

Report to:	Primary Care Joint Commissioning Committee
Date of Meeting:	24 February 2017
Subject:	Plan for Utilisation of Estate and Technology Fund, GP Forward View and PMS Premium resources
Presented by:	Geoff Day, Director of New Models of Care
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STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

ORGANISATIONAL RESPONSIBILITY AND CASTING VOTE IMPLICATIONS:

NHS England NHS Hull CCG Not Applicable

PURPOSE OF REPORT:

The purpose of this paper is to:

1. Update the Primary Care Joint Commissioning Committee on the submissions made to the Estates and Technology Transformation Fund (ETTF);
2. Seek approval for investment of PMS Premium resources to support the revenue implications of the estates submissions to the ETTF;
3. Inform the Primary Care Joint Commissioning Committee of the various resource allocations received from the General Practice Resilience Fund;
4. Inform the Primary Care Joint Commissioning Committee of the various General Practice Forward View investments required by the NHS Operational Planning and Contracting Guidance 2017-2019;
5. Seek approval for the criteria to be used to inform the allocation of resources.

RECOMMENDATIONS:

It is recommended that the Primary Care Joint Commissioning Committee:

- a) Note the contents of this report;
- b) Approve the proposed utilisation of the PMS Premium;
- c) Approve the proposed criteria to be used to allocate the CCG transformational support monies.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGIC OBJECTIVE
(See guidance notes below)

ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE
(See guidance notes below)

The report links with 21st Century Primary Care Workforce and to ensure that patients receive clinically commissioned, high quality services.

- 21st Century Primary Care
- Patients receive clinically commissioned, high quality services

IMPLICATIONS:

Finance	Identified in the paper
HR	None identified.
Quality	None identified
Safety	None identified.

ENGAGEMENT:

Various engagement activities have taken place regarding the Estates and Technology Transformation Fund and the PMS Premium.

LEGAL ISSUES:

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report. (An EQIA will be completed on the service specification once developed).	x
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the development of joint commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

PLAN FOR UTILISATION OF ESTATE AND TECHNOLOGY FUND, GP FORWARD VIEW AND PMS PREMIUM RESOURCES

1 Introduction

The purpose of this paper is to:

1. Update the Primary Care Joint Commissioning Committee on the submissions made to the Estates and Technology Transformation Fund (ETTF);
2. Seek approval for investment of PMS Premium resources to support the revenue implications of the estates submissions to the ETTF;
3. Inform the Primary Care Joint Commissioning Committee of the various resource allocations received from the General Practice Resilience Fund;
4. Inform the Primary Care Joint Commissioning Committee of the various General Practice Forward View investments required by the NHS Operational Planning and Contracting Guidance 2017-2019;
5. Seek approval for the criteria to be used to inform the allocation of resources.

2 Background

2.1 Estates and Technology Transformation Fund

In June 2016 a number of digital technology and estates schemes were submitted to the Estates and Technology Transformation Fund. Following review by NHS England 2 digital schemes were allocated to Cohort 1 for funding in 2016/17 and 5 estates schemes were approved to Cohort 2 for completion by March 2019 and to be progressed as funding becomes available.

2.2 PMS Premium

In February 2014 NHS England published arrangements the review of PMS contracts to establish how best to apply the principles of equitable funding to PMS practices and to identify how to get best value from investment in quality improvement and innovation. The identified PMS premium was to be extracted over a 4 year period commencing April 2015. The premium has to be reinvested back into primary medical care services and the guidance was explicit that it could be used to support premises developments. The premium funding is a recurrent resource.

2.3 General Practice Resilience Fund

As part of the General Practice Forward View a General Practice Resilience Fund has been established by NHS England to support primary care. The fund is to operate for four years and resources have been made available to CCGs in 2016/17.

2.4 NHS Operational Planning and Contracting Guidance 2017-2019

The NHS Operational Planning and Contracting Guidance 2017-2019, published September 2016, contained planning requirements of CCGs to support the implementation of the General Practice Forward View (GPFV) published in April 2016. The focus of the guidance was on actions needed to implement local aspects of the GPFV.

3 Information

3.1 Estates and Technology Transformation Fund – digital technology

The CCG has received resources to support two schemes as part of Cohort 1 for implementation in 2016/17.

Table 1: *ETTF resources received to support digital solutions*

Scheme	Details	No. of practices	No. of patients	ETTF resource
1	Utilisation of WebGP & Patient Partner	23	c 139,000	£469k
2	Utilisation of Patient Partner	6	c. 21,000	£107k

These schemes are currently being implemented and resources are available to support practices cover the costs of each solution for 12 months. Beyond the 12 month period there is potential for the Online Consultation resources (see below) to contribute towards the cost associated with the technology.

3.2 Estates and Technology Transformation Fund – estates schemes

Four of the CCG estates schemes in relation to LIFT premises submitted to the ETTF were approved as part of Cohort 2 – schemes that can be delivered by March 2019 that can be progressed as resource becomes available. The schemes were submitted on the basis of potentially 100% or 66% funding being made available. However it has been indicated that only 20% may be received – this has had an impact upon the associated recurrent revenue consequences of each scheme. Table 2 sets out brief details of each scheme and the recurrent and non-recurrent revenue requirements.

Table 2: *Summary of ETTF Cohort 2 schemes*

Scheme	Details	Recurrent revenue £k	Non-recurrent revenue £k
1	Calvert Health Centre – conversion of redundant space into clinical space to provide additional primary care capacity.	265	126
2	Alexandra Health Centre – reconfiguration of space to increase clinical capacity	111	116
3	Park Health Centre - reconfiguration of space to increase clinical capacity	206	192
4	Longhill Health Centre - reconfiguration of space to increase clinical capacity	27	112
Total		609	546

3.3 PMS Premium

The total of PMS Premium resources identified for reinvestment in primary medical services following the review was as follows:

Table 3: *PMS Premium Resources identified through PMS Review*

	2015/16 £k	2016/17 £k	2017/18 £k	2018/19 £k
PMS Premium available	155	310	465	619

Following consideration by the Primary Care Joint Commissioning Committee investment in Clinical Pharmacists in general practice was approved and these investments began in 2016/17. It was agreed with NHS England that PMS Premium resource from 2015/16 could be carried forward into 2016/17 as no expenditure was incurred in 2015/16.

The profile of investment in clinical pharmacists is on the basis of 60% funding in year 1, 40% in year 2 and 20% in year 3.

Table 4: *Investment of PMS Premium in clinical pharmacists working in general practice*

	2016/17 £k	2017/18 £k	2018/19 £k
Resource commitment to Clinical Pharmacists in general practice	164	109	55

The above investment results in the following profile of PMS Premium available for investment to support the revenue costs associated with the 4 ETTF schemes.

Table 5: *Profile of PMS Premium commitments and uncommitted resource*

	2016/17 £k	2017/18 £k	2018/19 £k	2019/20 £k
PMS Premium available	465	766 ⁽¹⁾	619	619
Clinical Pharmacists in general practice	164	109	55	0
Uncommitted PMS Premium	301	657	564	619

⁽¹⁾ Includes £301k uncommitted resource from 2016/17 carried forward.

It is recommended that the Uncommitted PMS Premium in 2017/18 and 2018/19 (subject to timescales of when schemes are implemented) be allocated to support the £546k non-recurrent revenue consequences of the ETTF estates schemes and the Uncommitted PMS Premium from 2018/19 onwards be allocated to support the £609k recurrent revenue consequences of the ETTF estates schemes.

3.4 General Practice Resilience Fund

In 2016/17 NHS England launched the Resilience Fund to support practices. NHS Hull CCG received an allocation of £84k which is being used to support a number of practices/groups of practices across number of issues, particularly in relation to

organisational development and workforce. The NHS Hull CCG allocation for 2017/18 is £39k. A template application form is being developed by NHS England and the LMC.

3.5 NHS Operational Planning and Contracting Guidance 2017– 2019

The NHS Operational Planning and Contracting Guidance 2017– 2019 identified a number of investments that CCGs are required to include in future investment plans as detailed in the following table.

Table 6: *NHS Operational Planning and Contracting Guidance 2017– 2019: Hull CCG investments*

Item	2017/18 £'000	2018/19 £'000	2019/20 £'000
CCG Baseline – transformational support ⁽¹⁾	440	440	-
Online consultation software ⁽²⁾	76	100	-
Training care navigators & medical assistants ⁽³⁾	50	50	-
Improving access to GPs ⁽⁴⁾	-	981	1,766
Total	566	1,571	1,766

- (1) CCGs should plan to spend a total of £3 per head as a one off non-recurrent investment commencing in 2017/18, for practice transformational support, as set out in the GPFV. This investment should commence in 2017/18 and can take place over two years as determined by the CCG, £3 in 17/18 or 18/19 or split over the two years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. CCGs will need to find this funding from within their NHS England allocations for CCG core services.
- (2) CCGs will be accountable for this spend to deliver the specification outlined. Further details on the specification and monitoring arrangements will be shared in due course.
- (3) CCGs will be accountable for this expenditure to deliver the specification outlined for this work, with details on the specification and monitoring arrangements being shared in due course.
- (4) This funding is for CCGs to support improvements in access, as £3.34 per head of population.

In terms of the CCG transformational support monies it is recommended that the CCG write to all practices outlining the guidance as to the utilisation of this resource:

- development of at-scale providers for improved access
- stimulation of the 10 high impact actions to free up GP time
- securing sustainability of general practice
- support of the delivery of the CCG Primary Care Blueprint
- support of the delivery of the CCG General Practice Forward View plan

To support the development of at scale primary care it is recommended that proposals are required to be submitted from practice/groups of practices covering a minimum of 30,000 patients.

4 Recommendations

It is recommended that the Primary Care Joint Commissioning Committee:

- d) Note the contents of this report;
- e) Approve the proposed utilisation of the PMS Premium;
- f) Approve the proposed criteria to be used to allocate the CCG transformational support monies.