

Primary care locally commissioned services 2019/20 and 2020/21

Locality committee update

January 2018



- Our proposal for investment in locally commissioned services (LCSs) for 2019/20 and 2020/21 has been approved by the CCG's integrated commissioning committee and will be considered by the Governing Body on 16 January.
- The proposal was developed with wide stakeholder input and informed by a range of factors including population need, shared priorities, current LCS performance and potential gaps and system inefficiencies.



In developing the proposal, we were guided by the following objectives:

- Build on the outcome-focused commissioning approaches taken in 2017/18 and 2018/19
- Focus on delivering high quality care and reducing unwarranted variation
- For services to be easily accessible by all Camden patients
- Reduce reliance on, and avoid, activity in secondary care
- Increasingly support and link to the development of integrated care
- Ensure investment links to the achievement of finance and efficiency outcomes
- Align to the Camden Local Care Strategy, NCL STP and national directives.

It was essential that our case for investment recognised Camden's challenging financial position by clearly linking the investment to the achievement of key outcomes.

We were conscious of the need to limit the amount of operational change required for practices that would result from the proposals.



Overview of proposed LCS investment 2019/20 & 2020/21

- The current overall level of financial investment in LCSs is maintained for 2019/20 and 2020/21 (subject to confirmation of CCG financial allocation and approval by the CCG Governing Body).
- Four existing LCS will be re-commissioned with no changes.
- Other existing LCSs will be re-commissioned with activity, payment model and/or contracting model changes. No impact on patients is expected from these changes.
- Changes will be made in relation to enhanced care planning including refining the eligible patient cohort and revising the approach.
- Neighbourhood outcome measures and the approach to target setting methodology will be refined. To help deliver Camden's integrated care model, a number of shared outcome targets for primary and community services will be introduced.
- We will introduce new services which support delivery of improved access, outcomes and QIPP during 2019/20. For example, teledermatology.

Locally commissioned services: 2019/20 and 2020/21

Locally commissioned service	Change from current LCS	Overview of change
Neighbourhood outcome targets	Yes	Increase funding linked to outcomes and refresh/revise measures
End of life care	Yes	Introduce neighbourhood outcome target
Seasonal influenza	Yes	Move service to neighbourhood outcome target
Anticoagulation (warfarin)	Yes	Expand service and potentially contract with federations
Enhanced care planning	Yes	Refine cohort and introduce single payment
Homelessness	Yes	Refine cohort and revise payments
Asthma service (children and young people)	Yes	Increase payments for reviews
High risk drug monitoring	Yes	Increase number of drugs included in service and revise payments
Prostate cancer	Yes	Contractual change: include service in Universal Offer
IUCD/IUS and contraceptive implants	Yes	Contractual change: public health to commission from 2019/20
ABPMs	No	No change
Anticoagulation (DOAC)	No	No change
Post operative wound care	No	No change
Childhood immunisations	No	No change
New service(s) which support delivery of improved access, QIPP and outcomes.	New	For example, teledermatology

Finance

The current overall level of financial investment in LCSs will be maintained for 2019/20 and 2020/21 (subject to confirmation of the CCG's financial allocation and approval by Governing Body on 16 January).

The CCG's annual LCS investment will be £2,305,000 - £85,000 less than 2018/19 because public health will now commission the IUCD/IUS service.

This means that no contract efficiency is currently being applied to primary care LCS, despite the extremely challenging financial position of the CCG.

Contracting

We are going to group most LCSs into one Universal Offer contract as we have done for the past two years. The exceptions are:

- anticoagulation (warfarin) – an individual contract with the CCG
- IUCD/IUS and contraceptive implants – an individual contract with public health.



Next steps

We will engage with stakeholders as we set the payment rates for individual schemes, within the overall agreed budget and payment models.

We will engage with stakeholders to refine outcome measures and targets which focus approved resources in the right places and achieve maximum value for public money.

We will continue to engage practices as commissioners in this work via locality committees.

Practice views as providers will continue be represented through the LCS stakeholder group which brings together LMC, GP federation, CPPEG and CCG representatives.

Practices can have a one-to-one discussion with the primary and community care team if they have any questions or concerns.

We will meet regularly with the LMC and are available to attend GP federation meetings if members wish.

We will continue to provide regular updates to the Camden Patient and Public Engagement Group (CPPEG). CPPEG's Chair sits on the LCS stakeholder group.



Implementation timeline

Milestone	Date
LCS stakeholder group discuss outcome measures and targets approach	17 January 2019
LCS stakeholder group discuss draft specification	30 January 2019
Specifications reviewed by NCL PCCC	February 2019
Further LCS stakeholder group meetings	February 2019
Service specification completed	28 February 2019
Monitoring and payments schedule completed	28 February 2019
Neighbourhood outcome measures agreed	28 February 2019
Contracts signed	March 2019
IT and tools ready for go-live	29 March 2019
LCSs go-live	1 April 2019
Neighbourhood outcome targets confirmed to practices	1 May 2019