

**North East Lincolnshire CCG**

Attachment

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Helen Kenyon |
| **Date of Meeting:** | 13th November 2014 |
| **Subject:** | Commissioning and Contract Report |
| **Status:** | [ ]  OPEN [ ]  CLOSED |
| **Agenda Section:** | [ ]  STRATEGY [ ]  COMMISSIONING [ ] OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| To keep the board up to date on key pieces of work undertaken by the CCG in relation to Commissioning and contracting activities |

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| **STRATEGY** |  |
| CCG is a commissioning organisation and as such the Board need to kept abreast of the specific items being taken forward to deliver the overall strategy  |

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| **IMPLICATIONS** |  |
| That the partnership Board is aware of the key actions being undertaken in relation to commissioning and contracting in the CCG. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT**  |
|  | To note the information about the issues raised in the report | **Agreed?** |
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|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | N |  |
| ii) | CCG Equality Impact Assessment | N |  |
| iii) | Human Rights Act 1998 | N |  |
| iv) | Health and Safety at Work Act 1974 | N |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | N |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Y |  |

**Commissioning and Contract Report to October 2014**

1. **NLaG Contract**

During this year the previously strong 18 week performance that we have previously seen by Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLaG), has deteriorated. This is not unique to our area and has become a high priority at a national level as the number of providers reporting a reduction in 18 week performance has increased. Particular specialities under pressure at DPOW are Dermatology and Ophthalmology.

In agreement with the CCG and as part of the national drive to improve on delivery of the 18 weeks Referral to treatment target (RTT), the Trust has been undertaking additional activity throughout August and into November to bring the waiting times into line with national targets. It is expected that the Trust will achieve the 18 week target by the end of November and additional funding has been made available to the CCG to partly fund this activity. The trust will need to keep up additional activity as per its revised plans till March to ensure the RTT is maintained within 18 weeks. The CCG is meeting with NLaG to understand the continued growth in non-GP referred elective activity in this period, which appears to be driving the overall pressure on 18 weeks.

1. **Community low level Muscular Skeletal Service**

The CCG process for bids to the Framework contract has now closed and is currently under evaluation. 8 providers expressed an interest and are going through the assessment process at this time. The Go Live date for providers is still 1st April 2013.

1. **Abbey Homecare**

At the end of July 2014 a decision was taken to temporarily suspend new placements to the Abbey Homecare provider following an increase in the number of complaints received in relation to missed calls. Following a significant amount of work by the provider and following a number of review visits and other checks, it was agreed at the end of September that the temporary suspension should be lifted.

Unfortunately the improvements made by the provider over the summer which allowed the temporary suspension to be lifted have not been sustained and maintained. This has been evidenced by the number and nature of complaints and concerns raised during September and October; findings from a recent contract inspection; and the nature of safeguarding referrals received during this period. The CCG has therefore instigated a further temporary suspension for new placements on this provider.

The CCG and partners are working closely with Abbey to ensure a sustained improvement in the provision of care demonstrated by a reduction in incidents of missed and late calls. The CCG will withdraw the suspension on new placements until there has been a 10 week unbroken period of “business as usual” where complaints, concerns and missed/late calls return to an acceptable level.

1. **Commissioner Requested Services (CRS) Review**

Where a health care provider gets into difficulties, Commissioners and Monitor must work together to make sure that patients continue to have access to services. Following on from the serious failings in service at Mid Staffordshire, Monitor as the regulator of Foundation Trusts is now requiring Commissioners to develop a contingency plan to come into operation should Monitor have to step into the management of a failing organisation. As a contingency plan the Commissioners are required to state which services they would require to continue to be delivered locally in the event of the current provider being no longer able to provide them. (Commissioner Requested Services).

The Monitor requirement is that by March 2015, the commissioners of Foundation Trusts will have carried out a full review of local services to determine where services could be provided, what alternatives there are locally and what the impact may be on the local population in sourcing alternative provision.

If a service is not identified as a CRS it does not mean that patients don’t need that service, but that alternatives exist if the current provider were to fail. Northern Lincolnshire and Goole foundation Trust is our CCGs major Foundation trust provider and achieved foundation trust status prior to 1 April 2015, as such their automatic classification of mandatory services (the predecessor to CRS) will expire on 1 April 2016.

To date the CCG has carried out 2 stages of the programme, for elective activity:

* Stage 1 - identify features of all the services that are provided by NLAG
* Stage 2 – gather activity and volume data to understand impact on services

There are a further 3 stages that need to be completed:

* Stage 3 – discuss clinical impact of services with CCG clinical leads and get overall clinical view
* Stage 4 - determine whether alternative providers could provide the services
* Stage 5 – assess if any health inequality implications of service change

The CCG will need to have close discussions with the provider and other local commissioners up to March 2015 to understand the impact on alternative providers of this review and contingency plan.

Once in place the CRS does not have to remain static, but can be amended as local circumstance requires.

Eddie McCabe

Nov 2014