

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>