



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

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| Date: | 28th March 2019 |
| Classification: | General Release |
| Title: | Update from Central London CCG on commissioning arrangements |
| Report of: | Central London Clinical Commissioning Group |
| Wards Involved: | All |
| Financial Summary: | N/A |
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1. Executive Summary

- 1.1 This report provides an update on the commissioning priorities for the NW London Collaboration of CCGs and the recently published five year framework for GP contract reform to implement the NHS Long Term Plan.

2. Key Matters for the Board

- 2.1 The Board is asked to note the paper.

3. Background

- 3.1 Central London CCG, as one of the eight NW London CCGs is signed up to and part of the Health and Care Partnership (formerly the STP). The aim of the Health and Care Partnership is to deliver a shared health and local government ambition across NW London.
- 3.2 The Partnership works to add value across the NW London Health and Care system and support tangible improvements to health and care services for the

two million people who make up the NW London community, helping people to be well and live well.

- 3.3 The detailed report attached provides an update and assurance that the NW London health and care system, which includes Central London CCG, is taking forward our strategic transformation objectives in effective and demonstrable ways. The impact of this will be improved services and outcomes for our population.
- 3.4 In January NHS England published Investment and Evolution: A five year framework for GP contract reform to implement the NHS Long Term Plan. Amongst other things this set out some important developments in respect to Primary Care Networks (PCNs). These networks will cover 100% of the population and will need to be in place by 1 July 2019.
- 3.5 Within Central London we have been working on the network principle for a couple of years and have already established four networks. More information will shortly become available nationally on how these will develop. However, we know that PCNs will be seen as an essential building block of every Integrated Care System (ICS). There will be eligibility criteria that PCNs will need to comply with and which the CCG will need to confirm have been met. PCNs will need to have boundaries that make sense to its constituent practices, other community based providers and its local community. The CCG allocation includes 0.25WTE payment for a clinical director for each PCN. The role includes ensuring that the PCN delivers the seven specifications outlined below.
- 3.6 The framework introduces additional roles into the primary care team which are recurrently reimbursed:
 - social prescribers (100% reimbursement),
 - clinical pharmacists (70% reimbursement),
 - physician associates (70% reimbursement),
 - first contact physiotherapists (70% reimbursement),
 - first contact community paramedics (70% reimbursement).
- 3.7 The reimbursement for the first two roles is introduced in 2019; in 2020 the first contact physiotherapists and physician associates are introduced with paramedics introduced in 2021 as at this point additional paramedics come out of training.
- 3.8 The PCNs will be expected to deliver against seven specifications. Investment and service delivery grow in tandem across the five year period. The seven specifications are focused on areas where Primary Care Networks can have significant impact against the 'triple aim':
 - improving health and saving lives (for example from strokes, heart attacks and cancer);
 - improving the quality of care for people with multiple morbidities (for example through holistic and personalised care and support planning, structured

medication reviews, and more intensive support for patients who need it most including care home residents);

- and helping to make the NHS more sustainable (for example, by helping to reduce avoidable hospital admissions).

3.9 The seven national service specifications are:

- Structured medications review and optimisation – 20/21
- Enhanced health in care homes – to implement the vanguard model, a multidisciplinary offer to care homes delivered by the primary care network– 20/21
- Anticipatory care requirement for high need patients experiencing several long term conditions, to be jointly delivered with community services, working in 30-50,000 patient footprints. The full requirements will be developed by the ICS and commissioned from the Primary Care Networks from their CCGs – to commence in 20/21 and develop over subsequent years.
- Personalised care – to deliver the six main components of the comprehensive model of personalised care – shared decision making, enabling choice, personalised care and support planning, social prescribing, supported self-management and personal health budgets - to commence in 20/21 and develop over subsequent years
- Supporting early cancer diagnosis, the primary care networks working alongside the Cancer network, with a key role to ensure that GPs are using the latest evidence based guidance to identify people at risk of cancer and make timely referrals – to commence in 20/21 and develop over subsequent years.
- CVD prevention and diagnosis will start in 21/22 following development and testing of the best delivery model.
- Tackling neighbourhood inequalities to be introduced in 21/22, including a review of vaccination and immunisation.

3.10 All of the above are key to the delivery of local services that are integrated and better co-ordinated across Westminster. It will be important for the Health and Wellbeing Board to have further updates on both the Health and Care Partnership and the new GP framework as things develop.

4. Options / Considerations

4.1 No decisions are required as this is an update paper.

5. Legal Implications

5.1 There are no legal implications arising from this report.

6. Financial Implications

- 6.1 There are no direct financial implications arising from this report. The CCG is awaiting further information from NHS England in respect to any central funding available to develop the work associated with the new GP framework.

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

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APPENDICES:

Appendix A – Improving Care Across NW London