

## WOLVERHAMPTON CCG

### Primary Care Commissioning Committee December 2018

<b>TITLE OF REPORT:</b>	Minor Surgery Local Enhanced service
<b>AUTHOR(s) OF REPORT:</b>	Lucy Sherlock
<b>MANAGEMENT LEAD:</b>	Sarah Southall
<b>PURPOSE OF REPORT:</b>	To get approval to switch the current national Minor surgery Directed Enhanced Service to Local enhanced service.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	Public
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• Changing from a DES to a LES will allow the practice groups to offer the service and claim payments at group level.</li> <li>• Currently practices can only claim for their own patients on CQRS making offering this service at scale under DES arrangements with hubs not feasible. The CCG already has mechanism for paying for services at group level so conversion to a LES enables this.</li> <li>• The service specification is in line with the national specification in terms of aims, monitoring and finance.</li> </ul>
<b>RECOMMENDATION:</b>	To transfer the current national Directed Enhanced Service specification to a Local Enhanced Service one to allow better access for patients.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	Patients will be able to access this service in a primary care setting where they may not have been able to previously.
2. Reducing Health Inequalities in	A&B - Allowing hubs to offer this service means where the patient's own surgery does not, means the patient can still access the service in a primary care setting where the gp has full access to the patients clinical record and easier access back in to the service if there are



Wolverhampton	post procedure complications.
3. System effectiveness delivered within our financial envelope	The payments for the scheme under a LES will be the same as a LES.

## 1. BACKGROUND AND CURRENT SITUATION

There is evidence from within the UK and abroad that minor surgical procedures carried out by general practitioners in general practice premises have high levels of patient satisfaction and are highly cost-effective.

The specification for the Minor Surgery DES does not include provision of additional minor surgery services (cryotherapy, curettage or cauterisation) and practices should ensure that these services continue to be provided as part of their core GMS, PMS or APMS contract.

## 2. CLINICAL VIEW

This service is currently already being provided at practice level and the clinical competencies are clearly set out in the specification and have not changed. The change to a local enhanced service has already been agreed by the clinical reference group.

## 3. IMPACT ASSESSMENT

The finance/payment for this service has been kept to the same level as the national specification and in line with the CCG payment template.

### ***Quality and Safety Implications***

- 3.1. There are no new requirements to those wishing to continue or begin offering this service as the clinical competencies', eligibility to provide the service and monitoring remain as per the national specification.

### ***Equality Implications***

- 3.2. The new service specification allows practice hubs to offer the service to a wider patient population than the current specification.

**Name:** Lucy Sherlock

**Job Title:** Group Manager

**Date:** 30.11.18

### **ATTACHED:**

(Attached items:) Minor Surgery Service Specification



## RELEVANT BACKGROUND PAPERS

(Including national/CCG policies and frameworks)

### 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.**

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>		



## BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	Strategic Objectives
1. Improving the quality and safety of the services we commission	a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing health inequalities in Wolverhampton	a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an ‘Accountable Care System.’ c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.

