

Primary Care Plans

Primary Care Commissioning Committee

21 March 2019

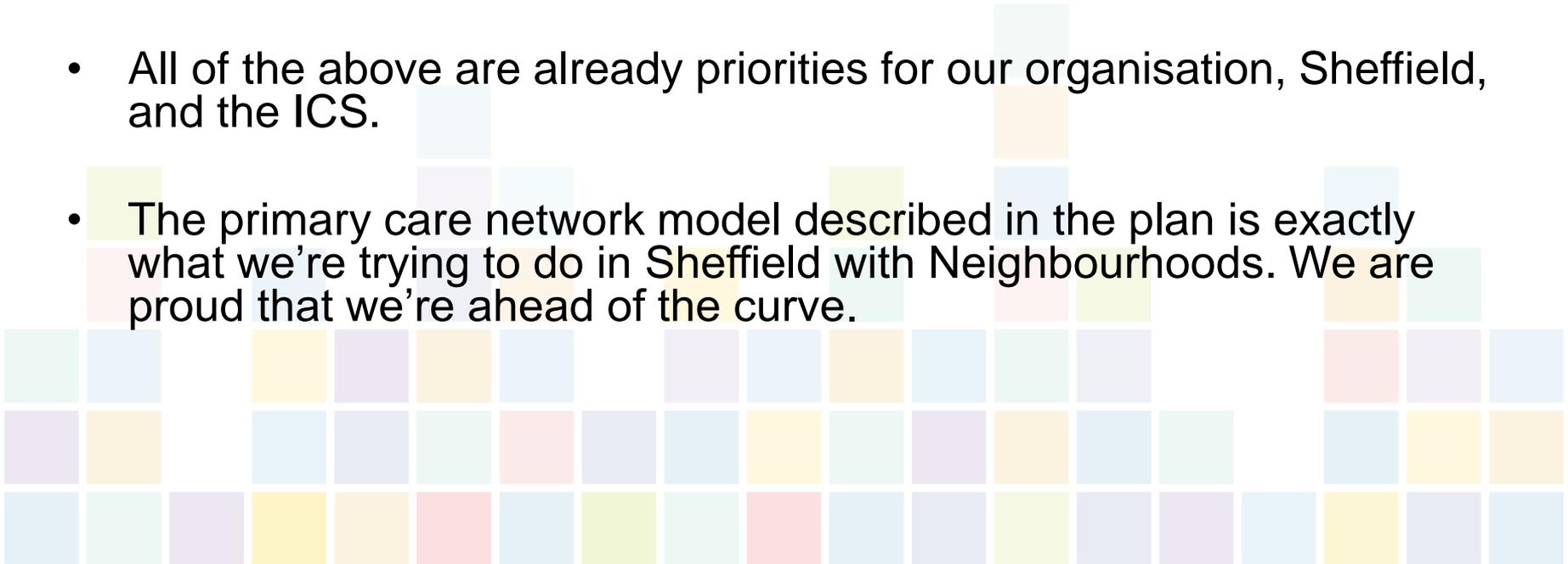


Overview

- Long Term Plan
- GP Contract Reform
- Funding
- Ask of practices/networks
- Ask of PCCC
- What have we achieved in 2018/19
- 2019/20 plans
- Summary

NHS Long Term Plan

- The NHS Long Term Plan was published in January.
- Many of our ambitions as a CCG match up to the plan: it's positive that there's now a national focus on things like primary and community care, reducing health inequalities and prevention.
- All of the above are already priorities for our organisation, Sheffield, and the ICS.
- The primary care network model described in the plan is exactly what we're trying to do in Sheffield with Neighbourhoods. We are proud that we're ahead of the curve.



NHS Long Term Plan

- With more funding for primary care, we hope we can work with all neighbourhoods to build on the 'Go Further, Go Faster' scheme where we're currently investing £600k to improve services within successful Neighbourhoods.
- The plan is very population-health focused rather than acute hospital focused, which is to be welcomed.
- We know it might be challenging to deliver, but it's a worthwhile goal.
- We are now refreshing our Shaping Sheffield plan as a local response to this national guidance.

GP Contract Reform

- 5 year framework aligned to deliver LTP
- Funding: core GP increases by £978m per year by 2023/24, PCN - £1.47m per network (inc. clinical staff), 1.4% in 2019/20
- Primary Care Network DES: aligns with neighbourhood development and Care Outside of Hospital approach - clinically led, service provision in the community inc. LCS opportunities, focus on reducing urgent care utilisation (EA from 2019, 111), development funding and support
- Workforce: supports Sheffield strategy - new network staff recurrently funded, recruitment and retention, indemnity
- QOF reform: new indicators and quality improvement domain
- IT and Digital: focus on technology to support new ways of delivering care, GDPR, digital records, additional PCN support

Strategies: Plans: Contract Reform

Long Term Plan

£4.5bn

Greater rate of investment in Primary Medical and Community Services

Commitment to Improving Out of Hospital Care

Reducing Pressure on Hospital and Emergency Services

Delivering Person Centred Care

Digitally Enabled Primary and Outpatient Care

Population Health and Local Partnerships

The Sheffield Strategy

Investment in primary care and neighbourhood delivery (30k-50k pop.)

Commitment to Improving Out of Hospital Care

Reducing Pressure on Hospital, Emergency Services & Long Term Care

Delivering Person Centred Care

Enabling through Digital, Workforce and Estates

Population Health and Local Partnerships

GP Contract Framework

Core general practice funding increased by £978m (2023/24)

Primary Care Networks (30k-50k pop.)

£1.47m

Expansion of extended hours across networks
Same day direct booking

QoF Reforms: Diabetes, Blood Pressure, Cervical Screening

Digital, Workforce, indemnity support

What does this Mean for General Practice?

What General Practice Gains

- Indemnity state backed scheme
- Pay and expenses uplift each year
- Additional workforce and linked funding
- QOF amendments
- Resources for IT and digital

What it means

- Workforce expansion
- Workload reduction
- Funding increase, pay uplift
- Autonomy retained
- Leadership role for rebuilt community team

Overall funding in excess of £2.8bn over 5 years, through practices and networks

What General Practice Delivers

- PCN creation (2019)
- LTP ambitions (2020 onward) through additional funding and additional workforce
- Greater digital access (built up)

Stability

- Five year deal, built upon each year
- 2019: build foundations, expand workforce
- 2020 onward: expand workforce further, reconfigure services

Source: BMA Roadshow Presentation

Network Funding

- 70% new workforce costs recurrently
- 100% social prescribing recurrently (on appointment)
- Clinical lead funded at 0.2 WTE per 40,000 pts
- Recurrent £1.50 per patient for network development
- Recurrent £1.45 per patient for extended hours
- Network 'Investment and Impact Fund' - £75m in 2020 building to £300m by 2024
- From 2020 potential additional funding for new services per Long Term Plan
- From 2021 guaranteed £6 per head for Improving Access
- CCGs may choose to transfer LES funding to PCNs

So What's Next?

- 15 May 2019 Networks make a brief submission outlining:
- member practices;
 - network list size (justification if not 30-50k);
 - boundaries of agreed network area;
 - initial Network Agreement signed by all member practices
 - provider receiving funding on behalf of PCN;
 - Clinical Director from within GPs in network

1 July 2019 Go live with 100% geographical coverage

2019/20 PCNs agree how to deliver Extended Hours DES for whole network population (devolve back to practices / other arrangements)

2020 onward PCN required to deliver further services - preparation in 2019/20

Timetable for PCN Establishment

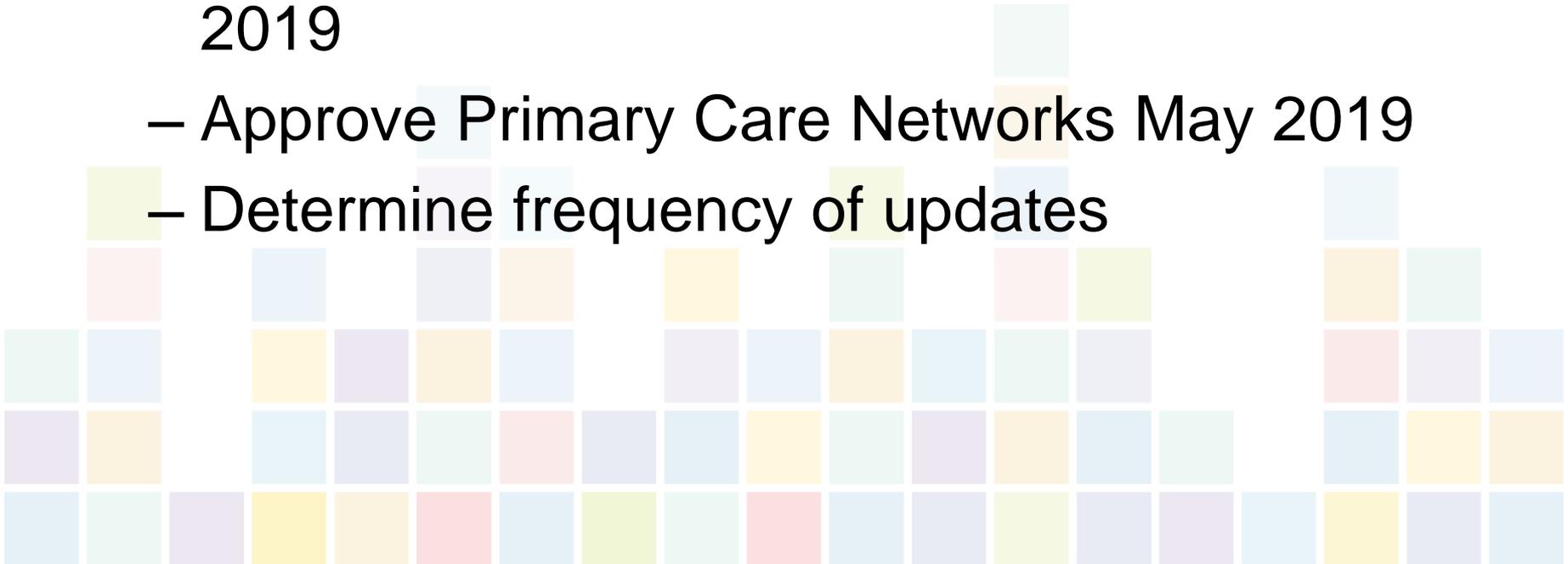
Date	Action
Jan-Apr 2019	PCNs prepare to meet the Network Contract registration requirements
By 29 Mar 2019	NHS England and GPC England jointly issue Network Agreement and 2019/20 Network Contract
By 15 May 2019	PCNs submit registration information to CCG
By 31 May 2019	CCGs confirm network coverage and approve variation to GMS, PMS and APMS contracts
Early Jun 2019	NHS England and GPC England jointly work with CCGs and LMCs to resolve any issues
1 Jul 2019	Network Contract goes live – 100% coverage
Jul 2019-Mar 2020	National entitlements under the 2019/20 Network Contract start: <ul style="list-style-type: none"> • year 1 of the workforce funding • ongoing support funding for the Clinical Director • ongoing £1.50/head from CCG allocations
Apr 2020 onwards	National Network Services start under the 2020/21 Network Contract

The Ask of Practices/Networks

- Determine networks
 - contiguous boundaries
 - population more than 30,000
 - area makes sense - population/services
 - no practices stranded
 - 100% popn. coverage
- Participation and leadership
- Practices outside networks - patients will be included but practice will not be represented

The Ask of PCCC

- Agree forward planner
 - Sign off methodology for PCN approval April 2019
 - Approve Primary Care Networks May 2019
 - Determine frequency of updates



What Have We Achieved in 2018/19?



New Investment in 2018/19



Care Navigation

Workforce & training

Estates development

Technology solutions

New models & at-scale working

Training to mitigate commissioning risk

Winter resilience

	£
Practice Transformational Support (£3 per head)	1,539,000
Networks £1 per head ex NHSE	591,000
Primary Care at Scale £0.50 per head partly ex NHSE	296,000
PQIS	1,329,056
Winter Reserve	300,000
Reception and Clerical Training – Care Navigation	101,915
M9 Allocations – Funding for 1% Pay Award	592,000
Windows 10 Funding – Roll Out	58,000
Resilience Funding	40,000
	4,846,971

What Have We Achieved in Sheffield?

Predictive Risk Stratification

Available since 2011

Population Health Tool Development

Building on Risk Strat

Primary Care Sheffield Limited by Shares

Securing Primary Care Provider

Voice at ICS and ACP

Additional Investment
£4.85m

Person Centred Care
Completed a 5 year LCS
L2 Demonstrator National
Mentor Site



16 Neighbourhoods
100% population coverage

16 at level 2

People Keeping Well
Our approach to
Social Prescribing



Workforce Initiatives

GPN Mentor Course, HCA,
GPN, GP training,
PAs



Neighbourhood Learning Network

Our Plans for 2019/20



Looking Forward to 2019/20

Investment

LCSs

PQIS

**Network
DES**

**Network
Participation**

Strategy

Neighbourhoods

**Early Intervention and
Prevention**

Integrated Working

**Independence: Increasing
Self Care/Management**

**More focus on Enablers:
Digital, Workforce etc**

Summary

- Primary Care Networks at the heart of provision
- New workforce opportunities
- Achieved a lot in Sheffield over the past few years
- Fantastic opportunity to go much further
 - improve the health of the population of Sheffield
 - investment in primary and community care to deliver care closer to home and improve practice resilience
- Not without challenges
- Exciting time to be working in primary care