

Winter Resilience in Primary Care

PG

Primary Care Commissioning Committee Meeting

20 September 2018

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Purpose of Paper	
The purpose of this paper is to present possible options to improve resilience in primary care in the winter period 2018/19 to the Primary Care Commissioning Committee for consideration and approval.	
Key Issues	
<p>The primary care winter resilience plan is a key element of the city’s overall winter resilience plan. Resilience in primary care over the winter period is critical to achieving a well-functioning, resilient health and care system and therefore it is important that we maximise the opportunity to target resource where it can be most effective</p> <p>Over the last few years it has been possible to create a non-recurrent budget prior to each winter or national funding has been received like last winter. We have been unclear whether it would be possible to create such a budget in 2018/19 until we had confirmation of the pay settlement for GPs and their staff. The finance report presented to this meeting explains that it has been possible to create a budget of £300k, which is slightly less than the last couple of years.</p>	
Is your report for Approval / Consideration / Noting	
Consideration and approval	
Recommendations / Action Required by the Primary Care Commissioning Committee	
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Confirm that creating a budget to support improvements in resilience over winter in primary care is the best use of the “surplus” funding available from delegated budgets • Agree the option(s) for use of the funding 	
Governing Body Assurance Framework	
<p>Which of the CCG’s objectives does this paper support? Strategic Objective - To ensure there is a sustainable, affordable healthcare system in Sheffield. It supports management of the CCG’s principal risks 3.1, 4.1, 4.2 and 4.3 in the Assurance Framework.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
Administration of any additional LCS can be absorbed within current staff.	

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not

Not applicable

Have you involved patients, carers and the public in the preparation of the report?

Not with the development of these specific proposals but these are based on prior year work.

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1. Introduction / Background

The finance report to this meeting of the Committee confirms that it has been possible to create a non-recurrent budget of £300k for winter resilience in primary care in 2018/19. This is possible now that details of the pay settlement for 2018/19 have been announced. Previously when the Committee approved the financial plan for 2018/19 it was noted that it was not possible to create a budget for winter resilience but it was suggested that this might be a first priority against any surplus reserves once details of the pay settlement were known.

It is widely recognised that the winter period puts significant additional pressure on health and care services. As a key front line service, GP practices face significant challenge over the winter period. There are a number of ways that resilience in primary care may be improved over the winter period. In previous years, Sheffield has;

- Developed a Locally Commissioned Service with GP Practices across the city, operating between December and March which has secured additional general practice appointments. These have been provided both “in hours” and by increasing the number of appointments from 6pm – 10pm weekdays and at the weekend.
- Through the existing contract with Primary Care Sheffield Ltd (PCS) it has been possible for them to work with the GP Out of Hours service to take calls directly and offer appointments. PCS were able to increase capacity into the hubs with GPs at pressured times during the Christmas period and increase Advanced Nurse Practitioner capacity to the end of March

Other areas of health and social care have in previous years benefitted from additional, often in-year funding, to provide extra resilience to services over winter. Any additional funding specifically for primary care should to be allocated with reference to the wider ongoing discussions through the A&E Delivery Board and various ongoing actions in relation to delayed discharges from hospital. At this time there is no additional funding available for 2018/19 for other parts of the health and social care sector and so we need to ensure maximum benefit for patients with the decisions on primary care funding.

2. Options for improving winter resilience in primary care 2018/19

There are a number of areas that have potential to maximise primary care resilience over the winter period that are either already in place or should be considered / pursued, these include but are not restricted to;

- There is already agreement as part of the PCS contract arrangement to provide additional capacity over the winter period and at peak times
- Additional capacity in GP practices over the winter period allowing additional appointments
- Maximising staff flu vaccination
- Ensuring optimal flu vaccination of at-risk groups
- Additional clinical input to care homes
- Use of care navigation to maximise the role of community pharmacy in delivering advice, guidance and treatment of common winter conditions
- Continuing to promote neighbourhood maturity and resilience and the continued development of multi-disciplinary team working focused on populations at greatest risk of admission
- Focused work on primary care and community support of people with chronic respiratory conditions
- Ensuring effective public communication and engagement on keeping well in winter
- Exploring the offer from the voluntary sector over the winter period
- Ensuring carers are well supported through access to carer assessment, signposting to information, advice and support
- Ensuring practice business continuity plans are robust

3. Proposal

It is proposed that funding flows direct to GP Practices based on the weighted list size as at July 2018 (latest available data). Practices would, therefore, receive 51.5p per head. It is further proposed that GP Practices are given 3 options for use of the funding. Practices would need to indicate “up front” which option they wished to pursue either individually or potentially collectively as a neighbourhood.

- a) As per previous years; additional appointments to be provided by the Practice or collaboratively with other practices. Based on a cost of £20 per appointment, £300k would fund an additional 15,000 appointments. Practices would be expected to demonstrate that they have provided their additional appointments and the CCG would like to reserve the right to undertake spot-checks to confirm the activity submitted. As we are aware that Central Locality PQIS scheme allows their GP practices to opt for funding to put on additional appointments these would need to be included in data returns to the CCG and cross checked against locality monitoring to ensure no double funding.
- b) Additional funding to support clinical input into care homes over the winter period. In some other areas Advanced Nurse Practitioners have been employed over winter to ensure care plans are in place, enable community alternatives to a hospital admission and support care home staff to manage residents at high risk of admission.
- c) Additional funding to the voluntary sector to support practices to manage winter pressures. Options with regard to engaging more with the voluntary sector are already under consideration through the delayed transfers of care programme but with no decisions as yet and so any proposals from practices or neighbourhoods would need to relate to working with local voluntary sector partners to prevent admissions.

4. Action for Primary Care Commissioning Committee / Recommendations

The Primary Care Commissioning Committee is asked to:

- Confirm that creating a budget to support improvements in resilience over winter in primary care is the best use of the “surplus” funding available from delegated budgets
- Agree the option(s) for use of the funding

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