

**Item: 7.1**

<b>Report to:</b>	Primary Care Commissioning Committee
<b>Date of Meeting:</b>	26 <sup>th</sup> June 2020
<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 E Nikki Dunlop, Head of Integrated Delivery, NHS Hull CCG
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<b>STATUS OF THE REPORT:</b>			
To approve	<input 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 checked="" type="checkbox"/>		

<b>PURPOSE OF REPORT:</b>
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.
<b>RECOMMENDATIONS:</b>
It is recommended that the Primary Care Commissioning Committee note the 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 provide national updates around primary medical care.

### 2. BACKGROUND

Not applicable

### 3. CONTRACT CHANGES

There are no contract changes to report:

### 4. NHS ENGLAND UPDATE

#### 4.1 QOF 19/20

QOF this year was automatically signed off due to COVID-19. On looking at the achievement figures, there were some discrepancies between QOF achievement 18/19 and 19/20. NHS England received the breakdown of QOF data for Humber, Coast and Vale (HCV) for 19/20 achievement in comparison to 18/19 achievement from NHS Digital as well as a letter from CQRS which contained instructions for CCGs in relation to protecting practice income in line with national guidance published during COVID-19.

This letter suggested that:

*In making a fair adjustment, Commissioners should consider practice performance from September 2019 onwards and discuss with their individual practices if necessary. Where the points difference between 2018/19 and 2019/20 is minimal i.e. a fall of less than 30 points, we would expect Commissioners to offer income protection to 2018/19 payment values*

In Hull this related to 9 practices and, in line with the letter, the CCG made payments that protected practice income.

There was a further practice in Hull whose points difference was more than 30. In this instance, the letter suggested that:

*Where there is a significant fall in achievement at year end which is also apparent in reported achievement through the year then this is unlikely to be solely due to Covid-19 activities. Commissioners will need to consider what would be a reasonable adjustment in these circumstances, if any.*

The CCG was provided with further information around QOF achievement for this practice during 19/20 which enabled it to make an informed

decision and a payment was made to the practice that protected practice income.

All CCGs within HCV took the same decisions.

#### **4.2 Primary Care Networks (PCNs) - Network Contract DES**

Following the agreement and publication of the “update to the GP contract agreement 2020/21-2023/24” in February 2020, NHS England and NHS Improvement published the Network Contract Directed Enhanced Service (DES) for 2020/21 alongside associated guidance.

In recognition of the increasing pressures on general practice due to the COVID19 pandemic and to support practices and Primary Care Networks (PCNs) in freeing up capacity and prioritising their workload, specific changes have been made and are as follows:

- *Postponed the implementation date for the Structured Medication Review service requirements until 1 October. This date will be kept under review.*
- *Networks should make every possible effort to begin work on the Early Cancer Diagnosis specification as planned unless work to support the COVID-19 response intervenes, and the contractual start date for this work is 1 October in recognition of this possibility.*
- *The Enhanced Health in Care Homes requirements remain in place given the vital importance of organizing and delivering a coordinated service to care home residents, many of whom will be at very high risk of a severe negative impact (directly or indirectly) from COVID-19.*
- *Postponed the introduction of the Investment and Impact Fund (IIF) for at least six months.*
- *The Additional Roles Reimbursement Scheme will continue as planned: offering 100% reimbursement of actual salary and defined on-costs, up to the maximum amounts, for ten PCN roles.*
- *Postponed the requirement for PCNs to submit their workforce plans for 2020/21 until the end of August, and to submit indicative plans for 2021/22 to 2023/24 until the end of October.*

All Hull GP practices have signed up to the PCN Network DES and completed the required registration forms.

Further information can be found here:

<https://www.england.nhs.uk/publication/des-contract-specification-2020-21-pcn-entitlements-and-requirements/>

### 4.3 Audit Report

In February 2020, the Committee were informed that the Primary Medical Care Commissioning Final Internal Audit Report had been published. One of the recommendations that required action is below:

Ref	Recommendation	Priority		Management Response	Target Date	Manager Responsible
1.2	The CCG should formally review on an annual basis any outsourced assurances that it receives from Capita, NHS Digital and NHS England around list management and Special Allocation Scheme (SAS) to ensure that such assurance is sufficient. Where gaps in assurance are identified, the CCG should liaise with outsourced providers to address these. In addition, the CCG should ensure that any reports that have been received are presented to the relevant CCG Committees.	Medium	Y	The CCG will liaise with NHS England to source an assurance report on the management of list size processes by Capita. The CCG will also request that any reports on the outcomes of list size cleansing be made available to the CCG. In both these instances the reports would be provided to the PCCC for review and action if necessary. The CCG will also share the Capita SAR reports with the PCCC for information on an annual basis.	31 March 2020	Phil Davis, Strategic Lead – Primary Care

In relation to list management, this is managed by the Primary Care Support England (PCSE) Registrations team on behalf of NHS England and undertaken as set out in the Primary Medical Care Policy Guidance Manual. The aim of the list cleansing exercise is to reduce the number of patients incorrectly registered with GP practices. The checks ensure that details held on PDS/Spine are accurate. There are many reasons to ensure practice lists are current and accurate; it helps to ensure that patients are included in relevant screening programmes and ensures that practices are paid correctly for the number of registered patients they have.

NHS England and the CCG undertake quarterly list size reconciliation to take account of the work undertaken by PCSE to ensure the payments they make are accurate.

In relation to the Special Allocation Scheme (SAS), this is also managed by PCSE on behalf of NHS England. This scheme supports practices to remove patients who are violent from their practice list and the SAS ensures they continue to receive primary care services. As with the list

cleansing, the process for this is as set out in the Primary Medical Care Policy Guidance Manual with involvement from NHS England.

#### **4.4 COVID-19**

Primary Care has access to regular updates regarding the emerging COVID-19 situation. These updates can be found here:

<https://www.england.nhs.uk/coronavirus/primary-care/>

<https://www.england.nhs.uk/coronavirus/primary-care/general-practice/>

##### **4.4a Minimising the Spread of Infection**

A letter was issued on 9<sup>th</sup> June 2020 relating to the above which set out specific actions that NHS organisations should take to minimise nosocomial infections, protect staff and ensure the timely reporting and management of outbreaks and staff absence in the NHS - see Appendix 1. This included actions for primary care contractors to minimise the spread of infections in the NHS while maintaining patient access to services.

Key personnel within the CCG will be working with the Local Authority and local healthcare providers (including primary care) to ensure that incident management/business continuity plans are reviewed and that robust reporting/escalation mechanisms are in place along with how to access support locally.

##### **4.4b Face Mask Guidance**

Public Health England has recently published government policy recommendations, based on evidence presented to the Scientific Advisory Group for Emergencies, for hospital setting including use of face coverings for those visiting hospitals and face masks for staff when in non-clinical areas - <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-government-recommendations-for-england-nhs-hospital-trusts-and-private-hospital-providers>

Primary care guidance currently remains the same in that primary care colleagues, staff and visitors do not currently need to follow the updated guidance issued specifically for hospitals.

In primary care settings there are two relevant pieces of advice that should be followed.

- The advice published by Public Health England on the [use of Personal Protective Equipment in primary care](#)
- Further Government advice on [working safely in non-hospital settings](#)

#### **4.4c General Practice - Guidance and Standard Operating Procedures**

The latest version of the General Practice - Guidance and Standard Operating Procedures V3 was released on 10<sup>th</sup> June 2020 - see Appendix 2. The changes have been highlighted within the document for ease.

#### **4.4d Clinical Negligence Indemnity arrangements during COVID-19**

NHS Resolution has published guidance in relation to its [indemnity schemes and claims management](#) during the COVID-19 pandemic. [General practice specific guidance](#) aims to clarify how the management of claims interactions between general practice indemnity beneficiaries and NHS Resolution will proceed during the pandemic. It also provides answers to the most common questions regarding Clinical Negligence Scheme for General Practice (CNSGP) indemnity cover under COVID-19 working arrangements

#### **4.4e Cervical Screening Update**

Intervals for sending invitations and reminder letters was extended during COVID-19. Invitations were sent 12 weeks after prior notification lists were sent to GP practices rather than the usual 4 and reminder letters were sent 30 weeks after first invite rather than the usual 18. These timelines are returning to normal now. [Further guidance is available on FutureNHS.](#)

#### **4.4f Shielding Update**

On 20<sup>th</sup> June 2020, a letter was published confirming actions for the NHS after the Government published updated guidance on shielding - see Appendix 3. The letter included further information and actions in relation to:

- Additions/removals from the shielding patient list (Annex A)
- Provision of NHS Care to people shielding at home (Annex B)
- Patients identified as being clinically extremely vulnerable (Annex C)

#### **4.4g Antibody Testing Programme**

On the 25<sup>th</sup> May 2020 NHS E/I published a letter with the requirement for all systems to commence antibody testing - see Appendix 4. The letter specifies that each NHS region is responsible for coordinating its own specific arrangements to roll out antibody testing for NHS staff and patients.

There have been numerous discussions across the Humber Coast and Vale patch involving NHS E/I, CCG, LMC and Primary Care colleagues with a number of issues being identified around workforce capacity,



information governance, management of results etc. These issues have been escalated by regional NHS E/I colleagues.

A group has been established to progress this work once further clarification has been sought regarding the issues raised.

#### 4.4h **Extended Primary Care Medical Services**

On 27th March 2020 the CCG wrote to Hull GP Practices confirming the temporary arrangements in relation to Extended Primary Care Medical Services during the COVID-19 pandemic. The letter confirmed the following:

Contracts - EPCMS services would continue to be delivered as per the current contract arrangements with individual practices.

Reporting and remuneration - Reporting requirements were to be relaxed until 30th June 2020. Practices could still record any activity undertaken but there was no expectation to submit activity on the portal. Payments for Q4 19/20 activity and Q1 20/21 would be based on historical activity to ensure regular payments are received to Practices and protect practice income.

Tariffs - the new, increased tariffs would be implemented on the 1st April 2020 and will be used for calculation of Q1 payments.

As described in the General Practice Guidance SOP - Version 3, GP Practices are now in the restoration phase and beginning to reintroduce/increase access to “routine” care, which includes Extended Primary Care Medical Services. To allow practices a period of time to introduce/increase delivery of the EPCMS and as general practice begins to return to “business as usual” an extension to the reporting and remuneration requirements has been agreed until the end of Q2 (30th September 2020). Practices will continue to record any activity undertaken but there will be no requirement to submit activity on to the portal. Payments will continue to be based on historical activity.

## 5. **RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee note the NHS England updates

Prepared by: Hayley Patterson, NHS England – North East & Yorkshire Primary Care Contracts Manager and Nikki Dunlop, Head of Integrated Delivery, NHS Hull CCG.

