

Report: Delegated Commissioning of GP Services in Eastbourne, Hailsham and Seaford and Hastings and Rother CCGs

To: East Sussex Health Overview and Scrutiny Committee

From: Fiona Kellett, Head of Finance

Date: 24 March 2016

Recommendations: The committee is asked to note the progress made in delivering co-commissioning of primary care in Eastbourne, Hailsham and Seaford (EHS) CCG and future plans for co-commissioning in EHS and Hastings and Rother (H&R) CCGs from April 2016

1. Introduction to Primary Medical Services

- 1.1. Primary Care covers healthcare provided in the community by General Practitioners, Community Pharmacists, Dental Practitioners and Optometrists. In total these services account for around 90% of all patient interaction with health services.
- 1.2. This paper focuses on services provided by General Practitioners (GPs). Eastbourne, Hailsham and Seaford CCG assumed delegated responsibility from NHS England (NHSE) for commissioning these GP (primary medical) services as of 01.04.2015. Hastings and Rother CCG will assume the same responsibility from 01.04.2016. The responsibility for commissioning Pharmacists, Dental Services and Optometry remains with NHS England (NHSE).
- 1.3. There are several different contractual arrangements for general practitioners to provide medical services as follows:
 - General medical Services contract (GMS) where the contract must be held by a GP or GPs (the traditional model)
 - Personal Medical Services contract (PMS) which must also be held by a GP or GPs
 - Alternative Provider of Medical Services contract (APMS) which can be provided by a GP or GPs or a company.
- 1.4. Each of these arrangements must include essential services but can include additional services and enhanced services as follows:

- Essential services must be provided by all contractors and covers the clinical management of patients who are ill or believe themselves to be ill with acute, chronic or terminal conditions.
- Additional services are normally provided by all contractors but some may choose to opt out of providing some or all of these. This covers services such as cervical screening, contraceptive services, childhood vaccinations and immunisations, child health surveillance and maternity services. All practices in EHS and H&R CCGs offer all of these services.
- Enhanced services are services that the contractor can choose whether or not to provide. These can either be services commissioned nationally or locally. Locally commissioned services are those that sit outside the core contract and are commissioned to improve the health of the local population.

1.5. Examples of nationally and locally commissioned services are attached on Appendix 2

2. Current Primary Care Profile in Eastbourne, Hailsham and Seaford and Hastings and Rother CCGs

2.1. Within Eastbourne, Hailsham and Seaford CCG there are currently 21 practices serving a total CCG population of 192,597. Practices range from a small practice with a list size of 1,500 to large multi-partner practice with a list size of 17,800.

2.2. Within Hastings and Rother CCG there are currently 29 practices serving a total CCG population of 186,415. Practices range from a single handed practice with a list size of 2,700 to a larger multi-partner practice with a list size of 16,500.

2.3. The CCGs encourage practices to move away from single hander providers to ensure resilience in the service offered to patients and to enable practices to share back office functions and support.

3. Delegated Commissioning of primary medical services

3.1. Primary Care Co-Commissioning was initially set out in the NHS Five Year Forward View published in October 2014. It aims to support the development of integrated out of hospital services based around the needs of local people through an increased local focus. In order to deliver this, NHS England invited CCGs to take on an increased role in the commissioning of GP services through a choice of three co-commissioning models ranging from greater involvement and collaboration to full responsibility for the commissioning of general medical services under full delegation.

3.2. Eastbourne, Hailsham and Seaford CCG member practices voted in February 2015 to take on full delegated commissioning from NHS England with effect from 1 April 2015, being one of 63 CCGs to do so in the first wave.

- 3.3. Hastings and Rother CCG voted in September 2015 to take on full delegated commissioning from April 2016 in the second wave, being reassured by the experiences in Eastbourne, Hailsham and Seaford CCG where the limited risks and identified benefits of delegated commissioning are becoming apparent.

4. The benefits of delegated commissioning

- 4.1. Under delegated-commissioning, decisions affecting primary care services are made by CCG teams based in the area who have the knowledge, expertise and awareness of local circumstances and communities and are best placed to improve the offer for local people and affect positive change.
- 4.2. Primary care services are a key component of our East Sussex Better Together (ESBT) transformation programme and delegated commissioning offers greater flexibility to support our ambitions. In particular, to increase our investment in primary care and develop integrated out of hospital services based around the needs of local people. We are also able to positively impact on the day to day workings of local GPs and strengthen all services for local patients by reducing restrictions that currently exist as a result of the numerous organisations commissioning services for the same population.
- 4.3. Our knowledge of the local communities we serve and the relationships we have in place with local GP members, communities and stakeholders means we can introduce strategic developments in local health services that span across primary, community and secondary care. In particular we will have an opportunity to change the inherent lack of alignment of incentives across the whole health system.
- 4.4. Moving forward, we intend to do this by designing health systems so that all parts, including primary care, are working together in line with an accountable care model of health and social care, focussing on delivering services based on outcomes for patients and service users. Whilst primary care is a relatively small percentage of our total spend, it is a key component for the delivery of our planned system change.
- 4.5. Both CCGs have committed to making significant additional investment in primary care, over the national funding, to support the ESBT programme. Our initial plans would see investment increase from £61m in 2015/16 to £92m by 2020/21 across both CCGs. This would take primary care's share of funding (excluding specialist services) from 8% in 2015/16 to 11% in 2020/21.

5. Progress and achievements within EHS in the first year

- 5.1. During the first year of delegated commissioning the CCG has been working to use this flexibility to improve services locally and further develop our strong relationships with practices to enable effective participation within the ESBT transformation programme.
- 5.2. Benefits have been delivered both to patients and to practices as follows:

- Consolidation of the arrangements for dementia services delivered in primary care, previously dispersed across a variety of different schemes. This will improve the service delivery to patients and ease the administrative burden for practice staff.
- Improved communication with practices with the generic enquiry service with improved response times.
- A reduction in the administration burden for practices in claiming for locally commissioned services.
- Development of a practice support programme to help practices maintain and improve quality, maximise the use of new technology and to share best practice across the local community.

6. Future Plans

6.1. The next tranche of developments will include work in the following areas:

- A review and refresh of the Avoiding Unplanned Admissions direct enhanced service (DES) to build on the basic structure of risk stratification and care planning. This will ensure that a wider group of patients is included and that care plans are multi-agency and shared amongst key providers allowing for better co-ordinated care.
- A review of the existing pattern of extended hours provision to ensure best fit with the emerging models of Primary Care Led Urgent Care under ESBT.
- Working with practices on primary care premises developments to ensure new developments will support the sustainability of primary care which is a key element in the delivery of the ESBT transformation plan.

7. Governance Arrangements for delegated commissioning

- 7.1. As the CCG is a membership based organisation, an additional level of assurance has been put in place to manage the responsibilities of co-commissioning and to avoid any potential conflicts of interest. The Primary Care Commissioning Committee (PCCC) meets in public and is chaired by one of the CCG lay members. Operational aspects of primary care co-commissioning are managed by a Primary Care Operational Group (PCOG) chaired by the Chief Finance Officer with representation from a board GP, the local medical committee and CCG staff. The operational group makes recommendations to the PCCC and provides assurance that the delegated responsibilities are being managed effectively.
- 7.2. The Committee makes decisions on the review, planning and procurement of primary care services in Eastbourne, Hailsham and Seaford (and from April there will be a committee for Hastings and Rother, that will meet together with

that of EHS) under delegated authority from NHS England. This includes the following activities:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- Newly designed enhanced services (“Local Commissioned Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area and approve practice mergers

7.3. In addition, the committee has the following responsibilities:

- To ensure that the work of the committee aligns with the strategic intentions of the East Sussex Better Together programme;
- To plan and review primary medical care services in Eastbourne, Hailsham and Seaford (and from April for Hastings and Rother)
- To co-ordinate a common approach to the commissioning of primary care services generally and to provide oversight of the financial planning for the commissioning of primary care services.

8. Developing a sustainable workforce

- 8.1. A strong and sustainable primary care workforce is critical to the delivery of the ESBT programme and to achieve the vision set out for primary care in the five year forward view.
- 8.2. NHS England, Health Education England, the British Medical Association (BMA) and the Royal College of General Practitioners have worked together on a range of initiatives designed to expand and strengthen the GP workforce and these have been incorporated into our Primary Care Workforce Strategy which highlights the short and medium term tasks we need to address sustainability in primary care.
- 8.3. Several of our practices are experiencing difficulties in recruiting to existing vacancies and assuming a retirement age of 60 we expect to need an additional 28 whole time equivalent (wte) GPs in H&R and 17 wte GPs in EHS within the next five years. We will also need 18 wte practice nurses in H&R and 15 wte in EHS over the same period to cover expected retirements.
- 8.4. We have developed a focused primary care workforce plan that will inform an ESBT workforce strategy going forward. Key to this are the following aims:

- To make our practices attractive places to work
- To reduce workload on practices
- To develop the skills of our practice staff
- To build the workforce of the future
- To lengthen medical and nursing careers
- To find new ways to recruit medical and nursing staff into our CCGs

8.5. This plan supports our wider workforce aims as part of ESBT to enable us to deliver the health and social care transformation needed to ensure sustainable, quality services into the future. Currently there are approximately 36,000 GPs in England but the net increase in GPs is around 260 per year. The government has made a commitment to increase the number of doctors in primary care by 5,000 and other primary care staff by 5,000 by 2020.

8.6. Our workforce plan will ensure that EHS and H&R are in the best position to recruit and retain many of these new doctors. The CCGs are regularly attending careers fairs, have offered a number of education bursaries to newly qualified GPs to support them to stay in the local area and are working closely with the Primary Care Workforce Tutor who supports training and education for all staff in general practice.

8.7. The ESBT programme board has recently approved the setting up of a Community Education Provider Network (CEPN) for the ESBT footprint. The network will be a delivery board consisting of primary and community care organisations that will be working collaboratively on an integrated and multi-disciplinary approach to workforce planning.

9. Finance

9.1. The delegated co-commissioning budget for EHS CCG for 2015-16 is £24m which is 8% of the CCG's total allocation (£284m). The largest part of the primary care budget, £16m, relates to general medical services with the remaining £8m covering directly enhanced services, QOF, prescribing and dispensing fees, premises costs and other GP services. NHSE have issued allocations for 2016-17 and assumptions through to 2020-21 as follows:

EHS CCG	2016/17	2017/18	2018/19	2019/20	2020/21
Primary Medical Allocation £m	25	26	26	27	28
Growth %	4	2	2	3	4
Distance from target %	-3	-4	-5	-5	-5
Population	193,764	195,169	196,580	198,040	199,547
Per capita allocation £	129	130	133	137	142

HR CCG	2016/17	2017/18	2018/19	2019/20	2020/21
Primary Medical Allocation £m	26	26	27	28	29
Growth %	4	2	2	3	4
Distance from target %	0	-1	-2	-2	-2
Population	187,253	188,425	189,677	190,982	192,342
Per capita allocation £	139	141	142	146	151

- 9.2. NHS England has also published target allocations which describe what the CCGs should be spending on primary care based on current spending assumptions, taking into account population characteristics and need. NHS England's aim is to bring every CCG to within 5% of their target allocation by 2020/21.

Appendix 2

1.1 Direct Enhanced Services (not all practices provide all services)

- Extended Hours Access
- Learning Disabilities
- Avoiding Unplanned Admissions
- Special Patient Scheme (previously Violent Patient scheme)
- Out of Area Patient Registration
- Dementia (from April 2016 this will be part of the GMS contract and no longer a direct enhanced scheme)

1.2 Locally Commissioned Services (whilst not provided by all practices, all patients have access to these within the CCG area)

- Anti-coagulation
- Cardiology Diagnostics
- Chronic obstructive pulmonary disease
- Cardiovascular disease
- Dermatology
- Diabetes
- Deep vein thrombosis
- Ear Nose and Throat
- Minor Injuries
- Minor Surgery
- Near Patient Testing
- Neonatal Checks
- Over 75s
- Palliative Care
- Phlebotomy
- Wound Care