

## Primary Care Commissioning Committee

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| <b>Title</b> | Home Visiting Service+ (HVS+) | <b>Agenda Item</b> | 3.2 |
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| <b>Purpose</b>        | <b>Approval</b> x <b>Discussion</b> <b>Information</b> <b>Assurance</b>                               |                                |   |
| <b>Meeting</b>        | Primary Care Commissioning Committee  |                                |   |
| <b>Date</b>           | 11 <sup>th</sup> April 2019   |                                |   |
| <b>Title of Paper</b> | Home Visiting Service+ (HVS+)   |                                |   |
| <b>Executive Lead</b> | Ruth Grabham - Medical Director   | <b>Executive Lead Sign off</b> | ✓ |
| <b>Clinical Lead</b>  | Ruth Grabham - Medical Director   | <b>Clinical Lead Sign off</b>  | ✓ |
| <b>Authors</b>        | Alexandra Tolley – Commissioning Project Manager<br>Tom Rhodes - Commissioning Manager for Acute Care |                                |   |
| <b>Appendices</b>     | Appendix 1 – Early Home Visiting Service (EHVS) review paper  |                                |   |

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| <b>Executive Summary</b>               | <p>Following a review of the EHVS service the JCC approved funding for a home visiting service over two years to May 2021. This funding would be based on the most cost-effective Advance Nurse Practitioner/ Specialist Paramedic model, and allocated to practices on a cost per head basis. Practices would develop proposals for how they intend to use the funding provided in order to deliver cost-effective home visiting services.</p> <p>The panel has reviewed and approved five of the six proposals at a total annual contract value of £234,288. The proposal by Chew Valley has not been approved. However, should they wish to join the rest of the Three Valleys network Specialist Paramedic model in the future, subsequent funding up to an annual value of £22,247 could be available.</p> <p>The PCCC is asked to endorse the panel's recommendation as the service primarily supports primary care resilience and it will therefore be funded from the primary care budget.</p> |  |              |
| <b>Recommendation</b>                  | The PCCC is asked to approve the process undertaken and endorse the recommendation of the panel.   |  |              |
| <b>Risk</b>                            | <b>High</b>  | <b>Medium</b>  | <b>Low</b> x |
| <b>Key Risks</b>                       | By not approving Chew Valley's model there will be no HVS+ service in this area. This means that the service is not equitable across BaNES and some people may need to wait until lunch time for a GP to visit. Visiting numbers for Chew Valley patients are generally low.   |  |              |
| <b>Impact on Quality</b>               | EHVS does have an impact on patient satisfaction and safety – the service means that patients who are at risk of hospitalisation and unable to get to their GP surgery can be seen at home earlier than if they were to wait for a GP visit.   |  |              |
| <b>Impact on Finance</b>               | Funding from 1 <sup>st</sup> May 2019 to 31 <sup>st</sup> March 2020 - £214,763 increasing to £235,157 should Chew Valley submit a revised bid that is approved. The service will be funded through the Improving Access budget.   | <b>Finance Lead Sign off Name Lead:</b><br>Gigi El-Shourbagy | ✓            |
| <b>Report reviewed by</b>              | James Childs-Evans – Senior Commissioning Manager (Primary Care)<br>Ruth Grabham – Medical Director  |  |              |
| <b>Potential Conflicts of Interest</b> | The review relates to funding provided to primary care, and as such all BaNES CCG Board GPs have a conflict of interest.   |  |              |

## 1. Introduction

- 1.1 The purpose of this report is to outline the process undertaken to review the Early Home Visiting Service and subsequently recommission a new Home Visiting Service+ (HVS+). The PCCC is asked to approve the process undertaken and endorse the recommendation of the panel.

## 2. Background

- 2.1 Since 2016-17, BaNES CCG has provided funding to primary care to support early home visiting on a pilot basis. Practices are remunerated for home visiting as part of the core contract, but the pilot was implemented to trial the benefits of an earlier home visit than the usual middle of the day time, to bring forward the time of any potential admissions to hospital and enable more timely assessment and admission avoidance.

- 2.2 The service has been either delivered directly by practices, or through BEMS+. The pilot was due to end on the 31<sup>st</sup> of March and a detailed review was completed. The full review report can be found in appendix 1.

- 2.3 In summary, the EHVS pilot trialled multiple service models with different costs but the number of visits carried out was considerably lower than expected. The expected outcomes of the original service were:

### 2.3.1 Financial savings through avoiding hospital admissions and ED attendances

There is some evidence that the service has achieved this outcome, but confidence in this is limited by data quality issues and the accuracy of the savings assumptions.

### 2.3.2 Earlier patient presentation at hospital

The service has achieved this outcome to some extent, but because of the relatively small numbers involved there has only been a marginal impact on overall time of arrival at hospital.

### 2.3.3 Improved access to, and patient satisfaction with, primary care

There is very little evidence that the service has achieved this outcome.

### 2.3.4 Increased capacity and increased resilience in primary care

Although not quantifiable, the service has clearly achieved this outcome, and is reported to be very important to the functioning of primary care.

- 2.4 The review paper recommended that the CCG continues to fund EHVS through individual practices, but provides funding only to support morning visiting at the level of the most efficient model, since afternoon visits were significantly less likely to support admission avoidance or earlier presentation to hospital.

### 3. Future of the service

- 3.1 At its meeting on 20 December 2018, the JCC did not approve the commissioners' recommendation. After the meeting, members of the committee concluded that conflicts of interest were not appropriately managed, and the decision was made to re-run the item and to invite external clinical perspective. Therefore, on the 31<sup>st</sup> of January Dr Richard Sandford-Hill, Chair of Wiltshire CCG, attended the meeting as external primary care expert.
- 3.2 At this meeting it was agreed that:
- 3.2.1 BEMS would be given three months' notice, taking the contract end to 30<sup>th</sup> April 2019.
- 3.2.2 In the longer term there will be funding available via the Primary Care Networks for Paramedic Practitioners from 2021/22. The role description notes the provision of them as an alternative model to urgent and same day GP home visits, therefore funding arrangements would need to be in place in the meantime.
- 3.2.3 Practices/GPs should be empowered to firstly make the decision whether or not to offer a home visiting service, and secondly to oversee the use of primary care funding in the most effective and efficient way to deliver that service.
- 3.3 The JCC **approved** that the CCG would offer practices funding for a home visiting service over two years to 31<sup>st</sup> March 2021. This funding would be based on the most cost-effective Advance Nurse Practitioner/ Specialist Paramedic model, and allocated to practices on a cost per head basis. Practices would develop proposals for how they intend to use the funding provided in order to deliver cost-effective home visiting services.

### 4. Panel outcome and recommendations

- 4.1 Following JCC, practices were invited to submit a proposal to run an HVS+ service within their allocated budget and in line with the revised service specification. All the proposals were reviewed by the panel which consisted of Ruth Grabham, Medical Director, James Childs Evans, Senior Commissioning Manager, Gigi El-Shourbagy, Operational Finance Manager, Tom Rhodes, Commissioning Manager for Acute Care and Alexandra Tolley, Commissioning Project Manager.
- 4.2 There were six proposals from clusters of practices and individual practices. All proposals were assessed against the following criteria:
- Cost effectiveness and value for money (practices were given an indicative minimum number of service hours they would be expected to deliver for the level of funding they would receive), including how the funding would provide a

service above the requirements of the core contract for patient attendance outside the practice.

- How the proposal supports GP resilience.
- How the proposal facilitates earlier presentation to urgent and secondary care for patients requiring investigations and/or admission.
- How the proposal will decrease the number of emergency admissions.

## 5. Proposals

- 5.1 A Specialist Paramedic led service in **Bath Sulis** run by BEMS on behalf of Rush Hill & Weston Surgeries (lead practice), Combe Down surgery, St Michael's surgery, Newbridge surgery and Grosvenor surgery.

The network will employ a Specialist Paramedic for 22 hours per week for their full allocation of the funding £46,119.

The HVS+ service will run Monday – Friday (excluding bank holidays) and will aim to provide between 4-6 home visits per day. The other practice networks working with BEMS will provide mutual cover for annual leave/sickness etc.

**Outcome: Approved**

- 5.2 A Specialist Paramedic led service in **Bath Aqua** run by BEMS on behalf of Batheaston Medical Centre (lead practice), Fairfield Park Health Centre, Monmouth surgery, The Pulteney Practice, Widcombe surgery and the University Medical Centre.

The network will employ a Specialist Paramedic for 25 hours per week for their full allocation of the funding £52,459.

The HVS+ service will run Monday – Friday (excluding bank holidays) and will aim to provide between 4-6 home visits per day. The other practice networks working with BEMS will provide mutual cover for annual leave/sickness.

**Outcome: Approved**

- 5.3 A Specialist Paramedic led service in **Norton Radstock** run by BEMS on behalf of St Chads surgery (lead practice), Elm Hayes surgery, Hillcrest surgery, Hope House surgery, St Mary's surgery, Somerton House surgery and Westfield surgery.

The network will employ a Specialist Paramedic for 32.5 hours per week for their full allocation of the funding £66,154.

The HVS+ service will run Monday – Friday (excluding bank holidays) and will aim to provide between 4-6 home visits per day. The other practice networks working with BEMS will provide mutual cover for annual leave/sickness.

**Outcome: Approved**

- 5.4 An Advanced Nurse Practitioner and/ or Specialist Paramedic led service in **Keynsham** led by West View Surgery on behalf of St Augustine's Medical practice and Temple House Practice.

The network will employ an Advanced Nurse Practitioner and/or Specialist Paramedic for 17.5 – 20 hours per week for their full allocation of the funding £34,275.

The HVS+ service will run Monday – Friday (excluding bank holidays). The exact hours will be dependent on the candidate they employ. The practice network will aim to provide cover for annual leave/sickness depending on clinician availability.

**Outcome: Approved subject to further information being provided.**

- 5.5 A Specialist Paramedic led service run by **Heart of Bath**. The practice will employ a Specialist Paramedic for 20 hours per week for their full allocation of the funding £35,280.

The HVS+ service will run Monday – Friday (excluding bank holidays and will aim to provide up to 4 home visits per day. The practice will provide cover for annual leave/sickness.

**Outcome: Approved**

- 5.6 A GP led service in **Chew Valley** run by Chew Medical and Harptree surgery. The surgeries will change the working pattern of their current GPs by moving administration time and adjusting the start and finish times to accommodate the HVS+ service. The surgeries have requested their full allocation of the funding £22,247.

The HVS+ service will run Monday – Friday (excluding bank holidays) for 2.5 hours between the hours of 9.00am and 11.30am and will aim to provide between 1-3 home visits per day. The practice networks will provide cover for annual leave/sickness.

**Outcome: Not approved.** The panel were unable to justify this proposal as it was not clear where the service would provide additional clinical time for the funding requested. The proposal did not demonstrate how this model of HVS+ would provide something above the normal routine of home visits as the demand for home visits in these practices is generally low.

## 6. Summary

- 6.1 Using the outlined criteria, the panel has approved five of the six proposals at a total contract value of £234,288 to be funded from the Improving Access fund. The proposal by Chew Valley has not been approved. However should they wish to join the Three Valleys Network Specialist Paramedic model in the future subsequent funding up to the value of £22,247 could be available.

**The PCCC is asked to endorse the recommendation of the panel.**

## **7. Next steps**

- 7.1 If the PCCC endorses the recommendation from the panel then the Commissioners will put agreements in place with the lead practices in readiness for 1<sup>st</sup> of May 2019. The new service specification has stringent data collection requirements and funding will not be released until there is proof of recruitment or continuation of the delivery of the service at the agreed level.