

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item
8 March 2018	7

Gain share 2018/19 – approval of GP practice funding

Purpose of the Report

The CCG agreed a “gain-share” arrangement in 2016/17 and again in 2017/8 whereby a proportion of savings from reductions in prescribing and direct access diagnostics costs would be re-invested to pump prime changes in services, in line with our local health plans. The purpose of this report is to:

- Seek approval for a similar arrangement for 2018/19 for GP practices working in Integrated Care Communities (ICCs)

North Cumbria CCG Executive Committee supported the arrangement on 22 February 2018.

Outcome Required:	Approve	x	Ratify		For Discussion		For Information	
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Assurance Framework Reference:

2, Better Care – Commission services that ensure the delivery of high quality and safe care for patients.

3, Sustainability – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy.

4, Leadership – The CCG needs to support its membership (i.e. General Practice) to provide high quality care to patients and support the delivery of safe, high quality financially sustainable health care services.

Recommendation(s):

The Committee is asked to Approve the GP ICC gain-share agreement for 2018/19

Executive Summary:

Key Issues:

Cumbria CCG operated a “Gain Share” Scheme during 2016/17 across all practices. The scheme

provided funding in 2017/18 for groups of practices as ICCs based upon 40% of savings generated in 2016/17 by underspending on their combined prescribing, pathology and radiology budgets. Indeed, it was noteworthy that underlying cost of prescribing reduced by around 3% in Cumbria during 2016/17. Six of the seven ICCs successfully underspent on their combined budgets contributing significantly to the CCG's cost improvement programme in 2016/17. Under the arrangements funds of £504,000 were available to spend by North Cumbria ICCs in 2017/18, on a non-recurring basis. The funds have been made available to spend over more than one financial year to make sure that their use is properly considered and planned for, with a number of ICCs taking advantage of this option. Appendix 1 sets out the current approved spend position. The approved expenditure has been used to further the aims and planned work of the ICCs.

The CCG agreed to run the scheme for a second year in 2017/8 on the same basis. Current forecasts suggests that there has been little or no savings generated during this financial year.

The ICC practices have been provided with specific guidance on identification and prioritisation of initiatives for use of the funds. The management of these funds is through the CCG's normal processes of budgetary approval and control. However, should some of the funding require specific payment for practices then approval of the Primary Care Committee is required to ensure that both the practice applies the funds in accordance with the approved guidelines and that the proposal represents value for money.

It is proposed, to extend the gain share agreement for 2018/9. Whilst in 2017/8 there has been little saving achieved for the CCG and it has generated little investment for the ICCs, it is still regarded by practices as a positive development. There are a number of initiatives that through promotion of the gain share we can stimulate better uptake, such as radiology ICE referrals, which has wider benefits. The gain share represents little risk financially to the CCG. Unless savings are made there is no financial commitment by the CCG.

Key Risks:

There are clear rules established as to the application of the gain share and guidance has been issued to practices so risk is low. Further mitigation is provided in allowing the funds to be applied over a two-year period to enable optimal application.

Implications/Actions for Public and Patient Engagement:

The funds are intended to specifically "pump-prime" new initiatives for the benefit of patients.

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	X
Commission a range of health services appropriate to Cumbria's Needs	X
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	N/A
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<p>Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed</p>	<p>The decision of the Executive Committee will be taken to the Primary Care Committee for final CCG decision. Any CCG GP Clinical lead employed at a practice included in the proposal will not take part in the decision making process.</p>
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Date Report Written	8 February 2018

Locality	Gain Share Group	Proposal	Date Application received	Date Acknowledgement Sent	Anticipated Cost (£)	Available Funds (£)	Over / (Under) Committed (£)	Require Primary Care Committee Approval	Require Any 2 Director Approval	Date Approved	Costs Incurred to Date (£)	Balance to be Spent (£)	Comment
Allerdale	Cockermouth & Maryport					0	0					0	
Allerdale	Solway & Keswick					106,555	(106,555)					106,555	
Allerdale	Workington	1 Improving frail elderly care in Workington			65,000	70,143	(5,143)	Yes	No	13.07.17.	0	70,143	
Carlisle	Carlisle Healthcare					75,613	(75,613)					75,613	
Carlisle	Carlisle Urban	Training re active signposting / care navigation to be provided by Effectice Professional Interractions	25.10.17.		3,582			No	Yes		3,582		
		2 Laptops purchased through CPFT	25.10.17.		48,500			No	Yes				
		Total			52,082	68,915	(16,833)				3,582	65,333	
Carlisle	Carlisle Rural					32,603	(32,603)					32,603	
Copeland	Copeland	To support practices in the use of EMIS. 21 days of Emis time (2.5 days/practice) = £12,500 plus speakers for the IT PLT = £600x5 = £3,000 plus 1 travel expenses = £500.	20.11.17.		16,000	55,345	(39,345)	No	Yes	28.11.17.		55,345	
Eden	Group 1 & PCH	1 Ambulatory ECG Service			3,500			Yes	Yes				Approved with the understanding that the £1,000 funding for HCA hours is for training.
		2 Improving GP access in Eden			50,000			No	Yes	28.09.17.	1,033		Invoice of £1,032.72 paid from Telelearning re telephone triage and consultation skills.
		Investment in increased Health Care Assistant capacity (£35,000)						Yes	No	n/a			Practices are able to receive £60,000 through the current proposals on the workload agreement and this proposal would pay the practices twice for the same work.
		4 Patient education and information			10,000			No	Yes	28.09.17.			
		5 GTPTeamNet			14,496			No	Yes		14,496		Invoice of £14,496.00 (incl VAT) for period 13.11.17 to 12.11.19.
		Cumberland & Westmorland Herald - Flu Season									212		Cost includes VAT
		Roundthorn Conference 14.09.17.			727			No	Yes		727		
		Total			78,723	94,895	(16,172)				16,468	78,427	
Total North Cumbria CCG						504,069	(292,264)				40,099	484,019	
Furness	Alfred Barrow					77,971							
	Barrow Town					22,401							
	Dalton & Ulverston					122,849							
South Lakes	East					137,140							
	Grange					39,431							
	Kendal					99,934							
	Lakes					96,149							
Grand Total for Cumbria						1,099,944							

Notes:

1. All Gain share costs should be coded to 01HN 498651 52241006 *****. Neil Trevaskis to confirm.