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Title of paper	Primary Care Commissioning Committee Update
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Confidential	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

The Governing Body is asked to:

Note the general update on the business of the Primary Care Commissioning Committee

Endorse the primary care workforce strategy which has been discussed by the Committee

Summary of purpose and scope of report

The report provides a summary of the main items of business discussed by the Primary Care Commissioning Committee over the last few months.

The Primary Care Commissioning Committee agreed at its November meeting to invest 1.3m in a non-recurrent investment programme in primary care (which was subsequently ratified by the November Finance & Performance Committee), focusing on three workstreams:

- Workstream A: Releasing Capacity in Primary Care - Delivery of Quality Improvement
- Workstream B: Collaborative working and development of PCN infrastructure
- Workstream C: Delivering 'quick-ins' in improving clinical pathway, with particular focus on long term condition management and frailty

The Committee established a Primary Care Delivery Group, chaired by Jane Wilmot, to oversee this investment programme and work alongside the GP Federation to support the development of proposals from GP practice networks aligned with the above workstreams. Due largely to the significant effort and enthusiasm of primary care colleagues, the CCG received an overwhelmingly positive response to the programme and as such, has been able to invest 1.27m across 16 projects and all 3 primary care networks. The Committee also agreed in January to fund a 0.6m commitment from the

Primary Care allocation to continuing a subset of the projects into 18/19 to enable the full benefits of these projects to be realised. Although this investment is contained within budgets for 18/19, there will be no further commitments from 18/19 budgets until the financial impact of the increasing list size growth from the GP at Hand practice has been mitigated.

GP at Hand Update

The Primary Care Commissioning Committee and the CCG primary care team continues to work closely with NHS England on the ongoing assurance and contractual management responsibilities relating to GP at Hand. This relates to ongoing resolution of emerging contracting and system issues generated by the rapid increase in list size growth, ensuring the practice is continuing to deliver a safe, effective service to those registering with the practice and managing the significant workload associated with the significant media and public enquiries and freedom of information requests. The financial and contractual risks posed by the GP at Hand practice were described in a paper to the March Primary Care Commissioning Committee. The key points from the paper are as follows:

- Practice list size has grown from 2,500 in April 2017 to 24,621 on 5th March 2018, primarily since November 2017 where new registrations have averaged c 4,000 per month.
- The increase in registrations represents a 10% increase in the H&F registered population in 5 months
- Based on the recently revised CCG core allocations, but adjusted for the growth seen so far, H&F has already moved from 5.3% above target to 4.8% below target.

The estimated financial impact is expected to be between 5.4m and 10.6m, dependent on list size growth during 18/19. The CCG team is in ongoing discussions with NHSE (London) regarding what options might be available to the CCG to enable in-year increases to its Primary Medical Services and/or Core Allocations.

The CCG is also procuring an independent evaluation of the GP at Hand practice, which will be funded largely by NHS England and will help to develop a shared understanding of the local issues and national policy implications of the GP at Hand model.

Enhanced Primary Care Contract

The Primary Care Commissioning Committee received a business case to its March committee for the Enhanced Primary Care Contract for 2018/19. The contract supports the delivery of the next phase of the Primary Care Strategy agreed by the CCG's Governing Body in September, specifically:

- Out of Hospital Services: the contract will provide greater focus on full population

coverage for out of hospital services, including some enhancements to existing specifications and continuation of improvements to access

- Primary Care Development: The contract will fund Clinical and managerial resource inputs to support primary care development
- Population Health Management: The contract will provide focus on population health improvements, including development of tailored approaches to priorities at network level to achieve better respiratory, cardiovascular and frailty outcomes

The Committee were not provided with a draft budget for the Primary Care allocation for 2018/19, and instead received a verbal update on the emergent cost pressures and progress on finalising the budget. On this basis, the Committee agreed the recommendations made to continue to fund existing budgets and has deferred discussions on any additional investment decisions to the June Committee, as follows:

- Approve continued investment in existing Out of Hospital Services (OOHS) from the 1st April 2018
- Approve proposed GP Federation payment approach for OOHS contract management services
- Approve the use of General Practice Forward (GPFV) funding (£316k) for primary care development resources from the 1 April 2018 and over the life of the proposed EPC contract

Further details and recommendations on the Population Health Management elements of the contract will be considered for approval at the June Primary Care Commissioning Committee.

Primary Care Workforce Strategy

The Strategy & Transformation Team has led on the development of a Primary Care Workforce Strategy for NW London, with support from the 8 CCGs. The NW London Primary Care Strategy aims to set a consistent approach to primary care transformation, acknowledging and building on the significant work and investment already underway in NW London. Delivering such change at scale and pace will require new ways of working, strong leadership, change management and wide scale culture change in the way organisations are led and managed, and how staff are rewarded.

The latest draft of the NW London Primary Care workforce strategy was considered at the January meeting of the Primary Care Commissioning Committee. The strategy considers the drivers for change; increasing unprecedented strain, national recruitment and retention crisis, low morale and local retirement demographic, increasing demand, intensity and complexity of patients' health and care needs. It recognises where best practice workforce initiatives could be better shared across NW London, identifies gaps in the system and critical success factors. It supports significant steps as an STP to start reversing negative recruitment and retention trends locally; enabling NW London to be one of the best places in

England to work and develop a career in primary care.

The strategy also supports NWL to achieve the targets set by NHSE in the General Practice Forward View (GPFV), the delivery themes set out in the Londonwide SCF response, and the delivery of STP level initiatives – accountable care, new models of care, supporting the shift of care into the community, and development of primary care hubs.

The development of this strategy has been through a period of proactive engagement with numerous stakeholders, including; the Workforce Delivery Group membership, The NW London Primary Care Leads & VPC membership, Collaboration Board, Our colleagues within HEE, Community Education Provider Networks (CEPNs), and the NW London Strategy & Transformation Team.

The Committee endorsed the strategy and **recommend that the Governing Body should now formally endorse the strategy.**

Quality & Safety/ Patient Engagement/ Impact on patient services:

Investment in primary care services will deliver significant qualitative and patient access improvements to the residents of Hammersmith and Fulham.

Finance, resources and QIPP

The financial aspects of the initiatives described above have been fully detailed in papers presented to the Committee. Primary care investment monies have been used to fund the £1.3m of schemes across the three areas set out.

At this time no new funding has been committed to the enhanced primary care developments as this will be dependent upon the outcome of CCG budgetary decisions.

The financial impact of GP at Hand has been discussed in detail at the committee and there are on-going discussions between the CCG and NHS England with regard to the overall impact.

Equality / Human Rights / Privacy impact analysis

As part of work with the GP at Hand practice and equalities impact assessment is being commissioned by them to assess the impact of the digital service that they have introduced both in terms of existing practice patients and those wishing to join the practice as a result of the availability of the digital service.

Risk	Mitigating actions
There is a risk that the list size growth in respect of the GP at Hand practice will	List growth is being monitored and the

<p>create a significant financial impact on the CCG's budget, increasing the risk of a negative impact on the year end position</p> <p>There is a risk that the CCG is unable to make the additional investment that has been identified within the enhanced primary care business case as a consequence of the overall financial position of the CCG</p>	<p>financial implications reviewed.</p> <p>Discussions are on-going with NHS England with regard to the financial impact on the CCG's overall budgets</p> <p>The CCG is continuing to review all expenditure to determine whether there may be scope to make further primary care investment decisions</p> <p>The Primary Care Commissioning Committee will consider a further update on the business case investment proposals over the next couple of months</p>
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Supporting documents

N/A

Governance and reporting

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

Committee name	Date discussed	Outcome
Primary Care Commissioning Committee	November 17 – February 18	As set out in the report above