

<b>NHS North Cumbria CCG Primary Care Commissioning Committee</b>	<b>Agenda Item</b>  <b>7.2</b>
<b>15 November 2018</b>	

### Approval of Gainshare Funding Proposals

<b>Purpose of the Report</b>							
The purpose of this report is to request approval from Primary Care Committee for proposed schemes where support will be provided through non-recurrent 'Gainshare' funding.							
<b>Outcome Required:</b>	Approve	X	Ratify		For Discussion		For Information
<b>Assurance Framework Reference:</b> As detailed in the Strategic Objectives below.							

<b>Recommendation(s):</b>
The Committee is asked to approval proposals for investment in primary care schemes being supported through use of non-recurrent Gainshare funding.

<b>Executive Summary:</b>																											
ICC groups of practices 'earned' gainshare through savings on prescribing and direct access radiology and pathology budgets in 2016/17. Funding is intended for ICC based schemes which improve patient care and support ICC objectives relating to delivery of care outside hospital, prevention, self care, reduction in clinical variation and development of more efficient services.																											
£504,250 was originally identified for ICC groups of practices. The bulk has been allocated with following sums still available to ICCs:																											
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Investment in primary care requires CCG Primary Care Committee approval in line with due process. The table below summarises proposals from Brampton & Longtown, Carlisle Healthcare, Eden and Keswick & Solway ICCs.

Proposed schemes have been submitted to and assessed by the Primary Care team. ICC practices were required to demonstrate how they will meet investment criteria; some of the items originally requested were not approved as they did not, in the view of the team and the Accountable Officer, meet the investment criteria. Costs have been benchmarked and are consistent with expectations of the resources required. All schemes will be monitored to ensure outcomes identified are met.

Scheme summary by ICC	Funding recipient:	£
<b>Brampton &amp; Longtown ICC:</b> Clinical pharmacist input over 3 years to support both ICC practices with medication reviews within care homes, management of long term conditions, post discharge medicine reviews, audits, etc. Will also support the wider ICC team. Support to bid would allow practices to access NHSE matched funding for 3 years with practices committed to picking up ongoing costs of scheme thereafter.	Brampton (on behalf of both practices)	£32,636
<b>Carlisle Healthcare:</b> 2 x portable ECGs to improve effectiveness /consistency of testing and improve patient access to diagnostic support. 5 x 24 hour BP machines improve effectiveness /consistency of testing; improve patient access to diagnostic support & encourage self management. Support costs for development of interactive patient website	Carlisle Healthcare	£1,584 £11,760 £9,125
<b>Eden ICC:</b> 8 wifi enabled laptops to enable GPs to work more flexibly using technology that can work remotely in patients' homes.	CPFT *	£17,515
<b>Keswick &amp; Solway ICC:</b> 7 wifi enabled laptops to enable GPs to work more flexibly using technology that can work remotely in patients' homes. (One per practice) IM&T equipment (conferencing webcams and PC webcams) to enable practices to meet remotely (initial pilot to test feasibility successful, reducing travel time, supporting GP involvement in MDT.	CPFT *	£15,325 £3,884
5 centrifuges to allow more effective, reliable blood testing by enabling samples to be spun and stored until collection, reducing numbers of failed tests and improving access for patients by extending time window for testing.	Keswick, Croft, Silloth, Dalston, Wigton	£9,772
7 portable ECG, EMIS compatible ECG machines to improve effectiveness and consistency of testing across ICC and save time by reducing need for manual inputting, printing & scanning of results.	Aspatria, Keswick, Croft, Silloth, Dalston, Wigton, Caldbeck	£16,884

\* PCC approval not required as funding not going to an individual practice but will be provided directly to CPFT. Detail provided for PCC information only.

**Key Risks:**

This process is intended to mitigate against the risk of 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

<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
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	

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	None noted
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<b>Conflicts of Interest</b> Describe any possible Conflicts of interest associated with this paper, and how they will be managed	This is considered above.
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<b>Date Report Written</b>	8 November 2018