North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Primary Care Committee	Agenda Item
12 July 2018	6

Approval of ICC Primary Care Investment Proposals

Purpose of the Report

The purpose of this report is:

- To formally ratify the decision made at the Part 2 Primary Care Committee meeting of 20 June 2018 to approve three ICC schemes from the ICC primary care transformation funding allocation.
- To approve the allocation of funding to a further three ICC based primary care schemes.
- To formally ratify the decision made at the Part 2 Part 2 Primary Care Committee meeting of 20 June 2018 to agree allocation of 'Frailty' Coordinator funding within ICCs.

Outcome Required:	Approve	X	Ratify		For Discussion		For Information	

Assurance Framework Reference:
As detailed in the Strategic Objectives below.

Recommendation(s):

The Committee is asked to approve the proposals.

Executive Summary:

Key Issues:

A Part 2 meeting of the Primary Care Committee was held on 20 June to consider three 'primary care transformation' schemes for approval. Timely approval of these proposals has allowed implementation of the schemes to commence supporting the delivery of the wider system objectives around admission avoidance and length of stay reduction as well as the delivery of the CCG cost improvement scheme. The Committee is invited to formally ratify the decisions made at the Part 2 meeting.

This paper also requests approval of a further 3 ICC schemes which have been developed since the 20 June meeting. Two of these schemes (Carlisle Network ICC and Cockermouth & Maryport ICC) involve funding being routed via general practice. The Keswick & Solway proposal suggests that the scheme is managed on behalf of the practices via CPFT and will therefore be funded through a variation to the CPFT contract rather than funding going to practices.

The Committee is also invited to formally ratify the decisions made at the Part 2 meeting regarding the allocation of 'Frailty' Coordinator funding.

ICC primary care transformation funding

The ICC Business Case included two recurrent investment allocations for primary care based schemes – 'Frailty' Coordinator funding to develop role of care coordinators linked to practices and 'transformation funding' which has been apportioned to ICC groups of practices to fund development of schemes that support GP involvement in ICCs. The 'transformation' schemes are intended to release capacity within general practice allowing GPs to work with ICC teams to avoid admission, facilitate earlier discharge and manage more patients at home. Proposed schemes have been assessed and have been required to demonstrate how they will achieve this objective and activity targets have been developed to measure activity and to provide estimates of capacity generated within general practice.

To address potential 'conflict of interest' issues a Memorandum of Understanding has been developed setting out the responsibilities of the parties to the agreement including the role of the ICC leadership teams and CCG in monitoring and evaluating provision and performance. This is included as Appendix 1. Although funding (in all but one scheme) is routed through primary care organisations the schemes are regarded as an ICC scheme and crucial to the successful operation of individual ICCs and the achievement of whole system activity and financial targets.

Table A summarises the proposal agreed at the Part 2 meeting in relation to transformation funding.

Table B summarised the proposals from 3 further ICC groups of practices. A more detailed summary of each of these schemes is attached at Appendix 2 and this provides a breakdown of costs included in the scheme. These costs have all been benchmarked and the costs are consistent with expectations of the resources required.

The committee is asked to note the approval for the schemes in Table A and approve the schemes in Table B.

TABLE A: SCHEMES APPROVED AT PART 2 PCC MEETING ON 20 JUNE 2018

Scheme summary by ICC	'Provider'	£*
Brampton & Longtown: Additional practice based nursing support to provide acute home visits & frailty assessments /care planning .	Brampton Longtown	£52,575

Carlisle Healthcare: Enhance nurse provision to provide acute home visits and support frailty assessment / review / care planning.	Carlisle Healthcare	£98,824
Workington: 2 part proposal. Providing nurse practitioner support with acute home visits on weekdays. Supporting additional nurse provision at weekends to enable GP input to complex cases / support weekend rapid response / home visits.	Workington Health Ltd	£95,814

*Maximum Full year cost. Funding will only be provided once scheme is operational & against evidence of costs incurred.

TABLE B: ADDITIONAL SCHEMES REQUIRING APPROVAL

Scheme	Provider	£*
Carlisle Network: Development of nurse team to provide acute home visits and support frailty assessment / review / care planning. Workload pressure of managing home visits and management of complex, frail elderly patients identified by CN practices as area where nurse support could assist GPs and release GP time.	Eden Medical Group Fusehill Spencer Street Warwick Road Warwick Square ~	£134,661
Cockermouth & Maryport: GP support to the ICC home visiting service staffed by suitably qualified practitioners (Hub GP, nurses, paramedics, HCPs). Practices and partners in the ICC have identified need to better coordinate requests for home visit whether these are for GPs or for wider ICC team and need for GP expertise within visit triage process. Proposal is to use existing staff differently but also supporting additional GP time to oversee visit requests coming into ICC hub and to provide dedicated GP visiting, teleconsultations.	Castlegate& Derwent Maryport	£88,000
Keswick & Solway: Practices propose combining the ICC transformation funding with the 'Frailty' coordinator funding to widen model of care coordination/coaching to a wider patient population including those with Long Term Conditions whose low level psycho-social needs present significant call on GP time. Aim to maintain independence, encourage self care and make local connections between people and services available in their local community.	CPFT #	£121,814 ^

*Maximum Full year cost. Funding will only be provided once scheme is operational & against evidence of costs incurred.

~ Exact share of resource routed to individual practices will be determined on recruitment as will depend on WTE and banding of nurses hosted by each practice.

Keswick & Solway practices propose to route funding via CPFT who will employ staff on behalf of practices.

^ The total cost of the Keswick & Solway proposal is £198,617. £121,814 is amount required from ICC Transformation funding allocation. The remaining £76,543 is from the Keswick & Solway 'Frailty' Coordinator allocation (see below).

Frailty Care Coordinator scheme

The Frailty Care Coordinator scheme had already received approval, the table below sets out proposed employment arrangements by ICC which were approved at Part 2 committee on 20 June 2018. The Committee is asked to ratify the decision, noting a slight amendment to the Carlisle Network proposal and the decision within Keswick & Solway to employ coordinators via CPFT.

ICC	Provider	WTE	£ *
Brampton & Longtown	Brampton	1.1 WTE	£27,996
	Longtown	0.3 WTE	£7,635
Carlisle Healthcare	Carlisle Healthcare	2.4 WTE	£61,082
Carlisle Network	Warwick Rd & Fusehill	0.9WTE	£22,906
	Eden Medical	1 WTE	£25,451
	Spencer St	0.8 WTE	£20,360
	Warwick Sq.	0.5WTE	£12,725
Cockermouth & Maryport	Castlegate & Derwent	1 WTE	£25,451
	Maryport	1 WTE	£25,451
Copeland	Distington	0.42 WTE	£10,570
	Fellview	2 WTE	£50,925
	Lowther	0.86 WTE	£21,820
	Mansion House	0.53 WTE	£13,580
	Queen Street	0.36 WTE	£9,187
	Seascale	0.55 WTE	£14,021
	Westcroft (on behalf WMS)	0.89 WTE	£19,874
Eden	TBC (likely to be CPFT)	3.6WTE	£91,624
Keswick & Solway	CPFT	3WTE	£76,353
Workington	Workington Health	2.3WTE	£58,537

*Maximum Full year cost. Funding will only be provided once postholders in post.

Key Risks:
There are two key risks that this process is intended to mitigate against:

- The impact of delays to the successful implementation to ICCs as a result of delays to this key component of the ICC operating model should all cases be deferred until 19 July.
- The CCG not appropriately managing any potential conflict of interest and ensuring the investments represent value for the public purse should there be inadequate scrutiny.

Implications/Actions for Public and Patient Engagement:
There are no direct issues

Financial Impact on the CCG:

This is covered in the paper

Strategic Objective(s) supported by this paper:	**Please select (X)**
Support continuous quality improvement within existing services including General Practice	**X**
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	X
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	x
Continuously improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	None noted

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	This is considered above.

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Date Report Written	4 July 2018

APPENDIX ONE: MEMORANDUM OF UNDERSTANDING TEMPLATE (NOTE: Bespoke MoU will be in place for each provider setting out individual scheme activity and financial information)

Memorandum of Understanding
Between NHS Cumbria CCG and General Practices within xxx ICC

Introduction

General Practice and GPs already play a vital role within communities looking after patients at home with a relatively small workforce, preventing admissions and supporting patients on discharge from hospital. As the North Cumbria ICC programme is implemented General Practice, together with health and social care ICC partners, will be expected to look after increasing numbers of patients who will be treated at a point of greater acuity and dependency, generating additional workload for General Practice, GPs and community teams. The specific implications for General Practice include:

- An increasing number admissions avoided and reduced length of stay for many patients, who will still have medical (not acute) care needs requiring GPs to be responsive both to support the enhanced ICC community teams and the 'Home First' service by providing advice and guidance and home visits where required. The ICC business case estimated that additional workload on practices is equivalent (on average) to 2.5 days of GP time per week per ICC.

- GPs are the case holders for this group of patients, retaining responsibility for the clinical management of patients formerly treated in hospital.

- GP expertise will be required within ICC MDTs – both in MDT meetings and in the resulting preparation and follow up care.

- For the ICC coordination hubs and MDTs to operate there will need to be a step change in the level of care planning and care coordination both from primary care and community services. In General Practice this will impact on the wider practice team but will also specifically require GP input.

Funding

ICC general practice transformation funding has been apportioned to each ICC group of practices to fund developments of collaborative General Practice services at scale. It is specifically for investment in new services and structural change and is linked to the GP participation in ICCs. The intention is that funding will be used to provide additional capacity within General Practice to support the new work being undertaken by ICCs from 2018 onwards. This will generate additional demand for GP support to ICC teams.

Practices within xxxx ICC are using funding to provide xxxxxx. The detailed proposal is attached as an appendix to this agreement and sets out description of the scheme, anticipated activity and performance measures.

Investment will be made on a conditional basis upon having a clear agreement with practices that they will in return support ICC development by meeting requirements of this agreement. Reimbursement will only be made for identified costs up to maximum of £xxx.

Responsibilities of parties to this agreement

Requirements of General Practices within the ICC

- Practices retain full responsibility for all aspects of their GMS contractual and professional obligations regarding the provision of primary medical care services to their patients. Therefore GPs will retain overall responsibility for visiting patients at home throughout the GP working day (8-6.30pm), or for deciding that patients do not need a visit.
    - Undertake any required GP visits to the cohort of patient previously treated as inpatients to avoid admissions and support discharge. The anticipated activity figures are included in the attached proposal.
    - Provide representation at MDT meetings to ensure GP expertise and medical input is included in MDT discussions
    - Undertake any identified activities to support MDT agreed patient actions including discussing the care of the patient with relatives, other members of the ICC team and relevant partner organisations
    - Support enhanced care planning / case management
    - Participate in ICC development activities
    - Commit to data sharing agreements with core ICC partners

Requirements of the 'Host' organisation/s providing the ICC transformation scheme on behalf of the ICC practices:

- Ensure that the service meets all mandated clinical and service quality requirements.
- Ensure that any staff employed through the scheme are appropriately supervised and any concerns relating to conduct or performance are reported to the CCG in a timely manner and, if appropriate, any agreed remedial action is carried out to the agreed timescale.
- Provide quarterly and annual activity monitoring / performance data to CCG within 2 weeks of quarter end in line with scheme proposal (see appendix)
    - Provide accurate information on costs incurred, for example, informing CCG when vacancies occur as reimbursement will only relate to costs incurred.
    - Liaise with ICC practices in order to capture impact on practices in terms of capacity release, identification of number of patients appropriately or inappropriately referred

- Ensure that any significant issues with capacity / demand are communicated to CCG.

Requirements of the ICC Leadership Team (GP lead, CPFT and CCC lead)

- To retain day-to-day oversight of the scheme on behalf of the CCG/ North Cumbria Health and Care system and ensure that it is working effectively with the wider ICC team ie: that practices are engaged in the MDT, are proactive in care coordination, making good appropriate referrals, conducting home visits and are available to discuss care when clinically appropriate either with colleagues or MDT meetings.

Requirements of CCG (on behalf of the North Cumbria health & care system)

- The CCG is responsible for the transactional aspects of this agreement (ie; payment and contract management) but is effectively acting on behalf of the wider North Cumbria health and care system.
  - The CCG will provide xxx ICC with funding of £xxxx paid in arrears by monthly instalments with reconciliations taking place at quarter end.
  - CCG / North Cumbria system will seek feedback from ICC leadership team to ensure scheme is operating optimally within the ICC and practices are fulfilling requirements.
  - CCG / North Cumbria system will be responsible for holding the ICC leadership team /practices / host provider to account where agreed actions have not been completed or delivered in accordance with this MoU.
  - CCG will monitor performance of the scheme through collation of date requirements set out in attached proposal to identify additional capacity provided within general practice. The wider ICC Programme will be monitoring ICC performance in terms of impact on admissions and lengths of stay.
  - CCG / North Cumbria system may require additional service audits to be undertaken if concerns arise from information obtained from routine monitoring data, stakeholder or patient feedback. The CCG reserves the right to undertake review of service data to ensure that providers are complying with the requirements and standards set out in this Memorandum of Understanding.

Disputes

If any party has any issues, concerns or complaints about the scheme, or any matter in this MoU, that party shall notify the other party in writing/by email advising the concerns being experienced. Written confirmation from the other party should be provided within 10 working days confirming receipt of the communication. The parties shall then seek to resolve the issue by a process of negotiation to decide on the appropriate course of action to take. If the issue cannot be resolved within a reasonable time the matter shall be referred to CCG's Medical Director for arbitration.

Within the ICC practices will share responsibility for delivery of the scheme and as far as possible resolve issues internally within the ICC. If the issue cannot be resolved within the ICC within a reasonable time the matter shall be escalated to the CCG's Director of Primary Care Development.

The CCG reserves the right to cease payments if it considered that the requirements of the scheme are not being met. Such action would only be taken following consultation with the provider and having given the provider the opportunity to produce, within one month of concerns being raised a remedial action plan.

If the CCG wishes to terminate the agreement or the host provider wishes to withdraw from providing a service, notice should be given in both circumstances of 3 months.

Parties to this agreement

NHS Cumbria CCG
ICC practices (list)
ICC host practice

Duration of this Memorandum of Understanding

xxx 2018 to 31 March 2019
Review date: January 2019

NOTE: Individual scheme details attached including activity targets.

APPENDIX 2: FINANCIAL DETAIL OF SCHEMES

Carlisle Network	**£**
Nurse Practitioner 1 WTE Band 8a Salary cost (Band 8a equivalent) NI, pension, employer on costs, travel, AL & sickness cover, training)	£67,011
Nurse 1.5 WTE Band 6 Salary cost (Band 6 equivalent) NI, pension, employer on costs, travel, AL & sickness cover, training)	£67,650
TOTAL RECURRENT COST	**£134,661**

Cockermouth & Maryport	**£**
Hub GP 6 salaried sessions Salary cost NI/Pension/oncosts/ indemnity	£88,000
TOTAL RECURRENT COST	**£88,000**

Keswick & Solway	**£**
Living Well Coaches / Care Coordinators 5.5 WTE Band 3 Salary cost (Band 3 equivalent) NI, pension, employer on costs, travel, AL & sickness cover, training)	£143,346
Living Well Enabler 1 WTE Band 5 Salary cost (Band 5 equivalent) NI, pension, employer on costs, travel, AL & sickness cover, training)	£37,519
Senior Psychologist support 0.2WTE Band 8a Salary cost (Band 8a equivalent) NI, pension, employer on costs, travel, AL & sickness cover, training)	£13,303
Room hire for group work	£1000
TOTAL RECURRENT COST	**£198,167 ***

*Keswick & Solway total scheme cost is funded from ICC transformation funding (£121,814) and 'frailty' coordinator funding (£76,353)

Note: Salary costs calculated in line with approach used for all schemes supported through ICC business case. Where schemes are providing 52 week services (ie; holiday cover provided) on costs are higher than where schemes assume 48 week service.

Some non-recurrent costs will be incurred in all schemes (eg: provision of laptop / diagnostic equipment). This will be funded from any slippage on start date of schemes and providers will only be reimbursed for actual costs incurred.