

**Item: 7.2 i**

<b>Report to:</b>	PRIMARY CARE COMMISSIONING COMMITTEE
<b>Date of Meeting:</b>	28 <sup>th</sup> April 2017
<b>Subject:</b>	Primary Care Update
<b>Presented by:</b>	Phil Davis, Head of Primary Care, NHS Hull CCG Nikki Dunlop, Commissioning Lead - Primary Care, NHS Hull CCG
<b>Author:</b>	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Phil Davis, Head of Primary Care, NHS Hull CCG

<b>STATUS OF THE REPORT:</b>	
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"/>	

<b>PURPOSE OF REPORT:</b>
The purpose of this report is to update the committee on Primary Medical Care matters within Hull and provide national updates around Primary Medical Care.
<b>RECOMMENDATIONS:</b>
It is recommended the Primary Care Commissioning Committee:
(a) Note the updates contained in the report;
(b) Note the update in relation to Clinical Pharmacists and ensure all Hull practices are aware of the programme and timescales;
(c) Consider the list closure application.

<b>REPORT EXEMPT FROM PUBLIC DISCLOSURE</b>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
If yes, grounds for exemption (FOIA or DPA section reference)		

<b>CCG STRATEGIC OBJECTIVE</b> (See guidance notes below)	<b>ASSURANCE FRAMEWORK SPECIFIC OBJECTIVE</b> (See guidance notes below)
The report links with 21st Century Primary Care and to ensure that patients receive clinically commissioned, high quality services.	<ul style="list-style-type: none"> <li>• 21st Century Primary Care</li> <li>• Patients receive clinically commissioned, high quality services</li> </ul>

<b>IMPLICATIONS:</b> (summary of key implications, including risks, associated with the paper),	
Finance	Financial implications where relevant are covered within the report.
HR	Practices have an opportunity to apply for NHS E funding to support further clinical pharmacist posts.
Quality	None
Safety	None

<b>ENGAGEMENT:</b> (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)
The application to close a practice list has been shared with other practices within the locality.

<b>LEGAL ISSUES:</b> (Summarise key legal issues / legislation relevant to the report)
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)

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	√
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 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.

## PRIMARY CARE UPDATE

### 1. INTRODUCTION

The purpose of this report is to update the committee on Primary Care matters within Hull and provide national updates around Primary Care.

### 2. INFORMATION

#### 2.1 Contract Changes

The following table details contract changes that are currently under discussion:

Practices	Further Information	Action Needed
CHP Southcoates (B81074) & CHP Marfleet (B81089)	Application received from CHCP to merge the two practices	For Information
Dr Raut (B81631) & Sutton Park (B81094)	Practice merged on 1/4/17	For Information
East Hull Family Practice (B81008) and New Green Surgery (B81081)	Practice merged on 1/4/17	For Information
Dr Cook (B81095)	An application to close the practice list for 6 months was received on 12 <sup>th</sup> April 2017 - a visit to the practice is planned prior to the Committee meeting - the outcome will be presented to the Committee to consider in order to make a decision on the request.	For decision

#### 2.2 APMS Procurement Update

The following contracts have now commenced as planned with effect from 1<sup>st</sup> April 2017:

Contract	Provider
Lot 1 Story Street, The Quays, Kingston Health and Riverside	City Health Care Partnership (CHCP)
Lot 2 Newington Health and Calvert	City Health Care Partnership (CHCP)
Lot 3 East Park	City Health Care Partnership (CHCP)
Lot 4 Northpoint	Humber NHS Foundation Trust

## 2.3 Clinical Pharmacists in General Practice

The General Practice Forward View committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in General Practice by 2020/21. This is in addition to over 490 clinical pharmacists already working in general practice as part of a pilot, launched in July 2015. NHS England, Health Education England, the Royal College of General Practitioners and the British Medical Association's GP Committee are working with the Royal Pharmaceutical Society to support this.

Providers participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term. The next wave of applications is due by 12th May 2017 and the CCG is asked to remind practices of this timescale.

Summary of pilot sites across the Humber Coast and Vale region to date:

Successful sites for 2017/18 Q1:		
Provider	CCG	Participating Practices
Wharfedale & Craven Alliance	Airedale, Wharfedale and Craven	5
Spa Surgery	Harrogate	3
Yorkshire Health Partners	East Riding	11
Existing Wave 1 - 2016/17 Pilot Sites		
City Health Care Partnership	Hull	2
Haxby Group	Hull and York	5
Lincs Federation / Scartho Medical Centre	N E Lincolnshire	7
ECHO Federation/Falsgrave Surgery	Scarborough	7
Trent View Medical Practice	N Lincolnshire	3

## 2.4 QRISK2 Enhanced Service

Further to the QRISK2 patient safety incident, in June last year TPP, the providers of the SystmOne IT system identified code mapping errors with the integration within their software of a calculator used by GPs to estimate cardiovascular risk, which led to some patients being given an incorrect risk score. These issues were subsequently resolved and GP practices have been in the process of carrying out any necessary follow up with patients given an incorrect risk score.

TPP has now agreed a financial settlement of up to £2 million with the Department of Health, NHS England and NHS Digital.

This settlement will be used as a financial contribution in recognition of the work this has caused GP practices. NHS England has put in place a new Enhanced Service (ES) to allow GP practices to submit a manual financial claim through Calculating Quality Reporting Service (CQRS) at £6.50 per assessed patient, regardless of the manner in which they are assessed. On average, a practice using SystemOne will have up to 100 affected patients to review and can therefore, on average, expect to claim up to £650, which will be made in arrears.

An Excel spreadsheet has been prepared for each individual CCG. NHS England have shared this with the CCG as it identifies the practices affected, the GPIT provider, indicative maximum number of patients affected by the incident per practice to support payment processing in CQRS and indication of which practices may be in need of further support and due a reminder. Where practices are identified in the Excel spreadsheet that they require a reminder, the CCG have been provided with a message in the action update briefing document, which has been used can be used to send to practices to complete any clinical action. The CQRS offer has been offered by local NHS England teams for practices to accept.

### **Link to Enhanced Service**

<https://www.england.nhs.uk/wp-content/uploads/2017/03/enhanced-service-spec-tpp-grisk2.pdf>

## **2.5 PMS/APMS uplift report 17/18**

NHS England is committed to an equitable and consistent approach to funding the core services expected of all GP practices. Following the changes agreed to the General Medical Services (GMS) contract for 2017/18, the document attached sets out the approach to the funding changes that NHS England and CCGs will apply to Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts.

CCGs working under delegation agreements will also apply the changes to local PMS and APMS contracts in line with this guidance. For the avoidance of doubt, this guidance represents guidance CCGs must comply with and implement under the provisions of Part 1 of Schedule 2 (Delegated Functions) of the Delegation Agreement made between NHS England and the CCG.

### **Increase to PMS and APMS contracts**

To deliver an equitable and consistent approach to uplifting PMS and APMS contracts commissioners (NHS England teams or CCGs under delegation agreement) increases will apply, for those GMS changes that also impact on these arrangements that are equivalent to the value of the increases in the GMS price per weighted patient.

In summary, GP practices will receive increases in core funding as set out in the table below:

	<b>GMS</b>	<b>PMS</b>	<b>APMS</b>
	<b>£/weighted patient</b>	<b>£/weighted patient</b>	<b>£/weighted patient</b>
MPIG reinvestment	A [£0.48]	-	-
Seniority reinvestment	B [£0.31]	c [£0.31]	-
Elements of the deal	C [£0.21]	c [£0.21]	c [£0.21]
ES reinvestment	D [£2.69]	d [£2.69]	d [£2.69]
Inflation uplift	E [£1.06]	e [£1.06]	e [£1.06]
<b>Total uplift</b>	A+B+C+D+E [£4.76]	b+c+d+e [£4.27]	c+d+e [£3.97]

Link to full document

<https://www.england.nhs.uk/wp-content/uploads/2017/03/apms-pms-contract-changes-17-18-v0.5.pdf>

### 3. RECOMMENDATIONS

It is recommended the Primary Care Commissioning Committee:

- (a) Note the updates contained in the report;
- (b) Note the update in relation to Clinical Pharmacists and ensure all Hull practices are aware of the programme and timescales;
- (c) Consider the list closure application.