

Delegated Primary Care Commissioning Annual Report 2018/19

1. Introduction

NHS England delegated specific primary care commissioning functions to the CCG with effect from April 2016 to Aylesbury Vale CCG and April 2017 to Chiltern CCG. In April 2018, these two CCGs merged and became NHS Buckinghamshire CCG and the delegation agreement with NHS England was amended to reflect this. The specific delegated functions are:

1. Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to:
 - a. decisions in relation to Enhanced Services
 - b. decisions in relation to Local Incentive Schemes (including the design of the schemes)
 - c. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices
 - d. decisions about 'discretionary' payments
 - e. decisions about commissioning urgent care (including home visits) for out of area registered patients
 - f. the approval of practice mergers.
2. Planning primary medical care services in the area, including carrying out needs assessments.
3. Undertaking reviews of primary medical care services in the area.
4. Decisions about the management of poorly performing GP practices and including decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).
5. Management of the Delegated Funds in the area.
6. Decisions on the reimbursement of premises related costs covered under the regulations known as the Premises Costs Directions.
7. Co-ordinating one approach to the commissioning of primary care services with other commissioners in the area where appropriate.

This report sets out our activities and approach to these delegated functions. It summarises the contractual changes and procurements agreed in 2018/19. It also includes the wider Primary Care commissioning activities.

A financial report describing the management of the delegated funds as well as the wider Primary Care commissioning investment is also included.

1.1 Buckinghamshire Primary Care Landscape

Buckinghamshire is part of the Buckinghamshire Integrated Care System as well as the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (STP).



The CCG has 50 practices of which:

- Two hold Alternative Provider Medical Services (APMS) contracts
- One holds an interim APMS
- One holds a Personal Medical Services contract
- 46 are General Medical Services contracts

The registered population is 559,191 patients and in 2018, the CCG was divided into 7 localities:

Locality Name	Practice Name (01.01.2018)	Registered Population (01.01.2018)
Aylesbury North	The Swan Practice Whitchurch Surgery Norden House Surgery Ashcroft Surgery Edlesborough Surgery Wing Surgery	60,172
Aylesbury Central	Oakfield Surgery Meadowcroft Surgery Mandeville Surgery Poplar Grove Practice Whitehill Surgery Westongrove Partnership Berryfields Medical Centre	106,656
Aylesbury South	The Cross Keys Practice Haddenham Medical Centre Unity Health Waddesdon Surgery	48,748
Amersham & Chesham	Amersham Health Centre Gladstone Surgery Hughenden Valley Surgery John Hampden Surgery Little Chalfont Surgery Prospect House Surgery Rectory Meadow Surgery	76,569

	The New Surgery Water Meadow Surgery	
Wycombe	Carrington House Surgery Chiltern House Medical Centre Cressex Health Centre Desborough Surgery Kingswood Surgery Priory Surgery Riverside Surgery Tower House Surgery Wye Valley Surgery	91,817
Wooburn Green	Cherrymead Surgery Highfield Surgery Millbarn Medical Centre Hawthornden Surgery Pound House Surgery Stokenchurch Medical Centre The Marlow Medical Group The Simpson Centre	90,701
Southern	Burnham Health Centre Denham Medical Centre Southmead Surgery The Allan Practice The Hall Practice The Ivers Practice The Misbourne Practice Threeways Surgery	84,528

2. Primary Care Commissioning Governance

In 2016, the **Primary Care Commissioning Committee** (PCCC) was established and since then, has been meeting in public on a quarterly basis. In April 2018, the Committees that were jointly meeting for Aylesbury Vale and Chiltern CCGs merged to become the Buckinghamshire Primary Care Commissioning Committee. The Committee is a statutory sub group of the Governing Body – see diagram at Appendix 1.

The **Primary Care Operational Group** (PCOG) meets monthly to oversee and manage the day to day business associated with commissioning and contracting of all primary care activity and reports to the Primary Care Commissioning Committee.

The **Premises Sub Group** also meets monthly to ensure primary care premises are developed in Buckinghamshire to support the implementation of CCG and the Sustainability and Transformation Partnership (STP) commissioning plans which are aligned with the One Public Estate initiative. The Premises Sub Group is not a decision making group but is a sub group of the PCCC and makes recommendations into that committee.

In July 2018, RSM, who provide internal audit functions for the CCG, carried out an Assurance Review of the CCG's delegated Primary Care Commissioning processes and functions. The scope of their work included reviewing:

- the governance arrangements between the CCG and NHSE
- the level and quality of information received from NHSE to support the CCG in carrying out its duties
- the role of the Primary Care Commissioning Committee in supporting the primary care commissioning agenda

- Work plans for the management of primary medical services
- Arrangements for receiving, and where required, acting upon performance reports
- How quality and outcome issues from providers are highlighted, monitored, reported and actioned in order to improve the service provided.

RSM's report did not raise any major concerns; however two moderate risks were noted:

1. There should be a regular, formal reporting process in place on practice performance against the Primary Care Development Scheme (this has already been added as a standing agenda item for the Primary Care Operational Group).
2. A performance management framework is formalised for monitoring primary care contracts. To meet this requirement, a Quality Improvement and Assurance Framework is being developed jointly between the Quality and Primary Care teams and will be launched in Autumn 2019. This framework includes NHS England's guidance on performance management of primary care contracts as set out in their Primary Medical Care Policy and Guidance Manual (PGM).

3. Managing Delegated Functions

3.1 Contract Review

The Primary Care team regularly meets with the Quality team to review information relating to non-compliance of general medical practice within the terms of the contract. This includes the review of concerns which are thought to pose a risk to the efficiency, effectiveness, reputation or patient safety of NHS services and those likely to be non-compliant with the contract. Quarterly meetings are held with local CQC representatives and CQC reports are reviewed. The Primary Care team considers whether any contractual action needs to be taken as a consequence of any CQC Requirement Notices. No such notices were issued in 2018/19.

3.2 CQC Inspections

CQC inspected 13 practices during 2018/2019 and all achieved a rating of 'Good', including 1 practice that had previously been rated as 'Inadequate'. Currently all 50 member practices have been rated overall by CQC as Good or Outstanding and all report the same for each of the individual domains - Safety, Effectiveness, Caring, Responsive and Well-led.

3.3 Mergers and Closures

The CCG is responsible for the contractual management of contract variations including practice mergers, boundary changes, branch closures and full practice closures. In 2018/19, the Primary Care Commissioning Committee (PCCC) approved the following variations:

Practice	Change	Date Approved	With Effect From
Pound House Surgery and Hawthornden Surgery	Practice Merger to become the Bourne End and Wooburn Green Medical Centre	01/03/2018	09/07/2018
Dragon Cottage (Chiltern House Medical Centre)	Branch Closure	06/09/2018	07/09/2018
Oakfield Surgery	Boundary Change	07/06/2018	02/07/2018
Poplar Grove Practice	Boundary Change	07/06/2018	11/07/2018
Mandeville Practice	Boundary Change	03/01/2019	04/12/2019
Water Meadow Surgery	Boundary Change	07/02/2019	01/04/2019

3.3.1 Chiltern House Medical Centre

The CCG was notified on 9 July 2018 that one of the partners at Chiltern House Medical Centre (CHMC) was immediately dissolving the partnership which held the contract for provision of primary

medical services. NHS Regulations governing GMS contracts require that the contract ceases at the same time as the dissolution.

Buckinghamshire CCG awarded an interim APMS contract to Primary Care Management Solutions. This was for up to 12 months to maintain patient services whilst a robust options appraisal and engagement exercise was undertaken.

On 6th December 2018, the PCCC received the options appraisal and noted the extensive patient involvement undertaken where over 1000 responses to a survey were received. The engagement process asked patients and practice staff to indicate their preference out of the following three options:

1. A managed list dispersal over many practices
2. A managed list dispersal to one particular practice
3. Procurement

Both patients and practice staff showed clear support for the CCG to procure a new provider for patients registered at CHMC. This was approved by PCCC and the CCG launched a procurement exercise on 12 March 2019 to identify a new contract provider. The CCG is anticipating a new APMS contract will commence on 1st September 2019.

3.4 Applications for Minor Premises Improvement Grants

From time to time, NHS England announces the availability of minor improvement grant funding (MIG) to support certain premises improvements. The level of funding available in 2018/19 was suitable for small scale work to allow practice premises to be functionally suitable and/or have improved capacity for the near future. The primary care team requested practices submit bids. These were reviewed to ensure they did not conflict with the wider estates strategy and to determine whether they met the requirements of the Premises Cost Directions (2013). Bids were then submitted to NHS England for approval.

Under the Premises Costs Directions (2013) practices have to contribute 34% of the costs of any work undertaken. The following bids were approved:

Practice	Details of bid	Total cost of works (£)	Amount reimbursed at 66% (£)	Status
Hughenden Valley Surgery (Prestwood branch surgery)	Disability Discrimination Act (DDA) improvement Lift installation	35,802	23,629	Complete
Meadowcroft Practice	Installation of modular units to provide additional capacity	45,454	30,000	Complete
Berryfields Practice	Installation of modular units to provide additional capacity	45,454	30,000	Complete
The Hall Practice	Converting office space to consultation rooms to provide additional capacity and installation of Air Conditioning Units	22,788	15,253	Complete
The Swan Practice	Converting office space to consulting rooms at Verney Close to provide additional capacity	20,000	12,324	Complete

Bourne End & Wooburn Green	Upgrading rooms for use as clinical space	3,322	2,193	Underway
Westongrove	Converting meeting room space into a group room for leg ulcer clinics	4,012	2,648	Underway
Mandeville Practice	Refurbishing rooms for clinical use, automatic doors fitted and improvements to security	15,050	9,933	Underway
Ashcroft Surgery	Move administration function to first floor in loft space so that practice can become a training practice	209,400	138,204	Underway
Priory	Consulting room on ground floor to provide additional capacity	9,474	6,253	Underway
Cressex Health Centre	Internal reconfiguration to create additional capacity	250,000	125,000	Project not started as no lease in place
Highfield	Infection Control improvements Vinyl flooring	8,000	5,280	Practice withdrew bid
Iver Medical Centre	DDA improvements Lift Installation	50,000	33,000	Not viable
Total		718,756	433,717	

3.5 Directed Enhanced Services

The Primary Care team leads on securing the sign up and monitoring of all of the Directed Enhanced Services (DES). Sign up for 2018/19 Directed Enhanced Services are shown below:

Directed Enhanced Service	No of Practices (out of 50 in total)
Learning Disabilities	50
Extended Hours	39
Minor Surgery	48

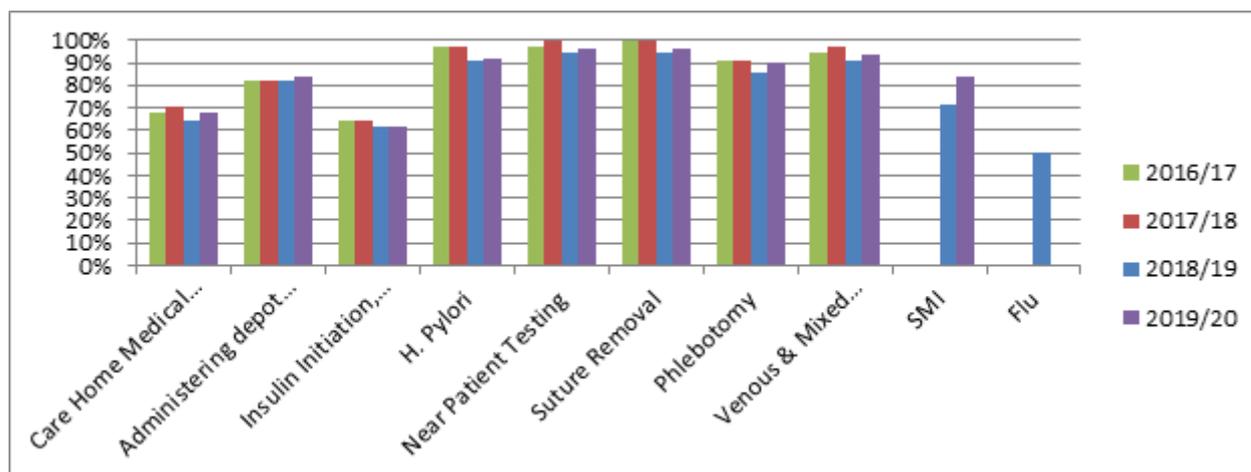
3.6 Locally Commissioned Services

The CCG commissioned 8 Locally Commissioned Services (LCS) in April 2018 as follows:

- Care Home Medical Service
- Administering Depo Neuroleptics in Primary Care
- Insulin Initiation, Monitoring and Restabilisation
- H. Pylori Testing
- Near Patient Testing
- Suture Removal
- Phlebotomy
- Venous and Mixed Aetiology Leg Ulcer

Further LCS were commissioned in July and September 2018, to promote health checks for people with severe mental health illness (SMI) and to provide treatment for patients in care homes where there is a confirmed outbreak of flu during key times of the year.

Sign up to LCS in 2018/19 is shown in the table below.



During the year, a comprehensive clinical review was undertaken to assess the coverage of all the schemes and whether other elements could be added. A decision to implement further schemes has been deferred, pending the formation of Primary Care Networks.

3.7 The Primary Care Development Scheme

In 2017/18, the CCG approved the launch of the Primary Care Development Scheme as an alternative to the national Quality and Outcomes Framework (QOF).

The Primary Care Development Scheme was designed to enable primary care to transition to new models of care in line with the *5 Year Forward View*, while maintaining clinical quality of services; supporting primary care to develop so that it can provide population-based healthcare within the current and expected financial envelope; maximise opportunities to work together; and utilise additional NHS funding where available.

A mixture of process and outcomes metrics were developed which practices were expected to meet.

Foundation Gateway –Process achievements which are essential building blocks for transforming primary care to support care delivery.

Care Delivery –To improve specific areas of care delivery around CCG priority areas. Available to practices that have achieved all elements of the foundation gateway.

Care Delivery Alternative –Alternative metrics to those outlined in the QOF to be delivered. These metrics demonstrate improved patient outcomes of care.

In its second year, the PCDS attracted 100% sign up by practices with the most successful elements being::

- Delivery of dementia care planning
- Non-steroidal anti-inflammatory drug (NSAID) management
- Heart failure management
- Referrals to Improved Access to Psychological Therapies
- Atrial Fibrillation management.

The scheme has been instrumental in delivering better outcomes for patients during the year and has become a key mechanism of sharing best practice and supporting GPs and practices to work together. Much of the training was geared to supporting this scheme and the amendments made following a review at the end of 2017/18 were welcomed by practices and 2018/19 saw the scheme develop in a number of areas:

- Care and support planning for all Long Term Conditions
- Greater consistency in heart failure management
- Extended antibiotic management to cover more areas
- Comprehensive diabetes education plan for patients supporting self-management of the condition

The Buckinghamshire scheme and others like it in CCGs around the country have informed national thinking on how the new QOF scheme for 2019/20 has been developed.

4. Quality Improvement

The CCG has a statutory duty to support continuous improvement in the quality of Primary Medical Care services.

4.1 GP Patient Survey

The GP Patient Survey was published in July 2018. The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences. In Buckinghamshire, 13,836 questionnaires were sent out, and 5,743 were completed - a response rate of 42%. Survey results can be found at <https://www.gp-patient.co.uk>. Overall 84% of patients described their experience at their GP practice as "good", 7% of patients as "poor". This leaves room for improvement in 2019/20 and the Quality Team will continue to monitor survey results and support practices by sharing good practice from elsewhere.

4.2 Quality Improvement Framework

The CCG developed a Quality Improvement Framework in 2017 to supplement the Quality Strategic Framework. This was shared with all GP practices who were asked to reflect on and incorporate elements within their own approach to improving quality. Alongside the framework, a GP Quality Dashboard was created, pulling together a wide range of general practice data to compare against local/national averages and practices, supporting efforts to share good practice and drive improvements.

The framework is being further developed to incorporate contractual performance management (see 2. Primary Care Commissioning Governance). It will be used to monitor quality improvement activities in General Practice in 2018/19 and to provide assurance regarding the quality of Primary Medical Care Services.

5. Digital Transformation

5.1 E-Referrals

At the beginning of 2018/19 the CCG was achieving around 50% of relevant referrals through the Electronic Referral System (ERS). Thanks to the hard work of Buckinghamshire practices, and a switch in referral methods (fax referrals would no longer be accepted) almost 100% of relevant referrals were being made through ERS ahead of the national deadline of October 2018.

5.2 Online Consultations

During 2018/19, the "Ask NHS" application has been developed and promoted to all patients to access advice and guidance as well as access their GP booking system and patient information. By 31 March 2019, the target of 30% (15) practices using the Ask NHS application was achieved and roll out is continuing in 2019/20.

Findings from the rollout of online consultations are that:

- Patients are being successfully redirected to self-care
- If a face-to-face or telephone consultation is needed, the practice receives a summary of the triage which is accessible by the clinician from the booked appointment. This means the clinician has advance warning of the patient's symptoms leading to a more efficient and effective consultation. This allows the practice to judge whether the appointment has been booked with the most appropriate clinician and reallocate it if necessary
- Regular clinical review sessions have demonstrated that clinicians are confident that the patients are being triaged appropriately and being directed to the right service
- Less calls to practices
- Imminent developments to be added

5.3 Shared patient records – My Care Record

My Care Record enables data to be shared with authorised care professionals and 75% of sites were enabled in readiness for rollout.

5.4 Patient Online Services

Practices were asked to promote the use of patient online services with the aim of getting 30% of patients using online services. 44% of Bucks GP practices have registered at least 30% or more of their patients for online services. 100% of Bucks GP practices registered at least 10% or more of their practice population for online services.

6. General Practice Forward View (GPFV)

The General Practice Forward View, published in April 2016, outlined the current crisis facing GP practices in England and proposed a number of initiatives (many with national funding streams) to support sustainability and transformation in Primary Medical Care.

CCGs were required to produce a GPFV plan detailing how the proposals would be implemented locally. The Buckinghamshire CCG's Plan 2017-2019 was submitted and signed off by the Primary Care Operational Group on 3 May 2018.

Some of the key projects undertaken in the 2018/19 financial year were:

6.1 Reception and Clerical Staff Training

As part of the General Practice Forward View and the subsequent General Practice Development Programme, a national fund was created to contribute towards the costs for practices to train reception and clerical staff to undertake enhanced roles in active sign-posting and management of clinical correspondence.

6.2 Care Navigation

The launch of a Care Navigation Training programme has provided the opportunity for 72 non-clinical practice staff across Buckinghamshire to receive bespoke training from The National Association of Primary Care (NAPC). 21 of our Primary Care Navigators successfully completed a higher level of training. Primary Care Navigation means assisting patients and carers in identifying and accessing the systems and support available to them within health and social care. Further training opportunities will be available in 2019/20.

6.3 Workflow Optimisation

The CCG has supported practices in upskilling non-clinical staff in the role of workflow optimisation. Training opportunities will continue throughout 2019/20. To date, 70 practice staff members have

received training. Workflow optimisation allows non-clinical staff to work against standard protocols developed in-house and refined through continuous improvement. This focused on managing incoming correspondence which does not require clinical oversight and can release GPs time to care.

6.4 Time for Care Programme

The Time for Care programme offers practices the opportunity to access facilitated support from the NHS Sustainable Improvement Team to implement some of the Ten High Impact Actions (outlined in the GPFV). In July 2018, NHS Buckinghamshire CCG arranged a showcase event for local practices. This resulted in

- 11 practices undertaking the Productive General Practice (PGP) Quickstart Programme, an on-site, hands-on, short term support package. Alongside the 10 High Impact Actions, PGP Quickstart aims to help practices release time for care and build improved capability. Feedback was extremely positive with practices learning efficient process mapping skills to help them to make tangible differences within their practices. This released GP time to care and to improve the patient experience. The learning from the programme can be transferred to enable further improvements within practices.
- Practices benefitted from the Fundamentals of Change and Improvement training which provided an overview of delivering change and how to apply these skills to a local project. Feedback was positive with participants expressing an interest in undertaking further training opportunities in the future.

6.5 General Practice Resilience Programme (GPRP)

The General Practice Resilience programme is a national programme which was established to support practices facing resilience issues and to encourage the development of longer term sustainability plans. In Buckinghamshire, the programme is administered by the Primary Care team under the governance of the Primary Care Commissioning Committee. During 2018/19, funding has been used by 19 practices for both proactive and reactive purposes.

6.6 General Practice Retention Scheme

The Primary Care team has worked with their Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP partners to secure a significant financial investment to establish a GP Workforce Support Programme. Across the BOB STP, like many other areas, GP recruitment and retention remains a challenge. GPs are increasingly choosing salaried or locum employment rather than traditional GP Partnerships. Delivering a sustainable model of general practice with improved outcomes for the BOB STP population will mean addressing current supply issues. Practical steps such as the paramedic practitioner pilot, supporting patients to self-care, workflow optimisation, primary care navigators and participation in the International GP Recruitment Scheme (IGPR) are already being implemented and networks of GP practices have committed to supporting integrated team development. However, more is required to address the current GP recruitment and retention difficulties.

The GP Workforce Support Programme aims to support the three BOB STP Training Hubs (outlined in 6.7) to establish and embed a workstream supporting the GP workforce (both independent and employed in general practice) to maintain and improve local GP services for the local population. The service will provide an administrative support base and pastoral care to support and retain a flexible GP workforce. It is anticipated in time that services offered by the GP Retention Scheme will also be made available to the wider GP Workforce.

The programme is based on three workstreams which will include the establishment of a bespoke Locum GP Chambers, a Career Flex Programme and GP Support. This will include dedicated mentoring and career coaching opportunities as well as supporting GPs to return to work after a period of absence.

6.7 Bucks Training Hub

Training Hubs are funded by Health Education England and are designed to meet the educational needs of the multi-disciplinary primary care team and bring together NHS organisations, community providers, local authorities and education establishments. Their aim is to provide a much broader education offer than the traditional, single professional approach and will support workforce planning. Training Hubs are considered essential for workforce transformation due to their ability to engage multiple general practice organisations and provide consistent education and workforce planning support.

In 2018, the Bucks Training Hub has delivered training and education to over 400 members of staff both within the primary and community care sectors, including, nurses, paramedics, pharmacists, Health Care Assistants (HCAs), front desk receptionists and practice managers. Increasingly, the Training Hub is seen as the first point of contact for training and education needs for local staff.

The Hub has not only been focusing on providing education, but also developing and strengthening partnership working with local CCGs, Thames Valley Training Hubs, Higher Education Institutions and local authorities.

The Training Hub is currently gathering workforce data to inform education strategy, priorities and activities in the upcoming year. The launch of the new lead nurse and HCA forums, amongst others, will enable the Training Hub to be in a better position to respond and deliver workforce needs.

7. Bucks 24/7

7.1 GP Out of Hours

The Primary Care Team was involved in the successful transition and transfer to a new provider of GP Out-of-Hours Services and the Wycombe Minor Injuries and Illnesses Unit in April 2018. Despite a rising demand for urgent care, the new service settled well. It has attracted national attention as one of the first units designated as an Urgent Treatment Centre. This is because it is becoming part of a fully integrated urgent care service in which patients are able to phone NHS 111 to be guided to the most appropriate treatment including booking appointments in the out-of-hours service or the minor injuries and illnesses unit, depending on their injury or illness symptoms.

This change is seen as Phase 1 of transforming access to primary care 24/7. We are beginning to see joined up care between healthcare providers giving access to care 24/7 as well as sharing information. The new service is provided by local healthcare and mental health care trusts, the ambulance service who also provides the NHS111 clinical assessment service and the local GP Federation representing most of the GP practices in Buckinghamshire, all working together to transform the way in which people can access urgent treatment.

7.2 Improved Access to General Practice (IAGP)

Phase 2 of service transformation was the introduction of IAGP on 1st October 2018. Each locality has implemented an additional 30 minutes of bookable appointments per 1,000 weighted population in general practice. IAGP is designed to improve access to routine, bookable appointments outside traditional core GP hours (8am to 6.30pm) and all patients registered with a Buckinghamshire GP are now able to access an appointment up to 8pm on weekdays and restricted times over the weekend. The service is based on practices working together on a locality footprint to offer improved access so patients may be offered an appointment at a different practice.

The service offers approximately 270 hours of additional access to general practice a week across Buckinghamshire. A number of key transformational workforce models are emerging, for example the use of physiotherapists and paramedics is being piloted along with virtual consultations (QDoctor).

Building on the experience that localities have gained through working together to deliver improved access, practices are beginning to see tangible benefits from working in collaboration. The next steps are to use the development of the locality plans to further encourage this collaboration in the shape of Primary Care Networks.

8. Primary Care Budget

The table below provides information regarding the budgeted and actual expenditure in relation to the primary care delegated commissioning functions and the wider Primary Care commissioning programme.

Co-commissioning (SUBJECT TO AUDIT SIGN-OFF)

Summary	Description	Annual Budget 18/19 £k	Outturn 18/19 £k	Variance £k
GMS	GMS Contract	42,058	42,213	(154)
PMS	PMS Contract	2,427	2,500	(73)
APMS	APMS Contract	2,436	3,066	(630)
QOF	QOF	7,198	7,198	0
DES	Enhanced Services	1,876	1,743	132
PCO	Other	3,946	4,202	(256)
Collab	Reserves	714	0	714
Premises	Premises	7,339	7,521	(182)
Total		67,994	68,442	(449)

Local Commissioning Schemes (SUBJECT TO AUDIT SIGN-OFF)
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Summary	Description	Annual Budget 18/19	Outturn 18/19	Variance
LCS	Direct Awards	1,972	1,972	0

(SUBJECT TO AUDIT SIGN-OFF)	Annual Budget 18/19	Outturn 18/19	Variance
Out of Hours (BHT 24/7)	7,010	7,010	0
GPFV (Non-Recurrent)	2,064	2,064	0
GPIT	1,780	1,780	0

These figures represent the unaudited 2018/19 position. The majority of the overspend in co-commissioning is related to pressures from GP in year pay award and expenditure from the requirement to support the changes at CHMC and utilisation of section 96 flexibilities to support neighbouring practices to manage patient flows.

9. 2019/20 and Beyond

The main priorities heading into 2019/20 include:

- Delivering statutory responsibilities under delegated primary care commissioning
- Achieving financial balance on the primary care commissioning delegated budget
- Development of an STP-wide Primary Care Strategy
- Development of robust and realistic Workforce and Estates strategies for Primary Medical Care Services
- Ensuring delivery of Primary Care Networks covering 100% of the Buckinghamshire population
- Building primary care resilience across Buckinghamshire through integrated working at scale within PCNs
- Improved productivity through the roll out of digital solutions and streamlined workload processes
- Implementation of a Primary Care Quality Framework with increased operational support from the Primary Care and Quality teams

Appendix 1

