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DATE: 2 November 2015

Dear Councillor

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE - THURSDAY, 5TH NOVEMBER, 2015

I am now able to enclose, for consideration at next Thursday, 5th November, 2015 meeting of the Health and Adult Social Care Overview and Scrutiny Committee, the following reports that were unavailable when the agenda was printed.

Agenda No Item 8

Eastern Cheshire CCG - Impact Analysis of Investment in General Practice (Pages 1 - 24)

Report of Strategy and Transformation Director (CCG)

To consider a report from NHS Eastern Cheshire Clinical Commissioning Group's Strategy and Transformation Director

Yours sincerely

James Morley

Scrutiny Officer

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Agenda Item 8

NHS EASTERN CHESHIRE CLINICAL COMMISSIONING GROUP

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 5 November 2015
Report of: Strategy & Transformation Director, NHS Eastern Cheshire CCG
Subject/Title: **Impact Assessment – Investment in general practice in Eastern Cheshire**

1.0 Report Summary

NHS Eastern Cheshire CCG is investing additional resources in general practice to ensure there is equity of access to the same range of high quality services regardless of which GP practice in Eastern Cheshire people are registered with.

1 It has been difficult to accurately quantify the anticipated impact of the service changes as a number of the practices are already providing a number of the services. The CCG is only aware of service changes having a detrimental impact on two practice based services and the impact of these two services being withdrawn is thought to be minimal. The CCG is currently piloting the new services that will be introduced as part of the service specification so that all parties can better understand the impact of these service changes.

2 Due to the practices being at different stages of development it will take time for all practices to fully implement the service specification. However it is anticipated that the service specification will be fully implemented across all 22 practices by December 31 2016 at the very latest.

2.0 Recommendation

2.1 The Cheshire East Overview and Scrutiny Committee members are asked to note the content of the paper and to note the CCGs intention to commission additional services from general practice within Eastern Cheshire.

2.2 The Cheshire East Overview and Scrutiny Committee members are asked to determine whether or not formal consultation is required with regard to the withdrawal of the two services at McIlvride Practice.

3.0 Reasons for Recommendation

3.1 To ensure that the Cheshire East Overview and Scrutiny Committee members are aware of the proposed changes and to confirm, what, if any, level of consultation is required ahead of implementing the service changes.

4.0 Wards Affected

4.1 All wards in the NHS Eastern Cheshire CCG area.

5.0 Background

5.1 On 9 July 2015 the Committee considered a presentation where a proposal to review general practice in Eastern Cheshire and develop a new service specification for general practice was outlined. This work coincided with a national review of services commissioned by NHS England using personal medical services premium funding (£1.3m) within Eastern Cheshire from the 12 personal medical services practices. Over the summer months, work has been ongoing to complete this work. The CCG initially worked in collaboration with NHS England and the 22 personal medical services and general medical services and more latterly has engaged Healthwatch, HealthVoice and Practice Participation Groups.

5.2 NHS England as part of the national review of services commissioned from personal medical services premium funding signalled to the 12 practices concerned that, with the exception of services provided to the population who reside at the David Lewis Centre, NHS England will be transferring the remaining funding to the CCG for the CCG to commission services locally. The only stipulation being that this funding is to be reinvested in general practice.

5.3 There is currently a considerable variation in the funding individual practices receive and as a result there is considerable variation in the services that the practices provide. The CCG wanted to take the opportunity to address these inequities. The overarching principle being that going forward there will be equity of funding to practices for the provision of equivalent services. In return, all 204,000 people will be able to enjoy access to the same range of high quality services regardless of which practice they are registered with.

5.4 The new Caring Together service specification for general practice is currently in the final stages of drafting and it is only now that this work is nearing completion that the CCG is in a position to consider the impact of the proposed changes.

5.5 The new service specification supports the delivery of the Caring Together vision, values and ambitions and is consistent with the CCG's Five Year Strategic Plan 2014-19 [1]. The national contract for core general medical services remains unchanged and unaffected by local commissioning arrangements. The core contract covers the basic services that all general practitioners are required to provide to patients. The service specification covers services which are in addition to the basic range of services that the general practitioners have already agreed to provide.

[1] ECCC. (2014). Caring Together.A five year forward view .Available: https://www.easterncheshireccg.nhs.uk/.../Strategies/. Last accessed 30th October 2015.

5.6 To ensure there is equity of funding and practices are able to implement the service specification in full, the CCG is required to invest additional funding to supplement the remaining personal medical services premium funding (additional funding which only the 12 personal medical services practices currently receive). A request for £2m additional funding to be delegated to the Primary (General Medical) Care Joint Commissioning Committee was approved at the Governing Body meeting on 28 October 2015. The following day the Primary (General Medical) Care Joint Commissioning Committee agreed that this funding could be used to implement the new Caring Together service specification for general practice. Practices will now need to indicate their willingness to adopt the new service specification. In the event that any practice decides not to adopt the specification then the CCG will explore alternative commissioning arrangements to ensure that all 204,000 people will be able to enjoy access to the same range of high quality services, regardless of the practice they are registered with.

5.7 Given that all practices are at a different stage of development it may take some practices longer to implement the service specification in full. Detailed implementation plans will be developed for each practice against which their progress will be monitored. It is envisaged that the service specification will be fully implemented by 31 December 2016 at the very latest.

5.8 Key performance indicators and outcome measures will be used to monitor the performance of practices. Resources will be dedicated to ensuring that all the anticipated benefits as outlined in the business case are realised.

5.9 For additional supporting information please refer to the business case for investment in general practice which can be found within the Governing Body papers for the meeting held 28 October 2015.on the CCG website at:
https://www.easterncheshireccg.nhs.uk/Meetings/28th-october-2015.htm

Impact assessment

5.10 An Equality and Diversity impact analysis has been completed and a copy of this document is enclosed in **Appendix 1**. To date no major issues have been identified but the Equality and Diversity Impact analysis will remain open until the service specification has been implemented in full to ensure that any issues that do arise are addressed.

5.11 As far as the CCG is aware only two services will be directly impacted by the changes being introduced. Both services:

- ENT services
- Echocardiography services

are provided by the McIlvride Medical Practice based in Poynton. The ENT service, provided in house by a GP with a special interest, has not been operating for some time now and patients have instead been attending a service provided by Manchester Surgical Services in the Priorslegh Medical Centre which is also in Poynton and just 0.3 miles away. If the practice decides to discontinue providing the Echocardiography service within the practice then then patients will be able to access an alternative service of their choice for example at Wilmslow Health Centre or Stockport NHS Foundation Trust of East Cheshire Hospital NHS Trust. The CCG

is waiting to hear back from the practice how many patients this will affect, but it is anticipated that only a small number of people are currently accessing this service at the practice and therefore the impact is minimal.

5.12 As a number of the practices are already providing a number of the services included in the service specification it is impossible as this stage to accurately predict how many more people will be accessing the services. As a result of the changes we are however confident that local people will be able to directly benefit from:

- Easier access to equitable services.
- Better coordination and proactive management of their care.
- Receiving the support they need to be more active in managing their own health and wellbeing (as patients and carers).
- A more responsive service.
- Avoiding unnecessary admission to hospital, duplication of testing and investigations, and a timely discharge from hospital for those who are admitted.
- Improved health outcomes (that are patient focussed).

5.13 As a result of the changes we are making we are anticipating that:

- Fewer people will need to go to Accident and Emergency
- Fewer people will be admitted to hospital as an emergency
- Fewer people will need to go back to hospital for their follow up appointment
- Fewer people will need to go to hospital for diagnostic tests such as an Electrocardiogram and Spirometry
- More people will be treated and cared for within the community
- More people will be able to more easily access their GP surgery for help, support and advice when they need it
- GPs will be able to spend more time with those patients with complex and or long term conditions
- There will be better continuity of care between in hours and out of hours GP services.

5.14 We have quantified the likely impact of the service changes on East Cheshire Hospital NHS Trust, our main provider of hospital based services, which the Trust is now factoring into their plans for the future (see **Appendix 10.2** in the business case) for investment in general practice https://www.easterncheshireccg.nhs.uk/Meetings/28th-october-2015.htm).

5.15 For a complete listing of the anticipated benefits refer to **Section 4.2** of the business case for investment in general practice pp40 – 43 at https://www.easterncheshireccg.nhs.uk/Meetings/28th-october-2015.htm.

5.16 The service specification does include a number of new services that practices are currently not routinely providing. We are currently piloting these services in a small number of practices to better understand what the implications of the new ways of working will be for example facilitating earlier discharge from hospital.

5.17 A copy of the service specification is enclosed in **Appendix 2**.

5.18 One of the key issues raised to date has been how will the CCG know whether the changes are having the required impact. The CCG has developed a robust set of key performance indicators and outcome measures against which performance and benefits will be measured. The metrics are currently being finalised. An example of these can be found in **Appendix 3**. The full set of metrics are available if you wish to see them. Contact details below. .

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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Appendix 1 – Equality and Diversity Impact Analysis

Equality Analysis and Assessment report NHS Caring Together (Eastern Cheshire)

Date of start: 5 August 2015
Date of update: 27 September 2015
Date of update: 31 October 2015
Date of final report:

Signature:

Signed off (senior manager):

1) **Details of service / function:** (Clearly identify the function & give details of relevant service provision and or commissioning milestones (review, specification change, consultation, procurement) and timescales -

Working in collaboration with NHS England, NHS Eastern Cheshire CCG wishes to commission services from general practice over and above those services provided as part of the core General Medical Services commissioned by NHS England.

The key drivers for change are:

- Improve service quality
- Improve health outcomes
- To address the current inequity in funding
- To address the current inequity in access to services in general practice
- Expand the range of services available to support the delivery of care closer to home and the proactive case management of those who are most at risk of admission to hospital
- Ensure services locally are sustainable
- As a precursor to greater system-wide transformation

The service change will ensure that all 204,000 registered population can benefit from the same range of high quality services in Eastern Cheshire regardless of which GP practice they are registered with.

The aim is to commence implementation of the new Caring Together service specification for general practice from 1st November 2015 but this is subject to confirmation of the

availability of the additional funding required. The speed at which the service specification can be implemented is subject to the capacity and capability of each individual practice. We are anticipating that all practices will have as a minimum have implemented phase 1 by 31 March 2016 and commenced implementation of phase 2 by 1 April 2016.

In having clarity of the funding available and the 'ask' of general practice, practices will be able to invest in services and recruit the staff required to deliver these services effectively and consistently across Eastern Cheshire.

2) <u>What is the Change to service</u>

The new service specification incorporates service descriptors and associated key performance indicators and outcome measures for the additional services to be provided. Examples include access to a broader range of diagnostic tests and monitoring arrangements locally to help avoid patients travelling unnecessarily to hospital. Follow up care in the community rather than patients having to return to hospital. GPs proactively caring for those most at risk to help avoid them becoming unwell and intervening early when they do become unwell. Greater integration with other services to improve the coordination of care, avoiding duplication and uncertainty and reducing the likelihood for mistakes and omissions in care. More time for consultations with those most at risk and following up on individuals who are not engaging with services. There will be improved accessibility to GPs and more timely access. GPs are an expense and limited resources therefore practices will also be ensuring that patients are seen by the most appropriate person in the practice and in some cases this may not be the GP. As part of implementing this service change the practices will take the opportunity to review how services are currently being delivered and make any changes required to ensure that services are being provided in the most effective and efficient way possible without any detrimental impact on patient care and patient safety, the quality of services provided and patient experience.

Some of these services are already being provided by some practices but not all of them and the CCG wants all 204,000 people to have access to the same high standards of care and range of services regardless of which practice they are registered with.

3) Effects of change.

- **What are the effects of the change against each protected characteristics?**

- **Can you identify barriers or difficulties to the service that will affect certain protected characteristics?**
- **Does this service enabling a protected characteristic to access health and wellbeing services?**

Protected characteristic	Issues identified	Comment /mitigation
Age	The services will provide additional support for those most at risk which is typically the elderly or the young. Services provided closer to home and more comprehensive and responsive services in the community will help avoid any unnecessary travel and admissions to hospital.	The number of older people is increasing and the number of people with one or more long term conditions is also on the increase. The services will be tailored to meeting the needs of those most at risk of being admitted to hospital and becoming unwell including the elderly and the very young. Providing services closer to home will help avoid unnecessary travel and make it easier for people to access services. The services will take account of the needs of these individuals. In many instances the services are an extension of existing services and will be provided by appropriately trained and qualified health and social care staff.
Disability	The services will help to ensure that those with a disability who have traditionally enjoyed poor access to services will be able to enjoy equal access to services.	Services being introduced will take account of the needs of these individuals. Those with a disability often have poor access to services. The services being introduced will ensure that the needs of the most vulnerable for example including those individuals with a disability and learning disability will be met with an

		emphasis on providing them with tailored support to enable them to where possible help themselves to stay well and intervene early when they become unwell. The services will ensure that those individuals with a disability who typically enjoy poor access to services will be provided with additional help and support to ensure they are able to enjoy the same access to services as the able bodied. The services will be provided by appropriately trained and qualified health and social care staff.
Gender reassignment	Those individuals who have undergone or who are currently going through gender reassignment may find it difficult to access services.	Services being introduced will take account of the needs of these individuals. Service providers will be required to consider whether any specific provision needs to be made for this protective characteristic to ensure that individuals can enjoy equity of access to services. The services and will be provided by appropriately trained and qualified health and social care staff.
Pregnancy & maternity	Pregnant women and their partners may find it difficult to access services.	Services being introduced will take account of the needs of these individuals. Service providers will be required to consider whether any specific provision needs to be made for this protective characteristic to ensure that individuals can

		enjoy equity of access to services. The services will be provided by appropriately trained and qualified health and social care staff.
Race	An individual's race may impact on their ability to access services.	Services being introduced will take account of an individual's race. Service providers will be required to consider whether any specific provision needs to be made for this protective characteristic to ensure that individuals can enjoy equity of access to services. The services will be provided by appropriately trained and qualified health and social care staff.
Religion& Belief	An individual's religion and beliefs may impact on their ability to access services.	Services being introduced will take account of the religion and beliefs of these individuals. Service providers will be required to consider whether any specific provision needs to be made for this protective characteristic to ensure that individuals can enjoy equity of access to services. The services will be provided by appropriately trained and qualified health and social care staff.
Sex (M/F)	An individual's sex may impact on their ability to access services.	Services being introduced will take account of the sex of the individuals. Service providers will be required to consider whether any specific provision needs to be made for this protective characteristic to

		ensure that individuals can enjoy equity of access to services. The services will be provided by appropriately trained and qualified health and social care staff.
Sexuality	An individual's sexuality may impact on their ability to access services.	Services being introduced will take account of the sexuality of the individuals. Service providers will be required to consider whether any specific provision needs to be made for this protective characteristic to ensure that individuals can enjoy equity of access to services. The services will be provided by appropriately trained and qualified health and social care staff.

4) What evidence have you used

The business case includes the case for change. The authors of the business case have drawn on national policy, an extensive review of the literature and also current performance information and intelligence regarding the current variation in investment, services provided and outcomes.

There is strong evidence to suggest that care closer to home is a more effective use of resources, but is also well received by patients are carers alike. There is also strong evidence to suggest that a considerable number of emergency admissions to hospital, attendances at A and E and referrals to hospital consultants could be avoided if more support and care were available in the community and if general practice is adequately resourced to provide the services that could provide real alternatives to attending or being admitted to hospital.

The national policy drive is for care to be delivered closer to home and to reduce unnecessary admissions, particularly emergency admissions, to hospital.

But perhaps most important of all we have listened to the public and our key stakeholders who as part of the Caring Together programme (the local transformation programme in Eastern Cheshire) have clearly indicated that they value general practice and would actively welcome care being delivered to closer to home. They also advocate that they want to play a more active role in the planning of their care and be given support to manage their own health and wellbeing. Our key stakeholders want better coordination of their care and greater integration of services so that the care and treatment they receive is seamless and of the highest standard possible. Implementing the new service specification supports the delivering of the 8 ambitions of the Caring Together programme the primary care 'I statements' generated by our key stakeholders and supports the delivery of the CCG's Five Year Strategy 2014/15 to 2018/2019 and the CCG's Plan on a Page for 2015/16.

5) Consultation: Who do you need to consult and engage with

As part of the Caring Together programme there has been extensive involvement and engagement in the development of the strategic direction, the ambitions and also what services of the future would look like in terms of quality and outcomes.

This service change is effectively part of the first phase of delivering the transformation programme. The 'what' has already been clearly articulated, as we move into the implementation phase of the Caring Together programme we are now describing 'how' and 'when' these changes will be introduced.

Please refer to the enclosed Stakeholder analysis for further information regarding who the key stakeholders are regarding the proposed service change.

In the summer the Overview and Scrutiny Committee were made aware of the CCGs plans to design a new service specification with which to commission additional services from general practice to support delivery of the Caring Together programme and Five Year Strategy. An initial workshop took place in Mottram Hall Hotel on 30th April 2015 to launch the work with the GP practices. The event was attended by 84attendees, including representatives from NHS England who stated their support for the work and commitment to be part of the work. Robust governance arrangements were established and an internal steering group was established made up of representatives of general practice, the CCG and NHS England. This group is chaired by a governing body lay member. A Task and Finish Group was established comprising of representatives from all 22 general practices, Peer Group Leads, the CCG and NHS England. A Review Panel was convened separately comprising of members of the Steering Group and other representatives from NHS England to provide further scrutiny of the work being undertaken. A further workshop was held on 8th July 2015 at Macclesfield Town Hall with 74 attendees to provide an update on progress. There have also been regular updates at the Locality Meeting which is attended by the Peer Group Leads, representatives from the 22 GP practices, Vernova and also the CCG. A conscious decision was made not to engage more widely with other key stakeholders until the service specification was sufficiently developed for people to understand what was being proposed and it was possible to quantify the likely impact of the proposed changes. Given the involvement and engagement that had previously taken place in relation to the Caring Together programme it was deemed not necessary to engage on whether or not the changes should take place as this had already been agreed. However once the service specification was sufficiently developed then it seemed appropriate to invite comment and feedback on the service specification.

A presentation was given to HealthVoice members on 25th September 2015. A copy of the service specification was circulated to members for comment. To date none have been received.

A presentation will be given to Healthwatch on 15th October 2015 and we plan to present an update at the November Overview and Scrutiny Committee to seek their views as to what level of consultation is needed prior to the introduction of phase 2 of the service specification and to confirm that no formal consultation is required ahead of the introduction of phase 1 of the service specification as a number of practices are already providing some or all of the services that are included in phase 1.

We are also making arrangements to meet with Practice Participation Groups to make them aware of the service change.

We have included information regarding this piece of work in the Caring Together newsletter which has a circulation of 550. Further updates will feature in subsequent publications.

An impact analysis on East Cheshire NHS Trust is being prepared so that the Trust can plan for the changes and can brief their staff as required.

The CCG Governing Body will ultimately be required to receive and consider the business case and approve the allocation of the resources needed to the Primary Care (General Practice) Co-Commissioning Committee which will be the final decision making body as to whether or not to approve the service changes. This new Committee is made up of representatives of the CCG, NHS England, general practice and the public. NHS England has the casting vote.

6) What was the outcome of the consultation: were any equality requirements identified? Did any group report worries that needed to be addressed as 'mitigation' ?

Unable to complete at the present time as engagement is in progress.

7) Have you identified key gaps in service or potential risks that need to be mitigated

The risk register for this work is attached.

8) What are the recommendations for mitigation (if needed)?

Please see attached risk register.

9) Are the Public Sector equality Duties engaged? Which ones? Is there evidenc Public Sector Equality Duties will be met? (give details of why)

a) Eliminate discrimination& Prohibitive behaviours in service delivery
b) Advance equality of opportunity
- **Remove or minimise a disadvantage**
- **Meet need**
- **Encourage participation**

c) Foster good relations between different protected characteristics-
- **Tackle prejudice**
- **Promote understanding**

Implementing the service specification will ensure there is equity of funding and equity of access to services. The service specification is specifically aimed at supporting the treatment and care of those individuals most at risk of becoming unwell and requiring an unplanned admission to hospital.

The service specification will enable practices to build on the good work done to date regarding proactive care and will help ensure that those individuals who traditionally have

been less engaged will be actively targeted. The aim of the service specification is to also ensure that local people get much more help, support and advice to manage their own health and wellbeing more effectively, have a better understanding of their condition and any treatment and be more engaged in any planning and decision making about their treatment and care. Promoting equality is a key aim of the service change.

10) Does this project meet PSED

Yes – pending consultation.

11) What equality requirement (e.g. monitoring, reasonable adjustments, targeting particular needs) arising from this assessment need to be transferred to the specification for service providers?

Key performance indicators and outcome measures are incorporated into the service specification.

12) Does the provider know what is expected of them in relation to PSED? If not insert in to contract as well as specification.

There are detailed service descriptors which make it clear what is expected of providers. By implementing the service specification we will be introducing equity of access for all 204,000 registered population in Eastern Cheshire.

13) Develop action plan for monitoring progress.

Not required.

Appendix 2 – Service Specification

Introduction

General Practice is a universal service, providing the first point of access, advice, diagnosis and treatment for patients. It is widely recognised though that General Practice is facing significant challenges due to people living longer and with one or more Long Term Condition e.g. Diabetes, Heart Failure etc.

Given the changes in Demographics (people living longer), changes in treatments and how diseases are managed, just keeping existing services as they are will fail to keep pace with the current demands on General Practice.

Because of the rise in demand, Primary Care has seen the demand for appointments rise, an increase in pressure for practices to resume responsibility for Out of Hours care and increasing work force pressures (not enough GPs, Practice Nurses) going into General Practice.

NHS Eastern Cheshire has recognised the need to bring about an innovative change to Health and Social Care to ensure that the population of East Cheshire receive the best possible Safe, Effective, Quality care closer to home through the Caring Together agenda.

This will ensure that all 204,000 people registered with an Eastern Cheshire GP will have the same access to services with the same standard of care within their local community regardless of which practice they are registered with.

To embed the principles of the Caring Together Programme in General Practice, Quality Standards have been set out to achieve this to ensure the individual will be:

- Be Empowered
- Have Easy Access to High Quality, Responsive Services
- Will Support Carers
- Deliver High Quality Care
- Receive Integrated Seamless Care
- Have a Pathway to Care delivered as locally as possible
- Will receive Rapid Response to Urgent Needs and;
- Will spend appropriate time in a Hospital Setting

To do this Eastern Cheshire CCG is moving towards Outcomes Based Commissioning (this is a way of paying for health and care services based on rewarding the outcomes that are important to the people using them). The outcomes are related to meeting the eight ambitions of the Caring Together programme and delivering the **'I statements'** developed by the public.

By investing in General Practice in Eastern Cheshire CCG are asking GP practices using a phased implementation approach to deliver the following services:

An enhanced level of Access to in hours GP Services for the Patient, including a smooth transition between in and out of hours GP services. From the 1st November this will be achieved by:

- Enabling patients to send an electronic message to their GP reception who can act on it using the appropriate protocols.
- Enabling patients to be able to access pre-bookable appointments between 2-6 weeks in advance if instructed by their GP or Nurse.
- Enabling patients to have an on-line access to their records and care plans.
- Enabling the Out of Hours service to be able to look at appointments for patients at their own GP practice
- Practices will through their websites have a range of Self-Care options available if they have one or more Long Term Condition
- Practices will continue to offer telephone appointments to ensure that a GP or Practice Nurse will call a patient within 2 hours if deemed urgent.
- Practices will continue to offer face to face access appointments with a GP or Practice Nurse for non-urgent follow up appointments.
- Practices will continue to offer onward referral management thus improving patient experience and pathway.

An enhanced level of support for the population to stay well, and to identify and manage patients at high risk of acute and chronic disease through lifestyle advice, appropriate treatment, appropriate referral and support, and coordination of care. This includes the appropriate identification of risk, and the use of local resources to address this risk: From the 1st November this will be achieved by:

- Introduction of an Obesity Management Service to find patients with a Body Mass Index (BMI) $\geq$ 25 and offer advice regarding interventions and manage the patient accordingly with medication and referral to a dietician.

- Introduction of a Pre-Diabetes Service which will identify patient at risk of this Long Term Condition and offer Counselling, Support and Monitor Risks of other Long Term Conditions associated with this disease.

An enhanced level of support for people with Long Term Conditions, increasing/maintaining the scope and scale of services and expertise available locally through General Practice to effectively manage a number of chronic conditions. These include Diabetes, Asthma/COPD AND Cardiac conditions. Other specific conditions as listed will be better managed and investigated in General Practice before referring on. From the 1st November this will be achieved by:

- Introduction of an Anti-Coagulation Monitoring Service (an agent used to prevent the formation of blood clots) which will identify and manage patients with Atrial Fibrillation (AF) (an irregularity in heartbeat arrhythmia caused by involuntary contractions of small areas of heart-wall muscle) and offer ongoing management
- Introduction of a Diabetes Service which will identify and manage patients with Diabetes in General Practice and offer Counselling and Education and initiation of medicines.
- Introduction of a service to manage patients at risk of Chronic Obstructive Pulmonary Disease (COPD) (involving constriction of the airways and difficulty or discomfort in breathing) and Asthma in Adults and Children.
- Introduction of a Urology Service to identify and manage common urological conditions and carry out appropriate investigations, initiate medicines and appropriately refer if necessary.
- Introduction of a Gynaecology Service to identify and manage common gynaecological services and carry out appropriate investigations, initiate medication and appropriately refer if necessary.
- Introduction of a Dermatology Service to identify and manage common chronic skin conditions and carry out appropriate investigations, initiate medicines and appropriately refer if necessary.
- Introduction of a Inflammatory Bowel Disease Service to identify and manage conditions such as Crohns and Irritable Bowel Syndrome and carry out appropriate investigations, initiate medicines and appropriately refer if necessary.
- Continue with Coeliac Disease Management Service to diagnose, investigate, support and onward referral where necessary.
- Continue with Multiple Sclerosis Service to diagnose, investigate, support and onward referral if necessary.

- Introduction of a Parkinsons Disease Service for diagnosis, investigation and onward referral if necessary.
- Introduction of Function Conditions Service to manage Fibromyalgia (a rheumatic condition characterized by muscular or musculoskeletal pain with stiffness and localized tenderness at specific points on the body), Chronic Fatigue Syndrome and other disabling conditions and offer on-going support, counselling and education.
- Introduction of a Pain Management Service to identify, investigate and manage common pain conditions such as sciatica, osteoarthritis.
- Introduction of service to provide a service within the General Practice setting to monitor drugs known as DMARDS (Disease Modifying Anti-Rheumatic Drugs). This will include initiation and monitoring in General practice and they will be expected to follow guidance approved by the Area Prescribing Committee (except where clinically the patient is required to be in Secondary Care).
- Introduction of a Mental Health Bridging Service for people awaiting or receiving mental health support or for those discharged from the service.
- Introduction of a Referral Refinement Service where General Practice will be expected to review Consultant to Consultant referrals (internal referrals within the same department/hospital.

- Ambulatory Care Management (When a patient needs medical attention without the need for admission) where General Practice will make maximum use of the Ambulatory Care Facility at Macclesfield District General Hospital for conditions such as Chest Pain, First Seizure etc.,
- Introduction of an enhanced level of support for End Of Life Conditions (EOL) where practices will be asked to demonstrate appropriate Care Co-ordination for patients at the EOL and to have processes in place to ensure all relevant parties are notified when a patient is approaching the EOL and that they have a preferred place of care recorded in their Care Plan.

An enhanced/maintained level of procedures to be carried out in General Practice without the need for onward referral to other providers. From the 1st November this will be achieved by the practice that you are registered with (or by arrangement with another General Practice) providing:

- Ring Pessary Fitting and Changing
- Injections for Patients with diagnosis of Prostate Cancer
- Routine Dressings
- Post-Operative Dressing/Stitch and Clip Removal
- Umbilical Cautery
- Hormone Injections
- Cryotherapy

An enhanced/maintained level of investigations to be carried out in General Practice without the need for onward referral to other providers. From the 1st November this will be achieved by the practice that you are registered with (or by arrangement with another General Practice) providing:

- 24 hr Blood Pressure Monitoring
- Echocardiogram (ECG) Reading and Interpreting

An enhanced level of support for people with complex health problems, either as a result of multiple morbidities, social/emotional complexities, or lack of Secondary Care support. From the 1st November this will be achieved by:

- Continuation of the Proactive Care Service where patients are case managed, have care co-ordinators and home visits by a GP or Nurse as required.

The following services will be implemented in April 2016 due to the complexity of embedding these services into General Practice as they are routinely managed by other providers either in the Community or Secondary Care:

- **Integrated Lifestyle and Wellness Support and Advanced Sexual Health Services** – These services are currently delivered by the Public Health team at Cheshire East Council who have recently started a tendering process for both these services.

- **Management of patients with Severe Enduring Mental Health** (SEMI) conditions to include prescribing, administration of injections and provision of physical healthcare.

- **Post Discharge Follow Up and Monitoring** - When a patient on the register, or newly identified as vulnerable, is discharged from hospital, attempts are made to contact them by an appropriate member of the practice community staff in a timely manner to ensure co-ordination and delivery of care. This would normally be within three working days of the discharge notification being received, excluding weekends and bank holidays, unless there is a reasonable reason for the GP practice not meeting this time target (e.g. the patient has been

discharged to an address outside the practice area or is staying temporarily at a different address unknown to the practice.)

- **Leg Ulcer Clinics**

- **Vascular Doppler Services** (sound waves to evaluate the body's circulatory system and help identify blockages and detect blood clots).

- **Proactive Visits** – Proactive visits for those most at risk will be identified using a combination of clinical alerts, risk profiling (risk stratification tool to identify top 20% of patients most at risk of hospital admission), clinical judgement, and as required, liaison with other members of the multi-disciplinary team. Practices will also undertake proactive care planning, working with the integrated community team where relevant to develop individualised care plans and oversee the case management / delivery of care.

- **Community Based Care** - An enhanced level of support for patients and the whole NHS, identifying and resourcing the GP as the community based "generalist" – coordinating out of hospital care, accepting responsibility and accountability for an increased level of complexity, severity, risk and workload as patients receive more "out of hospital" care. Early discharge from hospital, and the increasing need to both prepare patients for out/in-patient care and follow up, require a formal, consistent approach across all practices.

Appendix 3 – an example of metric used

2b-Long term condition management continued