**Report to: Primary Care Commissioning Committee**

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

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

**Subject: Primary Care Local Enhanced Services**

**Presented by: Sarah Dawson**

**Previously distributed to: N/A**

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

**Decision required**

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

**For Information**

**Report Exempt from Public Disclosure**   No  Yes

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| --- | --- |
| **PURPOSE OF REPORT:** | This report is to update PCCC on the Local Enhanced Services and to seek approval to extend/decommission these as per the details below. |
| **Recommendations:** | PCCC are asked to support the recommended changes and extensions as detailed below. |
| **Clinical Engagement** | PCN Clinical Directors’ forum |
| **Patient/Public Engagement** | Not applicable |
| Committee Process and Assurance: | Not applicable |

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| --- | --- | --- | --- | --- |
| **Link to CCG’s Priorities** | * Sustainable services * Empowering people |  | * Supporting communities * Fit for purpose organisation |  |
| **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) |  | * Data protection * Performance * Other |  |

**Provide a summary of the identified risk**

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| --- |
| By ensuring all NEL patients have access to the services, where these were previously not provided by a GP Practice, there may be a small increase in the overall amount spent. |

**Executive Summary**

**Introduction**

The CCG currently commissions a number of local Primary Care schemes from individual practices which are incorporated into a Standard NHS Contract between the CCG and each practice and this contract runs until 30th September 2021. The Committee has previously received individual updates for each scheme as a review process has taken place.

**Background**

The local schemes outline the more specialised services to be provided within Primary Care and are designed to cover the extended aspects of clinical care of the patients, all of which are beyond the scope of essential services within the primary care contracts. Furthermore, some of these services may ease pressures on acute services.

**Current position**

The CCG has reviewed the provision of each of the local schemes to assess current need, and delivery method. The objectives of each of these services are:

• To provide a safe and clinically effective service for patients within a primary care environment;

• To provide a locally accessible service that enhances the patient experience;

• To reduce patient attendances in secondary care;

• To ensure the most efficient use of NHS resources;

• Provide a holistic approach to patient care;

• Provide an equitable service for all users.

The services fall into 4 categories:

* Commissioned at a practice level with all practices signed up
* Commissioned at a practice level but not all practices signed up
* Commissioned across an NEL footprint with provision for all patients
* A small number of schemes commissioned with individual practices for their registered population only.

These are set out in the tables below:

**Table 1 Delivered individually by practice for their own patients**

|  |  |  |
| --- | --- | --- |
| **Service** | **Practices signed up** | **Proposal** |
| Administration of GnRH analogues (Prostrap) | All | Extend to March 2023 with PCNs providing where practices are unable to |
| Phlebotomy | All | As above |
| Post-Op Care Service | All | As above |
| Choice & Enhanced Booking Support | All | Extend to March 2022 to allow further review |
| Minor Surgery | All | Already covered within the spec for referral to another practice |
| Near Patient Testing (Rheumatology) | All | Will be included in the new Shared Care Scheme |
| Mental Health Shared Care | All | As above |

**Table 2 Delivered by individual practices for own patients – *not* all practices signed up.**

|  |  |  |
| --- | --- | --- |
| **Service** | **Practices signed up** | **Proposal** |
| Anticoagulation level 3 & 4 | All for level 3  8 for level 4 | Extend to March 2023 with PCNs providing where practices are unable to |
| Insulin Initiation | 3 not signed up | Extend to March 2023 with PCNs providing where practices are unable to |

**NEL level services**

|  |  |  |
| --- | --- | --- |
| **Service** | **Model** | **Proposal** |
| Primary Care Chronic and Complex | PCN level | Revise specification and extend to March 2023 |
| Extended Access | PCN level | Extended to March 2022 when it is expected to become part of the PCN Network DES contract |
| Micro Suction | 1 practice provides for all | Extend to March 2023 |
| Skin Cancer | 6 practices provide for all | As above |
| Vasectomy | 4 practices provide for all | As above |

**Single/small number of practice services for own patients**

|  |  |  |
| --- | --- | --- |
| **Service** | **Practices signed up** | **Proposal** |
| Primary Care Counselling  Primary Care Mental Health Nurse (Freshney/Pelham Only) | Clee Medical  Freshney Pelham Care  360 Care | New service proposed at PCN level |
| Dementia Service | Freshney Pelham practices | Extend to March 2022 to allow further review |
| Manage Access & Treatment | 1 (Littlefield ) | Extend to March 2022 and review |
| Tests and Diagnostics | 1 (Fieldhouse) | Extend to March 2022 and review |
| Healthy Eating | 2 (Littlefield and Woodford) | De-commission service as of September 2021 |

For services that are listed in tables 1 and 2, to ensure both continuity of services and equity of access for all patients in NEL, the proposal is to commission these at practice level, but where a practice is unable to provide the service to their patients, the PCN will ensure the service is provided on behalf of the practice. This will ensure that if a practice is unable to provide at any time (e.g. trained staff leave the practice), patient care will continue. The intention would be to extend these to March 31st 2023 as this would allow for the development of the ICS prior to any further review unless indicated.

There are a number of exceptions to this;

* Minor Surgery, as referral to another practice is already in the service specification,
* Near Patient Testing and Mental Health Shared Care which will be included in the Shared Care Service model
* Choice & Enhanced Booking Support with the intention to extend this to March 2022 whilst undergoing further review.

For services in table 3, there are no planned changes other than to extend these as they are already commissioned at NEL level, accessible for all patients.

The proposal is to extend 3 of the services in table 4 to allow further data collection and review and also to take into account developing services such as Community Diagnostics and development of Out of Hospital services.

A new service at PCN level is being recommended in place of the current Primary Care Counselling and PCCC have received a paper for decision on this.

With regards to the Healthy Eating Services, there are now a range of services that are commissioned at a national level as well as a local Tier 2 service commissioned by the Local Authority which is due to commence in September and these services provide patients with access to weight management healthy lifestyle support, which are the key aims of the Healthy Eating Service. Given the development of these services, discussions have taken place with the practices and the proposal to decommission the service from the end of September.

**Recommendation**

The Primary Care Commissioning Committee is asked to note the update and to support the proposals outlined above.