

Agenda Item 15

Report to: Primary Care Commissioning Committee

Date of Meeting: Tuesday 24th September 2019

Subject: NHS England Update Report

Presented by: Erica Ellerington, Primary Care Contracts Manager, NHS England

STATUS OF THE REPORT (auto check relevant box)

- For Information
- For Discussion
- For Approval / Ratification
- Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:	This report will update the Committee on various functions of Primary Care to include contractual changes, STP wide workforce initiatives, digital system projects and service reviews; <ol style="list-style-type: none"> 1. Contract Changes 2. GP Retention Scheme 3. Apex 4. Violent and Vexatious Patients Training for Practices 5. New to Practice Programme 6. Humber Coast and Vale Workforce Planning 7. National Access Review 8. Primary Care Networks Support Tools 	
Recommendations:	The Committee are asked to review and discuss the information presented and make a decision on the following; <ol style="list-style-type: none"> 1. Approve relevant contractual changes 2. Make a decision on the proposal regarding how GP retainers are approved 	
Committee Process and Assurance:	The Primary Care Commissioning Committee are responsible for the information within this report.	
Implications:		
Risk Assurance Framework Implications:	NHS England's primary care team oversee requests for contractual changes. All changes are processed in line with regulatory requirements. The Humber Coast and Vale Primary Care Programme Board oversee and manage funding flows approval.	
Legal Implications:	All legal implications for contractual changes are considered on receipt by NHS England and dealt with accordingly.	
Data Protection Impact Assessment implications (DPIA):	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	No
	If yes to the above – have the DPIA screening questions been completed?	Choose an item.
	Does this project involve the processing of personally identifiable or other high risk data?	Choose an item.
	If yes to the above has a DPIA been completed and approved?	Choose an item.



North East Lincolnshire Update

Prepared by Erica Ellerington
Primary Care Contract Manager
NHS ENGLAND – North (Yorkshire & the Humber)

18th September 2019

1. Contract Changes

Contract changes in this period;

Practice Code	Practice Name	Nature of Change	Decision Required?
B81016	Dr Elder and Partners	Retirement of Dr C J Hobbes <i>** Having reviewed and considered relevant guidance, and following liaison with NHS England, the variation required for the retirement was not considered a material change to the service commissioned and provided by the GPs at Humberview. The current contract end date is 31/07/2022 **</i>	Ratify
B81016	Dr Elder and Partners	Commencement of Dr I Prentice	No
B81077	Woodford Medical Practice	Commencement of Dr A S Chathley	No

Action for the Committee

The Committee is asked to note the above contract changes and ratify the contract variation to the Humberview contract.

2. GP Retention Scheme

The GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The GP Retention Scheme replaces the Retained Doctors Scheme 2016. The scheme continues to be managed jointly by the local offices of Health Education England (HEE) (through the designated HEE RGP Scheme Lead) and NHS England.

The scheme is aimed at doctors who are seriously considering leaving or have left general practice due to personal reasons (caring responsibilities or personal illness), approaching retirement or requiring greater flexibility. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support.

RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the doctor remains in need of the scheme and that the practice is meeting its obligations.

This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support.

Each RGP would qualify for an annual professional expenses supplement of between £1000 and £4000 which is based on the number of sessions worked per week. It is payable to the RGP via the practice. The expenses supplement is subject to deductions for tax and national insurance contributions but is not superannuable (pensionable) by the practice.

The RGP will be offered an expenses supplement payment (paid via their practice), as follows: Number of sessions per week	Annualised sessions*	Expenses supplement payment per annum (£)
1	Fewer than 104	1,000
2	104	2,000
3	156	3,000
4	208	4,000

Each practice employing an RGP will be able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice will qualify for a payment of £76.92 per clinical session (up to a maximum of four) that the doctor is employed for. This allowance will be paid for all sessions including sick leave, annual leave, educational, maternity, paternity and adoptive leave where the RGP is being paid by the practice. Evidence of this payment will be required. The practice and RGP will continue to receive payments under the terms of the scheme as long as the RGP remains contracted to the practice and the practice continues to pay the RGP.

Contracted sessions per week	Maximum financial support to practice per year (based on £76.92 per session)
1	£3,999.84
2	£7,999.68
3	£11,999.52
4	£15,999.36

Current Application Process;

- Health Education England receives an application and confirms the GP is eligible for the scheme. The application is passed to the NHS England Medical Team.
- NHS England Medical Team confirms there are no performer concerns and passes the application to the NHS England Transformation Team.
- NHS England confirm support for the applicant.

GPs currently on the scheme in North East Lincolnshire:

Surname	Forename	No. of Sessions	Practice	Start Date
Bruning	Timothy	4	Pelham Med Group (Church View) and Humberview (Stirling Med Centre)	01/06/19
Twomey	Cathy	4	Pelham Med Group (Church View) and Humberview (Stirling Med Centre)	01/01/19

Suggested Delegated CCG process for approving or rejecting applications:

- Once an application is received by the CCG it is to be reviewed in order for a decision to be made as to whether or not to support it.
- The review is to be undertaken by the Primary Care team and finance to determine whether or not there is sufficient need for the Practice to employ an RGP and to understand the financial impact in approving the request.
- This decision will be based on local intelligence and previous discussions with the Practice. The CCG may seek assurance from the host GP Practice that they have considered alternative recruitment solutions and that there is sufficient need based on workforce shortages and current vacancies.
- If it's felt there isn't sufficient need for the host GP Practice to be funded to employ an RGP the applicant may be advised their application would be supported if it was made to work at another Practice.
- Once a decision is made notification of the approval is to then be reported to the next Primary Care Commissioning Committee. This is in acknowledgment that the timeframe to approve an application may be needed before the next committee meeting.

Currently, applications are being received by NHS England where a start date between the Practice and the RGP appears to have been agreed prior to approval. It is proposed that the CCG make contact with all Practices informing them of the scheme and advising them that initial communication with the CCG is important as an application being approved is not a formality.

Action for the Committee

The Committee is asked to support the suggested approval process for future applications and renewals and allow approvals to be made outside of this Committee meeting.

3. APEX

Following recent discussions with NHS England and the system provider regarding the implications of the pause in deployments earlier this year, implementations dates have now been agreed for the participating practices in each CCG.

The main aim of proposing this Implementation Date is to encourage practices to complete the deployment of both Apex and Insight as soon as possible so that the practices and their PCNs have an opportunity to maximise the value during the current licence period.

Currently in North East Lincolnshire, all practices other than those noted below have agreed to mobilise the systems;

- Scartho Medical
- Dr Chalmers

Open Door and Quayside are currently being contacted to arrange an implementation date, the practice have agreed to be part of the programme

Action for the Committee

The Committee is asked to note this update.

4. Violent and Vexatious Patients; Training for Practices

At the Humber Coast and Vale Primary Care Programme Board in August, a proposal was submitted from a CCG for funding to help with the training and education to practice staff to help manage Violent and Vexatious patients. The Board agreed to the funding to support this for all CCGs in HCV

It was agreed that consideration will be taken of how this training is best delivered to practices and further information will be available soon.

Action for the Committee

The Committee is asked to note this update.

5. New to Practice Programme – Proof of Concept

NHS England have identified Humber, Coast & Vale (HCV) as a pilot site to develop a Proof of Concept in relation to the offer of a package of New to Practice support to GPs and General Practice Nurses (GPNs). Evaluation of the concept locally will inform National Guidance which is due at the end of September 19.

£516k has been made available for the remainder of 19/20 to support the concept development with a potential further £1m available in 2020/2021 and the possibility of the programme being funded until 2023/24.

The aim of the programme is to support GP and Nurse recruitment into General Practice and enhance retention by offering a universally available programme of opportunities, support and development to GPs and GPNs across the HCV.

The offer is available to GPs and GPNs who are:

- First year of practice in general practice (including International GPs)
- Hold/about to hold a substantive contract with a practice/PCN
- Meet above criteria, regardless of numbers of hours worked
- Where deemed appropriate can be offered to colleagues who may have held a contract for longer than one year but have not been undertaking active duties in that time, for example someone returning from long term sick or parental leave
- Returners to UK practice
- GPs in local Retainer Scheme that are within the first 12 months following a return to work (e.g. from parental leave or long-term sick).

A working group has been established to facilitate the development of the programme locally.

The following have been agreed for funding that enable current schemes funded through GP Retention monies for 18/19 to continue until 31st March 2020:

- **Building Bridges Programme.** Development of support network across each of the HCV CCGs to include all sectors of health and social care to encourage working at scale. Creates shared purpose, creative approach to future service delivery, innovation and shared success. WhatsApp group set up.
- **Better Conversations** Informal peer support.
- **NY&H Leadership Training (Next Generation GP).** 1yr programme of support for early career GPs and trainees. This is a national programme now being run in 20+ sites for emerging leaders in general practice.
- **Directory of Support Services** for GPs to provide local info around opportunities to facilitate career development. We will also be developing a DOS for GPNs.

The following have been agreed for funding that enable current schemes funded through NHS England Nursing monies for 18/19 to enable us to provide support across the partnership up to 31st March 2020:

Nurse Mentorship Scheme. On hold until Sept 19 due to change to new "Assessor" model.
Nurse Leadership Programme.

The following are new initiatives that have been identified and funding agreed:

Confidence Building for newly qualified GPNs.

Supervisor training for experienced nurses to enable them to supervise nurses new to post.

As part of the development of the programme we have also secured funding to host a Primary Care Network Event to help develop future programmes.

A further review of proposals will be completed over the next few weeks and presented to the HCV Primary Care Programme Board to commit the remaining budget and the PCC will be updated in due course.

Action for the Committee

The Committee is asked to note this update.

6. Humber Coast and Vale Workforce Planning – NEW DEADLINE

A requirement of the Long-Term Plan is that STPs/ICS's produce their own Long-Term Plan which required setting a baseline of workforce by mid-September. CCGs in HCV have submitted the information required and the data has been aligned to information held by NHS Digital. CCGs have recently been given the opportunity to review the additional roles baseline and resubmit if following reflection on the more recent guidance the CCG wishes to amend the initial submissions. The deadline for this is 30th September 2019.

Action for the Committee

The Committee is asked to note this update.

7. National Access Review

The National Review of Access to General Practice Services in England is now underway. The review will look at ways to enable the development and implementation of a coherent access offer to patients accessing general practice appointments.

To ensure that the review is based on as robust evidence as possible NHS England have commissioned the South Central and West CSU to manage and coordinate national and local data gathering. Focus in the first instance will be on in hours access and extended access with a view to understanding capacity, demand and improving productivity.

For extended access CCGs have been asked to provide some specific data around the commissioned services through the submission of a pro forma. The CCG returned this to the South West Central and West CSU by the deadline of 29th August 2019.

A regional Access Review event was held on 10th September 2019, a copy of the presentation slides is available at **Appendix 1**.

8. Primary Care Network Support Tools

The Primary Care Network (PCN) Maturity Matrix outlines components that underpin the successful development of networks. It sets out a progression model that evolves from the initial steps and actions that enable networks to begin to establish through to growing the scope and scale of the role of networks in delivering greater integrated care and population health for their neighbourhoods.

The matrix was built through learning from the initial wave of Integrated Care Systems who commenced early work on the design and development of PCNs during 2017/18. It has since been refreshed in light of the NHS Long Term Plan and the GP Contract Framework. A number of systems have developed their own version of the maturity matrices to meet local need.

The PCN maturity matrix is not a binary checklist or a performance management tool. It is designed to support network leaders, working in collaboration with systems, places and other local leaders within neighbourhoods, to work together to understand the development journey both for individual networks, and how groups of networks can collaborate together across a place in the planning and delivery of care.

A copy of the maturity matrix can be found at **Appendix 2**

A copy of the support prospectus can be found at **Appendix 3**

During the past 3 weeks, NHS England Contract Manager and the CCG have provided support to PCN's in the completion of the maturity matrix and subsequent required development plan, informed by utilising the development prospectus. The deadline for submission of plans to NHS England is 30th September 2019.

Action for the Committee

The Committee is asked to note this update