


Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf Sarah Newton, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	18 January 2017
Subject:	Lincolnshire West Clinical Commissioning Group Update

Summary:

This report provides the Health Scrutiny Committee for Lincolnshire with an update on the activities of Lincolnshire West Clinical Commissioning Group (LWCCG). It includes information on the lead commissioning arrangements undertaken by the LWCCG; APMS [Alternative Provider of Medical Services] practices, financial and performance information; and patient engagement activity.

Actions Required:

- (1) To consider and comment on the information presented by Lincolnshire West Clinical Commissioning Group.
- (2) To consider the outcomes of the procurement exercise undertaken by Lincolnshire West Clinical Commissioning Group in relation to the four APMS [Alternative Provider of Medical Services] practices.

1. Background

Lincolnshire West CCG (LWCCG) has a registered population of 234,594 patients, and is now in its fourth year of commissioning health services. Like many CCGs across the country we have experienced increasing demand for health care, particularly in respect of continuing health care, prescribing and hospital services. At a time of austerity in all public services, this is proving to be a particularly challenging time. It is clear that the CCG and the NHS generally is going to have to change and adapt in order to meet the needs of patients, and find ways to become more effective and efficient. We need to secure a sound future for the NHS locally and ensure that the needs of all patients continue to be

met in the most comprehensive and accessible way possible, whilst putting the NHS onto a more sustainable footing.

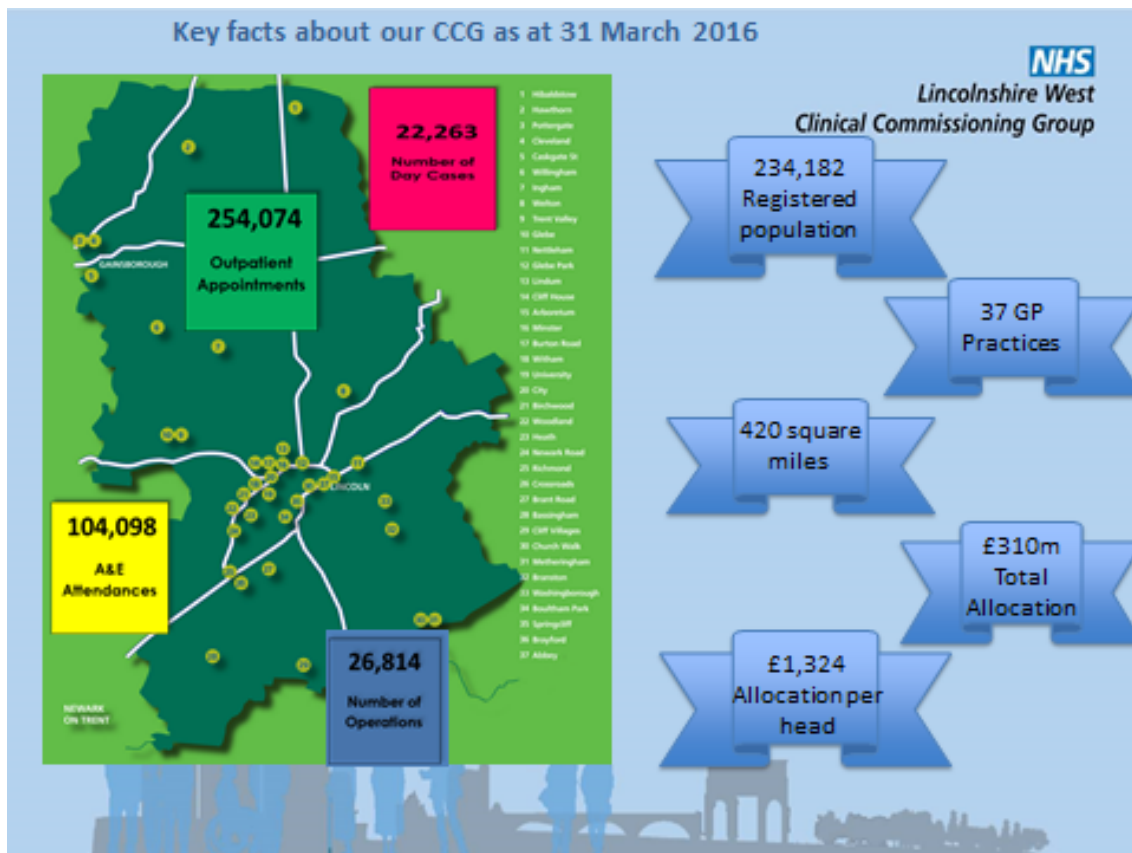


Figure 1 – Some key facts and figures for LWCCG

2. The Past Year in Commissioning

2.1. Primary Care

The CCG has fully delegated authority for Primary Medical (General Practice) services. The commissioning of GP services is managed through the Primary Care Co-commissioning Committee (PCCC) which is constituted to minimise any conflict of interest with GPs as members of the CCG, and includes as observers a representative from HealthWatch and the Health and Wellbeing Committee.

Alternative Provider Medical Services (APMS) Contracts

Primary care commissioning has been very challenging. When the CCG took on delegated responsibility for primary care commissioning in April 2015, five of our 37 practices were operated under Alternative Provider Medical Services (APMS) contracts.

The company running the University Practice APMS contract went into liquidation, (along with several other practices, outside our area) in March 2016. Following a successful procurement process the contract to run this practice was awarded to the Nottingham University Health Service, who are rated by the Care Quality Commission as Outstanding.

In July 2016 the CCG was given one month's notice by Universal Health, who held the remaining four APMS contacts (Burton Road Surgery, Lincoln; Pottergate Surgery, Gainsborough; Arboretum Practice, Lincoln; and Metherringham Surgery) that they were intending to apply for voluntary liquidation, and would therefore cease to provide services at the end of the month. The CCG secured the services of a Caretaker Manager for the practices, whilst a consultation process was undertaken and alternative long term providers were sought.

Despite a number of expressions of interest, only a single bid was received for three of the practices. The fourth practice Pottergate, received two bids. These bids were independently evaluated, and unfortunately neither bidder met the minimum criteria required to make a contract award. As there were no suitable providers, the Primary Care Commissioning Committee (PCCC) made the decision in November 2016 to close the practices.

Individual letters were sent to all adult patients registered at these practices informing them of the decision and identifying alternative practices where they could register. A helpline was set up and a number of drop in events were held to answer queries and help patients register with a new surgery. Alternative GP surgeries are situated within a quarter of a mile of each of the surgeries that are closing. The CCG has worked closely with receiving practices to support the transfer process, and ensure patients are able to continue to receive good quality primary care.

The four surgeries formally closed to patients on 13 January 2017. In order to ensure no patient was left without a GP, all patients who had not registered with an alternative practice by 6 January, have been written to and will be automatically registered with the GP practice closest to their existing GP practice. Patients are of course free to subsequently choose to register elsewhere.

2.2. Lead Commissioning Arrangements

During the last year the CCGs in Lincolnshire have reviewed the lead commissioning arrangements (the organisations that each CCG commissions on behalf of all Lincolnshire CCGs). LWCCG is now the lead commissioner for Lincolnshire Community Health Services, East Midlands Ambulance Service, Non-emergency patient transport, NHS 111 services and a number of other smaller contracts.

2.3. Achievements over the last 12 months

The CCG has worked hard over the year to improve the health of its resident population. The list below provides an indication of some of our achievements during this period.

- Commissioned a hospital liaison service for mental health, and funded a primary care service to help people with mental health problems attend health checks.
- Continued to develop our four neighbourhood teams and frailty pathways
- Delivered above average Bowel screening rates.
- Supported Primary Care International Recruitment Campaign, which has resulted

- in a scheme to deliver 25 extra GPs to Lincolnshire
- Delivered a local target of 95% of practices having implemented a pre-diabetic register to support patients at high risk of developing type 2 diabetes to receive lifestyle support.
- Procured a new more comprehensive non-emergency transport service for Lincolnshire
- Launched consultation on over the counter medication and third party prescribing
- Supported the development of new Clinical Assessment Service
- Procured a new 111 service provider
- Improved dementia detection and support.
- Lead work to improve cancer pathways such as Find Out Faster cancer pathway.

3. CCG Finances

During 2015-16 the CCG received £310 million to commission healthcare. The largest expenditure (48%) is spent on buying services from Acute NHS trusts. 25% was spent on primary care, including prescribing costs, 10% on mental health, 7% on community services and 6% on continuing health care. Less than 2% was spent on corporate running costs. The CCG's spend on health care is shown in figure 2 below.

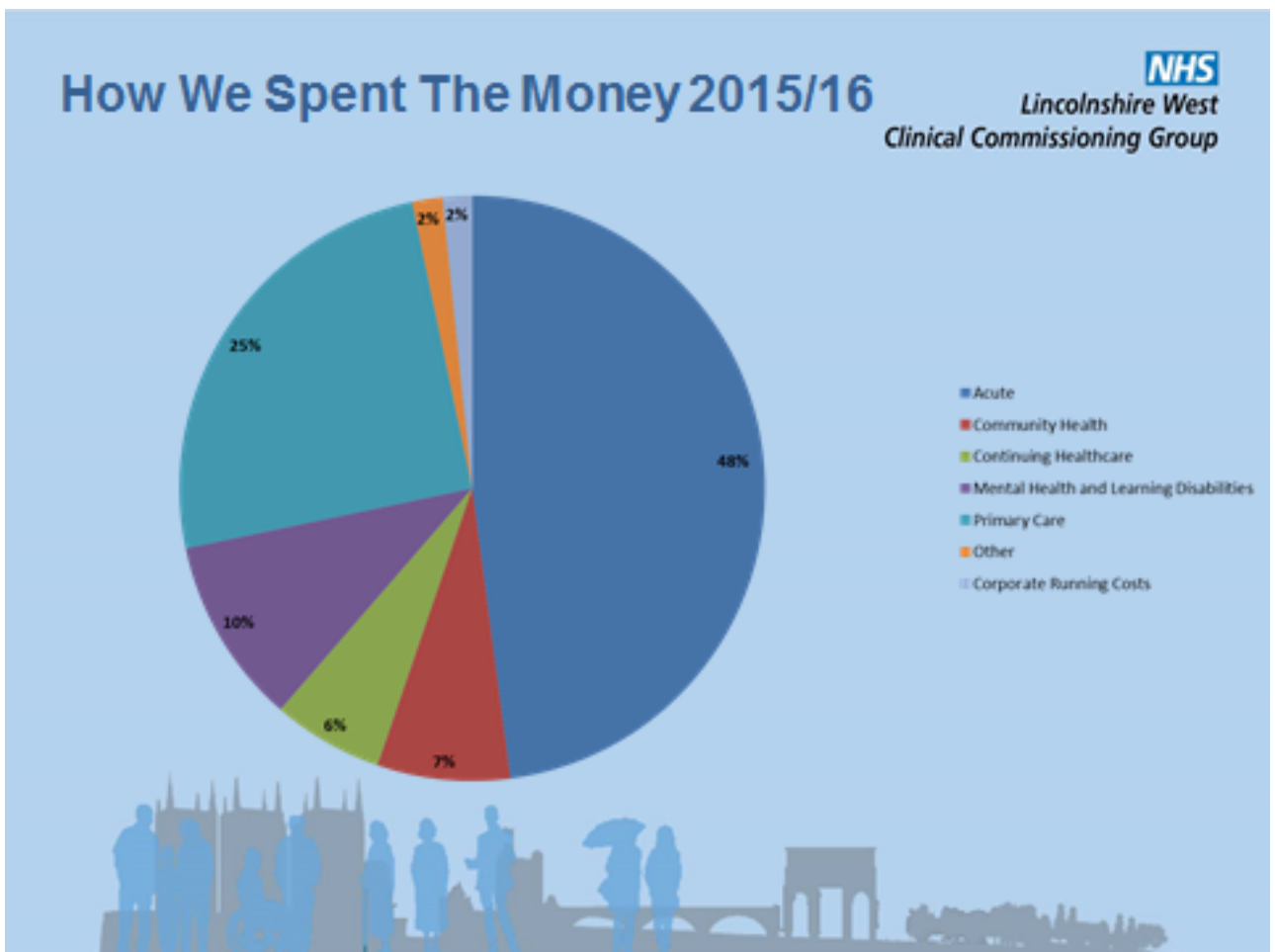


Figure 2 – Use of LWCCG Resources

The CCG received an increase in funding for 2016-17 but nevertheless increasing demand for services in a time of relative funding constraint is leading to some significant pressures on budgets. Pressure is particularly arising from the increases in prescribing costs, the costs of continuing health care (support packages for people being supported at home and in care homes with long term needs), and increased costs for mental health and acute hospital services.

The CCG is reacting to this pressure by taking measures to improve productivity and by focussing on services which are the highest priority. Obtaining value for its publicly funded budget is always a priority for a commissioner but at times of austerity it becomes even more important to ensure that every penny is being invested where it will bring the greatest benefit to patients.

Measures that the CCG is or has taken to manage the financial pressures include:

- Improving the cost effectiveness of prescribing by focussing on the best value medications such as generic rather than branded medicines, and changing to the most cost effective equivalent product
- Reducing expenditure on over the counter medications
- Stopping third party prescribing
- Seeking care in the most cost effective setting, for example in community surgical schemes rather than hospitals if possible
- Reviewing the clinical guidelines for procedures of low clinical value, to ensure compliance and that patients are receiving the most appropriate care at the most appropriate time

4. Performance of the CCG

CCGs are assessed through a performance framework of quarterly reviews and an annual summative conducted by NHS England. For 2015-16 LWCCG, in line with all CCGs in Lincolnshire, was rated overall as 'Requires Improvement'. The CCG performance on each of the assessment framework domains was:

Well Led:	Good
Delegated Functions:	Good
Finance:	Good
Performance:	Requires Improvement
Planning:	Requires Improvement

Overall 'Requires Improvement' was the commonest CCG rating nationally with 92 CCGs being assigned this outcome. The 'Performance' rating of the CCG framework principally refers to the performance of the system in meeting constitutional standards for patients.

Clinical priority baselines were published for the first time this year and for LWCCG these are shown in Figure 3. We are pleased with our 'Top Performing' rating for diabetes and 'Performing Well' ratings for maternity and mental health. Since these were published the CCG has worked hard to improve its dementia detection rates and can report these now meet national expectations. Significant improvements have also been made in respect of learning disabilities, where the number of patients in hospital has been significantly reduced. Whilst the CCG's one year cancer survival rates are

similar to national average, there are problems locally with cancer staging data, which is a measure of the degree of progression seen in a cancer at time of diagnosis. The CCG has led a number of pieces of work this year to improve patient cancer pathways, including action to reduce the referral to treatment times for upper and lower GI, and referral to diagnosis time for breast cancer.

NHS Lincolnshire West CCG					
Clinical Priority Area	Overall Rating	Indicator Ratings			
Cancer	Needs Improvement	33.3%	76.5%	69.9%	88.2%
		New of cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed	Of people with an urgent GP referral having first definitive treatment for cancer within 62 days of referral	of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis.	of responses ,which were positive to the question "Overall, how would you rate your care?"
Dementia	Needs improvement	64.5 %		77.8%	
		Estimated diagnosis rate for people with dementia		of patients diagnosed with dementia whose care plan has been received a face-to-face review in the preceding 12 months	
Diabetes	Top performing	39.7%		20.6%	43.8%
		of diabetes patients have achieved all the NICE-recommended treatment targets		of people with diabetes diagnosed for less than a year who attended a structured education course	of GP practices that participated in the National Diabetes Audit
Learning Disabilities	Needs improvement	69		25%	
		Rate of inpatients per million GP registered adult population for each Transforming Care Partnership. CCGs are then assigned the score of the TCP they belong to		of people with a learning disability who are on the GP register and receiving an annual health check during the year. Measured as a percentage of the CCG's registered learning disability population	
Maternity	Performing well	80.8	61.9	4.2	12.4%
		The score out of 100 for women's experience of maternity services based on the 2015 CQC National Maternity Services Survey	The score out of 100 for choices offered to women in maternity services based on the National Maternity Services Survey	The rate of stillbirths and deaths within 28 days of birth per 1,000 live births and stillbirths, reported at CCG of residence level by calendar year.	of women who were smokers at the time of delivery
Mental Health	Performing well	51.4%		50.0%	
		of people who were initially assessed as "at caseness", attended at least two treatment contacts, are coded as discharged, and are assessed as moving to recovery		of people with first episode of psychosis starting treatment with a NICE-recommended package of care and treated within 2 weeks of referral	

Figure 3 LWCCG Clinical priority baselines

5. Patient engagement

Listening to the Patient Voice and having an effective Quality and Patient Experience Committee (QPEC) are of paramount importance to the CCG. The Quality and Patient

Experience Committee, (a subcommittee of the CCG Governing Body,) meets quarterly. The first part of the agenda is dedicated to listening to and hearing this voice through:-

- Reports on the results of Patient and Carer surveys;
- Listening Events;
- Healthwatch feedback
- Feedback from the CCG Patient Representatives who attend. (The Patient Representatives that attend are active members of the Committee and link back to the CCG Patient Council, which meets bi-monthly.)
- Feedback on consultations

In November 2016 a Stakeholder Communication and Engagement report was presented to the CCG Governing Body, which described the key achievements in the first half of the year. These included:

- Over 1,014 separate engagement interactions outside of “routine” business function
- 50 press releases, 98% of which were used by local media
- Increase in social media following by 67% (Twitter) & the launch of a new CCG Facebook page which reach an audience of 23,000 in October.
- National TV coverage of Diabetes Prevention Programme, regional TV coverage of new Find Out Faster cancer pathway, a monthly column in Lincolnshire Echo and Molly’s Guide magazine and a regular slot on Siren FM including promoting mental health, diabetes, and cancer.
- The launch in September our new Health Involvement Network, giving even more opportunities for patients, groups and organisations to engage in the decision making of the CCG.

The last 12 months patients have been actively involved in decisions regarding the future. This included writing to all adult registered patients affected by APMS practice changes, enclosing a survey to seeking their views on future provision, holding drop in sessions, a county wide consultation on over the supply of counter medications, and involvement in the development of new care pathways.

6. System Leadership

LWCCG takes a leadership role across the county in a number of areas. In addition to our lead commissioning role for a number of contracts, we also provide the lead commissioning role for planned care and cancer across the County. In the STP and LHAC programs the CCG has led on Planned care and Cancer, Proactive care, Primary care and Estates.

7. Sustainability and Transformation Plans and Lincolnshire Health and Care Programmes

In partnership with other commissioners and providers across Lincolnshire LWCCG has been working on the Strategic Transformation Plan which incorporates the clinical redesign started in the Lincolnshire Health and Care (LHAC) programme. The Sustainability and Transformation Plan (STP) was submitted to NHS England (NHSE), and has been published.

It is important to note that the STP is not a draft plan it is a live document that will continue to evolve through the implementation of the two year operational plans. Any major change will only be made after full public consultation.

The critical steps include the Options Appraisal Event on 25 January 2017, Clinical Senate review on 20 February 2017 and the subsequent submission of the Pre Consultation Business Case to NHSE at the beginning of March 2017. The 12 week public consultation is likely to begin in May 2017

8. Conclusion

This is an extremely challenging period for the NHS in which we are seeing unprecedented levels of demand and a system that is struggling at times to meet constitutional standards. LWCCG continues to focus on the needs of its patients whilst understanding that this has to be done in the context of services that will work for Lincolnshire as a whole.

9. Consultation

There is no consultation required as part of this item.

10. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sarah Newton Chief Operating Officer, Lincolnshire West CCG who can be contacted at sarah.newton@Lincolnshirewestccg.nhs.uk