



Item: 10(ii)

## Summary Sheet: Governing Body

<b>Date</b>	11 November 2014
<b>Title of paper</b>	Out of Hospital Services (OOHS) Programme Update
<b>Presenter &amp; Organisation</b>	Jessica Brittin, OOHS Programme Director, CWHHE CCGs
<b>Author</b>	Jessica Brittin
<b>Responsible Director</b>	Clare Parker, Deputy Accountable Officer/Chief Financial Officer, CWHHE CCGs
<b>Clinical Lead</b>	CWHHE Chairs
<b>Confidential</b>	No

### The Governing body is asked to:

Further to the approval of the OOHS business case by the CWHHE Investment Committee, and recommendation of the Finance and Performance Committee that the additional £1.4m for out of hospital services was affordable the Governing Body is asked to approve the additional financial commitment and to note the progress of the CWHHE OOHS Programme in establishing the OOHS contract with the emerging GP provider organisations.

### Governance and reporting

Committee name	Date discussed	Outcome
Finance & Performance	28 October	Approved

### Feedback from patients and lay members

Patient/lay representatives have been involved in the development of the service specifications and are part of the established governance arrangements, as members of the steering group and contract working group.

### **Summary of purpose and scope of report**

The OOHS Programme has been developed in support of the SAHF goal of delivering whole system integrated care, with providers working in partnerships to ensure that care is provided in the right place, at the right time, and therefore moving activity away from hospitals into community settings, where clinically appropriate.

The purpose of this report is to update the Governing Body on the outcomes of the programme to date, including local consultation and the finalised service specifications and prices, the development of the OOHS contract, and the current state of readiness of the emerging GP provider organisations.

### **Quality & Safety/ Patient Engagement/ Impact on patient services**

The Out of Hospital strategy places the patient at the centre of their own care, with the GP as key provider and coordinator of services. In addition, key strategic priorities for the CCGs are to improve quality, reduce variation within primary care and ensure all patients have equity of access to commissioned services. The OOHS programme supports all of these priorities.

### **Financial and resource implications**

Hammersmith & Fulham CCG currently spends c. £612k on local enhanced services. The investment in the full range of OOHS at full population coverage of £2.8m represents an increase of £1.7m on the 2013/14 LES budget as confirmed in the OOHS business case which was approved by the CWHHE Investment Committee on 2 October. The business case was also presented to the CCG October FPC where the affordability of the services was also approved, on the basis that savings would be achieved through the shift of activity from current providers.

### **Equality / Human Rights / Privacy impact analysis**

Equality impact analyses will be conducted as a standard contractual requirement.

### **Risk**

The key risks associated with this work relate to the capacity and capability of the new GP provider organisations to deliver the commissioned OOHS, pace of implementation, price and activity assumptions and the realisation of financial and non-financial benefits. These risks and associated mitigating actions are being managed through the steering group and reviewed weekly.

### **Supporting documents**

OOHS business case (previously circulated).



## **Out of Hospital Services (OOHS) Programme Update**

### **1. Background**

1.1 NWL CCGs developed our ambitious strategy, 'Shaping a Healthier Future' (SAHF), with the goal of delivering whole system integrated care, with providers working in partnerships to ensure that care is provided in the right place, at the right time, and therefore moving activity away from hospitals into community settings, where clinically appropriate.

1.2 The CWHHE CCGs are therefore making significant investments in Out Of Hospital Services (OOHS) to enable the reductions in activity in the acute sector that underpin the acute reconfiguration assumptions. In particular, the CWHHE CCGs agreed to commission a common OOHS portfolio, with standardised specifications and prices, to replace the previous Local Enhanced Services. The design of the OOHS has been based on the fundamental principles of equity and consistency which we believe are core to excellent patient care, and will ensure that all patients within CWHHE are able to access the same range of services, thus removing the current postcode lottery and providing a consistent OOHS offering.

1.3 As we recognise that it is not possible for clinical and financial reasons for all practices to provide all services in the bundle, OOHS are being commissioned at a GP network level, with these new GP provider organisation or networks taking responsibility for ensuring that all patients within the network are able to access all the services. It will be up to the practices within the network to determine the most appropriate way of providing those services. The CCGs will need to assure ourselves that the practices/networks providing the services meet our required quality standards, but we will not dictate how the services are provided.

1.4 We are supporting the formation of the GP provider organisations/networks through the Prime Ministers Challenge Fund (PMCF). CCGs increased the funding across the eight CCGs in North West London from the £5m from the PMCF to a total of £10m through match funding to ensure that practices receive the support they need. In addition to facilitating the delivery of the OOHS, the move towards GP provider organisations represents a major move to support GPs in achieving equitable status with other key providers as we move towards Whole Systems Integrated Care.

### **2. Business Case**

2.1 In August, the OOHS Programme moved into its implementation phase, with the support of new governance arrangements, including CCG representation on the overarching steering group, as well as the contract working group, supported by a dedicated OOHS Programme Team.

2.2 Details of these arrangements were included in the OOHS business case, supporting the total CWHHE annual investment of £20.9m at full population coverage. The CWHHE Investment Committee approved the business case at its meeting on 2 October ahead of circulation to CCGs to confirm affordability.



2.3 For H&F CCG, the total investment of £2.8m represents an increase of £1.7m on the 2013/14 LES budget<sup>1</sup>. The October CCG FPC reviewed the business case, in terms of affordability, and recommended to the November CCG Governing Body for approval, on the basis that savings would be achieved through the shift of activity from current providers.

### **3. Contract Development**

3.1 Further to the publication of draft service specifications and prices to GP practices in August, constructive feedback was received from local GPs and other clinicians, as well as the London-wide LMC, which has helped to inform the development of the programme:

#### *3.2 Service Specifications*

The service specifications were reviewed and updated, in light of the clinical and LMC comments, to produce the final version (V18), with the exception of Mental Health and Near Patient Monitoring which remain under review and expected to be circulated shortly. The Access specification, over and beyond the National DES, remains the subject of further work.

The specifications will be subject to on-going review, as well as a formal six month review with the GP provider organisations, post-implementation.

#### *3.3 Prices*

Prices have been subject to review in line with feedback received, resulting in the following changes made since the draft prices circulated to practices on 28 August:

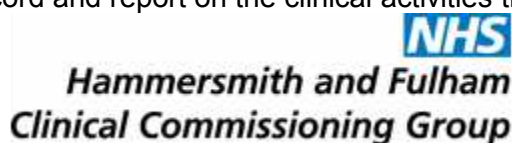
- Key changes:
  - o ECG increased to include interpretation time
  - o Anti-coagulation increased to include the home visit premium for two GP appointments and adjustment of the nurse:GP ratio for appointments
  - o Diabetes level 2 increased to reflect 11 instead of 7 appointments
- Surplus increased from 2% to 3% in recognition that practices, unlike NHS Trusts, pay tax.
- Equipment costs have been removed from the prices, as CCGs will separately fund networks to ensure that they have the requisite equipment, ABPMs, spirometers and ECG machines, to deliver OOHS
- Some of the prices, such as wound care and homeless, have been revised to reflect a change from packages of care, i.e. first appointment with multiple follow ups, to individual appointments.

#### *3.4 Infrastructure*

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<sup>1</sup> OOHS investment figures exclude extended hours, weekend working; 13/14 figures exclude care planning funded through the ICP

The IM&T working group has overseen the development of SystemOne templates and reports that will enable networks to consistently record and report on the clinical activities that are



taking place for each of the services. One of the Hounslow localities is piloting these templates and learning from this exercise will inform implementation across CWHHE.

The CCG will be writing to all GP practices about these latest developments.

#### **4. Next Steps**

4.1 The CCGs, with the support of the OOHS Programme Team, are aiming to have the OOHS contract in place with the emerging GP provider organisations at the earliest opportunity. This will include an agreed trajectory to achieve the full roll out of all services across the whole population, as soon as is clinically appropriate. We therefore expect to be formally contracting across all 5 CCGs by 31 March 2015, with all services in place and 100% population coverage by 31 March 2016.

4.2 As the emerging GP provider organisations develop their governance arrangements, the programme team has been meeting with representatives to clarify the actions to be taken to ensure the organisations are 'fit for purpose' to establish the contract. This assurance process has been developed on the basis of governance and procurement best practice and has been shared with the Whole Systems Integrated Care (WSIC) team to ensure alignment with future WSIC provider governance arrangements.

4.3 In terms of local readiness, the Hammersmith & Fulham GP federation is currently undergoing the final legalities of establishing themselves as a company limited by shares with a view to electing a board of directors during November 2014. They have an interim CEO in place who is working with practices to determine appetite and capability to deliver the wider OOH portfolio. There is an initial intention to rollout the services that mirror the old LES's during December 2014 / January 2015.

#### **5. Conclusions & Recommendation**

5.1 We are aware that the introduction of the OOHS portfolio is a significant step forward in delivering our out of hospital strategies and recognise the effort and commitment required by practices to take forward these services.

5.2 Commissioners expect these services to represent better quality for patients, with care being delivered closer to home, and better value for money compared to equivalent health service provision to realise our intention of delivering high quality services outside of hospital.

**5.3 Further to the approval of the OOHS business case by the CWHHE Investment Committee, and recommendation of the Finance and Performance Committee that the additional £1.4m for out of hospital services was affordable the Governing Body is asked to approve the additional financial commitment and to note the progress of the CWHHE OOHS Programme in establishing the OOHS contract with the emerging GP provider organisations**