

Direct Commissioning Operational Plan 2022/23

SYSTEM NARRATIVE

Direct Commissioning operational plan 2022/23

The purpose of this document is to set out how Direct Commissioning, South West, as a commissioner of primary care (dental, pharmacy and optometry services), public health section 7a screening and immunisation and child health information (CHIS) services, specialised care and health care in prisons and secure settings, will contribute to the seven system plans for our regional population. It describes the expectation of working collaboratively with system partners to best address population needs to deliver robust and high-quality strategic operational plans for 2022/3 and sets out the priorities of the Direct Commissioning, South West directorate in fulfilling this ambition.

During February and March members of the Direct Commissioning directorate have been meeting with systems to develop a more joined up approach to commissioning. As part of these conversations we have indicated that we would like to feed in our plans for Public Health, Primary Care (dental, optometry, pharmacy and general practice transformation), Specialised Commissioning and Health and Justice. We have produced a narrative for systems to adapt and incorporate in operational plans for the year ahead which sets out the key themes of the work we would like to do collaboratively across the South West. The aim is that this narrative can be used in system plans together with the key priorities in regional and national operational plans.

Our anticipation is that we will see a more collaborative narrative on primary care and prevention, building on system primary care strategies with a recognition that this will support closer ways of working. This is ahead of systems taking on delegated commissioning responsibility for pharmacy, optometry and dental on 1 April 2023, while delegated commissioning responsibility for Specialised Commissioning can transfer from April 2023, the timeframes in the South West are to be determined with systems. This narrative will also enable systems to include details for specialised services and health and justice within plans.

The Direct Commissioning South West team is responsible for commissioning services from prevention right through to highly specialised care. The team look forward to working with each ICS over the coming months to develop these collaborative plans to address health inequalities, clinical variation and design pathways that fit patient need, are sustainable and deliver best practice.

Developing a Commissioning Hub for delegated commissioning in 2022/23

In November 2020 the principles of ICSs were introduced with key aims to;

- Improve outcomes in population health and healthcare;
- Tackle inequalities in outcomes, experience and access;
- Enhance productivity and value for money;
- Help the NHS support broader social and economic development.

Subject to legislation being passed, from 1 July 2022 ICBs' will assume delegated responsibility for GP services; and will be able to take on delegated responsibility for dental, general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors).

The delegation of all four pillars of primary care provides opportunities through legislative reform to develop more integrated care and to create the conditions for local partnerships to thrive, leading to better outcomes and experiences for patients and staff.

From April 2023, it is expected that all ICBs will have taken on delegated responsibility for dental, general ophthalmic services and pharmaceutical services. Timing for delegation arrangements for Specialised Commissioning are still to be confirmed. Nationally the policy for Health and Justice services and Public Health Section 7a commissioning are being refined and there remains potential for change.

Due to the delegation of Primary Care Services, there is a need to produce an effective South West Operating Model to ensure stability and continued delivery of the Long-Term Plan commitments through the transition year for those commissioning functions that are being delegated; pharmacy and optometry.

Within the South West, Direct Commissioning have been working with the seven systems to co-design an operating model for a Commissioning Hub, drawing on the subject matter expertise within NHS England, to support the continuation of safe and effective commissioning for primary care through transition and in time, specialised commissioning. Once the national policy direction is established for Health and Justice and Public Health, these may also be included.

This arrangement will enable the co-design group of system and regional colleagues to learn from this approach and develop arrangements for the future for delivering commissioning for Dentistry and Specialised Commissioning functions. The hub will harness the experience, expertise and capacity of the Direct Commissioning team working collaboratively with systems.

The hub incorporates strategic and operational commissioning activity, which includes the processes of service improvement, financial management and the procurement and contract management of suppliers.

In developing a proposed model, we have collectively agreed to finalise plans for the Commissioning Hub by the end of April. To achieve this, we have undertaken different methods of engagement with system leads through 121 meetings, individual system meetings and regional system workshops. A distinction should be made between those responsibilities and decisions which will form part of the Commissioning Hub and those which will be retained centrally, including transformation and assurance.

Operational Planning for Direct Commissioning functions:

Primary Care

General Medical Transformation

NHS England and NHS Improvement have delegated the commissioning of general practice medical services to Clinical Commissioning Groups (CCGs) across the South West region and retain a responsibility to support systems with improvement and transformation activity.

Detail on work in this area at regional level is described below and is complimentary of work reflected in primary care transformation plans for each system. The primary care team in the South West Direct Commissioning Directorate are working with local systems to support primary care transformation and the development of Primary Care Networks (PCNs).

General Practice Workforce transformation

The team support delivery of the South West contribution to the manifesto commitments on increased workforce (6k GPs, 26k additional direct patient care roles and 50k nurses).

Key aims in the operational 2022/23 plan are:

- Invest in our workforce, training and education and encourage new ways of working to deliver outstanding care and support retention
- Improve outcomes and patient experience and support reduction in health inequalities
- Ensure development of a supportive culture in General Practice focussed on the health and wellbeing of staff
- Ensure people can access General Practice services when they need them.

Outcomes

- Systems progress on trajectories towards the South West contribution to achieving the manifesto commitments by March 2024 of an additional 594 wte doctors, 2666 wte direct patient care staff and 311 wte nurses working in general practice in the region.
- General Practice ability to deliver the South West contribution to the additional 50 million appointments by March 2024.

General Practice Improved Access

The programme team work to drive improved access to urgent, same day urgent primary care by increasing capacity in GP practice at Primary Care Network level

Key aims in the operational 2022/23 plan are:

- Increase and optimise capacity, ensuring all practices achieve at least pre-pandemic activity levels
- Increase overall appointment volumes and ensure appointment levels reflect the full deployment of ARRS staff
- Increase the proportion of face-to-face appointments with GPs in the system
- Address unacceptable variation.

Outcomes

- Evidence through GPAD data systems' progress on increasing the total number of appointments being offered to patients compared to 2019
- Monitoring patient satisfaction with access to services and reducing variation across the region.

Dental

Dental commissioning and transformation is the responsibility of NHS England and NHS Improvement and it is anticipated this responsibility will be delegated to Integrated Care Systems in April 2023. Ahead of delegation the team will be working collaboratively with systems on the operational plans this year.

NHS England and NHS Improvement in the South West region commission dental specialties and services with an aim of reducing inequalities, improving care and access for patients to ensure they are receiving the highest quality dental care in the most appropriate setting, delivered by professionals with the required skill set, and resulting in improved health outcomes for patients.

Dental provision in the South West includes;

- General Dentistry in high streets
- Special Care Dentistry (dental services for those unable to access services on the high street)
- Dental Access Centres
- Out of Hours services.

Key aims in the dental operational 2022/23 plan are:

- Continue to increase patient access to NHS dental services through the provision of Mandatory Dental Services and urgent care dental services
- To support the post-Covid 19 recovery of dental services across the region
- leading the multi-agency South West Dental Reform programme to address access, workforce and oral health improvement challenges innovatively
- To support workforce development in the wider dental team
- Particularly consider inequalities of access and variation of provision with a regional focus on paediatrics.
- To improve the oral health of patients treated and to further develop oral health prevention & promotion
- Implement policy and contractual development in line with national policy
- Continued development of Local Dental Network and Managed Clinical Network strategy and work programmes
- Work with systems on the development of Primary Care Networks (PCNs) provides an opportunity to include dentistry within pathways such as mental health, diabetes, cancer and the care and management of patients in residential care home settings. Greater engagement is needed between medical and dental staff. PCN proactive engagement with local dental providers as part of multi-disciplinary working will create opportunities for increased quality and integration of care.

There is an opportunity to reset public perception of dental treatment. For example moving away from a suggested routine six month oral check-up, to establish a routine of check-ups based on individual oral health assessments. A greater focus on oral health within health systems would be of real benefit and to include oral health education and within the Dental

Reform Programme all system local authority oral public health leads are working collaboratively to ensure oral health improvement initiatives are co-ordinated and locally nuanced to address health needs.

Outcomes

- Benefits and measures identified in the South West Dental Reform programme
- Delivery of procurement work plan
- Recovery of dental services in line with national policy
- Delivery of Local Dental Network and Managed Clinical Network programmes
- Working with dental providers to support them to promote oral health education among vulnerable population groups identified in the region-wide Oral Health Needs Assessment and local authority Joint Strategic Needs Assessments.

Community Pharmacy and Optometry

Community pharmacy and optometry commissioning and transformation is the responsibility of NHS England and NHS Improvement and this responsibility will be delegated to Bristol, North Somerset and South Gloucestershire on 1 July 2022 and the plan is for the remaining six South West systems to take on this delegated responsibility in April 2023. Ahead of delegation, the team will be working collaboratively with systems on the operational plans this year.

Key aims of the team's operational plan for 2022/3 are;

- Ensure people can access services when required
- Improve outcomes and experience
- Make the most effective use of resources
- Reduce health inequalities
- Continue to develop the approach to population health management

Outcomes

- Improved engagement with systems, LRCs and contractors to identify and share best practice
- Increased referrals from GP practices, NHS 111 and UEC to Community Pharmacy
- National Pharmacy Integration Fund pilots implemented and embedded in Community Pharmacy
- Improved consistency and quality of service to patients.

Health and Justice

The Health and Justice team commissions health care for children, young people and adults across secure and detained settings, which include prisons, secure facilities for children and young people, police and court Liaison and Diversion services and immigration removal centres. Adults, children and young people receive health screening on entering prison and a follow-up appointment within seven days, or sooner as required.

Key aims of the team's operational plan for 2022/3 are;

Prison

- Improve patient pathways for complex populations and robust discharge planning
- Mobilisation of new healthcare contracts at all 11 sites with seven year contracts starting in October 2022
- Manage response to prison change programmes
- Increase use of digital innovation to access healthcare
- Ensure service users remain integral to commissioning

Non-custodial

- Community Service Treatment Requirement – extend to Gloucester, Wiltshire, Somerset and Avon. Further extension to Dorset and Devon
- Liaison and Diversion
- Integrated non-custodial pathway development and design
- Design and commission enhanced court healthcare
- Support delivery of 10 year drug plan 'From harm to hope'
- Reconnect – Expansion to Channings Wood, Bristol and Erlestoke

Children and Young People

- New framework of Integrated Care to support and strengthen existing community services
- Re-procurement of healthcare at Vinney Green Secure Children's Home

SARCs

- Recommissioning of SARCs for Gloucestershire and Wiltshire, Avon and Somerset; Devon and Cornwall contracts starting in October 2022
- Forensic Science Regulator Accreditation
- Recommissioning and redesign of therapeutic services in Dorset and Avon and Somerset
- Trauma Pathfinders: Roll out of enhanced services in Devon and Cornwall.

Outcomes

- Activity and reduction in waiting times for access to healthcare including health screening, primary care, dental, mental health and secondary care
- Reduced self-harm and self-inflicted deaths within the prison estate
- Levels of activity and rates of access to SARCs and offer and take up of sexual assault and abuse support services (SAAS)
- Levels of activity and diversity of access to non-custodial services including liaison and diversion, Mental Health Treatment Requirements (MHTRs) and RECONNECT

Specialised Commissioning

Within the Direct Commissioning directorate, the Specialised Commissioning team is responsible for working with local clinicians to plan and buy specialised services in the region. These are services for patients who have relatively rare conditions that need specialised treatment e.g. rare forms of cancer; renal disease; neuro-surgery. There are over 130 specialised services. The team work with clinicians to develop services or new ways to deliver care for patients that improve health outcomes, are sustainable and reduce variation in the standard of care.

Key aims of the team's operational plan for 2022/3 are;

System contribution:

Systems are working to deliver overall elective activity at 104% of the 2019/20 pre-pandemic baseline in 2022/23, and to eliminate 104-week and 78-week waits within national target timeframes as set out in overarching planning guidance.

Within this, there is scope for individual providers, services and specialty areas to deliver more or less activity than the 104% target depending on relative clinical priorities and the waitlist profile of these services. This may mean that in some systems and service areas, Specialised Commissioning activity will legitimately be below the 104% target.

However, we expect system plans to demonstrate consideration has been given to maximising elective activity (specifically Elective Outpatient (EL) and Day Case (DC) spells) in the 6 nationally identified Specialised Commissioning core specialties. Where systems have focussed on other specialty areas, this should be justified in terms of relative clinical priority and balance of risk.

The 6 core specialties are:

- Neurosurgery
- Cardiac Surgery
- Vascular Surgery
- Neurology
- Cardiology
- Spinal Surgery

In addition, systems should consider and pursue opportunities to maximise access to paediatric surgical sub-specialties. In the case of systems which do not host a tertiary provider, this may involve engaging in work led by the Specialised Surgery in Children Operational Delivery Network to review pathways and repatriate surgical activity from tertiary providers to local DGHs, or to support earlier post-surgery repatriation and care of patients.

Specialised Commissioning, Direct Commissioning collaborative contribution:

The remainder of the Specialised Commissioning 2022/23 Operational Plan aims to improve health outcomes for the South West population and address inequality and inequity through 5 broad thematic areas of focus:

1. Ensure access to leading edge technologies and new drugs in the South West, with rates of access and coverage that are comparable to or better than national benchmarks

Includes: SABR radiotherapy, CAR-T Therapy, ECMO, Mechanical Thrombectomy

1. Implement capacity and productivity improvements to meet growing regional demand in key service areas

Includes: Gender Dysphoria, Renal Dialysis, Neonatal Critical Care,

3. Work with systems to ensure that regional demand for Adult Critical Care is taken into account in the development of national proposals to invest in this area

- Support collaborative working between providers to develop and implement new delivery models for complex medical and surgical pathways which improve quality, resilience and sustainability

Includes: Interstitial Lung Disease, Paediatric Surgery, Spinal Cord Injury, Intestinal Failure, Neonatal Critical Care, Rehabilitation, Enhanced Supportive Care for cancer patients

- Deploying nationally and regionally allocated investment for priority programmes, and realising associated productivity and VFM opportunities

Includes: Perinatal Mental Health, new NICE TAs, Neonatal Care, Complications of Maternity

No	Issue	Desired end state / resolution required	Local or Regional service / issue	Priority Score (this ver)	Relevant to this ICS?						
					GLOS	BNSG	BSW	Comerzet	Devon	Dorset	Cornwall
37	Elective Recovery	Recovery trajectories have been agreed and are being delivered for Specialised services, with 104 week waits, 78 week waits and 52 week waits eliminated in cardiac surgery, cardiology, neurosurgery and paediatric specialties, and cancer performance returned to pre-pandemic levels.	R, L	32	Y	Y	Y	Y	Y	Y	Y
1	ACC Transfer Service commissioning Phase 1	A permanently commissioned adult critical care transfer service is in place, operating on a 12/7 basis	R	26	Y	!	Y	Y	Y	Y	Y
2	ACC Transfer Service commissioning Phase 2	SUBJECT TO CONFIRMED AVAILABILITY OF NATIONAL FUNDING A plan to scale up provision to deliver a 24/7 adult critical care transfer service has been agreed, resourced and implemented	R	26	Y	!	Y	Y	Y	Y	Y
13	Abnormally Invasive Placenta service	A service provider has been designated for the South West population, and is delivering procedures in-region as part of a national clinical network	R	26	Y	!	Y	Y	!	N	Y
18	NICU Transport review	Review recommendations have been implemented, with OOH provision for peninsula delivered sustainably from UHBW, and both UHBW and UHPNT services either merged or operating as a single virtual service	R	26	Y	!	Y	Y	!	N	Y
44	Interstitial Lung Disease service expansion	Service expansions in both Plymouth and NBT have been delivered, giving full population access to new NICE TAs for ILD	R	26	Y	!	Y	Y	!	N	Y

Tier 1A Priorities are set out here. Other than elective recover these relate to regional services provided through Tertiary centres where resilience issues are being addressed.

The **Tier 1A** priorities in the SW plan not relevant to Dorset relate to services which are provided for the Dorset population out of UHS where there are currently no comparable resilience issues.

Further **Tier 1B and Tier2** priorities are set out in the attached spreadsheet, and systems can filter this to identify the objectives which are relevant to them.

To explore the above table in relation to individual ICSs see enclosed appendix

Outcomes

- Activity levels and wait times for Specialised Services (with particular attention to 6x national priority service lines; neurosurgery, cardiac surgery, cardiology, neurology, vascular and spinal surgery)
- Evidence of successful mobilisation of new services, revised pathways and new MDT arrangements in key service areas per above. Improvements demonstrated by referral patterns, outcomes monitoring and patient experience.
- Calculated pathway efficiencies, including reduced UEC and wider system demand as a result of action in key services areas
- Reduction in our of region flows, an improvement in access rates and access profiles for key services areas

Public Health (Section 7a screening and immunisation services)

Demand for NHS services continues to grow and previously in the NHS Long Term Plan five reasons were recognised, two of which are potentially modifiable;

1. Our growing and ageing population
2. Previously unmet health need
3. Expanding frontiers of medical science and innovation
4. Ensuring people get the right care, in the right place, at the right time, redesigning services to provide better support in the community
5. Improving prevention of avoidable illness and its exacerbations (e.g. smoking cessation, diabetes prevention etc).

There is a clear rationale for systems to focus on prevention and reduce health inequalities. Each system will draw on their Joint Strategic Needs Assessment, public health metrics, variation information and other data to determine their priorities.

Screening (Cancer and non cancer)

Within the regional public health team, the screening workstream provides regional regulation and oversight of the quality and performance of our nationally specified screening programmes. This includes oversight of the recovery and restoration of services, service improvement including addressing uptake and coverage, reducing inequalities, and maintaining quality and safety.

Key aims of the team's operational plan for 2022/3 are;

- Screening programmes are specified nationally with the main aim of reducing preventable morbidity and mortality and improving health outcomes through earlier detection and treatment where necessary
- The collective objectives across the programmes are to ensure safe recovery and full restoration of screening programmes to at least nationally acceptable pre-covid performance standards and increase uptake and coverage in line with long term plan ambitions
- To minimise the variance in health outcomes associated with deprivation, population diversity and access to screening services

Outcomes

- Recovery of services metrics
- Successful implementation of extension to programmes

- Inclusion of specified changes to services specifications
- Achievement of core standards and key performance indicators for each screening programme
- Uptake rates and wider outcomes measures for inclusion health and other vulnerable or under-represented groups

Immunisations

Within the regional public health team, the immunisations workstream provides regional regulation and oversight of the quality and performance of our nationally specified immunisation programmes and Child Health Information Services (CHIS), including oversight of recovery of services, service improvement including addressing uptake and coverage and/or achievement of ambition targets, reducing inequalities and maintaining quality and safety.

Key aims of the team's operational plan for 2022/3 are;

- Pre-school, school-aged, targeted, and adult immunisation programmes and CHIS are specified nationally with the main aim to provide direct protection to those who are at higher risk of vaccine preventable infections and associated morbidity and mortality.
- The collective objectives across the programmes are to ensure safe recovery to pre-covid uptake within specified timelines and to achieve or exceed the uptake ambition targets for all programmes
- To minimise the variance in health outcomes associated with deprivation, population diversity and to access these immunisation programmes.

Outcomes

- Success will be measured through delivery of recovery objectives, successful implantation of extensions to programmes or inclusion of specified changes to service specifications and achievement of core standards for each immunisation programme and CHIS services
- The impact of initiatives on indicators such as uptake rates and wider outcome measures. Specific work will be undertaken through use of the Health Equity Assessment Tool (HEAT)