

Report to the NL CCG Joint Commissioning Committee: 15th June 2017

Date:	15 th June 2017
Meeting:	Joint Commissioning Committee
Item Number:	Item 8.0
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:
Market Hill Procurement and Extended Access Paper

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GB Lead: <i>(Name, Title)</i>	Dr Jaggs-Fowler

Decisions to be made:
JCC is asked to:
<ul style="list-style-type: none"> • Note contents of the report • Support a single procurement of MH practice as APMS contract, GMS core hours and rates – 10 years if possible – minimum 5 years, with an additional schedule to provide enhanced access to primary care that meets the CCGs requirements to have a model of enhanced access by 1st April 2019 (3 years +1 +1 contract length). • Approve a consultation period to begin in June 17 and run through to Mid-September 2017 • To approve the development of a service specification that reflects the finding of the engagement feedback for enhanced access to primary care (includes extended access to primary care and extended hours). • To receive up-dates on progress

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 checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>This paper provides an up-date on the Market Hill Procurement and an outline proposal for the CCG strategy for enhanced access to primary care across North Lincolnshire, to meet the planning requirements as set out in the NHS Operational and Planning and Contracting Guidance 2017-2019.</p> <p>The JCC is asked to:</p> <ul style="list-style-type: none"> • Note contents of the report • Support a single procurement of MH practice as APMS contract, GMS core hours and rates – 10

Report to the NL CCG Joint Commissioning Committee: 15th June 2017

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Equality Impact	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/> No <input 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"/>	Dependent upon NHSE funding available.

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

Report to the NL CCG Joint Commissioning Committee: 15th June 2017

Report to the Joint Commissioning Committee:

Market Hill procurement & Extended Access

(From 1st April 2018)

1. Introduction

This report provides an up-date on the Market Hill procurement options and an outline proposal for the CCG strategy for extended access to primary care across North Lincolnshire.

2. Background/Context

In February 2017 the JCC considered options for the future procurement of Market Hill 8-8 practice. The decision was made to undertake a procurement for an APMS contract and to commence a consultation period, which would include consulting on a potential change to opening hours (to bring in line with core GMS hours) and the potential introduction of a practice boundary.

At the subsequent April JCC, it was reported that due to the General Election being called the Market Hill consultation process did not commence as planned and would not commence until after 9th June 2017 due to purdah. It was noted that this delay could potentially mean that the procurement process was unlikely to be completed by 31 March 2018 and that it would be necessary to open discussions with the current contractor, Core Care Lincs, regarding a contract extension for a period to be determined.

Discussions then took place around whether extended hours provision should continue to be included in the Market Hill contract given that additional funding for extended hours provision will become available from April 2018. It was agreed that extended hours provision needed to be covered in the Market Hill consultation and that an options paper should be prepared covering the overall strategy for rolling out additional extended hour's provision across North Lincolnshire for consideration at the next Joint Commissioning Committee meeting on 15 June 2017.

In the process of preparing for the consultation there have been on-going discussions with the Communications and Engagement team and NHSE as to whether the proposed changes to the Market Hill contract constitute a change in service to warrant a consultation exercise, given the introduction of extended access, which coincides with the commencement of the new contract for Market Hill, and the ability of patients to register as out of area patients with a practice of their choice.

Report to the NL CCG Joint Commissioning Committee: 15th June 2017

Given the national strategic direction towards enhanced access to primary care¹ and the CCG's responsibility to commission extended access for the entire registered population, it is proposed that it would be more practical to undertake a comprehensive engagement exercise across North Lincolnshire to inform the development of the model of extended access that will meet local demand and ensure that patients registered with Market Hill are involved in developing the model to meet their needs.

Points of consideration /discussion have included:

- The national strategic direction around improved access to primary care requires the CCG to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services (outlined in Appendix 1).
- Market Hill 8-8 are currently the only practice offering 8-8 services and 7 day services (not 8-8 on Sunday).
- New contract should take effect from 1st April 2018 – just as CCG introduces extended access across NL – with full coverage by 1st April 2019.
- Keep the practice boundary as 'North Lincolnshire'
- Market Hill patients will still be able to access extended primary care services – though how they access services may change.
- Market Hill patients are presently the only practice benefiting from 8-8 extended access, with no tangible evidence to suggest it improves health outcomes for the patients. (CCG outlier for unplanned and emergency admissions). An integrated impact assessment has been completed.

In light of the above, the proposed next steps are detailed below:

- NHSE continue with plans to procure an APMS contract for Market Hill patients from 1st April 2018 with the existing North Lincolnshire boundary, for a period of 10 years (if possible – minimum 5 years) aligned to GMS core hours and funding.
- Procurement to include a schedule for a primary care Enhanced offer – Monday –Friday 6.30pm – 8.00pm for routine and urgent, plus weekend offer. Scope of the service to be informed by comprehensive engagement exercise that will commence with pre-engagement from June 17.

¹ NHS Operational Planning and Contracting Guidance 2017-2019 requirements are outlined in Appendix 1

Report to the NL CCG Joint Commissioning Committee: 15th June 2017

Proposed contract length would be 3 years +1+1. This would allow work to undertaken to develop a future model of extended access that transforms access to primary care across North Lincolnshire.

Proposed Enhanced Offer

Enhanced offer - Contract - Year 1 (1st May 2018) – stipulate extended access has to be based in Scunthorpe/The Ironstone Centre (one site), to offer extended access to all NL registered patients, which will include Market Hill patients. Throughout the year the service to prepare for year 2, to include 2 additional sites (so 3 care networks covered), and consult and engage on alternatives to face-to-face consultations to support extended access (funding available - £circa 216K released from contract value, national funding @£3.34 per reg patient £579,000). Approx £800,000 contract value (Expect small increase as rise in registered population). Based on assumption that the CCG can excess the budget released from the current MH contract value².

Contract year 2/3 (1st March | 2019) full coverage across 3 sites, offering routine and urgent access in line with the requirements/specification, including offering a range of alternatives to F-F consultations. Planned care to be holistic one stop clinics – all required reviews to be undertaken at appointment (diabetes/respiratory etc...). National funding available @£6 per head of population – around £1,038,000 + £200K potentially - contract value to deliver model of extended access across North Lincolnshire.

Issues to be resolved:

- Finalise engagement materials
- Length of contract for APMS contract/Enhanced offer
- Specification – development to be informed by engagement response
- Weekend access - urgent and routine appointments
- Links to current OOH service

Interdependencies:

² This is a potential risk as would need a business case to NHSE to access the funds if the CCG remain at level 2. If the CCG go to level 3, they receive an allocation and would need to identify the funds (it would not be explicit).

Report to the NL CCG Joint Commissioning Committee: 15th June 2017

- Level 3 delegated commissioning to allow CCG to release funds from contract to invest in primary care extended access - CoM paper to inform discussions around progressing to Level 3 from 1st April 2018
 - Interoperability – S1/EMIS issue and patient consent
 - Identification of funding to support alternatives to F-F – potential to pilot during 2017
 - Timelines: Pre–engagement period post-election
 - Engagement plan to be finalised, pre-engagement to commence end of June. Engagement to go through to mid-September
 - Continuous feedback from engagement to inform service specification development.
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- Specification to be developed and finalised for early October

JCC is asked to:

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Report to the NL CCG Joint Commissioning Committee: 15th June 2017

Appendix 1

Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21 – Extended access requirements for CCGs

NHSE will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practices services such as urgent care services.

CCGs will be required to secure services following appropriate procurement processes.

Funding coming on stream in 2018/19 will be allocated to support improvements in access to primary care at £3.34 per head of population. In 2019/20 CCGs will receive at least £6.00 per head of population recurrently.

North Lincolnshire CCG Funding for enhanced Primary Care:

Based on current Population (* includes additional population estimate with Kirton/Hawthorne merger)	Resource available per head of population	Total funding available
April 2018: 173,000 registered population (*177,500)	£3.34 (£3.34)	£577,820 (£592,850)
April 2019: 173,000 registered population (*177,500)	£6.00 (£6.00)	£1,038,000 (£1,065,00)
Potential funds released from Market Hill contract <i>(potential risk if Level 2 joint commissioning would require a business case, if Level 3, full allocation received)</i>	Registered list (1 st May 2017) Current APMS rate 5,476 @ £120 per registered patient Current GMS rate: 5476 @ £80.55 per registered patient Potential funds released into primary care:	£657,120 £441,092 £216,028

Report to the NL CCG Joint Commissioning Committee: 15th June 2017

In order to be eligible for the funding CCGs will need to commission and demonstrate the following:

Timing of appointments:

- Commission weekday provision of pre-bookable and same day appointments to general practice services in evening (after 6.30 pm) to provide an additional 1.5 hours per day
- Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local needs
- Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week
- Appointments can be provided on a hub basis with practices working at scale

Capacity:

- Commission a minimum additional 30 mins consultation activity per 1000 population, rising to 45 minutes per 1000 population:
 - 30 minutes based on registered population of 173,000 would equate to 86.5 hours (519 additional 10 min slots)
 - 45minutes based on registered population of 173,000 would equate to 129.75 hours (778 10 min slots)