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| Date: | 16 February 2017 |
| Meeting: | Joint Commissioning Committee |
| Item Number: | 8.0 |
| Public/Private: | Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> |

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| Report Title: |
| NHS England update |

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| Author: <i>(Name, Title)</i> | Rachel Singyard |
| GB Lead: <i>(Name, Title)</i> | Primary Care Business Manager NHS England |

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| Decisions to be made: |
| <ul style="list-style-type: none"> Support funding request from The Birches Medical Practice If a review of North Lincolnshire GP Practices is required in respect of the publication of the "GP Practices serving atypical populations guidance." |

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| Continue to improve the quality of services | <input checked="" type="checkbox"/> | Improve patient experience | <input checked="" type="checkbox"/> |
| Reduced unwarranted variations in services | <input checked="" type="checkbox"/> | Reduce the inequalities gap in North Lincolnshire | <input type="checkbox"/> |
| Deliver the best outcomes for every patient | <input checked="" type="checkbox"/> | Statutory/Regulatory | <input checked="" type="checkbox"/> |

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| Executive Summary (Question, Options, Recommendations): |
| <p>This report is to update the Committee on matters pertaining to primary medical care within NHS England.</p> <p>These being:-</p> <ul style="list-style-type: none"> Update on Market Hill Practice short term procurement Update of Kirton and Scotter practices merger proposal Proposed MCP Voluntary Contract Clinical Pharmacists in General Practice Scheme Request from the Birches practice to increase their room capacity Request from Barton Central Surgery to increase their room capacity Publication of GP Practices serving Atypical populations guidance New GP Contract for 2017/18 |

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| Equality Impact | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Sustainability | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Risk | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Legal | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Finance | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

| Patient, Public, Clinical and Stakeholder Engagement to date | | | | | | | | | |
|---|--------------------------|-------------------------------------|--------------------------|-------------|------------------|--------------------------|-------------------------------------|-------------------------------------|-------------|
| | N/A | Y | N | Date | | N/A | Y | N | Date |
| Patient: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Clinical: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Public: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Other: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |



North Lincolnshire update

Prepared by Rachel Singyard
Primary Care Business Manager
NHS ENGLAND – North (Yorkshire & the Humber)

8 February 2017

Market Hill APMS Procurement Update

As notified at the last Committee meeting, the Invitation to Tender (ITT) for the 12 month Market Hill contract that is due to expire 31 March 2017 was published by North East Commissioning Support (NECS) on 28 November 2016.

The deadline for the submission of bids was 4 January 2017 and three bids were received. Following the evaluation and consensus period (9 – 12 January 2017) NECS issued a recommended bidder report to NHS England for SMT approval (w/c 30/01/17). Bidders will then be notified of the outcome of the procurement and following the 10 day standstill period the successful bidder be awarded the contract 14 February 2017. The mobilisation period will then begin to allow for the new provider to be in place for the contract start date of 1 April 2017. An up-to-date position will be tabled on the day of the meeting.

Action for the committee:

The Committee is asked to note this update.

Update of Kirton and Scotter practices merger proposal

The Committee will be aware that Kirton and Scotter practices submitted a merger proposal in May 2016. The current situation with this merger is that a combined Partnership is now operating under two GMS separate contracts and this was a planned, short term interim solution with a view to a full merger of the contracts by 01 April 2017.

The merger involves some complex implications for some patient services and related funding, given that the merger will cross existing CCG boundaries. Both CCGs are reviewing and working through the issues that this has raised to help ensure a smooth transition of services across the practice.

Although this had placed the consultation on hold, guidance from NHS England has ensured that patient consultation has recommenced and is planned to run until 24 February 2017. A report from the practices will be submitted to both NHS England and the respective CCGs by 6 March 2016. In view of this change in the programme dates for consultation a new date of the 1 July 2017 has been proposed for the merger.

Action for the committee:

To note this update and that a virtual decision regarding the merger will be required in March 2017.

Clinical Pharmacists in General Practice

The General Practice Forward View committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in General Practice by 2020/21. This is in addition to over 490 clinical pharmacists already working in general practice as part of a pilot, launched in July 2015. NHS England, Health Education England, the Royal College of General Practitioners and the British Medical Association's GP Committee are working with the Royal Pharmaceutical Society to support this.

In July 2015, a pilot was launched to kick start the expansion of clinical pharmacy in general practice. As a result, by December 2016, over 490 additional clinical pharmacists were working across approximately 650 GP practices across the country.

Following the success of the pilot, NHS England will be inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists to meet the commitment of an additional 1,500 clinical pharmacists in general practice by 2020/21.

Providers participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term. Applicants from provider organisations will be able to submit applications from 9 January 2017 through an online portal. The first cohort of successful participating providers will be announced in March. If there are any successful applications from the North Lincolnshire area, the Committee will be updated in due course.

North Lincolnshire Practices have been made aware of the programme and the CCG Primary Care Directorate has offered support to practices with development of bids/identification of partners to support meeting the 30,000 footprint requirement.

Action for the committee:

The Committee is asked to note this update.

MCP Voluntary Contract

The NHS Five Year Forward View introduced the concept of a multispecialty community provider (MCP). The document incorporated below gives further guidance on how the MCP model may be contracted for.



engagement-on-draft-mcp-contract-1a.pdf

Action for the committee:

The Committee is asked to note this publication.

Request from the Birches Medical Practice

The Birches Medical Practice in Scunthorpe operates from two sites, namely the Ironstone Centre and Ashby Clinic.

The practice population is currently 9471 as of December 2016 and the practice have reported that they are continuing to register an average of 20 patients a month. When the practice originally moved into the Ironstone Centre in October 2011 their list size was 3460, hence this has grown significantly over the past 5 years. This is partly due to a merger with another practice in Ashby Clinic. As a result, the practice have experienced a considerable increase in demand for appointments and have struggled with the space that was allocated to their lease in the Ironstone Centre.

The practice have notified NHS England that they have been successful in recruiting a salaried GP, to start in February 2017 and accommodation is required for the GP's consultations. There is also a Health Care Assistant working at the practice who is currently using void space in the Centre, but this is not officially in the practice lease.

Request from the practice and implications:

The request to NHS England is for the practice to be able to formally occupy two rooms in the Ironstone Centre. This would mean an increase to their rent, rates and utilities payments (details below). It should be noted that NHS England is currently funding this void space which was, until recently occupied by a private provider. The building comes under the remit of NHS Property Services.

Rent - £11,042

Rates - £2,281

Clinical Waste - £44 approx.

Water/sewerage - £69 approx.

Total = **£13,436**

It should be acknowledged that the practice have increased their list size considerably and it is reasonable that they have requested the funding for the additional space described above. There is no identified budget for this increase, although NHS England is currently paying the rental costs to NHS Property Services.

NHS England **Direct Commissioning Senior Management Team (DCSMT)** considered the business case in December 2016 and approved the expenditure, subject to confirmation from this committee that the request is granted.

Action for the committee:

The Committee is asked to consider this request and confirm if support is granted to fund the additional costs associated with occupying the extra space.

Request from Barton Central Surgery

NHS England received a business case from Central Surgery in Barton in respect of its main surgery in Barton and its branch surgery, The Village Surgery in Goxhill. The business case requested additional notional rent funding for both properties. There are two separate issues associated with these premises which are described below.

Request from the practice and implications:

Barton premises

Central Surgery in Barton-upon-Humber is a purpose built building and has historically not received full notional rent due to a large area of the building being rented out to third parties, namely community nurses and health visitors. In 2010 the situation changed and the former PCT did not agree for the void space to be reimbursed to the practice. The rooms in questions are two treatment rooms, three consulting rooms and an administration/meeting room.

In their business case, the practice have explained that they have continued growing since 2010 and their expanded workforce has been using the space to work which is not currently funded under their notional rent arrangements. It should be noted that the practice list size has remained stable since 2013.

The practice refers to the CCG's hub and spoke network models that are being developed and how they could provide services by utilising this space. They also offer a minor injury service to their own patients and those registered with a neighbouring practice, again using this unfunded space. However it should be noted that these services would not normally be classed as GMS, rather, enhanced services commissioned by a CCG.

They also explain that they act as a centre for acute care needs running a rapid response telephone advice and triage service as well as reserving appointments for nurses, nurse practitioners and doctors each day to manage acute needs and that to offer this service they need to use the unfunded space.

As part of their business case the practice have also drawn attention to the savings they have made against their allocated CCG budget, particularly around secondary care referrals, which are supported in their business case submission documents.

Goxhill premises

A new branch surgery in Goxhill was completed in November 2010 and the decision to purchase and develop the premises was made by the practice when two former branches, which were not fit for purpose, closed. The practice decided to invest in developing one purpose built branch surgery but did not seek approval from the former North Lincolnshire PCT before commencing work on the property. Subsequently, the PCT only agree to reimburse the practice at the rate of notional rent paid to the two former branch surgeries.

This arrangement has continued and the practice are only reimbursed the figure paid historically, being **£4,200**. The current market rent for the premises is **£22,500**.

As part of their business case, the practice have stated that Goxhill Surgery provides modern premises that meet infection control and disability standards and that it is very popular with patients from the surrounding villages as well as many from Barton itself. The surgery has three consulting rooms and one treatment room along with a waiting room, reception, staff areas and toilets.

NHS England requested figures from the District Valuer in respect of the value today and the square meterage historically funded at the two branch surgeries in relation to the current building. This equates to 40.53% of the property. The value of the notional rent would be **£9119**, meaning an increase of **£4919**.

The practice requested that NHS England, again consider reimbursing the full amount. However, a precedent has been set around this issue, where a similar case from a North Lincolnshire practice, was declined, because approval was not sought from the former Commissioners.

Practice Business Case

The practices have stated their current position of in relation to sustainability is of concern. They have said that they desire to encourage secondary care providers and the local care network to use their centrally based location as a hub, however at present the practice cannot afford to carry on updating and renovating the workspace appropriately without increased notional rent funding. The practice is able to host a small number of secondary care providers at the surgery during quieter times of the day and provide space for POEISIS (mental health service) and diabetic eye screening without reimbursement. They have two new GPs joining the team who will require to utilise the unfunded rooms. They plan to develop the unfunded upstairs room into a meeting and administration room so it will be possible for the GPs to carry out administrative work on laptops away from consulting rooms, hence freeing these rooms up for other practice staff and potentially for secondary care providers.

Finance

The practice currently receives **£59700** which has just been renegotiated as part of the rent review process to **£63000**, i.e an increase of **£3300**. The cost of funding the additional rooms would be an **£11850.30**

Practice Objectives going forward

The practice have stated that going forward they would like to use the space that is currently unfunded on the first floor as a multidisciplinary hub for the Care Network, a place that can be used to develop plans and objectives via meetings and training. It will also allow for additional admin space which is required for the ever growing clinical and clerical team.

They feel that many of the practice's future objectives are in line with the Five Year Forward View. The practice plans to further expand its workforce with the introduction of a clinical pharmacist and Physician associates, to further support their infrastructure improving clinical care, access and, in turn, reducing unplanned admissions and secondary care referrals.

The main objectives described by the practice subject to the adjusted funding of notional rent focus mainly around secondary care provision.

Decision made by NHS England Direct Commissioning Senior Management Team (DCSMT)

Barton premises

Whilst it is acknowledged that the practice are expanding and have plans that support the Five Year Forward view, the majority of the additional space requested for funding will be used for secondary and community care purposes, which is not reimbursable under GMS.

Therefore the decision was made by **DCSMT** to decline this request.

Goxhills premises

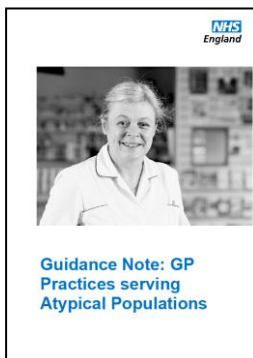
DCSMT declined the request for full reimbursement of the current market rent as this is consistent with other requests to NHS England. However, it was agreed that a proportionate increase of **£4919** to reflect today's current market would be funded.

Action for the committee:

The Committee is asked to note the decisions made by DCSMT.

Publication of GP Practices serving Atypical Populations

In December 2016, NHS England published this document which guides commissioners to the types of issues and data sources they could consider in coming to a judgement about support that is relevant to a practice's particular circumstance, where commissioners and individual practices have a shared concern about meeting the health needs of their patients. This is in relation to practices that serve populations that are so significantly atypical that when using the national funding formula it may not be adequate to ensure the delivery of an adequate practice service.



Action for the committee:

The Committee is asked to note the publication and decided if a review of North Lincolnshire GP Practices is required to identify if any fall under the remit of the guidance

New GP contract for 2017/18

It was announced on 7 February 2017 that NHS England, the Government, and the British Medical Association's General Practitioners Committee have reached agreement on changes to the general practice contract in England for 2017/18.

The new agreement includes an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities.

The new contract also includes provisions to encourage practices to expand access and not to close for half-a-day a week. GP practices which regularly close for mornings or afternoons on a week day will lose their eligibility for the current extended hours scheme claimed by most practices. Practices who join together with other GPs in their local area to offer more evening and weekend appointments will be eligible for extra non-contractual funding over and above the current scheme.

Strengthening requirements in the 2016/17 contract, general practices will also help determine a new patient's eligibility for NHS healthcare. This will help with the identification of patients from the European Economic Area and should make it easier for the NHS to reclaim money from their home countries.

The new contract, to take effect from 01 April 2017, will see investment of around £238 million going into the contract for 2017/18.

In addition, £157 million from a previous earmarked scheme will be transferred into core GP funding so that family doctors can be more flexible in how they care for the most frail.

This is part of NHS England's plan, set out in the General Practice Forward View last year, to reverse previous years of under-investment in general practice.

For GPs, agreement has been reached to cover the rising costs for practices in a number of key areas, including costs of CQC inspection, indemnity costs, and other areas of workload.

The investment announced will provide a pay uplift of one per cent for GPs with other agreed changes including:

- Increased investments into a scheme to help GP retention
- Improved payment arrangements to cover parental leave and sickness absence

The document below highlights the key changes in more detail.



GP Contract changes
2017-18.pdf

Action for the committee:

The Committee is asked to note the changes to the GP Contract for 2017/18.