

## Primary Care Commissioning Committee

<b>Title</b>	Operational Report	<b>Agenda Item</b>	3.1
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<b>Purpose</b>	<b>Approval</b>	<b>Discussion</b>	<b>Information</b>	<b>X</b>	<b>Assurance</b>	<b>X</b>
<b>Meeting</b>	<b>Primary Care Commissioning Committee</b>					
<b>Date</b>	Thursday, 11 April 2019					
<b>Title of Paper</b>	<b>Operational Report</b>					
<b>Executive Lead</b>	Corinne Edwards, Interim Chief Operating Officer, BaNES CCG				<b>Executive Lead Sign off</b>	✓
<b>Clinical Lead</b>	n/a				<b>Clinical Lead Sign off</b>	
<b>Authors</b>	Tereza Cleverley, Commissioning Support Manager, James Childs-Evans, Senior Commissioning Manager for Primary Care, BaNES CCG					
<b>Appendices</b>						

<b>Executive Summary</b>	To brief the Committee on the current issues within the area for BaNES CCG.					
<b>Recommendation</b>	The Group is asked to note the contents of the report.					
<b>Risk</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>	<b>X</b>
<b>Key Risks</b>	There are no direct risks that arise from presenting this report.					
<b>Impact on Quality</b>	Development and support for the operational resilience of general practice will improve patient care and positively impact on quality.					
<b>Impact on Finance</b>	No direct financial impact from the presentation of this report, but it is intended to ensure members of the committee 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.				<b>Finance Lead Sign off</b>	<input type="checkbox"/>
<b>Report reviewed by</b>	James Childs-Evans, Senior Commissioning Manager for Primary Care					
<b>Potential Conflicts of Interest</b>	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. A meeting was held on March 22 to review final legacy cases. It was agreed that no further meetings were required in light of the increased STP working.

An independently facilitated session was held on April 1 to kick off the joint working groups. The groups focussed on three areas: Strategy / Meetings, PCNs / 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. This session looked at the current context, reflections on uncertainty, change and focus on team needs in order to deliver the programme. The session was positively received and further sessions are planned over the next 12 months to move this work forward.

Work has continued across the three CCGs to submit a joint operational plan to NHSE, in advance of the final submission on April 4.

## **2. £3 per head 'Transformational' support**

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

Where appropriate, transformation funds were redirected to other projects or supported bids received at the CCG to ensure all the funding was 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 were in part linked to national negotiations over the Premises Costs Directions and the legal mechanism to release NHSE grant funding before March 2020.

The Hope House scheme was considered at an NHSE panel on February 18 and the CCG has been informed the OBC required further information in order to be supported. A further series of questions posed by NHSE was considered at a meeting for all project stakeholders on March 29, chaired by Pick Everard.

#### **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 were 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, including representatives from BGPRT (Bath GP Education & Research Trust) and the CCG clinical integrators to explore a 'GP Chambers' model. In addition, opportunities to continue existing training, retention and talent development of GPs will be considered. The aim of the approach will be to use the funding to support existing structures as appropriate (e.g. Sulisdoc, BGPRT etc.) where clinicians feel a sense of belonging.

2018/19 funding also included support for GP retention, in terms of people and processes. Pilots included shared use of Pharmacy Technicians, Counsellors and a Spirometry nurse that will reduce GP workload and improve work-life balance. These would run alongside other plans in 19/20 (e.g. the GP Chambers model) which would focus on some of the functional or administrative aspects of ensuring GPs remain in the workforce, should they wish to do so.

In addition support for wider training and development programmes, such as those offered by the LMC would be utilised. Given the challenges over staff capacity to support the increasing number of Primary Care projects, the CCG is exploring whether the CCG Clinical Integrators could focus on this area during 19/20. A further allocation has been awarded to support the intentions of the fund across the STP.

#### **5. Locally Commissioned Services (LCS)**

The CCG, CSU and practice managers met on 20 March to continue to review the LCS. The next meeting is planned on 22 May. As with an increasing number of Primary Care projects new commissioning must be considered a transitional position in the light of the new network DES contract and future national service specifications. As joint working across the CCGs continue it is likely that services will begin to be varied and standardised to improve consistency of approach (where appropriate).

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

The SCM for Primary Care has supported the review and evaluation of this service which will see a request for funding from the Primary Care budget. This will be supported as part of the Improving Access funding to test in hours provision in addition to the evenings and weekends requirements. The EHVS service has been extended to run until 30 April 2019.

Initial expressions of interest were received during February with an internal CCG panel reviewing final proposals on March 25. The outcome of this process is on the agenda at section 3.4.

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

The next meeting takes place on 22 May with the CSU and practice managers. The CCG also continues to work directly with St Michaels regarding the continued protection of their PMS premium. Additional work was required to gain data from the Child Health Department to improve the data quality. The CCG has funded the time of a Council social work administrator to assist with the input of data to support the work. The CCG has been advised by the Council this work is complete and is awaiting the results.

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). An additional proposal around Health Checks and hard to reach populations is also under consideration.

The schemes are developing in the areas of obesity and pre-diabetic populations supporting the NHS Diabetes Prevention Programme (NDPP). The Obesity proposal requires further work before a specification can be worked up. The CCG will work with Public Health colleagues to complete. In terms of Diabetes, an assessment tool has been developed and test carried out on Westfield surgery. This identified much higher numbers of patients at risk of Type 2 Diabetes. More work is now needed to understand how this can be tackled appropriately.

For Health Checks, the model exists with further decisions needed to be made in terms of how to progress. This is at the early stages, with areas of existing good practice for locally delivered NHS Health Checks to be explored.

In order to support the development of this programme, the group propose to fund all GP premises to have new weighing machines, including a feature to print the results. This request is currently being considered by the Primary Care Team.

## **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. It is expected the practice will receive an inspection from CQC during Q1 2019/20.

A facilitation session has taken place with the administrative management team, as well as a subsequent session with the wider leadership team. These identified areas where processes could be improved to support more efficient working methods. A member of the CCG Primary Care Team has been providing project support to assist with this work and met with members of the practice on March 25 to further progress.

Support is expected to continue throughout the year.

## **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 the 'Network DES' that will be held in addition to the core PMS contract.

## **9. Cluster Developments**

The term 'cluster' will become less prominent from May as Primary Care Networks are established. However, leads from the Three Valleys Healthcare group continue to meet with the independent facilitator to support cluster meetings and practice manager development. Further work during 2019 will be undertaken by the facilitator to support the group with the development of local leadership.

## **10. Delegated Commissioning**

The CCG is approaching the first end of year following the transition from NHSE. The CCG is working with NHSE and PCSE colleagues around issues concerning QOF and practice list sizes. Support is also accessed from Primary Care Commissioning as appropriate.

## **11. Brexit**

As part of the 'No Deal' Brexit planning, the CCG has requested updates from Primary Care regarding the preparedness. Whilst much remains uncertain, and management of these issues are held at national level a series of risk assessments have been shared with practices to assist a review of any potential issues that might arise. These were:

- Supply of Medicines and Vaccines
- Supply of Medical Devices and Clinical Consumables
- Supply of Non Clinical Consumables, Goods and Services
- Workforce
- Data sharing, processing and access
- Reciprocal Health Care
- Research and Clinical Trials

Practices have also been asked to review the Business Continuity plans as a part of the process. The CCG chaired a local system session on EU Exit Planning on March 11, with representatives from the RUH, Virgin Care, B&NES Council, Public Health and the CCG present. A follow up session was held on March 27 with further planned as the picture evolves.

## **12. Improving Access**

Data relating to the first three month period has been received and summarised by BEMS+. The target hours for the service were 95 per week based on the CCG

weighted population. Usage across the week has been good with Saturday / Sunday GP slots taken up, although Sundays had been less utilised. The service had approached the target with 93 hours offered during a week in December, although data for the w/c 7 January 2019 and 14 January 2019 were at 76 hours and 84 hours respectively. All practices can now book directly into the service as issues with EMIS functionality have been resolved. From the w/c 25 February and 4 March, the service exceeded the target reaching the full 100 hours commissioned and offered for these two weeks. This is to be commended and the hope is that it will be maintained.

It is planned to provide a more comprehensive review of the service after 31 March 2019. This will offer 6 months of data, including information from all planned hub locations and will take place at the Primary Care Forum in May. This report will also outline early recommendations for potential pilot service changes during 2019/20 and future service delivery. These will need to be further considered in the light of the emerging networks guidance and the longer term approach to procurement as advised by the national NHSE team.