

WOLVERHAMPTON CCG

Primary Care Commissioning Committee: Private Committee Tuesday 5th March 2019

TITLE OF REPORT:	Primary Care Contracting: Update to Committee
AUTHOR(s) OF REPORT:	Gill Shelley
MANAGEMENT LEAD:	Sarah Southall
PURPOSE OF REPORT:	Information to committee
ACTION REQUIRED:	<input type="checkbox"/> For Information Only
PUBLIC OR PRIVATE:	This report is for public committee
KEY POINTS:	<ul style="list-style-type: none"> To provide information to the primary care committee on primary medical services
RECOMMENDATION:	That the committee note the information provided
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Maintenance of quality of services for patients by continuing to offer appropriate access to primary care medical services and in offering a full range of enhanced services delivered by an appropriately skilled workforce and improving patient choice of GP
2. Reducing Health Inequalities in Wolverhampton	The CCG Primary Care Strategy is supported in transforming how local health care is delivered
3. System effectiveness delivered within our financial envelope	Collaborative working and working at scale allows for delivery of primary medical services at scale effectively reducing organisation workload and increasing clinical input at no extra cost



1. MOBILISATION/EXIT APMS CONTRACTS

The process of mobilisation of the new provider for both contracts and exit of the incumbent providers continues and is on track for completion at end March 2019.

2. GMS CONTRACT 2019/20

GPC England has negotiated a deal spanning the next five years. Elements will be introduced throughout the five years – 2019 will focus on building the foundations, creating Networks and starting to expand the workforce; 2020 onwards will see the workforce increase further, additional funding and services reconfigured (as decided by the networks).

The most substantial changes commence from April 2019. The changes should provide much needed support and resources for general practice, expanding the workforce, reducing workload, increasing funding; retaining GP and partnership autonomy and ensuring GPs have a leadership role at the centre of primary care.

Top-line changes are

- Overall funding in excess of £2.8bn over a five-year period, through practices and networks
- Indemnity state backed scheme introduced
- Pay & expenses uplift each year through global sum, in line with predicted inflation
- Creation of a new Primary Care Network, built up over the five years
- Additional workforce & linked funding through a new Primary Care Network
- Amendments to QOF
- Resources for IT and digital, including greater digital access for patients
- Delivery of the NHS Long Term Plan ambitions through the additional funding and workforce

Full details on all of the aspects of the deal are included in the contract agreement document, produced jointly between GPC England and NHS England.

[five-year framework for GP contract reform to implement The NHS Long Term Plan](#)



3. CLINICAL VIEW

Not applicable

4. PATIENT AND PUBLIC VIEW

Not applicable

5. KEY RISKS AND MITIGATIONS

Not applicable

6. IMPACT ASSESSMENT

Financial and Resource Implications

Not applicable

Quality and Safety Implications

Not applicable

Equality Implications

Not applicable

Legal and Policy Implications

Not applicable

8. RECOMMENDATIONS

It is recommended that the committee note the contents of this report for their information

Name Gill Shelley
Job Title Primary Care Contracts Manager
Date: March 5 2019



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/A	
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	G Shelley	5/3/19



BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing health inequalities in Wolverhampton	a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

