

Agenda item: 6

Report title: LES Review Update

1. Progress since last month

Since the November report to the Committee all feedback from practices, the LMC and membership meetings has been shared with the individual LES managerial and clinical leads to undertake a final review and make any necessary amendments to specifications. These have been incorporated into the specifications attached at Appendix 3. A clinician to clinician meeting with the LMC took place on 4th December where each of the specifications was considered and discussion took place about wider pathway work that could be undertaken to support the specifications. The discussion focussed particularly, though not exclusively, on the Supplementary Services specification. Revisions to this specification were made following the meeting and a revised version of the specification was then circulated to the membership with a note highlighting key points of discussion. This is set out below for the benefit of the Committee:

Key areas we have sought to change

- Glucose Tolerance Testing to be removed – clarifying all midwifery teams providing across BNSSG as this is covered within tariff and is provided by North Bristol NHS Trust and University Hospitals of Bristol NHS Trust midwifery teams.
- Removed open ended details in the service specification with regards to follow up and ongoing management of patients
- Recognition in the specification that services could be provided collaboratively across practices to provide sufficient scale (e.g. complex dressings and leg ulcer clubs as developing in a few localities). The Locality Transformation Scheme (LTS) as it progresses will be a key enabler here.

Key areas we have sought to retain

- Ear irrigation following self-care and in support of NICE guidance as part of equitable offer across BNSSG
- Payment structure to stay the same as part of 5 year funded agreement with practices

Areas for future development

- Review how we develop locality microsuction services
- Undertake more work with AWP with regards to the pathway supporting depots with agreements on how to manage Did Not Attend (DNAs).

- Further discussion with maternity transformation team to support communication (e.g. look at how we develop a standardised prescription request form).

For the benefit of the Committee the changes to the specification are highlighted in red within Appendix 3.

In addition, some wording changes were incorporated into the Type 2 Diabetes Insulin Start LES to allow for choice in education provider for the diploma in diabetes care requirement as part of demonstrating competence to initiate insulin in the specification.

Proposed financial tariffs for the specifications have been shared with the CCG Executive Team, the Primary Care Operational Group and the membership across BNSSG in December. These are set out with locality and CCG implications in Appendix 1. A key area of concern raised within the Bristol membership meetings was in relation to the proposed insulin initiation tariff. Financial analysis undertaken by the CCG based on both an average and a more complex initiation involving nurse time in both face-to-face and telephone appointments demonstrate that the proposed tariff does cover practice costs and allows for a practice margin which will support recovery of start-up costs. It is recognised that the diabetes insulin LES should move to a locality offer from April 2020 to allow for population coverage and practices are being supported with funds through the LTS and primary care network development funds to prepare themselves as locality vehicles to provide new models of care and locality commissioned services.

The leads for specifications have all completed Quality Impact Assessment, Equalities Impact Assessment and Patient and Public Involvement Assessment screening. These have all been reviewed by QIA, EIA and PPI leads within the CCG. Comments made by the QIA, EIA and PPI leads were shared with specification leads to incorporate any final changes or to clarify any points.

Furthermore the contracts team have now conducted an initial review of all specifications and changes have been incorporated to them to ensure consistency of approach in relation to performance and payment requirements. The specifications will require one further last review by the contracts team to ensure consistent layout and to ensure that the reporting requirements and payment frequency are clearly set out for practices before they are issued to practices as contracts for signature. In addition, contract review periods and named leads need to be confirmed for each of the specifications.

Notwithstanding the above the Committee is asked to approve in principle the specifications for:

- Type 2 Diabetes Insulin Start LES
- Recognition and Management of People with Dementia and their Family/Carers in General Practices
- DVT pathway for patients presenting in general practice
- Anticoagulation LES: INR monitoring and vitamin K anticoagulant dosing – Basic service
- Anticoagulation LES: INR monitoring and vitamin K anticoagulant dosing – Advanced service
- Specialist Medicines Monitoring
- Supplementary Services

2. GP Practice Care Home Support

Further work is needed to complete the GP Practice Care Home support specification. A meeting was held with the LMC and Public Health England on 20th December to work through the flu pathway and agree next steps to make expectations and steps required to support it clearer. This needs to take into account both in and out of hours support to care homes and has wider implications beyond the GP Practice Care Home Support specification.

One of the questions raised by the membership in South Gloucestershire relates to scope of the specification and whether they extend to covering homes for people with Learning Disabilities (LD). There are currently approximately 20 homes who provide for people with LD that are being covered by the existing LES for care homes without nursing within Bristol and South Gloucestershire, however, there are more on the list on offer to practices that are not currently allocated to a practice. More detailed analysis is needed to understand whether there is any distinction between these homes, and should we formalise the scope further definition may be needed within the specification to support this.

Further work is also needed to finalise the proposed frequency of key components of the specification (.e.g. board rounds) and to confirm the reporting arrangements. Finally, further financial analysis is needed to support proposals for a tariff structure. There are a significant number of homes that are currently not 'covered' across BNSSG which presents the CCG with financial risk should they all be supported and there is also significant variation across BNSSG in current rates of payment which will also have implications at practice level when generating a single tariff to apply across BNSSG. It is therefore proposed that work on this specification is progressed as a priority to return to the PCCC 29th January meeting.

3. 16p GP Basket in South Gloucestershire

In the November report to PCCC it was highlighted that a specification was in place in South Gloucestershire for an additional basket of procedures funded at 16 pence per patient. It was agreed that this should be subject to the same review process as all the other legacy LES specifications from the former local CCGs. Since this time it has been further clarified with the CCG finance team that the funding for this specification was included within the PMS review within South Gloucestershire and the funding formed part of the practice 5 year funding statement. As such, and in line with the approach taken with the Supplementary Services the recommendation is therefore not to cease this enhanced service. This is consistent with other legacy payments made in Bristol and North Somerset which were included within the PMS review. In addition, the practice payment rate for additional/supplementary services arising from the PMS review already varies across the 3 former CCG areas.

A desk top review has been completed for the specification and is attached at Appendix 4. This highlights that there is significant overlap with the Supplementary Services specification.

4. Proposed contract terms

During the LES review process practices have highlighted the benefits of having a longer term funded agreement in place which allows practices to plan. In view of this the proposal is therefore to offer 3 year funding agreements unless it has already been agreed that a service is due to be reviewed or be offered as a locality service from April 2020. The proposal is therefore as set out below:

- Type 2 Diabetes Insulin Start LES – 1 year only, then move to locality model
- Anticoagulation (x2 Basic and Advanced) - 1 year only pending longer term review outcome
- Supplementary Services – 2 years remaining for the agreement
- Specialist Medicines Monitoring – recommend 3 years and use contract variations for when the agreement is updated for new drugs
- Recognition and Management of People with Dementia and their Family/Carers in General Practices - recommend 3 years
- DVT pathway for patients presenting in general practice – recommend 3 years

It is recommended that a 3 month notice period is applied to the agreements as a proportionate notice to the value of the schemes. This is currently in place in Bristol and North Somerset and is a change to some of the agreements in South Gloucestershire for which a 6 month notice currently applies.

5. Locality Transformation Scheme

In June of 2018 the LES review recommended that the Bristol Primary Care Agreement and South Gloucestershire Compact formally cease from April 2019 and formal written notice was subsequently provided to practices. The evaluation concluded that we should reinvest in phase 3 of the Locality Transformation Scheme in support of system priorities and develop a clear evaluation framework so that system benefits can be identified going forward. In September a paper was presented to PCCC setting out the framework for developing phase 3 of the Locality Transformation Scheme.

It is now proposed that a sum of money approximately equal to £1 per head of population be made available to support the delivery of the Phase 3 priorities of the Locality Transformation Scheme from 1st April 2019 to 31st March 2020 This will be to support:

- Continuation of the GP locality provider boards in support of delivery of the services agreed as part of phase 3 LTS (see below for funding already allocated in support of the development of services within phase 3)
- Funded services for which a business case had been agreed in support of the locality frailty or mental health models.

Business cases would need to be agreed through the commissioning executive and be in line with any existing or developing frailty and/or mental health strategy. The funds will be held in a locality “pot” until such time as business cases are agreed.

Currently agreed LTS funding

The next £1.50 per head of population is available to support the role of the GP provider boards in delivery of the LTS Phase 3 collaborative. It is proposed that the first £0.50 is paid following the first collaborative event (the frailty event took place in December) and then at regular intervals as follows:

January 2019	£0.50
April 2019	£0.50

This payment would cover the following:

- Full participation in the collaborative process
- Attendance at workshops of at least 2 GPs and 2 practice managers for each focus area
- Agreement and delivery of agreed test and learn cycles for each focus area
- Implementation plans agreed for each focus area
- Participation in the locality provider forums
- Data sharing as part of the collaborative approach

The Bristol Area team are currently working with practices to identify any services provided through the Bristol Primary Care Agreement which would support the new models of care in LTS Phase 3 and which would be supported by the localities as priorities for continued investment.

6. Next Steps

The key next steps are as follows:

- Present the findings and recommendations of the review of the Minor Injuries Local Enhanced schemes in open session of the Primary Care Commissioning Committee
- Proposals for GP practice support to Care Homes to be finalised and presented to 29th January Primary Care Commissioning Committee meeting
- Final review of specifications by contracts team
- EMIS templates and Search and Report functions to be developed to support specifications

- Proposals for project close down to be presented to 29th January PCCC with recommendations for ongoing review of LES contracts
- Practice level financial impact analysis to be presented to closed session of 29th January PCCC

7. Financial resource implications

Financial resource implications are set out in Appendix 1. This sets out the principles used in developing proposed tariffs and demonstrates the impact of these at CCG and locality level. Practice level impact analysis will be presented to the Committee in closed session at its 29th January meeting.

8. Legal implications

There are no new legal implications to report to the Committee this month.

9. Risk implications

The key risks are set out in the Highlight Report in Appendix 2.

10. Implications for health inequalities

The draft specifications seek to develop a common offer for people across BNSSG and reduce inequalities for our population.

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

Equality Impact Assessment (EIA) Screening has been completed for each of the LES service specifications presented. These EIA screening assessments were shared with the CCG's Inclusion Coordinator for comment and review. Minor amendments were made and the conclusion to not proceed to full EIA assessment for each LES was subsequently approved. The EIA screening documents are available upon request.

12. Consultation and Communication including Public Involvement

The draft specifications presented develop a consistent offer across BNSSG and seek to support the delivery of care closer to home which is consistent with what patients and people tell us they want to see. No formal public involvement has been undertaken to support the alignment of the specifications. Public and Patient Involvement (PPI) Screening has been completed for each of the LES service specifications presented. These PPI screening assessments were shared with the

CCG's PPI Lead for comment and review. Minor amendments were made to the Supplementary Services PPI screening assessment to provide further clarification. The conclusion to not proceed to further PPI activity for each LES was subsequently approved. The PPI screening documents are available upon request.

13. Recommendations

The Committee is asked to:

- Note the progress and next steps set out within the main report and within the highlight report within Appendix 2.
- Note the proposed finance tariffs and analysis paper set out in Appendix 1 for the set of specifications under consideration and approve the proposed tariffs subject to presentation of the practice level impact assessment in closed session on 29th January
- Approve in principle the set of specifications attached in Appendix 3 pending any further practice level impact assessment to be brought to the Committee in closed session at its 29th January meeting
- Approve the proposed contract terms for the specifications under consideration set out in the main report
- Support the outcome of the desktop review for the 16p basket of additional services in South Gloucestershire set out in Appendix 4

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Appendices

Appendix 1 – Finance paper

Appendix 2 – Highlight Report

Appendix 3 – Specifications

Appendix 4 – Desk top review of 16p basked of additional services

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

Anticoagulation	Anticoagulants are medicines that help prevent blood clots. They're given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks.
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DVT	Deep Vein thrombosis- a formation of a blood clot in a deep vein, most commonly the legs.
LMC	Local Medical Committee - LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities.
Insulin	Insulin is a hormone made in the pancreas, which is an organ in the body that helps with digestion. Insulin helps the body use glucose (sugar) for energy. When people have diabetes they may need to take it as medication to help control their blood sugar levels.
Glucose Tolerance Testing	GTT is a blood test that is used to diagnose gestational diabetes which can develop during pregnancy. The test measures your body's ability to maintain a normal blood glucose (sugar) level.
EMIS	An electronic patient record system and software used in primary care.
PMS review	A national review into the funding of practices designed to equalise payments to practices
Supplementary Services	The name for a local enhanced service that identifies a range of investigations/treatments/procedures to be offered consistently in primary care funded as a result of a wider review into the funding of practices called the PMS review.