

NHS Rotherham Clinical Commissioning Group

LMC officers – 20 May 2019

Operational Executive – 24 May 2019

Strategic Clinical Executive – 29 May 2019

Primary Care Sub-Group – 29 May 2019

GP members committee – 26 June 2019

Primary Care Committee - 10 July 2019

Revised GP Strategy for Rotherham

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Jacqui Tuffnell, Head of Commissioning
Lead GP:	Dr Avanathi Gunasekera, SCE Lead for Primary Care

Purpose:

The GP strategy has been revised to incorporate the requirements identified in the new GP contract document, 'Investment and Evolution'.

Background:

Delegation responsibility:

Please tick 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 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

Our interim GP strategy was developed in March 2015 and significant progress has been made in implementing change in General Practice. RCCG has a commitment to 'one plan' however because of the delegation arrangements in relation to primary care commissioning it is acknowledged that a separate GP strategy is required. The General Practice Forward View (GPFV) has provided further impetus for implementing change

at increased pace as funding streams were identified to enable delivery of the programme. In January 2019 the NHS published its Long Term Plan and general practice is key to delivering the plan. The South Yorkshire and Bassetlaw Integrated Care System are required to have a Primary Care strategy by July 2019 and therefore require place positions to inform the strategy, the Rotherham GP strategy has therefore been reviewed to incorporate the requirements identified within the plan and specifically the five year framework for GP contract reform 'Investment and evolution' was also published to achieve five main goals:

1. Secure and guarantee the necessary extra investment;
2. Make practical changes to help solve the big challenges facing general practice, not least workforce and workload;
3. Deliver the expansion in services and improvements in care quality and outcomes set out in The NHS Long Term Plan, phased over a realistic timeframe;
4. Ensure and show value for money for taxpayers and the rest of the NHS, bearing in mind the scale of investment;
5. Get better at developing, testing and costing future potential changes before rolling them out nationwide.

Specifically, the agreement addressed the following:

Address workload issues resulting from workforce shortfall

There will be a new *Additional roles reimbursement scheme* which will guarantee funding for an estimated additional 20,000 staff by 2023/24. The scheme will meet a recurrent 70% of the costs of additional clinical pharmacists, physician associates, first contact physiotherapists and first contact community paramedics and 100% of the costs of additional social prescribing link workers.

A permanent solution to indemnity costs and coverage

A new centrally funded clinical negligence scheme for general practice will commence in April 2019. All of general practice will be covered including out of hours and all staff groups. The scheme is funded through a one-off permanent adjustment to the global sum.

Improvement to the Quality and Outcomes Framework (QOF)

A number of indicators are being retired to create a new Quality Improvement domain. The first two quality improvement modules for 2019/20 are prescribing safety and end

of life care. There will also be changes to the current indicators to ensure they are clinically appropriate related to diabetes, blood pressure control and cervical screening. Exception reporting will be replaced by a more precise approach of the Personalised Care Adjustment.

Automatic entitlement to a new Primary Care Network Contract

Primary Care Networks (PCN) are essential building blocks of every integrated care system in the NHS Long Term Plan. A new network contract directed enhanced service (DES) will see general practice taking a leading role in every PCN. Eligibility depends on meeting registration requirements. 100% geographical coverages of the Network Contract DES is expected by July 2019 so that no patients or practices are disadvantaged. Each network must have a named accountable clinical director and a network agreement. A new primary care network development programme will be centrally funded and delivered through integrated care systems.

Supporting joined-up urgent care services

The LTP envisages PCNs joining up the delivery of urgent care in the community. Funding and responsibility for providing the current CCG commissioning enhanced access services transfers to the network contract DES by April 2021. From July 2019 the extended hours DES requirements are introduced across every network until March 2021. GP activity and waiting times data will be published monthly from 2021 alongside hospital data.

Enabling practices and patients to benefit from digital technologies

NHS England will continue to ensure and fund IT infrastructure support including through the new GP IT Futures programme which replaces the current GP systems of choice. Additional national funding will also provide PCNs with access to digital-first support from April 2021. All patients will have the right to digital first primary care, including web and video consultations by April 2021. All patients will have access to their full records from 2020 and be able to order repeat prescriptions electronically as a default from April 2019. Additional funding will be added to the global sum for the next 3 years to recognise the income loss and workload from subject access requests.

Delivery of new services to achieve NHS long term plan commitments

The annual increase in funding for the Additional roles reimbursement scheme is

subject to agreeing seven national 'network service specifications' and their subsequent delivery. Five of the seven commence by April 2020:

1. Structured medication reviews
2. Enhanced health in care homes
3. Anticipatory care (with community services)
4. Personalised care
5. Supporting early cancer diagnosis

The remaining two, cardio-vascular disease case finding and locally agreed action to tackle inequalities commenced by 2021. By 2020 there will be a new Network Dashboard covering population health, urgent and anticipatory care, prescribing and hospital use. A national network investment and impact fund will start in 2020 which is intended to help networks make faster progress against the dashboard and NHS LTP goals.

Five year funding clarity and certainty for practices

GPC England and NHS England have agreed that no additional national money is expected for practice or network contract entitlements until 2024/25. Funding for the practice contract is now agreed for each of the next five years and increases by £978 million in 2023/24

Testing future contract changes prior to introduction

A new testbed programme will be established to provide real-world assessment. Different clusters of GP practices in PCNs will each develop or test a specific draft contract change such as a service specification, QOF indicator or QI module. Network participation in research will also be encouraged from 2020/21.

Rotherham response to the NHS long term plan

Our GP strategy has always identified the following:

The CCG has an overall vision of working with the people of Rotherham to sustain and improve health services, to improve health and to reduce health inequalities. Primary care, defined for this purpose as care that can be provided out of hospital by GPs and the teams they employ, is at the heart of the NHS and will play a central role in achieving this aim by ensuring a co-ordinated service for patients, centred on the needs of the people that we serve and not silo organisations.

Therefore the national changes to general practice support the direction of travel which RCCG has been taking. We have fantastic examples of care in Rotherham but as our population increases and ages, it is critical that we respond by providing services in

different ways to ensure we continue to sustain and improve during challenging times. Our key challenges within GP services include our own ageing workforce. Over 33% of GPs in Rotherham are due to retire in the next 3 years with limited availability of trainees to fill vacancies.

This strategy is a key component to ensure we continue to mould our journey to deliver our priorities and what we will do to make the vision a reality. The strategy aligns with the Health & Wellbeing board priorities, the CCG's commissioning plan, the General Practice Forward View (GPFV) and the Investment and evolution: Five year framework for GP contract reform to implement the NHS Long Term Plan. Investment and evolution goes further to recognise the pressure general practice is under following years of relative under investment and sets out a national programme to invest £4.5billion. The strategy should also be considered as an enabler for, and read in conjunction with the RCCG Better Care Fund (iBCF) plan which is a pooled budget of £33.4 million for health and social care.

We have developed our strategy by reflecting on feedback from our patients and the wider primary healthcare teams at market place and development events held in June 2015, November 2015, July 2016 July 2017 and July 2018 as well as considering the challenges facing general practice. It is acknowledged that there will need to be further review of the strategy over the next 12 months to acknowledge the changing landscape associated with the development of the Primary Care Networks.

Over the course of the next 3 years, RCCG will continue its strategy to invest in primary care as follows:

- Support the development of Primary Care Networks to enable practices to work at scale and ensure a sustainable general practice infrastructure – a minimum of £1.50 per head will be invested;
- Continue to reinvest £1.94m monies released from PMS changes in the form of a quality contract for general practice and new local enhanced service schemes;
- We will continue our strategy to support practices with increasing telephone consultation and delivering new methods of consultation;
- We will continue to invest (current £2.4m) in local enhanced schemes, delivering care closer to home and improving the management of patients to avoid admission;
- We will build on the achievements from the Productive General Practice

Programme for all Rotherham practices by continuing to support Practice manager development;

- We will support primary care networks to consider skill-mix and to utilise new roles within the practice e.g. pharmacists, physiotherapists, emergency care practitioners, associate physicians, mental health workers, social prescribing link workers;
- We will utilise monies to ensure GP leaders are identified and upskilled to support their clinical colleagues in radical changes within practices;
- We will continue to upskill reception and administrative staff to feel able to care navigate and deal competently with medical documentation;
- The CCG will work with primary care networks to review the extended access offer within Rotherham alongside the GP out of hours services and primary care streaming to ensure it is a co-ordinated, effective offer for the Rotherham population
- We will review our key IT enablers including, Rotherham Health Record, the Rotherham Health APP which encompasses e-consultation, record review, direct booking of appointments, repeat prescriptions and ultimately provides the facility for online consultation with clinicians. The aim is to develop this further with the Rotherham place.

Patient, Public and Stakeholder Involvement:

The draft strategy has been circulated to key stakeholders:

Local medical committee
Healthwatch
Health and Wellbeing board
Connect Healthcare Rotherham
GP members committee
Primary Care Network Clinical Directors

Equality Impact:

Not applicable.

Financial Implications:

These will be considered alongside the allocation provided to RCCG for delivery.

Human Resource Implications:

Not applicable.

Procurement Advice:
Not applicable.
Data Protection Impact Assessment:
Not applicable.
Approval history:
Primary care sub-group LMC officers meeting Confidential Primary Care Committee Primary Care Network Clinical Directors Healthwatch
Recommendations:
It is recommended that the committee discuss and support the amendments to the GP strategy
Paper is for approval