

Oxfordshire Primary Care Commissioning Committee

Date of Meeting: 5 November 2019	Paper No: 3.1
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Title of Paper: Locally Commissioned Services 2020/21
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Paper is for: <small>(please delete tick as appropriate)</small>	Discussion	✓	Decision	✓	Information	
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Purpose and Executive Summary:
 OCCG commissions 15 Locally Commissioned Services (LCS) on an annual basis from Primary Care (currently directly from individual practices).
 This paper reports on work to-date to establish recommendations for future commissioning of services currently commissioned via the LCS scheme.

Engagement: clinical, stakeholder and public/patient:
 Not applicable at this stage

Financial Implications of Paper:
 The CCG Locally commissioned services budget is £4,303,073

- Action Required:**
 OPCCC are asked
- to note the direction of travel and timescales as outlined in the paper and the principles by which commissioning and delivery will be recommended.
 - to agree to approve the locally commissioned services via virtual means in December 2019

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:
 Currently a deprivation locally commissioned services aims to support those with most need in order to achieve better outcomes

Link to Risk:

799 – Workforce in Primary Care

789 – Primary Care estate

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Date of Paper: 25 October 2019

Locally Commissioned Services 2020 / 2021

1. Background

- 1.1 Oxfordshire Clinical Commissioning Group commissions 15 Locally Commissioned Services (LCS). These are commissioned on an annual basis from primary care, directly from individual practices. The annual budget is circa £4.3m.
- 1.2 The services commissioned are in place to keep both planned and acute care out of hospital and often provide benefit to the system. A list of LCS can be found in Appendix 1.
- 1.3 It is not expected that investment in primary care will reduce in 2020/21 but in accordance with the ambitions within the Long Term Plan, the CCG must ensure the most effective services are commissioned that provided the greatest gain for the local populations.
- 1.4 The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) has proposed that primary care is one area where joint decision making and joint arrangements for leadership and management support provides a real opportunity for patients, particularly to reduce variation between geographies and eliminate 'post code lotteries'.
- 1.5 One of the first primary care areas to be addressed across BOB is the locally commissioned services

2. Aligning across BOB

- 2.1 Work is taking place across Buckinghamshire, Oxfordshire and Berkshire West (BOB) to look at aligning Locally Commissioned Services across the patch with the aim of reaching a consistent approach.
- 2.2 This will be undertaken in a phased approach starting in 2020/2021 with those which are already closely aligned. The remainder will be reviewed during 2020/21 recognising that some organisations may commission services via a different route (ie community providers or an 'any qualified provider' route) and may have a longer contract length. Leads in all three CCGs have been identified to take this work forward and clinical input will be identified as appropriate.
- 2.3 The following services have been proposed for the first phase of a BOB wide approach:
 - Near Patient Testing
 - Physical health as serious mental illness
 - Leg ulcer care
 - Examination of the Newborn
- 2.4 During 2020/2021 a comprehensive review will take place of the remaining services looking at value and clinical outcomes, linking with key stakeholders as appropriate

and ensuring changes are in line with any transformation plans and future NHS initiatives/changes.

3. Principles of Approach

3.1 The following principles and assumptions for the work and approach have been adopted across BOB:

- Financial envelope needs to be cost neutral to the CCG
- Patient Outcomes are better supported where possible
- Any recommendations are in line with CCG and the wider ICP system objectives
- The recommendations are just for 2020/21 but are in line with the Long Term Plan
- Consideration is given to whether services should be commissioned from PCNs

3.2 Joint CCG discussion and negotiation with LMC will take place in order to minimise duplication.

3.3 It is expected that there will be some overlap between existing services and with the national PCN specifications due to start in April 2020. Once the specifications are released there will be a joint evaluation on what should be commissioned over and above the national specifications.

3.4 It is recognised that going forward some LCS may be commissioned from PCNs. This will increase population coverage of some services.

4. Next Steps

4.1 Proposals will need to go through the relevant governance processes within each CCG. The below shows the project milestones / timetable:

Review of all Locally Commissioned Services	November / December
Finalised proposals to Primary Care Commissioning Committees	December
Notify practices of Locally Commissioned Services	End December / January
Issue contracts and specifications to Practices / PCNs	January

5. OPCCC is asked

5.1 To note the direction of travel and timescales as outlined in the paper and the principles by which commissioning and delivery will be recommended.

5.2 To agree to approve the locally commissioned services via virtual means in December 2019.

Appendix 1

Service	Annual budget
Arrhythmia	£ 33,578
Completion of an Episode of Surgical Care	£ 398,755
Deprivation	£ 292,253
Dermatology – Skin Cancer	£ 69,245
Diabetes	£ 322,000
DVT Testing	£ 21,300
Examination of New Born	£ 42,000
GP Support to Care Homes	£1,000,000
Leg Ulcers	£ 371,895
Minor Injuries	£ 203,370
Near Patient Testing	£ 556,293
Physical Health as SMI	£ 90,000
Primary Care Memory Assessment Service	£ 18,000
Procedures Requested by Secondary Care	£ 315,828
Warfarin	£761,809
Total	£4,303,073