

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

GOVERNING BODY MEETING



**Vale of York
Clinical Commissioning Group**

Meeting Date: 5 September 2013

Report Sponsor:

Rachel Potts
Chief Operating Officer

Report Author:

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Contract Management Support, North
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1. Title of Paper: NHS Vale of York CCG Local Enhanced Services (LES) Review

2. Strategic Objectives supported by this paper

- | | |
|--|-----|
| 1. Improve healthcare outcomes | Yes |
| 2. Reduce health inequalities | Yes |
| 3. Improve the quality and safety of commissioned services | Yes |
| 4. Improve efficiency | Yes |
| 5. Achieve financial balance | Yes |

3. Executive Summary

From 1 April 2013 locally and nationally directed enhanced services became the responsibility of CCGs. All LES must be moved on to the NHS Standard Contract from 1 April 2014 as this is the only mechanism by which CCGs can contract services.

CCGs were asked to review LES agreements for which they are responsible to conclude no later than September 2013.

NHS Vale of York CCG has completed this review and The Governing Body is asked to **note** the LES review findings and proposal for each LES and agree the recommendations later in the paper.



4. Evidence Base

The Management Team examined information presented against each existing LES scheme including service model, pathway, whole health economy provision, number of participating GP Practices, budget, spend, changes in relevant guidance and, where available, performance data to support their decision.

5. Risks relating to proposals in this paper

Risks associated with this review are;

- Timescale to deliver review, recommendations and procurement
- Resource to deliver recommendations and procurement
- Continuity of service provision. Potential risk to patient treatment and/or increased secondary care activity where services are not re-procured
- Conflicts of interest. CCGs must manage any conflicts of interest to ensure that such conflicts do not corrupt the integrity of the decision making process. CCGs are advised to follow the best practice set out in the draft Code of Conduct (3) when commissioning services for which GP practices (or any provider in which GPs have an interest) are potential providers.

6. Summary of any finance / resource implications

The total budget for all schemes is £1,270,538.62.

7. Any statutory / regulatory / legal / NHS Constitution implications

Procurement under Section 75 of the Health Act: Procurement, Patient Choice and Competition Regulations

8. Equality Impact Assessment

Consideration of impact by scheme.

9. Any related work with stakeholders or communications plan

LES Primary Care Forum – led by Tim Maycock

10. Recommendations / Action Required

The Governing Body is asked to note the outcome of the LES review, presented by Rachel Potts, and the proposal by the NHS Vale of York CCG Management Team for each LES.



11. Assurance

Assurance will be via the Senior Management Team and Business Committee.



The best health and
wellbeing for everyone.

Governing Body Meeting: 5 September 2013

Local Enhanced Services (LES) Review

1. Summary

1.1 In July 2012, NHS Commissioning Board (now NHS England) published the Enhanced Services Commissioning Fact Sheet. The fact sheet set out the new commissioning arrangements for enhanced services post April 2013, including transition of existing schemes.

There are 3 types of enhanced service

- National: NES - nationally negotiated and practices must do
- Directed: DES – national specification, GPs do not have to do but PCTs must provide for their area
- Local: LES – developed locally and voluntary for practices

1.2 From 1 April 2013 NHS England will commission and be responsible for some enhanced services nationally, equivalent to DES and may devolve the responsibility for managing some of these enhanced services to CCGs.

1.3 Local Authorities will be responsible for commissioning services to meet their new public health responsibilities. CCGs will be responsible for commissioning and managing locally enhanced schemes. The budget for these schemes has been delegated for financial year 2013-14 and responsibility for payment will be delegated to CCGs from 1 October 2013.

1.4 **CCGs are asked to review LES agreements for which they are responsible to conclude no later than September 2013**

CCGs must either:

- Cease the LES arrangement
- Extend LES arrangement for which they are responsible to no later than March 2015 with a Waiver
- Commence procurement process

1.5 All LES must be moved on to the NHS Standard Contract from 1 April 2014 as this is the only mechanism by which CCGs can contract services.

2. Evidence Base

- 2.1 The Management Team examined information presented against each existing LES scheme including service model, pathway, whole health economy provision, number of participating GP Practices, budget, spend, changes in relevant guidance and, where available, performance data to support their decision.
- 2.2 The following table summarises that evidence (excluding performance data) highlighting where spend against existing schemes is above or below European Community Procurement Thresholds (OJEC).

| | Number of GP Practices Participating | Above OJEC threshold Y/N? | Level of Service Spec | Link to Commissioning Intentions | Link to QIPP schemes |
|---|--------------------------------------|---------------------------|-----------------------|----------------------------------|---|
| Anti-Coagulation Monitoring Monitoring of patients prescribed warfarin to identify and reduce impact of side effects | 32 | N | Partial | Long Term Conditions | |
| Minor Injuries Service Accessible service for patients with wounds over 48 hours old, self-presenting "walking wounded" or lesions of a non-traumatic origin. | 30 | Y | Partial | Reduction in Urgent Care | Urgent Care |
| Near Patient Testing Amber drug monitoring - High intensity blood monitoring (Band 1), Medium / low intensity blood monitoring or other special monitoring required (Band 2), Routine monitoring only (Band 3) | 33 | Y | Partial | Long Term Conditions | |
| Complex Wound Care Accessible service for patients with LTC who have ulcers and complex wounds appropriately treated, with 60% healed within 6 months | 15 | Y | Partial | Long Term Conditions | Community Dermatology |
| Wound and Suture Removal Prevent mobile patients travelling to secondary care facilities for follow-up care involving wound care / dressings or suture/staple removal | 26 | Y | Partial | Long Term Conditions | Community Dermatology |
| Student Health | 2 | N | None | | |
| Insulin Conversion To improve the quality of care for patients with diabetes and prevent the onset or worsening of complications and associated symptoms through provision of practice based conversion to insulin. | 11 | N | Partial | Long Term Conditions | Community Diabetes |
| Public Health Vaccinations To ensure the full range of vaccinations recommended by the Health Protection Agency can be administered to the local population | 29 | N | Full (NATIONAL) | | Responsibility of NHS England and Public Health (Local Authority) |
| Care of the Homeless Homeless people have equal access to appropriate levels of service from practices designed to ensure that their health needs are effectively tackled. | | N | None | | |
| Gold Standard - Palliative Care Proactively manage palliative care in a primary care setting, using a flexible framework. To enable palliative care patients to be cared for in their Preferred Place of Care. | 27 | N | Partial | | End of Life, Care Homes |
| Phlebotomy | 24 | Y | None | | Pathology |
| Vexatious Patients | 2 | N | None | | |
| Neonatal Checks Practices undertake neonatal checks where the check has not been completed prior to the discharge of the baby from hospital. Checks to be undertaken within 36 hours of the birth or the next available working day if the birth occurs on a weekend or bank holiday. | 30 | N | Partial | | |

3. Recommendations / Action Required

- 3.1 The Governing Body is asked to note the outcome of the LES review, presented by Rachel Potts and the proposal by the NHS Vale of York CCG Management Team for each LES and agree to either
- Cease the LES
 - Continuation of LES, extension beyond March 14 and written Waiver justifying reasons for not proceeding with formal procurement in year
 - Commencement of procurement process either within or outside of Official Journal of the European Community

The Outcome of the LES Review is as follows

| Scheme | VoY Management Team Governing Board Proposal | | | Comments - Justification |
|---------------------------------|--|----------------|---------|--|
| | Cease | Delay (Waiver) | Procure | |
| Minor Injuries Service | | ✓ | | Waiver to delay procurement to allow completion of urgent care review which considers redesign of whole health economy |
| Near Patient Testing | | ✓ | | Waiver to delay procurement to allow review of all patient monitoring services. Consider combination of Anti-Coagulation and Near Patient Testing. |
| Anti-Coagulation Monitoring | | ✓ | | |
| Complex Wound Care | | ✓ | | Waiver to delay procurement to allow for review of wound care as a full service and ensure robust service specification |
| Wound and Suture Removal | | ✓ | | |
| Student Health | | ✓ | | Waiver to delay procurement to allow for redesign of student health service, to include greater emphasis and monitoring of Mental Health including eating disorders. |
| Insulin Conversion | | ✓ | | Waiver to delay procurement to incorporate outcomes of diabetes review. |
| Public Health Vaccinations | ✓ | | - | NHS E Responsibility |
| Care of the Homeless | ✓ | | | Confirm NHS England will pay for care of the homeless nationally |
| Gold Standard - Palliative Care | ✓ | | | Ceased (January 2013) Confirm with NHS E no payments to be made against this LES. |
| Phlebotomy | | ✓ | | Continue with waiver Waiver to delay procurement to allow completion of CCG Pathology review – including potential redesign of phlebotomy and pathology services. |
| Vexatious Patients | | ✓ | | Waiver to delay procurement to incorporate provision for vexatious patients into high intensity users service. |
| Neonatal Checks | | ✓ | | Waiver to delay procurement. Service specification and delivery model require full review to consider new PbR tariff, new NICE guidance and principles of care. |

3.2 The decision to delay procurement for each LES except those where schemes have already ceased means that these services must transfer across onto a Standard NHS Contract. This will require Service Specifications to be written in the NHS Standard Contract 2013/14 template for all LES to be fit for purpose with robust service description, delivery requirements, KPIs, performance management, payment processes and aligned to current NICE and other service specific guidance.

3.3 A review of all current LES Service Specifications (below and table on following page) as supporting evidence, identifies a number of gaps where additional work would be required in order to transfer those schemes the CCG decides to either continue or re-procure across to a Standard NHS Contract Service Specification and this be fit for purpose.

Service Specification review in summary:

- Four LES did not have specifications available for review
- Five lacked National and Local Context
- Three lacked an evidence base
- None referenced the National Outcomes Framework (this will be because the specifications have not been reviewed since the National Outcomes Framework was published)
- All but two lacked clearly defined service outcomes
- All lacked applicable local standards
- All lacked applicable quality requirements
- All lacked applicable CQUIN goals

3.3 For those schemes the CCG wishes to continue or procure, new service specifications should be completed by the end of September 2013 to allow sufficient time for NHS Standard Contracts to be drafted and signed by 31 March 2014.

| | National / Local context and evidence base | Evidence Base | NHS Outcomes Framework Domains & Indicators | Local Defined Outcomes | Aims and objectives of service | Service description/ care pathway | Population Covered | Any acceptance and exclusion criteria and thresholds | Interdependence with other services/ providers | Applicable national standards (eg NICE) | Applicable standards set out in Guidance and/ or issued by a competent body | Applicable local standards | Applicable quality requirements (See Schedule 4 Parts A-D) | Applicable CQUIN goals (See Schedule 4 Part E) | Provider's Premises are located at: |
|--|--|---------------|---|------------------------|--------------------------------|-----------------------------------|--------------------|--|--|---|---|----------------------------|--|--|-------------------------------------|
| Anti-Coagulation Monitoring | | ✓ | | | | ✓ | | | ✓ | | ✓ | | | | |
| Minor Injuries Service | | | | | | ✓ | | ✓ | ✓ | | ✓ | | | | |
| Near Patient Testing | | ✓ | | | | ✓ | | ✓ | ✓ | | ✓ | | | | |
| Complex Wound Care | | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | | |
| Wound and Suture Removal | ✓ | | | | ✓ | ✓ | | | | | | | | | |
| Student Health | No Service Spec available | | | | | | | | | | | | | | |
| Insulin Conversion | ✓ | ✓ | | | ✓ | | | ✓ | | | ✓ | | | | |
| Public Health Vaccinations (Adopted NES) | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | | |
| Care of the Homeless | No Service Spec available | | | | | | | | | | | | | | |
| Gold Standard - Palliative Care | ✓ | ✓ | | ✓ | ✓ | ✓ | | | | | | | | | |
| Phlebotomy | No Service Spec available | | | | | | | | | | | | | | |
| Vexacious Patients | No Service Spec available | | | | | | | | | | | | | | |
| Neonatal Checks | | | | | | | | | | | | | | | |