

Item: 7.1

Report to:	Primary Care Commissioning Committee
Date of Meeting:	25 th June 2021
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
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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 checked="" 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
- Approve support for the PCN roles of Business Intelligence Lead for a further 3 months.

- Consider the additional information provided in relation to Newland Health Centre and make a decision regarding a section 96 payment to the practice of £5,589.

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 provide national updates around primary medical care.

2. BACKGROUND

Not applicable

3. CONTRACT CHANGES

None to report

4. NHS ENGLAND UPDATE INCLUDING A LOCAL POSITION IN RELATION TO THE COVID-19 VACCINATION PROGRAMME

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/>

[Coronavirus » Updates and guidance for general practice
\(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/updates-and-guidance-for-general-practice/)

4.2 COVID-19 Vaccine Update

On Friday 7th May the Joint Committee on Vaccination and Immunisation (JCVI) guidance was updated in relation to the use of the AstraZeneca vaccine for some people aged under 40:

[Use of the AstraZeneca COVID-19 vaccine: JCVI statement, 7 May 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-7-may-2021)

On 20th May 2021, the Medicines and Healthcare products Regulatory Agency (MHRA) approved the extension of the shelf life of the Pfizer vaccination from 5 days to 31 days in line with AstraZeneca.

This has enabled NHS England to work with Community Pharmacies across Humber, Coast and Vale (HCV) to explore with them the use of Pfizer within Community Pharmacy. As at 11th June 2021, all 3 Community Pharmacy providers of the COVID vaccine programme across Hull have been approved for the delivery of the Pfizer vaccine providing additional capacity across the area (Hull Late Night Pharmacy, Orchard 2000 and Sutton Manor Pharmacy)

4.3 COVID Vaccine Delivery - Cohorts 10 to 12

Primary Care Networks (PCNs) were asked to express interest in delivering the COVID vaccination to Cohorts 10-12 (18-49yr olds). Of the 5 PCNs in Hull, Modality and Medicas have opted out of delivering this. The Clinical Commissioning Group (CCG) is assured that there is sufficient capacity within the system to enable Cohorts 10-12 to be vaccinated.

5. NHS ENGLAND & CCG UPDATES NON COVID

5.1 Updated General Practice Standard Operating Procedure (SOP)

On 13th May a letter was published with the updated SOP to support restoration of General Practice Services

[Letter template \(england.nhs.uk\)](https://www.england.nhs.uk/letter-template/)

5.2 Community Pharmacy Consultation Service

Since starting in October 2019, the NHS Community Pharmacy Consultation Service (CPCS) has supported thousands of patients referred from NHS111 with medicine needs and management of minor acuity conditions.

The service has now been extended to include referrals from General Practice for minor illnesses and conditions such as constipation, cough, sore throat and joint pain. All Practices have been contacted to make them aware of the programme and to ask for expressions of interest to take part.

Within Hull, there are 8 GP practices referring into this service. A webinar was held on 9th June supported by Modality to raise awareness of the scheme.

5.3 Additional £120m Funding to Support General Practice April to September 2021

To provide further support to general practice at this critical moment, the General Practice COVID Capacity Expansion Fund is being extended from 1 April to 30 September 2021.

The conditions attached to the allocation and use of this funding are as set out in the initial letter of 9th November 2020 and systems are expected to use the funding to make further progress on the seven priorities identified in that letter:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple COVID oximetry@home model, arrangements for which will be set out in a parallel letter shortly
3. First steps in identifying and supporting patients with Long COVID

4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

Though this funding is not allocated to support COVID-19 vaccination directly, systems are expected to prioritise spending on any PCNs committed to deliver the COVID Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.

On 17th May 2021, a letter was distributed to Clinical Directors via Clinical Commissioning Groups (CCGs) along with the Primary Care Network (PCN) allocations. As per the letter, PCNs will be asked to agree a plan with CCGs as to how the funding will be utilised to support the priorities.

5.4 PCN Organisational Development (OD) monies

PCN OD Funding is now in its third year. During 20/21 Integrated Care Systems (ICSs), their constituent places, and PCNs were asked to use the development funding:

- To support recruitment, embedding and retention of new staff
- To enhance integration
- To continue to improve access
- To reduce inequalities by enhancing population health management

Due to the pandemic, progress against the priorities for 2020/21 was limited as primary care quickly adapted in ways to enable access to services in line with national infection prevention and control guidance and introduced total triage models.

Clinical Commissioning Groups (CCGs) have been working with partner organisations across the Humber, Coast and Vale (HCV) Integrated Care System (ICS) to agree an operational plan for 2021/22. This includes a focus on workforce, access and integration.

The Primary Care Operational Group, which has a representative from CCGs, NHS England/Improvement (NHS E/I), Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC), discussed an approach to investing the PCN OD funding for 2021/22 at its meeting in May 2021.

It was agreed that outline plans (template to be developed to ensure a uniformed approach) would be submitted to CCG Heads of Primary Care (HoPC) outlining how the funding would be invested focusing on the following areas:

- Support Recruitment to Additional Roles Reimbursement Scheme (ARRS) roles
- To support access to Primary Care
- To reduce Health Inequalities through population health management

CCG HoPC will provide a summary of plans to NHS E/I leads to enable a review of any common areas of development that may support delivery at scale.

5.5 Digital Primary Care

Digital Primary Care is a revenue funding stream being made available by NHS England and NHS Improvement to support the development of Digital solutions across Primary Care. The programme runs from 2020/21 through to 2023/24 to support Practices, PCNs and the wider system. The main aims of the funding are to address core digital capabilities as well as looking to deliver wider transformation of primary care using digital tools to drive improvement, innovation and create better access.

In 2020/21 funding has been used to support the ongoing development of the Yorkshire and Humber Shared Care Record and to pilot several innovative projects including Artificial Intelligence in Online Consultations, understanding patient digital maturity and enabling video consultations in community settings. Funding is also going to be used for additional project resource to support the utilisation of digital tools in primary care, the mobilisation of the digitisation of Lloyd George records programme as well as understanding and developing schemes of work to support digital inclusion.

5.6 Contraceptive Pilot

The Community Pharmacy Contractual Framework (CPCF) has asked the Pharmacy Integration Fund (PhIF) to test “the routine monitoring of patients, for example, those taking oral contraception (OC), being supplied under an electronic repeat dispensing arrangement” (CPCF, 2019). COVID has further emphasised the need for this service.

Benefits include:

- Aligns with >50% of women's preferences (Gill, 2017).
- Could safely and affordably improve women's access to contraception (Gill, 2017)
- Release GP and practice staff time to focus on administering LARCs (Gill, 2017)

Aims and objectives:

- Upskill community pharmacists to be able to deliver a contraception service that encompasses the initiation and management of ongoing, regular contraception (in 2022), including the pill, patch, vaginal rings, implants and depot injection (from 2023) from their local pharmacist.
- The overall aim is to expand patient access to contraception thereby giving patients choice and convenience
- Better access to services and support for high-risk communities and vulnerable patients
- Better access to services for those that fall outside of typical community pharmacy contraception services e.g. Those over 25
- Increased use of effective good quality contraception (LARCs)
- Increase the availability of hormonal contraception and LARCs in the community
- Integrate pharmacies into the provision of sexual health prevention and treatment by testing referrals into pharmacy by General Practice and sexual health clinics

A short list of potential pilot sites has been identified by PHE based on a number of criteria with these are as being asked to submit expressions of interest in being part of this pilot. Hull was identified as one of these areas and an expression of interest was put together by the CCG, NHS England and the Local Authority and submitted on 18th June 2021.

Once an outcome is known, this will be fed back to the Committee.

5.7 Weight Management Pilot

The NHS Digital Weight Management Programme offers digital support for adults living with obesity plus either diabetes, or hypertension, or both, to help manage their weight and improve their health. Obesity is a serious health concern that increases the risks of many other health conditions, including Type 2 Diabetes, cardiovascular disease, joint problems, mental health problems, and some cancers. There is also evidence to suggest that people living with obesity are at higher risk of the more severe outcomes associated with COVID-19.

Patients are referred by their GP practice to a 'Referral Hub' and offered one of three levels of intervention. They then have a choice of provider offering a 12-week, digital weight management service.

Areas were asked to submit a bid to be part of this pilot and within Hull, 2 of the 5 Primary Care Networks in Hull expressed an interest in taking part: Bevan Ltd which has the most deprived population within the city and neighbouring PCN, Nexus, which has the third most deprived PCN population in Hull. Both PCNs have average patient IMD scores >40 which is significantly above the national average. These 2 PCNs were selected by the ICS to pilot this programme and they will work together to embed the programme within their member practices and wider primary care teams and target the local population to promote the programme and encourage take up. The submission has now been approved and the learning will be shared in due course across the ICS.

5.8 Continuing Professional Development (CPD) Funding for Nurse Training

An email was circulated on 11th June informing PCNs that they were now able to claim their funding entitlement for nurse training, totalling £666 per member of staff covering 2 years of CPD training. This is available for every nursing associate, nurse, midwife and allied health professional (AHPs) and is solely for CPD.

It cannot be used for funding backfill or mandatory training but can be used for external courses i.e. asthma/diabetes etc, or in-house CPD activities, webinars, coaching etc.

The funding will be paid in two halves, 50% in Q1 and 50% in Q4. A brief assurance template will be required to be completed prior to Q4.

In addition to this CPD Funding, Humber Coast and Vale has an additional allocation that can be used for none CPD support covering a range of roles within the PCN so if there is a specific need linked to Population Health Needs and upskilling of workforce, there is a form to complete and submit to the training hub at Haxby by 17th July 2021.

Recommendation: to note the NHS England updates

5.9 CCG support to PCNs

The Primary Care Commissioning Committee in April approved continued support to each PCN for a Business Intelligence Lead for 4 hours per week, initially for a 3 month period. Work regarding business intelligence and data quality support for PCNs is still on-going as part of the ICS transition work and it is therefore recommended that this support be continued for a further 3 months in 2021/22.

Recommendation: to approve support for the PCN roles of Business Intelligence Lead for a further 3 months.

5.10 GP Practices serving significant student populations (university practices)

Following NHS England and NHS Improvement guidance the Primary Care Commissioning Committee in April considered a Section 96 payment to reflect the impact of the pandemic on student registrations at the Newland Health Centre practice. The Committee requested a more detailed, articulated, and balanced business case be brought back to the June 2021 Committee.

CCG and NHS England and NHS Improvement have liaised with the practice and further information provided by the practice is presented here to enable the Committee to make a decision:

List size change:

- List size at 01/02/2020: 7,294
- List size at 01/05/2021: 6,703
- Reduction # / %: 591 / 8%

Age breakdown of list size changes:

- 0 - 65 yrs: -640
- 66 - 75 yrs: +18
- 76yrs +: +31

Appointments – average number per day available:

	January '21	February '21	March '21
GP	39	40	46
HCA	7	8	10
Nurse	17	18	20
NP	4	5	4

Safe working in general practice suggests GPs should be offering an average of 23 appointments per day (based on an average list size per GP of 1,600 and a formula of 72 appointments per 1,000 patients per week)

Support provided to COVID Vaccination Clinics (Feb – May '21):

Role	Hours	Cost	PCN reclaim
Admin	160.5	£1,954.14	-
GP	59.5	£6,093.99	-
Manager	64.5	£1,831.80	-
Nurse	28.5	£616.17	£248.63
Total	313	£10,496.10	£248.63

Costs to practice are Locum cover/overtime to free practice staff to support the vaccine programme. The practice will be paid £12.58 for every patient vaccinated through the PCN - anticipate this to be between £6k and £8k if 100% uptake by eligible cohort within the practice.

Global sum income changes as a result of list size reduction and potential reclaim:

Month	Global Sum	Fixed Costs	Variance
Apr-20	£ 40,600	£ 39,400	
May-20	£ 40,600	£ 39,400	
Jun-20	£ 40,600	£ 39,400	
Jul-20	£ 39,716	£ 39,400	
Aug-20	£ 39,716	£ 39,400	
Sep-20	£ 39,716	£ 39,400	
Oct-20	£ 38,815	£ 39,400	-£ 585
Nov-20	£ 38,815	£ 39,400	-£ 585
Dec-20	£ 38,815	£ 39,400	-£ 585
Jan-21	£ 38,122	£ 39,400	-£ 1,278
Feb-21	£ 38,122	£ 39,400	-£ 1,278
Mar-21	£ 38,122	£ 39,400	-£ 1,278

Total Annual Shortfall **-£ 5,589**

Fixed Cost Column includes

- Staff
- Rent/Rates
- Utilities
- Services

The Primary Care Commissioning Committee is recommended to consider the additional information provided and make a decision regarding a section 96 payment to the practice of £5,589.