Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Winter Resilience Funding - Locally Commissioned Service (LCS)

Primary Care Commissioning Committee meeting

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23 November 2017

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Is your report for Approval / Consideration / Noting

Consideration and approval of a Locally Commissioned Service for Winter Resilience

Are there any Resource Implications (including Financial, Staffing etc)?

£350k increased funding from CCG budget

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?
No – all patients will have the ability to make use of this extra capacity

PPE Activity

How does your paper support involving patients, carers and the public?
Access to primary care services continues to be recognised as a key priority for patients

Recommendations

The Primary Care Commissioning Committee is asked to:

- Note that the proposed use of £350k to fund a Locally Commissioned Service for winter resilience in 2017/18 outlined in the proposed specification was approved virtually by the voting members of committee.

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1. Introduction / Background

Primary care continues to experience increased difficulties in managing capacity to respond to the demands placed upon it, with seasonal demand placing increased pressure in this already overstretched part of the system. Over recent years the CCG, in recognition of this, has commissioned extra appointments from General Practice to help support the system's resilience over the winter months. The approach taken last year ensured a further 20,000 appointments in primary care over the winter months, which supported the demand within the system much of which would otherwise have fallen to A&E to manage.

Following consideration and workup from the Citywide Locality Group the CCG's Clinical Senior Management Team meeting in October 2017 agreed that a recommendation should be made to PCCC to approve establishing a £350k budget for a winter resilience LCS for this year. The main outcomes from this funding should be in supporting access to primary care as seasonal demands starts to place increased pressure on the system.

This paper originally sought Primary Care Co-commissioning Committee's approval via a virtual process involving the voting committee members and is not being shared at wider committee for noting.

2. The Locally Commissioned Service Ask

The service specification for this Locally Commissioned Service is attached at Appendix 1. It is proposed that, similar to last year's scheme, practices will be required to expand their capacity throughout the week to offer increased urgent appointments/contacts on a pro rata basis dependent upon list size.

3. Funding and Activity

The funding would be on a offered on a capita with each practice allocated the number of expected appointments to be achieved over the relevant period (1 December 2017 – 31 March 2018).

As per previous years, practices will need to demonstrate increased access by submitting a monthly return to the CCG which would secure payment.

4. Timescales

Voting members of PCCC were asked to give their approval in advance of formal committee meeting in November as timescales in relation to effective implementation are incredibly tight. Concurrent with this approach the LMC have also been asked for their

views on the terms of the LCS and they have now confirmed that they are happy with the proposed approach.

5. Recommendations

The Primary Care Commissioning Committee is asked to:

- Note that the proposed use of £350k to fund a Locally Commissioned Service for winter resilience in 2017/18 outlined in the proposed specification was approved virtually by the voting members of committee.

Katrina Cleary
Programme Director Primary Care
November 2017

Schedule 2 Part A Service Specification

Service Specification No.	
Service	Winter Resilience – additional appointments
Commissioner Lead	
Provider Lead	GP Practices
Period	1st December 2017 – 31st March 2018
Date of Review	n/a

1. Population Needs

1.1 National/local context and evidence base

General Practice is experiencing increased difficulties in managing their capacity to respond to the demands placed upon them. Additionally seasonal demand places increased pressure in an already overstretched system across primary and secondary care.

The CCG has offered similar funding streams in the past to support GPs to manage additional pressures over winter with demonstrable impact.

The CCG's Clinical Senior Management Team meeting in October agreed that a recommendation should be made to the Primary Care Commissioning Committee to approve establishing a £350k budget for winter resilience Locally Commissioned Service.

The main outcomes from this funding should be in increasing access to primary care as well as creating capacity for GPs to manage the additional workload burden over the winter months as seasonal demand places increased pressure on the system. It is anticipated that the investment to create additional capacity in general practice should impact on the wider system and reduce unnecessary and unplanned demand in secondary care over the period.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**x**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**x**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**x**
Domain 4	**Ensuring people have a positive experience of care**	**x**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**x**

2.2 Local defined outcomes

3. Scope

3.1 Aims and objectives of service

To build on previous schemes funded over the last 3 year to create additional capacity in primary

care. This will include additional same day urgent appointments as well as additional options to increase capacity into primary care, as set out below. This will allow patients to be seen on the same day, ease the pressure on GPs, and reduce the need for patients to be redirected which invariably leads to them attending A&E rather than the Walk in Centre.

3.2 Service description/care pathway

Previously practices have been required to expand their capacity throughout the week to offer increased urgent appointments on a pro rata basis dependent upon list size. This has also been previously provided on a GP Association footprint.

The funding for this year would include the requirement for increased appointments. It is suggested that there could also be additional options that the practice could choose to select from a 'picking list' below.

Practices would be able to choose the options that best fit their practice and patient need ensuring that Option 1 is also available over the 17 week period.

The agreed option as discussed with practices and localities is:

Additional Urgent Care Appointments per day to reduce A&E activity;

3.3 Population covered

Sheffield City wide

3.4 Any acceptance and exclusion criteria and thresholds

Practices must make sure that this service is available over the full 16 week period of 1st December – 31st March.

3.5 Interdependence with other services/providers

Community nursing services and social care, liaison with secondary care.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

5.2 Applicable CQUIN goals (See Schedule 4E)

Schedule 2 Part B Indicative Activity Plan

Name of Service – Winter Resilience Maximum number of appointments allocated circa 17500 appointments / patient contacts

Schedule 3 Payment

Part A Local Prices

Service Description	Currency	Price	Basis for payment	Regime for future years
Winter Resilience	Per booked appointment/patient contact (per unit of 10 minutes)	£20	Payment is based on outcomes and only contacts/appointments booked will be paid for	n/a

Part F Expected Annual Contract Value

Service	Expected annual contract value
Winter Resilience	£20 x Per unit of 10 minutes

SCHEDULE 6 Part A Reporting Requirements

Activity Information required

Information required	Reporting Period	**Format of Report**	**Timing and Method for delivery of Report**
No. of additional appointments offered/contacts made, including booked ,attended and DNAs	Monthly	Template provided	By the 5th working day of the following month of which the activity is reported for

Quality Requirements Information required

Information required	Reporting Period	**Format of Report**	**Timing and Method for delivery of Report**
n/a	n/a	n/a	n/a