

HEALTH AND WELLBEING BOARD**Date:** 11th February 2016**Report Title:** Commissioning intentions for GP contracts from 2016/17

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1. SUMMARYBackground

This report covers the review and subsequent commissioning intentions of NHS Bromley CCG for the General Practice Personal Medical Services (PMS) contract from 2016/17, and plans for equalisation of General Medical Services (GMS) to achieve 100% population coverage by all services by 2017/18.

In Bromley, there are:

- 24 PMS practices, covering 61% of the population. These practices offer additional services to their patients on top of basic GP services, as set out in their PMS contract
- 19 GMS practices. These practices offer basic GP services as set out in the GMS contract
- 2 APMS practices. Alternative Provider Medical Services are negotiated with non-NHS bodies (e.g. voluntary sector or private) to provide additional services to patients

The current PMS contract is composed of the following services:

Mandatory ('quality guarantee')	Core opening hours
	90% immunisations of under 2s
	Patient choice to access advice
	Guaranteed same day clinical response
	Suture removal
Optional ('added value')	Additional reception hours outside core hours
	Additional nurse time outside core hours
	End of Life care
	Housebound visiting with medication reviews

In September 2015, NHS England announced a review of the PMS contract held by PMS practices throughout London. The 'London Offer' part of the PMS contract was drafted and is being consulted on by NHS England with CCGs and Local Medical Committees (LMCs). This process began in autumn 2015 and will continue up to 31st March 2016. Alongside this, the CCG has been reviewing what works well within the current contract and

what local priorities might be incorporated into the new PMS contract locally. The London Offer and local offer together form Bromley CCG's PMS commissioning intentions and will continue to be adjusted and negotiated over coming months.

Engagement

The local offer for Bromley PMS practices has been reviewed, debated and developed through a range engagement activities, including:

- Discussion with the CCG Clinical Leads, Directors and lay members at a variety of meetings
- Engagement with all GP practices through the bi-monthly cluster meetings
- Informal discussion with individual practices (although it has not yet been possible to speak individually to every GP practice)
- Informal discussions with the Bromley LMC

All of these engagement activities have been directly used to shape our PMS commissioning intentions, including keeping what works well now, aligning to our strategic aims and introducing new elements that will support transformation towards new ways of working.

Commissioning intentions

Following the engagement to date and subject to ongoing negotiations and approvals, Bromley CCG's commissioning intentions for the PMS contract are as follows:

London Offer	
KPIs	<ul style="list-style-type: none"> • Breast and cervical screenings • Childhood, flu and pneumococcal immunisations • Patient voice (two indicators of CCG choice)
Additional technology use	<ul style="list-style-type: none"> • 50% of appointments should be available and cancellable online by 1st April 2017 • Patients to be able to order repeat prescriptions online • Practices to offer electronic consultations
Local offer	
Local priorities	End of Life care planning for 0.5% of list
	Bowel screening
	Suture removal
	Housebound visiting
	Additional reception time outside of core hours
Transformational priorities	Additional nurse time outside of core hours
	Practice development investment, to include delivery of a practice development plan and appraisal support
	<ul style="list-style-type: none"> • Participate in the Integrated Case Management (MDTs) scheme • Participate in Integrated Care Networks (MoU sign up, service/resource/staff sharing, peer review) • Maintain a carers register and direct to carers advice and information

Rationale for these intentions are included in section 4 of this report.

Equalisation with GMS practices

Bromley CCG is committed to offering equalisation of the services on offer to GMS patients compared with PMS patients. GMS practices comprise 19 of Bromley's 45 practices and account for 35% of patients.

If the full PMS premium was offered to GMS practices, and uptake was 100%, this would create a cost pressure to the CCG of £1.5 million. Therefore, it is the intention of the CCG to offer some elements of the PMS contract to GMS practices in 2016/17 and the remainder in 2017/18. The year 1 offer is likely to comprise the KPI elements of the London Offer (screening, immunisations and patient voice) and the transformational elements to deliver Integrated Care Networks, subject to local ongoing discussions with GMS

practices and the LMC to agree which elements are priorities for year 1. Full financial modelling is currently being undertaken to clarify whether funding might be available for additional elements.

Once the PMS contract is finalised by 31st March, the CCG will ask for Expressions of Interest from GMS practices about offering the equivalent services in their practices. This will help gauge how much we can offer in year 1 without under- or overspending. If few GMS practices are willing to offer few or none of the PMS services, the CCG will look at other options to provide these services to GMS patients, e.g. through borough wide schemes, potentially provided by the GP Alliance on a 100% population coverage basis.

Next steps

- Provisional sign off of Bromley's draft PMS commissioning intentions will take place at the meeting of the South East London Primary Care Joint Committee on 11th February
- Bromley CCG will then submit final commissioning intentions by 19th February
- Negotiations between NHS England and London LMCs, and between NHS England, Bromley CCG and Bromley LMC to finalise the contract (including all definitions and service specifications) will be ongoing up to 31st March
- PMS practices will adopt the new PMS contract with effect from 1st July 2016
- Discussion with GMS practices about offering the PMS services and prioritisation within the available funding envelop will take place from 9th February up to 31st March
- Offering of new services from GMS practices will be staggered across 2016/17 and 2017/18 starting from 1st July 2016

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

Changes to the GP PMS contract will have an impact upon primary care and will improve the services, sustainability and integrated working of GP practices within the wider health and social care system.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

The Health and Wellbeing Board is asked to note the contents of this report and give their comments on the proposed commissioning intentions of the CCG for GP contracts.

Health & Wellbeing Strategy

This is relevant to all strands of the Health and Wellbeing Strategy.

Financial

1. Cost of proposal: There are no initial or set up costs.
2. Ongoing costs: The new PMS contract will be funded using the existing monies allocated to the PMS premium with no net cost. Equalisation with GMS practices is yet to be financially modelled but may require up to £1.5 million investment over two years.
3. Total savings (if applicable): None.
4. Budget host organisation: Bromley CCG

5. Source of funding: CCG budget

6. Beneficiary/beneficiaries of any savings: Not applicable.

Supporting Public Health Outcome Indicator(s)

No direct impact on Public Health, although these commissioning intentions aim to increase the uptake of immunisations and improve early detection of cancers through screening.

4. COMMENTARY

The rationale for each of the PMS commissioning intentions is as follows:

London Offer		
KPIs	<ul style="list-style-type: none"> Breast and cervical screenings Childhood, flu and pneumococcal immunisations Patient voice (two indicators of CCG choice) 	<p>This is a mandatory element of the London Offer for the PMS contract which the CCG supports. The selected patient voice measures will be:</p> <p>a) Overall, how would you describe your experience of making an appointment?</p> <p>b) Would you recommend your GP surgery to someone who has just moved into your local area?</p>
Additional technology use	<ul style="list-style-type: none"> 50% of appointments should be available and cancellable online by 1st April 2017 Patients to be able to order repeat prescriptions online Practices to offer electronic consultations 	<p>The CCG and member practices were in support of making appointments available and cancellable online, and ordering repeat prescriptions online. There was some concern that 50% of appointments being available online would disadvantage patients without internet access (who arguably have a greater need for appointments, e.g. if they are old or poor) but also acknowledgement that greater online access would free up telephone lines to improve access by telephone.</p> <p>Provision of electronic consultations received a mixed response from both clinical leaders and the wider GP membership. Some were doing this already and felt it was very successful; many were concerned about a range of difficulties that email consultations might present including clinical safety, governance, fairness and the time burden.</p> <p>Options to mitigate concerns include offering email consultations as follow ups rather than first appointments with the GP and expanding the definition to include telephone consultations. This will be scoped with practices and experts.</p>
Local offer		
Local priorities	End of Life care planning for 0.5% of list	<p>This is currently an optional service within the PMS contract and in Bromley, is working well towards managing care for end of life patients. Practices have supported keeping this KPI in the contract and many report that they are exceeding the 0.25% target for care plans. In recognition that at any one time, 1% of the population is at the end of life, the CCG</p>

		felt that this KPI was not only vital for the new PMS contract, but should be extended in scope to target 0.5% of list size. This is being supported by wider End of Life projects and is in line with Bromley's strategic priorities.
	Bowel screening	This KPI aims to achieve an increase in both referrals and uptake of referrals for bowel screening and subsequently improve early and overall diagnosis rates for bowel cancer. This is a local priority for Bromley's population, where bowel cancer is higher than average and a quarter of cases are diagnosed in A&E (and therefore late diagnosis leads to worse outcomes).
	Suture removal	This is a service required from PMS practices to mitigate the risk of patients going to hospital to have sutures removed. Suture removal is not currently in the community services contract but is offered by GMS practices under a Local Incentive Scheme.
	Housebound visiting	This is an important service for a vulnerable group of patients. Practices were keen to keep housebound visiting within the PMS contract to enable them to set aside time for housebound visiting in the context of the growing pressures in the surgery.
	Additional reception time outside of core hours	This is currently an optional service within the PMS contract that patients have come to expect and that improves access to primary care. Practices felt that removing this incentive could lead to 'taking a backwards step' towards better patient access.
	Additional nurse time outside of core hours	As above. Also, additional nurse time out-of-hours can help to alleviate the pressure on GPs and walk-in centres/UCCs.
Transformational priorities	Practice development investment, to include delivery of a practice development plan and appraisal support	This specification will be asking practices to sign up to producing and implementing a practice development plan, including plans for long term sustainability of the workforce, training and education needs, improved appraisal arrangements, peer review participation, service and resource sharing and other measures to improve how the practice is adapting to meet patient needs. This comes in response to a clear message from Bromley GP practices that the biggest risk to patient care is the threatening unsustainability of primary care as it is currently operating.
	<ul style="list-style-type: none"> • Participate in the Integrated Case Management (MDTs) scheme • Participate in Integrated Care Networks (MoU sign up, service/resource/staff sharing, peer review) • Maintain a carers register and direct to carers advice and information 	<p>This will be linked to delivery of Integrated Care Networks in Bromley and will comprise:</p> <ul style="list-style-type: none"> ➤ Participation in Integrated Case Management scheme to deliver improved care planning and support to at risk patients through multi-disciplinary team working ➤ Participation in Networks including signing up to the ICN Memorandum of Understanding and undertaking service and resource sharing and peer review across the Network ➤ Increasing identification and support to carers including maintaining a carers register, promoting carers Health Checks, distributing advice and information materials, hosting voluntary sector services for carers and developing carer participation groups individually or across the Network

5. FINANCIAL IMPLICATIONS

There will not be any financial implications for the CCG regarding the new PMS contract. Investment will be required from the CCG to achieve equalisation with GMS practices, however. The likely quantum and timing of this is currently being modelled but maximum risk is £1.5 million over two years.

6. LEGAL IMPLICATIONS

There are no legal implications of this review and renegotiation of the contract that is not being managed on a London-wide scale by NHS England.

7. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

The CCG's commissioning intentions will be provisionally approved by the South East London Primary Care Joint Committee on 11th February, and final commissioning intentions submitted to NHS England by 19th February. A period of negotiation will then take place through dedicated meetings up to 31st March 2016. This will not impact upon partnership arrangements or joint working with the council.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

This report is for information and discussion with Health and Wellbeing Board members. As General Practice is a crucial component of the health system, the services offered by GP practices will have a direct impact upon patient health, outcomes, choice and satisfaction. The CCG has therefore worked closely with practices and other key stakeholders to ensure that our final offer to patients through the GP contracts meets Bromley's local priorities.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]