

Item: 7.1

Report to:	Primary Care Commissioning Committee
Date of Meeting:	28 th February 2020
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E Phil Davis, Strategic Lead Primary Care, NHS Hull CCG Nikki Dunlop, Head of Commissioning - Integrated Delivery, 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 Primary Care Commissioning 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 following updates in relation to:

- Contract change for Sydenham from partnership to single handed
- Haxby Business Group 5 year extension to APMS contract
- Extended Primary Care Medical Services - update
- 2018-19 eDEC submission
- West Hull primary care development
- Update on Additional Roles Reimbursement Scheme (ARRS)

It is recommended that the Primary Care Commissioning Committee approve the following:

- Contract novation from Delta Healthcare to Delta Healthcare and Cosmetics Clinics Ltd
- Extension to Minor Surgery service for 6 months
- Utilise PMS Premium funding to purchase patient check-in screens/electronic information boards

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 the Strategic Commissioning Plan for Primary Care
- 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

The following contract changes have been submitted. These contract changes are for information only:

	Practices	Further Information	Action Needed
3.1	Sydenham House (B81058)	Contract change from partnership to a single-handed contract with effect from 31 st January 2020.	For Information
3.2	Haxby Business Group Ltd (Y02747)	Contract extension for a further 5 years to 31 st March 2025.	For Information

3.1 Sydenham House (B81058)

As at 31/1/2020, Sydenham House is a single-handed practice. Dr Caldwell is remaining in practice as a salaried GP until 31/3/20 after which it is hoped that his application to be accepted on the retained GP scheme will be approved. There is also one further salaried GP in the practice.

3.2 Haxby Business Group Ltd - Contract Extension (Y02747)

The Haxby contract for Orchard Park and Kingswood has an option to extend for a further 5 years from March 2020. Discussions have been ongoing with Haxby around the extension and the terms of the contract. An agreement has been reached and the contract has been extended until 31st March 2025.

The following contract changes are for approval:

	Practices	Further Information	Action Needed
3.3	Delta Healthcare (B81097)	Contract novation from Delta Healthcare to Delta Healthcare and Cosmetic Clinics Ltd	For Approval

3.3 Delta Healthcare - Novation of Contract

On the 19th December 2019 the CCG received a request from Dr Igoche, Delta Healthcare to novate his GMS contract from Delta Healthcare to Delta Healthcare and Cosmetics Clinic Ltd. Dr Igoche is the sole contractor on a single-hander contract.

Upon receipt of such requests, NHS England on behalf of the CCG, refer to and follow steps outlined in the Primary Medical Care Policy and Guidance Manual (PGM) V2 - published April 2019.

In accordance with Paragraph 7.9 Variation Provisions Specific to a Contract with a Company Limited by Shares (GMS) or a Qualifying Body (PMS):

7.9.1 A GMS contract may be held by a company limited by shares (subject to certain conditions). PMS agreements may be held by a qualifying body (a company limited by shares, all of which are legally and beneficially owned by persons who may enter into a PMS agreement).

7.9.4 A change from a single-handed or partnership contract to a limited company is a complete change of the identity of the contracting party, regardless of whether the company is owned and/or run by the original contractors. A change from an individual or partnership to a company will require the issue of a new contract and is often referred to as a contract novation or incorporation.

There is no express right for a contractor to transfer their contract and they need agreement to novate from the Commissioner (the CCG).

Upon receipt of a request to novate/incorporate a contract, the CCG should first consider whether the proposed new contractor is eligible to enter into the contract. Where the proposed contractor is eligible, the CCG should consider a number of further matters as identified within the PGM which are not limited to but include:

- the Commissioner's obligations under procurement law to determine whether there is a risk of challenge in agreeing the request and

whether a competitive tender process should be carried out to select any new contractor;

- whether the Commissioner is satisfied that there will be continuity of patient care;
- the extent of change to the terms of the existing contract (e.g. contract value or services) – this is important in assessing both procurement risk (see 7.10.7 to 7.10.13) and whether there is a service change requiring patient and public involvement;
- sustainability – the Commissioner should be assured that the proposed novation will ensure ongoing sustainability of the practice and patient services in the area going forward;
- whether the Commissioner has any concerns about the proposed contractor's financial standing and financial stability – serious concerns are likely to suggest they are unsuitable as a contractor, whereas minor concerns could for example be a factor in deciding to seek a guarantee;

NHS England is currently undertaking the necessary checks to ensure that Delta Healthcare and Cosmetic Clinics Ltd are eligible to hold a GMS contract.

If the request is approved, a new contract will be issued to Delta Healthcare and Cosmetics Clinic Ltd which could result in challenge from other providers. However, this risk of challenge is minimal given the relatively small list size for Delta Healthcare (circa 2000) and previous delivery of the contract. There will be no changes to the provision of service, the contract and patients will receive continuity of care.

Therefore, it is recommended, following checks to confirm eligibility, that the committee approve the request to novate the contract from Delta Healthcare to Delta Healthcare and Cosmetics Clinic Ltd.

4 Extended Primary Care Medical Services - update

At the October 2019 committee meeting members received a paper outlining the commissioning intentions for Extended Primary Care Medical Services (EPCMS) and subsequently approved the intention to commission EPCMS from the Primary Care Networks (PCNs). At the December 2019 committee meeting members approved the service specifications in relation to the EPCMS subject to a few minor changes.

Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan provides commissioners with the opportunity to develop and commission local Supplementary Network Services as an agreed supplement to the Network Contract DES.

In January 2020, all 5 PCNs within Hull were invited to submit proposals to deliver the EPCMS as supplementary services to the Network Contract DES with a submission date of 14th February 2020. Two submissions were received; Nexus and Medicas.

On the 17th February 2020, CCG managers met with representatives from all 5 PCNs. The meeting was convened to give the PCNs an opportunity to discuss any issues/concerns they were having in relation to the submissions and any further clarification questions regarding deliver of the services. Whilst only 2 submissions were received by the closing date, during the meeting a further 2 PCNs indicated their intention to deliver the EPCMS; Symphonie and Bevan Ltd. We are awaiting their submissions.

The intention is for the services to be delivered at PCN level from the 1st April 2020.

The CCG will continue to liaise with the Clinical Director and Strategic Lead for Modality to understand their intentions in relation to Extended Primary Care Medical Services to ensure that there is no gap in service provision.

5 Minor Surgery

At the October 2019 committee meeting, members received a paper in relation to the commissioning intentions for minor surgery. The committee considered the paper and resolved the following:

- (a) noted the extension of the current minor surgery provision until March 2020;
- (b) approved allowing the accredited GPs to continue to deliver minor surgery as there were no change in procedures, no expansion on scope. (Specification remains the same);
- (c) approved the CCG to request the Primary Care Networks to confirm intentions to deliver minor surgery services from April 2020 and to confirm accreditations status of GPs who would undertake minor surgery;
- (d) approved the accredited GPs be assessed for any changes which may affect their skills.

Work has been underway to review the current service specification but to ensure that the provision of minor surgery is delivered effectively and equitably across the city, an extension of 6 months is requested until 30th September 2020. This will enable sufficient time to ensure that the service specification is fit for purpose and relevant for the services to be commissioned at PCN level rather than from individual GP practices.

From 1st April 2020 the Extended Primary Care Medical Services will be delivered at PCN level and it is envisaged that any lessons learnt from the change in commissioning arrangements can be incorporated into the commissioning of minor surgery across the city.

It is recommended that the Primary Care Commissioning Committee approve the recommendation to extend the contract for delivery of Minor Surgery from individual practices to 30th September 2020.

6 Patient Check-In Screens/Electronic Information Boards

As part of NHS England Capital Programme, NHS E and NHS Improvement (NHS E/I) have been able to secure funding to purchase Patient Check-In Screens and/or Electronic information Boards for every practice in the Humber, Coast and Vale:

Patient check-in screens enable patients to check-in for scheduled appointments upon arriving at their practice without queuing to book in with reception. In addition to this, the check-in screens can be utilised to obtain, as well as modify, patient information and record the data precisely into that patient's electronic clinical record. This can save time for reception staff and ensures that necessary patient information is kept up to date. Electronic information boards can provide patients with relevant up-to-date information which can be tailored to be practice specific.

A sum of £1,500 will be made available to each practice towards the cost of a patient check-in screen/electronic information board. Practices who would like to receive the funding will receive a Memorandum of Understanding and be asked to submit an invoice to their respective CCG before the end of March to draw down the funding. Practices will then have a further 6 months to purchase a check-in screen or electronic information board and provide evidence of expenditure to NHS England. Where practices have recently purchased check-in screens/electronic information boards (since 1st April 2019) the cost for these can be claimed. Where a Practice has not spent the funding by October 2020 the monies will be recovered.

Across Hull there are currently 33 practices. NHS E/I has made available £51,500 for Hull which allows each practice to purchase 1 check-in screen/electronic information board.

Within Hull we have a number of practices which deliver from multiple sites; 33 practices delivering patient facing services from 50 sites. To support practices in purchasing 1 check-in screen/electronic information board per site this would potentially incur an additional cost of up to £25,000.

It is recommended that the Primary Care Commissioning Committee approve the use of PMS Premium funding to increase the amount of funding available from NHS E/I to allow practices to purchase 1 check-in screen/electronic information board per site rather than per practice.

7 GP Practice Self Declaration (eDEC)

Practices have to complete an annual GP Practice Self Declaration (eDec) where they had to declare if they were:

- Closed for half a day
- Closed for more than 7.5hrs
- Open less than 45hrs per week

NHS England was asked to verify the return for two Hull practices who had declared that they were closed for half a day. On investigation one practice had incorrectly completed eDEC and is open. The other practice has no pre-booked surgeries but can be contacted by telephone. There is a GP on-call should patients need to be seen following telephone triage. Patients are not directed to NHS 111 or any other services. According to the guidance, this practice is open and therefore also incorrectly completed the return.

The new Network Contract DES states that (in relation to Extended Access):

4.6.8 Unless a GP practice has prior written approval from the commissioner, no PCN member GP practice will be closed for half a day on a weekly basis and all patients must be able to access essential services, which meet the reasonable needs of patients during core hours, from their own practice or from any sub-contractor. This means that unless a GP practice has prior written approval from the commissioner, all PCN GP member practices will not close for half a day on a weekly basis.

In light of this, the practice has confirmed that they are going to review current arrangements.

8 West Hull primary care development

Following approval of the business case for the west Hull primary care development work is on-going to progress the scheme with an anticipated financial close date of May 2020.

9. NHS ENGLAND UPDATE

9.1 Update on Additional Roles Reimbursement Scheme (ARRS)

In January 2020, NHS England had to submit a return showing the current position in relation to the ARRS.

9.2 Update to GP Contract Agreement 2020/21 – 2023/24

See separate paper - Item 8.3.

10 RECOMMENDATIONS:

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

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- Haxby Business Group 5 year extension to APMS contract
- Extended Primary Care Medical Services - update
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