

Item: 7.1

Report to:	Primary Care Commissioning Committee – Part 1
Date of Meeting:	24 th June 2022
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	Debbie Leadbetter, Primary Care Contracts Manager, NHSE Phil Davis, Strategic Lead of Primary Care, 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 checked="" 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 applications for **Hastings Medical Practice** and for **Princes Medial Practice**, the Primary Care Commissioning Committee are asked to:

- Note the contents of the reports
- Consider and confirm for each, if the practice application for list closure is:
 - To be supported
 - Supported for the period of time requested or a different period

- Note the direction of travel regarding the Hastings Medical Practice surgery premises

It is recommended that the Primary Care Commissioning Committee note all 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 taken place with Hastings Medical Centre re: list closure extension.

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)

	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 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 Hastings Medical Practice (Practice Code – B81075): Application for temporary list closure extension

Appendix 1 is the additional report.

In terms of the surgery premises the practice has developed an options appraisal including Do Nothing, Potential relocation to another existing CHP premise, and 2 options for development of the current building. The development of the current building is the practice's preferred option with a potential application for an improvement grant. Work is ongoing with CCG and NHS England colleagues in developing the preferred option.

Recommendation

In relation to the application for an extension of the closed list for Hastings Medical Centre, 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 are:
 - Not to be supported
 - Supported for the period of time requested or a different period
- Note the direction of travel regarding the surgery premises

2.2 Princes Medical Practice (Practice Code – B81052): Application for temporary list closure

Appendix 2 is the report.

Recommendation

In relation to the application for list closure at Princes Medical 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 are:
 - Not to be supported
 - Supported for the period of time requested or a different period

3. INTEGRATED CARE BOARDS (ICBs) – TRANSITION

3.1 Delegation to Integrated Care Boards (ICBs)

NHSE has published a letter outlining the [next steps for the delegation of some direct commissioning functions, alongside a roadmap for specialised commissioning](#), to reflect that ICBs will become legally and operationally established on 1 July 2022.

3.2 ICS Primary Care Plan on a Page (draft)

Humber and North Yorkshire ICS has been setting its priorities and workstreams, based on input from places and has set these out in the draft 'plan on a page' which is attached as Appendix 3

3.3 Due Diligence and Future Governance

CCGs have been working with NHSE colleagues to understand any risks, ongoing issues and work priorities in anticipation of the handover to ICBs from 1 July 2022. Senior managers met with ICS leaders on 13 June to discuss and share examples, ahead of the transition.

A Delegation of Primary Medical Services which outlines how decisions will be taken wef 01/07/2022 has been shared with the ICB, Designate Executive Director Corporate Affairs and is attached as Appendix 4.

One Internal Audit recommendation regarding primary care commissioning in relation to outsourced assurances remains outstanding and will be carried over into the ICS arrangements.

4. NHS ENGLAND UPDATES

4.1 Infection Prevention and Control (IPC)

The UK Health Security Agency (UKHSA) has updated its IPC guidance with new [Covid-19 pathogen-specific advice](#) for health and care professionals. This advice should be read alongside the [National IPC Manual for England](#) and applies to all NHS settings including primary care. Any IPC measures beyond those contained in these publications is a matter for local discretion. There may be a period of transition as providers make changes to their operating procedures, especially given local variation in Covid-19 infection levels. Further details to support the interpretation of the advice is [available in the published letter](#) and exact interpretation will depend on your local risk assessments.

4.2 Primary Medical Care Policy and Guidance Manual (PGM)

The PGM provides commissioners of primary care services the context, information and tools to safely commission and contract manage primary medical care contracts. The [PGM was updated on 13 May 2022](#).

Key changes include:

- Registering Civil servants and their dependants, and the dependants of members of the Armed Forces, returning from overseas postings
- Managing [non-violent] inappropriate and unacceptable patient behaviours, including protecting against discrimination, harassment or victimisation
- Provision of Occupation Health Services – funded by the GP practice

4.3 Monkeypox control in the UK

The UKHSA has advised that cases of monkeypox have increased recently but the risk to the UK population remains low. [A letter has been sent to NHS organisations outlining the response](#).

From 8 June 2022, Monkeypox has become a notifiable infectious disease under the Health Protection (Notification) Regulations 2010. This means all doctors in England are required to notify their local council or local Health Protection Team (HPT) if they suspect a patient has monkeypox. Further details, including the latest updates on Monkeypox are available on the [gov.uk website](#).

4.4 Long-term conditions recovery guidance

Following Covid-19, primary care and the wider healthcare system have already started to tackle the challenge of recovering routine care for patients. With emerging evidence that there has been an impact on non-Covid long term conditions (LTC) management, general practice and systems are already starting to tackle this challenge. [Guidance is available which outlines suggestions for how actions might be sequenced during the year \(2022/23\) to support those at highest risk or those with health inequalities](#). Though primary care plays a key role in LTC management, this guidance also offers suggested recommendations for system actions to support primary care in LTC recovery.

4.5 Implementation of Shared Care Records in community pharmacy

[Guidance](#) is available to aid the implementation of Shared Care Records in community pharmacy and ambulance services. A [webinar on 23 June](#) will highlight the key benefits for the community pharmacy sector in accessing shared care records, as well as addressing some of the barriers to implementation.

4.6 Fuller Stocktake Report

In November 2021 Amanda Pritchard, NHS Chief Executive, asked Dr Claire Fuller, Chief Executive-designate Surrey Heartlands Integrated Care System (ICS) and GP, to undertake a stocktake on integrated primary care, looking at what is working well, why it's working well and how we can accelerate the implementation of integrated primary care. The report was published on 26 May 2022 and is available on the [website](#). Key messages from the report are available in Appendix 5.

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