

**WOLVERHAMPTON CCG**

**Primary Care Commissioning Committee  
February 2018**

<b>TITLE OF REPORT:</b>	Service for Out of Area Patients
<b>AUTHOR(s) OF REPORT:</b>	Sarah Southall, Head of Primary Care
<b>MANAGEMENT LEAD:</b>	Sarah Southall, Head of Primary Care
<b>PURPOSE OF REPORT:</b>	A gap in commissioning has been identified, NHS England Guidance is not currently being fulfilled for patients living in the Wolverhampton area but live outside of their practice boundary and therefore termed out of area.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public meeting in order to discuss the need for commissioning a new service in line with NHS England Guidance.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• NHS England originally commissioned this service for CCGs, these arrangements end on 31 March 2017.</li> <li>• The requirement for the CCG to commission such a service was not identified during the 'Preparing for Full Delegation' process.</li> <li>• The CCG became aware of a gap in provision summer 2017 &amp; following liaison with a range of colleagues identified that draft guidance dated January 2017 existed.</li> <li>• Based on NHSE's guidance a local service specification has been developed for consideration in order to address the current gap in commissioning.</li> </ul>
<b>RECOMMENDATION:</b>	<p>This report and accompanying draft service specification should be considered &amp; discussed by the Committee.</p> <p>In order to address the current gap in commissioning the committee are asked to grant approval for expressions of interest from practices/groups &amp; other local providers to be obtained.</p>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	<p>1 Improving the quality and safety of the services we commission</p> <p>2 Reducing health inequalities in Wolverhampton</p> <p>3 System effectiveness delivered within our financial envelope</p>



## **BACKGROUND AND CURRENT SITUATION**

- 1.1. In December 2014 NHS England published guidance for GP Practices & CCGs confirming arrangements for patients registered with practices and who live outside of their practice boundary. The guidance seeks to ensure that patients who choose to register out of area without home visits can continue to access primary medical services should they have an urgent care need during core hours and if they cannot reasonably be expected to attend their registered practice.

## **2. NHS ENGLAND**

- 2.1. NHS England introduced contractual changes within GMS, PMS & APMS contracts in 2014 that came into force from 5 January 2015. Patients were able to register with their practice of choice, beyond the areas in which they lived. Out of area patients are entitled to a full range of primary medical services however, should the service they require involve any of the following the practice is not obliged to provide these:-

- A home visit
- Immediately necessary treatment following accident or emergency wheent the patient is at home (outside the practice boundary)
- Access to out of hours service when the patient is at home or
- There are other clinical or practical reasons for the provision of service to be delivered near the patient's home (eg follow care following hospital discharge)

Therefore, at the point of registering the patient should be reminded that the above would not usually be fulfilled by the practice they have chosen to register with.

- 2.2. Once fully delegated from 1 April 2017 NHS England responsibilities for the provision of primary medical services in hours for out of area patients became the responsibility of the CCG. Area Teams are required to work with CCGs to make these service available as it is unlikely that other locally commissioned services would provide a home visiting service ie walk-in centres or minor injuries units.
- 2.3. The CCG are responsible for considering opportunities for extending existing or establishing new co-operative home visiting arrangements that can provide the service quickly, effectively and efficiently.

## **3. OPTIONS FOR SERVICE DELIVERY**

- 3.1. In the absence of such a service currently & following discussion with colleagues in neighbouring CCGs provision is achieved elsewhere through enhanced commissioning with either a practice/federation or urgent care provider. The demand in other areas is advised to be negligible although in line with NHS England Guidance the payment of £60 per home visit or £15.87 per face to face consultation with a GP or other healthcare professional should be noted.



- 3.2. One other Black Country CCG commissions one practice from each locality offering a £500 retainer payment to set up the service and any patient contact is claimed in addition ie £60 or £15.87 per home visit/consultation respectively.
- 3.3. Likely demand for this service is not clear other 2 neighbouring CCGs have a service in place but they have never been accessed however, there have been two occasions since April 2017 when Wolverhampton CCG have become aware of patients attempting to identify who the Wolverhampton provider is for patients requiring a home visit (in hours). Should a patient seek assistance from NHS 111 they have been advised that there isn't a home visiting service available in Wolverhampton and signposted to attend the Urgent Care Centre.

#### **4. CLINICAL VIEW**

- 4.1. The view of clinicians will be sought through discussion at the Committee Meeting, particularly from clinical colleagues & lay members on behalf of the public.

#### **5. PATIENT AND PUBLIC VIEW**

- 5.1. Whilst the CCG has not yet entered into any engagement activity in Wolverhampton regarding this service there have not been any complaints regarding the gap in service. The view of lay members will be welcomed during discussion at the Committee Meeting.

#### **6. KEY RISKS AND MITIGATIONS**

- 6.1. There are a series of risks attached to the current gap in commissioning continuing. A continued gap in commissioning gives rise to complaint(s) from patients who may need to access such a service & also confusion that may exist/arise as a result of non-provision of such a service at this time. These risks may culminate in reputational to the CCG should a clinical incident arise resulting in a patient not receiving the right care, in the right place at the right time.
- 6.2. A new risk was entered onto the Risk Register on 29 January in line with this gap in commissioning detailing the options to mitigate the risk by seeking approval for the service to be commissioned for the contract year 2018/19.

#### **7. IMPACT ASSESSMENT**

##### **7.1 Financial and Resource Implications**

Whilst this service is not currently funded nor were any obvious specific funds transferred to the CCG at the point of full delegation. The cost of this service referred to in the attached service specification is based on NHS England guidance. The guidance advocates a payment of £60 per home visit or £15.87 per GP consultation in the practice and whilst the number of out of area patients residing in the city is unknown versus the number of queries raised directly the CCG it recommended that



a discrete allocation of funds be made available from within Primary Care Budgets on a recurring basis in the sum of £5,000.

## 7.2 Quality & Safety Implications

The quality of care patients may experience in the absence of a home visiting service (in hours) gives rise to a shortfall in patient experience and potential for a patient safety incident to arise. To date there haven't been any incidents reported.

## 7.3 Equality Implications

At this stage a full equality analysis has not been undertaken, however, if the committee support the intention to seek expressions of interest from local providers a full equality analysis will be completed in conjunction with the CCGs Equality & Diversity Lead.

## 7.4 Legal & Policy Implications

**Name** Sarah Southall  
**Job Title** Head of Service  
**Date** 29 January 2018

**Enclosure(s)** Out of Area Home Visiting Service Specification (draft)



**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>Dr S Reehana</b>	<b>Requested 31.01.18</b>
Public/ Patient View	<b>Sue McKie</b>	<b>31.01.18</b>
Finance Implications discussed with Finance Team	<b>Lesley Sawrey</b>	<b>30.1.18</b>
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service	<b>NA</b>	
Information Governance implications discussed with IG Support Officer	<b>NA</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>NA</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>Mike Hastings</b>	<b>30.01.18</b>
Any relevant data requirements discussed with CSU Business Intelligence	<b>NA</b>	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Mike Hastings signed off on behalf of Steven Marshall</b>	<b>30.01.18</b>

