

Report on Proposed Commissioning Intentions for: Post-Operative Care Service
Date of Report: 20 March 2018
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Background

Following agreement at the January 2018 Joint Co-Commissioning Committee to continue commissioning a number of PMS reinvestment schemes from general practice, this report has been prepared to provide additional background information regarding the rationale for the future commissioning intentions for the Post-Operative Care Service.

This service has been commissioned since 2015, and was originally funded through PMS growth monies.

The Committee members should note that in these cases where there has been agreement to continue commissioning these services for a further 3 year term, this does not preclude any future decisions and actions that may be required to vary or terminate the contract should the requirements evolve and/or circumstances change, as long as these are enacted in line with contractual clauses.

Service Description

The service is intended to provide practice-based, post-operative care for patients as appropriate and covers:

- Post-operative monitoring;
- The removal of sutures/clips from the skin;
- Simple wound management involving the changing of simple dressings.

Scope of delivery of service

The service is delivered by all practices.

Funding

The service is funded per patient. The forecast outturn for 2017/18 is £40,560.

Service Description	Currency	Price
Post-Operative Care Service	Suture removal	£0.24 per head of practice population
	Simple wound dressing – change	

Benchmarking against other local CCGs shows that the CCG payment is lower than peers. However, these are not all directly comparable as some pay per activity and some pay per annum on a per capita basis. There are two other CCGs that have schemes which are most comparable and they are paying around 35p per capita per year.

Monitoring and assurance

The service is monitored through annual self-assessment and confirmation by the practice that they have appropriate clinical processes in place. Whilst some of this is verified externally through CQC inspections, work is underway with the CCG's quality team to further develop mechanisms for independent verification of this data, where necessary.

Implications of not having service in place

If the CCG did not continue to commission this service from general practice, the impact would be an increase in secondary care activity, possibly via A&E attendances, as these types of procedures are not routinely available in a secondary care setting.

Proposed commissioning intentions

It is proposed that this service is continued to be commissioned as is.