

## DERBYSHIRE CLUSTER BOARD MEETING 2<sup>nd</sup> November 2011

**Report Title: Extended Patient Choice of Provider  
during 2012/13**

**Item No: 8.1.3**

### 1. **Background and context**

Since 2010 the Government has been committed to increasing choice and personalisation in NHS funded services. The DH Operating Framework for England 2011/12 set out clear expectations to increase choice. There is a specific commitment to extend choice of Any Qualified Provider (AQP) for some services.

The DH published guidance on extending patient choice of provider on 19<sup>th</sup> July 2011 (gateway reference 16242). This guidance requires clusters and clinical commissioning groups (CCGs) to:

- **By 30<sup>th</sup> September 2011:** Engage with patients, patient representatives, healthcare professionals and providers on local priorities for extending choice.
- **By 31<sup>st</sup> October 2011:** To have decided on three or more community or mental health services for implementing extended choice.
- **April - September 2012:** To have implemented patient choice of AQP for these services.

The DH guidance requires that choice is extended in three of the following services:

- Musculo-skeletal services for back and neck pain
- Adult hearing services in the community
- Continence services (adults and children)
- Diagnostic tests closer to home such as types of imaging, cardiac and respiratory investigations to support primary assessment of presenting symptoms
- Wheelchair services (children)
- Podiatry services
- Venous leg ulcer and wound healing
- Primary Care Psychological Therapies (adults)

However, if there are higher local priorities than those on the above list then these may be chosen provided there is a clear case to do so, based on the views of service users and potential gains in quality and access.

Identified priorities must be supported by CCGs and respond to the views of patients and patient representative groups, the greatest opportunities to improve quality, the greatest opportunities to improve value for money.

## 2. **Matters for consideration**

Extending patient choice of provider should be directed by and delivered through CCGs. Sally Adams (High Peak CCG COO) has led on behalf of Derbyshire CCGs. Jonathan Rycroft (Deputy Director of Commissioning Development) has facilitated on behalf of the cluster.

A steering group has coordinated implementation of a detailed project plan which has comprised of the following key elements:

### **Engagement to identify public / patient priorities**

The cluster held two engagement events during September with existing patient / public representative groups (QIPP reference panel with enhanced attendance from interested parties, Professional Concern, a group of retired nurses) to determine their priorities. Presentations were given detailing the policy together with profiles of current services within Derbyshire followed by a question and answer session. Attendees were then asked to complete a questionnaire to identify their priorities and 31 responses were received. The questionnaire was also made available via the PCTs websites and 37 responses were received.

First choice priorities in order of votes were:

- Musculo-skeletal services for back and neck pain
- Diagnostic tests closer to home
- Primary Care Psychological Therapies (adults)
- Podiatry services

### **Engagement with providers to seek their views**

The cluster wrote to a broad range of NHS and private providers who provide services to Derbyshire commissioners informing them of the policy, how this is being implemented in Derbyshire and inviting any views they would wish to share at this stage. Responses were received from a range of providers which, whilst broadly supportive, highlighted specific concerns with the policy (e.g. financial risks associated with uncapped activity) and matters of practicality (e.g. disaggregation of established pathways). These are legitimate concerns and should be addressed during implementation of extended choice.

### **Identifying opportunities to improve quality & value**

The priorities for extending patient choice of provider should be selected where there are the greatest opportunities to improve quality and value. The cluster has examined comparative benchmarking together with other intelligence including PALs and patient complaints. Whilst current services offer reasonable quality and value and patients are generally satisfied there are opportunities for improvement.

#### *Musculo-skeletal services for back and neck pain*

- There is currently limited choice and a variation in waiting times for physiotherapy services across Derbyshire. Extending patient choice based on a single specification should improve consistency of both services and access.
- Both PCTs within the Cluster have a high identified spend on musculo-skeletal services when benchmarked against comparative health communities. Productivity improvements will be sought through the single standardised service specification with clear access criteria.

*Primary Care Psychological Therapies (adults)*

- Quality will be improved by extending choice of services into those localities currently not receiving IAPT, tailoring care to the needs of the individual, providing care closer to home or the workplace and potentially reducing numbers of patients waiting. There is also an opportunity to select providers based on their reported outcomes.
- Productivity improvements will be supported by a more informed choice for both referrer and patient. Greater choice and decision making by patient may reduce the high DNA rates currently being seen.

*Podiatry services*

- Whilst the current service is considered to offer high quality care there is limited choice of provider in Derbyshire. It is anticipated that extension of patient choice will ensure services continuously improve and are responsive to patients.
- Productivity improvements will be sought through the single standardised service specification with clear access criteria.

*Diagnostics*

- Whilst there is potential to improve quality and outcomes through more rapid and convenient diagnostics and earlier diagnosis, the 18 week referral to treatment together with cancer referral pathways are already delivering improved care.

**CCG agreement of priorities**

CCGs have been kept fully informed of this development via both informal (e-mail) and formal mechanisms such as the Chair and Chief Operating Officers (COOs) meetings.

CCGs have considered the intelligence that has emerged from the work described above and triangulated with the experience of their constituent practices and Board members to identify their preferred choices.

The CCG preference in order is:

- Musculo-skeletal services for back and neck pain
- Primary Care Psychological Therapies (adults)
- Podiatry services

CCGs have also identified extension of choice for community hearing services as a priority and would wish to pursue should the first choices identified above are not practical to implement. CCGs believe that the extension of choice for diagnostic tests closer to home is not an immediate priority.

**Informing Health and Well Being Board (H&WB) & OSC**

The bi-monthly meeting dates have made liaison with H&WB Boards a challenge. The cluster plans to share the priorities with the next shadow H&WB Boards which are due to meet in November.

The cluster has also provided both Derbyshire and Derby City OSCs with briefings relating to the policy and the local process to identify three priorities. Upon Board approval the cluster will share the identified priorities and next steps with the OSCs and will continue to liaise as appropriate.

### **Implementation Planning**

The DH expects clusters to extend patient choice of provider in the three priority service areas during the first half of 2012/13.

Implementation will be supported by nationally available implementation packs (Derbyshire is developing the Podiatry implementation pack on behalf of the DH) which should be available from the end of November 2011.

Detailed local implementation plans will need to be developed to manage the complexity of these changes, reflecting the significance of service change for patients and public together with the potential impact on current providers.

Risks identified by providers during the engagement exercise will need to be addressed during implementation. There is also a real risk that extending patient choice of provider through AQP could lead to unaffordable levels of demand as commissioners do not have the option to pre-agree maximum activity levels or contract values with providers. Careful consideration will need to be given to mitigate this risk as the policy is implemented.

Discussions are currently underway between the cluster and COOs to determine leadership and resource arrangements to deliver this effectively. Opportunities to work collaboratively across the East Midlands are also being explored.

### **Cluster Board Approval**

The original guidance required that the identified priorities should be approved by the cluster Board before submission to the SHA/DH by the 31<sup>st</sup> October 2011.

The SHA brought the deadline forward to 20<sup>th</sup> October and agreed to accept our provisional priorities subject to CEO approval and pending Board ratification on 2<sup>nd</sup> November.

## **3. Actions and recommendations**

The Board is therefore asked to ratify the following priorities to extend patient choice of provider:

- Musculo-skeletal services for back and neck pain
- Primary Care Psychological Therapies (adults)
- Podiatry services

These are supported by the Derbyshire CCGs, respond to the views of patients and patient representative groups, and reflect opportunities to improve quality and value for money.

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Date: 20<sup>th</sup> October 2011