

Agenda Item 07

Report to: (Board/Sub-Committee): CCG Partnership Board
 Date of Meeting: 8th November 2018
 Subject: Commissioning & Contracting Report
 Presented by: Edward McCabe – AD Contracting & Performance

STATUS OF THE REPORT (auto check relevant box)

- For Information
- For Discussion
- For Approval / Ratification
- Report Exempt from Public Disclosure No Yes

PURPOSE 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, including procurement and sanctions.
Recommendations:	The Board is asked to note the information shared in the report
Sub Committee Process and Assurance:	Procurement & Contract decisions are overseen by the Care Contracting Committee which has the delegated authority to act.
Implications:	
Risk Assurance Framework Implications:	Procurements and contract decisions are overseen by the Care Contracting Committee, it will assess and manage the risks associated with the correct contracting methodology and the actions taken in managing the CCG's contracts to ensure providers meet their obligations.
Legal Implications:	The risk of undertaking a procurement incorrectly or of sanctions taken on a contracts is of a legal challenge to the process by the provider or other external interested party. CCC needs to ensure any and all risks associated with the contracts are assessed and understood.
Equality Impact Assessment implications:	<p>An Equality Impact Analysis/Assessment is not required for this report <input checked="" type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment <input type="checkbox"/></p> <p>An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report <input type="checkbox"/></p>
Finance Implications:	Financial pressures could arise through having to agree a contract envelope that is higher than the funding available, giving rise to the need to produce further savings plan for implementation. The CCC will consider the impact as part of its contract and procurement process evaluation.
Quality Implications:	Each contract considered will factor in the quality risks – these have all been communicated to the

to reduce demands on GP appointments and referrals to Secondary care. This is in line with national policy on opening access to MSK services. Evaluation of the bids and award of the contracts should be completed in December with a Go Live date of 1st April 2019. Any new bidders to the North East Lincolnshire economy will be expected to mobilise services by 30th September 2019 to meet the award of contract expectations.

Ophthalmology

The CCG has been working with the Trust (NLAG) for a number of years to address the significant backlog and quality issues with the service. To support the service in North East Lincolnshire we commissioned Newmedica working out of Cromwell Road Primary Care Centre to provide minor eye care, glaucoma monitoring and cataract surgery. This has worked well in addressing the backlog.

Council of members (COM) after meeting with the NLAG clinicians earlier in the year agreed to give them time to improve the service before deciding what action to take re the service. NLAG has made some improvement but waiting times and backlog has not improved as much as the CCG expected and the CCG needed to formalise its contractual arrangements with other interim providers.

COM agreed that to bolster capacity and to support patient choice the CCG would continue to have alternative providers and this would also give time for NLAG to continue to improve its services and capacity. As part of the specification update, due to delays in the Trust for follow ups, it will be extended to include Age Related Macular Degeneration (Wet AMD). The CCG will work with North Lincolnshire CCG on the procurement which will start in January. The CCG's will have separate Any Qualified Provider Contracts with any bidders who meet the service specification, but will work together on the assessment process and specification. The Go live date is expected to be 1st July 2019.

2. Contracts

NLAG

The CCG is working with NLAG and North Lincolnshire CCG to address issues of capacity and demand alongside a significant financial risk within the health system. A number of issues are still to be addressed around savings, efficiency and capacity to reduce the backlog issues within the Trust. NLAG issues will be picked up in more detail within the finance report expressing the risk to the CCG.

North of England Commissioning Support (NECS)

The CCG purchased support for the Medicines management and Individual Funding Request (IFR) service as part of the changes to Commissioning Support arrangements in 2016. Working with partners in the STP it has been agreed to take advantage of the two year contract extension in the original procurement and extend the contract to April of 2021.

Value Based Commissioning STP Programme

As part of that process the STP is working with NECS to develop an enhancement to the IFR Process. This is called Value Based Commissioning (VBC) and is used to ensure procedures of low clinical value are not routinely undertaken without expressly meeting criteria defined by NICE or the CCG's. NECS operate such a system in the North East where before treatment; each patient is assessed against criteria by GP's or Consultants using an online assessment tool and only if they meet the criteria set out by the CCG's will permission be granted to undertake a procedure or treatment.

The STP is leading this piece of work with CCG's as part of the Elective Care Programme and will require investment into the contract.

The first stage is to review and develop a single VBC Policy as appropriate then manage the implementation and management of roll-out of VBC Programme to primary and secondary care.

The provision of monthly data/finance reconciliation reporting to facilitate payment challenge to providers will require resource and expertise to carry out a full reconciliation process at procedure level. Also, in order to discuss and challenge identified activity directly with providers there will need to be a complete and final reconciliation position for any applicable transactions. In other areas this has led to a between 3 and 10% reduction in elective activity. The CCG is taking an active part in this development and will keep the Board informed on its progress.

3. Residential and Home Care Update

- Several care homes (Ravendale Hall, Yarborough House, Cambridge Park and Sussex House) were found to be lacking in their infection control standards on contract review. An infection control visit was therefore scheduled to review the current environment within the homes. Upon review by the CPG infection control team, all homes were assessed as being below the required infection control standards (80%). Suspensions were put in place and a requirement for an immediate improvement action plan was requested. All homes acted on the infection control team's findings and input from CCG contracting and turned around their standards. All care homes are now above the 80% compliance standards.
- Noise in the system regarding domiciliary care has continued, particular with regards to Hales. Although, significant improvements have been seen in the number of portal concerns and the number of complaints, it is felt this improvement is due to the roll out of the pilot, enhanced contracting support and a move to more task rather than time orientated requests in care plans for domiciliary care.

Eddie McCabe
November 2018