

Title of Meeting:	Primary Care Commissioning Committee	Agenda Item: 9.0										
Date of Meeting:	2 March 2017	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>			Session (Tick)		Public	X	Private		Workshop	
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Paper Title:	NHS England Primary Care Update											
Responsible PCCC Member Lead Heather Marsh, Primary Care Business Director, Localities - NHS England North (Yorkshire & The Humber)		Report Author and Job Title Clare Streeter, Primary Care Business Manager, Localities - NHS England North (Yorkshire & The Humber)										
This Paper is to:	<table border="1"> <tr> <th>To Approve</th> <th>To Accept</th> <th>To Assure</th> <th>To Note</th> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> </tr> </table>				To Approve	To Accept	To Assure	To Note				X
To Approve	To Accept	To Assure	To Note									
			X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No												
Executive Summary This paper provides an update on the following areas within primary care: <ul style="list-style-type: none"> • Contracts • Clinical Pharmacists in General Practice • New GP contract for 2017/18 • Estates and Technology Transformation Fund (ETTF) update. 												
Recommendations The Primary Care Commissioning Committee is asked to note this report for information only.												
Monitoring NHS England are a Member of the PCCC and attend bi-monthly meetings to provide updates on Primary Care.												
CCGs Strategic Objectives supported by this paper												
	CCG Strategic Objective	X										
1	Quality, Safety and Continuous Improvement	X										
2	Better Value Healthcare	X										
3	Well Governed and Adaptable Organisation											
4	Health and Wellbeing	X										
5	Active and Meaningful Engagement											

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	
2	Commitment to Quality of Care	X
3	Compassion	
4	Improving Lives	
5	Working Together for Patients	X
6	Everyone Counts	

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES **NO** **X**

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	No implications have been identified.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	Not applicable.
Financial / resource implications	Not applicable.
Outcome of Equality Impact Assessment	Not applicable.

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Primary Care Update

Primary Care Update
HARROGATE CCG

Prepared by Clare Streeter
Primary Care Business Manager
NHS ENGLAND North (Yorkshire & The Humber)

1.0 Contract Issues

Practice (PMS or GMS)	Update	Decision
East Parade Surgery and Park Parade Surgery	Plans to merge January 2018	To Note

2.0 Clinical Pharmacists in General Practice

The General Practice Forward View committed to over £100m of investment to support an extra 1,500 clinical pharmacists to work in General Practice by 2020/21. This is in addition to over 490 clinical pharmacists already working in general practice as part of a pilot, launched in July 2015. NHS England, Health Education England, the Royal College of General Practitioners and the British Medical Association's GP Committee are working with the Royal Pharmaceutical Society to support this.

In July 2015, a pilot was launched to kick start the expansion of clinical pharmacy in general practice. As a result, by December 2016, over 490 additional clinical pharmacists were working across approximately 650 GP practices across the country.

Following the success of the pilot, NHS England will be inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists to meet the commitment of an additional 1,500 clinical pharmacists in general practice by 2020/21.

Providers participating in the programme will receive funding for three years to recruit and establish clinical pharmacists in their general practices for the long term. Applicants from provider organisations will be able to submit applications from 9th January 2017 through an online portal. The first cohort of successful participating providers will be announced in March. If there are any successful applications from the Harrogate and Rural District area, the Committee will be updated in due course.

The Committee is asked to note this update.

3.0 New GP contract for 2017/18

It was announced on 7 February 2017 that NHS England, the Government, and the British Medical Association's General Practitioners Committee have reached agreement on changes to the general practice contract in England for 2017/18.

The new agreement includes an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities.

The new contract also includes provisions to encourage practices to expand access and not to close for half-a-day a week. GP practices which regularly close for mornings or afternoons on a week day will lose their eligibility for the current extended hours scheme claimed by most practices. Practices that join together with other GPs in their local area to offer more evening and weekend appointments will be eligible for extra non-contractual funding over and above the current scheme.

Strengthening requirements in the 2016/17 contract, general practices will also help determine a new patient's eligibility for NHS healthcare. This will help with the identification of patients from the European Economic Area and should make it easier for the NHS to reclaim money from their home countries.

The new contract, to take effect from 01 April 2017, will see investment of around £238 million going into the contract for 2017/18.

In addition, £157 million from a previous earmarked scheme will be transferred into core GP funding so that family doctors can be more flexible in how they care for the most frail.

This is part of NHS England's plan, set out in the General Practice Forward View last year, to reverse previous years of under-investment in general practice.

For GPs, agreement has been reached to cover the rising costs for practices in a number of key areas, including costs of CQC inspection, indemnity costs, and other areas of workload. The investment announced will provide a pay uplift of one per cent for GPs with other agreed changes including:

- Increased investments into a scheme to help GP retention
- Improved payment arrangements to cover parental leave and sickness absence

The document below at appendix A highlights the key changes in more detail.

The Committee is asked to note the changes to the GP Contract for 2017/18.

4.0 Estates and Technology Transformation Fund (ETTF)

The CCG have had funding approved for two technology schemes through the Estates and Technology Transformation Fund (ETTF):

- SystemOne Implementation – Care Homes (£117,695). SystemOne will be implemented within each care home which allows the care home to see the shared Electronic Clinical Record (EPR). The scheme will support care home staff to provide the most appropriate care to the residents with the added aim of reducing emergency admissions. It will also improve communication with other healthcare services.
- What Matters to Us - Maximising Existing Information Sharing (£233,900). This scheme is to develop an Application Programming Interface (API) to enable WebV and SystemOne to connect and enable users to view information from either system.

The Harrogate Health and Wellbeing Centre project is being reviewed by NHS England to determine if any support can be provided this financial year to assist with a feasibility study; at this stage no funding has been approved for the scheme. A further update will be provided at the next meeting.

FEBRUARY 2017

SUMMARY OF 2017/18 GENERAL MEDICAL SERVICES CONTRACT NEGOTIATIONS

This note sets out a summary of the key changes to the General Medical Services (GMS) contract in England for 2017/18. These changes have been agreed between NHS Employers, on behalf of NHS England and the General Practitioners Committees (GPC) of the British Medical Association.

Contract uplift and expenses

The contract for 2017/18 will see an investment of some £238.7 million. This includes:

- A pay uplift of one per cent and general expenses uplift of 1.4 per cent.
- A change in the value of a Quality and Outcomes Framework (QOF) point as a result of a Contractor Population Index (CPI) adjustment. There will be no changes this year to the number of QOF points, indicators or thresholds.
- An increase in the payment for Learning Disabilities Health Check Scheme.
- Changes to the GP Retention Scheme with an additional £1 million investment.
- Funding to cover expenses relating to submission of data for the NHS Digital Workforce Census (£1.5 million), contractual changes relating to overseas visitors (£5 million) and pensions administration levy (estimated £3.8 million). This funding will be added to the global sum allocation without the out-of-hours (OOH) deduction applied.
- A recurrent payment of £2 million for workload related to transfer of patient records. This figure will be reviewed from time to time with regards to workload issues. It will be added to the global sum allocation without the OOH deduction applied.
- Estimated costs to support changes to payment arrangements for parental leave and sickness absence.
- Funding to cover expenses relating to Care Quality Commission (CQC) costs (estimated £22.5 million), indemnity fee increases (£30 million) and Business Improvement District (BID) levies (estimated £1 million). CQC and BID levy costs will be reimbursed directly and indemnity costs will be reimbursed based on practice list size.

Enhanced services

Avoiding unplanned admissions

The Avoiding Unplanned Admissions Directed Enhanced Service (DES) will be discontinued as of 31 March 2017. The 2016/17 spend of £156.7 million will be transferred into global sum, without the OOH deduction applied, and used to support work on frailty (see below).

Learning disabilities

The payment for the Learning Disabilities Health Check Scheme will increase from £116 to £140 per health check. A new health check template has been developed by NHS England for practice use if they so choose. All other requirements of the DES remain unchanged.

Extended Hours Access

The Extended Hours Access DES will continue unchanged until 30 September 2017.

New conditions will be introduced from 1 October 2017 which will mean that practices who regularly close for a half day, on a weekly basis, will not ordinarily qualify for the DES. This change is to support the joint commitment to ensure locally responsive, safe and appropriate access to general practice for all patients in England during contracted hours. Local Medical Committees should be integral partners in working with local commissioners in ensuring practices are fulfilling their contractual requirements.

Identification and management of patients with frailty

From 1 July 2017 at the earliest, practices will use an appropriate tool eg Electronic Frailty Index (eFI) to identify patients aged 65 and over who are living with moderate and severe frailty. For those patients identified as living with severe frailty, the practice will deliver a clinical review providing an annual medication review and where clinically appropriate discuss whether the patient has fallen in the last 12 months and provide any other clinically relevant interventions. In addition, where a patient does not already have an enriched Summary Care Record (SCR) the practice will promote this, seeking informed patient consent to activate the enriched SCR.

Practices will code clinical interventions for this group appropriately. Data will be collected on the number of patients:

- recorded with a diagnosis of moderate frailty
- with severe frailty
- with severe frailty with an annual medication review
- with severe frailty who are recorded as having had a fall in the preceding twelve months
- severely frail, who provided explicit consent to activate their enriched SCR.

NHS England will use this information to understand the nature of the interventions made and the prevalence of frailty by degree among practice populations and nationally. This data will not be used for performance management purposes.

Data collection

From 1 July 2017 at the earliest, practices will be contractually required to allow collection of data related to the National Diabetes Audit, the NHS Digital Workforce Census and for a selection of activity no longer incentivised through QOF (INLIQ) and retired ESs¹.

¹ NHS Employers. QOF 2017/18. www.nhsemployers.org/qof1718

Registration of prisoners

A contractual change will be introduced from 1 July 2017, at the earliest, to allow prisoners to register with a practice before they leave prison. The agreement includes the timely transfer of clinical information from the prison to the practice, with an emphasis on medication history and substance misuse management plans, to enable better care when a new patient first presents at the practice.

Access to healthcare

NHS Employers and GPC have agreed contractual changes that help to identify European Economic Area (EEA) patients who may be subject to the NHS (Charges to Overseas Visitors) Regulations 2015.

Practices will be required to provide all new patients with a revised GMS1 form, which includes supplementary questions to determine a patient's eligibility to healthcare. For those patients who self-declare that they hold either a non-UK issued European Health Insurance Card (EHIC) or a S1 form, the practice will be required to manually record that the patient holds either a non-UK issued EHIC or a S1 form in the patient's medical record and then send the form and supplementary questions to NHS Digital (for non-UK issued EHIC cards) or the Overseas Healthcare Team (for S1 forms) via email or post. The Department of Health has agreed to provide practices with hardcopy patient leaflets, which will explain the rules and entitlements for overseas patients accessing the NHS in England.

Agreement has also been reached for NHS England and GPC to work with GP system suppliers to put in place an automated process, as soon as possible. This would include discussions on development of systems to support collection of GP appointment data for these patients.

Once the technical solution to automatically collect this data is in place, we have agreed that further discussions on implementing the system to support collection of the data will take place.

New recurrent investment of £5 million will be added to global sum allocation, without the OOH deduction applied, to support this requirement.

GP retention scheme

A new GP retention scheme has been agreed which is open to all GPs who are seriously considering leaving or have left general practice due to personal reasons, approaching retirement or who require greater flexibility. It is intended as an incentive for both the GP and practice to enable the GP to remain in clinical practice, working up to a maximum four sessions per week. It builds on the previous scheme by providing an increased payment to practices and more flexibility and clarity for GPs.

Key changes are as follows:

- In 2016, under an interim scheme, the practice payment rose from £59.18 to £76.92 per session, an increase of approximately 30 per cent. NHS England will fund the 2017 scheme wholly from within the primary care allocation budget and the practice payment and professional expenses supplement will remain the same as the 2016 scheme. The practice payment is to be used by the practice as an incentive to provide flexibility for the retained GP and should be used towards the retained GP's salary, to cover human resources administration costs and to provide funding to cover any educational support required from the practice, including course fees where relevant.



- A professional expenses supplement will be payable to the GP via the practice (on a sliding scale) and is to go towards the costs of the GP's indemnity cover, professional expenses and Continuing Professional Development (CPD) needs.
- A strong element of the future scheme is around education and CPD. The retained GP would be entitled to the pro rata full time equivalent of CPD as set out within the salaried model contract. The CPD aspects would be based on the needs of the individual, as established at their appraisal and in discussion with the educational supervisor.
- GPs can be on the scheme for a period of up to five years. In exceptional circumstances an extension can be made for up to a further 24 months.

Any retainers on the 2016 Retained Doctors Scheme will continue under these arrangements until 30 June 2019 after which time they will default to the new scheme.

Retainees who have been accepted on to the Retained Doctor Scheme 2016 (where the application form has been approved by the NHS England DCO) but who are not in post before 31 March 2017, will be accepted onto the GP Retention scheme without the need to re-apply.

Sickness leave reimbursement

The following changes will be applicable as from 1 April 2017, with all other requirements remaining unchanged:

- Cover may be provided by external locums or existing GPs already working in the practice but who do not work full time.
- An increase in the maximum amount payable from £1,131.74 to £1,734.18 per week.
- Payments will no longer be discretionary. The qualifying criteria for reimbursement will commence when the absence is two or more weeks (as opposed to previous arrangements which is linked to patient numbers and the period of absence).
- Sickness leave payments will not be made on a pro-rata basis and will be the lower of actual or invoiced costs up to the maximum amounts as set out in the Statement of Financial Entitlements (SFE).

Parental leave reimbursement

Parental leave payments will not be made on a pro-rata basis and will be the lower of actual or invoiced costs up to the maximum amounts as set out in the SFE. All other requirements will remain unchanged

Vaccination and immunisations

Changes include:

- Childhood seasonal influenza – the removal of four year olds from enhanced service patient cohort (transferring to schools programme) and the removal of the requirement to use Child Health Information Systems (CHIS).
- MenACWY programmes² – a reduction in the upper age limit from 'up to 26th birthday' to 'up to 25th birthday' (in line with the Green Book).
- Seasonal influenza – the inclusion of morbidly obese patients as an at-risk cohort and a reminder for practices that it is a contractual requirement to record all influenza vaccinations on ImmForm. Funding to cover this new cohort will be from Section 7A.

² Three affected programmes - MenACWY for patients aged 18 year on 31 August 2017, MenACWY freshers and meningococcal completing dose (was previously meningococcal booster)

- Pertussis or pregnant women – a reduction in the eligibility of patients for vaccination from 20 weeks to 16 weeks.
- Shingles (catch-up) – a change in patient eligibility to the date the patient turns 78 rather than on 1 September.

All other programmes remain unchanged. For a full list³ please see NHS Employers website.

BID levies

Eligible practices will be reimbursed for costs relating to BID levies. The reimbursement is to be made by the NHS England local team or fully delegated CCG, as appropriate, via the Premises Costs Directions.

GMS Digital

NHS England and GPC have agreed to build on the work of recent years to develop high quality secure electronic systems and pro-actively encourage patients and practices to use them. The changes that we have agreed for 2017/18 will be taken forward through non-contractual working arrangements which we will jointly promote in guidance.

These include:

- Practice compliance with the ten new data security standards in the National Data Guardian Security Review.
- Practice completion of the NHS Digital Information Governance toolkit including attainment of level 2 accreditation and familiarisation with the July 2016 Information Governance Alliance guidance.
- An increased uptake of electronic repeat prescriptions to 25 per cent with reference to co-ordination with community pharmacy.
- An increased uptake of electronic referrals to 90 per cent where this is enabled by secondary care.
- Continued uptake of electronic repeat dispensing with reference to CCG use of medicines management and co-ordination with community pharmacy.
- Uptake of patient use of one or more online service to 20 per cent including where possible, apps to access those services and increased access to clinical correspondence online.
- Better sharing of data and patient records at local level, between practices and between primary and secondary care.

Further work

NHS Employers and GPC have agreed that a working group will be set up to immediately follow these negotiations to discuss the future of QOF after April 2017.

NHS Employers and GPC have also agreed to begin negotiations on amending the formula that underpins core funding of General Medical Services. Any changes will be effective from 1 April 2018 at the earliest.

NHS England and GPC have committed to take forward discussions in the coming months on a national programme of self-care and appropriate use of general practice services and information sharing between practices.

³ NHS Employers. V&I. www.nhsemployers.org/vi17/18

NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

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