

Primary Care Assurance Standards

Ref.	National Assurance Statement	NHSE / I lead	GPFV ref.	NHSE/I deliverable @July 2019
42	Actively support the establishment of Primary Care Networks (PCNs) within the geographical area to ensure that every practice in England is a part of a local PCN (serving populations of around 30,000 to 50,000) as soon as is possible, to achieve 100% coverage by 30 June 2019 at the latest.	Trish Thompson	GPD1	Support the establishment of 100% PCN coverage by the 30th June 2019.
43	Support the introduction of any nationally-agreed contract arrangements for PCNs, ensuring that community services are configured in line with PCN boundaries.	Trish Thompson	GPD1	Support the establishment of 100% PCN coverage by the 30th June 2019.
44	Provide a minimum of £1.50 per head of financial support to PCNs for their management and organisational development. This investment should start in 2019/20 and continue each year until 31 March 2024	NHS England & NHS Improvement Finance lead to be confirmed	GPD2	Support the monitoring and assurance of the minimum of £1.50 per head to PCNs for their management and organisational development.
45	Support PCNs in their development and ensure they are practically supported to access the PCN Development Programme by 31 March 2020.	Trish Thompson (Region) NHS England and NHS Improvement sub-regional leads to be confirmed	GPD3	Support PCNs in accessing the PCN development programme by 31st March 2020.
46	Ensure that PCNs are provided with primary care data analytics for population segmentation and risk stratification based on national data, complemented with local flows, to allow them to understand in depth their populations' health and care needs for symptomatic and prevention programmes including screening and immunisation services by 1 July 2019 at the latest, and then on an ongoing basis at regular intervals as agreed locally.	Trish Thompson	PLN2	Monitor and assure that PCNs are provided with primary care data analytics by 1st July 2019.

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47	Ensure that PCNs work together including at place level to ensure they play a full role in improving services commissioned and provided at that level, including urgent and emergency care services, and ensure every PCN is working to implement the comprehensive model for personalised care.	Trish Thompson	PLN1	Work with and provide guidance to STPs to develop Primary Care Strategies by 30 June 2019.
48	Ensure that the delegated budgets received are used to support the development of all practices in the context of PCN development, with a detailed local plan published by 1 July 2019 showing that every practice is actively engaged and all activity is completed by 31 March 2020 (ensuring delivery of at least two high-impact actions set out in the GPFV including Online consultations; Reception and clerical training; and Time for Care), to be determined through a diagnostic/evidence-based approach that enables deployment of targeted development offers in the most effective way to support, strengthen and transform services for the benefits of staff and patients locally.	NHS England & NHS Improvement Finance lead to be confirmed	GPD7	Monitor and assure the delivery of 2 High impact actions (including online consultations, training and Time for Care) by 31st March 2020.
		Eddie Olla	DIG1	Monitor and assure that all CCGs are working with their practices to ensure that by March 2020, 75% of practices are offering online consultations to their patients.
49	Ensure that the local practice development plans continue to identify those practices who need more intensive and immediate support to stabilise, build their resilience and become sustainable. 75% of 2019/20 sustainability and resilience funding (allocated by NHS England) must be spent by 31 December 2019, with 100% of the allocation spent by 31 March 2020.	NHS England & NHS Improvement Finance lead to be confirmed	GPD8	Working with primary care teams, support the identification of practices that need more support to build their resilience and become sustainable.
			GPD9	Monitor and assure that 75% of 2019/20 sustainability and resilience funding (allocated by NHS England) is spent by 31 December 2019, with 100% of the allocation spent by 31 March 2020.
			PLN3	Provide support in monitoring STP spending plans in relation to the four elements of the GPFV.
50	Recruit the share of the additional 5000 doctors and maximise the impact of the over 5000 other health professionals already recruited since the GPFV was published as part of the multidisciplinary workforce, using all available channels and initiatives. This must include development of a detailed STP/ICS workforce plan with trajectories detailed by role type, taking into account local multi-disciplinary workforce needs (based on capacity and demand), working with PCNs as they develop to recruit an	Ken Deacon / Dave Briggs	WF1	Support, monitor and assure the delivery of STP Primary Care workforce plans for GPs and the wider workforce.
			WF2	Work collaboratively with HEE and STPs to support the transition of GP trainees into primary care by 31 March 2020.

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	expanded range of clinicians and other professionals. As part of this, plan specifically to retain as many GP trainees as possible at an STP/ICS level after completing specialist training; with as many of these as possible taking up substantive roles in the local primary care workforce by 31 March 2020.		WF5	Continue to collaborate with key stakeholders to connect GPFV workforce initiatives with the roll out of the Nursing Framework and ensure the increased co-location of Mental Health therapists in primary care.
51	Maximise retention of experienced, effective staff (doctors, nurses and other health professionals), with specific actions/focus in areas which have greatest workforce challenges and with roles where attrition is highest. This includes actions which are shown to have positive impact, (identified by the GP Retention Intensive Support Sites and wider retention programmes) and are tailored to local circumstances. The national GP Retention Scheme should also be offered to support all eligible GPs who cannot work a regular part-time position (up to 4 sessions per week) to remain in practice.	Ken Deacon / Dave Briggs	WF1	Support, monitor and assure the delivery of STP Primary Care workforce plans for GPs and the wider workforce.
			WF2	Work collaboratively with HEE and STPs to support the transition of GP trainees into primary care by 31 March 2020.
			WF5	Continue to collaborate with key stakeholders to connect GPFV workforce initiatives with the roll out of the Nursing Framework and ensure the increased co-location of Mental Health therapists in primary care.
52	Continue planned investment in upgrading local primary care facilities, ensuring completion of the pipeline of Estates and Technology Transformation schemes and other STP primary care capital schemes (that support the interoperability with other clinical and administrative systems).	Trish Thompson	ETT1	Working with the ETTF Project Board and the ETTF SRO, monitor the planned investment in upgrading local primary care facilities; completion of the pipeline of Estates and Technology Transformation; and other STP primary care capital schemes (that support the interoperability with other clinical and administrative systems).
53	Ensure oversight of schemes within the geographical area and work closely to ensure these schemes are delivered as planned within the timescales and budget set out for each project so that the benefits of this investment are realised by the improved facilities being used to support multidisciplinary working and the expansion of the primary care workforce.	Trish Thompson	ETT1	Working with the ETTF Project Board and the ETTF SRO, monitor the planned investment in upgrading local primary care facilities; completion of the pipeline of Estates and Technology Transformation; and other STP primary care capital schemes (that support the interoperability with other clinical and administrative systems).
54	Ensure that all GP practices are technically enabled to provide all the functionality that will be offered through the NHS App, as part of the Digital Primary Care transformation plan to ensure it is available to 100% of the population by 31 July 2019.	Eddie Olla	DIG2	Monitor and assure that all GP practices are technically enabled to provide all the functionality that will be offered through the NHS App, as part of the Digital Primary Care transformation plan, ensuring it is available to 100% of the population by 31 July 2019.

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55	Support connectivity by keeping in touch with all doctors in the sub-region, whether they are working on a sessional or substantive basis.	Ken Deacon / Dave Briggs	WF4	Establish and support the NHSE/HEE Primary Care Workforce Implementation Group.
			WF7	Continue to progress regional plans to improve general practice workforce data, to improve quality of workforce information and regular reporting through the national primary care workforce tool.
56	Deliver the GP nursing plan including working with HEE and higher education institutions to support nurses to choose primary care as a first destination and to retain experienced nurses already working in primary care.	Ken Deacon / Dave Briggs	GPN1	Work closely with the Project Manager for the GPN Programme to ensure the deliverables for both Programmes are integrated according to the agreement made in March 2018.
			GPN2	Ensure the GPN programme is reported nationally as part of the GPFV engagement with the national team, primarily within the Workforce workstream, and where applicable Practice Resilience too.
57	Continue with commissioning and deployment of 180 pharmacists and 60 pharmacy technician posts (funded by the Pharmacy Integration Fund, with support from NHS England Regional Independent Care Sector Programme Management Offices), to improve medicines optimisation for care home residents by 31 March 2020.	Ken Deacon / Dave Briggs	WF8	Working with HEE, assist NHS England in developing plans for the introduction of additional workforce as outlined in the DES Contract for 2019/20 (Clinical Pharmacists, Social Prescribers, Physicians Associates).
58	Ensure that clinical pharmacists are recruited into practices in line with approved applications for the clinical pharmacist programme.	Ken Deacon / Dave Briggs	WF3	To continue to monitor and assure the transition of the Clinical Pharmacist programme to the new DES arrangements, as per the new national GMS contract.
59	Ensure all staff in primary care settings have access to the support of a training hub and capacity to participate in training programmes (e.g. e-learning resources held by HEE); and that there is a plan to develop the agreed set of required functions by 31 March 2020.	Ken Deacon / Dave Briggs	WF6	Support alignment of STP workforce planning and PCN development with training hubs to support HEE achievement of 31 March 2020 target.
60	Work with HEE to ensure robust training programmes are in place to adequately support workforce plans.	Ken Deacon / Dave Briggs	WF9	Continue to support the design and implementation of the regional workforce retention four pillars programme.

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			WF10	Support NHS England's plans for the development of MDT models in line with planned national guidance.
61	Continue providing extended access to general practice services, including at evenings and weekends, for 100% of the population. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.	NHS England and NHS Improvement sub-regional leads to be confirmed	GPD5	Monitor and assure CCGs achievement of 75% utilisation of extended access appointments by March 2020 (if service went live in in 2017/18) and at least 85% if the service has been live before 2017/18.
			GPD6	Monitor and assure the delivery of 100% 111 direct booking system into extended access services for the whole population covered is by 31 March 2020.
			GPD7	Monitor and assure the delivery of 2 High impact actions (including online consultations, training and Time for Care) by 31st March 2020.
			GPD10	Monitor and assure that practices are meeting the requirement to offer 1 appointment per 3,000 patients, per day, for NHS 111 to book registered patients in to, following triage.
62	<b>Integrate extended access with other services at scale</b> to deliver value for money and efficiencies and support compliance with national core requirements to maximise capacity, availability and utilisation of appointments for 100% of the population.	NHS England and NHS Improvement sub-regional leads to be confirmed	GPD5	Monitor and assure CCGs achievement of 75% utilisation of extended access appointments by March 2020 (if service went live in in 2017/18) and at least 85% if the service has been live before 2017/18.
			GPD6	Monitor and assure the delivery of 100% 111 direct booking system into extended access services for the whole population covered is by 31 March 2020.
			GPD7	Monitor and assure the delivery of 2 High impact actions (including online consultations, training and Time for Care) by 31st March 2020.

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			GPD10	Monitor and assure that practices are meeting the requirement to offer 1 appointment per 3,000 patients, per day, for NHS 111 to book registered patients in to, following triage.