

2022/23 Inequalities Locally Commissioned Service (LCS)

Revised Service Specification

Background

The Oxfordshire CCG Inequalities LCS for 2019/20 ended in March 2020. A proposed new scheme for 2020/21 was developed and supported by Oxfordshire CCG Clinical Executive in February 2020. The focus of that new 3-part scheme, described below, was on reducing inequalities.

The aim of the 2020/21 scheme was to:

Part 1 – support practices in areas of deprivation that are challenged by high demand, high workload and have difficulty recruiting staff.

Part 2 – determine variation in health outcomes across the county to allow targeting of resources to those populations with poorer outcomes.

Part 3 – identify cohorts of patients with higher use of acute services.

Before this new scheme could be launched, primary care found itself facing the challenges of the Covid 19 pandemic. Despite revising the 2020/21 scheme to focus on reducing the increased risk for the BAME community from Covid 19, primary care was unable to deliver the offer as it continued to focus on its response to the pandemic.

This 3rd iteration of the Inequalities LCS took us back to first principles and sought to support practices that have high numbers of people on their registers living in the 20% most deprived postcodes in the county as well as directly benefitting patients in these areas through the offer of an holistic health and wellbeing check, social prescribing support and signposting to other agencies that could help with issues related to the wider determinants of health.

The aims and purpose of the LCS in the 2022/23 remain the same but the payment schedule reflects the progress made in implementing the LCS in 2021/22 whilst offering the opportunity for those practices that have not taken up the LCS to become involved in its delivery.

The National and Local Context

We know that people and communities living in the most deprived areas often experience more barriers when accessing health and social care services and have

poorer health outcomes. This has been exacerbated through the last year to 18 months of the pandemic.

In light of this the national priorities for inequalities include:

- Increasing the scale and pace of progress of reducing health inequalities
- Integrating work on inequalities into all the work we do
- Using population health management to identify and tackle poor health outcomes
- Accelerating preventative programmes
- Ensuring data sets are complete and timely, including recording of ethnicity data

Locally Oxfordshire's Director of Public Health (DPH) stated in his 2019/20 Annual Report 'Some are more equal than others; Hidden Inequalities in a prospering Oxfordshire', that *"Whilst Oxfordshire is one of the most affluent areas of the county. This hides the astonishing fact that there are 10 wards in Oxfordshire which feature areas which are in the 20% most deprived in England"*.

The DPH report showed that people living in 9 out of the 10 wards in Oxfordshire can expect to live a shorter life than those living in elsewhere in the county.

His report sends a clear message and challenge to us to focus our efforts on **prevention** building on a range of successful local initiatives whilst ensuring we sustain and improve Primary Care.

These priorities have set the scene and influenced the aims of the second year of the OCCG Inequalities LCS. In 2021 we stated that the LCS would run for 3 years with slight modification year on year based on evaluation of the approach to ensure the maximum patient benefit and outcomes in reducing inequalities. This revision in for year two of that commitment.

3. Eligible Practices

Based on analysis of those practices with the highest levels of registered patients living in the 20% most deprived postcodes in Oxfordshire the following 22 practices would be eligible to express interest in participating in the 2022/23 Inequalities LCS and include:

- The Leys Health Centre
- Banbury Cross
- Beaumont Street (19)
- Donnington Health Centre
- Windrush Surgery (Banbury)
- Temple Cowley Health Centre
- Cowley Road Medical Centre
- Hedena Health Centre

- Jericho Health Centre (Leaver)
- Woodlands Surgery
- Holloway Medical Centre
- St Bartholomews Medical Centre
- Bartlemas Surgery
- Beaumont Street (27)
- Hightown Surgery
- King Edward Street
- Manor Surgery, Headington
- St Clements Surgery
- Marcham Road Health Centre
- Beaumont Street (28)
- Luther Street Medical Centre
- Observatory Medical Centre

4. Service Description

The Purpose

Eligible practices are asked to undertake a search of their registers to identify the top 30-50 patients who would benefit most from a holistic health and wellbeing review (physical, mental and social), supported by a social prescriber and onward signposting to a range of agencies that can help with issues related to the wider determinants of health such as poor housing, low income, feeling safe in their environment etc. Addressing the wider determinants of health is a key factor in this scheme as often they are a barrier to people making the lifestyle changes, they need and want to make.

Practices who sign up to the LCS will be supported by the National Association of Primary Care (NAPC) in designing and running the search, discussing the results, and creating an action plan. NAPC will also work with the practice or a group or practices to evaluate the impact of this programme of reviews on a 'plan, do, review' approach using measures related to patient satisfaction and achievement of goals, reduced use of primary care by those targeted for the holistic review and reduced use of acute care services through greater insight and self-care, higher levels of support and more realistic patient led goal setting.

Practices will be able to deliver the reviews as best suits the practice and their patients including:

1. **Opportunistic Approach:** by targeting patients already known to the practice and under review for a long-term condition who have been identified through the search as being in a cohort of the top 30-50 patients. Any LTC patient featuring on the list generated by the search should be considered by the practice as one of those patients who would benefit most from this programme. For these patients their regular LTC condition review could trigger the need for a referral to the practice's social prescriber, health and wellbeing coach or other team member for a wider holistic review. This LCS would help to resource

ongoing, holistic care of these already-known patients, some of whom may not have been seen for some time.

2. **Proactive Approach to address unmet need:** by proactively inviting patients, who have been identified as high risk through the search for a holistic review. This may involve a one-to-one appointment or, alternatively, practices could think of innovative methods such as offering group sessions for these patients to reduce the workload, provide a wider network of support for patients and help share success or 'good ideas' that would support people in achieving their goals and impact on modifiable risk factors.

N.B: Whilst this LCS is aimed at individual eligible practices where there are a greater number of practices within a PCN (e.g. the city) they can choose to deliver this scheme together to maximise resource.

What is included in a review?

As a minimum the holistic health and wellbeing review should incorporate a clinical risk review including recording of ethnicity, BMI, blood pressure, smoking and alcohol status, age, any long-term conditions especially respiratory, cardiovascular and diabetes. Advice should be offered on ways to reduce modifiable risk factors and/or referral or signposting to other health and wellbeing services within the practice or across the system to meet their needs.

The review should also assess mental health and wellbeing, identifying people who are struggling with housing or homelessness, loneliness and isolation, loss of work or income, the ability to travel and access green spaces etc.

The review calls for clear patient led goal setting within agreed timeframes and regular support to achieve the goals. Where wider issues are identified signposting or referral to system partner would be needed to enable desired patient outcomes.

This review also creates an opportunity to promote and/or provide a flu vaccination and/or covid 19 booster according to government guidelines.

This service specification does not specify exactly how the review should be done and judgement should be applied as to:

- a) The most appropriate method (face-to-face, video, telephone – in a group or one-one)
- b) What sort of review is going to be most effective.
- c) The most appropriate member of the practise team that should deliver the review noting that:

- a) GP's and/or Practise Nurses may undertake the review, or they may complete the clinical aspects of the review and then refer to another member of the team to complete the other holistic aspects of the review (particularly where a lifestyle intervention or behaviour modification will improve the patients' health and wellbeing and health outcomes).
- b) The initial review could be undertaken by a PCN 'additional role' professional or another member of the practice team. In this instance the focus would be on holistic health and wellbeing. Where there is a clinical need, the patient will need to be referred back to the clinical team.

The practice will be expected to record the findings and outcomes of the review within their systems and participate in discussions with NAPC the outcomes of implementing the scheme and impact of the reviews for patients, the practice and use of acute care to track progress and/or refine the offer to patients and improve outcomes. The overall evaluation of the scheme will be shared with the commissioner to inform the 2023/24 iteration of this LCS.

What does the Practice need to do?

The practice will:

1. Agree the criteria for the search of their practice register and run a bespoke search for the most 'at risk' 30 – 50 patients in the first instance.
2. Review the resulting list and remove any patients who would not be suitable for a holistic review e.g. those on an EOL pathway, no longer in the practice etc.
3. Undertake either an opportunistic review or invite 'at risk' patients for a face-to-face appointment recording the findings and actions on the practice system, **ensuring ethnicity is clearly recorded.**
4. Undertake a holistic review (physical, mental, social) using clinical staff and/or social prescribers or health and wellbeing coaches, **ensuring ethnicity is recorded.**
5. Offer advice or provide a flu, covid or vaccination for those that are eligible.
6. Refer patients within the practice for follow up as necessary or signpost or refer to other services within the Oxfordshire system.
7. Patients may be:
 - a) Already known to the practice (with a holistic review being supported by this LCS)

- b) Identified through the NAPC supported searches (identifying previously unmet need)
- c) Sent a review invitation if not regularly seen in the practice.

5. Clinical Governance

Providers are responsible for ensuring all staff providing any aspect of the care and treatment under this LCS are appropriately trained to do so. The provider will be required to evidence an effective system of clinical governance and have in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.

6. Re-imburement

For newly signed up practices

Those practices who sign up to the LCS for the first time in 2022/23 will need to agree to work with NAPC to design and implement a search their practice registers, discuss the analysis of the data, create an action plan, engage with the patients identified as being the top 30 – 50 patients in the first instance who would benefit most from this LCS approach, deliver the holistic health and wellbeing reviews, and engage in the evaluation with NAPC of this programme of work.

The remuneration will be:

- £3,000 for sign up and commitment to participation and evaluation
- £1,000 for an action plan shared with the CCG
- Thereafter £120.00 per patient seen for an initial holistic health and wellbeing check and £60.00 on completion of the intervention or action taken following the review

For practices in year 2 of the LCS

Practices who signed up to the LCS in October 2021 will have worked with NAPC and have designed and run a search of their practice register, created an action plan to deliver the holistic health and wellbeing checks and be ready to implement their plan from April 2022.

The remuneration for year 2 practices will be:

- £1,000 for continued commitment to working with NAPC and supporting the development and ongoing evaluation of the scheme
- Plus £120.00 for each patient seen for an initial holistic health and wellbeing check and £60.00 on completion of the intervention or action taken following the review

Payments to practices will be made on a bi-annual basis (after Q2 and Q4).

Please note this pricing is only for the Inequalities LCS and should not be used to set pricing of other LCS which should be considered on their own terms.

The criteria for year 2023/24 are yet to be determined.

Performance Monitoring

Will include evidence of engagement with the programme, including practice register search, a clear action plan to implement the programme of work, participation in evaluation reviews with NAPC and full recording of patient interaction from invite to health and wellbeing check and progress to achievement of patient goals in patients records. Practices will be asked to submit a copy of their action plan and the number of end to end Health and Wellbeing checks/interventions completed in the preceding 6 month period.