

CCG REPORT COVER SHEET

Meeting Title:	Primary Care Commissioning Committee in Public	Date: 12 March 2019						
Report Title:	Primary Care Strategy Development and GP Contract Implementation	Agenda Item: 2.1						
Chief Officer:	Dr Mark Sanderson – Medical Director							
Clinical Lead:	Dr Mark Sanderson – Medical Director							
Report Authors:	Alice Benton, CCG Primary Care Team							
Document Status:	Final							
Report Summary:	The report provides an update on Primary Care Strategy Development and GP Contract Implementation.							
Report Purpose:	For Assurance		For Decision		For Approval		For Noting	X
Recommendation:	The Committee is asked to note the content of this report in its new format and to note the requirements to sign off both a revised Primary Care Strategy (Autumn 2019) and the Primary Care Networks (by 31st May 2019).							
Link to Corporate Objective:	Objective 1 – Delivering the Improvement Plan for 2018/19 and beyond;							
	Objective 2 – Delivering the Financial Plan for 2018-2019							
	Objective 3 – Delivering national must dos and service priorities set out in the National Planning Guidance							
	Objective 4 – Ensuring clear oversight of patient safety and quality							x
	Objective 5 – Ensuring robust governance arrangements are in place to ensure the CCG delivers its statutory duties							x
	Objective 6 – Ensuring delivery of robust engagement and communications plans to support delivery							
CAF (Strategic Risk) Reference	Description of Risk						Current Risk Score	
CAF02	Failure to deliver service transformation due to pressures and challenges facing primary care, and insufficient or uncoordinated resources for commissioning primary care						12	
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health				x			
	IAF 2 Domain 2 - Better Care				x			
	IAF 3 Domain 3 - Sustainability:				x			
	IAF 4 Domain 4 – Leadership							
Resource implications:								
Chief Officer/ SRO Sign Off:	Jan Thomas, Accountable Officer							
Chief Finance Officer Sign Off: (if required)	Not Required							
Legal implications including equality and diversity assessment:	Failure to deliver on the Statutory duties of the CCG under Delegated Commissioning							
Conflicts of Interest	None							
Report history:	None							
Next steps:	Ongoing monitoring of completion of GPFV programmes and implementation of new contractual and strategic objectives for primary care in Cambridgeshire and Peterborough							

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE - PUBLIC

AGENDA ITEM: 2.1

DATE: 12 MARCH 2019

TITLE: PRIMARY CARE STRATEGY DEVELOPMENT AND GP CONTRACT IMPLEMENTATION

FROM: ALICE BENTON – ASSOCIATE DIRECTOR OF PRIMARY CARE CCG

1 ISSUE

- 1.1 The recent planning guidance set out the requirement for CCGs to submit revised Primary Care Strategies by the Autumn 2019. The five year framework of changes to the GP contract published at the end of January set out a clear direction of travel, in line with the NHS Long Term plan, and outlined key areas of implementation. It will be necessary to frame the CCG's primary care strategy in the context of national direction and contractual must-dos, without losing the local flavour and progress made against the ambitions set in our previous General Practice Forward View Strategy.
- 1.2 The Primary Care Commissioning Committee (the Committee) will have oversight of the strategy development and will sign off the final submission (date to be advised). The Committee will also ensure that the key areas of contract implementation are delivered and will be provided with regular update reports. These reports will replace the General Practice Forward View Strategy Update Reports.

2 KEY POINTS

- 2.1 Primary Care Strategy Development
- 2.1.1 A plan to develop and engage on a revised strategy is in the process of being developed and will be brought back to the Committee in April for sign off. It will be necessary for key stakeholders to be identified and for the scheduling of drafts through other relevant meetings to be mapped out. Patient input and comment will also be sought via Healthwatch and the Patient Reference Group (PRG).
- 2.1.2 As the transformation budget (£1.50 per head) from 2019/20 onwards will be directed towards Primary Care Networks for their establishment and maintenance, the majority of the schemes that were supported over the past two years and as set out in our current strategy will no longer have a source of funding for ongoing investment or expansion.
- 2.1.3 Opportunities will be taken to share learning outcomes and good practice, and to build on the benefits realised by this investment.
- 2.1.4 It is likely that the main headings of our current strategy will still apply for the new version but with some clearer direction in relation to new models of care and workforce, and with a more local emphasis on improved access and urgent care provision. New national services specifications set out in the contract guidance will give a more prescribed approach for themes such as provision of care in care homes, frailty (anticipatory care) and prevention. Primary Care Networks will give structure to at scale provision and will present solutions for contracting at network level.

2.1.5 The General Practice Forward View Delivery and Engagement Group will revisit its name and terms of reference to better fit the direction and delivery requirements, but the membership of this group is well-placed to inform the content and structure of the strategy document.

2.2 Primary Care Networks

2.2.1 The new Network Contract (Directed Enhanced Service) goes live on the 1st July 2019. Work is underway to inform practices of the requirements and to support them, where requested, in bringing their network plans together to achieve the deadline for registration.

2.2.2 The recent GP Members Meeting on the 28 February 2019 provided an opportunity to inform practice representatives of the opportunity and timeframes to participate and reiterated the requirements that need to be met.

2.2.3 The DES is an extension of the core GP contract (GMS,PMS, APMS) and is not a separate contract. PCNs will typically have population sizes between 30,000 – 50,000 and each PCN must have a boundary that makes sense for its constituent practices, other community based providers, its local community. A CCG must ensure that there are no geographical or population gaps.

2.2.4 Year 1 investment (2019/20) will cover Year 1 of the Additional Workforce Reimbursement Scheme (each network will be able to claim for 70% of one additional clinical pharmacist and 100% of one Social Prescribing Link Worker), ongoing support funding for the Clinical Director (0.25 wte per network) and ongoing £1.50 per head from CCG allocations.

2.2.5 The deadline for practices to register to form a PCN is 15th May 2019. The Committee will be required to sign off the proposed PCNs by the 31st May 2019. An update will be brought in April to inform the Committee of the progress to date and any risks being identified in achieving the 31st May sign off. There is a need to consider how the impact on other community-based providers is taken into consideration. This is being planned and will be reported back to the Committee.

2.3 Other deliverables

2.3.1 This section of the report will highlight other areas of contract implementation or local delivery that the Committee needs to be sighted on. These will include General Practice workforce trajectories and returns, progress against the key IT deliverables that the contract commits to, and how the contract changes impact on local commissioning decisions such as urgent care.

2.3.2 There is a requirement to submit a baseline position in March of the new workforce groups that the new PCNs will be seeking to recruit, this return has not yet been requested by NHS England.

3 RECOMMENDATION

3.1 The Committee is asked to **note** the content of this report in its new format and to **note** the requirements to sign off both a revised Primary Care Strategy (Autumn 2019) and the Primary Care Networks (by 31st May 2019)

4 REASON FOR RECOMMENDATION

4.1 The Committee, under its delegation, is required to ensure the full implementation of the GP contract. Ensuring the Committee is aware of the timeframes for key points of sign off means there is sufficient time for discussion and preparation for approval.

5 BACKGROUND INFORMATION

- 5.1 The ambitions set out in our current strategy are detailed below for information.
- 5.1.1 Ambition 1: Our new care model will be enabled by practices working increasingly at scale, with redesigned incentives for better ways of working.
- 5.1.2 Ambition 2: Working closely with clinicians and patients, we will redesign how care is delivered, with a particular focus on patients in care homes, patients with multiple long-term conditions, and patients with urgent care needs.
- 5.1.3 Ambition 3: We are required by NHS England to determine how we will improve access to primary care over evenings and weekends. We will ensure this access is used to support patients with the greatest need, aligned to the care model above.
- 5.1.4 Ambition 4: Our workforce programme's ambition is to support our primary care staff in working safely, through recruitment and retention, leadership development and capacity creation.
- 5.1.5 Ambition 5: We will begin by supporting the creation of capacity in primary care, finding strength and resilience by enabling practices to adopt proven methods of addressing workload challenges, and through working together more effectively. The CCG will re-prioritise its staffing to provide significant additional support to general practice from early 2017.
- 5.1.6 Ambition 6: Our strategy will be enabled by ambitious digital and estates strategies. We wish to maximise the benefits of modern information technology, and to develop a clear approach to premises investment linked to the service and provider developments above.

6 CONSIDERATION

- 6.1 As there is no decision to be made, there is no requirement for further consideration.

7 IMPACT ASSESSMENT

- 7.1 The Primary Care team is working with the CCG's Programme Management Office to develop the local impact assessment for the wider contract implementation and the direction of the planned strategy.

8 CONCLUSION

- 8.1 This is the starting point of an exciting phase of implementation for General Practice locally. The CCG will want to maximise the benefits of additional workforce, economies of scale and investment that the contract changes bring to ensure the long term sustainability of General Practice. Strength in General Practice supports the wider ambitions of the NHS Long Term Plan as well as local system priorities. The submission of a revised strategy for Cambridgeshire and Peterborough's primary care enables the vision set down nationally to be considered in our local context and for a strong direction to be laid out that gives assurance to our practices, patients and future workforce.

Author **Alice Benton**
Associate Director of Primary Care CCG
5 March 2019