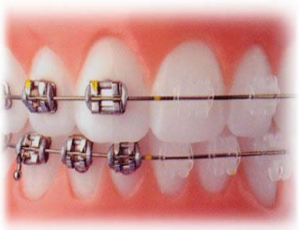


Primary Care Commissioning Newsletter February 2014 (Issue 11) Gateway reference 01189

IN THIS ISSUE: **Expressions of Interest for PM's Challenge fund* LEHN Getting Started Guide* NHS Dental Services *Occupational Health update**

WELCOME

Dear Colleagues,

Welcome to the first issue of the primary care commissioning newsletter for 2014! As you will see this issue is full of helpful information and useful updates. If there is anything you would like to see within the newsletter that we haven't included, please get in touch or even have a go at writing an article.

I am delighted to advise that as NHS England develops as an organisation, there will be natural development in the way it operates. One such example is the development of our new format newsletter. It will still contain everything you are used to seeing; however it will come directly into your inbox and will be less likely to fill up your email capacity. I do hope you enjoy the new format and look forward to hearing your comments and suggestions.

Here's to another productive and exciting year in primary care commissioning!

Best Wishes

Dr David Geddes

NHS England is calling for expressions of interest for Prime Minister's Challenge Fund

In October 2013, the Prime Minister announced that there would be a new £50 million Challenge Fund to help extend access to general practice and stimulate innovative ways of providing primary care services. The closing date for expressions of interest was 14 February. NHS England has set up a process in order to support practices through the application process, which included a weekly dial in surgery to enable Area Teams to share common issues and address them. The bids will be judged on the following criteria: included:

- The application demonstrates sustainability, given that the funding is non-recurrent;
- A geographic spread of different types of innovative practice.
- Expressions of interest that include extended access service

We expect to be able to fund more than nine pilots covering a population greater than 500,000 with a broad geographical spread. Final decisions will reflect the quality and volume of applications received and their development requirements

Minimum Payment Income Guarantee

David Geddes wrote to all Area Teams on 18 December setting out how the national support centre envisages that Area Teams will want to work with those practices affected by the phasing out of the Minimum Practice Income Guarantee (MPIG) link

The guidance contained in the letter is deliberately not prescriptive. Area Teams are best placed to decide whether practices will need additional support (whether financial or otherwise) in view of the re-distribution of MPIG. The guidance simply suggests some different approaches that Area Teams could consider taking.

There are 98 "outlier" practices. These are the practices that will lose £3 or more per patient. The effect on practice income is based not just on the removal of MPIG but on the potential implications of the changes to the GMS contract that will come into force in April this year. Area Teams may wish to limit their consideration of the changes to MPIG merely to those practices identified as "outliers". There may be other practices that Area Teams want to support. Area Teams will need to take account of issues such as their own emerging strategic commissioning plans for primary care, value for money, affordability and whether alternative provision is available to patients.

It is important that Area Teams start talking to their practices now.

We need to be able to give clarity and certainty to practices before the changes come into force in April. We expect that Area Teams will want to work with their LMCs to ensure a fair and reasonable approach to how these practices are supported and that all relevant local information and circumstances are taken into account when developing this approach. Practice details may only be shared with the LMC if the practice has given explicit permission. We would request, please, that Area Teams indicate to Linda Reynolds (linda.reynolds4@nhs.net) whether they intend to give any financial support to any of their practices by the end of the month and the extent of the financial support that is being offered. . We would also like to hear of any approaches to this issue that an Area Team feels it would be helpful to share more widely.

Primary Care Occupational Health Services

The audit into PC OH provision revealed wide variation in what has been historically commissioned by PCTs. Some commissioned a very rudimentary service; others commissioned an occupational health service for all staff across primary health care teams which gave access also to therapeutic treatments such as counselling / psychology services. This variation is unsustainable so we aim to prioritise our support from April 2014 towards our responsibilities in managing the National Performers List (NPL).

Thanks to a great number of people, we are making progress on revising the policies on management of the National Performers List (NPL) and responding to concerns. In addition, work is progressing with plans for the development of a Professional Support Unit (PSU) – we are therefore reviewing how occupational health services can best contribute to the support of independent contractors to ensure safe and effective delivery of patient care. Plans are subject to consultation, but it is proposed our priority will be to ensure occupational health services are focused on the needs of health professionals on the NPL. Whilst services will be made available for employees of practices (medical, dental and optometry), the responsibility to pay for an occupational health assessment for someone not on the NPL, will fall to the practice as an employer.

Admission on to the NPL

For applicants to the NPL, an occupational health screening test will be required to obtain a certificate confirming health clearance – this will be required for GPs, dentists and optometrists; profession specific clearance forms are currently under development. It will be the responsibility of the performer to provide this evidence. We are exploring a mechanism to allow trainees in NHS practice to 'graduate' to the NPL using occupational health clearance already obtained through their work in a NHS setting.

Where a certificate giving health clearance is not possible on the basis of the screening test, then NHS England will be responsible for funding an occupational health interview with a consultant in occupational health.

OH support to performers on the NPL

If a performer identifies any health issues which may have an impact on their work, or concerns arise regarding a performer (with or without clinical performance concerns), NHS England would expect to fund an occupational health assessment and follow up where required. Counselling/therapy services or equivalent would not routinely be offered to performers who are assessed through occupational health services. If treatment/therapy is required, performers would be seen and treated within mainstream NHS services, or referred to services developed as part of the PSU.

The PSU will provide access to quality assured services that can offer support / assistance to clinicians. This may include access to counselling, addiction services etc., but this is outside the current commissioning of occupational health services.

Contract implications

Some Area Team OH contracts are due to expire so we are working with a group of Area Teams and representatives from the 'health at work' network to draft a service specification which will reflect the above and the need to secure services for PC providers as employers (paid for by them). This specification will then be available for use at the point that current contracts expire. We are also seeking legal advice into the procurement implications of extended contracts that may already have been extended once.

Local Eye Health Networks - Getting Started Guide

LOCSU, with the support of NHS England, the Clinical Council for Eye Health Commissioning and the UK Vision Strategy has developed a starting guide for local eye health networks. Welcoming the publication of the guide, Sue Pritchard, Assistant Head of Primary Care Commissioning at NHS England, and national lead for Local Professional Networks said: "The Getting Started Guide will be an extremely useful reference document for the newly appointed Chairs of emerging Local Eye Health Networks (LEHNs) and the NHS England Area Teams responsible for establishing and managing LEHNs." LEHNs provide the opportunity for the eye health professions – together with patients and the voluntary sector – to show leadership, identify priorities and re-design services and pathways to meet population needs. The guide is very clear that a collaborative approach reaching out to all stakeholders is the key to the future success of LEHNs." The guide can be accessed by using the following link:
http://www.locsu.co.uk/uploads/eyecare_commissioning/local_eye_health_networks_-_getting_started_guide_-_december_2013_final.pdf

Policy review - managing practitioners whose performance gives rise for concern

Following two events in October, Area Team representatives have been contributing towards a review of the current policy and procedure for the "identification, management and support of primary care performers and contractors whose performance gives cause for concern". A new framework is being created,

incorporating inclusion of practitioners onto the performers lists, and a formal consultation is due mid-February on the proposals. To complement the consultation, two discussion events are planned to allow patient representatives and the public to review whether proposed changes to the policy and procedure are practical, proportionate and provide assurance. To be sent details of the PPI events, or to be added to the list to receive the online consultation link when it is launched, please contact kate.rogers@rst.nhs.uk

NHS Dental Services

NHS Dental Services is modernising all its IT systems which will include rationalizing all of their internal and external systems. A new replacement system will go live in April 2014, meaning Payments Online and the dental portal will disappear. To help Area Teams understand what this means for them, Dental Services are producing a series of briefings and the first one is now available to read: http://www.nhsbsa.nhs.uk/DentalServices/4401.aspx

Improving Dental Care and Good Oral Health - a call to action

In support of "*The NHS belongs to the people – a call to action*" NHS England is stimulating the debate around the sustainability of NHS dental services by launching *a call to action* for NHS dentistry on 19 February. It will conclude on 16 May.

Our overall aims are to improve the oral health of the population, increase access to NHS dental services and reduce financial inefficiencies.

This process of engagement has the support of our national partners including the British Dental Association.

Securing Excellence in NHS Dental Services

NHS England has a single operating model for commissioning and managing dental contracts and agreements. This includes an expectation that dental contracts and agreements which deliver:

- less than the required level of activity (96%) will have recoveries made up to 100% of the contract value;
- between 96 to 100% of the required level of activity will have the remaining activity carried forward to the next contract year as set out in the Regulations and the SFE;
- between 100 and 102% of activity will either be paid for the additional activity or it will be credited to the following contract year – this is at the discretion of the Area Team (as it is an NHS England policy decision not a requirement of the Regulations or the SFE).

Area Teams are expected to apply and modify the single operating model flexibly according to local priorities and circumstances, so dental providers can discuss with their local Area Team.

A copy of the overview document "Securing Excellence in NHS Dental Services" can be found via the following link - link .

Dental pilots extended for a further year

Over 90 dental pilots looking at new preventative approaches to oral health have been extended until March 2015.

How the pilots work:

- The dental pilots put a firmer focus on prevention and avoiding dental problems before they arise, as well as treating existing disease.
- The practices are testing out a different approach to care with a greater emphasis on prevention, where dentists follow an evidence-based approach and patients are given a personalised care plan to help improve their dental health in the long term.
- The pilots are also looking at how dentists can be paid on the basis of patients' good oral health not just the number of treatments they carry out.
- The pilot programme will help reshape the reform of the dental system, which is under development and will ensure prevention and better oral health outcomes for everyone.

Key findings so far:

- The Evidence and Learning report published today presents two years of learning from the NHS dental pilots.
- The new preventative approach is showing good clinical results. Patients are assessed as having low, moderate or high risk of future disease; and across the pilots the percentage of patients classified as high risk is reducing as dentists help patients take better care of their teeth and gums.
- As well as improving the oral health of patients, the new approach has to work operationally for dental practices and the NHS.
- The focus over the next year will be to further refine the preventative approach, building on the learning to date and understand how it can be effectively put to wider use.

Quick facts:

- Over the last two years more than 29.8 million people were seen by an NHS dentist.
- The most recent data shows that 70% of five year old children were totally free of tooth decay.
- The Adult Dental Health Survey shows that the percentage of adults with no natural teeth has reduced from 28% in 1978 to 6% in 2009.

Barry Cockcroft, Chief Dental Officer, said:

"The oral health of the nation has been improving year on year, with some of the lowest tooth decay rates in the world. Our dental pilots have been exploring how dentists can work with patients to create personalised care plans, helping to avoid dental problems before they arise.

"The pilots are also playing a vital role in overhauling the dental contract, by looking at how we can shift dental care to a more preventative approach, paying dentists for good oral health rather than number of procedures they do. This is why we have extended the dental pilots for another year, to make sure these new methods are well tested before being shared across the rest of the country."

Jimmy Steele, Head of Newcastle University Dental School and author of the Evidence and Learning report said:

"The dental pilots have been testing new preventative approaches to oral health and alternative ways for dentists to be paid for their work.

"This Learning and Evidence report shows a range of findings, from the operation and clinical impact of a new pathway, to the effect on attendance and patient access. It has identified what has worked and what has not and, more importantly, has identified the important next steps towards successful reform."

Orthodontic Mid-Year Reporting

To support the NHS England Mid-Year and Year-End Reconciliation and the Financial Recovery Policy, NHS Dental Services (NHSDS) has produced a report to help monitor the performance of contracts in relation to the delivery of contracted orthodontic activity.

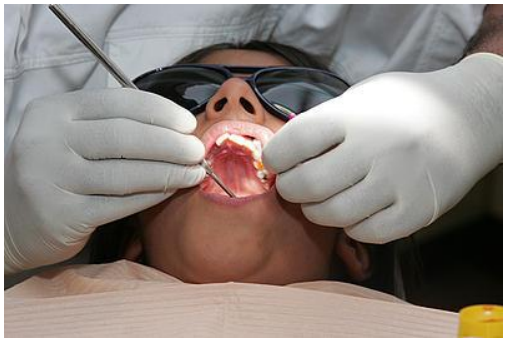
GDS and PDS Regulations require determination, by 31st October of each financial year, the level of activity that dental contractors have provided between 1st April and 30th September of that year. In order to support this process, NHS Dental Services has produced a report detailing all those contracts that have delivered less than 30% of their contracted orthodontic activity in this period. In light of the regulations, suggested next steps for Area Teams are included in the report together with sample template letters to use as appropriate. This is in addition to and in the same format as the Mid-Year Dental Activity Report.

The report can be found on E-reporting, located in Standard Reports under Contract Management in the folder Latest Mid-Year Reports.

Transitional commissioning of primary care orthodontic services

NHS England has published, as part of the SOPs for primary care, a policy guidance document called "Transitional Commissioning of primary care orthodontic services – single operating model" (November 2013) – Publications Gateway Reference 00642. Its purpose is to assist Area Teams to manage transitional commissioning of orthodontic services, recognizing current capacity in Area Teams to undertake procurements, in the absence of an agreed national orthodontic pathway. Without some transitional arrangement, a substantial number of current contracts will end on 1 April 2014.

The British Orthodontic Society and British Dental Association have written to express concerns regarding the transition framework, which they felt risks destabilising providers. The National Support team and medical directorate have met with the BOS and the BDA to listen to these concerns. We are hosting a national event for Dental contract managers, HoPC and Dental PH consultants from Area Teams, to meet and discuss implementation, and next steps, developing a procurement strategy in parallel to the development of a national orthodontic pathway. BOS and BDA will be invited to represent the profession (date for your diary 26 February 2014).



Dental service costs

On the February's schedule paid 1 March your Providers who qualify for service costs will have a deduction of the amount paid as superannuable between April 2013 – January 14 and a corresponding payment of the same amount paid as non-superannuable. This is because service costs can only be superannuated (pensioned) if there is any of the 43.9% pensionable ceiling left after the allocation of all NPE or NPEE values for their performers. At end of year the amount declared on their ARR could include service costs but only if there is any of the 43.9% ceiling left to be included. A schedule message will be included with the schedules in the February schedule paid 1st March 2014.

Business Rates for Dental Contracts

Following the Issue 10 Newsletter Gateway 00951 which included an article on the payment of business rates being made through the total contract value we would like to reiterate that all business rates should be paid as per the Statement of Financial Entitlements from 1/4/2014. Including them in the total contract value means they are subject to pension contributions and they should not be, they are uplifted through DDRB and they should not be, any small business relief is being lost to the NHS, any abatement which could change from one year to another may be being lost to the NHS. If contract variations are needed to remove this element then it would be cost effective to do so.

Improving General Practice - a call to action

The launch in August of "Improving General Practice – a call to action" has been met with huge appetite and energy to focus on the transformation of general practice so that it is better able to meet patient needs and the challenges identified for the future. The formal part of the listening exercise closed in mid-November, but work is ongoing. We now plan to publish our emerging findings in February which will describe our vision for general practice and the things that we plan to do at a national level to support local transformation.

In December we launched "Improving health and care through community pharmacy – a call to action" and have been thrilled by the enthusiastic response of the community pharmacy community. We encourage everyone involved in primary care to respond to this consultation. For further details please see: http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/.

GPs with Extended Roles (GPwSI)

The emergence of new primary care structures in England and the introduction of revalidation presents an opportunity for new arrangements for the accreditation and re-accreditation of GPs with special interests and others with extended roles i.e. services which would not normally be expected of a GP. NHS England is in discussion with the Royal College of General Practitioners (RCGP) to consider how a new process might operate.

Pending development of the new accreditation process, Area Teams are requested to assess new applications from GPs for accreditation in extended roles, broadly along the lines of the 2007 guidance. This interim arrangement will be needed only for GPs offering extended roles for the first time – for GPwSIs who have already been accredited under the 2007 arrangements, it will be sufficient for CCGs to look to the Area Team Responsible Officer for any necessary assurance that the GP has maintained his/her skills and competence. We therefore recommend that the existing requirement for periodic re-accreditation ought to be discontinued.

If you have any queries do write to NHS England Preeti.sud@nhs.net or contact RCGP Mat.Lawson@rcgp.org.uk

Choice of GP Practice - Implementation

From October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits for such patients. This is a pragmatic approach to opening up choice which will benefit patients by giving them more freedom, choice and control over where they access GP services.

We believe that extending choice of GP practice will reduce health inequalities and support patients in making informed choices about practices that best meet their individual needs.

In November 2013, as part of the settlement reached with the General Practitioners' Committee (GPC) of the BMA for the General Medical Services (GMS) Contract for 2014/15, the following was agreed:

- From October 2014, all GP practices will be able to register patients from outside their traditional practice boundary areas without any obligation to provide home visits;
- NHS England will be responsible for arranging in-hours urgent medical care when needed at or near home for patients who register with a practice away from home;
- The proposals build on the existing pilot scheme arrangements which noted a number of practical issues to enable roll out of patient choice of GP practice, these broadly cover six areas:

    1) IT
    2) Referrals and managing associated costs
    3) Home visiting and out of hours care
    4) GP service capacity
    5) Ethical issues and safeguarding
    6) Global sum/finance

NHS England have, along with other stakeholders, established a small working group tasked to oversee implementation and as part of this work are keen to involve and reflect Area Teams experience of running both the pilot schemes and of working with General Practice on a day to day basis.
By doing so we can ensure that any solutions to the issues identified during the evaluation are practical and deliverable.

We are looking for colleagues from Area Teams who have an interest on any of the six areas who would be able to join a small working group to look at the issues raised during the pilot phase of the scheme. If you would like to know more, including the level of time commitment required or to become involved please contact Erika Maude, Programme Manager – GP Contracts & Projects Team – Erika.maude@nhs.net

The GP Patient Survey (GPPS)

The latest GPPS publication, on 12 December 2013, includes data collected during January to March and July to September 2013 and therefore includes one wave of data that was part of the June 2013 publication.

The GPPS assesses patients' experience of a range of aspects of Primary Care services. Sections in the GPPS questionnaire cover:

- Access to GP services
- Making an appointment at the surgery
- Waiting time at the surgery
- GP and nurse soft skills
- Surgery opening hours
- Care Planning
- Overall experience
- Out-of-Hours GP services
- Long-term conditions
- Health-state (EQ-5D questions)
- NHS dental services.

Results are weighted to ensure they more accurately represent the views of the whole population. This weighting accounts for differences in response rates across demographic groups. For example, older female patients are more likely to respond than younger males.

In addition to age and gender, the weighting also accounts for area level factors such as deprivation, crime levels, ethnicity, marital status, overcrowding in households, household tenure and employment status.

The majority of patients rate all aspects of these services positively. However, recent results show a decline in patient experience across many elements of the services, particularly for variables relating to access. For example:

- A higher proportion of patients find it hard to get through to Out-of-Hours GP services on the telephone;
- A higher proportion of patients describe their overall experience of making GP appointments as poor.

Results highlight significant variation geographically and between demographic groups.

Detailed GPPS results at Area Team level can be downloaded from the GP Patient Survey website: http://www.gp-patient.co.uk/results/

Registration of patients: verification of address

Practices can only refuse to take a patient onto its list if the list closed, the patient lives outside the practice area, or it has reasonable grounds for doing so.

When they register with a practice, patients may be asked to provide their medical card, which will have details of their name, address and NHS number. However, if the patient does not have a medical card, they will be asked to complete a GMS1 form. Practices are not required to request any further proof of identification from patients wishing to register and there has been neither a regulatory nor policy change by NHS England to require this.

We know that many practices, do, however, ask patients for identification to support their application for inclusion on a practice list and often ask for both proof of identification and proof of address (usually to check that the patient lives within the practice boundary). NHS England doesn't think this is unreasonable for the practice to do this if it so wishes, but as stated above, there is no obligation on them to do this if they are otherwise satisfied with the patient's application.

Procurement, Patient Choice and Competition Regulations (No.2) 2013 (2013 Regulations)

NHS England must show that it meets procurement objectives when contracting for health care services and when awarding new contracts. This includes:

1. To secure the needs of patients and to improve quality and efficiency of services (Regulation 2)
2. To act transparently and proportionately and in a non-discriminatory way (Regulation 3(2)) and to show that you have considered and met the Equality Act tests in relation to consideration of people with special characteristics
3. Ensure providers are able to express an interest in providing any services (Regulation 4) which includes the requirement to publish opportunities and awards on a website)
4. To contract with providers who are most capable of meeting the objectives and provide best value for money (Regulation 3(3))
5. Consider ways of improving services through integration, competition (full procurement) or patient choice (e.g. AQP) (Regulation 3(4))

Extending contracts? - Questions to be considered include

1. Evaluate needs of local population and how you can best secure those needs. Have needs changed since last contract entered into
2. How good are the current services and how can they be improved? Performance reviews, service specification updates, referral process improvement, changes to regulations? These can evidence consideration of these factors.
3. Could services be improved by allowing patients to choose between more than one provider? Consider the advantages and disadvantages of the different ways of allowing new providers access to the market e.g. procurement, integration, choice, extensions etc.
4. How are you giving providers the chance to share in this opportunity? How are you encouraging new providers to enter the market and incentivising them to improve services and get new contracts? Does extending contracts meet this objective?
5. How are you addressing concerns over stability or continuity of care?
6. Are the existing providers the only providers who are capable of providing the services?
7. Can you show what you have done to ensure a decision to extend contracts is one which is transparent and non-discriminatory? Are other providers aware of your intention to extend contracts? Are you publishing details in a timely manner and have you kept records of decision making, e.g. board minutes, briefing papers?
8. Are your actions proportionate? Does your proposal to extend contracts reflect value, complexity and clinical risk and consistent with your commissioning intentions.

Focus on deprivation in the localities

A working group is reviewing the Carr-Hill formula weighting to reflect deprivation (a coalition commitment to get more funding into deprived areas) In addition, the GP Contracts and Project team are also considering options off-formula and would like some input from Area Teams.

Area Team Heads of Primary Care are asked to inform Gill Littlehales Senior Lead, GP Contracts and Projects Team if they have any views on how funds might be channelled into deprived areas and how this might work in practice e.g. Through some kind of enhanced service or any other options. There will not be new money for this initiative. Reponses are required as soon as possible to Gill Littlehales at gill.littlehales@nhs.net.

Details of any initiatives that Area Teams are already taking to address issues of deprivation in their localities to enable the team to put a package of measures together for HMT and CO and build this into the next round of contract negotiations are also requested to the same address.

Area Team communications with LRCs

Local Representative Committees (LRCs) are representative bodies composed of elected members representing the four recognised professions of General Medical Practitioners (GPs), Dentists, Pharmacists and Optometrists. To assist with communications between Area Teams and LRCs, please can Area Teams provide their local representative committees with up to date details of their dental, medical, eye health and pharmacy leads.

Public Health Prescribing Costs - 2013/14

As most CCGs know, they have incurred public health prescribing costs on behalf of local authorities during 2013/14.

Accordingly, CCGs will need to agree a reasonable estimate of those costs with their local authority colleagues and the associated funding transfer from local authorities to CCGs to cover those costs. Discussions will need to start soon to ensure there is time to resolve any issues and the funds transferred prior to the year end.

In the meantime, NHS England National Support Centre Finance continues to work on a solution with the BSA, which it is hoped will become available in the summer.

Frequently asked questions

As highlighted in previous editions of the primary care newsletter, we will use a small section to highlight some of the key questions and responses we have received over the last month. Please forward any helpful questions and answers you can share across the system.

Q: We have had a query from a patient who is unhappy that they are unable to contact their Practice via email. They would like to know if there is any national policy from NHS England regarding contacting Practices via email. Do you know if any policy on this issue has been issued, and if so would you be willing to point me in the right direction?

A: Whilst there is no current requirement on GP practices to operate a facility to have email consultations, there are plans to pilot this year a range of initiatives with the intention to explore a wider range of ways in which GPs provide services to patients, this would include use of Skype facilities and email consultations. The plan is to pilot a number of schemes – the success of which may determine adoption of such initiatives in future GP contracts

Q: Can a GP also be the Practice Manager at their surgery. If so, under what circumstances?

A: Yes, a GP can act as the practice manager, the regulations governing NHS Medical services do not impose any requirement or restrictions on the organisational structure or staffing of a GP business. GPs operate as an independent contractor, the CQC oversee GP practices as a regulator and NHS England commissions care through either a general medical services (GMS) or personal medical services (PMS) contract. This contracts on the basis of patient outcomes and patient services, it does not require the appointment each practice to appoint a practice manager or any other key individual within the primary health care team.

Forthcoming events and key dates:

January/February 2014 -
Eye Health Assessment workshops

25 March 2014 - LPN Assembly, Manchester - registration will open shortly. Please check the LPN webpages at the following address:
http://www.england.nhs.uk/ourwork/d-com/primary-care-comm/lpn/lpn-assembly/

26 February 2014 – Orthodontic Framework Workshop – The Aeonian Centre, London.

Key Team Contact

For all enquiries to the team please email:-

England.primarycareops@nhs.net