

Date:	22 nd February 2018
Meeting:	Primary Care Commissioning Committee
Item Number:	7.0
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

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Report Title:
Updated 2018/19 Planning Guidance
Decisions to be made:
<ul style="list-style-type: none"> No decisions are required within this update report.

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"/>

Executive Summary (Question, Options, Recommendations):
<p>This report is to update the Committee on the 2018/19 Planning Guidance released on 2nd February 2018 and how these specifically relate to the Primary Care Function. The report details how the CCG are already/planning to meet some of the requirements.</p>

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"/>	



2018/19 Planning Guidance

Prepared by Erica Ellerington
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NHS ENGLAND – North (Yorkshire & the Humber)

15th February 2018

Refreshing NHS Plans for 2018/19

Introduction

NHS England and NHS Improvement published the 2018/19 Planning Guidance on 2nd February 2018.

Below is an overview of what will be expected within Primary Care, detailing what measures are already being taken to meet these targets;

2018/19 Deliverables Reminder of 2018/19 deliverables – drawn from ‘Next Steps on the NHS Five Year Forward View’ published in March 2017

The NHS already has two-year priorities, set out in last year’s Planning Guidance and the March 2017 publication of the *Next Steps on the NHS Five Year Forward View*.

Overall Goals for 2017-2019		
Stabilise general practice today and support the transformation of primary care and for tomorrow, by delivering <i>General Practice Forward View</i> and <i>Next Steps on the NHS Five Year Forward View</i> .		
<u>Progress in 2017/18</u>	<u>Deliverables for 2018/19</u>	<u>How will we meet these targets?</u>
<ul style="list-style-type: none"> • 52% of the country now benefitting from extended access including appointments on evenings and weekends, beating the target of 40% for 2017/18. • Primary care workforce: <ul style="list-style-type: none"> ○ Over 770 additional GP trainees started specialist training since 2015 baseline (3,157 in total in 2017/18); ○ Begun GP international recruitment, with the first 100 GPs being recruited; <p>Launched the GP Retention Scheme; Recruitment of an additional 505 clinical pharmacists, in addition to the 494 already in post.</p> <ul style="list-style-type: none"> • Investment in general practice continues to increase on track to deliver the pledged additional £2.4 billion by 2021. 	<p>Progress against all <i>Next Steps on the NHS Five Year Forward View</i> and <i>General Practice Forward View</i> commitments. This includes all CCGs:</p> <ul style="list-style-type: none"> • Providing extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods. • Delivering their contribution to the workforce commitment to have an extra 5,000 doctors and 5,000 other staff working in primary care. CCGs will work with their local NHS England teams to agree their individual contribution and wider workforce planning targets for 2018/19. At national aggregate level we are expecting the following for 2018/19: <ul style="list-style-type: none"> ○ CCGs to recruit and retain their share 	<p>The CCG are currently working up a model which will be awarded on an interim contract in order to (1) test the model and (2) allow time to undertake full market procurement. 1st October 2018 deadline will be met.</p> <p>A Workforce Strategy is currently being developed and will be available in April 2018. Resilience money provided to practices to allow support for workforce mapping.</p> <p>The CCG are involved in the North Yorkshire and Humber International</p>

<ul style="list-style-type: none"> • CCGs investing in line with expectations set out in the 2017/18 NHS's Planning Guidance, for additional primary care transformation investment (£3/head) over two years. • Invested in upgrading primary care facilities, with 844 schemes completed and a further 868 schemes in development. 	<p>of additional doctors via all available national and local initiatives;</p> <ul style="list-style-type: none"> ○ 600 additional doctors recruited from overseas to work in general practice; ○ 500 additional clinical pharmacists recruited to work in general practice (CCGs whose bids have been successful will be expected to contribute to this increase); ○ An increase in physician associates, contributing to the target of an additional 1000 to be trained by March 2020 (supported by HEE); ○ Deliver increase to 1,500 mental health therapists working in primary care. <p>• Investing the balance of the £3/head investment for general practice transformation support.</p> <p>• Actively encourage every practice to be part of a local primary care network, so that there is complete geographically contiguous population coverage of primary care networks as far as possible by the end of 2018/19, serving populations of at least 30,000 to 50,000.</p> <p>• Investing in upgrading primary care facilities, ensuring completion of the pipeline of Estates and Technology Transformation schemes, and that the schemes are delivered within the timescales set out for each project.</p> <p>• Ensuring that 75% of 2018/19 sustainability and resilience funding allocated is spent by December 2018, with 100% of the allocation spent by March 2019.</p> <p>• Ensuring every practice implements at least two of the high impact 'time to care' actions.</p> <p>• In all practices, delivering primary care provider development initiatives for which CCGs will receive delegated budgets, including online consultations.</p>	<p>Recruitment Scheme and have requested 12 GP's.</p> <p>Practices are continued to be encouraged to apply for the clinical pharmacist scheme. 2 agreed so far.</p> <p>Nurse Prescribing courses offered to all practices.</p> <p>More work needs to be done on developing the Physician Associate role within the patch and also utilising mental health therapists working in primary care. <i>PMS reinvestment could help?</i></p> <p>The £3 per head will be invested by the end of 2018/19.</p> <p>Networks already established. We need to work on developing the networks, £5k per network resilience has been provided to make a start on how we can take this forward.</p> <p>3 schemes approved via EETF. Estates plan will be developed following completion of the full Estates Review</p> <p>NHSE are currently working with the LMC to agree an approach for 2018/19 monies</p> <p>Practices will soon receive Care Navigation training for active signposting and we are developing digital solutions for example MJOG to reduce DNAs and assist self help and CHAT. At least 4 practices will go live with online consulting early into 2018/19 financial year. We are developing the team by providing specialist training ie: nurse</p>
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	<ul style="list-style-type: none"> • Where primary care commissioning has been delegated, providing assurance that statutory primary medical services functions are being discharged effectively. • Lead CCGs expected to commission, with support from NHS England Regional Independent Care Sector Programme Management Offices, medicines optimisation for care home residents with the deployment of 180 pharmacists and 60 pharmacy technician posts funded by the Pharmacy Integration Fund for two years. 	<p>prescribing, PMs NAPC course and maybe more options as the year progresses.</p> <p>A Social Prescribing model is currently being developed.</p> <p>N/A</p> <p>We are awaiting further information/instruction on this item.</p>
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