

Attachment 7

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee  |
| **Presented by:** | Julie Wilson, Assistant Director Co-Commissioning |
| **Date of Meeting:** | 16th February 2016 |
| **Subject:** | **Review of Enhanced Services - CCG, NHS England and NEL Council** |
| **Status:** | [x]  OPEN [ ]  CLOSED |
|  | [x]  Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

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| **OBJECT OF REPORT:** |
| The report has been prepared to seek approval from the Co-Commissioning Committee for changes to the way in which services over and above ‘core’ are commissioned from general practice by the CCG, NHS England and NEL Council. Officers from the respective organisations have met to consider areas of overlap and potential duplication, and to set out initial proposals for future decisions regarding these services. The Joint Co-Commissioning Committee is asked to agree the future commissioning arrangements for these services. |

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| **STRATEGY:** |
| The proposals set out are consistent with the CCG service strategy for primary care. |

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| **IMPLICATIONS:** |
| The CCG, NHS England and NEL Council each respectively commission services from local general practices, using different contract forms and reporting mechanisms. In some cases, there are areas where these services overlap and practices have multiple contracts and reporting routes for the various services that they deliver. The Joint Co-Commissioning Committee previously considered the range of services offered and agreed that officers from the respective organisations should meet to review the existing commissioning arrangements and to make proposals regarding potential future arrangements for these services, in a bid to avoid duplication of service, ensure best use of the total pot of money being spent and simplify the commissioning arrangements, where possible. A set of principles were agreed by the Co-Commissioning Committee to guide the discussion regarding the future arrangements, as follows:* Services that have a very clear overlap with planned strategic service changes will be aligned to those new services. This would include, but is not limited to –
	+ Support to Care Homes and Top 2% vulnerable patients
	+ Development of Out of Hospital Multi-Disciplinary Long Term Condition care models
	+ Urgent and Crisis Care Out of Hospital Model
	+ GP 7 day working
* Services that already deliver care for the entire NEL population that would otherwise take place in a secondary care setting will continue
* Services that deliver care for individual /smaller sized practice populations that would otherwise take place in a secondary care setting will be considered for rollout as a new NEL wide service
* Services that deliver care which has to be commissioned from general practice will continue as is, e.g. out of area registrations, violent patients.

Officers have undertaken this review, resulting in a proposal to amend some of the existing arrangements over the next 2 years. The key issues identified, and the changes that are proposed that would **take effect within year 1 (2016/17)** are as follows:1. There is significant overlap between the NHS England enhanced service for ‘Avoiding Unplanned Admissions’ (AUA), the CCG’s ‘Over 75s’ service and a number of individual or group Practice ‘Service Improvement Plans’ for supporting housebound/elderly/targeting those who are at risk of admission. All of these have different financial values, different contracts and different reporting mechanisms.

The proposal for 2016/17 is to develop one new specification, which combines the requirements of the NHS England Avoiding Unplanned Admissions (AUA) Enhanced Service and includes local additional expectations of Practices, which align with the revised plans for the ‘Support to Care Homes’ service. The funding streams for the NHS England AUA (approximately £480k) and the CCG’s >75s initiative would be combined to support this. The CCG currently has £800k available for the >75s service. We are proposing that £100k of this is used to support the implementation of the ‘Support to Care Homes’ service in year 1, and the remainder is used to fund Practices to deliver the new specification (which equates to roughly £4 per head of population). The new specification would be offered to all Practices and the revised funding arrangements would replace the existing funding committed to the historical ‘Service Improvement Plans’, where there is overlap. This would mean there would be one consistent specification, one payment and one route for reporting. It should be noted that Practices have a right to take up NHS England national enhanced services as they are, so any move to the new specification would be voluntary. However, practices will not be able to access the CCG >75s element of funding if they already have a SIP which is targeting the same cohort of patients.1. There is also the potential for the NHS England ‘Extended Hours Access Scheme’ and any new CCG arrangements for rolling out 7 day working to overlap and duplicate requirements. It is therefore proposed that a new specification is developed which includes the requirements of the NHS England Extended Hours specification and builds additional expectations regarding enhanced access, in terms of electronic access and alternative methods of accessing GP appointments/advice, and encouraging collaborative working to achieve access across 7 days. In order to ensure that the learning from the NEL Docks Project can be incorporated into this, it is suggested that this would not be ready for implementation until 1st September 2016. Practices that sign up to the NHS England Extended Access service from 1st April 2016 will be able to give notice and switch to the new arrangements in-year.

In order to fund the new specification, the NHS England extended hours funding would be combined with an element of the PMS reinvestment funding (as proposed in item 9).As with the proposal around avoiding unplanned admissions, the rationale for combining NHS England and CCG specifications is to ensure one consistent specification, one payment and one reporting route. It should be noted, again, that Practices have a right to take up NHS England national enhanced services as they are, so any move to the new specification would be voluntary.1. The CCG and NELC have been commissioning separate elements of the primary care substance misuse service to date. The proposal is for joint commissioning arrangements to be put in to place to manage this, through the Section 75 agreement (as described in more detail in Item 15).

The financial impact of implementing proposal number 1 set out above could result in a net saving of a full year effect of approximately £600k. The extent of the net savings for proposal number 1 is dependent on negotiation with those Practices operating service improvement plans to understand the extent of overlap with the new specification and agree the date that changes will take effect; the worst case scenario is no change within 2016/17. The changes to the way the funding is currently invested would result in an increase in funding for some practices and a reduction for others; we are proposing that any slippage in spend against PMS reinvestment monies is used to support the transition for those who will lose out (as proposed in the PMS Reinvestment paper). Proposals 2 and 3 result in no change to funding levels.Other areas identified for further work during 2016/17, which could result in new arrangements **effective from 1st April 2017** are as follows:* There are 3 separate health check services commissioned by NHS England, NELC and the CCG: Health Checks for Learning Disability patients; Health Checks for 40-74 year olds and Health Checks for Carers. Each has its own specification, monitoring requirements and payment. There is the potential to combine all 3 into one specification, with appropriate payment for the type of patient seen, resulting in a single specification, contract, monitoring and payment.
* There are also a number of individual or group practice service improvement plans/individual services that could prevent activity elsewhere in the system, which could potentially be rolled out to the entire NEL population. These include:
	+ Management of vertigo and tinnitus
	+ Nutritional/healthy eating services
	+ Enhanced Chronic disease management
	+ Enhanced tests and diagnostics
	+ Counselling services
	+ Anti-coagulation Level 4

Further work is planned during 2016/17 to understand more about these services and the potential for rollout across NEL. It is likely that any changes such as this would require additional investment; the net savings against the current level of spend (identified above) could be re-utilised to support some of this, but funding would need to be transferred from those budgets where the spend currently occurs, e.g. transfer from secondary care spend. The timelines for implementing any changes have been proposed to allow sufficient time for robust review of the detail and development of alternative specifications, as well as transitional time for Practices to change their staffing arrangements and delivery, where required. When the officers of the three organisations met, they also identified the potential for closer working on in-year monitoring, the development of specifications, procurement processes, etc. We have already broadened the membership of an internal operational CCG meeting regarding primary care services and contracts to include NELC and NHS England reps. This group will be the mechanism for taking forward the work identified above. Proposals for future years will be brought back to the Committee as they are developed. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** |
|  | The Joint Co-Commissioning Committee is asked to:* Agree the proposed changes to the commissioning of enhanced services effective in 2016/17
* Note the work planned to take place during 2016/17 for further potential changes from 1st April 2017.
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|  |  | **Yes/****No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | n/a |  |
| ii) | CCG Equality Impact Assessment | n/a |  |
| iii) | Human Rights Act 1998 | n/a |  |
| iv) | Health and Safety at Work Act 1974 | n/a |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Y |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Y |  |