

Item: 7.1

Report to:	Primary Care Commissioning Committee
Date of Meeting:	25 th October 2019
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	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 in relation to the contract changes;
<ul style="list-style-type: none"> a) Note the updates in relation to Dr Malczewski and Dr GM Chowdhury; b) Approve the return to GMS from PMS for Sutton Manor Surgery from 1/4/20; c) Note the update around Faith House; d) Consider the closed list application from Kingston Health.
It is also recommended that the Primary Care Commissioning Committee note the NHS England and NHS Hull CCG updates

REPORT EXEMPT FROM PUBLIC DISCLOSURENo 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)

	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 primary medical care matters including contract issues within Hull
- Provide national updates around primary medical care

2. BACKGROUND

Not applicable

3. CONTRACT CHANGES

3.1 There are the following contract changes to report:

Practice	Contract Change	Action
Dr Malczewski B81080	The merger with East Hull Family Practice, retirement of Dr Malczewski and merger of the clinical systems is complete.	For Information
Dr GM Chowdhury B81066	The merger with East Hull Family Practice, leaving of both Dr Chowdhury's and merger of the clinical systems is complete.	For Information
Sutton Manor B81020	Sutton Manor Surgery have requested to return to a GMS contract from a PMS contract with effect from 1/4/2020.	For approval
Kingston Health B81011	Closed List Application (see report)	For a decision

3.2 Kingston Health Closed List Application

See attached report.

3.3 Faith House update

Following the decision of the Primary Care Commissioning Committee to approve the consolidation and relocation of services from Faith House Surgery, delivery of services ceased at Faith House Surgery at the end of July 2019. Following the change, a ten-week update has been provided by the practice in relation to three aspects of the changes:

Access

The transition has been managed through a Project Plan with a dedicated project manager. Most patients selected New Hall surgery as their preferred site. New Hall Surgery has good parking and is fully accessible. To support access at Alexandra Health Centre, Doctor parking is to be removed to provide more patient parking. The practice also has a cycle to work scheme in place for employees to support more patient parking being available.

Capacity

During transition, and prior to Faith House Surgery closure at the end of July, patients could book an appointment at any Modality Hull site (New Hall, Alexandra Health Centre, Diadem Medical Practice and Springhead Surgery). In total 520 appointments were booked elsewhere. Telephone triage and care navigation has been enhanced to ensure patients see the right clinician. Working models at all Modality sites have been adapted to manage the increase in numbers of patients and GP and other clinician capacity has been increased at sites to accommodate patients. In addition, the practice offers the digital options of video and online consultation.

Quality

A dedicated Patient Liaison Officer is working to streamline and improve communication with patients with multiple forms of communication being utilised. The practice website has been developed to support provision of patient information. Patient feedback has focused on waiting time on the telephone - additional care navigators being employed to address this. No significant complaints have been received relating to a reduction in service quality following the changes and no complaints have been received in relation to communication.

This update has also been provided to the Health and Well-Being Overview & Scrutiny Commission.

4. NHS ENGLAND UPDATE

4.1 Primary Care Network (PCN) Update

Maturity Matrix and Organisational Development (OD) Plans

By 30th September 2019, all PCNs were required to complete the maturity matrix and submit an OD plan to NHS England. The OD plans focussed on 5 key areas:

- Leadership, planning and partnership
- Use of data and population health management
- Integrating care
- Managing Resources
- Working with people and communities

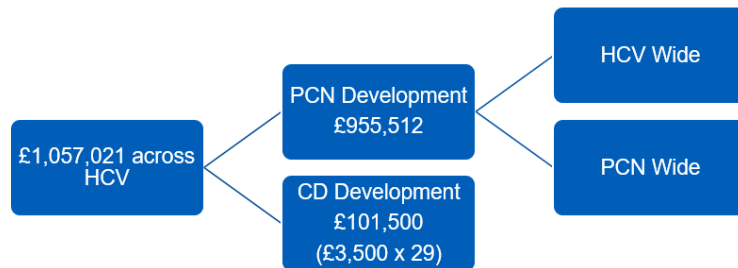
These were further split into areas of support:

- PCN 'set up' Support
- Organisational Development and Change
- Leadership Development Support
- Supporting Collaborative Working
- Population Health Management Support
- Social Prescribing and Asset Based Community Management

The OD plans are currently being worked through to identify areas of support that can be procured across the patch and those that need to be procured at PCN level.

PCN Development Monies

Across Humber, Coast & Vale (HCV) there is £1,057,021 available to PCNs for development. Some of this will be allocated specifically to Clinical Director development and the remainder is for development of the PCNs which may be procured HCV wide or at PCN level.



4.2 General Practice Funding View (GPFV) Funding programme 2019/20

Funding for four of the Primary Care Transformation Fund Programme budgets will be going direct to Humber Coast and Vale (HCV) Health and Care Partnership for 2019/20 rather than directly to CCGs or NHS England.

The four programme areas included in the allocation are:

- General Practice Resilience Programme
- GP Recruitment and Retention Programme
- Reception and Clerical Staff Training
- Online Consultation

NHS Hull submitted the following bids against these areas which have been approved:

- General Practice Resilience Programme
 - 2 x practices supported
 - Agency Finder's Fee (Recruitment)
 - CQC rating action plan
- GP Recruitment and Retention Programme
 - Practice Nurse Resilience Training
- Reception and Clerical Staff Training
 - Care Navigation in Community Pharmacy

There were no bids specific to Hull in relation to Online Consultation. However, the use of video consultations, testing the use of Online Consultation in Out of Hours, at PCN level and within Mental Health Services are being explored.

4.3 Primary Medical Care Contract Documentation

As part of the NHS England and NHS Improvement merger, the North East and Yorkshire Regional Team have been reviewing processes with a view to achieving consistency of approach across the patch.

Currently, NHS England's business office manage all primary medical care contract documentation on behalf of delegated CCGs, including arranging for these to be signed off by Regional Directors. To bring the process in-line with how this duty is managed for the other CCGs across North East and Yorkshire, delegated CCGs will be required to sign off contract documentation with effect from **1st October 2019**.

All medical contracts and contract variations, including nationally instructed variations will require sign off by the CCG Chief Officer and Chief Finance Officer.

The process will be as follows; changes to the current process in italic:

1. NHSE business office will receive instruction via local and national routes to vary a contract
2. NHSE business office will prepare the contract documentation on behalf of the CCG
3. NHSE business office will forward the contract documentation to the practice concerned
4. The practice will return signed documentation to NHSE business office
5. *NHSE business office will forward the contract documentation to our named primary care contact within the relevant CCG*
6. *The CCG will sign the contract document and return to NHSE business office*

The NHS England process for approving contract documentation which met audit and SFI requirements of NHS England have been shared with the CCG for consideration and amendment of CCG SFIs if necessary.

4.4 Community Pharmacist Consultation Service

The NHS Community Pharmacist Consultation Service (CPCS) will launch on 29th October 2019 as an Advanced Service.

The service, which will replace the [NUMSAS](#) and [DMIRS](#) pilots, will connect patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

The CPCS will take referrals to community pharmacy from NHS 111 initially, with a rise in scale with referrals from other parts of the NHS to follow. The CPCS will relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever this winter as an integral part of the NHS urgent care system. This will continue to be supported by the [NHS Help Us Help You Pharmacy Advice campaign](#).

Hull

- NUMSAS Providers = 26 (15 currently not signed up to CPCS)
- CPCS Sign up = 20 (HU1 = 2, HU3 = 5, HU5 = 4, HU6 = 3, HU7 = 3, HU9 = 3)

Emails have been sent to the 15 providers who have not currently signed up to CPCS to check if they intend doing so in time for service start end October 2019. The current provision for CPCS will create a gap in HU2 and HU8 that currently have NUMSAS services in place but haven't as yet signed up to CPCS.

5. OTHER UPDATES

5.1 West Hull development

Following policy guidance that the west Hull primary care facility development would not be approved for delivery through LIFT, Citycare is progressing the scheme as a Third Party Development (3PD). This is a well-established model and is adopted in other areas to support primary care developments. Citycare is working alongside the lead GP Practice reviewing capacity requirements to progress the scheme.

The project had been progressing through the LIFT Stage 1 Business Case development, targeting Financial Close being reached by March 2020 with construction on site anticipated to commence in April 2020 and completion anticipated by April 2021. Commencement of the construction is subject to completing the highways works, which are currently programmed to run through to the end of April 2020.

Further design works (with the exception of the highways development work) has been paused pending the conclusion of revised Tenant Requirements (if required) based on a 3PD scheme. However, the designs are in an already advanced stage and unlikely to be significantly affected.

As a 3PD scheme, rent which is reimbursed to the GP practice(s), is set by the District Valuer based on the size, design and location of the property and based on similar transactions. The District Valuer has been appointed by NHS Hull CCG to commence their services on the project. This will include reviewing design and compliance matters, assessing a market rent for the premises, and reviewing construction costs.

Citycare are developing the Business Case with an expectation that it will be considered by the CCG Board in November 2019

5.2 Adult Community Mental Health Care - integration with Primary Care Networks (PCNs)

Humber Foundation NHS Teaching Trust, in conjunction Hull & East Riding CCGs and Local Authorities submitted a bid to NHS England for Transformation Funding for Adult Community Mental Health Care. The bid described implementing the 'Thrive Framework' (currently utilised in Children's mental health) a new intensive community recovery and rehabilitation pathway and further development of the trauma based approach for people with complex needs. This bid describes a new model of seamless support (across PCNs and Mental Health Services), with consistent access for people with moderate and severe mental health needs, supporting people to access and benefit from the range of community and primary based support available for all; as well as expert mental health assessment, treatment, recovery and care co-ordination. The bid was successful and initial work on the model will commence in the next few months. It is anticipated that the full transformation will take up to 2 years, but developing and testing the model during that time. It is anticipated that PCNs will be heavily involved in developing the model and PCN representatives in due course.

5.3 Primary Care Commissioning Audit

In August 2018 NHS England published *Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups*. The document provided the framework for delegated Clinical Commissioning Groups undertaking internal audit of their primary medical care commissioning arrangements.

The scope of the audit framework mirrors the Delegation Agreement entered into between NHS England and Clinical Commissioning Groups and covers the following functions of the commissioning cycle:

1. Commissioning and procurement of services
2. Contract Oversight and Management Functions
3. Primary Care Finance
4. Governance (common to each of the above areas)

Clinical Commissioning Groups were required to incorporate primary medical care commissioning within 2018/19 audit plans where possible and where this has been possible the full set of audits, 1 - 4 above, must be completed by March 2021.

Compliance with *Commissioning and procurement of primary medical services* was covered during 2018/19 and the Audit Report was received by the Primary Care Commissioning Committee at the April 2019 meeting.

The next phase of audit is now commencing to assess compliance with *Contract Oversight and Management Functions*. Generally, these will be those relating to the accessibility and quality of GP services, including but not limited to ensuring relevant national and locally applied contract terms in relation to:

- I. GP Practice opening times and the appropriateness of sub contracted arrangements
- II. Managing patient lists and registration issues (for example, list closures, targeted list maintenance, out of area registration, special allocation schemes)
- III. Identification of practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes
- IV. Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
- V. Overall management of practice: (1) mergers) (2) closures

The outcome of the audit including any recommendations will be received by the Committee in due course.

5.4 Integrated Delivery

As part of the Integrated Delivery Framework, two schemes in relation to Chronic Obstructive Pulmonary Disease (COPD) are currently being developed. The schemes would enable Primary Care to support delivery of the Respiratory Programme for the city and would contribute towards keeping patients out of hospital as part of the Winter Plan. The schemes would be funded utilising the PMS Premium funding.

The two schemes focus on:

Scheme 1 - COPD - Case finding, early & accurate diagnosis and Management

Scheme 2 - COPD - Follow up Post Exacerbation

The intention is to share the schemes with Committee members virtually for either virtual approval prior to the next committee meeting or to schedule an Extraordinary Primary Care Committee Meeting in November.

6 RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee in relation to the contract changes:

- a) Note the updates in relation to Dr Malczewski and Dr GM Chowdhury;
- b) Approve the return to GMS from PMS for Sutton Manor Surgery from 1/4/20;
- c) Note the update around Faith House;
- d) Consider the closed list application from Kingston Health.

It is also recommended that the Primary Care Commissioning Committee note the NHS England and NHS Hull CCG updates.