NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 20 May 2014

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☒ **Discussion** ☐ **Noting** ☐

Agenda Item and title:	**GOV/14/05/11Primary Care Service Level Agreement 2014/15 (previously PBC/Secondary Care LES) - Sarum**
Author:	Jo Cullen – Group Director, WWYKD, Louise Sturgess – Commissioning Manager, Sarum and Sue Rest – Commissioning Manager, NEW
Lead Director/GP from CCG:	Jo Cullen – Group Director, WWYKD Dr Helen Osborne – GP Chair, WWYKD Group Dr Debbie Beale– GP Vice Chair, WWYKD Group Ted Wilson – Group Director NEW Dr Simon Burrell – GP Chair, NEW Group Dr Anna Collings – GP Vice Chair, NEW Group Mark Harris – Group Director, Sarum Dr. Liz Stanger – GP Executive, Sarum Group
Executive summary:	The purpose of this report is to set out the proposals for the 2014/15 Primary Care Service Level Agreement (SLA). The SLA's focus on supporting and encouraging GP engagement with the CCG through six specific activity streams that support the delivery of the operational plan and the priorities identified within the work programmes: • Engagement with Projects and Care Pathways at CCG, Group, Locality and Practice Level • Basic Commissioning and Community Transformation • Practice Engagement with Development of Specific Areas of Pathway Development • Controlling and Reducing Admissions • Medicines Management and Prescribing • Care Home and Frail Elderly Management Total funds are set out in each individual Group SLA.

Evidence in support of arguments:	n/a
Who has been involved/contributed:	• Group Executives • Discussion at Monthly Group Executive Committee • Discussion at Group Locality Meetings • Practice Manager representatives
Cross Reference to Strategic Objectives:	This SLA supports the strategic objectives outlined in the CCG five year plan with a specific focus on the areas of Planned Care, Unplanned Care and Frail Elderly. It also contributes to the delivery of the QIPP target.
Engagement and Involvement:	The Group work priorities have been discussed with all Group practices via GP Executive representatives. Executive GPs have also been involved with the Executive Directors in development of the CCG five year plan. The Group SLA has been developed through discussion and debate with practice managers and at the monthly Group Executive meetings.
Communications Issues:	The Group has held a number of GP Forums and stakeholder meetings during 2013/14 to ensure its stated priorities reflect the views of agencies, groups, forums and the practice population as a whole. It will continue to do so to inform this year's and future priorities and plans.
Financial Implications:	No unfunded financial implications. Payments under SLA will not exceed total funds allocated.
Review arrangements:	Quarterly Reports and an Annual Report will be presented to the Governing Body. The CCG SLA requires primary care to be engaged in the commissioning agenda of the CCG and to respond to the pressures that the health system is currently experiencing. It is expected that through this engagement practice staff whether doctors, nurses or therapists will understand the options available to them when dealing with patients who may need a higher level of intervention which may not be available in a practice. Care provided outside of practices can be provided by a range of alternatives that may include acute hospitals but increasingly more will be aligned to care in the community and at home. The CCG SLA is an enabler for practices to engage in this agenda; it is not a means to the ultimate delivery of the CCG objectives as much reliance has to be placed on other providers of care. However, in order to assess the impact of this SLA it is imperative that the activity trends that the CCG currently experiences are impacted on. Therefore it is envisaged that the CCG SLAs will report on a number of activity domains to demonstrate that their contribution is making an impact on the health system. The following activity and finance trends will be required to be presented within the quarterly and annual SLA reports that go to the governing body: Monthly and cumulative activity and finance trends compared to previous years for all patient types • Breakdown of non-elective admissions length of stay - under 1 day, 1 day

	and 2 plus days • Average Length of Stay comparison between years for different providers • Number of admissions from care homes • Prescribing spend compared to previous years and plan. • First outpatient appointments The finance and information managers will be responsible for coordinating the production of this analysis and presenting to the Group Executives. The CCG SLA reports will need to assess and describe the impact that has been made across the system.
Risk Management:	If the SLA is not delivered it will impact on the ability of the CCG to deliver its five year Strategic Plan. These risks will be mitigated through monitoring and review of progress using standardised audit and reporting templates. A significant increase in the number of care home patients could result in a cost pressure. A top sliced contingency fund is available to assist in mitigation.
National Policy/ Legislation:	n/a
Equality & Diversity:	No adverse impact identified. Equality Impact Assessment completed (attached to Governing Body Papers).
Other External Assessment:	n/a
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The CCG Board is asked to: • Consider and note the proposed programme of work under the Group SLA to be progressed by Group Practices during 2014/15 • Approve the Group SLA 2014/15 as detailed (subject to sign off by Wessex LMC) • Seek progress updates and review quarterly and annual reports as required

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Sarum Group SLA 2014/15 and 2015/16 (funding agreed further 2 years)

Allocation of SLA Funding 2014/15
Population: 141,918 (Sarum population, 1 Jan 2014 from pop of 141,160 in Jan 2013, increase of 758)
Total SLA funding available: £1,139,293
Use of any funding not committed by end of 14/15 will be agreed by Sarum Executive in consultation with the membership

Introduction

This SLA is a continuation of the 2013/14 SLA that replaced the previous Practice Based Commissioning/Secondary Care Local Enhanced Services. The areas of change are for 14/15:

- Level 1 of Care Home support removed to focus effort on Level 2.
- Effective referral management element reduced to focus on peer review of referrals and core data set.
- Funding to Practices for meeting attendance/engagement unchanged but level of "topslice" to fund this element of the SLA reduced from £2.20ph to £1.30ph.
- New item added for up to £1.46ph to support the aspirations of A Call to Action and the CCG 5 year strategic plan around primary care at scale and integration with social care.
- Practices can pool resources to work together.

It is intended that the work in the SLA should:

- support but not duplicate other initiatives including Directed/National Enhanced Services and Quality Outcome Framework (QOF)
- be useful to those undertaking it and affect changes in the practice where appropriate
- benefit patient care and support effective use of resources
- develop innovation from grass roots

The SLA focuses on 4 work streams for GP Practices as providers:

- Effective urgent care,
- Effective referrals
- Effective prescribing
- Locally developed Innovation and Improvement

The SLA supports funding for 2 aspects of practice engagement as membership of the CCG as commissioners:

- Membership engagement in localities
- Developing primary care at scale to support the CCG Strategy and National Policy

The desired outcomes from this SLA are:

- Reduction in urgent admissions from Care Homes into SFT
- Referral growth beyond population growth levels is managed
- Membership engagement with the CCG's 5 Year Strategic Plan and A Call to Action to deliver primary care at scale.
- Demonstrable progress in specific areas of prescribing as selected by each practice.
- Measurable benefit resulting from practice improvement projects

A "Practice Pack" has been developed to describe the operating detail of the aspects of the Service Level Agreement.

Measuring the impact of the Service Level Agreement

The CCG Service Level Agreement (SLA) requires primary care to be engaged in the commissioning agenda of the CCG and to respond to the pressures that the health system is currently experiencing. It is expected that through this engagement practice staff whether doctors, nurses and therapists will understand the options available to them when dealing with patients who may need a higher level of intervention which may not be available in a practice but can be provided by a range of alternatives that may include acute hospitals but increasingly more aligned to care in the community and at home.

The CCG SLA is an enabler for practices to engage in this agenda; it is not a means to the ultimate delivery of the CCG objectives as much reliance has to be placed on other providers of care. In order to assess the impact of this SLA it is imperative that the activity trends that the CCG currently experiences are impacted on. Therefore it is envisaged that the CCG SLAs will report on a number of activity domains to demonstrate that their contribution is making an impact on the health system.

Outcome measures have been described for each aspect of this SLA and will be reported to the CCG Governing Body through the Integrated Performance Report. These measures represent a marker for demonstrating the value of the investment in the aspect of the SLA versus the impact of the cost of services utilised by the population and do not describe any form of cap of access to services for patients. Some measures are therefore at Group rather than Practice level to inform the approach to 2015/16.

SUMMARY OF SERVICE LEVEL AGREEMENT

Type of Activity **COMMISSIONING**	**Actions:**	**Outcome Measures & reporting**	**Funding & Payment mechanism from the CCG**
Primary Care at Scale	Practices to create dedicated time to work together in putting forward ideas and proposals to meet vision in NHS England's 'Call to action' campaign and the CCG's 5 year plan. Development of Locality Plans based on the future care model (funding can be used to pump prime delivery of these plans)	Development of plan at locality or sub locality level Update reporting at locality meetings. Mid year review of proposals in Sept 14. Q4 summary report on how the money has been spent and how services for patients will look and feel different; the report should describe both progress made and the impact achieved.	£1.46ph **£207,200.28** 50% payment on agreement of plan. 50% payment on sign off of Q4 report.
Practice engagement with CCG commissioning	Attendance at locality meetings and Sarum GP group events Practices discuss monthly activity trends information pack in a practice meeting, and feedback on areas of variance using Perception + to identify and implement any remedial actions Includes central costs to run bi-annual events and OOH cover, locality lead payments, clinical cabinet payments. Expenditure against this element will be reported to practices quarterly.	Practices have GP attendance at 90% of locality meetings Practices have 100% attendance at bi-annual full group events	£1.30 ph **£184,493.40** Paid to practices quarterly in advance. Any surplus will be returned to practices at the end of the year.
Subtotal for commissioning elements			£2.76 per patient

Type of Activity PROVIDER	Actions:	Outcome Measures	Payment mechanism from the CCG
Effective Urgent Care: Care Homes Project – ongoing	Continuation of Sarum Care home beds project (started in 13/14 covering 900-1,000 residents) One level of payment, £225 per patient per year equivalent to level 2 in 2013/14 SLA Quarterly submission of care home numbers covered under the scheme. Year-end report summarising practice input and learning throughout the year.	Improved quality outcomes for residents of care homes 80% of care home places in Sarum covered at Level 2 Decrease in number of admissions from care homes 14/15 year to date versus 13/14 year to date equivalent to at least the cost of the SLA element	£225 per patient per year To practices paid quarterly based on returns of actual activity
Effective referrals	Regular discussions in partnership about all consultant referrals, including all referrals for non-commissioned activity. Except for 2 week wait cases, most referrals by locums, juniors and very part-time attached medical staff should be discussed prospectively Inclusion of minimum data set with those referrals where operative intervention is likely to improve pre-assessment management. Quarterly discussions at locality meeting. Final summary report showing referral trends.	Practice level GP initiated outpatient referrals 14/15 versus 13/14 levels (1% growth has been commissioned) Practice level GP initiated first outpatient appointments 14/15 year to date versus 13/14 (1% growth has been commissioned) Improved pre-assessment management as a result of inclusion of minimum data set for appropriate referrals. Practice level referrals and activity performed for procedures covered by clinical priority policies versus peers	£0.40ph **£56,767** To practices bi-annually in advance
Effective Prescribing	To recognise the requirement for dedicated GP time in practices working with Medicines Management team to review the areas	100% of practices have agreed target areas with	£0.50ph

	identified for QIPP savings comparators Area and targets to be practice specific and as agreed with Meds Management on practice visits (with Alex Goddard) in Q1. Scriptswitch will be offered for a further year. Any practices declining this should have mechanisms in place to ensure equivalent savings are implemented and attained to ensure prescribing remains within budget.	Medicines Management Team by 30/6/14. To reduce the variation in prescribing spend in 14/15, as monitored through Medicine Management score card by at least the value of spend on this aspect of the SLA. Discussion at practice level, reporting to the locality meeting to monitor progress to targets on a quarterly basis.	**£70,959.00** To practices 50% in advance and 50% on receipt of Q4 report
Locally developed Innovation	Practices to identify areas within their current working where they are an outlier in activity or cost and develop improvement project(s) to address these concerns.	Individual outcome measures agreed specific to each project that meet the strategic objectives of the CCG and impact on activity utilisation. Measurable ROI of combined schemes for Sarum on activity utilisation / system costs of 50% Projects signed off by Sarum Exec to ensure validity and probity. Quarterly report to locality meeting. Final year report detailing action taken and outcome achieved.	Capped at £2.00ph **£283,836.00** Paid to practices quarterly in advance
Sub total for provider elements			**£5.26 per pt**
<u>Totals</u>	Per capita* Total		**£8.02** **£1,139,293**

	*Note Care Homes is not payable per capita, it is an activity based payment	

NHS Wiltshire Clinical Commissioning Group

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: **Group SLA**

For the record	
Name of person leading this EIA: **Jo Cullen**	Date completed: **12th May 2014**
Names of people involved in consideration of impact	
Name of director signing EIA: **Jo Cullen**	Date signed: **12th May 2014**

What is the proposal? What outcomes/benefits are you hoping to achieve?
The purpose of the proposal is to set out the agreed actions in Primary Care for 2014/15 to justify the payment of the Service Level Agreement funding. The SLA focuses on supporting Primary Care engagement in agreed CCG operational priority areas. This includes:

- Engagement with Projects and Care Pathways at CCG, Group, Locality and Practice Level
- Controlling and Reducing Admissions
- Basic Commissioning and Community Transformation
- Practice Engagement with Development of Specific Areas of Pathway Development
- Medicines Management and Prescribing
- Care Home and Frail Elderly Management

Who's it for?
For all GP Practices within the locality area.

How will this proposal meet the equality duties?
This proposal will benefit all patients registered at GP Practices within the Wiltshire area. The work carried out as part of the SLA (in the areas outlined in the purpose above), are aimed at improving the life expectancy, health & wellbeing and the general standard of living and education in terms of self-management of health conditions, of the patients of Wiltshire.

What are the barriers to meeting this potential?
There are no identified barriers at this stage.

2 Who's using it?

Refer to equality groups

What data/evidence do you have about who is or could be affected? (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)
The service will be commissioned following: GP clinical input, reports from practices identifying what the people of Wiltshire are telling us, secondary care data, and the information in the current JSNA. It is also recognised that some patients referred to the service may not have English as their first language.

How can you involve your customers in developing the proposal?
The Wiltshire Core Practice Managers were instrumental in the development of this proposal, who represent the GP practices and patients in Wiltshire.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
There are no gaps identified at this stage.

3 Impact Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

There are no adverse impacts of this proposal for any of the equality groups.

What can be done to change this impact?

Not applicable

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

The service is aimed at all patients in Wiltshire but by dint of the fact that the highest prevalence of service users tend to be the frail elderly with multiple long term conditions, this particular group are likely to benefit more from the outcomes from the impact of this SLA.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

No further work is required at this stage.

4 So what? Link to business planning process

What changes have you made in the course of this EIA?

No changes have been made as no adverse impacts have been identified.

What will you do now and what will be included in future planning?

The EIA will be reviewed quarterly as part of the creation of the quarterly SLA report to governing body.

When will this be reviewed?

It will be reviewed quarterly in 2014/15.

How will success be measured?

The success of the SLA will be measure by using internal agreed KPIs, supplied by the Practices and reported quarterly to the governing body.