

<b>NHS North Cumbria CCG Primary Care Commissioning Committee</b>	<b>Agenda Item</b>  <b>7.1</b>
<b>15 November 2018</b>	

**Approval of GPFV ‘£1.40 per head’ funding proposals**

<b>Purpose of the Report</b>							
The purpose of this report is to provide the Primary Care Committee meeting with information on schemes being supported through non-recurrent GPFV funding.							
<b>Outcome Required:</b>	Approve	<b>X</b>	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 approve proposals for investment in primary care schemes being supported through use of non-recurrent GPFV (GP Forward View) funding.

<b>Executive Summary:</b>																
<p>Non recurrent GP Forward View funding has been identified “to stimulate development of at-scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of General Practice”.</p> <p>The Primary Care Committee has previously approved the use of GPFV funding for our GP workload scheme; investment in a workforce modelling tool and for investment in ICC schemes that support innovative ways of working that increase capacity within general practice. A total of £448,000 (roughly £1.40 per head) is available for the latter split between ICCs (on registered list size) as follows:</p>																
<table border="1"> <thead> <tr> <th>ICC</th> <th></th> </tr> </thead> <tbody> <tr> <td>Brampton &amp; Longtown</td> <td>£27,000</td> </tr> <tr> <td>Carlisle Healthcare</td> <td>£50,000</td> </tr> <tr> <td>Carlisle Network</td> <td>£68,000</td> </tr> <tr> <td>Cockermouth &amp; Maryport</td> <td>£43,000</td> </tr> <tr> <td>Copeland</td> <td>£85,000</td> </tr> <tr> <td>Eden</td> <td>£73,000</td> </tr> <tr> <td>Keswick &amp; Solway</td> <td>£56,000</td> </tr> </tbody> </table>	ICC		Brampton & Longtown	£27,000	Carlisle Healthcare	£50,000	Carlisle Network	£68,000	Cockermouth & Maryport	£43,000	Copeland	£85,000	Eden	£73,000	Keswick & Solway	£56,000
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Workington	£46,000
	£448,000

ICC groups of practices have been asked to develop proposals and have been required to demonstrate:

- Approval from practices within ICC.
- Support from local ICC partners to ensure scheme fits with ICC priorities.
- That they meet the scheme criteria ie: they allow practices to work at scale, they aim to free up capacity in General Practice and thereby improve access for patients.
- That where the proposal is used to ‘pump prime’ recurrent schemes the proposal will confirm that the scheme is revenue neutral, or there is a local agreement on future funding (e.g. through practice funding or partnership agreements with other providers within existing resources).

Investment in primary care requires CCG Primary Care Committee approval in line with due process. The table below summarises proposals from 3 of the 8 ICCs (proposals from remaining ICCs still in development & it is anticipated that they will be considered at Primary Care Committee in January). Detailed summaries of each scheme are available. Costs have been benchmarked and are consistent with expectations of the resources required and schemes will be monitored to measure activity and to provide estimates of capacity generated.

Scheme summary by ICC	Funding recipient:	£
<b>Carlisle Healthcare:</b> Additional nurse provision to support home visiting service providing acute home visits and supporting care planning. Funding will contribute to total cost of recruitment of 1.5WTE with practice picking up remainder of cost and committed to maintaining funding on an on-going basis.	Carlisle Healthcare	£50,000
<b>Copeland ICC:</b> 12 month post of Paediatric nurse specialist to independently manage, and, where appropriate, triage children who require primary care ‘same day / urgent’ access. Based at the Urgent Care Centre at West Cumberland Hospital nurse will provide same day access to all 7 Copeland practices for children presenting with minor illness, injuries and conditions. If successful, ongoing funding will be provided on a fair-share basis by each Copeland practice.	Queen St	£59,181
<b>Workington:</b> 2 part proposal. IT equipment to enable agile working with wifi enabled laptops provided to all practices and members of the Workington frail elderly team (9 laptops) Support to joint consultant/ GP child health service to enable GP input to monthly clinics for 12 months allowing patients to see	CPFT  Workington Health Ltd	£19,701  £3,432

consultant paediatrician alongside GP with aim of reducing OP attendances, increasing paediatric knowledge within primary care and allowing children to be cared for locally.		
<p><b>Key Risks:</b>  The key risks that this process is intended to mitigate against:</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Implications/Actions for Public and Patient Engagement:</b> There are no direct issues</p> <p><b>Financial Impact on the CCG:</b> This is covered in the paper</p>		

Strategic Objective(s) supported by this paper:	Please select
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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