

Attachment 21

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee |
| **Presented by:** | Julie Wilson, Assistant Director Co-Commissioning |
| **Date of Meeting:** | 16th February 2016 |
| **Subject:** | **Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21 – Implications for Primary Care** |
| **Status:** | OPEN  CLOSED |
|  | Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

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| **OBJECT OF REPORT:** |
| The NHS Planning Guidance 2016/17-2020/21 ‘Delivering the Forward View’ was published on 22nd December 2015. The attached paper sets out an initial assessment of the requirements of primary care, along with an assessment of the current position and/or new requirements for each area. The GP Development Group will continue to support the development work for these requirements, where necessary.  The Joint Co-Commissioning Committee is asked to note the NHS Planning Guidance requirements for Primary Care, for information. |

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| **STRATEGY:** |
| The requirements set out in the attached paper will support, and further shape, the delivery of the local primary care strategy. |

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| **IMPLICATIONS:** |
| The following paper sets out more detail regarding the implications for primary care, taken from the latest planning guidance. There are no unexpected areas, and the requirements primarily relate to:   * Enhancing access * Reducing variation * Increasing the use of technology   This initial assessment shows that the CCG is already making good progress against the vast majority of requirements. The document will be used to support the development of more detailed plans, where necessary, which will be worked up and taken forward by the GP Development Group. Any implications pertaining to contractual arrangements or funding decisions will be brought back to the Joint Co-Commissioning Committee for decision. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
|  | The Joint Co-Commissioning Committee is asked to note the NHS Planning Guidance requirements for Primary Care. |
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|  |  | **Yes/**  **No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | N/A |  |
| ii) | CCG Equality Impact Assessment | N/A |  |
| iii) | Human Rights Act 1998 | N/A |  |
| iv) | Health and Safety at Work Act 1974 | N/A |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Y |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Y |  |

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**Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21**

**Initial assessment of implications for primary care**

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| **Requirement & *Expected Date*** | **Current position** |
| 20% of population will have enhanced access to primary care - *March 2017* | * Existing extended access hours (all Practices except 5, 93% population) * NEL Docks 7 day project pilot for evening and weekend access from mid Feb 2016 (80,000 patients, 48% of population) – plans to develop specification for 7 day access, learning from pilot, to be implemented in year 2016/17 |
| Improving access to out of hours care by achieving better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours services to enhance the patient offer and flows into hospital - *During 2016/17, but no specific date* | * Plans for redesigned urgent care system * Re-procurement of GP out of hours service, in line with urgent care plans |
| Improving access to primary care at weekends and evenings **where patients need it** by increasing the capacity and resilience of primary care over the next few years - During 2016/17, although makes reference to ‘over the next few years’ – *expectation of some progress in 2016/17, including the 20% highlighted above* | * Existing extended access hours (all Practices except 5, 93% population) * NEL Docks 7 day project pilot for evening and weekend access from mid Feb 2016 (80,000 patients, 48% of population) – plans to develop specification for 7 day access, learning from pilot, to be implemented in year 2016/17 * Proposed bespoke support for practices regarding demand and capacity * LINCS GP Federation commissioned to work with local practices on sustainability and resilience * Dutch recruitment initiative * Successful bid for pharmacists in General Practice – recruitment undertaken and posts to commence from March 2016 * Joint research programme with HYMS regarding role of Physiotherapists in supporting workload of General Practice – commenced October 2015 * Established links with HYMS regarding progress with Physician Associate programme * Need to understand evidence to support patient **need** during evenings and weekends |
| Continue to meet a dementia diagnosis rate of at least two thirds of the estimated population of people with dementia - *During 2016/17* | * Already achieving; need to maintain. Latest data (Nov 2015) shows a diagnosis rate of 72.3%, against national average of 67.1% |
| Tackling unwarranted variation in demand - *During 2016/17* | * Local Quality Improvement Scheme * Proposal to review with a view to continuing with a quality scheme, which is re-focused and has revised monitoring requirements |
| Plans to implement new workforce roles - *During 2016/17* | * As above |
| Efficiency improvements across primary care - *During 216/17* | * Requires further clarification from NHS England |
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| **Requirement** | **Implication for local area** |
| Measureable improvement in primary care productivity, including through supporting community pharmacy reform - *During 2016/17* | * NHS England requirement, pertaining to Pharmacy services. Need to understand plans and how these align with local strategy. |
| Measureable reduction in variation in management and care for people with diabetes - *During 2016/17* | * There is variation across QOF Indicators DM02 to DM16 (13/14 data – in process of obtaining 14/15) * Local initiatives already in place/in progress to address this:   + Redefined diabetes specialist nurse role to provide more direct support to Practices   + Development of patient guides and support group to help self-management (and on line tool in development) * NELCCG successful in securing place on Wave 1 of National Diabetes Prevention Programme |
| Provide access to enhanced GP services, including evening and weekend access and same day GP appointments for all over 75s who need them - *During 2016/17* | * As per table above |
| Publish practice-level metrics on quality of and access to GP services and, with the Health and Social Care Information Centre, provide GPs with benchmarking information for named patient lists - *During 2016/17* | * Need development of this at national level before local action can be taken |
| Develop new voluntary contract for GPs (Multidisciplinary Community Provider contract) ready for implementation in 2017/18 - *During 2016/17* | * Need to understand likely level of interest in taking up MCP model – letter sent to general practices 22/12/2015 * Workshop discussions at CoM 07/01/2016 and 04/02/2016 * Linked to development of ACO |
| 95% of GP patients to be offered e-consultation and other digital services; and 95% of tests to be digitally transferred between organisations - *By 2020* | Part of the 2020 Digital Roadmap plan; approach to achieving this will be outlined as part of the planning submission in June 2016.   * Currently piloting video consultations (Skype for business) with 5 practices across NEL – this will be evaluated in June, with a view to rolling out further * Potential to utilise Skype functionality in a number of clinical settings;  home visits, GPOOH, care homes, and to support professional to professional advice * Potential ideas for further development:   + social media (facebook/big white wall) to provide access to on-line support groups for patients with similar conditions   + on-line support and one to one access to professional via email/instant messaging facilities   + access to electronic resources for self-management advice and prevention and alternative services available (other than GP/A&E) * Pathology and radiology tests already received electronically from local hospital; need to understand plans for extending this across other diagnostics * Electronic prescriptions has been rolled out to 67% of the estate; there are plans to reach 75% by end of January and 100% by April 17 * E-Referrals (was Choose and Book) in place in all Practices; information is not currently available on our utilisation rates, HSCIC are working on this. Target for percentage e-referrals yet to be confirmed (still being negotiated) * Tele-dermatology – plan to start a pilot imminently with a number of practices in NEL * All practices receive discharge summaries electronically and 70% of practices are ITK compliant, which means they are able to receive fully digitised messages when they are sent.  The target is to reach 100% by June 17 |
| Minimum of 10% of patients actively accessing primary care services online or through apps, and set trajectory and plan for achieving a significant increase by 2020 – *10% minimum in* *2016/17* | * All Practices are now able to offer online booking of appointments and repeat prescription requests; need to look at opportunities for extending the number and type of appointments offered. * Patients will be able to access their GP coded record by end of March 2016, and work currently underway with practices to make this available to patients.  Unable to monitor status of this locally at the moment, but we hope this will be made available (via HSCIC) within the next 2/3 months * Potential development areas over the next 3 years:   + Opportunities for patients to edit their own records   + Potential for prescribing accredited apps to support patients in self-monitoring, self-care and prevention – some of which could potentially be incorporated into the electronic record * CCG submitted bid through 2015/16 Primary Care Transformation Fund (PCTF) for supporting implementation of ‘Ask My GP’ app – still awaiting outcome |
| Ensure high quality appointment booking app with access to full medical record and agreed data sharing opt-out available from April 2016 - *April 2016* | * As per above * The need to develop, consult and implement data sharing agreements is a high priority across the whole of Humber |