

Title of paper:	Cessation of Epsom Downs Integrated Care Service (EDICS) contract and progress to date
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Locality:	All
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Agenda item:	10
For:	Information
<p>Brief summary: This paper intends to provide a summary of the background and progress to date following the decision not to renew EDICS contract post 31st July 2013.</p>	
<p>Quality and patient safety issues: All patients safely repatriated across existing Surrey Downs CCG providers – dealing within individual issues as they arise.</p> <p>Quality of all EDICS services will be reviewed through an agreed process signed off by Executive Committee.</p>	
<p>Financial issues: Not anticipating increased costs to exceed the budget set for EDICS</p>	
<p>Workforce issues: Mitigated by repatriation to existing providers. The review process will highlight any potential workforce issues. Recruiting to SDCCG Referral Support Service (clinical triage) for membership practices (phased process) to mitigate against any quality, safety and financial impact</p>	
<p>Statutory compliance: Post EDICS mediation (CEDR) process in place.</p>	

Conflicts of interest:

8 of the 10 clinical GB members have declared conflicts of interest

Risk and assurance:

Post EDICS risks identified on SDCCG risk register.

Accompanying papers (please list):

None

Cessation of Epsom Downs Integrated Care Service (EDICS) contract and progress to date

Introduction

This paper is to update Surrey Downs CCG Governing Body (GB) members of the background, repatriation of patients to existing providers and contracting process following the decision by Surrey Downs CCG (SDCCG) not to renew the contract with EDICS

1. Background

The 2012/13 Any Qualified Provider (AQP) contract with EDICS expired on 31st March 2013 under the standard NHS contract Terms and Conditions. EDICS continued to provide services post this date and the CCG formalised a contract extension to 31st July 2013, when the contract would expire. This extension was to enable a new contract to be negotiated.

EDICS raised an invoice in the last week of March 2013 for 7 months of inpatient activity requesting immediate payment. On the 28th of March EDICS medical director informed the CCG that they would be cancelling inpatient and day case appointments for April and May due to the non-payment of invoices. The CCG agreed to pay the inpatient invoice and EDICS withdrew the threat to cancel appointments.

The CCG raised an initial contract challenge in April 2013 with details of overcharging and queries. Following an analysis of 9 months of EDICS data which was supplied in March and April 2013, the CCG uncovered a high level of overcharging under the contract and PbR rules.

A 2nd formal challenge was raised with EDICS requesting a £1.5m credit. The CCG elected to withhold payment to offset this overcharging. The CCG subsequently agreed with EDICS to undertake an audit of activity, counting and coding. This independent audit exposed additional counting and coding issues with EDICS, confirming that a high level of overcharging had taken place.

The report was issued on the 23rd July 2013. On 30th July 2013 EDICS contacted the CCG and NHS England stating the all services would cease on the 31st of July 2013 due to non-payment of invoices. The CCG on this occasion elected to accept the cessation of services and initiated a plan to replace the EDICS service provision. The Contract was allowed to expire on the 31st of July.

2. Elaboration

Following notification by EDICS that no clinical services would be provided from midnight on 31st July 2013, the CCG mobilised a small short life task team to work with EDICS to ensure the safe transfer of patients to existing SDCCG providers. The process to repatriate patients was as follows:

- EDICs were paid £120k to continue clinical service for one week from 1st to the 9th August 2013 in which time patients were identified and plans made to continue services with new providers.
- EDICs were paid additional £175k for a 'handover service' provided by EDICS. This covered transfer of all clinical notes (electronic and manual), results, appointments, 'reminders in system' etc. from original clinics (sites and providers) to new locations. Notes were transferred through jointly agreed governance process.
- Patients were transferred directly to new host providers. Patient choice was maintained to be re-referred to an alternative provider via their GP.

All patients were contacted to update them on their appointments and new appointments given where clinics location changed.

The priorities were to maintain clinical services and, where possible, retain clinic location and clinical staff in order to minimise disruption to patient care.

2.1 Cohort of patients to be transferred

There were 1,500 active patients to be transferred which covered 3 discreet cohort of patients.

Cohort 1: Patients who had been referred to EDICs by GP but hadn't received any appointment: These were referred back to the GPs for re-referral. Volumes were low, approximately 10 per practice.

Cohort 2: Patients who had been referred to EDICs and had an appointment booked. All patient appointments booked by EDICS were repatriated to existing providers who contacted patients and updated them on changes. Again to ensure patient choice if the patient was unhappy they could go back to GP and be re-referred to provider of choice

Patients were repatriated to 5 main providers:

- Epsom
- Kingston

- Epsomedical
- Dorking Healthcare
- Integrated Care Partnership

Cohort 3: Patients who had had an appointment at one of the EDICs clinic and had been referred on for a procedure or diagnostics. The CCG worked with primarily 3 providers to confirm agreement to fund those patients already booked into the system.

All the arrangements above are short term (3 months) whilst SDCCG conducts a review process of EDICS services. This process is discussed in Agenda Item 11 of SDCCG Governing Body papers.

Additional information is provided in **Annex 1**

3. Issues arising and resolutions from repatriation process

The following issues arose

- Acute could not immediately employ and hold a contract with GPwSI's delivering the EDICS services (governance, HR, payment). **Resolution:** *The issue was overcome, specifically with Kingston, to contract through one General Practice.*
- All notes and appointments were held on a EDICs licenced software system based at EDICs locations. **Resolution:** *The handover services described in this paper addressed this issue.*
- Patients needed to be informed of service change immediately. **Resolution:** *SDCCG wrote letters to patient and providers rang patients*
- Ebbisham Centre was leased by EDICs and ALL clinics had to move out. **Resolution:** *SDCCG responded by shifting activity to Cobham/Epsom/Derby Medical Centre*
- One neurology clinic did not appear on original clinic schedule and comprised East Surrey patients. **Resolution:** *SDCCG responded by sending East Surrey details of all their patients to make alternative arrangements. East Surrey contacted their patients directly regarding future arrangements for their neurology care*
- Diabetes clinic was incorrectly transferred to Epsom (unaware that consultant was on PA from Kingston). **Resolution:** *SDCCG changed the provision arrangement back to Kingston once rooms were secured at Derby Medical*

Centre, based in the Ebbisham Centre.

4. Post Contracting Process

Following the expiration of the EDICS contract the CCG have entered into formal contract mediation, as per the NHS standard contract process. Both parties have written papers detailing their case and have shared their position. A formal mediation with an independent mediator took place on Monday 16th September 2013. If the mediation process is unsuccessful the final stage is formal arbitration.

ANNEX 1: Additional information to confirm progress of repatriation of EDICS patients to existing providers

Stage 1- The transfer process

EDICs were paid £175K to support handover services maintain administrative links between all original sites and clinics and the new providers. EDICs were very helpful and supportive in the transfer of notes, patient details, diagnostic results and informing patients.

- All new providers received a list of patients who had appointments booked Aug-Dec. First and Follow-ups (with patient details incl. NHS number and contact details etc.)
- All new providers contacted these patients and updated them on their appointment either informing them:
 - Same time, same place i.e. Medwyn Centre clinics were continued and the only change was Dorking Health Care now paid directly for the provider activity.
 - Same time, different place (Clinics taken over but location changed i.e. Dermatology was at Ebbisham and clinics moved like for like over to Cobham day surgery.
 - Different time, different place (i.e. where clinic was previously at practice and now been moved back in to Eposm)
- All new providers set up helplines for patients
- CCG wrote to all patients with letters tailored per provider giving them these numbers
- All clinics were printed out from various sites off the EDICs system and notes were prepped per clinic. The notes were sent in accordance with governance process agreed between CCG, Providers & EDICs.
- All practices were sent referral guidance on how to refer in to services and clinics previously provided by EDICs/MEDICs. Contact point was Kate Taylor for queries- practices have used this.

Stage 2- All additional issues resolved

- All patients with appointments booked post December were sent to new host providers as per clinic breakdown
- All patients with flags in system (no booked appointment but on reminder to chase diagnostic results/call to book a long term follow-up) were sent to new providers
- Archiving deemed to be legally EDICs responsibility
- All interim providers informed that a clinical review of the services will be undertaken to review access, quality and pathways across the system.

Referrals: The CCG has escalated plans to provide a Referral Support Service to receive and book referrals on behalf of practices who have indicated the need for additional support. The main aims of this service are to improve quality, acuity and choice of provider for all outpatient referrals.

The service will be CCG hosted to manage conflicts of interest and to develop a data hub from which to redesign pathways and identify access gaps in the system. In the short term the CCG has arranged for experienced triagers to support the transition process and answer referral queries. Table 1 below provides an overview of new provider arrangements.

Table 1: New provider arrangements

SERVICE	CLINICS	CLINICAL TEAM	Onwards host organisation	New location
Paediatrics	Tues	Dr Liz Barr, Mrs Sue Lynch, Dr Marr	Epsom – existing contract – transfer	Tattenham
Gynaecology	Wed (alt) & Thurs monthly	Miss Vijay Kakumani & Dr Elena Cochrane	Epsom – existing contract – transfer	Epsom
CLINICS BASED AT TADWORTH MEDICAL CENTRE				
SERVICE	CLINICS	CLINICAL TEAM	Onwards host organisation	New location
Rheumatology	Wed	Dr Alex Bennett	Epsom – existing contract – transfer	Epsom
Shoulder	Mon alt	Mr Richard Sinnerton & Dr Peter Greenway	Epsom – existing contract – transfer	Epsom
CLINICS BASED AT SHADBOLT SURGERY				
SERVICE	CLINICS	CLINICAL TEAM	Onwards host organisation	New location
Cardiology	Wed	Dr Sola Odemuyiwa & Dr Alun Jones	Epsom – existing contract – transfer	Epsom
	Thurs	Dr Hywel-Bowen-Perkins		
CLINICS BASED AT OLD COTTAGE HOSPITAL				
SERVICE	CLINICS	CLINICAL TEAM	Onwards host organisation	New location
Ophthalmology	Thurs	Ms Ank Mazure & Jane Godwin	ICP – already provide the service – extension to contract	Old Cottage Hospital
CLINICS BASED AT MEDWYN CENTRE				
SERVICE	CLINICS	CLINICAL TEAM	Onwards host organisation	New location
Back Pain & Chronic Pain	Tues, Thurs	Dr Chris Monella, Chris Dunn, Ms Anne Mitchener, Wendyanne Harrison, Mr Jark	DHC – existing contract - transfer	Medwyn

Management		Bosma, Catherine Heathcote, Mr Tiernan Byrne, Dr Ivan Ratnayaka & Karen Love		
Foot	Wed alt	Mr Graham Mann	DHC – existing contract - transfer	Medwyn
Rheumatology	Tues alt	Dr Alex Bennett	DHC – existing contract - transfer	Medwyn
CLINICS BASED AT LEATHERHEAD HOSPITAL				
SERVICE	CLINICS	CLINICAL TEAM	Onwards host organisation	New location
Cardiology	Mon-Fri	Dr Pitt Lim & Dr Riyaz Kabba & Dr John Wong	Epsom – existing contract – transfer	Leatherhead
Gynaecology	Mon alt	Miss Vijay Kakumani & Dr Lynne Davis	Epsom – existing contract – transfer	Leatherhead
Lower Limb	Tues, Fri alt	Mr Twyman & Mr Cobb & Jill Goss	Epsom – existing contract – transfer	Leatherhead
CLINICS BASED AT EBBISHAM CENTRE (NEED TO MOVE LOCATION)				
SERVICE	CLINICS	CLINICAL TEAM	Onwards host organisation	New location
Dermatology	Mon - Fri	Dr Jane Rosbotham, Dr Noreen Cowley, Dr Nicola Griffiths, Dr Alex Navamani, Dr Paul Stevenson, Dr Justin Blake-James & Sister Anita Webb	Epsomedical	Cobham
Diabetes	Tues	Dr Mark Spring , Dr Julie Llewelyn & Clare Neeley	Kingston	Derby Medical Centre
Plastics	Mon & Thurs (alt)	Miss Sonja Cerevac & Dr Fiona Harper	Epsomedical	Cobham
ENT	Tues (3/4) & Fri	Dr Robin Yeoh, Dr Wendy Albuquerque, Mr Peter Williamson, Mr Abbad Toma, Dr Ravi Hehar, Dr Aad Rudolphy, Dr Dino Pardhanani, Miss Sarah Little & Dr Alex Watson	Epsom – existing contract – transfer	Epsom

Gastroenterology	Fri monthly	Dr Sameer Zar & Dr Asif Mahmood	Epsom – existing contract – transfer	Epsom
Care of the elderly	Wed monthly	Dr Mashkur Khan & Dr Alison Macleod	Epsom – existing contract – transfer	Epsom
Neurology	Tues (alt), Thurs (3/4) & Fri monthly	Dr Paul Hart & Dr Goshka Trubshaw	Epsom – existing contract – transfer	Epsom
General Surgery	Wed alt	Mr Paul Thomas	Epsomedical	Cobham
Max Fax	Wed alt	Mr Martin Danford	Epsom – existing contract – transfer	Epsom
Podiatry	Tues	Dr Deepak Pabari	Epsomedical	Cobham

CLINICS BASED AT THORKHILL SURGERY				
SERVICE	CLINICS		New location	Clinic type
Dermatology	Wed alt	Dr Lucy Ostlere, Dr Amaya Viros, Dr Jane Nakunarahah, Dr Jane McCahy, Dr Klaus Misch, Dr Richard Hughes	Thorkhill	Kingston clinic until Dec. 31st. MEDICS clinic from Jan 1st.
Neurology	Wed (3/4) & Thurs alt, Sat alt	Dr Salah Omer & Dr Nassif Mansour	Thorkhill	1-MEDICS
Paediatrics	Thurs alt	Mr Vinay Pai & Dr Hazim Taki	Thorkhill	1-MEDICS
CLINICS BASED AT EMBERBROOK HEALTH CENTRE				
SERVICE	CLINICS		New location	Clinic type
Gynaecology	Wed (3/4)	Mr Onsy Morris & Dr Alison Shine & Dr Fergus Keating	Emberbrook	2-KINGSTON
Cardiology	Thurs alt	Dr Arvind Vasudeva & Dr Alaa Alasadi	Emberbrook	2-KINGSTON. Discussions around pathway/echo clinic use with MEDICS
Echo	Monday	Harshini Wimalasirin-Morant	Emberbrook	1-MEDICS
ENT	Fri	Dr Robin Yeoh & Dr Wendy Albuquerque & Mr Peter Williamson, Mr Abbad Miss Sarah Little	Emberbrook	1-MEDICS
CLINICS BASED AT GLENLYN MEDICAL CENTRE				
SERVICE	CLINICS		New location	Clinic type
Ophthalmology	Wed alt	Miss Vasuki Sivagnanavel & Miss Ank Mazure & Jane Goodwin	Gelnlyn	1-MEDICS
Gastroenterology	Tues monthly	Dr Neil Galletly & Dr Fhorkan Uddin	Gelnlyn	2-KINGSTON. Pending discussion given frequency of Kingston input
Respiratory	Tues monthly	Dr Emma Holden & Lynne Haines	Gelnlyn	2-KINGSTON. Pending discussion given frequency of Kingston input
Rheumatology	Tues monthly	Dr Shahid Jawed & Dr Asif Malik	Gelnlyn	2-KINGSTON. Pending discussion given frequency of Kingston input & Pathway discussion around link with MSK pathway
CLINICS BASED AT THE VINE MEDICAL CENTRE				
SERVICE	CLINICS	CLINICAL TEAM: CONSULTANT/GPwSI/NURSE	New location	Clinic type
General Surgery	Thurs monthly	Mr Keith Jones	Vine	1-MEDICS
CLINICS BASED AT MOLESEY HOSPITAL				
SERVICE	Clinics	CLINICAL TEAM: CONSULTANT/GPwSI/NURSE	New location	Clinic type
Musculoskeletal	Mon alt, Wed & Thurs	Mr Paul Davey & Miriam Williams, Mr Palanisamy Ramesh & Dr Niz Jivani & Sarah Morrison, Mr Gil Railton & Alison Harley, Mr Mark Curtis & Dr Sam Bennett	Molesey	3-KINGSTON
General Surgery	Wed monthly	Mr Peter Willson	Molesey	2-KINGSTON
Colorectal	Tues monthly	Mr Michael Jarrett & Dr Sham Sobrattee	Molesey	1-MEDICS
Urology	Tues monthly	Mrs Nadine Coull & Dr Ali Rangwala	Molesey	1-MEDICS
Diabetes	Fri	Dr Julie Llewellyn	Molesey	2-KINGSTON
EMG	Mon	Dani Makoni	Molesey	1-MEDICS