

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 28th January 2020

Time: 9.00am – 11.35am

Location: The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number :	8
Title:	Local Enhanced Services Review 2019/20
Purpose: For Information	
Key Points for Discussion:	
The purpose of this paper is to inform the committee of the proposed process for reviewing the current suite of Local Enhanced Services held in 2019/20.	
Recommendations:	The committee are asked to note the contents of this report for information and support the proposed actions and timetable
Previously Considered By and feedback :	Not Applicable
Management of Declared Interest:	Not Applicable
Risk and Assurance:	The timeline for review and decision is short.
Financial / Resource Implications:	There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.
Legal, Policy and Regulatory Requirements:	There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.
How does this reduce Health Inequalities:	Monitoring of Primary Care performance alongside practice demographic information will highlight areas of variation of services, which will then be addressed accordingly.

How does this impact on Equality & diversity	Monitoring of Primary Care performance alongside practice demographic information will highlight areas of variation of services, which will then be addressed accordingly.
Patient and Public Involvement:	Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.
Communications and Engagement:	There are no specific communication issues highlighted as a result of this paper. Any contractual change requests that require further engagement will be highlighted via separate papers.
Author(s):	Jenny Bowker, Head of Primary Care Development, Louisa Darlison, Senior Contract Manager, Primary Care
Sponsoring Director / Clinical Lead / Lay Member:	Martin Jones, Medical Director – Commissioning and Primary Care

Agenda item: 8

Report title: Local Enhanced Services Review 2019/20

1. Background

The current suite of local enhanced services were approved by the Primary Care Commissioning Committee in February 2019. Each practice holds an NHS Standard Contract to deliver the services they have chosen to sign up to. All local enhanced service contracts are due to end on 31 March 2020.

Nationally NHS England have published draft outline service specifications for the Network Contract Direct Enhanced Service. These services are designed to be delivered at PCN level as part of the network DES that forms an extension to their core GP contract (GMS / PMS / APMS). Commissioners of local enhanced services have been advised to review any local investment against the aims and objectives of these national specification to ensure that there is no duplication or contradiction. It should be noted that the specifications are draft at this stage and no decisions can be made with regards to duplication of offers until final specifications are published with accompanying guidance.

2. Proposed Approach to Review

The aim of the review is to ensure that we continue to offer consistent, high quality and evidence based enhanced primary care which meets population needs and demonstrates value for money across the BNSSG area. We continue to recognise the value of Local Enhanced Services in providing enhanced care for our population in the community following the thorough review and membership engagement that took place a year ago.

A high level internal assessment has shown that a small number of the enhanced services will need minor amendments in response to points of clarification that have arisen during the course of the year. The need for minor amendments will be reinforced by the process outlined below

Local Enhanced Services currently being delivered across BNSSG are:

- Anticoagulation Advanced
- Anticoagulation Basic
- Dementia
- DVT (phase 1)
- Insulin Initiation
- GP Support to Care Homes
- Specialist Medicines Monitoring
- Supplementary Services

It is suggested that each are subject to a desktop review. The review template will ask the reviewer to assess each service specification against the following themes:

- Aims and Objectives

- Evidence base
- Engagement / Feedback from practices, patients other stakeholders
- Capacity and demand
- Specification content
- Financial Appraisal
- Delivery Model
- Evaluation / audits

The reviewer(s) will then be asked to recommend whether:

- The enhanced service is suitable to continue at practice level

This will mean no material changes to the content and delivery of the enhanced service.

- The enhanced service is suitable to continue at PCN level or Locality level

This will mean no material changes to the content but a suggestion that the LES could be delivered at PCN level. This could involve delivery at scale or individual practices delivering their individual share of activity. The contract could be held at PCN level. It should be noted that a meeting of BNSSG PCN Clinical Directors on 22nd January a number of Clinical Directors raised concern about further contracting at PCN level at this current time given the work involved in accommodating new national specifications.

- The enhanced service is recommended to be rolled forward with minor changes

This will mean that the majority of the enhanced services can continue in its current state but with some proposed amendments that will provide points of clarification or correct any errors in the current service specification.

- The enhanced service is a duplicate or has significant overlap with any of the draft network contract service specifications published by NHS England and therefore requires a further review

It is proposed that where there are significant overlaps in the aims / delivery between a LES and any of the draft specifications that a further detailed review is conducted. The purpose of this review will be to fully understand the overlaps and detail how delivery of the LES can be transitioned across to the network contract (if recommended). In line with NHS England guidance the review will need to make an assessment of any investment that may be further required in the relevant area and it may be appropriate to maintain delivery of a service where it currently exceeds the national requirements in the draft specification. The expectation is that any funding previously invested in local enhanced services which goes on to be delivered through the national specifications should be reinvested within primary medical care and community services in order to deliver the £4.5bn additional funding guarantee. Further guidance on transition from local to national delivery will be issued at the conclusion of the GP contract negotiations for 2020/21.

- The enhanced service is no longer needed or a priority for investment across BNSSG

In this event it is proposed that further work would be undertaken to decommission the service. This would involve appropriate practice and patient engagement as well as an assessment of the financial impact to practices.

A sample review template is attached at Appendix 1

3. Identification of Leads

For each enhanced service there will be an assigned lead from the following areas:

- Clinical
- Commissioning / Contracting
- Medicines Management
- BI
- Quality
- Finance

The names and roles of the reviewers are presented at the end of Appendix 1.

4. Timeline for Desktop Review

Identified leads will be asked to complete their respective sections of the template for return by 31 January 2020.

5. Next Steps

Following receipt of completed desk top review templates a working group will be scheduled to be held during the first week of February 2020. The purpose of this meeting will be to review the outcomes of the desktop review and agree the next step for each enhanced service as described in section 2 of this paper. The group will be made up of representatives across, the area teams, primary care development, contracting, Business Intelligence, Finance and Quality. There will also be the appropriate level of clinical representation and support from the LMC.

For those local enhanced services that are proposed to continue with no amendments it is suggested that no further work is required. The specification will be presented to the Primary Care Commissioning Committee for sign off in February 2020 (closed).

For those that are proposed to continue with minor amendments, the suggested amendments will move towards membership engagement during March 2020. Engagement will involve the LMC and be presented to the appropriate forums. Comments will be reviewed and it is anticipated that the final version of the specification will be presented to the Primary Care Commissioning Committee for sign off at the end of March 2020.

For those where the enhanced service is a duplicate or has significant overlap with any of the draft network contract service specifications it is proposed an in depth review is immediately instigated. This will involve a full review of the current specification against the draft specification. The review will identify:

- Any standards / aims that are duplicated
- Any standards / aims that are contradictory
- Any standards / aims that are missing from the local specification
- Any standards / aims that go beyond the draft national specification
- A plan of transition from the local specification to the national specification (if appropriate)
- A decision on whether to retain and fund any elements of the local service spec that go beyond the draft national specification
- An assessment of any potential savings as a result of the transition
- A plan for the reinvestment of any savings identified as a result of the transition

The output of this review and subsequent transition plans will be presented to PCCC for agreement in June 2020. There will be a significant amount of engagement required and input from various stakeholders and therefore it will not be possible to complete this work by the end of March 2020.

It is already apparent that the GP support to care home LES will have significant overlaps with the draft enhanced health in care homes DES. A summary of the requirements of the DES is presented at Appendix 2 for information. Although the outcome of the consultation is yet to be known we propose establishing a care home support working group in order to ensure full coverage of our population and delivery of the specification outcomes. This will have multi-stakeholder membership and seek to agree the model of care home support including the contribution of general practice and the impact of the future DES specification. The review will also seek to address the effectiveness of the current LES and how the new national specification will function within our system, support a reduction in admissions and work in line with the roll out of the Sirona community service.

For any enhanced service that is assessed as no longer being needed or a priority for investment across BNSSG, a decommissioning exercise will need to be instigated involving the appropriate clinical, financial and patient engagement leads.

The findings of the review will also support an assessment of the opportunity to invest in new enhanced services within the existing financial envelope. CCG leads working in pathway transformation are encouraged to develop business cases identifying funding flows that can support enhanced care delivery in primary care and these can be considered to be offered as a LES at any time.

Once the outcome of the desktop review is known the contracts team will put forward a proposal on how to best contract for the enhanced services from 1 April 2020. The current contracts are due to expire so a refreshed contract will be needed. This will also need to consider how best to contract for any transitional arrangements for the GP Support to Care Homes Specification.

6. Financial resource implications

Any financial implications will be identified as part of the desktop review process and any subsequent work. Implications identified will be presented to the committee in future papers.

7. Legal implications

There are no specific legal implications highlighted within this paper.

8. Risk implications

There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers.

9. Implications for health inequalities

The desktop review will make an assessment of the offer for people across BNSSG and look to identify any local variation that could offer an inequitable service to our population. Issues identified and actions required, as part of this process, will be presented to the committee in subsequent papers.

10. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

All enhanced services have been subject to an equality impact assessment. This will be revisited as part of the desktop review process. Any identified actions required as a result of this process will be presented to the committee in subsequent papers.

11. Consultation and Communication including Public Involvement

Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services. It is proposed that where possible patient feedback gathered by the complaints process will serve as an indicator of the success of the respective enhanced service.

12. Recommendations

PCCC is asked to:

- Support the proposed approach to the review of the current enhanced service specifications
- Discuss and agree the approach to the review of the care home LES. The committee are asked to note the challenging time frame of ensuring appropriate BNSSG support and stakeholder engagement in order to achieve full coverage given that the final specification is yet to be released.

Report Author: Jenny Bowker, Head of Primary Care Development, Louisa Darlison Senior Contract Manager Primary Care

Report Sponsor: Lisa Manson, Director of Commissioning

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

APMS	Alternative Provider of Medical Services - Type of GP contract
GMS	General Medical Services – Type of GP contract
PMS	Personal Medical Services – Type of GP contract
LES	Local Enhanced Service – local addition to the GP contract
DES	Direct Enhanced Service – national addition to the GP contract
PCN	Primary Care Network

Appendix 1 – LES review template

Appendix 2 – Draft Enhanced Support to Care Homes Requirements

Desk Top Review template – January 2020

Local Enhanced Service Name:		Date of review:
Contractual notice period of LES: [Contracts to populate]		
Lead Manager:		Lead Clinician:
1	<p>Meets aims & objectives What are the clinical aims and objectives of the service?</p> <ul style="list-style-type: none"> • How does this align with system/LTP priorities? • Does this service promote the reduction of health inequalities? • Was an Equalities Impact Assessment undertaken to support the service? Y/N (EIA to be embedded) • Are there other ways of delivering the aims and objectives of the service that we should consider (e.g. best practice from elsewhere)? • Does this work impact on existing or proposed pathway work? • Do we commission this service elsewhere? • Is it a duplication of services provided by other organisations? • In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the core GP contract? • Is there any overlap with the DRAFT 2020/21 PCN DES specifications? 	
2	<p>Evidence base What evidence base is there to support that this meets local population health need and/or addresses variation in quality</p>	

3	<p>Engagement What feedback or engagement has there been in the provision/delivery of this service (clinical, patient and/or with other stakeholders)?</p>	
4	<p>Capacity & Demand How many people access the service? What is the trend in demand? What is the uptake across practices?</p>	BI to support
5	<p>Specification content Do any changes need to be made to the specification based on the evaluation or any other developments? Y/N – if yes, please outline</p>	
6	<p>Financial Appraisal</p> <ul style="list-style-type: none"> • What is the cost of delivering the service (current forecast outturn)? • What are we paying for the service (tariff)? • What would be the costs of not delivering the service? 	Finance to provide
7	<p>Delivery Model</p> <ul style="list-style-type: none"> • Could this service be delivered at scale across Primary Care Networks or localities? Y/N • How would this impact on quality of service delivery? 	
8	<p>What would be the impact of decommissioning this service? What are the implications for patients? Is there an impact on other stakeholders, premises, equipment etc.? Was a health inequalities impact assessment ever undertaken to support the service and has this been considered? Would decommissioning affect the viability of a provider?</p>	

9	Evaluation What monitoring takes place and how often is it reported? Have any audits taken place to assess effectiveness?	BI/Contracts to support
10	EMIS extraction <ul style="list-style-type: none"> • Is this enhanced service payable by automatic extract (did we already have this?) Y/N • Are there any changes recommended to the searches? (please describe changes and why they are needed) 	
11	Recommendations for future of service: <ul style="list-style-type: none"> • Continue at practice level OR • Continue at PCN or locality level • Minor amendments required • Significant overlap identified with national service specification – transition plan required • Service no longer needed or a priority for investment across BNSSG Please provide justification for recommendation	
12	Risk Assessment Please provide a summary of any risks arising from recommendations and any proposals for mitigation	

Enhanced Service	Name of Reviewer
Anticoagulation Advanced	Debbie Campbell (BNSSG CCG) Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Dr Shaba Nabi
Anticoagulation Basic	Debbie Campbell Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Dr Shaba Nabi
Dementia	Jackie Shortman (BNSSG CCG) Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Dr Ozlem Cilasun
DVT	Sue Firks (BNSSG CCG) Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Dr David Peel
Insulin Initiation	Debbie Cambell (BNSSG CCG) Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Sharon Sexton (BNSSG CCG) Dr John Moore
GP Support to Care Homes	Julie Kell (BNSSG CCG) Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Dr Michael Jenkins Debbie Campbell (BNSSG CCG)
Specialist Medicines Monitoring	Debbie Campbell (BNSSG CCG) Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Dr Shaba Nabi
Supplementary Services	Jenny Bowker (BNSSG CCG) Rob Ayerst (BNSSG CCG) Emma Brown (BNSSG CCG) Louisa Darlison (BNSSG CCG) Bridget James (BNSSG CCG) Dr Geeta Iyer

Enhanced Health in Care Homes – proposed 20/21 service requirements		
	Requirements for practices working as part of PCNs:	Other providers of community services, including mental health
1.	By 30 June 2020, identify a clinical lead who will be responsible across the PCN for the delivery of the service requirements in this section.	
2.	From no later than 30 June 2020, ensure every person living permanently in a care home has a named clinical team, including staff from the PCN and relevant providers	Work alongside PCNs and care homes to ensure delivery of the multidisciplinary elements of the service model described below
3.	<p>From no later than 30 June 2020, ensure every care home is aligned to a single PCN, and its multidisciplinary team (MDT), which is responsible for supporting that care home and delivering the EHCH service for people living in that home that are already registered with a practice in the PCN or choose to register with a practice in the PCN.</p> <p>By 30 June 2020 each PCN will agree the care homes for which it has responsibility with its CCG. People entering the care home should be supported to re-register with the aligned PCN and have the benefits of doing so clearly explained.</p> <p>Where people choose not to register with a practice in the aligned PCN, requirements 4-9 below should be delivered by their registered practice, either directly or through local sub-contracting arrangements.</p>	
4.	From no later than 30 June 2020, establish and manage a multidisciplinary team (MDT) of professionals, working across organisational boundaries to develop and monitor personalised care and support plans, and the support offers defined in them, for people living in care homes.	<p>By no later than 30 June 2020, co-design with the PCN, and thereafter participate in, a multidisciplinary team (MDT) of professionals, to work in close collaboration with care homes to develop and monitor personalised care and support plans.</p> <p>Attend MDT meetings and manage delivery of the MDT if agreed locally.</p>
5.	From no later than 30 June 2020, establish protocols between the care home and wider system partners for information sharing and shared care planning, use of shared care records	From no later than 30 June 2020, support the establishment of protocols between the care home and wider system partners for information sharing and shared care planning, use of shared care records and clear clinical governance and accountability.
6.	<p>From no later than 30 September 2020, deliver a weekly, in person, 'home round' for their registered patients in the care home(s). The home round must:</p> <ul style="list-style-type: none"> • be led by a suitable clinician. On at least a fortnightly basis this must be a GP. With local agreement the GP can be substituted by a community geriatrician. • involve a consistent group of staff from the MDT. • focus on people identified for review by the care home, those with the most acute and escalating needs or those who may require palliative or end-of-life care. 	From no later than 30 September 2020, deliver, participate in or prepare for home rounds as agreed with the PCN and provide initial triage of people living in care homes who have been flagged for review.
7.	<p>From no later than 30 September 2020, own, and coordinate delivery of, a personalised care and support plan with people living in care homes based on relevant assessments of needs and drawing on assessments that have already taken place where possible and:</p> <ul style="list-style-type: none"> • ensure that this plan is developed and agreed with each new resident within seven days of admission to the home, and within seven days of readmission following a hospital episode. Review the plan when clinically appropriate and refresh it at least annually; 	<p>From no later than 30 September 2020, deliver, as determined by the MDT, elements of holistic assessment for people in care homes across five domains; physical, psychological, functional, social and environmental, drawing on existing assessments that have taken place where possible.</p> <p>Provide input to the person's care and support plan within seven working days of admission to the home, and within seven working days of readmission following a hospital episode.</p> <p>Deliver palliative and end of life care, as required, to care home residents 24 hours a day.</p>

8.	<p>From no later than 30 September 2020, coordinate, alongside community providers, one-off or regular support to people within care homes, based on the needs defined in the personalised care and support plan and those identified by care home staff.</p> <p>Directly deliver or support delivery of elements of this support where appropriate, including:</p> <ul style="list-style-type: none"> • structured medication reviews (SMRs), delivered according to the requirements of the SMR specification. • activities to support the achievement of goals identified as important to the person in their personalised care and support plan, including reasonable efforts to build links with local organisations outside of the home. 	<p>From no later than 30 September 2020, provide one-off or regular support to people within care homes based on the needs defined in the personalised care and support plan and those identified by care home staff.</p> <p>This support must include, but is not limited to:</p> <ul style="list-style-type: none"> • community nursing • tissue viability • falls prevention, advice and strength and balance training • oral health • speech and language therapy including dysphagia assessment and support • dietetics • hydration and nutrition support • continence assessment and care (urinary and faecal) • psychological therapies e.g. via IAPT services or local older people’s mental health services • cognitive stimulation or rehabilitation therapy and reminiscence therapy for people with dementia
9.	<p>From no later than 30 September 2020, provide, through the MDT, identification and assessment of eligibility for urgent community response services</p>	<p>From no later than 30 September 2020, support the identification and assessment of eligibility for urgent community response services and:</p> <ul style="list-style-type: none"> • deliver urgent community response services (which include provision of crisis response within two hours and reablement within two days of referral); • deliver specialist mental health support in cases of mental health crises and challenging behavioural and psychological symptoms of dementia <p>Where the above would help a person to remain safely and recover in their care home as an alternative to hospital admission or to support timely hospital discharge.</p>
10	<p>Provide support and assistance to the care home by:</p> <ul style="list-style-type: none"> • supporting the professional development of care home staff by identifying opportunities for training and shared learning; • working with the care home and wider system partners to address challenges the home is facing in coordination with the wider health and care system; • delivering relevant vaccinations for care home staff, in line with the provisions set out in the seasonal influenza DES. 	<p>Make opportunities for training and shared learning available to care home staff, drawing on existing continued professional development programmes for staff working in community services.</p>
11	<p>From no later than 30 September 2020, working with the CCG to establish processes that improve efficient transfer of clinical care between residential homes, nursing homes and hospices and between care homes and hospitals, as described by NICE guidance.</p> <p>Facilitate and support local and national initiatives to support discharge from hospital and psychiatric inpatient units, such as trusted assessor schemes.</p>	<p>From no later than 30 September 2020, support the development and delivery of transfer of care schemes.</p>
12	<p>From no later than 30 September 2020, establish clear referral routes and information sharing arrangements between care homes, PCNs and out of hours providers and providers of a full range of community-based services including specialist mental health, dietetic, speech & language therapy, palliative care and dementia care.</p>	<p>From no later than 30 September 2020, support the development of clear referral routes and information sharing arrangements between the care home and other providers.</p>