

**PLANNING & COMMISSIONING COMMITTEE
MEETING HELD ON 6 OCTOBER 2019
CHAIR'S UPDATE REPORT**

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the October 2019 Planning and Commissioning Committee.

STRATEGY

Primary Care Update

The Strategic Lead for Primary Care provided a report to further update the Committee on the establishment of Primary Care Networks (PCN) and the Network Contract Directed Enhanced Service (DES).

It was stated 5 Primary Care Networks in Hull had been approved in June 2019 and were established with effect from 1st July 2019, these being:

| Name of PCN | Practices | List size | Accountable Officer / Clinical Director |
|---------------|-----------|-----------|---|
| Bevan Limited | 9 | c. 43,800 | Dr S Richardson |
| Medicas | 2 | c. 45,500 | Dr M Abdulla |
| Modality | 5 | c. 85,500 | Dr E Dobson |
| Nexus | 9 | c. 73,400 | Dr L Balouch (Accountable Officer) & Dr M Findley |
| Symphonie | 8 | c. 52,800 | Dr K Pande |

It was noted that each PCN requires a Clinical Director, Nexus had a dual Clinical Directors (Dr L Balouch & Dr M Findley) with Dr L Balouch also being the Accountable Officer.

Each PCN were required to provide extended hours appointments (outside of 8am – 6.30pm Monday to Friday) to all of their patients. Each PCN was required to provide a total number of hours, which could be provided by a range of staff, equivalent to 30 minutes per 1,000 patients. The CCG was currently in the process of seeking assurance from PCNs that the total number of hours were being delivered and that all other aspects of the extended hours service were being met.

In 2019/20 PCNs were able to claim reimbursement for the costs of Clinical Pharmacists (70% reimbursement) and Social Prescribing Link Workers (100% reimbursement). In future years the amount that each PCN would be able to claim reimbursement for would be based on weighted patient populations.

A key component of the Network Contract DES would be the development and implementation of seven national service specifications. The specifications would develop over time and focus on areas where primary care could have significant impact against the NHS Long Term Plan 'triple aim.' Five of the service specifications would be introduced from April 2020 and a further two introduced from April 2021.

To identify the support PCNs require, a Maturity Matrix had been developed. The matrix outlines core components that underpin the successful development of a PCN and sets out a progression model that evolves from initial steps and actions that enable PCNs to begin to establish through to growing the scope and scale of PCNs in delivering greater integrated care and population health.

The matrix was being used by PCNs to:

- Identify where PCNs were now in their journey of development and how PCNs can build on existing improvements such as those that may have been enabled by the GP Forward View and other local integration initiatives.
- Develop plans for further development that help networks to continue to expand integrated care and approaches to population health.
- Identify support needs using the PCN Development Support Prospectus as a guide for framing support plans and coming together to form links with their new team.

It was stated that all of the 5 PCNs within Hull CCG had submitted their Maturity Matrix.

It was noted that to access the development monies PCNs were required to submit an organisational development plan, the plans would then be reviewed across the 29 PCNs in Humber Coast and Vale (HCV) and resource allocated to progress development for both PCNs and Clinical Directors.

Meetings with Clinical Directors had been established, information which needed to be escalated Philip Davis (Philip.davis@nhs.net) , Nikki Dunlop (Nikki.dunlop@nhs.net) or Daniel Roper (Chair) would cascade to the meeting Chair.

It was stated that Health and Social Well Being OSC would be given an update on PCN's and Faith House on 11 October 2019.

HIGH INTENSITY USER SERVICE

The initial national requirement regarding High Intensity User (HIU) services was to offer a non-medicalised programme that offered practical problem solving and health coaching to change behaviours amongst individuals who had the highest recorded usage of unplanned health services.

It was recognised that across Hull there were a range of services in place that are either designed primarily to work with high intensity users or have, as a consequence of the service offer, an impact upon patient behaviours in line with the coaching / behaviour management principles required.

A wide and varied discussion took place in relation to the top 20 reasons/outcomes identified for attendance at A & E and the top 20 reasons for admission of these patients, it was stated that further information on how the patients were treated when admitted would

also be beneficial along with HIU being compiled across all service to ensure the same approach was adopted by all providers.

A handwritten signature in cursive script that reads "V. A. Rawcliffe".

Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
October 2019