

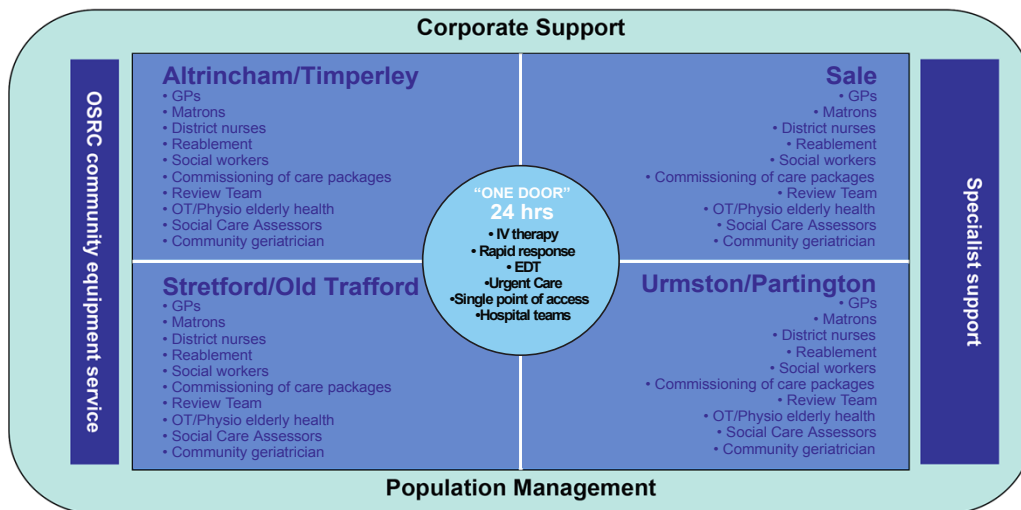
Expression of interest for co- commissioning of primary care in Trafford

**Background**

**The Trafford story**

Trafford has been developing its integrated services for the last five years. The community services are well established with a wide range of services including 24 hour rapid response teams, community geriatricians and matrons to name but a few. The services are well utilised and we are starting to impacts on acute services. Trafford community services are integrated with health and social care working as single team in both adult and children’s services.

As part of this work Trafford has developed a neighbourhood model approach with four localities. This foot print matches the Borough council and also the polices delivery model. The four localities have integrated services that support and wrap around the practises offering early intervention and extended support to all patients.



In order to ensure services are used to their full potential Trafford CCG is developing a primary care co-ordination centre. This will house the latest technology which will track patients through the systems of health and social care. This is centre with the commissioned jointly by the CCQ council and ensures that people are sign posted through the system. The centre will have clinicians available who will work closely with the practices ensuring high quality referrals are made and where required, any additional services are booked these include transport, self care advice, and social care. The centres will co-ordinate the risk stratification and complex patients and alert primary care that will put in place care planning and where appropriate integrated community services.

## **Primary care the story so far**

To continue the Trafford story of integration we have been developing the primary care offer to respond to the changing service provision in the area. As a CCG we have been somewhat restricted by not having the scope to change and alter primary care at pace due to the constraints within the local area team with their small primary care team. We therefore are really keen to take on a wider role within the co-commissioned services so we can continue with our implementation of integration at scale and pace.

The practices have been working together to agree a model for primary care which involves a collaborative approach that is underpinned by new and aligned infrastructure and support from existing community provision such as out of hours services. The model focuses on intra and inter support and advice, as well as innovative new ways of working. This is all reflected in our primary care strategy and also the 5 yr strategic plan

As outlined in the Call to action improving general practice (May 2014) a key action is defining, measuring and publishing information on quality. Trafford CCG has a well embedded system of quality reviews with local GPs. This includes a state of the art electronic score card system that allows GP to measure and benchmark their performance and data against other practices and peers within their own practice this is supported by practice visits. The CCG has an experienced primary care education team that develop programmes of work to match the needs of the local clinicians

## **Below we have outlined the models of care we are looking to bring in**

**Locality Risk Stratification** – Risk stratified general practice populations, which are integrated with health and social care teams. This development identifies those patients most at risk of an unplanned hospital contact. Approximately 4,000 will be placed on a register and identified to both general practice and multidisciplinary teams (MDT). The response from which will be a care coordinated approach to MDT patient centred management, which rapidly responds to the patient needs both in and out of hours to deliver one stop 24 hours response to manage the patient outside of hospital where this is appropriate.

**Enhanced Access** – Patients will be able to access planned bookable appointments for patients until 8 pm each weekday evening, and Saturday and Sunday till 6pm. This locality development will provide patients with enhanced level of access previously not available.

**Neighbourhood locally commissioned services** for minor surgery, near patient testing, diabetic services, phlebotomy, physiotherapy, primary care diagnostics, cardiology/ECG's, musculo-skeletal, dermatology, integrated district nursing and social care, screening clinics and paediatric clinics, and minor injury/ailment clinics will be developed. These new services could be delivered from new locality health and wellbeing hubs which will see a shift in care delivered closer to patients homes. Due to the services being provided at locality population level, previous inequality of service provision will be addressed.

## **Locality Patient Information Solution**

The CCG will look to deliver an integrated patient information solution to deliver enhanced access, and integrated care 7 days a week across Trafford. Patient information in the form of a single care record, accessible by all stakeholders in the patients care multidisciplinary team, will be able to see a full record and be able to record care interventions to ensure continuity of care across provider organisations.

## **Primary Care Standards**

To underpin the new model, Trafford CCG aspires to deliver the Greater Manchester standards for primary care, namely,

By the end of next year, (2015), all children across GM under the age of 5 will be able to access same day appointments within general practice

By the end of 2016, (sooner in many parts of Greater Manchester), all patients will be able to:

- get advice from a doctor or nurse 24 hours a day
- be seen within 2 hours for an urgent problem
- be seen on the same day if necessary
- be seen within 48 hours if requested
- Have seven day access to GP and associated services

By 2015, every patient with a long term condition or multiple conditions requiring a care plan, will have a care plan accessible by the patient and all those treating and caring for him/her to develop greater personal resilience and enable greater collaborative working of care professionals

By 2016, all residents will be able to see how their general practice performs against key local and national quality indicators and use this information to ensure they are receiving optimum care

By 2016, all patients who wish to access their own electronic record will be able to do so

By 2017 Patients will be able to access a greater range of health services within their communities easily and those services will work together to ensure care remains within primary and community care wherever appropriate

## **Estate Provision**

Under the proposed co-commissioning arrangements, new locality hubs will house integrated care teams and provide for the coordination of patient care. Greater localized arrangements under a CCG estate strategy and governance will better determine the landscape and help secure the future model of enhanced primary and community care in Trafford.

## **Our plans and aspirations for co-commissioning**

As stated above the CCG have looked towards doing more primary care work for some time. The relationship we have had with the local area team is extremely good and we have always worked in a co-commissioning way on an informal basis. We see this as a way of strengthening and legitimising that bond. We are keen to pursue new models of care that align to the integrated care strategy.

The expression of interest is from NHS Trafford CCG as an individual CCG. However, discussions with NHS England Greater Manchester local area team have defined four levels of co-commissioning (attached) ranging from level one planning, level two jointly designing, reviewing and managing contracts, level three delegated budget for aspects of primary care contracts and associated contract management and level four managing a devolved primary care budget for local APMS/PMS/GMS contracts.

It is the intention of NHS Trafford CCG to co-commission at level four for the whole Trafford population.

### **Level of commissioning aspired to by the CCG**

We believe that we are in a strong position as commissioners to manage a range of primary care functions. We have considered the GM primary care commissioning document (see attached) and believe we can commit to integrating a range of functions in to our already well established skilled primary care team. The scope and nature of co-commissioning arrangements in Trafford is outlined below.

<b>Trafford CCG currently doing</b>	<b>Trafford CCG interested in taking on</b>	<b>Trafford CCG would not want to take on</b>
<ul style="list-style-type: none"> <li>▪ Assessing needs</li> <li>▪ Designing services/models</li> <li>▪ Developing strategic direction for services</li> <li>▪ Liaison with partners</li> <li>▪ Strategic Planning of local Estates with prioritisation of investment via GM governance arrangements</li> <li>▪ Improving quality and reducing variation</li> </ul>	<ul style="list-style-type: none"> <li>▪ APMS contracts</li> <li>▪ Jointly deciding appropriate arrangements for practice splits/mergers</li> <li>▪ Jointly agreement priorities for discretionary spend on premises etc</li> <li>▪ Jointly reviewing APMS contracts and deciding strategic direction and scope</li> <li>▪ Contract management of Directed Enhances Services alongside Locally commissioned services</li> <li>▪ (Potential to also join up commissioning of LA led Enhanced services</li> <li>▪ This would include decisions on practice mergers/splits/vacancies and management of associated contractual process</li> <li>▪ Managing the GP primary care market by leading on procurement of new</li> </ul>	<ul style="list-style-type: none"> <li>▪ Contract management of core Optical/Dental/Pharmacy</li> <li>▪ GMS/PMS contracts</li> <li>▪ Contract management of PMS/GMS contracts, including any contractual sanctions resulting from performance issues</li> <li>▪ Jointly reviewing PMS contracts and deciding strategic direction and scope</li> </ul>

	<p>services</p> <ul style="list-style-type: none"> <li>▪ Possibly provision of complaints management function for AT</li> <li>▪ Management of EPRR for GP services</li> <li>▪ Safeguarding</li> <li>▪ Managing discretionary payments (pending Area Team clarification)</li> <li>▪ Primary Care Education &amp; Training (pending Area Team clarification)</li> </ul>	
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### **Intended benefits**

Under the co-commissioning arrangements outlined in this expression of interest, the implementation of the new model for integrated primary care is expected to deliver the following benefits which align with the CCG commissioning strategy plan;

- 15% reduction in unplanned admissions to hospital, attendances to A&E departments and unplanned admission excess bed days.
- Greater integration of general practice and multi-disciplinary teams will deliver improved quality of care. Patients will experience a more cohesive journey through the health system and see greater amounts of care delivered within or closer to home.
- Integrated patient information under a single system will reduce duplication of record taking, and asking the patient for the same information by different providers within the same episode of care.
- A single care plan accessible by all care providers who need access, along with patient access to the record, will deliver improved continuity of care with out of hour's providers or community service providers being able to see the full record to support a quality intervention.
- Greater improved access into the evenings mid week and at weekends will give a vastly improved service to the population.
- Locality collaborative working will see an increase in the range of services offered to patients. Historical inequality of service provision due to variation in local enhanced service provision will be reduced as greater access to services is offered by services at locality population level.

### **Timescale**

Working with GM local area team colleagues, Trafford CCG would look to secure the expected benefits of the new co-commissioning arrangements as soon as practicable and within 2014/15.

Any newly delegated budgets would be expected to be in place for 2015/16 financial year.

## **Governance**

NHS Trafford already operates under strict governance guidelines and under a published constitution. This includes robust arrangements with an audited conflict of interest process which extends beyond the CCG to include all member practices, not just those within the governing body.

It is not envisaged that this expression of interest for new co-commissioning arrangements affects the commissioning process such that any change is required, and that the CCG will manage any conflicts within current policy.

## **Engagement with member practices and stakeholders**

As part of this expression of interest the CCG has undertaken the following engagement activities;

- Engagement with all member practices at the council of members and local medical committee meetings
- Discussion with local authority colleagues and health and wellbeing board stakeholders
- Patient groups

## **Monitoring and Evaluation**

NHS Trafford has a productive working relationship with the GM LAT and through existing meeting structures will regularly review the delivery of the intended benefits and issues arising from the new co-commissioning arrangements. This will be secured through Chief Operating officers meetings, GM Primary Care Leads meetings and planned meetings to address emergent issues.