

Primary Care Commissioning Committee

Date of meeting		27 June 2019	
Agenda Item	4	Paper No	PCCC19/040

Action Tracker

Key issues	<p>Attached is the Action Tracker, which is comprised from actions arising from previous meetings of the West Hampshire CCG Primary Care Commissioning Committee.</p> <p>Actions received as closed or completed at previous meetings are excluded and retained as a separate log.</p>
Strategic objectives / perspectives	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Ensure system financial sustainability <p>This paper supports the above by ensuring that there is transparency/no conflict of interest in any decisions or recommendations made by the Committee.</p>
Actions requested / Recommendation	The Primary Care Commissioning Committee is asked to receive an update on the open actions.
Principal risk(s) relating to this paper	There are no risks relating to this paper.
Other committees / groups where evidence supporting this paper has been considered.	Primary Care Steering Group
Financial and resource implications / impact	There are no financial implications arising from this paper.
Legal implications / impact	There are no legal implications arising from this paper.

Data protection impact assessment required?	Not applicable.
Public / stakeholder involvement – activity taken or planned	Not applicable.
Equality and Diversity – implications / impact	This paper does not request decisions that impact on equality and diversity.
Report Author	Terry Renshaw, Governance Manager
Sponsoring Director	Rachael King, Director of Commissioning, South West
Date of paper	20 June 2019

West Hampshire Clinical Commissioning Group: Primary Care Commissioning Committee



Action Tracker - June 2019

Report Type: Actions Report

Report Author: Terry Renshaw

Generated on: 23 October 2018 with updates from 25 April 2019 meeting

Rag Rating:	Not Due	Not Started	Progressing	Complete
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Ref No.	Date of Meeting Issue Originally Raised	Minute Ref	Title	Summary of Action / Issue	Update Due	Assigned To	Progress report / Update	RAG Rating
32a)	01-Nov-18	5.3	GPFV Work Programme	Include specific reference to the governance reporting routes in terms of monitoring quality, delivery and outcomes.	27.06.19	RK	<p>Update 31 Jan 19: Governance arrangements for Clusters (PCNs) established. Cluster Plans to be finalised by Mar-19 setting out key priorities, deliverables and outcomes. Monitored via Local Delivery System New Models of Care Groups, Clinical Cabinet and Primary Care Committee. Primary Care Network Contract Directed Enhanced Service and Network Agreement to be published in Mar-19 setting out key requirements for delivery by Networks. Governance arrangements to be kept under review.</p> <p>Update 28 Feb 19: Agreed to re-open in view of need to keep governance arrangements for Primary Care Network under review.</p> <p>Update 11 Apr 19: New DES includes requirement for governance arrangements to be detailed in Network Agreements. Further assurance to be provided through scheduled Board briefing.</p> <p>Update 25 Apr 19: Board briefing scheduled to be held 23 May 2019.</p> <p>Update 18 Jun 19: A detailed briefing on PCN governance was given to the Board in May to provide full assurance (Appendix 1). Complete.</p>	Green
34	01-Nov-18	9.3	Primary Care Finance Report	Include in next report detail around cluster resourcing.	27.06.19	MF	<p>Update 08 Feb 19: To be included in end of year report. Due April 2019</p> <p>Update 28 Feb 19: Position noted. Update 15 April 2019: Financial schedules under development to come to the June 2019 meeting.</p> <p>Update 25 Apr 19: Position noted.</p> <p>Update 4 Jun 19: Report will be going to 27 June 2019 meeting.</p> <p>Update 10 Jun 19: Included on the agenda. Complete</p>	Green
37	25-Apr-19	8.3	Risk Register	Review following low risks to identify if the risks are fully mitigated and can be closed: <ul style="list-style-type: none"> • Risk ID 132 Winchester Practice Development • Risk ID 534 Paper Referrals 	27.06.19	RK/(SM)	<p>Update 10 Jun 19: Complete</p>	Green
38	25-Apr-19	12.2	Primary Care Finance Report	Circulate copy of M12 report to Committee.	27.06.19	MF/(TR)	<p>Update 01 May 19: M12 report circulated to the Committee on 1 May 2019. Complete</p>	Green

Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan



Background

General Practice is the bedrock of the NHS, and the NHS relies on it to survive and thrive.

Sets out the commitments in The NHS Long Term Plan into a 5 year framework for the GP services contract and confirms the direction for primary care for the next 10 years.

Seeks to:

- Address workload issues resulting from the workforce shortfall
- Bring a permanent solution to indemnity costs and coverage
- Improve the Quality and Outcomes Framework
- Introduce automatic entitlement to a new Primary Care Network contract
- Help join up urgent care services
- Enable practices and patients to benefit from digital technologies
- Deliver new services to achieve NHS Long Term Plan commitments
- Give 5 year funding clarity and certainty for practices
- Test future contract changes prior to introduction

1. Addressing the workforce shortfall

- **New Additional Roles Reimbursement Scheme (See Network DES)**
- **New 2 year Primary Care Fellowship Scheme** for qualifying nurses and GPs. Offers secure contract of employment alongside a tailored portfolio role working in MDTs across PCNs. To be designed in 2019
- **Training Hubs to be established from 2020/21 (with HEE)**
- **Current NHSE recruitment and retention schemes under GPFV extended**
- **Partial (50%) pension scheme to be considered for GPs and rises in employer superannuation contributions from 14.3% to 20.6% from Apr-19**

2. Solving Indemnity Costs

- **New centrally funded clinical negligence scheme for General Practice - commences April-19 operated by NHS Resolution.**
- **All General Practices to be covered including out of hours and all staff groups working in the delivery of primary medical services**
- **Funded through a one-off permanent adjustment to global sum**

3. Quality and Outcomes Framework

Introduces changes from Apr-19 to help secure progress on priorities in Long Term Plan. Implementation guidance issued end Mar-19, together with changes to the statement of financial entitlements.

- QOF currently comprises 559 points. 28 indicators worth 175 points (31%) will be retired from Apr-19.
- 101/175 points into 15 more clinically appropriate indicators covering 5 areas:
 1. Reducing iatrogenic harm and improving outcomes in diabetic care (43)
 2. Aligning blood pressure control targets with NICE guidance (41)
 3. Supporting an age appropriate cervical screening offer (11)
 4. Offering pulmonary rehabilitation for patients with COPD (2)
 5. Improving focus on weight management for pts with schizophrenia, bipolar, psychoses (4)
- Remaining 74/175 points for two Quality Improvement modules within a new quality improvement domain. Each module to be supported through QOF for one year. For 2019-20, modules to cover **prescribing safety and end of life care**.
- Ongoing programme of review in key priority areas to be undertaken including heart failure, asthma and COPD care in 2019-20 and mental health in 2020-21 Further indicators and QI modules to be developed and tested for roll-out

4. Network Contract Directed Enhanced Service

PCNs are essential building block of every Integrated Care System and under the Network DES, general practice takes the leading role in every PCN.

Ensures integration of primary and community health services. PCNs are about provision not commissioning, and are not new organisations.

Network Contract DES has 3 main parts:

- National service specifications setting out what networks have to deliver
- National schedule of Financial Entitlements
- Supplementary Network Services which can include local schemes developed by CCGs and PCNs and added as supplements to the contract

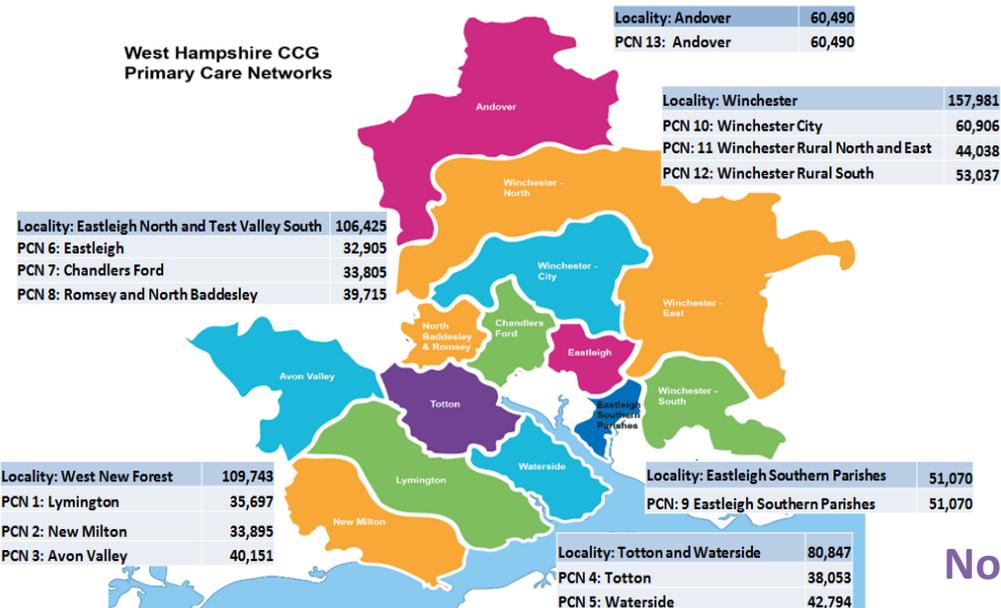
PCNs to submit completed registration form to CCG no later than 15 May providing six pieces of factual information and have all Practices signed up.

1. Name and ODS codes of member GP Practices
2. PCN registered list at 1 Jan 2019
3. Map of Network geographical area
4. Single practice or provider (who must hold a primary medical care contract) account that will receive funding on behalf of the PCN
5. The named accountable Clinical Director
6. Initial Network Agreement including GP member practices' details, Network Area, Clinical Director and nominated payee. May also provide additional information in Schedule 1 relating to PCN meetings and decision making but recognise these may not be fully agreed

Network Contract DES (Continued)

- CCGs to confirm registration requirement by **31 May 2019** subject to support from local ICS/STP (including PCN boundaries). Any issues in obtaining 100% coverage to be resolved with LMC by **30 June 2019**. All Network Contracts within each CCG must be approved at the same time to ensure all constituent Practices are part of a Network and that Networks cover the CCG's own boundary. Once met and contracts varied to include the DES, Networks can start receiving funding from **1 Jul 2019**.

West Hampshire Primary Care Clusters



Network area

- Serves population of at least 30,000 but do not tend to exceed 50,000
- Has a boundary that makes sense to local Practices, partners and community. Subsequent changes to be approved by CCG and NHSE.

Note: 14 PCN Registration Forms submitted

Network Contract DES (Continued)

Timetable

Jan-Apr 19	Preparation for PCNs to meet DES requirements
By 29 Mar 19	Network Agreement & 2019-20 Network Contract DES issued
By 15 May 19	PCN registration forms submitted to CCG
By 31 May 19	CCGs confirm network coverage and approve contract variations
Early June 19	Joint work to resolve any issues with NHSE and LMC
1 Jul 19	Network Contract goes live across 100% of the county
Jul-19 – Mar-20	National entitlements under the contract commence:
Apr 2020 onwards	National Network Services start under 2020/21 Network Contract DES

Practice

Network Contract DES: Financial Entitlements 2019-20

Practice
Network
Participation
Payment
£1.761 per
weighted
patient from
April-19
NEW

Network
Financial
Entitlement
£1.50 per
registered
patient
backdated to
April-19
EXISTING

Network
Clinical
Director
£0.514 per
registered
patient Jul-19
to Mar-20
NEW

Additional Roles
Reimbursement
Scheme 2019-20
Pharmacist (70%) and
Link Worker (100%).
Paid from Jul-19
following employment
NEW

Extended Hours
DES £1.099 per
registered patient
Jul-19 to Mar-20
EXISTING

Network Contract DES (Continued)

Network Participation Payment

- Akin to an additional service, a Network Participation Payment will start in 2019 and will be a **practice entitlement**. A typical practice will receive over £14k each year from April-19 in return for their initial and then continued active participation in a PCN as demonstrated through signing up to the DES and subsequent participation.
- If a practice does not want to sign up to the DES, its patient list size will be included in a PCN. The PCN then takes on the responsibility for the Network DES through a locally commissioned agreement. Not expected to occur.

Network Financial Entitlement

- Guaranteed cash payment of £1.50 per registered patient. From 1 Jul 19 this will become a Network Financial Entitlement based on agreed network registered list size (as of 1 Jan each year). This funding is an extension of the existing £1.50 per head – CCGs to continue to fund through CCG allocations. **Note: Implications for CCG Quality Progression Scheme (QPS) and Medicines Management Optimisation Scheme**

Network Contract DES (Continued)

Network Clinical Director:

- All PCNs must appoint a Clinical Director as its accountable leader. Funding of 0.25wte per 50,000 population. **Note: Existing Cluster Clinical Leads (subject to TUPE)**

CCG Support for PCNs

- CCG support in kind for PCNs

Network Clinical Director

- PCN required to appoint a named accountable Clinical Director either via appointment or election
- Provide strategic and clinical leadership to the PCN – developing and implementing strategic plans, leading and supporting quality improvement and performance across the Network (including QOF). Workforce development and development of PCN workforce strategy
- Support PCN agreed service changes and pathways and local improvement programmes; develop relationships; facilitate participation in research
- Represent PCN at CCG clinical meetings and ICS/STP
- Lead role in developing PCNs conflicts of interest arrangements

New Additional Roles Reimbursement Scheme:

- **Part of Network contract from 1 July 2019. Funding subject to agreeing the 7 new national service specifications**
- **Scheme to fund 5 reimbursable roles.** Model role specifications published. Networks will decide the job descriptions of their own staff but in doing so, will need to consider the new service requirements in the DES.
- **Phased implementation:** 2019/20 = clinical pharmacists and link workers; 2020/21 = physician associates and first contact practitioners; 2021/22 = first contact community paramedics. 70% of ongoing salary costs (except link workers = 100%). Maximum reimbursable based on Agenda for Change bands
- 2019/20 = introductory year and subject to simpler rules prior to full scheme from 2020/21. From Jul-19 – Mar-20 each network of at least 30,000 population can claim 70% reimbursement for 1wte pharmacist and 100% for 1wte link worker. Any variation to be agreed with CCG. Networks to decide which organisations employ staff. Has to be additionality. Reimbursement subject to monitoring and payment only when staff in post
- Intention is to grow additional capacity to help solve the workforce shortage - not to fill existing vacancies or subsidise the costs of employing existing staff already funded (whether by a practice, CCG or other).
- **NHSE to work with CCGs to set baseline for the 5 groups in Mar-19 (Delayed)**

Clinical Pharmacist

- Accredited training pathway
- Part of MDT in a patient facing role to clinically assess and treat patients using expert knowledge
- Will be prescribers
- Responsible for care management of patients with chronic disease and undertaking clinical medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes, those with multiple co-morbidities, LD or autism
- Optimise use of medicines, reduce waste and promote self care
- Quality improvement
- Facilitate wider integration

Social Prescribing Link Worker

- Part of Network team
- Support health and wellbeing of patients by assessing how far their needs can be met by services and other opportunities available in the community
- Co-produce a personalised care and support plan and monitor the delivery of the plan to ensure it meet's the individual's needs
- Provide personalised support to promote independence and improve health outcomes
- Take a holistic approach



Network Contract DES (Continued)

New Additional Roles Reimbursement Scheme (Continued)

	2019/20 (Jul-19)	2020/21	2021/22	2022/23	2023/24
Average max per 50k network	£92,000	£213,000	£342,000	£519,000	£726,000

Extended Access (see also Joining up the Integrated Care System)

- Existing Extended hours access DES to transfer to Network Contract DES from Jul-19. DES requirements to be delivered to 100% PCN patients
- Additional period of routine appointments equating to a minimum of 30 mins per 1,000 patients per week; (50,000 population = minimum of 25hrs extended access per week).
- Opening hours based on patient preferences – data and engagement. Reasonable number appointments face to face, plus telephone, video and on-line. Can be mix of healthcare professionals. Availability publicised
- Post payment verification
- By Apr-21 funding for existing extended hours DES and primary care extended access service will fund a combined access offer as an integral part of National Contract DES. **Note: WHCCG existing contracts**

Network Contract DES: New Network Services

7 specific national service specifications under the DES. Focused on areas where PCNs can have significant impact. To be developed in 2019/20 covering:

- 1. Structured medications review and optimisation (from 2020/21)**
- 2. Enhanced Health in Care Homes (from 2020/21)**
- 3. Anticipatory care requirements (from 2020/21)**
- 4. Personalised care (from 2020/21)**
- 5. Supporting early cancer diagnosis (from 2020/21)**
- 6. CVD prevention and diagnosis (from 2021/22)**
- 7. Tackling neighbourhood inequalities (from 2021/22)**

PCNs encouraged to make early and strong progress

Review of vaccinations and immunisation arrangements in 2019 – output via 2020/21 contract

New national PCN Dashboard – shows PCNs progress against key metrics

Investment and Impact Fund to commence 2020 to help PCNs plan and achieve better performance against metrics in the network dashboard. National rules and guidance to be developed. To be overseen by ICS. Funding of £175m in 2020/21 to minimum £300m in 2023/4. Links to ‘shared savings’ covering 5 elements – ED attendances; NEL admissions, timely discharge, outpatient redesign, prescribing

5. Network Governance Arrangements

- The requirements for all Networks to deliver are set out in the **Network Contract DES Contract Specification**. All Practices signing up to the DES accept that funding is dependent on the Network delivering these requirements
- The **Network Agreement** is required to be completed and signed by all Network Practices. The Agreement is a legally binding contract.
- Agreement used to record the arrangements between organisations working together in a PCN. Requirement of Network Contract DES.
- Agreement should be used between GP Practices in a Network, and reflecting wider collaboration between PCN providers, with any other organisations that are involved with the PCN (not required for 2019-20)
- Agreement consists of set of mandatory clauses that cannot be varied unless expressly indicated and a set of 7 schedules to be populated with PCN specific arrangements. Clauses cover rights and obligations between the members including commencement, duration, termination, information sharing, confidentiality, intellectual property and general contractual provisions. Clauses also cover principles of working together, including organisations joining and leaving the PCN. The clauses are supplemented by the schedules.

Network Governance Arrangements (Continued)

- Agreement contains details of any sub-contracting arrangements. All sub-contracting arrangements must be approved by WHCCG.
- With agreement between the CCG and PCN, the CCG may commission local supplementary services as an agreed supplement to the Network DES, supported by additional local resources. This would be commissioned via a separate **local incentive scheme** in discussion with the LMC.
- **Payment entitlements** for Networks are **nationally prescribed**. Networks can only receive payment from 1 July 2019 (with some elements back-dated to April-19) when they have completed the Network registration form which is then agreed by the CCG. In relation to the additional roles reimbursement scheme, reimbursement is subject to monitoring and payment only when staff are in post. These staff must be 'additional' as determined against a pre-determined baseline. The additional staff will support Practices in delivering the 7 key national specifications and new QOF requirements.

Monitoring of the DES

- CCGs to calculate payments based on delivery; Member practices to use SNOMED codes to record link worker and pharmacist activity
- Indicates that national PCN dashboard will also be developed

6. Going digital first and improving access

- **IT Infrastructure** : Continued funding IT infrastructure support
- GP IT Futures to replace current GP Systems of Choice from Dec-19
- Predictive analytical tools to be made available to PCNs
- Additional global sum funding for next 3 years to support Practices to manage Subject Access Requests
- CCGs responsible for offering a Data Protection Officer function to practices
- 8 digital improvements backed by agreed contract changes:
 1. All patients to have the right to online and video consultations by Apr-21
 2. All patients to have online access to their full record from Apr-20. New pts from Apr-19
 3. All practices to offer and promote electronic ordering of repeat prescriptions and electronic repeat dispensing from Apr-19
 4. At least 25% of appointments are available for online booking Jul-19 (bookable by 111)
 5. All practices to have up to date online presence by Apr-20
 6. Patients access online to correspondence by Apr-20
 7. Cease use of fax machines by Apr-20
 8. From Oct-19, Practices to register a practice e-mail address with MHRA CAS alert system

Going digital first and improving access (Continued)

- Practice funding to be reviewed to improve fairness
- Review of 46%, year one premium for registering new patients for potential change in 2020/21
- Wider review in 2019 of out of area registration arrangements and patient choice of digital first primary care
- From 2019 it will no longer be legal for any NHS GP Provider – either directly or via proxy to advertise or host private paid for GP services
- **Joining up the urgent care system: See extended access (DES)**
- **Single coherent access offer** to be developed that PCNs will make for physical and digital services to deliver better integration between in hours, NHS 111, urgent treatment centres and General Practice. Implementation 2021/22.
- **Exploring NHS 111 referral to pharmacies and ‘pharmacy connection scheme’**
- **Greater understanding of GP activity level and waiting times**

7. Research and Future Contract Changes

- PCNs to increase general practice research participation levels
- NHSE to create a dedicated development and testing programme in 2019 for specific planned contract changes. Test sites selected on topic basis. Programme nationally managed. Will develop and test the 7 sets of network requirements, QI modules and QOF indicators + new schemes such as 'Pharmacy Connect'

8. Summary

- ❑ Requirements of 5 year Framework for GP Contract Reform (including Network Contract DES) are set out within the WHCCG General Practice Work Programme
- ❑ The oversight of the work programme is via the WHCCG Primary Care Steering Group and Committee, with progress reports also taken to Clinical Cabinet. The reports will incorporate monitoring against the requirements of the DES.
- ❑ A Primary Care Forum has been established to ensure dissemination and understanding of the DES and to facilitate shared learning
- ❑ Dedicated commissioning leads provide support and expertise to the Networks.
- ❑ QPS and Medicines Management Optimisation Scheme funded Q1 to date.