March 2019 Update

1. Purpose of the update

1.1 All commissioning intentions have been developed by GP’s, Clinical Leads, the LMC and Commissioners through the Primary Care Reference Group (PCRG) and Primary Care Operations Group (PCOG). They were approved at the Primary Care Commissioning Committee in December 2018 and February 2019.

1.2 The Commissioning focus for 2019/20 includes:

   National Contract Changes
   - Core Practice Contract (Section 5)
   - Indemnity (Section 6)
   - A new Network Contract DES for Primary Care Networks (Section 7)
   - Extended Hours DES (Section 8)
   - Additional Recurrent GP Improved Access (GPIA) Service Funding (Section 9)

   Local Contract Changes
   - Commission the Enhanced Frailty Local Enhanced Service (LES) (previously known as Over 75) at Primary Care Network Level (Section 10)
   - Emphasis in 19/20 for practices to use correct read codes to allow the CCG to be able to understand the activity around the GP Contract Plus to collect a year of baseline data (Section 11)
   - Changes to the Clinical Commissioning Local Improvement Plan (C-CLIP) (Section 12)
   - Reinvestment of Primary Medical services (PMS) Premium allocation (Section 13)
   - Moving general practice phlebotomy from Acute Hospitals to Primary Care in the East of the County through a LES (Section 14)
   - Extending the period of Local Enhanced Services to 2+1 years in line with the CCGs plans (Section 15)
   - List Size (Section 16)
2. **Principles**

2.1 All Primary Care commissioning and contracting plans seek to contribute to the delivery of:

- The NHS Long Term Plan;
  

- Five Year Framework for GP contract reform;
  

- The Dorset Primary Care Commissioning Strategy;

and:

- Our ambitions for Integrated Community and Primary Care Services (ICPCS);

- Collaborative planning to ensure Primary Care plays a key role in the Integrated Care System (ICS);

- Supports delivery of new models of care as part of the Clinical Services Review (CSR).

3. **Summary of Commissioning Intentions and how this supports Delivery of our Primary Care Commissioning Strategy and the Five-year framework for GP contract reform**

3.1 In line with the ‘Frailty’ model of commissioning to deliver integrated community and Primary Care services, Primary Care commissioning from 2019 will look to develop further an Outcome Based Commissioning model to cover areas of the STP and ICPCS model (see below).
3.2 Our commissioning intentions for 2019/20 are to move towards population health outcome based commissioning based on population segmentation and risk stratification of local populations. This is to ensure new models of care respond to need, building our model of integrated teams / systems of care where the delivery of care is coordinated across the health system.

3.3 Key focus areas include:

- **Understanding population needs**
  - There is good understanding of the health, care and wellbeing needs of the local population informed by all partners.
  - Data is available to develop an in-depth understanding and segmentation of the population health need and service operational needs.
  - There is a plan to share and link person level data across partners in real-time with read/write access.

- **Creating the right environment**
  - Supporting provider development and the exploration of alternative ways General Practice can come together to deliver patient care that will help increase understanding of what collaborative provider models are possible and how these support:
    - The delivery of new models of care;
    - Contract development for Primary Care to commission at population level;
    - The development of a Primary Care Voice within Dorset’s Integrated Care System (ICS).

- **Achieving the outcomes**
  - The population is a right size to care;
  - Governance arrangements to support collaborative working across primary care and the wider system is agreed;
  - Accountabilities and responsibilities for delivery across the collaboration is agreed;
  - New service models that aim to improve population health outcomes, enhance access and care navigation have been designed and available to be contracted at the right scale;
  - The delivery of the following new models of care at right scale:
    - Enhanced Frailty
    - Improved access
    - Routine care
4. **Primary Care Networks- A working definition**

4.1 Primary Care Networks will support groups of practices coming together, in partnership with community services, social care and other providers of health and social care to provide proactive, personalised and coordinated out of hospital care within geographically defined areas in Dorset. Networks will form around natural communities, and serve a population of around 30,000 to 50,000.

4.2 Key characteristics of a primary care network will include:

- Ongoing implementation of the agreed model of care for integrated community services that aim to improve the health and well-being of the whole population it serves, targeting care where appropriate, using a multidisciplinary team and wider sector partnership approach as agreed through the Dorset Clinical Services Review

- Maximising the use of resource, including workforce and estate to effectively deliver care locally, whilst also adopting new technologies that can enable greater flexibility and personal choice in how services can be accessed and people supported to live well

- Collaborative leadership and relationships that are based on trust within the Network and across the Integrated Care System

- Good governance underpinned by a network agreement that sets out the network partners’ collective rights and obligations and that allows for shared risk and reward

- Clinical Leadership, including a named accountable Clinical Director, who will play a key role in building and maintaining collaborative working relationships especially between primary and community services, but also in the development of Dorset’s Integrated Care System.

4.3 Key Enablers & Considerations

- GP Contract, investing in both general practice to deliver core general medical services but to also incentivise signing up to be part of a PCN

- Local CCG investment for general practice

- ICPCS investment & interplay with community hubs

- Relationship/Partnerships with Acute Networks, Mental Health and Children’s services, as well as with Local Authorities, third and voluntary sectors

- Scale & Scope for care provision
NATIONAL CONTRACT CHANGES

5. Core Practice Contract

5.1 The core practice contract has been agreed for the next 5 years and is expected to increase by 1.4% in 2019/20 rising to 2.7% in 2023/24. This includes funding for uplifts to pay for GPs and Practice staff as well as the Network practice participation.

6. Indemnity

6.1 A centrally funded clinical negligence for general practice will start from April 2019. Coverage is for all GPs and all other staff delivering primary medical services.

7. A new Network Contract DES for Primary Care Networks

7.1 In line with the GP contract reform guidance issued by NHS England, the current transformation funding has now been replaced by the new Network Contract DES and has also received additional uplift.

7.2 The funding will go to Primary Care Networks based on £2.01 per patient registered with its constituent practices in 2019/20 and is anticipated to increase to £2.19 in 2021/22. This includes the funding for the Clinical Director.

7.3 The additional role reimbursement scheme will form part of the new contract DES from July 2019. It is expected that each network will receive funding for additional staff as part of an agreed workforce plan. A baseline will be agreed in March 2019. For 2019/20, the value will be up to £53,942 per Network.

7.4 The Primary Care Network (PCN) Contract goes live from 1 July 2019. The PCN Contract will be a very large Directed Enhanced Service (DES). As a DES, it is an extension of the core GP contract, not literally a separate contract. It is established in accordance with Directions given to NHS England. This will be offered to all practices.

7.5 Eligibility applies to all existing and future holders of in-hours (essential) primary medical services contracts. This includes General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS).

7.6 Financial investment will be made per network in line with the GP contract reform guidance

7.7 The PCN Contract DES has three main parts which are outlined below:

- The national Network Service Specifications. These sections set out what all networks have to deliver. National investment and services grow in tandem;

- The national schedule of Network Financial Entitlements, akin to the existing Statement of Financial Entitlements for the practice contract. National entitlement increases financial certainty for everyone. Alongside these entitlements come clear transparency requirements, including for subcontracting arrangements;

- The Supplementary Network Services. CCGs and Primary Care Networks may develop local schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

Registering for the PCN Contract DES

7.8 The CCG are currently developing formal processes for the management of the DES (once this has been released) and will share this with practices imminently. This will cover the requirements for the following areas:
• The names and the ODS codes of the member practices;
• The Network list size, i.e. the sum of its member practices’ registered lists as of 1 January 2019;
• A map clearly marking the agreed Network area;
• The initial Network Agreement signed by all member practices;
• The single practice or provider that will receive funding on behalf of the PCN; and
• The named accountable Clinical Director.

7.9 In the first quarter, the CCG will work with networks to facilitate and ensure that the requirements for the PCN DES and the C-CLIP are in place.

8. **Extended Hours DES**

8.1 The extended hours DES will cease as it currently exists and transfer to the contract network DES as of July 2019 and will be funded at network level. From April 2021, will form part of a new single access fund.

9. **Additional Recurrent Improved Access to General Practice Services (IAGPS) Funding**

9.1 It is anticipated that the total population level funding for IAGPS will be paid recurrently from 2019/20. The majority of this funding will continue to be invested as it is currently and from 1st April 2019 will be part of the Integrated Urgent Care Service contract. The additional investment anticipated from 19/20 will be invested to improve access to general practice in Primary Care Networks (circa £1.6m at network level subject to National confirmation). From 2021/22, there is expected to be a single access fund of £6 per head.

9.2 The proposal for this funding is that it will continue to support improving access to services locally as part of new care models, and will have a Network solution/ approach with payment at Practice level for 19/20 moving towards a network payment for future years, linked to the GP contract reform framework.

9.3 Examples of how this investment may be used to improve access, might include:

- improving access for either on the day or planned care service delivery
- management of ambulatory care sensitive conditions
- lower back pain management in the first six weeks with early intervention from a MDT perspective.

9.4 Final approval of the proposal for each Network will be made by the CCG’s respective Locality GP Lead, who will make this decision within an agreed set of principles. GP Leads will need to share with the CCG the proposals to ensure they are in line with agreed framework / principles. Once approved, proposals will also be shared between networks for information.
LOCAL CONTRACT CHANGES

10. Enhanced Frailty

10.1 In 2017/18, the CCG communicated with practices the strategic intention to commission at right scale and extend contracts. 2018/19 was provided as a transition period to allow practices to work together and develop their networks with the intention to begin commissioning at Primary Care Network level from April 2019/20.

10.2 For 2019/20, the CCG will be commissioning the service at a Primary Care Network Level.

11. GP Contract Plus

11.1 There will be emphasis in 2019/20 for practices to use correct read codes to allow the CCG to be able to understand the activity around the GP Contract Plus to collect a year of baseline data. It is expected there will be a minimum 1% uplift for the 2019/20 GP Contract Plus subject to Governing Body approval in March 2019.

12. Clinical Commissioning Local Improvement Plan (C-CLIP)

12.1 CCLIP will continue to support CCG membership engagement and quality improvement with a focus on prevention at scale and long term conditions. It will also support further transformation of PCN development (over and above what will be commissioned via the national GP Contract) and workforce planning. Funding will be paid at a practice and/or network level.

i) CCG membership engagement (practice payment)
Each CCG member practice will continue to engage with and attend membership and locality events from both clinical and non-clinical/management perspectives.

ii) Quality Improvement (Practice payment)
This section of the plan will focus on health prevention and supporting quality improvement and outcomes for people with long term conditions, taking into account and addressing any unwarranted variation. Each PCN will be asked to review their own population health data and locality profile to determine what initiatives they will deliver (one for prevention-at-scale and one for long term condition management). Public Health Locality Link workers are available to support Networks in their decision-making regarding prevention at scale, which we would encourage PCNs to engage with. Therefore, although payment will be at practice level the approach taken will require a Network solution and decision.

iii) PCN Development (Network payment)
The CCG will be working with general practice and network partners to agree a PCN maturity matrix and associated information and evidence. This will be issued to practices as part of a Network Development Toolkit which is currently being produced. It is proposed that each network will undertake an evidence-based baseline assessment to determine where they are at in line with the matrix (Gateway requirement). Once this has been completed, PCNs will then agree with the CCG three areas for further development and an associated action plan that will enable the network to progress towards reaching maturity. The areas for development should support, for example, further development of the model of care; back office efficiencies; or deployment of a shared resource.

As part of the PCN DES and core GP Contract, practices are required to sign a PCN agreement. To complement this, this the CCLIP will require the following key deliverables:

a. Practice agrees (within the legal/Information Governance framework) to analyse and share data to support population segmentation /risk stratification with its networked practices and CCG Business Intelligence team.
b. Work in collaboration with networked practices and CCG to model its current and potential future demand and capacity.

c. Contribute to the baseline assessment of the PCN, using the maturity matrix, and agreement of the three key areas for further development.

iv) Workforce Data & Planning (practice payment)

A workforce dataset will be developed and agreed with general practice that will enable each PCN to better understand their current workforce resource as well as to assist in planning for the future.

**CCLIP Funding and Payment**

The total level of investment will be as follows:

<table>
<thead>
<tr>
<th>CCLIP Component</th>
<th>Total £s</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG Membership and Locality Engagement</td>
<td>252,000</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>813,446</td>
</tr>
<tr>
<td>PCN Development (Network) £366,051 + (Practice) £562,800</td>
<td>928,851</td>
</tr>
<tr>
<td>Workforce</td>
<td>84,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,078,297</strong></td>
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</tbody>
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The proposed payment details are outlined in the table below:

<table>
<thead>
<tr>
<th>Practice Level Payment</th>
<th>£</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Membership and Network engagement</td>
<td>£3000 per practice</td>
<td>Upfront payment</td>
</tr>
<tr>
<td>2. Workforce</td>
<td>£1000 per practice</td>
<td>Paid quarterly on completion of WF returns</td>
</tr>
<tr>
<td>3. PCN development foundation level</td>
<td>£6700 per practice</td>
<td>All practices to have an MOU with PCN as part of DES</td>
</tr>
<tr>
<td>a. PCN baseline assessment/agreement of three key areas for development</td>
<td></td>
<td>50% paid in Q1 on evidence of Baseline assessment and outcomes associated with population segmentation and demand and capacity</td>
</tr>
<tr>
<td>b. Risk stratification and population segmentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Demand and capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Quality Improvement (Two initiatives)</td>
<td>Prevention at Scale: 50p per weighted population</td>
<td>50% paid in Q1 on agreement of outcomes and focus areas.</td>
</tr>
<tr>
<td></td>
<td>Long Term Conditions management: 50p per weighted population</td>
<td>50% paid in Q4 on delivering outcomes.</td>
</tr>
<tr>
<td>Network Level Payment</td>
<td>£</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>5. PCN Development</td>
<td></td>
<td>Three areas agreed for network development aligned to maturity matrix: 45p per weighted population (split into 15p per deliverable outcome).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paid at the end of the quarter on completion/ delivery of each of the outcomes.</td>
</tr>
</tbody>
</table>

13. **Reinvestment of Primary Medical Services (PMS) Premium Allocation**

13.1 Practices have long identified the lack of resource available to undertake phlebotomy within Primary Care and the inconsistent price per bleed across Dorset.

13.2 The Primary Care Reference Group in 2017 agreed for the strategic direction to reinvest PMS premium funding over a two-year period to achieve fair pricing across Dorset and reflect the increase in phlebotomy in the community (not transfers from acute).

13.3 2018/19 was the first year of investment and 2019/20 will be the second year of investment. The allocation for 2019/20 is £406,000 based on £2.32 per bleed as approved by Primary Care Commissioning Committee in 2017/18 following the fair pricing review.

14. **Moving Primary Care phlebotomy from Hospitals in the East of the County**

14.1 As part of Clinical Services Review (CSR), work has been underway to move phlebotomy out of the acute hospitals in the East of Dorset (the model is already community based in the West). This will lead to a significant improvement in local access to services for patients and address some of the inequalities in access across Dorset. Locality plans are currently being developed with the aim of becoming operational during 2019.

14.2 As part of the Phlebotomy LES the CCG has made a commitment to regularly review activity and demand to inform future commissioning plans and address spikes in activity not anticipated in projections.

15. **Extending the period of Local Enhanced Services**

15.1 The Local Enhanced Services will be extended to 2+1 years in line with the CCGs plans. It is expected there will be a minimum 1% uplift on value for 2019/20 subject to Governing Body approval in March 2019. All contracts will be commissioned at network level.

16. **List Size**

16.1 For all LES, as per previous years, the proposed 2019/20 growth for the GP contract plus and other list size increases shall be based on the weighted population as at 1st October 2018.

16.2 Funding for practices that are effected by a closure will be readjusted at the next quarter end after the practice closure, based on the new list size.

16.3 In the case of practice mergers, list sizes will not be adjusted outside the annual process. This is because payment will continue based on the merged list size to the newly merged practice.

16.4 List size dates are 1st January, 1st April, 1st July and 1st October.
Any questions / queries, please send via PC email for the attention of Luna Hill / Sarah Walker.

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