

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

CPPEG March 2019

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- Investment in primary care locally commissioned services (LCS) will be maintained in 2019/20 and 2020/21, despite the very challenging financial position of the CCG.
- LCS are in addition to the 'core' services that all practices provide: the services and level of investment vary by borough.
- By investing in LCS, our aim is to support further improvements in quality and outcomes for Camden patients.
- The CCG built the case for this investment without a ring fenced budget and in continual conversation with stakeholders – including GP federation, CPPEG and LMC representatives in an LCS stakeholder group.
- We drew on a wide range of evidence including population need, shared priorities, current service performance and potential gaps and system inefficiencies.



Headline changes

- All existing LCS will be recommissioned in 2019/20 and 2020/21.
- We will introduce new LCS during 2019/20 which support improved patient access and outcomes and release QIPP savings.
- No changes have been made to four existing services – ABPM, anticoagulation (DOACs), post operative wound care and childhood immunisations.
- All other LCS have some degree of change relating to activity, payment model and/or contracting model.
- The most significant changes relate to homelessness, enhanced care planning and neighbourhood outcomes.



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

Enhanced care planning

We are working to refine the group of patients who will receive a review so that we focus on those with the greatest need, following feedback from some GPs that the current grouping needed re-defined.

Last week, the LCS stakeholder group was asked for its views on two potential options for implementing this. The CCG is reviewing the feedback.

We expect significant overlap between the existing and future identified patients. Patients no longer eligible under this LCS, can continue to be supported under alternative funding streams such as the PMS premium.

In addition, payment rates have been standardised for all enhanced care planning and more closely linked to other providers in the community through improvements to multi-disciplinary team working.



Neighbourhood outcomes

An increased proportion of the overall LCS investment is linked to the achievement of outcomes by GP neighbourhoods.

Three additional services have neighbourhood targets and shared targets will be introduced for primary and community services, to support delivery of Camden's integrated care model.

Through the LCS stakeholder group, representatives are helping to develop challenging yet achievable outcome measures and targets for 2019/20.

As planned, outcome measures will be confirmed in March 2019 and neighbourhood level targets on 1 May 2019 after analysis of full 2018/19 performance.

Homelessness

We are introducing comprehensive annual patient reviews where practices will be asked to demonstrate that they have considered a patient's holistic needs.

In addition, extended reviews will be introduced where practices are paid for delivering a number of care processes.

Contracting

- The majority of services will continue to be grouped into one Universal Offer and contracted directly with individual practices.
- Individual contracts with the CCG will be established with GP federations or practices for the anticoagulation (warfarin) and care home services.
- Public health will contract directly with practices for the IUCD/IUS and contraceptive implants service – no changes have been made to the service.



Next steps

Activity	Date
CCG to provide practices/federations with anticoagulation (warfarin) and care home LCS contract sign up information	March 2019
Public Health to provide practices with IUCD/IUS and contraceptive implants contract sign up information	March 2019
CCG to provide final service specification and contracts to practices	March 2019
CCG to ensure IT and tools are ready for contract start	29 March 2019
New LCS contracts start	1 April 2019
LCS stakeholder group to review neighborhood outcome targets	Mid April 2019
CCG to confirm neighbourhood outcome targets to practices	1 May 2019

Questions and feedback

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