Primary Care Commissioning Committee (PCCC)			
Date of Meeting	10/09/19	**Paper Number**	Item 5
Title		Primary Care Operations Group (PCOG) Report	
Sponsoring Director (name and job title)		Fiona Slevin-Brown, Director of Strategy and Commissioning	
Sponsoring Clinical / Lay Lead (name and job title)		Clive Bowman Lay Chair PCCiC	
Author(s)		Emma Reeves, Project Support Officer, Primary Care Alex Tilley, Associate Director of Primary Care (locality lead for WAM)	
Purpose		To appraise the Primary Care Commissioning Committee on the operational work of the CCG Primary Care team and that of the Primary care Operational Group	

The Primary Care Commissioning Committee is required to (please tick)							
Approve		**Receive**	x	**Discuss**		**Note**	x

Risk and Assurance (*outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)*	Risks included in Primary Care Risk register
Legal implications/regulatory requirements	None for this report
Public Sector Equality Duty	None for this report
Links to the NHS Constitution (relevant patient/staff rights)	The NHS provides a comprehensive service available to all. Access to NHS services is based on clinical need, not an individual's ability to pay The NHS aspires to the highest standards of excellence and professionalism The NHS aspires to put patients at the heart of everything it does The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the

	wider population. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources The NHS is accountable to the public, communities and patients that it serves
Strategic Fit *Primary Care strategy and Other relevant strategies*	Reflects the NHS East Berkshire CCG Primary Care Strategy and aligned with the ICS Operating Plan 2019/20.
Commercial and Financial Implications *(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)* *Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)*	All planned investments are included in the PCCC Finance report provided to the committee routinely. GPFV Investments will go through the Frimley ICS GP Transformation workstream from April 2019. Delegation to PCOG for GPFV investments prior to April 2019 remain in place.
Quality Focus *(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets* *Include date the Director of Nursing has signed off the quality implications)*	Deputy Director of Quality Nursing & Safety is lead for the Primary Care Operations Group
Clinical Engagement *Outline the clinical engagement that has been undertaken*	Engagement in accordance with the conflicts of interest guidance. PCOG requires two clinicians for quoracy.
Consultation, public engagement & partnership working implications/impact	All work is underpinned by ambitions and outcomes built on patient insights both locally and nationally
NHS Outcomes *Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:* *Please note there may be more than one Domain.*	Domain 1 Preventing people from dying prematurely; Domain 2 Enhancing quality of life for people with long-term conditions; Domain 3 Helping people to recover from episodes of ill health or following injury; Domain 4 Ensuring that people have a positive experience of care; and Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Executive Summary

The aim of this paper is summarise the work of the Primary care team and report on the Primary Care Operations Group (PCOG) providing assurance around progress and setting out recommendations to PCCC:

1. Primary Care Highlight Report

It was agreed at July's meeting that the highlight report would come to PCOG every other month, alternating with the risk register with urgent issues being raised when necessary. At August's meeting PCOG were shown a newly configured highlight report, however it was noted that further improvement may be required before October presentation subject to the action plan from the recent internal audit feedback.

2. Blue Mountain Development OBC

The OBC for the Blue Mountain Development was submitted to PCOG at July's meeting for support in line with the process for ETTF. It was confirmed that due to the size of the development a new integrated community and health facility was required. The development would enable the commissioning of the integrated care model. A procurement process has been outlined to identify a provider for the new facility and the CCG was working with the Primary care network in Bracknell and District to further define the population needs.

Discussions at the meeting occurred around the new building having adequate space to accommodate the population growth within the area. It was confirmed that the building had enough space to accommodate 10,000 evidenced patient growth, together with additional transformational service models, and had scope to extend the premises further in the future if required.

After these discussions it was agreed that the OBC could be submitted to NHS England for ETTF investment. It was confirmed that both Fiona Slevin-Brown and Debbie Fraser had been briefed on this OBC and the development for the submission on Tuesday 30th July 2019. Subsequent work on the business case has deferred the final submission of the OBC until the Autumn 2019, this ETTF scheme is dependent on the identification of 'uncommitted' capital investment by NHS England.

3. Infrastructure Plan

The revised Primary Care Infrastructure Plan was supported by member of PCOG and recommended to PCCC in September. The group requested that further clarity on options be added, which will be included in the final version following any further feedback from PCCC to the plan showing all of the pockets of development in the area noting them as possible solutions to estates. This infrastructure plan was being presented at September's PCCC meeting.

4. Locally Commissioned Services (LCS)

i. Updated LCS Process Including Procurement Process

PCOG approved the updated LCS process including in appendix A. The main changes were clarity of decision making and procurement. These changes were implemented due to previous conversations occurring at Business Planning Meeting and PCOG over some of the newly commissioned services being delivered by General Practice via an LCS and whether this was the correct route for them. On the guidance of the procurement team new processes

had been incorporated into the LCS process map. PCOG agreed for this newly updated process to be implemented.

ii. General Practice Outcomes Framework: Search and Payment Policy

In the payment and audit arrangements for the General Practice Outcomes Framework (GPOF) practices currently submitted data to the CCG for activity undertaken for LCSs for payment. There was a problem raised due to inequality of the current extraction tool used for this function (EMIS Enterprise) could only carry out searches for practices using EMIS and not the Vision Clinical System which is in place across 5 practices.

The current contract with EMIS Enterprise ended in December 2019 and discussions were still ongoing with CSU on whether the contract could be renewed or a replacement system needs to be found so that vision practices could be incorporated as well. It was agreed that until a solution was found, automated searches to identify activity were carried out for EMIS practices. It was highlighted that this would be less time consuming at practice level and less chances of having incorrect data.

The options appraisal for the extraction tool beyond December 2019 will be informed through the GPIT Steering group in support of the final recommendation to PCOG.

iii. Pre-Diabetes LCS

It was proposed to PCOG from the Planned Care Group to extend the Pre-Diabetes LCS for further six months with additional financial commitment of £80,000 or 2018/19. The rationale for this extension was to enable to Diabetes workstream to more effectively learn from the outcomes and analyse the impact of the service. The funding was identified from nonrecurring funds due to the short term extension requested.

PCOG members agreed to the re-allocation of investment with in GPOF.

iv. QoF Prescribing Safety Domain

PCOG were presented with an overview of the new quality improvement scheme for prescribing NSAIDs, lithium and valproate via QoF. It was noted that this was a mandated national scheme for practices to take part in through the new GP contract for 2019/20.

The process presented to PCOG to support the scheme was supported. It was agreed that the template provided by NHSE and audit outcomes should be submitted by practices for the scheme to the medicines optimisation team for their review with any queries going to PCOG for resolution.

The process would include the implementation of the PINCER audit tool, previously agreed with general practice at primary care commissioning forums in each locality. In addition, the outcomes of the quality improvement work would be supported through a series of learning events across the localities funded by the Academic Health Science Network (AHSN). These events will provide the opportunity for PCNs to discuss findings of each practice's audits, sharing their responses with the wider place and spread good practice. It was agreed at PCOG that this approach would fulfil the network peer review requirements set out in the quality improvement domain.

v. Detecting Cancer Early LCS

This was a new LCS investment into general practice which was aimed to support improve rates of earlier diagnosis of cancer in primary care. The aims of the new service was:

- Increase the number of patients diagnosed through 2ww pathway (compared to other

diagnosis routes, e.g. emergency presentations and 'routine' pathways)
- Increasing cervical screening uptake;
- Increasing bowel screening uptake;
- Increasing breast screening uptake.
- Improve patient experience.
- Offer 12 month cancer care review using TVCA template for patients diagnosed past 12 months. (6 month reviews were funded separately through the 2019-20 QOF indicator CAN003, for a wider patient cohort of patients, diagnosed with the preceding 15 months).
- Take part in National Cancer Diagnoses Audit CRUK.

Practices would receive 33p per head of registered population with some practices getting up 39p per head who take part in the breast screening 5 year cycle. The requirements to receive this remuneration was:
- Achieve a 3% uplift from their 2018 baseline for bowel, cervical and breast (if applicable) screening rates;
- Complete 12 month cancer care reviews
- Complete NDCA reviews for newly diagnosed patients
- Increase uptake in screening for eligible LD patients

Concerns were also raised that adopting the 3% generic uplift could penalise practices who had already carried out significant work to increase their baseline to those who had poor uptake, widening the health inequality gap. It was suggested that a sliding scale approach for increased uptake should be used instead of the one size fits all approach. It was also raised that networks had been given funding at ICS level to work with Public Health on increasing their uplift in screenings as well as vaccinations / immunisations, which could support some of the cross practice working to deliver improvements. It was agreed that this uptake would be looked into and see whether it could be changed to a sliding scale approach, looking at constant outliers as well.

It the time of writing this report it had been agreed that this LCS was not approved until the 3% uptake was reviewed and relevant changes made. It was decided that this LCS could be considered for recommendation to PCCC PCOG's next meeting in September.

vi. Promotion of community based LCS services

The CCG has received some reports that patient were not always able to access the full extent of the services commissioned through LCS' in the General Practice Outcome Framework. The members group agreed to remind practices that were services are commissioned in the community for the local population and when clinical indicated to be the best pathway for their care, they should be included in the choice discussion with patients.

It was agreed that all practices would be contacted directly through their commissioned leads to be supported in ensuring patients have the choice of the full range of services available.

vii. Experience of Making a GP Appointment LCS 2018/2019

Under this LCS based upon the National Quality Premium (QP) indicator, Practices were remunerated according to the same measure of the QP indicator, namely either 'achieve a target of 85% for 'overall experience of making an appointment'' indicator in the July 2019 GPPS publication, or 'achieve a 3% increase (baseline July 2018 GPPS) on the July 2019

GPPS results'. The total rate per head of registered population was 20p which was split between and upfront payment (80%) and outcome based payment (20%).

However, some practices who had not achieved these LCS outcomes were appealing to receive the 4p payment as they had achieved a significant improvement in outcomes from the patient survey in 2017/2018 beyond the 3% + 3% outcomes of the two year LCS.
PCOG agreed that only practices delivered the 3% improvement each year of the service specification would be entitled to this payment, as stipulated in the services specification.

viii. Near Patient Testing LCS – Prescribing of Hydroxychloroquine

Providers had been given notice that the Hydroxychloroquine part of the Near Patient Testing LCS was coming out of the specification from 1st September 2019. It was felt that after a review of spend in the current service had been carried the £69,300 annually was not value for money (just for this part of the LCS not all of the specification) and so a new monitoring service was being commissioned. The effective prescribing group were supportive of this decision and agreed that this service could be community based to undertake the monitoring.

It was noted that the new service would require £5,000 per annum to screen new patients starting on the amber classed drug and practices having an admin fee of £10 per patient, this equated to £6,300 annually. This admin fee was due to all of the prep work practices needed to carry out such as, keeping a register of their patients taking the drug, referring patients to the monitoring service and checking to ensure the relevant patients had their actual screening, as well as the responsibility of prescribing an amber classed drug. The total investment required in year 1 of the new monitoring service would be £69,300 with £11,300 in subsequent years. Member discussed the principles of practices receiving an admin fee being appropriate as there was not agreement from all members of PCOG.

The PCOG agreed to recommend that the community service could be commissioned from the investment that was being taken out of the Near Patient testing LCS.

PCOG commissioned a wider piece of work would be carried out to look at all amber drugs and associated workload so that a policy could be agreed in relation to amber drugs generally.

i. Quality Improvement LCS

This LCS was replacing the referral management LCS, this was so referral work was driven more around quality focused rather than target driven. It was confirmed that practices would receive 80p per head of registered population as at 1st April 2019. This investment would be broken into two components:
Component one: 60% (£0.48p) - to be paid to practices on sign-up for the following requirements from the practice:

- Appointment of a practice QI champion, who would be accountable on the practice's behalf to the CCG PRG forum;
- Practice participation in the initiation meeting and training provided;
- Practice delivery of the agreed outputs of the scheme; e.g. describe the plans of improvement including methodology to be adopted by practice and documented action plans in line with methodology.
- Practice participation in ongoing progress review.
- Practice presentation of outcomes report.

Component two: 40% (£0.32p) - to be invested by the CCG into support in kind for practices Practices would be provided with:

- NEL, A&E, Referral, any quality data as provided to PRG forum - TBD at task and finish group. Completed by Sept 2019 starting with data already available to practices e.g. Referrals, NEL and A&E.
- QI training - TBD at task and finish group - Aim was to commence early October 2019 with further sessions planned through to Dec / Jan 2020.
- To help review a practice's data, assist with audits to monitor progress, share experience from other initiatives and assist with outcomes evaluation extra resources would be implemented. Job Specification TBD at task and finish group - in place by end October 2019, with a view to start with current staff in post. This LCS had already been discussed and recommended at the provider liaison group.

This LCS variation was recommended for approval to PCCC by PCOG.

ii. Anticipatory Care Planning LCS: Update

An overview of this LCS was presented including the position for the first year of the service. The payment structure for year two had been adjusted from year one, these were:

Year 1 payment structure, practices were paid:

- £55 per forecast ACP plan up front;
- £55 per ACP plan (if they hit 45% (of the indicative 3%) threshold with ACPs completed);
- £33 per ACP plan (if they submit required audits on 5% of completed care plans);
- £22 per ACP plan (if they meet NEL reduction target for the patient cohort).

Year 2 payment structure, practices would be paid:

- £55 per forecast ACP plan up front;
- £88 per ACP plan (broken down into activities like offering meds review, share plan with SCAS etc);
- £22 per ACP plan (if they met NEL reduction target of EoL specific target).

The following points were recommended by the PCOG to be approved at PCCC:

- Practices would be paid £55 per plan based on actual number of plans completed, they would not be held strictly to the 45% threshold. However we still expect practices to work to achieve the 100% of the 3% by end of year 2 and have asked for trajectory to recover their position in year two.
- All practices would be paid in the 2nd year upfront payment in good faith as presumably practices were incurring costs; however we have asked these practices for a clear action plan as they were significantly below the target, which sets out their plans to achieve the expected trajectory. Dr Adrian Hayter as the Clinical Lead would be writing to these practices
- In relation to practices that had very low numbers, where the practice's number is less than 10%, their audit submission must look at all the care plans completed, as opposed to just 5%. If they submitted this then they would receive £33 per plan actually completed in 18/19 under component 3.
- NEL target achievement TBC – once the data has been published, we would review whether achievement is to be measured at practice, PCN, or locality level.
- In relation to component one for 19/20, FSB gave approval for practices to be paid this immediately, with the direction that this payment would cover the full year 19/20, with practices required to deliver the requirements of the current Referral Support LCS from

April 2019 – September 2019, and then the requirements would change in year from September 2019 to March 2020 for them to deliver the requirements of the new QI LCS.

5. Improved Access General Access (IAGP)

iii. Vulnerable Adult Groups Service

Following on from the presentation of the Equality Impact Assessment for IAGP in June around the capacity and demand of the vulnerable patients it was identified that there was no more accurate data on these vulnerable group and their use of services. This lack of information has meant that is has been difficult to plan for capacity within the current pilot services.

All three current providers of the service for vulnerable adults had raised that the demand was growing and the clinics already in place was not enough. It was agreed that additional clinics could be arranged under the stipulation that at least one of them per provider was an outreach clinic. It was also decided that a review would take place in six months' time of the data and outcomes, ensuring the correct level of clinics were being commissioned.

It was recommended that PCOG approved the proposed enhanced service model inclusion within IAGP service provision from October 2019, aligned to the 18 month contract extension with our current providers, subject to STW approval (with a future procurement timeline) by the Audit Committee.

This proposal was agreed by PCOG subject to a 3 month break clause due to their service still being in its infancy. This is approach recommended to PCCC.

6. <u>Post Payment Verification Audit Delivery Plan</u>

PCOG supported the delivery plan for the PPV audit in August. Clinical input has been identified to support the audit process and the method for random selection of providers for audit was also approved.

7. <u>SAS Contract Single Tender Waiver (STW) Update</u>

It was raised that under the urgent care / out of hospital programmes an STW form was completed and approved for OOH and Slough Walk in Centre, however not for the Special Allocation Service which is currently an annex to the SWiC APMS Contract. A procurement timelines will be agreed with specialist support to be included in the STW to continue the services with a view to be advised on the contract mechanism for this service to support these often vulnerable patients.

8. <u>GPFV Transformation Plans</u>

A presentation was given bringing updates to PCOG following the investment of the GPFV funding into GP federation and clusters of practice to diver through the transformation across general practice for:

- more technology to support patients and practices,
- wider skill set in the practice team introducing new roles to practices and patients
- and reducing routine administrative work releasing time for clinicians

RC confirmed that Slough transformation plans were still in progress and it was agreed that the transformation plans MOU would be extended into networks through a revised Memorandum of Understanding to complete the project evaluation not yet completed, this will not extend beyond 2019/20.

It was agreed that the transformation plans for both WAM and B&A would be closed, with a paper submitted at September's meeting cross referencing all three outcomes from the

transformation plans.

9. Primary Care Network Update

i. Primary Care Network Development Offer

NHSE have released a number of publications created in support for networks over the summer, these included templates for data sharing / data process agreements. In additional to these operational documents, a national offer on developing networks was also published, which included support around the development of a vision for individual PCNs, working with partners to agree a self-assessment of the current and future maturity of the PCN plus an offer to provide personal development for PCN clinical directors. Both the ICS and CCG have offered support in kind to PCNs to deliver their Development Plans by October 2019, which will then be allocated national funding to deliver effectively during 2019/20.

PCNs in east Berkshire are all new to working with their members as providers in these formations, therefore the CCG has made available some non-recurring funding to support the first 100 days of establishment.

ii. Baseline Workforce Submission

It was confirmed that the mandatory submission of the CCG's workforce baseline had been submitted to NHS England in June. The CCG and PCNs were required to include the existing baseline of general practice employed staff, focusing on the five 'new' roles set out in the Network DES service specification. The establishment of the baseline, as at 31st March 2019, was to ensure that all existing roles funded by CCG or partnership monies were required to be included, these include the 7.2 whole time equivalent additional capacity implemented through the General Practice Forward View Transformation Plans between 2017 – 2019.
The total CCG investment was within the region of £354,487 to £420,754 based on the published Agenda for Change rates.
In 2019/20, the funding would be committed from the non-recurring investment line set aside for PCN development, forward planning for this five year investment would be reflected in Month 4 finance report. In addition, to this investment the employment of the Care Home Clinical Pharmacists under the national scheme amounts to £125,117 per annum, these posts were already in place and no change in allocation was proposed in 2019/20 due to the new commissioned service for networks in 2020/21.

The following recommendations were put forward to and agreed at PCOG:

- Allocation of the funding mentioned above to the CCG workforce baseline and the population based award process to PCNs, total funds in 2019/20 for the next five years for commitment = £ 420,754.00
- Proposal for CCG Workforce Baselines to be managed through the same process as additional workforce remuneration scheme

Agreed by PCOG and recommended to PCCC.

iii. Social Prescribing Service Update

A review of the social prescribing service across East Berkshire area had already taken place with the view of recruiting the social prescribing link workers in line with the new Network DES and a mentoring scheme was being put into place. The social prescribing service in each area currently looked like the following:

- Slough – PCNs in this area were going to carry on using Slough CVS (Slough Council for Voluntary Service) with them also employing the link works as well.

- B&A – their current social prescribing service was commissioned through Bracknell Forest Council as a signposting service with two part-time workers. A review of this service had already taken place which consequently meant that the service had been simplified into two workstreams. Support and guidance from the other localities had been offered.
- WAM – the current service was funded through RBWM and the Better Care Fund, with the current social prescribers being employed by the CCG. A meeting had taken place with the stakeholders of the service and it was confirmed that the decision on what needed to happen with the updated model was made just not the 'how;' however this was being worked on. It was also raised that the plan was for the link workers to be employed by one network with the intention of them being subcontracted out to the other practices.

10. Annual Review of Primary Care Operational Group Terms of Reference

A review of the current terms of references for PCOG was agreed with some update on members titles.

11. Primary Care Quality Improvement Update

i. Nursing Associate Trainee Posts Funding

PCOG considered funding/supporting three nursing associate trainee posts (level 5) to be within General Practice (one post per place). It was confirmed that HEE would fund the apprenticeship course itself, however the CCG funding would cover the support for practices as training placements to back fill during the time when the staff member was not available to work in practice due to University attendance or external placements. The amount of funding required would be around £24,300.00 in 2019/20.

Discussions also occurred around the recruitment and selection process and it was agreed that internal expression of interests would take place first and then external if no suitable applicants were found.

PCOG agreed to the funding of these nursing associate posts which would come out of the non-reoccurring budget dependent on the identification to suitable applicants and recommended to PCCC.

12. Quality Improvement Report

i. GP Survey Results

The 2019 GP survey results were now available and had been discussed at the last Primary Care Quality Improvement meeting. These results were currently being evaluated by the quality team and identifying any lessons learnt for practices.

The General Practice Resilience Group has been re-established as a sub-group of the Quality Improvement group and will also report to PCOG through the Quality Improvement standard section of the PCOG agenda.

The following practices have had their latest CQC inspection outcomes published:

- Binfield – Overall rating was 'Requires Improvement' and this rating was in the Safety and Effective domains.
- Forest Health Group – Overall rating was 'Requires Improvement' and this rating was in the Safety, Effective and Well Led domains.
- Easthampstead – Overall rating was 'Good'; however the practice did receive a 'Require Improvement' rating in Well Led domain.

13. Changes in the Training Hub

PCOG were informed of the strategic direction to move forward with the establishment of an

ICS wide Training Hub (previously known as Community Provider Education Network - CEPN) rather than per CCG, and in future the Training Hub will be hosted by with East Berkshire CCG. The new Training Hub manager would be starting on 9th September 2019.

14. Notification of Contract Changes

Magnolia House – Partner Dr Gillian Tasker was taking 24 hour retirement from the practice, effective from 31st October 2019. This left the following partners at the practice: Dr Kate Dyerson, Dr Natasha Price, Dr Prash Patel and Dr Roger Hartstone.

Runnymede – Partner Dr Gwen Lewis had resigned as a partner at the practice, effective from 1st October 2019. This left the following partners at the practice: Dr Julian Howells, Dr Adrian Hayter and Dr Manjinder Uppal.

Recommendation(s)

The PCCC is asked to receive this report and confirm through approval the appropriate governance in relation to the following recommendations has been followed:

- Section 4 – Locally commissioned Services (LCS) variations
- Section 5iii – Vulnerable Group Services approach to continuation of current commissioned services
- Section 9ii – commitment of available funds to the PCN and CCG Workforce Baseline

Chairs Use Only	
Any known conflicted committee members from Declarations of Interest register?	None – any declarations at the meeting will be managed in accordance with the Conflict of Interest guidance

Appendix A: LCS Process