

Attachment

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee |
| **Presented by:** | Jill Cunningham, Service Manager – Primary Care |
| **Date of Meeting:** | 28th July 2016 |
| **Subject:** | **Update on Enhanced Services and PMS Reinvestment** |
| **Status:** | OPEN  CLOSED |
|  | Complies with latest CCG Strategy for Primary Medical Services, if not, please give a brief reason why: |

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| **OBJECT OF REPORT:** |
| This report has been prepared to update the Committee on progress against the agreed actions regarding the use of PMS reinvestment monies and the progress against agreed actions for the review of Local Enhanced Services. The Joint Co-Commissioning Committee is asked to note the update. |

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| **STRATEGY:** |
| These actions are in line with agreed strategy. |

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| **IMPLICATIONS:** |
| **Enhanced Services:**  On 16th February 2016 the Committee agreed to a number of proposed changes to the way in which services over and above ‘core’ are commissioned from general practice by the CCG, NHS England and NEL Council. The paper that was presented to the Committee set out some initial proposals to undertake a number of pieces of work for joint review of services during 2016/17, with changes to take effect from 1st April 2017. However, due to prioritisation of work streams required in this year some pieces of work will not now happen until 2017/18; this will not affect delivery of services and it only applies where a contract end date is March 2018 (the original proposal was to look at some of these sooner).  Officers have begun work on those areas where the contract ends on 31st March 2017 and where changes are proposed to take effect within year 1 (2016/17). One significant area is the review of a number of schemes – Service Improvement Plans (SIPs) – all with separate contracts and specifications, which are aimed at supporting chronically ill/complex/housebound patients; these vary in their nature and funding requirements but appear to be aimed at delivering the same outcomes. Officers have begun meeting with Practices to fully understand the service that they are delivering and the benefits of these services to patients, with a view to potentially introducing one contract with a standardised specification for provision of these services across North East Lincolnshire. Once the initial visits have taken place, the CCG will establish a working group with representatives from those practices currently delivering this type of service to develop a new specification. Investment into this service would be through re-cycling of the current SIPs and over 75s funding, as well as some PMS reinvestment monies, subject to securing agreement on the latter.  Proactive Case Finding and Case Management  One new specification has been offered to Practices, which combines the requirements of the NHS England Avoiding Unplanned Admissions (AUA) Enhanced Service, the CCG’s ‘Over 75s’ service and key components from a number of individual or group Practice ‘Service Improvement Plans’ for supporting housebound/elderly/targeting those who are at risk of admission. The specification includes local additional expectations of Practices, which align with the revised plans for the ‘Support to Care Homes’ service. The funding streams for the NHS England AUA (approximately £480k) and the CCG’s >75s initiative will be combined to support this.  To date six Practices have signed up to the CCG’s local specification. 17 Practices have not responded to the CCG’s Specification and an email has been sent to these Practices requesting response with a deadline of 5th August 2016, in order for the Practices to be eligible for the first of three payments.  It should be noted that Practices have a right to take up the NHS England national enhanced service and to date three Practices have informed the CCG that they will do this.  **PMS Reinvestment Schemes:**  Phlebotomy  A Practice based service specification aimed at improving access and preventing the need for travel to the hospital solely for phlebotomy has been offered to Practices. 19 Practices have now signed up. The remaining Practices have been contacted by the CCG to encourage them to sign up to deliver the service. If those remaining practices do not wish to sign up or are unable to deliver the service, the CCG will enter into discussions with them regarding sharing resources with neighbouring/other practices to ensure their patients can access local phlebotomy.  Shared care monitoring  The original plan was to incorporate existing arrangements for Rheumatology drugs into a broader specification with a range of other drugs into a single specification, and increase the funding available through investment of PMS reinvestment monies. However discussions to reach agreement on anti-psychotic drugs are taking longer than expected and need more work during this year.  Therefore, the CCG is looking to move forward with a Dementia shared care specification. An amended Dementia Pathway was agreed at the CCG’s Council of Members on 7th July 2016, and this pathway means that GPs can take on the initiation of the Dementia drugs and on-going management within primary care (currently these all go into the secondary care MH service), with support and input from secondary care where required. It is proposed to retain the separate rheumatology service and introduce a new Dementia shared care service as a separate arrangement this year, then incorporate into a single specification next year.  Officers are working with a small group to develop appropriate payment for the work involved for GPs with the new pathway and expect to be in a position to offer out the new service by end of August at the latest.  The other two areas identified for PMS reinvestment were the local quality scheme and 7 day working, which have separate updates on today’s meeting agenda. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
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|  | The Joint Co-Commissioning Committee is asked to note the update. |
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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/A |  |
| ii) | CCG Equality Impact Assessment | N/A |  |
| iii) | Human Rights Act 1998 | N/A |  |
| iv) | Health and Safety at Work Act 1974 | N/A |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Y |  |
| 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) | N/A |  |