

## **NHS England Quarterly Report to Wirral Health & Wellbeing Board**

### **1. Purpose of this report**

The aim of this report is to update Wirral Health and Wellbeing Board regarding the activities and responsibilities of NHS England. This report outlines the national and regional context together with specific updates on priorities that the Local NHS England Teams are responsible progressing.

### **2. Strategy and Planning**

#### **New GP contract agreed**

Good news for both patients and GPs. Along with the Government, and the British Medical Association's General Practitioners Committee, NHS England has agreed a new general practice contract for 2017/18.

The new agreement includes an increased focus on some of the most vulnerable, with tailored annual reviews offered to frail pensioners, and an increase in the number of health checks for people with learning disabilities.

The new contract also includes provisions to encourage practices to be more accessible to patients and not to close for half-a-day a week. GP practices which regularly close for mornings or afternoons on a week day will lose their eligibility for the current extended hours scheme claimed by most practices. Practices who club together with other GPs in their local area to offer more evening and weekend appointments will be eligible for extra non-contractual funding over and above the current scheme.

Strengthening requirements in the 2016/17 contract, general practices will also help determine a new patient's eligibility for NHS healthcare. This will help with the identification of patients from the European Economic Area and should make it easier for the NHS to reclaim money from their home countries.

The new contract, to take effect from 01 April 2017, will see investment of around £238 million going into the contract for 2017/18.

In addition, £157 million from a previous earmarked scheme will be transferred into core GP funding so that family doctors can be more flexible in how they care for the frailest.

This is part of NHS England's plan, set out in the General Practice Forward View last year, to reverse previous years of under-investment in general practice.

For GPs, agreement has been reached to cover the rising costs for practices in a number of key areas, including costs of CQC inspection, indemnity costs, and other areas of workload. NHS England has also agreed with the BMA that a group will be set up after April 2017 to discuss the future of the payment arrangements known as “QOF”.

The investment announced will provide a pay uplift of one per cent for GPs with other agreed changes including:

- increased investments to help GP retention
- improved payment arrangements to cover parental leave and sickness absence.

### **Induction and Returners Scheme**

The NHS GP Induction and Refresher (I&R) Scheme provides a safe, supported and direct route for qualified GPs to join or return to NHS general practice. It is designed for GPs who have previously been on the GMC Register and NHS England’s Medical Performers List (MPL) and would like to return to general practice after a career break, raising a family or time spent working abroad. The Portfolio Route gives the option for doctors, who have worked in NHS general practice in the previous five years, and have been working abroad in an equivalent primary care setting to apply from overseas.

The scheme also supports the safe introduction of overseas GPs who have qualified outside the UK and have no previous NHS experience. The scheme includes a range of assessments including placements and simulated surgeries to support appropriately skilled GPs into NHS general practice.

NHS England have created a dedicated support team to facilitate and support the scheme, Cheshire and Merseyside host this team are the lead office for NHS England for supporting I&R GPs. The team provides access to a dedicated account manager to help guide GPs through the entire process. They can provide support such as:

- advice on completing forms and paperwork
- assistance with arranging occupational health assessments
- advice on arranging indemnity
- co-ordinating assessments and placements on the doctor’s behalf

Currently Cheshire & Merseyside are supporting over 200 GPs who are at various stages in the scheme from the point of application to successful completion and

meeting standards for independent practice. This number is expected to increase with assessments taking place every 6 weeks from March 2017.

## **Consultation on heart disease services**

NHS England has launched a public consultation on how it will put in place new standards for hospitals providing congenital heart disease services in England.

The consultation, which runs for 16 weeks from Thursday 9 February to Monday 5 June 2017, aims to gather as many views as possible from patients, families and clinical experts and will include face to face meetings around the country, webinars and an online survey.

It follows the publication in 2015 of a new set of quality standards for all hospitals providing congenital heart disease. The standards were developed over a period of two years in conjunction with hundreds of patients and their families, clinical experts from more than 15 hospitals, Royal Colleges and more than 30 charities in response to a number of reviews following the public inquiry at Bristol Royal Infirmary in 2001. Now NHS England is seeking views and input on how the standards can be put into practice.

### **1. Assurance**

#### **Changes to NHS England local leadership**

To ensure we continue to make progress on the delivery and implementation of the Five Year Forward View Richard Barker (North Regional Director) has appointed Clare Duggan as Regional Director of Transformation. Clare is currently Director of Commissioning Operations for Cheshire and Merseyside. Clare will work closely with Regional Management Team colleagues and other stakeholders to make sure that we continue to make progress in a range of areas and best support health systems to deliver Sustainability and Transformation Plans across the North.

To enable this change Graham Urwin has agreed to take on Director of Commissioning Operations (DCO) responsibilities for Cheshire and Merseyside. Clare and Graham will be transitioning into the new roles over the coming weeks.

Cheshire and Merseyside and Lancashire will remain as two separate teams working with their respective local health & social care economy partners to maintain the important place based focus to delivery.

To ensure the best outcomes for patients, the standards set out the need for surgeons to do a minimum of 125 cases per year, the equivalent of three per week. They also require that there should be a minimum of three surgeons in the team to

cover the workload 24 hours a day, rising to four surgeons per team by April 2021. To make sure critically ill children receive the full range of support, the standards also specify that specialist children's cardiac services must also only be delivered where there are also a wider range of other paediatric specialities present on the same hospital site.

All of the documents relating to the consultation can be found at: [www.engage.england.nhs.uk](http://www.engage.england.nhs.uk)

## **CCG Improvement and Assessment Framework (IAF)**

NHS England introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) for 2016/17 onwards. In the Government's Mandate to NHS England, this new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS. There are four domains: Better Health, Better Care, Sustainability, Leadership and six clinical priorities (reported at the November HWBB)

A formal review meeting is held each quarter between NHS England and each CCG. Quarter 3 meetings are taking place now. The final end-of-year assessments will take place during May with publication of annual assessments on NHS England website and CCG IAF results on MyNHS.

Each CCG will get seven ratings: one overall rating based on the 60 metrics within the IAF and six ratings in the clinical priority areas.

## **2. Outcomes**

### **Quality Premium**

The Quality Premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

The guidance for Quality Premium 2017/19 was published in October 2016. In keeping with previous years, the maximum QP payment for a CCG is expressed as £5 per head of population, calculated using the same methodology as for CCG running costs, and made as a programme allocation. (This is in addition to a CCG's main financial allocation and in addition to its running costs allowance.)

There are five national measures

- Early Cancer Diagnosis
- GP Access and Experience
- Continuing Healthcare

- Mental Health
- Bloodstream Infections

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The scheme also required local NHS England teams and CCG's to agree a locally selected indicator from the RightCare Commissioning for Value Packs, and also to select a Mental Health indicator from a menu. CCG's have indicated their priorities: these have been subject to local review and have been formally submitted as part of the planning process for 2017/18.

QP payments can only be used for the purposes set out in regulations. These state that QP payments should be used by CCG's to secure improvement in:

- the quality of health services; or
- the outcomes achieved from the provision of health services; or
- reducing inequalities between patients in terms of their ability to access health services or the outcomes achieved.

CCGs may utilise the QP payment with other organisations to deliver the improvements above where appropriate wider powers are available for the use of the funding in this manner.

Each CCG is required to publish an explanation of how it has spent a QP payment.

## **Mental Health**

In support of the mental health Five Year Forward View priorities, NHS England has directed significant additional resources to Cheshire and Merseyside focussing on waiting list reduction and supporting transformation of mental health care. Alongside this Wirral CCG has received circa £160,000 to support Children and Young people waiting list reduction initiative and transformation.

Claire Murdoch, National Implementation Director for Mental Health, visited Cheshire and Merseyside on 24<sup>th</sup> February. As part of her visit Claire spent the afternoon with Cheshire and Wirral Partnership, visiting Ancora House in Chester and hearing about the plans for the development of perinatal mental health services across Cheshire and Merseyside following a successful pilot bid.