

**Item: 7.1**

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	26 <sup>th</sup> April 2019
<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 England Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
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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"/>		

**PURPOSE OF REPORT:**

The purpose of this report is to update the committee on 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 in relation to the:

- (a) Boundary change for Dr Cook
- (b) Early List Re-Opening for Wolseley Medical Centre
- (c) Merger of Springhead and Diadem with Newland Group Practice
- (d) PMS Letter Update
- (e) Other NHS England updates

**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	HR implications where relevant are covered in the report.
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)

	<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.

## STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE & PRIMARY CARE UPDATE

### 1. INTRODUCTION

The purpose of this report is to:

- Update the committee on primary medical care matters including contract issues within Hull
- Provide national updates around primary medical care

### 2. BACKGROUND

Not applicable

### 3. CONTRACT CHANGES

There are the following contract changes to report:

Practice(s)	Further Information	Action Needed
Dr Cook (B81095)	Application withdrawn in relation to extending the practice boundary	To note
Wolseley Medical Centre (B81047)	Practice re-opening their list early	To note
Newland Group Practice (B81048) GMS  Springhead Medical Centre (B81056) GMS  Diadem Medical Practice (B81053) GMS	Modality has applied to merge the GMS contracts of Newland Group Practice, Springhead Medical Centre and Diadem Medical Practice	For Information

#### 3.1.1 Dr Cook – extension of the current practice boundary

The PCCC were informed in February 2019 that Dr Cook had submitted an application to extend his current practice boundary into Sutton and Kingswood. A decision was deferred pending further information in relation to capacity – both workforce and clinical rooms. There was a concern that in future if the practice had a significant growth in list size they may not be able to manage it both in terms of workforce and clinical accommodation.

A practice visit was undertaken on 8<sup>th</sup> April 2019 to explore the concerns raised by the PCCC. In relation to workforce, the GP who was providing 2hours of additional capacity on a Monday has now retired. The practice is covering these with another GP with a view to them taking on these and additional hours more permanently.

The list size growth has slowed since the initial influx prompted by the consultation around the closure of Faith House but continues to increase.

Date	List Size	Increase
31.12.18	3565	
24.01.19	3652	+87
8.4.19	3783	+131

In relation to clinical accommodation, the practice has bid for ETTF monies for the refurbishment of the downstairs GP consulting rooms to include the following work:

- Both rooms to be stripped, plastered and painted appropriately
- Both room fitted with the appropriate medical flooring

The practice has withdrawn their current application and will monitor the situation re-submitting their application should this become necessary.

### **3.1.2 Early List Re-Opening of Wolseley Medical Centre**

In October 2018, the Committee were asked to make a decision in relation to a list closure application for Wolseley Medical Centre. A decision around the list closure was deferred pending more information around what will be done should the list closure application be supported.

A plan was brought back to the PCCC in December 2018 and a list closure was supported for the period of 3months with a review against the plan brought back to the next PCCC. This review came back to the PCCC on 22<sup>nd</sup> February 2019 along with an application from the practice to extend their temporary list closure for a further 3 months. Whilst the list has only fallen by around 30 patients the closure has importantly prevented the list from growing and the associated volume of work (new patient checks, medication reviews etc) and impact on appointments created by new patients. The practice felt that the extension would allow them to consolidate, further progress and embed the work they had done in the past 3 months, allow the new salaried GP to be fully inducted and be up to speed with their SOPs and allow them to prepare for the list re-opening. This 3month extension was supported again with a review in 2months.

An email was received from the practice on 19<sup>th</sup> March 2019 to inform us that they felt able to re-open their practice list early. This is due to the workload feeling more manageable and roles being filled. Therefore, the practice will re-open from 15<sup>th</sup> April 2019 rather than 21<sup>st</sup> June 2019.

### **3.1.3 Merger of Springhead Medical Centre (B81056) and Diadem Medical Practice (B81053) with Newland Group Practice (B81048)**

In August 2018, the PCCC were informed of an application to merge Newland Group Practice (B81048), Faith House (B81021) and New Hall Surgery (B81049). Part of this change was for Newland Group Practice to revert back to a GMS contract. The PCCC were also informed that this merger was the start of a larger scale planned change.

An application has now been received for a merger which will complete the larger scale planned change. This is to merge Newland Group Practice (B81048), Springhead Medical Centre (B81056) and Diadem Medical Practice (B81053).

The contract merger date was 1<sup>st</sup> April 2019 which will allow the clinical system mergers to take place on 24<sup>th</sup> and 30<sup>th</sup> April respectively.

## **4. NHS ENGLAND UPDATE**

### **4.1 PMS Letter Update**

In October 2018, the committee were presented with a proposal that aligns the price per patient of the GMS and PMS contracts from 1<sup>st</sup> April 2020 as mandated by NHS England.

The Committee supported option 2 which was to contractually manage the pay differential.

Following discussion with both the CCGs and LMC, an initial letter was distributed to the PMS practices on 9<sup>th</sup> February 2019 alerting them to the fact that it will not be possible to continue to pay a differential rate to PMS practices compared to the practices holding an equivalent GMS contract. At that time the financial value was not known as the 2019/20 national contract agreement was not available.

The national contract agreement has now been finalised and so another letter was distributed to practices on 12<sup>th</sup> April 2019 which included a financial statement for each practice and outlined the next steps. The financial calculation will account for the current PMS payment of £93.13 per patient and the GMS payment for 2020/21 which has been set at £91.95 per patient. The next steps from a contractual perspective is for the change to be formalised through the issuing on a contract variation (CV).

In line with the national guidance under the Framework for PMS Contract Reviews, the requirement and local agreement across the LMCs and CCGs is that the funding released from the alignment will be retained at a local level and reinvested into GP primary medical care services.

#### 4.2 Primary Care Networks (PCN) Update

Further guidance has been issued in relation to the development of PCNs, this includes:

- Network Agreement Schedules
- Network Contract DES and VAT Information
- Network Contract DES Contract Service Specification 19-20
- Network Contract DES Guidance 19-20
- Network Contract DES Mandatory Network Agreement
- Network Contract DES Registration Form

More details are provided under Agenda item 8.1.

In relation to the PCNs, the following is a timeline for the initial deadlines:

All PCNs to submit DES registration information to CCGs	15/05/2019
CCGs must confirm the Network DES registration requirements have been met	31/05/2019
CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts	31/05/2019
The establishment of PCNs within the region to ensure that every practice is a part of a local PCN (30,000-50,000 patients)	30/06/2019
Each network must have a Clinical Director and a Network Agreement in place	30/06/2019
100% Coverage of Network Contract DES - DES goes live	30/06/2019
Ensure that PCNs are provided with primary care data analytics for population segmentation and risk stratification based on national data, complemented with local flows, to allow them to understand healthcare needs for symptomatic and prevention programmes including screening and immunisation services	30/06/2019
PCN Development local plan published	30/06/2019
NHS England to resolve any Network DES registration issues with CCGs	30/06/2019
Provide a minimum of £1.50 per head of financial support to PCNs for their management and organisational development. 01/07/2019 - 31/03/2024	01/07/2019

## **5 RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee note the updates in relation to the:

- (a) Boundary change withdrawal for Dr Cook
- (b) Early List Re-Opening for Wolseley Medical Centre
- (c) Merger of Springhead and Diadem with Newland Group Practice
- (d) PMS Letter Update
- (e) Other NHS England updates