

## Item: 7.1

<b>Report to:</b>	Primary Care Commissioning Committee – Part 2
<b>Date of Meeting:</b>	25 <sup>th</sup> February 2022
<b>Title of Report:</b>	Strategic Commissioning Plan for Primary Care & Primary Care Update
<b>Presented by:</b>	Debbie Leadbetter, 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 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:**

In relation to the closed list application for Sydenham Group Practice, the Primary Care Commissioning Committee are asked to:

- Note the contents of the reports
- Consider and confirm if the practice application to close its lists is:
  - Not to be supported

○ Supported for the period of time requested or a different period

It is recommended that the Primary Care Commissioning Committee:

- Approve the proposal for continued funding of the PCN Lead roles
- Note the other 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)*

Engagement has been undertaken with the District Valuer Office, NHS England and the practice

**LEGAL ISSUES:** *(Summarise key legal issues / legislation relevant to the report)*

None at this stage.

**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 update the committee on primary medical care matters including contract issues within Hull and to provide national updates around primary medical care.

## 2. CONTRACT CHANGES

### 2.1 Sydenham Group Practice (Practice Code – B81058) List Closure Application

Appendix 1 is the report

At the time of writing these papers, the application is out for consultation with the LMC and the practices. A verbal update will be provided at the meeting in relation to any comments made

#### Recommendation

In relation to the closed list applications for Sydenham Group Practice, the Primary Care Commissioning Committee are asked to:

- Note the contents of the reports
- Consider and confirm if the practice's application to close its list is:
  - Not to be supported
  - Supported for the period of time requested or a different period

## 3. NHS ENGLAND UPDATE

### 3.1 New Standard GMS, PMS and APMS Contracts Published

The [new standard General Medical Services \(GMS\), Personal Medical Services \(PMS\) and Alternative Provider Medical Services \(APMS\) contracts, along with their contract variation notices](#) has been published.

The documentation incorporates changes made to the contract Regulations and Directions in December 2020, April 2021, and October 2021.

### 3.2 New digital GP Contract requirements and guidance to support GP practices

In October 2021 new requirements for general practice came into effect in the GP Contract relating to digital services. To help explain what these requirements are and to support the implementation of them we have [published new guidance for GP practices](#).

### 3.3 Network Contract Directed Enhanced Service (DES) Specification

On 20 December 2021 we published a revised [Network Contract Directed Enhanced Service \(DES\) Specification](#) with updated [Investment and Impact Fund \(IIF\) implementation guidance](#). This DES variation implements the

measures taken to support the COVID-19 vaccination programme as announced in our [letter of 7 December](#).

### **3.4 2022/23 priorities and operational planning guidance**

[The 2022/23 priorities and operational planning guidance](#) sets out our priorities for the year ahead. This guidance reconfirms the ongoing need to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic.

The objectives set out in this document are based on a scenario where COVID-19 returns to a low level and we are able to make significant progress in the first part of next year as we continue to rise to the challenge of restoring services and reducing the COVID backlogs.

Planning is required to be undertaken on an ICS basis including the primary care elements which will be built up from individual place plans. The specific metrics for primary care cover the following areas:

- Social prescribing link workers and referrals
- General Practice Appointments
- Extended Access services
- Workforce including Additional Roles

### **3.5 General practice access routes campaign resources**

[Resources and guidance to help practices communicate with patients](#) about the best ways of getting in touch with them when they need help are now live.

The general practice access routes campaign resources, developed with practices and patient groups, aims to help patients understand the different ways they can request help from their GP practice – either by phone or visiting in person, or by completing a convenient and secure form on the practice's website, and explains how the practice will manage the request and contact the patient in response.

A campaign toolkit guides practices through all the materials, including posters, leaflets, and social media graphics. A range of accessible resources will be available in coming weeks. Translations in multiple languages will follow next month.

### **3.6 Extension of the suspension of Friends and Family Test returns**

The temporary suspension of the requirement that practices report to commissioners about the Friends and Family Test (FFT) returns has been extended until 31 March 2022 under The National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020.

### **3.7 New to Partnership Payment Scheme application update**

We are pleased to announce that the [New to Partnership Payment Scheme](#) (N2PP) will be extended into the 2022/23 financial year and we have now

removed the requirement to apply within six months of commencing a partnership role. Following a review of the timeframe to apply for the scheme, and in acknowledgement of the challenges the deadline presented to busy new partners as well as the additional pressures created by the COVID-19 pandemic, we have removed the six-month deadline, including for submitted applications that meet all other eligibility criteria. When the scheme comes to an end, there will be a cut-off deadline after the scheme closure date by which applications from eligible individuals must be submitted, and we will give advance notice of this.

#### **4 PCN Reconfiguration**

Following lengthy discussions with some PCNs and practices by CCG, NHS England and LMC representatives, and following consideration of proposals from two newly forming PCNs, the PCN configuration within Hull will be changing from April 2022. NHS England has been advised of the changes and the CCG, NHS England and the LMC are providing support for transition and organisational development.

There will be 6 PCNs:

- Hull Association of Similar Practices (HASP) PCN
- Marmot PCN
- Medicas PCN
- Modality PCN
- Nexus PCN
- Symphonie PCN

Appendix 2 provides details of practice membership and Clinical Directors for each of the 6 PCNs.

#### **5 PCN Lead roles**

The CCG have financially supported PCN lead roles over the last 4 years and, it is recognised that whilst changes to the formation of Primary Care Networks (PCNs) continue, there is a requirement to build on the collaborative work that has been achieved to date.

The roles in question are:

- Practice Nurse Lead
- Pharmacist Lead
- Business Intelligence Lead

These roles provide a key contact enabling the CCG to work with the Primary Care Networks to deliver its health priorities.

Whilst specific job descriptions have not been developed for these roles it is expected that:

- Each of the roles will be the key contact for their PCN in relation to their area of expertise.
- Support work on key priorities within their own PCNs
- Build relationships and work collaboratively with their counterparts in the other PCNs.
- Each of these roles “a group/meeting” has already been established and it is expected that the leads will continue to attend these meetings on behalf of their PCN.

These meetings are:

- Primary Care Nursing in General Practice – Steering Group – Lead Nurse
- Data Quality Network meeting – Business Intelligence Lead
- Practice Pharmacist Group – Lead Pharmacist (Practice Pharmacists and their teams are also able to continue to attend this meeting)

These individuals will be the representative for their PCN, actively contributing to discussions both within their PCN and at CCG level, supporting work that is agreed at the meetings and implementation within their network. Specific roles include:

Lead Nurse:

- Support and develop nurses working in General Practice to deliver high standards of care.
- Raise the profile of primary care Nursing in General Practice.
- Share and disseminate information to nurses across the PCN
- Be involved in the development of a learning needs analysis for the PCN.
- Lead/ take forward specific areas of care delivery to develop practice.
- Work in collaboration with Lead roles across the PCN.
- Regularly attend the Primary Care Nursing in General Practice Steering Group on a regular basis.
- Be a voice for Nurses and Nursing.
- Identify leadership development opportunities.

BI Lead:

- Continue to support the management of the Clinical Decision Support Tool (Ardens) across their PCN, and actively support member practices with templates/searches and provide guidance for consistent clinical coding.
- Continue to action monthly data collection for eFI and care homes and, consistent coding of residents living in a residential care/nursing home. Data sets will be submitted monthly to the Hull CCG Business Intelligence mailbox.

- Attend DQ related meetings as agreed and contribute to a work plan in support of primary care priorities, for example ethnicity coding, quality improvement audits, population health analysis.
- Set up an organisational group at PCN level to collect the oximetry at home weekly submissions.
- Implement a process for coding secondary care SMI reviews into primary care systems
- Continue to prioritise ethnicity coding in Q4 (2021/22)
- Focus of early diagnosis of cancer coding, to be discussed in Q1 (2022/23) and actions agreed.

#### Clinical Pharmacist:

- attendance at CCG Practice/PCN Lead Pharmacists meeting
- sharing all information, good practice and lessons learnt with the pharmacy teams in their PCNs.
- support the CCG priorities and Medicines Optimisation workplan.

It is recommended that the Primary Care Commissioning Committee approve funding for the following 3 roles (1 of each role for each PCN) for 2022/23 at the following hourly rate/number of hours per week:

Role	Hourly rate (incl on cost)	No. of hours per week
Lead Nurse	£32.05	4
Lead Pharmacist	£32.05	4
Business Intelligence Lead	£15.59	4

- PCNs can claim reimbursement for the roles by submitting an invoice quarterly in advance to the CCG.

#### **Recommendation**

It is recommended that the Primary Care Commissioning Committee:

- Approve the proposal for continued funding of the PCN Lead roles

## **6 GP fellowship schemes**

A new Fellowship programme has been developed specifically to support with the recruitment and retention of GP's across the HCV locality. The HCV GP Fellowship Programme will support GP's in their journey from Certificate of Completion of Training (CCT) through to their mid-career and will help local practices with their recruitment and retention across our area.

Funding has been made available to support the delivery and the GPs time spent on the programme. Funded mentor sessions are also available.



The schemes have been offered to all practices in the CCG and a webinar was held for interested parties on 14<sup>th</sup> February.

The 3 elements of the programme are:

- **CATALYST.**  
A 2 year programme delivered by HYMS at Hull University for GPs within 12 months of qualifying, GPs participate in one session per fortnight. With limited places for GP qualified with 24 months.
- **Enhanced offer.**  
A 2 year programme delivered by our local training hub for GPs 24 months since qualification. Funding to support this element of the programmes will, in the first instance, be targeted at practices identified as being within under doctored areas across HCV (Hull, NEL, Scarborough, Withernsea, Hornsea and Bridlington).
- **Phoenix.**  
A 1 year programme for mid-career (5 – 10 years) GPs. Delivered in partnership with secondary care colleagues which enables GPs to develop areas of special interest.

#### **Recommendation**

It is recommended that the Primary care Commissioning Committee:

- Note the other NHS England updates