Date: 12/05/2016 **Meeting: Joint Commissioning Committee** **Item No. 9.0** **Public**	**REPORT TITLE: Primary Care Transformation Fund (PCTF) Update** **DECISIONS TO BE MADE:** • Approve the proposed principles to be adopted by NL CCG to evaluate and prioritise the recommendation for PCTF funding.
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Continue to improve the quality of services	x	**Improve patient experience**	x
Reduced unwarranted variations in services		**Reduce the inequalities gap in North Lincolnshire**	
Deliver the best outcomes for every patient	x	**Statutory/Regulatory**	

Executive Summary (Question, Options, Recommendations):

This report provides an up-date to JCC members on the current position of the PCTF and sets out the key principles that the CCG propose to use as part of the evaluation and recommendation process.

The proposed principles and evaluation criteria has been to NL Council of Members to ask for their support for the proposed principles to be adopted by the CCG. Council of Members agreed by a majority to support the proposed principles and evaluation criteria (following minor amendments) to evaluate any PCTF bids received,

Note: Due to a delay publication of the final process and criteria to be used by NHSE the contents of the report are based upon the information that has been received to date and so may be subject to change once the final guidance and criteria is published).

JCC are asked to:
- Note the contents of the report
- Approve the proposed principles to be adopted by NL CCG to evaluate and prioritise the recommendation for PCTF funding.

Equality Impact	**Y/N**	N
Sustainability	**Y/N**	N
Risk	**Y/N**	N
Legal	**Y/N**	N
Finance	**Y/N**	N

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	**Y**	**N**	**DATE**		**N/A**	**Y**	**N**	**DATE**
Patient:			X		Clinical: Council of Members		x		28/04/16
Public:			X		Other:			x	

Primary Care Transformation Fund 2016/17

Proposed Principles to be adopted by NL CCG to evaluate bids against the Primary Care Transformation Fund (Estates and Technology) (PCTF)

Introduction

This report provides an up-date to JCC members on the current position of the PCTF in NLCCG and sets out the key principles and criteria that the CCG proposes to use as part of the evaluation and recommendation process.

(Please note that at the time of writing the paper the final guidance for PCTF had not been published)

PCTF – NL CCG up-date

The planned guidance for CCGs on submitting recommendations for funding schemes under the Primary Care Transformation Fund has been delayed. However, some of the guidance received to date in respect to the process for submitting bids suggests that recommended schemes should be in keeping with the following:

i.   The CCG's Primary Care Strategy
ii.   The CCG's Estates Strategy
iii.   The CCG's Local Digital Roadmap (in respect to digital technology schemes)
iv.   The scheme is financially viable and does not commit the CCG to any **unplanned** expenditure.

In terms of the current strategic direction for primary care in North Lincolnshire, the main thrust is around the development of the Care Networks, the sharing of scarce resources and developing networks of support for practices. It is expected these developments will ensure the long term sustainability of primary care.It is therefore important that bids for Transformation Fund money take into account the position of practices within the networks, and how proposed developments may provide added benefit from a multi-agency perspective. Practices making bids will therefore be required to have considered this aspect, and to have sought support from at least other practices within their network, and preferably also from other network partners.

The Local Estates strategy is being developed through the Healthy Lives Healthy Futures programme (of which the Care Networks are a part), and takes account of the 'One Public Sector Estate' strategy. This strategy involves the mapping of all public estate for use across the locality and identifying how to make best use of underutilised estate for all public services. At present a mapping of all local estate is underway to support links to the PCTF process, with the aim of maximising what estate we have locally to support development of care networks and facilitate full integration of services locally to the benefit of local population.

The key message that has gone out to practice, via a letter from the CCG Medical Director is that the PCTF is an opportunity to be ambitious as well as strategic. However, that does not mean practices 'going it alone'. It does mean working in conjunction with other practices and organisations, in order to make maximum use of limited public finance and in order to achieve sustainability of primary care services overall, and that future bids will need to be aligned with the various strategies and in line with the above and any further guidance issued.

Practices have been made aware that successful bids will therefore take into account issues such as:
- General improvements to existing premises in order to maintain current services
- Care Network development in general
- Flood resilience & resistance
- Predicted population growth within the network area
- Impact on Community Services, NLAG, RDASH, Local Authority, etc.
- Availability of the premises to Community Services, NLAG, RDASH, Local Authority etc.
- Increased capacity for primary care services out of hospital;
- Commitment to a wider range of services as set out in the CCG commissioning intentions to reduce unplanned admissions to hospital;
- Improving seven day access to effective care;
- Increased training capacity.

The list is not exhaustive, but serves as an indication of the level of ambitious thinking required from practices, as well as the level of detail that will be sought.

The following section of the report summarises the proposed key stages in the PCTF process.

Background

NHS E has now set out the arrangements for the PCTF for 2016/17 and beyond. CCGs will be required to recommend proposals to NHS England requesting financial support for investment in premises or technology which will increase the capacity of general practice and out-of-hospital care. In particular, CCG recommendations will need to demonstrate that the proposals meet one or more of the criteria set out above.

Based on information received to date, it is not intended to be a single application process for CCGs, but an on-going process to enable CCGs to submit specific scheme developments as and when they are ready, as part of their strategic proposals for Transforming Primary Care services within their areas.

It is suggested that every six months, NHS England nationally will take stock of progress, reporting improvements that have been achieved for patients and looking ahead to assess financial commitments and timelines. That will allow national decisions to be made on the balance of investment between regions and to plan, if appropriate, any switch in the balance of capital or non-recurrent revenue in-year. It is not envisaged at this stage, for a further national round of submissions to be requested from CCGs but to allow a regionally managed local process for CCGs to submit new scheme developments as and when ready and necessary.

Final guidance for CCGs on submitting recommendations for funding of schemes under the Primary Care Transformation Fund is expected imminently and the CCG has received further information aimed at providing more clarity around what the process is likely to look like, the key points of the letter are summarised below.

Process and Milestones

To secure funding from the PCTF, CCGs will need to complete four stages:

- Stage 1 - CCG submits recommendations for investment
- Stage 2 - NHS England completes an initial review
- Stage 3 - Due diligence
- Stage 4 - Decision

Stage 1 - CCG submits recommendations

Each CCG will be expected to make a single electronic submission through the portal. They will be expected to provide an overarching strategic context for their recommendations, together with details of the individual recommended projects that the CCG supports for its area. In addition, they will be asked to prioritise between their recommendations.

The intention is that CCGs will be able to submit their recommendations on the portal over a two week period. It is recognised that some projects may be more developed than others and the levels of detail available when making recommendations. All schemes which meet the Core Criteria are welcome and CCG will have the opportunity to refine recommendations after the end of the initial 2-week submission period. (Date to be confirmed)

Stage 2 - NHS England DCO teams complete an initial review

Local NHS England commissioning teams will carry out an initial assessment of submissions against the national criteria for PCTF funding. The purpose of this assessment is to review CCG recommendations against the Core Criteria, to identify and prioritise schemes across CCG areas, and to feedback on schemes to CCGs. Each CCG should receive feedback about the outcome of this initial review. The aim will be for each recommendation made by a CCG to be clear whether the scheme:

- Meets PCTF criteria and moves to next stage, or
- does not meet criteria

It is also likely that some proposals may be assessed as needing further development before can proceed to the next stage, identifying work needed and whether funding can be provided to carry through the required development.

Stage 3 - Due diligence
For schemes recommended to this stage, detailed information will be required to give final approval to release funding. This stage will culminate in the production of an appropriate business case – with the categories of information and degree of detail sort varying with respect to the type and scale of scheme that has been recommended.

Stage 4 - Decision

<u>Final approval for fund of each scheme is at this stage</u> and is based on the business case documentation developed as part of the due diligence stage above.

Should substantive revision be subsequently proposed to any scheme, the revised scheme will need to be fully re-considered before approval for continued funding is given. .

For investment in information technology projects

Development and improvement of IT infrastructure is a fundamental building block to

transforming care and providing primary care at scale.

It is expected that CCGs will submit technology related recommendations which deliver benefits against the four priorities outlined below and which are aligned with the CCG's local digital roadmap.   Proposals which are intended to work at scale for a larger population, rather than simply for individual practice populations, are more likely to be successful. Potential technology projects might include:

- IT infrastructure investments which enable the public to have better access to services that link to the achievement of seven day primary care services, convenient to the patient's work and family life

- Enabling patients to have digital access to local practice such as through the use of apps which allow them to make appointments, receive phone backs, and access their full medical record

- GPs or other community based clinicians visiting patients at home, care homes, or other care settings, having access to systems they would have if they were in their own practice building

- Hospital referrals, prescriptions, test results, discharge summaries and clinical correspondence being sent electronically.

All grant funding for technology projects must comply with NHS England <u>capital guidance on</u> <u>digital technology</u>

The CCG will adopt a transparent two stage evaluation process for prioritising and submitting recommendations for funding. Appendix 1 details the proposed evaluation process to be adopted by NLCCG, based upon the national criteria.

JCC is asked to:

- Note the contents of the report

- Approve the proposed principles to be adopted by NL CCG to evaluate and prioritise the recommendation for PCTF funding (please see Appendix 1).

Appendix 1 – NLCCG Proposed Evaluation Process for recommendations to NHSE

Primary Care Transformation Fund (PCTF)

Stage One Evaluation Arrangements

Evaluation criteria will be used by NLCCG to determine:

> a) What schemes to include in its submission for funding from the PCTF in June 2016
>
> b) The priority to be attached to each scheme

The CCG will review all bids (premises and technology) in two stages. Proposals must pass stage one in order to progress to stage two where the schemes will be prioritised using the scoring methodology set out below

A)   Stage One

Applications must fit with both the CCG's Primary Care and Estates strategies and not commit the CCG to any unplanned additional revenue expenditure:

The scheme is in line with the CCG's Primary Care strategy	Yes/No
The scheme is in line with the CCG's Estates strategy (Estates schemes only)	Yes/No/NA
The scheme is in line with the CCG's local digital roadmap (Digital technology schemes only)	Yes/No/NA
The scheme is financially viable and any impact to the CCG in relation to the potential for unplanned expenditure has been fully evaluated.	Yes/No

Applications that score a 'No' to any of these questions will need to be reviewed and any questions/queries clarified to the satisfaction of the CCG before proceeding to Stage 2.

Applications involving investment in premises will also need to pass all of the following tests:

	Assessment Criteria	Score
Building and the Environment	1. Where applicable, the new/expanded/refurbished premises meet all relevant building regulations	Pass/fail
	2. Where applicable, the development will address any deficiencies in terms of health and safety requirements in the current estate	Pass/fail
	3. The environment in the proposed development will enhance the patient experience?	Pass/fail
	4. Where applicable, any issues identified by CQC in terms of the current estate being unfit for purpose will be addressed	Pass/fail

	5. Where applicable, any infection control issues with the current premises will be addressed	Pass/fail
	6. It can be demonstrated/there is a commitment that the proposed development will contribute to a reduced carbon footprint?	Pass/Fail
	7. There is identified sign up/commitment to support the proposal from GP practices and health and care services in the appropriate care network	Desirable

B) Stage Two

All bids will be assessed and prioritised using the following criteria

Criteria	Additional information/guidance	Weighting
1. Enabling 7 day access to effective care	The Five Year Forward View sets out a number of benefits from evening and weekend access to GPs, nurses and other primary care staff working from community bases. In addition, in October 2015 the Government committed to ensure that all patients have access to seven day GP care by 2020. Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21 has recently been published asking CCGs to produce Sustainability and Transformation Plans. More weighting will be attached to those schemes that contribute to CCGs' priorities for transformation including enabling seven day access to effective care. This does not mean that a recommendation, whether premises or IT related, must, on its own, lead directly to seven day services, but in order to satisfy this requirement the recommendation must contribute to providing seven day GP care for the relevant geographic area. The types of scheme that might satisfy this requirement are as follows: • Premises extensions or improvements, that will facilitate the provision of seven day access • IT projects, that will facilitate remote consultations • IT projects, which allow improved integration between providers and, as a result, promote seven day access • New premises developments, which are designed and operated in a manner that provides seven day access to patients. • Premises extensions or improvements, that will facilitate the development of care networks and integrated working across the care network	20 (15%)

	This list is illustrative only and other innovative proposals will be considered.	
2. Increased capacity of clinical services out of hospital	Out-of-hospital care needs to become a much larger part of what the NHS does. New care models and NHS England investment in general practice must reinforce out-of-hospital care, rather than general practice simply becoming a feeder for hospitals still providing care in the traditional ways. In order to satisfy this requirement, the scheme must contribute to increased capacity of clinical services outside of hospital settings. This may mean the addition of capacity for a service currently provided out of hospital or the transition of a service from a hospital to a primary care setting. The addition of capacity for an existing out of hospital service may be driven by population growth, changing population demographics, to support new care models or for other reasons. Recommendations may include schemes to expand physical space or increase capacity through innovative technologies. CCG recommendations must reflect developments that, in the main, support investment in general practice services (GMS/PMS/APMS). There is identified support from as many GP practices and health and care services as possible within the appropriate care network**. The proposal supports the development of the Accountable Care Organisation for North Lincolnshire. ** *NOTE: While full network support is desirable, is not a prerequisite in determining which bids will be supported. Where full network support is not given, the reasons for lack of support will be sought to enable the CCG to consider and discuss further.*	**15 (11%)**
3. Increased training capacity	The number of doctors, community nurses and other primary care staff in training will need to increase in the coming months and years to build the workforce. The PCTF (Estates and Technology) represents an opportunity to invest in the infrastructure that will support that expansion of training.	**15 (11%)**

		In order to satisfy this requirement, the scheme must lead to an increase in functional training capacity for GPs or other staff who are supporting or providing primary care. It is acknowledged that the ability of many practices to support training and development is constrained by the practice premises or the available IT. The increase in training capacity brought about by a particular recommendation must be proportionate to the value of the investment. This could be to improve facilities in practices which are already training practices or enable practices to become registered training practices.	
4.	Enabling access to wider services as set out in commissioning intentions to reduce unplanned admissions to hospital	The NHS must take decisive steps to break down the barriers in the way in which care is provided between family doctors, community services and hospitals, between physical and mental health and between health and social care. As well as supporting increased capacity of clinical services out of hospital, the PCTF (Estates and Technology) will be used to facilitate access to wider services more generally. In order to satisfy this requirement, the scheme must lead to or enable the provision of a wider range of services to NHS patients in out of hospital settings. Examples of the types of project which might satisfy this requirement are as follows: • premises extensions, developments or improvements, which allow co-location of a wider range of services to contribute to the prevention agenda and wider community well-being; or • IT projects which allow general practice to deliver a wider range of services to patients via, for example, Skype, telehealth or other electronic systems. • Support the development of care networks and integrated working	**15 (11%)**
5.	Consistent with Local Estates Strategies *(Estates schemes only)*	There should be a demonstrable link between the recommended scheme and the CCG's plans for commissioning services for patients in the future. CCGs are developing Local Estates Strategies which will link commissioning plans with estates requirements. Practices will be required to explain how the recommended schemes will deliver longer term plans and support the One Public Estate Strategy	**10 (7%)**
6.	Consistent with primary care commissioning plans *(Technology*	All investments in information technology infrastructure must be consistent with, and support delivery of, the CCG's primary care commissioning plans and emerging priorities for Sustainability and Transformation Plans, the development of care	**10 (7%)**

	schemes only)	networks and integrated working/delivering care at scale.	
7.	Patient involvement and engagement across the health economy	For the purposes of the initial submission and assessment bidders/practices will need to demonstrate that they have considered and taken steps to involve patients and engage communities or how they propose to do so.	**10 (7%)**
8.	Clear identified need	There must be a clear and properly identified need for the particular recommendation and expected benefits, which should be adequately demonstrated in the bid. Part of demonstrating a clear identified need will be demonstrating the way in which new or improved infrastructure will be used to support sustainable primary care and the development of care networks	**10 (7%)**
9.	Deliverable within financial years April 2016 to March 2019 (the end point for PCTF)	The PCTF is a multi-year fund incorporating this Estates and Technology Programme. The programme is time limited and bids must be deliverable by the end of March 2019. The bid should demonstrate an initial plan for project delivery, which should include consideration of the skills, expertise and leadership that will be required for successful implementation of the recommendation.	**10 (7%)**
10.	Sustainable in the long term	Evidence that the scheme is financially sustainable in the long term. A full financial analysis of estates bids will be carried out when full evaluations have been completed	**10 (7%)**
11.	Flexible to changing healthcare delivery patterns *(Estates scheme only)*	Healthcare delivery patterns change from time to time. Practices should provide evidence that they have considered the way in which their scheme, once implemented, might be future-proofed so it can be used flexibly and adapt to future healthcare delivery patterns, with particular reference to the development of care networks/ ACO	**10 (7%)**
12.	Demonstrates a process for monitoring, measuring and evaluating expected benefits. *(Technology schemes only)*	Monitoring, measuring and evaluating are essential phases in the implementation of a successful IT project. They must be planned at project initiation and CCGs should demonstrate that they have given consideration to the manner in which their recommendations will be monitored, measured and evaluated against the expected benefits.	**3 (2%)**
13.	Demonstrates alignment with the Local Digital Roadmap, Personalised Health and Care 2020 – A Framework for Action and NHS England's Five	The Five Year Forward View identified harnessing the information revolution as a key enabler to securing a sustainable NHS. By 2020, health and care professionals will be operating paper free at the point of care. This vision developed by the National Information Board was outlined in Personalised Health and Care 2020 – A Framework for Action. CCGs should be able to demonstrate a link between the recommended scheme and their plans for being	**4 (3%)**

High Impact Changes *(Technology schemes only)*	paper free at the point of care in 2020.	11
14. Demonstrates that the CCG has considered Information Governance (for example has or will comply with Information Governance Toolkit Level 2 and will put in place appropriate information sharing agreements) *(Technology schemes only)*	The Information Governance Toolkit draws together the legal rules and Department of Health policy on information governance and presents them in in a single standard as a set of information governance requirements. Good information governance is essential to demonstrate that health care commissioners and providers can be trusted to maintain the confidentiality and security of personal information. All IT recommendations must demonstrate a consideration of information governance issues and a commitment to comply with Information Governance law and policy.	**3 (2%)**

Bids will be scored (1 – 10) against each of the criteria listed above and the totals for each sub section multiplied by the weighting to give an overall aggregate score. The maximum possible score that can be achieved by either premises or digital technology schemes is 1,350 (135 x 10).