

Oxfordshire Primary Care Commissioning Committee

Date of Meeting: 6 November 2018	Paper No: 4
---	--------------------

Title of Paper: Review of Locally Commissioned Services
--

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
--	-------------------	--	-----------------	--	--------------------	---

<p>Purpose and Executive Summary: To brief OPCCC on the activity at Quarter 2 of the Locally Commissioned Services and plans for 2019-20</p>

<p>Financial Implications of Paper: This paper is showing a 100k underspend after support to the CCG FRP.</p>
--

<p>Action Required: OPCCC is asked to note the activity levels of the Locally Commissioned Services and the impacts the forecast spend against planned budgets.</p>
--

OCCG Priorities Supported <small>(please delete tick as appropriate)</small>	
✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
	Empowering Patients
	Engaging Communities
	System Leadership

Equality Analysis Outcome: N/A

<p>Link to Risk: AF26 – Delivery of Primary Care services</p>
--

<p>Author: Matthew Epton, Lead Primary Care Manager matthew.epton@oxfordshireccg.nhs.uk</p>

<p>Clinical / Executive Lead: Diane Hedges, Chief Operating Officer and Deputy Chief Executive</p>

Date of Paper: 25 October 2018

Review of Locally Commissioned Services 2018-19

The specifications of the Locally Commissioned Services (LCS) can be found on our intranet here: <http://www.oxfordshireccg.nhs.uk/professional-resources/locally-commissioned-services-2018-19.htm>

Table 1 below summarises the position at the end of Quarter 2 and the forecast position at yearend. Activity is collected on a quarterly basis. Please note that data is no longer extracted from Practices' clinical systems using 'QUEST' software. 67 Practices use the GP clinical system called 'EMIS Web' and data is extracted with the 'EMIS Enterprise' application. Three practices use 'Vision' clinical software (though one of these has recently switched to EMIS) consequently we are at present unable to extract their activity data which is therefore omitted from table 1. For the purposes of this paper we have estimated the yearend outturn using historical data for the three Vision practices. The most likely forecast outturn underspend, after allowing for the Vision practices, is £100k and this will be reflected in the Month 7 Finance report for the CCG.

Points to note:

- The 2018-19 LCS budget is:

Historic budget	£4,113,000
Additional for Long Term Conditions (LTC) LCS	£42,000 vired from LIS
New for SMI Health Checks	£90,000 vired in Month 7 as agreed as part of FRP
Total	£4,245,000

- An increase of £100,000 for Deprivation has been funded from increased PMS Premium recharge in 2018-19. The first payment to practices will be made by month 9 and is estimated to be £96,000. The remaining budget will be reconciled shortly after yearend and it is anticipated that the forecast outturn for this LCS is on plan.
- £200,000 of 2018-19 LCS budget has been allocated to the Financial Recovery Plan (FRP).
- The Near Patient Testing LCS is showing a significant increase in overspend % compared with Q1, and also with Q2 data from the previous financial year. The data was received from the CSU in the last few days and we have not had time to work with the CSU to analyse why this might be. Possible explanations include: 1) an error in the data extraction technique leading to double counting; 2) a small number of practices incorrectly coding and so over claiming; 3) an unexpected increased in activity.
- The Leg Ulcer LCS is forecast to be £52k overspent compared to £10k overspent last year. This is likely to be correct and due to increased activity though an analysis will be performed and any significant outlying practices audited.
- Warfarin monitoring is showing a significant forecast underspend of £290k. Work is ongoing with the medicines management team to investigate if the reason for this is due to the move towards Direct Oral Anticoagulants (DOACs) away from warfarin. Patients on DOACS require less monitoring than those on warfarin resulting in a reduction in paid activity. This also benefits the patient as they don't have to present at the practice as often and treatment room appointments are freed up.
- Proactive GP Support to Care Homes LCS – of the 106 care homes, 23 are not covered by the LCS due to reasons such as there being a 'retainer' arrangement in place with a GP provider (so therefore not eligible to participate in the LCS) or there being less than 10 patients resident in the home making the 'scheduled weekly visit by usual GP' impractical. However, the level of

invoicing has been higher than expected so, given the data we have to date, our forecast outturn for this LCS is a £160k underspend.

A new LCS, 'Improving Physical Health in Patients with a Severe Mental Illness', has been proposed and recommended for approval at OPCCOG on 16 October 2018. Patients with severe mental illness (SMI) are at risk of dying on average up to two decades earlier than the general population. This disparity in health outcomes is partly due to physical health needs being overlooked and this LCS will work to address this by providing funding for health checks in general practice. An NHSE target in 2018/19 is that 60% of patients with SMI have an annual health check (at least 50% in primary care and 10% in secondary care).

Looking forward we will be reviewing all LCS with Clinical Leads, relevant Commissioning Managers, and the LMC, to ensure the specifications are fit for purpose and meet the needs of patients for 2019-18. We are working together with Buckinghamshire CCG on this review to explore whether management/administrative efficiencies can be made and also to ensure LCS specifications encompass the move towards new models of care and are sustainable for the foreseeable future. We have already successfully collaborated with Bucks CCG over the new SMI Health Check LCS and work looking at the Leg Ulcer Care and Management and Phlebotomy LCS are planned next.

Table 1, Current LCS expenditure and full year forecast

1. Locally Commissioned Services 744651/52161002	Budget 2018-19	Q2 Planned (cumulative)	Q2 Actual (cumulative)	Variance (o/s : - u/s)	Most likely Forecast Outturn	Most likely forecast variance
Arrhythmia	33,578	16,789	19,302	2,513	38,604	5,026
Aural Toilet at request of 2y care	25,583	12,791	8,520	-4,271	17,040	-8,543
Community Dermatology Services	120,000	60,000	18,458	-41,542	36,916	-83,084
Completion of an Episode of Surgical Care	398,755	199,378	65,091	-134,287	398,755	0
Deprivation LCS (PMS Premium)	292,253	0	0	0	292,253	0
Dermatology (Cancer monitoring)	69,245	34,623	27,940	-6,683	55,880	-13,365
DVT Diagnosis	21,330	10,665	8,775	-1,890	17,550	-3,780
LTC LCS (PMS Premium)	322,000	9,162	9,772	611	322,000	0
Leg Ulcer Care & Management	371,895	185,948	212,280	26,333	424,560	52,665
Minor Injuries	203,370	101,685	61,890	-39,795	123,780	-79,590
New-born Checks	42,380	21,190	14,352	-6,838	28,704	-13,676
Near Patient Testing	556,293	278,146	388,161	110,015	776,322	220,029
P. Care Memory Assessment (Dem. Challenge Fund)	18,000	9,000	11,500	2,500	23,000	5,000
Phlebotomy at request of 2y care	280,245	140,122	145,598	5,476	291,196	10,951
Phlebotomy home visits	10,000	5,000	6,324	1,324	12,648	2,648
Proactive GP Support to Care Homes	1,000,000	500,000	207,000	-293,000	840,000	-160,000
Warfarin monitoring	761,809	380,905	235,312	-145,593	470,624	-291,185
Contingency	200,518	100,259	64,707	-35,552	200,518	0
PMS recharge to Deleg Co Comm budget	-572,253	-286,127	-286,127	0	-572,253	0
Sub total	4,155,000	1,779,535	1,218,856	-560,680	3,798,097	-356,903
SMI Health Checks (Budget to be vired in Month 7)	90,000	0	0		90,000	0
Estimate of Vision practice activity not reflected above					56,500	56,500
Financial Recovery Plan (FRP) contribution (budget to be vired in Month 7)	-200,000				0	200,000
Total	4,045,000					-100,403

ME 30/10/18 v2.0