

Title of paper:	Primary Care Standards- development strategy
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For:	Information/Discussion
<p>Brief summary: This paper sets out a proposal for the CCG to incorporate Primary Care service reviews, LES updates and the Out of Hospital Strategy into developing Primary Care standards to commission from Primary Care.</p> <p>It aligns all projects oriented towards Primary Care and demonstrates how service reviews, LES renewals and clinical effectiveness checks can be run concurrently to establish a first set of SDCCG standards which offer investment in Primary Care for provision of high quality services.</p> <p>The overall level of current investment in Primary Care is protected in this process with the aim to standardise best practice across the Locality.</p>	
<p>Quality and patient safety issues: Enhanced quality and access to services for patients</p>	
<p>Financial issues: Planned investment forms part of Out of Hospital Business Cases</p>	
<p>Workforce issues: Implications for general practice in delivering these standards. Opportunities to form 'buddying arrangements' between practices will help to share workforce and capacity across practices</p>	
<p>Statutory compliance: None</p>	
<p>Conflicts of interest: None</p>	
<p>Risk and assurance: Risk if practices do not sign up to Primary Care standards will impact on equality and access to service</p>	

Accompanying papers:

None

Introduction

In line with the Out of Hospital Strategy the CCG is looking to enhance and standardise the scope and quality of care delivered in a Primary Care setting. This comes with the recognition that a shift of activity into Primary Care should be remunerated appropriately through a transparent and fairly priced payment mechanism.

Aim:

To develop a set of Primary Care Standards which the CCG wishes to commission from Primary Care through an enhanced services payment.

1. Background

At the Council of Members meeting (24th July) Miles Freeman, Chief Office of SDCCG, introduced the Primary Care Strategy to support the wider Out of Hospital strategy and remunerate Primary Care for an increased scope and quality of services it could provide.

Currently Primary Care is directly contracted for its core services by NHS England via the Surrey and Sussex Area Team whilst the CCG has responsibility for responding to local need by commissioning enhanced services; currently these are the Locally Enhanced Services (LESSs) and the PMS plus elements. The CCG wants to be assured that additional payments are for enhanced services which do not replicate incentives paid nationally.

Moreover, in line with national guidance, LESSs cannot be carried forward into 2014/15 and the CCG is required to review them against best practice. SDCCG has decided to review these services as part of the Primary Care review rather than in isolation to the other Out of Hospital services. LESS payments will form part of the new Primary Care Standards.

The opportunity for review has been increased by the change in arrangements for the CCG's community clinics. Following EDICs contract expiration there is an additional need to review the provision of services within Primary Care.

Finally there is a need to not only recognise but react to the increasing pressure Primary Care is under and to respond to the national calls for a reconfiguration of Primary Care funding; integration and innovation will be rewarded through the Standards which address end to end pathways and support patient care holistically.

2. Elaboration

A dedicated project team has been set up to achieve the CCG's aim to commission a set of Primary Care Standards aligned to its Out of Hospital Strategy and agreed by its membership practices.

In order to effect this change a Primary Care change programme is proposed which looks at the whole system of change.

This section sets out the steps which need to be taken to implement a new model of care closer to home. There are 3 distinct areas of work which will run concurrently. These are given in Figure 1. The anticipated timeline, subject to agreement for completing this work is:

- Baseline assessments (Phase 1 & 2) completed end of November 2013
- Standardised review (Phase 3) completed by end of December 2013
- Primary Care Standards drafted February 2014
- Primary Care Standards commence on 1st April 2014

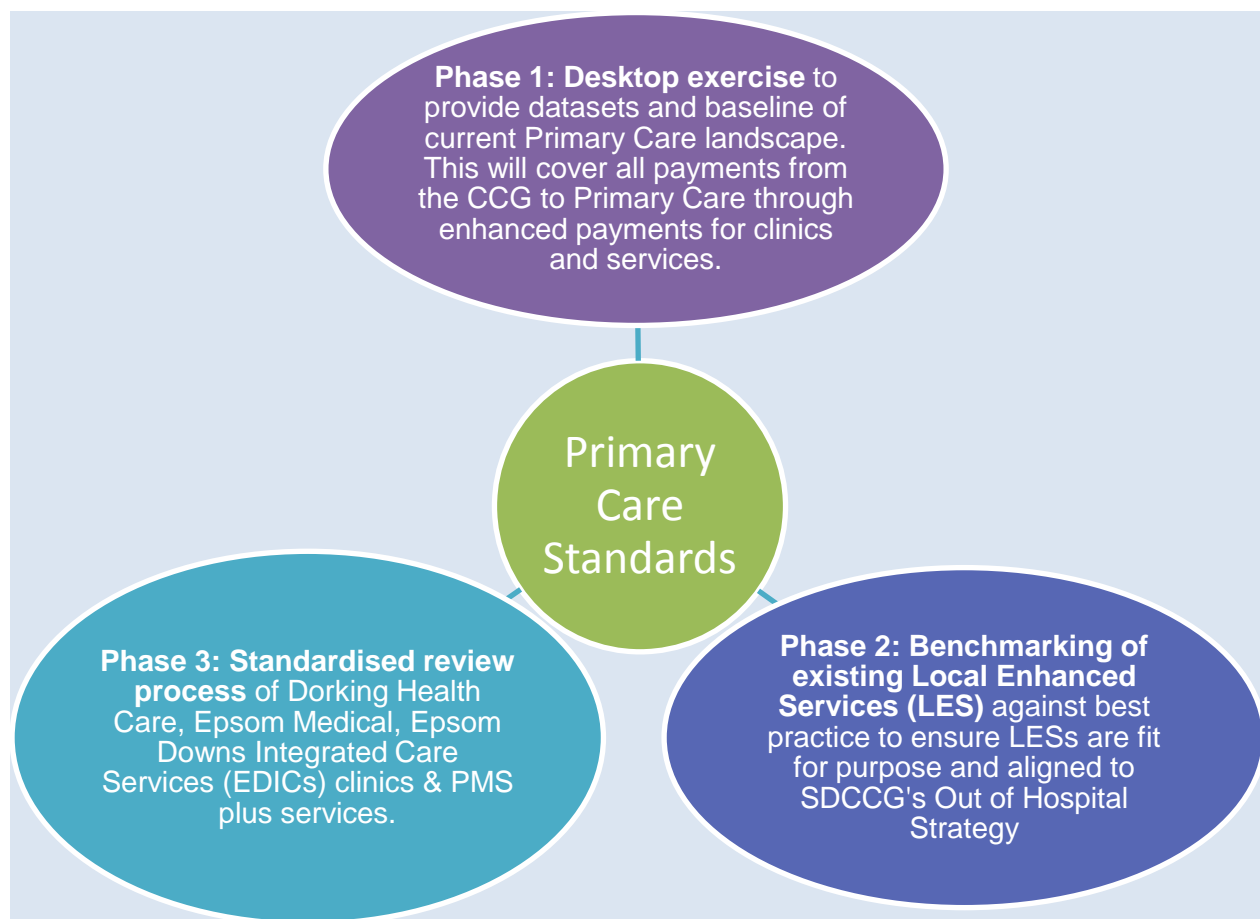


Figure 1: Developing the Primary Care Standards

The CCG will be able to demonstrate a clear rationale for all investment in specific areas and services and will be able to contract for innovation and best practice.

Phase 1: Desktop exercise (Baseline of current primary care landscape)

The desktop work will enable the CCG to create a baseline of current service activity and performance and confirm the mechanisms through which related payments are made. The current position is:

- **Appendix 1:** Summarises Current **Out of Hospital Services** and Lead Organisations across the primary care landscape
- **Appendix 2a** summarises the current **PMS (plus element)** contracted service and values.
- **Appendix 2b** show the current **contracted LES** and costs
- **Appendix 3** shows the current **EDICs/MEDICs clinics** which have been repatriated to other providers

A dedicated project team will complete the in-depth comparisons using acute provider activity and costs and review where there is duplication and variation in payments. Any proposed changes will be matched against the specifications of the Quality Outcome Framework and Directed Enhanced Services to ensure additional services are being commissioned over and above core nationally mandated General Medical Services and Personal Medical Services.

Phase 2: Benchmarking existing LESs in to 2014/15

Current LESs cannot be continued into 2014/15 and any changes SDCCG wish to make to the current LES's has to be agreed and signed off by NHS Commissioning Board Area Team. Any procurement has to be in line with national guidance. This means subjecting current LESs to a mid-year review (September 13), deciding whether to continue, amend or decommission LESs followed by the appropriate procurement route. This does not automatically mean that a competitive re-tendering exercise is necessary.

This phase will be clinically led and all LES's will be checked for best practice and strategic alignment through existing networks and events rather than adopt a formal process as in stage 2. Some of this work has already started:

- **Babies in prison-** this is currently not paid to any practices. Suggestion for this to be removed as not applicable to SDCCG
- **Diabetes-** is not aligned to SDCCG emerging Diabetes community model of care being proposed through the diabetes network. The LES specification will need to change in response to the new model and changes will be made by clinicians involved.
- **INR-** This will be discussed 10th October at INR/Anti-coagulation event run by Medicines Management. Clinicians will be asked to discuss where 'bridging' occurs and the potential for payment into primary care from the acute tariff.
- **Minor Surgery-** Assurance needs to be gained around the effectiveness and impact of this LES through feedback from GPs

- **Phlebotomy**- To be reviewed in conjunction with GPs and assurance on provision between acute and primary to avoid duplication of payment and tests.
- **Rheumatology**- The Surrey wide Medicine's Management committee has signed off a new Shared Care model of commissioning for a variety of drugs, including those for rheumatology. Locally this could enhance the rheumatology LES and be the foundations for the Medicine's Management Primary Care Standards.
- **Swine Flu**- Clarification to be sought around Public Health input and requirements for CCG to fund this.
- **Zoladex implants**- Medicine's Management have indicated a Value for Money review is required.

Phase 3: Standardised Review Process

This review process was agreed by the Executive Committee in August. In summary it is a commissioning-provider joint review which is clinically led throughout. It consists of 4 phases;

- 1) Stage 1: Central support team will collect all finance, contracting and benchmark data on the service
- 2) Stage 2: Provider completes service review template which is reviewed by central team.
- 3) Stage 3: Clinical panel meets with provider to discuss outcomes
- 4) Stage 4: Clinical panel makes one of following decisions:

The decisions from the clinical review panel will fall into 4 broad headings:

Fits with commissioning intentions and passes all tests: No change required

Fits with commissioning intentions but gaps in services: Change required

Does not fit with commissioning intentions and does not pass tests: Decommission service

Fits with CCG intentions and provides high quality, value for money care: Service to be re-commissioned and incorporated CCG wide under Primary Care standards: Funded through standards

The outcomes of these service reviews will inform the Primary Care standards either by becoming part of the standards for all practices to achieve or by having standards attributed to them ensuring that quality and performance are rewarded.

Where the decision is made to incorporate a service into a Primary Care standard it will become accessible to all Primary Care providers; this will be accompanied by a defined service specification with clear reporting requirements to monitor activity and quality.

3. Bringing it all together – Commissioning new Primary Care Standards

The outcome of all 3 phases will be aggregated to form the baseline for developing and agreeing the CCGs Primary Care Standards aimed at enhancing primary care services for our patients and enables our membership practices to be appropriately remunerated appropriately for services provided.

This means that our patients will be able to access equitable services regardless of which membership practice the patient is registered with.

A Clinical Reference Group (CRG) is being set up with the first meeting of representative clinicians, including the Local Medical Committee (LMC) in October 2013. We are working with our Lay Panel Members to develop a set of 'patient engagement' principles for each of our CRGs to ensure patient views are taken into consideration as soon as appropriate. The CRG will be responsible for developing the clinical model, with associate KPIs aligned to clinical standards and response times.

Currently the proposed standards are in 8 broad areas (Figure 2) which reflect the Out of Hospital Strategic priority areas:

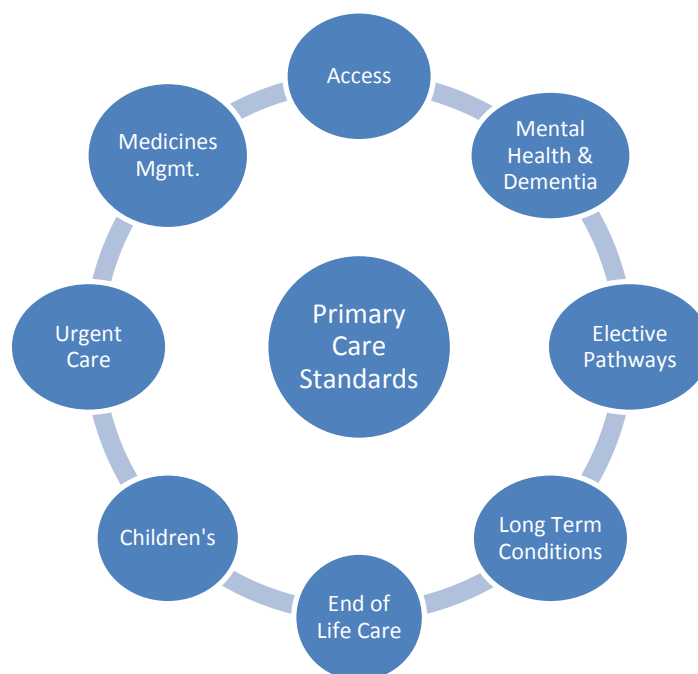


Figure 2:

Each Primary Care Standard will be developed with agreed key performance indicators and cost models which practices can sign up to achieve.

Under each standard there will be a breakdown of enhanced options for our membership practices to choose to deliver. It is not compulsory for our membership practice to provide these services, although we hope that having representative clinical representatives from each locality will encourage participation in delivery of these services.

The standards will be developed to encourage 'buddying' arrangements so groups of practices can sign up to delivery collectively, in recognition of the variation of registered list sizes and premises constraints.

SDCCG is working in partnership with the NHS Surrey & Sussex Area Team (AT) to ensure that primary care contracting and commissioning are joined up and that primary care standards are acceptable for approval by the AT.

By February 2014 the broad areas will have defined standards underneath them with KPIs and a clear cost model.

4. Recommendations

Governing Body members are asked to note the progress towards achieving the commissioning of Primary Care Standards for 2014/15.

APPENDIX 1: Current Primary Care Services and Lead Organisations				
QOF QP (NCB Area Team/CCG)	QOF (NCB Area Team)	LES: CCG	DES: Area Team/Public Health (CCG in bold)	PMS+ (CCG)
Outpatient Referrals (QP 3): Referral Support Service utilisation	Asthma	24 Hr Blood Press Monitoring	Remote Care Monitoring	X-rays
Emergency admissions (QP 6): End of Life Care	Atrial Fibrillation	Babies in Prison (NA)	Dementia	Physio
A&E attendances (QP9): Telephone triage	Cancer	Diabetes	Risk profiling & Management	Dietician
A&E attendances (QP9): Case review of frequent A&E attendees	Cardiovascular Disease	INR	Patient participation	Ultrasound
A&E attendances (QP9): Case review of frequent A&E attendees	Chronic Kidney Disease	Minor Surgery	Flu and Pneumonia	Endoscopy
	COPD	Phlebotomy Services	Violent Patients	MRI
	CHD	Rheumatology	Childhood Vacc & Imms	Phlebotomy
	Cardiovascular Disease	INR	Patient participation	Ultrasound
	Chronic Kidney Disease	Minor Surgery	Flu and Pneumo	Endoscopy
	COPD	Phlebotomy Services	Violent Pts	MRI
	CHD	Rheumatology	Childhood Vacc & Imms	Phlebotomy

	Dementia	Swine Flu (<i>seasonal</i>)	Improving pt access on line	Urology
	Depression	Zoladex Implants	Alcohol	Cardiology
	Diabetes		Learning Disabilities	Orthopaedics
	Epilepsy		Extended Hours	Paediatrics
	Heart Failure		MMR Catch up	Rheumatology
	Hypertension		Rotavirus	Gynaecology
	Learning Disabilities		Shingles	Neurology
	Mental Health		Child Immunisations	Diabetology
	Obesity		Contraceptive implants	Ophthalmology
	Palliative Care		Drug misuse	Podiatric Surgery
	Smoking		Homeless	Dermatology
	Stroke/TIA		HPV	
	Stroke/Transient Ischaemic Attack		HPV	ENT
			IUCD	Minor Surgery
			Smoking	Elderly Care
				Substance Misuse, Alcohol

Appendix 2a: PMS+ Contract Elements

GP Practice	Service	Contract Value (£)
Leith Hill	Diabetology	10,376
Dorking Medical Practice	Diabetology Ophthalmology	11,644
Medwyn Surgery	Diabetology	10,920
North Holmwood Surgery	Diabetology	21,323
Ashlea Medical Practice	Diabetology Ophthalmology Minor Surgery	46,534
Shadbolt Park House Surgery	X-Rays Physiotherapy Ultra-sound Phlebotomy Cardiology Orthopaedics Paediatrics Substance Misuse	252,638
Molebridge Practice	Substance Misuse	29,005
Integrated Care Partnership	X-Rays Dietician Physiotherapy Ultra-sound Phlebotomy MRI Urology Cardiology Diabetology Orthopaedics Paediatrics Substance Misuse Rheumatology Gynaecology Podiatric Surgery ENT Dermatology Minor Surgery Elderly Care	1,063,331

APPENDIX 2b – LES services and total costs

LES	12-13 totals (£)
LES Blood monitoring	73,715
Babies in prison	0
Diabetes	179,518
INR	681,414
Minor Surgery	715,318
Phlebotomy	178,925
Rheumatology	131,689
Swine Flu	0
Zoladex implants	52,585
TOTAL LES	£ 2,013,164.00

APPENDIX 3: Previous EDICs & MEDICs CLINICS

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,	Dr Salah Omer & Dr Nassif Mansour	Thorkhill	1-MEDICs
	Sat alt			
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 Abbas	Emberbrook	1-MEDICs
		Miss Sarah Little		
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

CLINICS BASED AT TATTENHAM HEALTH CENTRE				
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 Management	Tues, Thurs	Dr Chris Monella, Chris Dunn, Ms Anne Mitchener, Wendyanne Harrison, Mr Jark Bosma, Catherine Heathcote, Mr Tiernan Byrne,	DHC – existing contract - transfer	Medwyn
		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 Rudolph, 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	Epsom

			contract – transfer	
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