## WOLVERHAMPTON CCG

# PRIMARY CARE JOINT COMMISSIONING COMMITTEE November 2016

Title of Report:	Primary Care Update	
Report of:	Alastair McIntyre	
Contact:	Martina Ellery	
Primary Care Joint Commissioning Committee Action Required:	<ul><li>□ Decision</li><li>⊠ Assurance</li></ul>	
Purpose of Report:	To update the Committee on latest developments in Primary Medical Care nationally and locally	
Public or Private:	This Report is intended for the public domain	
Relevance to CCG Priority:		
Relevance to Board Assurance Framework (BAF):		
Domain 1: A Well Led Organisation		
• <b>Domain 2a:</b> Performance – delivery of commitments and improved outcomes		
Domain 2b: Quality (Improved Outcomes)		
Domain 3: Financial Management		
Domain 4: Planning (Long Term and Short Term)		
Domain 5: Delegated Functions	Update on Primary Care	

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#### NHS England (West Midlands) Primary Care Update – November 2016

#### 1) Annual Declaration 2016/17

The 2016/17 annual declaration (eDEC) is open for submissions over a six week period, closing Friday **23rd December 2016**.

A formal notification letter to GP practices which includes FAQs has been finalised and regional teams sent this notification to all practices on 7/11/2016. A regular reminder will be sent out to ensure full completion.

#### 2) General Practice Forward View (GPFV) planning requirements - CCG Plans

CCGs need to submit 1 GPFV plan to NHS England on 23 December 2016, encompassing the specific areas in technical Annex 6 (investment, care redesign, workforce, workload and practice infrastructure). Plans must, as a minimum, set out:

- How access to general practice will be improved
- How funds for practice transformational support will be created and deployed to support general practice
- How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed

#### 3) Primary Medical Care (PMC) Policy Development

The first PMC policy book was published in January 2016 and recognised a number of requirements including our 'duties' as commissioners; 13Q and equality etc. and the role of delegated CCGs. Plans are in place for a refresh of the policy with a revised publication in April 2017 which will also align with an expected increase of CCGs assuming delegated responsibility.

Refreshing the policy book presents an opportunity for us to collate in one place the very best practice in the commissioning and good housekeeping of PMC contracts as well as procedural guidance for sudden challenges we face. We recognise the capacity constraints within local teams and CCGs but would like to provide an opportunity for you and your teams to actively shape all or specific aspects of this development. It is important that we craft guidance that is relevant and applicable operationally but this also presents development opportunities for staff in teams and CCGs to influence and work on national policy.

Comments/suggestions to add, and volunteers please contact gary.williams3@nhs.net



#### 4) Update on Indemnity

In July 2016, the GPIR summary was published, making several recommendations. Update from central NHSE Team on these is as follows:

We are in the process of making the changes to the SFEs to enable the short term financial assistance payments to be made in order to cover the inflationary increases in indemnity premia for GPs. We are working with finance teams to establish when this will be and will inform all relevant

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**Clinical Commissioning Group** 

A workshop is being held by NHSE on 24<sup>th</sup> November with stakeholders to look into the issues surrounding OOH and the impact indemnity is having. Our intention is to get guidance out to the system regarding indemnity thresholds to inform and assist with commissioning decisions that are impacted by indemnity.

The winter indemnity scheme for 2016/17 is now in place, running from October 2016 until 31<sup>st</sup> March 2017. We have widened our scope of which types of sessions GPs can do which will be eligible to try and ensure that out of hours, unscheduled care sessions, integrated and urgent care sessions and traditional GP out of hours sessions are covered. We are encouraging GPs to contact their MDO as soon as they know they are going to be undertaking extra sessions which may be eligible for the winter.

NHSE are engaging with DH and the MDOs on issues to do with high pricing. We are taking in case examples of individuals who are experiencing problems so that we can raise the issues higher in the organisation with a view to producing solutions which might encourage people to continue in general practice.

The work with New Care Models has been progressing with earnest, as has work with vulnerable programmes and groups whom are experiencing problems in the immediate term rather than on a theoretical NCM basis. NHSE are meeting with the MDOs shortly to discuss the model types. We will be undertaking a further review of the suitability of the indemnity model through a study which we hope to undertake in the next couple of weeks to inform many aspects of our work, particularly around commissioning responsibilities and the changing environment.

We have also been working with the primary care workforce team on the Clinical Pharmacy Pilot to ensure the programme vulnerabilities caused by indemnity, did not cause the programme to collapse. We are moving on to phase 2 of the work with this programme, looking at the implications of indemnity within the roll out.

#### 5) Practice Manager Networking Events

A series of free <u>regional networking events</u> hosted by NHS England with the support of the Practice Management Network will be held.

Each half day workshop will be an opportunity to network with colleagues from around the region, to share challenges, ideas and encouragement. There will also be a particular focus on sharing solutions for managing workload in the practice and attendees will also have the chance to learn more about the General Practice Forward View's practice development programme and to shape NHS England's plans for supporting managers' professional development. Any queries please contact sandra.mcgregor@nhs.net.

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### **GMS** contract variations

Practice	Variation	Status
Leicester Street Medical Centre	Addition of Dr's S & R Agarwal	As from November 1 <sup>st</sup> 2016
Leicester Street Medical Centre	Removal of Dr S Handa	As from December 2016

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