**Report to: Primary Care Commissioning Committee**

**Date of meeting: 10/08/2021**

**Date paper distributed: 03/08/2021**

**Subject: Shared Care Generic Framework specification**

**Presented by: Rachel Barrowcliff**

**Previously distributed to: N/A**

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required** [x]

**For Discussion to give Assurance** [ ]  *(Only if requested by Committee member prior to meeting)*

**For Information** [ ]

**Report Exempt from Public Disclosure**  [x]  No [ ]  Yes

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| **PURPOSE OF REPORT:** | To present the newly proposed Shared care framework specification and seek approval for its implementation in primary care. |
| **Recommendations:** | The committee are asked to note and approve the content of the shared care specification, including the costings. |
| **Clinical Engagement**  | Specification has been shared with LMC, Medical Director, and PCN Clinical Directors, Prescribing Lead and PCN/ practice pharmacists. |
| **Patient/Public Engagement** | Not applicable  |
| Committee Process and Assurance: | Not applicable |

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| **Link to CCG’s Priorities** | * Sustainable services
* Empowering people
 | [x] [ ]  | * Supporting communities
* Fit for purpose organisation
 | [x] [x]  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | * Legal
* Finance
* Quality
* Equality analysis (and Due Regard Duty)
 | [ ] [x] [ ] [ ]  | * Data protection
* Performance
* Other
 | [ ] [ ] [x]  |

**Provide a summary of the identified risk**

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| Financial risk in that there is no identified budget for future shared care protocols which will result in an increase in the current budget.However, it has been acknowledged through the ongoing Outpatient Transformation work that it is necessary for these new shared care arrangements to be implemented as soon as possible, to enable secondary care resources to be freed up and prioritised elsewhere. |

**Executive Summary**

**Introduction**

As part of the Outpatient Transformation plan across Northern Lincolnshire, there are a number of pathways which will be redesigned, reducing the need for patients to attend a hospital appointment, but still require a level of monitoring which can be undertaken within primary care. In these cases, the additional activity will be covered by the shared care framework, including physical monitoring, blood sampling, prescribing of agreed amber drugs (as per the Northern Lincolnshire Area Prescribing Committee formulary) and administration of medications.

The specification was developed with the aim of adopting a generic shared care framework to enable alignment across NL/NEL and aims to have a consistent approach to shared care and associated payments, based on the level of resource required to deliver individual protocols.

Since these pathways are heavily reliant on the shared care arrangements between primary and secondary care in Northern Lincolnshire, NL & NEL CCGs have determined that this is a service that should be contracted at Primary Care Network level and provided within a GP practice environment.

The pathways and drugs covered by this agreement will be reviewed on a bi-monthly basis and amended, if necessary, based on changes to existing shared care guidelines and the introduction of new shared care guidelines following agreement by the Primary and Secondary Care Interface Group and other relevant bodies.

This paper details the specification and proposed tariff payments for the generic shared care framework for implementation across the North/North East Lincolnshire population.

**Aims and Objectives of the Framework**

The CCG wishes to commission services for registered patients who require monitoring in primary care under agreed shared care guideline arrangements with secondary care providers. This may involve the taking of bloods and other tests or examinations at pre-determined intervals. The framework consists of 4 intervention levels:

* **Level 1** - The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing although these may not always be required. Reimbursed at **£6.80 per patient per annum**
* **Level 2** – The provider works within the shared care guideline by undertaking blood monitoring **OR** physical health check (involves arranging Blood tests or other tests, reviewing results, actioning results or undertaking physical check) +/- prescribing. **Reimbursed at £31.04 per patient per annum**
* **Level 3** – The provider works within the shared care guideline to undertake full monitoring of patient, i.e. Blood tests and physiological monitoring +/- prescribing and administration of drugs where required Where prescribing is required this needs continued prescribing with regular blood tests and physical review alongside. **Reimbursed at £94.24 per patient per annum**
* **Level 4** - This would cover more bespoke arrangements by specialty, e.g. Complete change to pathway that means patient is managed completely differently within primary care setting (with link back to Consultant where necessary). **Payment would vary depending on pathway**.

The full service specification is embedded here.



**Costings and funding arrangements.**

The current budgets for the existing shared care services in NEL, namely Mental Health and Near Patient Testing local shared schemes are £195,586. As this framework will increase the amount of activity through primary care, there will be a cost impact to the CCG which will require additional funding to be identified. Due to the complexities of the shared care arrangements, it is difficult to estimate the amount of funding that will be required. The costings are dependant on the number of drugs that are added to the shared care framework; these can be assessed as we look to add them. However, it has been acknowledged through the ongoing Outpatient Transformation work that it is necessary for these new shared care arrangements to be implemented as soon as possible. The support from primary care networks is key to the success of this plan. We acknowledge that this will be a financial risk to the CCG, however it is recognised that the funding will need to be identified and support from within the wider system ICS budget.

**Recommendation**

The Committee are asked to approve the Generic Shared Care Framework in NEL for implementation across Northern Lincolnshire for existing and future shared care arrangements.