

1 Introduction and context

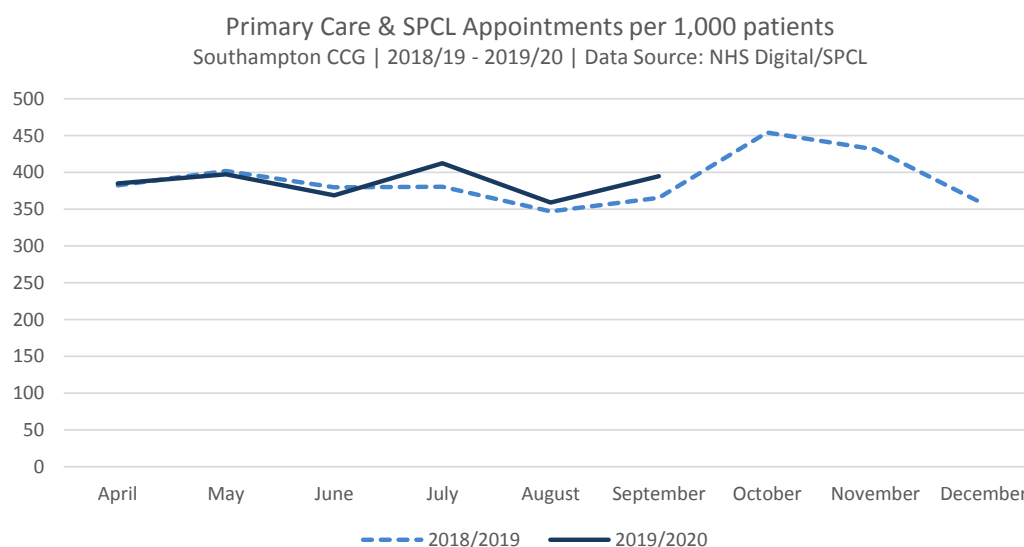
- 1.1 This report summarises the CCGs work programmes related to delegated Primary Care commissioning functions and the implementation of Southampton City's own Primary Care Strategy¹ as well as national policy – including most significantly the NHS Long Term Plan and associated 5 Year GP Contract Framework (2019 – 2024). The report includes a brief summary of some key achievements, priorities, risks and plans for 2020/21.
- 1.2 The CCGs work programmes for commissioning and transformation of primary care, currently and going forward involve a high degree of collaborative working at a number of levels:
- Individual practice level (10,000 to 30,000 population – 26 practices in city)
 - Primary Care Network (PCN) level (30,000 to 80,000 population – 6 PCNs in city)
 - Locality level (80,000 to 100,000 population – 3 localities in city)
 - City / CCG level (290,000 population)
 - Integrated Care Partnership (ICP) level (circa 500,000 – Hospital catchment area)
 - Integrated Care System (ICS) level (circa 1.5 million population)
- 1.3 The CCG is a member organisation of 26 GP practices that serve the populations of Southampton City. For the majority of our Primary Care commissioning functions, including the commissioning of PCNs, governance oversight is provided via the CCG's Primary Medical Care Committee (PMCC). Primary Care has a significant role in the delivery of integrated care and as such the CCG, PCN Clinical Directors and other primary care stakeholders are represented in city wide and locality governance arrangements of our Better Care programme.
- 1.4 At a Hampshire and Isle of Wight level, the CCG and other City stakeholders are now represented on the Sustainability and Transformation Partnership (STP) Primary Care Programme Board and associated working groups. These are evolving arrangements and through 2020/21 we will continue to work with other CCGs to consider the best levels for the delivery of Primary Care work programmes. This will balance consistency and efficiencies of “doing things once” with the benefit of trusted relationships and more local approaches.

2 High quality & sustainable services

- 2.1 Through 2019/20 the CCG has continued to undertake contract visits, quality visits and internal Quality & Performance meetings to consider relevant data, discuss exceptions, seek assurance and where necessary plan support and remedial actions.

¹ The CCG's strategy “Transforming Primary Medical Care in Southampton 2016-2021” is currently under review as part of collaborative work within the city to develop a 5 year strategy for health and social care. The CCG is currently working with other partners to review and develop our plans for primary care in the light of our current environment and relevant national policies.

- 2.2 These arrangements are delivered via our Link Manager arrangements which continue to promote trust and understanding between local practices and the CCG team, often working in partnership with others including most notably the Local Medical Committees (LMC) and Southampton Primary Care Limited (SPCL). The development of our Primary Care quality surveillance and performance reporting arrangements will be further progressed with a view to revised reporting for 2020/21.
- 2.3 During Nov 2019 the CCG instigated work with our Commissioning Support Unit (CSU) and other local CCGs to produce some consistency in reporting around primary care capacity for Hampshire and Isle of Wight (HIOW). This work will be built on in 2020/21 and will form part of regular reporting via the CCGs Performance Board. Year to date the reports (below) show that primary care capacity has broadly kept up with population growth.



- 2.4 Through our Quality and Performance arrangements the CCG has been able to respond in a timely way to provide a range of support measures to struggling practices. Risks to service continuity remain a concern and feature on the CCG's corporate risk register. The main threats to primary care resilience relate to rising demand, workforce constraints, rising costs (e.g. locums) and partner liabilities. Unprecedented list movements and reduction of Personal Medical Services (PMS) premiums also presents challenges for some city practices. During 2020/21 we will undertake further work locally with our PCNs, SPCL and others, plus across our wider ICS partnership to further reinforce contingencies to mitigate service failure.
- 2.5 During 2019/20 2 city practices have been recipient of NHS England (NHSE) GP resilience programme and to date in 2019/20 the CCG has made £320k in Section 96 payments. These payments are non-recurrent support payments to maintain service continuity and are only made following significant due diligence. At the time of writing 1 city practice has formally restricted new registrations (approved by PMCC Oct 2019 with a view to review Apr 2020). During quarter 3 of 2019/20, two further smaller practices in the city temporarily restricted registrations (for a maximum of three months). The CCG has maintained a close level of surveillance with these practices and will endeavour to support the re-opening of lists as soon as possible in 2020.

3 Access

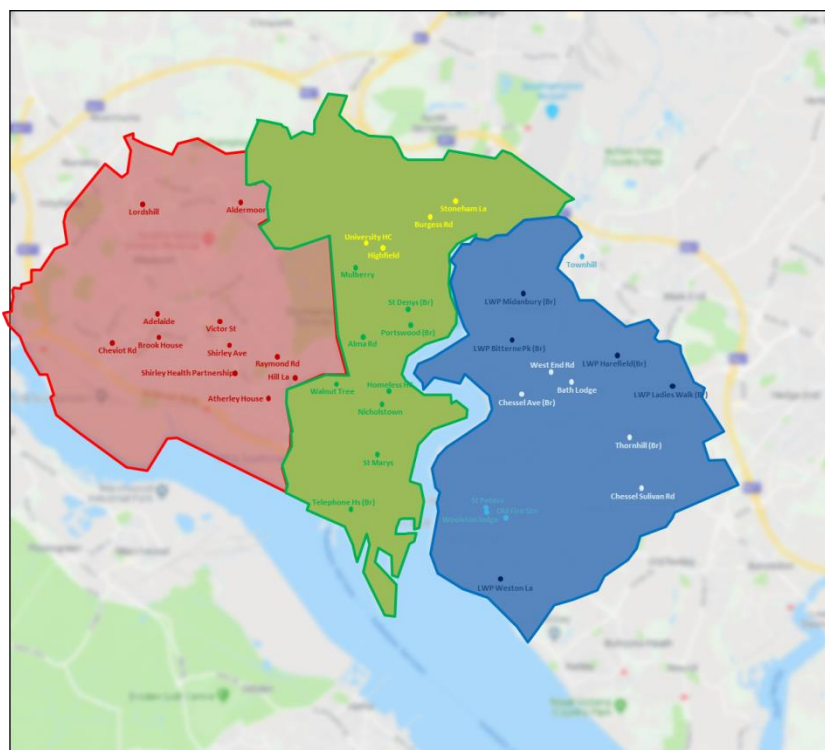
- 3.1 In June 2019 the Enhanced and Urgent Primary Care Service (EUPCs) commenced, delivered by SPCL. The service builds on the previous Hub services delivered by SPCL, originally funded by Prime Ministers' Access Fund since 2016 and provides valuable additional choice for patients and additional capacity to support local practices. Variation in rates of usage between patients of different practices remains significant but this has narrowed through 2019. The CCG continues to work with SPCL, local practices and via publicity campaigns to promote awareness of EUPCs. The service also provides urgent care services (GP out-of-hours) as part of Integrated Urgent Care (IUC) pathways. Since June SPCL have contributed to resilience arrangements in times of system pressure. SPCL also form a "first line" partner for CCG contingencies for GP practice service failure.
- 3.2 The new GP Contract Framework outlines intention from NHSE that CCG funding for GP Improved Access services (or Enhanced Access – i.e. part of EUPCs) will form part of PCN entitlements from April 2021. NHSE are currently reviewing this aspect of the Framework in the light of CCGs like Southampton with existing contractual commitments. Outcomes from the review may influence the future partnership and contractual arrangements between the CCG, PCNs and SPCL for the delivery of EUPCS and other services. Similarly NHSE have expressed an ambition that in future PCNs will evolve to have a significant role in the coordination of urgent care for their populations, including IUC services. This direction presents another argument for establishment of local CAS arrangements with strong alignment with primary care in the city.
- 3.3 There are opportunities to further refine urgent primary care pathways and the CCG has facilitated a regular IUC pathways group for the city including all relevant providers to help maximise appropriate and efficient pathways and care transfers. These arrangements will be further improved with the commissioning of IUC services (3.2 above) from June 2021.

4 PCNs – collaboration and integration

- 4.1 The New 5 Year GP Contract Framework commenced in April 2019 and from July 2019 the city's six Primary Care Networks (PCNs) were formed, headed up by 8 new Clinical Directors (CD's). NHS England expectations for PCNs are that they will:
 - Stabilise primary care, including the partnership model
 - Help solve capacity gap, growing workforce by over 20,000 additional staff
 - Become a platform for future investment
 - Dissolve the divide between primary and community services
 - Clear, positive and quantifiable benefits for people, patients and the wider NHS
- 4.2 The CCG continues to engage with our GP practices (via GP forum meetings and newsletters) and our PCNs (via monthly meetings with PCN CDs, attendance at individual PCN meetings, 1:1s with CD's and other communications). Over 2019/20 the CCG will develop arrangements for engaging with PCN CD to ensure their influence in planning and commissioning decisions.
- 4.3 Since July 2019 the CCG has worked with PCNs to identify organisational development plans - funded by NHS England (circa £200k for Southampton PCNs for 2019/20).

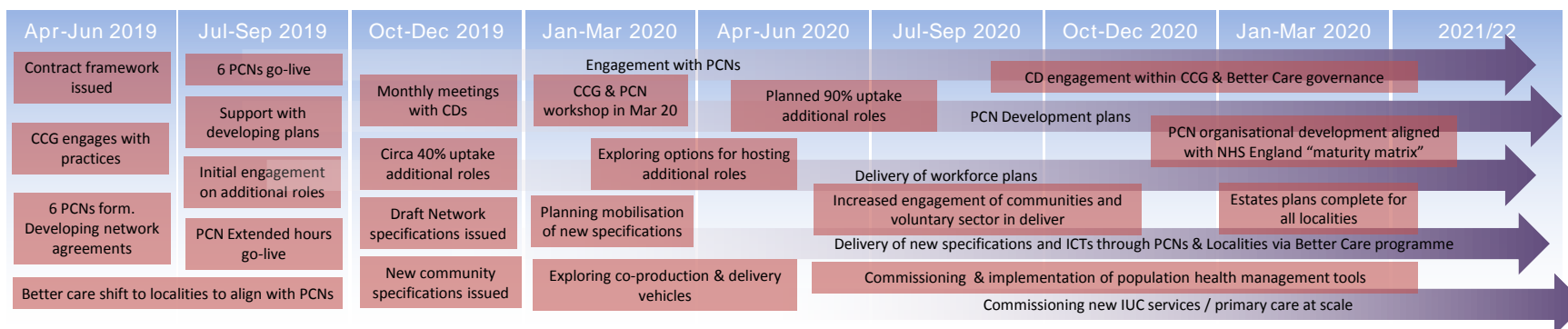
Through 2020 the CCG will work to support the ongoing organisational development of PCNs.

- 4.4 The main investments offered to PCNs under the new contract framework are the Additional Roles Reimbursements. During 2019 some PCNs have taken up this opportunity and by end December 2019 around 50% of roles (Pharmacists and Social Prescribers) are in post or starting imminently. During the remainder of 2019/20 the CCG will work with PCNs and other partners to explore opportunities and options for deployment of these new roles
- 4.5 In December 2019 NHSE issued draft specifications for PCNs for commencing in 2020/21:
 - Structured Medication Reviews
 - Enhanced Health in Care Homes (EHCH)
 - Anticipatory Care
 - Personalised Care
 - Supporting Early Cancer Diagnosis
- 4.6 The specifications are currently out for consultation which closes imminently in mid-January 2020. Initial response from Primary Care stakeholders nationally (e.g. via professional journals) has been critical and it is expected that there could be some adjustment of the specifications between now and 1st April 2020.
- 4.7 There are overlaps between the draft specifications and ongoing initiatives in the city. For example, the CCG commissions EHCH services from SPCL which has been successful in improving outcomes for patients resident in care homes and reducing unnecessary hospitalisation. Additional investment is planned for 2020/21 to expand the service into Nursing Homes. During the last quarter of 2019/20, the CCG will work with PCNs and the SPCL to review the current EHCH service in line the new draft NHS PCN EHCH specification. This process of co-production is likely to prove a useful approach for other PCN specification for 2020 onwards and possibly in future for other areas of commissioning for Primary Care services.
- 4.8 Pan Hampshire and Isle of Wight this work is being coordinated via the STP Primary Care Board to support consistency and share learning.



PCN	Practice	Raw Pop @ Jan 19	Weighted Pop (GSUM)	PCN Raw Pop @ Jan 19	PCN Weighted Pop (GSUM)
West	Lordshill	11,540	11,357	86,711	82,580
	Victor Street	12,308	12,168		
	Cheviot Road	15,515	14,615		
	Shirley Health Partnership	14,560	13,494		
	Aldermoor	8,179	7,758		
	Atherley House	5,211	4,713		
	Raymond Road	4,516	4,604		
	Hill Lane	9,337	8,687		
	Brook House	5,545	5,184		
Central	St Marys	24,249	21,410	62,968	59,615
	Alma Road	9,746	10,335		
	Mulberry	6,174	5,911		
	Walnut Tree	4,259	3,970		
	Homeless Healthcare	465	374		
North	Solent GP surgery	18,075	17,615	42,339	32,363
	Burgess Road	9,503	7,662		
	University Health Service	19,037	12,798		
Bitterne	Stoneham Lane	7,124	6,845	35,033	34,532
	Highfield Health	6,676	5,058		
Woolston & Townhill	Bitterne Surgery	14,094	13,863	34,553	33,747
	Peartree	20,939	20,669		
	Woolston Lodge	14,557	14,579		
Living Well Partnership	Old Firs Station	8,767	8,623	28,074	26,813
	Townhill	5,398	4,825		
	St Peters	5,831	5,720		
	Living Well Partnership	28,074	26,813		

Fig 4.9.1 (above) PCNs in Southampton mapped to Better Care Localities AND Fig 4.9.2 (below) timeline for PCN developments through to 2021/22



5 Workforce and skills

- 5.1 Workforce constraints present a major challenge to the delivery of sustainable primary care services. In 2018 SPCL worked in partnership with PA Consulting to undertake a detailed audit of current primary care workforce in the city, modelling future population growth and demand and projecting future workforce requirements. This exercise projected a requirement for an additional 12 whole time GPs and 2 whole time Associate Nurse Practitioners above current levels by 2023. This projection also made assumptions about the ability for practices to keep up with workforce turnover.
- 5.2 During the audit work in 2018 we established significant opportunities for developing a more diverse skill mix in the city primary care workforce. This opportunity will be further developed through the new Contract Framework, PCNs and the opportunities to employ additional Pharmacists, Social Prescribers, Physicians Associates, Physios and Paramedics. In January 2020 most local PCNs have (or have concrete plans for imminent recruitment for) at least one Social Prescriber or Pharmacist. The CCG is currently working with PCNs and other stakeholders (including Solent NHS Trust and SPCL) to maximise the deployment of these Additional Roles. This includes the organisational hosting of roles (e.g. PCN Physios) within existing professional services and rotational posts to promote recruitment and retention.
- 5.3 Primary Care Workforce is covered locally within the Better Care workforce work streams and also at Integrated Care System (ICS) level via the STP Primary Care Workforce working group. In January 2020, CCGs across Hampshire and IOW have agreed to the deployment of national funding to Health Education Wessex to develop new and extend existing schemes to promote primary care workforce recruitment, retention and skills development across the wider geography.

6 Estates

- 6.1 The CCG is currently conducting a review of Primary Care estates and access in the city. The first phase of this work is focused on the East locality of the city and will aim to conclude with recommendations by spring 2020. During the remainder of 2020 the CCG will shift the focus of this work to cover the Central and then West localities.
- 6.2 The work is being undertaken in partnership with GB Partnerships, who are specialists in NHS estate. It includes a thorough stock-take of current estate; considering location of sites, condition, proximity to other amenities, utilisation and a range of other information. The review will involve significant engagement with our local communities, Primary Care providers and other stakeholders and will consider a range of options for optimising primary care estate. This may include consideration of some site rationalisation where this can be shown to lead to improved access and/or facilities in the long run.

7 Digital

- 7.1 The CCG is an active contributor to the Hampshire and Isle of Wight ICS Digital Roadmap programme which has a number of work streams associated with the transformation of IT infrastructure and maximisation of digital systems across our healthcare system.

7.2 Most of the Digital Roadmap work streams have direct or indirect impact for Primary Care including:

- GP IT. These services provide and maintain all of the IT infrastructure in GP practices and are currently in process of being re-procured. New contracts will go live in 2021.
- Population Health Management. – These systems support commissioners, PCNs and other providers with a range of information to help predict demand and focus resources. The new systems are being procured at ICS level.
- Interoperability. There are a range of initiatives, including a new national framework for GP IT providers to help promote the effective transfer of care and visibility of clinical information between different clinical systems. This is essential for the delivery of more integrated care. GP Connect is currently under development and the CCG will work through 2020 to deploy this to support direct booking of appointments between 111 and local primary care providers
- Digital First Primary Care. Increasingly, other industries offer customers to access services on-line, via chat services or video conferencing. 26 of the cities GP practices now offer patients the opportunity to access on-line consultations, where GPs review submitted queries from patients and respond appropriately without the need for a face to face appointment unless this is deemed clinically necessary. By 2021 all patients should have access to video consultations and the Digital Roadmap programme is currently exploring options for this at Hampshire and IOW level.

8 Summary

8.1 This paper has provided an overview of the CCGs strategy and work programme as related to the commissioning of delegated Primary Care Medical Services. The current challenges faced by our GP Practices and other Primary Care services is significant and it is essential that these services are supported to change to help make them more sustainable for the future and reinforce their role at the centre of our health and care systems.

8.2 Over the next five years the CCG will continue to work with our communities, GP Practices, other health and care providers our neighbouring CCGs and other system partners to prioritise the resilience and transformation of our Primary Care Services with a view to delivering:

- Improved outcomes and experience for patients through more timely access to the right information, advice and services to meet individual needs
- Wider range of services tailored to patient and population needs provided at practice, Primary Care Network (PCN) and city levels
- Sustainable and resilient GP practices that gain strength through collaboration within their Primary Care Networks and their close partnerships with other health and care providers and local voluntary organisations

- A Primary Care workforce led by GPs and made up of a wider range of trained professionals and specialist clinicians
- Population health management systems to support targeting of individualised person centred care planning
- Primary Care clinical leadership at the heart of local Integrated Care Teams, coordinating care for people with more complex needs
- Advances in IT systems enabling more effective sharing of patient records to support assessments and enabling many more patients to access services digitally e.g. via their smartphones
- Effective estate with Locality “hubs” in district centres hosting a range of services and open 8am till 8pm, 7 days per week plus the right number of more local neighbourhood surgeries to support access and choice