

	Health and Wellbeing Board
	21 January 2015
Title	Barnet Clinical Commissioning Group Primary Care Strategy Proposal
Report of	Chair – Barnet Clinical Commissioning Group Director of Operations and Delivery– Barnet Clinical Commissioning Group
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Roadmap and Proposed Content of the Primary Care Strategy for May 2016
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Summary
<p>As outlined to the Health and Wellbeing Board (HWBB) in November 2015, CCGs are increasing their role in the commissioning of primary care services through a process of Joint Commissioning with NHS England – this joint arrangement became fully functional from 1st October 2015 with two formal meetings since the last HWBB summary was presented. In addition we continue to work as part of the North Central London (NCL) transforming primary care collaborative developing primary care commissioning across London with several planning meetings being held during November/December. Barnet CCG are aligning our own local primary care strategy to these national and regional initiatives. In preparation for delivery of the published strategy we have created a local route map which will inform HWBB on our process – building on the previous information provided in November.</p> <p>A draft primary care strategy document has been produced but this is in the process of being socialised with our GP constituent membership practices, patient participation groups (through our working collaboration with Healthwatch Barnet) – a process which we will complete by May 2016 at which time the final document will be presented to Health and Wellbeing Board colleagues and the wider public.</p> <p>The purpose of this paper is to update the Health and Wellbeing Board on the route map for completion, to share a summary of the evolving content and demonstrate how this has been aligned with the ambitions of our joint NCL primary care commissioning partners, local authority in</p>

terms of integration across both Adult and Children's service and community and secondary care providers to date.

The CCG Governing Body met for a primary care strategy focus session on 17 December when it was agreed that a full engagement afternoon would be planned for our constituent GP members prior to sending out the draft and final documents into the public domain – we require all practices and primary care service providers to have full ownership of the CCG strategy prior to wider circulation. Information will also be included from our practice nursing development day being held on 28 January 2016.

The Governing Body unanimously agreed on 17 December that the final primary care strategic document would be shared for information at the May Health and Wellbeing Board.

Recommendations

- 1. That the Health and Wellbeing Board notes and comments on the updated route map and evolving content for developing and delivering the 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 May 2016 for information, following full engagement with the Constituent GP Membership.**

1. WHY THIS REPORT IS NEEDED

1.1 As outlined in November the local Primary Care Strategy for Barnet will be developed to realise the ambitions set out in the Five Year Forward View and the delivery of the Transforming Primary Care – A Strategic Commissioning Framework for London. In addition it will also:

- Provide a local focus on primary care transformation and development;
- support the North Central London collaborative of CCGs' (Barnet, Enfield, Haringey, Camden and Islington) approach to primary care commissioning and delivery;
- provide clarity for the roles and responsibilities between the CCGs 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, urgent and social care collaboration – ensuring there are strong links to need identified in the JSNA;
- inform and influence the development of primary and community care estate whilst addressing limited resources and demonstrating value for the public purse;
- inform how primary care providers in Barnet can deliver at scale including providing appropriate support for the development of the new Pan Barnet GP Federation and locality networks;
- support the strengthening and development of the GP and practice team workforce at a time when morale is low and demand on practices is increasing including working in collaboration with education providers such as CEPN and Health Education England;
- inform technological investment plans – already Barnet primary care providers have access to shared patient care records with signed data sharing agreements – and are actively seeking patient consent to enable information sharing for seven day services. Already community services, secondary care and local authority are part of the data sharing agreement process.

- address conflicts of interest, effectively addressing and managing governance issues when commissioning primary care services;
 - outline the procurement processes that are to be applied when commissioning primary care enabling transparency and fairness whilst addressing patient choice. This will enable robust market testing whilst ensuring quality and value for money.
- 1.2 The Health and Wellbeing Board are requested to note the work undertaken since November to inform the primary care strategy - an updated route map and summary of the drafted content to date is included at Appendix 1.
- 1.3 Barnet CCG and NHS England are now actively engaged in joint commissioning – since the last Health and Wellbeing Board joint work has already commenced on Personal Medical Service (PMS) reviews, supporting practice development and performance including approving priorities for NHS Estate development with bimonthly joint committee meetings. It is anticipated that all NCL CCGs will be applying for delegated commissioning status in 2016/17.
- 1.4 The Personal Medical Services (PMS) review process is being actively undertaken to reduce variation of investment across primary care, ensure value for money and create consistency of care across Barnet. NHS England are continuing to lead the process with NHS Barnet producing financial models of how future PMS investment will be delivered. Commissioning intentions for PMS will be signposted in the final strategy in May 2016.
- 1.5 Barnet CCG is actively working with NCL to further strengthen the primary care vision at scale across all five CCGs within the context of the delivery of the Strategic Commissioning Framework. The benefits of collaboration will ensure that resources can be strengthened, best practice shared and SPG (strategic partnership group) learning developed jointly to ensure equity of development. It will also allow us to develop more innovative models of care as outlined in the Five Year Forward View with a particular focus on the development of new models of care which will transform health outcomes.
- 1.6 As previously outlined it is our intention to widen the strategy in the near future to include integrated plans for community pharmacy, NHS dentistry and NHS eye care services. Core contract management and service development for these groups continues to lie currently with NHS England. The CCG commissions eye care services currently being delivered as local enhanced services through the NHS Standard Contract to enable more robust review of key performance indicators and create eye care pathways that create seamless referral into secondary care. The Local Pharmaceutical Committee has met with the GP networks to share their work and begin to explore how they can collaborate with the Pan Barnet Network (Barnet GP Federation Ltd) as this evolves.
- 1.7 The GP practices in Barnet (all five existing GP locality networks) have worked together to legally form a new Pan Barnet GP Federation – Barnet GP Federation Ltd which came into being on 5 December 2015. The CCG will work closely with this new provider to explore how primary care services can be delivered at scale, starting with a pilot for additional primary care access which commenced on 11 December 2015. This pilot will be evaluated with specific feedback from patients and the public being captured to help design a substantive service going forward in collaboration with Barnet Healthwatch.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The previous paper outlined the rationale for introducing the primary care strategy. This paper builds on those recommendations, signposting the HWBB to the process now being undertaken and updating on timescales for delivery (May 2016). The Board are asked to note that a full engagement process is underway with our CCG Board members and constituent GP practices and service providers to ensure ownership of the strategy by primary care and service users – with additional feedback from recent and planned sessions being fed into the content of the final document.
 - 2.2 It became apparent when positively working with Local Authority leads (eg Children's Services Director, Public Health team, Estates Planning) that the strategy content will benefit from further local authority engagement and information prior to publication of the final document. Meetings continued during November and December with more engagement planned in early January which will feed into the document narrative.
 - 2.3 In addition to the priorities outlined in the November HWBB paper, NCL collaboration is continuing to evolve for primary care and we wish to include further information from the December primary care workshop which will inform our local approach. This information is due in early January and includes detail of NCL financial modelling which will inform how the CCG commissions services locally ensuring value for money.
3. **ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**
 - 3.1 The CCG could have opted to release the draft document as it currently stands, but the Governing Body opted not to publish draft information until this was fully socialised with patient participation groups and the CCG GP constituent members. We are working to publish the final document once all key stakeholders have had chance to input into the content by May 2016.
4. **POST DECISION IMPLEMENTATION**
 - 4.1 As previously outlined, the CCG will deliver the milestones outlined in the route map (see Appendix 1) with a deadline for delivery of the final document in May once all stakeholders have had adequate opportunity to feed into the document. The Governing Body have agreed to establish a strategic working group who will oversee delivery for May which will be led by the newly appointed Director of Operations and Delivery.
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 strategic document.
 - 5.1.2 Key components from the London Borough of Barnet JSNA and Joint Health and Wellbeing Strategy are already included in the draft and will continue to be referenced as the primary care strategy document evolves.
 - 5.1.3 As previously outlined, the Primary Care Strategy will feed into the Barnet CCG operating framework and annual commissioning intentions process.
 - 5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**
 - 5.2.1 The Primary Care Strategy informs Barnet CCGs primary care commissioning

priorities for primary care and the wider health system for 2016/17 and beyond.

- 5.2.2 Barnet CCG will use the strategy to support the sustainability of integrated care including multidisciplinary team working, GP network development, establishment of the single health care record, dynamic information technology (including shared care agreements and patient consent) to enable seamless out of hospital services for patients.
- 5.2.3 At a time when recruitment, retention and engagement of GPs and practice nurses is challenged, we will look to strengthen GP/CCG relationships, prioritise education and strengthen clinical and business capabilities of all practices and federative networks. We will work with NHS England to ensure that practices are sustainable and able to respond to change – whilst still maintaining high quality services for their patient lists.
- 5.2.4 NHS England and the NCL collaborative are working to develop a practice quality and performance framework which can be used to measure and demonstrate success as well as outlining challenges which can be actively supported. The CCG will collaborate with this approach.
- 5.2.5 The CCG is working closely with the Local Authority and NHS England to develop a strategic estates plan with a focus on regeneration and targeting the most effective areas for investment. Areas such as Colindale where we are seeing urgent regeneration impact are prioritised in terms of shaping the services in readiness for population expansion. These priorities are being fed into the strategy together with identifying which premises are not fit for purpose and opportunities for improving leases and inviting discussion re mergers where this would be appropriate. In terms of financial implications for the council, the key area remains around estate – and as a response we have been working very closely with the local authority planning team to ensure council priorities are aligned with those of the CCG and financial risk sharing opportunities identified.
- 5.2.6 Since November the process for evaluating locally commissioned services commissioned for primary care has been developed with a current review process underway, including self-reporting questionnaires and a percentage of random review meetings by the CCG.

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 remains central to our primary care strategic approach, supporting policies that promote improved quality of clinical outcomes and compassionate care.
- 5.3.2 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

- 5.4.1 Joint commissioning primary care arrangements enable shared responsibility with NHS England for the adherence to the legal and constitutional obligations set for the strategic direction of services commissioned through GMS, PMS and APMS contracts. The CCG is actively working 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 – this can be most clearly seen in the work currently being undertaken with our PMS review process.

- 5.4.2 The CCG are committed to working closely with the Local Medical Committee (LMC) to ensure contractual considerations are met as appropriate for primary medical care services and the Local Optometric Committee (LOC for optometry services commissioned).
- 5.4.3 As outlined for non-GMS, PMS, APMS services, the CCG is committed to using the NHS Standard contractual framework which has been commissioned during November for locally commissioned primary care services and our optometry services (glaucoma and cataract services) and our additional access pilot. These processes are being actively audited. As before all financial investment in primary care is scrutinized through our primary care procurement committee addressing all potential conflicts of interest. No GPs sit on this committee.
- 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. 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 If we do not have a local primary care strategy the CCG will be unable to influence the development of primary care services across the NCL strategic partnership group (SPB) and access transformational funding. We need to target investment appropriately while addressing significant conflicts of interest avoiding inequity of service provision and increasing access.

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. As a result we will ensure that reinvestment of PMS premium funding is managed equitably across all Barnet practices (whether GMS or PMS).
- 5.6.2 The primary care strategy will include a full assessment of need (referencing

information from the JSNA and the Joint Health and Wellbeing strategy) via qualitative and quantitative review from patients and carers which will inform primary care commissioning intentions.

- 5.6.3 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 The updated route map which includes further plans for consultation and engagement during January/February 2016 is included in Appendix 1. The CCG has already undertaken several engagement exercises, details of which are included in the summary, but further consultation and engagement is required with constituent GP member practices and other key groups prior to publication in May 2016, including patient participation groups and service user groups.

5.8 **Insight**

- 5.8.1 The refreshed October Joint Strategic Needs Assessment has been used to inform the content of the strategy to date together with a wider literature review relevant to primary care commissioning, NHS England joint primary care commissioning and NCL collaboration and references to best practice.

6. **BACKGROUND PAPERS**

- 6.1 Barnet Clinical Commissioning Group Primary Care Strategy Proposal, Health and Wellbeing Board, 12 November 2015, item 7:
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8387&Ver=4>