Agenda Item 8.0.

Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO:

Meeting Title/Date:	Governing Body 19th March 2019		
Report Title:	Primary Care Commissioning Intentions 2019/20		
Paper Prepared By:	Kate Hudson/Gill Huntington	**Date of Paper:**	12th March 2019
Executive Sponsor:	Kevin Parkinson	**Responsible Manager:**	Kate Hudson
Committees where Paper Previously Presented:	Primary Care Quality Improvement Group 7th March 2019		
Background Paper(s):	N/A		
Summary of Report:	This report provides detail upon proposed commissioning schemes for 2019/20 for General Practice and Community Pharmacy. This includes Local Enhanced Services (LES) and Quality Improvement Scheme (QIS).		
Recommendation(s):	The Governing Body are asked to approve the content of the proposed commissioned schemes for Primary Care for 2019/20 and the associated funding.		

		Please Select Y/N
Identified Risks: (Record related Assurance Framework or Risk Register reference number)		N
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N/A
Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
Better Health - improve population health and wellbeing and reduce health inequalities		X
Better Care - improve individual outcomes, quality and experience of care		X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		X
Please Contact:	Kate.hudson@morecambebayccg.nhs.uk	

Purpose

This paper describes the Primary Care Commissioning intentions for 2019/20 including Locally Commissioned Services (LES) and the Quality Improvement Scheme (QIS). The purpose of the document is to obtain approval from the Governing Body in relation to the content and funding of the proposed services/schemes.

Process

This paper has been drafted by the Primary Care Commissioning Team following the work-up and review of current commissioning scheme content at a number of task and finish groups which have reported into the Primary Care Quality Improvement Group throughout November 2018-February 2019.

The task and finish groups have comprised of representatives from both GP Federations, the LMC and CCG with input from primary care, finance, contracting, medicines management, clinical executives, I.T leads, business intelligence, and mental health team. Information has also been obtained from numerous other parts of the system including CSU, Local Pharmacy Committee (LPC), Morecambe Bay Respiratory Network and Cancer Alliance.

The purpose of the task and finish groups were to review current commissioning arrangements (2018/19) and align these, where possible, as there were a number of Local Enhanced Services which historically had not been commissioned across the whole CCG geographical area and others which differed in terms content and cost.

The Quality Improvement Scheme (QIS) was also reviewed in line with Governing Body actions from March 2018. The clinical content was reviewed and updated where appropriate and a number of sub indicators were identified as no longer valid/appropriate. There has also been a review of the financial model and the monitoring and reporting processes.

Aims

The paper aims to demonstrate that that proposed investment within Primary Care (General Practice and Community Pharmacy) will offer value for money, improve the quality of care provision and improve the outcomes and experience for the registered patients of Morecambe Bay.

The aim of the commissioning intentions review process was to:

- Ensure alignment and consistency of commissioned services for Primary Care across Morecambe Bay CCG (where possible)
- Ensure consistency of payment for commissioned services across Morecambe Bay CCG (removal of separate tariffs for North Lancs/South Cumbria LESs)
- Ensure commissioned services remain clinically relevant and up to date
- Ensure commissioned services are aligned with CCG priorities
- Ensure value for money is demonstrated
- Support stabilisation and resilience of Primary Care Providers (it is proposed that no significant removal or change of service should be imposed in April 2019 as this could cause destabilisation of providers).

It was also proposed and agreed at the task and finish group that the methods for transacting payments for general practice should be in line with those for other providers and should be streamlined where possible. The recommendation in the funding section of this document describes a new method of payment for practices which will support practice cash flow but allow CCG to ensure regular and effective monitoring of activity. The proposed process change would reduce the volume of administrative work required at a practice level to make LES claims as the process would be mostly automated.

Scope

This paper describes the commissioning intentions in relation to Local Enhanced Services and the Quality Improvement Scheme. There are a number of small historic LES agreements which were with individual providers which have not been reviewed in full and are therefore classed as out of scope. These schemes will continue into 2019/20 when full reviews of the schemes can be undertaken.

In Scope Services	**Comments**
Anti-Coagulant LES (South Cumbria)	Pre-existing LES
Anti-Coagulant LES (North Lancashire)	Pre-existing LES
Near Patient Testing (amber Drugs)	Pre-existing LES
Prostate Cancer Injections (South Cumbria)	Pre-existing LES
Minor Injuries (South Cumbria)	Pre-existing LES
Minor Injuries (North Lancashire)	Pre-existing LES
Post Op Wound Dressings (North Lancashire)	Pre-existing LES
Post Op Wound Dressings (South Cumbria)	Pre-existing LES
Minor Ailments Scheme	Pre-existing LES
Shared Care	New proposed LES (following APC decisions resulting in increased General Practice activity)
Quality Improvement Scheme (QIS)	Pre-existing Quality Scheme (including all 12 indicators)
Clinical Pharmacy Support (North Lancashire)	Pre-existing funding agreement
Clinical Pharmacy Support (South Cumbria)	Service Commissioned with CSU/NECs
Out of Scope Services	**Comments**
Quality and Outcomes Framework (QoF)	Nationally Commissioned
Directed Enhanced Services (DES)	Nationally Commissioned
Primary Care Network local scheme	Expires in March 2019 and will be replaced with National PCN DES
Littledale Hall (QS)	Pre-existing LES (to be reviewed in 2019/20)
Beaumont College (QS)	Pre-existing LES (to be reviewed in 2019/20)
Rehabilitation Beds Scheme (LMP)	Pre-existing LES (to be reviewed in 2019/20)
Atypical Populations	Not due for review
Access to Palliative Care Medications (pharmacy)	Not due for review
Low Visual Aids (opticians)	Not due for review

Clinical Input/Lead Funding	Not due for review
Gynaecology	Funded by PH post 2014
Assisted Fertility	Funded by PH post 2014

LES Proposals

A full review of all 'in scope' service level agreements for Local Enhanced Services (LES) has taken place and discussions at task and finish groups have led to the following agreed proposals:

2018/19 Local Enhanced Service	Proposed Action	Comments
Anti-Coagulant LES (south Cumbria)	Re-Commission	The North Lancashire and South Cumbria Schemes could not be merged as there is fundamental difference in clinical practice for reasons relating to differences in Secondary Care provision. As there is no locally agreed clinical best practice guidance in relation to managing patients with Warfarin vs. NOACs the service could not be redesigned at this time. It was agreed that Ash Tree Surgery could continue to sign up to both LESs and deliver each service to their respective patients at Ash Trees (Level1) and Arnside (Level 4).
Anti-Coagulant LES (North Lancashire)	Re-Commission	
Near Patient Testing (North Lancs)	Decommission as separate LESs but incorporate into new Shared Care LES	LES Content and funding included within New Shared Care LES
Near Patient Testing (South Cumbria)		
Prostate Cancer Injections (South Cumbria only)	Decommission as separate LES but incorporate into new Shared Care LES	LES Content and funding included within New Shared Care LES available to whole Morecambe Bay population.
Minor Injuries (South Cumbria)	Re-commission one merged service	Services specifications to be merged with 6 mile boundary restriction removed This will have financial implications which are captured in the finance section of this paper.
Minor Injuries (North Lancashire)	Re-commission one merged service	
Post Op Wound Dressings (North Lancashire)	Re-Commission	Service specifications have been aligned in year so no planned changes.
Post Op Wound	Re-Commission	

Dressings (South Cumbria)		
Minor Ailments Scheme	Decommission but Reinvest funding	The activity undertaken in the MAS related to the provision of medications which are classed as ‘over the counter’ medications which are not to be prescribed (decision made at Governing Body) It is vitally important that we increase the use of community pharmacy and further develop relationships between GPs and Pharmacies. Funding from MAS will be reutilised to ensure engagement and education materials are available for pharmacies and GP surgeries to aid active signposting to most appropriate provider.
Shared Care	Newly Commissioned	Multiple Shared Care Protocols have been agreed by LMMG and APC throughout 2017-2019 which require General Practice to undertake additional monitoring and management of patients within the community. The Shared Care LES will provide recompense for practices to undertake the primary care elements of the shared care protocols involving the following: Antipsychotics Apomorphine Azathioprine Ciclosporin ADHD - adults & children Denosumab for osteporosis Leflunomide Lithium Mercaptopurine Methotrexate Mycophenolate (unlicenced) Penicillamine Riluzole Sodium aurothiomalate Sulfasalazine Testosterone Enoxaparin Dapsone Sulfasalazine Mycophenolate mofetil

		Hydroxycarbamide Sodium aurothiomalate In addition to this the Shared Care LES will incorporate the historic Near Patient testing and Prostate Cancer Injections LESs.
Clinical Pharmacy Support (North Lancashire)	Re-Commission	A number of queries have been received from practices in regards to the equity of funding and provision for Clinical Pharmacists. There has been a review undertaken by CSU in relation to the distribution and utilisation of provision across South Cumbria Practices. There is a desire to undertake a thorough assessment of all CCG funded clinical pharmacy provision in line with newly emerged national GP Contract and associated PCN DES. This will assessment will be undertaken during 2019/20. In the meantime pre-existing services will remain in place.
Clinical Pharmacy Support (South Cumbria)	Re-Commission	

QIS Proposal

When the QIS was implemented across the whole of Morecambe Bay in April 2018 the CCG committed to reviewing the content and payment methodologies, in terms of appropriate levels of weighting versus actual payment proportion. This has been completed and due to an increased proportion of clinical work for 2019/20 it is proposed that 30% of the funding for QIS is based upon weighted populations (this is an increase upon 2018/19 which was 20% weighted funding).

The indicators within QIS (for 2018/19 indicator descriptions please see attached document as Appendix 1) have been reviewed by the task and finish group and the following recommendations have been supported by all members (CCG, LMC, GP Federations):

Health Improvement Domain

Indicator 1 = Retain but with addition in regards to Hypertension “practices to demonstrate increased diagnosis (based upon 2018/19 achievement) in patients under 79 years of age”

Indicator 2 = Retain but with alteration in target from “progress towards CCG mean” to “achieve the CCG mean or improvement upon 2018/19 achievement”.

Indicator 3 = Retain indicator but remove current measure (to write a plan) and replace with “Demonstrate increase in uptake (based upon 2018/19 practice achievement).

Long Term Conditions

Indicator 4 = Remove current composite score indicators and replace with Respiratory and AF targets.

4i = Use of Morecambe Bay Respiratory Network (MBRN) Annual Review Template
4ii = Use of MBRN Diagnosis Template for all new Respiratory Diagnosis
4iii = Patients with Asthma or COPD will be issued with a personalised self-management plan which will be reviewed annually (target 80% of patients with diagnosis)
4iv = Patients with Asthma or COPD will have their inhaler technique checked annually (target 90% of patients with diagnosis).

4v = Increase number of patients diagnosed with AF (based upon 2018/19)
4vi = Newly diagnosed patients with AF (and risk score of 2+) to have conversation regarding anticoagulation.

Medicines Optimisation Domain

Indicator 5 = Trimethoprim and Anticoagulation rates elements of the indicator to be removed (AF is included within LTC revised indicators) and Polypharmacy indicator to be amended in line with below:

5i = Reduce volume of 4C antibiotics (Cephalosporins, Co-Amoxiclav, Fluoroquinolones and clindamycin) measure 4C items per 1000 patients to be reduced from 2018/19 prescribing baseline.

5ii = Reduce Analgesics ADQ per STAR-PU (BNF 4.7.2) and ADQ Pregabalin and Gabpentin poer cost based analgesic STAR-PU (palliative patients to be removed from target/monitoring).

5iii = Opportunistically review patients taking a preventer who use more than 6 SABA per year.

5iv = Reduce number of patients aged 65 and over, prescribed one or more anticholinergic medication with a combined anticholinergic burden (ACB) of 6 or more.

5v = Reduce number of patients on a NSAID and one or more unique medicine likely to cause acute kidney injury (AKI) (DAMN medicines) i.e. diuretics, ACEi/ARBs, metformin, NSAIDs

5vi = Increase number of repeat dispensing items submitted via EPS.

Cancer Domain

Indicator 6i = Significant event element to remain but focus to be colorectal cancer diagnosis (replacing lung cancer) and one SEA per 15,000 population per annum. A template for SEA to be provided by Cancer Alliance.

6ii = New element to be included in relation to Cancer Care Reviews. 30% of practice cancer care register to undertake an annual nurse-led holistic cancer care review of cancer survivors including chronic disease assessment, lifestyle advice and signposting to appropriate support services. Support and training for practice nurses to undertake this element will be provided by the Cancer Alliance.

Bowel Screening Domain

Indicator 7 = Bowel screening to remain but wording amended to “Practices signing up to a practice banner added to the invite letter; GPs/Nurses/Practice staff to continue to opportunistically advocate screening to non-participants when they contact surgery and where appropriate re-order a kit electronically”. Practice no longer have to produce an end of year report.

Access/Urgent Care Domain

Indicator 8 = remains the same but to include “Practices must support active signposting initiatives by displaying educational materials re over the counter medications and Community Pharmacy services”.

Referral Pathway Improvement Domain

Indicator 9i = E-referral element removed.

9ii = Practices to identify their own outlying referral specialties and undertake peer review to identify areas of learning re referral appropriateness/timeliness. Target of 3 specialties removed.

9iii = Advice and Guidance remains but wording amended to “Practices are expected to engage and utilise the A&G system for all available specialties.

End of Life Care Domain

Indicator 10 = Indicator remains but wording amended to “Practices to aim to achieve 100% of palliative care patients having advanced care plan discussion or Deciding Right form in place (where appropriate).

Information Technology Domain

Indicator 11 = To be removed as duplicates the revisions to GP Core Contract re 20% of patients having access to online services.

Indicator 12i = To be amended to read “All practices to actively engage with, and increase utilisation of, available technologies to support improved patient access and experience.
12ii = Practices to actively engage with data sharing agreements, signing up or raising concerns as appropriate.

Finance, Monitoring and Reporting

The net impact of the above commissioning proposals will require an **additional £321,000** annual investment. This is an increase of approximately 6.7% upon the current budget for Primary Care LESs and QIS (based upon 2017/18 LES spend and 2018/19 total QIS budget).

The additional funding is predominantly due to the introduction of the new Shared Care LES which will fund practices for work undertaken in relation to shared care protocols. There are approx

The funding for the Shared Care LES is calculated in the same way as the previous Near Patient Testing LES and will be based upon a Level 1 or level 2 payment tariff depending upon the level of work required within the individual shared care protocols. The additional funding has been calculated based upon the number of known Morecambe Bay registered patients that are currently prescribed drugs that are included within the shared care protocols multiplied by the level 1 & 2 Tariffs (£21.89 and £30.89 respectively).

This additional funding has been identified as available within primary care budget growth.

The additional funding amount also allows for the funding of the minor injuries LES across all Morecambe Bay practices but this is based upon the average cost for current usage being replicated by practices which would now be able to claim. This activity will be capped at the average anticipated use by each practice and practices will be notified if their claims are due to reach this capped limit.

In all cases where historic LESs have been merged and previous tariff prices differed the highest price has been adopted for the newly merged LES (applies to minor injuries LES and Near patient testing element of Shared Care LES). The increase in funding based upon new tariff prices is included within the £321,000 figure.

The total amount of QIS funding will remain the same, at £7.00 per patient. There has been a reduction in the amount of managerial/process work load for 2019/20 but a proportional increase in the clinical work required. As this workload will vary dependent upon practice patient demography it is felt that 30% of the payment should be based upon weighted list size and 70% non-weighted/actual list size. There will remain to be a 'process payment' which will be made throughout the year (equating to 70% of total QIS amount) and an 'outcome payment' of remaining 30% based upon end of year achievement. This differs from the 80/20 split in previous year but as there is an increased proportion of outcome based work for 2019/20 this has been amended to reduce the risk of overpayment in the event on non delivery. It also brings the payment mechanism in line with national QoF payment percentage methodologies which practices will be familiar with.

It has been proposed that there is a simplified payment methodology for 2019/20 which will see all LES payments and QIS funding combined into one amount per practice (based upon LES achievement in previous year in addition to the 70% upfront element of the £7.00 per patient QIS funding) and this payment would be split into monthly instalments which would be made to practices without the need for individual 'real time' invoices or claims. This will aid with practice cash flow and support practice resilience.

There would be two points within year (mid year and year end) at which the CCG will reconcile any increases or decreases based upon actual LES delivery. The proposed change in payment mechanism is designed to simplify the process, reduce unnecessary practice administration time and bring payment methodologies in line with other providers. The same levels of scrutiny and assurance will be obtained as in previous years and any over or underpayment would be rectified at year end.

The remaining 30% of the QIS funding would be paid at the end of year based upon full delivery of required outcomes.

Future Commissioning Considerations (post 2019/20)

The move from a mainly activity based commissioning system to that of an outcomes based approach has been discussed with Primary Care providers for a number of months. This thinking will be further developed over the course of 2019/20 with a view to a potentially significantly different set of commissioned services being designed for 2020 and beyond.

These conversations will go hand in hand with the ICP ‘provider development’ discussions as commissioning at outcome level may need to be undertaken with Primary Care Networks/ICCs or other larger providers/alliances of providers if to be delivered successfully to our whole population.

The CCG are also aware of the Lancashire and South Cumbria ICS intention to develop a set of ‘Primary Care Standards’ which would aim to improve the overall population health management for the area. These standards may require local commissioning from April 2020 onwards and consideration will be given to this during 2019/20.

In addition to the above there are national commissioning arrangements for GPs and Primary Care Networks that will be developed and published throughout 2019/20 for the following years. The CCG will have to ensure that this commissioning is not duplicated locally and also that future commissioning for ICCs and PCNs continues to develop our pre-existing structures and relationships at pace.

Recommendations

It is recommended that Governing Body:

1) Approve the additional funding of £321,000.
2) Approve the proposals in relation to alignment of pre-existing LESs and creation of new Shared Care LES as described within this document.
3) Agree to delegate the approval of Local Enhanced Service specifications and Quality Improvement Scheme specification (in line with content description within this document) to the Primary Care Quality Improvement Group.