LES Review 20/21 Update	Reporting Period: May 2021	
Governance: LES review and associated working group feeds into PCOG and PCCC	**Report for:** Any relevant internal/external committees.	**Dr Geeta Iyer, Louisa Darlison**

Update from meeting held 4 May 2021

- Group noted PCCC sign off care home LES funding at PCCC on 26 April 2021. This included approach to phasing across quarter 2.
- Process for contacting and meeting with the affected practices was agreed. Emails sent to affected practices and meetings set up from W/C 24 May 2021.
- EOIs circulated for return due 27 May 2021. This includes flu outbreak management
- Community Phlebotomy LES agreed, note not originally included in scope for review, however, sensible to include from this point forward. Q1 21/22 block, proposed cost an volume from Q2 but now likely shadow cost and volume as it beds in. System wide commitment that this is a priority and a financial solution to be confirmed
- Revised content of EOI agreed to be circulated by end of 14 May 2021.
- BI presented changes to the searches. The changes have potential impact on previous year position. LMC agreed to work with their legal team to understand the impact. A contractual decision will need to be taken.
- Contract Provider and Finance Cell agreed the proposal of returning to activity based payments from Quarter 2 21/22 to be agreed in May at PCOG / PCCC
- Group reviewed and agreed project mandate for next phase of the review (Supp services / S Glos Basket)

Next Steps – by end of May 2021

- GLP1 survey responses to be collated
- Outcomes for Care Home LES to be developed
- P3 Funding for Primary Care –LMC position that P3 input is beyond DES or LES. Benchmarking being sought from surrounding area (Glos, Kernow, BANES) and Wessex. Funding at £20 per bed per month agreed to end of Q1, paper to be presented with Q2 options

Risks

- Capacity for reviewers / review group members to undertake the work required for phase 2 of the review
- Risk that failure to meet deadlines doesn't allow for sufficient engagement
- Some practices will see a drop in income through the revisions to the Care Home LES.

Assurances / Mitigations

- Dates of membership meetings to be mapped against deadlines to ensure sufficient time
- Close working with stakeholders to ensure practices are kept updated re income flows.
- Invitations of 1:1s with affected practices / financial reviews

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Review of Supplementary Services and the South Gloucestershire Basket 2022/2023

Project Mandate

Created by
Jenny Bowker, Head of Primary Care Development

Shaping better health

Background

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Bristol, North Somerset and South Gloucestershire (BNSSG) CCG invests £2.4m in Local Enhanced Services. An additional £8.9m is set aside to fund the Supplementary Services specification and the South Gloucestershire Basket which is part of a 5 year PMS reinvestment agreement which concluded on March 31st 2021. It was agreed by PCCC in September 2020 that the timeline for this review be extended due to the significant value of the schemes and the importance of ensuring a thorough review. Therefore practices were paid at the same rates in 21/22 as they were in 20/21 under these agreements. This is an important part of the care our population receives and we need to review our provision of services commissioned via these agreements.

The Supplementary Services specification as it stands was the culmination of a very complex review which will need to be revisited during the process of this next phase.

This project mandate asks for support from the Primary Care Commissioning Committee to proceed with the project to review this enhanced offer.

Project Aim

To develop consistent, high quality and evidence based enhanced primary care which meets population needs and demonstrates value for money for BNSSG to ensure equity of funding across al BNSSG practices and contribute to resilient Primary Care.

Project objectives

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- Identify the outcomes and impacts of the Supplementary Services and South Gloucestershire Basket specification
- Learn from good practice elsewhere
- Demonstrate and understanding of current population health needs.
- Identify opportunities to develop enhanced care in primary care which will contribute to overall system priorities and which responds to our population health needs
- Assess value for money
- Ensure appropriate links to emerging ICS / ICP strategies with a particular focus on the role of primary care.
- Link to individual practice resilience
- To review funding arrangements

Project scope

In scope:

- Supplementary Services and South Gloucestershire Basket.

- Out of scope:
- All other Local Enhanced Services
- Improved Access
- Prescribing Incentive Scheme
- Enhanced services commissioned by other parties (public health) although regular contact with LA commissioners to be maintained

Constraints and interfaces

Interfaces:

- Community provider commissioned services
- Overall financial control and budgeting (via PCOG)
- Primary care strategy/ ICS / ICP

Constraints:

- Practice capacity to engage during the review period is a significant risk which will need to be evaluated by the Project Steering Group as the timeline is developed and kept under review
- Continued focus on Covid mass vaccination programme across the review period
- CCG primary care capacity may be impacted by the above

Risks/ Mitigations

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Risks:

- Capacity for reviewers / review group members to undertake the work required for phase 2 of the review
- Risk that failure to meet deadlines doesn't allow for sufficient engagement.
- Risk that traditional forum for engagement no longer in place.
- Sufficient data available to review the services in their current format
- Any changes to funding may affect Practice overall resilience

Mitigations:

- A review of project resource will be undertaken to ensure sufficient staffing capacity is allocated.
- Dates of membership meetings to be mapped against deadlines to ensure sufficient time
- Review of current Membership meeting structure to ensure sufficient access to allow appropriate engagement
- BI colleagues working to understand how best to review/ baseline the current position
- Close working with stakeholders to ensure practices are kept updated re income flows.

Benefits

- Improved health outcomes for our local population
- Consistent and equitable offer for our population
- Improved value for money and system benefits
- Equitable and fair approach to commissioning with our practices
- An opportunity to explore new ways of working and consider ICS/ ICP implications

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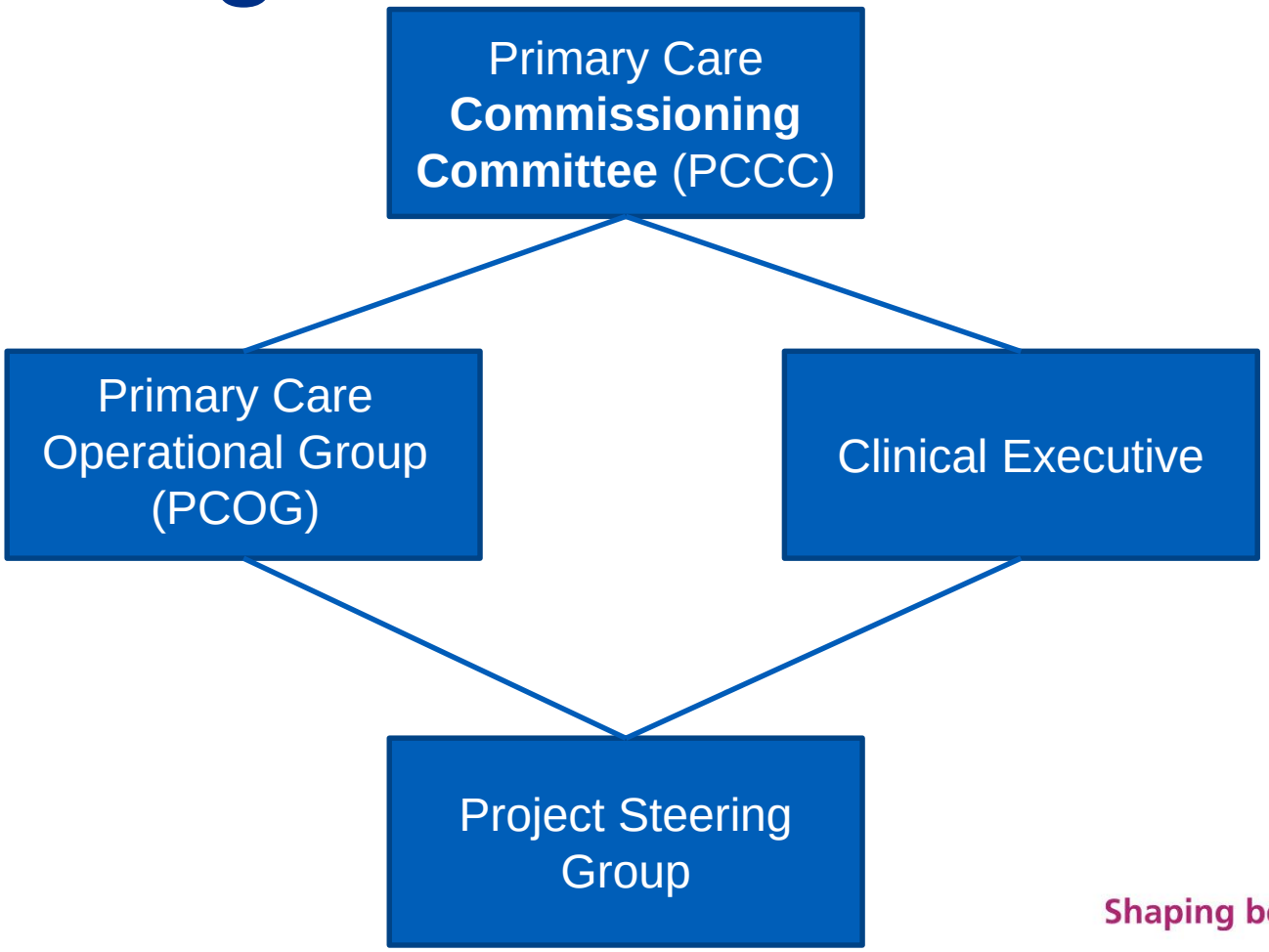
Project Structures and reporting



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Project Steering Group

Name	Role
Geeta Iyer (Chair)	GP Lead for Primary Care Development
Jenny Bowker (SRO)	Head of Primary Care Development
Lisa Manson (Executive Sponsor)	Director of Commissioning
Louisa Darlison (Project Lead)	Senior Contract Manager Primary Care
Becky Garland (Project Support)	Contract and Project Support Officer
Debbie Campbell	Deputy Director, Medicines Optimisation
Jamie Denton	Head of Finance, Primary Care, Community and Non-Acute Services
Phil Kirby /Miriam Ainsworth	Chief Executive/Chair LMC
Jacci Yuill	Lead Quality Manager Primary Care
TBA	Area Director and Head of Locality x 1
Emma Gara	Head of Business Intelligence, Contract and Commissioning

Approach

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- Learn from good practice elsewhere and from the approach to the PMS review undertaken in BNSSG
- Evidence based approach to commissioning
- Focussed on achieving outcomes for our population
- Specifications to be reviewed by relevant clinical groups and supported by manager lead using consistent methodology developed in previous LES reviews.
- Key tests to include:
  - Value for money
  - The need for an Enhanced Service
  - At what scale should this be commissioned
- Steering group to develop proposals for Supplementary Services and the South Gloucestershire Basket, and approach to commissioning these based on addressing system priorities and outcome of review of existing agreements
- Engage and consult with practices on proposals for the future

High Level Timeline

- Project Steering Group already meeting monthly
- Review scheduled to be completed by the end of September 2021.
- Consultation from October 2021 to end of November 2021
- Reflection on impact of proposal December 2021 – January 2022
- Draft specification to be agreed in December 2021
- Further engagement from January 2022
- Revised specification to be agreed by end of February 2022
- Contracting offer in place for April 2022 including any transition and phasing arrangements

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Appendix – List of existing funded agreements

Supplementary Services


Microsoft Word Document

South Gloucestershire Basket


Microsoft Word Document

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SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	**BNSSG Primary Care Supplementary to essential and additional services scheme**
Commissioner Lead	**Primary Care Contracts Team** **NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)**
Provider Lead	**GP practices**
Period	**1 April 2021 - 31 March 2022**
Date of Review	**September 2022**

1. Population Needs

1.0 National/local context and evidence base

1.1 In January 2014, NHS England area teams were asked to review local PMS agreements over a two-year period ending in March 2016. While the responsibility for the review lay with NHS England the CCG had a role in developing plans for the reinvestment of the PMS premium. In September 2014 NHS England published a "Framework for Personal Medical Services (PMS) agreements review" which outlined a number of principles to be adopted as part of the process. These are that when considering reinvestment in primary care services it:

- Reflects joint strategic plans for primary care that have been agreed with the relevant CCG(s);
- Secures services or outcomes that go beyond what is expected of core general practice;
- Helps reduce health inequalities;
- Offers equality of opportunity for GP practices in each locality (i.e. if one or more practices in a given locality are offered the opportunity to earn extra funding for providing an extended range of services or meeting enhanced quality requirements, other practices in that locality capable of providing those services or meeting those requirements should have the same opportunity);
- Supports fairer distribution of funding at a locality level.

The framework also emphasises that the PMS premium funding must all be reinvested in GP practices within a CCG area. NHS England South has developed a set of principles and guidance "The PMS Review: principles, process and timeline" which sets out the expectations of local CCGs when considering reinvestment of the premium to be consistent across the South region.

This process also includes all PCT legacy payments to practices which were passed to the CCG.

1.2 The 3 former CCGs have worked hard with NHS England, the LMC, and member practices to agree an approach which meets the local and national principles and objectives. We have discussed and agreed a number of local principles which set out in section 1.3 below. We expect this decision to result in the reduction of unwarranted variation between practices and that, over time, patients will be able to

expect the same level of high quality care and access to services at any practice in BNSSG.

1.3 The key local principles are:

- All premium funding will be re- invested into GP provided primary care in BNSSG.
- All practices will be eligible for reinvestment if they are capable of delivery of appropriate services.
- Reinvested funding will **not** be linked to a requirement for new primary care activity, as we recognise that practices are already under intense workload pressures.
- We recognise that some services provided by practices are considered not to be part of the core contract, and we will give serious consideration to re-investing the premium to commissioning these services.
- We understand that many practice staff are employed using existing funding, and we may need to consider commissioning population based services to be able to continue benefiting from the expertise of these staff, if individual practices are unable to continue the employment of these staff.
- We need to continue to work with the secondary care trusts locally to ensure that money is actually moved out of secondary care when services are provided in primary care.
- We have met with the LMC to discuss these principles, they approved of our approach and in particular were reassured that we will not be seeking more for the same from practices. We are committed to working closely with the LMC through this process and in developing the reinvestment plan.
- This is an opportunity to consolidate what we do, to focus on the important aspects of Primary Care and to begin to support each other to set outcomes and standards that we feel will improve the health of our patients.

1.4 The approach agreed by the CCGs was to reinvest the premium funding across all practices to deliver supplementary activities, using the Carr Hill weighted formula, as this is the only nationally negotiated and widely used formula to fund practices according to patient need.

1.5 The premium and legacy funding will be removed from 1 April, 2016 over a five-year period at the rate of 20% per annum to give practices time to adjust. This will be net of the CCG reinvestment.

1.6 This specification has been developed to provide a funding contribution to each practice in BNSSG on a weighted patient basis for services not funded for in the core contract (i.e. essential or additional services) but that are recognised as activity best provided by a GP. It is hoped that this will remove any unwarranted variation in general practice so that patients can expect the same level of high quality care and access to services at any practice, or group of practices, in BNSSG.

2. Outcomes

2 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓

Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

3. Scope

3.1 Aims and objectives of service

The CCG recognise that the General Practice landscape has moved on since the development of this enhanced service and would support practices in developing more collaborative solutions to the provision of the activity detailed below.

The aims of the specification are as follows:

- Continuing provision of general practice services
- Reduction in unwarranted variation in general practice
- Developing and sharing best practice
- Continuing to provide improved and enhanced access for routine and urgent appointments to meet patient needs
- Developing approaches to clinical skill mix in primary care teams to best meet the needs of the practice patient population and with best use of resources available
- Working with other practices and the CCG towards appropriate scaling of services, recognising not all services are appropriate to be provided by each practice
- Consistent or reduced activity in A&E admissions and urgent care services
- Development of a consolidated primary care base upon which new pathways, standards and outcomes can be set to improve the health of BNSSG patients

Engagement in work programmes to support CCG strategic outcomes e.g. reduction in secondary care activity and providing care closer to home, mental health agenda, data sharing.

3.2 Service description / care pathways

Practices are required, where it is appropriate for the needs of their patients, to undertake the following:

A. Specified Non-Core Contract Work

It is recognised both nationally and locally, that since the introduction of the GMS contract in 2004, there has been an increase in the quantity and range of activity that primary care is requested to undertake, sometimes on behalf of other organisations. Some activity detailed below, for example ear irrigation, complex dressings, and Doppler scanning may be better delivered at a Locality level and practices may wish to develop these ways of working. Examples of areas of additional workload that is included within this activity includes:

- Phlebotomy initiated by primary care only, and not where it is part of an acute contract (to be subject to review, including for under 16s))

- Removal of post op stitches, dressings and wound checks (if staples removal equipment is provided by the hospitals)

- Dressings (including 3 and 4 layer bandaging where appropriate) and wound care for non-housebound patients

- Doppler scanning for compression bandaging

- Primary Care requested ECGs, spirometry, nebulising, pulse oximetry

- Delivery of Gonadotrophin-releasing hormone antagonist (GnRH analogues/ LHRH) treatment (e;g Triptorelin, Goserelin) once stabilised with a practice agreed protocol

- 24-hour BPs or offer home BP monitoring

- Depo injections related to stable mental health patients, with clear lines of responsive communication with the secondary care provider. This would ensure true shared care with secondary care for these patients.

- Prescribing to midwifery services where not initiated by the consultant and where clinical responsibility remains appropriate for community management. We would seek to develop a standardised clinically safe way to communicate these requests to GPs (not via fax), and ensure that such requests are timely, with relevant clinical information, and are consistent with local/national guidelines.

- Tests and procedures required under agreed referral pathways which are subject to review and have undergone membership engagement; this includes ear irrigation when the following criterion has been met:

    - The patient has applied ear wax softening drops for up to 5 days and this has not been effective (as set out in NICE guidance).

- Managing maternal postnatal checks (excludes immediate baby checks from rapid discharge patients). This will be according to patient need and ensuring that contractual midwife/health visitor review has taken place.

B. Best practice Primary Care

These reflect best practice for activities in the core contract and should be applied as appropriate:

- Involvement and communication towards the management of complex patients using wider community service providers to ensure the provision of holistic care

- Child and adult safeguarding work towards the safe management and co-ordination of vulnerable patients in accordance of national requirements

- Use of BNSSG CCG Referral Service and/or e-referrals where appropriate

- Responding to requests from agreed 3rd party service providers for verifying up to date patient call up lists e.g. screening service such as breast, bowel and retinopathy

- Processing referrals for Interventions not normally funded (INNF) where initiated by General Practice

- Identification and support for carers to include active signposting to voluntary sector services

- Adherence to local clinical pathways that have been agreed and made available to GP practices for implementation, for example on the BNSSG formulary and the CCG Remedy site

- Patient education regarding primary care services in and out of hours, and other NHS services using website, electronic message boards e.g. JX boards, patient notice boards

- Utilising the standard NHS 111 phone message for out of hours

- A well maintained practice website in addition to NHS choices

- Timely medical records summarising

- Signing data sharing agreements where this supports CCG and practice objectives as appropriate

- Supporting the development of demand and capacity metrics for primary care

Most practices will already be undertaking this work and should now continue to deliver this work at current or reasonable levels for the practice as part of this Local Enhanced Service.

Where individual practices are not providing a particular element of this work already it is expected they will develop a plan, if necessary, with other nearby practices to either provide this activity themselves for their patients or to subcontract this work to a nearby provider for the benefit of their patients.

Where specialised skill sets are required, practices will be expected to work together to provide this service at a reasonable location for their patient if not at their own practice over the next 2 years.

Pathway developments

As and when there are pathway developments to do more work in primary care towards the 'Care closer to home/out of hospital care agenda' then it is expected these will need to be commissioned appropriately with funding apportioned accordingly. This activity, as mentioned earlier, could be delivered at scale. The CCG is working towards outcome based commissioning where payment will in future be linked to measurable patient outcomes.

How Will Activity Data be Obtained?
EMIS Web Search and Report will be used to export data from practice systems relating to numbers of patients the service has been provided for in each quarter. By signing up to this enhanced service you agree for the data be extracted as required.

3.3 Population Covered

All patients registered with the practice as relevant to the service.

3.4 Any acceptance and exclusion criteria

N/A

3.5 Any interdependencies with other services / providers

N/A

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

See section 3.2A

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Not applicable

4.3 Applicable local standards

Not applicable

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

N/A

5.2 Applicable CQUIN goals (See Schedule 4D)

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

SCHEDULE 3 – PAYMENT

A. Local Prices

LES_XX_BNSSG_SupplementaryServices_1920
Payment will be made monthly and the value under this agreement is [VALUE]

SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

A. Reporting Requirements

Local Requirements Reported Locally	**Reporting Period**	**Format of Report**	**Timing and Method for delivery of Report**	**Application**
Submission of Supplementary Services template and associated action plans	Each contract year	Completion of template  Supp Services Return and Action P	15 April each contract year	**Supplementary Services**

SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	To be confirmed
Service	South Gloucestershire Basket
Commissioner Lead	Primary Care Contracts Team NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)
Provider Lead	As per provider signatory
Period	1st April 2019 – 31 March 2020
Date of Review	January 2020

Contents:

1. Financial Details

In 2019/20 each practice contracted to provide this service will receive 16 pence per patient. For this purpose the Practice list size will be taken as at 1 April 2019 for payment

Timescale

This LES will operate for 1 year from 1st April 2019 until 31st March 2020. It will then be reviewed in the light of new guidelines, protocols or a significant difference in the amount of procedures covered by the LES.

2. Service Aims

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised or additional services to be provided. The specification of the service is designed to cover enhanced support to miscellaneous services, all of which are considered to

be beyond the scope of essential or additional services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

General practice increasingly carries out a range of procedures within primary care that have previously been performed in secondary care.

The provision of these services within general practice will add choice of location for patients and improve access and convenience. It is not the intention that future changes to clinical practice across primary and secondary care are automatically included within this enhanced service.

The attendance of patients at secondary care settings is not necessary for the management of some conditions.

The provision of these services within primary care has not been resourced in the past but has in many cases been absorbed by general practice within the workload of Nurses and Nursing assistants funded through GMS routes. Therefore it is proposed that a basket of procedures is identified, which are currently being provided, as an indication of the type of existing work this covers.

3. Criteria

Definitions

Local Enhanced Service for Provision of Additional Patient Services (previously GP Basket)

Definition (same as 2013/14)

This LES has been developed to offer some recompense to practices for the large range of services provided as additional patient services. These Additional Patient Services are provided in Primary Care where that care was either initiated or requested to be carried out by secondary care. The services covered by this enhanced service are wide-ranging and cannot be adequately reflected in a definitive list, but all have the common theme of being outside of GP core services.

These additional services include:

Post-Operative Wound Management
Specialist Care and Management of Complex leg ulcers
-operative operative Assessments
Investigations at Hospital request
Removal of Sutures & on-going trauma care

<u>How Will Activity Data be Obtained?</u>

EMIS Web Search and Report will be used to export data from practice systems relating to numbers of patients the service has been provided for in each quarter. By signing up to this enhanced service you agree for the data be extracted as required.

Activity	**Code**
Post-Operative Wound Management	8C1M

Specialist Care and Management of Complex leg ulcers	M2714: Mixed aetiology leg ulcer M2713: Arterial leg ulcer
Pre-operative Assessments	89-4: Pre operative procedures
Investigations at Hospital request	9N6K: Referred by secondary care 9N7D: Phlebotomy at hospital request done by practice
Removal of Sutures	8P0: Removal of stitches

Criteria One: Legal requirements and standards

Practices must have adequate mechanisms and facilities including premises and equipment as are necessary to enable proper provision of these services. Relevant minimum legal requirements and standards must be met.

Criteria Two: Clinical Governance

It is a condition of participation in this LES that Practices will give notification, in addition to their statutory obligations, within 72 hours of the information becoming known to him/her, to the CCG Head of Governance and Risk of all emergency admission or harm/potential harm to patients under this service, where such events may be due to administration/usage of the drug(s) in question or attributable to the relevant underlying medical condition via the quality portal DATEX
This must not include patient identifiable information

Criteria Three: Accreditation

Each practice must ensure that any personnel involved in providing any aspect of care under this scheme has the necessary training and skills to do so.

Any personnel involved in the provision of this LES will satisfy at appraisal (and revalidation if necessary) that she/he has such continuing clinical experience, training and competence as is necessary to enable her/him to contract for the enhanced service and shall be deemed professionally qualified to do so.