

NHS Rotherham Clinical Commissioning Group

LMC Meeting – 14 February 2022

LMC Officers – 28 February 2022

Primary Care Committee – 09 March 2022

The Quality Contract 2022/23 onwards: releasing funding for primary care estate

Lead Executive:	Ian Atkinson, Executive Place Director
Lead Officer:	Rachel Garrison, Senior Contract Manager (Primary Care)
Lead GP:	Dr Avanthi Gunasekera, SCE Lead for Primary Care

Purpose:

To brief on the proposed changes to the Quality Contract over the next 5 financial years, beginning 2022/23.

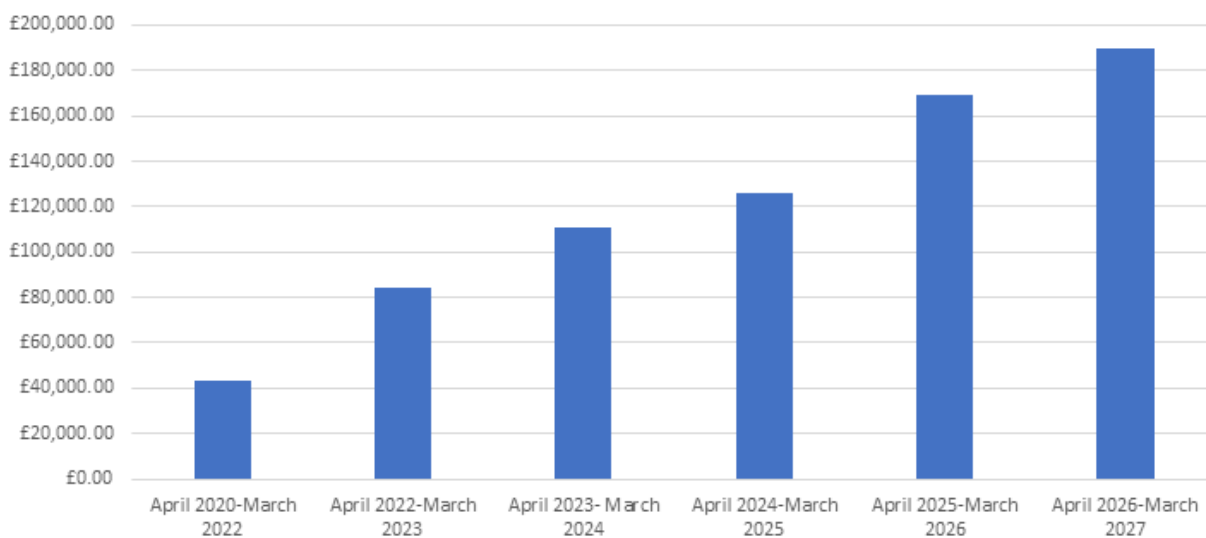
Background:

When the CCG took delegated responsibility for primary care from NHS England, monies transferred to fund both actual and notional rent reimbursement in general practice. The funding for this purpose hasn't increased since, but the rents have continued to rise. The CCG has been in discussion with the LMC to release funds from delegated funds and ultimately it was agreed to utilise the Quality Contract to cover increased rent reimbursements and extension of estates in primary care.

To date, the CCG have been unable to agree to premise expansion (other than Magna and Waverley which were agreed prior to the PCT demise) as we haven't had sufficient recurrent funds to commit to paying the additional rent reimbursement, even where developments could have been centrally funded and the rent abated for a period of time. Meanwhile, the capacity situation has been deteriorating due to the influx of additional roles in primary care, and rising rents. The CCG has had to prioritise any underspend in primary care to cover increased estates costs beyond our control to date.

The chart below shows the expected rent increases in the coming years and doesn't allow for any expansion of the primary care estate. In 2022/23 we will need £80k+ to meet our existing obligations.

Notional/Actual rent potential accumulative increase across 5 year period



Officers met with the Clinical Directors and representatives of the LMC to try to find a way forward. Having reviewed the delegated budget, it was agreed the best source of funding was the Quality Contract and we would aim to achieve releasing £100k per year over the next 5 years, totalling £500k in year 5. Since then, the CCG and LMC have been working to deliver this agreement.

Primary Care Delegation Responsibility:

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	
Delegated	Yes
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	Yes
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	Yes
Assurance to the governing body on the quality and safety of PMCS	

Please indicate which of the Delegated Duties Decisions this paper requires:-

Delegated Duties – iii –	N/A
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Decisions in relation to the establishment of new GP practices (including branch surgeries) and closures of GP practices.	
Delegated Duties – iv – Decisions about 'discretionary payments'.	N/A
Delegated Duties – v – Decisions about commissioning urgent care (including home visits as required) for out of area registered patients.	N/A
Delegated Duties – b – The approval of practice mergers.	N/A

Analysis of key issues and of risks

To release the funds, we will stand down the majority of the contract over a 5-year period and ultimately focus on three remaining areas along with the key principles of the Quality Contract which are outlined in the introduction:

- Standard 1: Access
- Standard 2: Demand Management & Transfer of Care
- Standard 6: Cancer Referral

We propose reducing the Quality Contract year on year by removing a mixture of those elements found in standard 7 which are fully costed, and the remaining standards. The Quality Contract at present totals just over £1.4m to practices, and from year 5 would reduce to £900k for the condensed version which would include significant additional work in those remaining standards. A value for money exercise would need to be undertaken to ensure the remaining standards stood up to scrutiny.

NB: with the exception of standard 7 the content of the Quality Contract has not been costed. The remaining standards have an arbitrary value and the monies attached cannot be definitively described.

Following further discussion with LMC Officers, it was agreed that two models should be worked up; model 1 describes reducing by £100k per year, but would only allow the CCG to meet its existing obligations in 2022/23 and would not allow for any further expansion. Model 2 releases £150k in year 1, and £75k in years 2 and 3 (reflecting that the minimum amounts needed these years is lower) and would allow for some expansion.

Model 1: Release £100k per year

Year 1 – reduce from £1.4m to £1.3m by removing:

- Standard 7 Heart Failure and Atrial Fibrillation (£32,265.34 + £10,755.11 = £43,020.45)
- Standard 10 Patient Safety
- Standard 12 Carers

Year 2 – reduce from £1.3m to £1.2m by removing:

- Standard 7 Get Healthy Rotherham requirement (£75,285.79)
- Standard 3 Health Improvement
- Standard 9 End of Life Care

Year 3 – reduce from £1.2m to £1.1m by removing:

- Standard 7 CVD Prioritisation (£75,285.79)
- Standard 11 Mental Health, Dementia, Learning Disability and Military Veterans

Year 4 – reduce from £1.1m to £1m by removing:

- Standard 7 Asthma (£32,265.34)
- Standard 4 Screening
- Standard 13 Patient Experience and Engagement

Year 5 – reduce from £1m to £900k by removing:

- Standard 7 Diabetes and COPD (£75,285.79 + £32,265.64 = £107,551.43)

Model 2: Release £150k in year 1, and £75k in years 2 and 3

Year 1 – reduce from £1.4m to £1.25m (£150k) by removing:

- Standard 7 Heart Failure and Atrial Fibrillation (£32,265.34 + £10,755.11 = £43,020.45)
- Standard 9 End of Life Care
- Standard 10 Patient Safety
- Standard 12 Carers
- Standard 13 Patient Experience and Engagement

Year 2 – reduce from £1.25m to £1.175m (£75k) by removing:

- Standard 7 Get Healthy Rotherham requirement (£75,285.79)
- Standard 3 Health Improvement

Year 3 – reduce from £1.175m to £1.1m (£75k) by removing:

- Standard 7 CVD Prioritisation (£75,285.79)

Year 4 – reduce from £1.1m to £1m (£100k) by removing:

- Standard 7 Asthma (£32,265.34)
- Standard 4 Screening
- Standard 11 Mental Health, Dementia, Learning Disability and Military Veterans

Year 5 – reduce from £1m to £900k (£100k) by removing:

- Standard 7 Diabetes and COPD (£75,285.79 + £32,265.64 = £107,551.43)

Changes following input from the LMC:

Following the LMC meeting of 14 February the committee agreed to model 2, with amendments:

Year 3 – reduce from £1.175m to £1.1m (£75k) by removing:

- Standard 7 Diabetes (£75,285.79)

Year 5 – reduce from £1m to £900k (£100k) by removing:

- Standard 7 CVD Prioritisation and COPD (£75,285.79 + £32,265.64 = £107,551.43)

Regardless of the model, from year 3 onwards the content of the remaining focussed standards i.e. 1, 2, and 6 will need to be increased in-line with local and national priorities in order to justify value for money. A phased approach of increasing the content of one of the remaining three standards each year is suggested.

Reference to NHSE Primary Medical Care Policy and Guidance Manual (PGM):

Not applicable.

Patient, Public and Stakeholder Involvement:

Not applicable.

Equality Impact:

Not applicable.

Financial Implications:

As outlined.

Human Resource Implications:

Not applicable.

Procurement Advice:

Not applicable.

Data Protection Impact Assessment:

Not applicable.

Approval history:

- LMC Meeting – 14 February 2022: comments incorporated; model 2 preferred with amendments requested for LMC Officers.
- LMC Officers – 28 February 2022
- Primary Care Committee – 09 March 2022

Recommendations:

The committee is asked to review the paper and approve the reduction in monies over 5 years to support the expansion of primary care estates.

Paper is for approval.