Strategic Commissioning Plan for Primary Care &
Primary Care Update

1. INTRODUCTION

The purpose of this report is to update the committee on the Strategic Commissioning Plan for Primary Care, primary medical care matters including contract issues within Hull, and to provide national updates around primary medical care.

2. BACKGROUND

Not applicable.

3. CONTRACT CHANGES

There are no contract changes to report

4. NHS ENGLAND UPDATE

4.1 GP Resilience Programme (GPRP) Funding 2018/19

The GPRP was announced as part of the General Practice Forward View. The four year programme has been in place since 2016 and is aimed at supporting practices to become more sustainable and resilient.

2018/19 Next Steps

The Humber, Coast & Vale allocation for 2018/19 is expected to be £221,760 in line with 2017/18 allocation.

An indication from the national guidance that is being updated is that there will be some expectations around timescales for how the funding is allocated and passed to practices. These timescales have influenced how NHS England locally will manage applications to the 2018/19 fund.

An email was sent to all practices and CCG leads and included:

- Letter
- Template for completion
- Case Studies from previous resilience bids
- Timeline

The template for completion is a 'self-referral' template which practices are encouraged to use in discussing and submitting an application for support under the 2018/19 GPRP. The form allows practices to indicate what kind of support they require, how much funding they will need and how the support will contribute to resilience.

The deadline for submission of applications locally to NHS England was 29th June 2018. Applications will be reviewed by members of the primary care team in NHS England and representatives from Humberside LMC and YORLMC on 16th July 2018. It is important to note that applications will be reviewed against the key criteria published by NHS England which help to identify resilience risk within GP practices. The criteria are:

1. Practices applying to deliver organisational development within practices will be supported up to a maximum of £5,000.
2. Applications will be reviewed with a focus on work already undertaken by practices to support resilience and applications to demonstrate clear practice led change.
3. Where practices/groups of practices have already received support through the 2016/17 Vulnerable Practice Programme or GPRP practices will need to ensure that applications demonstrate how additional funding will support progress and what outcomes have been delivered with previous funding.
4. Applications will be reviewed against existing funding streams available through the GP Forward View.
5. CCG support for schemes to be noted within applications.

It is expected that in the refreshed guidance for 2018/19 one of the uses of funding that will be considered is to improve resilience by working 'at scale' and collaborative models. It is also expected to confirm that IT hardware / software will not be funded under GPRP. This is because the funding is time-limited and there are other funding routes available for IT.

To complement the work being progressed through the 2018/19 GPRP, the team in North Yorkshire and the Humber plan to ensure that work progressed to date is shared widely across practices and CCGs and that evaluations/lessons learnt are fed in to the programme this year and in future years.

4.2 APEX INSIGHT Workforce Tool

The APEX INSIGHT tool has two elements:

- Workforce planning
- Capacity planning

The workforce element allows primary care providers to have a better understanding of their current and future clinical skill-mix, workload and patient requirements. Providers are able to explore the impact and opportunities of introducing new workforce and skill groups into primary care, based on a detailed understanding of actual activity within their practice. The tool also enables providers to plan for future care delivery, cost new services (potentially at scale) and estimate their likely demand.

The capacity planning element allows practices:

- To manage appointment activity to meet the needs of the population,
- To better utilise capacity and resource within primary care,
- To gain insight into healthcare demand and activity at individual, practice, federation and CCG level,
- To share information amongst local GP federations, which encourages collaborative working,
- To improve patient access and
- To monitor and evaluate services such as Extended Access (use of service utilisation data).

NHS England has the resource for one year to install the tool to every practice within North Yorkshire & the Humber as well as in the extended access hubs (it is hoped that practices will self-fund beyond the first year). There was a discussion at the Humber Coast & Vale (HCV) STP Primary Care Leads meeting where CCGs were asked if their practices would be interested in the tool. The CCGs felt that it would also provide them with data that could be useful in terms of wider workforce planning.

The workforce tool would need to be procured with one CCG being the lead provider but as Apex Insights was the only tool on the national framework a direct contract can be awarded. NEL CCG agreed to hold the contract on behalf of HCV as delivery needs to be patch wide. North East Lincolnshire is currently working though this with a view to holding the contract for all CCGs within North Yorkshire & the Humber.

A Project Initiation Document (PID) will need to be completed detailing the number of CCGs taking part and the number of practices and extended access hubs that would potentially need a licence. The funding will then

flow accordingly so if not all practices take up the offer, the money will not be wasted.

The tool has lots of potential and will provide data so practices can see DNAs, number of available appointments/which clinician within a team could undertake them. Practices need to fully understand the benefits of the system and what is can provide therefore events will be planned by the STP team for the practices to attend where we can showcase the tool and what it can do.

4.3 APMS Procurement Update

At the Primary Care Commissioning Committee (Part 2) on 27th April 2018, the members were informed that notice had been given on one of the APMS contracts procured in 2016. The committee approved a re-procurement of this contract with a contract length of 13 years (8 years with an option to extend for a further 5 years). Due to NHS England Standing Financial Instructions (SFIs), a business case for this extended contract length needs to be presented to the Commercial Executive Group (CEG) for approval. A business case will be considered at the July meeting of the CEG on 18th July 2018. Once the outcome of this is known, the following procurement timeline will be followed:

Governance Structure	Activity	Decision	REVISED DATE
Commercial Executive Group NHSE	Meeting - Contract Term Approval	Contract Term Approval	18 July 2018
	Publish ITT documents (Live on OJEU)		27 July 2018
	ITT Deadline (30 day timescale - minimum)		7 September 2018
	ITT Evaluation		12 September – 27 September 2018
	Preferred Provider Nominated		4 October 2018
PCCC, CCG Board	Meeting - Contract Award	Contract Award	26 October 2018
	Service Mobilisation - Starts		9 November 2018
	Service Commencement		ASAP

4.4 CAPITA Report

The National Audit Office undertook a report to assess whether NHS England managed the Primary Care Support England (PCSE) contract

effectively to secure the intended benefits. The full report is attached at Appendix I.

4.5 Special Allocation Scheme (SAS)

The policy (see Appendix II) has been drafted to provide guidance to Commissioners and providers of essential primary medical care services in relation to the removal of patients who are violent from their practice list and the Special Allocation Scheme (SAS) intended to ensure these patients receive primary care services.

From the guidance there are some recommendations and actions required, the one for the panel today is to nominate a representative to join the panel:

- To confirm the requirement for North Yorkshire and Humber Providers implement processes to supply baseline information to support the review placements in line with the policy for the year - NHS England to lead on behalf of CCGs
- To establish a SAS Panel
- The establishment of a Panel to undertake reviews of all referrals reviews (within the parameters of 6 to 12 months as appropriate and also a programme of exceptional reviews for those patients registered for over 2 years,); provider request for a review of the initial referral and patient appeals
- *The CCGs are asked to nominate a representative to join the Panel. The representative can be an officer s or member of the CCGs PCCC – NHS England liaison with CCGs*

  Note: It is likely that the Panel will be convened at short notice to comply with process timescales and as such may well be managed by email or telephone conferences

4.6 Minor Surgery Provision in Primary Care

At the Primary Care Joint Commissioning Committee in December 2016, it was resolved to continue to commission extended primary care medical services (Minor Surgery) and it was proposed to extend the contracts for a further 12 months to 31 March 2018. The final minor surgery model was not complete by the contract end date and therefore the minor surgery contract was further extended to 30 September 2018.

Internal discussion has taken place to establish how the service needs to develop to further extend GP knowledge and potentially include more complex and dermatological conditions, which would also involve the input and support of consultants and dermatologists. This would enable primary care to see and treat dermatological conditions that are currently being

undertaken in secondary care. Primary care would have the ability to provide diagnosis and management of skin disease, to peer support colleagues to enable treatment to remain within the primary care setting and to further develop the GPs extended knowledge, competencies and skills they may require to provide services beyond the scope of their generalist role.

Further discussion has taken place between the secondary care dermatologists and the Hull CCG Dermatology GPwER to understand which procedures could continue to be delivered within primary care, those that should be delivered within secondary care and those that following IFR approval could be delivered in either primary or secondary care.

A workshop was held 8th May 2018 to discuss options for the model going forward, the draft service specification and the list of procedures. A further workshop is planned for early August 2018 following a meeting with the consultants at HEYHT, the GPwER to understand the next steps re peer support, expansion of GP procedure role and where the model will be delivered. Recommendations will be brought to the August Primary Care Commissioning Committee.

4.7 Primary Care Transformational Funds

The May 2017 Primary Care Commissioning Committee received a report outlining proposals received from practices working at scale for utilisation of the primary care transformation monies (£3 per head) that CCGs was required to allocate across 2017-19. A Task and Finish Group had been established to review proposals and approve resource allocation to groupings. During 2018/19 the Modality and City Health Federation groupings received non-recurrent resources to support a home visiting service and new telephony and call handling system respectively; investment beyond 2017/18 was to be subject to the outcomes delivered. Full year end evaluation reports have been requested from the two groupings and will be considered by the Task & Finish Group to inform on-going investment decisions. Hull Health Forward Confederation has refined its proposal for the utilisation of paramedics in primary care in partnership with Yorkshire Ambulance Service and the initiative will commence in July 2018. Further work with Medicas and Hull GP Collaborative is to be undertaken to refine proposals with a view to agreeing investment with these two groupings.

5. RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

a) Note the updates in relation to the Strategic Commissioning Plan for Primary Care, primary medical care matters including contract issues within Hull, and to provide national updates around primary medical care;

b) In relation to the Special Allocation System nominate a representative to join the Panel.

Appendix I – CAPITA Report

PDF Document will need printing off please and inserting here

NHS England's management of the p

Special Allocation Scheme (SAS) – Policy Guidance for Service Commissioners

Objective: to provide an outline of the policy guidance and key requirements for Commissioners to action emerging from the policy

1. Overview

The policy has been drafted to provide guidance to Commissioners and providers of essential primary medical care services in relation to the removal of patients who are violent from their practice list and the Special Allocation Scheme (SAS) intended to ensure these patients receive primary care services.

2. Background

The introduction of a Directed Enhanced Service in 2004 was intended to provide general primary medical care services in a suitable and secure environment to patients who have been subject to an immediate removal from a practice list because of an act of violence, or the risk or threat of and meet the criteria for inclusion in the scheme.

The scheme enabled Commissioners to balance the rights of patients to receive services from GPs with the need to ensure that the GPs and staff, and patients deliver and receive these services without actual or threatened violence or any other reasonable fear for their safety.

The removal of a patient from a practice list is subject to specific regulations and should only be used as a last resort when all other ways of managing the patient's behaviour has been exhausted.

The grounds on which a contractor may request that a person be removed from its list of patients with immediate effect are that "the person has committed an **act of violence against** any of the persons specified …) **or has behaved in such a way that any of those persons has feared for their safety"**.

Since 2004 the administrative arrangements of existing SA scheme across England have become disparate and varied. This has created challenges when trying to apply the Regulations consistently and the practical application of the scheme through a single delivery partner Primary Care Support England.

3. Summary of Policy (Contents)

The policy guidance focuses on a number of key themes (which are intended to support implementation of, and commissioning and monitoring of an SAS :

- The purpose of the document: to provide Commissioners with consistent national guidance to support good commissioning of SAS. It aims to provide a steer on the implementation of SAS in practice and how to work with Primary Care Support England (PCSE), which is delivered on behalf of NHS England
- Commissioning a robust service
- The scope of/eligibility criteria for a SAS

- The process for requesting the immediate removal of a patient – **see patient pathway below**
- What happens to a patient after removal ,including the returning of choice to a patient

4. The Main Actions required locally from Guidance

The following actions are requirements within the guidance for Commissioners to manage going forward. These include:

Requirement for the monitoring and reviewing of placements - after removal, all requests and allocations to SAS will be reviewed by a SAS Panel. The panel will monitor the ongoing appropriateness of the removal, allocation and rehabilitation of the patient. This is with a view to safely returning choice to the patient in timely way and reintegration to mainstream Primary Care.

Action:
To establish an SAS Panel to review all patients at 6 to 12 monthly intervals as appropriate.

To establish an exceptional discharge panel to review patients registered on the scheme for over 2 years

Patient Appeal - The patient referred to the SAS has a right of appeal and should they wish to do so, can appeal against the decision by putting this in writing within 14 days of the notification of the referral, addressing it to the Commissioner's SAS Liaison Team. The Commissioner will contact the practice to notify them of the appeal and invite them to provide any supplementary information in relation to the removal.

The appeal should be reviewed by a panel convened by the Commissioner (a 'SAS Panel'). The panel should include appropriate representations (including LMCs and a patient representative group as appropriate).

Action: to establish an SAS Panel to review appeals

SAS Contractor review of referral - SAS Contractor contacts Commissioner if referral considered not appropriate. This is intended as an exception rather than a rule. The Commissioner should consider convening a panel to review e.g. in the same way a patient appeal.

Action: to establish an SAS Panel to review referrals as and when required.

4. Recommendations and Actions Required

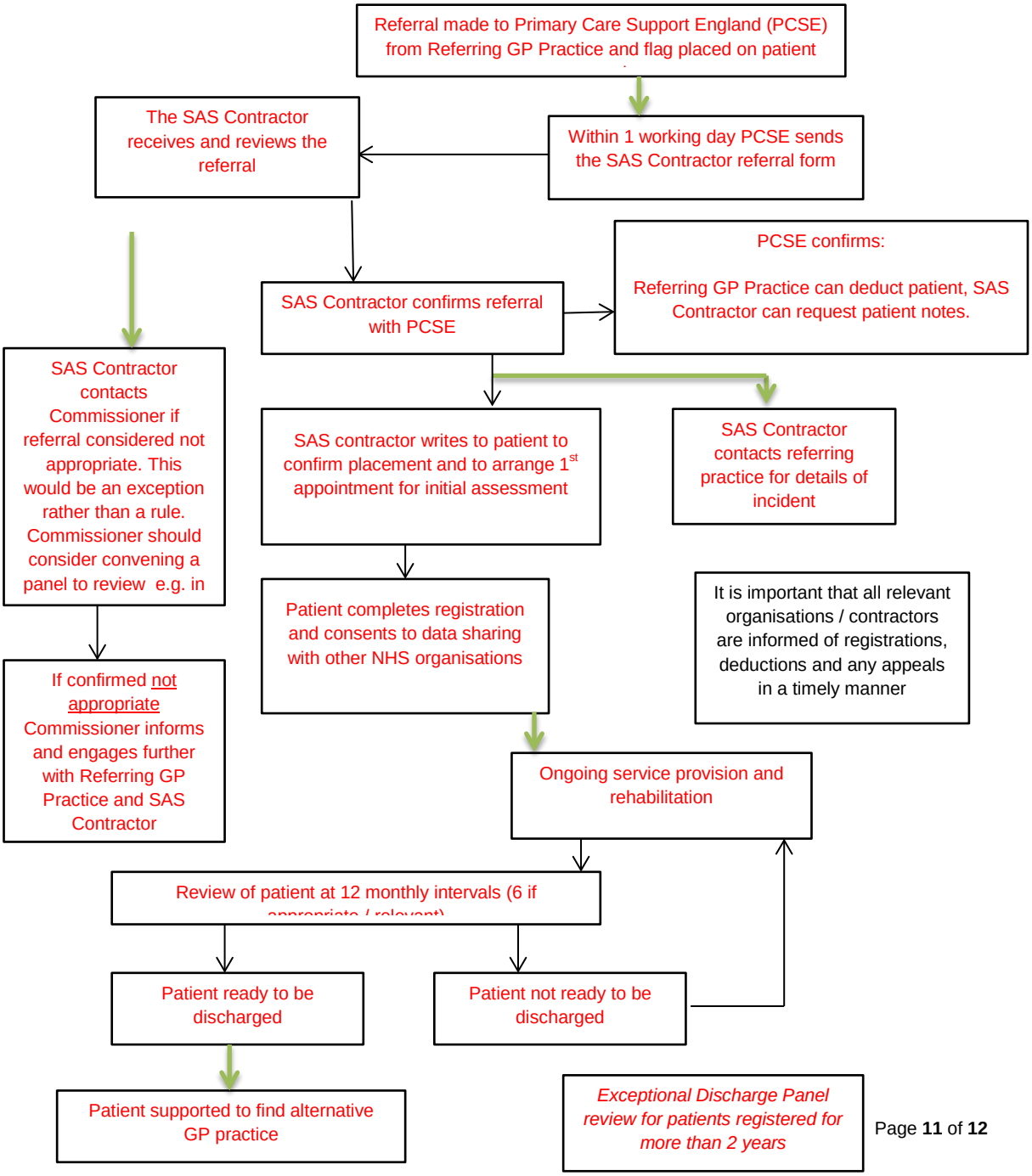
To confirm the requirement for North Yorks. and Humber Providers implement processes to supply baseline information to support the review placements in line with the policy for the year - NHS England to lead on behalf of CCGs.

To establish a SAS Panel.

The establishment of a Panel to undertake reviews of all referrals reviews (within the parameters of 6 to 12 months as appropriate and also a programme of exceptional reviews for those patients registered for over 2 years,); provider request for a review of the initial referral and patient appeals.

The CCGs are asked to nominate a representative to join the Panel. The representative can be an officer s or member of the CCGs PCCC – NHS England liaison with CCGs Note : It is likely that the Panel will be convened at short notice to comply with process timescales and as such may well be managed by email or telephone conferences .

PATIENT PATHWAY



Date 14.3.2018