	Health and Wellbeing Board **12 November 2015**
Title	**Barnet Clinical Commissioning Group Primary Care Strategy Proposal**
Report of	Director of Clinical Commissioning, Barnet CCG Primary Care Clinical Lead, Barnet CCG
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Process for the development of the local Primary Care Strategy for Barnet
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Summary

CCGs are expanding their role in Primary Care Commissioning, most recently with the adoption of Joint Commissioning of Primary Care for North Central London (from 1st October 2015). North Central London CCGs are working collaboratively to refresh the NCL Primary Care Strategy in light of the national changing policy landscape of primary care.

As a local response to this, the Officers of Barnet CCG are taking the opportunity to develop the local Barnet CCG Primary Care Strategy and will be routinely discussing the development of this with the Health and Wellbeing Board in the coming months.

The purpose of this paper is to present the process for developing the local primary care strategy to the members of the Health and Wellbeing Board and outline the process for active engagement with primary care providers; patients, public and carers across Barnet with support from Healthwatch and primary care patient participation groups (PPGs) and integrated teams supporting the ongoing development of primary care. Health and Wellbeing Board members are asked to note the process with the aim of delivering the final Primary Care Strategic document to the Health and Wellbeing Board in January 2016 for information.

It should be noted that for the purpose of this report "Primary Care" refers to primary medical care services and out of hospital medical services only – the commissioning of primary care dentistry, eye care and community pharmacy services remain the

responsibility of NHS England (London.)

Recommendations

1. **That the Health and Wellbeing Board notes and comments on the process to be adopted to develop the local Barnet Primary Care Strategy.**
2. **That the Health and Wellbeing Board notes that the final Barnet CCG Primary Care Strategy will be brought to the Board in January 2016 for information.**

1. WHY THIS REPORT IS NEEDED

1.1 The local Primary Care Strategy for Barnet will be developed to:-

- Provide a local focus on primary care transformation.
- support the NCL collaborative approach to primary care strategic planning;
- provide clarity between the CCGs responsibility for primary care commissioning and those of NHS England now that we are actively operating as joint commissioners of primary care;
- establish a local process for identifying primary care commissioning priorities, such as primary care and community care integration based on local needs assessment;
- inform the development of primary and community care estate at a time when resources are limited and there is a requirement to demonstrate value for money;
- inform how primary care providers in Barnet can deliver at scale to support the capacity of the local primary care workforce when demand on primary medical care is increasing;
- inform technological investment plans in areas such as the single patient record – enabling primary care providers to invest appropriately in infrastructure which enables shared care;
- demonstrate how conflicts of interest are effectively managed within the CCG when commissioning primary care services;
- outline the procurement processes that are to be applied when commissioning primary care enabling patient choice and robust market testing whilst ensuring quality and value for money.

1.2 The Health and Wellbeing Board will be requested to ensure that the process for developing the primary care strategy outlined in the report addresses the above priorities. A summary of the process is included in Appendix 1.

1.3 In addition the Barnet Primary Care Strategy will be used to inform joint and in the future delegated primary care commissioning from NHS England.

1.4 Joint Primary Care commissioning will give Barnet CCG the opportunity to realise objectives in a new way as clinical commissioners of both primary and secondary care. By moving towards full delegation of primary care commissioning, services and contracts will be shaped to reduce variation and

promote consistency of care, improve quality, align primary care services to the wider CCG commissioning intentions and ensure value for money.

1.5 The key benefits of Joint Commissioning, which will be informed by our local primary care strategy, are:-

- Enabling a shared vision for primary care including new models of care and integration of provider teams
- Increased clinical leadership and public involvement in primary care enabling more focused local decision making
- Opportunity to strengthen relationships with primary care providers locally.

1.6 Nationally, CCGs are also moving towards delegated authority which will also be referenced within the strategy. The first wave delegated CCGs have demonstrated that CCGs can, by holding the primary care budgets:-

- Improve out of hospital services for local people moving services from secondary into primary/community based care
- Enable new models of care where a single accountable provider can hold a contract
- Strengthen the commissioning of local incentive schemes, commissioning for primary care health outcomes and improve integration between GP practices and community teams.

1.7 A future vision will be developed which can be adapted to include the integration of other key primary care service providers currently hosted by NHS England – community pharmacy, NHS dentistry and NHS eye care services.

2. REASONS FOR RECOMMENDATIONS

2.1 Producing a local Primary Care Strategy will enable the CCG to align the primary care commissioning intentions to a clear set of objectives. It will allow, through consultation, the needs and wants of the local population from primary care providers to be clearly articulated and acted upon as appropriate.

2.2 The strategy will also allow the ambitions of the NCL primary care strategy to be interpreted with local considerations resulting agreement of clear objectives with realistic timescales set for delivery. The process will also enable the alignment of key ambitions set out in the Health and Wellbeing Strategy, Joint Strategic Needs Assessment and national primary care policy which will be fully reviewed and applied to local primary care commissioning intentions whilst addressing any conflicts of interest through a process of due diligence and internal audit.

2.3 In addition to the priorities listed in section 1 – the local strategy will enable us to address the strategic objectives set by the NCL collaborative. These can be summarised as:-

- Ensuring primary care co-commissioning arrangements are effective in providing strategic leadership to primary care transformation in NCL

- Improving the quality of primary care in NCL;
- Developing a plan to implement Strategic Commissioning Framework for London in next three years which will focus particularly on following in NCL in 15/16:
  - Accessible care – providing a personalised, responsive, timely and accessible service
  - Coordinated care – providing patient centred, coordinated care and GP-patient continuity
  - Proactive care – supporting and improving the health and wellbeing of the population, self-care, health literacy, and keeping people healthy
- Developing federated care networks across 80% of practices in NCL (% subject to further refinement)
- Developing interoperability between practices across NCL (80% of practices sharing information, however % subject to further refinement)
- Developing an estates strategy which is underpinned by an up to date premises audit for all practices in NCL and the application by at least 25 practices for improvement funding
- Developing a workforce development programme working closely with the Community Education Providers Network (CEPN) and focusing on recruitment and retention and continuous professional development.

2.4 As Committee members will see, the NCL strategic priorities overlap/feed into the priorities being considered locally by the CCG with the primary care strategic document complementing the collaborative regional approach to primary care development.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Although there is no legal requirement to produce a local primary care strategy it is seen nationally as an example of best practice and will provide Barnet CCG with a local road map of how to make informed decisions at a local level – ensuring we work to meet the primary care service needs of all members of our community. The option of not delivering a local primary care strategy has not been considered.

4. POST DECISION IMPLEMENTATION

4.1 Following the decision from the Health and Wellbeing Board the CCG will deliver the key commitments outlined in this paper to undertake consultation with service users, service providers, work with public health, local authority, Healthwatch, NHS England (London), the LMC and clinical leaders to shape the detail of the primary care strategic document. This will then be drafted and taken through the internal CCG governance and due diligence process – with Governing Body sign off at the end of December 2015. This will then be presented to the January Health and Wellbeing Board for review and approval. Timelines are outlined in Appendix 1.

5. POST DECISION IMPLEMENTATIONIMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The primary care strategy, on completion, will inform decision making across Barnet CCG and its partners including delivery plans for the local authority, NHS England (London), Healthwatch Barnet and the third sector. Detail and

references of these interdependencies will be contained within the primary care strategy. It will also inform the CCGs commissioning intentions and service delivery plan going forward.

5.1.2 The CCG will use the strategy to build on the roadmap set by NHS England in the form of the Transforming Primary Care in London Strategic Commissioning Framework which looks to create local commissioning and contracting priorities to strengthen the quality of care patients receive out of hospital. These services will need to be accessible seven days a week, be proactive in meeting the needs of the local population and realise high quality health outcomes for patients.

5.1.3 Key components from the recently updated Health and Wellbeing Strategy which impact primary care commissioning will be included/ referenced within the primary care strategy.

5.1.4 Content from the recently updated draft Barnet Joint Strategic Needs Assessment will be used to inform the current and future health and wellbeing needs related to primary care across all of the Barnet localities.

5.1.5 The Primary Care Strategy will also feed into the Barnet CCG operating framework, five year delivery plan and annual refresh of our commissioning intentions.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The Primary Care Strategy will inform CCGs primary care commissioning priorities for 2016 and beyond.

5.2.2 In order to ensure sustainability the CCG will use the strategy to inform the promotion of anticipatory care, network development, the single health care record, innovative information technology and diagnostics working towards the single care record through the commissioning of EMIS community and legally agreed Information Governance agreements.

5.2.3 At a time when recruitment and retention of GPs and practice nurses is challenged we will look to build professional relationships, develop education and strengthen the clinical and business capabilities of practices and federative networks. We will look to strengthen practice resilience and improve resources to face the new challenges.

5.2.4 The commercial environment in which secondary care hospitals, community services, mental health services and GP practice is changing dramatically.

5.2.5 The importance of measuring improvement, an increasing number of service providers and an increasing competitive market aligned with the requirement for commissioners to make financial savings means that our GP providers are under even more pressure to adapt and change. In Barnet we want to ensure that our networks are supported in managing this change and every GP practice, whether large or small, is given the support they need whilst

managing effectively any conflicts of interest and applying due diligence processes to primary care investment.

5.2.6 In relation to Regeneration and Growth Areas, where proposals for new and replacement primary care facilities are determined to be necessary to address the needs arising from development, contributions from development or the provision of replacement or expanded facilities will be secured through the process to ensure that costs are appropriately shared and do not impose an unreasonable financial burden on the commissioners of primary care services. NHS England's Primary Care Infrastructure Fund is also supporting investments in the Primary Care estate across the borough.

5.2.7 The formal evaluation process recently developed for assuring the services were are already commissioning locally from primary care will also be included in the strategy. This process will be regularly reviewed to ensure assurance that these services are delivering the required health outcomes, meeting the key performance indicators and being readily accessible to all. Where services are not adding value the decommissioning process will also be outlined which will include the appropriate consultation processes as required.

5.2.8 In terms of financial implications for the council, for regeneration and growth areas, where proposals for new and replacement primary care facilities are determined to be necessary to address the needs arising from development, contributions from development or the provision of replacement or expanded facilities will be secured through the process. This will ensure that costs are appropriately shared and do not impose an unreasonable financial burden on the commissioners of primary care services. NHS England's primary care infrastructure fund is also supporting investments in the primary care estate across the borough. A current example of where this joined-up approach to future planning and funding of improvements is underway is in Colindale, where emerging business plans include an economic case that tests and ensures the developments will contribute their fair share towards capital costs.

5.3 **Social Value**

5.3.1 Ensuring patients, carers and the voluntary sector are at the heart of decision making for their own care will be central to our primary care strategic approach, supporting policies that promote improved quality of clinical outcomes and compassionate care.

5.4 **Legal and Constitutional References**

5.4.1 Joint commissioning of primary care also enables shared responsibility with NHS England for the adherence to the legal and constitutional obligations set for the strategic direction of services provided through GMS, PMS and APMS contracts. The CCG actively works with GP practices to ensure that these contractual obligations and nationally negotiated Directions are followed with financial reference to the Standard Fees and Entitlements documentation where applicable.

5.4.2 The CCG are committed to working closely with the Local Medical Committee (LMC) to ensure contractual considerations are met where appropriate.

5.4.3 For any non GMS, PMS, APMS services, the CCG is committed to using the NHS Standard contractual framework which is already in place for locally commissioned primary care services. The primary care commissioning process forms part of our regular internal audit process to assure due diligence. All primary care investment has to be approved by the Primary Care Procurement Committee to ensure all potential conflicts of interest are addressed.

5.4.4 In respect of procuring primary care services outside the nationally agreed contractual specifications, the CCG will follow the Public Contract Regulations 2015 (the "Regulations") to ensure patient choice and full engagement of the wider health provider market. The application of the rules for procuring these types of services under the new Public Contract Regulations 2015, will largely depend upon whether the overall value of the contract is above or below the applicable threshold. Health care services let by CCGs will be exempt from the 'Light Touch Regime' found under the new Public Contract Regulations 2015 (the "Regulations") until April 2016 if their value falls below the applicable threshold. This means that the existing 'Part B' services regime will continue to apply to those contracts. The strict rules found under the Regulations will apply to those contracts which exceed the threshold. In any event procurement of contracts falling into the primary care services category are subject to the overriding EU Treaty principles of equal treatment, fairness and transparency in the award of contracts.

5.4.5 Under the Council's Constitution (Responsibility for Functions – Annex A) the responsibilities of the Health and Wellbeing Board includes:

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

5.5 **Risk Management**

5.5.1 There is a risk that if a primary care strategy is not developed and followed when commissioning primary care services that there will be duplication of investment, challenges in respect of conflicts of interest, reduced access to services and an inequity of service provision. Reputational risk to the CCG

and a negative impact on the relationship between the CCG and GP practices and a failure to deliver joint commissioning effectively are also risks that the CCG is working hard to avoid.

5.6 **Equalities and Diversity**

5.6.1 Equity of access to primary care service provision and quality of care, seven days a week, is a priority for the CCG. The primary care strategy will include a full assessment of need (referencing information from the JSNA and the Health and Wellbeing strategy) via qualitative and quantitative review from patients and carers which will inform primary care commissioning intentions. The Equality Act 2010 outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, advance equality of opportunity between people from different groups and foster good relations between people from different groups. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.7 **Consultation and Engagement**

5.7.1 Full detail of the planned consultation is contained within Appendix 1 – which will include active engagement with the primary care committee of Healthwatch and full engagement with the patient participation groups – hosting of which is now a contractual requirement for GP Practices nationally. We will also develop a process of engagement with third sector service providers to inform primary care commissioning.

5.8 **Insight**

5.8.1 As outlined in appendix 1, the JSNA will be used to inform the strategy alongside a number of key documents (Joint Health and Wellbeing Strategy; NHS England guidance).

6. BACKGROUND PAPERS

6.1 None