

### Governing Body public meeting

DATE: 28 November 2013

Title	Primary Care Support to Care Homes
<p>Recommended action for the Governing Body</p>	<p>That the Governing Body:</p> <p><b>Approve</b> that the primary care support to care homes service can be procured via a competitive tendering exercise that is opened up to all Bexley practices, as laid out in section 4 of the attached report. This approval is subject to Finance Sub-Committee approval of the business case on 10<sup>th</sup> December 2013.</p>
<p>Executive summary</p>	<p>Please note that GP representatives on the Governing Body are conflicted for this item as the decision involves the procurement of a service to be provided by general practices within Bexley. Keith Wood, will therefore need to chair this item.</p> <p>There has been a Care Homes Locally Enhanced Service (LES) in place with 12 practices in Bexley for a number of years. This service does not currently have a specification detailing how it should be delivered or robust monitoring arrangements. This means that there is variability in the nature of the service provided by practices to care homes leading to inequitable healthcare.</p> <p>The LES was under the management of cluster in 12/13 but the commissioning responsibility transferred to Bexley CCG from 1<sup>st</sup> April 2013. Prior to this date a specification was developed but this was not agreed by the LMC on the grounds that the remuneration did not reflect the level of work involved in delivering the specification and reporting upon the KPIs. This meant that the existing, unspecified arrangements had to be rolled over into 2014/15.</p> <p>Since this time, Bexley CCG has been working closely with the LMC to undertake the necessary work and review to ensure that a specification and commensurate funding are aligned. A Care Homes Working Group was established in June 2013 which includes representation from the LMC (Dr Mickey Adagra), our Care Home clinical lead (Dr Sarah Chase) and CCG commissioners. Through this forum the following work has been undertaken:</p> <ul style="list-style-type: none"> <li>• Review of the current problems/challenges with the</li> </ul>

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	<p>existing LES arrangements informed by a wide range of stakeholders</p> <ul style="list-style-type: none"> <li>• Development and implementation of a communication and engagement plan</li> <li>• Engagement with care home providers, residents and their families</li> <li>• Undertaking a review of the evidence base / best practice for healthcare services to care homes</li> <li>• Review of non-elective and A&amp;E attendances from Bexley care homes</li> </ul> <p>The service specification has been reviewed by the Care Homes Working Group and seeks to ensure that high quality proactive care is provided to this vulnerable patient group as well as ensuring that there is a clear requirement for practices to engage with the home and their staff to ensure communication and working practices are developed to avoid unnecessary hospital attendances.</p> <p>Financial modelling is currently being undertaken to enable a completed business case to be presented to the Finance Sub-Committee in December 2013. The Governing Body are asked to approve that following Finance Sub-Committee approval, the service can be procured competitively marketed to all Bexley practices on the basis that this is a list-based service due to the intrinsic link with core primary care services. Contracts will be awarded by the end of January (subject to Governing Body approval) with two months of transition prior to the new arrangements commencing from 1<sup>st</sup> April 2014.</p>								
Which objective does this paper support?	<table border="1"> <tr> <td data-bbox="526 1368 1252 1514"><b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</td> <td data-bbox="1252 1368 1460 1514">✓</td> </tr> <tr> <td data-bbox="526 1514 1252 1599"><b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</td> <td data-bbox="1252 1514 1460 1599">✓</td> </tr> <tr> <td data-bbox="526 1599 1252 1711"><b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation</td> <td data-bbox="1252 1599 1460 1711">✓</td> </tr> <tr> <td data-bbox="526 1711 1252 1861"><b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</td> <td data-bbox="1252 1711 1460 1861">✓</td> </tr> </table>	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
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		Ensuring smooth transition if the practice providing the enhanced service changes
	Equality and diversity	Currently there is variation between the level of enhanced provision that care home patients receive from their practice. This service specification will help ensure that all care home residents receive a consistent service.
	Patient impact	Improved health and clinical outcomes Improvement in quality of care received in homes Improved self-care and management of conditions Improved medication compliance
	Financial	Equity of funding for practices delivering enhanced service Need to increase funding from current average rate per care home bed Additional investment to be linked to reduction in emergency admissions
	Legal issues	Contract type and procurement
	NHS constitution	Appropriate care at the right time to prevent crisis situations arising
Consultation (public, member or other)	LMC representative part of care home working group Engagement with care home providers and residents has been undertaken during October/November and has informed the specification	
Audit (considered/approved by other committees/groups)	Approval sought of service specification at Quality & Safety Group – 21 <sup>st</sup> November 2013 Business case to be approved by Finance Sub Committee on 10 <sup>th</sup> December 2013 Approval from Governing Body to procure service (28 <sup>th</sup> November) and award contracts (30 <sup>th</sup> January 2014)	
Communications plan	Regular updates to LMC - formal meeting (14 <sup>th</sup> November 2013) Practice Managers Forum – 4 <sup>th</sup> December 2013 Care Homes Forum Update – 11 <sup>th</sup> December 2013 CCG Bulletin updates	
Author	Sarah Birch, Primary Care Development Manager	
	Clinical lead Dr Sarah Chase	Executive sponsor Sarah Valentine

Date	18 <sup>th</sup> November 2013
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### **Primary Care Support to Care Homes**

#### **1. Background**

There has been a Care Homes Locally Enhanced Service (LES) in place with 12 practices in Bexley for a number of years. This service does not currently have a specification in place detailing how it should be delivered or robust monitoring arrangements. This means that there is variability in the nature of the service provided by practices to care homes leading to inequitable healthcare.

The LES was under the management of cluster in 12/13 but the commissioning responsibility transferred to Bexley CCG from 1<sup>st</sup> April. Prior to this date a specification was developed but this was not agreed by the LMC on the grounds that the remuneration did not reflect the level of work involved in delivering the specification and reporting upon the KPIs. This meant that the existing, unspecified arrangements had to be rolled over into 2014/15.

Currently we have 1,134 care home beds in Bexley excluding those which are for people with learning disabilities. The table below summarises the breakdown between nursing, residential as well as distinguishing between those that are dedicated for elderly mentally impaired (EMI).

	<b>Nursing</b>	<b>Nursing – EMI</b>	<b>Residential</b>	<b>Residential - EMI</b>	<b>Total</b>
<b>No. of Beds</b>	290	87	319	438	<b>1,134</b>

The number of care home beds in Bexley has increased over the last year with two new homes opening in the borough. This puts increasing pressure on what is already a limited budget. The legacy Bexley CCG investment in care home services that are over and above payments received through GMS/PMS is £95,110. The legacy payments made to the practices delivering this service does not necessarily reflect the number of care home beds that the practices are covering through the enhanced service. Over the last few years care homes have closed and opened in new locations with changes in the number of care home beds that practices are covering.

#### **2. Case for Change**

The current arrangements for commissioning enhanced primary care services for care homes cannot continue for the following reasons:

- There is general agreement that what is currently offered to residents is inequitable and variable in terms of access and quality
- The current funding that practices receive is not representative of the workload associated with no of beds that they are supporting

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- There continues to be high numbers of hospital admissions from care home residents with significant variability between homes. This is costly to the healthcare system and frequently leads to deterioration in the functional capabilities of care home residents and placement breakdown.
- There are no mechanisms for monitoring the quality of the service provided which means Bexley CCG cannot adequately account for its spend on the basis of value for money
- Locally enhanced services can no longer be commissioned from next year due to changes in procurement and contracting rules
- The legacy funding available for the service is low compared to other outer London boroughs

### **3. Overview of New Service Model**

In developing the new service model, the evidence base and models provided elsewhere for provision of healthcare support to care homes were reviewed.

The evidence reviewed demonstrates that there is a compelling case that this service needs to be commissioned from primary care with clear requirements that go above and beyond the core contracted work. A number of the case studies highlighted have revealed that investing in an enhanced service leads to a measurable reduction in unplanned hospital attendances. There are however other services that can be commissioned that help minimise the burden on primary care such as training for care home staff, medicines management support and a Community Geriatrician service. These are all areas that Bexley CCG already commissions or is pursuing alongside the commissioning of primary care support to care homes.

A service specification has been developed that covers the following areas:

- Weekly planned patient management visits
- Individual assessment on admission and reviews
- Medication reviews
- Anticipatory care planning
- End of life planning
- Developing the working practices of the home

The objectives of the service are to:

- ensure that residents of care homes have equitable access to high quality primary care services that is commensurate with their complex needs
- make sure that providers are funded in a fair and equal way for provision of the service
- provide greater consistency in the management of the health of frail older people in homes
- reduce emergency admissions and A&E attendances
- ensure patients near the end of their life are treated and cared for in line with their wishes, facilitating death in residents place of choice
- provide proactive long-term condition management including care planning and medicines management

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- deliver safe and effective care that will reduce incidence of pressure sores, improve nutrition and improve residents satisfaction with the service.

The legacy budget for the service is £95,110 but the exact funding requirements for the service are subject to finance sub-committee approval. The intention is that the baseline funding will marginally be increased to reflect the recent growth in care home beds. It is also intended that an additional payment will be made which relates to either maintaining good performance or incentivising improvements in terms of admission rates to hospital from care homes. A review of the admissions and A&E attendances from care homes reveals significant variation by care home as well as an average rate which is high compared to a local benchmark.

### **4. Procurement Approach**

In April 2013 NHS England published, “Primary medical care functions delegated to clinical commissioning groups: Guidance,” which sets out what powers CCG have to commission Primary Medical Care Services.

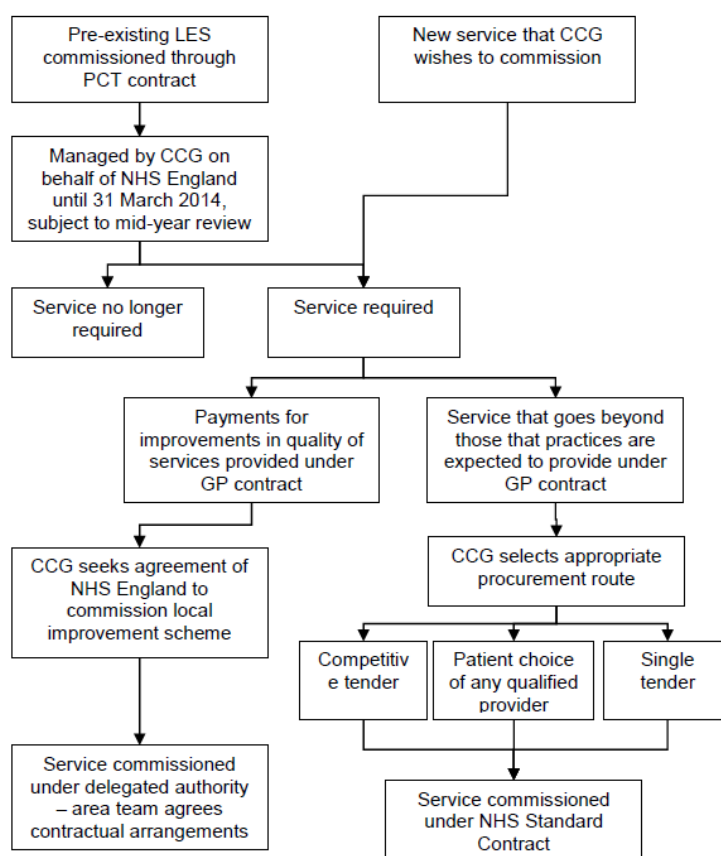
The key points worth noting from this guidance are as follows:

- CCG’s may commission any services that they consider necessary to meet the needs of their population, including primary care services that go beyond the scope of the GP contract. CCGs should have regard to the NHS England guidance on managing conflicts of interest which includes when GP practices may be potential providers of services
- Any such services should be commissioned via the NHS Standard Contract so they are no longer technically local enhanced services
- Where there are a number of potential providers, CCGs have the right to undertake a competitive procurement and or to allow patients to choose from a range of providers by using the ‘any qualified provider’ route.
- When making decisions regarding procurement of primary care health services, CCGs must take into account the requirements under the NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 (the ‘2013 Regulations’).

The flowchart below shows the considerations that need to be by CCGs when commissioning primary care services.

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Flowchart for CCGs to commission primary care services



In light of this guidance, the CCG has considered the most appropriate procurement approach for the Care Homes Primary Care Support Service. From the review of the models of care in existence for care homes, the evidence/ best practice shows that there is a fundamental role for primary care that goes above and beyond the core contract. It was not possible to identify an alternative model that would be clinically safe to fulfil all the functions set out in the service specification without it being fulfilled by primary care as there is an intrinsic link between the requirements of the core contract and the requirements set out in the care homes specification. The registered GP is the accountable clinician for care home residents so a model that would involve a different clinician providing the care home service would be potentially dangerous from a clinical governance perspective. This means the service is not marketable on the open market but there is no reason why the practices currently providing the Care Home LES need to continue to be the providers of the newly commissioned Primary Care Support Service. There are recent examples across South East London where Care Home LES contracts have been taken on by different practices, where the residents transfer their registration to the newly appointed provider.

Each home will only have one medical practice providing the care homes service and the identified practice shall work towards registration of all residents with their practice. Patient choice will be upheld. Upon admission to the care home, residents will be



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encouraged to register with the appointed practice for General Medical Services; however, patients will always be able to exercise their right to choose another General Practitioner or remain with their existing practice. Where this is the case the care home service provider will only be required to provide emergency cover and develop the working practices of the home for all residents irrespective of which practice they are registered with.

Where patients are registered with a different practice to the one assigned to the care home, only the core GP service will be available. This is due to the following reasons:

- There would not be the economy of scale in terms of patient numbers for the service specification to be viable for practices where they may only have 1-2 registered patients in the care home, e.g. weekly visits, developing working practices of the home
- The number of registered care home residents by practice would be constantly changing and the CCG has no mechanism to validate this patient identifiable information for payment
- Financial budget planning and monitoring mechanisms would be problematic
- It would be extremely resource intensive contractually.

As the service is list-based, the proposal is to undertake a competitive tendering exercise which would be advertised to all Bexley GP practices only. Consideration has been given to opening up more widely to practices in adjacent boroughs but while this could be advantageous to us as commissioners (ie. patients become registered with adjacent boroughs and hence pick up acute costs) this would not be safe for the patient in terms of accessing other community services, hence getting a holistic service offering. Also the contract value is very small (circa £100k) so we are not breaching any EU procurement rules through this process. The contract size is within our scheme of delegation where a minimum of four competitive tenders are required to fulfil our statutory duty.

Practices will have the option to bid to provide the care home support service to more than one care home.

A mini- competition will be run based upon the following milestones and timescales:

<b>Milestone</b>	<b>Date</b>
Governing Body approval of procurement	28 <sup>th</sup> November 2013
Write to practices inviting expressions of interest	28 <sup>th</sup> November 2013
Bidder event day	4 <sup>th</sup> December 2013 (tbc)
Deadline for submitting expression of interests	6 <sup>th</sup> December 2013
Finance Sub Committee Approval	10 <sup>th</sup> December 2013
Invitation to tender (ITT) sent out to practices	10 <sup>th</sup> December 2013
Deadline for submission of tenders	10 <sup>th</sup> January 2014
Bid evaluation	13 <sup>th</sup> - 17 <sup>th</sup> January 2014

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<b>Milestone</b>	<b>Date</b>
Governing Body approve contract awards	30 <sup>th</sup> January 2014
Mobilisation and transition phase	1 <sup>st</sup> February 2014-31 <sup>st</sup> March 2014
New service commences	1 <sup>st</sup> April 2014

In line with the NHS England guidance, the NHS Standard contract will be used with each successful provider. Recent guidance from NHS England on changes that will be made to the standard NHS contract from 13/14 to 14/15 explains that there will be more flexibility to adjust the content of the Service Conditions and Particulars so that text which is not relevant to the provider is excluded. This is on the basis that the 'one-size-fits-all' Standard Contract can seem overwhelming in particular for small providers with the result being a slimmer, clearer contract. This is particularly important for practices who already hold a GMS or PMS contract and where the scale of the care homes contract is relatively small in value terms.

### **5. Recommendation**

Approve that the primary care support to care homes service can be procured via a competitive tendering exercise that is opened up to all Bexley practices, as laid out in section 4 of this report. This approval is subject to Finance Sub-Committee approval of the business case on 10<sup>th</sup> December 2013.