

NHS COVENTRY & RUGBY CCG

Report To:	Governing Body – 8 th January 2014
Report From:	Ruth Hallett
Sponsor:	Clare Hollingworth
Title of Report:	Local Enhanced Service Review

Purpose of the Report:

To inform the Governing Body of the work undertaken to review Local Enhanced Services for which the CCG is responsible

To present the recommendations agreed through the recent LES Review Panel and the CCG's Performance Committee for a decision by the Governing Body regarding the future of each enhanced service

Key Points

- NHS England has devolved the responsibility for a number of Local Enhanced Services commissioned from primary care to CCGs
- There is a need to review these services in light of:
 - the new NHS Structures
 - some services have not been reviewed for several years
 - inconsistencies across Coventry and Rugby
 - new procurement rules that mean enhanced service agreements will no longer be valid from 1 April 2014
- There are 13 GP enhanced services, 4 pharmacy enhanced services and an ophthalmology service that needed to be reviewed
- The review process has been discussed and approved by Clinical Development Group and takes into account the need to consider and declare conflicts of interest in the process
- The review has involved the extensive collection of data and the engagement with primary care providers, LMC and other stakeholders
- A Review Panel was convened that included CCG Officers, Clinical input, Public Health and lay people to review the information and present recommendations for the future of each service
- The Governing Body are asked to decide a future for each enhanced service in light of the recommendations set out in this paper

Approved by:

Committee / Meeting	Date
Performance Committee	16 th December 2013

Implications:

Financial:	Limited savings from the decommissioning of some services (approx.£3400). Recommendation to review several enhanced services means final net financial impact not yet known.
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HR / OD:	No significant implications
Board Assurance/ Use of Resources:	Potentially contributes evidence towards KLOE 2.1 of the annual Value for Money assessment.
Risk Rating:	Low
Equality & Diversity:	Equity of access to services in Coventry and Rugby was considered as part of this work
PPI:	Lay people have been involved in the review panel described in this paper and further lay involvement in the detailed review of specific services is planned for 2014
Health Strategy:	Recommendations consistent with the CCG's overall service strategy.
Other	None identified

Local Enhanced Service Review

Introduction

Local Enhanced services have been set up historically when a local need is identified that requires a primary care service additional to the services set out in the standard contracts for primary care provision ie the GMS/PMS contracts for General Practice or the National Pharmacy or Optometry contracts.

As part of the changes to commissioning structures within the NHS, Local Enhanced services have been distributed between the new commissioning bodies. The CCG are required by NHS England to review their cohort of inherited Local Enhanced Services during 2013/14 to re procure services, where appropriate, through valid procurement routes using the NHS Standard Contract for 2014/15.

Within this, the CCG must ensure that transparency of process and conflicts of interest are managed.

Enhanced Services to the CCG

The following table shows those enhanced services for which the CCG has responsibility for 2013/14.

General Practice

Rugby Local Enhanced Services	Coventry Local Enhanced Services
MRSA Screening	MRSA Screening
Treatment Room	Treatment Room
Anti-Coagulation Level 1	
COPD	
Follow Up Management LES	
Inter Practice Referral Agreement	
Leg Ulcer	
Near Patient Testing	
Neo Natal Baby Checks	
Nursing beds in Care Homes	
Phlebotomy	

Pharmacy

Not dispensed Scheme (Coventry)
Out of Hours (Rugby)
Palliative Care (Coventry & Rugby)
Tuberculosis (Coventry)

Optometry

Intra Ocular Pressure Referral Refinement Scheme (Coventry and Rugby)

Review Process

Date	Activity
August 2013	Review Process Approval by Clinical Development Group
Sept – Dec 2013	Data Collection and engagement with stakeholders
12 Dec 2013	Review Panel Convened
16 Dec 2013	Recommendations to performance Committee
8 January 2014	Recommendations to Governing Body
Jan – April 2014	Implementation of decisions by Governing body for the future of each enhanced service

Data considered as part of the review

- Service specifications
- Activity data
- Financial data
- Contractor sign up
- Primary care staff and clinicians views (where available from a survey undertaken)
- Local Medical Committee views
- Relevant service developments within the CCG
- Decisions by other local CCGs on services
- Other provision/models locally or elsewhere
- CRCCG transformational schemes for 2014/15

Review Panel Membership

Present:	
Jacquie Ashdown	Consultant Public Health Warwickshire
Dr. Jeff Cotterill (JC)	GP Clinical Lead, Rugby Locality
Dr. Hergeven Dosanjh (HD)	GP Inspires, Primary Care Quality
Rob Fontaine	Service Redesign Manager, Partnership
Mark Galloway (Chair)	Head of Medicines Management, CRCCG
Matt Gilks	Head of Contracting and Procurement, CRCCG
Ruth Hallett (RH)	Rugby Locality Manager
Dr. Nadia Inglis	Specialist Registrar in Public Health, Warwickshire County Council/Coventry City Council
Chris Lonsdale	Head of Finance, CRCCG
Garth Murphy	Lay Representative, Rugby
Narinder Sandhu	Arden Commissioning Support
Nikkie Taylor	Locality Business Manager, Inspires
Tom Stone	Lay Representative Coventry
In Attendance	
Ashif Dhanani	CCG RSS ophthalmology Triager
Vi Thomas	Business Support Manager – Note taker

Conflicts of Interest

Prior to the discussions commencing conflicts of interest by the panel members were declared. Where there was a conflict of interest with a particular service that panel member did not vote.

Review Panel Process

The Review Panel was convened on 12 December 2013, to look at the 18 enhanced services. There were three aspects that the panel were asked to make recommendations against.

1) Continuation of the service

Firstly, the panel discussed each enhanced service in turn considering the data available. They were then asked to vote on whether the service needed to continue. They could vote to retain the service, retain and review the service or decommission the service.

2) Coventry and Rugby Dynamic

Secondly, the panel were asked to consider whether the service should be the same across Coventry and Rugby. In some instances there have been significantly different commissioning strategies in Coventry and Rugby. A need to ensure equity of access to quality services is needed but how those services were provided did not necessarily need to be in the same way.

3) Procurement Routes

Finally, the panel were asked whether they could make a recommendation on the possible procurement route by which the service should be procured going forwards – the options were

- Full Tender
- Any Qualified Provider Model
- Direct Award of a contract
- Not enough information about the service to be commissioned to make a recommendation

Review Panel Recommendations

The resultant recommendations were considered by the Performance Committee on 16 December. The Committee accepted the Panel's conclusions with some minor amendments and the final recommendations for the Governing Body are presented in the table accompanying this report.

Next Steps

Once a decision has been made about the future of each service, a project plan will be put into place to implement the changes. The original deadline for this work was 31 March 2014, however the CCG has written to the Area Team to notify them that this will continue into 2014/15 to ensure robust and fit for purpose services are commissioned for the future.

Recommendation

The Local Enhanced Services for which Coventry and Rugby CCG have responsibility have been reviewed to determine a recommended way forward for each. The Governing Body is asked to uphold these recommendations.

Table 1

Local Enhanced Service Review
Recommendations for Governing Body

Text in black is the recommendations from the review panel on 12 December 2013

Text in burgundy are comments and amendments from Performance Committee on 16 Dec 2013

Review of Individual service	Summary of service Aims	Payment	2012/13 Outturn (£,000s)	Activity 2012/13	Practice Coverage 2012/13	Recommendations	Procurement recommendation	Comments
OPHTHALMOLOGY SERVICES								
Intra Ocular Pressure Referral Refinement Scheme (Ophthalmology Coventry & Rugby)	To reduce unnecessary referrals to hospital eye services for patients with potentially high eye pressure - an important risk factor for glaucoma	£15/£20 per visit	approx 5.0	approx 285	approx 10 practices claimed out of XX opticians in CCG	To continue the service in same form	Any Qualified Provider - it is likely that only opticians would undertake this work, however there may be other service providers that would wish to consider the service.	JC declared interest and did not vote. Need to look at whether activity represents prevalence - should the numbers be higher. Promotion of the service when reprocured will assist in increasing coverage if there are gaps.
GP ENHANCED SERVICES								
MRSA Screening (GP Coventry & Rugby)	Facilitate the decolonisation of adult patients identified to be positively colonised with MRSA - prior to elective surgery, in order to reduce the patients' risk of acquiring a MRSA infection - post-discharge and those admitted to secondary care for longer periods, in order to reduce the patients' risk of acquiring a MRSA infection	£23 per patient 200	<1.0	<30	Not known	To retain service but respecify to be consistent across Coventry and Rugby	Majority agreed not enough information to make recommendation.	GPs present as declared interest did not vote. Concern was noted at low figures and it was logged that clarity about the CCG's duty to commission a community service was needed. Performance Committee advised that coverage of the service needed to be considered in the respecification
Inter Practice Referral Agreement (GP Rugby)	<ul style="list-style-type: none"> This is a governance LES to manage the referral process between Practices. Provides a uniform structure and process for referrals between practices as an extension of other service specific enhanced services 	No payment	0	n/k	not known	To decomission and no future service		JC declared interest and did not vote
Follow up Management (GP Rugby)	<p>The aim of the service is:</p> <ul style="list-style-type: none"> to manage follow up care in primary care where appropriate across all specialties. to ensure that care is provided in the right place at the right time by the right person. <p>This LES is intended to offer the following benefits:</p> <ul style="list-style-type: none"> Offer care closer to home - where appropriate, patients will be seen in their own practice, nearer to their home. Supporting the delivery of referral targets. Removing a significant amount of unnecessary follow-ups from secondary care will increase capacity to ensure providers meet referral and treatment targets. Delivering financial balance - the information gained from the operation of this LES will support pathway redesign to reduce acute sector patient follow ups and hence supports the achievement of financial balance across the health community. 	£30 per cancelled follow up	0	0	not known	To decomission and no future service		JC declared interest and did not vote. No activity had been seen through this service in last 18 months, it was noted that the principle of looking at follow ups was a good one, but this was not the best mechanism

Neo Natal Baby Checks (GP Rugby)	Aims: <ul style="list-style-type: none"> To provide mothers with choice about their maternity care To provide registered patients with a neonatal baby check within 24 working hours of birth, if a check has not been carried out in hospital 	£79.48 per check	1	13	6 of 12 Rugby practices claimed activity	To decommission and no future service		JC did not vote. New guidance means that specific training to carry out new born checks is required and it is likely to fit within the nmaternity contract - clarification being sought
COPD	The overall aim of the LES is to: <ul style="list-style-type: none"> Reduce avoidable hospital admissions. Provide initial diagnosis of COPD and Asthma through the use of post bronchodilator Spirometry. Develop and deliver integrated patient focused services, for individuals with COPD, providing efficient, high quality evidence-based care. Offer care close to home that is 'co-ordinated' by general practice. 	£3-£19 per diagnosis/ review	2.4	341	10 of 12 practices claimed activity	To decommission and no future service		JC did not vote. It was questioned how much over and above the requirements of the Quality and Outcomes Framework this service provides.
Leg Ulcer (GP Rugby)	The aim of the service is to appropriately manage the care of patients with new and existing leg ulceration who would benefit from compression therapy To ensure that patients receive a local, high quality service with minimum disruption and close to home.	£26 per procedure	36.4	1363	12 of 12 practices claimed activity	Review further	Direct Award to general practice. Performance Committee advised this should not be direct award due to known ability for others to provide service	Recommend that Coventry and Rugby remain different in their service provision. JC did not vote. More information needed regarding quality and outcomes of service.
Nursing Beds in Care Homes (GP Rugby)	<ul style="list-style-type: none"> Improve quality of care to patients in care homes, Seek to avoid unnecessary emergency admissions from care homes particularly during out of hours, Reduce the incidence of falls that lead to emergency admissions, Reduce the wastage of medicines. 	£26.47 per quarter per patient	19.19	181	7 of 12 practices claimed activity	Review further	Subject to outcome of review.	This service needs to be considered alongside other work in this area including changes to GP contract and the care homes pilot. JC did not vote. More information needed about the efficacy of this service and needs to be kept under review alongside other developments locally.
Phlebotomy (GP Rugby)	<ul style="list-style-type: none"> Provision of on site phlebotomy service for registered practice population Transport of samples in a timely manner to pathology laboratory This service is limited to practices that are located in rural areas	£1.23 per procedure	5.6	4564	2 of the 2 eligible practices claimed activity	To retain the service in current format for limited period.	all agreed Direct Award as interim pending full review of phlebotomy services across the CCG. A direct award is considered acceptable for this small contract value for an interim period.	Performance Committee agreed with the recommendation as an interim measure
The following GP LES were looked at in conjunction with one another as elements of each from Coventry and Rugby were the same: Coventry Treatment Room LES, Rugby Treatment Room LES, Rugby Anticoagulation Level 1 LES and Rugby Near Patient Testing LES								

Near Patient Testing (GP Rugby); Anticoagulation Level 1 LES (Rugby); Shared Care Protocol/Prescribing secondary care drugs sections of Coventry Treatment Room LES	The aims of this service are: <ul style="list-style-type: none"> To provide sampling, test and drug monitoring service in respect of specified drugs agreed by the Coventry and Warwickshire Area Prescribing Committee. Many of the drugs do not require actions over and above core GMS. Others require actions such as call recall, monitoring and testing of patients and this agreement is to recognise and reimburse for this additional work. To ensure that patients receive a local, high quality service with minimum disruption and close to home and avoid unnecessary hospital attendance. 	£6-£10 per patient per year (2003 price) (Rugby) element of the £0.91 per registered patient treatment room LES (Coventry)	approx 130.0 (Rugby) element of 320.6 (Coventry)	n/k	100% of Coventry (64) and Rugby (12) practices are signed up to treatment Room LES	To retain a Treatment Room LES but with a re-specification of what should be included.	Majority agreed not enough information to make recommendation, however a significant minority voted for direct award to GPs as there is a need for the service provider to have the patient's medical record in order to safely provide the majority of these services. <i>Performance Committee view was this should be a direct award. Final recommendation will be made once scope of new scheme is agreed.</i>	GPs present declared interest and did not vote
Minor Injuries Element of Coventry Treatment Room LES	Where clinically appropriate treatment of Lacerations; Bruises; Foreign Bodies; Non-penetrating ocular foreign bodies; Superficial burns not greater than 1inch; Foreign Bodies superficially imbedded in tissues; Minor trauma to hands, limbs or feet; Minor head injuries with no loss of consciousness	element of the £0.91 per registered patient treatment room LES (Coventry)	element of 320.6 (Coventry)	n/k	100% of Coventry's 64 practices are signed up			HD did not vote - declared interest. Need to ensure that none of the activities listed are covered or paid for elsewhere
Secondary Services delivered in Primary Care element of Coventry Treatment Room LES	Removal of Sutures; Changing Dressings; Wound Examination (and providing consumables); Injecting Anti-Coagulants; Depot Pyschotropic Drugs; Emergency Phlebotomy; Pregnancy Testing; Twelve Lead ECGs; Ear Syringing; Pre-Employment Vaccination of Health Care Professionals; 3 Year Smear Checks	element of the £0.91 per registered patient treatment room LES (Coventry)	element of 320.6 (Coventry)		100% of Coventry's 64 practices are signed up			HD did not vote - declared interest. Need to ensure that none of the activities listed are covered or paid for elsewhere
Use of Referral centre element of Coventry Treatment Room LES	To use the new referral managemnt Centre as a repository of all referrals	element of the £0.91 per registered patient treatment room LES (Coventry)	element of 320.6 (Coventry)		100% of Coventry's 64 practices are signed up	To keep the service but respectify. <i>Performance Committee's view was to decommission this element of the Treatment Room LES</i>		HD did not vote - declared interest. This service may fit into the Local Improvement Scheme Model. Needs to be considered in conjunction with the planned review of RSS. <i>This service related to a historical Referral Management Centre rather than the RSS that is used today.</i>
PHARMACY ENHANCED SERVICE								
Not Dispensed Scheme (Pharmacy Coventry)	Pharmacists to identify and prevent dispensing of those items included on repeat prescriptions which the patient does not actually require at that time.	£3 per item not dispensed plus drug costs	£17000 NET SAVING	3100	30 pharmacies out of 89 in Coventry	To retain service agreed but respectify across Coventry and Rugby	Direct Award - this service directly relates to the dispensing of medicines as part of the pharmacy contract and therefore could not be delivered by other providers	RH Chaired for this item. HD declared interest as Inspires Prescribing Lead and did not vote. In addition promotion of the respecified service was viewed as key for this service to make maximum impact
Out of hours Scheme (Pharmacy Rugby)	To provide pharmaceutical services in urgent circumstances outside contracted pharmacy hours	£150 per year retainer plus £? Per call out		4		To decomission service		RH chaired for this items. Mark Galloway did not vote

Palliative Care Scheme (Pharmacy Coventry & Rugby)	To ensure timely supply of palliative care drugs				4 pharmacies in Rugby, 3-4 pharmacies in Coventry	To retain service agreed but respecify across Coventry and Rugby for in and out of hours.	Subject to re-specification; likely to be a direct award to a small number of providers.	RH Chaired for this item.
TB Service (Pharmacy Coventry)	To improve access for people (including children and young people) to specialist TB medicines when they are required by ensuring prompt access and continuity of supply. To support people, carers and clinicians by providing them with up to date information and advice, and referral where appropriate. To reduce the risk of sub-optimal treatment. To ensure compliance with the agreed treatment plan for patients	£56 per patient plus £2 per prescription	80		7	To retain service but respecify and provide across Coventry and Rugby.	Direct Award - this service directly relates to the dispensing of TB medicines as part of the pharmacy contract and therefore could not be delivered by other providers	RH Chaired for this item.