NHS Camden
Clinical Commissioning Group

Programme Mandate
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REVIEW

Reviewed by (name)	Title	Organisation	Dates
Chairs/Vice Chairs		Camden CCG	
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APPROVAL

Approved by	Date
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Primary Care Programme Mandate

1. Introduction:

The population of Camden is living longer, growing and constantly changing and marked by significant differences in health experience and outcomes between its richest and poorest communities. Life expectancy at birth (2009-11) for men in Camden is now 79.9 years, an increase of 5.6 years from 10 years ago and is similar to that of London (79.3 years) and England (78.9). For women in Camden life expectancy is 85 years and higher than London (83.6 years) and England (82.9 years). Whilst the improvements in life expectancy at birth for men and women in Camden overall paint a positive picture of improving health, the gap in life expectancy observed between people living in the most and least deprived areas of Camden reflects big differences in wealth, deprivation and health across the borough. This is particularly stark for men where there is an 11.6 year gap in life expectancy within the borough (2006-10). For women there is a life expectancy gap of 6.2 years. The main drivers of the "within Camden" gap in life expectancy are coronary heart disease, lung cancer, liver disease and mental health disorders[1]. General practice plays a significant part in addressing these inequalities and although the spend on general practice per weighted population is amongst the lowest in London, Camden has a higher than average performance on Primary Care outcomes[2]. For example, Camden's GP prescribing performance is the best in London and enjoys the lowest GP to patient ratio. Camden is also home to some of London's largest GP practices.

This document outlines the Mandate for the Primary Care Programme for 2014-2017. It was developed using a collaborative approach, with representatives from Camden GP practices, residents and the Camden CCG Programme Team.

2. Context

The Department of Health has made tackling health inequalities a priority and is under a legal obligation to promote equality across the strands protected in the *Equality Act (2010)*. The *Health and Social Care Act (2012)* placed legal duties on the Secretary of State for Health, the NHS Commissioning Board and Clinical Commissioning Groups to have regard to the need to reduce health inequalities[3]. The *NHS Outcomes Framework* (set out by NHS England) sits beneath this Act and sets out priorities for Clinical Commissioning Groups (CCGs). The framework for 2013-2014 was made up of: (1) Addressing preventing people from dying prematurely; (2) Enhancing quality of life for people with long-term conditions; (3) Helping people to recover from episodes of ill health or following injury**;** (4) Ensuring that people have a positive experience of care and (5) Treating and caring for people in a safe environment and protecting them from avoidable harm.

In order to inform these obligations, Camden developed a *Joint Strategic Needs Assessment* (JSNA). The ultimate purpose of the JSNA process was to use the information gathered to identify local priorities and support commissioners to commission services and interventions that are based on need, which would in turn achieve better health and wellbeing outcomes and reduce health inequalities[4]. These plans and discussions helped Camden to flag four broad patient groups that it believes are important health improvement priorities for Camden:

- Children and young people
- Mental health

[1] http://www.camden.gov.uk/ccm/cms-service/stream/asset
[2] Camden Story. Sustainable Insights, Camden CCG. (Draft). January, 2014
[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf
[4] http://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment

- Frail and elderly people
- Long-term conditions and cancer

And one provider group:

- General practice services

In order to satisfy these priorities, Camden CCG determined the following aims[5]:

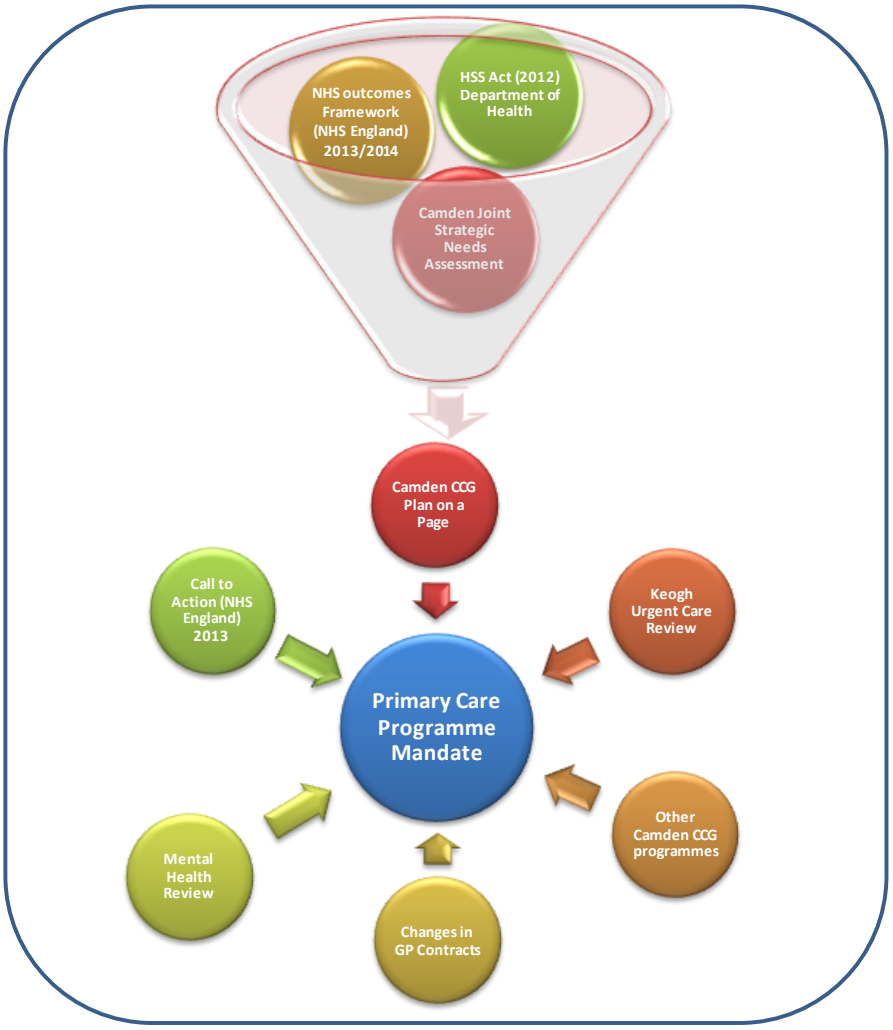
- Identifying and meeting needs to reduce inequalities
- Making sure we can afford healthcare for years to come by investing in long term prevention, integrating care and maximising value
- Improving the quality and safety of services
- Outcome focussed provider delivery
- Strong and sustainable clinical leadership - driving our existing commissioning plans and ensuring local healthcare accountability
- Working across the whole system - to transform care rather than focussing on individual parts of the system

Consequently, Primary Care was developed into a Programme with its own Mandate which is viewed as an enabler working in matrix to help to deliver the CCG's other mandates for Children and Young People, Frail Elderly, Long Term Conditions, and Mental Health.

In order to fully embed the Primary Care Mandate into the Camden CCG strategy, it was also shaped by NHS England's *Call to Action* (2013)[6] the Keogh *Urgent Care Review* (2013)[7] ; the Mental Health Review, the other CCG Programme Mandates[8]; and the proposed changes in GP Contracts.

[5] *Camden CCG Plan On A Page | NHS Camden Clinical Commissioning Group*

[6] *http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf*
[7] *http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf*
[8] 1y Care Mandate\Frail and Elderly Programme Mandate_V7.docx; 1y Care Mandate\LTC & Ca Programme Mini-Mandate FINAL v4.pdf



NHS England as part of their Call To Action have made Accessible Care one of their three key priorities for the future of General Practice. In March 2014 they will publish a set of 'standards' to which CCGs and practices should aspire. This Mandate paper is being developed just prior to their publication. Therefore, acceptance and delivery of the standards is subject to agreement once they have been published and consulted on.

These standards recognise both the existing high levels of patient satisfaction in some areas while acknowledging a significant gap between the highest and lowest rated practices. They also recognise the evolving needs and expectations of service users who increasingly expect a service that fits around their working lives and makes use of modern communication modes.

The Draft NHS England Access Standards are currently:

- Same day access to a GP when requested
- 7 days a week 8am-8pm opening hours through federated working model
- Appointments bookable at least 4 weeks ahead
- All patients to have a named GP who has ultimate accountability for their care
- Flexible appointment lengths
- Choice of appointment modalities (e.g. telephone, email, face-to-face, video call)
- Appointments bookable at first contact (i.e. no more "call back tomorrow at 8am")

3. Vision

Over the last 18 months, significant progress has been made by the Primary Care Programme in fulfilling the Camden CCG strategy of improving the quality of general practice through local peer review and improving access to primary care through networks of GP providers. This mandate seeks to build on these achievements, to take stock of the lessons learned from our work thus far and to develop the general practice landscape in relation to capacity, quality and equity to support wider system integration.

Vision Statement: *The Camden CCG Primary Care Programme seeks to improve the patient experience by building capacity in general practice in a way that is patient focused, high quality and value based. It will develop a sustainable, system-wide solution to reduce inequity and inequality across the Borough; will be implemented with defined outcomes and provide innovative care in the most appropriate location by the most appropriate staff.*

3.1 Strategic Priorities

Camden CCG Primary Care Programme is committed to ensuring patients receive a high quality, continually improving and evolving service. Recognising the financial climate that is impacting on health, we will continuously review the services we provide to identify efficiencies and initiate programmes of work to develop innovative and efficient use of resources, process and technology to realise patient benefits. This will require us to develop a culture of innovation and constant business improvement. Our key strategic aims will ensure that we have a primary care development plan that is driven by the needs of our residents and the need to demonstrate a value - based service.

In order to fulfil the Vision Statement, the following strategic priorities were identified:

- ✓ Enhance the Patient Experience
- ✓ Create a general practice service that acts as an enabler for other programme initiatives
- ✓ Ensure Quality and Safety
- ✓ Improve Equity of Access
- ✓ Ensure Continuity of Care
- ✓ Bringing care as close as possible to the patient and their own GP
- ✓ Promote Collaborative working

4. Aims

To achieve the vision, the programme will commence a three year plan to achieve three headline aims:

4.1 **Aim 1** – To future proof the structure and delivery of high quality primary medical services across the borough of Camden through establishment of a model of federated working and system wide integration

If system wide change is to occur to ensure that people are seen in the right place, first time, it is necessary to look to the structural readiness and capacity of general practice to facilitate a reduction in acute activity and adopt a more case managed proactive approach for those with

chronic and complex needs. As can be seen from Appendix 1 – the Camden Primary Care Story, there is evidence across the country that GP services have already innovated to subsume increasing demand for consultations year on year, without the associated increase in funding. Whilst more can be achieved to utilise technology to develop alternative options to the traditional 10 minute face to face consultation, new ways of working are also required to prepare for the increasing numbers of frail, older people and those with multiple long term conditions. Both groups are forecasted to rise over the next 10 years.

4.1.1. To federate or set up networked alliances of practices

Camden's general practice community has a rich history of collaborative working, including the collaboration in setting up the initial out of hours service (Camidoc), strong links from practice based commissioning initiatives to the development of a Clinical Commissioning Group. In NHS England's publication 'Improving Primary Care – A Call to Action', the importance is emphasised of registered lists and the continuity of care and carer that this enables. However, there is an acknowledgement that practices will struggle to adapt to the changes in the healthcare delivery environment if they remain isolated practice units. The Call to Action encourages practices to form alliances or federations to jointly delivery services across extended hours.

In Camden, one third of GP practices have 4000 registered patients or less. Universal coverage of local services, urgent care and operational innovation is more challenging for smaller practices. By developing federations based on the principle of subsidiarity (devolving care as far as is practicable to patients' own GP practice) the service 'footprint' becomes shared across a number of different practices, whilst at the same time assuring autonomy for practices and continuity for patients. All practices will thereby be able to make a contribution to the federation, whilst benefiting from the wider pool of resources.

This will require a fundamental culture change within general practice. It will require extensive mutual trust, assurances from the CCG and national bodies. It will require careful negotiations and legal assistance to define contractual mechanisms for cross referrals; referral and payment mechanisms that incentivise collaborative working. Success will hinge on facilitating GPs, nurses and practice managers in stepping outside of their day job to undertake strategic planning. It will also require detailed workforce and premises capacity planning.

Although a key objective of Camden CCG's primary care programme, there is an acknowledgement that the road to federation needs to be a provider-led process with emphasis on alignment of interests and allaying fears to make a clear case for change.

As of February 2014, Camden CCG is supporting 38 pilot projects that are seeking to innovate around primary care access. Several of the pilots are testing novel collaborative working arrangements. The learning from these pilots will inform the approach towards federated working.

The delivery trajectory will be:

Early 2014/15	**Exploration of federation models, setting out a case for change**
Late 2014/15	**75% of practices will be federated by March 2015**
2015/16	**90% of practices will be federated by March 2016**

4.1.2. Via the federations, to achieve universal coverage and delivery of gold-standard access to primary care and urgent care through leveraging the strengths of their stronger structure.

Camden CCG's recent urgent care review found that 85% of people wanting on the day urgent care received the service from their GP. Of the 15% who attended A&E, most reported that they wanted to see a doctor face to face, that same day. Most reported not even trying their GP, even though they were registered.

This shows that there is strong evidence of good, innovative practice by individual GP practices to accommodate the majority of Monday to Friday on the day demand. The programme will build on this to achieve 8-8 care, seven days a week across all practices.

Work is underway to map current Camden primary care activity and demand. This will facilitate future service planning and allow the outcomes of future changes to be accurately evaluated. Furthermore, as mentioned in 4.1.1, Camden CCG is supporting 38 pilot projects that are seeking to innovate around primary care access. The locally specific learning from these pilot projects will inform how the CCG works with provider practices to deliver the access standards above.

The delivery trajectory will be as following:

2014/15 75% of patients' practices will be formally members of a federation

2015/16 90% of practices will be federated

4.1.3. To federate or set up networked alliances of practices to achieve universal coverage of access to locally commissioned services

Locally commissioned services (LCS) facilitate additional primary care work, based on registered lists to achieve proactive advancement of prevention, identification and registration of conditions and delivery of local services. There is currently no single practice that offers the full range of services across Camden. Each LCS is optional to practices, meaning that registered patients receive differing levels of service, depending on whether their practice chooses to deliver the full range of additional services.

Once the federations have been established (Aim 1), universal coverage of LCS delivery becomes possible.

The delivery trajectory will be:

2014/15	**All LCSs will be reviewed to ensure fit with a federated model**
	50% of registered patients will achieve 75% of LCS coverage
2015/16	**90% of patients will have access to 75% of LCS coverage. 25% of patients will access 100% of LCS.**
2016/17	**100% of patients will have access to 100% of LCS**

Note: It is assumed with the above that additional LCSs will be developed from other programmes (e.g. mental health). These additional services are included within the figures above.

4.1.4. Enablers required to facilitate the development of the federated model

There are six key enablers that will require parallel consideration alongside the development of the federated model. They are:

1. A partnership review to be developed with NHS England to ensure NHSE support for the programme
2. An estates review
3. Contracts and payments review
4. Workforce development and training review
5. Technology review
6. Resourcing of a change management strategy

Key partners in the delivery of the reviews will be NHS England and NHS Property Services.

4.2 **Aim 2 -** To enhance the development and delivery potential of each federation by developing hub based chronic and complex care support around each federation complemented by dedicated community services

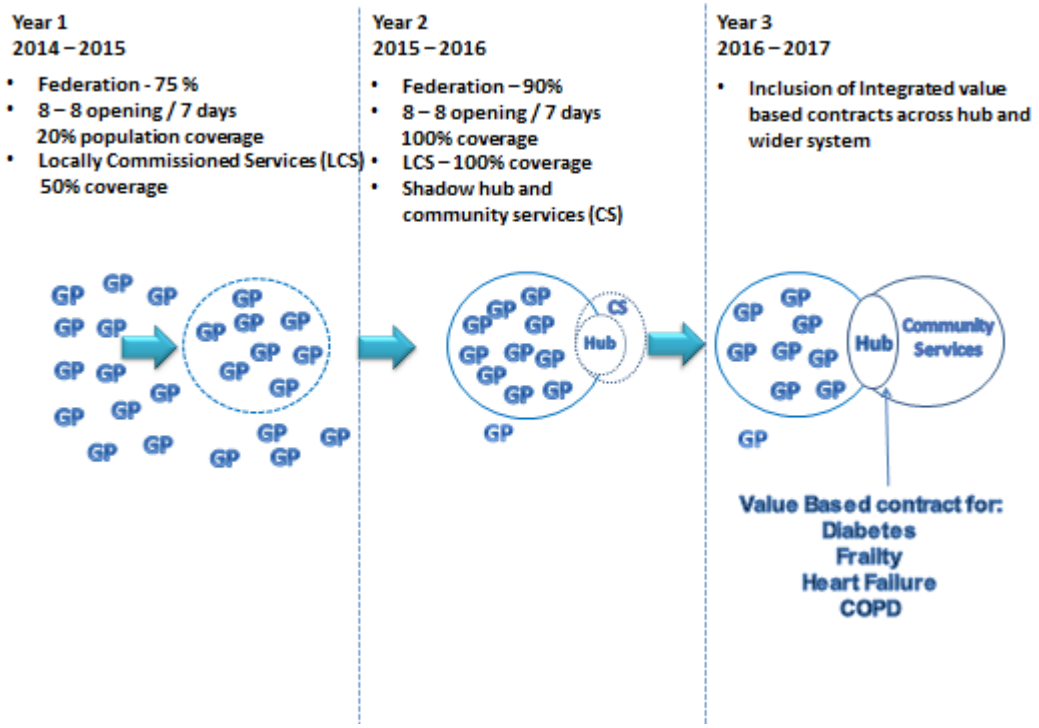
Camden CCG has prioritised 5 transformation programmes to achieve system wide integration for prevention, proactive case management and secondary avoidance. The Primary Care Programme is an enabler to the wider CCG agenda. Its focus is to establish structural and operational changes to develop the capacity to hold more complex patients within their home and local area, and avoid unnecessary admissions and unscheduled care.

Redesigning the delivery of primary care needs to be complemented by clear support from the new integrated pathways of care that are being developed within the long term conditions programme, frailty programme and mental health programme. This will require specialist advice, support and guidance to be accessible to the federations to augment the clinical responsiveness necessary to keep complex people as functionally stable and within their homes for as long as possible: the key outcome that patients tell us they want to achieve. There will also need to be representative input from the federations to the design and review of all integrated pathways.

Camden already has various hub and spoke structures. These are being reviewed as part of the CICS review. This includes the hubs at Stephenson House and Mary Rankin as well as the community team hubs defined by social work teams, mental health teams and community nursing teams. If the federated model is to work effectively, it will require the support of the local hubs, meaning that they will need reviewing to align their work to the federations.

It is a fundamental assumption in acute avoidance that primary care services are able to take on the additional demand. A patient's GP remains their care coordinator and therefore it is necessary to place all coordinating support around the GP.

The following diagram sets out the timeframe and phased development of an enhanced GP federated model to include hub services around chronic and complex care supported by dedicated community teams.



To achieve this aim, the following objectives will be delivered:

4.2.1 To develop a joint commissioning review of community services and propose a hub model around the federations for inclusion within 2015/16 contracts

The programme will fund project management support for the joint commissioning teams (CNWL and C&I) to undertake the review and propose contractual and reorganisation changes to be included within the 2015/16 contracts.

Included in the review will be a consideration of systems to ensure that all hub services are aligned around a single system for data entry, mobile technologies are employed to enable real time updating of the single patient record and treatment tracking mechanisms are in place to enable the GP coordinator to track the patient journey. Reorganisation of services to include co-location of community teams in GP hubs and practices will also be in scope.

Full hub design and delivery will be achieved by March 2016.

4.3 **Aim 3 –** Evidence the Quality and Safety of primary care services

4.3.1 In the separation of commissioning functions between NHS England (who currently commission Primary Care) and the CCGs who are responsible for the development of Primary Care, it is vital to ensure services provided within primary care continue to be high quality and safe services. This will be delivered and demonstrated by

- the production of a scorecard (developed in conjunction with other CCGs in North London)
- ensure suitable education and training to take forward the programme priorities
- Working in conjunction with the Quality and Safety directorate and NHS England, ensuring our respective mandates and approaches dovetail to enable a joined up approach to addressing any poor quality issues within Primary Care in Camden.

Camden's Primary Care Programme has achieved transparency across practices within localities and a greater level of primary care shared learning than most other CCGs. This is an excellent foundation from which to build.

The current dashboards adopted within 2013/14 have received feedback from practices and commissioners and are considered good, but not excellent. There are data quality issues, time delays (data can be 2 or more years out of date) and broad ranging focus areas.

The goal of the Quality and Safety aim of the programme is to establish a single dashboard annually, with baseline data and reporting on the development trajectory over the year.

4.3.2 Improving patient satisfaction with GP services

Improvement against this measure is an NHS England requirement of CCGs in our Operating Plans 2014-18. Camden CCG has set itself a target therefore of improving over the next five years from its position in 2012-13 in the bottom quartile nationally to achieve the second quartile[9].

We recognise from discussion with and feedback from patients and others that we have achieved a high degree of patient satisfaction. Many of the changes envisaged by this mandate could challenge that satisfaction so communication, explanation and positive engagement with patients is crucial to maintaining and enhancing patient satisfaction

Aim A. To actively involve and engage patients, their carer and advocates in the review, planning and delivery of primary care services

Aim B. To work in close partnership and collaboration with stakeholders and other partner organisations to deliver and meet patient expectations.

Aim C. To make sure all stakeholders are not simply satisfied with our services but become advocates for us.

- Camden CCG Primary care Programme will enhance the patient experience of GP practices. It will do this by encouraging and supporting the development, maintenance and use of both Practices' Patient Participation Groups (PPGs) and of virtual Patient Reference Groups (PRGs)
- We will develop and maintain representative locality-wide PPG forums to ensure the maximum engagement and involvement of patients in workstreams of the Primary Care Programme and the other CCG programmes
- The CCG will work with "expert" patients on specific projects
- The CCG will develop methods of engaging with harder to reach groups and others not necessarily well represented by PPGs and PRGs and the "expert" patients
- We make us of a wide range of ways of communicating and informing patients, their caters and advocates of the need for changes and new approaches to service delivery
- Undertake annual patient surveys with follow-up action plans. These surveys will be benchmarked against leading public sector bodies to make sure we strive for continuous improvements.

5. Outcomes

Central to the work of NHS England and Camden CCG is our objective to improve health outcomes for Camden residents. The Primary Care Programme outcomes and the indicators chosen to measure those outcomes were chosen with a view to capturing the majority of the transformational changes that the Programme is responsible for delivering. Further workshops to define these outcomes are planned for March and April 2014.

[9] http://ccgtools.england.nhs.uk/ccgoutcomes/html/atlas.html

	Outcome	Descriptor	Relevance to programme aims	Outcome framework/data sources
1	Improved patient experience	Patients will report a higher level of satisfaction with primary care services. Levels of patient satisfaction with Camden Primary care will meet the national average. Patients will report that their experiences of primary care are improved. More representative patient participation and engagement. To be developed in further Outcomes Workshop	4.1.2 4.1.3	PROMs GP Patient Survey Primary Care Dashboard Federation patient participation
2	High Quality Primary Care	To be defined in further Outcomes Workshop	4.3 4.1.3	GP Patient Survey Primary Care Dashboard CCG Scorecard QOF
3	Accessible Primary Care Services	To be defined in further Outcomes Workshop	4.1.2	NHSE guidance/outcomes framework Local indicators

	Outcome	Descriptor	Relevance to programme aims	Outcome framework/data sources
4	All services available to all	Across the Camden population all patients will be able to access Primary Care services that are appropriate to their needs. Patients across Camden will have access to additional services that achieve proactive advancement of prevention, identification and registration of conditions.	4.1.1 4.1.2 4.1.3 4.2.1 4.3	Primary Care Dashboard Locally Commissioned Services (LCS) will be reviewed to ensure fit with a federated model 100% of patients will have access to 100% of LCS's by 2017
5	Ensure continuity of care	Care and support will be provided in the most appropriate location by the most appropriate staff. Care and support wherever it takes place should offer access to timely, evidence based interventions and approaches that give people the greatest choice and control over their lives, in the least restrictive environments.	4.1 4.1.1 4.1.3 4.2	Reduction in A & E attendance Primary Care Dashboard Increased uptake of primary care Increased uptake of community services Integrated hub design and delivery achieved by March 2016

	Outcome	Descriptor	Relevance to programme aims	Outcome framework/data sources
6	Promote Collaborative working	GP practices to work together to support universal coverage of local services, to share the existing resources and expertise across federations, for the benefit of patients. Community services, acute service providers, GP practices and patients to all work together to develop and support primary care.	4.1 4.1.1 4.1.2 4.1.3 4.1.4	100% of Camden patients to be in a practice that are formally members of a federation by 2016

6. Timetable

The duration of this mandate is for three years from April 2014 to March 2017 and will be reviewed annually in September of each year, in line with the CCG's commissioning intentions planning cycle.

7. Transformational Investments

Investment	2014/5 Budget	2015/6 Budget	2016/7 Budget	Total
Dedicated GP/Practice input toward development of federated model (based on £5 per head of population cited in Everyone Counts[10])	1,250,000	1,250,000	1,250,000	3,750,000
Investment in enablers to facilitate the development of the federated model	1,250,000	1,250,000	1,250,000	3,750,000
Total	2,500,000	2,500,000	2,500,000	7,500,000

The National Operating Framework guidance published in December 2013 calls for £5 per head of patient population to be invested in general practice to federate into models of care better suited to delivering services to elderly and chronic and complex care patients. Milestone payments will be made by the CCG subject to the aims of federating expressed in this Mandate being delivered.

8. Risks

Identification: *Risks will be identified proactively either on an ad hoc basis or through formal programme/ project meetings, including the Programme Implementation Group and the monthly Programme Performance Review Meeting (with the Director of Transformation).*

Rating: *Risks will be rated on a 5x5 matrix in terms of the likelihood of a risk occurring (and becoming an issue) and the impact should the risk occur. The two ratings are multiplied to give an overall risk rating, to which a RAG (red, amber, green) rating is attributed. Ratings from 1-8 are green, 9-12 are amber, and 15-25 are red.*

Escalation: *Risks that can be managed within a programme will be captured in the programme risk register. Those that require escalation (for information or as part of risk mitigation) will also be*

[10] http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

captured in the (central) Transformation portfolio risk register, and should appear on the programme progress report. In this way, the risks will be noted and/or discussed at the Programme Review Committee monthly meeting. Significantly high risks will be escalated to the Corporate Risk Register, via the Director of Transformation.

PROGRAMME LEVEL RISKS

Risk	Org. Impact	Likeli-hood	Risk Rating	Mitigating Control (Actions)
Camden wide stakeholder buy in to Programme vision and aims and objectives	4	2	8	Mandate to include: • Communication and engagement strategy with NHSE local teams, professional bodies, primary care, community and acute providers, local authority, community pharmacy ,patient groups et al to help develop common purpose and support for local change • Enable general practice and patient representatives to play a strong role in developing integrated services and reflect needs and priorities • Broad patient engagement and education programme to empower patients • Work with/learn from other par • Work with /learn from existing federated models to promote benefits, successes and apply lessons learned
Resourcing practices to cope with increased access and demand and to provide universal extended services	4	3	12	• Design/redesign of LCS pathways and management to ensure viability and universal uptake by practices/federated newtworks. • Work with contracts team to build into contract negotiations to reflect the shift of resources commensurate with the shift of work from acute to primary care • Protected time for multidisciplinary/organisational involvement in matching workforce to pathway redesign.

Provider and commissioning workforce skills and capacity to deliver and sustain the vision	4	2	8	• Innovative approach to a flexible and sustainable workforce development ,recruitment and retention plan to deliver wider systems of integrated out of hospital care • Commitment to sufficient skills and resources to support the distinct stages of programme delivery • Clear definition of responsibilities and accountabilities of all parties in relation to proactive care management ,monitoring and assuring wider quality of care • Development of an integrated education strategy to support the future proofing of the provider workforce, working closely with Health Education England, Centre for Workforce Intelligence, professional bodies, local education and training and healthcare providers
Continuity ,consistency and expertise of Primary Care workforce to provide leadership and integrity to deliver the programme at pace	4	3	12	• Business continuity plan to address staff absences and fluctuation • Commitment to substantive recruitment of appropriately skilled workforce to support the project phases and milestones .
Programme works to robust and transparent procurement mechanisms	4	1	4	• Workforce to establish working with procurement leads to clarify procurement mechanisms and ensure compliance with competition and procurement rules throughout programme milestones

Ensure equity of access Camden wide to appropriately staffed ,high quality, safe and effectively delivered clinical services	4	2	8	• Engagement and close working with NHSE,NHS property services, acute community primary care services, GPIT services to develop a hub based approach to delivering chronic and complex care in the community • Develop optimal use of existing property i.e. creative utilisation of existing space, supported by innovative clinical and technical approaches to integrated pathway management • Joint working with NHSE to make more effective use existing estates and where necessary to allow investment in new or expanded premises
Challenge from other stakeholders	3	3	8	• Ensure that there is an internal and external communication and engagement system in place to support the success of the mandate • Collaborative approach to partnership working, ensure clarity and shared vision with all stakeholders • Ensure broad and appropriate stakeholder engagement and ongoing involvement with senior buy in from outset
The disaggregation of the current Primary care programme and hand over of projects within the programme is not communicated and coordinated effectively across the Transformation portfolio and BAU leading to poorly managed interdependencies	3	2	6	• Programme leads to develop a robust handover plan for transferring projects into other programmes and/or BAU • Handover plan to include key interdependencies with other programmes/BAU,roles and responsibilities, risks and issues, outcomes and timelines for handover

between the programmes and potential delays and limitations in achieving the change defined in the mandate.				

9. Issues Log

Issue	Mitigation
Concurrent to the development of this Mandate, twenty-seven Camden GP practices submitted a collective bid to NHS England to apply for funding from the Prime Minister's Challenge Fund. Decisions are anticipated in March 2014. Funding would be for one year only.	Camden CCG to support the bid and to work with participating practices and Haverstock Health cooperatively to help to deliver on the proposal if approved.

10. Procurement Plan

All procurement undertaken by the Primary Care programme will comply fully to local and national guidance and policies, including the CCG's Operational Scheme of Delegation.

11. Responsible, Accountable, Consulted and Informed (RACI)