

CCG REPORT COVER SHEET

Meeting Title:	Primary Care Commissioning Committee in Public	Date: 12 March 2019			
Report Title:	Primary Care Highlight Report	Agenda Item: 3.3			
Chief Officer:	Dr Mark Sanderson – Medical Director				
Clinical Lead:	Dr Mark Sanderson – Medical Director				
Report Authors:	Dawn Jones Primary Care Team				
Document Status:	Final				
Report Summary:	This report highlights current issues that the Primary Care team are managing. The report seeks ratification of a list closure agreed by Chair's Action; approval of increased revenue costs associated with a premises improvement; approval of the roll over of additional funding awarded to a GMS contractor for the management of their atypical population; and provides an update on the commissioning plans for local enhanced services and the quality and engagement framework. The Committee is asked to note the content and approve any recommendations.				
Report Purpose:	For Assurance	For Decision	For Approval	X	For Recommendation
Recommendation:	The Committee is asked to note and comment on the content of the report and approve the recommendations put forward.				
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 Amber
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:	Dr Mark Sanderson – Medical Director				
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:	Update given at previous Primary Care Committee Meetings				
Next steps:	Updates will continue to be presented to the Primary Care Commissioning Committee and any recommendations that requires further sign off to be included in reports to Governing Body.				

MEETING: PRIMARY CARE COMMISSIONING COMMITTEE IN PUBLIC

AGENDA ITEM: 3.3

DATE: 12 MARCH 2019

TITLE: PRIMARY CARE HIGHLIGHT REPORT

**FROM: DAWN JONES
HEAD OF PRIMARY CARE COMMISSIONING**

1 ISSUE

- 1.1 There are a significant number of work streams associated with discharging the Clinical Commissioning Groups (CCG) delegated commissioning responsibilities under the NHS England (NHSE) /CCG Delegation Agreement, which requires the Primary Care Commissioning Committee (the Committee) to be engaged with and accountable for.
- 1.2 The purpose of this report is to keep the Committee informed on any emerging issues and risks in the Primary Care Commissioning Team's work plan that have been discussed and managed through the Primary Care Operational Group (PCOG). It may also seek approval from the Committee on recommendations from PCOG.

2 BACKGROUND

- 2.1 The Primary Care Operational Group (PCOG), which has been formally established as a sub-group of the Committee, met on the 27 February 2019. The following areas were discussed, and it was agreed that they would be brought to the attention of the Committee:

- **Queen Edith List Closure Application**
- **Queen Edith Medical Practice Full Business Case for Premises Development**
- **Thistlemoor Medical Centre - Atypical Population Funding Review**
- **LES and QEF Investment Plan 2019/20**

3. KEY POINTS

3.1 Queen Edith List Closure Application

- 3.1.1 On the 28 January 2019, NHS England's (NHSE) Local Area Team received an application from Queen Edith Medical Practice, 59 Queen Edith's Way, Cambridge, CB1 3PJ (the Practice) seeking permission under the NHS (General Medical Services Contract) Regulations 2004 Schedule, Part 2 Paragraph 27 of the GMS Contract, to close their patient list for 6 months (24 weeks) to accommodate building works at the practice.

- 3.1.2 Under the Cambridgeshire & Peterborough Clinical Commissioning Group's (C&P CCG) Delegated Commissioning Agreement, approval needs to be sought from the Committee.
- 3.1.3 The Practice currently has a patient list size of 8967 (weighted list size of 7399). Due to its list size growing by 15% over the past 4 years, the Practice has been struggling with demand due to insufficient clinical staff and lack of capacity for consulting rooms. With patient demand expected to increase in the near future due to housing developments in the area, capital estates funding has been gained and permission granted to build a two-storey extension which would provide four extra consulting rooms, allowing the Practice to recruit more clinical staff and enhance their future growth.
- 3.1.4 In order to effectively manage the demands on their services, and to support business continuity during this period, the Practice was seeking approval to close their patient list to new registrations whilst works are undertaken on their practice premises.
- 3.1.5 The application advises that the Practice considers it will be compromised during the build with some consultation rooms being unavailable. The CCG Premises and Estates Group and the NHSE Local Office considers this request to be fair and reasonable under the circumstances. The approval of the Practice list closure application is recommended.
- 3.1.6 The Practice's application has been subject to NHSE's due diligence process. Unfortunately, this process had not been concluded in time for the application to be considered fully by the Committee on the 12 February 2019. Therefore, an urgent Committee decision was required by the 18 February 2019 in order to fulfill the statutory 21-day timeline associated with list closure applications.
- 3.1.7 On the 18 February 2019, approval to close the list was granted by the Chair of the Committee, CCG Chief Officer, CCG Medical Director and Chief Finance Officer.
- 3.1.8 Urgent decisions may be taken by the Chair of the Committee, and CCG Chief Officer, after seeking advice from two other Members of the Committee in line with Quorum requirements set out in Section 7.1. Urgent Decisions will be presented to the next Committee meeting in public for formal ratification.

3.1.9 RECOMMENDATION

The Committee is asked to formally ratify the decision to approve the list closure application from Queen Edith Medical Practice for a period of 6 months (24 weeks), commencement of which will align with the schedule of works for the premises improvement.

3.2 Queen Edith Medical Practice Full Business Case for Premises Development

- 3.2.2 Under the Estates Technology and Transformation Scheme (ETTF), the Queen Edith Medical Practice put forward a successful application to build a two storey extension to their current building. This will provide 4 additional consulting rooms, refurbishment and modifications to improve the existing first floor accommodation, all of which will be utilised to support the significant growth in population within their Practice area.
- 3.2.3 The scheme has been through the 4 stage premises improvement process and is supported by CCG Premises and Estates Steering Group and STP Estates Group. The Capital Investment Oversight Group also approved the Full Business Case (FBC) in November 2018.

3.2.4 As a result of the premises improvement, there will be an increase in ongoing revenue costs to the CCG. As NHS funding provides 66% of the construction costs, the uplift on the new rent is abated by 56% (66% less 10%) for a period of 15 years under the rules set out in the Premises Cost Directions. Therefore, with the abatement of 56%, and increase in rates and water, this totals **an indicative increase of £12,255 per annum** in ongoing revenue costs to the CCG. Confirmation of the actual increase in revenue costs will be advised once the District Valuer undertakes the final inspection on completion of the scheme.

3.2.5 Having been through the 4 stage premises improvement process, the full business case was considered at Primary Care Operational Group (PCOG) on 27 February 2019 and a recommendation is made to The Committee to approve the increase in ongoing revenue costs for this scheme.

3.2.5 RECOMMENDATION:

The Committee is asked to approve the increase in ongoing revenue costs to the CCG of approximately £12,255 per annum (final amount to be confirmed on completion of the scheme) and in line with the NHSE Premises Cost Directions.

3.3 Thistlemoor Medical Centre - Atypical Population Funding Review

3.3.1 In May 2018 the Committee approved a request for financial assistance from Thistlemoor Medical Centre to support the Management of their Atypical Population.

3.3.2 On the 13 November 2018 the Committee approved the financial award and proposed terms and conditions, which were subsequently included within a signed Memorandum of Understanding (MOU) with the Practice.

3.3.3 The MOU acknowledged that the funding award would need to be made through a Section 96 Agreement for Financial Assistance. Section 96 enables non-recurrent exceptional case funding however, the CCG accepted that the Practice population is unlikely to change significantly and as such agreed to review the Atypical Population case annually without the need for the practice to formally apply through the local process.

3.3.4 Section 3.6 of the signed MOU Agreement allows for the CCG to monitor the impact and effectiveness of the agreement through a series of KPIs which will be used as part of the annual review process. These KPIs represent the following areas and whilst they are not linked to any financial penalties they will form part of a year-end report from the practice expected in April 2019.

- Staffing levels
- FP69 Registration Process
- Prescribing Spend
- Patient Satisfaction

3.3.5 On the 27 February 2019 the PCOG discussed the rolling forward of the 2018/19 agreement into 2019/20. The discussion took into consideration that the KPIs were only finalised in November 2018 and that the characteristics of the registered list had not materially changed. It therefore proposed that the support continue on the same financial award agreed for 2018/19 uplifted to reflect their current list size, with quarterly list size adjustments going forward, and are recommending that the Committee approve the use of the Section 96 method for exceptional case funding to support Thistlemoor

Medical Centre to continue to manage the needs and demands of their Atypical Population in 2019/20.

3.3.6 RECOMMENDATION:

3.3.6.1 The Committee is asked to approve the ongoing use of Section 96 to roll forward the current agreement and financial award to Thistlemoor Medical Centre for 2019/20 in recognition of the costs incurred by the practice in managing their Atypical population. The 2018/19 payment £496,724 is subject to quarterly adjustments for list size growth.

4 LES and QEF Investment Plan 2019/20 - update

4.1 A briefing report that set out the proposed plan and timeline for local investment in Local Enhanced Service (LES) and the Quality and Engagement Framework (QEF) for 2019/20 was presented to The Committee in February 2019. The report set out a series of recommendations about the proposed direction of travel and go live dates which the Committee were asked to approve.

4.2 The Committee sought confirmation of the primary care budget allocation for 2019/20 in order to confirm that the financial resources are available to support the proposed commissioning intentions and requested further detail on the changes to the LES and QEF agreements alongside clearer timelines for implementing the new “tiered” approach.

4.3 The Primary Care Senior Management Team and CCG Medical Director met on the 22 February 2019 to review the proposal and to work through the proposed plan for 2019/20 and 2020/21. The proposal remains subject to confirmation that there is adequate provision within the budget.

4.4 Engagement with the Local Medical Committee (LMC) is underway. The LMC supports the plan to roll over the existing arrangements into 2019/20 to enable the Primary Care Networks to become established. It also supports the approach for the development of an 18 month commissioning offer to follow the roll over period.

4.5 Summary of the Proposed Local Enhanced Services (LESs) Commissioning Plan (6 Months April 2019 – September 2019)

- 6-month rollover of existing suite of Local Enhanced Services (April –September 2019) protected on the current level of investment (£7.4m pro rata) to allow practices to focus on the new Primary Care Network DES and other new contract requirements.
- Tightening of the criteria within the service specifications for Minor Injuries to promote self-management and introduce competency standards within the Complex Dressings LES.
- Potential widening of the service specification for Phlebotomy to include for non-caseload housebound patients requiring routine bloods, a current a commissioning gap.
- Allow adequate notice to be given (6 months’ notice period) for potential decommissioning of the Sleep Studies LES

- Allow sufficient time to implement a centralised data extraction reporting process to reduce the additional administrative workload on practices generated by individual practice returns.

4.6 **Proposed Quality & Engagement Framework (QEF) Commissioning Plan**

Two options are currently being considered for the Quality and Engagement Framework:

Option 1 would see a 6-month rollover of 2018/19 QEF Agreement (April –September 2019) protected on the current level of investment (£3.7m pro rata) to support continuation of key strategic CCG priority areas. Minor changes to the engagement section would be agreed to reflect changes to the current national requirements. Remaining investment would be incorporated into the three-tier commissioning approach that is being developed.

Option 2 would seek to refocus the QEF investment onto demand management, continuing approaches used in prescribing management and expanding them into other areas including acute services usage. Funding, budgets and KPIs would be set at practice level, but delivery and risk could be managed at PCN level. Funding would recognise the work required to implement improvements in referral quality and prescribing efficiency, as well as the phased introduction of peer review within PCNs. Share of delivered savings would be made available for reinvestment back at network level and better support the provision of services enabling patients to be supported in their local communities.

4.6.1 **Proposed 18-month Commissioning Plan (1 October 2019 – 31 March 2021)**

The introduction of the new 3 Tier Local Commissioning Agreement that consolidates previous investment into an 18-month commissioning offer was outlined in the paper to the Committee in February 2019. The development of this approach is still underway and the detail will be dependent on the confirmed budget and the decision relating to the changes to the QEF.

Where PMS re-basing monies are used to support any of the elements within tiers 2 and 3 then the funding would need to flow through at practice level with an ability to sub-contract with the Primary Care Network

4.7 **RECOMMENDATION:**

The Committee is asked to approve the roll forward of the existing 2018/19 LES and QEF agreements with the proposed changes highlighted above for a period of 6 months (April 2019 – September 2019) to allow sufficient time for Primary Care Networks to be established, and to also support the introduction of a new 18 month Commissioning Framework from 1 October 2019 to 31 March 2021.

5. **CONCLUSION**

The recommendations from this highlight report are summarised below:

- 5.1 The Committee is asked to formally ratify the decision to approve the list closure application from Queen Edith Medical Practice for a period of 6 months (24 weeks), commencement of which will align with the schedule of works for the premises improvement.

- 5.2 The Committee is asked to approve the increase in ongoing revenue costs to the CCG of approximately £12,255 per annum (final amount to be confirmed on completion of the scheme) and in line with the NHSE Premises Cost Directions for the extension at Queen Edith Medical Practice.
- 5.3 The Committee is asked to approve the ongoing use of Section 96 to roll forward the current agreement and financial award to Thistle Moor Medical Centre for 2019/20 in recognition of the costs incurred by the practice in managing their Atypical population. The 2018/19 payment £496,724 is subject to quarterly adjustments for list size growth.
- 5.4 The Committee is asked to approve the roll forward of the existing 2018/19 LES and QEF agreements with the proposed changes highlighted above for a period of 6 months (April 2019 – September 2019) to allow sufficient time for Primary Care Networks to be established, and to also support the introduction of a new 18 month Commissioning Framework from 1 October 2019 to 31 March 2021.

**Author: DAWN JONES
HEAD OF PRIMARY CARE COMMISSIONING
6 MARCH 2019**