

Name of Meeting: Surrey County Council Health Scrutiny Committee

Date of meeting: 9 January 2014

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<p>Title of Report:</p> <p>NHS England (Surrey and Sussex Area Team)</p> <p>Primary Care Commissioning Intentions</p>	
<p>Summary:</p> <p>This report identifies the <u>draft</u> commissioning intentions for Primary Care Commissioning in the Surrey and Sussex Area. Some of the text within is taken from the draft national intentions that have not been published.</p>	
<p>Recommendation:</p> <p>To note the report, particularly the Ashford 'Walk-in centre' action on page 9.</p>	
<p>Director sponsor:</p> <p>Sarah Creamer, Director of Commissioning</p>	
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NHS England Surrey and Sussex Area Team – Primary Care Commissioning Intentions 2014/15

NHS England Background

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1. From 1 April 2013 the National Commissioning Board adopted the new name 'NHS England'. The main aim of NHS England is to improve the health outcomes for people in England; this is structured around five key areas, the domains of the NHS Outcomes Framework where the government expects NHS England to make improvements:
 1. Preventing people from dying prematurely
 2. Enhancing quality of life for people with long-term conditions
 3. Helping people recover from episodes of ill health or following injury
 4. Ensuring that people have a positive experience of care
 5. Treating and caring for people in a safe environment and protecting them from avoidable harm
 2. NHS England is one organisation across the whole of England with one National Support Centre, four Regional teams and twenty seven Area Teams. Surrey and Sussex is one of the largest in terms of population (2.8 million), geography and with twelve Clinical Commissioning Groups (CCGs) plus NE Hants and Farnham.

NHS England directly commissions:

Primary Care (GP's, Dentists, Optometrists and Pharmacists) and has approximately 1,800 Primary Care contracts.

Specialist Commissioning of 140 services across five programmes of care (internal medicine, cancer and blood, mental health, trauma, women and children) across Kent, Surrey and Sussex

Public Health, categorised as cancer and non-cancer screening, childhood immunisations, flu and the healthy child 0-5 programme.

Offender and Military Health is commissioned across the South by other Area Teams

The Area Team has an assurance role for its 12 CCGs who have a £3.2 billion annual commissioning budget.

Commissioning of public health services is undertaken by Public Health England (PHE) and local authorities, although NHS England commissions on behalf of PHE, many of the public health services delivered by the NHS.

Primary Care Background

3. 2014 / 2015 will be an exciting and yet challenging year for primary care services in England.

NHS England has internally shared a draft document of national commissioning intentions and a final document is expected shortly. The Area Team commissioning intentions will be reviewed and updated in line with any future revision of the national document.

General practice and wider primary care services face increasingly unsustainable pressures. There is a recognition that primary care wants and needs to transform the way it provides services to reflect these growing challenges. These include:

- An ageing population, growing co-morbidities and increasing patient expectations, resulting in large increase in consultations, especially for older patients, e.g. 95% growth in consultation rate in primary medical care services for people aged 85-89 in the ten years up to 2008/09. The number of people with multiple long term conditions is set to grow from 1.9 to 2.9 million from 2008 to 2018;
 - Increasing pressure on NHS financial resources. It is estimated that if services continue to be delivered in the same way as now, this will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21
 - Growing dissatisfaction with access to services. The most recent GP Patient Survey shows further reductions in satisfaction with access, both for in-hours and out-of-hours services. 76% of patients (nationally) rate overall experience of making an appointment as good;
 - Persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas;
 - Growing reports of workforce pressures including recruitment and retention problems.
4. Our aim is to enable primary care to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better health outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources. This forms part of the wider 'The NHS belongs to the people: a call to action' that NHS England launched on 11 July 2013. Primary care will be expected to promote innovative approaches to care, including extending access to GP services with a focus on a move towards seven day working and greater integration between primary care and urgent care services (including Out of Hours and 111).
 5. These intentions set the agenda for constructive preparation and engagement to achieve our shared goal of improvements in outcomes for patients and service transformation within the fixed resources available.

Commissioning Intentions - Timescales

6. As the majority of Primary care services are commissioned through nationally negotiated contracts, Area teams have limited scope to indicate any commissioning intentions for these contracts.
7. The outcome of negotiations regarding GMS (medical) contracts was announced in November, the negotiations relating to other independent contractor groups (pharmacy, dental and optical) are likely to conclude in Quarter 1 of 2014/15.

Strategic Framework for Commissioning Primary care

8. 2014 / 2015 commissioning intentions are being developed in the context of the emerging strategic framework for commissioning primary care. This framework will:
 - Describe the national direction of travel for primary care, based on a vision for the future (the next ten years) of primary care and its contribution to the overarching strategy for health and care in England; and
 - Through our area teams work with CCGs, Local Professional Networks (LPNs) and other community partners to develop local strategies for primary care and more integrated out-of-hospital services
 - Set out how NHS England, as commissioner of primary care services, will promote, enable and assure local action to improve the quality of primary care.

Commissioning Primary Care Medical Services

9. The Area Team is developing with CCGs and with other local community partners, local strategies for primary care or integrated strategies for out-of-hospital care that support the six key themes set out in '*primary care - a call to action*'
 1. Proactive co-ordination of care, particularly for people with long term conditions and more complex health and care problems.
 2. Holistic care: addressing people's physical health needs, mental health needs and social care needs in the round.
 3. Ensuring fast, responsive access to care and preventing avoidable emergency admissions and A&E attendances.
 4. Preventing ill-health, ensuring more timely diagnosis of ill-health, and supporting wider action to improve community health and wellbeing.
 5. Involving patients and carers more fully in managing their own health and care.
 6. Ensuring consistently high quality of care: effectiveness, safety and patient experience.

Commissioning Dental Services

10. From April 2013, NHS England took commissioning responsibility for all NHS dental services: primary, community and secondary, including dental out of hours and urgent care. Services will be developed in association with the oral health needs assessment which will be published by public health teams in local authorities and will help determine the needs of local populations.
11. Dental care pathways are being developed to describe consistent national elements regardless of setting, describing;
- Complexity and procedures across all levels of care, building on work led by the Department of Health
 - Consistent clinical competencies for each level of care
 - Consistent environment and equipment standards
 - Consistent clinical outcomes, quality standards and patient reported outcome measures (PROMS)
 - Consistent coding and pricing measures for each care pathway
12. Our intention will be to commission improved dental health outcomes for patients and communities, tackling health inequalities, working within the available resources. We will commission to nationally consistent high standards but with local flexibility so that decisions about services can be made as locally as possible, involving the clinical community, patients and the local population.
13. The Local Dental Professional Network Chair has been appointed in Surrey and Sussex and is in the process of recruiting its core membership to identify and drive forward the local dental strategy. The LPN is currently proposing a pilot of oral health education within care homes.

Dental care pathway development

14. A number of care pathways have been identified nationally as a priority including:
- Oral and maxilla facial surgery
 - Orthodontics
 - Restorative dentistry
 - Vulnerable people/ special care dentistry (including anxiety management / domiciliary and offender health)

Commissioning General Optometry Services

15. The Government has made eye health a public health priority not only by supporting the UK Vision Strategy (UKVS) and VISION 2020, but by publishing the first ever Public Health Indicator for eye health to track progress from 1 April 2013.

16. Services will be developed in association with the eye health needs assessment which will be published by public health teams in local authorities and will help determine the needs of local populations.
17. Clinical leadership will be provided by the Local Professional Network – for eye health (LEHPN) will:
- work to improve access for sight tests for hard to reach groups
 - support Health and Wellbeing Boards (HWBs) to carry out effective Eye Health Needs Assessments (EHNAs) as part of the local Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)
 - focus on improving and redesigning services in line with national eye health pathways, such as: ocular hypertension monitoring service; glaucoma; referral refinement; acute referral services (e.g. PEARS); pre and post-operative cataracts; low vision service for adults; eye services for adults with a learning disability
 - have a key role in developing eye health in primary, secondary and social care to support better service integration around patients' needs and improved outcomes.
18. CCG's will be the commissioner for these eye health enhanced services, whilst NHS England retains the sight test contractual responsibility.

Commissioning Community Pharmacy Services

19. Although the Department of Health (DH) retains responsibility for medicines supply and reimbursement, NHS England will now play a key role in the discussions with pharmacy services negotiating committee in relation to future commissioning implications.
20. The Local Professional Network for Community Pharmacy will set out a strategy to improving service quality, focusing on pharmacy's role in medicines optimisation, public health, treating minor ailments and supporting people to live independently.
21. NHS England has the main contractual relationship with Community Pharmacies; however, 'enhanced services' have transferred to the local authority or CCG.

Patient & Public Engagement

22. In upholding the NHS Constitution, NHS England is committed to prioritising patients in every decision that NHS England makes; putting patients first needs to be a shared principle in all that we do. Surrey and Sussex Area Team will be seeking through implementation of these commissioning intentions and its contracts, to ensure that this objective is upheld.
23. We expect all providers to demonstrate real and effective patient participation, both in terms of an individual patient's treatment and care, and on a more collective level through patient groups/forums; particularly in areas such as service improvement and redesign.

24. It is essential that all providers of primary care and secondary care dental services demonstrate the principles of transparency and participation and offer their patients the right information at the right time to support patients to make informed decisions about their treatment and care.
25. Providers of primary care and secondary care dental services should look to provide accessible means for patients to be able to express their views and their experiences on services. As well as capturing patient experience feedback from a range of insight sources, providers should demonstrate robust systems for analysing and responding to that feedback.
26. To support providers capture patient and user feedback, NHS England will pilot the introduction of the family and friends test across primary care providers. This has been formalised within the new General Practice GMS contracts.

Service Specific Issues

27. **General Medical Services contracts** (67% of contracts)

Nationally negotiated changes summarised:

More personal care for older people and those with complex health needs

1. **Named, accountable GP for people aged 75 and over**

As part of a commitment to more personalised care for patients with long-term conditions, all patients aged 75 and over will have a named, accountable GP with overall responsibility for their care.

2. **Out-of-hours services**

There will be a new contractual duty to monitor and report on the quality of out-of-hours services and support more integrated care, e.g. through record sharing.

3. **Reducing unplanned admissions**

There will be a new enhanced service to improve services for patients with complex health and care needs and to help reduce avoidable emergency admissions. Some of the key features of the scheme will be for GP practices to:

- Improve practice availability, including same-day telephone consultations, for all patients at risk of unplanned hospital admission
- Ensure that other clinicians and providers (eg A&E clinicians, ambulance services) can easily contact the GP practice by telephone to support decisions relating to hospital transfers or admissions

Empowering patients and the public

4. **Choice of GP practice**

From October 2014, all GP practices will be able to register patients from outside their traditional boundary areas without a duty to provide home visits. Area teams

will need to arrange in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

5. Friends and family test

There will be a new contractual requirement from December 2014 for practices to offer all patients the opportunity to complete the friends and family test and to publish the results.

6. Patient online services

GP practices will be contractually required from April 2014 to promote and offer patients the opportunity to book appointments online, order repeat prescriptions online and gain access to their medical records online. The current enhanced service for patient online services will cease and the associated funding transfer into global sum payments.

7. Extended opening hours

The extended hours enhanced service will be adapted to promote greater innovation in how practices offer extended access.

8. Patient participation

The patient participation enhanced service will be adapted to promote greater innovation in how practices seek and act on patient insight and feedback, including the views of patients with mental health needs.

Other improvements to quality of patient care

9. Diagnosis and care for people with dementia

The existing enhanced service will be changed to promote more personalised care planning and allow greater professional judgement in which patients should be offered assessment to detect possible dementia.

10. Annual health checks for people with learning disabilities

The scope of this service will be extended to young people aged 14-17, to support transition to adulthood and to introduce health action planning.

11. Alcohol abuse

The existing enhanced service will be changed to incorporate additional assessment for depression and anxiety.

28. Personal Medical Services contracts (31% contracts)

The Area Team will give notice of their intention to review Personal Medical Services (PMS). PMS contracts will be aligned with the locally emerging primary care strategies arising from discussions informed by 'a call to action' to achieve better access and better outcomes for patients, and offering best value for money. PMS contracts will also be aligned to include changes to the GMS contract listed above.

29. Alternative Provider Medical Services contracts (2% of contracts)

The Area Team is currently in discussion with CCGs and Providers of the GP-Led Health Centre contracts that provide services for both registered and walk-in patients (8am-8pm 7 days per week). There are five 'walk-in centres' across

Surrey and Sussex with contracts due for expiry between March 2014 and June 2015. On expiry of the contract the walk-in centre 'open access' element of the contract becomes the responsibility of the CCG to decide on its commissioning options, with the registered list element being responsibility of NHS England.

The **Ashford 'walk-in centre'** contract is due for expiry in June 2014, however, NHS England and North West Surrey CCG are in discussion with the provider to extend the contract to allow sufficient time for robust stakeholder consultation to inform commissioning decisions during 2014/15.

30. Local Enhanced Services (LES)

These services are in transition and will transfer to the most appropriate commissioner, in most cases this will be the local authority or CCG's.

31. GP Premises

NHS England are developing a strategic framework to support joint work with healthcare providers, CCGs, local authorities and other community partners to ensure that local strategies for out-of-hospital care include appropriate strategies for premises development.

There is a great demand across Surrey and Sussex for existing premises development and new facilities where housing growth is planned. The Area Team is currently gathering outline details of all requests in order to identify local priorities and strategic need. The demand in the context of the 'call to action' is challenging financially, so providers working with their CCG's will be asked to explore more effective use of current primary care estate.

32. Dental Services

The work of the Local Professional Network for Dental will seek to develop consistent care pathways in all dental specialities, to ensure that patients are seen in the clinical setting most appropriate to their health needs.

The Area Team is intending to commission an endodontics (root & pulp treatment) service as this has been highlighted as an area of need. The Oral Needs Health Assessment will identify commissioning priorities; however, there is a known access issue in the Brighton & Hove area which will be the main priority for procurement.

33. Community Pharmacy Services

Any outstanding enhanced services carried over by NHS England through transition will cease from 31 March 2014. These services will transfer to the most appropriate commissioner, in most cases this will be the local authority or CCG.

The local professional network for community pharmacy will seek to review patient pathways and identify areas for development.

END.