

Assurance template - Rotherham Appendix I

legend

good	
average	
poor	
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Name of CCG	1. Investment in Primary Care					2. Incr
	1.1. Planned local investment in Primary Medical Care (£)	1.2. Planned spend to train care navigators and medical assistants (£)	1.3. Planned spend on improving GP Access (£)	1.4. Planned spend on increasing Primary Care workforce (£)	1.5. CCG non-recurrent funding to support Primary Medical Care transformation (£)	2.1. Articulated plans to increase Doctors working in Primary Care (numbers and supply identified)
Rotherham	Green	Green	Green	Amber	Green	Amber

easing Primary Care workforce			3. Reducing workload in General Practice				4. Supp
2.2. Articulated plans to increase other Clinicians working in Primary Care (numbers and supply identified)	2.3. Plan to roll-out Clinical Pharmacy	2.4. Plan to roll out Mental Health therapists in Primary care	3.1. Plan to roll out online consultation systems	3.2. Plan to develop Care Navigators and Medical Assistants	3.3. Support to Practice to implement 10 High Impact actions and Time for Care programme	3.4. Plans to strengthen Practices (Resilience programme)	4.1. Clear local Estates strategy and digital roadmap
Green	Amber	Amber	Amber	Green	Green	Green	Amber

Supporting Premises Infrastructure and			5. Care Redesign			
4.2. Plan to maximise utilisation of available estate	4.3. Articulated plan for use of digital technology to support primary care provision	4.4. Planned rollout of wifi in general practice	5.1. Delivery of GP Extended Access (that meets minimum core national specification)	5.2. Plans to develop wider integrated enhanced (prevention, diagnostics and treatment in) primary care provision	5.3. Development of 'at scale' Primary Care organisation	5.4. Plans to support self-care
Amber	Green	Blank	Green	Green	Green	Green

	6. Improving Quality and engagement				Overall Assurance
5.5. View on (estimated impact) hospital based provision	6.1. Identification of opportunities to improve quality and address variation in performance	6.2. Measures to address inequalities in population health (including case management of highest at risk patients)	6.3. Has CCG involved Practices and wider profession in developing implementation plan	6.4. Plans to engage public (population and patients)	DCO assessment
Blank	Green	Green	Green	Green	Green