



Primary Care Update

PRIMARY CARE UPDATE

Hambleton, Richmondshire and Whitby CCG

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NHS ENGLAND – North (Yorkshire & The Humber)


Report for: Primary Care Commissioning Committee – Hambleton, Richmondshire and Whitby CCG

Report from: NHS England

Report Title: Primary Care Update

Practice (PMS or GMS)	Update	Action
1. Estates and Technology Transformation Fund 2016/17	<p>The guidance for the Estates and Technology Transformation Fund (ETTF) has now been published. The scheme has previously been called the Primary Care Infrastructure Fund (PCIF) and the Primary Care Transformation Fund (PCTF). The purpose of the ETTF programme is to help GP Practices establish infrastructure which enables extra capacity for appointments in hours and at evenings and weekends to meet locally determined demand.</p> <p>CCGs were required to submit their proposals using the secure portal by 30th June 2016 and in doing so prioritise the bids that are submitted.</p> <p>HRW CCG submitted 13 bids</p> <ul style="list-style-type: none"> - 4 x technology bids - 3 x New Builds - 6 x Improvement to Existing Premises <p>NHS England is now completing an initial review of all submissions and will feedback to CCGs by the end of August 2016. Schemes will either be assessed as 'meeting the criteria' and be moved to the second stage of assessment or 'not meeting the criteria' and therefore not progressed any further.</p> <p>A further update will be provided at the next meeting</p>	To Note
2. Vulnerable Practice Scheme	<p>The CCG on behalf of Harewood Medical Practice submitted an application through the Vulnerable Practice Scheme to part fund a Psychologist post to support veterans. NHS England was unable to support the proposal as it comes under the remit of the CCG who are in the process of reviewing their mental health service provision</p>	To Note
3. Friends and Family Test	<p>Since January 2015, it has been a contractual requirement for all GP practices to submit monthly Friends and Family Test (FFT)</p>	To Note

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(FFT)	<p>data to NHS England by the twelfth working day each month. The latest FFT report from June 2016 suggests that the following 3 practices have failed to submit any data for the previous 3 months</p> <ul style="list-style-type: none"> - B82022. Great Ayton Surgery - B82023. Catterick Village Surgery - B82075. Mayford House Surgery 	
4.Finance – 2016/17 month 4 position	 <p>03D CCG Co Commissioning Report</p>	To Note
5.General Practice Forward View Update	<p>General Practice Forward View</p> <p>This was published in April 2016. The NHS England Board recently gave an update on five key actions which illustrate progress against the commitments made in this document.</p> <p>GP indemnity proposals</p> <p>In recognition of concerns around the rising costs of indemnity, NHS England and the Department of Health established a GP Indemnity Review group to consider proposals to address the rising costs of indemnity in general practice, working with the profession and medical defence organisations. The review concluded the best way to relieve the immediate pressure was through a new and tailored scheme which would provide financial support to general practice whilst developing actions to resolve the long-term drivers of increased costs.</p> <p>This new Indemnity Support Scheme is funded through the SFE for practices for at least the next two years and comes on top of £33m that was invested into GP contracts as part of the 16/17 contract negotiations. It will be payable in arrears (April 17 for the 16/17 financial year and will seek to cover the inflationary rises of indemnity costs for practices, using an agreed and transparent methodology, based on best available data. Funding will be based on a registered practice population.</p> <p>Whilst this scheme will mitigate the effects of rising indemnity costs in practices, the DH will commence work leading to Tort reform aimed at reducing the overall rising costs of claims and litigation affecting the NHS</p> <p>NHS England is committed to further work to address costs of indemnity impacting on Out of Hours (OOH) services. A number of CCGs have already recognised rising indemnity costs for OOH and NHS 111 and so work will need to be done to inform the</p>	To Note

CCGs commissioning intentions for 17/18. In 16/17 the Winter Indemnity Scheme will be run for a further year, details of which will be published in the autumn.

General Practice Resilience Programme (GPRP)

The guidance around the implementation of this describes how the new GPRP will operate to deliver the commitment set out in the General Practice Forward view to support struggling practices over the next 4years.

This programme is aligned to the Vulnerable Practice Scheme (VPS) and aims to build on work already underway as part of this scheme. It allows a wider range of support to be delivered that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future and securing continuing high quality care for patients.

The menu of support offered will need to include:

- a) rapid intervention and management support for practices at risk of closure;
- b) coordinated support to help practices struggling with workforce issues, such as access to experienced clinical capacity or to develop skill mix;
- c) change management and improvement support to individual practices or groups of practices, and

Earlier work undertaken as part of the VPS can be used to select practices for support under this new programme this year e.g. allowing the funding to be used to support even more practices including those less vulnerable.

Funding can be used to deliver/secure this support in more flexible ways such as:

- Additional local team capacity
- Backfill for peers support
- Section 96 funding
- Backfill for GPs who are assisting others

The deadlines are tight to ensure that practices are clear the 'cavalry is coming.' This means:

- **By 19 August** – proposals for how NHS England intends to deliver the menu of support will be developed and shared with CCGs, LMCs and RCGP leads. Essentially this will be outline proposals for going further faster with our current plans with vulnerable practices or how we will add/or replace these arrangements to secure the wider

menu for practices.

- **By end of September** – decided on our local approach, practices selected for support and offers made to them.
- **By mid-October** – any practices in urgent need not receiving support via vulnerable practice scheme will need to have begun to receive support (this could include Section 96 funding ahead of our delivery arrangements being in place).
- **By end of October** - £10m needs to have been spent or fully committed to individual practices.
- **By end of December** - £16m need to have be spent or committed to individual practices.

Further resources will follow as identified in the guidance or following discussions with practices.

General practice national development programme

This new development programme aims to support practices to manage their workload differently, freeing up time for GPs and improving care for patients. The programme will provide tailored support for groups of practices to implement the 10 High Impact Actions to release time for care.

Practices, or CCGs, can submit an expression of interest form any time until summer 2018. They will be allocated an expert development advisor, who will help them plan their own Time for Care programme. Over the course of a typical 9-12 month programme, most practices could expect to release about 10% of GP time.

Also available are free places on the General Practice Improvement Leaders programme, to build capabilities for improvement and change leadership in practices and federations. NHS England is also providing a new £45m fund over the next five years to support training for reception and clerical staff and, from 2017/18, a new £45m three-year fund to support purchase of online consultation systems.

Further details of webinars etc are available from dedicated web page

<https://www.england.nhs.uk/ourwork/gpfv/>

Retained doctor scheme - extra resources for GPs and practices

Although the Retained Doctor Scheme has been in place for many years the 2016 scheme delivers a number of improvements. From July 2016, NHS England is increasing the

	<p>money received by practices employing a retained GP and the annual payment which GPs on the scheme receive towards professional expenses. The additional support is available to doctors already on the scheme and those doctors joining the scheme and in post before 31 March 2017</p> <p>Improving how hospitals work with general practice – new requirements on hospitals in the NHS Standard Contract 2016/17</p> <p>Matthew Swindells, NHS England National Director: Operations and Information and Bob Alexander, NHS Improvement Deputy Chief Executive, have today written out to CCGs and NHS Trusts to highlight the importance of ensuring that the six new requirements for hospitals, which were introduced in the 2016/17 NHS Standard Contract to clarify the expectations across the hospital and general practice interface and reduce avoidable extra workload for GPs, are fully implemented in a robust and timely way.</p> <p>Further updates will be provided as they become available.</p>	
<p>6.Revised Statutory Guidance for CCGs</p>	<p>In June 2016, NHS England published the revised statutory guidance on managing conflicts of interest for CCGs. The guidance has been developed in collaboration with CCGs and national partners.</p> <p>Conflicts of interest are inevitable in commissioning and it is how we manage them that matters. The guidance includes a number of strengthened safeguards to mitigate the risk of real and perceived conflicts of interest arising in CCGs. The key changes in the revised guidance, agreed following public consultation, are:</p> <ul style="list-style-type: none"> • The strong recommendation for CCGs to have a minimum of three lay members on the Governing Body • The introduction of a conflicts of interest guardian in CCGs • The requirement for CCGs to include a robust process for managing any breaches within their conflict of interest policy and for anonymised details of the breach to be published on the CCG’s website • Strengthened provisions around decision-making • Strengthened provisions around the management of gifts and hospitality • A requirement for CCGs to include an annual audit of conflicts of interest management within their internal audit plans • A requirement for all CCG employees, governing body and committee members and practice staff with involvement in 	<p>To Note</p>

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	<p>CCG business, to complete mandatory online conflicts of interest training</p> <p>The revised guidance forms part of a system-wide governance project to improve conflicts of interest management across the NHS and increase public confidence in decision-making processes. A link to the full document is shown below.</p> <p>https://www.england.nhs.uk/commissioning/pc-co-comms/coi/</p>	
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