

Title of meeting:				Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC).			
Date of Meeting		11 th October2016		Paper Number		5	
Title				Quarterly Joint Operations Group (JOG) Report			
Sponsoring Director (name and job title)				Fiona Slevin-Brown, Director of Strategy and Commissioning			
Sponsoring Clinical / Lay Lead (name and job title)				Clive Bowman Lay Chair JCC CIC			
Author(s)				Jacky Walters - Programme Lead Primary Care Transformation Alex Tilley - Associate Director for Primary Care and Windsor Ascot and Maidenhead CCG			
Purpose				To appraise the Joint Commissioning Committee on the work of the JOG			
The Primary Care Joint Commissioning Committee is required to (please tick)							
Approve				Receive		x	
				Discuss			
						Note	
						x	
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				Risks highlighted in paper			
Legal implications/regulatory requirements				None for this report			
Public Sector Equality Duty				None for this report			
Links to the NHS Constitution (relevant patient/staff rights)				<p>The NHS provides a comprehensive service available to all.</p> <p>Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>The NHS aspires to the highest standards of excellence and professionalism</p> <p>The NHS aspires to put patients at the heart of everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and</p>			

	<p>sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>
<p>Strategic Fit <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Reflects primary care strategies and federation strategy to work collaboratively where possible.</p>
<p>Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Non-decision making</p> <p>Date Deputy CFO sign off</p>
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Deputy director of Quality Nursing & Safety is part of the Joint Operations Group</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>The decisions were made in accordance with the conflicts of interest guidance</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Non decision making group but work is underpinned by primary care strategies that are based on patient insights.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
Co-Commissioning governance	
<p>Which CCG does this Paper relate to or potentially effect?</p>	<p>Slough <input checked="" type="checkbox"/> WAM <input checked="" type="checkbox"/> Bracknell & Ascot <input checked="" type="checkbox"/></p>
<p>Is this paper related to a CCG statutory function?</p>	<p>Yes – delegated through co-commissioning</p>
<p>Is this paper related to a NHS England statutory function?</p>	<p>Yes – primary care commissioning</p>

Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i>	None
Are all voting members eligible to vote?	No voting required
<p><u>Executive Summary</u></p> <p>The aim of this paper is summarise the work of the Joint Operations Group (JOG) for co-commissioning to date covers:</p> <ul style="list-style-type: none"> • Locally Commissioned Services subgroup update • Decision Making and governance for Primary Care Commissioning • Primary Care Key Performance Indicators • GP Forward View 	
<p><u>Recommendation(s)</u></p> <p>The JCC is asked to receive and note this report.</p>	

<u>Chairs Use Only</u>	
Any known conflicted committee members from Declarations of Interest register?	No

Quarter 2 2016-17 Report to Primary Care Joint Commissioning Committee (JCC)
Committees in Common (CIC)

This quarterly update is to provide assurance to the Joint Commissioning Committee Committees in Common (JCC CIC) that Joint Primary Care Co-Commissioning with NHS England is progressing and to inform the JCC CIC and member practices of key developments for quarter two, July to Sept 2016. There have been 3 Joint Operational Group meetings during this time.

FOCUS ON...

For this meeting we would like to focus on an aspect of primary care commissioning in a little more depth to enable the link between commissioning and the benefits to patients to be made. This section is looking at Locally Commissioned Services (LCSs).

Locally Commissioned Services (LCS)

Local commissioned services, describes a range of services that the CCGs commission to meet the specific needs of their population. Many of these, though not exclusively, are provided by General Practice providers to patients on their registered list.

A monthly working group known as the Joint Operational Group (JOG) undertakes the lead for responsibilities and activities that are part of co-commissioning. The JOG has a number of working sub groups whose remit are to focus on particular work streams in order to deliver outcomes in a way that:

- Engages with the experts that may be required for a particular topic
- Is inclusive of the need for local knowledge
- Understands and engages with general practice across the 3 CCGs

One of these is the Local Commissioned Services sub group, with the remit to review the range of LCSs that are current at any time, in order to:

- a) Determine that they meet the strategic and local needs of the population for which they are intended.
- b) Determine their value for money, quality, effectiveness and commissioning outcomes.
- c) Work with the CCG to align commissioners to appropriate services and so integrate across the commissioning organisation.
- d) Identify any gaps in the need for a locally commissioned service that may become apparent as a result of primary care commissioning.
- e) Evaluate each scheme for potential conflicts of interest and provide assurance to the JOG that this aspect of governance has been addressed.

- f) Review each scheme to ensure there is no double payment as a result of GMS/PMS/APMS contract requirements.

The outcomes from this group will make recommendations to the JOG with subsequent decisions for new services coming to the JCC/CIC.

The group is currently in the process of reviewing the services for recommissioning or decommissioning in 2017-18. Many services have historical origins as part of general practice preceding the establishment of the CCGs in 2013. It is a major undertaking to fully review the impact of these services overtime and to consider alongside whole system pathway design.

One of the services is described in more detail below as an illustration of what patients might receive as a Local Commissioned Service across the 3 CCGs.

Anticoagulation Monitoring Service (INR)

There are two INR Locally Commissioned Services in place in the CCGs in East Berkshire; Level 3 and Level 4. 47 of the 48 practices across east Berkshire provide this service to their patients and the final practice hopes to bring this in house soon.

The Level 3 service requires the provider to run an anticoagulant clinic in Primary Care to carry out warfarin dosing, communicate dose changes to patients and support patients to safely and effectively take warfarin. Effective use of warfarin reduces stroke, deep vein thrombosis and pulmonary embolism. Patients are required to have a venous blood sample taken by a phlebotomist.

The Level 4 service includes the requirements of Level 3 but in addition a finger prick blood test is carried out by the service instead of the patient attending a phlebotomy service to have a venous blood sample.

The advantages of the Level 3 LCS are as follows:

- Patients do not have to attend a hospital-based anticoagulant clinic. This clinic is provided closer to home at their GP practice. Accessibility is improved. Additionally, the number of patients able to take warfarin is increased because of removal of barriers of transportation.
- Commissioners pay a lower fee for the Primary Care LCS than they would for hospital clinic attendance under the national tariff. It should be noted that at present this service is provided by Frimley North as part of a block contract therefore does not hold a tariff price.

The advantages of the Level 4 LCS are as follows:

- As for Level 3 plus those given below.
- The blood sample required is from a finger prick rather than venous sample. This is quicker and less painful for patients. The number of patients able to take warfarin is increased because of the removal of the barrier of a requirement for a venous blood sample.

- Commissioners could save on the cost of INR tests provided through the local Pathology Service. It should be noted that at present this service is provided by Frimley North as part of a block contract.

It should be noted that, until recently, all anticoagulants on the market required patients to have regular INR tests. However, there are now alternative options available. It is likely that the total number of patients on warfarin will decline over the next few years due to the greater choice that is available. At present, the majority of patients on an anticoagulant are on warfarin and this is best value to the local health economy (even when monitoring costs are taken into account).

Outcomes

Until 2015/16 providers of the LCS were required to report on whether they met National Patient Safety Agency recommendations about safe use of anticoagulants. These recommendations focus on ensuring that systems and processes are in place to reduce the risk of harmful events. Whilst this information is important, it does not help commissioners understand the outcomes being achieved by the service.

In 2015/16 additional data requests were added to the LCS to assure commissioners of the patient outcomes. These were based upon recommendations from NICE CG180 Atrial Fibrillation: Management (2014) as a way of measuring the INR control. INR control can be used as a surrogate marker of the performance of the service and could be benchmarked against alternative service providers. However, the number of service providers submitting this data has not met expectations and it is not possible to draw reliable conclusions. In 2016/17, increased submission of data for these measures is required so that an accurate picture of service performance can be made. This will have a stronger link to payment for the service.

Decision Making and Governance for Primary Care Commissioning

The draft decision making process for decisions that need to be made outside of the JCC/CIC was reviewed and agreed at JOG on 8th July. It follows the NHS England draft operating model and the process chart is replicated at Appendix A.

Primary Care Key Performance Indicators

These indicators are monitored as a way of providing assurance that primary care co-commissioning is progressing with the strategic developments that are reflected as very important to our patients. They have been selected in response to outcomes of surveys, workshops, events and national planning requirements.

- a. Extended hours and seven day working increasing to 45 mins/1000 patients by 2021
- b. Improving satisfaction with access to general practice by 2017
- c. Move to delegated commissioning of primary care by 2017
- d. Reduction of unwarranted variation by all practices moving to CQC rating of at least 'Good'

Primary Care Transformation Fund/Estates and Technology Transformation Fund

A further review process has been carried out by the CCG as required by NHS England, this was to review two further elements; deliverability and alignment to the CCG and new STPs. These second phase submissions were provided to NHS England and the CCGs are expecting to hear the result of the applications during October 2016.

GP Forward View – Next steps

The CCGs have received a number of streams of funding to support general practices including vulnerable practices, practice resilience schemes and staff training and development.

There is also a general support programme, '*Time for Care*' from NHS England which has been commissioned nationally to provide skills, experience and support to local teams and practices to achieve the outcome around workload and workforce outlined in the GP Forward View. In order to work with our providers on the support required from *Time for Care* and further develop the local intentions around support practices when they are vulnerable and need additional support, the CCG is hosting with NHS England a workshop on 4th October.

The outcomes for this session include:

1. Share the opportunities set out in the GP forward view and *Time for Care* with our local general practices
2. Provide a networking opportunity for practices to share good ideas and identify the support required to take ideas forward
3. Understand the support that practices need to take forward their commitments to realising the potential from '*Time for Care*'

This programme of work should support practices in implementing evidence ways of reducing workload and future planning around workforce. Patient experience should increase through the efficiencies evidenced in the improvement programme, including better communication, alternatives to GP appointments to support their needs and self-management at the centre of their practice offer.

The outcome of the session will be to make an application to NHS England for the *Time to Care* support on behalf of the practices in the CCGs, and refinement of the local schemes.

APPENDIX A

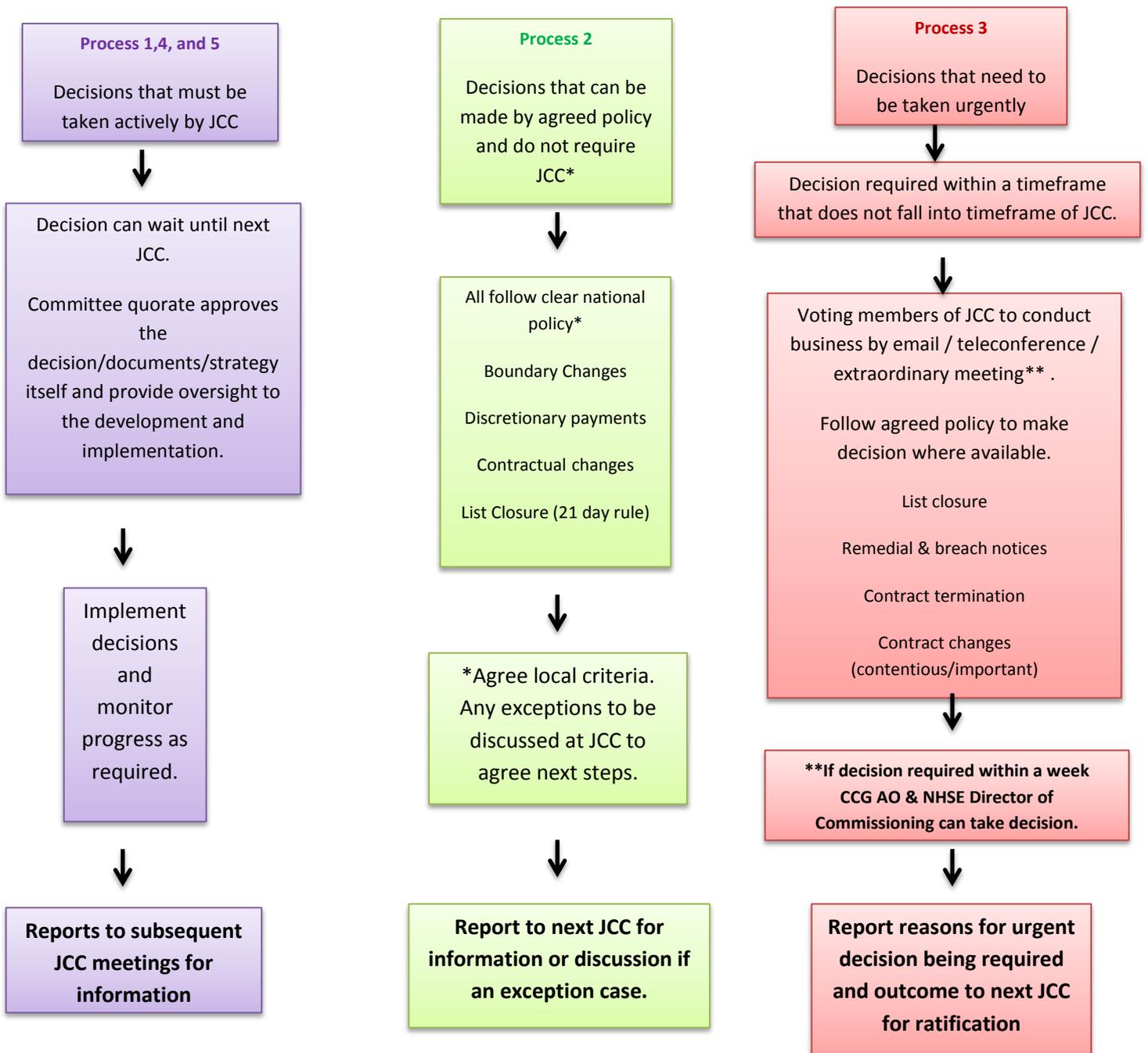
Decision making process outside of the Primary Care Joint Co-commissioning Committees (JCC)¹

See functions on next page

With reference to document ¹, AD of Ops Primary Care & WAM with NHSE, to determine whether decision to be made falls into

Process 1 or Process 2 or Process 3

NB: Process 4&5 covers finance/strategy/LCS¹



	Name	Function	Committee decisions needed	Decision possible with approved policy	Need for urgent decisions
Process 1-3	Determination of key decisions or requests	List Closure	Ratification required	yes due to 21 day rule	yes
		Practice mergers/ moves	yes		
		Boundary Changes	Ratification required	yes	
		Securing services through APMS contracts	yes		
		PMS (reviews etc)	yes		
		Discretionary Payments		yes	
		Remedial and breach notices	If required		Yes
		Contract termination-e.g Death/ Bankruptcy/ CQC	Yes		Yes (via email to voting members/CCG AO)
		Contractual changes (contentious/ important)	Yes		Yes (via email to voting members/CCG AO)
		Contractual changes (transactional)		yes	
P 4	Financial Processes	Ensuring budget sustainability	Yes		
		Management Accounting	Yes		
Process 5	Strategy & Policy	Securing quality improvement	Yes		
		Developing and agreeing outcome framework e.g. LIS	Yes		
		Securing consistent population based provision of advanced and enhanced services	Yes		
		Premises plans, including discretionary funding requests	Yes		

Bracknell and Ascot Clinical Commissioning Group
 Slough Clinical Commissioning Group
 Windsor, Ascot and Maidenhead Clinical Commissioning Group

'Thinking locally, working together'