Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Special Cases Communities - Locally Commissioned Scheme

Primary Care Commissioning Committee

1st April 2016

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Is your report for Approval / Consideration / Noting

Approval

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

Yes – funding required for locally commissioned scheme

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?

2. To improve the quality and equality of healthcare in Sheffield
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?

An equality impact assessment was carried out as part of the original Governing Body decision making process. The result of the EIA helped determine the need for a special cases process.

PPE Activity

How does your paper support involving patients, carers and the public?

Currently it is the GPs and managers within the practices identified.

Recommendations

Primary Care Commissioning Committee is asked to approve:

a. The funding approach to the Special Cases practices;
b. The exclusion of Burngreave Surgery unless proven otherwise;

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Introduction

1. At its meeting on the 18th February, the Primary Care Commissioning Committee (PCCC) received a progress report on the approved 'special cases' and the next steps agreed at Commissioning Executive Team (CET) to complete this work. This included the agreement to develop a Locally Commissioned Scheme (LCS) to be offered to GP Practices previously agreed through the special cases process, as having significant cohorts of patients with needs not covered by the modified Carr-Hill formula.

2. This paper describes the proposed approach regarding the LCS and asks the Primary Care Commissioning Committee to approve the approach.

Background

3. The main points agreed at CET were:

    - The CCG will commission an LCS which will acknowledge the services 'over and above' the existing national contract which addresses the needs of patients not covered by Carr-Hill where there is significant demand.
    - The LCS will start the 1st April 2016 for two years, with the possibility to extend subject to review.
    - This is in addition to and complementary to the work we are doing on the redesign of the interpreting service.
    - In order to commission the LCS, the CCG will need to develop a transparent and simple funding approach and light touch specification and will develop this with practices, Local Medical Committee (LMC) and colleagues within the CCG/Locality.
    - Given the nature of the LCS, procurement advice is that we are able to offer the LCS without any form of competitive tendering.

Work to date

4. Further discussion to develop the funding approach for the LCS has taken place with the practices, LMC and internally with Finance, Public Health and Locality representation with a focus on :

    a. What practices do to meet the needs of patients not covered by Carr-Hill where there is significant demand;
    b. an approach which is simple and transparent.

5. A range of options have been explored around the need of the patient and the input which the practice provides.

6. It has proved difficult to identify the key focus. Issues raised in the discussions were: lack of practice, local and national data, coding problems and amount of work required to code and count activity, problems with using interpreting data as a marker of significant demand, gaming, duplication and basing it on the interventions rather than the reason for the intervention.

7. It was, therefore, agreed that the focus of the LCS would be people who need an interpreter. This acknowledges and serves as a proxy for the additional demand this group of patients presents highlighted in the previous paper, for example: the longer and more frequent consultations and longer and more frequent complicated registrations, etc which were highlighted in discussions with practices.

8. This focusses on the patient rather than the type of demand or the ranges of services which the practices might provide. However, currently practices are not able to provide this data.

Proposed Approach – 16/17 Group of North Practices and Devonshire Green

9. The following proposal has been developed with the practices involved:

    a. For the first six months of 2016/17, for Sheffield Medical Centre, Page Hall, Devonshire Green Medical Centre (DGMC), Firth Park, Pitsmoor and Upwell Street we allocate funding on their raw list size because of the lack of hard data to base an allocation on.
    b. In the first five months – the practices will collate data on numbers of patients needing interpretation. They will be identified via a clinical consultation (GP or nurse).
    c. At month seven, the remaining amount of funding for the year will be distributed based on above figures without any comeback on the funding given in the first six months. At this point, the CCG will review the measure of significant demand suggested by PCCC as over 10% of raw list size. At this point, it maybe that practices will not qualify for the LCS based on this.
    d. As we know, DGMC has a different need but probably has an equal need. Therefore it is recommended they collate numbers of patients needing interpreting and patients with complex MH and substance misuse.

10. It is evident this approach acknowledges needs based around communities and groups of practices and we should consider how this might fit with the CCG's 'Care out of Hospital' emerging neighbourhood approach. This may consist of groups of practices supported by the relevant statutory community services and VCF organisations. Therefore we may need to review the LCS to reflect and support this as it develops.

11. The CCG needs to be mindful of the national work to review the modified Carr-Hill formula which currently is exploring including 'non-English speaking' for 17/18. We will need to review this LCS in light of any national changes.

12. We are continuing to work with the Clover Group to identify the significant needs of their community.

Financial and Contracting information

13. Our approach moving forward is to shift our focus away from how much funding practices are losing through the equalisation process over the next three years and to focus more on the additional needs of communities which they are providing for. The recommendation is to provide a constant level of funding via a block contract rather than on a transitional basis to reflect the PMS/GMS transition.

14. Without data at this point, the only way to allocate funding is to work from the likely budget available. Whilst this is not desirable, it is the only option at this point.

15. Whilst the focus of the LCS is on people needing interpretation, this is a proxy for the extended work which the practices undertake therefore we are assured that they are the only providers who can do this work and should not be put to open competition. The LCS will be reviewed annually or more frequently if necessary.

Practices outside of the special cases Communities LCS programme

16. Burngreave Surgery was included as a recent addition to this process as a possible recipient of the LCS because of the proximity to a lot of the North practices involved. They are due to lose funding through the equalisation funding but did not submit a special case. In the absence of any hard evidence of significant demand related to patients needing interpreting, their interpreting spend was evaluated. Quarter 3 15/16 data showed that they used £1,124 worth of interpreting services. The other high users in North used between £9k- £15k worth.

17. It is worth noting some of the other practices who submitted special cases had interpreting spend larger than Burngreave Surgery and were not recognised as a special case. It would be seen as unfair to include a new practice within this LCS at this point without opening it up wider. It is therefore recommended that Burngreave are not included going forward in this proposal unless during this first year, they can prove otherwise.

Recommendation

Primary Care Commissioning Committee is asked to approve:-

a. The funding approach to the Special Cases practices;
b. The exclusion of Burngreave Surgery unless proven otherwise;

Paper prepared by: Rachel Dillon, West Locality Manager
On behalf of: Katrina Cleary, Programme Director
Date: 14th March 2016