North Central London NHS Commissioning Intentions 2011/12

1. Introduction and Background

In recent years, Primary Care Trusts have produced Commissioning Intentions and in advance of the contracting round outlining their priorities for the year ahead. This year NCL Commissioning Agency Commissioning Intentions have superseded those produced by PCTs to ensure consistency in approach across the sector. The purpose of this paper is to provide the Trust Board with an overview of these intentions for information and to provide initial feedback on the potential impact on the Whittington as an integrated care organisation.

2. The Financial Context

It is important to read the commissioning intentions in the context of the financial challenge the sector, and indeed the NHS as a whole finds itself in. It is recognised that the significant deficit in the UK's public finances brings a decade of unprecedented growth in NHS funding to an end in 2010/11. £1.5 billion of the £2.5 billion NCL spends per annum is on acute services (ie hospitals). If the current and future predicted rate of growth is not addressed and funding remains flat as predicted a deficit of £163m will arise in 2011/12, rising to £590 in 2014/15.

NCL have launched a QIPP (Quality, Innovation, Productivity and Prevention) work stream to identify opportunities for reducing costs whilst improving quality across the sector and anticipate deriving significant savings from:

- Demand management
- Increasing acute productivity
- Medicines management
- Management cost reductions (mainly PCT)

It is anticipated these initiatives in additional to contractual mechanisms such as financial penalties will reduce but not wipe out the cumulative gap in funding,. However it is important to note that the Trust will also be seeking to deliver savings for its own CIP/QIPP programme from productivity improvements.

3. Commissioning Intentions

These are divided into generic intentions and service specific intentions. Information on each is provided below in the table with information on potential implications where this is known or has been assessed.

3.1 Generic Intentions

Generic Intentions	Risk/Implications
Contract Management ▪ Local contract terms and schedules will reflect the requirements of the QIPP Plan and seek to drive out cost and improve patient care. ▪ A uniform currency for all trusts across the sector for non PbR pricing will be introduced which is based on reference cost currencies.	Contract review and management will need to be better resourced to ensure we are meeting all deadlines and demonstrably delivering the changes.
Productivity and performance • All providers will be expected to meet nationally mandated standards of performance and quality of service provision e.g. vital signs, never events, Cancer Improving Outcomes Guidance, NICE requirements and with those identified for application across London. • Service standards for specific services will be included within the contract for cancer, maternity, vascular, medicines management and cardiac services. • A number of locally determined KPIs will be developed which will reflect the key productivity and quality challenges facing the sector.	We would expect to meet all of these standards and have processes in place to review. This will require focussed work and a risk assessment when the standards are outlined in more detail. Commissioners are expecting to pay less for the same or the same for more.
Quality, safety and patient experience • To improve responsiveness to complaints, to identify themes and trends around patient experience and perception, and to share these insights with NCL.	Current complaints process is under review. This review will incorporate the revised expectations.

Generic Intentions	Risk/Implications
• Safeguarding provisions within contracts with all Providers will need to be strengthened. Paediatric A&E services will need to be compliant. We will require that Provider staff providing treatment to patients in an acute setting have completed relevant awareness training in regard to safeguarding, to include dealing with older children, people with psychosocial problems and people with dementia and other mental health problems.	Paeds ED is compliant. Safeguarding training and awareness programme is well developed for children but may require additional resourcing for extended groups. There will be a benefit from together resources into the ICO.
• Introduction of specific KPIs for certain services, cancer, TB, End of Life Care, Maternity and Cardiac Services.	Await further guidance in order to risk assess.
Decommissioning/Clinical Thresholds for treatment	
• Providers will be required to comply with enhanced policy on Sector Low Priority Treatments. Commissioners will only pay for treatment in exceptional circumstances where prior approval has been obtained from the NCL Individual Treatment Panel (currently in development).	This has been addressed in the financial plan. Depending upon the model adopted, there may be a requirement for additional capacity to deal with pre-authorisation for treatments .
• Commissioners intend in 2011/12 not to pay for Consultant to Consultant referrals for treatments / procedures covered by the LPT policy and other exceptional treatment / prior approval arrangements.	Financial risk accounted for in financial plan.
• Clinical thresholds will be set for certain conditions, with non-payment for treatment where threshold criteria have not been met.	Further information awaited.
• Commissioners intend in 2011/12 not to pay for the routine outpatient follow up care beyond one year from primary treatment other than where explicitly agreed on a local condition specific basis.	Currently we are not paid for follow ups that exceed agreed benchmarks. Significant work needs to be undertaken with clinicians to review and reduce follow up activity.

Generic Intentions	Risk/Implications
Length of Stay • Excess bed day charges will not be paid for patients that are identifiable as social care waiters and are chargeable to the Local Authority, or for patients who have acquired a HCAI following admission to the acute hospital. • Enhanced recovery approach to be extended into additional elective pathways.	Financial risk being assessed., but likely to be low risk. Likely to require some investment - but Whittington has good clinical leadership in this area.
Care Closer to Home ▪ Commissioners are seeking to shift activity from acute to less acute settings within community and primary care in order to bring people closer to people's homes, where this can be achieved in a cost and clinically effective way.	This fits with the vision and strategy of the ICO and should support the transformation work already underway.
Drugs, Devices and Medicines Management • All drugs and technologies, including new drugs and technologies, should be provided by Trusts within tariff unless specifically excluded in the PbR guidance. • Drugs and technologies specifically excluded from PbR or local SLAs will only be funded where the use is in line with agreed criteria. • NHS NCL will provide a list clarifying the drugs and their respective indications that they intend to commission in 2011-12, together with the process that will be used, such as notification or prior approval. • NHS NCL will not fund new drugs or technologies during the financial year unless Pass through Payment (PTP) arrangements have been agreed in advance.	In place In place A risk administratively as process complex and time consuming – will require additional resources. Information requested is not always available. This is a significant risk for Whittington - recent example herceptin which came in mid-year and created a huge cost pressure.

• NHS NCL will not normally fund a patient's treatment as a consequence of a clinical trial.	This is always taken into account when reviewing clinical trials in the trust
• Payments will only be made on receipt of monthly accurate information on PbR excluded drugs including minimum data sets as describe in the detailed specification.	These data sets can require such detail as to place a huge administrative burden on pharmacy and a consequent cost.
• NHS NCL will only pay the acquisition cost the Trust pays for an individual drug or device, VAT where it is incurred by the Trust, or Home care if appropriate.	We are looking a some schemes of using bio-similar in PBR excluded drugs that – cost savings can be shared as agreed with UCLH.

3.2 Service Specific Intentions

Service Specific Intentions	**Risks/Implications**
Maternity • A service specification for maternity services has been developed to be shared with providers as soon as possible. This specification outlines commissioners' expectations for service delivery in 2011/12.	No risks anticipated.
• NCL Sector is currently undertaking an analysis of providers' maternity activity in previous years to establish an NCL and trust-based baseline, and to address inconsistencies in how maternity activity is recorded and paid for across NCL.	Likely to be Kingston model – do not anticipate this adversely affecting the Whittington.
• All providers will be expected to participate at a senior level in the NCL maternity network structure and contribute to the development and implementation of initiatives and work plans of this network.	Participating already
• Providers to implement NICE guidance associated with: *Antenatal care* *Postnatal care*	Protocols in place

Service Specific Intentions	Risks/Implications
The management of hypertension in pregnancy (2010) *Pregnancy and complex social factors (2010)*	
Cancer • Providers will be expected to be delivering services that are fully IOG and peer review compliant, including with palliative and supportive care guidance.	To review current performance and identify risk areas.
• Providers will be expected to be fully compliant with national cancer strategy requirements of acute oncology providers by April 2011.	To review current performance against requirements and identify risks.
• Implementation of digital mammography and familial history recommendations is expected by the end of March 2012.	In place
• It is expected that providers will maintain 14 day cervical screening results turnaround.	Action plan in place to deliver and sustain performance.
• Providers will be expected to deliver the NRAG report; services to achieve fractionation rates, intervention rates, new modalities (IMRT/ IGRT and proton therapy) to meet staged target dates by 2011 and 2016 as stated in NRAG. In 2011/12 providers are expected to focus on maximizing use of existing resources in terms of access and cost.	
• Providers will be expected to ensure that Cancer Staging is recorded and accurate for all patients.	Consistency in recording is being addressed with clinicans and MDT coordinators
• All providers will be expected to demonstrate that patients have access to targeted, specific information, have key contact details and have had holistic needs assessments undertaken.	Working developing an information support officer in collaboration with Macmillan to support this function in clinic.

Service Specific Intentions	Risks/Implications
Unscheduled care ▪ Direct admission of GP referrals rather then via ED. • Single point of access to unscheduled care.	 Issue being discussed with a view to introducing. Urgent care centre in place from April. AAU expanded to admit all medical patients. Consideration being given to Surgical Assessment Unit.
Children and Young people • Work will be undertaken via the Paediatric Network (providers and commissioners) to determine the most appropriate service model and configuration of in-patient and out-patient services for NCL.	 To ensure the Whittington is fully engage with this work.

Screening
• Specific requirements of providers to support delivery of the following screening services will be included in the section of the contract that accommodates screening programmes.
  • Breast cancer
  • Cervical cancer
  • Bowel cancer
  • Antenatal and newborn
  • Diabetic retinopathy
  • Abdominal aortic aneurysm (AAA)
	
	Breast screening service on site. Set up to and negotiating with the Commissioners re delivering deliver Bowel Cancer screening.
	Diabetic retinopathy screening will continue to be delivered from this site.
	Royal free in discussion re AAA screening on this site.
	Antenatal and new born screening undertaken.

4. In Summary

Final version of commissioning Intentions are awaited but are expected to be as outlined in this report. The Trust will fully risk assess the implications of any proposed changes and ensure both financial and service risks are clearly identified and accounted for.