Enfield CCG Commissioning Intentions 2017-18

1. Introduction

The publication of commissioning intentions is an annual process to signal to our public and our providers any changes to service delivery, which are published on 30th September each year, giving the standard NHS 6 months' notice of any changes.

There are a number of drivers affecting the development of Enfield's commissioning intentions and these are detailed in the paper; together with the process through which the patients and the public have been involved and the specific intentions.

2. Strategic Drivers

There are a number of strategic drivers which shape and influence our intentions.

a. CCG Special Measures and Financial Recovery

Enfield CCG is one of 7 CCGs national that have been placed under special measures, particularly due to our financial position. Currently the CCG is spending more that its allocated funding and therefore the CCG is in a state of financial recovery. The CCG needs to be able to make recurrent savings in order to achieve financial balance. This will have an impact across all our providers.

b. Local Integration of Health and Social Care

All local health and social care areas are required to have an integration plan by the end of 2016/17 which describes the local ambition for the integration of health and social care by 20120. Enfield has had an Integration Board for some time now and developmental sessions have been undertaken. LBE and CCG have agreed to describe the many examples of integrated health and social care teams operating within Enfield as its starting point. This includes integrated learning disabilities, integrated health and social care mental health teams, integrated multidisciplinary teams for managing complex older people. We will then build up our integration agenda from these examples.

c. CCG Improvement and Assessment Framework

2016 saw the introduction of a new Improvement and Assessment Framework for CCGs as part of NHS England's assurance process for CCGs. The four domains are: Better Health, Better Care, Sustainability and Leadership. Included in each of these are the following:

1. **Better Health**: includes prevention, maternal smoking rates, childhood obesity, HbA1c for diabetes, reducing falls, % deaths occurring in hospital

2. **Better Care**: early cancer diagnoses, cancer survival rates, new waiting

times for psychological therapies and first episode of psychosis, mental health crisis care, choice in maternity services and provider, reducing long stay hospital beds (transforming care programme), delayed transfers of care (DTOCs) and primary care experience.

3. **Sustainability:** financial recovery, delivery through new models of care, local strategic estates plan

4. **Leadership**: involvement in the development of the Sustainability and Transformation Plan, governance, system leadership

d. Right Care

Right Care is a national transformation programme established by NHS England which uses national data on activity, spend and outcomes to compare a peer group of CCGs. This activity is across a range of programme areas including cardiovascular cerebrovascular, mental health and musculoskeletal. The data indicates where a CCG is an outlier in terms of activity, spend and outcomes.

The aim of right care programme is to reduce this unnecessary variation so that we improve the value that the patient receives from their own care and to improve the value the whole population receives from the investment in healthcare. For example, Enfield has much higher rates of surgical intervention for musculoskeletal conditions relative to its peer group, by as much as £800K. The reduction of significant activity and spend where we are an outlier is viewed as a critical part of the CCG's financial recovery.

e. Sustainability and Transformation Plan

North Central London is the agreed footprint to develop a 5 year strategic plan which is a collaboration between CCGs, all main providers and all local councils which aims to address three gaps: health and wellbeing gap, care and quality gap and the efficiency and financial gap. This means that transformation needs to occur at scale and pace to delivery multi-provider care systems using some of the new models of care. Transformation will include all parts of the care system including elective, urgent and emergency care, mental health, out-of-hospital care, primary care. The STP 5 year plan will therefore have a significant effect on local commissioning intentions for Enfield.

3. <u>New Models of Care</u>

New models of care were signalled in the 5 Year Forward View as a vehicle for testing out transformation of services and systems of care. A series of vanguards were approved by the NHS to test them out. The current make up of this is as follows:

a) 50 vanguards nationally
b) 9 Primary and Acute Care Service (PACS)
c) 14 Multi-Speciality Community providers (MCPs)
d) 6 Enhanced Care Homes

e) 8 Urgent and Emergency Care Providers
f) 13 Acute Care systems

PACS are mainly focussing on the transformation of elective pathways across a wide range of specialities. MCPs are tending to focus on out of hospital care for complex populations including older people and people with long term conditions. New models of care are still fairly embryonic in terms of being fully operational and therefore assessing impact. Different governance arrangements are being tested as part of the vanguards. It is expected that more information about the current vanguards will be made public over the next few months. There is a considerable role for primary care, particularly general practice, in the development of those new models and in the delivery of care though those new models.

4. Commissioning Intentions

Enfield CCG is currently spending more that it's funding allocation year on year and this needs to stop. The CCG is under special measures and as such it is expected to deliver recurrent savings and efficiencies to get back into financial balance. This means that there may be very difficult decisions the CCG has to make in order to balance its book.

The CCG therefore needs to:

a) Recover its financial position
b) Maximise the impact of its current investment has on improving patient outcomes and delivering value for money and maximise productivity
c) Ensure that we maximise the impact of our current contracts and that contract management is robust
d) Work with providers to reduce unnecessary activity from elective specialties as outlined in the right care programme to reduce costs
e) Work with the other CCGs on NCL to aim to reduce commissioner costs from the system
f) Review and strengthen our systems and processes for assessing, approving or rejecting individual treatment requests in line with other CCGs
g) Review its currently commissioned service to determine if any changes to eligibility criteria need to be reviewed
h) Review its currently commissioned services to determine if any of those need to be decommissioned, subject to consultation with our public.

Enfield CCH has been undertaking a number of sessions with patients and public, local clinicians and Health and Wellbeing Board as part of developing our commissioning intentions as outlined in the audit trail above.

The following table outlines the key commissioning intentions:

Programme Area	Commissioning Objective	Commissioning Intent	Timescale
Elective Care	**Approval Process for Procedures**	ECCG will be reviewing the clinical criteria and referral processes for a wide range of services and where appropriate introducing new referral templates. This will include the introduction of prior approval processes for some services (e.g. Individual Funding request)	Q1
	Approval processes for Consultant to Consultant Referrals	ECCG expects providers to abide by the NCL Internally Generated Demand (IGD) Policy (for consultant to consultant referrals) and will be challenging referrals and costs related to activities in breach of this policy	Q1
	Elective Activity	ECCG will reduce the number of Outpatient First Appointments that result in discharge by risk and gain share arrangements with providers.	Q1
		ECCG will be seeking to reduce activity per 1000 population to the NCL average where appropriate for key specialities including gastro, urology, neuro, ENT, MSK (Trauma and orthopaedics and pain), general medicine and general surgery. We expect the providers to work with us on developing new models of care which better triage referrals , reduce unnecessary activity and reduces length of stay.	Q2
	Ambulatory Care	We will be working with providers to increase the number of patients going through ambulatory care across medical and surgical specialties and for all ages, with the aim of reducing non-elective admissions (where appropriate and safe) and also reducing the overall costs associated with non-elective activity.	Q2

	Improving Discharge Processes	ECCG will be seeking to work with providers to improve discharge planning across both elective and non-elective areas.	
	Right Care a) MSK: reduce high levels of surgical intervention b) Respiratory: reduce high levels of emergency admissions for COPD and Asthma c) Reduce higher levels of prescribing in mental health d) Reduce higher elective length of stay for some CVD patients e) Reduce higher levels of emergency admissions for cerebrovascular events f) Reduce higher levels of multiple emergency admissions and A&E attendances	ECCG gives notice to providers that outlier areas within *right care* programmes need to be addressed. The CCG is open to different routes to reduce this variation including delivery through new models of care. This will reduce surgical rates at our acute providers.	Q2
	Dermatology	The CCG will commission a tele dermatology service from RFH to support a streamlined patient journey and maximise best use of consultant time. This will reduce the level of dermatology first outpatients through contractual removal of the unnecessary capacity.	Q1
	Shared Care between General Practice and Acute Provider	ECC will commission shared care across general practice and acute providers to include methotrexate, expanding anticoagulation, and other areas identified through new pathways. This will reduce outpatient activity within our acute providers, and six months' notice is given.	Q2

	Elective Procedures	The CCG will give notice to providers that it is reviewing all processes for the assessment, approval and rejection of those procedures outlined below. The CCG needs to reduce its current high level of approval for the following areas: 1. Procedures of Limited Clinical Effectiveness 2. Criteria for hip & knee replacements 3. Hearing aids 4. IVF 5. Hernias 6. Haemorrhoids 7. Sterilisations 8. Homeopathy	Q1
	Pathology	Enfield CCG is working with CCGs and providers to standardise pathology costs across NCL. Notice will therefore be given to all current providers of the need to agree standard pricing and quality KPIs. A re-procurement of pathology services may be undertaken where standardisation of pathology costs is not agreed.	Q3
	Other Elective Pathways	Enfield CCG will aim to introduce pathways which streamline patient care and reduce unnecessary activity within acute providers	Q1
Cancer	**Reducing Variances**	ECCG will work with providers to understand variances and issues associated with the coding and activity within cancer services with a view to standardisation.	Q1
Stroke	**Enhancing Stroke Pathway**	Enfield CCG will work with providers to review the current stroke pathway and rehabilitation including the effectiveness of early supported discharge. Providers should expect a change to the pathway from 1 April 2017.	Q1
Neurological Conditions	**Improved Community Support**	ECCG wishes to explore the possibility to improve support to neuro patients, including Parkinson's, with the potential	

		development of community neuro rehab service.	
Long Term Conditions	**Integrating Service Delivery**	ECCG will work with providers the develop integrated services for patients with long term conditions (including respiratory, cardiology and diabetes) where the impact can be measured with the aim of reducing secondary care activity and improving patient outcomes.	Q1
Acute Medicines Management	**Reduce expenditure of high costs drugs**	Enfield CCG notifies its acute providers that there are a number of changes it wishes to see: use of avastin, repatriation of specialist drugs in scope of the NHSE manual for prescribed services, and ensuring NICE compliance	Q1
Urgent and Emergency Care	**Integrated Urgent Care Service**	Enfield as lead commissioner will maximise the impact of the new integrated 111 and GP Out of Hours service to ensure that it delivers to its full potential, that the public are full aware of its new capabilities and that the new service contributes to system resilience by reducing patient access to A&E..	Q2
	Urgent and Emergency Care Network	Enfield CCG will continue to work with its other NCL CCGs and stakeholders to substantially contribute to the development of the Urgent and Emergency Network, its workplan and part of the STP and the designation process for Urgent Emergency Care facilities.	Q2
	Frequent A&E and LAS Attenders	CCG is currently working with providers and general practices to identify patients that are frequent callers to LAS and/or attenders to A&E. Patient discussions around alternatives for care to take place to offer other options. Aim is to reduce A&E and LAS activity in acute providers where other alternatives are available	Q1
	GP See, Treat and Direct	ECGG want to maximise the impact of the pilot GP See and Direct to provide treatment and be	Q2

		an integral part of the Urgent Care Centre at NMUH. This aims to reduce patient flow into the urgent care centre and in to A&E at NMUH. Service evaluation will inform the way forward.	
Primary Care	**Cardiovascular Disease**	ECCG will continue to commission services for atrial fibrillation and pre-diabetes during 2017/18 and with a view to including the identification and management of people with high blood pressure.	Q1
	Primary Care Hubs	ECGG has been reviewing its urgent care services with a view to determining how primary care hubs could offer patients additional capacity as part of developing 8-8, 7 days per week general practice. Four primary care hubs are planned to be in place.	Q3 months
	Primary Care Prescribing	The CCG would like to ensure that there are robust medication reviews in place for repeat prescribing to reduce any unnecessary wastage and simply patient concordance	
	Primary Care Delegated Commissioning	NCL CCGs will take on full delegated responsibility for the contracting and commissioning of general practice	1 months
	Advice and Guidance	ECCG wishes to expand the access to specialist advice and guidance available to GPs to improve the quality of care and reduce the number of inappropriate referrals to secondary care	1 month
Mental Health	**Provision of Complex Rehabilitation for patients with severe mental health issues**	ECCG currently spot purchases long term inpatient mental health rehabilitation from a range of providers nationally. The CCG will commission a local service from BEHMHT to provide more local service for patients and reduce costs.	3 months
	Provision of long term care for people with severe dementia	ECCG will commission a range of care options for patients currently in long term hospital beds within BEHMHT to include home packages and care homes. CCG is still assessing the number of ward	3 months

		patients who are eligible for Continuing Health Care. On completion of individual patient assessment the re-commissioning of a range of services will be implemented.	
	Provision of Perinatal Mental Health service	NCL CCGs have submitted a bid against national funding to develop a perinatal mental health service which will be fully commissioned for 2017/18. The mental health provider will support maternity providers.	3 months
	Review Provision of CAMHS	Enfield CCG will need to review its agreed Future in Mind strategic plan, and reassess the supporting financial plan against reductions in local authority CAMHs funding.	Q1
	Provision of Female Psychiatric Intensive Care Unit (PICU)	NCL CCGs will commission a local Female PICU service from one of our local providers via NCL STP process.	Q2
	Psychological Therapies	ECCG wishes to ensure the maximum productivity for our investment in psychological therapies.	Q2
Integrated Care	**Assessing impact of integrated care system**	All providers will be expected to participate in a significant review of our integrated care system to inform any future commissioning and decommissioning approach	Q2
Community Services	**Productivity and Value for Money**	The CCG has already begun a rebasing of the community services contract with BEHMHT. Notice is therefore given of any material changes to the community services contract as a result of this work.	Q1
	Systematic review of adult and paediatric services	ECCG and LBE commission a range of adult and paediatric services from BEHMHT. It is critical that those services are productive and deliver the right care at the right time. These services also need to substantially contribute to system resilience. Enfield CCG will be undertaking systematic review to determine their effectiveness and this may impact on commissioning of community services	Q2

	System Resilience	We will be seeking to increase the productivity of existing Community Services and Mental Health Services and identifying how they can contribute more effectively to managing activity Out of Hospital and improving outcomes for patients. Initially this will focus on improving the productivity within the existing spend.	Q2
Contract Form, Reviews and Currency	**Contract Form**	Enfield CCG will work with acute providers on a new, more sustainable contract model that reduced the burden of challenges and support the long term financial health of all partners	Q2
	Contract Currency	ECCG will work with BEHMHT to introduce true Service Line Costing and accurate Activity Monitoring to enable effective capacity and demand to be undertaken going forward. This applies to both the mental health and the community services contracts led by Enfield CCG.	Q2
	Contract Levers and Metrics	Enfield CCG, as lead commissioner, will work with other lead commissioners to ensure that we maximise the benefit of national contracts including any penalties, metrics, KPIs etc	Q1
		Enfield CCG will ensure that acute providers have a Length of Stay within normal range	Q1
Procurements	**Elective Care**	Enfield CCG must signal any intention it has to market test services as part of competition and opening up the market. The CCG will be testing a number of services through Any Qualified Provider with ophthalmology, urology, gynaecology. ENT, termination of pregnancy, audiology	Q1

5. Conclusion

The above represents the current commissioning intentions prior to submission on 30th September 2016. NCL commissioning intentions falling out of the STP are still being developed and there may be some changes to our intentions up to submission of the STP on 21 October.. The Governing Body is asked to approve the commissioning intentions for both our public and our providers in the knowledge that further intentions may be required to support financial recovery.