

**Northumberland Primary Care
Commissioning Committee
20 April 2016
Agenda Item: 5.5
Primary Care Community Services
Sponsor: Julie Ross**

Members of the Northumberland Primary Care Commissioning Committee are asked to:

- 1. Consider the plans for combining nationally and locally commissioned primary care community services.**
- 2. Agree the restructuring proposal (subject to NHS England funding approval).**

Purpose

This report outlines proposals for the restructuring of some elements of the locally commissioned primary care community services provided by GP practices and combining the budget and requirements of the Direct Enhanced Service for Avoiding Unplanned Admissions (DES) to improve the care for complex, vulnerable and high risk patients.

Background

When making decisions regarding procurement of primary care health services, CCGs are obligated to take into account the requirements under the NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 (the '2013 Regulations').

As part of its commissioning processes, the CCG undertakes a service review at least annually of those primary care community services commissioned in Northumberland provided by general practice. The last review was undertaken in May 2015. A key element of the review is feedback from the providers concerning the quality outcomes and administrative processes which underpin delivery of the services, which in turn, informs the specification development.

The services offered in 2016/17 have been considered by the CCG. It is intended that the services will be reconfigured to ensure that the current offer locally aligns with the broader scope of the Vanguard system integration by achieving better quality clinical outcomes, improved access and better quality of life for those people receiving care.

To strengthen development and meet national requirements consideration was given to combining the funding for the Avoiding Unplanned Admissions DES with elements of the current local services offered. In order to identify the most efficient use of the funds allocated to deliver joined up and integrated services for the local population, the service pathways have been reviewed in conjunction with the DES requirements. The resulting proposal is intended to deliver a high quality, streamlined pathway of care for complex, high risk and vulnerable patients which will contribute to the CCG priorities of increasing the quality of services to patients, reducing variation and offering care closer to home resulting in fewer emergency admissions.



In accordance with the directions of *'The Primary Medical Services (Directed Enhanced Services) Directions 2016* the minimum legal requirements to be met as part of the DES are as summarised below (Appendix 1 refers):

- Practices to provide telephone access to all patients and clinicians providing care to those at risk of admission.
- Vulnerable and at risk patients to have a named accountable GP .
- This cohort of patients should have a shared personalised care plan developed by their GP.
- Improve the discharge process by:
 - Reviewing emergency admissions.
 - Sharing information to help inform commissioning decisions.
 - GPs to review unplanned admissions and re-admissions for vulnerable patients.

Proposal

The Population Wide Scheme has an annual budget of £1,257,575 which is paid to practices at a rate of £3.75 per head of population. The scheme encompasses the following elements:

- PMS premium
- High Risk Patient Pathway
- End of Life
- Practice engagement

Combining the above with the value of the Avoiding Unplanned Admissions DES would provide a potential cost envelope of £2,175,975 to innovate service delivery by integrating pathways across the health and social care economy and meeting CCG strategic objectives. The CCG's use of a combined budget in this respect is dependent on NHS England's approval that the DES budget can be used for this purpose. If agreed the CCG will also combine the A&E Avoidance Scheme with a £200,000 budget giving a total financial envelope of over £2.3m.

The combined budget will allow the development of a service specification which delivers a locally appropriate service for the population demographic to be commissioned by:

- Focussing on the combined quality outcomes of the services
- Providing a streamlined process with reduced bureaucracy
- Increasing system integration by:
 - Focussing the available resources on a clinically determined register.
 - Reviewing and proactively managing frequent attenders and high cost
 - Enhanced care teams (MDT).
 - Using VISO to securely share Emergency Health Care Plans and Special Patient Notes.
 - Death audit to determine actual and preferred place of death.

- The use of general practice 'care navigators' to assist complex and vulnerable patients through the system and maximising the GP clinical time.
- Proactive management of A&E attenders.
- The use of an internationally recognised risk stratification tool resulting in primary care ownership and understanding of those patients who are vulnerable and truly are at risk of admission allowing proactive management.
- The service will be commissioned and measured based on quality and effective outcomes.
- Reduces duplication and avoid and gaps in care.
- Will be less bureaucratic for both providers and commissioner.

Recommendations

The Primary Care Commissioning Committee is asked to agree the restructuring of a local innovative service which incorporates the funding for the Direct Enhanced Service for Avoiding Unplanned Admissions, subject to NHS England agreement.

The revised specification, combining the nationally and locally defined services will be presented to the June 2016 meeting. The committee will be asked to conduct a full assurance process in accordance with the CCG's established annual review process for these services. The template at Appendix 2 will be populated with the revised specification and circulated 2 weeks prior to the June meeting to provide additional time for members to consider the proposals.

Appendix 1 - DES minimum legal requirements
Appendix 2 – Annual review template

Appendix 1

In accordance with the directions of *'The Primary Medical Services (Directed Enhanced Services) Directions 2016 in which the Secretary of State for Health, in exercise of the powers conferred by sections 98A, 272(7) and (8) and 273(1) of the National Health Service Act 2006(a)'* the minimum legal requirements to be met as part of the DES are as follows:

- (a) details of the availability of the contractor's practice for all patients at risk of admission including providing telephone access for—
 - (i) patients, and*
 - (ii) health care professionals and other providers of health and social care relating to hospital admissions and transfers of a patient to hospital;**

- (b) proactive case management for vulnerable older people, high risk patients and end of life care including providing a named accountable GP and a shared personalised care plan(a) for any such patient;*

- (c) a requirement to review and improve the discharge process(b) by—
 - (i) regularly reviewing emergency admissions and Accident and Emergency Department attendances of the contractors registered patients from care and nursing homes, and*
 - (ii) sharing information, and any action points and recommendations identified during that process which are relevant to wider commissioning decisions, with the contractor's clinical commissioning group to help inform commissioning decisions;*
 - (d) internal review and monitoring requirements including a requirement to undertake a regular review of all unplanned admissions and re-admissions for vulnerable patients; and*
 - (e) the payments to be made to the contractor for agreeing and meeting its obligations under the arrangements.¹**

¹*The Primary Medical Services (Directed Enhanced Services) Directions 2016:*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513892/Directed_Enhanced_Services_Directions_2016_acc.pdf

