

Report to Primary Care Commissioning Committee

11th July 2018

Report Title	Primary Care Update				
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CCG Programme	Primary Care Development				
Purpose of Report	For information				
Summary	This paper provides a brief update on the development of key CCG primary care contracts and issues.				
Recommendation(s)	Members of the Committee are asked to receive and consider the Primary Care update report.				
Does this report provide assurance to support the vision for the CCG?					
People centred <input checked="" type="checkbox"/>	Prevention focused <input checked="" type="checkbox"/>	Integrated	Consistent <input checked="" type="checkbox"/>	Innovative <input checked="" type="checkbox"/>	Deliver best value <input checked="" type="checkbox"/>
Does this report provide assurance in relation to the following areas of responsibility for the CCG					
Legal <input checked="" type="checkbox"/>	Engagement	Risk <input checked="" type="checkbox"/>	Financial <input checked="" type="checkbox"/>	Inequalities	
<i>Please include relevant risk references here</i>					

All legal, engagement, inequalities, financial and resource implications and any potential or actual risks are set out in detail in the body of this report.

Primary Care Update – July 2018

1. Introduction

This paper provides a brief update on the development of key CCG primary care contracts and issues.

2. Primary Care Contracts

2.1 GP Federations

The CCG held its most recent Contract Review Meeting with the Lambeth GP Federations on 4th July. This meeting now covers quality issues previously managed in a separate meeting, and includes colleagues from the London Borough of Lambeth who also commission “Public Health Improvement Services” from the GP Federations (i.e. Health Checks, Smoking Cessation, Substance Misuse and Sexual Health services). Some of the key topics covered in the meeting were:

- **Extended Access Hubs:**

Delivery of the new contract, commissioning completed contacts rather than just appointment slots, is progressing well. Year-to-date figures (April-June 2018) show:

- 15,036 contacts commissioned
- 14,014 appointments made available
- 13,365 appointments used by patients
- 253 DNAs
- Most referrals are from GP Practices, with another 139 from SELDOC, 44 from NHS111, and 51 from local Acute Trusts.
- The DNA rate of 2% is a significant reduction compared to the high of 16% in 2017/18
- The utilisation rate of almost 95% is a significant improvement on the 64% figure in May 2017

The CCG is continuing to review with the GP Federations and local Acute Trusts whether to continue the previous pilot offer ring-fenced appointment slots for patients to be redirected from A&E departments

- **GP Delivery Framework (GPDF):**

The process for confirming final 2017/18 performance against the GPDF is nearing completion. This is important both for confirming payments to be made to the GP Federations, but also to demonstrate the value of commissioning the scheme at-scale rather than directly with Practices. The CCG’s current assessment is that, of the 77 quarterly Key Performance Indicators (KPIs) in the GPDF:

- 60 have been achieved
- 4 have been partially achieved

- 13 have not been achieved
- If confirmed this would result in a payment of £1,350,390, out of a total contract value of £1,549,000

Overall the data provided by the Federations showed positive news in respect of KPIs such as Diabetes, and a notable success in getting all Practices to fully engage with Virtual Clinics for the various Long Term Conditions that are part of the GPDF. However there were also some KPIs not achieved, either due to lack of mandated evidence or genuinely missed for a variety of reasons – e.g. Paediatric Asthma – where only 67% of children and young people aged 2-18yrs on the asthma register had a personalised Asthma UK Asthma Plan issued within the previous 12 months, against a Q4 target of 85%.

A meeting will take place on 10th July between the CCG and Federations to work through appeals and consider their request to “re-baseline” some of the indicators for 2018/19. A final summary will come to the September Primary Care Commissioning Committee, together with an annual report for services commissioned via the Federations.

- ***Resilience***

The CCG, GP Federations and LMC are working together to ensure GP Practices in Lambeth are supported to make applications for the 2018/19 GP Practice Resilience funds, following confirmation of this year’s process by NHS England. This funding is aimed at practices, or groups of practices, who are currently experiencing issues and challenges that impact negatively on their resilience and sustainability.

All Lambeth practices have been written to, offering the opportunity to self-nominate. The CCG and Federation are working collaborative to identify those practices that, they believe, would most benefit from support – currently around 6 Practices in Lambeth. Nominations are due to be submitted for decision by a London panel on the 10th July, with a decision being made by the 31st July 2018. The CCG has been informed that priority will be given to those practices in London facing the most significant challenges in relation to their immediate or future stability. No further information has been made available to-date regarding the amount of funding available.

2.2 Premium Specification for General Practice

The CCG successfully negotiated a new Premium Specification as part of the PMS Review that concluded in 2017. The new specification is now being delivered by 39 Practices in Lambeth, most having started on 1st January 2018. The specification is designed around a set of KPIs that link to priority areas for improving the health of patients in Lambeth, and are based on a variety of payment mechanisms – some involving performance banding, and others payments based on having delivered

the service or not.

As part of the successful review it was agreed that the CCG would meet with partners at the Lambeth and Londonwide LMCs quarterly, at the Contract Performance Management Review Group (CPMRG), to assess progress in delivering the new specification, and to ensure Practices were able to do this with the necessary support. The first of these meetings took place on 20th June 2018. Progress and issues are covered in a separate paper under agenda item 12.

2.3 APMS Equalisation Update

Meetings are continuing with the 5 remaining Lambeth APMS contract holders who have not yet signed up to the CCG's equalisation offer to agree how and when this will happen. The negotiations are commercially sensitive, complex, and likely to last for a few more months at least until issues are resolved. The next step is to have a further round of negotiation meetings. The committee will be kept informed as these negotiations develop, and be asked to make decisions as and when that point is reached.

2.4 APMS Procurement Update – Pavilion Medical Centre

The process to re-procure this APMS contract as part of the Tranche 6 London-wide procurement has now reached the interview evaluation stage. Following the completion of the evaluation of bids for all contracts being tendered, and subsequent moderation of scores, each bidder recently made a presentation to a regional panel that included representation from Lambeth CCG. The final scoring from these presentations and questions will be moderated, and then added to the other elements already scored – this will create a final ITT (Invitation to Tender) score for each bidder. Based on this final step, the CCG expects to receive a report from the procurement team before 20th July that recommends award of the contract to the successful bidder.

As the Primary Care Commissioning Committee (PCCC) is not due to meet again until 12th September 2018, the Committee Chair will need to make a decision on whether to accept or reject the recommendation using Chair's action, and advised by CCG officers and the London procurement team. A final report will be shared with the PCCC in September. The final timetable remains as below:

Milestone	Proposed New Timetable
Final Moderation and completion of ratification reports	2 nd to 6 th July (1 week)
PCCC sign off	9 th to 20 th July (2 weeks)
Bidder notification	23 rd July
Standstill	23 rd July to 3 rd August (10 days)
Contract Award	6 th August
Mobilisation	6 th August to 30 th September (8 weeks)
Contract start	1 st October

The next Primary Care Commissioning Committee in Public is on 11th July, and will be needed to formally report the outcome of the procurement process and make a decision that allows the CCG to enter into a contract with the successful bidder. It is possible that there may be further delays to the procurement process, in which case it may be necessary to use Chair's Action to make these decisions after the meeting. If this is the case the July PCCCIP will be notified.

3. Other Updates

3.1 Practice Mergers

Following approval at the last Primary Care Commissioning Committee on 9th May 2018, the merger of Dr Santamaria's Surgery with Clapham Family Practice has been completed. The CCG, South East London Primary Care Team (SELPCT) and CSU have worked intensively with the Practices to make this happen, implementing the mobilisation plan from the agreed business case, holding weekly calls and meetings, and resolving issues as they arose. The new Practice is still called Clapham Family Practice, with the surgery based at Manor Health Centre now classed as a branch surgery and renamed "Clapham Family @ Manor Health Centre".

The merger of Crown Dale Medical Centre with Tulse Hill Practice, also approved at the committee and originally scheduled for July 2018, will now take place on 1st October 2018 after both teams wanted a longer mobilisation period to ensure a smooth process – e.g. agreeing new joint team structures, embedding new and established ways of working, and facilitation of the move of certain teams from Crown Dale to Tulse Hill.

The committee asked for a series of further assurances when approving the mergers, and these have been addressed as follows:

- Have HealthWatch Lambeth endorsed the mergers and have patients been sufficiently engaged?
 - Healthwatch Lambeth have confirmed that they have liaised with both pairs of Practices and that, based on those discussions, and having read the business cases, they are happy to endorse both mergers.
 - In addition patient information letters about the merger of Clapham Family

Practice/Dr Santamaria were sent to all registered patients in early June 2018, and two patient engagement events were also held in June both of which were well attended. Feedback was positive about the greater access to care and wider choice of services.

- Crown Dale Medical Centre and Tulse Hill Practice have already engaged patients, but will use the additional time created by the delayed merger date to hold further such events and engagement.
- What are the IT system costs incurred by both mergers which the CCG is expected to support?
 - IT merger indicative costs for Crown Dale / Tulse Hill are £28,480.40 with a recurring cost of £3,700 for a point-to-point link
 - IT merger indicative costs for Clapham Family / Santamaria are £16,327.46
- How many additional appointments will be available at the newly merged Clapham Family Practice?
 - Total appointments before the merger across Clapham Family Practice and Dr Santamaria were 1732 per week, increased to 1747 per week initially post-merger.
- How will Crown Dale Medical Centre and Tulse Hill Practice address the issue of the distance between their sites with patients?
 - The Practices have held patient engagement event where this issue was addressed and patients re-assured that all services currently available at Crown Dale would remain at Crown Dale and that attending Tulse Hill would be patient choice, and vice versa, with no one forced to attend either site should they not wish.
 - There will be some benefits for Tulse Hill patients attending Crown Dale as they would have easier access to parking both in the streets and also disabled parking on site should they require it.
 - Most of the services that are offered at Crown Dale will also be offered at Tulse Hill, with the exception of the Sexual Health service which is offered as a Lambeth-wide service and is open to all Lambeth residents regardless of which practice they are registered with.
 - There will be further engagement with patients to provide reassurance now that the merger date is 1st October 2018.

3.2 Improvement Grant Process

The application process for 2019/20 Improvement Grants towards premises was announced in May, and the CCG has been working with Practices so that they submit bids that meet the set criteria. The CCG is required to submit a letter of support for any Practice to have a chance of successfully securing funding. Following extensive CCG engagement and support, the Community Based Care (CBC) Programme Board endorsed the 16 bids prioritised by the CCG on 25th June 2018, and these Practices will now be provided with letters of support to accompany their final submissions on 20th July 2018.

3.3 Infection Control Audits

The Infection Prevention & Control Team at NELCSU, commissioned by NHS England on behalf of the CCG, have been carrying out a pilot programme of audits in Lambeth and elsewhere in London. Concerns have been raised to the CCG by a number of practices about these audits regarding the nature of them, the standard that is being asked of practices, how the process is being managed, and confusion as to whether the CQC requested them. The same concerns were also raised at the Part 2 LMC meeting on 5th June 2018.

In response, there have been internal discussions between the CCG and the SEL Primary Care Team (SELPCT) on how to best address these concerns, with a letter sent to Jill Webb, Head of the SELPCT, on 26th June requesting a halt to the inspection programme until further details and assurances have been received. The CCG will continue to work closely with the local LMC and Practices until these concerns have been resolved. The outcome of this will be picked up at the next PCCQRG on 31st July 2018.

3.4 Strategic Commissioning Framework (SCF) Transformation Funding

Following confirmation of the CCG's successful bid for £362,000 of the transformational funding made available in South East London, work has been accelerated to set up a new Task & Finish Group to bring together a number of key partners who will be involved in delivering the projects. The funding is split into two parts, with various requirements around reporting and spending:

- £189,000 for "Neighbourhood Delivery" – i.e. using population health and performance data to drive a more systematic approach to quality improvement and delivery at a network/cluster level.
- £174,000 for "System Partnership" – i.e. supporting development of formal relationships with partner organisations to realise wider benefits – in Lambeth this is specifically related to 'Lambeth Together', and to support GP Practices to explore working together in clusters/networks of 30-50,000 patients, and the systems and processes that would be needed to make this work effectively for both Practices and patients

The new group will be led by the Lambeth GP Federations, but involve multiple partners such as the CCG, HealthWatch and key local Practices – and the committee will receive a substantial update on this topic at the next meeting in September 2018.

3.5 Online Consultations

The CCG is currently piloting three online consultations products with Practices to test their effectiveness for patients and staff. Of the 17 Practices taking part most have now gone live, with a programme of Practice visits and teleconference calls with suppliers set up to monitor progress and address concerns and any issues. Support about further patient engagement is planned and will focus on the mind shift required to move from telephone contact to a web based approach to contacting and interacting with GP Practices. Additional engagement with the PPG Network is planned for July and August.

Work with the Health Innovation Network and other SEL CCGs to support the evaluation process is commencing. This will include building a baseline position to compare to the pilot 9-month position. Suppliers will be providing uptake and activity reports on a monthly basis, which will include patient feedback.

3.6 GP Retention Fund

Following the announcement of a national GP Retention Fund, the CCG has been engaging with colleagues in South East London about how best to approach applying for funding. The Fund is designed for bids to be received from STPs, and the CCG has been able to provide some input into the formation of the SEL bid.

Once further details of the bid and associated workstreams/timelines is available, the committee will be further updated.

3.7 Primary Care Budgets Task & Finish Group

In recognition of the continuing budgetary pressure associated with the CCG's delegated commissioning budget, which is still almost £1million over budget despite using other programme funds to offset it, and the CCG's wider QIPP targets, a series of "Task & Finish Groups" were set up to work through options for improving this position. As part of this process a specific group for Primary Care Budgets has been established, with one meeting held so far. The group will review all delegated and non-delegated primary care spending, and work through what options there are for reducing the overspend and mitigating budget risks – e.g. looking at activity-based contracts or costs incurred for out-of-area activity.

The Committee will be updated as this work progresses, including if any commissioning decisions stem from it.

3.8 GP at Hand / Babylon

Following further recent publicity about potential difficulties for patients who have de-registered from their GP Practice, and switched to the new GP-at-Hand/Babylon online provider, the CCG has initiated discussions with local Trusts to see how these can be mitigated in Lambeth. The concerns relate to the fact that patients who switch become registered patients of Hammersmith & Fulham CCG in west London, and therefore encounter problems in accessing services nearer to where they live due to contractual barriers – e.g. a patient may live in Streatham but be unable to access Lambeth community or mental health services because they are not a Lambeth-registered patient.

This work is exploratory at this stage but felt necessary due to the lack of an agreed line across London about how to manage payments and contracts for these patients.

3.9 National GP Contract Consultations

It has been recently announced that there will be a consultation on several proposed changes to the national GP Contract. Details are still emerging, however these include:

- Changes to the national Quality & Outcomes Framework – potentially removing up to a

quarter of current indicators - https://www.england.nhs.uk/wp-content/uploads/2018/07/quality-outcome-framework-report-of-the-review.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=9626943_NEWSL_HMP%202018-07-06&dm_i=21A8,5QC73,RKK1PQ,MC9E4,1

- Changes to the payments applicable for online consultations and providers, and “out of area patient payments” - https://www.engage.england.nhs.uk/survey/digital-first-primary-care/user_uploads/digital-first-access-to-gp-care-engagement-document.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=9626943_NEWSL_HMP%202018-07-06&dm_i=21A8,5QC73,RKK1PQ,MCAY4,1
- Changes to the GP Partnership model - <https://www.gov.uk/government/publications/gp-partnership-review-key-lines-of-enquiry-call-for-evidence>

The committee will be kept informed as these consultations progress.

4. Future Topics for PCCC

The committee are asked to note the following topics which will be covered at the next meeting in September 2018:

- GP Forward View – a report on the CCG’s work and spending on this in 2017/18, and progress in 2018/19 – including benefits for patients
- GP Federations Annual Report – a presentation by the Lambeth GP Federations on the workstreams and services commissioned by Lambeth CCG in 2017/18
- Patient Participation Group (PPG) Network – a report on the PPG Network, its role and effectiveness
- Final report on the procurement for the Pavilion Medical Centre
- New primary care dashboard