

Primary Care Commissioning Committee (PCCC)

Date: 30th May 2018

Time: 2-3.30pm

Location: David Baker Room, the Vassall Centre, Gill Venue, Bristol, BS16 2QQ

Agenda item: 9

Report title: Evaluation of Local Enhanced Services

Report Author: Jenny Bowker, Head of Primary Care Development

Report Sponsor: Martin Jones, Medical Director Primary Care & Commissioning

1. Purpose

To update the Primary Care Commissioning Committee (PCCC) on the proposed methodology for evaluating the Local Enhanced Services across Bristol, North Somerset and South Gloucestershire (BNSSG) as part of the review of Local Enhanced Services.

2. Recommendations

The PCCC is asked to note the next steps and support the proposed criteria and methodology. The PCCC is asked to note the timeline and support proposals for delegated decision making should this be required to rapidly communicate the outcome of the desk top review to practices.

3. Background

At the April PCCC meeting a project mandate for the Local Enhanced Services (LES) Review was presented and discussed. It was agreed that a paper should come back to the PCCC in May outlining the proposed criteria for evaluating the LES with a view to a desktop evaluation of the LES to be completed by June. This paper gives further details on the LES, outlines the criteria to evaluate them with a timeline for next steps



4. Local Enhanced Services/arrangements in scope

The table in Appendix A outlines the budget, payment arrangements and uptake for the enhanced services (NB not all of these are covered by NHS standard contract arrangements but are nonetheless categorised within the scope of this as enhanced primary care).

5. Review methodology

Clinical and management leads will be asked to complete the desk top review template included in Appendix B. This has been designed to meet the objectives and tests previously set out in the project mandate. Value for Money will need to be assessed by comparing the answers to Meets Aims and Objectives, with Evidence Base, Capacity and Demand, the Delivery Model and the Financial Appraisal. For a number of the enhanced services there will be a clear comparison between current cost of providing in primary care and cost of providing in secondary care.

6. Timeline

The key next steps are:

- First meeting of Steering Group 24th May
- Communications to practices to update on progress w/c 28th May
- Clinical and manager leads to complete and return desk top review by 8th June
- Outcomes from desk top review to PCOG on 14th June
- Decision on outcome of desk top review to be taken by PCCC at 26th June meeting
- Communication on outcome of desk top review to practices by 29th June

7. Financial resource implications

The budget for the enhanced services is set out in Appendix A and financial implications will be assessed as part of the desk top review.

8. Legal implications

There are no legal implications at this stage. Decisions about the future of the services will be made by the PCCC in order to assure that no Conflicts of Interest affect decision making. PCCC members will also need to be satisfied that decisions made fall within the scope of the CCG procurement rules.

9. Risk implications

Risks are captured within the desk top review template. In addition, the finance team will monitor the impact of any proposed changes to current practice income.

The timeline is set to meet the need to provide assurance to practices about progress and give sufficient notice for any proposed changes. The timeline does not currently allow for any contingency and to mitigate the risk to this PCCC is asked to support delegated decision making to its quorate members in support of phase 1 should this be required.

10. Implications for health inequalities

This is captured within the desk top review template.

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

This is captured within the desk top review template.

12. Consultation and Communication including Public Involvement

This is captured within the desk top review template. Phase 2 of the review which considers how we support further service transformation and integration will need to be informed by patient and public involvement.

13. Appendices

Appendix 1 – Summary Table of Local Enhanced Services

Appendix 2 – Desk Top Review Template

Glossary of terms and abbreviations

Local Enhanced Service	Enhanced services are defined as primary medical services other than essential services, additional services or out-of-hours services. NHS England or CCGs commission these services across England.
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Name of meeting
Date of meeting

Appendix 1 – Summary Table of Local Enhanced Services

Bristol, North Somerset and South Gloucestershire

Clinical Commissioning Group

	2018/19 BNSSG Budget	Payment Terms / % Uptake		
		Bristol	North Somerset	South Gloucestershire
Care Home/Nursing Home	£803.7K	29 (63%) / 22 (48%) Nursing Homes - £58.75 per bed per quarter for standard bed, £125 per bed per quarter for fast flow bed. Care Homes - £38.25 per bed per quarter.	11 (61%) £242 pa per FN bed	16 (64%) Nursing Homes - £50 per patient per quarter. £50 per patient p/a for a level 2 home. £100 per patient p/a per residential home bed.
Anti-coagulation	£748.7K	45 (98%) £14.25 per patient per quarter for level 1. £30 per patient per quarter for level 4.	13 (72%) Initiation on Warfarin: Ambulatory - £125.00; Domiciliary - £115.16. Ongoing management: Ambulatory - £14.16; Domiciliary - £9.24.	25 (100%) £15 per patient per quarter using warfarin. No payment for the first 10 patients.
Near Patient Testing	£656,3K	46 (100%) £21.31 per patient per quarter	17 (94%) £85 per patient x quarterly average no of patients	25 (100%) £18.75 per patient per quarter
Minor Injuries Service	£354.8K	n/a	5 (28%) Retainer paid monthly based on practice lists at 1/4/08 and £0.50 per patient. Higher level payments £50 per claim up to practice specific caps.	25 (100%) £3.5K per annum Mgmt. and admin. £0.60 per patient Service delivery. £0.05 per patient consumables. Staggered payment for reduction in MIU/A&E attendances from practice
Dementia	£220.2K	44 (96%) £515 sign up payment per annum. £169 per diagnosis. £41.25 per review.	n/a	n/a
Diabetes Insulin	£91.0K	45 (98%) £120 per GLP-1 initiation. £250 per insulin initiation	13 (72%) Insulin initiation £175, 6 month review £50	n/a

Prescribing Incentive Scheme	£826.5K	46 (100%) £1.10 per patient	18 (100%) £1 per patient	n/a
	£3,710.2K			

BPCaG & 'Compact'

	2018/19 BNSSG Budget	Payment Terms		
		Bristol	North Somerset	South Gloucestershire
Over 75's Primary Care	£1,606.9K	£50 per registered patient over 75 years old. 25p per registered patient for MH.		
South Glos. Compact	£399.6K			£5,000 for sign up, £450 per Comprehensive Geriatric Assessment
Membership & PLT meetings	£74.8K			£250 x 9 meetings plus £650 bonus for 100% attendance
Practice Representation	£171.7K	£300 x 12 meetings		
Practice Education Sessions	£49.9K	£200 x 6 meetings		
Patient Involvement	£33.5K	£375 x 4 meetings		
Nurse Forums	£14.3K	£75 x 4 meetings		
Practice Manager Forums	£8.6K	£75 x 4 meetings		
	£2,359.3K			




PMS Funding Differential Review

Supplementary Services	£3,311.3K	reinvested based on weighted list size	reinvested based on weighted list size	reinvested based on weighted list size
	£3,311.3K			

Other

	2018/19 BNSSG Budget	Payment Terms		
		Bristol	North Somerset	South Gloucestershire
Hartcliffe Chiropracter	£23.6K	£1,941 per month Single practice – opportunity to include within LES review or MSK pathway review	N/A	N/A
	£23.6K			

Colour Code:

-  In scope
-  Out of scope
-  Potential to include in scope

Appendix 2 – Desk Top Review template

**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

Primary Care Service Name:		Date of review:		
Lead Manager:		Lead Clinician:		
		Bristol	North Somerset	South Gloucestershire
1	<p>Meets aims & objectives What are the clinical aims and objectives of the service? Are there key areas of good practice which we could roll out across BNSSG? How does this align with the CCG priorities? Does this service promote the reduction of health inequalities? 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 or in line with other services? Do we have the remit to commission this service? In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>			
2	<p>Evidence base What evidence base is there to support a) that this meets local population health need and/or addresses variation in quality b) that it is effective in doing so</p>			
3	<p>Engagement What feedback or engagement has there been in the development 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</p>			

	<p>demand? What is the uptake across practices?</p>			
5	<p>Financial Appraisal</p> <p>What is the cost of delivering the service? What are we paying for the service? What would be the costs of not delivering the service?</p>			
6	<p>Delivery Model</p> <p>Could this service be delivered by another provider? Could this service be delivered at scale across practices? How would this impact on quality of service delivery and the cost of service delivery?</p>			
7	<p>What would be the impact of decommissioning this service?</p> <p>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>			
8	<p>Evaluation</p> <p>What monitoring takes place and how often is it reported? Have any audits taken place to assess effectiveness?</p>			
9	<p>Invoicing process</p> <p>What is the invoicing process and frequency?</p>			
10	<p>Service Level Agreement</p> <p>Is there a contract or Service Level Agreement? What is the notice period?</p>			
11	<p>Summary of comparison of service across 3 areas</p>			
12	<p>Recommendations for future of service:</p> <ul style="list-style-type: none"> Continue at practice level and align for tariff and specification across BNSSG with proposals for this in place 			

	<p>for June OR</p> <ul style="list-style-type: none">• Further work needed to develop a common approach for April AND/OR• Develop service for at scale delivery for April OR• Service no longer needed or a priority for investment across BNSSG <p>Please provide justification for recommendation</p>	
13	<p>Risk Assessment</p> <p>Please provide a summary of any risks arising from recommendations and any proposals for mitigation</p>	