

## Item: 8.2

**Report to:** Primary Care Commissioning Committee

**Date of Meeting:** 23 October 2020

**Subject:** Extended Primary Care Medical Services

**Presented by:** Nikki Dunlop, Head of Commissioning, Integrated Delivery, NHS Hull CCG

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### STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

### PURPOSE OF REPORT:

The purpose of this paper is to present the service specifications and recommended tariffs for the following Extended Primary Care Medical Services to the Primary Commissioning Committee for approval:

- Ring Pessary Fitting Service
- Secondary Care Generated Interventions

**RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee;

- a) approve the service specifications for the Ring Pessary Fitting Service and Secondary Care Generated Interventions;
- b) approve the associated recommended tariffs;
- c) approve the use of PMS Premium to fund the services and
- d) approve the commissioning of these services from 1<sup>st</sup> October 2020 at individual practice level until they can be commissioned at PCN level from 1<sup>st</sup> April 2021.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, grounds for exemption

**CCG STRATEGIC OBJECTIVE** *(See guidance notes below)*

Integrated Delivery

This report supports the CCG objective of Integrated Delivery through the development of extended primary care medical services at scale.

**IMPLICATIONS:** *(summary of key implications, including risks, associated with the paper),*

Finance	The finance implications associated with these services is detailed within the paper. The committee are being asked to approve the use of PMS Premium funding for these services.
HR	None
Quality	Improved equity of services due to contracting at PCN level. Further quality aspects are identified within the individual service specifications.
Safety	None

**ENGAGEMENT:** *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

A project group was established to review the service specifications comprising representation from:

- Commissioning
- Contracting
- Finance
- Quality
- GP Board Members
- LMC
- Medicines Optimisation Team

The services listed above have never been formally commissioned by Hull CCG within general practice but have been provided within a large number of practices across Hull for many years. There will be no significant change to service delivery.

During the engagement exercise with the Council of Members in relation to the Extended Primary Care Medical Services, the above services were raised as being carried out within primary care with no formal contracting route or remuneration.

**LEGAL ISSUES:** *(Summarise key legal issues / legislation relevant to the report)*

None.

**EQUALITY AND DIVERSITY ISSUES:** *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	√
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section 7 in the enclosed report.	

**THE NHS CONSTITUTION:** *(How the report supports the NHS Constitution)*

This report supports delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

## **BASKET OF SERVICES - EXTENDED PRIMARY CARE MEDICAL SERVICES**

### **1. BACKGROUND**

As part of the Extended Primary Care Medical Services (EPCMS) review carried out in 2019, it was identified that there are a number of services currently being delivered within Primary Care which are not considered as core services and therefore do not attract payment. We are referring to those services as the “Basket of Services” and those services are:

- Ring Pessary Fitting
- Secondary Care Generated Interventions
- ECG

A project group was formed to review current activity in relation to the above services, develop service specifications and produce impact assessments consisting of:

- Commissioning
- Contracting
- Finance
- Quality
- GP Board Members
- LMC
- Medicines Optimisation Team

This paper concentrates on the service specifications and associated tariffs for 2 of the services; Ring Pessary Fitting and Secondary Care Generated Interventions. The service specification and associated tariff for ECG will be presented to a future committee meeting.

Following approval of the service specifications, the intention is to include these services as part of the EPCMS and will be commissioned via a Local Incentive Scheme from PCNs from 1<sup>st</sup> April 2021.

### **2. INFORMATION - RING PESSARY FITTING SERVICE**

#### **2.1 Ring Pessary Fitting Service - See Appendix 1**

The aim of this service is provide a ring pessary fitting service within a primary care setting which will:

- Help reduce inequality of care across Hull through provision of an accessible and convenient service in an out of hospital environment;
- Increase choice for all patients;
- Provide an integrated and collaborative approach to ensure a seamless service;
- Provide faster access to management of gynaecology conditions in a primary care setting.

## 2.2 Activity

Ring pessary fitting and replacement is currently provided both in the acute setting and within general practice.

During the period of January 2017 - December 2019 (3 years) there have been 255 recorded activities in GP practice patient records of patients receiving initial consultation, sizing and fitting of ring pessaries (SystemOne data only). This number is a combination of initial, follow up and replacement appointments. We do not currently know how many of these were carried out in General Practice and how many were carried out within the hospital. We must also assume that not all ring pessary fittings have been coded and therefore this figure could be higher.

For the purpose of the review this has been broken down into an average of 85 per year split between initial fitting and follow up appointments:

- Count of activity for patients receiving initial consultation, sizing and fitting: **22**
- Count of activity for patients receiving follow up and pessary changing every 4 months: **63**

## 2.3 Tariff

Following a review of the work undertaken as part of this service, the following tariffs are being recommended:

- £52.99 - for the initial consultation, sizing and fitting
- £24.39 - for follow up appointments and changing of the pessary

The above tariffs are in line with the East Riding of Yorkshire CCG payment schedule. It is also recommended that no more than 3 replacements per patient are funded within any 12 month period.

If activity continues at the current rate it is estimated that, based on payment per patient, the service will cost approximately £2,700. This figure could increase should patients choose to have their ring pessaries fitted/replaced in general practice rather than hospital.

The committee are requested to approve the service specification (Appendix 1) and the associated tariff.

## 2.4 Training

Training will be offered via HUTHT to those practices which do not currently provide this service. Refresher training will also be offered to those practices which currently do provide the service.

### **3. INFORMATION - SECONDARY CARE GENERATED INTERVENTIONS**

#### **3.1 Secondary Care Generated Interventions - Appendix 2**

The aim of this service specification is to provide a formalised pathway to enable secondary care generated interventions to be carried out within a primary care setting which:

- Ensures patients from right across the age range are cared for appropriately through an integrated model
- Models of delivery are sufficiently scaled to provide the widest possible benefit to the local communities
- Reduces pressure on Secondary Care services
- Provide patients with greater choice and care closer to people's homes where it is clinically safe to do so

The interventions which are currently within scope of this service are:

1. Hepatitis B Vaccination
2. Chicken Pox Vaccination
3. Aranesp Injections

The service specification allows for further interventions to be added once approved by the Primary Care Commissioning Committee.

#### **3.2 Activity**

From January 2017 until December 2019 the recorded activity on SystmOne in Hull GP Practices was:

1. Hepatitis B Vaccination - 162
2. Chicken Pox Vaccination - 18
3. Aranesp Injections - 48

The activity above must be considered with caution as this includes all vaccinations given and not just those given as per the indications within the service specification.

#### **3.3 Tariff**

The above interventions require no other physiological checks and therefore it is recommended that the remuneration for these vaccinations is consistent with payment claims for other vaccination programmes which are covered by the Statement of Financial Entitlements. This is currently £10.06 per vaccination.

The committee are requested to approve the service specification (Appendix 2) and the associated tariff.

#### **4. COMMISSIONING AT INDIVIDUAL PRACTICE LEVEL**

At the 28<sup>th</sup> August 2020 committee, members approved to delay the commissioning of Extended Primary Care Medical Services at PCN level until the 1<sup>st</sup> April 2021 and therefore, practices are individually commissioned to provide the current EPCMS. As GP practices have been delivering the two services described in this paper, without remuneration, the intention is to commission these services from individual practices from 1<sup>st</sup> November 2020 and then align with commissioning EPMS from PCNs on 1<sup>st</sup> April 2021.

The committee are requested to approve the commissioning of the Ring Pessary Fitting Service and Secondary Care Generated Interventions service from individual practices from 1<sup>st</sup> November 2020.

#### **5. RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee;

- a) approve the service specifications for the Ring Pessary Fitting Service and Secondary Care Generated Interventions;
- b) approve the associated recommended tariffs;
- c) approve the use of PMS Premium to fund the services and
- d) approve the commissioning of these services from 1<sup>st</sup> October 2020 at individual practice level until they can be commissioned at PCN level from 1<sup>st</sup> April 2021.