Primary Care Commissioning Committee

28 June 2017

Details	Part 1	**X**	Part 2		Agenda Item No.	**8**
Title of Paper:	Combined LCS 2017/18 Recommendations					
Board Member:	Dr Jeff Schryer, Primary Care Clinical Lead					
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Presenter:	Amy Lepiorz, Deputy Director of Primary Care					
Please indicate:	For Decision		For Information	**X**	For Discussion	

Executive Summary

Summary	This paper outlines the proposed content for a new Locally Commissioned Service for introduction in Bury CCG from 1 October 2017, combining both Basket 1 and Basket 2 LCS alongside additional services.

Risk	**High**		**Medium**	**X**	**Low**	

Risk	Mitigating Action
Timing	The existing Basket 1 and 2 LCS agreements have rolled over for 6 months from 1 April 2017 – 30 September 2017 which means any new agreement will start part way through the year however, the content of the new Combined LCS has been produced based on current needs and available information, however work on a number of other schemes is still in infancy and may mean a further variation will be required.
Engagement	Given the intended "go live" date of 1 October 2017, this leaves a short window for stakeholder engagement and negotiations.
Changing Landscape	Our preference is to commission the new Combined LCS from the newly formed Locality Care Organisation however, given the time constraints in place, we are rolling over the existing agreements until 31 March 2018 with a view to commissioning this service from the LCO from 1 April 2018.

Recommendations

PCCC is asked to:

- Note the contents of this paper
- Agree to roll over the existing contract until 31 March 2018, varying in Child

	Protection Templates from 1 October 2017 ▪ Note that the recommendations and additional clinical questions are to be submitted to Clinical Cabinet for advice, resolution with the intention to launch from 1 April 2018 ▪ Agree the proposal to change from current methodologies to a weighted Carr Hill formula (adjusted on a quarterly basis) which, based upon the registered population figures provided by NHS England for 1st April 2017 (including Rock practice, total CCG population=202,425) and an increased funding of £2.10 per head, the total financial cost would be £425,093.

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies			X
To deliver service re-design in priority areas through innovation			X
To develop primary care to become excellent and high performing commissioners			X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners			
To develop robust and effective working relationships will all stakeholders and partners to drive integrated commissioning			
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system			X
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)			
Equality Analysis Assessed?		Supports NHS Bury CCG Governance arrangements	X

Locally Commissioned Service Recommendations 17/18

1. Background

Bury CCG traditionally commissioned its member practices to deliver several locally commissioned services under individual contracts with individual costs per case payments attached. In 2015, in a move to streamline the commissioning process, Bury CCG merged those contracts to form the Combined Locally Commissioned Service (LCS) also referred to as Basket 1, and 29 Practices[1] signed up to deliver the following services under that agreement:

- Health Care Support Worker (HCSW a historic staffing payment)
- Amber Drugs
- Ring Pessaries
- Asylum Seekers
- Venepuncture
- Hepatitis B Injections
- Vitamin B12 Injections

Later in 2015 Bury CCG took the decision to decommissioned Ear Syringing from the Treatment Room and reinvested the funding into General Practice under the Basket 2[2] (Ear Syringing) LCS. The rational for this was that the population of Bury would be better treated in a setting closer to home and that the procedure was better delivered in General Practice. All 30 practices are signed up to deliver this service till the 30th September 2017.

The purpose of this paper is to outline how Bury CCG proposes to move forward with the commissioning of the services detailed in both Basket 1 and 2 in a more streamlined fashion, whilst also incorporating new services that currently don't have formal commissioning arrangements supporting them.

2. Combined LCS (Basket 1)

The financial envelope for Basket 1 was £328,980 and was derived from invoices submitted within the previous year. Activity for non-submitting practices was estimated based upon the average per 1000 population activity for submitting practices. The total cost was then divided by total registered population within the year, which gave approximately £2 per head.

The budget was then divided between practices based upon fair share split of population at that time. Estimated split of funding between activity types was made purely as a guide for future monitoring and, at that time, considered Peel GP's to be 3 separate practices and excluding Rock Healthcare and RLC as APMS practices.

The funding methodology for this contract has never been reviewed or adjusted to take into account population changes.

From the 1st April 2017 Rock Healthcare are eligible to sign up to any Locally Commissioned Contracts and therefore the additional associated funding requirements will need to be factored into any new financial envelope agreed.

[1] Rock Healthcare and RLC were not eligible to deliver Basket 1 as elements of the service specification were expected as part of their APMS Contract until 01 April 2017.

[2] The Basket was originally going to include both Ear Syringing and Low Level Woundcare

3. Basket 2 (Ear Syringing)

The total Financial Envelope available to General Practice to deliver Basket 2 was £91,639, which equated to £0.46 per head of the registered population. In line with the delayed start date of the basket in 2015/16, funding was pro-rata'd, providing practices with first year funding from 1 August 2015 to 31 March 2016 of £60,886 paid to practices at the start of the LCS.

From August 2015 to March 2016, General Practice performed 3,162 procedures, 584 less than the equivalent 2014/15 figure. Had the CCG commissioned General Practice on a cost per case basis, the cost would have been 3,162 x £16.26 = £51,414. Therefore the contract **cost** £9,496 **more** than the cost-per-case method.

General Practice was recommissioned in 2016/17 on a 12 month block contract costing £91,639. During 2016/17 General Practice performed 6261 procedures; 642 more than the equivalent 2014/15 figure. Had the CCG commissioned General Practice on a cost per case basis, the cost would have been 6,261 x £16.26 = £101,804. Therefore the contract **saved** £10,165 compared to the cost-per-case method for this period.

The CCG again commissioned General Practice to deliver Basket 2 from 1 April 2017 to 30 September 2017 noting that the funding methodology for this contract has never been reviewed or adjusted to take into account population changes, giving a pro-rata'd contract value of £45,819.

4. Proposed Combined LCS 2017/2018

For delivery from October 2017 we propose that a new Combined LCS agreement is produced which includes the following services:

- Basket 1 Services (including targeted reductions in Vitamin D and ESR Blood Testing)
- Basket 2 Services
- Child Protection Templates

The table below outlines all recommendations regarding this agreement in more detail

Table 1

Original LCS Arrangement		**Rationale / Recommendation**
Basket 1	**HCSW** - a historic staffing payment who traditionally supported a range of activities: ▪ Measurements of Height & Weight & BMI ▪ Urinalysis ▪ Measurement of BP Temperature and Pulse ▪ Peak flow measurement ▪ Recording of ECGs ▪ Venepuncture (long term monitoring, pre and post op and general access, excludes paediatrics) ▪ Health Promotion and Lifestyle Advice Chaperoning	**Recommendation:** ▪ All reference to HCSW should be removed from the LCS. This is not intended to reduce the contract value more the reference to a specific staffing cohort which is not for us to determine but for the provider to consider the most appropriate.

Original LCS Arrangement		Rationale / Recommendation
	Amber Drugs	It has been difficult to determine activity levels in this area from the available data sets. Medicines Optimisation do believe that Amber Drugs are being delivered in General Practice as no reports to the contrary have been received from secondary care. **Recommendations:** Retains the requirement to deliver Amber Drugs which includes any drugs which are classed as 'amber' by the Greater Manchester Medicines Management Group AND have a locally agreed Shared Care Guideline (including other drugs requiring monitoring as agreed by the Bury Medicines Optimisation Team).
	Ring Pessaries - Insertion and removal of	**Recommendation:** Retain the requirement for ring pessary insertion/removal (does not have to be at a practice level)
	Asylum Seekers - A payment in recognition of the additional time/complexity that Asylum Seeker Care brings.	**Recommendations:** Bury CCG recommends that Asylum Seekers (AS) is not included in the Combined LCS in its current format from 1 April 2018 (i.e. commissioned from every practice) as there is a significant variation across practices due to the location of AS placements rather than patient choice. This will be reviewed and consideration given to instead commissioning specialist hubs to see the AS population as part of the new Contract. It will remain in the revised contract from the 1 October 2017. The Primary Care Team are awaiting a response from NHS England with regards to the Greater Manchester scoping that was taking place which may further inform this commissioning decision.
	Hepatitis B - Patients requiring vaccination for clinical reasons as part of a care pathway	**Recommendations:** Retain the requirement for Hepatitis B Vaccinations for clinical reasons Data extraction rules need to be firmed up to distinguish between commissioned activity for clinical purposes and private work such as occupational/or travel
	Vitamin B12 - For those patients with a clinical need	**Recommendations:** Retain the requirement for the administration of Vitamin B12 injections where clinically relevant Further work is required to align this intention with Phase 2 of the clinically appropriate blood testing scheme
	Venepuncture – General Practice Required (excluding paediatrics)	**Recommendations:** Retain the requirement for venepuncture (excluding paediatrics) See also the additional considerations outlined in **section**

Original LCS Arrangement		Rationale / Recommendation
		5
Basket 2	**Ear Syringing**	**Recommendation:** It is recommended that Ear Syringing is included in the Combined LCS as, although evidence to support the clinical benefits of the procedure is limited by the degree of quality of the trials, there is a risk associated to decommissioning this in primary care as patients could then demand an ENT referral for wax removed, with an increase in 'deaf' patients being referred to ENT / Audiology which would increase secondary care commissioning costs and activity.
Additionality 2017/2018	**Child Protection Templates** - General Practice currently complete child protection templates and activity indicates that 390 were completed in 2015/16 however there is no formal commissioning arrangement in place.	**Recommendation:** It is recommended that the completion of Child Protection Templates be included in the Combined LCS agreement.

5. Additional Considerations

Practices are continually being asked to undertake increasing number of venepuncture procedures on behalf of other providers. The inclusion of these in any future LCS agreement needs further clinical conversation before a decision is made to incorporate into the new Combined LCS from 1 April 2018:

- Secondary Care
- Integrated Community Diabetes
- Prostate Specific Antigen (PSA) Monitoring
- Christies

5.1. Secondary Care Requests

Practices have been provided with a CCG briefing and summary template in order to collate details of work requests from Secondary Care in line with BMA guidance, this will ensure that the CCG has the necessary information to challenge these requests contractually. It is not envisaged at this stage that we will commission practices to do these requests unless funding is made available from secondary care spend.

5.2. Integrated Community Diabetes

Practices are receiving requests for phlebotomy from the Integrated Community Diabetes Service. This service requirement is also not currently commissioned from General Practice and we have no knowledge of anticipated activity at this stage should a decision be made to include within the specification.

5.3. Prostate Specific Antigen (PSA) Monitoring

Bury CCG have been trying to establish the correct pathway for PSA monitoring as the current service specification held by Pennine Acute Hospital lacks any robust detail. A paper was written

some time ago that outlined a proposal to change the criteria and associated tariff which was actioned with Pennine Acute as well as a suggestion that a possible future direction would be to move some lower level monitoring to Primary Care.

There is currently no specific reference in the Combined LCS (Basket 1) contract to phlebotomy for the purpose of PSA monitoring however, if the PCCC believe that Primary Care is the most clinically appropriate place for this to be undertaken then there is an opportunity to consider including this service as part of this review although anticipated activity would be required to facilitate this as well as a potential funding discussion.

5.4. Christies Blood Requests

The Christie delivers an outreach service from Townside Primary Care Centre and requires some patients to get their bloods done prior to attending their outpatient appointment. The service leaflet suggests that patients go to secondary care to have their bloods taken (although Pennine Acute advise they have no agreement in place to do this).

The leaflet also suggests that the patient's own GP may take bloods on their behalf and a practice has received a verbal complaint because they would not action this.

Whilst logistically it makes sense to have the phlebotomy done in the practice as this is often more convenient for the patient, there is no clear pathway in place, including expectations around responsibility for the results. This service requirement is also not currently commissioned from General Practice and we have no knowledge of anticipated activity at this stage.

6. Recommendations

Primary Care Commissioning Committee is asked to:

- Note the contents of this paper
- Agree to roll over the existing contract until 31 March 2018, varying in Child Protection Templates from 1 October 2017
- Note that the recommendations and additional clinical questions are to be submitted to Clinical Cabinet for advice and resolution with the intention to launch from 1 April 2018
- Agree the proposal to change from current methodologies to a weighted Carr Hill formula (adjusted on a quarterly basis) which, based upon the registered population figures provided by NHS England for 1st April 2017 (including Rock practice, total CCG population=202,425) and an increased funding of £2.10 per head, the total financial cost would be £425,093.

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