

MUNICIPAL YEAR 2014/2015

MEETING TITLE AND DATE
Health and Wellbeing Board
17 July 2014

Dr Mo Abedi, Medical Director
NHS Enfield CCG
Contact officer and telephone number:
E mail:
Jenny.Mazarelo@enfieldccg.nhs.uk
Tel: 020-3688-2156

Agenda - Part: 1	Item: 7c
Subject: Primary Care Strategy for Enfield	
Wards: All	
Cabinet Member consulted: N/A	
Approved by:	

1. EXECUTIVE SUMMARY

This paper updates the Health and Wellbeing Board on work to date to implement the Primary Care Strategy across the borough of Enfield.

The Primary Care Strategy project team reports jointly to the CCG Primary Care Strategy Implementation Board and the Health and Wellbeing Board.

2. RECOMMENDATIONS

The Enfield Health and Wellbeing Board are asked to note the contents of this report.

3. BACKGROUND

The Prevention and Primary Care Strategy (PCS) is one of six major programmes that support the transformation of healthcare in Enfield. Its aim has been to improve access to primary care services, improve patient experience and reduce variation in care for the population of Enfield.

2014/15 is the third and final year of the Strategy and as such will look to consolidate the successes of the first two years to ensure on-going sustainability. The main areas of focus will be:

- Integration
- Enhancing and improving health outcomes, access, patient experience and quality.

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

The Programme comprises seven key areas:

- i. Integration
- ii. Clinical services
- iii. IT
- iv. Premises
- v. Productivity
- vi. Workforce
- vii. Communications

It is proposed that these key areas continue in 2014/15 with individual schemes grouped under each heading. Many of the proposed schemes are continuing investments from years one and/or two of the programme. There are also a small number of new schemes which have been added, such as cardiology, diabetes enhancing primary care urgent access. As anticipated, NHS England has assumed responsibility for the Minor Ailment Scheme this year.

The Primary Care Strategy Team now reports to the Assistant Director of Transformation and that post will be accountable at the CCG's Transformation Programme Group for delivery.

4. Integration – Network Development

Practices working together in Network(s) are fundamental to securing the future of general practice and achieving improvements in Enfield's primary care. They will provide strong, local clinical leadership for our Transformation Programme and local knowledge for a bottom-up approach to planning and delivery. Practices that join together in Networks will be able to offer a wider range of clinical services that would otherwise need to be delivered in a hospital setting.

In 2012/13, the CCG invested in seven Network Lead roles and management consultancy to progress the development of Networks in Enfield. Its thinking has developed over time to a position where there has been a need for the CCG to:

- define what it means by a Network,
- set out a process for assurance of Network Providers
- provide an indication of the timescale by which it expects Network Providers to be established;
- clarify the services it intends to commission from local Network Providers; and
- determine the level of support and funding, if any, the CCG will allocate to emerging Networks.

This workstream is now well developed and is being overseen by a Network Development Steering Group with any decision-making in respect

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

of support and funding proposed to be devolved to the CCG's Procurement Committee.

The CCG hopes to be in a position to have accredited one or more GP Provider Networks by September 2014.

4.0 Co-Commissioning of Primary Care Services

On 9th May, NHS England invited expressions of interest from CCGs to develop new arrangements for co-commissioning of primary care services. Proposals were invited from individual or by groups of CCGs to cover their combined localities. NHS England cannot delegate responsibility for commissioning of community pharmacy or primary care dental services, although it could in principle delegate responsibility for primary eye care services, with the exception of NHS sight tests.

Potential co-commissioning forms could be phased (introduced during 2014/15 and developed further during 2015/16) and include three potential levels:

- greater CCG involvement in influencing commissioning decisions made by NHS England's London Area Team;
- joint commissioning arrangements whereby CCGs and the London Area Team make decisions together, potentially supported by pooled funding arrangements; or
- delegated commissioning arrangements, whereby CCGs carry out defined functions on behalf of NHS England and the London Area Team holds CCGs to account for how effectively they carry out these functions.

Co-commissioning activity could include:

- continuing to work with the Health and Wellbeing Board and patients and the public to assess needs and decide strategic priorities;
- designing and negotiating local contracts, e.g. Personal Medical Services, Alternative Personal Medical Services or Enhanced Services commissioned by NHS England;
- approving discretionary payments, e.g. premises reimbursement;
- managing financial resources and ensuring expenditure does not exceed the resources available;
- monitoring contractual performance;
- applying contractual sanctions; and
- deciding in what circumstances to bring in new providers, manage associated procurements and make decisions on practice mergers.

It should be noted that while the CCG already has powers to commission services from general practice in their own right, in submitting an expression of interest for this arrangement, the CCG has a statutory duty

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

to manage conflicts of interest in which their members have a material interest.

Following lengthy discussion, the five north central London CCGs (Barnet, Camden, Enfield, Haringey and Islington) have submitted an at scale expression of interest in implementing joint commissioning arrangements from November 2014 and delegated commissioning arrangements from April 2016.

5. REASONS FOR RECOMMENDATIONS

To update the Health and Well Being Board of the proposed implementation plan for the current and final year of the Primary Care Strategy.

6. FINANCIAL IMPLICATIONS

Each year's Primary Care Strategy investment has to date come from an allocation from the NCL risk-share pool. It is anticipated that for the current year, the NCL risk-share allocation will be £2m and as such, a reduced programme of work has been developed to account for the level of funding set out in Appendix 1 of this report.

The CCG's Finance Resource and QIPP Committee is scheduled to approve the proposed plan on 2nd July 2014.

7. CONCLUSION

This report provides a summary of the on-going and new areas of focus for the Primary Care Strategy Programme in its final year, the delivery of which will be dependent upon the anticipated allocation of funding from the NCL risk-share.

Background Papers

Appendix 1 – Primary Care Strategy Programme Plan

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

Key Area	Existing or New Scheme	Recommendation
	New	<p>Locality Commissioning</p> <p>NHS Enfield CCG's constitution states that there should be in place four locality groups across Enfield and that these locality groups should be accountable to the Governing Body (GB). Each locality group should be chaired by one of the GB GP board members. The Locality Groups are expected to:</p> <ul style="list-style-type: none"> • meet as a minimum four (4) times per annum; • consider items requested by the Members and the Governing Body; • promote innovation in the Locality; • consider and agree locally the best way of utilising support offered by the CCG; • support each other in achieving the aims of the CCG by further risk sharing or sharing of CCG resources etc; • establish their local arrangements for peer reviews; • support each other in achieving improvements in quality and productivity; • agree locally areas of investment where funding is made available by the Governing Body; • put on the agenda for the Governing Body via their Locality Lead items for discussion; and • discuss other Locality specific issues. <p>There is a need to re-establish this clear and regular communication between the CCG and its member practices regarding the challenge of the CCG's commissioning role, its QIPP target and the role of practices in helping overcome these challenges, as well as supporting them in improving their performance across the board.</p>

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

Key Area	Existing or New Scheme	Recommendation
2. Clinical Services		
Anti-Coagulation	Existing	<p>Two GP Practice providers have gone live in 2013/14 with further extension to provision to commence in 2014/15. Investment to date has supported the set up and governance of the new service.</p> <p>Funding of £3K for a Clinical Champion role was agreed at Primary Care Strategy Implementation Board on 21.01.14. The Clinical Champion was recruited and commenced in April 2014</p>
Cancer Screening	<p>Will not continue – the responsibility for Cancer Screening programmes is now with NHS England.</p>	<p>The intention for this year is to work with approximately ten practices whose patient population demonstrate poor uptake of existing national screening programme to focus on increasing the number of patients presenting for breast and bowel cancer screening.</p> <p>Patient sign-posting will continue to be delivered via LBE Health Trainers and a provider will work with the ten practices whose breast and bowel cancer screening are lowest to improve uptake by 5% in each area.</p> <p>This investment is an ongoing payment towards the health trainer support. A formal agreement and set of outcomes if being put in place for this project with LBE.</p>
Cardiology Project	<p>New</p> <p>Business case approved</p>	<p>The aim of this project is to enhance cardiology in primary care in Enfield for 2014/15 and onwards by:</p> <ol style="list-style-type: none"> a) completing a retrospective audit in the South East locality of Enfield to ascertain causes at individual and population level for acute cardiovascular events in Enfield. b) piloting a primary care Atrial Fibrillation (AF) service in the South East locality of Enfield which will work across the health system to promote a systematic approach to reducing the incidence of stroke in Enfield.

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

Key Area	Existing or New Scheme	Recommendation
		<p>This investment will be used alongside that from Public Health to invest in a Band 8A project manager to work for one year as part of the Long Terms Conditions Programme Team to deliver these two elements plus working as part of the wider redesign of cardiology in Enfield.</p> <p>Funding of this proposal was approved at PCSIB on 18/02/14</p>
Carer's Health	Existing	<p>The GP Liaison Manager at Enfield Carer's Centre will continue to work with all GP Practices collecting referral cards, updating notice boards, manning and updating surgery information stands and talking to practice staff to keep awareness raised and increase the number of carers receiving a carer's health check and on-going support.</p> <p>The Primary Care Strategy will not be in a position to fund Enfield Carer's Centre for a Carer's Nurse as originally planned and the direction of travel will need to be considered as part of LBE's overall Carers Strategy.</p>
Childhood Obesity	Existing	<p>Two elements of this project were completed in 2013/14. The third and final element of this initiative involves the review of current health and social care pathways, identifying the gaps and providing recommendations that are rooted in best practice, are evidence-based, and sustainable.</p> <p>A final evaluation report will be made available at the PCSIB meeting on 16th September 2014.</p>
Diabetes Service (pilot)	New Business case approved	<p>To pilot the delivery of systematic diabetes review in primary care, the development of a care planning training programme in primary care, additional diabetes specialist nursing resource to support practices, growth and increasing prevalence and reduction of hypo crisis in hospital. In addition to this investment, we are asking the consultants to support the MDT clinical meetings at network level and to support GPs and practice nurses in diabetes management in primary care at practice level.</p> <p>It was originally intended to pilot the initiative in the South East of the borough for</p>

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

Key Area	Existing or New Scheme	Recommendation
		<p>2014/15 and the funding highlighted here is to support this. Funding approved at PCSIB meeting on 18/02/14</p> <p>However, the intention now is to commission across a wider patient population than the South East locality to implement this initiative on a pan-Enfield basis.</p>
Domestic Violence	Existing	In the London Borough of Enfield, 80% of Metropolitan Police Service incident reports have a domestic violence and abuse element to them. Although this project got off to a slow start, twenty-seven GP practices in the east of the borough are now trained. It is proposed that the IRIS team and Solace Women's Aid be engaged to continue to provide advice, training and expert support for the IRIS delivery model.
Enhancing and Improving Access	New	<p>The focus of this scheme will be two-fold:</p> <p>a) To establish two locality urgent primary care hubs to provide GP practice appointments for patients who require same day appointments for low to medium urgent primary care and for patients who are redirected from the A&E Departments or Urgent Care Centres at Barnet and Chase Farm Hospital (BCF) and North Middlesex Hospital (NMUH).</p>
	Existing	b) To continue the current Access Programme by working with two further waves of 8 GP practices per wave
Female Genital Mutilation	Will not continue – FGM is the joint responsibility of NHS England and LBE.	This project is proposed as a result of increasing incidence in the safeguarding referrals received by the CCG. A scoping paper will be provided at next month's TPG meeting in respect of this project.
Health Kiosks	Existing	This project has now been mainstreamed and will continue to be monitored on an on-going basis but requires no further funding.

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

Key Area	Existing or New Scheme	Recommendation
HiLo	Existing	<p>Queen Mary and Westfield University of London will continue the work with two practices in July 2013 to improve the management of Coronary Heart Disease and Blood Pressure in general and in particular, for those patients traditionally referred to secondary care for management, following poor improvement outcomes when recommended primary care treatment guidelines are followed.</p> <p>The plan to extend this to incorporate more practices will not be implemented in 2014/15.</p>
Minor Ailment Scheme	Existing	<p>This scheme transferred to the responsibility of NHS England in 2014/15 and therefore has come to a close in terms of support from the CCG team.</p> <p>NHS England is currently conducting a review of all Minor Ailment Schemes commissioned across London with a view to standardising these and have indicated that they may devolve commissioning responsibility back to the CCG once the review is completed, along with the accompanying funding.</p>
Patient Experience Tracker	Existing	<p>This project has now been mainstreamed and will continue to be monitored on an on-going basis but there is no additional investment required.</p>
Self-Care, including social marketing, assertive outreach, handbooks and online access to health information	New	<p>This new scheme for 2014/15 will promote culturally-sensitive advice and support to adults and new births in Enfield regarding health issues and when/from whom to seek further support.</p> <p>Funding for a Children's handbook and on-line resource was approved by the Transformation Programme Group in March 2014..</p>
Change and Challenge (Troubled Families) Initiative	This new scheme funded by LBE will continue, but without	<p>This new scheme for 2014/15 will improve access to registration with and utilisation of primary care through a collaborative working arrangement with the LBE Change and Challenge team and upper Edmonton practices. This would include strengthening primary care input into multi-disciplinary teams for troubled families. It is proposed that the CCG will provide project management of the initiative, rather than funding. A scoping paper will be presented at a future TPG meeting for consideration.</p>

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

Key Area	Existing or New Scheme	Recommendation
	project management support from the CCG	
3. IT	Existing	Enhanced funding provided directly by NHS England with additional bids for transitional (revenue) and capital funding currently being considered. Some additional funding for ad hoc requirements not funded by NHS England will be made available for services delivered by ICT Team at North and East London CSU and external suppliers.
4. Premises		Funded directly by NHS England
5. Productivity	Existing	This joint initiative with UCL for four Principal Clinical Teaching Fellows is scheduled to continue until 5 th January 2016.
6. Workforce, Leadership and Team Development	Existing	1.0 WTE Programme Manager 1.0 WTE Estates, Planning and Implementation Manager 0.4 WTE Practice Nurse Network Lead 1.8 WTE Senior Project Managers 1.0 WTE Project Manager 1.0 WTE MDT Co-Ordinator to be funded from Integrated Care programme budget 0.6 WTE Network Co-Ordinator 1.0 WTE Administrator Protected Learning Time Out of Hours Cover Support of Practice Manager and Practice Nurse Forums, including staff training
7. Communications	Existing	An allocation to be used to purchase web-based newsletters (for staff, GPs and stakeholders), SurveyMonkey for gauging evaluation and feedback, adverts in Our Enfield, promotion of schemes via LifeChannel (waiting room audio-visual resource) leaflets and posters.