

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 March 2022	Action	Approve
Item No.	9	Confidential	No
Title	Bury Locally Commissioned Service Contract Proposal December 2021 – March 2023		
Presented By	Zoe Alderson Head of Primary Care, Rachele Schofield, Senior Commissioning Manager, Primary Care		
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Clinical Lead	Dr Cathy Fines, Primary Care Clinical Lead		

Executive Summary
<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> • Provide PCCC with an update on the Bury LCS December 2021 to March 2023 • Seek approval to continue to contact the Bury LCS commensurate with previous years on the basis that quarter 1 actions are met.
Recommendations
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • Note the current position of the Bury LCS December 2021 to March 2023 • Approve the continued budget allocation commensurate with previous years on the basis that quarter 1 actions are met.

Links to CCG Strategic Objectives	
SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input checked="" type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Bury Locally Commissioned Service

1 Introduction

- 1.1 In November 2021, Primary Care Commissioning Committee (PCCC) agreed the content of the Bury Locally Commissioned Service (LCS) running from 1 December 2021 to 31 March 2023 to be commissioned via the GP Federation (the Fed). An overview of the contract is provided as Appendix 1
- 1.2 The contract as it currently stands includes the option for the Fed to withhold up to 10% of the contract value for the infrastructure and support needed to ensure contract delivery.
- 1.3 As the Primary Care team, including Medicines Optimisation and any other enabling service such as Data Quality and Business Intelligence currently still have the same role as in previous years it is not felt necessary to withhold these monies at this time, however the clause remains as there is a recognition that an element of coordination and support to develop services at a borough level is needed by the Fed and that this should be reimbursed accordingly. A discussion will therefore need to take place at some point as to whether that should come from the Bury LCS itself or another funding stream.
- 1.4 The purpose of this paper is to:
 - Provide PCCC with an update on the Bury LCS December 2021 to March 2023
 - Seek approval to continue to contact the Bury LCS commensurate with previous years on the basis that quarter 1 actions are met.

2 Background

- 2.1 The Bury LCS for 1 December 2021 to 31 March 2023 focuses on and encourages collaboration and delivery on a neighbourhood footprint (where appropriate). The aim of this being that it puts practices in a stronger position both in terms of the way they work as a PCN but also as part of neighbourhoods, in readiness for July 2022 when CCGs will be disestablished.
- 2.2 As a direct result of the covid pandemic and subsequent vaccination programme, both core and additional services delivered by general practice have been prioritised based on clinical need, this therefore means that several deadlines/requirements which were articulated within the Bury LCS have not been met, including:
 - Quality Assured (QA) Spirometry to commence by 1st January 2022
 - Five Neighbourhood Agreements by 31st January 31st 2022
- 2.3 That being said, work is currently taking place at pace to address both these delays and it is therefore proposed that we continue to commission the remaining contract for 22/23 commensurate to previous years on the understanding that during quarter 1 we will continue to collaborate with the Fed and Practices to ensure the following is achieved:

1. 5 Neighbourhood Agreements are in place which detail intended outcomes and any measurable activity
2. A discussion and decision at the GP collaborative to agree which transactional services are delivered on a hub footprint e.g., QA Spirometry, phlebotomy etc.
3. A phased delivery plan is produced to support the delivery of agreed hub services and costings associated identified
4. Any changes as a result of the above are varied into the contract for Quarter 2 onwards this includes any restructure of rewards associated with the delivery of agreed neighbourhood outcomes/activity.

3 Recommendations

3.1 The Primary Care Commissioning Committee is asked to:

- Note the current position of the Bury LCS December 2021 to March 2023
- Approve the continued budget allocation commensurate with previous years on the basis that quarter 1 actions are met.

Zoe Alderson
Head of Primary Care

Appendix 1

Improving access to general practice	<ul style="list-style-type: none"> o all practices operate an open open-door policy 8am – 6.30pm Monday to Friday at all sites. This cannot be subcontracted to a third party o all patients have access to both male and female prescribing clinicians o all patients have access to Digital First which is used as part of a wider care navigation model o children under 12 years with an urgent clinical need are given same day access with a prescribing clinician o those with accessibility or complex needs are not prevented from accessing Primary Care, including vulnerable patients such as Asylum Seekers, Refugees and Homeless
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Part A – Transactional Activity

Maximising benefit of medication	Reduce prescribing of antimicrobial medications or maintain prescribing levels if within CCG target levels.
	Reduce prescribing of broad-spectrum antimicrobial medications or maintain prescribing levels if within CCG target levels.
Supporting urgent care	Ensure compliance with all 12 Pincer indicators and utilise commissioned systems to support this (e.g. SMASH)
	Accept referrals from the local emergency department where the best care for the patient has been determined to be their GP. This will not exceed 1 per day per site
Health Inequalities	Accept referrals from NHS 111 via the GM CAS. This will not exceed the national contract requirement of currently 1 per 500 patients
	Whilst recognising Reasonable Adjustment (RA) recording is a legal requirement: <ul style="list-style-type: none"> • Write to all patients on the Learning Disability (LD) register to seek confirmation of those RA needs using an easy read letter provided by the CCG (Appendix 1) • On receipt the patient response would be read coded and detailed on the patients record
	Find and Treat – Patients identified by the LD Nurse will be read coded/added to the appropriate LD registers
	Continue to support the local Dementia Diagnosis Pathway (Appendix 2)
General interventions	Undertake and record diagnostics as necessary e.g. ECGs, spirometry.
	We recognise the constraints in undertaking spirometry at a practice level and therefore encourage a PCN delivery model. We understand that this may not be possible straight away but ask that delivery commence (either at practice or PCN/Neighbourhood level) by no later than 1 January 2022.
	Undertake venepuncture when required (Children between the ages of 2-18 may be referred to the Paediatric Phlebotomy Service) including hospital requested phlebotomy (outside of the NCA footprint) when a fully completed card has been provided by the requester.
	This does not preclude any practice from undertaking hospital requested bloods within the NCA footprint should they see fit.
	A PCN delivery model is encouraged, and providers are reminded to utilise Extended Working Hours where possible. Clinical Directors may also wish to be involved in the Diagnostic Hub discussions.
Amber Drugs	To prescribe in line with Greater Manchester Management Group (GMMMG) where clinically appropriate GMMMG
Ring Pessaries	Undertake the fitting, change and removal of ring pessaries.
Administering Hepatitis B Vaccination -	Undertake Hepatitis B vaccination in line with the Green Book guidance click here .
Administering Vitamin B12 Injection	Undertake the administration of Vitamin B12 injections in line with local guidance See Medicines optimisation – Bury Clinical Commissioning Group (buryccg.nhs.uk)
Vitamin D	Reduce vitamin D testing and supplement prescribing in line with local guidance (Appendix 3)
Simple wax removal via Ear Irrigation	Perform ear wax removal in line with local guidance which is currently in draft form (Appendix 4) however, whilst local guidance is in development, we understand the constraints on general practice in undertaking this procedure and therefore encourage a PCN/neighbourhood delivery model
Safeguarding	Complete Child Protection Templates (Appendix 5) as and when requested by Child Protection Agencies in a timely manner, by the due date requested, though it is appreciated that requests may be made with very short notice. Complete Mandatory Training annually.

Part B – Neighbourhoods

Following the latest PCN/UE release it is evident that competing neighbourhood and PCN priorities have a danger of creating additional unmanageable demands on an already overstretched workforce.

Prior to CCGs being disestablished we need to set in motion a clear framework against which both models can work in partnership rather than to the detriment of each other. It is only with that framework that we will be successful in addressing the health inequalities of our population.

Each of the five Neighbourhoods are tasked with producing a Neighbourhood Agreement by January 31st 2022, which covers both core and discretionary outcomes around:

Core Outcomes:

- application of the Active Case Management (ACM)/Multidisciplinary Team (MDT) Quality Framework
- public health and prevention, relevant to that neighbourhood
- a transformation programme (Elective, Palliative, Frailty, Mental Health, Strength based Conversations etc) again relevant to that neighbourhood
- specific to ACM outcomes and impact

One Discretionary Outcome:

- focus on the neighbourhoods top three attendances or admissions (to health or care) and designed by the neighbourhood team
- focused on 'what matters to me', and people in the neighbourhood, and designed by the neighbourhood team

The neighbourhood agreements, will articulate:

- How communication channels will flow e.g. between the PCNs, practices and their neighbourhoods (this is particularly important where a PCN spans more than one neighbourhood)
- Expectations around attendance/frequency of attendance at neighbourhood meetings e.g. Practice Manager and/or GP
- The PCNs role in the delivery of core and discretionary outcomes that are jointly chosen
- How those outcomes will be measured/monitored

For the avoidance of doubt the aim is to have five Neighbourhood Agreements which all PCNs have contributed and committed to support, therefore if a PCN is associated to more than one neighbourhood they will collaborate with each neighbourhood they span.

Given the pace at which change needs to happen, the federation will support rapid engagement, collaboration, and contribution of PCNs in this process and will look to reduce duplication where possible. They will work closely with the Local Medical Committee (LMC) in doing so, creating a blueprint which will be imperative for immediate and future collaborative working.