Project Highlight Report

Primary Care

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Approach to commissioning Local Enhanced Services (LES) across BNSSG

Overall Summary				
Report Date	18.12.18			
Project Name	Approach to commissioning Local Enhanced Services (LES) across BNSSG			
Report Author	Jenny Bowker – Head of Primary Care Development Heather Allward – Programme Officer			
Start Date	April 2018	End Date	April 2019	
Overall Project Status	On target	Previous Project Status	On target	
Achievements for Current Period	 Diabetes Insu Anticoagulation DVT presented Tariffs and firr for approval, closed session Further membraic specifications made/points to Desktop review recommenda A clinical disconservice species been reviewed Equality Impart 	ifications for Supplementary Serv Jin Initiation; Specialist Medicines on (basic level); Anticoagulation (ed to PCCC for approval. nancial appraisal for the above LE subject to practice impact assess on of the 29 th January PCCC. bership engagement on development is took place in December, including to note and proposed tariffs. ew of South Gloucestershire bask tions presented. cussion between the CCG and the fications took place on 4 th Decem- ed and incorporated in to final spe act Assessment (EIA), Quality Imp and Patient Involvement (PPI) scre- r each LES.	s Monitoring; advanced level) and S' presented to PCCC ment to be shared in nent of service ng specific changes et LES and E LMC regarding ber. Feedback has cifications.	

Tasks and Milestones

• Final specifications for 19/20 for all services to be approved at PCCC on 3rd January following review at PCOG, with the exception of GP practice support to care homes.

Contracting timeframes for 19/20 LES':

- Final service specifications to be sent to practices by the end of January 2019
- EOIs sent out 1st February, due 28th February
- Promotion of LES offer to be shared via forums, LLGs and GP Bulletin throughout February.
- Contracts built between 1st-22nd March
- Practices to sign and return contracts week commencing 25 March ready for 1st April 2019.

Overall Next Steps:

- EMIS templates and Search and Report functions to be developed to support specifications by 28th February.
- Project closure and contract review proposals to be developed for 29th January PCCC.
- Practice level financial impact analysis to be shared in closed session of 29th January PCCC

Minor Injuries

- Activity data for the previous year has been obtained.
- Progress shared with PCCC in closed session in November. Recommendations for next steps to be shared with PCCC in open session on January 29th.

Care Homes with and without nursing

- Draft service specification to be discussed at STP integrated care steering group on 21.11.18.
- Further work to be completed on flu pathway by 16th January
- Final review of specification in relation to frequency of requirements by 16th January
- Scope in relation to Learning Disability homes to be confirmed by 16th January
- Further work to be undertaken on tariff and financial modelling by January
- Final specification and tariff to be presented for approval to 29th January PCCC

Locality Transformation Scheme (LTS) Phase 3

The LTS Phase 3 paper to PCCC in September set out next steps for developing and strengthening integrated community localities and this is overseen by the STP integrated care steering group.

An update on the next steps for the LTS is set out in the 3rd January LES review main report to the Committee.

Risks			
	Mitigation		
Practice uncertainty about the future of their income streams and engagement in the review	 Finance impact assessment to be undertaken at practice level. Ongoing communication to membership meetings about outcome of the review and development of new offer for 1st April 2019. Practices have received confirmation of the position for local enhanced services for the current financial year. Final agreement of specifications and tariff at PCCC on 3rd January to allow time for practices to plan for the new financial year. Proposals for Care Homes specification and tariff to be presented to PCCC on 29th January. 		
Locality model not ready to take on at scale provision	 Agree framework and steps with Locality Providers to be ready to provide locality solutions Paper on LTS phase 3 presented in September set out next steps for developing and strengthening integrated community localities and is overseen by the STP integrated care steering group. LMC is able to provide advice to locality provider vehicles on developing indemnity agreements to support staff working across practices. A paper outlining the proposed approach to support commissioning of locality delivery of improved access was presented to PCCC in October and has now been discussed with Locality Provider groups throughout November. Proposals for all LES contracts will be offered at practice level for April 2019 with the expectation that Care Homes and Diabetes move to a locality commissioned service from April 2020. Work to develop the locality commissioning contractual framework is underway. 		
LES review proposals pose a financial risk either to the CCG or to individual practices	Financial modelling to support individual enhanced service specifications will be undertaken, however, no final decisions		

	 will be made until we can cost the combined implications for the suite of new specifications – both for the CCG and for practices Proposals for Care Homes specification and tariff to be presented to PCCC on 29th January.
There is a risk that a number of practices will not sign up to the new LES offers	 Membership engagement has been undertaken for all specifications across BNSSG Financial impact assessment tool to be shared with practices in February. Continued promotion of LES offer at forums, through Locality Leadership Groups (LLGs) and GP Bulletin. Monitoring of EOIs received for the LES' to be overseen by the Primary Care Contracting subgroup of PCOG throughout February.

Issues

• Care Homes – developing accurate financial forecasting for the practices and CCG is impacted by practice take up and practice mapping to care homes which is a requirement of the specification. Estimates will need to be made, however these may need to be significantly revised in light of practice sign up. There is significant variation in current payment structures across the 3 former CCG areas which will mean significant change for some practices as we move to a single payment structure.