

**Item: 7.1**

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	24 <sup>th</sup> August 2018
<b>Title of Report:</b>	Strategic Commissioning Plan for Primary Care & Primary Care Update
<b>Presented by:</b>	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Phil Davis, Head of Primary Care, NHS Hull CCG
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**STATUS OF THE REPORT:**

To approve	<input 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 checked="" type="checkbox"/>		

**PURPOSE OF REPORT:**

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.

**RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee note the updates contained in the report.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**      No       Yes

If yes, detail grounds for exemption

**CCG STRATEGIC OBJECTIVE** *(See guidance notes on page 4)*

Integrated Delivery

The updates contained within this report support the CCG objective of Integrated Delivery through the development of primary care medical services at scale, the implementation of incentive schemes in primary care to manage need and the development of pathways across primary, community and acute care.

**IMPLICATIONS:** (summary of key implications, including risks, associated with the paper),

Finance	Financial implications where relevant are covered within the report.
HR	The CCG will be supporting 2-4 sessions of a Post-CCT GP Fellowship to work on the children's and young people's agenda.
Quality	Quality implications where relevant are covered within the report
Safety	Safety implications where relevant are covered within the report.

**ENGAGEMENT:** (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

None

**LEGAL ISSUES:** (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)

	Tick relevant box
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.

## 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. INFORMATION

#### 3.1 Contract Changes

There are no contract changes to report

### 4. NHS ENGLAND UPDATE

#### 4.1 GP Resilience Programme (GPRP) Funding 18/19

6 bids were received from Hull practices. The table below shows:

- Which practices they were from
- The areas of support they were looking for
- The financial support they were requesting
- Whether they were supported or turned down

Practice	Area of Support	£ requested	Supported
East Hull Family Practice	Due to number of recent mergers, the practice had put in place a temporary additional role of Compliance Manager for 6months to support the patient experience including complaints, CQC registration and maintaining associated documentation up to date as well as training and compliance for the Practice. The role has made a huge difference to the structure of the Practice and the patients overall experience.  Funding requested to extend this role for a further 12months after which the practice has plans in place to take on the extra cost of this role going forward.	£3,000	Supported in principle  The practice has been asked to expand the role into Marfleet Group Practice due to new PM in place
East Hull Family Practice	Funding requested for training courses for the Practice Nurse and Health Care Assistant	Course costs are: Practice nurse from £648 plus VAT, HCA from £120	Not supported  Training courses are part of the core contract
Bridge Group	The Bridge Group practice has employed an Advanced Care Practitioner (ACP) on a temporary basis to support the practice and create some	£5,000	Supported in principle

Practice	Area of Support	£ requested	Supported
	capacity for the GPs. The practice would like support to develop this role with the provision of mentorship and support from the Clinicians.		To embed new role and support new ways of working but would need discussion with practice around the permanency of role
Modality	<p>The Hull Division would like:</p> <ul style="list-style-type: none"> <li>To access specialist Care Navigation / signposting training for all their Reception / Care Navigation staff.</li> <li>Access an outside facilitator to undertake the training at a PTL event to ensure that all our Reception/Call handling staff have undertaken the same training.</li> <li>To dedicate some staffing time to either develop our own Directory of Services for our care Navigators to use or to work with the CCG to enhance the existing DOS of the CCG. Work will also be required on SystmOne templates to facilitate the Care Navigation Process.</li> <li>To support our HR/OD Manager with the costs of the MSc in Human Resources Management Course</li> </ul>	£5,000	<p>Not supported</p> <p>Other funding streams already in place</p>
Kingston Medical Group	<p>The practice would like support to:</p> <ul style="list-style-type: none"> <li>Expand the pharmacist team by introducing a new role within the federation - 'Pharmacy Technician'</li> <li>Purchase project management time for the development of the federation and identification of areas to increase access and reduce workforce pressure by introducing new working practices and integration</li> </ul>	£5,000	<p>Not supported</p> <p>Recruitment costs not supported through resilience Staff support for federation and pathway development is supported by CCG funding</p>
Hull GP Collaborative	Hull GP Collaborative would like investment in the steady state running of Board meetings and leadership input for a year covering 2 sessions of GP Lead per week, a session for a nurse and pharmacist, a full time mid-grade manager and a monthly Board meeting.	Including NHS Pension and on-costs for Lead GP, Board membership GPs, Management , Lead Nurse & Lead Pharmacist Total £185,604	<p>Not supported</p> <p>Costs within the bid already picked up by CCG funding</p>

## 4.2 Dispensing Patients

Contract Managers across the Yorkshire and Humber region will undertake a review of dispensing patients included on the GP practice lists in line with Chapter 15 of the Pharmacy Manual. The only practice affected within Hull CCG is Sutton Manor Surgery.

Since NHS England was established, no reviews have been undertaken despite this being an annual requirement; this is due in part to capacity and also conflicting priorities for the teams.

A consistent approach to the review will be undertaken across the region.

Below is an outline of the proposed timescales:

- September 2018 – liaise with LPCs, LMCs, CCGs and Pharmaceutical Committee
- October to December 2018 – review dispensing list rights to ensure no patients who live within 1.6 km of a community pharmacy are designated as dispensing patients unless an exception applies i.e. the only pharmacy a patient lives 1.6km within is a distance selling premises or the pharmacy is within a reserved location or the patient has successfully applied under the serious difficulty rule
- Patients who are listed as dispensing but who live within 1.6 km of a pharmacy will have their status changed on the Exeter system and practice IT systems from dispensing to prescribing. The Regional Pharmacy Committee will be asked to agree a timescale for the removal of dispensing rights (gradualisation), the length of notice will take account of various factors including the number of patients to be removed so this will be agreed on a case by case basis, the minimum notice period being one month
- January to February 2019 – evaluate outcome of the review
- March 2019 – report confirming results of review to be shared with LPCs, LMCs, CCGs and Pharmaceutical Committee

Following completion of the review, the list of dispensing patients will be re-run to ensure that the practice has removed dispensing rights as agreed.

It should be noted that the review is reliant upon PCSE providing information on patients living within 1.6km of a community pharmacy with dispensing rights. Discussions are ongoing with PCSE about how the information can be shared complying with General Data Protection Regulation.

## 4.3 APMS Procurement Update

At the Primary Care Commissioning Committee on 29th June 2018, the members were informed that a business case for an extended contract length of 8+5 years was to be presented to the NHS England Commercial Executive Group (CEG) on 18<sup>th</sup> July 2018 for approval. This business case was approved subject to:

- Evidence re: stimulation of the market to ensure a greater number of bidders are sighted of the opportunity and engaged in the process. 5 potential bidders had responded to the PIN notice and further potential bidders have indicated an interest subsequently.

- Confirmation that there are no issues around financial viability of the incumbent provider in its delivery of services within the other primary medical care service contracts held within the city. The incumbent provider has indicated that the reason for wishing to terminate the contract is strategic.
- A review of the proposed GMS rate due to a major issue identified to the current costs, i.e. continued use of locums which are expensive. Market engagement and tender to evaluate proposals that evidence moving away from the use of locums to make the contract feasible to deliver. The ITT evaluation process will include robust assessment of workforce plans and transitional resource has been allocated to support the first 15 months of the contract.

The timeline for the procurement has been revised as follows:

Governance Structure	Activity	Decision	DATE
	Publish ITT documents (Live on OJEU)		17 August 2018
	ITT Deadline (30 day timescale - minimum)		20 September 2018
	ITT Evaluation		21 September - 9 October 2018
	Preferred Provider Nominated		17 October 2018
PCCC, CCG Board	Meeting - Contract Award	Contract Award	26 October 2018
	Service Mobilisation - Starts		9 November 2018
	Service Commencement		ASAP

#### 4.4 Minor Surgery

Work is continuing with colleagues in primary and secondary care to develop a model for future service provision within primary care and the associated commissioning arrangements. In light of the timelines required the current contracts with primary care providers which were due to end at the end of September 2018 have been extended to the end of March 2019.

#### 4.5 Post-CCT GP Fellowship

In mid-June the CCG received from the STP Primary Care Workforce Development Group information regarding a Health Education England (HEE) opportunity to develop post Certificate of Completion of Training (CCT) Fellowships with an expectation of 3 being supported across the Humber Coast and Vale area. The intention was to develop posts of 8-10 sessions per week for 12 month as follows:

- At least 40% (4 - 6 sessions) of traditional general practice, to develop clinical maturity as a GP. The general practice will be the employer.
- Up to 40% (2 - 4 sessions) of time to develop skills and involvement in GP development beyond the MRCGP curriculum and relevant to the fellowship and five year forward aims. This might cover areas of workforce development within a practice including new ways of working, and could also be focused on priority areas for development such as urgent and emergency care or leadership, in specific/ specialty areas for example care of the elderly such

- as frailty, mental health, oncology, paediatrics, veteran's health etc., or in an academic organisation
- 20% (2 sessions) of protected education and training time. It is intended that an academic underpinning will frame the programme and provide robust governance and quality assurance. This may involve completion of a Postgraduate Certificate.

A communication was sent to each of the 5 practice grouping clinical leads with information about the posts and inviting expressions of interest. A further communication went to practices from the STP Primary Care Workforce Development Group. One expression of interest was received by the CCG from the Modality Grouping.

Following internal discussions and approval by Senior Leadership Team it was agreed that the CCG would be able to offer 2 - 4 sessions of work to support the children and young people's agenda across the whole CCG. In the light of only one expression of interest being received a proposal was worked up with the Modality Grouping and submitted to HEE by the deadline of 24<sup>th</sup> July. On 3<sup>rd</sup> August the practice and CCG were notified that the application had been successful. Work is now taking place to further work up the CCG element of the role and to progress recruitment to the post with Modality Grouping which will be the employer.

#### **4.7 Pharmacy Closure**

NHS England has received a notification from Lloyds that they wish to permanently close their branch within Sainsbury's in Hessle. The date for closure is 9th February 2019 which will allow enough time to:

- notify patients
- transfer/complete any owings
- inform GP practices
- ensure all patients with prescriptions awaiting collection are contacted,
- return any prescriptions remaining in the pharmacy uncollected to the prescribing practice

The nearest pharmacy is in Hessle Square which is 1.3 miles away.

#### **5. RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee note the updates contained in the report.