

Item: 7.1

Report to:	Primary Care Commissioning Committee
Date of Meeting:	28 th August 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, Head of 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 committee on primary medical care matters including contract issues within Hull and to provide national updates around primary medical care including a recommendation in relation to the commissioning of Extended Primary Care Medical Services.
RECOMMENDATIONS:
It is recommended that the Primary Care Commissioning Committee;
a) note the NHS England and CCG updates; and

b) Approve delaying the delivery of EPCMS at PCN level until 1st April 2021.

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.
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HR	HR implications where relevant are covered in the report.
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Quality	Quality implications where relevant are covered within the report
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Safety	Safety implications where relevant are covered within the report.
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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 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 Workforce Return

Initially this was due from PCNs on 30th June. Due to COVID-19 this is now due on 31st August 2020.

4.2 Expanding the Primary Care Workforce

On 11th August General Practice received a letter outlining the tasks that need to be undertaken to secure and expand the workforce within primary care - see *Appendix 1*. The letter provided further details on:

- Securing additional GPs and other roles through the following schemes:
 - New to Partnership Payment Scheme
 - GP Fellowship Scheme
 - GP Mentors Scheme
- CCG and system actions to support PCNs to undertake planning and recruitment exercises:
 - engage Clinical Directors in the system's overall workforce strategy and support them to complete the PCN workforce planning exercise;
 - develop rotational employment models, convening system partners;
 - support PCN recruitment through exercises such as batch recruitment and matching to roles;
 - engage with HEE and other local partners to influence workforce supply that meets PCN demand; and
 - commit ICS/STP funding for HEE training hubs to support the above

- A reminder for all PCNs to plan to take full advantage of their funding and recruit as soon as possible whilst being mindful of the difficulties with recruitment during COVID-19

Key dates:

9th September 2020 - CCGs will submit collated PCN recruitment plans for 2020/21 to their regional NHS England and Improvement team (NHSEI).

30th September 2020 - systems will have agreed a plan with their NHSEI regional team to enable their PCNs to draw down as much of their share of ARRS funding for 2020/21 as possible.

9th November 2020 - CCGs will follow the same process to submit collated PCN recruitment plans for 2021/22 – 2023/24 to their regional NHSEI teams and by 30 November the plans for the remaining years will be agreed between systems and regional teams.

PCN link managers are currently working with PCNs to support submission of workforce plans.

4.3 COVID-19

Links below to regular updates provided to primary care and general practice regarding the emerging COVID-19 situation

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

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

4.3a Phase 3 Letter

This was published on 31st July 2020 and outlined the third phase of the NHS response to COVID-19 for all part of the system. Particular to Primary Care is:

- General practice, community and optometry services should **restore activity to usual levels where clinically appropriate** and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed. Dental practices should have now mobilised for face to face interventions. We recognise that capacity is constrained but will support practices to deliver as comprehensive a service as possible.
- In restoring services, GP practices need to make rapid progress in addressing the backlog of childhood **immunisations** and cervical **screening** through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the

service requirements coming into effect on 1 October as part of the Network Contract DES.

- GPs, primary care networks and community health services should build on the enhanced support they are providing to **care homes** and begin a programme of structured medication reviews.
- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must offer face to face **appointments** at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

In addition there are interdependencies between primary care and other sectors within the document.

4.3b COVID-19 Support Fund

On the 4th August 2020, a letter was published in relation to the COVID-19 support fund - *see Appendix 2*. This contains guidance around what is and what is not reimbursable

Guidance is awaited in relation to CCG reporting of this and confirmation is being sought around what level of reporting is needed to show how much has been spent against each criteria.

4.3c GP Standard Operating Procedure (SOP)

The GP SOP has been updated to reflect current information and guidance in relation to COVID-19. This includes information on preparing for face-to-face consultations.

4.3d Pharmacy Standard Operating Procedure (SOP)

On 10th August an updated Community Pharmacy SOP was published in relation to COVID-19 which came into immediate effect.

4.3e Shielding Update

The letter of 8th July 2020 contained the process for reviewing all children and young people who were currently identified as clinically vulnerable which included, if it was appropriate, removing them from the shielding list.

5 CCG UPDATE

5.1 Audit Report

At the June PCCC, an update was given in relation to the Primary Medical Care Commissioning Final Internal Audit Report.

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

Currently, although work is undertaken in relation to list management with the practices, the outcome of this is not shared with the CCGs.

PCSE have been approached about this and they are in discussion with the national NHS England & Improvement Primary Care Commissioning and PCS management teams around the development of CCG level reports. They are aiming to have these available by the end of Q4 and once available, will be cascaded to CCGs either directly, or via NHS England & Improvement Heads of Primary Care.

5.2 GP Returners

During COVID-19, there have been a number of GP returners who have been supported by the Yorkshire Local Deployment Programme (a collaborative programme between the NHSE&I professional standards team, Health Education England (HEE) and CCGs within Yorkshire) to return to work. The focus of the programme is to support general practice resilience and its contribution to the recovery phase on a PCN or CCG footprint.

The GPs on this scheme:

- Are on the Performers List
- Can work up to a maximum of 4 sessions per week for 6months (after the 6months this will have to be funded locally by whoever is employing them)

- Receive professional support through Paul Twomey's team
- Have the costs picked up by the CCG / NHS England

Within Hull there are 2 GPs, both of whom have been placed; one with a practice and the other with the CCG.

5.3 Extended Primary Care Medical Services (EPCMS)

At the 13th December 2019 committee members approved the commissioning of Extended Primary Care Medical Services at PCN level from the 1st April 2020. This included the following services:

- Administration of GnRH Analogues
- Secondary Care Phlebotomy Service
- Shared Care Monitoring
- Dementia DES+
- Extended Medicines Management Scheme
- Wound Management Service

Due to the COVID pandemic, the delivery of these services at PCN level was put on hold and practices have continued to deliver as per previous arrangements, at practice level.

As practices continue to restore services and increase levels of activity, it is recommended that EPCMS continues to be commissioned and delivered by individual practices until 1st April 2021.

Recommendation: To delay delivery of EPCMS at PCN level until 1st April 2021.

In addition to the above EPCMS, work is underway to review the following additional services/interventions that could potentially be delivered via EPCMS at PCN level:

- Insertion of Ring Pessaries
- Secondary Care Generated Interventions - Hep B / Chicken Pox / Aranesp
- ECG
- PSA monitoring

A project group is currently reviewing the draft service specifications. These service specifications, along with recommendations for service delivery and tariffs will be brought to the October Primary Care Commissioning Committee meeting for approval.

5.4 Targeted Lung Health Check Restart

The Hull Targeted Lung Health Check (TLHC) programme offers a Lung Health Check, including a low dose CT scan where indicated, to all current or ex-smokers aged 55-74. The service is a partnership between Hull University Teaching Hospitals NHS Trust (HUTHT), Hull CCG, Cobalt, Siemens, Smoking Cessation Service, Public Health, NHSE/I and has been led/supported by the Cancer Alliance Team on behalf of all partners. The programme commenced in January 2020 but was paused due to COVID in mid-March having seen 848 participants.

At the end of June, NHSE/I issued an addendum to the service protocol, which changes the Lung Health Check to a virtual consultation which does not include spirometry and blood pressure. People indicated for a CT scan following the check will then have to attend separately not likely to be the same day as the health check discussion.

Following internal discussions at HUTHT and subsequently with the TLHC Responsible Officers, HUTHT Programme Leads, Cobalt and Primary Care Leads the proposal is to:

- Commence LHCs starting in October over 2 days per week until end of December; January – March 2021, 3 days per week; April and May, 4 days per week and then from June 2021 the service will run 6 days per week. This is based on 50 TLHC consultations per day (3 nurses) and 30 Low Dose CT scans
- Mobile unit will continue to be sited at Castle Hill Hospital in the short term to allow for information and technology upgrades and logistical challenges in moving the units for 2/3 days per week.

This proposal was agreed at the TLHC Delivery Group on 14th August and is to be considered at the CCG Planning and Commissioning Committee on 4th September 2020.

5.5 Primary Care Estate Data Gathering

Community Health Partnerships (CHP) has been commissioned by NHS England and Improvement has been commissioned to set up a data base for primary care premises in all CCGs. The Humber Coast and Vale ICS is participating in Wave 2 of the project and data collation has commenced with support from Citycare. This includes details of 6 facet surveys of premises and details of property status, type, style and capacity, and details of leases and rents.

6. RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee;

- a) note the NHS England and CCG updates; and
- b) approve delaying the delivery of EPCMS at PCN level until 1st April 2021.