

Winter Resilience Funding - Locally Commissioned Service (LCS)

Primary Care Commissioning Committee meeting

17 November 2016

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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)?	
Resource implications from CCG use of funding	
Audit Requirement	
<u>CCG Objectives</u>	
<p>Which of the CCG's objectives does this paper support?</p> <p>4. To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	
<u>Equality impact assessment</u>	
<p>Have you carried out an Equality Impact Assessment and is it attached? No</p>	
<u>PPE Activity</u>	
<p>How does your paper support involving patients, carers and the public?</p> <p>To be advised.</p>	
Recommendations	
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> - Approve the use of £350k of slippage from primary care budgets for the creation of a Locally Commissioned Service for winter resilience; - Agree the LCS criteria and whether to adopt a “pick list” approach or support use of the funding for additional urgent appointments only 	

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1. Introduction / Background

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

The CCG's Senior Management Team meeting on 18 October 2016 agreed that a recommendation should be made to PCCC to approve establishing a £350k budget for a winter resilience LCS. The main outcomes from this funding should be in supporting access to primary care and helping the morale of GPs across the city as seasonal demand places increased pressure on the system. The recommendation is that funding should be pro rata per practice.

The CCG has offered similar funding streams in the past to support winter resilience in primary care. In 2015/16 practices received funding through the Prime Minister's Challenge Fund to increase their access offer over winter.

The Locally Commissioned Service Ask

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 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. The current options as discussed with practices and localities are:

- 1) X additional Urgent Care Appointments per day to reduce A&E activity
- 2) A series of double / triple appointments so that GPs have time to put in place planned care packages which prevent hospital admissions for those most at risk of admission
- 3) A series of double/ triple appointments which would allow GPs time to support the discharging of more complex patients. This would be to provide time to visit the patient, agree additional diagnostics tests and to ensure that relevant care and support was in place managing the patient in their own place of residence.
- 4) Additional administration time to be worked during the Christmas shut down (24-27 December inclusive) to pay for GP time to go into practice (or work remotely) to process the high numbers of discharge letters / results which will have stacked up therefore ensuring that the return after bank holiday the practice start with a clear (clearer) workload.

- 5) Following Christmas close down for the practices to open and provide emergency walk in appointments on Tuesday 27 December (bank holiday). Phone lines would be opened and this would require advertising to ensure that patient population would recognise the need.*

*this option would also require negotiation with the GP Collaborative for out of hours cover which will already be in place for GP practices

Funding and Activity

The funding would be worked out on a per capita basis (£350k provides 60 pence per patient assuming all practices take up the LCS), with a practice allocated the number of expected appointments to be achieved per week/month. Options 2-5 would be calculated to equal appointment times.

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

LMC Consultation

Consultation with the LMC, suggests that option 1 would be supported, option 2 and 3 would require more clarification and detail as well as justification on the timing offered to a visit versus number of appointments and options 4 and 5 would be less palatable for practices. Options 4 and 5 were also not seen as a favourable option with the localities. The LMC also commented that the amount of work should be proportionate with the limited funding available.

2. Recommendations

The Primary Care Commissioning Committee is asked to:

- Approve the use of £350k of slippage from primary care budgets for the creation of a Locally Commissioned Service for winter resilience;
- Agree the LCS criteria and whether to adopt a “pick list” approach or support use of the funding for additional urgent appointments only

Paper prepared by Rachel Pickering, Primary Care Co-Commissioning Manager

On behalf of Peter Moore, Director of Strategy and Integration

15 November 2016