

**Agenda Item 06**

Report to: (Board/Sub-Committee): Primary Care Commissioning Committee  
 Date of Meeting: 26<sup>th</sup> November 2019  
 Subject: Local Primary Care Schemes Update  
 Presented by: Rachel Barrowcliff, Service Manager

**STATUS OF THE REPORT (auto check relevant box)**

- For Information
- For Discussion
- For Approval / Ratification
- Report Exempt from Public Disclosure  No  Yes

<b>PURPOSE OF REPORT:</b>	<p>This paper provides an update on the work that is ongoing in connection with the local primary care services commissioned by the CCG over and above core/essential services.</p> <p>As previously reported, the NHS England Long Term Plan signalled the implementation of the new 'network contract' for practices, over and above core, to support the primary care networks and the opportunity to include local schemes within these network contracts. In light of this, the CCG has been undertaking service reviews of each scheme with a view to commission at Primary Care Network level where appropriate to do so.</p>	
<b>Recommendations:</b>	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>note the current position regarding the local schemes reviews.</li> </ul>	
<b>Committee Process and Assurance:</b>	N/A	
<b>Implications:</b>		
<b>Risk Assurance Framework Implications:</b>	<p>There is a risk to service continuity and increased use of secondary care services if some schemes are not continued; consideration is given to this as part of each review.</p>	
<b>Legal Implications:</b>	N/A	
<b>Data Protection Impact Assessment implications (DPIA):</b>	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	<b>No</b>
	If yes to the above – have the DPIA screening questions been completed?	<b>No</b>
	Does this project involve the processing of personally identifiable or other high risk data?	<b>No</b>
	If yes to the above has a DPIA been completed and approved?	<b>No</b>

<b>Equality Impact Assessment implications:</b>	<p>An Equality Impact Analysis/Assessment is not required for this report <input checked="" type="checkbox"/></p> <p>Individual services will have had an equality impact assessment, but these will be reviewed to reflect any changes.</p> <p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment <input type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report <input type="checkbox"/></p>
<b>Finance Implications:</b>	N/A
<b>Quality Implications:</b>	<p>This report details a positive impact on quality. <input type="checkbox"/></p> <p>The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.</p> <p>This report details a neutral impact on quality. <input checked="" type="checkbox"/></p> <p>The report will not make any impact on experience, safety or effectiveness.</p> <p>This report details a negative impact on quality. <input type="checkbox"/></p> <p>The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the 'must do's' of provision in terms of meeting people's needs has to be made. It is forecast that service user experience will be negatively impacted by this position.</p>
<b>Procurement Decisions/Implications (Care Contracting Committee):</b>	Any procurement implications are/will be considered as each scheme is reviewed.
<b>Engagement Implications:</b>	Engagement continues to take place through a mixture of discussion at the GP Provider Development Group, individual discussions with practices/providers and specific task and finish groups, particular to each local scheme.
<b>Conflicts of Interest</b>	<i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Links to CCG's Strategic Objectives</b>	<input checked="" type="checkbox"/> Sustainable services <input checked="" type="checkbox"/> Empowering people <input checked="" type="checkbox"/> Supporting communities <input checked="" type="checkbox"/> Delivering a fit for purpose organisation
<b>NHS Constitution:</b>	<a href="https://www.gov.uk/government/publications/the-nhs-constitution-for-england">https://www.gov.uk/government/publications/the-nhs-constitution-for-england</a>
<b>Appendices / attachments</b>	

## Introduction

The CCG currently commissions a number of local Primary Care schemes from individual practices which are incorporated into a Standard NHS Contract between the CCG and each practice and this contract runs until 2021. The Committee has previously received individual updates for each scheme as a review process has taken place.

## Background

The local schemes outline the more specialised services to be provided within Primary Care and are designed to cover the extended aspects of clinical care of the patients, all of which are beyond the scope of essential services within the GMS/PMS/APMS contracts. Furthermore, some of these services may ease pressures on acute services.

## Current position

The CCG is continuing to review each of the local schemes to assess current need, and delivery method. The objectives of each of these services are:

- To provide a safe and clinically effective service for patients within a primary care environment;
- To provide a locally accessible service that enhances the patient experience;
- To reduce patient attendances in secondary care;
- To ensure the most efficient use of NHS resources;
- Provide a holistic approach to patient care;
- Provide an equitable service for all users.

Each of the service specifications are currently being reviewed and will be brought future meetings for consideration by the Committee, to continue, cease or revise the scheme as per the recommendations at the time. This would include providing at scale where appropriate. The review is taking into account the following:

- Need for the service to continue
- Review of historical activity and potential future activity
- Skills & Competencies required
- Training requirements
- Outcomes required
- Budget
- CCG Clinical leads - to give views on how the services might be better provided in the future.

## Commissioning Intentions

The NHS Long Term Plan set out the development of Primary Care Networks covering populations of at least 30,000 and specifically the development of the new Network DES, introduced in July 2019. The Network DES provides the vehicle to commission local schemes at scale from Primary Care Networks through the category of **Supplementary Network Services** whereby CCGs and Primary Care Networks may develop local incentive schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

The Primary Care Commissioning Committee should now note that the CCG is considering utilising the Network DES for these local schemes, where appropriate and approval for the inclusion of these will be brought to future meetings, following consultation with provider and stakeholders. The timescale for the initial engagement will take place during November and December 2019. Following this, the timescales for the next steps will be agreed and it is hoped to have completed the process by the end of Quarter two 2020.

### **Recommendation**

The Primary Care Commissioning Committee is asked to:-

- Note the update provided in this report regarding the review and future commissioning intentions for local primary care schemes.