

## **EXTENDED PRIMARY CARE MEDICAL SERVICES – COMMISSIONING INTENTIONS**

### **1. Introduction**

The CCG currently commissions a number of Extended Primary Care Medical Services (EPCMS) from individual practices. These services are incorporated into a Standard NHS Contract between the CCG and each practice and following approval at the Primary Care Commissioning Committee in February 2019 were extended until 31st March 2020.

The purpose of this paper is to:

- Provide some background to the current commissioning arrangements of the following EPCMS;
  - Administration of GnRH Analogues
  - Secondary Care Phlebotomy
  - Shared Care Monitoring
  - Dementia DES+
  - Extended Medicines Management Scheme
  - Wound Care Monitoring
  - Stable Prostate Cancer / Urology Service
- Summarise each of the services listed above
- Provide high level data regarding activity and cost for each service
- Identify next steps in determining future commissioning arrangements

### **2. Background**

During 2013/14 NHS Hull Clinical Commissioning Group (CCG) undertook a review of Local Enhanced Services. These services subsequently became known as EPCMS. The extended services specifications outline the more specialised services to be provided within Primary Care and are designed to cover the extended aspects of clinical care of the patients, all of which are beyond the scope of essential services within the GMS/PMS/APMS contracts. Furthermore, these services ease pressures on acute services. The review concluded that the CCG would invite tenders for the provision of the following services:

- Administration of GnRH analogues
- Secondary Care Phlebotomy
- Shared Care Monitoring
- Dementia DES+
- Extended Medicines Management
- Wound Management
- Oral Glucose Tolerance Testing (ceased)
- Prostate Cancer Urology Service in Primary Care
- Stable Prostate Cancer / Urology Service in Primary Care (iQudos)

Following a successful tender process the CCG issued contracts to successful bidders in the form of the NHS Standard Contract, commencing 1 April 2014 to 31 March 2021. There are currently 33 GP Practices in Hull, all of which provide some or all of the EPCMS. With the exception of the Prostate Cancer Urology Service in Primary Care, each of the Primary Care Networks (PCNs) are currently providing EPCMS from at least one of their practices - see Appendix 1 for a further breakdown.

### **3. Summary of current service specifications**

It was determined that these services should be provided within a GP practice environment by the patient's registered practice where possible. As such these specifications are

designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services as defined in core GMS/PMS/APMS contracts.

The overarching aim is to provide a GP-led primary care service which offers assessment, advice, treatment and monitoring to all patients who are referred from Secondary Care services as part of these agreements. The objectives of each of these services are:

- To provide a safe and clinically effective service for patients within a primary care environment;
- To provide a locally accessible service that enhances the patient experience;
- To reduce patient attendances in secondary care;
- To ensure the most efficient use of NHS resources;
- Provide a holistic approach to patient care;
- Provide an equitable service for all users.

### **EPCMS1 - Administration of GnRH Analogues**

This service enables those patients who are currently undergoing treatment for carcinoma of the prostate, carcinoma of the breast and endometriosis, and are clinically appropriate to receive their treatment and management of their condition within a primary care setting.

### **EPCMS2 - Secondary Care Phlebotomy**

This service enables patients to have phlebotomy (blood test investigations) requested as a consequence of a referral to or on-going care by hospital services, carried out in a primary care setting.

### **EPCMS3 - Shared Care Monitoring**

This service enables those patients who are prescribed “amber drugs” to be monitored in primary care under established shared care guideline arrangements with secondary care providers. This may involve the taking of bloods and other tests or examinations at pre-determined intervals.

### **EPCMS4 - Dementia DES+**

The aim of this service is to deliver early diagnosis of Dementia and to establish a reviewing process to monitor the development of cognitive impairment within Primary Care.

### **EPCMS5 - Extended Medicines Management**

This scheme was developed to support GPs in Hull to achieve cost-effective and high quality prescribing of medicines. The prescribing areas for this service change year on year through discussions with the Medicines Optimisation Team.

### **EPCMS7 - Wound Management Service**

This service enables those patients who require wound management services including the removal of sutures, clips, staples and steristrip removal and the management of simple wounds to be seen within Primary Care. This also includes those patients who were initially treated in a secondary care environment.

### **EPCMS9 - Stable Prostate Cancer / Urology**

This service enables those patients with stable CA prostate to be continually monitored and managed within Primary Care.

## 4. Activity Summary

### 4.1 Total activity for 2018/19 by contract

The most recent 12 month period for which activity data is available is April 2018 – March 2019 – this is set out in Table 1.

Table 1 - Activity for the period of 2018/19 by Primary Care Network

PCN	EPCMS Contract	Contacts/patients	Spend
Medicas	Administration GnRH Analogues	285	£3,398.61
Modality	Administration GnRH Analogues	562	£6,693.42
Nexus	Administration GnRH Analogues	463	£5,514.33
Symphonie	Administration GnRH Analogues	337	£4,013.67
Bevan	Administration GnRH Analogues	223	£2,664.45
			<b>£22,284.48</b>
Medicas	Secondary Care Phlebotomy	592	£985.46
Modality	Secondary Care Phlebotomy	1019	£4,698.67
Nexus	Secondary Care Phlebotomy	384	£2,795.03
Symphonie	Secondary Care Phlebotomy	585	£1,884.11
Bevan	Secondary Care Phlebotomy	669	£1,685.15
			<b>£12,048.42</b>
Medicas	Shared Care Monitoring	3528	£49,537.37
Modality	Shared Care Monitoring	5390	£77,293.91
Nexus	Shared Care Monitoring	3679	£51,902.84
Symphonie	Shared Care Monitoring	2084	£27,804.08
Bevan	Shared Care Monitoring	2598	£36,006.19
			<b>£242,544.39</b>
Medicas	Dementia DES+	157	£2,145.00
Modality	Dementia DES+	809	£12,378.00
Nexus	Dementia DES+	295	£3,913.00
Symphonie	Dementia DES+	21	£420.00
Bevan	Dementia DES+	75	£1,359.00
			<b>£20,215.00</b>
Medicas	Extended Medicines Management	N/a (2)	£7,984.61
Modality	Extended Medicines Management	N/a (2)	£17,792.59
Nexus	Extended Medicines Management	N/a (2)	£14,808.54
Symphonie	Extended Medicines Management	N/a (2)	£10,606.09
Bevan	Extended Medicines Management	N/a (2)	£9,262.93
			<b>£60,454.76</b>
Medicas	Wound Management Service	787	£5,178.46
Modality	Wound Management Service	2166	£14,252.28
Nexus	Wound Management Service	1678	£11,041.24
Symphonie	Wound Management Service	1848	£12,159.84
Bevan	Wound Management Service	454	£2,987.32
			<b>£45,619.14</b>
Medicas	Stable Prostate Cancer / Urology	222	£7,874.34
Modality	Stable Prostate Cancer / Urology	186	£6,597.42
Nexus	Stable Prostate Cancer / Urology	0	0
Symphonie	Stable Prostate Cancer / Urology	0	0
Bevan	Stable Prostate Cancer / Urology	238	£8,441.86
			<b>£22,913.62</b>

Table 2 shows activity by quarter during 2018 which shows a slight increase in activity for all services except for EPCMS 7 (wound management) is relatively stable throughout the year.

*Table 2 - Quarterly activity*

Service	QTR1	Qtr2	Qtr3	Qtr4
EPCMS1	462	462	458	488
EPCMS2	771	780	808	890
EPCMS3	4226	4113	4292	4648
EPCMS4	511	477	529	675
EPCMS7	1719	1770	1852	1592
EPCMS9	155	161	186	149

Further information in relation to the tariff and payment mechanisms for each service can be found at Appendix 2.

## 5 Service specifications

Each of the service specifications are currently being reviewed and will be brought to the December meeting of the Primary Care Commissioning Committee for approval. This review will take into account the following:

- Delivery model
- Review of historical activity and potential future activity
- Skills & Competencies required
- Evidence of need for the service
- Training requirements
- Tariff

We are aware of additional activities that Primary Care Providers are asked to deliver such as 'Chicken Pox Vaccinations' that are yet to be scoped and currently do not form part of the GMS Contract. It is anticipated that these will be developed into additional Extended Primary Care Medical Service.

### 5.1 Wider service review

In developing the service delivery model for each of the EPCMS, it is necessary to better understand the activity going through each of the EPCMS as well as activity across a range of other similar services/providers that patients may be referred to across the local health care system including:

- Treatment rooms provided by City Health Care Partnership
- Memory Clinic provided by Humber Teaching Foundation Trust
- Secondary Care services i.e. Urology

### 5.2 Stakeholder engagement

As part of the development of the service specifications and future delivery model, the following patient groups have been identified to engage with:

- Recent users of service
- Condition specific patient groups

The primary group of people to be engaged with are recent users of service, these will be identified by practices and contacted via email or text message in the first instance, with a

link to completing an online questionnaire; paper copies will be available on request. Paper copies will also be handed to patients attending appropriate clinics in general practices.

Views to be explored:

- Recent experience of service, and their rating of aspects of service.
- Areas for improvement.
- Views and preferences regarding aspects of service, including but not limited to, location and appetite for use of digital and online solutions.

In addition, other stakeholders to be engaged with include:

- People from groups with protected characteristics - to highlight issues people they represent may experience, and any areas of inequity that may have been overlooked.
- Current Primary Care providers
- GP's as commissioners - to give views on how the services might be better provided in the future.

### 5.3 Resource

As this is a significant piece of work there is a need for identified resource to progress the work outlined, therefore;

- Clinical Leads have already been identified to review all of the specifications.
- A Project Team has been established and meets regularly; a project plan with timeline has been developed and agreed.
- Communication and Engagement is being managed by the Internal CCG Communications and Engagement Team for which a Communication plan has been developed.
- Corporate Services will review each Equality Impact Assessment.

## 6. Commissioning Intentions

The NHS Long Term Plan sets out the development of Primary Care Networks covering populations of at least 30,000 and specifically the development of a Network DES from July 2019. The Network DES provides the vehicle to commission EPCMS, including Minor Surgery at scale from Primary Care Networks through the category of **Supplementary Network Services** whereby CCGs and Primary Care Networks may develop local incentive schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

At the Primary Care Commissioning Committee held in February 2019, committee members considered utilising the Network DES for EPCMS and Minor Surgery and approved in principle the inclusion of the EPCMS as part of the Network DES in the future.

Table 3 identifies 5 options for the future commissioning of the EPCMS.

Table 3 - Options appraisal

Option	Benefits	Dis-benefits
1. To decommission all of the EPCMS.		Activity for each service would need to be picked up elsewhere. Large scale consultation with patients/service users would need to take place. Potential increase in cost as patients picked up via alternative providers. Impact on other providers across the city i.e. secondary care. Patient/service user dis-satisfaction resulting in potential increase in complaints from patients. Reduction of funding within Primary Care.
2. To continue to commission the EPCMS at individual practice level.	No real change for the patient/service user. Retain funding within Primary Care.	Inequality of service provision across the city - not all practices deliver all of the services. Contract management for 33 individual contracts. Continued variation in service delivery.
3. To commission all of the EPCMS at Primary Care Network Level.  (This option would still allow for practices to individually deliver the service to their own patients but the contract would be managed via the PCN).	Reduction in the number of contracts - 33 to 5. Services delivered at scale allowing for efficiencies e.g. workforce. Improved collaborative working within the PCNs. Reduced variation in service delivery. Retain funding within Primary Care. Supports new models of delivery. 100% coverage of population. Potential Improved access for patients. Consistent with direction of travel set out within the NHS Long Term Plan and Network DES.	Patients may have to be seen at an alternative practice to the one they are registered at. Potential change in sites from where services are delivered.
4. To commission some of the services at practice level and some at Primary Care Network level.	Potential reduction in the number of contracts. Retain funding within Primary Care. 100% coverage of population.	Patients may have to be seen at an alternative practice to the one they are registered at. Potential change in sites from where services are delivered.
5. To undertake an open procurement exercise and invite other providers to deliver the services.	100% coverage of population. Potential reduction in the number of NHS Standard Contracts.	Funding could potentially be taken out of Primary Care. Mobilisation not being complete prior to the end of March 2020.



## 6.1 Preferred Option

The preferred option is Option 3, to commission all of the EPCMS at Primary Care Network level as this would ensure all patients have access to all services within each network, giving 100% coverage across the population of Hull and encourage collaborative working and offer opportunities for economies of scale.

It would be a requirement for the PCNs to deliver **ALL** of the services, how these are delivered within the PCN is for the PCNs to determine.

## 6.2 Outline timeline

An initial indicative outline timeline for the work is suggested as follows:

Patient/User engagement	Oct/Nov 19
Provider stakeholder engagement	Oct/Nov 19
Potential wider engagement/consultation	Oct/Nov 19
Service specifications approved	Dec 19
Commissioning process/accreditation	Jan/Feb 20
New arrangements/contracts in place	April 20

## 7. Recommendation

It is recommended that the Primary Care Commissioning Committee;

- a) Note the contents of this report and
- b) Approve Option 3.

## Appendix 1 - Current Contract delivery by GP Practice

Code	Practice Name	Partnership Name	Service Expiry		EPCS 1 GnRH Analogues	EPCS 2 Secondary Care Phlebotomy	EPCS 3 Shared Care Monitoring	EPCS 4 Dementia DES+	EPCS 5 Extended Medicines Management	EPCS 7 Wound Management	EPCS 9 Prostate Cancer Urology Service in Primary Care
			31/03/2018	31/03/2018							
B81002	City Health Practice Limited - Bransholme	City Health Practice Limited - Bransholme	Y	Y	Y	Y	Y	Y			
B81008	East Hull Family Practice	East Hull Family Practice	Y	Y	Y	Y	Y	Y	Y	Y	Y
B81011	Kingston Health (Wheeler St)	Dr Yu DYF & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81017	Kingston Medical Group (CHCP)	Kingston Medical Group (CHCP)	Y	Y	Y	Y	Y	Y	Y	Y	
B81018	Dr RK Awan and Partners (Orchard 2000)	Dr Awan RK & Partner	Y	Y	Y	Y	Y	Y	Y	Y	Y
B81020	Sutton Manor Surgery	Dr Marshall LJ & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81027	St Andrews Surgery	St Andrews Surgery	Y	Y	Y	Y	Y	Y	Y	Y	
B81032	Wilberforce Surgery	Dr Grada F & Partner	Y	Y	Y	Y	Y	Y	Y	Y	
B81035	The Avenues Medical Centre	Dr Thompson BC & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81038	Dr IA Galea and Partners	Dr Galea IA & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81040	Dr JAD Weir and Partners	Dr Weir JAD & Partners	Y	Y	Y	Y	Y	Y	Y	Y	Y
B81046	The Bridge Group Practice	Dr Brown MJ & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81047	Wolseley Medical Centre	Dr PANDE K	Y	Y	Y	Y	Y	Y	Y	Y	
B81048	Dr JR Lorenz and Partners (Newland Group Medical Practice)	Dr Lorenz JR & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81052	Humber Primary Care Ltd	Humber Primary Care Ltd	Y	Y	Y	Y	Y	Y	Y	Y	
B81053	Diadem Medical Practice	Dr Wright PJ & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81054	Clifton House Medical Centre	Dr Chauhan GS & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81056	The Springhead Medical Centre	Dr Curran & Partners	Y	Y	Y	Y	Y	Y	Y	Y	Y
B81058	Sydenham Group Practice	Dr Lovett MS & Partner	Y	Y	Y	Y	Y	Y	Y	Y	
B81066	Dr GM Chowdhury and Partner	Dr Chowdhury GM & Partner	Y	Y	Y	Y	Y	Y	Y	Y	
B81074	City Health Practice Limited - Southcoates	City Health Practice Limited - Southcoates	Y	Y	Y	Y	Y	Y	Y	Y	
B81075	Hastings Medical Centre	Dr Garwood DJ & Partners	Y	Y	Y	Y	Y	Y	Y	Y	
B81080	Dr GS Malczewski	Dr Malczewski GS	Y	Y	Y	Y	Y	Y	Y	Y	
B81085	Bumbrae Medical Practice	Dr Fairhurst CT & Partner	Y	Y	Y	Y	Y	Y	Y	Y	
B81095	Dr BF Cook	Dr Cook BF	Y	Y	Y	Y	Y	Y	Y	Y	
B81097	DELTA Healthcare	Dr Igoche D	Y	Y	Y	Y	Y	Y	Y	Y	
B81104	Dr JK Nayar & Partner	Dr Nayar JK & Partner	Y	Y	Y	Y	Y	Y	Y	Y	
B81112	James Alexander Family Practice	Dr Raghunath AS & Partners	Y	Y	Y	Y	Y	Y	Y	Y	Y
B81119	Goodheart Surgery	Goodheart Surgery	Y	Y	Y	Y	Y	Y	Y	Y	
B81616	Dr GT Hendow	Dr Hendow GT	Y	Y	Y	Y	Y	Y	Y	Y	
B81631	Dr R Raut and Partner	Dr Raut R	Y	Y	Y	Y	Y	Y	Y	Y	
B81635	Dr N Jaiveloo	Dr N Jaiveloo	Y	Y	Y	Y	Y	Y	Y	Y	
B81645	CHCP East Park Practice	CHCP East Park Practice	Y	Y	Y	Y	Y	Y	Y	Y	
B81675	Haxby Newington	CHCP Newington	Y	Y	Y	Y	Y	Y	Y	Y	
B81688	Dr KV Gopal	Dr Gopal KV	Y	Y	Y	Y	Y	Y	Y	Y	
Y02344	Humber NHS FT (Northpoint)	Humber NHS FT	Y	Y	Y	Y	Y	Y	Y	Y	
Y02747	Kingswood Surgery	Dr Scott F & Partners	Y	Y	Y	Y	Y	Y	Y	Y	



## Appendix 2 - Current Payment mechanisms/tariffs

Service No	Service Description	Currency	Price
EPCS1	<b>Administration of GnRH Analogues Service</b>	Payment per patient receiving treatment in accordance with the specification.	<p><b>£12.23</b> per patient per quarter</p> <p>All patients entering the scheme will attract an annual fee of £48.93 which will be payable quarterly in arrears, provided that at least one injection has been given in the relevant quarter.</p> <p>The above payment rule will apply per drug received i.e. payment will be made if the patient receives Leuprorelin Acetate and Goserlin Acetate within the same quarter.</p> <p><b>£4.38</b> per domiciliary visit where applicable</p>
EPCS2	<b>Secondary Care Phlebotomy Service</b>	<p>Each practice that is contracted to provide this service will receive a payment multiplied by the practices Contractor Price Index (CPI).</p> <p>The Contractor Price Index is calculated by dividing the practice list size (taken as at 31 December 2013) by 5,891 (average practice list size).</p>	<b>£312.34</b> multiplied by the practices Contractor Price Index (CPI).
EPCS3	<b>Shared Care Monitoring Service</b>	<p><b>Level 1</b> – Patient under active shared care arrangement. The Provider works within the shared care guidelines to issue prescriptions but outsources sampling, testing, and dosing.</p> <p><b>Level 2</b> – Patient under active shared care arrangement. The Provider issues prescriptions and undertakes physiological monitoring (e.g. BP checks, height, weight</p>	<p><b>£6.78 pa</b></p> <p><b>£1.70 per qtr</b></p> <p><b>£31.06</b></p> <p><b>£7.76 per qtr</b></p>

		<p>measurement etc) in accordance with the shared care guidelines. The consultant retains responsibility for dosing.</p> <p><b>Level 3</b> – Patient under active shared care arrangement. The Provider organises laboratory test and takes responsibility for dosing in accordance with shared care guidelines. Sampling undertaken by District Nurse or another externally funded Provider.</p> <p><b>Level 4</b> – Patient under active shared care arrangement. The Provider organises laboratory test and takes responsibility for dosing in accordance with shared care guidelines. Practice also undertakes sampling.</p> <p><b>Domiciliary visits</b> - in addition to the above fees, where the sampling requires a domiciliary visit to a housebound patient on or behalf of the practice, and not by a member of staff employed by an NHS body to provide community health services, an additional fee would be paid for each separate address visited on that day.</p>	<p><b>£84.83</b></p> <p><b>£21.21 per qtr</b></p> <p><b>£94.23</b></p> <p><b>£23.53 per qtr</b></p> <p><b>£4.38 per visit</b></p>
EPCS4	<b>Dementia DES+ (Mild Cognitive Impairment Assessment and Review Service)</b>	<p>Patient receives Memory Screening Assessment – 6CIT <b>Read v2 = 38C10; Read CTV3 = XaaBD</b></p> <p>and</p> <p>For patients who have a confirmed diagnosis of dementia, have an advanced care plan agreed with the patient / carer, as appropriate. <b>Dementia advanced</b></p>	<p><b>£10.27 per patient (1 claim per patient reviewed)</b></p> <p><b>£18.49 (per Advanced Care Plan)</b></p>

		<p><b>care plan agreed: Read v2 = 8CSA. ; Read CTV3 = XabEk</b>  <b>Dementia advanced care plan declined;</b>  <b>Read v2 = 8IAe0; Read CTV3 = XabEi</b></p> <p>Annual review of advanced care plan with the patient/carer is completed, and updated as required.</p> <p><b>Review of dementia advance care plan:</b>  <b>Read v2 = 8CMG2;</b>  <b>Read CTV3 = XabEi</b>  <b>Dementia advance care plan review declined:</b>  <b>Read v2 = 8IAe2; Read CTV3 = XacM2</b></p>	<p><b>£5.14 (per annual review)</b></p>
<b>EPCS5</b>	<b>Extended Medicines Management Scheme</b>	<p>The actual payment due to the Provider each quarter will be £0.00409 per point achieved multiplied by the registered list size as at the beginning of the quarter</p> <p>Practices successfully engaged in Part One activities as summarised in the following table will qualify for payments worth £0.1535 per registered patient per quarter. Payments will be made at the following intervals - September, December, March and June.</p>	<p><b>£0.00409 per point achieved multiplied by the registered list size as at the beginning of the quarter</b></p> <p><b>£0.1535 per registered patient per quarter.</b></p>
<b>EPCS7</b>	<b>Wound Management Service</b>	<p>Sutures, staples, clips and steristrip removal  Simple wound dressing including reviews</p>	<p><b>£6.75 per patient</b>  <b>£6.75 per consultation</b></p>
<b>EPCS9</b>	<b>Stable Prostate Cancer / Urology Service in Primary Care (iQudos)</b>	<p>Per follow-up outpatient attendance (maximum of two per year)</p>	<p><b>£36.42</b></p>