

Trust Board Report

Meeting Date:	Monday 20 th May 2013
Title:	Contracting and Commissioning Update
Executive Summary:	This report provides an update on progress with the LDP discussions with our main commissioners
Action Requested:	Trust Board are asked to note the report
Report of:	Director of Planning and Contracting
Author: Contact Details:	Head of Contracting Tel: 01902 695945 Email: jon.lear@nhs.net
Resource Implications:	LDP and Contract negotiations for 2013/14 have been concluded with local Clinical Commissioning Groups and with Specialised Services. Directors and Senior Management are regularly reviewing the service, contractual and financial implications.
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	Contracting and Commissioning Update, Trust Board, 22 nd April 2013
Appendices/ References/ Background Reading	None
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1.	<p>Introduction</p> <p>The Trust Board received a report in April 2013 updating on progress with contract negotiations with Commissioners. This report provides an update and progress with the current contracting arrangements as part of the LDP Process for 2013/14.</p>						
2.	<p>Summary</p> <p>Full and final contracts have now been signed with both Wolverhampton City CCG and NHS England – Specialised Services for 2013/14. Both contracts were signed on Thursday 2nd May 2013.</p> <p>Delivery of Public Health services to Wolverhampton City Council are being delivered as per the 12/13 contract pending agreement of contract terms, as the City Council are not bound by the NHS Standard Contract. This is expected to be completed by the end of Q1.</p>						
3.	<p>Contract Values</p> <p>RWT are confident that we have achieved the best possible position in the current financial climate across the range of contracts.</p> <p>3.1 Wolverhampton City CCG (Acute and Community)</p> <p>This contract includes associate commissioners incorporating other local CCGs as well as services commissioned by the NHS England Local Area Team.</p> <p>The agreed contract values are:</p> <table data-bbox="331 1272 762 1384"> <tr> <td>Acute</td> <td>£213,103,199</td> </tr> <tr> <td>Community</td> <td>£47,862,958</td> </tr> <tr> <td>Total</td> <td>£260,966,157</td> </tr> </table> <p>3.2 NHS England – Specialised Services</p> <p>This contract was signed with a contract value of £75,706,626</p>	Acute	£213,103,199	Community	£47,862,958	Total	£260,966,157
Acute	£213,103,199						
Community	£47,862,958						
Total	£260,966,157						
4.	<p>CQUIN</p> <p>Below are listed the agreed CQUIN schemes for both CCG and Specialised Services contracts for 13/14, along with approximate financial values.</p> <p>The first four schemes on each list are nationally mandated and are common across both contracts. Remaining CCG schemes are locally defined, and devised and agreed between the CCG and RWT. For Specialised Services, the remaining schemes are selected from a national list to reflect the services offered within the Trust.</p>						
4.1	<p>Wolverhampton City CCG (Acute and Community)</p>						

- Friends and Family (£337,772)
 - Improve the experience of patients in line with domain 4 of NHS Outcomes Framework. Provide timely, granular feedback from patients about their experience.
- NHS Safety Thermometer (£337,772)
 - Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE
- Dementia (£337,772)
 - To incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia and support their carers.
- VTE (£337,772)
 - Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE).
- Personalised Management Planning (£1,013,316)
 - Introduction of electronic care planning for patients with recognised multiple morbidities.
- Radiology Reporting (£1,080,870)
 - Improved reporting for Radiological Images via introduction of new/revised system to record that action has been taken on all results in accordance with recognised best practice.
- Shared Care (£1,080,870)
 - To ensure that 97.5% of all patients on shared care drugs have an effective shared care agreement (ESCA) in place and that there is a process and training to embed the use of ESCAs.
- FP10 Formulary and Generic Adherence (£1,013,316)
 - 1) Ensure that hospital FP10 prescriptions are used to support generic prescribing and not used to by-pass the formulary. 2) Ensure that generic drug names are used except where this is inappropriate. To refer to agreed list of items unsuitable for generic prescribing agreed by the Area Prescribing Committee. 3) Trust clinicians to only prescribe drugs that have been approved for use by APC.
- PbR Excluded Drugs (BlueTeq) (£1,013,316)
 - To obtain funding authorisation for every non-PBR drug prescribed via the prior approval route on the BlueTeq system. Each non-PBR drug prescribed per patient invoiced to Wolverhampton CCG will require a successful prior approval form submitted which authorises funding on the BlueTeq system.
- Improving Continence (£202,663)
 - To scope continence services across Wolverhampton in order to identify the baseline information and the current compliance with best practice in the delivery of continence services including compliance with NICE recommendations.

	<p>The development, implementation and evaluation of a revised pathway, based on equitable service and access to multidisciplinary assessment with adherence to current NICE guidance for patients in Wolverhampton.</p>
<p>4.2</p>	<p>Specialised Services</p> <ul style="list-style-type: none"> • Friends and Family (£90,848) <ul style="list-style-type: none"> ○ As for CCG CQUIN, above. • NHS Safety Thermometer (£90,848) <ul style="list-style-type: none"> ○ As for CCG CQUIN, above. • Dementia (£90,848) <ul style="list-style-type: none"> ○ As for CCG CQUIN, above. • VTE (£90,848) <ul style="list-style-type: none"> ○ As for CCG CQUIN, above. • Clinical Dashboards (£181,696) <ul style="list-style-type: none"> ○ To embed and demonstrate routine use of the use of specialised services clinical dashboards • Cardiac Surgery Inpatient Waits <7 Days (£363,392) <ul style="list-style-type: none"> ○ The proportion of patients referred as urgent, to have cardiac surgery as an in-patient (with or without transfer) within 7 days of acceptance to treat by cardiac surgeon. • Renal Dialysis (£363,392) <ul style="list-style-type: none"> ○ Reduction in incidence of preventable severe AKI requiring intermittent haemodialysis through targeted actions based upon data analysis ○ Increase use of Renal Patient View by patients under the care of a renal unit. • HIV Registration & Communication (£272,544) <ul style="list-style-type: none"> ○ Communication with GPs about the care of HIV patients • Neonatal Intensive Care (£272,544) <ul style="list-style-type: none"> ○ Improved access to breast milk in preterm infants ○ Timely administration of total parenteral nutrition (TPN) for preterm infants ○ Simple Discharge Pathway ○ Improvement in monitoring of screening for Retinopathy of Prematurity.
<p>4.3</p>	<p>CQUIN Monitoring</p> <p>All CQUINS will be monitored internally on a monthly basis via the Contracting & Commissioning Forum. Quarterly progress will be reported to the Trust Board.</p>