

## Northumberland Primary Care Commissioning Committee

This meeting will be held at 10.00am on Wednesday 14 August 2019  
Committee Room 1, County Hall, Morpeth

# AGENDA

Item	Time	Topic	Enc	PDF page	Presenter
1	1000	1.1 Welcome 1.2 Apologies 1.3 Declarations of conflicts of interest 1.4 Quoracy*			K Bower
2	1005	2.1 Minutes from the previous meeting and Matters Arising 2.2 Action Log	✓ ✓	2 5	K Bower K Bower
3	1015	Operational  3.1 Finance Update 3.2 Primary Care Networks Update 3.3 Primary Care Commissioned Services Update (presentation)	✓ ✓	6 14	R Turnbull P Phelps P Phelps
4	1045	Strategic  4.1 Primary Care Delivery Plan 2019/20 (presentation)			P Phelps
5	1055	Any other business			K Bower
6	1100	Date and time of next meeting:  <b>Wednesday 9 October 2019 at 10.00am Committee Room 2, County Hall, Morpeth</b>			

\* 3 members, including at least the Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.



**Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee**  
**20 May 2019, Morpeth Town Hall, Morpeth**

**Members Present:**

Janet Guy	Lay Chair, NHS Northumberland CCG
Karen Bower	Lay Member - Corporate Finance and Patient and Public Involvement, NHS Northumberland CCG
Jon Connolly	Chief Finance Officer, NHS Northumberland CCG
Dr Richard Glennie	Local Medical Committee

**In attendance:**

Pamela Phelps	Senior Head of Commissioning, NHS Northumberland CCG
David Thompson	Healthwatch Northumberland
Neil Lightley	Locality Finance Manager, NHS England
Leanne Douglas	Primary Care Business Manager, NHS England
Stephen Young	Strategic Head of Corporate Affairs, NHS Northumberland CCG
Melody Price	Executive Assistant, NHS Northumberland CCG (Minutes)

**NPCCC/19/13 Agenda item 1.1 Welcome and questions on agenda items from the public**

Janet Guy welcomed all members to the meeting including a member of the public present. There were no questions from the public.

**NPCCC/19/14 Agenda item 1.2 Apologies for absence**

Apologies were received from Siobhan Brown and Jenny Long.

**NPCCC/19/15 Agenda item 1.3 Declarations of conflicts of interest**

No conflicts of interest declared.

**NPCCC/19/16 Agenda item 1.4 Quoracy**

The meeting was quorate.

**NPCCC/19/17 Agenda item 2.1 Minutes of the previous meeting and matters arising**

The minutes of the previous meeting (13 February 2019) were agreed as a true and accurate record. No matters arising.

**NPCCC/19/18 Agenda item 2.2 Action Log**

**Action NPCCC/18/48/01: Stephen Young to consider Karen Bower's comments when the PCCC Terms of Reference are reviewed after the PwC governance review.**

Following a survey of all NHS Northumberland Clinical Commissioning Group's (CCG) Boards/Committees members in Q1 2019, a full review of all Terms of Reference will be undertaken.

**NPCCC/19/19 Agenda item 3.1 Finance Update**

Neil Lightley, NHS England (NHSE) outlined the CCG's primary care services financial position for the period ending 31 March 2019.

The annual 2018-19 delegated primary care budget is showing an overall underspend of £68k due to a number of variances.

The General Practice General Medical Services (GMS) and Personal Medical Services (PMS) lines show an overspend position of £418k. This largely relates to the cumulative impact to the 2018/19 national GP contract changes of £360k. The costs of new registration payments to practices receiving additional patients, estimated to be £130k, and the impact of quarterly list size changes are also included.

Quality and Outcomes Framework (QOF) shows a pressure of £448k based on prior year achievement and current year aspiration payments.

Pressures in Other GP Services largely relate to locum costs totalling £160k for the Cumbria and North East risk share contribution covering sickness, maternity and suspended GPs.

Premises Cost Reimbursement shows an outturn position of £533k underspent against plan. This is due to the additional non recurrent allocation received at Month 9 from NHSE.

Prior year and current year underspends on Enhanced Services contribute to the overall £435k underspend. Dispensing/Prescribing shows underspends of £54k.

The CCG has a delegated allocation for primary care in 2019-20 of £46,063k and represents an increase in base allocation of 2.51%. This is the net uplift after the national indemnity top slice to fund the new GP indemnity scheme has been accounted for and is a reduction of £1,353k from the CCG's original delegated allocation.

National changes to the GP contract in 2019-20 have caused additional pressures. The net global sum payment has increased from £84.63 to £85.55 (1.09% increase). It is based upon the weighted lists size data issued on 1 January 2019 and the increase is estimated to total £338k.

Additional funding for Primary Care Networks (PCNs) equates to £1,505k. Changes to the Minimum Practice Income Guarantee (MPIG) and Seniority, results in a net pressure of £200k.

Overall, there is a potential pressure of £575k against the CCG's delegated allocation for 2019-20.

David Thompson asked if there is a risk to primary care services. Jon Connolly said the potential pressure represents just 1.2% of the overall primary care annual budget, is

manageable and will not present a risk to services. Changes to the GP Contract and the national GP indemnity scheme will put GPs on a much firmer footing over the next five years.

#### **NPCCC/19/20 Agenda Item 4 Any other business**

Stephen Young said the 2018/19 Primary Medical Care Commissioning internal audit has received substantial assurance. Janet Guy congratulated the team on the achievement and thanked them for their hard work.

#### **NPCCC/19/21 Agenda item 5 Date and time of next meeting**

Janet proposed the Primary Care Commissioning Committee (PCCC) meetings in June and August 2019 be stood down because the dates do not align with the areas of work the committee needs to consider. A date will be set for the end of July 2019 to better align with operational requirements.

The bi-monthly schedule of meetings will resume again from October 2019.

DRAFT

# NHS Northumberland Clinical Commissioning Group

## Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: May 2019		Primary Care Commissioning Committee				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NPCCC/18/48/01	10/10/2018	12/12/2018	Stephen Young to consider Karen Bower's comments when the PCCC ToR are reviewed after the PwC governance review.	Debra Elliot	Ongoing	Full review of all ToRs for all CCG Boards/Committees being undertaken as part of wider CCG governance review in Q2 2019.

<b>Meeting title</b>	Northumberland Primary Care Commissioning Committee	
<b>Date</b>	14 August 2019	
<b>Agenda item</b>	3.1	
<b>Report title</b>	Finance Update Month 3	
<b>Report author</b>	Chief Finance Officer	
<b>Sponsor</b>	Chief Finance Officer	
<b>Private or Public agenda</b>	Public	
<b>NHS classification</b>	Official	
<b>Purpose (tick one only)</b>	Information only	<input checked="" type="checkbox"/>
	Development/Discussion	<input checked="" type="checkbox"/>
	Decision/Action	<input type="checkbox"/>
<b>Links to Corporate Objectives</b>	Ensure that the CCG makes best use of all available resources	<input checked="" type="checkbox"/>
	Ensure the delivery of safe, high quality services that deliver the best outcomes	<input type="checkbox"/>
	Create joined up pathways within and across organisations to deliver seamless care	<input type="checkbox"/>
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	<input type="checkbox"/>
<b>Northumberland CCG/external meetings this paper has been discussed at:</b>	N/A	
<b>QIPP</b>	N/A	
<b>Risks</b>	Strategic Risk 946 – Financial Balance Operational Risk 1983 - Primary Care delegated allocation	
<b>Resource implications</b>	N/A	
<b>Consultation/engagement</b>	N/A	



## OFFICIAL

<b>Quality and Equality impact assessment</b>	Completed.
<b>Data Protection Impact Assessment</b>	N/A
<b>Research</b>	N/A
<b>Legal implications</b>	CCG statutory financial duties
<b>Impact on carers</b>	N/A
<b>Sustainability implications</b>	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
<b>1. Project Name</b>	Finance Update – Month 3					
<b>2. Project Lead</b>	<b>Director Lead</b>	<b>Project Lead</b>			<b>Clinical Lead</b>	
	Chief Finance Officer	Chief Finance Officer			Clinical Director	
<b>3. Project Overview &amp; Objective</b>	Primary Care Finance Update					
<b>4. Quality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
<b>5. Equality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
<b>6. Research</b> <i>Reference to relevant local and national research as appropriate.</i>	N/A					
<b>7. Metrics</b> <i>Sensitive to the impacts or risks on quality and equality and can be used for</i>	<b>Impact Descriptors</b>	<b>Baseline Metrics</b>			<b>Target</b>	
	N/A					

# OFFICIAL

<i>ongoing monitoring.</i>			
<b>8. Completed By</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
Chief Finance Officer	Jon Connolly	Jon Connolly	05/08/2019
<b>Additional Relevant Information:</b>			
<b>8. Clinical Lead Approval by</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Additional Relevant Information:</b>			
<b>9. Reviewed By</b>	<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Comments</b>			

**Northumberland Primary Care Commissioning Committee**
**14 August 2019**
**Agenda Item: 3.1**
**Primary Care Finance Update – Month 3**
**Sponsor: Chief Finance Officer**

*Members of the Northumberland Primary Care Commissioning Committee are asked to:*

**1. Consider the financial summary for the period ended 30 June 2019.**

This report outlines NHS Northumberland Clinical Commissioning Group's (CCG) primary care services financial position for the period ending 30 June 2019.

**Background**

The table below sets out the annual budget, year to date position and the forecast outturn position as at 30 June 2019. This shows the currently reported break-even position.

FMR Heading	Annual Budget 2019-20	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance
	£k	£k	£k	£k	£k	£k
General Practice - GMS	8,707	2,177	2,113	-64	8,451	-255
General Practice - PMS	22,706	5,676	5,740	64	22,961	255
QOF	5,163	1,291	1,293	3	5,163	0
Enhanced Services	1,839	460	456	-4	1,839	0
Premises Cost Reimbursement	4,307	1,077	1,076	0	4,307	0
Dispensing/Prescribing Drs	1,460	365	370	5	1,460	0
Other GP Services	951	238	234	-4	951	0
Reserves	-575	0	0	0	-575	0
PC Networks	1,505	376	376	0	1,505	0
<b>Grand Total</b>	<b>46,063</b>	<b>11,659</b>	<b>11,659</b>	<b>0</b>	<b>46,063</b>	<b>0</b>

**Issues and Actions**

The CCG has reported a breakeven position at this early stage of the financial year, however there are number of pressures and risks to this allocation that will require further close monitoring throughout the year:

## OFFICIAL

Firstly, the CCG faces pressure from initial budget setting and the funding of new requirements in primary care for 2019-20.

The CCG's annual increase in Delegated Primary Care allocation was £1,129k (2.5%) this is the net uplift after the national indemnity top slice to fund the new GP indemnity scheme has been accounted for.

From the annual increase, CCGs have a requirement to fund additional costs to establish Primary Care Networks (PCNs) in 2019-20 which were estimated at £1,505k, add to this further national changes to the GP contract for global sum, MPIG and seniority calculations, the CCG identified a potential pressure at budget setting of £575k (1.2%) for 2019-20.

At Month 3, the CCG are confident that this pressure is manageable within the given budget, and there is no risk to the delivery of primary care services.

As well as the pressures created at budget setting, there are other areas of potential risk and benefit to the CCG this year that may impact upon future reported positions.

New registration weighting to those practices receiving additional patients. This additional weighting lasts for one year and will have a major impact where contracts have closed and list sizes have been dispersed. At this early stage of the financial year, no variance has been reported but when the Q2 list size is available there will be a greater understanding if this will cause any further non-recurrent financial pressures this year.

Quality and Outcomes Framework (QOF) achievement payments for 2018-19 have now been made. This will allow the CCG to identify any over/(under) accrual differences from year end estimates and report any resulting non-recurrent benefit/pressure on accruals into the position from month 4.

As with QOF above, NHS England (NHSE) had also set a deadline for the end of June for practices to submit all claims for Enhanced Services in respect of 2018-19. This will allow a comparison to be made between accrual estimates made in 2018-19 Annual Accounts versus actual practice achievement and identify any benefit/pressure that can be reported as part of the position.

As mentioned above, in 2019-20 there are new elements of cost relating to PCNs. These elements include provision for PCN Leadership, PCN Additional Roles Re-imburement and the new DES for Network Contract Participation. As these are new schemes, there may be delays in uptake which may mean a part year under spend effect of the full year funding e.g. the ability to recruit to all the additional roles promptly.

Locum costs relating to sickness, parental leave and suspended GP's are allocated on a risk share between CCGs in the North Cumbria and North East region. There can be volatility in the number of locum claims across the region meaning that forecasting of the likely outturn position remains a risk until much later in the year.

## OFFICIAL

2019-20 is the final year of GP Seniority payments and the value of these payments have been tapering off over the last 5 years. However, the reduction in Seniority rates in 2019-20 is close to 28% which is significantly higher than anticipated.

### **Other CCG Primary Care**

The CCG has a number of other areas in which it makes payments into primary care outside of the delegated primary care commissioning allocation:

**Out of Hours:** The CCG has a contract with Vocare limited for the provision of GP out of hour's access.

**Local Enhanced Services (LES):** The CCG has a service specification of additional Local Enhanced Services available for GP practices to sign up to; the six priority areas to be delivered are;

- Engagement
- Supporting transfer into core contract
- Increase activity in out of hospital pathways including:
  - o Deep Vein Thrombosis treatment and prophylaxis service (DVT)
  - o Immune Modifying Drugs blood monitoring service (IMD)
  - o Prostate Specific Antigen blood monitoring service (PSA)
- Population Health – proactively target cohorts.
- Practice Medicines Management (PMM)
- Practice Activity Scheme (PAS)

**GPIT:** The North of England Commissioning Support Unit (NECS) manages this spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.

**GP Forward View:** The CCG now has in its baseline the GP Forward View funding for GP extended Access £6 per head. There will be other non-recurrent allocations to follow in year for GP Clerical training and GP Online Consultation.

Appendix 1: Northumberland CCG Month 3 - Primary Care Overview

## Northumberland CCG Primary Care Overview - Month 3 2019-20

FMR Heading	Detail	Annual Budget 2019-20	YTD Budget	YTD Actual	YTD Variance	EOY Forecast	EOY Variance	Description of budget area
General Practice - GMS	Correction Factor	30,320	7,577	7,578	1	30,312	-8	Payment to practices, both GMS and PMS, for core essential services based upon weighted practice list size. This weighting takes account of local population needs.
	Global Sum	8,664,670	2,166,159	2,102,308	-63,851	8,409,232	-255,438	
	Transition Fund	11,930	2,980	2,981	1	11,924	-6	
	<b>Total</b>	<b>8,706,920</b>	<b>2,176,716</b>	<b>2,112,867</b>	<b>-63,849</b>	<b>8,451,467</b>	<b>-255,453</b>	
General Practice - PMS	PMS Contract	22,653,120	5,663,257	5,735,181	71,924	22,940,722	287,602	Quality and Outcomes Framework (QOF) is a annual reward and incentive scheme for practices based upon achievement against set indicators.
	Transition Fund	52,410	13,090	5,065	-8,025	20,260	-32,150	
	<b>Total</b>	<b>22,705,530</b>	<b>5,676,347</b>	<b>5,740,246</b>	<b>63,899</b>	<b>22,960,982</b>	<b>255,452</b>	
QOF	QOF - Achievement	1,434,330	358,549	331,752	-26,797	1,316,475	-117,855	Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
	QOF - Aspiration	3,728,630	932,123	961,621	29,498	3,846,485	117,855	
	<b>Total</b>	<b>5,162,960</b>	<b>1,290,672</b>	<b>1,293,373</b>	<b>2,701</b>	<b>5,162,960</b>	<b>0</b>	
Enhanced Services	DES - Extended Hours	563,820	140,927	140,955	28	563,820	0	Reimbursements made to practices in respect of their premises costs.
	DES - Learning Disabilities	175,720	43,901	43,621	-280	175,720	0	
	DES - Minor Surgery	461,580	115,367	111,976	-3,391	461,580	0	
	Northumberland Premium	638,240	159,529	159,560	31	638,240	0	
	<b>Total</b>	<b>1,839,360</b>	<b>459,724</b>	<b>456,112</b>	<b>-3,612</b>	<b>1,839,360</b>	<b>0</b>	
Premises Cost Reimbursement	Rates	457,240	114,274	131,332	17,058	453,328	-3,912	Costs of GP prescribing reimbursed on a cost per script basis.
	Rent	3,795,180	948,758	929,503	-19,255	3,795,180	0	
	Water Rates	54,550	13,611	15,561	1,950	58,463	3,913	
	<b>Total</b>	<b>4,306,970</b>	<b>1,076,643</b>	<b>1,076,395</b>	<b>-248</b>	<b>4,306,970</b>	<b>0</b>	
Dispensing/Prescribing Drs	Dispensing	1,338,070	334,503	349,833	15,330	1,392,475	54,405	Reimbursement to practices for their Care Quality Commission annual charges.
	LES - Dispensing Quality Sch	87,200	21,788	16,686	-5,102	82,086	-5,114	
	Prescribing	34,680	8,666	3,650	-5,016	-14,611	-49,291	
	<b>Total</b>	<b>1,459,950</b>	<b>364,957</b>	<b>370,169</b>	<b>5,212</b>	<b>1,459,950</b>	<b>0</b>	
Other GP Services	CQC Fees	207,460	51,834	53,504	1,670	208,105	645	Support scheme for GPs and practices who may be considering leaving the profession.
	GP Retainer	110,000	27,494	21,685	-5,809	109,355	-645	
	Locum Maternity	252,950	63,237	63,238	1	252,950	0	
	Seniority	325,690	81,389	81,423	34	325,690	0	
	Suspended GP	54,760	13,689	13,690	1	54,760	0	
	<b>Total</b>	<b>950,860</b>	<b>237,643</b>	<b>233,540</b>	<b>-4,103</b>	<b>950,860</b>	<b>0</b>	
Primary Care Networks (PCNs)		1,505,249	376,311	376,312	1	1,505,249	0	
	<b>Total</b>	<b>1,505,249</b>	<b>376,311</b>	<b>376,312</b>	<b>1</b>	<b>1,505,249</b>	<b>0</b>	
Reserves	Reserves	-574,799	0	0	0	-574,799	0	
	<b>Total</b>	<b>-574,799</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-574,799</b>	<b>0</b>	
<b>Grand Total</b>		<b>46,063,000</b>	<b>11,659,013</b>	<b>11,659,013</b>	<b>0</b>	<b>46,063,000</b>	<b>0</b>	

Other CCG funded services								
Out of Hours		2,318,990	579,747	545,400	-34,347	2,181,599	-137,391	Main out of hours contract with Vocare LTD, Revised Agreed contract lower than annual budget set.
Local Enhanced Services		2,489,598	622,377	622,400	23	2,489,598	0	Local Enhanced service specification schemes plus other schemes including Sharps and Pharmacy first payments and optical contract with Primary eyecare LTD
GPIT		826,000	206,499	206,499	0	826,000	0	GPIT contract with North of England Commissioning Support Unit. Also includes GP Wi-Fi non recurrent allocation.
Primary Care Networks (PCNs)		488,212	122,052	122,053	1	488,212	0	Additional £1.50 per head funding for establishing PCN's.
<b>GP Forward View Allocations</b>								
GPFV Access funding (REC)		1,935,000	483,750	483,749	-1	1,935,000	0	£6 per head Extended access funding.
GP Clerical training (NR)		0	0	0	0	0	0	GP admin and receptionist training delivered through Productive Primary Care. (NR allocation pending)
GPFV Online Consult software systems (NR)		0	0	0	0	0	0	Online Consultant software. (NR allocation pending)
GPFV Other - National Support (NR)		6,000	1,500	1,500	0	6,000	0	National support and retained doctors allocations.
<b>Sub Total Other CCG Primary Care Services</b>		<b>8,063,800</b>	<b>2,015,925</b>	<b>1,981,601</b>	<b>-34,324</b>	<b>7,926,409</b>	<b>-137,391</b>	
<b>Total CCG Primary Care</b>		<b>54,126,800</b>	<b>13,674,938</b>	<b>13,640,614</b>	<b>-34,324</b>	<b>53,989,409</b>	<b>-137,391</b>	



<b>Meeting title</b>	Northumberland Primary Care Commissioning Committee	
<b>Date</b>	14 August 2019	
<b>Agenda item</b>	3.2	
<b>Report title</b>	Primary Care Networks Update	
<b>Report author</b>	Senior Head of Commissioning – Primary Care	
<b>Sponsor</b>	Chief Operating Officer	
<b>Private or Public agenda</b>	Public	
<b>NHS classification</b>	Official	
<b>Purpose (tick one only)</b>	Information only	
	Development/Discussion	✓
	Decision/Action	
<b>Links to Corporate Objectives</b>	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	✓
	Create joined up pathways within and across organisations to deliver seamless care	✓
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	✓
<b>Northumberland CCG/external meetings this paper has been discussed at:</b>	System Transformation Board Primary Care Network Clinical Leads NHS Northumberland CCG Governing Body	
<b>QIPP</b>	Not related to a particular QIPP scheme at this present time	
<b>Risks</b>	Sustainability of General Practice	
<b>Resource implications</b>	None at this time - Primary Care Networks are funded via the national GP contract and CCG delegated Primary Care budget	



## OFFICIAL

<b>Consultation/engagement</b>	Informal discussions have taken place with CCG clinical leads, primary care network leads, system transformation board and system partners delivering health and care in Northumberland
<b>Quality and Equality impact assessment</b>	Completed
<b>Data Protection Impact Assessment</b>	No
<b>Research</b>	
<b>Legal implications</b>	None
<b>Impact on carers</b>	None
<b>Sustainability implications</b>	None

QUALITY and EQUALITY IMPACT ASSESSMENT						
<b>1. Project Name</b>	Primary Care Networks (PCNs)					
<b>2. Project Lead</b>	<b>Director Lead</b>	<b>Project Lead</b>			<b>Clinical Lead</b>	
	Chief Operating Officer	Senior Head of Commissioning			Director of Primary Care	
<b>3. Project Overview &amp; Objective</b>	Update to Governing Body on development of PCNs					
<b>4. Quality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>Patient Safety</i>	NA	NA				
<i>Clinical Effectiveness</i>	NA	NA				
<i>Patient Experience</i>	NA	NA				
<i>Others including reputation, information governance and etc.</i>						
<b>5. Equality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	NA					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	NA					
<b>6. Research</b> <i>Reference to relevant local and national research as appropriate.</i>	NA					
<b>7. Metrics</b> <i>Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.</i>	<b>Impact Descriptors</b>	<b>Baseline Metrics</b>			<b>Target</b>	

# OFFICIAL

8. Completed By	Signature	Printed Name	Date
Director of Commissioning		Pamela Phelps	06/08/2019
<b>Additional Relevant Information:</b>			
8. Clinical Lead Approval by	Signature	Printed Name	Date
<b>Additional Relevant Information:</b>			
9. Reviewed By	Signature	Printed Name	Date
<b>Comments</b>			

**Northumberland Primary Care Commissioning Committee****14 August 2019****Agenda Item: 3.2****Primary Care Network Update****Sponsor: Chief Operating Officer**

***Members of the Northumberland Primary Care Commissioning Committee are asked to:***

**1. Consider the Primary Care Network update and provide comment.**

**Purpose**

This report outlines the progress made in developing Primary Care Networks (PCNs) and the priorities identified.

**Background**

The Investment and Evolution: A five year framework for the GP contract reform published on 31 January 2019 translated the commitments in the NHS Long Term Plan into a five year framework for the GP services contract. As part of this framework all GP practices are entitled to a new Primary Care Network (PCN) Contract which offers the essential building blocks for Integrated Care Systems (ICS), with practices taking the lead role in PCNs.

The long term purpose of this new framework is to begin to address:

- The workforce shortfall
- Indemnity costs
- Improving quality and outcomes for patients
- Improving access to services through digital technology
- Investment into general practice
- Delivery of network services
- Supporting research and testing future contract change

**Progress Update**

The NHS Northumberland Clinical Commissioning Group's (CCG) member practices have identified the PCN geographical and organisational footprints for the county with the population sizes outlined in the table below. Discussions have commenced with the PCNs to identify their key priorities for 2019/2020 to establish themselves within the local health and care system integrating primary care, working across community services, acute and social care; whilst also focussing on the health needs of the population and the prevention of ill health - encompassing the voluntary sector.

## OFFICIAL

The CCG received and approved six applications for PCNs in May 2019 through the Primary Care Commissioning Committee (PCCC).

<b>PCN</b>	<b>Population size</b>	<b>Number of practices</b>
West Northumberland	80,500	12
North Northumberland	80,500	12
Cramlington and Seaton Valley	30,300	5
Blyth	39,100	2
Wansbeck	46,600	5
Valens Partnership	49,600	3
<b>Non-participating practices</b>	8,015	2 (West Northumberland)

Two practices in Northumberland opted not to enter into a PCN. In line with national requirements, the CCG has now allocated the populations of the two non-participating practices to the West Northumberland PCN to ensure equity of access to all services for all patients. A local contractual agreement is in place to secure the PCN services for the patients and a separate agreement is in progress to ensure the non-participating practices adhere to all requirements offering safe and comprehensive delivery of services, sharing of information and access to patient health records.

### **System interface and opportunity**

The Northumberland System Transformation Board (STB) offers an opportunity to begin aligning organisations to support the development of the PCNs, and to recognise the value of doing so to improve population outcomes, workforce and therefore the sustainability of our local NHS and care services.

The STB considered the PCN priorities and the opportunities under each to support the development of the networks as they evolve to meet the first year requirements. This includes extension of support for integration and realignment of services within PCN geographic boundaries.

The following summarises the opportunities under each of the PCN priorities and outlines the work to be undertaken to support year one of the emerging networks.

### **Priorities in Year One**

In the first year of these new networks, there is an emphasis on establishing themselves as collaboration of practices and identifying opportunities for their populations, at the same time as building relationships that offer new ways of working and creating opportunities to deliver improved services.

In the GP contract guidance for PCNs the first year requirements are:

## OFFICIAL

- Establish the organisation
- Appoint a clinical pharmacist and social prescriber into the PCN
- Complete a PCN agreement (mandatory minimum requirements)
- Deliver extended hours access to 100% of the PCN population
- Understand the health needs of their population
- Identify potential partner organisations to join each network.

Clinical and management leads for each PCN have been identified and at a meeting in early May 2019 they identified a list of priorities to enable the establishment of these new organisations and to deliver the first year requirements.

The PCN priorities for July 2019 – March 2020 are:

- Leadership development
- Organisation development and support
- Legal advice and completing a PCN agreement
- Workforce and employment of additional roles
- Data analysis / understanding health needs of their populations
- Communication and engagement

Progress updates on each of the priorities is below:

### **Leadership development**

NHS England (NHSE) has secured leadership support for the Clinical Leads, including personal development to lead these new organisations and to set the agenda for the first year. As many of the GPs identified as clinical leads are new to leadership roles across practices and with system partners, the regional NHSE office has commissioned the National Association of Primary Care (NAPC) to deliver a programme of leadership development. This will commence in June 2019 and will cover assessment of the maturity of each PCN and understanding their population needs.

As this is a standard offer to PCNs across the North East and Cumbria, the STB wants to expand this opportunity for leadership development and tailor a bespoke programme locally. As PCNs develop and their remit covers a range of services delivered in partnership with all health and care organisations, this bespoke leadership programme can encompass all professionals working with primary care, therefore this bespoke programme will run alongside the Clinical Nurse Leaders' programme, helping build relationships, trust and understanding across professional disciplines.

# OFFICIAL

Summary of opportunities for the bespoke leadership development:

Mary Seacole Local Programme – developing leadership knowledge and skills whether they are in a formal leadership role or not. It also acts as a useful introduction to leadership to aspiring leaders	Leading for Improvement – 3 day course to develop leadership confidence and capability in quality improvement to improve services	Manager as coach Coaching and mentorship	Healthcare leadership Model 360 feedback tool/process	Strategic & Clinical leadership programmes
--	---	---	---	--

## Organisational development and support

As PCNs develop, there will be key roles for managers, nurses, mental health professionals, paramedics and pharmacists to build networks of professionals and link into Integrated Care Partnership (ICP) and Integrated Care System (ICS) level delivery as well as at a place based level within Northumberland.

If the system focuses only on the GPs as clinical leads, this will create additional pressure on this workforce, but by planning organisation development across the local health and care system partners with the potential to introduce co-design of new services from the outset, the whole system will see the benefits in the longer term. GPs will feel supported and relationships within networks will be strengthened by the system focus on integrating health and care. By investing in all staff aligned to PCNs, the workload will be shared but with service developments facilitated at the local level with the aim of adapting provision based on local need with shared and timely decision making.

The system leaders across Northumberland support the opportunity to outline an organisation development plan which builds relationships, trust and understanding at all levels. This organisational plan can focus at a service pathway level, identify clinical priorities for population health and address inequalities whilst working across organisations. It is proposed this organisation plan may cover:

## Induction into partner organisations

Professionals and system partners working within each other's environments to gain a coal face understanding of how the organisations operate and the issues with cross organisational delivery.

Identify priority pathways to begin cross organisational planning and co-design for change and improvement.

## Legal advice

## OFFICIAL

A national network agreement has been developed to support the Network Contract and PCNs are required to use this. This agreement sets out the collective rights and obligations of GP providers within the core of the PCN and is required for the PCN to claim its collective financial entitlements. It also sets out how the practices will collaborate with non-GP providers which make up the wider PCN.

Given PCNs are a new way of working for practices and the network agreement is legally binding, it is fundamental that GPs understand their legal obligations and the risks and impacts of delivering health and care at scale. This will include employment of staff, contracting and financial obligations. The PCN contract clearly states that legal costs and advice will not be covered in the network contract therefore locally the CCG and Local Medical Committee (LMC) have agreed to support PCNs in Northumberland to obtain the appropriate legal advice. Local organisations have offered the PCNs the opportunity to tap into current arrangements with law firms to ensure the benefit of efficiencies of scale and the ability to expedite advice within Northumberland. In addition to legal advice, Northumbria Healthcare NHS Foundation Trust (NHCFT) has offered expertise with advice association with VAT implications associated with cross practice working and purchasing of services. The aim is to have initial PCN agreements in place by the end of June 2019.

### **Workforce**

It is clear that there is a need to support the introduction of additional roles into the primary care networks for which the PCN contract offers a reimbursement scheme.

This scheme will meet recurrent costs of 70% for additional clinical pharmacists, physician associates, first contact physiotherapists and first contact paramedics; and 100% of the costs of additional social prescribing link workers. In 2019/20, each network will be funded to appoint one additional clinical pharmacist and one additional social prescriber.

As highlighted in the legal section above, there may be some risks associated with employing additional staff at a network level. It is also important that these new roles do not have a negative impact on the local system (e.g. draining personnel) and that the system plans for the longer term by creating a workforce pipeline.

### **Clinical pharmacists and first contact physiotherapists**

NHCFT has proposed an offer of support to emerging PCNs to secure the skilled professionals in line with the GP contract and PCN service agreement.

The North of England Commissioning Support Unit (NECS) has also provided an offer to PCNs:

- NECS would collaboratively work with PCN(s) to agree a work programme
- Provide Band 7/8a pharmacists
- Pharmacist induction programme including work shadowing of other practice pharmacists to enable rapid deployment, so staff are not just learning on the job

## OFFICIAL

- Staff supported to undertake CPD and clinical supervision. Pharmacists could work to provide a hub approach e.g., delivering opioid reduction clinics, support all practices in a PCN to deliver QOF QI requirements using a standardised approach
- Strategic Medicines Optimisation (MO) – providing a link between the PCN pharmacists on the ground and the wider MO agenda both locally, regionally and nationally
- Supervision and mentorship for one or more PCNs and their pharmacist team
- Additional support such as audit templates, prescribing data and monitoring of work undertaken
- Work with CCG to facilitate a network approach to deliver PCN wide education and training sessions to enable better collaboration across the system on MO issues.

### **Social prescribing**

The CCG must submit a local joint action plan to NHSE by the end of June 2019 outlining how it plans to support emerging PCNs to implement the social prescribing link worker role. A steering group has been set up to facilitate this which includes representation from the voluntary and community sector (VCS), public health, PCNs, NHSE and the CCG.

The priorities for the plan are:

- To determine the PCNs understanding of social prescribing
- If PCNs currently undertake social prescribing and the extent to which they do
- PCN thoughts on implementing the new role.

The CCG is coordinating an options paper which outlines the advantages and disadvantages of the various options that are available to PCNs.

Firstly, the paper will consider whether practices wish to recruit and employ a social prescribing link worker individually by their PCN or whether they would prefer social prescribing link workers to be recruited and employed as a group and hosted within a single organisation for the whole of Northumberland. If PCNs determine that they would prefer the link workers to be employed as a group, a decision would need to be made as to where and how they are hosted i.e. within the VCS or alongside support planners. It is crucial that the link worker is embedded as an integral member of the practice team regardless of employment and hosting arrangements.

In order to capitalise on this opportunity, it is recommended that PCNs fully utilise the expertise in Northumberland regarding social prescribing and the use of the VCS.

Throughout this plan the CCG is working with local partners to embed the voluntary sector into the redesign of services based on the local needs of the populations within each PCN. By expanding the services on offer to patients to include local community groups and voluntary sector services the aim is to increase the use of preventative management alongside the review of clinical pathways and delivery.

### **Data analysis and understanding population health**

## OFFICIAL

In 2020, NHSE will release a Network Dashboard which will set out progress on network metrics, covering population health, urgent and anticipatory care, prescribing and hospital use.

One of the main functions of PCNs will be to understand and assess the health and care needs of their populations, designing services in partnership across the local system to meet these needs and targeting opportunities for addressing health inequalities. The supply of data to networks is therefore an early priority to enable them to evidence the assumptions on priorities for service development, but also to begin embedding analysis of data as a function of the local providers and stakeholders.

The CCG has commenced work on a high level PCN data packs which will be shared with each PCN relative to their populations. There is an offer from system partners to work together to identify key data sources to enhance the population level information and inform service developments and priorities moving forward.

Public health colleagues have enhanced the data packs the CCG has produced for the PCNs and produce an example of the demographic information that can be summarised to support the work in understanding the PCN populations.

### **Communications and engagement**

The CCG is awaiting indication of any national communications about primary care networks for stakeholders and the public. However, Northumberland PCNs recognise the value in engaging with their patient participation groups and service users alongside understanding the data population health data.

A communication and engagement strategy will outline the key actions to support PCNs and system partners are currently scoping the resource and capacity to offer support in this area for PCNs. As part of the system offer of support NHCFT has proposed the important areas to consider under this priority as:

- Overall communications and engagement about and with PCNs
- Work with the local press to position the benefits of PCNs and how patients will directly benefit - range of case studies positioned to demonstrate this - steady flow of updates including via practice websites and other media
- Network the existing Patient Participation Groups (PPGs). Working with practices to ensure PPGs are doing what is needed and that there is consistency. Creating a mechanism consistent across PCNs, which creates a loop to receive/listen to feedback and respond.
- Ensure the PCNs/PPGs are welded into the regional engagement planned for September – a real opportunity to be visible and talk to local communities
- Internal communications within the PCNs - and as part of a network across Northumberland.
- Stakeholder management – with Overview and Scrutiny Committee and Health and Wellbeing Board among other stakeholders.

## OFFICIAL

During July 2019, PCNs have made progress on the following areas:

- Completing their mandatory network agreements and securing legal advice with the support of the LMC and the CCG
- ICP clinical leaders programme has commenced with NHSE with all PCNs in Northumberland participating
- Scoping and consolidating their options to employ Clinical Pharmacists and Social Prescribing Link Workers through the additional roles element of the PCN specification – some PCNs have commenced the process and advertising roles
- Working with CCG and public health colleagues to analyse population health data and identifying potential priority areas.

### **Recommendation**

The Primary Care Commissioning Committee is asked to consider the PCN update and provide comment.