NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

PRIMARY CARE UPDATE

Date of the meeting	04/04/2018
Author	R Payne, Head of Primary Care
Purpose of Report	The report provides an update on areas of work being undertaken to support delivery of the Primary Care Commissioning Strategy and areas of CCG responsibility as part of full delegation.
Recommendation	The Committee is asked to **note** the Primary Care update report.
Stakeholder Engagement	NHS England / Local Medical Council / Public Health / Clinical Leads / Primary Care Operational Group / Primary Care Reference Group / Member practices.
Previous GB / Committee/s, Dates	Directors Performance meeting 20 March 2018.

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	• Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently

	Yes [e.g. ✓]	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management &Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials: RP

1. Introduction

1.1 The purpose of this report is to provide further assurance of the work being undertaken in Primary Care reflecting our Strategy, to support quality and contract performance, address areas of General Practice vulnerability and deliver local plans for sustainability and transformation.

1.2 This report provides an update on Primary Care commissioning and contracting and a number of Primary Care development areas which support delivery of our Primary Care Commissioning Strategy and responds to Refreshing NHS Plans for 2018-19 (Gateway 07705 and 07706) published by NHS England (NHSE) and NHS Improvement in February 2018.

2. Commissioning and Contracting

2.1 **At Scale New Business Models and Strengthening Primary Care in the Integrated Care System (ICS):** We are implementing a plan which engages local GPs in localities in exploring the range of options to support their future business models to deliver Primary Care at scale, this will also inform and support the development of governance arrangements on how General Practice can have a collective strong voice within the ICS developments in Dorset. A co-production approach is being taken to explore what Dorset's Primary Care future business models may look like working alongside locality transformation groups, the National Association of Primary Care (NAPC), LMC and NHSE National ICS support team.

2.2 The ambition is to facilitate creativity and flexibility to support emergent new models of collaboration and networking, finding new ways of contracting with multiple providers who have come together to deliver integrated care to improve population health.

2.3 There is no single legal model for a collaboration of practices and other providers. There are however possibilities which range from loose alliances of practices to highly managed single corporate entities. There are national templates for alliance and integration agreements which we can utilise once the collaboration arrangements have been agreed.

2.4 Depending on the model, this may highlight challenges which need to be addressed to enable viability of delivery. Challenges are likely to include VAT, professional indemnity, sharing of workforce, prescribing, working from multiple locations.

2.5 In Dorset, collaborative models are still in early stages of development with 2-3 practice merger groups and some Federations and networks in place. Exploration of super-partnerships are underway but as yet no strong alliances or Integrated Practice Units. Twelve transformation groups (involves every practice in Dorset) are currently working to develop their business models as part of their transformation plans. Plans for delivery of improved urgent care access in Dorset has adopted an MCP / PACs type model but the contractual mechanism used is lead provider. This arrangement covers the total Dorset population delivered to population groups of circa 250,000 in three clusters.

2.6 In support of new business models, a programme of work is underway, linking with the NHSE Primary Care Collaboration model policy group and joint working with NAPC to:

- set up initial engagement events;
- scope where localities are on their journey / discussions regarding business models;
- use the information from the scoping work to then develop a suite of support options to facilitate developments and address issues and barriers.

2.7 We are working with the NAPC Home, Clinical and Locality leads to establish a Primary Care provider voice at all levels of the emerging Integrated Care System governance structure.

2.8 **Primary Care Incentive Framework**: Over the next six months, work linked to the National ICS programme will:

- review the existing Primary Care incentive schemes such as CCLIP / Medicines Management / QOF / Use of LES and change programmes to support at scale and collaboration;
- design / develop local framework options that will support the implementation of new care models and the change programmes associated with the Primary Care ICS maturity matrix. Options may take a tiered approach to:
  - place: e.g. Practice vs Locality incentive;
  - a core set of key deliverables: in terms of quality and maturity;
- The programme of work will also explore the feasibility and potential benefits of pooling resources to create one incentive scheme across Dorset and potentially increasing the value of investment in this area subject to the availability of the growth in the delegated Primary Care budget allocation.

3. Finance

Delegated Primary Care Budget

3.1 The forecast for the delegated Primary Care budget as at the end of January 2017 is an underspend of £1.2m, an improvement of £1m since the last report to this Committee.

3.2 Significant aspects of this improvement have been:

- Release of £522k which had been held back as part of the mandated risk reserve until it was clarified by NHSE that this set-aside was not mandated for Primary Care delegated;

- £216k improvement relating to quality outcomes framework (QOF) forecast where expected list size increases did not materialise;

- £126k reduction in forecast for rent increases.

3.3 The delegated budget has benefitted in year from £1.2m of non-recurrent funds and so the underlying recurrent position based on 2017/18 contracts is break-even.

2018/19 Financial Planning

3.4 The CCG financial plan for 2018-19 was approved at the Governing Body on 21 March. Detail on the outcome of 2018/19 GMS contract negotiations has recently been received and this will enable further development of the detailed delegated Primary Care budget for 2018/19.

4. Transforming Primary Care and delivering GP Forward View (GPFV) Ambitions

Communications and Engagement

4.1 Localities are involved in an ongoing process of engagement to ensure that transformation plans secure the support of local partners to achieve key objectives. All localities plan to complete an engagement event based on the outcomes of audience analysis by 31 March 2018. Events that have been held to-date have been well attended - ranging from 20-120 people at each event.

4.2 There has been commonality in themes discussed including access, workforce planning, estates, frailty and workflow optimisation. Feedback has identified:

- a willingness of working together to make the system more sustainable and exploring ways of doing this collaboratively, including more integrated working with providers and using workforce skill mix;

- an emphasis on self-care and prevention at scale, working with public health on locality profiling and signposting for early help. Representatives from voluntary organisations have highlighted social support available from befriending and community groups;

- technology and a common IT interface is considered key and the Dorset Care Record roll out should address some of the access issues.

4.3 Feedback collated will be used to inform the development of emerging proposals and there will be ongoing engagement with stakeholders on progress. Some areas are planning to invite stakeholders to locality transformation meetings and inform representation of local steering groups. Audience engagement events are outstanding for four localities but dates have now been agreed for three of these.

5. Improving Access to General Practice Services (IAGPS)

5.1 The NHSE refreshed Planning Guidance issued in February has advised CCGs of a revised target for IAGPS to achieve 100% by 1 October 2018. We are now working with cluster lead providers through the proof of concept phase to bring forward trajectory plans from the previous target population coverage of 100% from 1 January 2019 to 1 October 2018, a decision which is anticipated to serve the CCG well for winter pressures later in the year.

5.2 In Dorset the national funding allocation for Improving Access to General Practice will be used to support achievement of national planning trajectories through our Integrated Urgent Care Access Model and a local contract for Improving Access to Routine Care. The service and funding model we have adopted should be sufficient to meet the increased Planning Guidance requirement but affordability of this in 2018-19 is subject to agreement of planning trajectories as part of the proof of concept phase.

5.3 A Routine Task and Finish group has been established to consider the Routine element of IAGPS beyond 1 April 2019 including establishing a service specification to support a local contract. This specification is expected to both inform, and be informed by, the IAGPS proof of concept phase, in order to fully reflect lessons learnt. A core membership has been established, co-chaired by a managerial and a clinical lead, with representation from CCG leads from Primary Care, Integrated Community Services, Medicines Management, Activity and Finance Modelling, IT and Communications and Engagement. External stakeholder involvement includes representation from General Practices, Federations and Clusters. Future intentions during the construction of the service specification include attending the Local Pharmacy Network (LPN) meeting in March, in order to engage Community Pharmacists and, similarly, attending the Patient Engagement Group (PEG) meeting, also in March, in order to engage patients in this work.

5.4 The following timeline has been agreed to ensure achievement of the Improving Access to General Practice core requirements:

31 March 2018	Achieve 50% target population coverage **(IAGPS Proof of concept)**
1 October 2018	Achieve 100% target population coverage **(IAGPS Proof of concept)**
1 April 2019	Service commencement of Integrated Urgent Care and Routine IAGPS

All three clusters have now commenced service delivery and are on target to achieve the population coverage of 50% by the required date of 31 March 2018.

5.5 The West cluster has made a good response to winter pressures in December and January providing improved access at a number of practice sites across the area. The full IAGPS service offer was successfully launched during March in Dorchester, Weymouth, Shaftesbury and Sherborne.

5.6 Recently, engagement has taken place with Locality Chairs and Cluster providers to establish how best to plan for the remaining winter pressures allocation. The decision to encourage each locality to approach their respective cluster lead with suggestions of how they could meet and respond proactively to the anticipated 'Easter Pressures' has been positively received by all; this funding is to be used in accordance with the seven core requirements of IAGPS. An assurance process has been instigated by NHSE for the Easter weekend as a whole with an expectation to report on planned coverage and subsequently, additional capacity achieved. This assurance will be sought jointly between the Urgent Care and Primary Care teams, with the latter working closely with cluster lead providers in the co-ordination of service provision across their respective footprints.

6. TRANSFORMATION

GP Forward View (GPFV) Programme and Performance Summary

6.1 A Programme Summary has been developed which provides system overview and assurance against the delivery of GPFV in Dorset - shown as Appendix 1. The CCG summary provides an overview of progress in respect of the 12 Delivery Programmes that support the delivery of GPFV. The locality sheet provides a progress summary by locality.

6.2 The following provides exception reporting (RAG rated amber) for the CCG Summary:

Primary Care at Scale

6.3 Support is being offered to practices for at scale working and collaborative networks. The national target is for ensure full population coverage of clinical networks serving populations of 30-50,000 by the end of 2018-19. Predominantly the initial focus has been on developing function before organisational form in respect of at scale. There are varying degrees of collaboration developing across localities and it is anticipated that this will develop further as localities mature alongside at scale contracting opportunities. There are a number of local and national challenges that are being worked through including 'buy-in' across localities; CQC registration requirements; indemnity; and employment issues. Localities are being offered support through Primary Care Home (PCH) and Primary Care Commissioning (PCC) training and facilitation.

6.4 Additional investment is to be made in 2018 to provide support for Locality infrastructure planning based on agreed allocation from the non-recurrent Transformation programme funding.

Resilience

6.5 The General Practice Resilience Programme (GPRP) is supporting vulnerable practices. A reduction in vulnerability can be seen from the Practice profiling work, however, General Practice risk of vulnerability remains high. The CCG is seeking delegation from NHSE in respect to resilience funding and our intention

is to move to a greater focus on locality resilience. Locality plans will need to reflect this with more robust business continuity plans with practices working across localities.

Contracting and Commissioning

6.6 **GP Contract Management**: a co-ordinated approach to quality and contract management has been agreed through a schedule of joint practice visits covering Quality, Primary Care and Medicines Management. This has begun with the aim of visiting every practice at least once over the next 18 months.

6.7 **Outcome based Commissioning at scale**: the Frailty specification will be in place from April 2018 with further work being implemented with PCH to drive Multi Disciplinary Teams (MDTs) and collaborative working.

Care Redesign

6.8 **ICPS Model Implementation**: Implementation of the Frailty Framework will be embedded through the frailty specification in place from April 2018. Variation across localities will be addressed through work throughout 2018 to support delivering the model and addressing challenges / barriers. Urgent Primary Care improved access has been procured at cluster population level. A Routine Care Improved Access Service Specification is under development to inform the proof of concept delivery phase from April 2018 and to enable procurement at population level in 2019/20.

Right Care

6.9 Reducing unwarranted variation for dermatology is being addressed through cross boundary peer review and access to on-line advice / teledermatology.

Locality Progress Summary

6.10 All localities have now provided a self-assessment RAG rating across the GPFV delivery areas. First Phase plans have focused on selective areas / locality priorities and future phasing will ensure coverage across the whole GPFV programme. There is variation in progress across the localities; the following characteristics / enablers can be observed where localities are more mature in respect of transformation and sustainability and the delivery of ambitions set out in GPFV:

- clear vision, trust and locality ‘buy-in’;
- strong clinical leadership with established governance arrangements / structure;
- established distributive leadership model across different aspects of the programme;

- maximised use of support available: menu of support; virtual team around the locality (Relationship Manager; ICPS lead; Project Manager; Transformation Senior Lead; Public Health Link; CCG Delivery Programme leads; BI links; Estates and Workforce Support Officers); PCH approach to strengthening clinical network;

- strong partnerships with Community Trust; Acute Trusts; Voluntary Sector;

- effective use of funding to support transformation;

- initial focus on function then form.

6.11 The GPFV planning will be used to drive forward transformation; target support as required and provide assurance.

7. Workforce

International GP Recruitment Programme (IGPR)

7.1 In January 2018, Dorset CCG submitted an expression of interest to NHSE setting out an intention to bid for 20 GPs over a three year period through the IGPR Programme. The CCG's bid needed to demonstrate the full commitment of local practices to the programme. Therefore, during February the CCG's Workforce team sought expressions of interest from individual practices.

7.2 Ten practices completed and returned the Expression of Interest template – demonstrating a requirement for up to 17 additional GPs through the IGPR Programme. In addition to these GPs who would be directly recruited to individual localities, the bid allows for a further 16 recruits to be assigned to the Locality Training Practice model being developed in Dorset. In summary, the Dorset CCG bid is for 33 International GPs.

7.3 The CCG's full and detailed bid was submitted to NHSE on the 28 February 2018.

7.4 Dorset CCG has been advised that the national NHSE team has postponed their review panel to give time to review the totality of the applications received to-date and to remodel planned future GP cohorts in conjunction with regional NHSE colleagues and the recruitment companies. This review should not impact on the overall timetable for the IGPR Programme.

7.5 It is anticipated that the first new GPs recruited through this programme could arrive in Dorset in 2019.

Workforce Planning

7.6 The Primary Care Workforce Redesign Lead is continuing to provide support to Localities in order that they can develop Workforce Plans. In the first instance practices are being encouraged to complete the LMC Practice Healthcheck Tool. Progress will continue to be monitored to ensure the delivery of new models of care are informed by local workforce plans.

7.7 The Primary Care Workforce Redesign Lead is working closely with the NAPC PCH team to ensure that consistent approaches are taken with regard to workforce issues.

8. Infrastructure: Estates and Technology

The Consequences of the Naylor Report for Primary Care in Dorset

8.1 In 2016 the Secretary of State for Health commissioned Sir Robert Naylor to conduct an independent review and make recommendations on the options available to the NHS to realise better value from NHS property and to deliver Department of Health and Social Care targets to release £2 Billion of assets for reinvestment and to deliver land for 26,000 homes. His report *NHS Property and Estates: why the estate matters for patients,* (the Naylor Review), was published in March 2017.

8.2 January 2018 saw the publication of '*The Government Response to the Naylor Review'.*

8.3 The key points, taken from both reports, are outlined at Appendix 2 of this report. In summary, the issues which are of most relevance to Dorset CCG include:

- expert advisors should be used when needed, but each system must build its internal capabilities to become an effective informed client on estates matters;
- the central Strategic Estates Planning team will continue to provide expert advice on Primary Care estates to CCGs and local Primary Care commissioners, and will work with NHSE to develop commissioners as informed clients;
- Primary Care must be actively engaged within the Dorset whole system strategic estate planning activity;
- the planned development of Primary Care Locality Strategic Estates Plans with investment through non-recurrent Transformation Programme funding, which will incorporate a more accurate description of the current primary care estate, is entirely consistent with the recommendations of the Review.

Development of Locality Strategic Estate Plans in Dorset

8.4 During 2018 development of Locality Strategic Estate Plans for all 13 localities will commence.

8.5 In late January 2018 a Programme Lead was appointed and scoping work commenced. Once a clear project brief is agreed and an exemplar report prepared, appointments will be made with each Locality Chair to roll-out this project.

8.6 A phased roll-out plan is being developed based on alignment with locality priorities:

Quarter 1	Quarter 2	Quarter 3	Quarter 4
North Dorset	Weymouth and Portland	West Dorset	Mid Dorset
Purbeck	Poole Central	East Dorset and Poole North	Poole Bay
East Bournemouth	North Bournemouth	Christchurch	Central Bournemouth

8.7 One of the first tasks will be to collate accurate baseline data for the existing Primary Care estate. The data set will include information on the age, condition, quality and utilisation of buildings in addition to greater clarity on ownership and leasing arrangements.

8.8 Based on currently available information the Primary Care estate is believed to be 65% freehold and 35% leasehold. In 2016/17 the reimbursable costs associated with this estate were circa £10.7M.

Dorset STP Strategic Estate Plan

8.9 Work on the system-wide Strategic Estate Plan continues under the leadership of Ron Shields (SRO).

8.10 A Capital Investment Plan forms part of the overarching Plan.

8.11 The CCG's Primary Care team is represented at the system-wide Strategic Estates Planning group.

System Wide Void and Space Utilisation Management

8.12 One of the roles for the system-wide Strategic Estates Planning group must be to ensure that the local NHS estate is used effectively and efficiently. This includes a) the proactive management of void (or empty) space, and b) the introduction of Key Performance Indicators (KPIs) as a means to improve space utilisation in the different categories of building.

8.13 We do not currently have a whole system detailed understanding of void or empty space, in relation to Primary Care properties this will form part of the Locality Strategic Estate Plans which will be developed in 2018. We expect to be able to quantify this by the autumn of 2018.

8.14 CCGs are charged for the cost of void space in properties owned or leased by NHS Property Services (NHSPS). Dorset CCG was invoiced a total of £157,902 in 2017/18 in respect of void space and unrecovered sessional costs. To-date the CCG has only agreed to pay £3,820, with the remaining amount still on hold pending provision of more detailed evidence. The majority of these charges relate to the Boscombe and Springbourne Health Centre – a review of this building is ongoing with emerging Community Hub plans proposing a re-use of

this space. It is therefore anticipated that the void /unrecovered sessional costs payment associated with this building should reduce in 2018/19.

8.15 Space utilisation in NHSPS properties needs to be closely monitored as any change in use could result in the system paying double running costs.

8.16 Thorough impact assessments and system level planning will be required to manage the risk to the Dorset system of this work in terms of the potential costs of double running (i.e. paying for both the new space and the void space). This issue will be raised through the Strategic Estates Planning group so that this risk can be addressed as part of planning priorities for 2018-19.

Estates and Technology Transformation Fund (ETTF) Progress

8.17 NHSE's ETTF is a multi-million-pound investment (revenue and capital funding) in General Practice facilities and technology across England between 2015/16 and 2019/20. An update on the three remaining Dorset projects is provided below:

- Project 1 - New-build replacement for Wareham Health Centre: Revised PID summited in January 2018 to reflect the changing scope of the Wareham Project. Two options are now being explored with NHSE, a) a freestanding ETTF funded Primary Care modular build on the Dorset County Council owned site (with opportunity for the Community Hub to be developed alongside at a later date), and b) a combined Primary and Community Services Hub with ETTF funds making a small contribution to the overall capital costs of this larger scheme. The 'option a' Full Business Case would need to be completed by May 2018 to ensure that the new building could be delivered by Summer 2019. There are significant numbers of new houses planned in this area and therefore a Section 106 funding contribution is being sought. Timing may preclude the use of ETTF capital for the latter scheme and other sources of capital may need to be explored;

- Project 2 - Relocation of the Carlisle House Surgery into new leased premises: External consultants procured directly by the practice to support development of the Full Business Case by April 2018. It is anticipated that the Practice could move into the new premises by March 2019. There are significant numbers of new houses planned in this area and therefore a Section 106 funding contribution is being sought. Initial planning assumptions were based on Dorset HealthCare University NHS Foundation Trust (DHC) leasing the adjoining space – supporting the vision of full integration of primary and community services. The CCG will continue to work with partners to ensure the viability of this scheme in line with our strategic vision;

- Project 3 - Refurbishment of the Parkstone Health Centre: A revised PID, created to reflect the changing scope of this project, was approved by NHSE Wessex on the 1 March 2018. NHSPS has confirmed that it does not have the necessary resources in-house to lead on the development of a Full Business Case – therefore Dorset CCG's Primary Care team has appointed external consultants (including the Hampshire LIFT team) to take the scheme forward to Full Business Case by May 2018. It is anticipated that refurbishment of the building will complete by March 2019. This Project will require the input of Customer Capital from NHSPS.

Rent Reimbursement

8.18 The Primary Care Rent Reimbursement Process associated with Dorset's Primary Care premises is currently managed by the NHSE Wessex Area team.

8.19 The Primary Care team is working collaboratively with the CCG's Finance team to achieve transfer of full responsibility for the Primary Care Rent Reimbursement Process from NHSE Wessex Area team to Dorset CCG in Q2 2018. A Business Case setting out benefits, risks and resourcing issues is currently being drafted.

GP Online Consultations

8.20 Further option appraisal work has been carried out to identify a digital solution capable of supporting the GP Online Consultations and 111 Online Programmes. This includes an analysis of the potential solutions which a key stakeholder group has assessed as having the greatest alignment with the aspirations of both Programmes. Recommendations based on procurement options are made to Part 2 of this Committee noting the commercial in confidence nature of this work.

8.21 In March 2018 Pauline Phillip, National Urgent and Emergency Care Director (NHSE and NHS Improvement) wrote to all CCGs confirming a national commissioning intention to support a phased rollout of the 111 Online (Pathways) product built by NHS Digital across England. NHSE confirmed in this communication that they are satisfied that this product is resilient and workable. The intention is to have a viable 111 service in place across all areas by July 2018. This updated guidance also confirmed that CCGs can continue to commission a local online supplier but where such a decision is made this should be a strategic decision as part of a wider digital offer including GP Online consultations. Local urgent care online projects or initiatives will not be funded centrally.

9. Conclusions

9.1 Good progress continues to be made across a number of Primary Care Commissioning Strategy delivery areas. Recent progress with strengthening Clinical networks and Improving Access to General Practice Services means we are well placed to respond to the NHS refreshed Planning Guidance. The integration of a solution for NHS 111 and GP On-line, as part of our integrated access model, remains an area of concern as at the time of writing we have not

been able to identify a Framework provider with the capability of delivering our local requirements.

10. Recommendation

10.1 The Committee is asked to note the Primary Care update report.

Author's name and Title : R Payne, Head of Primary Care
Date : 20 March 2018
Telephone Number : 01202 541488

APPENDICES	
Appendix 1	**GPFV CCG Summary View and Locality Summary View**
Appendix 2	**The Impact of the Naylor Report on Dorset CCG**