

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item 4
17th April 2019	

Change of Provider for Previously Approved Primary Care Transformation Bid

Purpose of the Report							
<p>The purpose of this report is to request approval from the Primary Care Committee for a change in provider for a Primary Care Transformation scheme previously approved by the Committee on 25th July 2018. The change will result in payment being made to a general practice rather than a non-primary care provider.</p>							
Outcome Required:	Approve	<input checked="" type="checkbox"/>	Ratify	<input type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Information
Assurance Framework Reference: As detailed in the Strategic Objectives below.							

Recommendation(s):
<p>The Committee is asked to approve proposals for a change in provider for a previously approved Primary Care Transformation scheme which means that the payee is a general practice. Investment in primary care requires CCG Primary Care Committee approval in line with due process.</p>

Executive Summary:
<p>The ICC Business Case included ‘transformation funding’ which was apportioned to ICC groups of practices to fund development of schemes that support GP involvement in ICCs. ‘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.</p> <p>The Primary Care Committee meeting on 25th July 2018 approved a Copeland ICC proposal for use of primary care transformation funding for a Copeland Community Paramedic / practitioner scheme. The intention was that the scheme would be provided by North West Ambulance Service (NWAS) on behalf of the practices. However, NWAS have failed to deliver the scheme and it is now clear that they will not be able to do so within a reasonable time period. The practices have therefore revised the proposal so that the paramedics would be instead employed directly by a practice (Lowther) on behalf of the wider group of practices. The revised proposal also reflects changes within Copeland since the original proposal was developed, in particular the development of a joint ‘same day’ primary care service based at West Cumberland Hospital with which the revised scheme will have close links.</p> <p>The revised scheme provides an increased level of activity compared with the original NWAS proposal. The original approved NWAS proposal was for £178,000 whilst the revised proposal is for £174,900 (see below).</p>

As with all schemes presented to the Primary Care Committee the proposal has been assessed and activity targets have been developed to measure activity and to provide estimates of capacity generated within general practice. Costs have been benchmarked and are consistent with expectations of the resources required. To address potential 'conflict of interest' issues a contract schedule 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.

A summary of the scheme is provided below. A detailed proposal is available.

Scheme summary by ICC	'Provider'	£
Copeland: Community paramedic scheme with 2 paramedics supporting practices with home visits. Paramedics will provide acute home visits, assessing and treating patients. Paramedics employed by NWAS.	Lowther Medical*	£174,900

*Lowther Medical GMS contract will be transferring to North Cumbria Primary Care (NCPC) at which point staff will transfer employment to NCPC and responsibility for provision of this service will move to NCPC who will manage it on behalf of all Copeland practices.

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

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
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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	18 March 2019