NHS Wirral Clinical Commissioning Group

# Primary Care Co-Commissioning Committee
## Old Market House, Duncan Room

**1.30pm – 2.30pm Effectiveness Review MIAA (all committee members).**
**This session will review the elements of the Terms of Reference to determine as to whether the committee is fulfilling these**
**(Private session – not open to public).**

**2.30pm – 4.30pm – Normal committee format resumes**

## AGENDA – PART A

| Item | | Item | Lead | Action | Attachments |
|---|---|---|---|---|---|
| **1.** | | **Preliminary business** | | | |
| | **1.1** | **Apologies for absence** | **Chair** | For Noting | |
| | **1.2** | **Chairs announcements** | | | |
| | **1.3** | **Declarations of interest** | | | |
| | **1.4** | **Minutes and action points from previous meetings** | | | PCCC Meeting Minutes December 1<br>Action Log 18.12.2017.xlsx |
| | **1.5** | **Terms of Reference** | | | ToR-Primary Care Co-Commissioning ( |
| | **1.6** | **Risk Register** | | Discussion | Risk Register as at Feb 2018.xlsx |

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|---|---|---|---|---|---|
| | **1.7** | **Matters Arising**<br><br>**Delegated commissioning of primary medical services** | | Discussion / noting |  <br>NHSE Delegated Commissioning Out |
| **2.** | | **ITEM 2** | | | |
| | **2.1** | **ADHD Shared Care Model** | **Jo Watts** | Discussion |  <br>17 - ADHD Shared Care LCS QP cover sl<br>  <br>13. ADHD Shared Care LES QP Paper v: |
| **3.** | | **ITEM 3** | | | |
| | **3.1** | **Community Phlebotomy - Implementation Plans** | **Sarah Boyd-Short** | For approval |  <br>Front Cover Sheet PCCC Community Ph<br>  <br>PCCC Community Phlebotomy Service |
| **4.** | | **ITEM 4** | | | |
| | **4.1** | **Primary Care Quality Scheme 2017-2019 – Year 2 Targets** | **Martyn Kent** | For approval |  <br>Front Cover Primary Care Quality Scheme<br>  <br>Primary Care Quality Scheme 201 |
| **5.** | | **ITEM 5** | | | |
| | **5.1** | **Wirral GP Access Hubs Service – Post 1st April 2018 Service Delivery Sites** | **Martyn Kent** | For approval | Verbal update |
| **6.** | | **ITEM 6** | | | |
| | **6.1** | **Primary Care Dashboard** | **Dave Sampson/Matt Gilmore** | Live demonstration |  <br>EasthamGPBenchmarkingReport.pdf |

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| | | **ITEM** | | | |
| | | **NHS England Update**<br>(a) Primary Care Support Services<br>(b) Finance Report<br>(c) Contract Notices (If any to report) | **Carla Sutton / Tom Knight** | Discussion | |
| | | **ITEM** | | | |
| | | **Any Other Business**<br><br>**Managing Conflicts of Interest: Online Mandatory Training for CCGs** | **All** | | |
| | | **PART B - NHSE & CCG OFFICERS ONLY** | | | |

**DATE & TIME OF NEXT MEETING:**

**Tuesday 17th April, 2:00pm – 4:00pm, OMH, Duncan Room**

NHS
Wirral
Clinical Commissioning Group

# Primary Care Co-commissioning Committee

**Tuesday 12 December 2017, 2pm – 4pm, Room 514, Old Market House**

## MINUTES – PART A

**Present:**
Sylvia Cheater MBE (SC) - Lay Member-Patient Champion, Wirral CCG (Chair)
Dr Simon Delaney (SD) - GP Clinical Lead, Wirral CCG
Alan Whittle (AW) – Lay Member, Wirral CCG
Dr James Sowery (JS) - GP/Members Council Chair
Carla Sutton (CS) – NHS England
Phil McGunigall (PMc) –Practice Manager Lead Wirral CCG, Civic Medical Centre
Mike Treharne (MT) - Chief Finance Officer, Wirral CCG
Martyn Kent (MK) - Assistant Director Primary Care Transformation, Wirral CCG
Nesta Hawker (NH) - Director of Commissioning, Wirral CCG
Sarah Boyd-Short (SBS) – Senior Commissioning Lead – Primary Care, Wirral CCG
Iain Stewart (IS) – Assistant Director of Primary Care and Partnerships, Wirral CCG
Usman Majid – Business Analyst, Wirral CCG

**In attendance:**
Natalie Caffrey – Admin Support

| Item 1 | Minute | Action |
|---|---|---|
| | **Preliminary business**<br><br>The chair welcomed everyone to today's meeting. | |
| **1.1** | **Apologies for absence**<br><br>Lorna Quigley. | |
| **1.2** | **Chairs announcements**<br><br>Ongoing message to committee of possibility of public attendance at these meetings. As of yet no public members have attended. | |
| **1.3** | **Declarations of interest**<br><br>Usual conflict of interests advised by GP members Dr Simon Delaney and Dr James Sowery. | |
| **1.4** | **Minutes and action points from previous meetings**<br><br>Amendments to September and November 2017 minutes discussed and agreed. Both minutes to be updated to reflect changes. | |

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| **1.5** | **Terms of Reference**<br><br>Final confirmation received that the name of the committee is the Primary Care Co-commissioning Committee.<br><br>Lay Member (Quality & Outcomes), Wirral CCG to be removed from Terms of Reference.<br><br>MT's job title to be amended to Chief Finance Officer.<br><br>Terms of reference agreed by committee. | |
| **1.6** | **Risk Register**<br><br>  <br>Risk Register as at 12.12.2017.xlsx | |
| **1.7** | **Matters Arising**<br><br>No current matters arising. | |
| **Item 2** | | |
| **2.1** | **Delegated Commissioning Update**<br><br>IS provided outcome of survey monkey to all GP practices.<br><br>In line with the CCG constitution votes were weighted based upon member practice list-size (for every 2500 patients) which concluded in response to the CCG seeking to undertake fully delegated co-commissioning that;<br>- 98 voted No<br>- 35 voted Yes<br><br>Wirral CCG has since been advised by the national NHS England team that the CCG will not be supported in fully delegated responsibilities from April 2018 due to the financial position.<br><br>It was expressed by all members that this is a disappointment, but appreciate the decision was made on a national scale, rather than a local one.<br><br>AW advised it would be useful to follow up on concerns amongst voters and reasons for non-votes to assist the CCG in future developments.<br><br>JS advised trust was a key theme highlighted from the member engagement. | |
| **Item 3** | | |
| **3.1** | **Primary Care Quality Scheme 2017-18 Highlight Report** | |

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| | MK advised the highlight report not available due to query over accuracy of referral data (WUTH) that had recently been identified (circa -7% versus reported -20% reduction).<br><br>The CCG's BI Team is working with WUTH to identify what steps can be taken to address the matter.<br><br>The risk was highlighted of the impact on General Practices in terms of their PCQS achievement if referral data is incorrect.<br><br>New targets are being developed for 18/19 and will be presented to the committee at the February meeting. These included the option to include the new LTC Registries as a 'supporting enabler' to reduce admissions e.g. Not as new target.<br><br>An update will be provided in February 2018 regarding 17/18 performance (inc data quality issues) and new 18/19 targets and support enablers: **ACTION** | MK |
| **Item 4** | | |
| **4.1** | **GPFV Update**<br><br>**<u>On-line Consultations</u>**<br>Market assessment day undertaken on 10 October 2017 with 4 potential providers.<br>Further guidance on accessing funding has been provided by NHSE. Funding application submitted to NHS England by CCG and response awaited.<br><br>**<u>Practice Wi-Fi</u>**<br>Wi-Fi Installation underway for all GP practices and public for both staff and public. Egton are the lead supplier for installation.<br><br>**<u>Digital Hub - CCG successful in 5 digital bids;</u>**<br><br>1) MPLS<br>2) NWSIS<br>3) Remote Working<br>4) Bi-Directional Hub<br>5) DocMan Cloud<br><br>**<u>International Recruitment</u>**<br><br>Wirral CCG has not submitted a bid for international recruitment as part of wider Cheshire & Merseyside submission. Rationale being that GP recruitment is not an issue on Wirral. In addition, practices would need to hold any vacancy open until the international GP arrives. | |
| **Item 5** | | |
| **5.1** | **Wirral GP Access Hubs**<br><br>Discussions with both federations in progress. MK presented report detailing 2 potential options. Option 1 with a 9 site model | |

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| | and option 2 with a 9+2 site model. Both GP federations support option 2.<br><br>NH advised Public Health is undertaking a piece of work around mapping the Wirral footprint which will further inform this work. They are aiming to have this complete in the next few weeks. NH requested any further progress in developing the model be delayed until the outcome of this work to ensure the service aligns with the Wirral map. The committee agreed this was the best approach and that the committee can meet virtually if needed once PH footprint work complete to progress GP Access Hubs accordingly. | |
| **Item 6** | | |
| **6.1** | **Enhanced Primary Care in Care Homes**<br><br>MK presented a report which detailed proposed changes to the service specification post 1st April 2018. These changes included:<br><br>a) GP Practice providers will be expected to deliver the scheme at scale, with a minimum of 20 patients per home/ward round or full 100% coverage of a home if the bed capacity is lower to be able to claim.<br><br>b) Practices will be encouraged to collaborate with other practices to deliver the scheme at scale. There will be no expectation for patients to re-register with the practice delivering the scheme and practices will be able to deliver the scheme to patients not currently registered with their practice.<br><br>c) The scheme is to be delivered to 100% of elderly care home patients from April 2018 and therefore the scheme will be offered to other practices or GP Federations for any practice not wishing to deliver the scheme.<br><br>d) Practices not delivering the scheme or for practices for whom another practice delivers the scheme on their behalf, will still be responsible for acute problems/visits for their registered patients in these care homes. (including updating patient's medical records)<br><br>e) Consider extending eligible patients to be managed to also include patients with mental health needs or learning disabilities. The following care homes have been recommended by the Council's lead commissioner and are subject to further consideration by the CCG's GP Clinical Lead.<br><br>Kingsley House – 16 beds (Residential Mental Health) | |

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| | Melrose House – 29 beds (Residential Mental Health)<br>Newhaven Sunningdale Road 14 beds – (Residential Learning Disabilities)<br><br>f) All practices wishing to provide the service must have their implementation plans countersigned by the care home to receive the service e.g. agreement on day(s) and time of ward round and staff involved<br><br>g) All claims from practices must be countersigned by the care home for each quarter of the financial year agreeing the ward rounds took place.<br><br>h) All providers providing a mainly nurse led model (once a month GP visits) must provide evidence of the nurses appropriate skills and experience to appropriately deliver the ward round in their implementation plans prior to CCG sign off.<br><br>i) Any provider using a mainly nurse led model (once a month GP visits) will be subject to receiving a reduced nurse led ward round tariff rate of £265 per bed per annum (£365 GP tariff rate). Any monies saved will be reinvested within the service or for primary care to manage frail older people resident in their own homes.<br><br>j) All providers must attend at least two meetings per year with the CCG to review the service delivery and outcomes.<br><br>It was confirmed that patient autonomy of choice regarding GP registration would not be impacted by the changes.<br><br>There was consensus that the changes supported better delivering whole population coverage.<br><br>UM from the CCGs BI Team presented summary audit data which may demonstrate a reduction in non-elective admissions in 17/18 compared to earlier years.<br><br>The committee approved all of the proposed service specification changes other than the change in tariff (nurse led). | |
| **Item 7** | | |
| **7.1** | **Phlebotomy Update & Draft Service Specification**<br><br>SBS provide an update following decision by Governing Body decision on 5 December 2017 and agreement for a GP led approach via a disaggregated budget, pending further assurance being received from both federations in regards to delivery. Letter | |

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| | to be issued to both federations to request additional information and implementation plan for all member practices. Minor amendment to be made to service specification to finalise<br><br>Implementation plans to be brought back to February's meeting for sign-off: **ACTION** | SBS |
| **Item 8** | | |
| **8.1** | **ADHD Shared Care Model**<br><br>Adjourned to next meeting due to time constraints. | |
| **Item 10** | | |
| **10.1** | **NHS England Update**<br><br>**(a) Primary Care Support Services** was for noting; therefore, it was not reviewed in meeting.<br><br>(b) **Finance Report** was for noting; therefore, it was not reviewed in meeting.<br><br>(c) **Contract Notices (If any to report)** to be picked up in the PCOG meeting. | |
| | **ANY OTHER BUSINESS** | |
| | | |

## Primary Care Co-Commissioning Committee Action Log

| No | Date of meeting | Title of Item | Action | Lead(s) | Deadline | Progress Update |
|---|---|---|---|---|---|---|
| 24 | 12/12/2017 | ToR | To be ammended | Admin | Dec-17 | |
| 25 | 12/12/2017 | Delegated Commissioning Survey Results | Outcome letter to be fedback to PCCC | Iain Stewart | Feb-18 | |
| 26 | 12/12/2017 | Phlebotomy Service | Implementation plans to be brought back to February's meeting for sign-off | Sarah Boyd-Short | Feb-18 | |
| 27 | 12/12/2017 | Primary Care Quality Scheme 2017-18 Highlight Report | Update to be provided regarding 17/18 performance (inc data quality issues) and new 18/19 targets | Martyn Kent | Feb-18 | |
| 28 | | | | | | |

# Primary Care Co-Commissioning Committee Action Log

| No | Date of meeting | Title of Item | Action | Lead(s) |
|---|---|---|---|---|
| 1 | 24/05/2016 | NHS England Update | Copies of GP Forward View slides to be circulated to the group | Tom Knight |
| 2 | 24/05/2016 | Terms of reference - Primary Medical Care Commissioning Committee (PMCCC) | A workplan is to be created for the operational group to develop and implement. | Tom Knight/Iain Stewart |
| 3 | 24/05/2016 | Terms of reference - Primary Medical Care Commissioning Committee (PMCCC) | Co-Commissioning Level 2 Agreement between the CCG and NHS England to be shared at the next PMCCC meeting. | Tom Knight |
| 5 | 24/05/2016 | Terms of reference - Primary Medical Care Commissioning Committee (PMCCC) | PMCCC dates to be circulated | Sarah Lynch |
| 6 | 24/05/2016 | Terms of reference - Primary Medical Care Commissioning Committee (PMCCC) | Amendments to ToR to be made and circulated to the group. | Iain Stewart/Sarah Lynch |
| 7 | 24/05/2016 | Terms of reference - Primary Medical Care Operational Group | Amendments to ToR to be made and circulated to the group. | Iain Stewart/Sarah Lynch |
| 8 | 24/05/2016 | Primary Care Quality Scheme | Revised paper be circulated via email as soon as possible for members to review | Martyn Kent/Iain Stewart |
| 9 | 13/09/2016 | Final Terms of Reference-Primary Medical Care Co- Commissioning Committee | Updated terms of reference will be added to the next agenda for final ratification. | Sarah Lynch |
| 10 | 13/09/2016 | Final Terms of Reference-Primary Care Operational Group | Dispute resolution clause to be added into ToR | Sarah Lynch |
| 11 | 13/09/2016 | Townfield Health Centre Procurement Update | Update on mobilisation to be shared at the next meeting | Iain Stewart |
| 12 | 13/09/2016 | PCQS Performance Report | An update on practice performance will be shared at the next meeting | Martyn Kent |
| 13 | 13/09/2016 | GP 7 Day Working Project Initiation Document (PID) | Risk register to be created. | Sarah Lynch |
| 14 | 08/11/2016 | Wirral Primary Care GP Access Hubs service- Highlight Report and Draft Service Specification | NHSE to seek advice on the CCGs recommended procurement and contractual approach for the GP Access Hubs service. | Carla Sutton |
| 15 | 08/11/2016 | Wirral Primary Care GP Access Hubs service- Highlight Report and Draft Service Specification | Process to be established to gain feedback from patients | Martyn Kent |
| 16 | 08/11/2016 | Primary Care Operational Plan | Extraordinary meeting to be held for final comments on the plan | Martyn Kent |
| 17 | 08/11/2016 | Co-Commissioning Level 3 Application Update | Outcome of the practice vote to be circulated | Iain Stewart |
| 18 | 17/01/2017 | Review of Primary Care Transformation Plan (in c Engagment element) following NHSE feedback | Updated version to be reviewed by PMCCC | Iain Stewart |
| 19 | 17/01/2017 | PMC Quality Scheme | Further Financial detail to be brought to March meeting | Martyn kent |
| 20 | 17/01/2017 | NHSE Update | Future NHSE PCSE reports to be added to agendas going forward | Oliver Stewart |
| 21 | 24/05/2016 | Terms of reference - (PMCCC) | Annual report to be sent to Governing Body | James Kay |
| 22 | 17/01/2017 | Risk Register | Lack of single voice from Primary Care providers leading to less collaborative working (Iain to talk to Paul Edwards re: getting this in to Governing Body) | Iain Stewart |

| Deadline | Progress Update |
|---|---|
| 13/09/2016 | **Complete** |
| 13/09/2016 | **Complete** |
| 13/09/2016 | **Complete** |
| 13/09/2016 | **Complete** |
| 13/09/2016 | **Complete** |
| 13/09/2016 | **Complete** |
| 13/09/2016 | **Complete** |
| 08/11/2016 | **Complete** |
| 08/11/2016 | **Complete** |
| 08/11/2016 | **Complete** |
| 08/11/2016 | **Complete** |
| 08/11/2016 | **Complete** |
| Jan-17 | **Closed** |
| Jan-17 | **Closed** |
| Jan-17 | **Closed** |
| Jan-17 | **Closed** |
| Jun-17 | **Closed** |
| Mar-17 | **Closed** |
| Mar-17 | **Closed** |
| May-17 | **Closed** |
| Jun-17 | **Closed** |

NHS
Wirral
Clinical Commissioning Group

| | |
|---|---|
| **Title** | Terms of Reference – Primary Care Co-Commissioning Committee |
| **Purpose** | Joint Commissioning Arrangements (including scheme of delegation) |
| **Date** | January 2018 |
| **Version** | V6.0 |
| **Review Date** | August 2018 |

**Introduction**

1. NHS England announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England and CCGs would jointly commission primary medical services.

2. The NHS England and Wirral CCG joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Wirral.

**Statutory Framework**

3. The National Health Service Act 2006 provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further providers that arrangements made under that section may be such on terms and conditions as may be agreed between NHS England and the CCG.

**Role of the Joint Committee**

4. The role of the Primary Care Co-Commissioning Committee (PCCC) shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England.

5. This includes the following activities:

    a) Provide assurance to the Governing Body regarding the implementation of the General Practice Forward View via Wirral's Primary Care Transformational Plan 2016-2020/21.
    b) GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual actions such as issuing breach/remedial notices, and removing a contract);
    c) Approve newly designed services including; "Locally Commissioned Services" and " Directed Enhanced Services");
    d) Design of local incentive schemes such as the Primary Care Quality Scheme or alternatives to the Quality of Outcomes Framework (QOF);
    e) Decision making on whether to establish new GP practices in an area;
    f) Approving practice mergers;
    g) Making decisions on 'discretionary' payment (e.g. returner/retainer schemes)
    h) Receiving updates from the Primary Care Operational Group on issues considered, actions taken and/or recommended for approval by the PCCC.

6. In performing its role the PCCC will exercise its management of the functions in accordance with the agreement entered into between NHS England and Wirral CCG, which will sit alongside the delegation and terms of reference. This is the proposed agreement to deal with such information sharing, resource

sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performance list management.

**Geographical Coverage**

7. The PCCC will comprise NHS England (Cheshire and Merseyside) and Wirral CCG. It will undertake the function of jointly commissioning primary medical services for Wirral.

**Membership**

8. The PCCC shall consist of:

- Director of Commissioning
- Chief Finance Officer
- GP and Primary Care Lead Wirral CCG
- GP and Members Council Chair Wirral CCG
- Director of Quality & Patient Safety (Nurse Directorate Lead)
- Governing Body member and Lay Member-Patient Champion, Wirral CCG
- Governing Body member and Lay Member-Audit & Governance, Wirral CCG
- Head of Primary Care, NHS England
- NHS England representatives

(The voting membership has a non-primary care medical majority)

The membership will meet the requirements of Wirral CCGs constitution

9. The Chair of the PCCC shall be the Lay Member (Patient Champion) of the Wirral Clinical Commissioning Group

10. The Vice Chair of the PCCC shall be the Lay Member (Audit & Governance) of the Wirral Clinical Commissioning Group

11. Non-voting attendees will be:

- Assistant Director Primary Care & Partnerships Direct Commissioning
- Assistant Director Primary Care Transformation
- Senior Commissioning Manager – Primary Care
- Health Watch representative
- Director of Adult Social Services (Health and Wellbeing Board Representative)
- LMC representative

12. **Conflict of interest** – The Chair will discuss the committee's responsibility to manage conflict of interest. Explicit evidence must be recorded through minutes that the nature of any potential conflict of interest is recorded, who has the conflict and how the conflict was managed to ensure full transparency.

Individual's appointment to the PCCC will comply with the group's standard of business conduct policy including the requirements for declaring conflicts of interest. All members are required to make open and honest declaration of the interest at the commencement of each meeting or to notify the PCCC Chair of any actual, potential or perceived conflict of interest in advance of the meeting.

**Meetings and Voting**

13. The PCCC shall adopt the Standing Order of Wirral CCG insofar as they relate to the:

    a) Notice of meetings (7 day prior to the meeting, this will also stand for the calling of unscheduled meetings)
    b) Handling of meetings;
    c) Agendas;
    d) Circulation of papers; and
    e) Conflicts of interest

14. Each member of the PCCC shall have one vote (other than NHS England members). The PCCC shall reach decisions by simple majority of members present, but with the Chair having a second and deciding vote, if necessary.

15. The PCCC shall be quorate provided there are no fewer than 4 voting members present; they should comprise a lay majority (non-medical) and NHS England members present will always have 50% of the votes.

16. The PCCC will meet bi-monthly with a view to review occurrence based on need. This panel will meet regularly at Wirral CCG – Old Market House. A list of scheduled dates will be made available on the CCG website.

17. Meetings of the PCCC:

    a) Shall, subject to the application of 17(b) be open to the public
    b) The PCCC may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

18. Members of the PCCC have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective input to the best of their knowledge and ability, and endeavour to reach a collective view.

19. The PCCC may call additional experts to attend meetings on an ad hoc basis to inform discussions.

20. Members of the PCCC shall respect confidentiality requirements.

21. The CCG will provide a Secretariat to assist in all meeting planning and to take minutes. In the event of the Secretary being absent, a stand in Secretary will be asked to join the meeting.

22. The Secretary to the PCCC will be:
    a) Administrative Assistant

    The secretariat will be responsible for:
    b) Circulate the minutes and actions notes of the PCCC with 10 working days of the meeting to all members
    c) Present the minutes and actions notes to Wirral CCG and NHS England and the governing body of Wirral CCG

**Decisions**

23. The PCCC will make decisions within the bounds of its remit as defined in 4,5 and 6 above

24. The PCCC will provide regular updates to Governing Body via a bi-monthly executive summary report. This report will also be presented to the Cheshire and Merseyside local office (NHS England)

25. The decisions of the PCCC shall be binding on NHS England and Wirral CCG

26. Decisions will be published by both NHS England and Wirral CCG

**Review Terms of Reference**

27. These terms of reference will be formally reviewed by Cheshire and Merseyside regional Area Team of NHS England and Wirral CCG in April of each year, following the year in which the PCCC is created, and may be amended by mutual agreement between Cheshire and Merseyside area team of NHS England and Wirral CCG at any time to reflect changes in circumstances which may arise.

## NHS WIRRAL CCG

## Primary Care Co-Commissioning Committee

| Consequence | Likelihood | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 5 | 5 | 10 | 15 | 20 | 25 |

| Risk ID | Date added | Risk Description | Consequence | Likelihood | Matrix Score | Key Control Established | Owner | Date of next review | Comments |
|---|---|---|---|---|---|---|---|---|---|
| 17-18 (2) | Nov-17 | Installation of Wi-Fi in practices to be completed by 31 Dec 2017. Reliant on CSU capacity to undertake site visits and any other subsequent work to support Egton installations. Egton also reliant on BT to install lines. CSU advising of limited capacity to support. | 2 | 3 | 6 | Weekly progess calls with Egton. Effective discussions undertaken with CSU who have supported whereever possible. Deadline has been extended by NHS Digital to end of February 2018 due to installation delays nationally. | Sarah Boyd-Short | Feb-18 | Possible option to utilise LPF days to expedite work. Update: This is not an option due to lack of actual staff resources within CSU to undertake non-contracted work. Issues logged under business as usually via help desk. Deadline will not be met for various reasons. Delay reported to NHS Digital. BT have also instakked lines in incorrect places in practices - Egton addressing this up with BT to rectify. Christmas period has impacted upon installations also. On track for end of February 2018 completion. |
| 17-18 (3) | Dec-17 | Successful implementation of Community Phlebotomy Service and smooth transition from Communtiy Trust to GP Practices. | 4 | 3 | 12 | Implementation plans requested and submitted from both federations/practices to provide assurance forservice delivery. The CCG will support federations and practices during service mobilisation and will monitor progress on a weekly basis. | Sarah Boyd-Short | Mar-18 | Implementation plans and assurance for sign-off by PCCC 13 February 2018. |
| 17-18 | Dec-17 | Agreement needs to be reached with both Wirra GPI Federations for the new Wirral GP Access service model from 1st April 2018. Any delay risks the CCG not meeting the 30 mins per 1,000 target and the associated income by Oct 18. | 4 | 2 | 8 | On going negotiations are taking place between the CCG and bothGP Federations. Final propsoals have been requested by Fruday 09/02/18 | Martyn Kent | Feb-18 | |
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| Impact Values | |
|---|---|
| Negligible | 1 |
| Minor | 2 |
| Moderate | 3 |
| Major | 4 |
| Catastroph | 5 |

| Probability Values | |
|---|---|
| Rare | 1 |
| Unlikely | 2 |
| Possible | 3 |
| Likely | 4 |
| Almost Cer | 5 |

| Green/Yellow/Red Threshold Values | |
|---|---|
| Green - maximum score | 4 |
| Yellow - minimum score | 5 |
| Yellow - maximum score | 12 |
| Red - minimum score | 15 |

| Consequenc | Likelihood | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 5 | 5 | 10 | 15 | 20 | 25 |

| Risk ID | Date added | Risk Description | Consequence | Likelihood |
|---|---|---|---|---|
| 16-17- (4) | Oct-16 | Estates and Technology Transformational Bids: Risk of Estates bids being mothballed due to capital contributions levels being increased e.g. (20%-30% new builds over £1 million and max 66% contribution for improvement grants of less than £1 million) | 4 | 4 |

| Matrix Score | Key Control Established | Owner | Date of next review | Comments |
|---|---|---|---|---|
| 16 | PIDS developed up to pre-OBC status - bidders briefed on | Iain Stewart | Sep-17 | Estates Project Initiation Documents requiring further refinement by end February 2017 for consideration to progress to Full Business Case (FBC) status - if requested, FBCs to be completed during April to September 2017<br><br>Update: 13th June 2017 - criteria for accessing capital for new builds |

Finance Directorate
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London
SE1 6LH

Email : england.co-commissioning@nhs.net

**To:** Simon Banks
**Cc:** Alan Whittle; Anthony Leo

12 January 2018

**CONFIDENTAL**

Dear Simon,

**Delegated commissioning of primary medical services**

I am writing to inform you that we are unable to support your application to take on delegated commissioning of primary medical services at this stage.

Whilst we recognise the progress NHS Wirral CCG has made in strengthening its primary care team and implementing plans to improve primary care access, we are unable to support your application at present due to the CCG's financial deficit and in-year financial pressures.

We appreciate this news will be disappointing, but want to assure you that we are committed to working with you and the CCG's leadership team to support you to take on these arrangements in the future.

For further information or to discuss next steps, please contact your regional team in the first instance. You can also contact the national co-commissioning team at england.co-commissioning@nhs.net.

Yours sincerely,

Paul Baumann
Chief Financial Officer

NHS
Wirral
Clinical Commissioning Group

## QUALITY AND PERFORMANCE COMMITTEE REPORT COVER SHEET

| Local Commissioned Service for ADHD Shared Care – Options Appraisal | | | |
|---|---|---|---|
| **Agenda Item:** | 3.1 | **Reference** | QP17/18/030 |
| **Public / Private** | N/A | **Meeting Date** | 31st October 2017 |
| **Lead Officer/Author of paper** | Nesta Hawker, Director of Commissioning | | |
| **Contributors** | Kerry Hogan, Commissioning Manager<br>Janet Waring, Quality Manager<br>Jo Watts, Senior Commissioning Lead | | |
| **For Decision** | Yes | | |
| **For Information** | | | |
| **For Discussion** | | | |
| **Executive Summary** | Wirral Clinical Commissioning Group (CCG) commissions an ADHD service on a cost per case basis from Cheshire and Wirral Partnership Trust (CWP) for adults aged 18 years and over.<br><br>Waiting times are significantly in excess of 18 weeks and patients are not being seen at the right time, by the right clinician and as such the commissioned service is not meeting patient need.<br><br>A redesign of the ADHD pathway has been agreed, with a Shared Care Model for ADHD proposed to be implemented during 2017/18. Following feedback from the GP Members Council on the 18th May 2017, the CCG has been asked to consider implementing a Local Commissioned Service (LCS) for ADHD Shared Care (adults) to support GPs in the management of patients stable on medication who have been transferred back to the care of the GP under shared care arrangements.<br><br>A paper was taken to the Financial Recovery Group (FRG) on the 20th June 2017 outlining the proposal for the LCS and the potential impact on expected QIPP savings. However, since producing the paper, Finance has confirmed that the target saving of £38,000 for the ADHD QIPP scheme was achieved at the start of 2017/18 following contract negotiations with the provider. Therefore, to further inform a decision regarding the LCS, FRG agreed that a scoping exercise should be undertaken to obtain information from CCGs across the Cheshire and Merseyside (C&M) STP footprint, regarding the service provision in place for adult ADHD and to ascertain whether GPs receive enhanced payments for the management of adult ADHD in Primary Care.<br><br>The paper provides a summary of the scoping exercise undertaken across C&M CCGs for adult ADHD, specifically to determine whether CCGs across the footprint have a LCS in place for the management of ADHD. The paper also outlines an options appraisal to support decision making regarding the request to consider a LCS. | | |

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| **Recommendations** | The Quality and Performance Committee is asked to:<br><br>• Note the information provided in the paper;<br>• Consider the options put forward with regards to the request to consider a LCS alongside the implementation of the ADHD Shared Care model;<br>• Agree a preferred option. |

| | | | |
|---|---|---|---|
| **Risk Please indicate**<br><br>**Detail of Risk Description** | ***High*** | *Medium* | *Low* |
| | An assumption was made in the paper to FRG that the LCS (if agreed) would be funded through the expected QIPP savings. However, as these have now be achieved through contract negotiations, any agreement to a LCS would require separate funding. | | |

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| **Clinical engagement taken place** | **Y** |
| **Patient and public involvement taken place** | **N** |
| **Equality Analysis/Impact Assessment completed** | **Y** |
| **Quality Impact Assessment** | **N** |
| **Strategic Themes** | |
| To empower the people of Wirral to improve their physical, mental health and general well being | **Y** |
| To reduce health inequalities across the Wirral | **Y** |
| To adopt a health and well-being approach in the way services are both commissioned and provided | **Y** |
| To commission and contract for services that:<br><br>• Demonstrate improved person centred outcomes<br>• Are high quality and seamless for the patient<br>• Are safe and sustainable<br>• Are evidenced based<br>• Demonstrate value for money | **Y** |
| To be known as one of the leading Clinical Commissioning Groups in the country | **Y** |
| Provide systems leadership in shaping the Wirral health and social care system so as to be fit for purpose both now and in five years time | **Y** |

*This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path i.e. other papers that are directly related to the current paper under discussion.*

| Governance route prior to Governing Body | Meeting Date | Objective/Outcome |
|---|---|---|
| CCG Governing Body | | |
| Quality and Performance Committee | | |
| Finance Committee | | |
| Audit Committee | | |
| Remuneration Committee | | |
| Health and Wellbeing Board | | |
| Clinical Senate | | |
| Quality & Improvement Group | | |
| Financial Recovery Group | 20/06/2017 | To undertake a scoping exercise, to obtain information from Cheshire and Merseyside CCGs as to the level of service provision in place and in particular enhanced payments in place to support the management of ADHD within General Practice. |

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Clinical Commissioning Group

## QUALITY AND PERFORMANCE COMMITTEE

| | |
|---|---|
| Report Title | Local Commissioned Service for ADHD Shared Care – Options Appraisal |
| Lead Officer | Nesta Hawker, Director of Commissioning |
| Contributors | Kerry Hogan, Commissioning Manager<br>Janet Waring, Quality Manager<br>Jo Watts, Senior Commissioning Lead |
| Recommendations | To note and consider the options appraisal for a Local Commissioned Service to support shared care arrangements for adults diagnosed with ADHD. |

### 1. INTRODUCTION

1.1 As part of the 2017-18 QIPP / Financial Recovery Plan (FRP), ADHD Shared Care was identified as a QIPP scheme under the Packages of Care programme area, with targeted savings of £38,000.

1.2 The redesign of the ADHD Service (delivered by Cheshire and Wirral Partnership Trust (CWP)) for adults aged 18 years commenced during 2016/17. CWP were asked to consider a different service model to address the existing long waits (as of 30th June 2017, 677 patients were waiting to be seen, with the longest wait reported to be 95 weeks). The service identified this could be delivered by employing an ADHD Nurse Specialist to provide dedicated clinical support within General Practice, through regular ADHD clinics (or ad-hoc through normal surgery appointments dependent upon demand), for patients diagnosed by the Consultant/Specialist Nurse Practitioner within the ADHD Service and identified as suitable for shared care (standard care patients) for follow-up and stabilisation.

1.3 The implementation of the new shared care model, will allow for a higher proportion of nursing to consultant care, which will enable the required efficiency savings to be realised, through the introduction of a reduced tariff.

1.4 The Shared Care Model for ADHD was presented at the 18th May 2017 Members Council by Dr Peter Mason (Consultant in ADHD), where Dr Mason confirmed that under the new model, patients stable on medication and identified as suitable for discharge/step-down to primary care, could be transferred to the care of the GP for continued prescribing, 6 monthly and annual reviews.

1.5 A question was raised by one of the GPs in attendance at the Members Council, regarding whether the CCG was supporting the change to the service model through funding a Local Commissioned Service (LCS). As a result, a paper was presented to the Financial Recovery Group (FRG) meeting on 20 June 2017, outlining the impact on expected QIPP savings should a LCS be approved to support GPs to share the management of patients with ADHD.

1.6 An assumption was made within the FRG paper, that if approved, the LCS would be funded through the QIPP savings to be achieved, which would therefore impact on the ability to deliver

on the planned savings. However, since presenting the paper, Finance has confirmed that the target saving of £38,000 for the ADHD Shared Care scheme was achieved at the start of 2017/18 following contract negotiations with the provider. The FRG paper can be found at Appendix 1, which provides background information regarding the redesign of the ADHD Service and the proposal for a LCS for ADHD Shared Care.

1.7 Upon reviewing the paper, FRG requested that a scoping exercise was undertaken to obtain information from CCG's across the Cheshire and Merseyside (C&M) STP footprint, regarding the service provision in place for adult ADHD and to ascertain whether GPs receive enhanced payments for the management of adult ADHD in Primary Care.

1.8 Therefore, this paper provides a summary of the scoping exercise undertaken across C&M CCG's for adult ADHD, specifically to determine whether CCGs across the footprint have a LCS in place for the management of ADHD. The paper also outlines an options appraisal to support decision making regarding the request to consider a LCS alongside the implementation of the new shared care model

## 2. SUMMARY OF SHARED CARE MODEL

2.1 The ADHD Shared Care model, includes three stages of treatment, from specialist care for complex patients (Consultant/Specialist Nurse Practitioner), to shared care (nurse led for standard care patients), to GP Prescribing (for patients stable on medication) for continued prescribing, 6 monthly and annual reviews.

2.2 The FRG paper included in Appendix 1 provides further detail on the shared care model.

## 3. UPDATE ON IMPLEMENTATION OF ADHD SHARED CARE MODEL

3.1 Whilst the provider is ready to implement the ADHD Shared Care model and has begun to liaise with the practice with the largest caseload, the provider is not able to fully implement the new service model (i.e. will not be able to discharge/step down patients to the care of the GP, patients who are stable on medication and require review) until the CCG has explored and considered the request for a LCS. This will impact on the ability of the provider to offer appointments for those patients currently on the waiting list for assessment and diagnosis.

## 4. OUTCOME OF CHESHIRE AND MERSEYSIDE SCOPING EXERCISE – ADULT ADHD SERVICE PROVISION

4.1 C&M CCGs were asked to complete a template to support the scoping exercise, developed in conjunction with the CCG Quality Lead. The final version of the populated template can be found at Appendix 2.

4.2 The scoping exercise demonstrates that whilst all C&M CCGs have a contract in place for adult ADHD, there are varying levels of service provision; funding; and agreed levels of activity in place across the patch, with a number of services being commissioned on an assessment only basis. Waiting lists and waiting times also varied, with the longest wait reported as 7 years at South Cheshire and Vale Royal CCGs.

4.3 Halton and West Cheshire CCGs confirmed that they have a shared care model in place. However, upon review of West Cheshire's shared care arrangements, the document submitted (embedded in the scoping report) refers to prescribing guidelines only. West Cheshire has also confirmed that patients are transferred to the care of the Primary Mental Health Care Team for ongoing follow-up and are therefore not discharged back to the GP for reviews. Details of the Halton shared care model are not available at this time.

4.4 With regards to enhanced payments received by GPs for the management of adult ADHD in Primary Care, only Halton CCG have confirmed that they have a LCS in place. Further information has been sought from Halton regarding the details of the LCS.

4.5 In terms of funding levels, Wirral CCG has provided the greatest level of investment into a dedicated adult ADHD Service.

4.6 A meeting was held on the 7th August 2017, with a number of C&M Mental Health Commissioning Leads present, where further supporting information was provided (see Appendix 3). Halton and Eastern Cheshire CCGs were not represented at this meeting.

4.7 It was agreed at the meeting that across C&M, a commissioning gap analysis would be undertaken to help determine where to focus efforts going forward. As an initial starting point, agreed areas for collaboration discussed were:

- Service model and pathways.
- Fees – understanding what we are all paying and for what and how we might standardise.
- Tools for screening and assessment – what's used, consider standardisation to ensure the correct people are accessing the service.
- Shared care – what's working well, can we share learning, and how can we engage with primary care.

4.8 Collaborative working will help to support future service developments in respect of the adult ADHD pathway for Wirral.

## 5. OPTIONS APPRASIAL

5.1 The following options are proposed in relation to the request to consider a LCS for the management of ADHD, for patients discharged / stepped down to the care of the GP:

**Option 1:** Continue with the implementation of the Shared Care Model for ADHD as planned without the implementation of a LCS:

- **Benefits:**
  - This will not impact on the QIPP savings achieved to date.
  - Full implementation of the shared care model can commence which will support the reduction of the current waiting list.
  - Patient care for ADHD will be jointly managed by the patient GP and support from specialist ADHD nurse as required.
  - Patients will receive their care in their normal care delivery setting, GP surgery.

- The reduction of the waiting list will enable more complex patients awaiting assessment to be seen by the ADHD consultant and commenced on the relevant treatment pathway.
- Improved patient experience and clinical outcomes

- **Risks:**
  - There is a risk that General Practice does not support the new shared model, in particular the requirements of the GP to undertake 6 monthly and annual reviews. This will be mitigated by working with the CCG Clinical Lead for Mental Health in advance of launching the model to GP Practices to promote the benefits of the new service model and to help facilitate positive engagement with General Practice.

**Option 2:** Adopt a LCS alongside the implementation of the Shared Care Model for ADHD:

- **Benefits:**
  - This option will help to facilitate engagement with General Practice in sharing the management of patients with ADHD.

- **Risks:**
  - This option will require investment of approximately £33,540 (full year effect). However, as the provider is yet to review the current caseload to ascertain how many patients could be discharged / stepped down to General Practice and that this estimated cost does not take into account patients on the waiting list who could be discharged / stepped down within a 12 month period, the cost of the LCS could be higher.
  - This will set a precedent for any future opportunities for shared care arrangements within other services commissioned from CWP, where discharge/step down to General Practice is considered suitable.

5.2 In considering the above options, it should be noted that the key benefit of implementing the shared care model for ADHD will be ensuring that patients are seen at the right time, by the right clinician, i.e. patients who no longer require secondary care input and can be managed safely within primary care are discharged / stepped down to the care of the GP, which will enable more patients on the waiting list to be assessed and diagnosed. This will help to reduce the current long waits reported in the service.

## 6. CONCLUSION

6.1 The Quality and Performance Committee is asked to:

- Note the information provided in this paper;
- Consider the options put forward with regards to the request to consider a LCS alongside the implementation of the ADHD Shared Care model;
- Agree a preferred option.

NHS Wirral Clinical Commissioning Group

## APPENDIX 1: FINANCIAL RECOVERY GROUP PAPER

### FINANCIAL RECOVERY GROUP COMMITTEE REPORT

| | |
|---|---|
| Report Title | Local Enhanced Service for ADHD Shared Care |
| Lead Officer | Kerry Hogan, Commissioning Manager |
| Contributors | Dr Peter Arthur (Lead GP for Mental Health) |
| Recommendations | To note and approve the proposal for a Local Enhanced Service to support shared care arrangements for adults diagnosed with ADHD. |

### 7. INTRODUCTION

7.1 Wirral Clinical Commissioning Group (CCG) commissions an ADHD service on a cost per case basis from Cheshire and Wirral Partnership Trust (CWP) for adults aged 18 years and over. This is delivered as part of the Wirral Complex Needs Service.

7.2 In Wirral, demand for the adult ADHD Service is high, exceeding capacity of the service. This has resulted in 586 patients waiting for assessment and waiting times of approximately 130 weeks (as of 31st March 2017) and as such, the service commissioned is not deemed fit-for-purpose.

7.3 Budgeted costs for 2015/16 and 2016/17 were £351,967 and £291,106 respectively. It should be noted that DNAs are not charged to the CCG. A variance of £33,394 has been reported for 2016/17. However, given the level of demand for the service, it is not clear as to the reason for the under-spend.

7.4 The service is required to operate in line with NICE Clinical Guideline 72 and provides pre-treatment assessments (including Qb test); advice to GPs on the initiation and titration of medication; monitoring of blood pressure, pulse, weight and side effects during the titration period; follow-up appointments; six monthly and annual reviews.

7.5 In order to achieve a reduction in waiting times, CWP has been working with Wirral CCG to develop a Shared Care Model for ADHD, which will meet the demands of the service and give GPs the confidence in understanding and managing ADHD and to work within a shared care arrangement.

7.6 The redesign of the ADHD pathway has also been identified as a QIPP scheme, with the current pathway changing to include a higher proportion of nursing to consultant care, which is expected to generate an efficiency saving of approximately £38k in 2017/18. The redesign will also create the opportunity for GPs to access fast advice and support when dealing with ADHD in Primary Care.

7.7 It is envisaged that the following outcomes will be realised through implementing the Shared Care Model for ADHD:

- Improved patient experience;
- Reduction in waiting times;
- Improved patient compliance/reduced DNA through monitoring closer to home;

- Improved mental health and well-being;
- Reduction in risk taking behaviours;
- Improved quality of life – social functioning;
- Better transition for young people.

7.8 The Shared Care Model for ADHD was presented at the 18th May 2017 Members Council by Dr Peter Mason (Consultant in ADHD). A question was raised by one of the GPs in attendance regarding whether the CCG is planning on funding a locally commissioned service to support GPs to share the management of patients with ADHD. As a result, this report outlines a proposal for a Local Commissioned Service for ADHD Shared Care (adults).

## 8. BACKGROUND

8.1 In the main, the reason for the significant number of patients waiting for an assessment is due to the volume of follow-up appointments in the system and the fact that patients are not discharged from the service at present, as they require six monthly and annual reviews post stabilisation on medication. As a result there is limited throughput through the service. In the twelve months April 2016 to March 2017, the service received 537 referrals and carried out 185 assessments and 1,195 follow-up appointments.

8.2 On average each patient accepted by the service receives one assessment appointment and four follow-up appointments, although complex/high risk patients will require an extended treatment package.

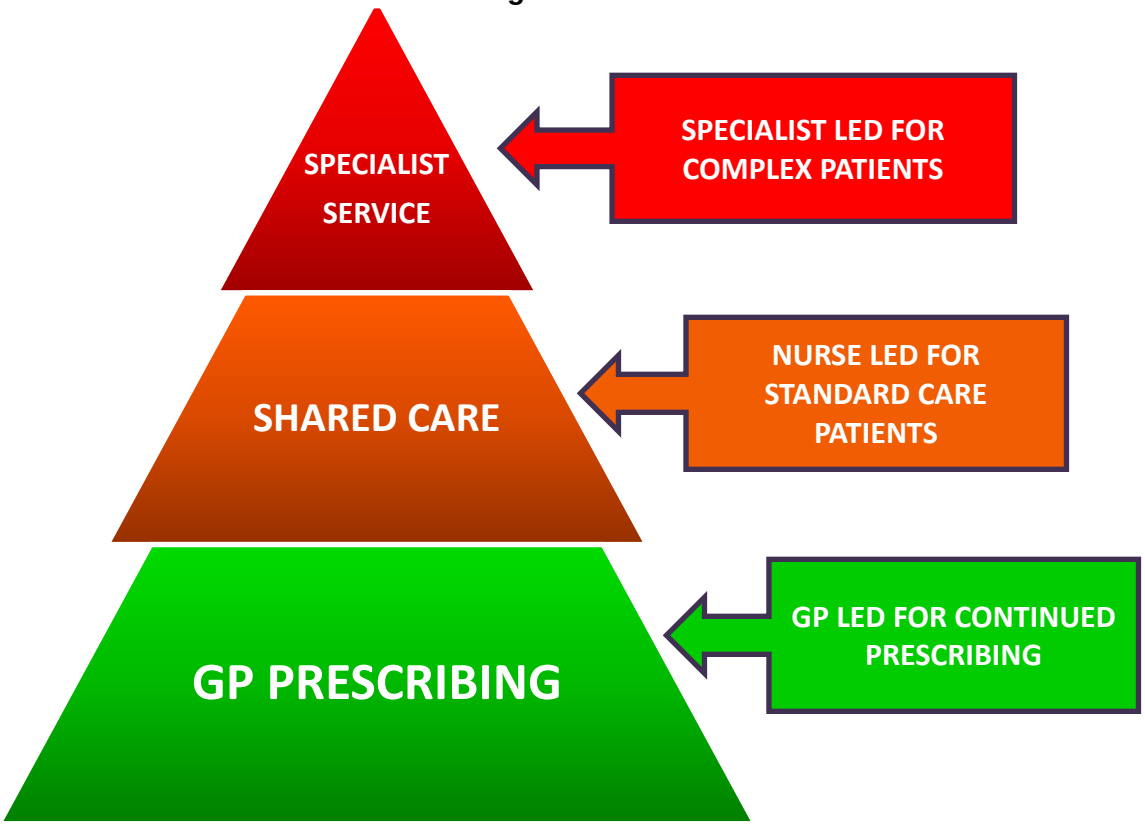
8.3 The DNA rate is around 26% (as of 31st March 2017) and GPs have reported a lack of confidence in managing patients, and in prescribing when the patient does not turn up for their appointment.

8.4 The service has also seen an increase in the number of referrals over the last four years, with 537 received in 2016/17, compared with circa 350 referrals in 2012-13. Due to the volume of follow-ups and increase in referrals, the service does not have the capacity to take on enough new assessments to reduce the waiting list. Therefore, the implementation of a Shared Care Model for ADHD will help to improve the throughput of patients through the service, by transferring the care of patients from Specialist-led clinics (Consultant/Specialist Nurse Practitioner) to Nurse-led Shared Care clinics (as appropriate) post assessment for titration and stabilisation, or to the GP for continued prescribing for patients who are stable on medication and require six monthly and annual reviews. Diagram 1 presented below, outlines the three stages of treatment for patients under the new Shared Care Model for ADHD.

## 9. SHARED CARE MODEL FOR ADHD

9.1 The new model will see the Specialist Service continue to initiate prescribing, but then only retaining in the service patients who are the most complex (approximately 20%), i.e. patients with complex needs, co-morbidity and difficult to manage titration. It is anticipated that the majority will be discharged into shared care.

**Diagram 1: Shared Care Model for ADHD – Stages of Treatment**




9.2 A direct referral pathway will be developed that gives GPs direct access to the ADHD Service for advice and support. This will include providing prescribing advice for when a patient fails to attend either a secondary or primary care appointment. In addition, for patients requiring support from the ADHD Service following discharge to Primary Care (e.g. in the case of any doubts, side effects or deterioration for which the GP requires specialist input from secondary care), GPs will be able to access the service via the Shared Care Specialist ADHD Nurse.

9.3 With regards to children and young people transitioning from CAMHS or Community Paediatrics into adult Mental Health services, it is proposed that they are transferred directly to the care of the GP, unless through transition planning it is indicated that they would benefit from accessing the Specialist Service due to complexities etc. A joint care plan between CAMHS/Community Paediatrics and the adult ADHD Service will need to be developed to support the transition. This will be discussed further with the ADHD Service.

9.4 The ADHD Service will also be expected to produce a list of third sector organisations that could provide support to patients and their carers in the interim period between acceptance of referral and assessment and during appointments.

9.5 In terms of future service developments, Dr Peter Mason is keen to look into the possibility of outreach into probation services.

## 10. QIPP SAVINGS

10.1 It is envisaged that efficiency savings will be generated through adjusting the staffing structure, which currently includes six Consultant and two Specialist Nurse sessions per week, to 20% Consultant care and 80% Nurse-led. This will help to significantly improve the throughput of patients on the caseload and will allow for a new reduced tariff of £840 per package of care from £1,002.

10.2 The budgeted cost for 2017/18 is £241,343 (excluding CQUIN) which includes a QIPP saving of £38k. It is expected that this will provide circa 287 packages of care per year. The Shared Care Model for ADHD also has the potential to increase the number of packages of care provided, if GPs are provided with a level of support that gives confidence to provide treatment following assessment by the Specialist Service for stable patients. This will be monitored post implementation.

10.3 The ADHD Service plans to monitor the throughput of patients through the new shared care model during the first six months from commencement of the shared care clinics and then re-calculate the overall service delivery, i.e. ratio of Specialist Service input against Shared Care.

## 11. IMPLEMENTATION OF SHARED CARE FOR ADHD

11.1 Shared Care clinics will be delivered by a Shared Care Specialist ADHD Nurse. CWP has confirmed that the post has now been recruited to, with a start date of 26.06.17.

11.2 The role of the Shared Care Specialist ADHD Nurse will be as follows:

- To provide dedicated clinical support within General Practice, through regular ADHD clinics or ad-hoc through normal surgery appointments with the Shared Care Specialist ADHD Nurse in attendance;
- Treatment review and titration;
- Identification of patients suitable for transfer to GP continued prescribing;
- GP Liaison – advice, support and training.

11.3 It has been agreed that following a review of the current caseload (to identify patients suitable for Shared Care) that Shared Care clinics will commence within General Practice from 1st August 2017. Prior to this, meetings will be arranged with General Practice by the Shared Care Specialist ADHD Nurse to promote the Shared Care Model and to obtain agreement as to how clinics will operate; start date of clinics; and the frequency. CWP has informed the CCG that they plan to engage with the highest referring practices for ADHD initially.

11.4 As of 31.04.17, 699 patients were reported to be on the caseload. It is expected that approximately 80% (559) of which will be transferred to Shared Care/General Practice as appropriate. The transfer of patients to the care of the Shared Care Specialist ADHD Nurse/GP will be a gradual process. More detail will be provided from CWP upon completion of the caseload analysis.

## 12. PROPOSAL FOR A LOCAL ENHANCED SERVICE (LES)

12.1 To support the implementation of the Shared Care Model for ADHD in adults, the proposed LCS for 2017/18 aims to:

- Increase GP and Practice Nurse knowledge of the management of adults with ADHD;
- Provide a recall and review system for people who have been transferred back into Primary Care from the ADHD Service after being initiated and stabilised on ADHD medication according to local shared care prescribing guidelines;
- Share the management of adults with ADHD and clarify the role of primary and secondary care in assessment, diagnosis, medication (initiation, maintenance and decision making around discontinuation of medication) and follow-on care;
- Implement regular medication reviews for patients stable on ADHD medication, to be undertaken within Primary Care. Practices will be able to refer back to the ADHD Service in case of any doubts, side effects or deterioration for which the GPs require specialist input from secondary care;
- Contribute towards the reduction of the waiting time for an ADHD assessment in the ADHD Service, by implementing the shared care protocol in the GP practices. This will enable the ADHD Service to focus on increasing demand and more complex cases and will allow for a greater number of new cases to be seen by the ADHD Service;
- Provide care closer to home and enable patients to be discharged from the Specialist Service into Primary Care;
- Enhance physical care and health promotion advice for patients with ADHD;
- Ensure patients with ADHD receive the same level of ADHD care amongst all GP practices in Wirral.

12.2 With regards to the specific requirements of Primary Care, practices will be expected to:

- have a system in place to ensure all patients discharged to Primary Care following stabilisation are reviewed in line with current shared care prescribing guidelines;
- continue the prescribing of ADHD medication in line with shared care prescribing guidelines;
- undertake a six monthly Primary Care review, to include the monitoring of blood pressure and weight;
- undertake an annual review (GP), to include the monitoring of blood pressure, weight, compliance with medication and efficacy review;
- notify the ADHD Service of any adverse drug reactions, deterioration in condition or any other clinical concerns regarding the patients'' health that cannot be managed in primary care (a telephone advice line with be established);
- identify a named clinical lead for ADHD, who will be responsible for cascading any relevant information to colleagues in the practice and be the point of contact for the Shared Care Specialist ADHD Nurse. The clinical lead for ADHD will be expected to attend educational training courses held by the ADHD Service.

12.3 In terms of Training and Education, the ADHD Service will be expected to deliver at least one educational event per year.

12.4 As stated above, a practice will be expected to offer one six monthly review appointment and one annual review appointment to each patient discharged to the care of GP within a twelve month period. Therefore, based on the Dementia Care LCS, it is proposed that practices will be reimbursed as follows:

- **A payment of:**

  **£30 per patient will be payable per face-to-face review.**

  **No more than £60 per patient will be paid during a twelve month period.**

12.5 It should be noted that the lead GP for Mental Health has suggested that a payment greater than £60 per year should be considered.

12.6 Practices will be expected to make use of a Read Code (to be provided) to record each review undertaken under shared care arrangements.

12.7 An EMIS template will be developed to capture six monthly and annual reviews, to ensure consistency of information provided across Primary Care.

## 13. IMPLICATIONS FOR QIPP

13.1 As Wirral CCG is currently under in financial turnaround, it is proposed that the ADHD Shared Care LES is funded through the anticipated QIPP savings to be generated through the ADHD Service redesign. Therefore, this will impact on the CCG's Financial Recovery Plan.

13.2 A deep-dive into the analysis of the caseload will be undertaken by the service, to be completed by July 2017. This will provide more robust data regarding the numbers to be discharged to shared care clinics and those to be discharged directly to the GP. This will support the calculation of more definitive costs for the ADHD Shared Care LCS. However, early indications based on the revised model (20% of the caseload remaining under the Specialist Service and 80% transferred to shared care) suggest that approximately 559 patients will be discharged to shared care over the period of twelve months. At a maximum cost of £60 per patient, it is estimated that the cost of the LCS over a twelve month period would be £33,540. However, as it is anticipated that shared care clinics will not start until 1st August 2017, the cost of the LCS for the period 1st August 2017 to 31st March 2018 would be approximately £22,360. Therefore, this would reduce the expected QIPP savings to £15,640 in 2017/18. However, it should be noted that It should also be noted that the estimated costs of the LCS, do not include patients currently on the waiting list who may be identified as suitable for transfer to the GP for continued prescribing

## 14. OPTIONS APPRASIAL

14.1 The following options are proposed:

- **Option 1:** Continue with the implementation of the Shared Care Model for ADHD as planned, which is expected to deliver an efficiency saving of £38k in 2017/18. However, there is a risk that primary Care does not support the new model. This will be mitigated by working with the lead GP for Mental Health in advance of launching the model to GP Practices.

- **Option 2:** Adopt a LCS alongside the implementation of the Shared Care Model for ADHD, to facilitate engagement with General Practice in sharing the management of patients with ADHD. However, this option will impact on the QIPP savings allocated to the ADHD QIPP scheme.

## 15. CONCLUSION

15.1 To note the contents of the report.

15.2 To consider whether to implement a shared care model thereby reducing the QIPP saving to £15,640.

15.3 To note and consider the recommendation from the lead GP for Mental Health regarding increasing the proposed payment of £60 per year for the completion of a six monthly and annual review.

15.4 To consider (if approved) whether the LCS runs for a period of twelve months or two years.

**Kerry Hogan**
**Commissioning Manager**

NHS Wirral Clinical Commissioning Group

## APPENDIX 2: SCOPING EXERCISE – CHESHIRE AND MERSEYIDE CCG'S ADULT ADHD SERVICE PROVISION

| CCG ➡ Questions | Wirral | Warrington | Sefton | Liverpool | NHS South Cheshire CCG | Halton | Eastern Cheshire | West Cheshire | NHS Vale Royal CCG | NHS Knowsley CCG |
|---|---|---|---|---|---|---|---|---|---|---|
| Do you have a contracted Adult ADHD service? (If yes could you share the model with us by attaching it to your return email please) | Yes | Yes | Yes | Yes | Yes assessment only service (capped activity) | Yes – starting 1st Sept | Yes – CWP provide an assessment only service (capped activity) | Yes Shared care agreement sent with email and also service spec | Yes assessment only service(capped activity) | Yes – we have 2 contracts Assessment only service (NWB capped by activity & Merseycare on spot) |
| Is it shared care model - yes or no? (could you describe the shared care arrangements in place) | Yes (Currently in implementation) | No | | No – existing shared care arrangement suspended, revised pending sign off by Pan Merseyside Meds Management | No | yes | No | Yes – been in place 3 years pt is transferred back to primary MH care team for ongoing follow-up | No | No |
| Do GPs receive any enhanced payments for management of Adult ADHD in primary care? | Not currently | No | | No | No | yes | No | No but we do have a MH LES which provides them with monies to support changes in the system | No | No |
| What is the agreed level of funded activity\commissioned cap? | Under new shared care model, it is expected that approx. 287 packages of care (average of 1 assessment and 4 follow-ups) will be delivered | 180 first assessments | 180 | | Circa 18 for South | To be agreed | 12 assessments per year | We have an agreement for 30 people – but have a waiting list and are about to review so this piece of work is timely | Circa 19 for Vale Royal | NWB 20 Merseycare - spot |
| What's your current activity? (current caseload) | 699 (as of 31.03.17) | | 297 | 325 (at May 2017) | | n/k | | **New assessments** 23 people currently waiting with | | |

| CCG → Questions | Wirral | Warrington | Sefton | Liverpool | NHS South Cheshire CCG | Halton | Eastern Cheshire | West Cheshire | NHS Vale Royal CCG | NHS Knowsley CCG |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | appointments booked up to 15th September 2017<br><br>**ADHD follow clients :** 115 people currently open to Primary MH care team & attended between 1 and 10 appointments so far, people who are up to 10 recorded appointments have tended to cancel or DNA'd a number of appointments<br><br>**ADHD discharged cases :** 490<br><br>2 x clinics offered each week for assessment / FU and overall it takes up around 0.5 WTE but could be 1.0 WTE due to volume of work and the complexity of this cohort.<br><br>Plus the 1.0 WTE ADHD support worker and the admin support | | |

| CCG → Questions | Wirral | Warrington | Sefton | Liverpool | NHS South Cheshire CCG | Halton | Eastern Cheshire | West Cheshire | NHS Vale Royal CCG | NHS Knowsley CCG |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Due to volume of clients we have been offering Saturday appointments as well | | |
| What's your waiting list? | 586 (as of 31.03.17) | 210 (as of 3.7.17) | 300 | 668 | | Approx. 60 being validated currently | 87 (As of 19.10.16) | | | |
| What's your waiting time? | Longest wait – 130 weeks (as of 31.03.17) | Up to 15 months | 12 months | Longest wait 172 weeks | Circa 7 years | Variable depending on clinical needs – new service to meet 18 weeks | Up to 2 years as at Nov 16 | | Circa 7 years | |
| What is the value of the contract? | **£241,343 (excludes CQUIN)** | **£65k** | **£100K** | **£135k** | **£25k across South and Value Royal CCGs** | **£54000** | **£13,500** | **£56,580** | **£25k across South and Value Royal CCGs** | **NWB - £17,580 Merseycare £457 per assessment** |

**APPENDIX 3: FURTHER SUPPORTING INFORMATION – CHESHIRE AND MERSEYIDE CCG'S ADULT ADHD SERVICE PROVISION**

1. **Warrington CCG**

Issues raised:

- Prevalence of ADHD high in Warrington.
- 1 clinical lead in post. No cover when on leave.
- Increasing transitions cases reported.
- Concerns regarding over diagnosis.

2. **Sefton CCG**

Issues raised:

- Unable to discharge service users to primary care. Therefore, Sefton are currently unable to accept any further referrals until can discharge clients, due to the capacity within the service.
- GPs not signed up to shared care prescribing guidelines.
- Not clear regarding scale of transition cases to adult ADHD.

3. **Liverpool CCG**

Issues raised:

- Service under invested. Increase in demand outstrips investment.
- GP reluctance around shared care.

Liverpool CCG also confirmed that they have commissioned Liverpool John Moore's University to undertake a Health Needs Assessment for children and adults with neurodevelopmental conditions in Liverpool, to identify the current health needs and service provision for adults and children with neurodevelopmental conditions; focusing on ADHD and ASD, which included a number of recommendations for consideration going forward.

Liverpool CCG also shared their thoughts around what 'good' should look like in terms of an adult ADHD Service. The conclusion was that involvement of the third sector is required, in supporting people post discharge and during the interim period whilst waiting to be assessed by a service.

4. **South Cheshire and Vale Royal CCG's**

Issues raised:

- Service under invested, high demand.
- 20/30 assessments a year commissioned. High number of FOI's/complaints received.
- Lack of GP engagement with regards to shared care.
- Waiting list cleanse required.

## 5. West Cheshire CCG

- West Cheshire's ADHD Service is part of the Mental Health Single Point of Access Team.
- Service users are discharged from the ADHD Team within the Mental Health Single Point of Access Team into the Primary Mental Health Team, who undertake all monitoring.

## 6. Knowsley CCG

Issues raised:

- Spot purchase of ADHD assessments.
- Variation of assessment fee costs across the patch.

NHS
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## PRIMARY CARE CO-COMMISSIONING COMMITTEE REPORT COVER SHEET

| Community Phlebotomy Service | | | |
|---|---|---|---|
| **Agenda Item:** | 3.1 | **Reference** | PCCC17-18/Feb/3.1 |
| **Public / Private** | Public | **Meeting Date** | 13 February 2018 |
| **Lead Officer/Author of paper** | Nesta Hawker | | |
| **Contributors** | Sarah Boyd-Short - Senior Commissioning Lead Primary Care | | |
| **For Decision** | x | | |
| **For Information** | x | | |
| **For Discussion** | x | | |
| **Executive Summary** | The paper details the implementation plans and added assurance submitted by both Wirral federations and those practices opting to deliver the service independently for approval. | | |
| **Recommendations** | The Primary Care Co-Commissioning Committee is asked to:<br>• Approve all implementation plans detailed within to progress to service mobilisation. | | |

| **Risk Please indicate** | *High* | *Medium x* | *Low* |
|---|---|---|---|
| **Detail of Risk Description** | • PCW Federation's delivery model reliant on Wirral Community NHS Foundation Trust Executive Board decision regarding sustainability. | | |

| | |
|---|---|
| **Clinical engagement taken place** | **Y** |
| **Patient and public involvement taken place** | **Y** |
| **Equality Analysis/Impact Assessment completed** | **N** |
| **Quality Impact Assessment** | **N** |
| **Strategic Themes** | |
| To empower the people of Wirral to improve their physical, mental health and general well being | **Y** |
| To reduce health inequalities across the Wirral | **Y** |
| To adopt a health and well-being approach in the way services are both commissioned and provided | **Y** |

| | |
|---|---|
| To commission and contract for services that:<br><br>• Demonstrate improved person centred outcomes<br>• Are high quality and seamless for the patient<br>• Are safe and sustainable<br>• Are evidenced based<br>• Demonstrate value for money | **Y** |
| To be known as one of the leading Clinical Commissioning Groups in the country | **Y** |
| Provide systems leadership in shaping the Wirral health and social care system so as to be fit for purpose both now and in five years time | **Y** |

*This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path i.e. other papers that are directly related to the current paper under discussion.*

| **Governance route prior to PMCCC** | **Meeting Date** | **Objective/Outcome** |
|---|---|---|
| CCG Governing Body | 5.12.2017 | Approval subject to further assurance for GP Led approach |
| Quality and Performance Committee | | |
| Finance Committee | | |
| Audit Committee | | |
| Remuneration Committee | | |
| Health and Wellbeing Board | | |
| Clinical Senate | | |
| Quality & Improvement Group | | |

NHS Wirral Clinical Commissioning Group

| | |
|---|---|
| Report Title | Community Phlebotomy Service Procurement |
| Lead Officer | Nesta Hawker, Director of Commissioning |
| Contributor | Sarah Boyd-Short, Senior Commissioning Lead – Primary Care |
| Action | For approval |

## 1. PURPOSE

1.1 To seek approval of the submitted implementation plans and assurance requested from Wirral GP Provider (GPW-Fed) Ltd and Primary Care Wirral Federation on behalf of their member practices, and those practices delivering the Community Phlebotomy Service independently.

## 2. INTRODUCTION

2.1 Governing Body members agreed in December to a GP led provision for the delivery of the Community Phlebotomy Service, subject to additional assurances being received from both federations to ensure service delivery meets all requirements of the new service specification. This also includes the submission of outline implementation plans.

2.2 In addition, following further discussion at the Local Medical Committee on 8 January 2018, and their request for NHS Wirral CCG to communicate directly with all practices, the CCG further requested assurance and implementation plans from all practices, as forthcoming contract holders. This was with the exception of those practices working with their respective federation, who will be included in their federation's collective response.

2.3 The new service is due to commence on 1 July 2018 or before, if possible.

## 3. ASSURANCE

3.1 Practices and federations were asked to provide further assurance, information and confirmation of understanding for the following areas:

- **Service Delivery**

  a) The total budget of £798,709 will be disaggregated between all Wirral GP practices. This includes the provision of all associated consumables, travel reimbursements for staff and transportation of samples.

  b) Each practice understands their responsibility for the delivery of all requirements of the service specification, including domiciliary visits and paediatric referrals for a Wirral wide service provision to all patients.

  d) Practices who will be delivering the service in-house must provide the required assurance detailed within. Practices not wishing to deliver the service in-house must work in collaboration with their federation and/or other potential provider(s) to ensure the service is delivered to their patient population in line with service requirements.

- **Service Mobilisation**

  Prior to the commencement of the new service, all providers will work with the existing provider(s) to ensure service transition is as smooth as possible for all patients. NHS Wirral CCG requires implementation plans which cover the key elements of service preparedness, and assurance whilst ensuring upon service continuity and consistency for all patients.

- **Governance**

Confirmation is required that practices accept full responsibility for all elements of governance relating to service delivery, such as complaints/compliments management, safeguarding (children and adults), staff training, serious incidents (this list is not exhaustive), and have robust systems place to demonstrate effective management for all such areas.

- **Contractual Requirements**
  Contractual arrangements will be coordinated with each GP practice via a Locally Commissioned Service, as part of a NHS Standard Contract. Each practice will be responsible for all contractual requirements, performance management and submission of monthly performance reports to NHS Wirral CCG.

3.2 Understanding and agreement for the delivery of the full service specification and added assurance has been received from all providers, either individually or by their federations on behalf of their respective member practices.

4. IMPLEMENTATION PLANS

4.1 Outline implementation plans have been received for the following:

- GPW Federation
- Primary Care Wirral Federation
- St Catherine's Health Centre
- Heatherlands Medical Centre
- Hamilton Medical Centre
- TCG Medical Services which includes:

  -TG Medical Centre
  - Leasowe Primary Care Centre
  - Townfield Health Centre
  - Woodchurch Medical Centre
  - Prenton Medical Centre

4.2 Submitted plans detail information on how practices and/or federations will ensure upon a seamless service transition for patients, effective management of resources, full service delivery and contingency planning. Submissions also detail exit planning considerations should the service come to an end for whatever reason. See Appendix 1 for all implementation plans.

4.3 Plans also demonstrate locality provision with regard to the four constituency areas as a minimum.

4.4 Summary of delivery models for both federations.

| PCW Federation | | | |
|---|---|---|---|
| Locations (subject to site visit) | Drop-in | Paediatrics | Home Visits |
| - Devaney (bookable AM)<br>- The Warrens (bookable AM & Drop in PM)<br>- St Georges (bookable AM) | Until 4.30pm at:<br>- Sunlight Group Practice<br>- VCH<br>- St Catherine's Health Centre | Paediatrics will be done where possible in the afternoon hubs due to phlebotomist capacity (2 staff required). | Delivered AM where possible to ensure samples are processed by the lab as soon as possible as these tests are often clinically urgent. |

| | | | |
|---|---|---|---|
| - The Village (bookable AM)<br>- Marine Lake (bookable AM)<br>- Civic (bookable AM)<br>- Sunlight (bookable AM & drop in PM)<br>- Greasby (bookable AM)<br>- VCH (bookable AM & Drop in PM)<br>- St Catherine's (bookable AM & Drop in PM)<br>- Eastham (bookable AM & Drop in PM)<br>- Spital (bookable AM)<br>- Orchard (bookable AM)<br>- Allport (bookable AM) | - Eastham Group Practice<br><br>Until 6pm:<br><br>- The Warrens (depending on lab discussions) | | |

| GPW Fed | | | | |
|---|---|---|---|---|
| Clusters | In-house | Appointments | Drop-in (hub) Until 6pm | Home visits |
| | | | | |
| **TCG GROUP** | | | | |
| Townfield | X | X | X | X |
| Prenton | X | X | | |
| Woodchurch | X | X | | |
| TG | X | X | | |
| Leasowe | X | X | | |
| Hoylake & Meols | X | X | | |
| | | | | |
| **GPW-FED** | | | | |
| Moreton Cross | X | X | | X |
| Moreton Health | X | X | X | |
| Moreton Medical | X | X | | |
| Hoylake Rd | X | X | | |
| Blackheath | X | X | | |
| | | | | |
| Holmlands | X | X | | |
| The Villa | X | X | | |
| Commonfield | X | X | | |
| Kings Lane | X | X | | |

| | | | | |
|---|---|---|---|---|
| Church Rd | X | X | | |
| Teehey Lane | X | X | X | X |
| Gladstone | X | X | | |
| Parkfield | X | X | | |
| | | | | |
| St Hilary | X | X | X | |
| Grove Rd | X | X | | |
| Field Rd | X | X | | |
| Earlston & Seabank | X | X | | X |
| | | | | |
| Miriam | X | X | X | X |
| Cavendish | X | X | | |

5. RISKS AND FURTHER CONSIDERATIONS

5.1 Primary Care Wirral Federation is working in collaboration with Wirral Community NHS Trust and have co-designed their delivery mode. This includes utilising existing staffing resources, thus minimising any potential redundancy implications. The Wirral Community NHS Trust's Executive Board are due to consider the collaborative proposal imminently in regards to sustainability for the Trust.

5.2 Following final confirmation and approval of the delivery models, further discussions will be required with the laboratory at Wirral University Teaching Hospital, to ensure sample deliveries are processed appropriately. This may result in an adjustment to the new closing time of the Community Phlebotomy Service to ensure upon the timely transfer and processing of blood samples.

6. NEXT STEPS

6.1 Once approval of all plans has been received, the CCG will work closely with the current provider and all prospective providers (federation and individual practices) as part of the service mobilisation phase, ensuring all elements of service transition are managed effectively.

6.2 Progress discussions with the laboratory to ensure effective transfer of bloods in line with service delivery models.

7. RECOMMENDATIONS

7.1 For the committee to:

a) Review all submitted implementation plans.

b) Approve all submitted implementation plans to enable the service mobilisation phase to commence.

**Appendix 1**

## Submitted Implementation Plans

| | |
|---|---|
| Wirral GP Provider (GPW-Fed) Ltd | GPW Fed Phlebotomy Service M<br>GPW Fed Phlebotomy Service D |
| Primary Care Wirral Federation | PCW Outline Cmty Phlebotomy Service M |
| St Catherine's Health Centre | St Catherine's Outline Cmty Phlebot |
| Heatherlands Medical Centre | Heatherlands Service Mobilisation Plan Dec |
| Hamilton Medical Centre | Hamilton - Outline Cmty Phlebotomy Ser |
| TCG Medical Services | TCG Medical Services Phlebotomy Service M |

NHS Wirral Clinical Commissioning Group

# PRIMARY CARE CO-COMMISSIONING COMMITTEE REPORT COVER SHEET

| Primary Care Quality Scheme 2017/2019 – Proposed Year 2 Targets | | | |
|---|---|---|---|
| **Agenda Item:** | 4.1 | **Reference** | PMCCC17-18/February |
| **Public / Private** | Public | **Meeting Date** | 13/02/2018 |
| **Lead Officer/Author of paper** | Martyn Kent - Assistant Director Primary Care Transformation | | |
| **Contributors** | | | |
| **For Decision** | x | | |
| **For Information** | | | |
| **For Discussion** | | | |
| **Executive Summary** | This paper proposes changes to the second year targets for the Primary Care Quality Scheme 2017-2019.<br><br>The changes include:<br><br>(1) GP Referrals: Emphasis on Peer Review of x 4 areas and reviewing lessons learnt at ne GP Member's meeting Constituency Groups.<br>(2) Non-Elective: Neighborhood 'Peer Support Group Approach' to collectively reduce NEL admissions for Frail Older People, publicise use of Care Registries to GPs as support enabler and commence collation of GP appointment baseline information and shadow targets for GPs.<br>(3) Medicines Management: % script check to Repeat Reordering, Improving Anti-biotics and investing Scriptswitch monies into the overall Prescribing Incentive Scheme.<br>(4) Enhanced Primary Care in Care Homes: Any surplus budget monies may be used to support frail older people in their own home. | | |
| **Recommendations** | The Primary Medical Care Co-Commissioning Committee is asked to approve its preferred Operational Delivery site option: 1 or 2. | | |

| | | | |
|---|---|---|---|
| **Risk Please indicate** | *High* | *Medium* | *Low x* |
| **Detail of Risk Description** | | | |

| | |
|---|---|
| **Clinical engagement taken place** | **Y** |
| **Patient and public involvement taken place** | **N** |
| **Equality Analysis/Impact Assessment completed** | **N** |

| Quality Impact Assessment | N |
|---|---|
| **Strategic Themes** | |
| To empower the people of Wirral to improve their physical, mental health and general well being | Y |
| To reduce health inequalities across the Wirral | Y |
| To adopt a health and well-being approach in the way services are both commissioned and provided | Y |
| To commission and contract for services that:<br>• Demonstrate improved person centred outcomes<br>• Are high quality and seamless for the patient<br>• Are safe and sustainable<br>• Are evidenced based<br>• Demonstrate value for money | Y |
| To be known as one of the leading Clinical Commissioning Groups in the country | Y |
| Provide systems leadership in shaping the Wirral health and social care system so as to be fit for purpose both now and in five years time | Y |

*This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path i.e. other papers that are directly related to the current paper under discussion.*

| Governance route prior to PMCCC | Meeting Date | Objective/Outcome |
|---|---|---|
| CCG Governing Body | NA | |
| Quality and Performance Committee | NA | |
| Finance Committee | NA | |
| Audit Committee | NA | |
| Remuneration Committee | NA | |
| Health and Wellbeing Board | NA | |
| Clinical Senate | NA | |
| Quality & Improvement Group | NA | |

NHS Wirral Clinical Commissioning Group

# PRIMARY MEDICAL CARE CO-COMMISSIONING COMMITTEE REPORT

| | |
|---|---|
| Report Title | Primary Care Quality Scheme 2017/2019 – Proposed Year 2 Targets |
| Lead Officer | Martyn Kent – Assistant Director, Primary Care Transformation |
| Recommendations | 1. Approve the updated year 2 targets for the Primary Care Quality Scheme 2017/2019 |

1. PURPOSE

1.1 This paper asks for approval of new and updated year 2 targets for the Primary Care Quality Scheme 2017-2019.

2. KEY ISSUES / MESSAGES

2.1 The PCQS 20117-2019 in year 1 has had 3 core areas which are available to deliver against at a unit practice level using £3 per registered patient income (~£1,000,000 budget).

(a) GP Referrals (£0.60)
(b) Non-Elective Admissions (£1.20)
(c) Medicines Management (£1.20)

2.2 In addition £1.5 per registered patient (~£500,000 budget) was made available to commission the Enhanced Primary Care in Care Homes Locally Commissioned Service. This service was only available to those practices that had care home patients in eligible practices (Dual Registered Older Peoples Care Homes).

2.3 The table below sets out the proposed changes to the service from year two following engagement with:

a) CCG Operations Group
b) CCG Urgent Care Team
c) Primary Care Clinical Lead
d) CSU Medicines Management Team
e) CCG BI Team
f) GP Practice Managers Forum

Table 1. PCQS Current Position and Proposed Year 2 Targets

NHS Wirral Clinical Commissioning Group

| Target Areas | Payment Amount (per patient) | Current CCG Level Target | Current CCG Level Performance | Proposed Year Two Target |
|---|---|---|---|---|
| GP Referrals | £0.60 | Save 439 GP referrals or £250,000 from 2016/17 outturn position | -4% (subject to MAR data quality issue review) | Practices maintain GP referral 16/17 baseline plus:<br><br>- Complete quarterly Peer Reviews and share lessons learnt at Constituency meetings (one to include PLCP)<br>- Utilise PLCP Tool for GP referrals meeting the policy criteria (min usage targets to be set). |
| Non-Elective Admissions | £1.20 | Reduce admissions by 1,697 or £2.825m from 16/17 outturn position | +4.5% over baseline / +7.3% over target<br><br>Note: NEL admissions when GP is source +0.23% | Neighbourhood 'Peer Support Group Approach' to collectively reduce NEL admissions for Frail Older People (£0.90)<br><br>Publicise new 'Care Registries' as a 'supporting enabler' for NEL target.<br><br>Commence collation by GP practices of appointment baseline data and set indicative shadow targets. (£0.30). |
| Medicines Management | £1.20 | Implementation of Repeat Ordering Project<br><br>Broad Spectrum Antibiotics<br><br>10% increase in use of Scriptswitch recommendations | 100% of practices are providing the service<br><br>(Not available @ CCG level)<br><br>-17.4% away from Scriptswitch target (Plan 803k versus actual 663k) | Continue to implement Repeat Ordering scheme but challenge or check items requested percentage number of scripts. (£0.40)<br><br>Improving Antibiotic Prescribing. (£0.40)<br><br>(1) Overall Antibiotic and Broadspectrum Targets<br>(2) Practices to review their antibiotic action plan every quarter and submit every six months.<br>(3) E-learning<br>(4) GPs to attend cluster groups to feedback about their individual action plans. |

| | | | | |
|---|---|---|---|---|
| | | | | Scriptswitch monies now to be invested in overall Prescribing Incentive Scheme. (£0.40) |
| Enhanced Primary Care in Care Homes Locally Commissioned Service | £3 budget<br><br>(£360 per patient/bed per year) | Half of Care Home Beds to receive service | 1,300 patients on scheme/versus (1,800-2,873 predicted total bed capacity) | Changes already approved by PCCC and letter sent to practices 12/01/18.<br><br>If patient numbers are fewer than the 2,873 monies invested in a Frail Peoples Domiciliary Service – subject to service spec approval. |

## 3. IMPLICATIONS

3.1 The CCG indicated in early 2017 that the scheme would be commissioned for 2 years to support providers long term planning. As such significant changes to the scheme are not expected from GP providers.

3.2 Further work will be undertaken to specify the more granular details of how individual targets will be set and monitored prior to 1st April 2018 launch – including claw back terms. For example, the currency for GP appointments and how practices would report on their numbers provided.

3.3 Highlight reports would be submitted to the PCCC to monitor progress during 18/19 with any emerging operational issues considered by the Primary Care Operational Group.

3.4 The return on investment (ROI) will be forecast prior to launch and monitored via PMO and existing QIPP mechanisms. Previous estimations for ROI have varied significantly for GP referrals and Non-Elective Admissions.

## 4. CONCLUSION

4.1 The proposal aims to incentivise primary care to improve the quality of primary care services and deliver a return on investment for the £2,000,000 investment during 2018/19.

# GP Practice Benchmarking Report

| 52 | 9 | 4 | 1 |
|---|---|---|---|

NHS
Wirral Clinical Commissioning Group

| Hub | Wirral South | Pratice Code | N85005 | Practice Name | Eastham Group Practice |
|---|---|---|---|---|---|

| Demographic | Activity | Practice Percentage | Difference from CCG Average |
|---|---|---|---|
| Hub | 76590 | | |
| Practice Total Population | 11734 | | |
| Practice over 65 Population | 2619 | 22.32% | 1.77% |
| Practice over 75 Population | 1251 | 10.66% | 1.28% |
| Proportion of practice patients in a nursing home | | | |

| Referrals - M8 | Activity Rate per 1,000 pop | Variance from Wirral | Wirral Ranking |
|---|---|---|---|
| GP Referrals | 1.87 | (0.19) | 25 |
| C2C Referrals | 1.11 | (0.46) | 12 |
| Other Referrals | 1.70 | (0.09) | 30 |

| FinYear - 2017/18 FinMonth - M2 CQC Ratings | | | | |
|---|---|---|---|---|
| Responsive | Effective | Caring | Well-Led | Safe |
| 4 | 4 | 4 | 4 | 4 |

| Planned Care - M8 | Activity Rate per 1,000 pop | Activity variance from Wirral | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| 1st Outpatient Attendance | 24.88 | 1.64 | £48,858.80 | £4.16 | £0.24 | 30 |
| Discharged at 1st Appointment | 7.58 | 0.70 | £15,052.09 | £1.28 | £0.12 | 34 |
| Follow Up Outpatient Attendance | 52.84 | 4.25 | £49,450.93 | £4.21 | £0.26 | 40 |
| Daycase Admissions | 9.29 | (0.30) | £56,746.91 | £4.84 | (£1.42) | 23 |
| Elective Ordinary Admissions | 1.62 | 0.03 | £45,599.90 | £3.89 | (£1.09) | 31 |

| Unplanned Care - M8 | Activity Rate per 1,000 pop | Activity variance from Wirral | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| A&E Attendances | 16.53 | (4.70) | £27,657.68 | £2.36 | (£0.55) | 6 |
| A&E Attendances with No Intervention | 1.53 | (0.88) | £1,989.42 | £0.17 | (£0.11) | 8 |
| Emergency Admissions | 10.91 | 0.10 | £287,029.81 | £24.46 | £1.70 | 31 |
| EA with Length of Stay < 4 hours | 1.19 | (0.21) | £9,417.30 | £0.80 | (£0.32) | 17 |
| EA with Length of Stay < 24 hours | 4.60 | (0.16) | £43,040.14 | £3.67 | (£0.13) | 22 |
| Emergency Admissions > 65 | 21.76 | (1.15) | £188,020.88 | £71.79 | £2.15 | 23 |
| Readmission within 30 Days | 1.62 | (0.19) | £58,748.80 | £5.01 | £0.13 | 22 |
| Emergency Re-Admissions > 65 | 3.44 | (1.61) | £36,573.21 | £13.96 | (£2.70) | 12 |
| Emergency Admissions for Falls >65 | 3.44 | 0.21 | £44,867.50 | £17.13 | £7.41 | 29 |
| Chronic Ambulatory Admissions | 0.51 | (0.55) | £20,089.55 | £1.71 | (£0.76) | 7 |

| Community Activity - M8 | Activity Rate per 1,000 pop | Activity variance from Wirral | Wirral Ranking |
|---|---|---|---|
| Walk In Centre | 7.16 | (9.85) | 2 |
| Out of Hours | 7.33 | (2.11) | 13 |
| Community Rapid Response Team | 0.00 | | |
| OPAT | | | |
| ICCT | | | |

| Clinical Quality - 0 | Percentage Uptake | Variance from Wirral | Wirral Ranking |
|---|---|---|---|
| Flu Vacc uptake > 65 YTD | | | |
| % Bowel Screening | 63.06 | 4.84 | 41 |
| % Breast Screening | 81.33 | 6.83 | 47 |
| % Cervical Screening | 72.12 | (0.66) | 25 |

| Meds Management - M8 | Items per ASTRO PU | Items variance from Wirral | Total Cost | Cost per ASTRO PU | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| All Prescribing | 0.13 | 0.000 | £147,185.91 | £3.16 | (£0.22) | 29 |
| Antibacterial items per Astro PU | 0.64 | (0.085) | | | | 14 |

# GP Practice Benchmarking Report

NHS
Wirral Clinical Commissioning Group

| Hub | Wirral South | Pratice Code | N85005 | Practice Name | Eastham Group Practice |
|---|---|---|---|---|---|

| Eastham Group Practice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| GP Referrals | 1.87 | (0.19) | | | | 25 |

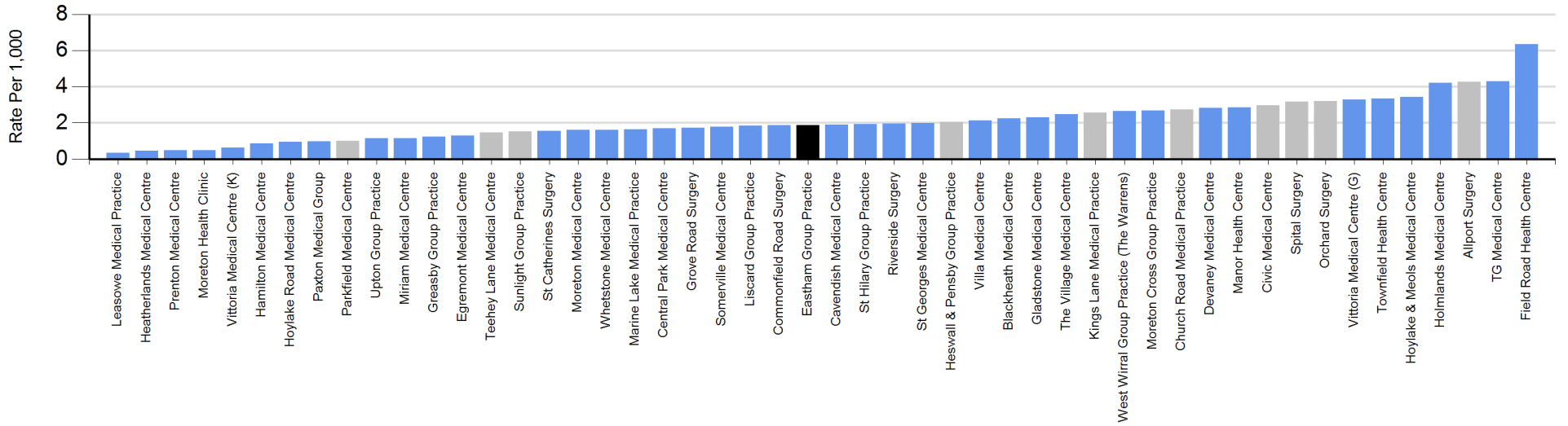
**Top 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| Leasowe Medical Practice | 0.34 | (1.73) | | | | 1 |
| Heatherlands Medical Centre | 0.45 | (1.62) | | | | 2 |
| Prenton Medical Centre | 0.47 | (1.60) | | | | 3 |
| Moreton Health Clinic | 0.49 | (1.58) | | | | 4 |
| Vittoria Medical Centre (K) | 0.63 | (1.44) | | | | 5 |
| Hamilton Medical Centre | 0.85 | (1.22) | | | | 6 |
| Hoylake Road Medical Centre | 0.94 | (1.12) | | | | 7 |
| Paxton Medical Group | 0.96 | (1.11) | | | | 8 |
| Parkfield Medical Centre | 1.00 | (1.06) | | | | 9 |
| Upton Group Practice | 1.13 | (0.93) | | | | 10 |

**Bottom 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| Civic Medical Centre | 2.96 | 0.89 | | | | 41 |
| Spital Surgery | 3.16 | 1.09 | | | | 42 |
| Orchard Surgery | 3.20 | 1.14 | | | | 43 |
| Vittoria Medical Centre (G) | 3.29 | 1.23 | | | | 44 |
| Townfield Health Centre | 3.33 | 1.26 | | | | 45 |
| Hoylake & Meols Medical Centre | 3.42 | 1.36 | | | | 46 |
| Holmlands Medical Centre | 4.19 | 2.13 | | | | 47 |
| Allport Surgery | 4.26 | 2.20 | | | | 48 |
| TG Medical Centre | 4.28 | 2.21 | | | | 49 |
| Field Road Health Centre | 6.36 | 4.29 | | | | 50 |

## GP Referrals




**Your practice = Black, Practice's in your Hub = Silver, Other GP Practice's = Blue**

# GP Practice Benchmarking Report

NHS
Wirral Clinical Commissioning Group

| Hub | Wirral South | Pratice Code | N85005 | Practice Name | Eastham Group Practice |
|---|---|---|---|---|---|

| Eastham Group Practice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| First Outpatient Attendance | 24.88 | 1.64 | £48,858.80 | £4.16 | £0.24 | 30 |

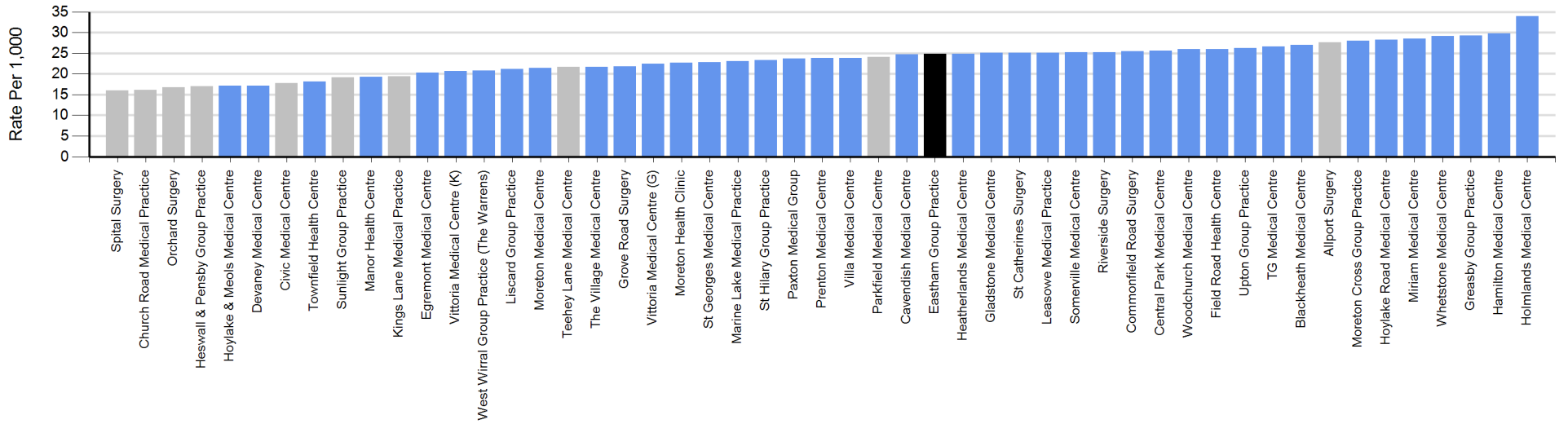
**Top 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| Spital Surgery | 16.02 | (7.23) | £12,149.52 | £2.74 | (£1.19) | 1 |
| Church Road Medical Practice | 16.14 | (7.11) | £8,797.10 | £2.68 | (£1.25) | 2 |
| Orchard Surgery | 16.72 | (6.52) | £15,633.86 | £2.78 | (£1.15) | 3 |
| Heswall & Pensby Group Practice | 17.02 | (6.23) | £49,014.64 | £2.84 | (£1.09) | 4 |
| Hoylake & Meols Medical Centre | 17.11 | (6.13) | £15,813.59 | £2.85 | (£1.08) | 5 |
| Devaney Medical Centre | 17.18 | (6.06) | £22,734.50 | £2.79 | (£1.14) | 6 |
| Civic Medical Centre | 17.76 | (5.49) | £28,679.91 | £2.93 | (£1.00) | 7 |
| Townfield Health Centre | 18.14 | (5.11) | £18,267.39 | £3.04 | (£0.89) | 8 |
| Sunlight Group Practice | 19.19 | (4.06) | £22,991.10 | £3.15 | (£0.78) | 9 |
| Manor Health Centre | 19.26 | (3.99) | £20,477.05 | £3.43 | (£0.50) | 10 |

**Bottom 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| TG Medical Centre | 26.58 | 3.33 | £19,655.30 | £4.43 | £0.50 | 42 |
| Blackheath Medical Centre | 27.00 | 3.76 | £14,315.55 | £4.60 | £0.68 | 43 |
| Allport Surgery | 27.59 | 4.34 | £20,204.85 | £4.53 | £0.61 | 44 |
| Moreton Cross Group Practice | 27.98 | 4.74 | £34,596.23 | £4.89 | £0.96 | 45 |
| Hoylake Road Medical Centre | 28.30 | 5.06 | £20,886.36 | £4.93 | £1.00 | 46 |
| Miriam Medical Centre | 28.51 | 5.26 | £52,228.89 | £4.95 | £1.02 | 47 |
| Whetstone Medical Centre | 29.19 | 5.95 | £42,751.32 | £4.93 | £1.01 | 48 |
| Greasby Group Practice | 29.26 | 6.01 | £35,348.38 | £4.83 | £0.91 | 49 |
| Hamilton Medical Centre | 29.74 | 6.49 | £11,629.05 | £4.94 | £1.01 | 50 |
| Holmlands Medical Centre | 33.90 | 10.66 | £16,043.18 | £5.61 | £1.68 | 51 |

## First Outpatient Attendance

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# GP Practice Benchmarking Report

NHS
Wirral Clinical Commissioning Group

| Hub | Wirral South | Pratice Code | N85005 | Practice Name | Eastham Group Practice |
|---|---|---|---|---|---|

| Eastham Group Practice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| A&E Attendances | 16.53 | (4.70) | £27,657.68 | £2.36 | (£0.55) | 6 |

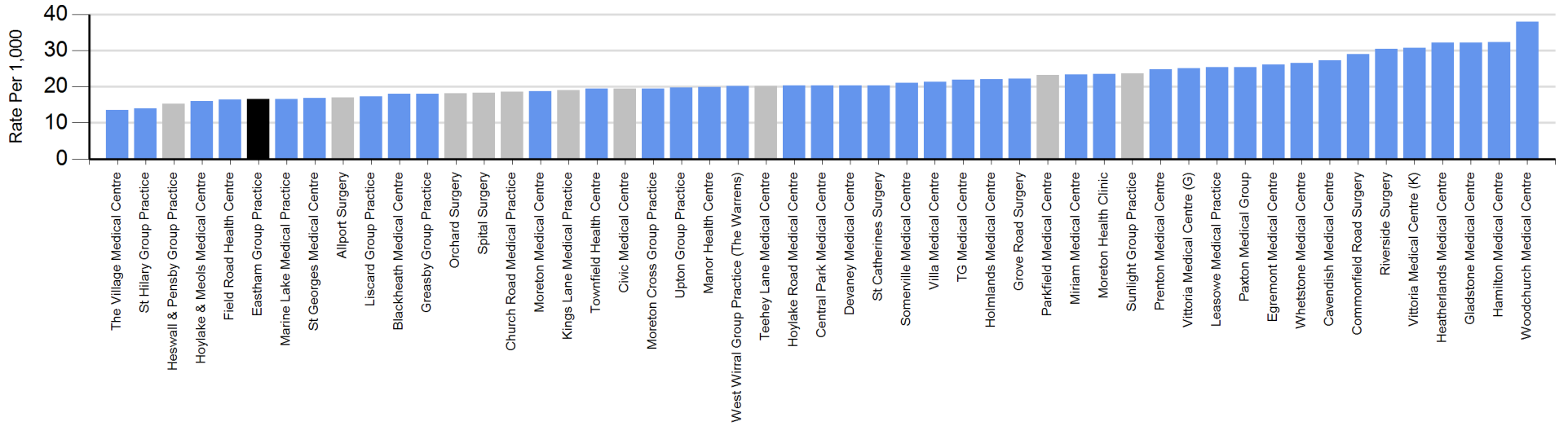
**Top 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| The Village Medical Centre | 13.52 | (7.71) | £12,480.91 | £1.81 | (£1.10) | 1 |
| St Hilary Group Practice | 14.01 | (7.23) | £11,869.02 | £2.08 | (£0.83) | 2 |
| Heswall & Pensby Group Practice | 15.28 | (5.95) | £36,125.46 | £2.09 | (£0.82) | 3 |
| Hoylake & Meols Medical Centre | 16.03 | (5.21) | £12,366.64 | £2.23 | (£0.68) | 4 |
| Field Road Health Centre | 16.47 | (4.76) | £7,740.58 | £2.24 | (£0.67) | 5 |
| Eastham Group Practice | 16.53 | (4.70) | £27,657.68 | £2.36 | (£0.55) | 6 |
| Marine Lake Medical Practice | 16.54 | (4.70) | £40,038.86 | £2.43 | (£0.48) | 7 |
| St Georges Medical Centre | 16.85 | (4.39) | £22,179.75 | £2.31 | (£0.60) | 8 |
| Allport Surgery | 17.05 | (4.19) | £10,298.26 | £2.31 | (£0.60) | 9 |
| Liscard Group Practice | 17.32 | (3.92) | £9,876.48 | £2.28 | (£0.63) | 10 |

**Bottom 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| Egremont Medical Centre | 26.15 | 4.92 | £15,776.19 | £3.38 | £0.47 | 42 |
| Whetstone Medical Centre | 26.54 | 5.30 | £30,535.33 | £3.52 | £0.61 | 43 |
| Cavendish Medical Centre | 27.26 | 6.03 | £20,082.28 | £3.83 | £0.92 | 44 |
| Commonfield Road Surgery | 29.02 | 7.78 | £20,588.21 | £3.85 | £0.94 | 45 |
| Riverside Surgery | 30.48 | 9.24 | £30,946.72 | £4.03 | £1.12 | 46 |
| Vittoria Medical Centre (K) | 30.70 | 9.47 | £6,931.30 | £4.34 | £1.43 | 47 |
| Heatherlands Medical Centre | 32.09 | 10.86 | £18,048.18 | £4.05 | £1.14 | 48 |
| Gladstone Medical Centre | 32.17 | 10.93 | £18,271.54 | £4.20 | £1.29 | 49 |
| Hamilton Medical Centre | 32.29 | 11.05 | £10,290.99 | £4.37 | £1.46 | 50 |
| Woodchurch Medical Centre | 37.90 | 16.67 | £9,529.50 | £4.95 | £2.04 | 51 |

## A&E Attendances

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# GP Practice Benchmarking Report

NHS
Wirral Clinical Commissioning Group

| Hub | Wirral South | Pratice Code | N85005 | Practice Name | Eastham Group Practice |
|---|---|---|---|---|---|

| Eastham Group Practice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| Chronic Ambulatory Admissions | 0.51 | (0.55) | £20,089.55 | £1.71 | (£0.76) | 7 |

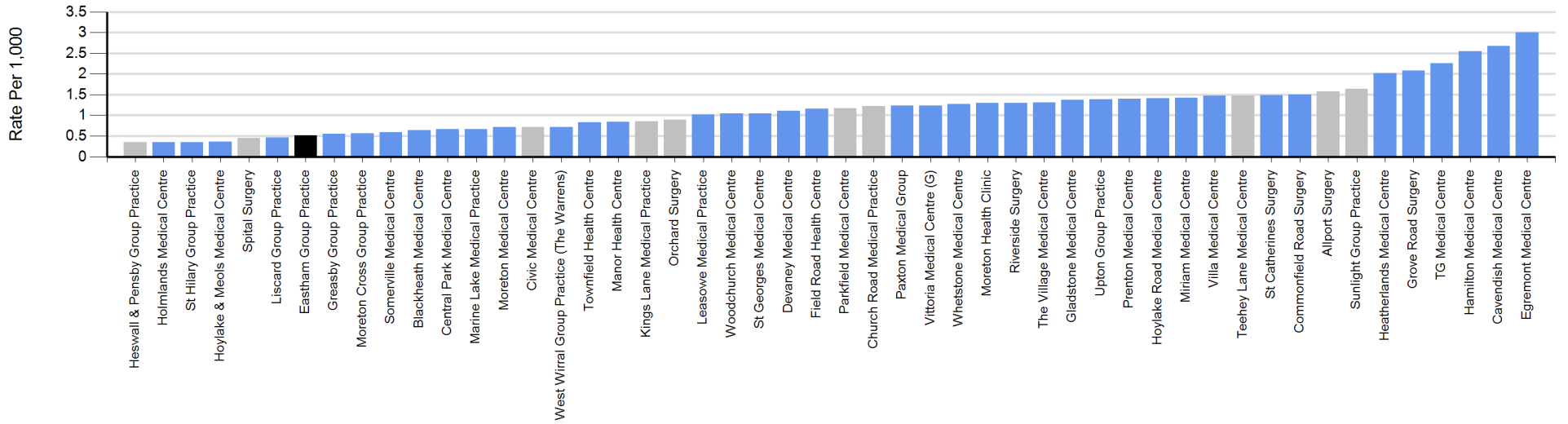
**Top 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| Heswall & Pensby Group Practice | 0.35 | (0.72) | £20,807.41 | £1.20 | (£1.27) | 1 |
| Holmlands Medical Centre | 0.35 | (0.71) | £1,315.20 | £0.46 | (£2.02) | 2 |
| St Hilary Group Practice | 0.35 | (0.71) | £5,543.38 | £0.97 | (£1.51) | 3 |
| Hoylake & Meols Medical Centre | 0.36 | (0.70) | £4,963.69 | £0.89 | (£1.58) | 4 |
| Spital Surgery | 0.45 | (0.61) | £14,595.00 | £3.29 | £0.82 | 5 |
| Liscard Group Practice | 0.46 | (0.60) | £5,753.23 | £1.33 | (£1.15) | 6 |
| Eastham Group Practice | 0.51 | (0.55) | £20,089.55 | £1.71 | (£0.76) | 7 |
| Greasby Group Practice | 0.55 | (0.52) | £8,772.17 | £1.20 | (£1.28) | 8 |
| Moreton Cross Group Practice | 0.57 | (0.50) | £14,909.78 | £2.11 | (£0.37) | 9 |
| Somerville Medical Centre | 0.59 | (0.47) | £5,574.54 | £0.66 | (£1.82) | 10 |

**Bottom 10 Achieving GP Practices**

| GPPractice | Activity Rate per 1,000 pop | Difference from CCG rate | Total Cost | Cost per head | Cost per head variance | Wirral Ranking |
|---|---|---|---|---|---|---|
| St Catherines Surgery | 1.49 | 0.43 | £42,444.87 | £2.75 | £0.28 | 41 |
| Commonfield Road Surgery | 1.50 | 0.43 | £19,072.50 | £3.57 | £1.09 | 42 |
| Allport Surgery | 1.57 | 0.51 | £25,726.43 | £5.77 | £3.29 | 43 |
| Sunlight Group Practice | 1.64 | 0.58 | £16,049.41 | £2.20 | (£0.28) | 44 |
| Heatherlands Medical Centre | 2.02 | 0.96 | £9,737.27 | £2.19 | (£0.29) | 45 |
| Grove Road Surgery | 2.08 | 1.01 | £11,060.79 | £3.83 | £1.35 | 46 |
| TG Medical Centre | 2.25 | 1.19 | £14,194.00 | £3.20 | £0.72 | 47 |
| Hamilton Medical Centre | 2.55 | 1.48 | £10,512.26 | £4.47 | £1.99 | 48 |
| Cavendish Medical Centre | 2.67 | 1.60 | £25,862.52 | £4.93 | £2.45 | 49 |
| Egremont Medical Centre | 3.00 | 1.94 | £25,621.50 | £5.49 | £3.02 | 50 |

## Chronic Ambulatory Admissions

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