

Primary Care Clinical Commissioning Committee

Title	Operational Report	Agenda Item	3.1
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Purpose	Approval	Discussion	Information	X	Assurance	X
Meeting	Primary Care Clinical Commissioning Committee					
Date	Thursday, 17 January 2019					
Title of Paper	Operational Report					
Executive Lead	Corinne Edwards, Interim Chief Operating Officer, BaNES CCG				Executive Lead Sign off	✓
Clinical Lead	n/a				Clinical Lead Sign off	
Authors	Tereza Cleverley, Commissioning Support Manager, James Childs-Evans, Senior Commissioning Manager for Primary Care, BaNES CCG					
Appendices	One – GPFV 18/19 Mid-Year Review Letter					

Executive Summary	To brief the committee on the current issues within the area for BaNES CCG.					
Recommendation	The Committee is asked to note the contents of the report.					
Risk	High		Medium		Low	X
Key Risks	There are no direct risks that arise from presenting this report.					
Impact on Quality	Development and support for the operational resilience of general practice will improve patient care and positively impact on quality.					
Impact on Finance	No direct financial impact from the presentation of this report, but it is intended to ensure members of the group have an understanding of the CCG's current operational issues on Primary Care. Potential cost pressures arising from operational activity are covered within the Finance Report.				Finance Lead Sign off	<input type="checkbox"/>
Report reviewed by	James Childs-Evans, Senior Commissioning Manager for Primary Care					
Potential Conflicts of Interest	None identified.					

1. STP and Cross CCG working in Primary Care

As part of the post delegation transition and within the wider changes across the Sustainability and Transformation Partnership (STP), the various Primary Care leads and teams in BaNES, Swindon and Wiltshire (BSW) are meeting together to look at future ways of working. This it is hoped will provide ongoing support and consider options for different delivery models in line with the STP / Integrated Care System (ICS) development. The next meeting will take place on 11 January to review legacy issues and explore the establishment of task and finish groups to assist in moving this work forward. The groups will initially be focussed on three areas: Strategy / Meetings, GPFV and Delegated Commissioning / Locally Commissioned Services. Each CCG Primary Care lead will be responsible for an area and work with a team with representatives from the other two CCGs. Further meetings are scheduled for the coming months.

2. £3 per head 'Transformational' support

Plans for 2018/19 funding have supported the 10 High Impact / Time to Care actions where appropriate and local GP practice resilience. The CCG will now be monitored against the usage of this funding through the CCG Assurance Framework. The full list of current / planned schemes is included within the finance report, on the agenda at 2.1. Schemes are also supporting work led by other Senior Commissioning Managers (SCM) at the CCG.

In terms of workforce the CCG is continuing its engagement with the Community Education Provider Network (CEPN), practices and GP Integrators for proposals supported in 2018/19 and plans for 2019/20. These have included the development of a receptionist network linked to primary care navigation training and support for HCA apprenticeships. The SCM for Primary Care is continuing to work with Virgin Care and third sector groups to find ways to support the shared aims for appropriate care navigation and coordination. Where appropriate transformation funds will be redirected to other projects to ensure all the funding is committed and spent in year.

3. Estates and Technology Transformation Fund (ETTF) / Premises

The two estates schemes are:

- Heart of Bath Medical Partnership (HoB) - Multi-Speciality Provider
- Hope House - Community Centre

Both schemes are listed within the BSW Strategic Estates Plan, although further challenges remain in accessing NHS England (NHSE) funds to support the schemes. For the Hope House development, these challenges are in part linked to national negotiations over the Premises Costs Directions and the legal mechanism to release NHSE grant funding before March 2020.

Updated information for both schemes was produced following confirmation from NHSE to move forward from the previous Project Initiation Documentation and submit Outline Business Cases (OBCs). These were submitted to Pick Everard / NHSE during the w/c 22 October. They entered a pipeline process and were expected to be formally considered on 10 December (Hope House) and 17

December (HoB). The CCG Board has been updated during December on progress and remains supportive of the schemes. In advance of the NHSE panels the CCG, received a longlist of questions (>50) on 30 November as a result of the submission. These have been considered and responded to by GVA, the practice and CCG. The schemes are now expected to be considered during January 2019. These panels and their decisions / feedback will be key milestones for the CCG in terms of decision making over the schemes. This will also inform whether additional work needs to commence in order to review future requirements for the Primary Care estate in BaNES. The SCM for Primary Care is also involved in an informal estates networking group covering BSW and Dorset CCGs.

Practices are continuing to work with NHSE in respect of monies available for minor improvements grants. As noted, there was a short timescale for response, during which the CCG has liaised with practices and 6 were successful in securing approx. £60k funding in total. The CCG is exploring the opportunity to fund projects unable to be fully supported by NHSE due to resource constraints.

NHSE have also made the CCG aware of a proposed closure regarding the Freshford branch of the Beckington Family Practice. The main surgery is a member of Somerset CCG and Freshford residents fall within the B&NES and Wiltshire county boundaries. The CCG has reviewed the documentation provided by NHSE and responded after discussions with Combe Down Surgery. This surgery is most likely to be affected, given its practice boundary falls within the village. Wiltshire CCG have a practice which boundary also falls within the village and is seeking to create additional clinic room space to mitigate possible increase in registrations. Therefore at this stage the impact for BaNES CCG is expected to be minimal.

4. GPFV

- **GP Retention Fund**

NHSE launched the Local GP Retention Fund in 2018/19 to support GPs who might leave the profession to continue practising. We have been advised that £10m will be available during 2018/19, of which £3m will be targeted to provide intensive support.

The CCG were initially allocated £25k from NHSE to support this programme. A further £50k has since been awarded. The CCG is working with the LMC, NHSE and a small group of local clinicians to explore a 'GP Chambers' model. In addition opportunities to continue existing training, retention and talent development of GPs will be considered.

A further allocation is being awarded to support the intentions of the fund across the STP.

- **2018/19 NHSE Mid Term review letter**

The latest NHSE GPFV review letter has been received at the CCG (Attached as appendix 1). Areas such as ETTF and Improving Access will remain amber until projects have been formally approved or national targets reached. Workforce is likely to remain amber given many of the key actions are longer term and taken across a

larger, often national footprint in conjunction with a range of organisations such as Health Education England (HEE), NHSE, CEPNs and others.

5. Locally Commissioned Services (LCS)

The CCG has reviewed staffing support required for the wider LCS review during Q3/4. Initial resource has been identified within the CCG and work on the review has commenced from November. The CSU have been contracted to assist with the review, as have Practice Managers to see if there is additional local capacity. The majority of services are planned to be reviewed together, with the Care Homes (Nursing) / Residential Homes LCS's being reviewed in a separate workstream.

- **CCG Cluster Engagement**

The CCG continues to monitor cluster format and agenda content in terms of primary care engagement. Practice Managers are using some of the Primary Care Forum sessions to meet as a group where the agendas are more clinically focussed. The December session of the Cluster meeting was used to discuss Primary Care Networks and outline the approach for utilisation of £1 per head of funding recently received from NHSE. The CCG intends to use the February 2019 session to review and reflect upon progress against the Primary Care Strategy and update practices on the PMS Review. LCS funding will also be used where appropriate to support engagement and facilitation needs arising from sessions, including any implications for Primary Care Commissioning / Contracting (for example, the 10 Time for Care actions and delivery at scale).

However, it still remains the case that practices and CCG staff are involved in a number of CCG and BSW initiatives, some of which provide funding for engagement. Therefore, there is a finite resource both in terms of staff capacity to engage and the likely transformational impacts at either a CCG or practice level. This will continue to be a factor with the national spotlight on Primary Care Networks and Integrated teams working at a neighbourhood level.

- **Urgent Care Escalation Scheme (Winter Pressures)**

The CCG reviewed activity data for last year's scheme and a similar approach is being taken during the winter of 2018/19. Practices have been advised of their allocations and have planned their additional locum cover in advance of the winter period. It is proposed that the remainder of the budget in future years could be allocated on a recurrent basis to support primary care in line with principles of the £3 per head allocation. The scheme and its links with Improving Access (IA) Early Home Visiting (EHVS) and Extended Hours will need to be monitored. NHSE have been advised of the local capacity in Primary Care over December / January as part of the winter planning process.

- **Early Home Visiting Service (EHVS)**

The SCM for Primary Care has supported the review and evaluation of this service which could result in a recurrent request for funding from the Primary Care budget. The service is currently contracted to run until 31 March 2019 and initial proposals

regarding recommendations for the future of the service has gone to the JCC and PCCC during December / January for decision and update.

6. BaNES PMS Review: Service Reinvestment proposals 2018/19

The latest meeting took place on November 21, and where appropriate, activity data will be collected during Q4 for new proposals in advance of commissioning in 2019/20

Work will continue with the group to look at other / transformational schemes to establish whether new services not already covered in the PMS contract could be included. Proposals for health checks for the SMI population have been brought forward from Public Health following the wider reviews underway across BaNES. These have been shared with the working group / PCOG and will be worked up in more detail between Public Health and the CCG before sharing back to practices.

The CCG continues to work directly with St Michaels regarding the continued protection of their PMS premium. This will also benefit wider commissioning across all BaNES practices. Meetings have been held with the CCG Designated Lead Nurse Safeguarding (Adult and Children) to progress this work. Information was requested from B&NES Council and escalated to the interim Director of Children and Young People in order to gain access. The data was received in November and has been reviewed by local clinicians. Additional work was required to gain data from the Child Health Department to improve the data quality. Further meetings will take place between the CCG, Council and Virgin Care in January to progress.

The wider work on Health Inequalities continues with Rush Hill, Westfield and Hope House surgeries involved. The local Public Health team are also supporting this work and early indications suggest potential schemes in the areas of obesity and pre-diabetic populations supporting the NHS Diabetes Prevention Programme (NDPP).

Research continues in finding an effective validation assessment risk tool, to identify patients who are at risk of Diabetes. Further work is to explore the viability of offering an increased financial incentive to practices for completing Health Checks to the harder to reach groups.

A meeting was held on 17 December with Public Health and Virgin Care leads to move this forward, with the next formal group meeting taking place on 16 January. However, given the time limitations, the CCG may need to consider a transitional allocation to all practices linked to the emerging scheme requirements if the pilot service specification is not ready.

We will continue to update on progress through future operational reports.

7. Practice Mergers / Collaborations

- **Heart of Bath Medical Partnership (HoB)**

An Independent Facilitator continues to work with the wider HoB team to support them through the transitional and change management period. A team development afternoon, for the reception and admin staff was led by the Facilitator on 14 November 2018. This sought to support opportunities for staff to work more closely

together. Following this session, practicable actions will be shared with HoB leads with the offer of support from the Primary Care team. A follow-up facilitation session has taken place with the admin management team and a further session with the GP partners is planned for early 2019. This support is expected to continue throughout the year.

- **Practice Federation – Minerva Health Group** (Combe Down, Grosvenor, Newbridge, Rush Hill and St Michaels Surgeries)

The group have had further discussions over board membership and structure, utilising CSU support with the process. An adviser from the national NHSE Time for Care programme team have met with the Minerva board and wider group of staff to provide support for agreed projects. The CCG and NHSE will be reviewing future options for broader utilisation of the Time for Care team across BaNES. The CCG will be following up on progress at Minerva.

8. Potential Practice Mergers / Collaborations

The CCG is involved in discussions with practices seeking to explore their future options for PMS contracts and collaboration. As noted this is likely to remain an area of interest given national focus on Primary Care Networks and a 'Network Contract' that could be held in addition to the core PMS contract. PCCC will be kept updated as appropriate should these proceed further.

9. Cluster Developments

Leads from the Three Valleys Healthcare group continue to meet with the independent facilitator and CCG to agree priority areas of interest / project work going forward. A series of areas to 'test and learn' will be identified and facilitation / transformational support provided over the next 12 months. Further work during 2019 will be undertaken by the facilitator to support the group with the development of local leadership.

10. Practice Developments

The CCG has offered to support practices in completing the LMC resilience toolkit. The toolkit helps practices with identifying whether they are vulnerable, and if so, in which particular area of General Practice they may need to consider steps to remedy. So far six practices have completed the toolkit, and the CCG will continue to provide support for other practices to encourage completion. A meeting has been arranged for 21 January 2019 between the LMC and the CCGs Medical Director to review the findings from the 6 toolkits already completed.

11. Delegated Commissioning

The following operational matters are highlighted for information:

- **Locum reimbursement – sickness/maternity/paternity**

During December, the CCG has received two new maternity applications due to start in January 2019, one new claim for sickness and one phased return to work application. We will continue to update the group on applications and cost pressures through future operational and financial reports.

- **Notional rent reviews**

We have recently been contacted by an Agent acting for a Bath City practice about their 2015 review, asking to re-open an unresolved case. The case had been suspended by NHSE earlier in the year due to the breakdown in communication by the Agent at that time. The Agent and District Valuer are now working together to resolve. This is likely to create a cost pressure on the delegated budget; however, we are currently unsure what that pressure will be. Once more details become available, they will be shared through future operational reports.

- **Learning Disability Health Checks DES**

The CCG has extracted data on this scheme via the trust reporting unit for all TPP practices. The SCM responsible for LD commissioning is arranging a meeting to review this data alongside other sources of intelligence. This is expected to result in a Cluster or Primary Care forum session to explore good practice and lessons learned.