



OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting: 6 November 2018	Paper No: 8
---	--------------------

Title of Paper: Report from the Deputy Director, Head of Primary Care and Localities August to October 2018

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
--	-------------------	--	-----------------	--	--------------------	---

Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary:
This paper is to provide an update on Primary Care in Oxfordshire

Engagement: clinical, stakeholder and public/patient:
Practices are required to discuss the potential for list closure with their Patient Participation Groups (PPGs) prior to submitting an application to the CCG

Financial Implications of Paper:
Primary care delegated budget 18/19 = £93,709k
Local Investment scheme 17/18 = £1,190k
Extended access additional appointments = £4,885k (includes GPFV and CCG funding)
GP retention scheme 18/18 = £215k across BOB STP

Action Required:
OPCCC are asked to

- note the report
- confirm that they are content to use the audit carried out in October 17 to provide assurance to NHS England in line with the guidance

--

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome: Extended access to GP services should include access for all

Link to Risk: AF26 – Delivery of Primary Care Services 789 – Primary care estate 799 – Workforce in primary Care
--

Author: Julie Dandridge Deputy Director. Head of Primary Care and Localities

Clinical / Executive Lead: Diane Hedges. Chief Operating Officer

Date of Paper: 25 October 2018



Report from the Head of Primary Care and Localities

August to October 2018

This report provides an update on the issues arising and the work that has taken place by the Primary Care team between August and October 2018.

1. Practice Contract Changes & Updates

There were three applications for contractual changes made to the Oxfordshire Primary Care Commissioning Operational Group (OPCCOG) since the last report. A summary of the applications and reasons for the decisions made is provided below.

1.1. Malthouse Surgery & Abingdon Surgery List Closure

The Malthouse Surgery discussed their intention to apply to close their patient list with neighbouring practices at their locality meeting, and Abingdon Surgery advised that they too would put in an application because of concerns that due to their close proximity to Malthouse they would receive an influx of patient registrations if Malthouse were successful.

In their application Malthouse detailed the difficulties it was experiencing with recruitment and estates issues and the impact this was having on patients and staff. The application was discussed together with that of Abingdon Surgery in August and there were concerns raised around having 2 practices close to one another in the town centre having closed lists, and the impact on patient choice. Therefore, it was agreed that the applications could not be supported; however, the group did advise the practices that they would be willing to receive a proposal for a jointly agreed solution detailing how the neighbourhood could support the two practices.

1.2. Cropredy List Closure Extension

OPCCOG had previously agreed to the Cropredy Surgery closing their patient list for a period of 6 months from June 2018. However, due to unexpected financial difficulties which impacted on their recruitment plans they applied to extend the list closure for a further 6 months.

The OPCCOG meeting discussed the application and decided that it could not be supported until further information on the practices long-term business plans were in place.

2. Extended access plans for 19/20

The CCG have been providing additional extended access appointments since 2015 through the Prime Ministers Challenge Fund. These have evolved over time and are now delivered through the extended access scheme (which has been rolled out nationally from 1 October 2018). The CCG has delivered nearly 85,000 additional appointments during 2017/18. With contracts currently due to end in March 2019, the CCG is currently reviewing their provision alongside other services such as Out of Hours and Sustainability and Transformation Funding (STF) for additional appointments to ensure that we are optimising the scarce workforce as well as contributing to same day primary care access as part of the urgent care pathway.

The aim will be to extend contracts for another 2 years to allow for the pilot of a collaborative provider approach to delivering an integrated set of services.

The next step is to convene a provider and commissioner collaborative co-design workshop. This will review what can be seen has a duplicative set of pathways and contracts and recommend improvements using some of the national principles but also incorporating local design. The workshop will assist in confirming principles and the nature of funding that should be recommended to be brought together and the means of governing/contracting funding flows.

3. Local Investment Scheme Changes 18/19

There have been a number of in year changes to the Local Investment Scheme as a result of changes to national policy. This has resulted in an updated version of the LIS for 18/19 which has been agreed with the Local Medical Committee. The main changes are:

- a) The requirements for 2018-19 relating to learning disabilities have changed.
 - Practices no longer have to carry out a survey of their patients with learning disabilities and/or autism;
 - Instead, practices are asked to consider recently published research into the relationship between people with a learning disability / autism and primary healthcare, and reflect this learning in their practice plans;
 - The revised LIS text also clarifies the CCGs position on annual healthcheck templates.

- b) Relevant to the “Management of Test Results and Clinical Correspondence” Element of the LIS, the Care Quality Commission (CQC) has updated it’s guidance on “What a good approach to managing test results looks like”. The

CCG Quality team has therefore incorporated the updated version into its own guidance document to reflect this.

An updated version of the LIS is published [here](#)

4. Primary care Workforce

4.1. Strategy update

With NHS E funding the CCG has invested in a workforce expert consultancy to develop a workforce strategy for primary care specifically addressing how we close the gap in workforce that is predicted over the next 10 years. The aim of the primary care workforce strategy is to draw together the workforce needs as identified within the six Oxfordshire primary care locality place based plans produced in 2017/18. It will focus on the period 2018/19 – 2026/27 detailing deliverables specific to the primary care workforce whether directly employed or providing services within general practice

The draft copy has been circulated to Locality Clinical Directors for feedback. This is currently being built into the final draft along with structural changes which include:

- moving to become a joint strategy between the Oxfordshire Training Network¹ and the CCG.
- For each role (GP, Practice Nurse, HCA, Pharmacist, Paramedic, Care Navigator, Practice Manager, Administrator, Physician Assistant, Nurse Associate, physiotherapist) include details on:
 - Recruitment
 - Retention
 - Upskilling
- Address how new models of care can lead to skill mix and provide a solution for some of the gap.

Once complete and agreed it will feed into the Oxfordshire wide workforce work and that undertaken by the BOB STP on primary care workforce. It is expected that the completed workforce strategy will be presented to the next OPCCC

4.2. GP Retention Scheme

In June 2018, the Primary Care Team submitted a bid to NHS England for support funding from the national GP Retention Fund to establish and embed a GP Workforce Support Programme. The bid was a joint one from

¹ The Oxfordshire Training Network is dedicated to making NHS healthcare organisations in Oxfordshire great places to learn, develop and work by providing:

- Innovative education and training resources
- Tailored events for improved learning experiences
- Workforce planning for better patient care
- Career development opportunities for all
- Collaboration and partnering with all our stakeholders

They are building Oxfordshire's primary and community health and social care workforce to deliver better health care and clinical outcomes for our population across the county – now and for the future! See <https://oxfordshiretraining.net/>

Buckinghamshire, Oxfordshire and Berkshire (BOB) Sustainability and Transformation Partnership (STP) and the bid has been successfully approved by the NHS England Regional Office. Across the BOB STP £215,000 has been awarded and this funding needs to be committed by March 2019.

Proposed Projects to be funded through this process include

- Locum Chambers for the BOB STP
- Career Sign poster/Co-ordinator- Direct and advise newly qualified GPs, experienced and Near Retirement GPs on different opportunities and support etc.
- Support groups for GPs disenfranchised or struggling from stress
- Support for newly qualified GPs to enable them to secure roles in region.

In October NHSE announced that they had additional funding that they would use to recruit two project managers who would manage GP Retention and GP International Recruitment across BOB CCGs. Recruitment to these posts has commenced.

5. NHS E assurance on the management of delegated primary medical care commissioning arrangements

In August 2018, NHS E published their assurance process from 2018/19 for CCGs with delegated responsibility for primary care commissioning arrangements. This included:

- a) Reported self-assessment of compliance with published primary medical care policies from each lead commissioner** (NHS England local team or delegated CCG). This is being managed through the annual Primary Care Activity Report collection².
- b) Report published by each delegated CCG covering the outcomes achieved** through their delegated responsibilities and the way in which assurances have been gained locally, particularly where innovative approaches are taken. This is to be accommodated through amendment of the CCG annual governance statement template
- c) Internal audit of delegated CCGs primary medical care commissioning arrangements.** The purpose of this being to provide information to CCGs that

² The collection seeks to identify any known exceptions of non-compliance against key primary medical care policies. Feedback, in addition to supporting oversight and assurance, will support ongoing central review of primary medical care policies and the design of support for local commissioners. With a new Primary Medical Care Policy and Guidance Manual published (November 2017) local commissioners are also asked to confirm their operating procedures have been updated accordingly to reflect these. Further details on the collection are available here:

<https://www.england.nhs.uk/publication/2017-18-primary-carecommissioning-activity-report/>

A copy of the new Primary Medical Care Policy and Guidance Manual is available here:

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

they are discharging NHS England's statutory primary medical care functions effectively, and in turn use this information to provide aggregate assurance to NHS England and facilitate NHS England's engagement with CCGs to support improvement.

The Framework allows delegated CCGs who conducted an audit of their primary medical care commissioning arrangements in 2017/18 to count this towards their implementation of this framework providing the audit and its objectives are clearly in scope of this framework and the outcome is [retrospectively] reported in line with this framework.

The CCG undertook an audit of Primary Care Commissioning in October 17 and this was reported to the Committee in March 2018. The auditors concluded that

'We confirmed that all key planning documentation, such as the Primary Care Framework, committee terms of reference, and delegation agreements were signed-off appropriately and were in-date. Additionally, there was suitable evidence of engagement with stakeholders. Through our sample of testing of payments, we confirmed that payments were in line with contracted amounts. However, we identified areas of improvement to governance arrangements to ensure improved monitoring of local workplans.'

'Internal audit opinion: *Taking account of the issues identified, the Board can take reasonable assurance that the controls in place to manage this risk are suitably designed and consistently applied.*

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).'

The actions from the October 17 audit have been updated. A county wide plan highlighting the specific areas for development by locality is in development

Full details of the internal audit requirements can be found <https://www.england.nhs.uk/wp-content/uploads/2018/08/ccg-pmc-internal-audit-framework-v1.pdf>

OPCCC is asked to confirm that they are content to use the audit carried out in October 17 to provide assurance to NHS England in line with the guidance

Appendix 1

Internal Audit 2017

Internal Audit Oct 2017 actions identified have now been actioned. Actions 1 and 5 were reported by internal audit to be completed. Below is a summary of these actions as reported to OPCCC in March 18

Ref	Action required from management	Update provided in March 18
2	The primary care team will ensure evidence of engagement with stakeholders by localities during the commissioning round is retained centrally.	This can be evidenced in the engagement reports from each of the localities around the locality place based plans and can be found http://www.oxfordshireccg.nhs.uk/about-us/locality-plans.htm
3	Locality primary care strategies will have a work plan developed and approved by the primary care committee. This should include the breakdown of action/milestones to achieve the goals set out in the strategy. Progress against the plan will be monitored by the primary care operational group.	All locality place based plans have a high level mobilisation plan and each project has a project charter with milestones.
4	The Terms of Reference for the Oxfordshire Primary Care Commissioning Operational Group will be version controlled.	Complete
6	Criteria will be developed to assess whether changes in primary care services, such as an alteration or de-commissioning of a service, are required to have a quality/equality impact assessment (QIA). The QIA process will be aligned to the normal process used by CCG	Equality impact assessments have been completed previously but the Primary Care team will ensure that a quality impact assessment is completed where appropriate.

Full details of the audit can be found at <http://www.oxfordshireccg.nhs.uk/documents/meetings/opccc/2018/03/2018-03-06-Paper-12-Report-from-the-Deputy-Director-Head-of-Primary-Care.pdf>