

# **CAM HEALTH LOCAL COMMISSIONING GROUP**

## **PRACTICE DELIVERY AND MEMBERSHIP AGREEMENT**

**2014/15**

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Draft Version 1

# **PRACTICE DELIVERY AND MEMBERSHIP AGREEMENT 2014/15**

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# **PRACTICE DELIVERY AND MEMBERSHIP AGREEMENT 2014/15**

## **1. INTRODUCTION**

This Practice Delivery and Membership agreement (PDMA) is part of the overall accountability framework for the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and its constituent Local Commissioning Groups (LCGs).

Each practice is required to be a member of an LCG.

## **2. MISSION AND VALUES**

There is a strong integration theme throughout Cam Health LCG. Cam Health Members believe that it is through more effective integration of services that better quality and cost effectiveness, and a better experience for patients and carers, can be achieved.

Our mission is, through innovation and integration, to make local services sustainable for the future whilst improving outcomes and experience for the patient.

Cam Health espouses the following values in the way it conducts business and works to achieve change:

- Looking after the well-being of whole person
- Being at the leading edge of change
- Collaborative working – with local care organisations, professionals and each other
- Valuing our all skilled professionals

The purpose of this agreement is to:-

- Describe the relationship between Cam Health and its member practices.
- Identify the aims and objectives of Cam Health LCG
- Set out the roles and responsibilities of Cam Health LCG and member practices.

## **3. BACKGROUND**

Cam Health Integrated Care was first established in October 2010 as a pathfinder commissioning group. The group is now a local commissioning group comprising 9 member practices covering a registered population of 84,578 people in Cambridge City

and surrounding villages. These practices are members of the Cambridge and Peterborough Clinical Commissioning Group. Cam Health LCG has been delegated authority to commission health services on behalf of C&P CCG for its local population.

The core principles of Cam Health LCG are:

- That patients should be treated in the most appropriate place
  - Secondary care is only used when needed for specialist advice and treatment according to the international and national evidence base
  - Primary care is the preferred location for the management of long term conditions
  - Locality based high quality community services exist to support the frail elderly in their own homes, preventing unnecessary admission to hospital and supporting prompt discharge from hospital
  - Integrated care pathways are agreed across providers so that care is coordinated, safe and patient centred
- That patients needing urgent care have real alternatives to attending A&E
- That health promotion and self-management are an integral part of all healthcare contacts in all providers
- That primary care is fully engaged with the commissioning agenda so that they give equal priority commissioning and provider work
- That primary care providers work together to support the commissioning agenda and to deliver the best, evidence based, health outcomes for all our patients.

The aims and objectives for Cam Health for 2014/15 are as follows:

- Reducing variation in referrals so that all practices come within top quartile of the CCG rate
- Reducing variation in prescribing so that prescribing spend is within annual budget
- Appropriate, timely and properly integrated care for frail elderly people at risk of admission
- Reducing admissions for ambulatory care sensitive conditions and other long term conditions
- Enhanced delivery of non-complex medical specialties in a community setting (e.g. ENT, MSK, ophthalmology, gynaecology)
- Improving the health and life expectancy of those in our most deprived areas through encouraging healthier lifestyles and closer working with Local Authorities, linking with Health & Well-being Boards priorities
- To deliver a balanced budget and at the same time improve services for patients
- To have high standards of clinical, financial and corporate governance

Cam Health undertakes to deliver its annual Business Plan for 2014/15, otherwise known as QIPP (Quality, Innovation, Productivity and Prevention) plan, in line with other LCGs and the CCG as a whole.

Cam Health will work collaboratively and co-operatively with other CCG member LCGs for the procurement of shared services and support functions on condition that: it is demonstrated that these activities are determined best available value for money and in accordance with procurement rules; work within Section 242b of the Health and Social Care Act; and are compliant with the NHS Constitution.

This agreement supports the three priorities of C&P CCG:

**CCG Priorities**

- Improving out of hospital care for frail older people
- Improving out of hospital end of life care
- Reducing inequalities, focusing on coronary heart disease

#### **4. DURATION OF AGREEMENT**

This agreement covers the period from 1 April 2014 to 31<sup>st</sup> March 2015.

#### **5. MEMBERSHIP**

Practices wishing to join Cam Health must apply to the Cam Health Chair and abide by the terms of this agreement. All applications by practices wishing to join Cam Health will be considered by the Cam Health management board at their next available meeting. Acceptance into the LCG will require a unanimous vote of all the practice members.

Practices wishing to leave Cam Health must discuss their intention with the Cam Health Chair and must provide at least 3 months' notice in order to assess potential impact on the remaining members.

In the event that any practice shows insufficient commitment to the aims and principles of the LCG they may be removed by unanimous vote but only after all reasonable efforts have been made by both parties to resolve differences and difficulties.

The constitution of the Cam Health LCG is set out in a separate document.

#### **6. MANAGEMENT OF CONFLICTS OF INTEREST**

Cam Health LCG will adopt and adhere to the CCG Management of Conflicts of Interest policy. A register of interests, business, pecuniary or other interests will be kept and all member practices should notify Cam Health of any relevant and material interest existing or arising during the course of commissioning business.

This agreement is constructed with a set of principles in mind designed to ensure the agreements are fair and reasonable to all parties. These are set out in Appendix A. For the same reason the final PDMA's will be ratified by the CCG. This is to ensure that local arrangements are transparent and can withstand public scrutiny.

## **7. RESPONSIBILITIES OF CAM HEALTH**

### **Cam Health LCG undertakes to:-**

- Abide by this agreement and declare any conflicts of interest;
- Represent Cam Health practices and patients at county and national level;
- Represent practices at local and CCG wide events ensuring that the Cam Health policies are taken into account when services are being developed;
- Provide strategic overview and governance;
- Work together with neighbouring CATCH and other LCGs to manage contracts with the main providers in our locality;
- Communicate with practices regarding CCG development/actions;
- Provide practices with an indicative activity baseline and an indicative practice budget, subject to availability from central support team.
- Supply monthly activity reports and budget monitoring at practice level and at Cam Health LCG level, subject to availability from CCG central support team.
- Work with practices to reduce inappropriate variation in activity and support them in understanding budgetary implications of this;
- Support practices in commissioning by providing benchmarking data, detailed analysis and assistance in response to practices needs and requests.
- Keep practices informed of all pathway and service changes;
- Support innovative pathway redesign;
- Organise commissioning, clinical governance and educational events (and notify practices in good time to enable good attendance);
- Support practices in developing patient participation in commissioning;
- Ensure that Patients are provided with the opportunity to be involved in clinical commissioning. Patients will be reimbursed on an expenses and subsistence basis in accordance with NHS guidelines;

## 8. RESPONSIBILITIES OF MEMBER PRACTICES

### Member practices will undertake to:-

- Abide by this agreement and declare any conflicts of interest
- Identify a lead GP from within the practice who will represent the practice views at locality/other meetings and will ensure effective engagement of their practice in commissioning work, communication and implementation of CCG policies and delivery of the Cam Health work streams arising from the Annual Plan as it relates to the practice.
- Send the maximum number of staff possible to attend the 2 Cam Health clinical governance events;
- Identify a lead GP from the practice who will take responsibility for the practice prescribing performance and represent the practice at the Cam Health Prescribing Group.
- Ensure practice engages with Cam Health's prescribing programme and adheres to local and national prescribing policies and targets;
- Ensure that within the Practice all clinical staff are given the opportunity to engage in leading clinical redesign and other Cam Health work;
- Ensure that all staff, not just clinical, are aware of Clinical Commissioning and understand the role of the practice, Cam Health and the Cambridge & Peterborough Clinical Commissioning Group in commissioning healthcare locally.
- Develop and sustain a referral review system within the practice and be able to demonstrate that such a system exists;
- In the event of the data showing that a practice is an outlier the practice should take action with the collaboration of Cam Health to analyse the data and produce remedial action plan if there is evidence of inappropriate variation.
- Respond to data validation requests where possible, which could include participation in patient case reviews;
- Hold quarterly practice meetings of clinical staff to review the practice position regarding budget/clinical activity, record actions to be taken and disseminate these appropriately within the practice;
- Ensure that locally agreed referral pathways/thresholds and pro formas are readily available and used by all clinicians working in the practice;
- Share both clinical and non-clinical (e.g. patient engagement) good practice and learning;

- Follow and adhere to Cam Health's adopted commissioning plans and pathways;
- Allow persons appointed by Cam Health to access relevant data in the validation of practice claims of meeting its responsibilities under this agreement;

## 9. FUNDING

The CCG has allocated £3.90 per patient (registered list size at April 2014) to each GP practice to support clinical engagement in commissioning, through LCG clinical leadership and practice commissioning work contributing to the delivery of the CCG and LCG annual plans.

All practices must be a member of an approved local commissioning group. Upon sign up £2.00 per patient of the £3.90 will be made available to Cam Health to fund LCG clinical leadership and LCG commissioning work.

£1.90 per patient will be available to fund specific commissioning work in practices as set out in section 14 of this agreement.

## 10. ACCOUNTABILITY FOR PERFORMANCE

Cam Health recognises that some practices may wish to work together, and will encourage and support collaborative working; however, accountability for the delivery of this agreement will remain with the individual practice named.

The Practice leads for the delivery of this agreement are:

GP Clinical Representative:.....  
 Practice Manager :.....  
 GP lead for Referral review:.....  
 GP Prescribing Lead :.....

LCGs will be responsible for managing the practice delivery agreement and the structure of the associated PDMA scheme. The LCG may if appropriate withhold or claw back funds for non-delivery of the agreement.

In-year monitoring will take place with evidence gathered through a variety of sources to minimise the administrative burden e.g. quarterly returns and practices visits, participation in Cam Health work streams. Should either party fail to deliver the requirements of this agreement, discussions will take place between practice and LCG and remedial actions agreed where and if appropriate.

## 11. REMUNERATION



Remuneration for clinical engagement in commissioning as described below will be funded from the £2 per head clinical leadership budget rather than the £1.90 PDMA budget.

GP Board members & co-opted members will be remunerated for their attendance at Board meetings, Board subgroups (Finance & Performance and Health Strategy & Service Redesign) and other agreed meetings and work at the rate of £285 per 3.5 hour session or £70 per hour for periods less than one session excluding VAT and inclusive of superannuation.

Practice Managers and Other health professionals e.g. Nurses, will be remunerated at a rate of £25 per hour. Invoices should be submitted quarterly.

Other persons co-opted to the committee or hired to carry out work will have their remuneration assessed and recommendations made to the LCG Management Board for approval.

GPs, practice managers or other professionals nominated to take responsibility for specific projects, programme areas or other leadership roles will have agreed objectives and work plan and will be remunerated for an agreed number of sessions. Exceptional additional work may be remunerated on approval by the Finance & Performance subgroup.

Practices should send invoices to Cam Health each quarter for any other project work or additional work agreed with Cam Health using (or attaching) the pro forma supplied by NHSC. The meetings attended or work undertaken (and by whom) should be clearly dated and described. These invoices can also be used for claims by individuals. Co-opted and other persons who are not based in a Practice should send their invoices direct to NHSC. It is each practices responsibility to ensure that all documentation is VAT compliant.

## **12. VARIATION, DISPUTE RESOLUTION, TERMINATION.**

Either party may propose a variation to this agreement and where there is mutual agreement the variation should be recorded in writing and signed by both parties. The agreement is made between the GP Practice and Cam Health LCG as two NHS bodies, or has equivalent status if the GP practice is not constituted as an NHS body.

Disputes relating to this Agreement should be resolved through local mediation between the practice and the Cam Health Management Board. If local resolution cannot be reached then an arbitration group will be established with a further Director from NHS Cambridgeshire, representation from the GP Senate and a LMC representative. The decision of the arbitration group will be binding upon the parties involved.

This agreement may be terminated by either party serving 1 month's written notice. It may be terminated by either party with immediate effect in the event of a serious breach of the terms of the agreement.

## **13 PARTIES TO THE AGREEMENT**

We agree to abide by the PDMA between Cam Health LCG and

**Practice:** .....

**Signed:** .....

**Name:** .....

**Date:** .....

**Signed on behalf of Cam Health Local Commissioning Group**

**Signed:** .....

**Signed:** .....

**Signed:** .....

**Name:** Dr M Brookes , Cam Health LCG Co Chair  
Dr M Grande , Cam Health LCG Co Chair  
Dr R Harmer , Cam Health LCG Co Chair

**Date:** .....

# CAM HEALTH LCG - PRACTICE MEMBERSHIP & DELIVERY AGREEMENT 2014/15

## 14. MEASURABLE OBJECTIVES AND PAYMENT SCHEME

Payment schedule (all per patient payments will be based on April 2014 list size)

- An initial payment of 20p per patient will be made on signature and return of the agreement.
- Payment of the remaining £1.70 per patient will be made in four quarterly instalments on receipt of satisfactory reports showing how the objectives have been fulfilled. The weighting for each objective is shown below. Each element will be assessed and payment adjusted accordingly if there is failure to meet any of the objectives.
- At year end an additional payment will be available for engagement in prescribing as part of the Prescribing Incentive Scheme, separate to this PDMA

<b>1. Engagement with Cam Health commissioning and change plan workstreams</b>
<p><b>1) Engagement with Commissioning</b></p> <ul style="list-style-type: none"> <li>a. Provide a GP Lead (or Deputy GP Lead) and Practice Manager to attend the Cam Health Management Board.</li> <li>b. Provide a GP Lead or Practice Manager to attend the Board subgroups of Health Strategy &amp; Service Redesign and Finance &amp; Performance (a GP Lead to be normally present for at least one of these meetings).</li> <li>c. Support the project work groups, which may mean responding to enquiries or agreed audits, sending practice GP / nurse leads to workshops and steering group meetings from time to time.</li> <li>d. Attendance of the practice at 2 of four quarterly clinical governance afternoons for service development, pathway design and information and feedback purposes.</li> <li>e. Regularly update <u>all</u> staff within the practice about local commissioning developments.</li> </ul> <p><b>2) Diabetes</b></p> <ul style="list-style-type: none"> <li>a) Continue to support and engage with the Cam Health Integrated Diabetes Service</li> </ul> <p><b>3) COPD</b></p> <ul style="list-style-type: none"> <li>a) Give better information to patients by giving patients a COPD information pack at the time of diagnosis.</li> </ul>
<b>Payment: £0.20 per patient</b>

## **2. Use of Electronic Booking**

- a. Optimise the use of Choose & Book, ensuring all appropriate referrals are sent via Choose and Book.
- b. Work to adapt systems as required if the successor software to Choose and Book is launched

**Payment: £0.40 per patient**

## **3. Referral management – Reducing the variation in primary care referrals, maintaining internal referral management systems and optimising care pathways**

- a. Actively participate in the development of improved referral pathways and protocols for the six largest specialties (T&O, ENT, dermatology, gynaecology, gastroenterology and urology) – each practice with >10,000 population to work on two specialty areas, practices with <10,000 population to work on one. Each specialty to be covered by at least two practices working collaboratively, pathways to be developed by the end of July 2014 with support from Cam Health
- b. Each practice to adopt the pathways developed by fellow Member practices for the top 6 specialties and use them to support effective referrals, providing evidence quarterly of the usage of the agreed pathways from August 2014 to March 2015
- c. Each practice to maintain internal review of referrals by one or more other partners, or via the RSS service for relevant specialties, and provide evidence quarterly of the outcomes and learning arising from that review process
- d. Practices to participate in work to introduce a software solution to support effective and streamlined referral practice, if one can be identified which all Members agree would be beneficial to work with and is affordable
- e. Each practice to meet at least once with the Cam Health support team annually to review & analyse activity, trends, variations and spending pressure areas with at least 2 GPs and PM present, actions arising to be noted. Follow up visits to support the Practice as indicated and agreed
- f. Ongoing Re-enforcement of clinical threshold policies within practice. Ensure that locally agreed referral pathways are followed and that thresholds and proformas are readily available for use by all clinicians working in the practice (induction of all new clinical staff, regular locums and trainees to include these processes).

**Payment: 0.80p per patient**

## **4. Quality Improvement**

- a. Practices to undertake the Manchester Patient Safety Framework
- b. Outcome of the framework to be discussed at a multidisciplinary meeting containing a minimum of GP, nurse, admin, receptionist, prescribing clerk (and others)

- c. Practice should identify 1 area for quality improvement and go through a quality improvement cycle
- d. The outcome will be a report of the findings of the Patient Safety framework, the meeting, the identified area for quality improvement and the changes made.

**Payment: 0.20p per patient**

### **3. Prescribing optimisation**

- a. Attendance at 6 weekly locality prescribing group by GP lead or nominated deputy
- b. Ensure practice engages with prescribing programme and adheres to local and national prescribing policies
- c. Implement the top five evidence based switches (PETS) as identified for each individual practice by September 2014, to optimise prescribing cost effectiveness as evidenced and supported by the medicines management team and
- d. To report progress on all switches to the Prescribing Group
- e. To receive and review within practice the benchmarking data provided monthly by Medicines management team
- f. Meeting with Prescribing Advisors where practice is a significant outlier to work up action plans to address variation

**Payment: Up to £0.30 per patient**

**In addition, a separate prescribing incentive scheme is still under discussion which will either provide additional separate funding (top-sliced from the prescribing budget) to support further targeted and agreed prescribing work, or will be incorporated into this PDMA. Consultation on the best approach is ongoing.**

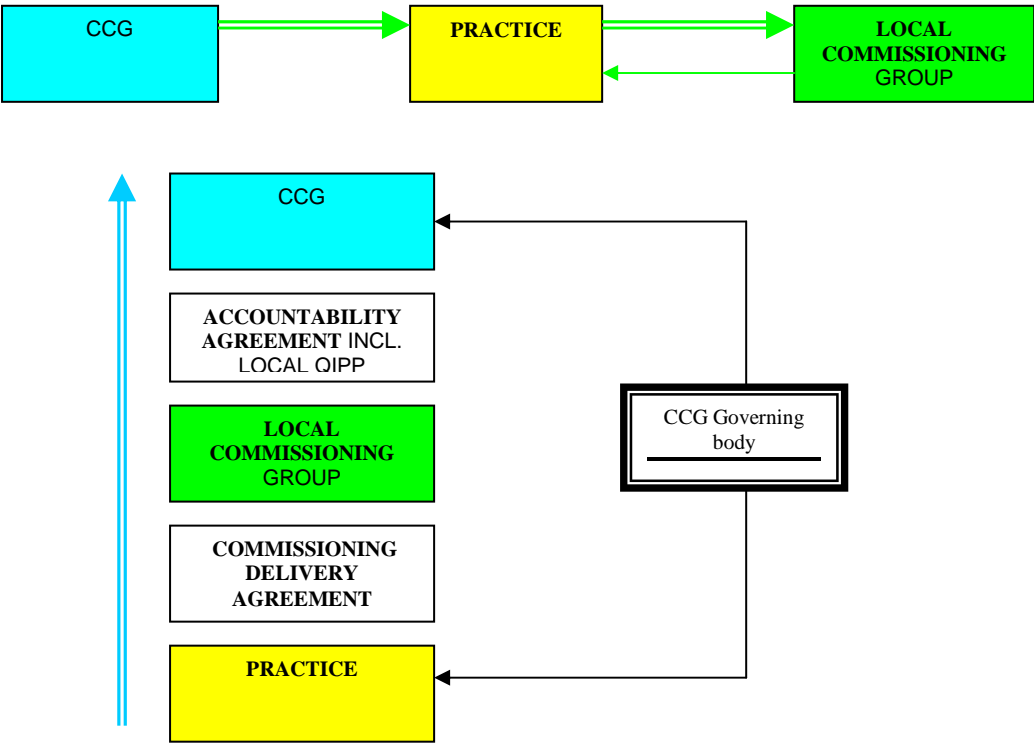
Accountability & Funding Overview

Funding

In summary the PDMA commissioning scheme funds flow to the practice (£3.90 per patient) who must then pass it back to Cam Health Local Commissioning Group.

Cam Health then offers back £1.90 per patient to the practice for delivery and achievement of the objectives agreed through the practice membership and delivery agreement.

Accountability



In summary, the CCG holds Cam Health to account for the delivery of its Local QIPP Plan via the CCG/LCG Accountability Agreement. In turn Cam Health holds each of its constituent practices to account for delivery of the Practice Membership and Delivery Agreement.