



Health and Well Being Overview and Scrutiny Committee

Date:	Tuesday, 13 September 2011
Time:	6.15 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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SUPPLEMENTARY AGENDA

6. WORK PROGRAMME (Pages 1 - 6)
9. (a) ANY OTHER URGENT BUSINESS –
COMMUNITY PHYSIOTHERAPY

The Chair has agreed to consideration of this item as a matter of urgent business.

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Report 1

MONITORING REPORT FOR WORK PROGRAMME 2011 - 2012

(UPDATES AND ISSUES TO BE ACTED UPON ARE IN RED)

Date of item	Topic Description	How the topic will be dealt with	Comments on Progress	Complete
<u>20/6/2011</u> <u>1</u>	<p><u>The Committee received an update on its work programme.</u></p> <p>The Chair invited the Committee to make any suggestions for the future work programme. Resolved – That the report and additions to the work programme be noted Agreed items are outlined below.</p>			
20/6/2011 ITEM 1.	<p style="text-align: center;"><u>ITEM 1</u></p> <p>The Sub-Group monitoring the implementation of the improvement plan following the CQC inspection report will provide a report to the next meeting.</p>	<p style="text-align: center;">Report from Sub Group</p>	<p style="text-align: center;">Agreed that Sub Group will Report to meeting 13th Sept. 2011 with any progress on this matter.</p>	
20/6/2011 ITEM 2	<p style="text-align: center;"><u>ITEM 2</u></p> <p>The Review Panel into domestic violence would continue its work.</p>	<p style="text-align: center;">Report from Review Panel.</p>		
20/6/2011 ITEM 3	<p style="text-align: center;"><u>ITEM 3</u></p> <p>Additions to the work programme should include further reports on the implications of changes to the Independent Living Fund (ILF) and also the Disability Living Allowance (DLA).</p>	<p style="text-align: center;">Report from Officers</p>		
20/6/2011 ITEM 3	<p style="text-align: center;"><u>ITEM 4</u></p> <p>Once the review panel on domestic violence had completed its work, A review panel on the provision of Local Authority services for people with dementia would then be established. (see minute 10 ante).</p>	<p style="text-align: center;">Establish a new Panel then receive a Report from the Panel.</p>		

Report 2

SUGGESTIONS FOR ADDITIONS TO WORK PROGRAMME

Topic Description	Topic suggested by	How the topic will be dealt with	Estimated Completion Date
Further Implications of changes to the Independent Living Fund (ILF)	June 2011 Meeting	Officer report	
Further Implications of changes to the Disability Living Allowance DLA	June 2011 Meeting	Officer report	

Report 3

PROGRESS REPORT ON IN-DEPTH PANEL REVIEWS

Title of Review	Members of Panel	Progress to Date	Progress of the review
<p style="text-align: center;"><u>2010 - 2011</u> <u>Panel on Domestic Violence</u> <u>MEETING MARCH 2011</u></p>	<p><u>Councillors:</u> Moira Mc Laughlin (Chair) Pat Glasman Ann Bridson Cherry Povall</p>	<p>An Interim Report was presented to March meeting. <u>Resolved</u> – That the interim report be noted and the Review Panel be thanked for their work so far.</p>	<p>Report to March 2011 meeting.</p>
<p style="color: red;"><u>AGREED AT MEETING 20th JUNE 2011</u> It was agreed The review panel into Domestic Violence would continue. A new panel was agreed.</p>	<p style="color: red;"><u>Councillors:</u> Pat Glasman (Chair) Ann Bridson Cherry Povall Denise Roberts</p>		
<p style="text-align: center;"><u>Sub-Group monitoring the implementation of the improvement plan following the CQC Inspection Report.</u></p>	<p><u>Councillors:</u> Tony Smith Ann Bridson Geoff Watt</p>	<p>Sub Group met on the 17th March 2011</p>	
<p style="color: red;"><u>AGREED AT MEETING 20th JUNE 2011</u> It was agreed the Sub Group would continue.</p>		<p style="color: red;">Sub Group would provide a report to the next meeting with any progress on this matter.</p>	

<p><u>A Review Panel on the provision of Local Authority services for people with Dementia</u></p> <p><u>AGREED AT MEETING 20th JUNE 2011</u></p> <p>It was agreed that <u>once the review panel on domestic violence had completed its work</u>, A review panel on the provision of Local Authority services for people with dementia would then be established</p>		<p>Cabinet at it meeting on 14 April, 2011 Invited the Health & Wellbeing Overview and Scrutiny Committee to consider whether they would undertake a scrutiny review of the provision of Local Authority services for people with dementia, and what further steps could be taken to enhance outcomes through early intervention and support.</p> <p>Resolved – That a scrutiny review be undertaken on the provision of Local Authority services for people with dementia once the Domestic Violence review is complete and that membership of the Review Panel include Sue Lowe</p>	
<p><u>2010 - 2011</u></p> <p><u>Final Dementia Scrutiny Review</u></p>	<p><u>Councillors</u></p> <p>Ann Bridson (Chair) Sheila Clarke Denise Roberts Chris Teggin</p> <p>Supported by Alan Veitch, Scrutiny Support officer</p>	<p><u>Update March 2011</u></p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the contents and recommendations of the Dementia Scrutiny Review be supported. 2. That the Dementia Scrutiny Report be presented to the next appropriate cabinet meeting. 3. That further reports be presented to the Health & Well Being Overview and Scrutiny Committee to update members regarding the outcomes of the recommendations. 4. That the Review Panel be thanked for all their work on the review. 	<p><u>Review Completed</u></p>

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WIRRAL COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

13TH SEPTEMBER 2011

SUBJECT:	<i>COMMUNITY PHYSIOTHERAPY</i>
WARD/S AFFECTED:	<i>PATIENTS REGISTERED WITH GP PRACTICES WITHIN WIRRAL GP COMMISSIONING CONSORTIUM</i>
REPORT OF:	<i>DR ABHI MANTGANI</i>
RESPONSIBLE PORTFOLIO HOLDER:	
KEY DECISION	NO

1.0 EXECUTIVE SUMMARY

1.1 Wirral GP Commissioning Consortium (WGPPC) currently commissions Physiotherapy services from three providers on behalf of the registered patients of its Member practices: Wirral Hospital Trust, Wirral Community Trust, and Peninsula Health LLP. Due to issues outlined later within this report, this Consortium is proposing to undertake an 'Any Qualified Provider' (AQP) procurement process to recommission Community Physiotherapy. It is envisaged that this will ensure equity of service provision and delivery of a safe, high quality service, whilst demonstrating value for money.

2.0 RECOMMENDATION/S

- 2.1 A standard service specification will be devised for all Community Physiotherapy to be commissioned by WGPPC for its patients. This will include a range of KPIs that will enable providers to be robustly monitored and will drive up quality to a consistent standard. It will be developed in response to consultation with GP Practice members, service users, and in line with best practice. Providers will be required to deliver services from GP practice bases and meet strict requirements around maximum waiting times.
- 2.2 Contracts for Community Physiotherapy will be on a cost-per-case basis, rather than a block contract, where a fixed tariff is charged across providers.
- 2.3 In order to achieve this, it is recommended that Wirral GPPC recommissions current provision of Community Physiotherapy through an AQP process, with new service provision to be in place from 1st April 2012.

3.0 REASON/S FOR RECOMMENDATION/S

3.1 This step is being recommended in order to achieve the following:

- Increase choice for patients and GPs
- Drive up quality of service provision
- Ensure equity of access to services
- Standardised service specifications that will ensure same level of quality can be achieved irrespective of provider, and that will enable providers' performance to be robustly monitored
- Money will follow the patient, providing value for investment
- Commissioning will be in line with latest Department of Health Guidance around procurement of physiotherapy services

4.0 BACKGROUND AND KEY ISSUES

- 4.1 Currently, Community Physiotherapy is commissioned from three providers: Community Trust (CT), Wirral Hospital Trust (WUTH), and Peninsula Health LLP.

REFERRAL MANAGEMENT

- 4.2. A single point of access is in place for the CT and WUTH, which is based on patient postcode, and managed by the CT. So, patients in Bebington and West Wirral areas are referred to the WUTH service at Arrowe Park and Clatterbridge, whilst those in the Birkenhead and Wallasey areas remain in the Community Trust, at Victoria Central Hospital (VCH) and St Catherine's Hospital.
- 4.3 This is not sustainable in the long term as postcode management is outdated and inequitable. In addition the CT cannot continue to manage and process all referrals, without payment plus the current system limits their potential for internal re-design as any changes may see a shift in activity, affecting WUTH business.

SERVICE SPECIFICATIONS

- 4.4 There is no standardised service specification between the providers; this means that it is not possible to gain assurance of the same level of service provision for all patients. There are also few Key Performance Indicators within each of the contracts with the different providers, making it difficult to monitor and to improve standards.
- 4.5 The Consortium would wish to shape the service specification to ensure that services provided reflect best practice and the aspirations of referrers and service users. This includes provision of physiotherapy at a range of community locations, in the patient's own GP Practice wherever possible.

WAITING TIMES

- 4.6 Waiting times vary greatly between providers, with no provider able to guarantee that acute patients requiring an appointment within 4 weeks will receive this.

- 4.7 The Consortium chose to invest resources in additional physiotherapy from a local provider, Peninsula Health LLP, as a result of long waiting times and inadequate service provision. Without this additional capacity, the situation for WGPCC patients would be at a more critical point.
- 4.8 It is an aspiration of this Consortium that waiting times for acute patients are no longer than 2 weeks, whilst chronic patients should not have to wait more than 4 weeks. These targets are currently not being achieved, with waiting times reaching 13 weeks.

FUNDING

- 4.9 WUTH is paid on a block contract of £755,000 per year, and apply a reference cost of £52 and £33 for a new and follow-up appointment respectively to cases seen. However, as they are unable to provide data on the number of patients seen, there is no assurance that value for money has been achieved against this block contract.
- 4.10 Again, the CT is paid on a block contract, which includes Osteopathy and Rehabilitation services along with Physiotherapy. The WGPCC share of this is £1,699,163. Data cannot be provided on the number of patients seen / appointments used, and so it is difficult to monitor value for money.
- 4.11 The contract with Peninsula Health LLP works on a cost-per-case basis, so that the provider is paid for the number of sessions provided. As data is provided on the number of patients seen per session, it is much easier for the commissioner to gain assurance of value for money. Moving to an AQP model would require that treatment is paid for on a cost-per-case basis

NATIONAL GUIDANCE

- 4.12 Since this review was undertaken, guidance has been issued that highlights Physiotherapy as a priority for commissioning through any Any Qualified Provider process. The Department of Health document Operational Guidance to the NHS: extending patient choice of provider¹ requires commissioners to select 3 areas from a list of 8, including physiotherapy, in which they must extend the choice of provider in order *'to empower patients and carers, improve their outcomes and experience, enable service innovation and free up clinicians to drive change and improve practice.'* (p4) This guidance requires that commissioners set local protocols and pathways in order to standardise services and drive up quality, whilst ensuring that providers deliver services against a fixed tariff, to ensure consistent and measurable value for money.

5.0 RELEVANT RISKS

- 5.1 If the recommended steps are not taken, there is the risk of the following:
- patients will continue to receive inequitable access to services, where the service base selected is dependent on their postcode

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128455

- waiting times continue to vary greatly between providers, leading to deterioration of patients' condition
- inadequate service specifications and contractual levers mean that it is difficult to monitor service provision and therefore drive up quality
- payment through a block contract does not provide assurance of value for money
- choosing not to adopt an AQP approach for physiotherapy is not in line with latest Department of Health Guidance

6.0 OTHER OPTIONS CONSIDERED

6.1 One option considered has been to retain the contracts with the current providers, but issue revised service specifications, and move to a cost-per-case payment basis. However, this does not open up the market to other providers, and therefore does not extend patient choice in line with the recommendations in the latest Department of Health Guidance. It is therefore considered that the only option to enable all issues to be addressed is to recommission community physiotherapy through an AQP process. This will mean that all existing providers, along with any alternative providers, will have an equal chance of delivering services to WGPCC patients, providing that they meet accreditation standards.

7.0 CONSULTATION

7.1 WGPCC has consulted with its GP Practice Members and its Patient Council Executive Board. Both groups have given full support to this proposal. The proposal was also formally approved at the last Public meeting of the WGPCC Executive Board, held on the 16th August.

7.2 Further engagement will take place through the WGPCC Patient Council, with individual practice patient groups, and with wider stakeholders through existing links with VCAW. The final service specification will take the responses from this engagement into account.

8.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

8.1 It is not envisaged that this proposal will have any negative implications for these groups, and the service specification would be written as such that providers would need to demonstrate how they will engage with and include stakeholders, and target hard to reach groups with a view to minimising health inequalities.

9.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

9.1 There are no additional resource implications. WGPCC will be unlocking its existing service contracts in order to ensure that resources follow the patient. Any set-up and operational costs will be at the risk of the providers, not the commissioners.

9.2 The proposal will have a positive impact upon GP practice consultation rates, and on secondary care services, as patients receive more timely and effective

intervention and are able to be managed before requiring more specialist / acute treatment

10.0 LEGAL IMPLICATIONS

10.1 Any legal implications would be taken into account throughout the procurement process, which will be guided by the NHS Wirral procurement team.

11.0 EQUALITIES IMPLICATIONS

11.1 This proposal is not discriminatory against any particular client group.

11.2 Equality Impact Assessment (EIA)

(a) Is an EIA required?

No

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APPENDICES

N / a

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
<i>N / a</i>	<i>N / a</i>

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