

Governing Body (public) meeting

DATE: 25 September 2014

Title	Primary Care Improvement Fund	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Approve the recommendations for the strategic direction for the Primary Care Improvement Fund (as shown in section 6 of the attached paper).</p>	
Executive summary	<p>The Kitemark scheme was a budget used by the CCG to focus improvements and innovation in Primary Care GP practices. This has been in existence for a number of years. It is now being renamed the Primary Care Improvement Fund (PCIF).</p> <p>The Governing Body are asked to support a new strategic direction and usage for this fund where it will focus and be aligned each year to 4 key strategic objectives of the CCG. These strategic objectives will be chosen by the Governing Body (see below) to reflect our population needs.</p> <p>The PCIF fund will be divided into 2 sections:</p> <p>Strategic Fixed Schemes: There will be two of these – see below – and these will remain in place until such time as the CCG’s Governing Body determines that the fixed schemes should be reviewed.</p> <p>Annual Schemes: Again there will be two of these – see below – but their focus will be determined and will be subject to change annually.</p> <p>The Governing Body are also asked to support the formation of a task and finish group (the PCIF Leadership Group) to determine the overall content and direction for the schemes, and to approve the detailed schemes on their behalf to ensure that the strategic direction agreed is delivered within these.</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key	✓

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	stakeholders		
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London		✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation		✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience		✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Failure of the GP membership to agree to the new strategic direction.	
	Equality and diversity		
	Patient impact	To improve services for patients, and the health of our population.	
	Financial	To be delivered within the budget available.	
	Legal issues		
	NHS constitution		
Consultation (public, member or other)	The Governing Body are asked to endorse the strategic direction for this scheme.		
Audit (considered/approved by other committees/groups)	None.		
Communications plan	If approved this will be communicated to our GP membership and their LMC.		
Author	Sarah Valentine		
	Clinical lead Not applicable	Executive sponsor Sarah Valentine Director of Commissioning	
Date	12 th September 2014		

NHS Bexley CCG - Governing Body Paper
Primary Care Improvement Fund
(previously known as Kitemark)
12th September 2014

1. Introduction:

The Kitemark scheme was a budget used by the CCG to focus improvements and innovation in Primary Care GP practices. This has been in existence for a number of years. It is now being renamed the Primary Care Improvement Fund (PCIF).

The Governing Body are asked to support a new strategic direction and usage for this fund where it will focus and be aligned each year to 4 key strategic objectives of the CCG. These strategic objectives will be chosen by the Governing Body (see below) to reflect our population needs.

The PCIF fund will be divided into 2 sections:

Strategic Fixed Schemes: There will be two of these – see below – and these will remain in place until such time as the CCG's Governing Body determines that the fixed schemes should be reviewed.

Annual Schemes: Again there will be two of these – see below – but their focus will be determined and will be subject to change annually.

2. Strategic Fixed Schemes

These will remain as part of a rolling programme with the monies determined as a percentage of the total available PCIF budget (at 30% to each). Each year the PCIF group (see later) will determine the appropriate scope the sub-focus areas for each of these.

- a) **Medicines Management:** An on-going year on year focus is needed to ensure the appropriateness of prescribed medications and dressings are used within primary care. 30% of the PCIF fund will be associated with this scheme annually.
- b) **Improving Access to Primary Care Services for Patients (all GP surgeries):** An on-going focus for improving accessibility of GP services for patients. In 2014 Healthwatch are undertaking a patient survey that will establish the

Clinical Commissioning Group

feedback from the population on accessibility. Based on this the PCIF group will then determine the improvement scheme for practices for 2015/16. Practices will be encouraged to either work on a CCG based scheme level, or at a locality level to promote development and services equity for all patients. 30% of the PCIF fund will be associated with this scheme annually.

The Governing Body are asked to agree and support both of the above schemes together with the percentage of the total PCIF to be associated with each.

3. Annual Schemes:

There will be two of these, and they will be determined annually based on our population needs and our corporate objectives. Each will have 20% of the PCIF assigned to the scheme.

The Governing Body are asked to select two options from the following schemes for 2015/16 – the details for each of the schemes will then be determined through the PCIF group (see later).

Option 1 – Improving End of Life Care

“If you knew you only had a few months to live, what would you do differently, what would your priorities be?” The aim of this scheme is to let patients plan for their death and achieve their last wishes.

Aims:

- To improve care planning for our patients in their last 12 months of life (using Co-ordinate My Care). To enable our patients to plan for their own death as early as possible, with their relatives, next of kin, carers or named individuals involved. Enabling patients to live their last days as they would wish to, with dignity and as pain free as possible.
- To increase the % of patients that are enabled to die in their place of choice (which is usually their Normal Place of Residence).

Currently the use of Co-ordinate My Care (which is an excellent planning tool for patient’s to express their wishes) by practices is extremely variable: 0% in some practices, to 62% in the highest practice. This needs to be improved and the variability reduced.

In 2013/14 our information from GP practices suggests that only 31% of our patients die in their Normal Place of Residence (this could be their private home, or a nursing or residential home) – this is low. A national bereavement survey in 2011 (VOICES) found that according to relatives only 44% of people had expressed a preference of where they wanted to die. For those who expressed a preference, the majority (71%) preferred to die at home

Clinical Commissioning Group

The CCG is developing a business case to provide supported palliative care and end of life care (via the Integrated Care Service for health and social care using the Better Care Fund) – the objectives for the new service will be to achieve the above aims.

Option 2 – Reducing Obesity in Children

Bexley has the highest rate of obesity in children in London, and is ranked the 4th worst in the country. The obesity rate in our children and young people is 22%.

This is a key area for the Joint Strategic Needs Assessment to reduce obesity in our children and young people.

The CCG with the London Borough of Bexley is currently negotiating a new integrated care pathway across health and social care (including public health) – we will be looking at the opportunity of additional services to help motivate children and families in physical exercise and weight management through healthy eating programmes.

Primary Care and our GP practices as one of the main touch points for our children and young people should be encouraged to take an active role in reducing obesity through regular assessments of children (details to be determined) and will also the need to encourage referrals for the children, young people and their families into the services which we are developing.

Option 3 – Dementia Assessments

In 2013/14 the forecast prevalence of dementia within our population is 2,628 individuals, however only 1,153 of these, less than half, are on the dementia register.

This is a key area of focus within our Joint Strategic Needs Assessment with our population that is aging and a key national target for the NHS to ensure that dementia is identified and treated as soon as possible.

We need to improve the number of patients referred to the Memory Assessment Service so that dementia can be diagnosed as early as possible, and care plans agreed.

Option 4 – Improving Mental Health

Mental Health is again a key focus area to improve in our Joint Strategic Needs Assessment. It is estimated that 1 in 4 people in their lifetime will encounter a mental health problem.

There is a national target to achieve 15% of patients having been referred to IAPT (Improving Access to Psychological Therapies) services. At present we are only

Clinical Commissioning Group

achieving approximately 12.5% of this target, with only 6% of these referrals being made from GP practices.

In 2014/15 we have given a declaration in our operating plans to achieve this target and then to continue to expand on this over the coming years.

Through the PCIF scheme we could encourage further relevant referrals by GP practices in 2015/16.

The Governing Body are asked to consider and select two of the above options for the Annual PCIF schemes for 2015/16. 20% of the PCIF fund will be used for each of the above options.

4. Agreeing the overall content for the schemes:

A task and finish group (PCIF Leadership Group) will be established who will determine the overall parameters and content for each of the schemes chosen above and to ensure that the PCIF fund is focused in line with the strategic direction set by the Governing Body through the above. The group will set the parameters, and the detail will be developed by a working group but will then come back to this group for final approval. The Governing Body are asked to approve the following membership for this PCIF Leadership Group:

- Sarah Valentine, Director of Commissioning
- Sandra Wakeford, Patient Council and GB member (representing the interests of patients)
- Simon Evans-Evans, Director of Governance & Quality
- Dr Peter Fish, GB member and GP in an advisory non voting capacity (to provide an input on the potential for development of a scheme “do-ability”)
- Charles O’Hanlon – Assistant Director of Transformation and Redesign (responsible for managing the working group with the GP practices and LMC).

The PCIF Leadership Group will be kept small as it is to set the parameters for each of the 4 schemes annually the 3 Governing Body (GB) members will be responsible for ensuring that the GB strategic requirements and direction are met as an oversight role. It will be task and finish group to complete these requirements for the 2015/16 PCIF scheme. Monitoring of the scheme will then continue in through the normal routine business mechanisms.

5. Available budget allocation 2015/16:

The budget available to PCIF in 2015/16 is £760,000.

Clinical Commissioning Group

6. Approval Sought from the Governing Body:

The following recommendations are made and approval sought from the Governing Body:

- a) Approval of the two fixed schemes – Medicines Management and Improving Access to Primary Care Services – with 30% of the PCIF budget being assigned to each.
- b) Selection of two options for the annual schemes (from section 3 above) – with 20% of the PCIF budget being assigned to each.
- c) Approval (or recommendations for change) of the proposed membership for the PCIF Leadership Group shown under Section 4.

Sarah Valentine
Director of Commissioning
12th September 2014