

**South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group**

Commissioning Intentions and Contracts Re- Fresh 2018/19

1. Introduction

This paper sets out South Sefton and Southport & Formby Clinical Commissioning Groups' (CCG) Commissioning Intentions for 2018/19. They build on the 2017/19 Commissioning Intentions issued last year and provide further detail and information on our priorities and the schemes previously identified in order to refresh the contract for 2018/19 where required or to begin discussions

2. Strategic Context

These Commissioning Intentions are made within the strategic context of the policy and priorities set out in the NHS England Five Year Forward View and the NHS Cheshire and Merseyside Five Year Forward View.

Within NHS Cheshire and Merseyside there will be increased focus on using RightCare and Getting it Right First Time (GIRFT) to shape future delivery of healthcare services that are clinically and financially sustainable. Commissioners expect increased focus in these areas in 2018/19 together with improved reporting requirements to support Programme Board delivery requirements working at a Cheshire and Merseyside level.

Within the North Mersey Local Delivery System the Acting as One arrangement has been established to support the delivery of the wider North Mersey Local Delivery System plans, providing financial stability for implementation of the required system transformation. The arrangement will be reviewed to understand its success in the first year for delivering all parties' expectations and to determine whether changes are required for 2018/19.

3. Reducing Cost of Services QIPP/ CIP Schemes

Delivery of CCGs Quality, Innovation, Productivity and Prevention programmes (QIPP) and Provider Cost Improvement Programmes (CIP) is optimised where there is a coordinated effort across the system with commissioners and providers working more closely to ensure that cost reduction programmes are aligned. With this in mind, this document indicates which intentions are linked to the CCG QIPP plans and in order to promote integration and alignment we are asking providers to share details of their CIPs.

4. Taking Intentions Forward in Contracts

The table below details each of the CCG commissioning intentions, identifying applicable providers, where QIPP schemes and naming the relevant CCG leads. Contract leads will be taking forward discussions with providers and we would be grateful if you would identify the appropriate provider lead for each area.

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Category	Applicable to Providers	CCG(s)	Description	CCG QIPP Scheme	CCG Named Lead	Provider Lead
Elective Care Delivery	Acute/ Independent Sector	South Sefton CCG S&F CCG	E-Referrals- Providers should increase availability of slots for GPs to increase E-Referral use in line with national targets. Discussions will be taken forward with providers on implementing national and contract requirements		Sarah Mc Grath Moira Harrison	
Elective Care Delivery	Acute	South Sefton CCG S&F CCG	Advice & Guidance - The CCGs expect to see reduction in referrals linked to CQUIN compliance and will work with other local commissioners and in accordance with national guidance on any arrangements for a local tariff.	√	Sarah Mc Grath Moira Harrison	
Elective Care Delivery	Acute/ Independent Sector	South Sefton CCG S&F CCG	British Association of Day Surgery (BADS) – The CCGs will identify where providers are outliers in undertaking day cases compared to peers who undertake the same procedure as outpatients. Clinical and managerial leads will work with providers in agreeing clinically excluded specialties and procedure level reductions. Activity Planning Assumptions will reflect BADS. Examples of procedures currently undertaken as day cases include venesection, excision of lesions	√	Karl Mc Cluskey/ Jan Leonard with support from BI	
Elective Care Delivery	Acute/ Independent Sector	South Sefton CCG S&F CCG	New: Follow Up Outpatient ratios: CCGs will review current activity levels as well as first to follow up rates with a view to reducing current levels across a number of specialties which are outliers. Where clinically appropriate CCGs will work with providers to introduce telephone consultations to reduce the need for unnecessary face-to-face contacts.	√	Karl Mc Cluskey/ Jan Leonard with support from BI	
Elective Care Delivery	Acute/ Independent Sector	South Sefton CCG S&F CCG	Consultant: Consultant Referrals: Commissioners will strengthen monitoring of the policies to ensure compliance, focussing on particular specialties. CCGs will not fund activity undertaken outside the policy. Providers will be asked for evidence that they have disseminated the policy within their organisations and that departments are		Karl Mc Cluskey/ Jan Leonard with support	

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			aware of the requirements.		from BI	
Elective Care Delivery	Acute/ Independent Sector	South Sefton CCG S&F CCG	Commissioning Policy (Prior Approval Scheme) Further to the Merseyside review, an updated policy will be incorporated into contracts. The CCGs will continue to strengthen arrangements around compliance with the policy via Blueteq and will not fund activity that does not have a prior approval authorisation code.		Moira Harrison	
Elective Care Delivery	AQP Providers	South Sefton CCG S&F CCG	<p>Merseyside AQP: Contracts are currently in place for Audiology, MSK and Podiatry. CCGs have previously opened the AQP window every year, this has been a resource intensive exercise and numbers of providers being qualified to provide the service does not equate to the costs incurred. Merseyside CCGs have collectively agreed that it would not be in the best interests of patients or the local health economy if resources were spent in further extending the number of providers when there is already patient choice for these services. The annual opening of the window has been suspended pending any review of these AQP services and interdependent services within the new community landscape. AQP contracts are due to expire in October 2018 and the CCGs will be reviewing commissioning arrangements alongside other Merseyside CCGs.</p> <ul style="list-style-type: none"> - AQP Audiology: The CCGs are reviewing pathways initially within Southport & Formby CCG with a view to developing a model that will more appropriately meet patient needs. - AQP Podiatry: South Sefton CCG is looking to review the current service specification particularly where patients are identified as having long term needs. 		Billie Dodd Supported by Contracts	

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			- AQP MSK: The CCGs are reviewing and updating service specifications in light of service developments elsewhere such as MCAS and - STarT Back pathways			
Service Changes and Developments	S&O	S&F CCG	<p>Orthopaedics: Southport & Formby CCG: MCAS service redesign: The CCG wishes to further build on the musculo-skeletal service model provided through Joint Health and to see continued improvement in the service, including implementation of further elements of the service specification such as:</p> <ul style="list-style-type: none"> - Consultant: Consultant Referral activity, including A&E. The CCG would like to work with Southport and Ormskirk Hospitals NHS Trust to develop pathways that support patients' journey to the most appropriate place of care, and fully utilising Joint Health as the first point of contact for all elective Orthopaedic activity. - Self-referral to physiotherapy fully implemented across S&F CCG by no later than 10th April 2018. - Academic Health Science Network (AHSN) funded Citrus suite programme to be fully functional by 10th April 2018 		Terry Hill	
Service Changes and Developments	Aintree	South Sefton CCG	Orthopaedics South Sefton CCG: The CCG will work with Aintree University Hospital NHS Trust to redesign the MCAS service including AQP physiotherapy. The model of delivery will include a single point of access for all elective Orthopaedic activity, support patients to self-manage and provide assurances that all elective Orthopaedic activity is flowing through MCAS by providing onward referral codes.		Terry Hill	
Service Changes and	Acute	S&F CCG	Cancer - Breast Service (surveillance mammograms) Southport and Ormskirk Hospitals NHS Trust legacy		Sarah Mc Grath	

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Developments			breast patients will be offered choice on where to have future annual surveillance mammograms from 2018. The CCG will explore options for on-going prosthetic supply.			
Service Changes and Developments	S&O	S&F CCG	Cancer follow ups and holistic needs assessments at Southport & Ormskirk Hospitals NHS Trust: Commissioners will only fund one Holistic Needs Assessment (HNA) appointment with the expectation that subsequent follow ups will be conducted at Macmillan centre		Sarah Mc Grath	
Service Changes and Developments	Acute/ Independent Sector	South Sefton CCG S&F CCG	Gastroenterology review across both CCGs: South Sefton and S&F CCGs have higher rates of gastroscopy than peer CCGs. South Sefton CCG has the 7 th highest spend on non-elective Gastro-Intestinal (GI) admissions in England. The CCGs would like to work with acute trusts to investigate a number of areas within the GI cohort of conditions to identify cause and review pathways.	√	Billie Dodd	
Service Changes and Developments	Acute Independent Sector	South Sefton CCG S&F CCG	Dermatology: A strategic review of the current Dermatology service landscape within Merseyside and Warrington has been undertaken with clear opportunities identified to redesign care across the whole pathway which will meet the challenges placed from growing demand and workforce shortages and provide improved quality, efficiency and patient experience.	√	Sarah Mc Grath	
Service Changes and Developments	Acute	South Sefton CCG S&F CCG	Stroke: The Cheshire & Mersey Stroke Case for Change will impact on providers' activity in 2018/19		Karl Mc Cluskey	
Service Changes and Developments	Acute Community	S&F CCG	Community Deep Vein Thrombosis (DVT): S&F CCG would like to develop a community based DVT service. The aim is to improve patient experience and reduce activity through the Accident and Emergency Department (AED) and create capacity within the AED department to		Sharon Forrester	

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			create flow critical areas.			
Service Changes and Developments	Acute Community Primary Care	South Sefton CCG S&F CCG	Respiratory & Cardiology: Commissioners to explore opportunities for referral management and treatment options to ensure referrals to secondary care are appropriate - similar to Cardiovascular Disease (CVD) pilot in S&F CCG. Following pathway review an operational board will be put in place to look at cost reduction/ increase of proposed pathway changes. Cost implications to be agreed by each participating CCG and implementation plans to follow.	√	Jenny Owen	
Service Changes and Developments	Acute/Community	South Sefton CCG	South Sefton CCG Spirometry Service: Commissioners have commenced work on reviewing the pathway and will be developing new pathways based on the review proposals.		Jenny Owen	
Service Changes and Developments	Acute/Community	S&F CCG	Southport & Formby CCG Community Cardiology Service: Commissioners will review and assess the community cardiology pilot and confirm commissioning arrangements from 2018/19.		Jenny Owen	
Service Changes and Developments	Acute Community Specialist	South Sefton CCG S&F CCG	Pain Management: Commissioners are working on a redesign of the current service within S&F CCG and developing a new service within South Sefton CCG. Providers will be expected to comply with relevant NICE guidance.	√	Terry Hill	
Service Changes and Developments	Acute Community	South Sefton CCG S&F CCG	Rheumatology: Commissioners will be looking to expand MCAS/Joint Health redesign to include Rheumatology clinical assessment service.		Terry Hill	
Service Changes and Developments	Community Primary Care	S&F CCG	Phlebotomy: Adult services are commissioned as part of the community services contract and in primary care. Commissioners will be reviewing to ensure activity is taking place in accordance with contract arrangements. S&F CCG will look at a model of care to provide paediatric		Billie Dodd	

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			phlebotomy services to ensuring the service meets patients' needs.			
Service Changes and Developments	Acute Community	South Sefton CCG	Community Gynaecology service: Commissioners will review current provision, costings, and pathways at Southport and Ormskirk Hospitals NHS Trust.		Sarah Mc Grath	
Service Changes and Developments	Acute Primary Care	South Sefton CCG S&F CCG	Trans- anal irrigation: Commissioners will review the service when NICE guidance is released next year.			
Service Changes and Developments	Acute Community Primary Care Third Sector	South Sefton CCG S&F CCG	<p>End of life (EOL): Commissioners will aim for EOL to have a high profile across all settings focussing on urgent care and chronic disease management e.g. heart failure, Chronic Obstructive Pulmonary Disease (COPD), along with frailty and care of our elderly population. Commissioners will look to a greater and sustained focus on care, planning and holistic care through:</p> <ul style="list-style-type: none"> - Coordinator role across all providers. A single point of access for all related EOL issues/matters. - Review the current discharge planning system to prevent unnecessary delays in discharges and how this relates to Continuing Healthcare (CHC) funding to ensure high quality and timely discharges at any time including weekends and bank holidays. - Exploring technology in the support of patients e.g. telemedicine. - A locally agreed Local Quality Contract (LQC) which supports Gold Standard Framework (GSF) and quality indicators beyond the scope of Quality and Outcomes Framework (QOF) with support from a GSF lead in each locality who also assists and supports care planning. - Continuing to support and encourage positive change 		Moira Harrison	

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			in our care homes through the funding of Care Home Innovation Programme (CHIP). - Reviewing the use of branded EOL drugs.			
Children and Maternity		South Sefton CCG S&F CCG	Child and Adolescent Mental Health Services (CAMHS): The CCGs will be reviewing current provision, costings, and pathways. Potential increase in activity related to requirements within the Five Year Forward View.		Peter Wong	
Children and Maternity		South Sefton CCG S&F CCG	Special Educational Need (SEND): The CCGs will be working with providers on the implementation of new arrangements within the contracts including potential to ensure compliance with the new SEND requirements.		Peter Wong	
Children and Maternity		South Sefton CCG S&F CCG	Neuro disability: The CCGs will be working with providers on implementation of a revised Autism Spectrum Disorder (ASD) pathway to facilitate improvement in waiting times and time for diagnosis		Peter Wong	
Urgent Care		South Sefton CCG S&F CCG	7 Day Services: Providers should work to national timelines on implementation of 7 day services, the aim of which is to reduce variation in weekend service provision and improve sustainability; proactively plan and manage pressure surges		Sharon Forrester / SS Urgent Care Lead	
Urgent Care		South Sefton CCG S&F CCG	Integrated Community Reablement & Assessment Service (ICRAS): Commences 02/10/17. Commissioners expect providers to continue to work to model, and sign up to agree to work to the proposed performance metrics for the service.		Melanie Wright	
Urgent Care		South Sefton CCG S&F CCG	Primary Care Streaming: providers should work collaboratively to bridge the gap between secondary, primary and community service provision to identify patients who do not require acute hospital admission. The aim of which is to reduce pressure on AED, create improved patient flow in accordance with best practice guidelines and improve performance of the 95% 4 hour		Sharon Forrester/ SS Urgent Care Lead	

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			AED target			
Urgent Care		South Sefton CCG	<p>In March 2017 Next Steps on the NHS five year forward view set out the timetable for achievement of a range of actions, including the requirement to standardise existing Walk In Centres (WiC) and Minor Injuries units (MIU) through the implementation of Urgent Treatment Centres (UTCs), open 12 hours a day, seven days a week and integrated with local urgent care services. The expectation that 150 UTCs would be operational by March 2018 and any remaining transformation work in respect of current WiC/MIU being complete by December 2019.</p> <p>South Sefton CCG commissions one Walk in Centre based at Litherland Town Hall however, given the complex patient flows observed within the North Mersey footprint, the need to consider the consequences of decision making in respect of neighbouring facilities in both Liverpool and Knowsley is very important. It is therefore considered appropriate that plans to develop UTCs are best undertaken at LDS level via the North Mersey A&E Delivery Board whilst acknowledging that our current provider of the Litherland Walk in Centre (WiC) service, North West Boroughs Healthcare (NWBH), also deliver services in Knowsley and Halton.</p>		South Sefton Urgent Care Commissioning Lead.	
Urgent Care	Acute	S&F CCG	<p>Frailty Model at Southport and Ormskirk Hospitals NHS Trust: The integrated frailty pathway incorporates identifying frailty and preventing crisis, managing crisis and supporting patients living with frailty. The service will be fully integrated with primary care team, health and social care, community support and the acute trust. The aim of the service is to manage the patients proactively and ensure that patients receive the right care, in the most appropriate setting to meet their needs.</p>		Sharon Forrester	

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Urgent Care	Acute	South Sefton CCG	Frailty pathways at Aintree University Hospital NHS Foundation Trust: CCGs will, upon receipt of frailty data, work with health and social care partners to ensure that patients receive the right care, in the most appropriate setting to meet their needs. Future collaboration will aim to maximise admission avoidance benefits of the front door frailty service.		SS Urgent Care Lead.	
Urgent Care	Acute	South Sefton CCG	Urgent Care pathways: Commissioners expect Aintree University Hospital NHS Foundation Trust to follow current agreed pathways configurations and protocols, and signal and agree changes with CCGs / system capacity & demand.		SS Urgent Care Lead	
Urgent Care	Acute	South Sefton CCG S&F CCG	30 Day Readmissions Rule: CCGs will be looking to working with providers to implement the 30 Day Readmissions Rule as set out in the National Tariff. The rule provides an incentive for hospitals to reduce avoidable unplanned emergency readmissions within 30 days of discharge		Karl Mc Cluskey/ Jan Leonard	
Community Services	Community	South Sefton CCG S&F CCG	Southport and Formby and South Sefton CCGs have secured new providers for community services. Now that the 'safe-landing' period is complete the CCGs will now work with providers to focus on the following: <ul style="list-style-type: none"> - Transformation work - Community service activity plans & baselines - Community Service waiting times - Long term conditions (LTC) - Personal Health Budgets (PHB) - End of life (EoL) - Key Performance Indicators (KPI) and Outcome development 		Sharon Forrester/ SS Urgent Care Lead	
Mental Health	Mental Health	South Sefton	Improving Access to Psychological Therapies (IAPT) Delivery model to meet new targets: in order to achieve		Geraldine O' Carroll	

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		CCG S&F CCG	the increased national access target, commissioners require providers to move to a delivery model consisting of 40% group therapy: 60% one to one therapy			
Mental Health	Mental Health	South Sefton CCG S&F CCG	Dementia Care Home liaison: Reviewing existing provision to support avoidable admissions to hospital: Commissioners to redesign the dementia care home liaison service pathway and ensure that it has close working links with the community service and inpatient providers to support avoidable admissions to hospital.		Geraldine O' Carroll	
Mental Health		South Sefton CCG S&F CCG	Learning Disabilities: Commissioners to work with Mersey Care NHS Foundation Trust in the localisation of the standard Cheshire & Merseyside Transforming Care Partnerships (TCP) /STP service specifications for community services and learning disability inpatient beds.		Geraldine O' Carroll	
Medicines Management	Acute	South Sefton CCG S&F CCG	Biosimilar Drugs: Where a biological drug is required and there is a biosimilar available, commissioners expect all providers to use the cheapest available biological for new patients. For existing patients, all providers are required to switch patients to the most cost effective. Where new opportunities are identified or become available, commissioners will work with providers to agree migration and may consider gain-sharing on a drug by drug basis to support this process. 90% of new patients being on the best value biological medicine within 3 months of product launch and 80% of existing patients within 12 months or sooner if possible. The commissioners' approach for gain share arrangements is as follows: - Gain shares will be based on the original price of original drug for measurement purposes. The gain share is shared on 50/50 basis for 18 months in line with previous local agreements		Susanne Lynch	
Medicines	Acute	South	CCGs require Bluteq to be in place within providers to		Susanne	

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Management		Sefton CCG S&F CCG	<p>maximise clinical safety and subsequent cost efficiencies for a range of PbR excluded drugs and other drugs/appliance to be recharged to the CCG. Specialities to be agreed between the CCG and provider. In specialities where blueteq is not utilised a mechanism to provide assurance to the CCG relating to the use of HCDs to be agreed.</p> <p>The cost reductions achieved are to be included in the gain share. Internal costs of Blueteq implementation are to be met via the provider's part of the gain share. CCGs will only pay where a valid authorisation code is entered on the system with effect from 1st April 2018 for agreed specialities..</p>		Lynch	
Medicines Management		South Sefton CCG S&F CCG	The NHSE Specialised Commissioning approach as set out in the 5th September 2017 letter is noted. It is the CCGs expectation we will pay lowest market price for excluded PbR drugs with effect from April 2019 (or 18 months after the gain share is introduced).		Susanne Lynch	
Medicines Management		South Sefton CCG S&F CCG	CCGs will only pay for excluded drugs and devices at the cost incurred by the provider and will not accept any additional cost incurred by the provider. Discussions between the CCG and provider to take place to understand any additional charges and rationale for them.		Susanne Lynch	
Medicines Management		South Sefton CCG S&F CCG	Providers are expected to adhere to and work within the approved formulary issued by the Area Prescribing Committee and ratified by the CCG.		Susanne Lynch	
Medicines Management		South Sefton CCG S&F CCG	CCGs require that any initiation of red drugs for new patients are dispensed and supplied to patients by the hospital pharmacy or homecare arrangements. It is the intention of the		Susanne Lynch	

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			Commissioners that by agreement and during 2017/18, CCG prescribers will cease to prescribe red drugs for all existing/ historic patients and that hospital pharmacy or homecare arrangements should be in place to ensure appropriate supplies to patients.			
Medicines Management		South Sefton CCG S&F CCG	Where providers undertake a change to a service or pathway, a full assessment of medicines management cost and consequences should be set out and agreed with the commissioner before changes are enacted. The CCGs reserve the right to decline payment if this process is not adhered to.		Susanne Lynch	
Medicines Management		South Sefton CCG S&F CCG	Where hospital pharmacies are seeking cost efficiencies within their services, commissioners will require assurance that costs are not passed on to other parts of the health economy such as community or primary care without agreement from the commissioner.		Susanne Lynch	
Medicines Management		South Sefton CCG S&F CCG	CCGs will seek assurance that all CMU and PAS prices are applied to drugs monitoring and are effective immediately after their release date.		Susanne Lynch	
Medicines Management		South Sefton CCG S&F CCG	Providers are required to outline any drugs where VAT is not being paid.		Susanne Lynch	
Medicines Management		South Sefton CCG S&F CCG	CCGs would like to work with providers in consideration of a local arrangement for outpatient prescribing to relieve pressure from primary care and improve patient experience.		Susanne Lynch	
Local Prices	Aintree	South Sefton CCG	Heart Failure: Commissioners wish to review pricing and agree new tariff following HRG4+/ Review of current heart failure pathway and cost model.		Alison Omrod/	

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		<i>S&F CCG</i>				
Local Prices	Acute/ Independent Sector	South Sefton CCG S&F CCG	Planned procedures not carried out (PPNCO): Review current local costs to reduce PPNCO for Medical or Patient reasons closer in line with other providers within the health economy. For admissions classed as PPNCO for 'Other or Unspecified' reasons, to move to a zero tariff.		Alison Omrod/ Rebecca Mc Cullough	
Local Prices	Acute Independent Sector	South Sefton CCG S&F CCG	Age Related Macular Degeneration (ARMD) CCGs within Cheshire & Merseyside have been collectively reviewing AMD services and have been working collaboratively with providers. CCGs will be exploring options for more appropriate and consistent tariffs, including a year of care” tariff which has benefits in facilitating flexibility around pathways. Where new tariffs are less than existing charges, the CCGs may be willing to explore transitional arrangements, for example the Acting as One arrangement in North Mersey facilitates a transitional period in 2018/19 for implementation in 2019/20		Alison Omrod	
Local Prices	Acute	South Sefton CCG S&F CCG	Paediatric Assessment Units (PAUs) : CCGs will review tariff arrangements for zero day length of stay at PAUs			
Local Prices	Acute	S&F CCG	Ambulatory Care Unit ACU at Southport and Ormskirk Hospital: S&F CCG will work with the Trust in reviewing the pathway and local tariffs. The aim will be to have better use and uptake of ACU and GPAU with development of integrated ambulatory care pathways in collaboration with primary care teams to encourage proactive management of ambulatory conditions with the aim of reducing avoidable admission		Rebecca Mc Cullough	