

HILLINGDON CCG UPDATE

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Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	Update Paper

1. HEADLINE INFORMATION

Summary	This paper provides an update to the Health and Wellbeing Board on key areas of CCG work. The paper encompasses: <ul style="list-style-type: none">• Development of GP Networks• QIPP• Finance
Contribution to plans and strategies	The items above relate to the HCCGs: <ul style="list-style-type: none">• 5 year strategic plan• Out of hospital strategy• Financial strategy• Primary Care Co-Commissioning• Shaping a Healthier Future update
Financial Cost	Not applicable to this paper
Relevant Policy Overview & Scrutiny Committee	External Services Overview and Scrutiny Committee
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board note this update.

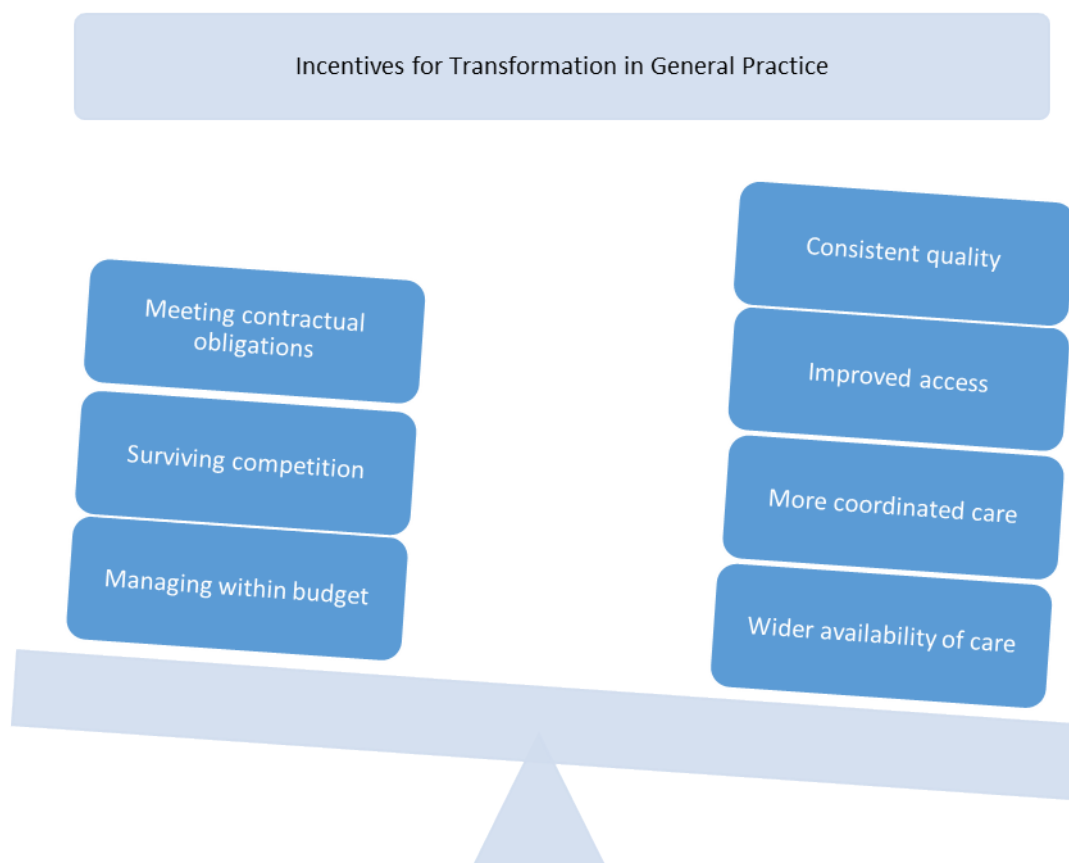
3. INFORMATION

3.1 GP network development

Why the CCG is supporting the development of GP Networks

The NHS needs to transform how care is delivered because demographic changes are increasing demand for healthcare services, and available resources are not increasing at the same rate. Services provided in primary care, and particularly those offered by local GPs, are already under severe pressure. So that local people can continue to receive the same (or better) levels of service than they currently enjoy, the CCG needs to support new ways of

working that help GPs and primary care become sustainable in the longer term. The primary driver for GPs to work differently is the opportunity that this way of working will provide better access to care for patients and carers which in turn will improve patient experience and outcomes. Other contributing motivators for GPs to this new way of working, include the increasing contractual demands on general practice, the competition for primary care contracts and the decreasing practice budget.



In September 2013, the CCG started working with local GPs to promote the idea of forming GP Federations (Networks). GP practices were encouraged to volunteer to form networks based around historic allegiances to ensure trust and working relationships within the network.

Formation of Hillingdon GP Networks

Hillingdon has four GP Provider Networks; all of the Networks are at different stages of development. Originally, six networks were formed but, as of 1 April 2015, the two North networks merged as one under the name of MetroHealth and the two South networks voted to merge as one under the name of Clover Health on 12 May 2015. The geographical areas of Uxbridge, Cowley, West Drayton and Yiewsley are covered by the two networks. There are two practices in Hillingdon that are not part of a network, these are West London Medical Centre and Church Road Surgery.

All of the Networks have GP clinical leads, business managers and administrators and the majority of Networks hold regular monthly Network meetings.

The networks are geographical located across the Hillingdon Borough:

- North - MetroHealth

- South - Clover Health
- Uxbridge/West Drayton corridor – Wellcare and Concorde

Clover Hayes & Harlington Network

RAW LIST SIZE AS OF 01.7.15	PRACTICE NAME
10142	HAYES MEDICAL CENTRE
6404	GLENDALE HOUSE SURGERY
5123	ORCHARD MEDICAL PRACTICE
3960	KINGSWAY SURGERY
6482	HEATHROW MEDICAL CENTRE
3251	KINCORA DOCTORS SURGERY
3231	NORTH HYDE ROAD SURGERY
10166	CEDAR BROOK PRACTICE
9261	TOWNFIELD DOCTORS SURGERY
7017	THE WARREN PRACTICE
5898	THE PINE MEDICAL CENTRE
4219	SHAKESPEARE SURGERY
4943	YEADING COURT PRACTICE
3526	WILLOW TREE SURGERY
8405	HAYES TOWN MEDICAL CENTRE
92028	15 PRACTICES

Metro Health Network

RAW LIST SIZE AS OF 01.07.15	PRACTICE NAME
11810	WOOD LANE MEDICAL CENTRE
7544	THE DEVONSHIRE LODGE
7640	EASTBURY SURGERY
6769	THE ABBOTSBURY PRACTICE
5995	OXFORD DRIVE
5792	ST MARTINS MEDICAL CENTRE (and branch)
7622	CAREPOINT PRACTICE
4741	CEDARS MEDICAL CENTRE
4627	ACRE SURGERY
2280	ACREFIELD SURGERY
2104	LADYGATE LANE
11205	MOUNTWOOD SURGERY
9452	HAREFIELD PRACTICE
6525	QUEENS WALK MEDICAL CENTRE
5485	KING EDWARDS MEDICAL CENTRE (and branch surgery)
3440	WALNUT WAY PRACTICE
3315	SOUTHCOTE CLINIC
106346	19 PRACTICES

Concorde Network

LIST SIZE AS OF 01.7.15	PRACTICE NAME
16006	UXBRIDGE HEALTH CENTRE
9657	WEST DRAYTON MEDICAL CENTRE
11254	BRUNEL MEDICAL CENTRE
6075	ACORN MEDICAL CENTRE
42992	4 PRACTICES

Wellcare Network

LIST SIZE AS OF 01.7.15	PRACTICE NAME
11041	YIEWSLEY FAMILY PRACTICE
7369	HILLINGDON HEALTH CENTRE
7102	BELMONT MEDICAL CENTRE
6896	OTTERFIELD MEDICAL CENTRE
6537	YIEWSLEY HEALTH CENTRE
6733	THE OAKLAND MEDICAL CENTRE
6014	PARKVIEW SURGERY
2482	WALLASEY MEDICAL CENTRE
54174	8 PRACTICES

Services provided directly through GP Networks

The CCG is beginning to commission services directly with GP Networks, the following list illustrates services offered to-date:

NETWORK	SERVICES
MetroHealth	24 hour blood pressure monitoring
	Over 75's Care at Weekends
	Atrial Fibrillation Nursing Service
	Integrated Care Planning
Wellcare	Over 75's OOH Nursing Service
	COPD Specialist Nurse
	Integrated Care Planning
Concorde	Over 75's Annual Health Checks
	Integrated Care Planning
Clover	Integrated Care Planning

Over the last few months, the CCG conducted an assurance process on GP Networks as providers of Integrated Care Planning (ICP). All four GP Networks: MetroHealth, Concorde, Wellcare and Clover were successful in their application to provide this service. The service will be provided to patients that are over 75 in each of the Networks for 36 months starting from the 1 July 2015. All of the Networks will participate in regular multi-disciplinary team meetings to enable anticipatory care for the most complex or vulnerable patients to determine how best to improve their care and keep them within the community. This forms the non-complex care element of our Older People Model of Care which has been worked up with provider colleagues and is fully aligned to the Better Care Fund.

CCG continued support for GP Networks

In 2015/16, the CCG is looking to appoint a Network Chief Operating Officer to works across the GP Networks which will enable:

- GP Networks to establish robust governance processes.
- GP Networks to be fully represented on the emerging local Accountable Care Partnership.
- The CCG to lead the organisational development needs of each of the GP networks in Hillingdon.
- All services are supported to meet minimum quality standards according to service specifications provided.
- Identification of business opportunities to allow networks to become self-sustaining by 2016/17.

Hillingdon GP networks are at varying stages of development. Appointing a Chief Operating Officer on a one year fixed term contract will provide the GP Networks with the leadership and experience necessary to establish a viable provider organisation. The Chief Operating Officer will develop an exit strategy prior to the post ceasing that will be agreed by the networks.

3. 2 QIPP (Quality, Innovation, Productivity, Prevention)

The CCG's plan for QIPP for 2015/16 is valued at £7.746m and, at Month 4, we are currently forecasting to achieve an outturn of £6.180m (Variance £1.566m) against this target with mitigating actions in place to reduce variance through the year. The main issues are:

- **Intermediate Care:** To support recovery of the position on this scheme the CCG has agreed a revised tariff structure with The Hillingdon Hospital (THH) that enables the Rapid Response element of our Intermediate Care programme to take patients home who have been within the hospital for up to 28 hours (4 hours in ED and 24 hours post-ED) and avoid an admission tariff. This scheme also links to the Better Care Fund.
- **MSK:** This three year programme has delivered in Years 1 and 2 and we are currently reviewing delivery of the stretch QIPP activity reduction for year 3. The main savings are expected to come from revisions to the way Spinal activity is coded and also from the implementation of a new, more effective and cost effective, Pain Service as well as from residual activity reductions associated with the main MSK activities. The Clinical Working is being re-established to take this next phase forward and the position is expected to improve over the next 2 to 3 years.
- **Dermatology:** A recovery plan is in place with the provider to increase activity. We have taken steps to make clinics more accessible and have also added more services to the portfolio but still expect to have a year-end variance even though activity levels are now improving. New activity targets have been set for the remainder of the year which, if achieved, will recover the position on this scheme.
- **Paediatric Schemes:** We are focusing on implementing Paediatric Ambulatory Pathways and also agreeing a Zero Length of Stay Tariff for short stay Patients to achieve the required outturn for this scheme.

3.3 Financial position

The CCG's financial plan for 2015/16 is to deliver a 1% surplus (£3.482m) and to remove the underlying deficit. The plan is based on the following key deliverables/assumptions:

- Funding from NWL Strategy of £10.3m plus THH Transitional Support of £3m (now confirmed)
- Local QIPP Plan delivery of £7.7m (£8m in 2014/15)
- Delivery of 15/16 Acute Activity Plan

Overall, at month 4, the CCG's in-year's position is a YTD planned surplus of £1.161m and a forecast surplus of £3.482m which is in line with plan. The CCG is currently facing financial pressures on its Acute budget (£2.3m FOT overperformance at month 4 arising from the shortfall in QIPP highlighted above and other pressures in Rehab and Critical Care) as well as in its Mental Health Placements budget and GP Prescribing. These pressures are currently being managed by some underspends elsewhere in the CCG's budget (e.g. reduction in Property Charges) and by the release of reserves.

As a result the achievement of the underlying break-even for the CCG by the end of the year remains challenging and this is still reliant on the delivery of the 2015/16 acute activity plan and the continuation of the NWL Financial Strategy funding into 2016/17.

	Outturn			YTD Month 04		
	Plan	Actual	Variance	Plan	Actual	Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Programme Costs:						
Revenue Resource Limit	346,581	346,581	0	113,560	113,560	0
Net Programme Costs	(343,099)	(343,099)	(0)	(112,399)	(112,401)	(1)
Surplus / (Deficit)	3,482	3,482	(0)	1,161	1,160	(1)
Running Costs:						
Revenue Resource Limit	6,194	6,194	0	1,988	1,988	0
Net Running Costs	(6,194)	(6,194)	0	(1,988)	(1,987)	1
Surplus / (Deficit)	0	0	0	(0)	1	1
CCG Surplus / (Deficit)	3,482	3,482	(0)	1,161	1,161	(0)

Further detail on spend against different elements is set out below:

08G Hillingdon CCG Month 04	Year to Date Variance £m	Commentary on Year to Date Variance
<i>QIPP Variance - Acute</i>	-0.391	Mainly THH non-elective admissions schemes.
<i>QIPP Mental health Commissioning</i>	-0.048	
<i>Other Acute Commissioning</i>	-0.004	
<i>Continuing Care</i>	-0.026	
<i>Prescribing</i>	-0.056	
<i>Community</i>	-0.015	
QIPP Variance Total	-0.54	
<i>Acute SLA</i>	-0.226	Primarily relates to an overspend with THH.
<i>Prescribing</i>	-0.029	Overspend on GP Prescribing of (£74k) following the 15/16 profile being issued.
<i>Mental Health Commissioning</i>	-0.131	Placements (£181k) offset by Other (QIPP) of £48k.
<i>Community</i>	-0.003	Overspend on Equipment (£27k).
<i>Primary Care</i>	-0.002	
Sub-Total Adverse Variances	-0.391	
<i>Other Acute Commissioning</i>	0.194	Driven by underspend on Re-Admission Credit Reserve £175k, THH Other £102k, UCC THH Main Contract £49k, offset by overspend on Mount Vernon Beds (£92k) and NCAs (£53k).
<i>Continuing Care</i>	0.077	Mainly relates to an underspend on CHC Adult Fully Funded.
<i>Acute Reserves</i>	0.611	This relates to unreleased Acute Reserves.
<i>Corporate & Estates Costs</i>	0.048	Mainly underspends in Estate Charges of £137k following the issue of the 15/16 Property Services cost schedule, offset by overspends in QIPP Provision (£79k), Safeguarding (£19k) and SaHF (£10k).
<i>Running Costs</i>	0.001	
Sub-Total Released Reserves/Underspends	0.931	
Total	0.000	

3.4 Developing the primary care offer and primary care co-commissioning

- **Developing the primary care offer for Hillingdon residents**

Hillingdon CCG is working with the other CCGs in North West London to develop an improved and consistent primary care offer for local people.

This work is in its early stages and is taking place within a variety of strategic contexts:

- the increasing and changing health and care needs of people in Hillingdon;
- the eight NWL CCGs' existing work on the Whole System Integrated Care programme, which in Hillingdon is being implemented through our integrated care early adopter and is fully aligned with the Hillingdon BCF;
- the London-wide Strategic Commissioning Framework for primary care, whose development was led by NHS England; and

- the long-term shift to providing population-based care through Accountable Care Partnerships.

The purpose of the work is to ensure that GPs are placed at the centre of delivering local health services, providing care and co-ordinating services seven days a week. This will enable local people receive care more closely tailored to their specific needs, with a focus on continuity and accessibility where required, and with services provided closer to home by a broad and flexible team of clinicians supporting GPs across a range of settings. This is a key part of delivering on the CCG's commitment to improve health outcomes, to reduce health inequalities, and to deliver a better patient experience.

For this to happen we need to ensure that the right technology and information are in place; to build a workforce of the right size and with the right skills; to support the development of GP networks and federations that can deliver primary care at scale; and to deliver primary care estates that are fit for purpose.

The CCG will co-produce this new primary care offer with a range of its stakeholders, including clinicians, lay members, patients, and (through the co-commissioning structure, on which see below) the Health and Wellbeing Board, Healthwatch, and the London Medical Committee.

The immediate priority is to understand how our plans for primary care can be developed in a way that supports and extends the work done through our local early adopter. We also need to establish the level of support required by our four local GP networks (see section 3.1) to enable delivery of the new offer across our full local population.

As this work is done, we will extend our engagement out to local GPs, to patients and lay partners, and other local stakeholder organisations.

• **Primary care co-commissioning**

Over the last quarter the CCG has continued to work with NHS England and the other North West London CCGs to finalise the governance framework under which co-commissioning will operate, both within Hillingdon and across North West London.

This has included:

- ongoing input into NHS England's London-wide operating model, which sets out the functions, responsibilities, and processes within co-commissioning; and
- the design of the co-commissioning sub-groups that will sit within the CCGs and support the work of the joint committees.

It is the sub-group that will be the focus of the CCG's local engagement on primary care, including with Healthwatch and the Health and Wellbeing Board. Discussions on its development have covered primarily its remit and membership, as well as its relationship with the Hillingdon co-commissioning joint committee with NHS England.

All documentation relating to governance, at both CCG- and NWL-level, will be presented for sign-off at the September meeting of the co-commissioning joint committee, which will also continue its discussions about a range of commissioning issues.

The agenda for the September meeting of the co-commissioning joint committees is now being devised with NHS England. Items included to-date include:

- the development of primary care within NWL's whole systems programme (see above);
- NHS England's review of PMS contracts across NWL;
- primary care decisions taken by NHS England since April 2015;
- co-commissioning agenda forward look; and

- co-commissioning governance endorsements and approvals.

4. FINANCIAL IMPLICATIONS

QIPP: - the forecast outturn at M4 for 15/16 is £6.180m against our target of £7.746m.

Financial Plan: - the CCG is forecast to achieve its financial plan for 2015/16.

5. LEGAL IMPLICATIONS

None in relation to this update paper.

6. BACKGROUND PAPERS

- North West London 5 Year Strategic Plan
- Hillingdon CCG Out of Hospital Strategy
- Hillingdon CCG Operating Plan 2015/16