

Future Commissioning of Locally Enhanced Schemes

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1. Introduction

For a number of years, Rotherham GP practices have provided “Locally Enhanced Services”. This paper presents the extent to which these arrangements can continue whilst remaining compliant with the NHS (Procurement, Patient Choice and Competition) Regulations 2013. Regulation 5 offers an opportunity for a CCG to award contracts without further competition subject to the following criteria and conditions:

- (i) securing the needs of service users
- (ii) improving quality and efficiency
- (iii) integrated delivery
- (iv) best value for money
- (v) enabling providers to compete
- (vi) allowing patients a choice of provider

2. Categorisation of Schemes

The following two tables set out the schemes and their current status when tested against the criteria;

2.1. Table 1 – Services which partially satisfy the criteria

SCHEME	£000s	SERVICE SUMMARY AND IMPACT ON HEALTH OUTCOMES
Anti-coagulation	337	<i>This service provides standardised and clinically effective anticoagulation management to patients who are receiving warfarin therapy using Near Patient Testing (NPT) and Computer Decision Support Software (CDSS) by GP practices. Providers are responsible for sampling, testing and dosing patients according to locally agreed protocols. The initiation of warfarin is regarded as a service that requires additional competencies.</i>
Aural Care	70	<i>This service is delivered at practice level to provide advice and where necessary treatment of minor aural care conditions including assessment of hearing loss (patient history, tuning fork test, audiometry, and tympanometry), general ear care advice and education and, where appropriate, referrals to the Primary Ear Care Centre (PECC). Other conditions treated include: ear wax, Acute and Chronic Otitis Externa, Eustachian Tube Dysfunction, Acute and Chronic Otitis Media and mastoid cavity care. Topical applications can be prescribed and given in line with patient group directions. The Aural Care LES provides a basic level of Aural Care to the practice population, reducing overall numbers of referrals to secondary care, and bringing treatment closer to home for patients.</i>
DMARDS	110	<i>The treatment of several diseases within the fields of medicine, particularly including rheumatology, dermatology and gastroenterology, are increasingly reliant on drugs that, while clinically effective, need regular blood monitoring. This is due to the potentially serious side-effects that these drugs can occasionally cause. It has been shown that the incidence of side-effects can be reduced significantly if this monitoring is carried out in a well organised way, close to the patient's home.</i>
Secondary to Primary Care	75	<i>The aim of this LES is to safely and effectively provide a range of enhanced services in primary care. These are delivered according to current evidence base and enhance patient experience through improved access and personalised care. LES agreements facilitate the planned and resourced movement of specific services from secondary to primary care. Value for money is achieved by the reduction in secondary care follow-ups.</i>
TOTAL	592	

2.2. Table 2 – Services which satisfy the criteria and fall below the RCGG tender threshold of £50,000

SCHEME	£000s	SERVICE SUMMARY AND IMPACT ON HEALTH OUTCOMES
Intra-Ocular Hypertension / Intra-Ocular Pressure	5	<i>This is a community based referral refinement service which deflects false positive raised intra-ocular pressure (IOP) patients from secondary care to help alleviate some of the issues currently facing the hospital Ophthalmology department. This is accomplished through enabling community optometrists to refine their own referrals prior to deciding whether or not a patient should be referred for a suspected glaucoma. Refinement involves repeating suspicious IOP readings using contact applanation tonometry for optometric patients. The service offers refinement, care closer to home and an additional screening facility to enhance the ones already in place in primary care. The scheme has been opened to all optometrists providing care to Rotherham registered patients but were there other independent providers willing to deliver the same care then patients could be referred to them.</i>
Secondary to Primary Care	12	<i>The Cataract LES provides a service to Rotherham patients via their own Optometrist to counsel those in need of cataract surgery to ensure that as far as possible secondary care appointments are only taken up by patients who intend to undertake the procedure. It also reduces the number of visits to secondary care as the follow- up is carried out by the Optometrist, and the care is provided closer to the patient. The LES is currently open to all Optometrists who deliver care to Rotherham patients and doesn't exclude any provider.</i>
Acupuncture	7	<i>Acupuncture treatment is contracted from one practice under a LES payment arrangement.</i>
TOTAL	24	

3. Encouraging market inclusion

RCCG will ensure that other potential providers can express an interest in providing the services. This transparency can be demonstrated by an announcement on CCG website and Supply2Health announcing our sourcing intentions, along with reasons. This “voluntary transparency notice” gives potential bidders the opportunity to express an interest in providing the service. If no expressions are received after three months, RCCG will continue with the planned activity. If expressions are received, RCCG will consider whether other suppliers in the market can provide the service and whether a tender is required.

In addition, there is a possibility that the rules may change in the future to the extent that the CCG is not in a position to commission a LES as it currently does at present. The same course of action will apply as with the market inclusion process above.

4. Conclusion

- 4.1. The LES schemes in table 1 could potentially be provided by other compliant and qualified providers although there is a strong view that the current positioning of primary care facilities and their access to a patient list is a key element of the safety, quality and accessibility of these services.
- 4.2. The LES schemes in table 2 are already offered to a wide range of independent providers and fall below the CCG’s delegated threshold for tenders of £50k.
- 4.3. The use of limited procurement resources to tender for values representing less than 0.2% of the CCG’s portfolio should be considered in the context of other procurement priorities in the next two years.

5. Recommendation

Members of the RCCG Governing Body are asked to:

- 5.1. approve the continuation of the contracts for services in tables 1 and 2 with existing providers;
- 5.2. approve the publication of a voluntary transparency notice on the CCG website and Supply2Health;
- 5.3. review the outcome of 5.2 above within 6 months and all LES procurements in 12 months’ time.