

Westminster Health & Wellbeing Board

Date:	14 th July 2016
Classification:	General Release
Title:	Primary Care Co-Commissioning – General Update
Report of:	NHS Central London Clinical Commissioning Group and NHS West London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Central London CCG and West London CCG have jointly co-commissioned primary care with NHS England since April 2015. This brings the CCGs and the CCG's stakeholders - including the Health & Wellbeing Board – into the commissioning of local GP services and, through this, enables them to align the development of primary care with the wider transformation of local health and care services.
Financial Summary:	This update includes details of the CCG's technology bids to the national Estates and Technology Transformation Fund and the review of local GPs' PMS contracts, which is focused on ensuring best value is secured from the money invested in general practice in Westminster.
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1. Executive Summary

- 1.1 This report updates the Health and Wellbeing Board on issues related to the co-commissioning of primary care in Westminster. This update includes:

- Information on the bids to the national Estates and Technology Transformation Fund (ETTF); and
- the Primary Medical Services (PMS) review.

2. Key Matters for the Board

2.1 The Board is asked to:

- Note and discuss the content of this report.

3. Background

Estates and Technology Transformation Fund (ETTF)

3.1 The ETTF (formerly the Primary Care Transformation Fund) is a national investment fund to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients. Overall total capital investment over the next five years will be £900 million.

3.2 In June 2016, CCGs were invited to put forward technology bids to the fund for investment between 2016 and 2020, to improve access and the range of services available in primary care, through investment in premises, technology, the workforce and support for working at scale across practices.

Technology

3.3 The criteria for the technology bids shows that they should look to support one or more of the following:

- increase capacity for primary care services out of hospital;
- commitment to a wider range of services as set out in commissioning intentions to reduce unplanned admissions to hospital;
- improving seven day access to effective care; and
- increase training capacity.

3.4 In North West London, the approach to the ETTF technology bids is to support digital transformation of primary care at scale, aligned to the priorities of the Sustainability and Transformation Plan. The CCGs have developed seven linked digital bids for the eight CCGs.

3.5 The linked bids request funding of £30m over four years. This equates to an additional investment of £19,000 per practice per annum to improve overall digital maturity and to support primary care professionals and patients.

3.6 The linked bids cover a range of activities:

- digital workforce and innovation;
- digitally-enabled patients;
- integrated care standards;
- videoconferencing;
- integrated telecoms for patients and professionals;
- care home pilot; and
- new models of primary care.

3.7 Overall benefits of the investment will increase the digital maturity of primary care to provide a productivity and efficiency opportunity of up to £58m over 4 years to help primary care practices and professionals to manage demand and complexity of future healthcare.

3.8 The diagram below shows the unifying objectives of the bids, more detail on each bid, and the benefits expected from each bid.

7 North West London Linked Digital Bids

<p>1. Contribute to 7 day access to effective care</p>	<p>7. New Models of Care</p> <p>3. Integrated Care Standards</p>	<ul style="list-style-type: none"> Provide IT design, specification and support for clinical systems & applications, data sharing including critical business intelligence to support primary care with movement to Accountable Care Organisations. Multidisciplinary professional to accelerate with support of national delivery partners the development of technical standards for Integrated Care. Building on NWL Integrated Care Pilots, Hillingdon Early Adopter care plans. 	<p>Benefit: Support mobilisation of new organisational forms, functions and services for the delivery primary care.</p> <p>Benefit: Deliver of a national recognised standard, PRSB Accreditation that can be shared and used by health and social care organisations working together to provide joined up care</p>
<p>2. Increase capacity of Primary Care</p>	<p>4. Videoconferencing</p> <p>5. Integrated Telecoms for Patient Management Systems</p>	<ul style="list-style-type: none"> Implement video consultation systems and processes to support professionals and patient care Software, hardware and telephony solutions to enable a personalised and integrated patient centric offers which promotes, supports and informs health and wellbeing and provides rich intelligence data back to the service providers and commissioners in order to improve services and communication. 	<p>Benefit: Reduce unnecessary physical visits by professionals to MDTs meeting and patient's homes whilst supporting isolated people to receive care in their homes.</p> <p>Benefit: the patient, the carer and the GP practice staff. The patient experience will improve through access to primary care services by personalised interactions.</p>
<p>3. Enable access to wider range of services to reduce unplanned admissions to hospital</p>	<p>2. Digitally Enabled Patients</p> <p>6. Care Homes</p>	<ul style="list-style-type: none"> Support digital inclusion and look at digital motivation of NWL citizens. Engage with voluntary sector and local patient groups to encourage use of digital tools. Work in partnership with HLP on the process to support a 'citizen account'. Seed fund the apps for local NHS urgent care service and learning and disability. Navigate patients to right services, right care at the right time and promote self-care. Fund 16 care home pilots through an <u>EoI</u>. Support digital maturity of communication between primary care and care homes to increase information sharing across care setting to provide joined up care. Decrease physical professional visits, hospital admissions and keep residents well for longer. 	<p>Benefit: Navigate patients to right services, right care at the right time and promote self-care reducing visits to care professionals and enabling patients to stay well for longer in their homes.</p> <p>Benefit: Decrease physical professional visits, hospital admissions and keep residents well for longer and support care staff to make the right decisions about residents care without the need for emergency care in an acute setting.</p>
<p>4. Increase training capacity in general practice</p>	<p>1. Digital Workforce and Innovation</p>	<ul style="list-style-type: none"> Increase digital literacy of the workforce through training and support. Make best use of digital tools already available <u>SystemOne</u>, <u>EMIS</u>, <u>eReferrals</u>, <u>SCR</u>, <u>Docman/DTS</u>, <u>CIE</u>. 	<p>Benefit: Reduce inefficiency, optimise productivity and increase digital confidence.</p>

3.9 The table below shows how the investment would be divided between the projects and across the years to 2020:

	16-17 (£1,000)	17-18 (£1,000)	18-19 (£1,000)	19-20 (£1,000)	Total (£1,000)	Per Practice (400) (£1,000)	Per Practice per year (£1,000)
Digital Workforce and Innovation	4,352	5,506	1,100	1,133	12,090	30.2	7.6
Digitally Enabled Patients	530	518	178	184	1,410	3.5	0.9
Integrated Care Bids	328	0	0	0	328	0.8	0.2
Videoconferencing	422	207	58	56	742	1.9	0.5
Patient & Primary Care Integrated Communication System	5,311	760	637	656	7,363	18.4	4.6
New Models of Primary Care	2,737	2,004	1,486	1,618	7,846	19.6	4.9
Care Homes	152	23	23	24	222	0.4	0.1
Total	13,832.1	9,018.0	3,481.4	3,670.4	30,001.9	74.8	18.7

3.10 The draft bid documents were discussed at the NWL-wide primary care co-commissioning meeting in common on 16 June 2016¹.

Estates

3.11 The CCG is also submitting estates bids to the ETTF.

3.12 The process is different to the one outlined above for the technology bids. Firstly it is subject to an initial bidding process where the CCG makes recommendations to NHS England to support the funding of improvements or developments in practices in CCG area. Recommendations will need to demonstrate that they meet one or more of the criteria set out below;

- increase capacity for primary care services out of hospital;
- commitment to a wider range of services as set out in commissioning intentions to reduce unplanned admissions to hospital;
- improve seven day access to effective care; and
- increase training capacity.

Each CCG has uploaded the bids it is endorsing to a portal by the 30th June 2016. There is no set allocation per area – NHS England will evaluate each bid on its own merit against a national fund. The CCG was required to prioritise any bids it was submitting against areas defined by NHS England, identified below:

Meets additional criteria for technology schemes			
Clear identified need	X / ✓	Demonstrates that the CCG has considered IG	X / ✓
Demonstrates alignment with the Local Digital Roadmap	X / ✓	Sustainable in the long term	X / ✓
Demonstrates a process for monitoring, measuring and evaluating expected benefits.	X / ✓	Deliverable within financial years April 2016 to March 2019 (the end point for PCTF)	X / ✓
Consistent with primary care commissioning plans	X / ✓	Evidence of patient involvement and engagement across the local health economy	X / ✓

¹ Papers available at <http://www.centrlondonccg.nhs.uk/news-publications/publications.aspx?n=2755>

- 3.13 **Central London CCG.** The CCG received four bids for consideration under the estates element of the scheme. Three bids represent practices coming together to share new fit for purpose estates where one or more is at risk of losing premises in the short term and the final bid was developed by the CCG speculatively to address the shortage of premises within the Maida Vale area. This bid does not currently have a lead practice identified although interest has been expressed. All bids were assessed and ranked in priority order based on the criteria listed earlier in the paper. Those bids from with member practice support have been prioritised above the CCG initiated bid.
- 3.14 **West London CCG.** The CCG has developed proposals in partnership with local practices based on identified need to deliver Estates solutions which will support delivery of the CCG's Out of Hospital strategy. For 2016/17 none of these proposals fall within the QPP area. However the CCG is currently finalising its Estates strategy which will ensure that requirements in QPP form a key part of future planning and investment.

The PMS (Personal Medical Services) contracts review

- 3.15 NHS England is leading a national review in April 2016⁵ all GP Primary Medical Service (PMS) contracts. Given the advent of primary care co-commissioning, making decisions about the future shape of these contracts is now a joint responsibility of the CCGs.
- 3.16 PMS contracts are a type of GP contract introduced in 2004 to support Primary Care Trusts (now defunct) to commission additional services from GPs, linked to the specific needs of local populations. They exist mainly in contrast to General Medical Services (GMS) contracts, which provide for 'core' GP services. Nationally, PMS practices attract approximately £14 of additional funding per patient.
- 3.17 Both Central London CCG and West London CCG have a relatively high concentration of PMS contracts – 16 out of 35 practices and 22 out of 49 practices respectively. In Central London CCG, two PMS practices are designated as specialist practices and will be reviewed separately. Across North West London as a whole, approximately one quarter of GP practices hold a PMS contract.

- 3.18 In Central London CCG, the premium invested in PMS practices is £1.9m. In West London CCG it is £6.1m. This is the money invested in practices above that provided for the provision of 'core' GP services. The purpose of the review is to ensure that this additional investment, or 'premium' funding, represents value for money and creates equity for patients and practices.
- 3.19 Additional background information to the review is contained in the last primary care co-commissioning update to the Board, in March 2016.
- 3.20 **Central London CCG.** The CCG is currently seeking feedback from members on the draft service specification for a local service it is commissioning with the investment from the PMS Review, alongside the mandatory Key Performance Indicators (KPIs) developed across NHS London. This service specification is an important element in the CCG's Whole Systems work and seeks to support General Practice to move from a reactive model of care to a proactive one. The KPIs cover areas such as cervical screening and immunisations.
- 3.21 **West London CCG.** The CCG is progressing a work programme to develop local commissioning intentions for reinvestment of relevant funding within local practices. Key priority areas for reinvestment have been identified as follows; i) Access, ii) Co-ordinated care, and iii) Pro-active care. Once service specifications have been finalised relevant services will be commissioned from local practices in addition to the KPI areas specified within the London PMS offer. The timeframe for investment will be linked to the financial transition profile for practices which will ensure stability through this period of change.

4. Legal Implications

- 4.7 The PMS review will involve changes to the contracts held by some GPs in Westminster. Under joint co-commissioning, these contracts continue to be held by NHS England rather than the CCGs. The negotiation of new contracts will be undertaken by NHS England.

5. Financial Implications

- 5.7 The ETTF technology bids are applying solely for non-recurrent funding. There is no request to CCGs for commitment to on-going costs after the funding period.

- 5.8 The estates bids will have a potential revenue impact for the practices or the CCG however any bids that NHS England approves will be subject to due diligence and a full business case which will confirm the on-going revenue costs.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:

BACKGROUND PAPERS:

Primary Care Co-Commissioning - Update to the Health and Wellbeing Board, February 2016 - <http://committees.westminster.gov.uk/ieListMeetings.aspx?CommitteeId=162>

NHS England Guidance for the EFFT Fund - <https://www.england.nhs.uk/commissioning/primary-care-comm/infrastructure-fund/>

NHS England information on the PMS review - <https://www.england.nhs.uk/wp-content/uploads/2014/02/rev-pms-cont.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf>