

## **Buckinghamshire and Oxfordshire Cluster**

### **Paper for the HOSC Meeting on 15 November 2012 Update on Primary Care Commissioning**

#### **1. Purpose**

This paper will update the HOSC on aspects of primary care commissioning providing highlights from each of the 4 independent contractor areas in NHS Buckinghamshire & Oxfordshire. The paper outlines that the future destination for primary care commissioning sits with the NHS Commissioning Board (NHSCB) through the Thames Valley Local Area Team (LAT) covering Buckinghamshire, Berkshire and Oxfordshire.

#### **2. Introduction**

The Cluster Primary Care commissioning and contracting team working across the NHS Buckinghamshire & Oxfordshire is responsible for a total of 694 contracts covering medical, dental, ophthalmic and community pharmacy services. The current total expenditure by the Cluster across all primary care contracts is £222m.

	<b>Number of contracts</b>
Medical	141
Dental	196
Ophthalmic	154
Pharmacy	203

The team has successfully adapted to working across the cluster area with several posts already covering projects for both PCTs on an interim basis until future roles are defined as part of the formal transfer to the NHS Commissioning Board (NHSCB) Local Area Team (LAT) on 1st April 2013.

The team is part of a wide network of primary care commissioners linking both nationally and via the NHS South Central Primary Care Leads Group. Through these networks primary care commissioners have been involved in the co-production of the NHSCB's plans on how it will commission services through a single operating model in the recently published '*Securing excellence in commissioning primary care*' (June 2012).

The team is involved in the national transition work to ensure a smooth transfer of commissioned services to the NHSCB by 31st March 2012. All contracts are being checked and prepared for transfer during this process to ensure that there is continuity of care and the reduction of any areas of risk during and post transition.

The team continues to focus on ensuring the delivery of contractual requirements, business continuity and preparation for contract transfer during this period of transition.

#### **3. Community Pharmacy**

NHS Buckinghamshire & Oxfordshire currently has 203 pharmacies.

## ***Buckinghamshire and Oxfordshire Cluster***

The PCT cluster has reviewed the outcomes of the Community Pharmacy Assurance Framework that was undertaken in 2011/12. This framework ensures that pharmacies are complying with the requirements of their NHS contracts. Pharmacies were required to complete a self-assessment questionnaire and from this 8 pharmacies were selected for a full contract review visit. Following a 3 year rolling program of visits the PCT took the decision to visit only new pharmacies and those where concerns have been raised.

The main themes of the contract review were as follows:

- Pharmacy leaflets – a number of pharmacies were required to update their leaflets to meet current DH guidelines and to include up to date PCT and PALS contact details.
- Child protection training – some pharmacies were required to confirm that all staff had received training.
- Signposting directory – some pharmacies were required to confirm they had the latest directory available for staff to use with patients.
- Hazardous waste bins – a small number of pharmacies did not have the required hazardous waste bin in the Pharmacy
- Record keeping for promoting healthy lifestyles and support for self-care – a small number of pharmacies were not keeping records as required for advice offered.
- Standard Operating Procedures (SOPs)– a small number of pharmacies were required to confirm that all staff had read and signed the SOPs.
- Medicines Use Reviews – 2 pharmacies were found to not have a compliant consultation area.
- Some pharmacies did not have an adequate locum folder

All pharmacies were required to confirm that they could be compliant with their contractual requirements where there was any shortfall by the end of March 2012.

In October 2011 the national New Medicines Service (NMS) was introduced. This service offers advice, information and support to patients on new medications at three stages, initial stage when starting the medication, day 7 follow up and at day 14-21 a further follow up is scheduled with the patient. This services supports compliance with medication regime. In the first six months of the NMS over 3,200 patients across Buckinghamshire & Oxfordshire have been recruited to this service.

Also in October 2011 changes were made to the Medicines Use Review service (MURs), so that each pharmacy is now required to ensure 50% of the MURs they undertake fall into one of the following areas:-

- Respiratory

## ***Buckinghamshire and Oxfordshire Cluster***

- High risk medicine
- Post discharge

These are known as Targeted MURs.

From October 2011 - March 2012 over 19000 patients across Buckinghamshire & Oxfordshire have benefited from a MUR, this includes targeted MURs.

Some further clinical governance requirements changes have been made nationally to the contract for 2012/13. These are summarised as follows:

- The pharmacy is required to acknowledge which services are funded by the NHS
- The pharmacy is required to take action on its patient survey results and publish them.
- All patient safety incidents will be required to be reported to the National Patient Safety Agency (NPSA).
- Pharmacies are required to have a whistle – blowing policy in place.
- Patient Safety notices and alerts issued on behalf of the Medicines and Healthcare products Agency (MHRA) should be acted upon within required timescales and actions recorded.
- Requirement to keep staff and patients safe from health care acquired infections by putting in place appropriate infection control measures proportionate to activities undertaken in the pharmacy.
- Pharmacies are required to have a clear distinction between public areas and non-public areas of the pharmacy.

Compliance with these new requirements will be through the Community Pharmacy Assurance Framework for 2012/13 and monitored by the Cluster Primary Care Team.

Applications for new pharmacies are managed across the Cluster through the Pharmacy Applications Group. All processes must be compliant with the updated NHS Pharmaceutical Regulations (2012).

### **4. General Ophthalmic Services (GOS)**

NHS Buckinghamshire & Oxfordshire currently has 93 Mandatory Services contracts and 61 Additional Services (domiciliary) contracts. All issues relating to GOS are managed for the Cluster by the Primary Care Team currently based in Oxford.

In order to ensure the probity of GOS claims by contractors Thames Valley PCTs have a post payment verification (PPV) visiting programme. This is carried out by Thames Valley Primary Care Agency (TVPCA) on behalf of PCTs and includes all contract holders. The PPV team carry out initial monitoring on GOS claims made where a number of criteria are compared

## ***Buckinghamshire and Oxfordshire Cluster***

with the average to establish any outliers. In line with national guidelines it is planned that all contractors are reviewed at least once in a three-year period, with more frequent review where the risk has been assessed as, or evidenced as, high with respect to claiming patterns.

All new contractors receive a visit from the Optometry Contracts Manager and Optometric Advisor to ensure their awareness of the national Contract Compliance Framework used for monitoring all contracts. This framework ensures that all processes, policies and requirements of the GOS contract are being fulfilled. In addition to this the Optometric Advisor will review equipment used and record keeping.

Joint working across NHS Buckinghamshire & Oxfordshire and NHS Berkshire is already in place to develop common policies to underpin commissioning and contract management processes and to facilitate efficiencies within TVPCA.

The PCT has carried out targeted contract visits to concentrate on new practices and to follow up on PPV visits where appropriate.

NHS Buckinghamshire & Oxfordshire commission a local enhanced service for Intra-ocular pressures (IOP LES) from local ophthalmic opticians. This scheme is supported by the Clinical Commissioning Groups (CCGs) and allows opticians to re-measure intra ocular pressure. This means that the number of false positives being referred to secondary care is reduced. Currently there are 43 practices offering this service within Oxfordshire and 32 in Buckinghamshire.

### **5. Dental services**

NHS Buckinghamshire & Oxfordshire currently has 196 dental contracts.

Dental contracts are assessed for performance as a contractual requirement twice yearly; at mid year and at year end. Delivery of units of dental activity and quality measures are reviewed and actions resulting from this process include repayment of under delivered activity, carry forward of under delivered activity to the following contract year and agreements on management of over delivery. Additionally, monthly dental contract review meetings take place where under or over performing contracts are identified and actions are agreed by the team, ensuring any performance issues are managed on an ongoing basis with each contractor as required.

The Primary Care commissioning and contracting team continues to focus on improving access to NHS services, which is both a local and national priority. Currently, a total of 335,449 people (54 % of the resident population) in Oxfordshire and 229,695 people (44.85% of the resident population) in Buckinghamshire have accessed an NHS dentist within the previous 24 months as of August 2012.

## ***Buckinghamshire and Oxfordshire Cluster***

Two new practices have opened in Oxfordshire in recent months, one in Witney and one in the St Clements area of Oxford. Both have been welcomed by local people in these areas. A new practice is due to open in Chesham, Buckinghamshire in autumn/winter 2012.

Further planned developments in 2012/13 include the use of additional non-recurring monies to pilot a mobile service taking services to the most deprived wards in Oxfordshire and a Specialist Restorative dental service, funded from shared dental monies. The mobile service will be in Oxfordshire between November and January 2013 and work has now commenced on the identification of sites and the communications plan to underpin this service. In Buckinghamshire additional non-recurrent dental activity has been commissioned from existing providers to be delivered by 30<sup>th</sup> September 2012. A consultant led restorative assessment and treatment planning service has been recently procured by NHS Buckinghamshire and Oxfordshire and the service will be in place from October 2012. To support the provision of specialist Restorative Care a parallel Any Qualified Provider (AQP) process has been implemented to support the reduction in referrals to dental teaching hospitals and provision of more locally accessible services across Buckinghamshire, Oxfordshire and Berkshire.

Joint working across NHS Buckinghamshire & Oxfordshire and NHS Berkshire is already in place on a number of service reviews. A consultation with the dental profession on a proposed new Orthodontic contract from 1st April 2013 was launched on 12th June 2012 with the aim of contract offers being made to practices by the end of September 2012. The contract proposes Quality, Innovation, Productivity and Prevention (QIPP) gains via a new pricing structure and the introduction of key performance indicators (KPIs).

As part of the new NHS reforms, the Thames Valley PCT clusters have been identified as a pilot site for the establishment of Local Professional Networks (LPNs) to work alongside the NHS Commissioning Board Local Area Teams (LATs). A workshop was held with key stakeholders in June to look at how to take this forward with the aim of the Thames Valley LPN operating in shadow form by the end of 2012.

### **6. Primary Medical Services**

Currently, there are three types of GP contract – general medical services, personal medical services and alternative provider medical services. PMS and APMS have elements that are agreed locally with PCTs. The intention of the new NHS Commissioning Board is to apply a single operating model nationally to the commissioning GP services and move all practices to a standard contract over the next two to three years.

The total number medical contracts across the cluster area is 141, split by the following contract type;

## **Buckinghamshire and Oxfordshire Cluster**

GMS = 120,  
PMS = 18  
APMS = 3

PCTs can enter APMS contracts with any individual or organisation that meets the provider conditions set out in GMS Directions. This includes the independent sector, voluntary sector, not-for-profit organisations, NHS Trusts, other PCTs, Foundation Trusts, or even GMS and PMS practices. If PCTs contract with GMS / PMS practices via APMS, the practice would hold a separate APMS contract alongside their GMS / PMS contract.

Out of a total of 82 GP practices in Oxfordshire, three of them are APMS contracts held between the PCT and the following provider organisations;

Luther Street Medical Centre	Oxford Health Foundation Trust
Deer Park MC	Assura/Virgin Healthcare
Banbury Health Centre	Principal Medical Services (PML)

Each contract is agreed locally and contains a series of key performance indicators agreed with the contractor. The contracts are monitored by the PCT meeting with the contractor on a quarterly basis, this is a contractual requirement.

Access to primary care continues to be a theme of government policy. The Department of Health have introduced the Patient Choice programme. This has a variety of initiatives including Patient Choice Pilot and the introduction of Inner and Outer Boundaries.

The Patient Choice Pilot involves practices in pilot sites (Westminster, City of London, Tower Hamlets, Nottingham and Manchester). This means a Buckinghamshire or Oxfordshire resident could permanently register with a practice in say Westminster whilst still remaining a Buckinghamshire or Oxfordshire resident. This has implications if the patient requires care closer to their home residence. A Local Enhanced Service has therefore been introduced to allow Buckinghamshire and Oxfordshire practices to treat patients who have registered with a pilot site.

The Patient choice programme also introduces the concept of inner and outer boundaries. An inner boundary is the practices traditional practice boundary. An outer boundary is where a practice is prepared to maintain registration if a patient moves out of the inner boundary. It is for patients registered with the practice who move subsequently outside the practice boundary. Practices have recently agreed their extended boundaries with the PCT.

The work on boundaries sits alongside contract stabilisation work. Contracts for have been checked to ensure that they meet all current legislation and where necessary any contract variations are being issued to ensure completeness prior to transfer to the NHSCB.



## ***Buckinghamshire and Oxfordshire Cluster***

The National Patient Survey results for 2011/12 are now published and the results of questions relating to the quality of care are now included on each individual practices NHS Choices web page. PCT results show NHS Oxfordshire scoring 91% for patients having an overall good patient experience, 86% of patients would recommend their practice and 85% of patients had a good experience of accessing their GP Practice. NHS Buckinghamshire scoring 90% for patients having an overall good patient experience, 85% of patients would recommend their practice and 80% of patients had a good experience of accessing their GP Practice. Access to primary care is also a theme which is highlighted via the Patient Participation Survey conducted as part of the practices Directed Enhanced Service (DES) for 11/12, 74% of Practices achieved one or more of the elements in year one of the DES.

During 2012/13 the majority of practices have participated in the Patient Participation DES. Its purpose is to ensure that patients are involved in decisions about the range and quality of services provided and commissioned by their practice. It aims to encourage and reward practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as gatekeeper to other services. The DES aims to promote the proactive engagement of patients through the use of effective Patient Reference Groups (PRGs) and to seek views from practice patients through the use of a local practice survey. The outcomes of the engagement and the views of patients are to be published on the practice website.

One aspect that practices may wish to focus on is excellent access into the practice, and also from the practice to other services in its role as coordinator of care, facilitating access to other health and social care providers. Access has many dimensions; the relative importance of these will vary according to the specific needs of the registered population. These dimensions include:

- lists being open to all
- hours of opening with the ability to be seen urgently when clinically necessary, as well
- the ability to book ahead
- continuity of care
- range of skills available – access to different professionals
- a choice of modes of contact which currently includes face-to-face, phone and
- electronic contact but can be developed further as technology allows
- geographical access, enabling care as close to home as possible.

Access must be flexible enough to meet the varying needs of individuals and requires sufficient capacity to meet the population's needs. Details of access arrangements (including opening hours) should be made widely available to the population to enable patients to exercise choice. Participating practices

## ***Buckinghamshire and Oxfordshire Cluster***

will establish a Patient Reference Group (PRG). This may be a formal Patient Participation Group (PPG) or a similar group that is representative of the practice population, which would feed in its views alongside the findings from the surveys and agree with the practice the priority areas for possible change. This would result in an action plan to be agreed between the practice and the PRG.

Practices taking part in this DES also carry out a properly constituted survey of a sample of the practice's patients looking at a broad range of areas which could include convenience of access (opening times, ability to book ahead, ability to be seen quickly, telephone answering), patients' experience of the treatment and service they receive, the physical environment in the surgery and other issues specific to each practice.

During the last year in Oxfordshire new surgeries have been opened in Witney, Windrush Health Centre and in Oxford, Jericho Health Centre and in Buckinghamshire, the Chess Medical Centre in Chesham. In addition, through a programme of PCT minor capital grant funding, an extension of the medical centre in Eynsham has been completed and smaller improvements have been carried out to surgeries in Sonning Common, Bampton, Burford, Benson, Henley, central Oxford and Cutteslowe. The minor capital grant funding approval process for 2012/13 is currently underway with recommendations to support further improvements to premises for the delivery of patient care and improving standards and to ensure that NHS dental practices are able to meet the national standards for the decontamination of equipment.

Quality and Outcomes Framework (QOF) achievement for 2011-12 has been finalised and a report analysing changes in achievement, prevalence and exception reporting has been produced for the Quality Management Group. Of the 82 Oxfordshire practices 28 were visited in 2011-12, overall achievement for Oxfordshire was 96.78%. Of the 59 Buckinghamshire practices 21 were visited in 2011-12, overall achievement for Buckinghamshire was 97.02%.

Across the PCT cluster the team has worked with the Clinical Commissioning Groups (CCGs) Leads to ensure that the focus of the Quality and Productivity indicators in the QOF are aligned with the CCG priorities for reducing elective referrals and non elective admissions. This ensures that individual clinicians in every practice are focussed on these priorities and that peer review discussion takes place at CCG level.

As part of clustering working arrangements, and in advance of a national single operating model for primary care, alignment of processes for visits and contract monitoring are being reviewed. In Buckinghamshire contract monitoring visits have been combined with QOF visits over the past two years. Elements of contract monitoring are included in the e-profile which practices complete and submit annually. In Oxfordshire visits are targeted



## **Buckinghamshire and Oxfordshire Cluster**

where clinical governance or other performance data or contract monitoring information triggers concern.

The Cluster Quality Management Group receives updates from any contractual visits and contract monitoring processes that raise issues about contractual performance. Concerns regarding an individual contractors' performance is managed through the cluster Concerns Group in compliance with the NHS Performers List Regulations.

Enhanced Services are currently commissioned through primary care contracting vehicles and can be commissioned from a range of other services (e.g. community pharmacies). They currently comprise of Local Enhanced Services (LESs) – schemes agreed by PCTs in response to local needs and priorities, and Directed Enhanced Services (DESs) – schemes that PCTs are required to establish, linked to national priorities and agreements. PCTs must offer DES's to all their practices but uptake by practices is voluntary.

From April 2013 the NHSCB will be responsible for commissioning primary care services under the GP contract. At the same time, it is an essential feature of the reforms that CCGs should be able to commission a range of community-based services, including primary care services, to improve quality and outcomes for patients. Where the provider for these services might be a GP practice, CCGs will need to be able to demonstrate that those services:

- clearly meet local health needs and have been planned appropriately;
- go beyond the scope of the GP contract; and
- the appropriate procurement approach is used.

Such services will be commissioned using the NHS standard contract rather than the GP contract (as current 'local enhanced services' are). Subject to transitional arrangements (to be confirmed), the resources currently associated with local enhanced services (with the exception of public health services) will form part of CCGs' baseline allocations, so that they can determine how best to use these resources.

The estimated amount that will transfer to Oxfordshire and Buckinghamshire CCGs, based on the current commissioning of medical LES's, is £3.9m.

Managing potential conflicts of interest appropriately is needed to protect the integrity of the NHS commissioning system and protect CCGs and GP practices from any perceptions of wrong-doing. The NHSCB has produced a "code of conduct" for managing conflicts of interest where GP practices are potential providers of CCG-commissioned services. This sets out additional safeguards that CCGs are advised to use when commissioning services for which GP practices could be potential providers and it is anticipated that the NHS Commissioning Board will incorporate the code of conduct, alongside the general safeguards described in *Towards establishment: Creating responsive and accountable CCGs*, into the guidance that it publishes for CCGs in relation to managing conflicts of interest.

CCGs will need to decide, subject to the proposed Department of Health (DH) regulations on procurement and choice, and subject to current procurement rules set out in the Public Contracts Regulations 2006, where it is appropriate to commission community-based services through competitive tender or an Any Qualified Provider (AQP) approach and where through single tender. In general, commissioning through competitive tender or AQP will introduce greater transparency and help reduce the scope for conflicts. There may, however, be circumstances where CCGs could reasonably commission services from GP practices on a single tender basis, i.e. where they are the only capable providers or where the service is of minimal value.

## **7. The future of primary care commissioning**

### **NHS Commissioning Board**

Once formally established in April 2013, the NHSCB will be the national element of the commissioning system in England, ensuring that the NHS is truly a national health service for England. It will support, develop and hold to account an effective and comprehensive system of health commissioning, including commissioning by clinical commissioning groups, and drive improvements in quality and outcomes as measured at national level through the NHS Outcomes Framework.

The NHSCB will directly commission around one fifth of the total value of NHS services, namely:

- GP services, community pharmacy, and primary ophthalmic services (mainly NHS sight tests);
- all dental services - primary, community, hospital;
- specialised services;
- high-secure psychiatric services;
- offender health;
- some aspects of healthcare for members of the armed forces and their families; and
- public health services (screening, immunisation, services for children aged 0-5 including health visiting) on behalf of Public Health England.

In commissioning these services, its role is equivalent to a CCG or other commissioner in that they must commission services within available resources from providers who, where they provide a regulated activity, are registered with the Care Quality Commission (CQC). Legally, from April 2013 a GP or dental practice cannot provide any services without a CQC registration. In the event that a practice fails their CQC registration, they would be required to take urgent actions but unless patient safety is at risk they would be registered with conditions. In terms of a practice failing CQC standards, and their registration is withdrawn immediately, the NHSCB is currently working with the CQC to provide a policy for dealing with such situations as part of the single operating model.

## ***Buckinghamshire and Oxfordshire Cluster***

The NHSCB should drive continuous quality improvement through the contracting process, and manage the delivery of those services through contract management. In relation to primary care, the NHSCB will have responsibility for overseeing the quality of primary care provision, including performance management of individual GP practices and making sure all the doctors are competent and fit to practice. The NHSCB will also maintain a performers list that will require local management at Local Area Team (LAT) level. This will include all primary care professionals who have been assessed as being suitable to hold NHS contracts for the provision of primary care. For GPs, this assessment will include information received as part of the routine medical revalidation cycle and the Responsible Officers within the NHSCB will act as the link between the revalidation process and the maintenance of the performers list. Where a GP is removed from the performers list due to concerns about the quality of care they are providing, the NHSCB will inform the GMC who will consider whether regulatory action is also required.

The NHSCB will need to assure itself of the quality of services that they commission, looking to the CQC in terms of whether a provider is compliant with the 'essential standards of quality and safety', as well as monitoring its own information and intelligence about providers.

### **Local Area Teams**

The future responsibility for directly commissioned services, including primary care, will be the responsibility of the NHSCB under the operations directorate. This responsibility will be discharged through 4 regional teams and 27 local area teams (LATS) with 7 of those teams in the South of England region. The Thames Valley LAT will cover Berkshire, Oxfordshire and Buckinghamshire with a population of 1.9 million, working with 10 CCGs and 8 Health and Wellbeing Boards. Matthew Tait, currently the cluster Chief Executive, has been appointed as the Thames Valley LAT senior Director designate.

Primary care commissioning will sit within the LAT commissioning directorate and operate under a single operating model to ensure consistency across England. The Commissioning Director designate appointed is Helen Clanchy who will commence in post 1<sup>st</sup> December 2012.

**Dr Geoff Payne - Cluster Medical Director/ TV LAT Medical Director Designate**

**Ginny Hope - Assistant Director of Primary Care Commissioning**

**1<sup>st</sup> November 2012**