

Primary Care Commissioning Committee

Date of meeting		19 December 2019	
Agenda item	6	Paper No	PCCC19/095

Primary Care Operational Report

<p>Key issues</p>	<p>NHS West Hampshire CCG received approval by NHS England for delegated primary care commissioning arrangements from 1 April 2015.</p> <p>The attached report requests the Committee:</p> <p>CCG Wide</p> <ul style="list-style-type: none"> • To note the update regarding the Premises Improvement Grants • To note the update regarding the GP Resilience Fund Scheme • To note the update regarding the Seasonal Flu Vaccination Programme. • To note the Section 7a funding offer • To note the transfer of transactional work from NHS England to the CCG • To note the re-procurement of translation and interpretation services covering Hampshire and the Isle of Wight • To note the update on the objective to deliver health checks for people living with severe mental illness (SMI) <p>Mid Hampshire</p> <ul style="list-style-type: none"> • To receive and determine the application for a practice area change from Charlton Hill Surgery <p>South West</p> <ul style="list-style-type: none"> • To note the update regarding Bursledon Surgery
<p>Strategic objectives / perspectives</p>	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Work in partnership to commission health and social care collaboratively • Establish local delivery systems • Develop the CCG workforce

Actions requested / recommendation	The Primary Care Commissioning Committee is asked to note the Primary Care Operation Report.
Principal risk(s) relating to this paper	The risks in relation to this paper are contained within the report.
Other committees / groups where evidence supporting this paper has been considered	Primary Care Steering Group
Financial and resource implications / impact	The financial impacts are included in the paper
Legal implications / impact	There are no legal implications arising from this paper.
Data protection impact assessment required?	Not required
Public / stakeholder involvement – activity taken or planned	Not required
Equality and diversity – implications / impact	All WHCCG patients will continue to be able to access local general medical services provision.
Report author	Martyn Rogers, Head of Primary Care
Sponsoring director	Rachael King, Director of Commissioning: South West
Date of paper	12 December 2019

Primary Care Operational Report

Contractual Issues

1. CCG Wide

1.1 Premises Improvement Grants

NHS West Hampshire CCG was invited by NHS England in July 2019 to submit applications for Premises Improvement Grants for 2019-20. Expressions of Interest were invited from all member practices and 21 applications were received.

In total 13 applications totalling an estimated gross of £204,000 (which at the maximum grant level of 66% would require an NHS capital investment of £135,100) were prioritised using the agreed criteria and submitted by the CCG to NHS England.

The Schemes include improvements to access, fire safety and security, infection control arrangements and the delivery of increased consultation space.

NHS England has confirmed approval of all 13 applications and associated funding of £135,100.

Practices have been notified that funding has been approved in principle, subject to completion of 'due diligence' to ensure compliance with the NHS (GMS - Premises Costs) Directions 2013.

All of the premises projects are currently expected to be completed in full by 31 March 2020.

Action: The Primary Care Commissioning Committee is asked to note the update on the Premises Improvement Grants Scheme 2019-20.

1.2 General Practice Resilience Fund

The General Practice Resilience Fund is part of the NHS England GP Forward View 5 year programme 2016-2021; it was formerly known as the Vulnerable Practice Scheme.

The purpose of the fund is to deliver support that will help practices become more sustainable and resilient, better placed to tackle the challenges they face now and in the future and to secure continuing high quality care for patients.

The Hampshire and Isle of Wight (HIOW) Sustainability and Transformation Partnership (STP) confirmed an allocation of funding of £362,000 for 2019-20. The STP elected not to award the funding to each CCG on a 'fair shares' population size basis and instead designed a process, with the agreement of CCGs under which all CCGs sought applications from practices for support via the Resilience Fund. All applications received from practices were prioritised by each CCG in the first instance and then collectively by the HIOW STP Primary Care Programme Board (which included Local Medical Committee representation).

NHS West Hampshire CCG received 5 applications for support and funding totalling £125,000 (covering 8 Practices). All 5 applications were prioritised and submitted to the STP. The CCG has been advised that 4 of these applications have been approved and resilience funding totaling £65,000 has been awarded.

All 5 applicants have been formally notified of the outcome. Those practices offered funding will sign a Memorandum of Understanding (MoU) describing the intention to deploy the funding as per the application submitted. The CCG will be required to submit periodic progress reports relating to each scheme undertaken by the practices to the HIOW STP Primary Care Programme Board.

Action: The Primary Care Commissioning Committee is asked to note the update on the GP Resilience Fund for 2019/20.

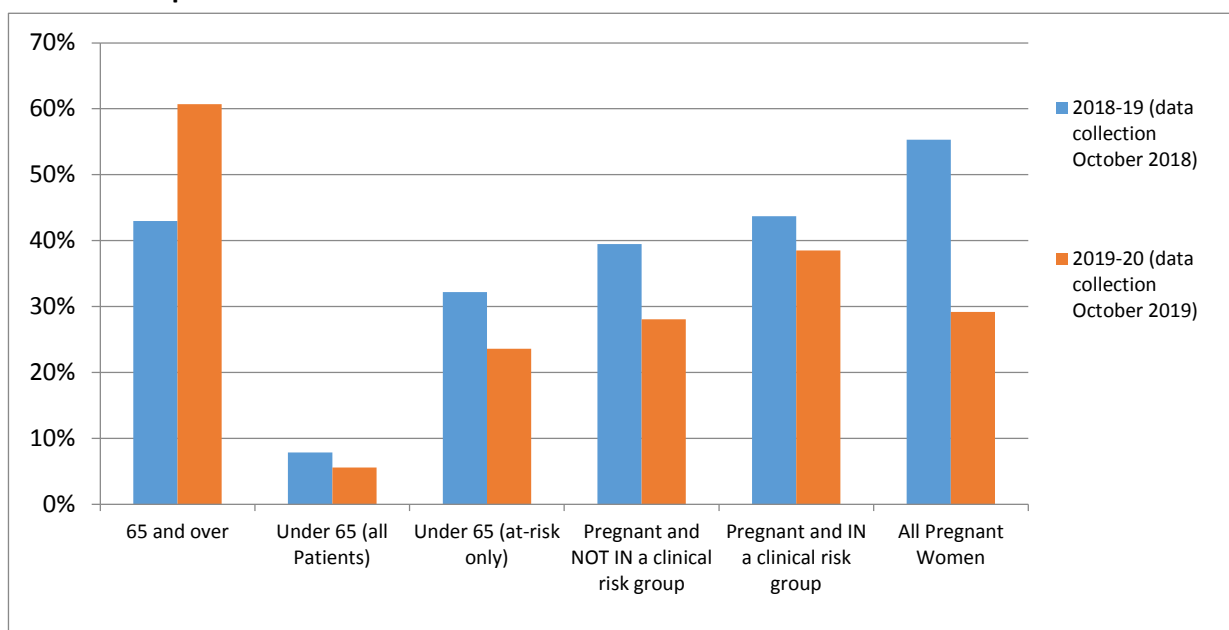
1.3 Seasonal Influenza: Vaccination Programme 2019-20

The 2019-20 Seasonal Flu season is proving to be challenging due to delays in the anticipated dates for delivery of some vaccines (those used in the children's vaccination programme) and by some suppliers (Sanofi UK).

Whilst uptake is lower than the same period last year for the majority of 'at risk' patient groups (except those aged 65 years and over), the CCG uptake overall is higher than local, regional and national comparators (except in the 2 year old group).

ADULTS

Flu Vaccine Uptake October 2018 Vs October 2019



Key areas of note regarding adult vaccinations:

65 years and over (national ambition, 75% vaccinated)

- Practices had vaccinated a significant number of patients by the end of October 2019 resulting in the CCG uptake being higher than the comparable period last year.
- Southern Heath NHS Foundation Trust (SHFT) community nursing teams are commissioned by the CCG to work with practices to vaccinate all patients on the SHFT caseload (usually the housebound).

At Risk – aged 2 to under 65 years (national ambition, 55% vaccinated):

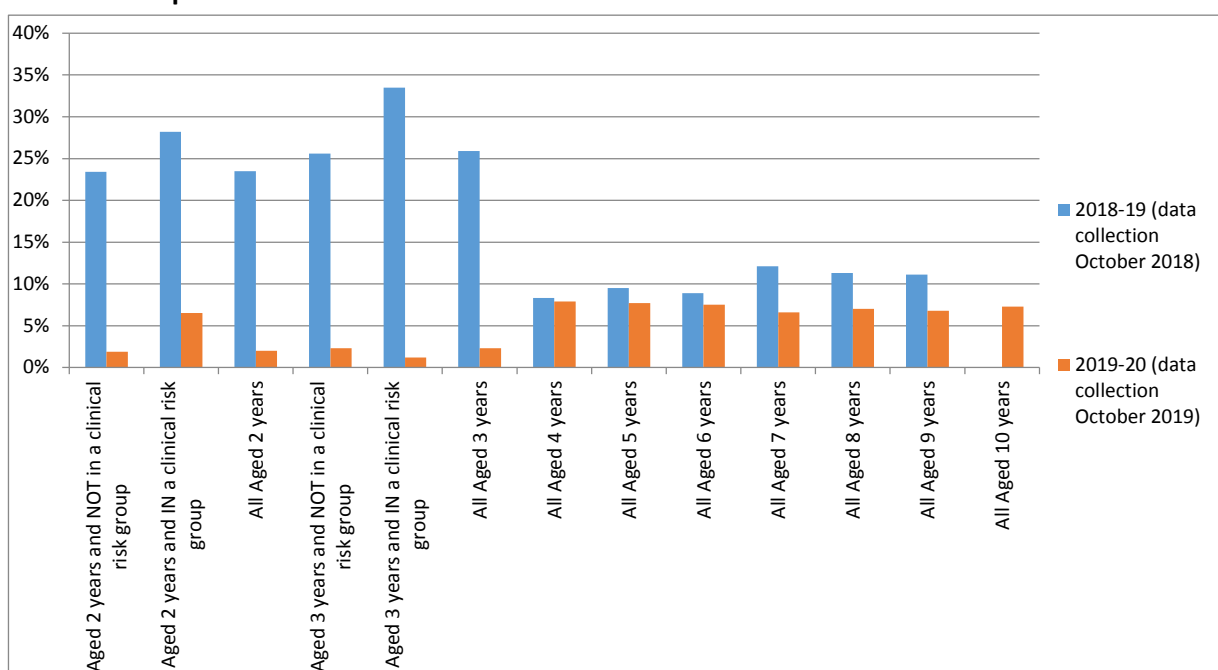
- The numbers are lower than same period last year, due to delay in vaccine deliveries.
- Significant numbers of vaccination appointments are reported as cancelled due to delay in deliveries.
- As a result, patient uptake is considerably lower but the position is improving as deliveries begin to increase going into December.

Pregnant women (national ambition, 55% vaccinated):

- Significantly lower uptake in comparison to the same period last year, due to delay in deliveries.
- Recent increase in uptake noted - to 39%

CHILDREN

Flu Vaccine Uptake October 2018 Vs October 2019



Key areas of note regarding child vaccinations:

Children aged 2 and 3 years:

- This age cohort is vaccinated by the patients' own general practice.
- Due to restrictions on ordering volume from central supplies (procured by Public Health England - PHE), the lack of availability of, and timely supply of vaccine, has resulted in uptake being significantly below the same period last year.
- Prior to mid-November 2019, practices were able to place phased orders for vaccines to cover 20% of eligible 2 – 3 year olds
- Notices published on the ImmForm website (25/11/19) notify practices that they can order additional vaccine as follows: *'practices can now order to the equivalent of last year's individual % uptake or 45% of their eligible cohort if their uptake was lower'*.
- Practices are aware that all 'at risk' children in this age group should be actively called and if necessary vaccinated with the 'Quad' vaccine, i.e. the injectable alternative to nasal delivery vaccination.

Children aged 4 – 11 years:

- The school aged children (reception classes to Year 6) are vaccinated by Southern Health NHS Foundation Trust (SHFT) under a contract held with NHS England.
- SHFT has also been affected by the limited availability of 'Fluenz' supplies (nasal vaccination) and vaccination has commenced later than had been planned.

On 3 December 2019, the Chief Medical Officer (England) confirmed that due to the increase in influenza cases in the community, prescribers may now prescribe and pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza funded by the NHS. This action is usually taken to be a mark of the beginning of the 'official' Flu season. Prior to this action, in West Hampshire one Flu outbreak was recorded.

Action: The Primary Care Commissioning Committee is asked to note the update regarding the Seasonal Flu Vaccination Programme 2019-20.

1.4 Section 7a Funding

NHS England's area team has offered an opportunity via CCGs for Primary Care Networks (PCN) to apply for non-recurrent funding of up to a total of £200,000 available across the HIOW STP area.

The funding is allocated from the NHS England ring-fenced Section 7A Screening and Immunisation budget (Section 7A services are those relating to screening and immunisation services and are not included in the scope of the delegation agreement for primary care commissioning between CCGs and NHS England).

The funding is available to support the implementation of objectives and actions from a pre-determined menu intended to increase uptake of the Section 7A primary care screening programmes; bowel, breast and cervical cancer.

NHS England is seeking applications for funding that support joint working by practices working at the PCN or CCG wide level. The scheme and funding must be completed by March 2021. Participants are required to share good practice and outcomes with other PCNs and CCGs across England.

In view of the short timescales for submission of applications, the CCG has submitted a bid to NHS England covering all 13 PCNs across the three screening programmes. The funding applied for is £60,230 which equates to a 'fair share' allocation from the £200,000 based on the CCG patient population.

Notification of the outcome of the bid is awaited.

Action: The Primary Care Commissioning Committee is asked to note the application for Section 7A funding submitted to NHS England.

1.5 Transfer of Transactional Work from NHS England

NHS West Hampshire CCG received approval from NHS England to undertake delegated primary care commissioning functions and responsibilities set out in a delegation agreement effective from 1 April 2015.

At this point, NHS England continued to perform on behalf of CCGs some transactional functions included in the scope of the delegation agreement. These included the:

- Processing of GP Premises lease and notional rent reimbursement reviews
- Processing of claims for financial support under the GP Retention Scheme
- Processing of claims for reimbursement of Locum costs related to Parental Leave and Sickness leave by GP performers
- Issues of statutory and non-statutory GMS, PMS and APMS contract variations

NHS England has informed CCGs of their intention to transfer the above to all CCGs with delegated commissioning responsibility by Dec-19, with a phased handover during November and December. The handover is being managed in line with an agreed transition plan.

This aligns with a reorganisation of local teams currently in progress by NHS England.

NHS West Hampshire CCG Primary Care and Finance teams have been working with NHS England locally to enable the safe transfer of the above transactional work by 31 December 2019. NHS England has provided training for the CCGs staff and has provided standard operating procedures (SOP) to support this process. The work will be managed within the existing teams but this will be kept under review based on actual experience of the volume of work involved.

The CCG will issue communications to all practices clearly explaining the changes and providing clear guidance as to where and to whom future applications and correspondence should be addressed when the changes take effect.

Action: The Primary Care Commissioning Committee is asked to note the transfer of transactional work from NHS England to the CCG.

1.6 Translation and Interpretation Services for Patients and Carers

NHS England as the commissioning body with a statutory responsibility for commissioning primary care services, i.e. medical (GP), community pharmacy, optometry and dental services, funds and holds contracts with a large number of organisations able to support patients and carers accessing primary care service with their translation and interpretation (T&I) needs.

The NHS England Wessex local team (covering Dorset, Hampshire and the Isle of Wight) have been working to re-procure translation and interpretation services during 2019. The objective of NHS England was to procure the T&I services across the Wessex area and that ultimately there would be two contracts with a lead provider; one for HIOW and one for Dorset. The intention was that services would have been mobilised by 1 April 2020. The cost of the GP element of the service for HIOW in 2018/19 was approximately £180,000.

Whilst NHS England had planned to issue an invitation to tender in September 2019 they elected to pause and incorporate procurement of the services for dental, pharmacy and optometry services across the South East and separately, determined that additional patient involvement in the procurement was required.

In view of the pause and the reconfiguration of NHS England regional teams, a decision was required as to how to proceed in respect of the T&I service provision in HIOW. NHS England asked all HIOW CCGs to consider the following options:

- Retain non-contractual arrangements with existing providers in the short term with the procurement to be taken forward by CCGs working together
- Stay with the existing arrangements in the short term with the procurement to be taken forward by the HIOW STP/ICS in the longer term
- Continue with the existing procurement plan to be delivered by NHS England with HIOW CCGs representation on the procurement project board

Having considered the options, the HIOW CCGs determined that the preferred option is to allow NHS England to continue to lead and deliver the existing procurement process. This decision has been communicated to NHS England. NHS West Hampshire CCG will seek representation on the procurement board and will ensure engagement with our patients, carers and practices informs the design of the service specification and the evaluation of potential providers.

Action: The Primary Care Commissioning Committee is asked to note the progress with the re-procurement of translation and interpretation services covering Hampshire and the Isle of Wight.

1.7 Improving Physical Healthcare for People Living with Severe Mental Illness (SMI)

People living with severe mental illness (SMI) face one of the greatest health inequality gaps in England. The life expectancy for people with SMI is 15–20 years lower than the general population. This disparity in health outcomes is partly due to physical health needs being overlooked. Therefore in the Five Year Forward View for Mental Health, NHS England committed to leading work to ensure that by 2020/21, 280,000 people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year. In order to contribute to the delivery of this objective, the CCG is required to ensure that 60% (circa 2,597 individuals on practice SMI registers) of patients with an SMI receive a health check during 2019-20.

In order to support this objective, the CCG has offered all practices the opportunity to participate in a Local Commissioned Service (LCS) intended to support the delivery and reporting of health checks. All West Hampshire CCGs practices have taken up this offer.

Data on health checks undertaken by practices is reported quarterly and compared against the CCGs trajectory to deliver the minimum number of checks by the end of 2019-20, i.e. 60%. At the end of Quarter 1, the number of checks was below trajectory. This has recovered to plan in Quarter 2, although the trajectory assumes most checks are performed in quarters 3 and 4 so delivery of the annual requirement remains challenging.

In order to recovery performance to the trajectory and to support practices, the following actions plan has been developed and is being implemented by the CCGs Mental Health team.

Action	Lead	Deadline	RAG
1. Promote e-learning module to all practices https://yhahsn.vc-enable.co.uk/Login/Login?ReturnUrl=%2f	JH	Week 1 Sep 19	
2. Agree Contract with Qmasters/Ardens for production of templates and training offer for extracting nationally required data by 1 st October 2019	JH	Week 2 Sep 19	
3. Fact finding visits to all GP localities in West Hampshire CCG to identify any concerns and issues around delivering health checks	JH	Sep 19	
4. Deliver communications programme through CCG channels to promote value and keep high profile on health checks	KW/CS	Oct 19	
5. Develop performance report for each primary care network on progress towards target	JR	Nov 19	
6. Offer Training to all GP localities from nationally recognised figure (Kate Dale)	JH	Dec 19	
7. Review of Data Quality	JH/AG	Dec 19	
8. Initial recommendations from research project on improving health check quality and take up	NG	Jan 20	
9. Model Framework for Call and recall system published with support of locality Directors	KW	Jan 20	
10. Generate Report of CCG of origin for SHFT EIP teams where physical health check has been carried out ; distribute to practices for coding	VMW /JH	Jan 20	
11. Embed EIP health check KPI in SHFT contracts	PT	Mar 20	
Risk	Mitigation		
CCG team understanding of reporting requirements leads to inaccurate performance reports	Attendance on national webinar, collaboration across STP on data quality issues		
GP practices do not engage sufficiently with offering health checks	Review compliance with service specification and readiness to offer health checks Jan 2019		
Practices continue to offer health checks in an opportunistic fashion	Embed call and recall framework in 2020/21 specification		

Action: The Primary Care Commissioning Committee is asked to note the actions taken to support practices to deliver and report health checks provided to people with an SMI.

2. Mid

2.1 Charlton Hill Surgery – Practice Area Change Request

Charlton Hill Surgery in Andover with a registered patient list of 13,150 patients has submitted an application to NHS West Hampshire CCG to change the practice area and outer area (Appendix 1) as described in its GMS contract.

Practices are obliged to accept requests to register as a patient, those persons ordinarily resident in their contractual area. They have discretion to refuse or accept requests from those living outside of the area described in the GMS/PMS contract.

The practice is seeking a contract variation to restate its current area (Upper Chute, Wiltshire), thereby reducing the practice area in line with the Hampshire county border. In addition, the practice proposes a change to the outer area to remove Ludgershall, Wiltshire. The map below is provided to demonstrate the area that crosses the West Hampshire CCG boundary into Wiltshire (on left):

The practice is a member of Andover Primary Care Network (PCN). The outer area of the Network follows the aggregated area of its member practices including Charlton Hill Surgery; meaning that the Network area also includes this small area of Wiltshire.

The practice has consulted with all other member practices of the Andover Primary Care Network. All have supported the request to reduce the area of both Charlton Hill Surgery and, consequently of the Network.

The practice has consulted with two member practices of NHS Wiltshire Clinical Commissioning Group who would be affected by the proposed area reduction; one of which supported the change and one which has not responded. Both of the practices consulted have contractual areas that also cover the part of the Charlton Hill Surgery boundary that lies in Wiltshire. NHS Wiltshire report that they are supporting the practices in the area concerned to develop greater resilience and therefore, approving a boundary change (albeit of low impact in terms of patient numbers) would not be helpful at this point in time. As a consequence, NHS Wiltshire CCG does not support the proposed changes to the areas of Charlton Hill Surgery.

Charlton Hill Surgery has confirmed that 54 of its 13,150 (April 2019) registered patients reside in the area affected by the proposed area change. Without patient consent, the GMS contract does not permit the practice to deregister patients who are resident outside of a practice area following an agreed change in the contractual area. The change would only allow the practice discretion to decline new patient registrations from persons resident in Wiltshire.

Charlton Hill Surgery has seen a significant year on year increase in its registered patient list size of 2,546 (24.6%) between 2013/2019) and forecast population growth related to housing developments in Andover indicate that the list will continue to increase by a further circa 3,277 (24.92%) between 2019/2029. The CCG has not been able to obtain evidence of any planned housing developments in Wiltshire that would affect the volume of new patients registration requests made to Charlton Hill Surgery in the area of the requested boundary change.

In summary, the CCG notes that:

- NHS Wiltshire CCG has requested that the application is not supported by the CCG due to the potential impact on general practice sustainability in Wiltshire
- Confirmation of support has only been received from one of the two practices in Wiltshire affected by the proposed change
- No clear link is demonstrated between significant historic and forecast future list size growth for Charlton Hill Surgery and the practice area in Wiltshire
- No evidence is presented by the practice or established by the CCG of significant planned housing developments in the parts of Wiltshire covered by the practice area.

In considering the above, the recommendation of the WHCCG Primary Care Steering Group was not to support the application.

It is therefore recommended that the application is not supported by the Primary Care Committee.

Action: The Primary Care Commissioning Committee is asked to agree the recommendation not to support the application from Charlton Hill Surgery to change the current practice area.

3. South West

3.1 Bursledon Surgery – GMS Contract Termination

NHS West Hampshire Clinical Commissioning Group (CCG) has been liaising with local people about the future of Bursledon Surgery, Hamble in light of the forthcoming retirement of the lead GP at the surgery, Dr Vivian Ding. Dr Ding has been a GP for over 30 years and has provided care to patients at Bursledon Surgery for more than a decade.

Dr Ding has given the CCG notice that she will retire and end her NHS contract to provide GP services on 31 December 2019. The CCG has been able to assure patients and local people that GP services will continue to be provided from Bursledon Surgery from 1 January 2020. From this date, Blackthorn Health Centre will provide GP services to patients of Bursledon Surgery under an interim NHS contract agreed with the CCG.

The CCG has written to all patients to confirm that:

- They will continue to access GP services from the current practice premises located at the Lowford Centre, with no interruption in services
- The Bursledon Surgery telephone number will remain unchanged.
- Their medical records will automatically be transferred to the new GP service provider following Dr Ding's retirement
- They do not need to do anything to register with the new provider as all registrations will automatically commence on 1 January 2020.

During the interim period, the CCG will be making arrangements for the long term provision of GP services for patients registered with Bursledon Surgery. The CCG held two drop-in events in November 2019 for the patients of Bursledon Surgery; circa 40 patients attended these sessions.

Action required: The Primary Care Commissioning Committee is asked to note the update regarding Bursledon Surgery

Annex 13A

Template Application Notice to Change the Practice Area

1 July 2019

Dear West Hampshire CCG

Application to Change the Practice Area

Please provide the information below to the Commissioner no less than 28 days before the requested contract variation.

1. Affix practice stamp:

**CHARLTON HILL SURGERY
CHARLTON ROAD
ANDOVER, HANTS. SP10 3JY
TEL: 01264 337970**

2. Provide full details of the proposed practice area including maps of the inner and outer boundary:

This application is to remove the small geographical area that is in Wiltshire. See map and comments below.

Application to become effective on 1 September 2019.

3. Explain the reasons for the change of practice area:

To align to the PCN Contract

4. Provide any additional supporting evidence that may be relevant

n/a

5. Include comments from Local Practices:

Six local practices have been asked for their feedback and comments prior to this application being submitted. Comments received are shown below.

Castle Practice, Ludgershall

We discussed this at our Practice Meeting today, and are quite happy. The only proviso is that this only applies up to the Hampshire/Wiltshire border, and not to patients who are in Hampshire, which I believe is what you are proposing.

Cross Plain Health, Tidworth
No written response received

Andover Health Centre Medical Practice
We support your proposal. We currently ask patients who move to Ludgershall or the Chutes to re-register. We do have a few long standing patients in Ludgershall and the Chutes which we are happy to keep registered with us.

Adelaide Medical Practice, Andover
No amendments needed or comments its all good from us

Shepherds Spring Medical Practice, Andover
We have no objection to you changing your boundary.

St Marys Surgery, Andover
That sounds all okay by St Mary's.


Signed by Dr J Briggs



Date

03/07/19

Signed by Dr R B Candy



Date

25/6/19

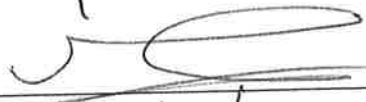
Signed by Dr D Connolly



Date

25/6/19

Signed by Dr M S Gorvin



Date

18/7/19

Signed by Dr S N Hazard



Date

25-6-19

Signed by Dr T M Jackson



Date

3/7/19


Signed by Dr A A Ventour



Date

25/6/19

Signed by Dr B Wyatt



Date

19/7/19

Please note that this application does not impose any obligation on the Commissioner to agree to this application.

The map below has been produced by WHCCG. We understand that the shaded area to the bottom right represents the area in Test Valley BC and covered by WHCCG.

The part of our area that we are asking to remove is the part between the line closest to the top left corner and shaded area with the words Upper Chute. This area is covered by The Castle Practice, Ludgershall. Also our B area which is the grey bit marked Ludgershall. This area is covered by The Castle Practice, Ludgershall, The Cross Plains Health Centre, Tidworth and Shepherds Spring Medical Practice.

We are not intending to ask any patients to move practices but we intend to refuse to keep patients who move from Andover to the Chutes or to Ludgershall. FYI we currently have 54 patients in these areas.

