

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
PRIMARY CARE UPDATE**

Date of the meeting	06/12/2017
Author	R Payne, Head of Primary Care
Purpose of Report	The report provides an update on areas of work by Primary Care.
Recommendation	The Committee is asked to note the 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 21 November 2017.

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	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 develop 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.

2. Commissioning and Contracting

- 2.1 The work associated within commissioning and contracting of General Practice contributes to the outcomes of the Primary Care Commissioning Strategy, Dorset's Primary Care GP Forward View Delivery Plan and full delegation requirements by:
 - Ensuring good quality of Primary Care provision in Dorset by managing and monitoring the Primary Medical Contracts;
 - Developing services to enable the commissioning of integrated models of care that support the different needs of the population;
 - Developing commissioning and contracting arrangements to enable General Practice and the wider health system to collaborate and deliver at scale;
 - Improving outcomes and reducing unwarranted variation for areas that Dorset Clinical Commissioning Group (CCG) are outliers in;
 - Developing outcome based commissioning within General Practice to enable population based commissioning across the health system;
 - Investing in services which align with the Primary Care Commissioning Strategy and CCG's Sustainability and Transformation Plan.
- 2.2 The information below provides updates on progress being made against the above strategic outcomes:

Actions following Internal Audit

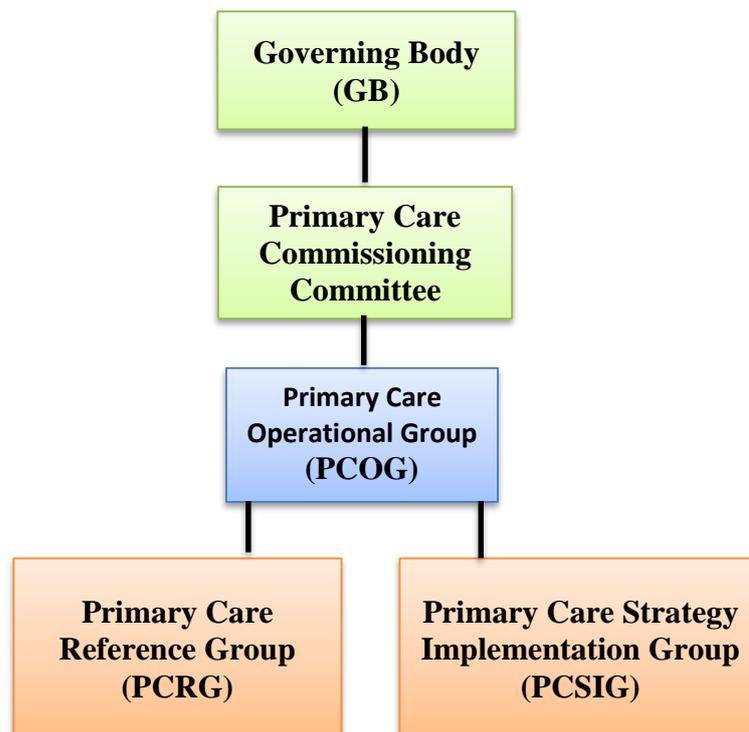
- 2.3 A number of areas of work are underway to respond to recommendations made. Contract management and contract monitoring has been strengthened with joint practice visits between Primary Care and Quality teams being planned for 2018.
- 2.4 The Primary Care Governance structure (Figure 1 below) and Primary Care meetings Terms of Reference have been reviewed for the following:
 - Primary Care Operational Group (PCOG);
 - Primary Care Reference Group (PCRG);

- Primary Care Strategy Implementation Group (PCSIG).

2.5 The Committee is asked to note these (see Appendix 1 (PCOG), 2 (PCRG) and 3 (PCSIG)).

2.6 Figure1. Primary Care Governance structure:

Key:



Contract update

- 2.7 **Number of contracts:** As at 1 October 2017, the CCG holds 86 contracts for General Medical Services. No additional formal contract merger applications have been received but there are a number of practices considering partnership working and formal mergers as part of ongoing work to scale up and improve General Practice resilience.
- 2.8 **Partnership changes:** Additional partners are being added to contracts which is supporting resilience and leadership development in practices.
- 2.9 **Contract sign up.** We now have 100% Practice contract sign up across Dorset.
- 2.10 Three mergers took place on 1 October 2017:
- Burton and Bransgore and Barn surgeries merged with Orchard;

- Herbert Avenue with Heatherview;
- Durdells with Kinson.

2.11 Primary Care in Dorset now operates from 128 sites. Two sites have recently closed (Boscombe Manor and Herbert Avenue) and one additional site is due to close end of December 2017 (Durdells Avenue - as part of planned merger with Kinson Road surgery agreed at the last Committee).

2.12 **Federations:** Currently out of the nine Federation groups operating in Dorset, one is Care Quality Commission (CQC) registered and is working to enable it to hold an NHS standard contract; one other is dismantling.

Improving Quality and Demand Management Update

2.13 Support to improve quality and resilience of practices using the Menu of Support has resulted in all of our 86 practices inspected by CQC achieving 'good' or 'outstanding'. To-date, 95% achieved 'good' and 5% 'outstanding', significantly higher than both the regional and national averages.

2.14 Localities are working together to investigate unwarranted variation in Dorset practices for first outpatient appointments as part of the RightCare programme:

- Peer reviews of referrals at individual, Practice and Locality levels (including cross-organisational) are being encouraged;
- Outcomes of the investigations and peer reviews are being fed into the RightCare pathway redesign work and/or being addressed through practice and locality management work;
- The nationally mandated 'Musculoskeletal (MSK) Triage' has been implemented which will result in 100% of GP MSK referrals going via e-referrals to a local MSK Triage Service;
- Work on increasing use of Advice and Guidance (e.g. Tele-dermatology) is underway;
- Referral growth is being reviewed every quarter and fed back to practices and Localities to support monitoring of progress;
- A proposal in conjunction with RightCare and Acute Demand management teams is being developed to identify the areas that Primary Care will support in 2018/19.

2.15 Practice profiling is highlighting where good practices and areas with issues exist and these are being targeted directly with practices and localities. Support is being offered to Locality Chairs and Deputies to address local issues to further improve quality and transformational capabilities.

- 2.16 National guidance on quality improvement has been reviewed to better understand whether our local Primary Care Commissioning Strategy can be further enhanced. We are undertaking work in a number of recommended areas including risk stratification of patients with long term conditions, RightCare and care pathway reviews. There are other areas where we are currently strengthening our approach including referral and demand management (through the Clinical Commissioning Improvement Programme) and work with Care Homes (through developing the new Frailty pathway guidance and specification).
- 2.17 This work will be taken forward through the Financial Sustainability Task Force. This includes consideration of the national menu of QIPP (Quality, Innovation, Productivity and Prevention) opportunities published by NHS England (NHSE) and addressing targets under the Quality premium scheme which includes work to improve patient experience of making a General Practitioner appointment.

Commissioning Intentions

- 2.18 Commissioning Intentions for 2018/19 continue to be developed. It is hoped that these will be finalised and ready to share with practices in January 2018.

Key Risks and Risk Mitigation

- 2.19 **Finance:** As part of the development of commissioning intentions for Primary Care for 2018-19, we are looking at ways to mitigate pressures across all Primary Care budget areas.
- 2.20 The Primary Care delegated budget position for 2017-18 is a forecast full year overspend of £150k as at the end of September 2017. This is static since the Finance report to Part 2 of the October 2017 Committee meeting. This net position takes into account 'windfall' amounts received into the Primary Care delegated area this year, notably £380k from one-off rates rebates. The base identified position is one of an underlying cost pressure on delegated Primary Care budgets associated with national changes to the GMS contract and list sizes increasing at a higher rate than the funded list size increase. This position is set to continue into 2018-19 depending upon further changes in the national contract unless there are any changes in funding allocations made.
- 2.21 As part of the commissioning intentions planning for 18-19 we are reviewing local enhanced services contracts and budgets to consider whether any budgets should be rebased in light of past performance and future forecasts. The aim is to offset any cost pressures identified within these budget lines. We are also ensuring that any amendments to Local Enhanced Services contracts do not introduce new financial risk to the CCG.
- 2.22 Appendix 4 to this report sets out a detailed breakdown of the forecast against budget.
- 2.23 There continues to be a significant underlying cost pressure to Primary Care budgets in 2018-19 particularly caused by changes to the national contract. The recurrent cost pressure is currently estimated at £1 million but this is dependent upon future unknown changes in the national contract.

3. Infrastructure: Estates and Technology

Estates and Technology Transformation Fund (ETTF)

3.1 Following discussions with the NHSE national lead for the ETTF Programme a number of actions have been completed:

- Project 1 - New-build replacement for Wareham Health Centre: Revised PID created to reflect the changing scope of the Wareham Project. The Primary Care schedule of accommodation has been merged with the Community Hub schedule of accommodation and the Option Appraisal has been refreshed. The PID now sets out the requirement for additional pre-project funds to contribute towards the development of the Outline and Full Business Cases (integrating primary, community and social care objectives). Timing may preclude the use of ETTF capital for this scheme and other sources of capital may need to be explored;
- Project 2 - Relocation of the Carlisle House Surgery into new leased premises: Jon Murphy from the national NHSE ETTF team will provide support to ensure that a Full Business Case can be developed quickly;
- Project 3 - Improved Utilisation and Refurbishment of the Boscombe and Springbourne Health Centre: This Project will require the input of Customer Capital from NHS Property Services (NHSPS) – and as such the Business Case will be drafted and submitted by NHSPS. A meeting has been organised with senior representatives to discuss the way forward;
- Project 4 - Refurbishment of the Parkstone Health Centre: Revised PID created to reflect the changing scope of this Project. PID submitted to NHSE. This Project will require the input of Customer Capital from NHSPS – and as such the Business Case will be drafted and submitted by NHSPS. A meeting has been organised with senior representatives to discuss the way forward.

Locality Feasibility Studies

3.2 There are three Primary Care at Scale feasibility studies nearing completion (Gervis Road, West Moors and Kinson Road Surgeries). All three studies consider opportunities for relocation from existing poor quality/under-sized premises to fit for purpose sites. It is envisaged that all three projects will attract capital funding from a third party – and as a result rent reimbursement is likely to increase.

3.3 A number of feasibility studies are being taken forward in collaboration with Dorset HealthCare FT:

- North Dorset – Sherborne Bedded Community Hub feasibility study ongoing, incorporating Primary Care at Scale (3 Practices currently involved with the Project);

- Weymouth and Portland – Locality feasibility study about to commence (all 7 local Practices will be engaged with this project);
- Bournemouth and Christchurch – Bournemouth bedded Community Hub (this is likely to develop across two sites - beds on the RBH site / community services on a second site);
- North Dorset – Shaftesbury Bedded Community Hub. Feasibility study commencing with primary care involvement;
- East Dorset - Wimborne Bedded Community Hub. Feasibility study commencing with Primary Care involvement.

STP Strategic Estates Planning

- 3.4 A Dorset STP Strategic Estates Planning Group has recently been formed. Membership has been drawn from all local health organisations and from Local Authority partners. Primary Care is represented at this Group by the CCG's Principal Primary Care Lead.
- 3.5 In the first instance the Group will focus on the refresh of the Dorset Strategic Estate Plan and the development of a prioritised Dorset STP Capital Plan. These documents need to be created for submission alongside STP Business Cases (e.g. the OAN Business Case).

Strategic Estate Planning at Locality Level

- 3.6 As part of the next steps in the development of Locality Transformation Plans it is proposed that Locality Strategic Estate and Infrastructure Plans are developed during 2018. These Plans will be developed in three stages:
- “Where are we now” – an analysis of the existing Primary Care infrastructure (property and IT);
 - “Where do we want to be” – confirmation of the vision for the Locality;
 - “How do we get there” – an action plan which might incorporate a number of feasibility studies and option appraisals in addition to a capital investment plan.
- 3.7 This information will then flow through into the Dorset STP Strategic Estates Plan and the Dorset STP Capital Plan.

Strategic Estate Planning and Implementation (SEPI)

- 3.8 The SEPI Programme is sponsored by DH and supported by NHS Improvement and NHSE. The pilot phase has now completed and a summary report produced. Recommendations include:
- A Director of STP Strategic Estate Planning is needed at DH level;
 - Each STP needs a full time Strategic Estates Advisor.

- 3.9 The Dorset system currently receives advice and support from Andy Strange (Senior Strategic Estates Advisor), Lauren Metcalf and Kate Glass (Strategic Estates Advisors).
- 3.10 The Strategic Estates Advisors are supporting the Dorset Primary Care Estates projects (the four ETTF projects and the Locality Feasibility Studies) and will be able to advise on the development of Locality Strategic Estate and Infrastructure Plans.

4. Transforming Primary Care

General Practice Forward View Assurance (GPFV)

- 4.1 Dorset has now achieved full assurance on our plans in all GPFV domains, work has now begun on the format for detailed reporting and monitoring of delivery on these plans.

Accountable Care System Primary Care Development Programme

- 4.2 A self-assessment of Primary Care development has been presented to the national team. The Dorset Primary Care Strategy and GP Forward View Delivery Programme plan aligns to the national Primary Care Accountable Care System (ACS) development aims. These are:

- A new model of primary care in the future:
 - * Integrated locality teams;
 - * Care segmentation and streaming;
 - * Workforce planning and locality plans to increase resilience.
- Improved population health:
 - * Locality Profiling;
 - * Tackling unwarranted variation;
 - * Living Well programme.
- Better use of the health system's resources:
 - * Primary Care QIPP;
 - * Shifting resources to deliver new models of care;
 - * Outcomes based commissioning at scale – Frailty and Access.

Outcomes of work with National Team and Next Steps

- 4.3 Dorset CCG continues to work with NHS England ACS national team to enable delivery of a national programme to support local delivery. The local focus for this work has been agreed as:

- Locality Plans – next steps are to enrich these to fully reflect GPFV delivery across all areas. This will be facilitated by the development of GPFV Plan on a Page for each of the 12 delivery programmes that the localities can adapt and adopt;
- Improving Access to GP Services (IAGPS) – next steps are mobilisation of the IAGPS contracts at cluster level. This proof of concept phase will inform the development and delivery of the wider Integrated Access Model;
- New care models – next steps are to support the development of Primary Care Home across Dorset to support integrated working at scale; Implementation of the new Frailty model at scale; and ICPS new model of care.

Improving Access to General Practice Services (IAGPS)

- 4.4 Cluster Business Cases for an 18 month proof of concept phase have been received from East, Mid and West Clusters, which provides us with full coverage for the Dorset population. These have been reviewed by an evaluation panel and have been approved. Meetings have taken place with each cluster to address specific issues in order to reassure the evaluation panel and provide the necessary governance of the mobilisation and planned trajectories of service provision for each cluster.
- 4.5 Contract Variation proposals have been sent to each respective cluster service providers for IAGPS: The Royal Bournemouth Hospital for East, Poole Hospital for Mid and Dorset Healthcare for East. Mobilisation is underway with plans expected to be submitted with the return of each contract variation proposal.
- 4.6 The CCG will oversee monitoring and the mobilisation phase across Dorset working closely with Providers and the System Integration Leads.

GP Resilience Programme

- 4.7 All practices involved in this programme have now been contacted by the NHSE appointed facilitators. Facilitators will work with Practices to identify issues of concern and create Action Plans.

Vulnerability

- 4.8 No new practices have been added to the register in the previous month. The Vulnerable Practices register is being regularly reviewed alongside the current Resilience programme which will assist and enable practices already identified as being vulnerable to find local solutions to stabilise.

Online Consultations

- 4.9 The Primary Care team has been working with GP practices, patients and suppliers to assess products that may provide patients with a new and faster way of accessing information about symptoms and treatment. A task and finish group recently met to discuss the outcomes of the demonstrations and the capability each offered.
- 4.10 On 30 October 2017, NHSE released operational information to stimulate the use of this technology. As an ACS, Dorset has the chance to accelerate the implementation with early adopter exemplar sites.
- 4.11 A recommendation for a preferred technology partner was made to the Primary Care Strategy Implementation Group on 8 November 2017 along with a proposed action plan.
- 4.12 It is likely that a decision on the procurement of this service will need to be made over the next 2 months and we will be seeking a Chair's action decision on this from the Primary Care Commissioning Committee due to the planned decision making and procurement timeline.
- 4.13 The procurement options include use of an NHSE procurement support framework expected to be available from January 2018.

Update on Progress / Recommendation to Primary Care Strategy Implementation Group

- 4.14 NHSE has allocated £45 million to support the implementation of online consultation systems by practices. Funding has been allocated to regional teams from 2017/18 on a CCG weighted capitation basis.
- 4.15 As an ACS our funding has already been released as part of transformation funding. Dorset has been allocated funding over 3 years to support this part of the GP Forward View ambitions to achieve 20% of consultations through the on-line channel by 2020.
- 4.16 Plans will need to include how the new service will be promoted and publicised to patients and the approach that will be taken to engaging with practices' Patient Participation Groups in planning and rolling out online consultations.
- 4.17 As well as improving the service for patients, evidence to-date indicates that online consultation systems can free up time for GPs to spend more time leading complex care for those who need it. Whilst the focus is on access to Primary Care the connection with urgent and out of hours GP services is an important consideration and there is an expectation that on-line access will form part of integrated access models. The ultimate ambition is to create an integrated digital experience that supports patients to access appropriate services based on their needs.
- 4.18 CCGs in devolution areas and ACSs will be expected to report on deployment progress via the periodic GPFV Monitoring Survey.

- 4.19 All elements of national support will be available to devolved systems and ACSs.

Releasing Time for Care

- 4.20 Training is being provided through NHSE - three half day Learning in Action workshops have now been organised. The first workshop took place on 31 October 2017 with subsequent workshops scheduled for 12 December 2017 and 31 January 2018.

Workforce Planning

- 4.21 New Workforce Profiles based on the latest NHS Digital figures were sent to Localities in early October. Included in this was an introduction to a new Workforce Redesign Lead focusing on Primary Care. This role will work with all Dorset localities and practices to support Workforce Planning in Primary Care, working closely with other system workforce leads.
- 4.22 Dorset has provided assurance information around Workforce Planning to NHSE which has been approved. This will be continually reviewed and updated to ensure we maintain assurance.
- 4.23 The Dorset Primary Care Workforce 'Plan on a Page' was discussed at a recent Wessex meeting as an example for the other CCGs / STP footprints (Dorset is the only CCG or STP to draft the plan to-date). At the same meeting it was confirmed that Dorset would submit its bid for International GP recruitment in February 2018 rather than November 2017 due to the revised guidance provided nationally.

5. Communications and Engagement

- 5.1 A Primary Care Communications and Engagement Strategy Update paper has been provided to this Committee. This paper reflects all engagement undertaken in recent months to support locality transformation and GP Five Year Forward View workstreams.
- 5.2 The team has recently supported the Poole and Bournemouth Health and Wellbeing Leadership Development work, the Dorset-wide Patient Participation Groups and Dorset CCG Membership event. The team are also ensuring that any communications and engagement work undertaken links to the Public Engagement Group (PEG) as part of System Transformation.

6. Conclusions

- 6.1 Good progress continues to be made in delivery of the Primary Care Commissioning Strategy and GP Forward View ambitions. Of particular note in this update report is the NHSE Wessex GP Forward View full assurance received across all Dorset plans as well as progress with award of contracts for the proof of concept phase of Improving Access to General Practice Services.

7. Recommendation

7.1 The Committee is asked to note the report.

Author's name and Title: R Payne, Head of Primary Care
Date: 21 November 2017
Telephone Number: 01202 541488

APPENDICES	
Appendix 1	PCOG Terms of Reference
Appendix 2	PCRG Terms of Reference
Appendix 3	PCSIG Terms of Reference
Appendix 4	Detail of Expenditure against Budget for Primary Care September 2017