Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Locally Commissioned Services Review

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Primary Care Commissioning Committee meeting

22 February 2018

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Purpose of Paper

To update PCCC on the review which has taken place on current Locally Commissioned Services (LCS) contracts and specifications and to make a series of detailed recommendations to PCCC on the way forward for 2018/19 with all these contracts.

Key Issues

The CCG has a number of LCSs with GP Practices and with some of the contracts or specifications due for expiry or in need of updating, it has been appropriate to undertake a full review of the LCSs and consider the way forward for 2018/19.

The paper provides a detailed set of recommendations relating to all relevant LCSs. Some of the recommendations are for short term extensions to existing contracts/specifications while further review takes place or to align with other strategic work being undertaken.

Recurrent funding for LCSs is being rolled forward into 2018/19 with the intention of being fully available. As part of overall financial planning for primary care contracts this has to be subject however to understanding the final national funding arrangements for primary care core contracts and whether this is affordable from the co-commissioned delegated budget.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by the Primary Care Commissioning Committee

The PCCC is asked to approve the way forward with regard to:

a. LCSs which have been contracted for on an annual rolling basis (all the detailed recommendations set out in section 5.1 of the paper)

b. LCSs which could be considered as part of a larger proposal and so probably need extending until new service is in place (all the detailed

recommendations set out in section 5.2 of the paper)

c. LCSs which technically cease 31 March 2018, subject to review (all the detailed recommendations set out in section 5.3 of the paper and in Appendix B relating to the SAAP LCS)

Governing Body Assurance Framework

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

- Tailor services to support a reduction in health inequalities across the Sheffield population.
- Prevent the early onset of avoidable disease and premature deaths.
- Give every child and young person the best start in life.
- Support people living with and beyond life threatening or long term conditions.

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

Paper is about use of existing budgets.

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not

Not specifically for this review

Have you involved patients, carers and the public in the preparation of the report?

Not for this review

Locally Commissioned Services Review

Primary Care Commissioning Committee

22 February 2018

1. Background

With the demise of Primary Care Trusts (PCTs) and the formal creation of CCGs from April 2013, legally most of the existing commissioning responsibilities for primary care services transferred to NHS England. However, CCGs were left with the funding for what had previously been known as Local Enhanced Services (LESs). These can be a whole range of services delivered by primary care providers over and above core contract services which CCGs can, but are not required to, commission. As CCGs were not legally permitted to contract for Enhanced Services as defined by the NHS Act of 2012 they were re-designated Locally Commissioned Services (LCSs). CCGs hold a standard NHS Contract with GP practices or other primary care contractors for the services and in Sheffield we have schedules for each of the main LCS areas of activity within contracts.

Sheffield CCG decided to continue with commissioning most of the existing LESs that existed in 2013 as LCSs and in the last 3 years has increased these contracts in both financial value and scope. This has included the creation of the £5 per head "over and above" LCS which "recycled" the funding from bringing PMS practices across the city all to a standard value per patient as required by national policy, over a 4 year transition period. It also enable the creation of "special case" LCS for practices which met the agreed criteria. In addition as part of the 2016/17 financial plan the CCG prioritised funding from within its main CCG allocation to support 3 new LCSs supporting development of CASEs, neighbourhoods and prescribing quality in total at £4 per head or £2.3m.

A number of the LCSs have simply been rolled forward year on year and the more recent ones were all set up with a 2 year time frame which means they are due for review/renewal in 2018/19. Thus it seems timely to have a full review of all LCSs as part of the 2018/19 planning round within the strategic context of the Sheffield Place Based Plan and the intention to increase care outside of hospital and the development of neighbourhoods.

In addition to actual LCSs the CCG also commissions a number of other services from or on behalf of primary care in particular the contract with Primary Care Sheffield Ltd principally for CASEs and Extended Access hubs and with other third parties for interpreting services, training and IT support for primary care. These budgets are outside the scope of this LCS review as different review/contractual arrangements are in place.

In addition, the CCG has non recurrent funding available for primary care e.g. through the FYFV from NHS England and the £3 per head for Transformation which the CCG must make available from its main allocation over 2 years 2017/19. Some

of this funding may flow as LCSs but is outside the scope of this review because it is non-recurrent and subject to other processes.

In discussion, the feedback from practices is that there are too many separate LCSs and therefore the overall administrative burden is significant. Direct contracting with practices carries tax consequences, which are not necessarily warranted. We are told that for some LCSs the requirement is confusing.

This paper provides the Primary Care Commissioning Committee with an opportunity to discuss the future of the LCSs and the opportunity to steer the work going forward into 2018/19.

2. Current Position

The spreadsheet at **Appendix A** sets out the current position for all LCS contracts in 2017/18, when the contract is due to come to an end, the provider(s) involved and current financial value.

Most of the funding is recurrently available and the aim is to use this funding again in 2018/19 for LCSs. This, however, remains subject to the final budget setting process for 2018/19. Based on the first cut of the 2018/19 delegated budget requirements for primary care we were just able to afford expected requirements within our allocation for 2018/19 based on current assumptions from NHSE.

Following the publication of revised CCG allocations approved by NHSE's board on 8 February there is no additional funding for primary care, but a lifting of the need to contribute to the national risk reserve and to hold 0.5% of funding for non recurrent use only in 2018/19. This "frees up" c£0.8m of recurrent resources from within the delegated budgets. A critical assumption is that HM Treasury will provide additional funding to the NHS if pay restraint is lifted and pay award to primary care via DDRB negotiations is more than 1%. If this does not occur, pay cost pressures would be a first call on this £0.8m as the CCG's first priority will have to be to fully fund delegated (core) services. Thus there remains a risk that we might have to curtail LCSs in year if this proves insufficient and the CCG is unable to replace the funding from other budgets.

The Governing Body has set the strategic vision for the CCG and would like to see additional investment in primary and community care but this has to be linked to closing the recurrent financial gap in the CCG's overall financial position and working with partners to genuinely reduce activity and / or costs of delivery of that activity in acute care settings. Thus at this stage it is not possible to put a value on what, if any, additional funding can be made available in 2018/19 as we work through the detailed planning and contracting phase following the publication of the national planning guidance for the NHS on 2 February 2018.

3. Contracts and Notice Periods

Most LCS's are currently contracted for with Providers through the NHS Standard Contract, which in March 2017 was issued using the advised 2 year format 2017-2019. For LCS's which have been previously rolled over year on year (formally LES's), they require 12 months' notice should the commissioner wish to terminate. However based on previous agreements with Providers, 3–6 months has been deemed more reasonable.

4. Current thinking

A working group was established and has met twice to discuss the options available for each LCS. The LMC Executive has been briefed on the progress made so far and have been invited to attend ongoing working group meetings and to input via regular LMC/CCG meetings. The LMC has asked that PCCC recognise that LCSs have not been subject to any financial review or inflationary uplift in recent years. It should be noted that they have not been subject to any QIPP requirement either.

5. Locally Commissioned Services

5.1. LCS – Which Have Been Contracted for on an Annual Rolling Basis

5.1.1 Care Homes

A number of practices have raised issues in the past regarding this LCS, principally around workload. There is an ongoing discussion regarding a proposal from Primary Care Sheffield Ltd to provide the care homes LCS for a number of care homes in the City. This will be presented to PCCC in due course if appropriate.

Recommendation: that the scheme continues as it is until a new scheme is agreed.

5.1.2 Care Planning / Person Centred Care

This LCS is in the last year of a 5 year programme and is due to complete March 2019. The LCS was initially aimed at developing the knowledge skills and confidence of general practice to deliver person centred care planning .The LCS has expanded year on year supporting the development of skills and capacity in supported self-care, health coaching , shared decision making including patient views, concerns, goals, and social needs. Year five will be focused on continuing to develop a system wide approach, embedding person centred principles as an enabler underpinning strategies and plans dependent on delivering QIPP targets.

Practices will need to be reminded of the anticipated end date of this LCS.

Recommendation: that the scheme continues as it is due to end in March 2019.

5.1.3 Care of Homeless

This service is currently contracted with 3 providers. It is recommended that this service continues with further work to be undertaken on the service specification. An Equality Impact Assessment has recently been carried out and the CCG quality team is evaluating this.

Recommendation: that the scheme continues as it is while work is undertaken on the service specification.

5.1.4 Eating Disorders

This service is mostly delivered by the University and a significant review was undertaken in 2014. It is acknowledged that the monitoring of this service could be improved and requests for information have been included in the service specification.

Recommendation: that this service continues while further work is undertaken on the service specification. An Equality Impact Assessment has recently been carried out and the CCG quality team is evaluating this.

5.1.5 Diabetes

This is funded via the National Diabetes programme and will end 31 March 2018.

Practices will need to be advised of end date of this arrangement.

Recommendation: that the scheme will end in March 2018 when the funding ends.

5.1.6 Latent TB Screening

This service is supported by NHS England funding allocated to CCGs on an annual non-recurrent basis. We have been advised that funding will be available for 2018/19 but that this will be dependent on meeting quarterly performance targets for population screened. The LCS supports the screening of eligible patients on registration with the practice to identify any individuals with latent TB. These patients are then referred to the latent TB service commissioned from Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) for counselling and treatment.

Currently six practices are engaged with the LCS and reported activity indicates variable uptake. In addition, a number of practices have been identified that are not currently participants in the LCS but where the population means that latent TB screening would be beneficial.

Work is being undertaken with SHTFT implement a sustainable model of provision which will include collaborative engagement with target practices.

Recommendation: It is recommended that this LCS is extended for 6 months in its current form to enable a revised specification to be developed, if required, to reflect the outcome of the current development work which will increase the number of individuals receiving screening and, if required, treatment.

There may be potential to do something similar with Hepatitis B and bundle these two LCS's together.

5.1.7 Minor Surgery

This LCS enables inter-practice referrals across the City over and above the Minor Surgery Directed Enhanced Service. Service delivery has changed. This service

falls within the scope of the ongoing development of a city-wide community dermatology service and therefore future provision will be determined by the outcome of that project and subsequent procurement.

Recommendation: It is recommended that this LCS continues for 6 months to 30 September 2018 ensure continuity of service during the development of the new service.

5.1.8 Colorectal Screening follow-up

It is recommended that this LCS continue for a further 12 months, until a longer term cancer solution has been developed. Regional work is looking at follow up pathways so there is potentially scope for a more overarching LCS for follow up in future.

Recommendation: that this service continues for a further 12 months until March 2019.

5.2 LCSs – which could be considered as part of a larger proposal and so probably need extending until a new service is in place

5.2.1 Anticoagulation

It has been agreed to hold a separate session on the clinical pathway and identify the most appropriate way forward.

Recommendation: It is recommended that the LCS continues in its current form until a new system is in place, at least for a further 12 months to March 2019.

5.2.2 Dermatology/Cryotherapy/Cutting

Triage and referrals back from STHFT but also used by other practices referring into the providers. This is a contract held by two practices, one of which has served notice with effect from June 2018. A business case is in the finals stages of development for a Community Dermatology Service. Subject to approval and procurement it is intended that this Service would be operational from October 2018. Community Dermatology will replace this LCS.

Recommendation: In order to ensure service continuity in the interim period it is recommended that this service continues with the remaining provider for a further 6 months to 30 September 2018 and that notice is given to that effect.

5.2.3 Endometrial Biopsy / Pessaries / Mirena

This LCS includes Pipelle sampling, and the fitting of Mirena coils and pessaries. A business case is being refreshed for a community gynaecology service. This service would offer a range of services including those covered by this LCS. Future service provision will be determined by the outcome of this community development and procurement and therefore it is proposed that the LCS will continue for six months until the new service is in place.

Long-Acting Reversible Contraception (LARC) is being looked at to see if this could be rolled together with the community development plans.

Recommendation: that the LCS will continue until the new service is in place with a contract extension therefore to 30 September 2018.

5.2.4 DMARDS

This LCS supports practices to manage the care of patients receiving DMARD in the community.

There is further work required for this LCS but it is anticipated that this would continue to be provided at an individual practice basis and that work continues to ensure full coverage of appropriate patients, enhanced reporting, audit and collection of outcomes data.

Recommendation: that the LCS continues in its current form.

5.2.5 Hepatitis B

It is recommended that this LCS continues, with consideration being given to how it might link with the LCS relating to Significant Additional Patient Pressure (see below).

Recommendation: that the LCS continues in its current form and options explored for linking it to the funding available to practices for Significant Additional Patient Pressures.

5.2.6 Zoladex

This LCS is longstanding and was introduced to allow certain cohorts of men with prostate cancer to have gonadorelin analogues administered by injection in general practice under shared care. This was either for defined terms (eg for 3 years as an adjunct to radical radiotherapy for locally advanced disease) or indefinite (until treatment failure in metastatic disease). Practices were asked to ensure monitoring of PSA took place either themselves or at the hospital and the payment was for the 3 monthly injection. Coverage is not complete as not every practice has signed up and because where practices have left the scheme they have not been allowed to re-join due to cost pressures.

The vagaries of outpatient tariff and drug pricing in the community means that under current arrangements care costs c£320pa per patient via hospital outpatients and c£880pa under this scheme including prescribing costs.

This care should be delivered out of hospital and close to home but is not absolutely dependent on the registered list so a range of alternative options for delivery need to be considered. PCCC is asked to support exploring a solution to alternative provision that might involve other cancer pathways and solves any perverse cost issues.

Recommendation: that this LCS continues until a further piece of work is undertaken to address the issues above.

5.2.7 PMS Transition: “Over and Above”

This LCS was produced as a result of the equalisation of PMS/GMS contract values. There is one year remaining on this LCS, which funds a range of services which

patients expect to receive from their general practice and which many practices have historically provided but which could also be considered as not core General Practice services. In moving forward the CCG would wish to engage with the LMC and practices to seek full delivery of all the services within the specification and to also consider if there are any service amendments to be considered.

Recommendation: that the LCS continues in its current form for 2018/19 and that a review is undertaken to ensure full delivery of services.

5.3 LCSs which technically cease 31 March 2018, subject to review

There are some LCSs which are formally for 2 years only. The specifications for these LCSs were included in the overarching new 2 year standard NHS contract issued to GP Practices covering the period April 2017 to 31 March 2019 which may lead to some confusion but strictly speaking the LCSs, as currently specified, end on 31 March 2018 or in the case of the Neighbourhood Engagement LCS on 30 September 2018. This means PCCC needs to agree an approach for 2018/19.

5.3.1 Special Cases

Sheffield CCG was required as part of national policy and the delegated primary care co-commissioning arrangements to implement on an agreed transition path to the equalisation of GP finances. As part of this process the CCG agreed a special cases process through which a number of practices were identified as needing extra funding specifically to meet the needs of a significant percentage (10% or more) of their patients not fully covered under the Carr-Hill formula. Contracts were put in place for 2 years from 1 April 2016.

1) **Significant Additional Patient Pressure (SAAP)**

   Details of this LCS are set out in ***Appendix B.*** This LCS was put in place to recognise the extra workload associated with practices providing a service to a significant non-English speaking population. The practices currently in receipt of this LCS are reviewing their activity levels to determine if an activity adjustment needs to be made. A small number of practices have raised, through the practice visit programme, that this might be a potential issue for them. There are no further funds identified to expand the total budget available.

   Recommendation: It is recommended that this LCS is extended for a further 2 years as the data collection exercise in January 2018 indicates that the Practices still meet the criteria for the original LCS and there have been no changes to the Carr- Hill formula and we are not aware of any changes in the foreseeable future.

   Appendix B also sets out some detailed recommendations in relation to the management of this LCS which PCCC is asked to also approve.

2) **Asylum Seeker**

   It is proposed that this LCS is considered as part of the wider APMS contract review with the Clover Group, which is being held later this month, with a recommendation being made as a result of the review.

Recommendation: a recommendation will follow the contract meeting with Clover Group.

5.3.2 Engagement LCSs

Three LCS's worth in total £4 per head to GP Practices were originally commissioned on the understanding that these were for a period of 2 years and did not constitute recurrent funding. These are the Elective Service Transformation (CASES), Prescribing Quality and Neighbourhood Engagement. Two of the schemes (Elective & Prescribing) are due to end on 31 March 18. Neighbourhood LCS is due to end on 30 September 2018. Within the LCS budget the funding remains available at £4 per head recurrently for 2018/19 but the CCG needs to determine the priorities for use of this funding. A separate meeting was convened to discuss. One of the issues is whether to extend the Elective and Prescribing LCSs as they currently stand for 6 months so that all three LCSs have a coterminous end date, which could potentially allow the full £4 per head to be used differently from October 2018, perhaps in a "pooled" single LCS.

A) GP engagement elective service transformation (CASES)

This LCS was implemented to support the objectives of elective care transformation in Sheffield with an initial focus on ensuring engagement of practices with the newly implemented CASES GP peer review service but also retaining some support for outpatient service developments. The CASES peer review service has operated on a pilot basis since July 2016.

The current requirement for the LCS is engagement with CASES to refer routine GP referrals in the seven eligible specialties through the GP peer review process by electronic referral system (ERS) and to embrace the opportunity to respond to peer advice and guidance where given. Performance to date is that overall 60% of referrals are being passed to PCS for peer review and 40% are referred directly to STH.

Practices have demonstrated that they can use ERS and are willing to use the CASES peer review process and 11% of referrals have resulted in advice and guidance leading to no re-referral to the same specialty.

It was approved by PCCC in December 2017 that the CASES peer review service will be re-specified and competitively procured during 2018/19 and that the engagement payment directly for CASES referral should cease.

We wish to extend this positive engagement in line with our aim to transform care into a system that breaks down the divisions between primary and secondary care. The LCS therefore should transform accordingly to support next steps in the elective care transformation programme emerging through the Accountable Care Partnership Workstream.

While consideration is given to including elective care transformation in a wider, 'pooled' scheme with prescribing and neighbourhood development, the proposal is to retain but amend the LCS for CASES engagement in the short term.

It is proposed, subject of Local Medical Committee agreement, that the CASES LCS continues with the following amendments:

- a commitment to send up to 95% of eligible referrals to CASES supported by practice audit to identify opportunities to increase current referrals;
- to engage with peer review advice and guidance positively by using advice provided through the service to manage patients appropriately within primary care and use practice mechanisms to share feedback and learning with clinical colleagues on a quarterly basis;
- to allow patient referrals to be directed to emerging community based services;
- to engage with changing models of ongoing care where primary care is supported to manage patients instead of outpatient clinic visits.

Recommendation: to continue, subject to LMC agreement, with an amended LCS for six month until 30 September 2018 as we conclude discussions on the wider "pooled" LCS proposal.

B) GP engagement prescribing quality

This LCS is strongly linked to the Prescribing Quality Incentive Scheme (PQIS) which is being considered at the Clinical Senior Management Team in the very near future. However, as an LCS in its own right it does promote high quality prescribing in general practice. It is recommended that this scheme continues in some format but that it is worth exploring the extent to which this could be included in a wider, 'pooled' scheme.

Recommendation: it is recommended that the scheme as currently described as is continues for a further 6 months to 30 September 2018 as we conclude discussions on the wider "pooled" LCS proposal

C) GP engagement – Neighbourhood Developments

The Neighbourhoods Scheme is due to finish on 30 September 2018. It is anticipated that this, along with the finances associated with above two schemes, could be redeveloped to support a wider, 'pooled' approach.

It has been agreed to establish a time limited project group to develop the wider, 'pooled' LCS proposal.

Recommendation: to continue with the existing scheme as per the current contract specification until 30 September 2018, as we conclude discussions on the wider "pooled" LCS proposal

6. Recommendations

The PCCC is asked to approve the way forward with regard to:

- LCSs which have been contracted for on an annual rolling basis (all the detailed recommendations set out in section 5.1 of the paper)

- LCSs which could be considered as part of a larger proposal and so probably need extending until new service is in place (all the detailed recommendations set out in section 5.2 of the paper)

- LCSs which technically cease 31 March 2018, subject to review (all the detailed recommendations set out in section 5.3 of the paper and in Appendix B relating to the SAAP LCS)

Paper prepared by: Katrina Cleary, Programme Director Primary Care

On behalf of: Nicki Doherty, Director of Delivery, Care Outside of Hospital

6 February 2018

Appendix A

Budget	2017/18 Budget £	Provider(s)	Type of Contract	Period of Contract	Specification end date	Contractual Notice Period Required	Notes/Comments
Locally-Commissioned Services:							
LCSs which have been contracted for on an annual rolling basis:							
Care Homes	754,667	GPs / PCS	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Working assumption of rolling contract with period review of specification
Care Planning	484,000	GPs	NHS Standard	1st April 2014 - 31st March 2019	April 17 - Mar 19 with annual review of spec	12 months	Scheme started in 2014 for 5 years - Assumption that will end in March 2019
Care Of Homeless	42,667	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Working assumption of rolling contract with period review of specification
Eating Disorders	37,280	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Working assumption of rolling contract with period review of specification
Diabetes	45,000		No contract - income from NHSE				Cease when funding ceases
Diabetes Income	(45,000)		No contract - income from NHSE				
Latent TB Screening (allocation due)	0	GPs	NHS standard contract. Non-rec allocation funds this	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Non-Rec Funding - so to cease if/when funding ceases
Minor Surgery	21,905	GPs	NHS Standard	1st April 2017 - 31st March 2019		12 months	Same as DES that NHSE pay for - SCCG pay 1 or 2 practices for inter-practice referrals
Colorectal Screening Follow-Up	6,562	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Working assumption of rolling contract with period review of specification
LCS - Ones which could be considered as part of a larger proposal and need extending until new service is in place:							
Anticoagulation	904,729	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Working assumption of rolling contract with period review of specification
Dermatology/Cryotherapy/Cutting	31,875	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Sort of service CCG would look to continue
Endometrial Biopsy	4,475	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Sort of service CCG would look to continue
Pessaries	47,550	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Sort of service CCG would look to continue
Mirena	29,583	GPs	No contract with SCC, but will now come under endometrial biopsy				Service was being monitored by SCC and paid for by SCCG so the monitoring has now come over to the CCG and is being monitored under the Endometrial Biopsy
Dmards	192,043	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Working assumption of rolling contract with period review of specification
Hepatitis B	7,405	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 19	12 months	Working assumption of rolling contract with period review of specification
Zoladex	41,140	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 19	12 months	Working assumption of rolling contract with period review of specification
PMS Transition:"Over and Above" - £5/head	2,896,000	GPs	NHS Standard	1st Oct 2015 - 31st March 2019	1st Oct 15 - mar 19	12 months	Continue in current form in 2018/19
LCS - Ones which technically cease on 31st March 2018, subject to review:							
Special Cases LCSs							
Significant Additional Patient Pressure	300,000	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 16 - Mar 18	12 months	Possible extension depending on review
Asylum Seeker	230,000	Mulberry HC	NHS Standard	1st April 2017 - 31st March 2019	doesn't state	12 months	Possible extension depending on review
Engagement LCSs							
GP Engagement Elective Service Transformation - £2/head	1,158,434	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Current specification ends March 2018; need to determine if new specification for 2018/19
GP Engagement Prescribing Quality - 50p/head	289,637	GPs	NHS Standard	1st April 2017 - 31st March 2019	April 17 - Mar 18	12 months	Current specification ends March 2018; need to determine if new specification for 2018/19
GP Engagement - Neighbourhood Developments - £1.50/head	868,834	GPs	NHS Standard	1st April 2017 - 31st March 2019	Oct 16 - 30th Sept 18	12 months	Current specification ends Sept 2018; need to determine approach post 30 September

Appendix B

Significant Additional Patient Pressures (SAAP) LCS

Sheffield CCG was required as part of national policy and the delegated primary care co-commissioning arrangements to implement on an agreed transition path to the equalisation of GP finances. As part of this process the CCG agreed a special cases process through which a number of practices were identified as needing extra funding specifically to meet the needs of a significant percentage (10% or more) of their patients not fully covered under the Carr-Hill formula.

PCCC agreed to an LCS in April 2016 for a two year period to 31 March 2018, with the possibility to extend, subject to review, to address the additional patient pressures faced by a limited number of practices and that the LCS would be complementary to the redesign of interpreting services (people who need an interpreter).

In the absence of any hard data, PCCC agreed that for the first six months of 2016/17, for Sheffield Medical Centre, Page Hall, Devonshire Green, Firth Park, Pitsmoor and Upwell Street, the CCG allocated funding on their raw list. In the first six months, those practices collated data on numbers of patients needing an interpreter, identified via a clinical consultation (GP or Nurse). From Month 7 provided that the practices demonstrated that at least 10% of their practice population required an interpreter, the agreed total funding was distributed in proportion this element of the practices' populations. It also incorporated relevant practices from the Clover Group who were asked to collect data in the same way. It was expected that both Darnall and Highgate practices would have a significant non-English speaking population requiring interpreting services. The proposal excluded the Mulberry Practice for which PCCC agreed different funding arrangements.

During 2017/18 we continued to make the payments using the data from the 2016/17 exercise. Table 1 below summarises.

Table 1:

Practice	Total Payment for 2017/18 £
Pitsmoor	57,256
Upwell Street	24,004
Page Hall	48,876
Firth Park	38,493
Sheffield Medical Centre	0
Devonshire Green	26,308
Burngreave	28,945
Clover Group	76,118
Total	**300,000**

In January 2018 a further data collection has taken place with again the numbers of registered patients needing an interpreter serving as a proxy for the additional demand. For example: the longer and more frequent consultations and longer and more frequent complicated registrations. The data was collated as at 31st January 2018 and is based on numbers of patients needing an interpreter as a percentage of raw list size. As a group, the North Locality Executive team sense checked the data in February to ensure that all practices were coding and collating the correct information. A separate but consistent process was followed for Clover Group practices.

Table 2 below summarises the data submitted by the practices and the resulting proposed funding for period 1st April 2018- 30th September 2018.

Given that contracts for 2018/19 should be agreed by 31st March 2018, the pragmatic approach would be to continue to use the data collected to inform the first 6 months of the LCS two year contract funding. The data would be reviewed at month 5 which would inform the funding for practices for Q3-4. The funding which would therefore flow to practices for Q1 and Q2 2018/19 is detailed below in Table 2:

Table 2:

Practice	Non-English Speaking Patients as at 31st Jan 2018	% Share of Non-English Speaking Patients	DRAFT Payment Calculation Q1 & Q2 2018/19 £	Raw List Size as at 31st Jan 2018	Non-English Speaking Patients as a % of List Size
Pitsmoor	1,824	14.6%	21,869	9,338	19.5%
Upwell Street	1,832	14.6%	21,965	4,748	38.6%
Page Hall	2,115	16.9%	25,358	7,550	28.0%
Firth Park	1,608	12.9%	19,279	9,857	16.3%
Sheffield Medical Centre	383	3.1%	4,592	1,679	22.8%
Devonshire Green	1,068	8.5%	12,805	7,112	15.0%
Burngreave	1,401	11.2%	16,797	6,662	21.0%
Clover Group	2,280	18.2%	27,336	9,120	25.0%
Total	**12,511**	**100%**	**150,000**		

Included in the LCS is the requirement for North practices in particular, given their inclusion in the same neighbourhood, to work together much more proactively to utilise the funding. This message will be reinforced especially given the practices will know the 6 months allocations in advance.

Recommendations:

The Primary Care Commissioning Committee is asked to:

- Approve that the split of the payment of £150k for quarters 1 & 2 is as detailed in Table 2
- Approve that there will be further collection of data at month 5 which will inform how the second £150k should be split across practices for quarters 3 & 4 in 2018/19
- Approve that there will be further collection of data every 6 months after that to address the issue of population movement around the geographical area and adjust payments accordingly every 6 months and so inform how the payment will be split across practices for quarters 1 & 2 of 19/20 and quarters 3 & 4 of 19/20.
- Re-affirm the contractual requirement for the practices to work together to explore how neighbourhood working might support the provision of care for this group of patients.
- Agree additional coding of consultations with this patient population to inform funding reviews through the lifetime of the agreement

Prepared by Nicky Normington, North Locality Manager

On behalf of Katrina Cleary, Programme Director Primary Care

9 February 2018