 1000 weighted population to 72 per 1000 weighted over 2 years.
- Improvement in % outcomes of patient satisfaction as measured by the National GP Patient Survey (GPPS)
- Improvement in specific long-term condition metrics in the QOF. e.g. Diabetes, Asthma, COPD
- Increase in Slough Primary Care workforce.

9) Timescales:

Project start date	14 April 2014
Finish date	31 March 2015

Milestone		
Bid approved	Hold first strategic programme group to establish commitment and lead roles & responsibilities. Sign off financial plan.	Early April 2014
Programme office set up	Agree TOR and work streams and clinical, management and patient leadership	Mid April 2014
Contractual documentation approved	Confirm contracts with facilitators and project managers and finalise documentation for GP practice opening hours. Ensure monitoring processes ready for first reporting.	June 2014
Communications project in place with timed outcomes	Work with practice Clusters to agree scope. Agree public messages. Work up with stakeholders. Ensure partners informed & engaged.	End June 2014
Scope PRG led projects	PRG personal development plan begins	June 2014
Practices begin extended opening	Link to shared records programme with priority for clustered practices operating as a single entry point.	July 2014
First quarter pilot report	Highlight risks and mitigating actions. Review course of project.	October 2014

4 Clusters

NORTH WEST CLUSTER Farnham Road Surgery Avenue Medical Centre	CENTRAL CLUSTER Crosby House Shreeji Manor Park 240 Wexham Road 242 Wexham Road Grassmere Avenue Cippenham (Dr Nabi) Slough Walk in Health Centre
LANGLEY CLUSTER Langley Health Centre Orchard Practice	
SOUTH CLUSTER Bharani Ragstone Village Herschel	

END