

Item: 7.1

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Report to:	Primary Care Commissioning Committee
Date of Meeting:	13 th December 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, Head of 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.

RECOMMENDATION:

It is recommended that the Primary Care Commissioning Committee note the NHS England and NHS Hull CCG 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)*

	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 no contract changes to report

4. NHS ENGLAND & NHS HULL CCG UPDATES

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. These were submitted and worked through to identify areas of support that could be procured across the patch and those that could be procured at PCN level.

Common themes included support to:

- Understand the use of data and population health management information and data analysis
- Engage with the public / voluntary sector
- Engage with secondary / community care colleagues
- Understand the PCNs vision
- Understand how the new service specifications can be delivered

In relation to support that could be procured across the patch, money has been held back in 19/20 for VAT advice and also to support a delivery manager post to co-ordinate events and training.

Each PCN has had its allocation for 2019/20 confirmed on the basis of 70p per patient, a total of approximately £208,000 across the 5 PCNs.

A Memorandum of Understanding has been developed for each PCN to sign confirming receipt of the funding and agreement to deliver the OD plan. As part of the MOU each PCN will be required to provide an income and expenditure account supported by appropriate invoices/receipts and a short paper detailing progress against the plan by 30th April 2020. This will be reported back via the Primary Care Commissioning Committee.

The Income and Expenditure account will be required to detail any unspent funding which will be carried forward into financial year 2020/21.

4.2 Additional Roles Monies – Social Prescribing Link Worker (SPLW)

The NHS England Social Prescribing team has been working with colleagues in the Primary Care Strategy and NHS Contracts Group on the issue of additional costs for PCNs when engaging an SPLW service through a supplier, which is impacting on the engagement of SPLWs.

A statement has been issued and is detailed below:

Additional costs for social prescribing link workers

A number of Primary Care Networks (PCNs) have been looking to engage with suppliers such as voluntary, community or social enterprise (VCSE) organisations to support social prescribing services. Working with such suppliers is vital to support delivery of social prescribing, both in terms of:

- providing social prescribing link worker services to PCNs where those services are sub-contracted, and*
- providing or supporting the health and wellbeing services and other opportunities available within the community to which patients will be referred.*

Nearly all organisations supplying an SPLW service are passing on additional costs over and above the equivalent of the actual salary and the on costs set out in the Network Contract DES as reimbursable at 100%.

We have looked at how we can include such costs within the additional roles reimbursement scheme mechanism. We can confirm that the scheme will be updated so that, where a PCN engages an SPLW service through a supplier, a PCN will be able to claim an additional flat rate sum of £2,400 per SPLW (on an annual WTE basis; to be pro-rated by the WTE and duration of the roles providing the service as appropriate) as a contribution towards those costs. This must be affordable within the existing maximum annual reimbursable amount for social prescribing link workers. The reimbursement of additional costs is not in addition to the maximum reimbursable amount per role. This change applies only to the SPLW role and not to other roles funded through the Network Contract DES.

Guidance will be updated shortly to reflect the above. Any queries, please contact england.socialprescribing@nhs.net

4.3 Additional Roles Monies – Clinical Pharmacists

The Network Contract Directed Enhanced Service (DES) allowed for clinical pharmacists employed under the NHS England Clinical Pharmacist in General Practice Scheme, where they worked in practice, to transition into the Additional Roles Reimbursement Scheme as part of the Network Contract DES, where they would work across the PCN. The transition from one scheme to another had to take place by 30th September 2019.

Transition in this context required that the clinical pharmacist was actually working as part of the PCN team delivering the duties outlined in the Network Contract DES Specification, by 30th September. This is irrespective of the detail of the agreed employment arrangements (i.e. they may not be actually employed by the PCN but engaged to work under the terms of the Network Contract DES across the PCN).

NHS England and Improvement has been made aware of a number of scenarios in which the 30th September deadline was not met.

Given the importance of this workforce as part of a multi-disciplinary PCN team and the more generous reimbursable arrangements for practices/PCNs, commissioners may, in exceptional circumstances, allow an extension to the transition by no later than **30th November 2019**. This extension is to allow people more time to finalise the arrangements where a transition has been or was being agreed, rather than to allow further time to decide whether or not to transition. After this date, any clinical pharmacists who have not transitioned to work as part of the PCN workforce delivering the duties outlined in the Network Contract DES will no longer be eligible to do so. They will not be counted as an exception to the baseline, meaning that under the additionality rules the FTE equivalent for these clinical pharmacists will need to be maintained by PCN member practices in order to claim reimbursement for PCN clinical pharmacists. Please note that no further extensions to the 30th November deadline will be given.

The Network Contract DES Guidance and Additional Roles Reimbursement Guidance will be updated to incorporate this extension.

Updated position for Hull

PCN	Current Employer	CCG	SCPs remaining on NHSE schem	CPs remaining on NHSE funded scheme	SCPs transferring to PCN funding	CPs transferring to PCN funding	Transfer Date
Modality Partnership	Modality Partnership Hull	Hull	0.0	0.0	0.0	2.0	01.07.19
Modality Partnership	Modality Partnership Hull	Hull	0.0	1.0	0.0	1.0	01.07.19
n/a	Haxby Kingswood Hull	Hull	0.853	1.0	0.0	0.0	n/a
n/a	City Health Care Partnership	Hull	2.0	0.0	0.0	0.0	n/a

4.4 Targeted Lung Health Check Programme

Work has continued to prepare for the implementation of the targeted lung health check programme with sites identified in the west of the city for the mobile unit to be sited. The practice search for eligible patients has been developed and the first two practices located close to the sites have identified their eligible cohort and have provided the details to the booking team. The first checks are planned to commence on 27th January 2020.

5 RECOMMENDATION:

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