

## HILLINGDON CCG UPDATE

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**Appendix:** Choosing Wisely - changing the way we prescribe

### Delegation of primary care commissioning

On 1 April 2017, Hillingdon CCG commenced level 3 delegation of primary care (general practice) commissioning. The CCG has established a Primary Care Board, in place of the previous Co-commissioning Committee, with oversight of contract awards and management, investment, strategy and other key enablers such as workforce and estates development.

The CCG has invested in additional management resource to support the effective delivery of primary care commissioning and is also working collaboratively with members of the contracts team previously situated at NHS England who are now located within NWL.

A primary care strategy is under development with initial focus on general practice. The strategy will focus on the following aspects of primary care in Hillingdon:

- Mapping of current and future health needs of the population in Hillingdon;
- New models of 'co-ordinated, proactive and accessible' primary care and how these will meet our residents' needs;
- How general practice will be different in 5 years' time for those who use it, work in it and commission it;
- How we will support general practice in Hillingdon to be robust and resilient through innovative approaches to workforce, retaining our current clinicians and attracting new ones to the area; and
- Plans for estates and facilities that are fit for purpose and suitable to deliver the care our residents need.

The primary care strategy will build on the priorities set out in the Sustainability and Transformation Plan (STP) and support delivery of the system-wide transformation required for a sustainable health and care system in Hillingdon.

As part of our primary care commissioning responsibilities, the CCG is now leading the process of reviewing personal medical services (PMS) contracts within Hillingdon. The objective of the process is to reduce variation between practices commissioned on general medical services (GMS) contracts and those on PMS contracts. Although the process was initiated in 2015 by NHS England, it was 'paused' whilst negotiations with Local Medical Committees (LMCs) were underway. The process was re-started in December last year and is now devolved to CCGs with assurance of locally developed plans undertaken by NHS England and the London-wide LMCs. The CCG has met with the 9 practices in Hillingdon that currently hold PMS contracts. Initial discussions are underway on the implications of the review for each, the proposed transition process and immediate next steps which include agreeing contract baselines and defining the services in and out of scope of the national contract. Current proposals for re-investment of the funding across all practices focus on access and long term conditions.

Following the end of the pre-election purdah period, the CCG will recommence its engagement programme with Hayes residents as part of the procurement process for the APMS contract at the HESA Centre.

### **Accountable Care Partnership**

In May, the CCG completed a review of the current stage of development of Hillingdon Health and Care Partners (HHCP) prior to taking a decision about moving to the “testing phase” in 2017/18. The testing phase will build on work carried out to date to determine whether the ingredients for accountable care are robust and fit for purpose. A two year testing period is intended to inform and begin to embed new ways of working as a whole system, with integrated governance arrangements to support delivery of improved outcomes. This will support laying the foundation for establishing a longer term accountable care contract in Hillingdon, such as capitated, outcomes-based alliance contract. The testing phase also aims to determine whether the model of care and system enablers deliver expected improvements in outcomes of care, patient experience and system sustainability. Next steps in the testing phase will also include an assessment of scale and pace for rolling out integrated accountable care to other population groups, ongoing development of both the ACP and how accountable care is commissioned.

Hillingdon Health and Care Partners (HHCP - an alliance of Hillingdon Hospitals Foundation Trust, Central and North West London Foundation Trust, the Hillingdon GP Confederation and Hillingdon for All) held a launch event for staff on 25 May 2017 which was well attended by teams across all organisations. The session was hosted by the Chief Executives of each organisation and set out the vision and ambition for the partnership. On the ground, the new HHCP care connection teams are now in place (1 June 2017) and will begin to mobilise during June and July to deliver the new integrated model of care for people over 65.

### **Financial position**

HCCG finished the financial year with an overall surplus of £7.764m and therefore achieved the CCG’s control total for the year. The final outturn was £4.148m higher than the CCG’s original plan for the year. The requirement to deliver a surplus is part of the business rules set by NHSE. This has been carried forward into the 2017/18 financial year. In delivering this position, the CCG achieved QIPP savings of £8.2m for the year which was 95% of its planned target.

The CCG has submitted a financial plan in 2017/18 to deliver a surplus of £7.764m in line with the 2016/17 outturn (this equates to an in-year break-even position after allowing for the carry forward of 2016/17 as noted above). The plan includes the requirement to deliver a 4% QIPP (Quality, Innovation, Productivity and Prevention) in 2017/18 of c£14m (net). This is significantly higher than the £8m delivered in 2016/17 and in previous years. Achievement of this target will rely substantially on transforming models of care as well as working with partners to deliver best value for the system as a whole.

### **Choosing Wisely**

Across North West London (NWL), the 8 CCGs have embarked on a period of engagement on a set of proposals regarding changes to the way that we prescribe in the area. These proposals will be going to the CCG Governing Body for a decision on 14 July 2017 and we are entering a

three week period of engagement before that date. Feedback from the engagement process will feed in to our final proposals for discussion at the Governing Body meeting.

NHS North West London Collaboration of CCGs needs to save nearly £135 million, around 5% of our annual expenditure, in the financial year 2017/18 in order to balance our budgets. Working together as a sector, NWL is looking at opportunities to reduce expenditure that will not impact on residents' health and essential NHS services. We are exploring a number of areas where we could make sensible changes to address this significant financial challenge. These difficult decisions about where we could save money need to be made locally, in a planned way with the input of patients and residents. If we don't make the decisions proposed here, we could be forced into making unplanned cuts which affect essential NHS services.

This piece of work covers all the boroughs of NWL to ensure consistency across the eight boroughs and are similar to initiatives taking places in other parts of the country including areas of Greater London. It consists of the following proposals:

1. GPs will ask patients if they are willing to buy certain medicines or products that can be bought without a prescription.
2. In general, GPs will not prescribe certain medicines and products (listed in the stakeholder letter appended to this report) which can be bought without a prescription.
3. To reduce waste, we will ask patients to order their own repeat prescriptions.

It is important to view these proposals in the context of the transformation we are making to our health system across NWL. As we move from a reactive model of care that waits for people to get ill, to a proactive one focussed on keeping people well, the importance of self-care and encouraging people to take a greater responsibility for their health and wellbeing is essential.

These proposals aim to:

- Encourage self-care with community pharmacy support.
- Free up prescribers' time for clinical care.
- Avoid unnecessary appointments for patients.
- Reduce unnecessary spend on prescriptions.
- Minimise unwarranted prescribing.

The specific items recommended to be part of these proposals are covered in the stakeholder letter included with this update. We will be engaging on these proposals with GPs and other stakeholders across NWL, including Council Members, Healthwatch groups, the vulnerable groups highlighted by our equality impact assessment, patients and public.

We have established a web-based engagement site to gather views on these proposals at <https://choosingwiselynwondon.commonplace.is>. We shall be promoting this website around the Borough to ensure the widest possible participation in this engagement. We will also await with interest the results of any national consultations taking place on this topic and will ensure that our policies align with any national policy revisions that result.