

Bath & North East Somerset Council

MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	7 th October 2011	AGENDA ITEM NUMBER
TITLE:	Any Qualified Provider Community Services	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Please list the appendices here, clearly indicating any which are exempt and the reasons for exemption		
Appendix 1 : Any Qualified Provider Stakeholder Engagement Report		

1 THE ISSUE

- 1.1 To brief the Wellbeing Policy Development and Scrutiny Panel on the Any Qualified Provider (AQP) Process for Community Services and the feedback received at the engagement event that took place on the 14 September 2011. The B&NES Clinical Commissioning Committee is considering the issue at its meeting on Thursday 29th September and a verbal update will be provided at the meeting on next steps.

2 RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel are asked to note:-

- 2.1 The DH Policy requirements for the implementation of Any Qualified Provider for community services.
- 2.2 The feedback received from local stakeholders as part of the engagement event that took place on the 14th September on potential priority service areas and the criteria that should be used to select the 3 service areas.

3 FINANCIAL IMPLICATIONS

- 3.1 The financial implications of implementing AQP are currently unknown and will need to be worked through as part of the implementation process. However, as some of the current services identified nationally for potential consideration as part of an AQP approach are managed as part of a block contract process, there is the potential risk of increased costs of service provision.

4 THE REPORT

- 4.1 On 19 July 2011 the Department of Health (DofH) published operational guidance to the NHS setting out plans to deliver the Government's commitment to extending patient choice of provider. The guidance is available via:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128455

The guidance confirms the principles that govern an AQP approach to contracting for services:

- Providers qualify and register to provide services via an assurance process that tests providers' fitness to offer NHS-funded services.
- Commissioners set local pathways and referral protocols which providers must accept
- Referring clinicians offer patients a choice of qualified providers for the service being referred to
- Competition is based on quality, not price. Providers are paid a fixed price determined by a national or local tariff.

- 4.2 The AQP process is not a procurement process to secure one preferred provider for a particular service through a competitive tender process. Instead, all providers that pass through a qualifying process become eligible to offer the specified service. This approach is similar to that adopted for the Any Willing Provider process, implemented in the autumn of 2010 for elective care services.

- 4.3 It is anticipated that the DofH will establish a national qualification process and that details of how potential providers will be qualified will be published in the autumn. The guidance describes how the DofH qualification process will ensure that all providers offer safe, good quality care, taking account of the relevant professional standards in clinical services areas. Providers should be qualified if they:

- are registered with CQC and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements³
- will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law
- accept NHS prices
- can provide assurances that they are capable of delivering the agreed service requirements and comply with referral protocols; and
- reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols

4.4 The roll out will start with selected community and mental health services from April 2012. The guidance proposes 8 potential services areas for the application of AQP or other identified local priority services areas. PCT clusters, supported by Clinical Commissioning Groups (CCGs), should select three or more services for implementation in 2012/13. The nationally identified list of potential service areas based on engagement at national level with patients is:-

4.5

- Services for back and neck pain
- Adult hearing services in the community
- Continence services (adults and children)
- Direct Access Diagnostic tests
- Wheelchair services (children)
- Leg ulcer and wound healing
- Primary Care Psychological Therapies (adults) ('talking therapies')
- Podiatry services

4.6 The guidance sets out key actions for implementation:

- **by 30 September 2011**, all PCT clusters, supported by CCGs, should have engaged patients, patient representatives, Health and Wellbeing Boards, healthcare professionals and providers on local priorities for extending choice of provider.
- **by 31 October 2011**, clusters and CCGs should have used the feedback from this engagement to identify three or more community or mental health services for implementation, drawing from the national list or local priorities.
- SHAs should be notified of cluster/CCG priorities for 2012/13. This information will be shared with the Department to inform the next phase of the national choice offer.
- **By September 2012**, clusters should have implemented patient choice of Any Qualified Provider for the selected services, taking account of the NHS Operating Framework and standard contract. The DoH expects some AQP services to be available before this date

4.7 In addition to this, the DoH will work with volunteer PCT Clusters to produce 'Implementation Packs' for the priority services. Each region is, currently, confirming volunteer AQP commissioners (PCT clusters working with emerging CCGs) to co-produce packs with the Department. These implementation packs are to be available for the NHS to use from November 2011. Our Cluster has been confirmed as the lead for the implementation pack for wheelchair services.

5 Any Qualified Provider Stakeholder Engagement

5.1 The PCT with the support of the CCG held a stakeholder engagement event on the 14th September 2011. Forty nine people attended the meeting and heard a presentation on the local context and background. There was opportunity for questions and discussion. Two forty five minute facilitated workshops were held in small groups giving opportunity for the expression of all views. The workshops considered 2 questions:

- What local services might we want to prioritise?
- What criteria should be set in finalising the choices?

5.2 The summary feedback is attached at Appendix 1. Feedback from this engagement is to be used to inform the selection of 3 or more community or mental health services for the implementation of AQP.

5.3 The B&NES Clinical Commissioning Committee will be reviewing this feedback at its meeting on the 28th September 2011 to confirm the areas to be selected. A verbal update will be provided at the meeting on next steps following this meeting.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6.2 As stated above in paragraph 3.1 there is the potential risk for additional costs pressures in the system as many community services are currently commissioned on a block contract basis. These risks would need to be mitigated through the setting of appropriate referral and treatment thresholds.

6.3 There are also additional risks associated with a lack of available management capacity to procure new service arrangements.

7 EQUALITIES

7.1 An equalities impact assessment has not yet been carried out as it is not yet been confirmed what the 3 short listed services areas for the implementation of the AQP policy will be.

7.2 All potential providers for community services will be required to demonstrate adherence to Equality legislation and good practice as part of the AQP accreditation process.

8 CONSULTATION

8.1 Information was taken to the B&NES LiNK at its public meeting on August 2nd 2011 and subsequently distributed to the LiNK network.

8.2 A 3 hour workshop with public stakeholders was held on September 14th offering people the opportunity to hear information, discuss and debate and feed in views and perspective on local AQP choices. Invitations to attend the meeting were distributed across local providers and B&NES health and wellbeing network. The network is a virtual grouping of 120 contacts covering patients, service users, carers, voluntary sector agencies, primary care, parish councils, partners and providers. The outcome of the meeting is attached at Appendix 1.

8.3 Information has also been published on the PCT's website.

9 ISSUES TO CONSIDER IN REACHING THE DECISION

9.1 The implementation on Any Qualified Provider for Community Services will potentially have an impact on the following areas: - *Social Inclusion and Customer Focus.*

10 ADVICE SOUGHT

10.1 As this is a briefing update on a Department of Health policy initiative no advice has been sought at this stage.

Contact person	<i>Tracey Cox, Programme Director, Commissioning, NHS B&NES Telephone 01225 831736</i> <i>Email : tracey.cox@banes-pct.nhs.uk</i>
Background papers	<i>Further information on this policy initiative can be found at :-</i> <u>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128455</u>
Please contact the report author if you need to access this report in an alternative format	

Any Qualified Provider Stakeholder Engagement Report

Background

Guidance on Any Qualified Provider specified that commissioners should engage with the public and local stakeholders during September on local priorities. Feedback from this engagement is to be used to identify 3 or more community or mental health services by October 31st.

Engagement Approach

To respond to the engagement exercise NHS B&NES took the following approach:

Initial Public Briefing

Information was taken to B&NES Link at its public meeting held on August 2nd presented and subsequently distributed to the Link network.

Website

Information published to public website with opportunity to express views

Stakeholder consultation

A 3 hour workshop with public stakeholders was held on September 14th offering people the opportunity to hear information, discuss and debate and feed in views and perspective on local AQP choices. Invitations to attend the meeting were distributed across local providers and B&NES health and wellbeing network. The network is a virtual grouping of 120 contacts covering patients, service users, carers, voluntary sector agencies, primary care, parish councils, partners and providers.

Clinical Commissioning Committee

A presentation was made to the clinical commissioning committee seeking views and clinical input into the decision making

Wellbeing Policy Development and Scrutiny Panel

A public paper was taken to the scrutiny panel presenting the local position and inviting comment

Stakeholder Meeting Wednesday 14th September 2011

Forty nine people attended the meeting and heard presentation on the local context and background. There was opportunity for questions and discussion. Two forty five minute facilitated workshops were held in small groups giving opportunity for the expression of all views. The workshops considered 2 questions.

- What local services might we want to prioritise?
- What criteria should be set in finalising the choices?

What local services might we want to prioritise

Category	Number of identified selections	Other categories
Wheelchair services for children	5	
Psychological therapies	4	
Musculo skeletal services for back and neck	3	
Continence services	2	
Diagnostic tests closer to home	2	
Podiatry services	2	
Venous leg ulcers	1	
Adult hearing services	0	
Other	1	Public health and LTC

Reasons given in support of choices

Need to choose something practical.

Preferable to choose something that will work and can be tested.

Best to select a simple service that will give a good chance of success in the choice programme.

Identify services that are responding to urgent needs.

Don't choose something that is working well already.

Useful to also include a more complex patient pathway to test out the potential of the model.

Consider practicality of market entry.

Innovation and prevention.

Multidisciplinary component.

Good to test more complex services.

Additional comments raised in discussion

Information needed for people to make choice is a crucial infrastructure priority to be addressed.

How can we manage demands that are met by a service but not required? Fixed tariff should cover this.

How will we engage difficult to reach groups?

Concern about extra bureaucracy.

It will need generations to get public into mindset of choice.

People will need to get used to operating in a choice model.

Brokering of the information to support choice is underdeveloped.

People want expert advocacy rather than being overwhelmed by choice.

How can we ensure focus on quality with proliferation of providers?

Need to have the right people in place to facilitate choice.

Clarity about need and choice required at referral.

What will be involved in the choice needs specifying?

What if people want to choose something else?

What criteria should be set in finalising the choices?

Participants were broadly content with the criteria presented by the commissioner. These were:

- Access to Services
- Quality and responsiveness
- Financial
- Innovation & new models of provision
- Patient pathways are easily defined
- Provider availability
- Workforce

Participants were invited to propose other criteria. No distinction was made between criteria for choosing the service itself or criteria for selecting qualifying providers. Conversations tended to focus on criteria for the provider. From the discussions the following position was declared.

Top criteria in hierarchical order where more than 1 group raised the point.

Category	Number of identified selections	Notes
Quality assurance inc clinical quality	8	Covers all aspects of quality
Customer care and clear information for users	6	Covers approach to customers, advice to customers, ease and clarity of information
Financial viability and value for money	5	
Clear Outcome measures	4	
Access to services- inc transport, flexibility, location opening times	4	
Workforce skills and capacity	3	Covers workforce ability and sustainability

Additional criteria proposed by single groups

Safety
 Safeguarding
 Sustainability
 Communications with other professional groups
 Ability to integrate with other services
 Interface with electronic systems
 Market already developed
 Ability to scale up
 Mapped to JSNA priorities
 Good market intelligence
 Impact on provider landscape
 Ability to maintain choice
 Services where there is a problem
 Good customer care
 Innovation