

Report to:	Primary Care Commissioning Committee
Date of Meeting:	23 rd October 2020
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG Nikki Dunlop – Head of Commissioning, NHS Hull CCG Hayley Patterson – Primary Care Contracts Manager, NHS E&I
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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.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- note the NHS England and CCG updates;
- consider the application by Dr Cook to extend the list closure;
- approve the recruitment of Pharmacy Technicians and First Contact Physiotherapists above the 1 for Modality and Nexus PCNs;
- confirm support for two practice improvement grant applications.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE (See guidance notes on page 4)

Advance at system-level the delivery of the commissioning priorities set out in the NHS Long Term Plan.

Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.

Short summary as to how the report links to the CCG's strategic objectives

The updates in this report address a number of priorities within the NHS Long Term Plan and the commissioning of services to meet the reasonable needs of the people of Hull.

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 within 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 provide national updates around primary medical care.

2. BACKGROUND

Not applicable

3. CONTRACT CHANGES

There is a list closure extension to report for Dr Cook (Appendix 1)

Recommendation: To make a decision on the list closure extension request from Dr Cook.

4. NHS ENGLAND AND CCG UPDATES

4.1 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/>

4.2 COVID-19 Support Fund

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

Guidance is still 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 criterion.

4.3 Updated Standard Operating Procedures (SOPs) for Primary Care Contractors

All primary care contractor SOPs are being updated to support them in the second wave of COVID-19.

4.4 Test and Trace process

In line with Public Health England requirements a process has been put in place for practices to notify the CCG if a member of staff has a positive COVID-19 test and also to supply to the Health protection Team details of any contacts of the case in line with guidance regarding definition of contacts. The CCG Infection Prevention and Control Team are supporting practices where necessary.

4.5 Letter 4th September re Quality and Outcomes Framework (QOF) and Dispensary Services Quality Scheme (DSQS) 20/21

This letter provided more information around arrangements for QOF for the remainder of 2020/21 and DSQS which was reinstated from 1st August 2020.

DSQS

Practices have been written too asking if they wish to participate in the scheme this year. There is 1 dispensing practices in Hull who is yet to confirm if they are participating.

Following further discussions with the British Medical Association (BMA), the scheme's requirements in relation to patient medication reviews have been changed this year from undertaking medication reviews on a minimum of at least 10% of their dispensing patients to a minimum of at least 7.5%. For those 7.5%, practices should prioritise those patients who they consider to be higher-risk or would benefit most from a review. Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate.

The other requirements of DSQS remain the same.

QOF

Revised QOF guidance has been published which details the arrangements for the remainder of 20/21 with QOF being fully reintroduced from April 2021.

The total points available to practices will remain at 567 points and all payments will be subject to prevalence and list size adjustments. This guidance is effective immediately.

The revised details are:

The four flu indicators targeted on patients with coronary heart disease, COPD, stroke/TIA and diabetes – these indicators will have the number of points attached to them doubled	The requirements of the Quality Improvement (QI) domain have been amended to focus upon care delivery and restoration of services using QI tools so focus on earl cancer diagnosis and learning disabilities
Register indicators and eight indicators related to optimal prescribing of medications to manage long-term conditions	The two cervical screening indicators, which will also have the number of points attached to them doubled

The remaining 310 points will be subject to income protection based upon historical practice performance and subject to practices agreeing an approach to QOF population stratification with their commissioner. Performance against the indicators that are subject to income protection will be monitored through CQRS but not used for payment purposes.

To be eligible for income protection practices will need to:

- Agree a plan for QOF population stratification with their commissioner during October and November 2020. This approach should include the identification and prioritisation of the highest risk patients for proactive review including those:
 - Most vulnerable to harm from COVID-19; evidence suggests that this includes patients from BAME groups and those from the 20% most deprived neighbourhoods nationally (LSOAs)
 - At risk of harm from poorly controlled long-term condition parameters;
 - With a history of missing reviews

- Commit to making referrals to existing and any new weight management programmes and support offers commissioned during the year where this is identified as a key health and wellbeing intervention in these discussions.

Practices will be asked to confirm their approach to population stratification via the General Practice Annual electronic declaration (eDEC) which will be published during October and November 2020.

An email has been sent to all practices outlining the requirements with the addition of a template to complete with sources of information to support the action plan. These plans will be agreed between the practice and the CCG Primary Care team and an overview brought to the next Primary Care Commissioning Committee.

4.6 PCN Organisational Development (OD) Monies Update 19/20

PCNs have been asked to provide an update in relation to spend against their allocation for 19/20. Not surprisingly there is an underspend and PCNs are being asked to provide a plan on what this will be utilised for.

20/21

Monies have recently been released for 20/21. At the time of writing, a process is being worked through for the release of these monies similar to 19/20.

4.7 General Practice Forward View – 2020/21 allocation

The Humber Coast and Vale GPFV allocation has now been confirmed and a meeting is scheduled for 15th October to review against planned projects. A verbal update will be provided at the Committee meeting.

4.8 Minor Surgery

At the February 2020 Primary Care Commissioning Committee meeting it was approved for the Minor Surgery service commissioned from practices to be extended to end September 2020 to allow work to review the service specification and ensure that provision of minor surgery was delivered effectively and equitably across the city, and to allow services to be commissioned at PCN level rather than from individual GP practices. Due to COVID-19 this work has not to date been undertaken and hence it has been necessary to extend these arrangements for a further 6 months to cover the period 1 October – 31 March 2021. Due to the scheduling of the Primary Care Commissioning Committee it has been necessary to action this through a Chair's action.

4.9 Primary Care Estate Data Gathering

The first stage of the NHS England and Improvement primary care estate data gathering exercise has commenced with CCG and NHS England and Improvement data being collated by Citycare held information being gathered. The exercise will assist in identifying areas of need, opportunities for investment and demonstrate Primary Care Network cases for change. Practices have been communicated with regarding the work. The second stage of the exercise will involve approaching practices for a number of data items and information that practices hold. This stage will commence once NHS England and Improvement communications to practices have been approved.

4.10 Targeted Lung Health Check

Work has been continuing on the restoration of the Targeted Lung Health Check programme in line with the nationally revised service specification. Telephone checks will recommence on Tuesday 3rd and Wednesday 4th November with low dose CT scans being available for participants on Fridays and Saturdays from 6th November. The first participants in the programme will be people who had been appointed but had their appointments postponed due to the cessation of the service in March. The programme is planned to expand over the following 6 months. NHS England and Improvement have confirmed an extension of the programme to 2024 and the programme's finances have been re-profiled to reflect this.

4.11 PCN Workforce Plans - Additional Roles Reimbursement Scheme

The Additional Roles Reimbursement Scheme (ARRS) is part of the Network DES contract which took effect on 1st July 2019 and aims to build additional capacity within general practice. The scheme provides PCNs with reimbursement for specific roles which must be additional staff and cannot be utilised for existing roles or vacancies. From 1 April 2020, PCNs will be allocated an Additional Roles Reimbursement sum each year, based upon the PCN's weighted population. The CCG has already received 60% of the allocation with the remaining 40% being held regionally to be drawn down when required.

As set out in the Network Contract DES specification, PCNs were required to complete and submit a workforce planning template outlining details of their recruitment plans for 20/21 by 31st August 2020. The plans were to provide details of intended recruitment in relation to the following roles:

- Clinical pharmacists
- Social Prescribing Link Workers
- First Contact Physiotherapists
- Physician associates
- Pharmacy technicians
- Occupational therapists
- Dietitians
- Podiatrists
- Health and wellbeing coaches
- Care co-ordinators
- Nursing associates/nursing associate trainees (introduced from 1st October 2020)
- Community paramedics (can be introduced from 1st April 2021)
- Mental health practitioners (can be introduced from 1st April 2021)

All 5 PCNs submitted a plan detailing number of roles already recruited to and indicating their recruitment intentions for the remainder of 20/21. Due to the COVID-19 pandemic, PCNs have experienced a delay in recruitment resulting in an underspend for all 5 PCNS. It should be noted that "an underspend" has been reflected in plans submitted by other PCNs across the Humber Coast & Vale area. CCGs have some flexibility in how the 60% can be utilised and must support PCNs to utilise as much of the funding as possible.

Follow up meetings have been held with each PCN to discuss opportunities to reduce the underspend and bring forward recruitment where possible. The following areas are being explored:

- Clinical Pharmacists & Pharmacy Technicians - joint recruitment opportunities with HUTHT
- Community Paramedics - rotational posts with YAS
- Physicians associates- rotational posts
- Nursing associates - to introduce nursing associates with a focus on learning disabilities.
- Recruitment at scale and sharing best practice

The CCG will continue to work with PCNs and support recruitment.

PCNs are required to submit a further iteration of their workforce plans by 31st October 2020 detailing their intended recruitment plans for 21/22 22/23 and 23/24.

A PCN may employ or engage any one or more of the 13 reimbursable roles in accordance with the details set out in section 6 and section 9 of the Network Contract DES Specification. Annex B of the Network Contract DES Specification sets out the minimum role requirements for each of the ten reimbursable roles from April 2020 and the associated requirements placed on PCNs.

Table 2 below summaries the key information in respect of these ten roles.

Table 2			
Roles	Limit on number eligible for reimbursement	AfC band	Annual maximum reimbursable amount per role ¹² (£)
Clinical Pharmacists	No limit	7-8a	55,670
Pharmacy Technicians	One individual pharmacy technician per PCN where the PCN's Patients number 99,999 or less. Two individual pharmacy technicians per PCN where the PCN's Patients number 100,000 or over.	5	35,389
Social Prescribing Link Workers ¹³	No limit	Up to 5	35,389
Health and Wellbeing Coaches	No limit	Up to 5	35,389
Care Co-ordinators	No limit	4	29,135
Physician Associates	No limit	7	53,724
First Contact Physiotherapists	One WTE per PCN where the PCN's Patients number 99,999 or less. Two WTE per PCN where the PCN's Patients number 100,000 or over.	7-8a	55,670
Dieticians	No limit	7	53,724
Podiatrists	No limit	7	53,724
Occupational Therapists	No limit	7	53,724

In relation to Pharmacy Technicians and First Contact Physiotherapists, where a PCN wishes to recruit over the allowable number, they must seek approval from their CCG and relevant Integrated Care System (ICS). In the letter dated 14th October 2020, the Humber, Coast and Vale Health and Care Partnership delegated this approval to CCG Primary Care Commissioning Committees.

Within their workforce plans, the following PCNs have indicated that they wish to recruit above the allowable number for the following roles:

Modality - 2 x Pharmacy Technicians
Nexus - 1.5 x First Contact Physiotherapist

Modality and Nexus are requesting that the Primary Care Commissioning Committee approve this recruitment.

4.12 Improved Access/Extended Hours

In 2018 CCGs were required to commission an improved access service for their patient population. The service was intended to be an extension of GMS services and provide additional capacity and improved access for patients with appointments being available on an evening and at weekends. Following a procurement exercise, the service was awarded to City Health Care Partnership (CHCP) as lead provider and the Access+ service commenced on the 1st October 2018. The contract length was 5 years and 6 months, due to finish on 31st March 2024.

Prior to 30th June 2019 practices could sign up to deliver additional hours to their practice population via the Extended Hours Access DES. On the 1st July 2019 Primary Care Networks were formed and the Extended Hours Access DES was withdrawn from individual practices and included in the Network Contract DES for delivery by PCNs.

The *Update to the GP Contract Agreement 2020/21 - 2023/24 dated 6th February 2020* confirmed that from April 2021, the funding currently included in the Network Contract DES for extended hours together with the wider CCG commissioned improved access service (Access+) will fund a single, combined access offer as an integral part of the Network Contract DES and be devolved down to PCNs.

A national service specification is currently being developed and it is expected that this will be published along with confirmed funding arrangements in January 2021 following the usual GP Contract negotiations.

Following discussions, the 5 PCNs in Hull have indicated their intention to either deliver the single combined service or sub-contract. A working group has been established with representatives from all 5 PCNs to work through mobilisation. A comprehensive communication and engagement plan will be developed to ensure that patients and the public are made aware of any potential service change.

Through mutual agreement, a letter of notice to terminate the contract has been served to the current provider of the improved access service, CHCP. The contract will end on 31st March 2021.

4.13 Improvement Grant applications

Two practices have submitted applications for one-off improvement grants from NHS England capital resources which have been allocated to Humber Coast and Vale. These are grants available to improve premises with NHS England supporting 66% of the cost and the practice funding the remainder.

The applications are as follows:

Orchard 2000 (Orchard Park) - Replacement floor coverings / skirting in clinical rooms to comply with regulations. Total estimate of cost: £7,000.

Haxby Group - Burnbrae Surgery for internal reconfiguration to provide additional space to support Access and Care Navigation Team and accommodation to provide training capacity for various professional groups and the wider Nexus PCN. Total estimate of cost: £50,000.

It is recommended that the Primary Care Commissioning Committee confirm support for these schemes to progress as improvement grants as capital resources become available.

5. RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- a) note the NHS England and CCG updates;
- b) consider the application by Dr Cook to extend the list closure;
- c) approve the recruitment of Pharmacy Technicians and First Contact Physiotherapists above the 1 for Modality and Nexus PCNs;
- d) confirm support for two practice improvement grant applications.

Appendix 1 - Dr Cook – Closed List Extension