

## Co-commissioning of Primary Care - NHS Bury CCG Proposal.

### 1. Introduction

This bid is made by NHS Bury CCG to undertake co-commissioning of primary care services. Although the bid is by Bury CCG, it has been developed as part of a Greater Manchester (GM) framework for the development of primary care commissioning across GM. The 12 CCGs across GM have been working closely with GM Area Team to develop a strategy and standards for the delivery of primary care services, and are keen that a GM approach to the development of primary care is retained. This recognises that commissioning is a process which involves management of a number of activities. It also recognises that a strategic approach across GM to certain issues (such as workforce planning) and the development of common contract platforms across GM will have significant benefits. This is described in the attached diagram and framework at appendix 1, which details a stepped approach to the development of co-commissioning across GM which sets out how CCGs may wish to approach commissioning.

### 2. CCGs involved

NHS Bury CCG

### 3. Scope of the Proposal

#### 3.1 General Practice

NHS Bury CCGs bid covers the following elements of commissioning in the first instance, aiming to operate at level 3 on the attached framework (appendix 1).

- The CCG will lead the strategic planning and design of primary care locally and design new models of service delivery which work across whole pathways of care, including primary care.
- Strategic planning of GP primary care services – undertaking the needs analysis for local services, assessing how current service provision meets those demands, feeding in the views of local people and local stakeholders (including liaison with Health & Well Being Board) and developing strategic plans and priorities for local primary care services. This would enable the CCG to develop more comprehensive plans for the local area and ensure synergy across plans for primary, community and hospital services.
- Ensuring the quality, capacity and capability of local GP primary care services and working with local practices to remove variation and make sure that local services meet required standards. This would be delivered in line with the agreed GM Primary care strategy and standards. The CCG will use their established systems and knowledge of member practices to improve quality. The approach taken will be developmental: the aim is that all practices would be supported to meet key performance indicators and core standards. The CCG would utilise the Area Team provided Primary care data to develop a practice profile for each practice which would enable the CCG to understand provision, capacity, performance and quality issues. This area of commissioning would include supporting practices to meet the required CQC standards and support the development and delivery of action plans to remedy any issues. The CCG would not take on responsibilities of Performers List Management or Responsible Officer, but would take a much more active role in the management of quality improvement plans and resolution of local quality concerns that do not require regulatory action. This would be supported by a clear agreement with the Area Team about communication of concerns and clear escalation processes.
- Strategic planning of local estates and workforce required to deliver those plans (recognising that there would also be a GM element to the planning of local estate and workforce).
- Design and capture of associated local workforce planning data which would enable the CCG to ensure that robust workforce plans would be in place to support the development of primary care.
- Designing, reviewing and managing GMS and PMS contracts:
- Directly managing appropriate arrangements for practice splits/mergers

- Jointly agree (with the Area Team) the priorities for discretionary spend on premises etc
- Jointly reviewing (with the Area Team) APMS contracts and deciding strategic direction and scope
- Contract management of Directed Enhances Services alongside Locally commissioned services to ensure that there is no duplication or confusion about expected outcomes/deliverables and to ensure that there is a comprehensive picture of service delivery across all enhanced services.
- Organisation of Primary Care Education & Training programmes in support of CCG commissioning priorities.
- First line safeguarding management for Bury issues.

In support of this work the CCG will work with GM Area Team to confirm the resource envelope available from 'core' primary care spend to ensure that we have a firm set of financial planning assumptions to underpin the strategic and service plans which we will develop and facilitate transfer of responsibility for implementation.

Over the course of 2014/15 the CCG would plan to work with the Area Team to explore whether moving to level 4 on the framework within 12 – 18 months and assuming a greater responsibility and delegated arrangements would be appropriate.

### **Pharmacy and Optometry**

As well as an enhanced role in co commissioning GP services Bury CCG would like to enhance integration and co commission Pharmacy and Optometry services including

- Planning of services
- Jointly designing services/models
- Developing strategic direction for services
- Joint liaison with partners on direction of services
- Strategic Planning of local Estates with prioritisation of investment via GM governance arrangements
- Improving quality and reducing variation

Over the course of 2014/15 the CCG would plan to work with the Area Team to explore co commissioning of Pharmacy and Optometry services further.

#### 4. How does this fit with Local Plans

We already work in partnership with NHS England and Bury Council. The ambitions and potential improvements outlined below demonstrate this. Co-commissioning would allow a more cohesive approach to incentives for general practice and other local health organisations across all commissioning organisations, so that providers are held to account for, and rewarded for, similar outcomes, e.g. for population health. It will also (as outlined below) support the strong joint commissioning programme we have in place with the Local Authority to commission more integrated health and social care for local communities to improve community health and wellbeing. More formal Co Commissioning with NHSE will allow us to pool resources and to make better commissioning decisions, ensure better links between in-and out-of-hours services, and support the better health and social care integration to deliver a stable Health and Social Care economy over the next five years..

<p><b>Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care</b></p> <p>Our ambition is to maximise Patient participation in the NHS and care system, to develop a system that will truly put patients at the heart of both service planning and delivery and also put them in greater control of their own care. Our integrated care plan is built around citizenship including the following programmes:</p>	<p><b>‘Better Together’</b> - This programme aims to ensure systematic implementation of primary and secondary prevention and chronic disease management in primary care. Through benchmarking, targeted incentive schemes and engagement with primary care colleagues, we will identify the ‘missing thousands’ from disease registers and ensure all patients receive best care. Initial focus in 2014 -15 will be on cardio-vascular diseases and respiratory conditions as the biggest contributors to premature mortality. This scheme will be developed jointly with the Local Authority and NHS England as co commissioner to ensure we maximise the resource and incentives available to us.</p> <p><b>Integrated wellness services</b> - We have a number of existing services and programmes which aim to provide support to help people live a healthier lifestyle and be better able to manage their own health and care. The LA have a plan to appropriately scale and better integrate these services with primary care to ensure contribution to population level health outcomes. A new service model will be in place from April 2015. Through co commission the CCG and Health and Wellbeing Board can better influence all resources within Primary Care to support this agenda</p> <p><b>Staying Well</b> - We will establish and evaluate a new service from April 2015, ‘Staying Well’, systematically targeting older people who have a high potential for developing a social care and higher level health need in the future. The service will take an assets based and empowerment approach to helping people maintain their health, wellbeing and independence and encouraging people to think about and plan for their futures. This will include consideration of available social support and networks, social participation, housing and financial issues as well as health and daily living considerations.</p> <p><b>Altogether Better</b> - NHS Bury CCG, the Local Authority and GP Federation have been exploring an opportunity to work with ‘Altogether Better’ to develop an approach to patient and community engagement around use of health services, self care and health improvement. Following initial meetings involving representatives from A Healthier Radcliffe, the CCG and the Local Authority, ‘Altogether Better’ have agreed to work with us to support the development of 180 practice based champions across the 6 GP practices and work through them to a) support patients to get the most out of consultations with health and social care professionals b) facilitate appropriate use of services c) empower self care and d) stimulate wider community action around health improvement. Altogether Better would work with us over a 12 month period to both embed the approach in Radcliffe but also help build capacity locally to roll the approach out across Bury. Through co commission the CCG and Health and Wellbeing Board can better influence all resources within Primary Care too support this agenda.</p> <p><b>Seasonal Flu Jab uptake</b> - We already have a programme of work in place through the work on enhancing care to the over 75 population to increase flu vaccination uptake in the over 65. Will drive a step change in the uptake of the seasonal flu vaccine and through co commissioning we can work with Public Health England to ensure coordinated approach.</p> <p><b>Dementia Awareness</b> -We will build awareness among local people and the workforce about the preventable element of Dementia, encourage early symptom recognition and presentation and support the national ‘Dementia Friends’ programme locally. We aim to raise diagnosis rates on GP practice registers from 55% to 75% by 2016.</p>
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<p><b>Wider primary care, provided at scale</b></p> <p>Our vision is for Primary Care services to operate 8-8 Monday to Friday and 8-6 at weekends</p>	<p>Access in core hours will be standardised through co commissioning working between the CCG and member practices in partnership with NHS England. There will be consistently high-quality care: removing unwarranted variation in effectiveness, patient experience and safety, in order to reduce inequalities and achieve faster uptake of the latest knowledge regarding best practice. To test this with the support of NHS England established a Demonstrator Community - <b>A Healthier Radcliffe</b>. We have agreed that this is the initial phase of our integrated delivery model in Bury (Healthier Bury) and enables us to focus on one geographical location. It is providing us.</p> <p>The Demonstrator Community has adopted the Bury integration aims and principles which will be achieved by a multi-disciplinary partnership of health and social care providers working together in Radcliffe. The partnership will be a coordinated network of Radcliffe people, carers and local health providers including six GP Practices, public health, social care, third sector, North West Ambulance Service (NWAS), Bury Hospice and voluntary services. The team will identify vulnerable people needing intensive targeted support and work collaboratively as partners in Radcliffe to deliver an integrated, coordinated approach. People will be helped to take control of their own care through integrated care plans that are person-centred and compliment and build on their assets.</p> <p>The CCG then supported Primary Care Providers through a local GP Federation to submit a bid for the Prime Minister's Challenge Fund to roll this service out to all practices in Bury in 2014/15. This was successful and Bury GP Federation (which represents 30 or the 33 GP in Bury is working through plans to go live with this second phase of implementing Wider Primary Care at Pace by September.</p>
<p><b>A modern model of integrated care</b></p> <p>Our ambition is that in 5 years' time we will have fully integrated Health and Social Care neighbourhood teams wrapped around the patient and coordinated care through effective risk stratification. Our ambition is to be a centre of excellence for elderly care and dementia. Through our integrated care model we will commission:</p>	<p><b>Wider Integrated Health and Social Care Team</b> - The team's initial focus will be on frail older people and children from complex families. The development of a new Integrated Community care model leading to a whole system partnership to deliver Risk stratification, neighbourhood teams, care planning, care coordination and case management.</p> <p><b>Admissions Avoidance</b> – This will include standardised services provided to people in care homes by GPs for all patients, Named GP for all patients over 75, Admissions avoidance pathways, Unplanned Admissions DES for GPs, Implementation of Vulnerable Adults Local Enhanced Service.</p> <p><b>Enhanced Discharge Pathways</b> – This includes commissioned services which ensure that evolving multidisciplinary assessment for transfer of people back to the community is initiated soon after admission and prioritised and reduce injuries due to falls by reducing the number of falls in the community that result in decreased function and greater dependency</p> <p><b>Integrated Community Services for Children</b> The model of care for children and families follows the principle of Early Intervention in the early years, supporting and empowering families to reduce reliance on public service. This model of care prioritises plans to bring back more services back into a community setting by commissioning integrated community based services which reduce avoidable emergency and non-elective admissions, for Asthma, Diabetes and Epilepsy and Lower Respiratory tract infections. Care Coordination and Care Plans in place for most complex children and increase out of hour's access through an integrated service by providing 8.00pm -8.00am hubs providing acute care with GPs switching to the front end of A &amp; E with primary care. The model will ensure early intervention and prevention and implementing the requirements of SEND. Identification of Troubled Families and shared intervention plans</p>
<p><b>A step-change in the productivity of elective care</b></p> <p>Our ambition is that we will be a centre of excellence for Planned care; commissioning more streamlined pathways,</p>	<p>NHS Bury CCG intends to secure long term high quality, sustainable elective care services through, the creation of innovative community based elective care solutions and maintaining our focus with Primary Care clinicians on high quality, appropriate referrals in-line with our current upper quality performance when compared to our peer group.</p>

<b>Access to the highest quality urgent and emergency care</b>	<p>Our ambition is that urgent care systems will be more responsive and systems will deliver integrated urgent and emergency care services for all patients, but most importantly, for our large elderly population and a growing number of people living with one or more long-term condition such as diabetes, COPD or dementia.</p> <p>The Healthier Bury programme will enable the CCG to bring a radical change to our approach to Urgent and emergency care shifting the focus from reactive care to proactive preventative care. The introduction of our integrated community care teams will enhance care management of those people with the most complex care needs, pre-empting and planning for escalating need whether they are physical, mental or social care. Through our Lead Commissioning role in Greater Manchester with the Ambulance service we are strongly supporting the introduction of see and treat approaches under-pinned by the introduction of “pathfinders”. We recognise the scale and scope of the opportunity that exists for primary care to take a leading role in urgent &amp; emergency care and our 5 year plans include expanding the role of practices in pre-emptive care in care homes, the introduction of new Urgent Primary care services and improving overall access to primary care. The CCGs plans also include the need to improve access to more specialised urgent and emergency care.</p>
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## 5. Benefits

The CCG has identified the following measures of success:

### Contribution to delivery of 5 years strategy

Domains	Ambitions	Outcomes Delivered By	Goals Set
Preventing premature death	Securing additional years of life for people with treatable mental and physical conditions	Decreasing the potential years of life lost from causes considered amendable to healthcare  Decreasing the under 75 mortality rate from cancer, cardiovascular, respiratory and liver disease	PYLL (Rate per 100,000 population)  Baseline 2660.5 2018/19 2261.2  3.2% applied year on year
Quality of life for LTCs	Improving health related quality of life for people with long term conditions	Increasing the health-related quality of life for people with long term condition Increasing the proportion of people feeling supported to manage their conditions Reducing the unplanned hospitalisation for chronic ambulatory care conditions in adults and for asthma, diabetes and epilepsy in under 19's Increasing the estimated diagnosis rate for people with dementia	Average EQ-5D score for people reporting having one or more long-term condition Baseline 70.4 2018/19 73.5  ii) Dementia % Diagnosis 2014/15 - 0.67 2015/16 - 0.68
Quick recovery from ill health	Reducing avoidable time in hospital  Increasing elderly people living independently at home on discharge (no CCG Measures set)	Reducing the number of emergency admissions for acute conditions that should not usually require hospital admission Reducing the number of emergency readmissions within 30 days of discharge from hospital Increasing the total health gain as assessed by patients for both hip and knee replacements, groin hernia and varicose veins Reducing the number of emergency admissions for children with Lower Respiratory Tract Infections	Emergency admissions composite indicator  Baseline 2,931 2014/15 2,784 2015/16 2,345 2016/17 2,298 2017/18 2,252 2018/19 2,207  A&E Attendances - all types Forecast Growth 14/15 -3% 15/16 -12% 15% reduction in first 2 years 2% for the years onward.
Great experience of care	Increasing positive experience of care outside hospital	Increasing the patient experience of primary (GP and Out of Hours)	The proportion of people reporting poor experience of GP and Out-of-Ours Services Baseline 6.2 2014/15 5.9

Domains	Ambitions	Outcomes Delivered By	Goals Set
	Increasing positive experience of hospital care	Increasing the patient experience hospital care	2015/16 5.6 2016/17 5.3 2017/18 4.0 2018/19 4.7  The proportion of people reporting poor patient experience of inpatient care Baseline 115 2018/19 110
Safe care	Significant progress on eliminating avoidable deaths	Reducing the incidence of healthcare associated infections in MRSA and C. Difficile	C. Difficile infection cases set at 63 for 14/15 as per National Directive for Bury MRSA Rate Set at 0 for 14/15

- Acceptability to members via 360 degree feedback and local review mechanisms
  - Improvement in local members satisfaction in the 360 degree questionnaire
- A workforce plan
- Quality monitoring through a local dashboard
- A broad education programme in place covering statutory, professional and strategic issues.
- A plan for strategic development of primary care services

#### 6. Timescales

NHS Bury CCG will work with the NHS England Area Team to agree the co commissioning framework within 2014 once approval is given.

#### 7. Involving Stakeholders

The CCG has involved the following stakeholders in the decision

- Patients Cabinet – a group of patients who represent the 4 localities of Bury. The expression of interest will be taken to their next meeting 3<sup>rd</sup> July for approval.
- Due to the timing of papers the CCG will take to the Health and Wellbeing Board on Thursday 18th September 2014.
- GP Members – we have discussed through our clinical cabinet, at locality meetings and via an engagement meeting with GP members.



The flow chart above outlines the proposed governance around Primary Care Co-Commissioning.

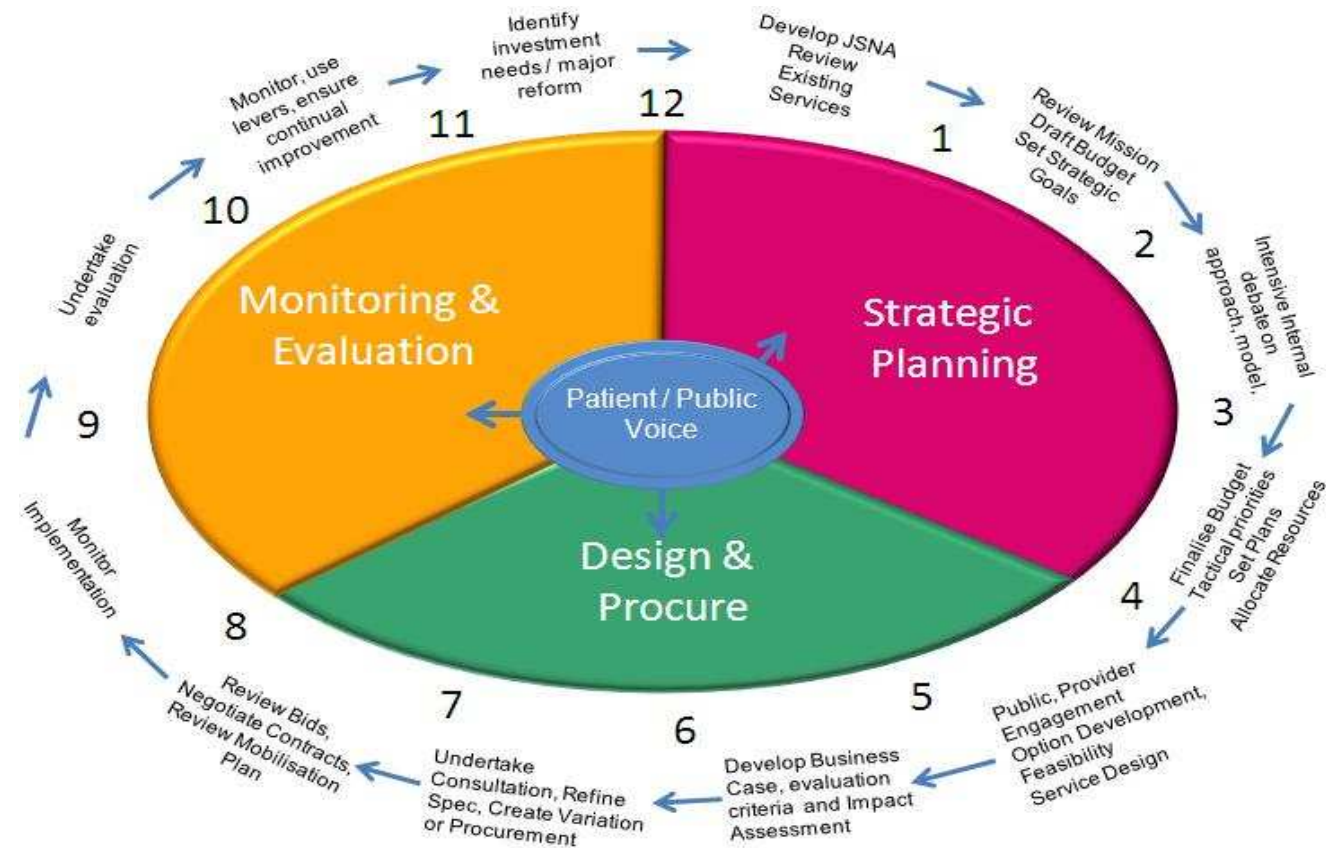
The role of each group is outlined below:

- **Health Scrutiny Committee** – To scrutinise Health Service Commissioning in Bury
- **Health and Wellbeing Board** - Health and wellbeing boards have strategic influence over commissioning decisions across health, public health and social care, setting priorities through the H&WB strategy and scrutinizing implementation.
- **NHS Governing Body** accountable for commissioning decisions around agreed delegated budgets
- **NHS Bury Primary Care Commissioning Group** – This group will be chaired by a lay member to ensure transparency and management of any conflicts of interest. Member ship will include
  - Lay Member Chair
  - A Clinical Director
  - A CCG Executive
  - Public Health Representative
  - NHS England Area Team representative
  - LMC Representative
  - Patient Representative
- **NHS Bury Primary Care Quality Group** - Ensuring the quality, capacity and capability of local GP primary care services and working with local practices to remove variation and make sure that local services meet required standards.
  - CCG Clinical Governance Lead
  - A Clinical Director
  - The chair from each of the four CCG sector groups (made up of all 33 member practices),
  - A practice manager representative (from one of the four sectors)
  - NHS England Area Team representative
  - LMC Representative
- **Integrated Health and Social Care Partnership Board** – Ensuring alignment of Primary Care Commissioning to support Bury CCG integration agenda.
- **CCG Sector Groups** – 4 locality based groups made up of the 33 CCG members which will be used for engagement and negotiation of Primary Care Commissioning decisions in partnership with the LMC.
- **Local Medical Committee** – representative committee to support any Primary Care Contract negotiation.



## 9. Appendix 1 - Greater Manchester Framework

The proposed framework for Bury CCG to Co-Commissioning is through partnership with NHS England. The framework recognises that commissioning is a process from needs assessment, design and planning of services, procurement, contract management and review. The diagram below shows the elements of the commissioning cycle.



The proposal is based on a number of principles:

- Planning of primary care services should be done as locally as possible
- Improving quality of primary care services should be done as locally as possible
- Co-commissioning will support the already agreed Greater Manchester Primary Care Strategy and standards
- Some plans and decisions will need to be consistent across Greater Manchester to support the strategic development of primary care (e.g. Primary Care support to shared care prescribing protocols)
- There needs to be transparency of resource allocation/management so those planning services are confident about the level of resources available to support those plans
- The direction of travel is towards a 'place' based budget
- Data about practices (quality, performance, workforce) will be shared across the AT and CCG commissioner in support of this (via transparent agreements and safeguarded and governed appropriately)
- Co-commissioners will work together to make the most effective use of the scarce commissioning support available.

10 Appendix 2 - Co-commissioning Framework GP Services



			<p><b>Level 4</b> Level 1,2,3 plus - Managing a devolved primary care budget for local APMS/PMS/GMS Contracts</p> <ul style="list-style-type: none"> <li>• Contract management of APMS/PMS/GMS contracts including any contractual sanctions resulting from performance issues</li> <li>• This would include decisions on practice mergers/splits/vacancies and management of associated contractual process</li> <li>• Managing the GP primary care market by leading on procurement of new services</li> <li>• Management of EPRR for GP services</li> <li>• Possibly provision of complaints / FOI management function for AT</li> </ul>
	<p><b>Level 2</b> Level 1 plus - Jointly designing, reviewing and managing contracts:</p> <ul style="list-style-type: none"> <li>• GMS/PMS/APMS contracts</li> <li>• Jointly deciding appropriate arrangements for practice splits/mergers</li> <li>• Jointly agreement priorities for discretionary spend on premises etc</li> <li>• Jointly reviewing PMS contracts and deciding strategic direction and scope</li> <li>• Jointly reviewing APMS contracts and deciding strategic direction and scope</li> </ul>	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>• Level 1&amp;2 plus - Delegated budget for aspects of primary care contracts and associated contract management:</li> <li>• Contract management of Directed Enhances Services alongside Locally commissioned services</li> <li>• Managing discretionary payments</li> <li>• Workforce planning</li> </ul>	
<p><b>Level 1</b> Planning of Primary Care services:</p> <ul style="list-style-type: none"> <li>• Assessing needs</li> <li>• Designing services/models</li> <li>• Developing strategic direction for services</li> <li>• Liaison with partners</li> <li>• Strategic Planning of local Estates with prioritisation of investment via GM governance arrangements</li> <li>• Improving quality and reducing variation Safeguarding e.g. named doctor</li> <li>• Primary Care Education &amp; Training</li> </ul>			
<p><b>Common GM Commissioning Support Platforms provided by GMAT</b> Provision of primary care 'dashboard' containing performance/quality (inc complaints)/QMAS/QOF/workforce data in support to CCGs on a monthly (?) basis, Management of QOF/QMAS closedown, Management of Complaints about GPs (shared with CCGs in support of quality management), technical contract management – issuing of contract variations etc, model guidance on handling 'Conflicts of Interest', facilitation of agreement of GM Primary Care Standards</p>			
<p><b>AT Responsibilities</b> Core GMS\PMS\APMS contract Payments, Performers List Management, Responsible Officer, Revalidation and appraisal, provision of statutory primary care returns, Commissioning of Dental, Pharmacy and Optometry services, system management of primary care (either via direct commissioning or holding CCGs to account as commissioner), clarification of core GMS/PMS provision to underpin CCGs quality and development role, signing off CCGs annual and financial and service commissioning plans for primary care (enabling CCGs to implement investment/commissioning intentions).</p>			