

OXFORDSHIRE PRIMARY CARE COMMISSIONING COMMITTEE

Date of Meeting: 4 June 2019	Paper No: 6
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Title of Paper: Primary Care Services for 2019/20
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Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision	✓	Information	
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
Clinical members of the committee are currently not working as partners and so unlikely to benefit financially from any decision relating to this item.	
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	

<p>Purpose and Executive Summary: This paper outlines the impact of new national guidance on Oxfordshire primary care schemes and makes recommendations for 19/20</p>
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<p>Engagement: clinical, stakeholder and public/patient: Discussion took place at Clinical and Management Forum and CCG Executive in May 2019.</p>

<p>Financial Implications of Paper: See document.</p>
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<p>Action Required: To agree to the recommendations set out in this paper.</p>

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:

This paper recommends some continued spending on deprivation and development of weighted formulae for future allocations.

Link to Risk:

AF26 – Delivery of Primary Care Services.

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Clinical / Executive Lead: Jo Cogswell, Director of Transformation

Date of Paper: 27 May 2019

Primary Care services for 2019/20

1. Background

During 18/19 Q3 much planning went into the direction of primary care services normally commissioned by the CCG. The framework for GP contract reform to implement the Long Term Plan introduced a new vision for primary care with services being funded through Primary Care Networks (PCNs). This included:

- Seven national specifications for introduction over the next three years
- National review of improved access, the outcomes of which will impact on the ask of PCNs from April 2021 in terms of a combined access offer
- An expanded role for PCNs in running urgent care in the community (but yet to be determined)
- Integration of 111 and Out of hours as part of the urgent care offer.

In March 2019 a paper was presented to the committee explaining some of the impacts of the national direction on currently commissioned services. Most of these services are currently funded from the CCG allocation and for which the CCG has discretion on the amount of funding available for primary care services (exception is improved access appointments).

There are a number of services currently commissioned from primary care (either Federations or individual practices) where confirmation on plans for 19/20 is still required namely:

- Improved access appointments (previously known as GPAF)
- STF funded services/Primary Care Investment
 - Additional hub appointments
 - SE and SW STF schemes
- Deprivation Locally Commissioned Service
- Local Investment scheme

This paper outlines the recommendation for these schemes

2. Improved access appointments

£3,986k

Improved access appointments are delivered across Oxfordshire through the GP Federations.

The CCG in discussion with the Federations had planned to integrate these services with out of hours to provide a 24/7 primary care service. However with the publication of the Long Term Plan the direction of travel has changed and it is now clear that improved access funding will be allocated directly to the PCNs from April 2021. From this date PCNs will be responsible for delivering improved access either by themselves or subcontracting to another provider such as the Federations.

A national review of improved access will be undertaken during 2019/20 and the outcomes will influence the national scheme and specification from April 2021.

2.2 For 19/20

It is recommended that the current contract for improved access appointments is extended for two years with the introduction of a six month break clause for either party.

During 2019/20 there will be an expectation that services move to deliver 45 minutes of appointments/1000 patients (from 30minutes/1000 patients) as defined in the national specification.

Following the outcomes of the national review there will be an expectation that Oxfordshire is an early adopter of the outcomes and recommendations of the national review on improved access. The CCG will require Federations to work with PCNs to implement the outcomes before April 2021.

The Federations will work with the CCG to ensure that the service can pass smoothly to PCNs from April 2021 in line with national guidance.

OPCCC is invited to note the contract extension to April 2021.

3. STF fund / Primary care investment

This fund was introduced in 2017 to support sustainability of primary care. It evolved over the subsequent years as a roll forward of some of the Prime Minister Challenge Fund projects and has been used to support delivery of the locality plans. It has not been allocated on a targeted needs based approach and services are not similar across Oxfordshire.

There are some live schemes that have contracts that run until 2021. The future of these services will need to be considered in an appropriate timeframe in the context of PCNs and Primary Care and Community Integration.

It should be noted that these schemes are funded from the CCG core allocation and as such when any contract ends future use of funding will need to be considered as part of the whole budget and system spend.

3.1 STF contracts ending 2018/19

£1,600k

Three STF funded contracts expired at the end of March 2019 – South East and South West locality STF schemes and the additional hub appointments. A review of these services has taken place including looking at impact and outputs.

It is recommended that the additional hubs be extended for a final year. During this time the impact of the national review and future direction of urgent care in the community will become clearer. It is not expected that this funding will be used to commission additional hubs appointments in 2020/21 as the national expectation is that all improved access appointments will be part of the new national Directed Enhanced Service (DES) commissioned from PCNs from April 2021. A 6 month termination clause should be included.

The South East and South West locality STF schemes should be extended for 2019/20 with the inclusion of specific outcomes that should be achieved and funding at PCN level.

These recommendations fully commit the c£4m STF funding when added to the ongoing contractual commitments. The 2020/21 year could see a change to the way in which a proportion of this funding (if agreed as a part of any budget process) is allocated.

3.2 Future allocation of STF investment funding

During 2019/20 the CCG will work with partners towards a targeted needs based approach. This would provide the opportunity to consider future investment in an objective and outcomes based way.

The Health Inequalities Commission Implementation group has already been asked to support the development of a clear population health management approach that includes an appropriate weighting formulae or methodology to ensure that deprivation is a key factor when allocating funding and / or resources.

It is recommended that as a part of the review CCG considers renaming this fund to reflect any agreed focus and approach.

4 Deprivation locally commissioned service (LCS) £292k

4.1 The current LCS is split into two parts. The first to recognise the increased workload associated with deprived communities. Language line and completion of child protection plans were used as proxy measures for deprivation. The second part of the LCS was introduced in April 2018 with the intention of incentivising the most deprived practices to address local inequalities and reduce the gap.

4.2 For 2019/20

The Health Inequalities Commission Implementation group has been asked to support the development of a clear population health management approach that includes an appropriate weighting formulae or methodology to ensure that deprivation is a key factor when allocating funding and / or resources.

Whilst this is awaited it is proposed that a payment is made to practices based on spend for both parts of the Deprivation LCS in 2018/19. This will be a contribution towards addressing the inequalities agenda.

5. Local Investment Scheme £390k

5.1 Proposal

It is proposed that for 2019/20 the LIS should be:

Supporting Engagement in Commissioning						
Action	Quantified outcome	Measured by	Data Collection Process	Frequency of reporting	Value	Contact for queries
Attendance at locality commissioning meetings	All practices ensure representation of at least one GP at a minimum of 10 meetings per year. (Assumes 2 hours reading papers, 2 hours meeting, 1 hour feedback to practice colleagues by attending GP, and 11 meetings per year To be reviewed in year given when the position of PCNs becomes clear.	Minutes of meetings	Locality coordinators to report	Year end	£300,000 (£375 per meeting attended)	Locality Coordinators
GP & Nurse clinical training	Provision of free clinical training to GPs and practice nurses.	Attendance at training	Attendance register	Annually	£90,000 (in-kind)	Hannah Scarisbrick-Rowe Hannah.Scarisbrick-Rowe@nhs.net

Other elements of the 2018/19 LIS have concluded. They include – practice commissioning pack meetings; initiatives to support sustainability; management of test results and clinical correspondence; LD/Autism friendly practices. Many of these components will be addressed under the new contract.

6. Summary

Scheme	Proposal
Improved access appointments	<ul style="list-style-type: none"> Extend contract until April 2021 Introduce 6 month break clause Oxfordshire to be an early adopter of national review outcomes
Distribution of Primary Care Investment (STF) fund	<ul style="list-style-type: none"> Consider investment as part of system wide working to ensure benefits the wider system Review future approach to allocation of funding to a population needs targeted outcomes based approach
Primary Care Investment (STF) expired contracts	<ul style="list-style-type: none"> Extended additional hub appointments for 19/20 with 6 month break clause Extend SE and SW schemes for 19/20 with achievement and funding at PCN level
Deprivation LCS	<ul style="list-style-type: none"> Fund practices based on 18/19 outturn to recognise work on reducing inequalities

7. OPCCC are asked to consider the recommendations above

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