

Agenda item: 19.14

Subject:	Locally Commissioned Service In / Out of Scope Services
Presented by:	Parveen Mercer – AD Primary Care – Contracts and Performance
Prepared by:	Cal Deane, Primary Care, SN CCG
Submitted to:	West Norfolk Primary Care Commissioning Committee
Date:	01 February 2019

Purpose of paper:

The purposes of this paper is to;

- Advise PCCC Members as to the approach undertaken for service inclusion and
- Make recommendation as to the inclusion of services within the LCS service specification.

Executive Summary:

As part of the Locally Commissioned Service (LCS) review, Commissioners have, based on existing LCS service provision and a list of potential services, provided by the Norfolk & Waveney Locally Medical Committee (LMC), developed a list of services for potential incorporation into the new LCS service specification.

A Norfolk and Waveney wide clinical workshop was arranged to discuss and make recommendation as to the appropriate Locally Commissioned in-scope services, for inclusion within the LCS draft service specification.

The workshop had representation from the LMC, clinicians and managers from all 5 Norfolk & Waveney CCGs, including primary care contractual representation.

As part of the LCS review, Attain developed a set of criteria for defining the scope of service inclusion:

Criterion	Decision
Is the service currently provided as a Directed Enhanced Service?	Exclude
Does the service require a list basis or access to GP records?	Exclude
Is there a clinical rationale for the inclusion of this service in one bundle, e.g. "blood management services"?	Include
Could at scale delivery of this service provide additional tangible economies of scale?	Include

Services under consideration included;

Services for Potential Inclusion within the new LCS Service Specification		
Services	In / Out	Rational
General ECG (12 lead ECG)	Out	The provider will require access to the patients' medical history and current medication.
24 Hr ECG	In	Other providers already deliver this service and as such could be delivered by any provider.
Phlebotomy	In	
Anti-Coag	In	
Nursing & Diagnostics	In	
Regular Medical Injections, e.g. B12s	Out	The provider will require access to the patients' medical history, current medication and be able to prescribe.
Ring Pessaries	In	Other providers already deliver this service and as such could be delivered by any provider
Spirometry & Reversibility	In	
DVT (D-Dimer)	In	
Eating Disorders	In	
Weight Management	In	
Minor Injury	In	
Post- Op wound dressing	In	
Simple dressing and wound care	In	
Care Homes	In	
Ear Irrigation	In	
Leg Ulcers (ABPI)	In	
Varicose veins	In	

Clinical consensus was reached on all of the above services.

Commissioners, based on the clinical outcome of the workshop wish to make recommendation that the agreed In Scope services are included within the new LCS service specification.

Recommendation to Primary Care Commissioning Committee:

PCCC members are asked to approve the above services for inclusion within the LCS service specification.

Key Risks	
Clinical:	The service specification needs to have clinical input to ensure the quality and safety of the service.
Finance and Performance:	This is a pressure on finances but the pressure will be higher if activity moves to secondary care.
Impact Assessment (environmental and equalities):	This maintains services that patients have historically been able to access from GP practices. It will prevent an increase

	to secondary care attendances and longer travelling for service ensuring a more equitable and accessible provision.
Reputation:	The CCG's reputation will be damaged if patients can no longer access these services which are within our gift to commission.
Legal:	The commissioning of these services will fall into the procurement process for all locally commissioned services.
Resource Required:	
Reference document(s):	
NHS Constitution:	
Conflicts of Interest:	GPs are conflicted

GOVERNANCE

Process/Committee approval with date(s) (as appropriate)	
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Appendix 2

List of attendees

Workshop Attendees	
Name	Organisation
Dr Ian Hume	Medical Director, Norfolk & Waveney Local Medical Committee
Mel Benfell	Director of General Practice Contracting & Liaison, Norfolk & Waveney Local Medical Committee
Dr Linda Hunter	GP, NHS North Norfolk and NHS South Norfolk CCGs
Dr Liz Waddy	GP, NHS North Norfolk and NHS South Norfolk CCGs
Sally Ross-Benham	Head of Primary Care, NHS North Norfolk and NHS South Norfolk CCGs
Cal Deane	Primary Care, NHS North Norfolk and NHS South Norfolk CCGs
Gita Prasad	Assistant Director of Strategic Commissioning, NHS Norwich CCG
Dr Mark Lim	GP, NHS Great Yarmouth & Waveney CCG
Dr Paul Berry	GP, NHS Great Yarmouth & Waveney CCG
Ben Hogston	Assistant Director of Primary Care, NHS Great Yarmouth & Waveney CCG
Christina Jackson	Governance and Operations Manager, NHS Norwich CCG
Claire Leborgne	Assistant Director of Integrated Care, NHS Norwich CCG
Dr Jeanie Smirl	GP, NHS Norwich CCG

Stuart Dryden	Attain
Carl Gosling	Primary Care Manager, NHS Norwich CCG
Parveen Mercer	Assistant Director of Primary Care Contracts and Performance, Norfolk & Waveney CCGs
Dr Imran Ahmed	GP, NHS West Norfolk CCG
Steve Lloyd	Head of Primary Care, NHS West Norfolk CCG
Joseph Crowe	Primary Care Officer, NHS North Norfolk and NHS South Norfolk CCGs

Appendix 1

Norfolk & Waveney Locally Commissioned Service In / Out of Service Workshop Presentation.



N&W In Out
Presentation 29 11 2

Norfolk & Waveney CCGs Locally Commissioned Services

Services: In / Out of Scope

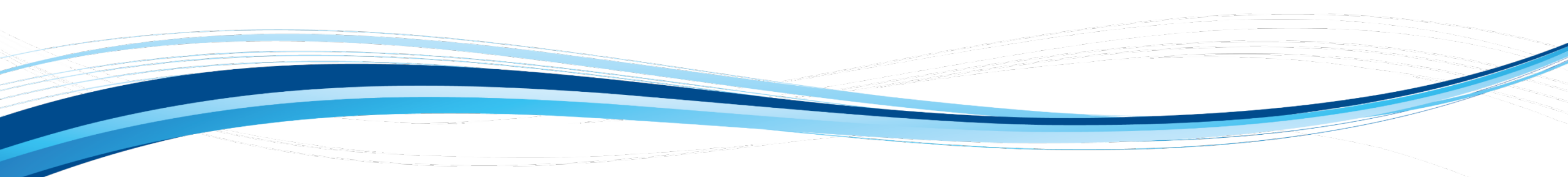
A decorative graphic at the bottom of the slide consisting of several overlapping, wavy lines in various shades of blue, creating a sense of movement and depth.

Purpose & Aim

Seeking a clinical view for the inclusion of service lines within the Locally Commissioned Service Review.

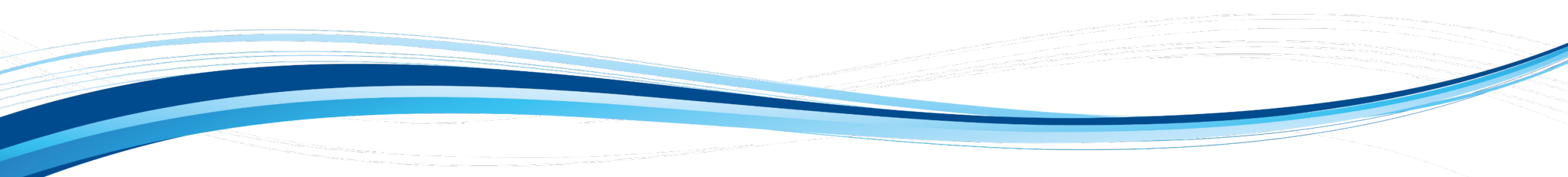
To make recommendation to CCGs and Primary Care Commissioning Committees for service line inclusion.

We have 2 hours and must have a common consensus by the end of the meeting



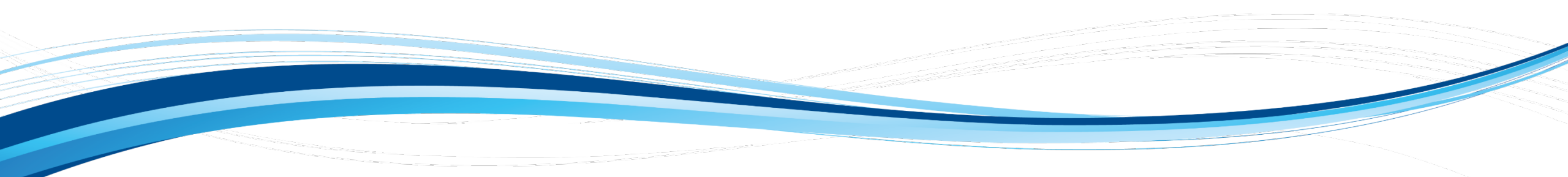
Engagement to Date

- LMC
- Internal clinical review



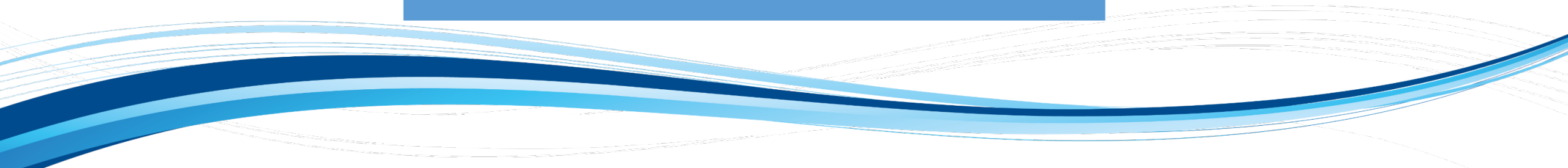
Criteria for defining the scope of services:

Criterion	Decision
1. Is the service currently provided as a Directed Enhanced Service?	Exclude
2. Does the service require a list basis or access to GP records?	Exclude
3. Is there a clinical rationale for the inclusion of this service in one bundle, eg "blood management services"?	Include
4. Could at scale delivery of this service provide additional tangible economies of scale?	Include



Areas for Consideration

Services Being Considered for Review
<ul style="list-style-type: none"> General ECG & 24 hour Ambulatory ECG Monitoring <ul style="list-style-type: none"> • 24hr ECG Blood Services <ul style="list-style-type: none"> • Anti-Coagulation • Phlebotomy Treatment Room <ul style="list-style-type: none"> • Nursing and Diagnostics Service • Regular Medication Injections including B12 & Sustanon • Ring Pessary Insertion and Changes • Spirometry DVT <ul style="list-style-type: none"> • DVT Eating Disorders and Weight Management <ul style="list-style-type: none"> • Community Eating Disorders • Eating Disorders Minor Injury <ul style="list-style-type: none"> • Minor Injury • Post-Operative Care • Simple Dressings and Wound Care Care Homes



Service	In / Out	Rational
General ECG		
24 Hr ECG		
Phlebotomy		
Anti-Coagulation		
Nursing and Diagnostics		
Regular Medical Injections, e.g. B12		
Ring Pessary		
Spirometry		

