

#### ADULTS AND PUBLIC HEALTH SCRUTINY BOARD 1 October 2012

**ITEM 6** 

Report of the Strategic Director of Resources

## **Extended Patient Choice of Provider 2012/13**

#### SUMMARY

1.1 The attached report from NHS Derby City and NHS Derbyshire County PCT Cluster provides an update for the Board on the Extended Patient Choice of provider through the Government's Any Qualified Provider (AQP) scheme. It outlines the progress of implementing the three service areas identified below, which were last reported to the Adults, Health and Housing Commission in September 2011

#### RECOMMENDATION

2.1 To consider and note the report.

#### **REASONS FOR RECOMMENDATION**

3.1 To keep the members informed of the progress on delivering services using the Extended Patient Choice of provider.

## SUPPORTING INFORMATION

- 4.1 Guidance published by the Government in July 2011 required Primary Care Trust Clusters and Clinical Commissioning Groups to extend patient choice through the Any Qualified Provider (AQP) process in three of seven service areas. The three areas prioritised in Derby and Derbyshire for 2012/13 are:
  - Adult Hearing Services in the Community (Audiology)
  - Podiatry
  - Primary Care psychological therapies (commonly referred to as IAPT, Improving Access to Psychological Therapies)
- 4.2 Progress in delivery of these services is on target in line with the timescales and early indications are that there will be a significant increase in the choice of providers of this service.

# **OTHER OPTIONS CONSIDERED**

## 5.1 None.

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|-------------------------------|---|
| Background papers:            | None  |
| List of appendices:           | Appendix 1 – Implications<br>Appendix 2 – Extended Patient Choice of provider 2012/13 |

| This report has been approved by the following officers: |   |
|--|---|
| Legal officer  | N/A                                       |
| Financial officer  | N/A                                       |
| Human Resources officer                                  | N/A                                       |
| Service Director(s)                                      | N/A                                       |
| Other(s)   | Phil O'Brien – Statutory Scrutiny Officer |

## IMPLICATIONS

#### **Financial and Value for Money**

1.1 None arising directly from this report.

#### Legal

2.1 The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 gives health scrutiny committees powers to review any matter relating to the planning, provision and operation of health services.

#### Personnel

3.1 None arising directly from this report

#### **Equalities Impact**

4.1 Effective scrutiny benefits all Derby people.

#### Health and Safety

5.1 None arising directly from this report

#### **Environmental Sustainability**

6.1 None arising directly from this report

#### Asset Management

7.1 None arising directly from this report

#### **Risk Management**

8.1 None arising directly from this report

#### Corporate objectives and priorities for change

9.1 Our aim is to work together so that Derby and it's people will enjoy a thriving sustainable economy, good health and well-being and an active cultural life.

# Extended Patient Choice of provider 2012/13

## 1. Introduction

Since 2012, the Government has been committed to increasing choice and personalisation in NHS funded services to improve quality and to enhance value for money. The guidance, published in July 2011 required PCT Clusters and Clinical Commissioning Groups (CCGs) to extend choice via Any Qualified Provider (AQP) for three service areas from the following services:

- Musculo-skeletal services for back and neck pain
- Adult hearing services in the community
- Continence services (Adults and Children)
- Diagnostic testing
- Wheelchair services (Children)
- Podiatry services
- Venous leg ulcer and wound healing
- Primary Care psychological therapies (Adults)

## 2. Engagement

The Cluster held engagements events during September 2011 with existing patient/public representative groups to consider the three priority areas. Presentations were given detailing the policy together with profiles of current services followed by a question and answer session. Attendees were asked to complete a questionnaire to identify their priorities and the questionnaire was also made available on the PCTs websites to gather a wider response.

Additionally, the Cluster wrote to a broad range of NHS and Private providers, to inform them of the policy and to invite views.

## 3. Selection

Following feedback from the engagement process, in October 2011 the following three areas were considered as the priority for AQP for 2012/13:

- Adult Hearing Services in the Community (Audiology)
- Podiatry
- Primary Care psychological therapies (commonly referred to as IAPT, Improving Access to Psychological Therapies)

## 4. Process

- By September 2011: PCTs to have developed national implementation packs to ensure a consistent approach to the roll out of AQP. NHS Derbyshire, developed the podiatry implementation pack on behalf of the Department of Health.
- By 31st October 2011: To have decided three or more services for implementation.

- April-September 2012: To have procured services for Derbyshire using the AQP process.
- By October 2012: New service providers to commence provision on a rolling basis.

## 5. Current position

All three AQP services have now gone out to advert as per timescales. All submissions are being, or have already been evaluated using the DoH methodology and approach. Early indication across all three offers is that there will be a significant increase in the choice of Providers which includes both small private organisations as well as large local NHS Trusts.

Successful providers will be notified in September 2012 with contracts commencing from September 2012 onwards.

## 6. Next Steps

The DoH will continue to encourage CCGs to utilise the AQP method to procure clinical services on an ongoing basis. In addition to new services being selected in the future, new 'windows' will open on a regular basis where AQP exists currently to increase choice. This means that the numbers of providers for the three AQP areas that Derbyshire is currently progressing could increase further still across the next 12-18 months.

Author: Sally Adams, Associate Director for Commissioning Delivery NHS Derbyshire August 2012