

NHS Rotherham Clinical Commissioning Group

Primary Care Committee – 12 February 2020

Primary Care Network Innovation Fund

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Rachel Garrison, Senior Contract Manager (Primary Care)
Lead GP:	Dr Avanthi Gunasekera, SCE Lead for Primary Care

Purpose:

In November 2019 the Committee agreed the Innovation Fund; a pot of money against which Primary Care Networks (PCNs) can submit plans for specific projects to meet the needs of their populations, linked to the priorities in the CCG Commissioning Plan.

Bids from three PCNs have now been received.

Background:

As stated in Investment & Evolution (<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>), by serving a defined place, the PCN brings a clear geographical locus for improving health and wellbeing. Using the principles of Population Health Management (PHM) and the data sets / tools currently being created by the CCG, PCNs will be in a position to identify specific needs within their populations. This fund allows PCNs to respond to those needs by providing tailor-made services and interventions.

Primary Care Delegation Responsibility:

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	
Delegated	✓
Both Rotherham CCG and delegated	

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	
Managing practices with CQC / quality concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	

Manage the delegated allocation for commissioning of PMCS	✓
Assurance to the governing body on the quality and safety of PMCS	

Analysis of key issues and of risks

The unallocated GMS/PMS monies for 2020/21 are forecast to be £538,877 based on current list sizes. Split by weighted population across the PCNs, this has been allocated as follows:

PCN	Weighted list (01.01.19)	Allocation
Health Village / Dearne Valley PCN	56,778	£ 107,868.49
Maltby Wickersley PCN	38,676	£ 73,477.79
Raven PCN	43,751	£ 83,119.42
Rother Valley South PCN	60,181	£ 114,333.61
Rotherham Central North PCN	38,462	£ 73,071.22
Wentworth 1 PCN	45,797	£ 87,006.47
Total	283,645	£ 538,877.00

Using PHM to identify opportunities, PCNs were asked to submit bids concentrating on the conditions acknowledged to be areas of focus for the CCG, and linked to the twelve priorities in the commissioning plan (<http://www.rotherhamccg.nhs.uk/our-plan.htm>).

The conditions of focus are as follows:

Cancer	Diabetes
Cardiovascular Disease	Respiratory Disease
Stroke Care	

The following are the 12 priorities of the commissioning plan, in order of importance to primary care (taking account of other programmes of work within the CCG):

1 Primary Care	Primary care is paramount to delivery of the 10 year plan and the General Practice Forward View, and central to the achievement of both the Rotherham Place Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.
2 Unscheduled Care	Estimate suggest that between 1.5 and 3 million people who attend A&E each year could have their needs addressed in other parts of the urgent care system. Rising pressures on A&E services also stem from continued growth in levels of emergency admission and from delayed transfers of care when patients are fit to leave hospital.
3 Cancer	In Rotherham, cancer incidence is higher than average, especially for lung and colorectal cancer. The detection of cancer through the urgent two week wait pathway is worse than average and suggests that people may be putting off seeking help when they have early signs and symptoms of cancer.
4 End of Life Care	End of life care is care that affects us all; the living, the dying, and the bereaved. Reports and investigations frequently identify poor care and we have a responsibility to do better.
5 Clinical Referrals	The average annual growth in referrals is 5.4%; there is clearly a significant need for the NHS to manage the demand that flows into hospitals by ensuring that only the most appropriate cases are referred for face to face consultation.

6 Community Services	For many people, high quality care at home or in a community setting is a better, safer option. The alternative is to commission services other than hospital admission, to treat people with the same needs more consistently by offering care at home or close to home.
7 Mental Health	Mental Health problems are widespread, at times disabling, yet often hidden. One in four adults experiences at least one diagnosable mental health problem in any given year, and mental health problems represent the largest single cause of disability in the UK.
8 Learning Disabilities	Learning disabled people in Rotherham are living longer, the challenge being that learning disabled people are more likely to experience chronic health conditions much earlier than the general population.
9 Medicines Management	Rotherham has traditionally been a high prescriber of medication, mirroring that of neighbouring South Yorkshire CCGs, and as such is more exposed to the effect of rising drug prices than most CCGs.
10 Maternity and Children	Child health and maternity provision covers a range of preventative, routine and urgent care services or interventions within primary care, community or hospital settings, as well as integrated pathways for disabled children and young people or those with special educational needs aged between 0-25.
11 Continuing Healthcare	The CCG has a statutory obligation to fund healthcare for clients who are assessed as needing NHS Continuing Healthcare.
12 YAS and Patient Transport Services (PTS)	Newly commissioned PTS services support patient flow through the acute trusts including attendance at out-patient clinics and timely discharge and transport home.

Three PCNs (Rother Valley, Central North and Wentworth) have now submitted their bids for consideration by Primary Care Committee – these can be found in appendices 1-3.

Please note; although the Rother Valley bids exceed their allocation of funding, the PCN will meet the shortfall.

Patient, Public and Stakeholder Involvement:

Not applicable.

Equality Impact:

Not applicable.

Financial Implications:

Spend of the unallocated GMS/PMS monies for 2020/21 - £538,877.

Human Resource Implications:

Not applicable

Procurement Advice:

Not applicable.

Data Protection Impact Assessment:

Not applicable.

Approval history:

Consultation with Clinical Directors of PCNs – August / September 2019.

Recommendations:

It is recommended the Committee review the bids and confirm support for the bids received.

Paper is for Approval.