Offering Patient Choice – Any Qualified Provider

1. Introduction

The purpose of this paper is to provide the Clinical Commissioning Group Governing Body with its bi-annual update on Any Qualified Provider (AQP) for Podiatry, Direct Access Non Obstetric Ultrasound and Primary Care Psychological Therapies.

2. Background

In July 2011, the Department of Health (DH) issued guidance, *Extending Patient Choice of Provider*, which set out proposals for the implementation of Any Qualified Provider (AQP). The guidance required commissioners to identify three or more community or mental health services (from a long list of nine) in which to implement Any Qualified Provider services from April 2012. Following local patient engagement, the services chosen for NHS Nottingham City were:

1. Podiatry
2. Primary Care Psychological Therapies
3. Diagnostics (Non Obstetric Ultrasound)

The procurement process for Any Qualified Provider was coordinated by Regional Qualification Centres on behalf of the Department of Health and services commenced during quarter 3 and quarter 4 of 2012/13.

3. Podiatry

The Any Qualified Provider Podiatry service commenced in December 2013 and there are currently five qualified providers of Core Podiatry services;

1. Nottingham CityCare Partnership
2. Community Health Partnership
3. Derbyshire Community Health Service
4. South West Yorkshire Partnership Trust
5. Leicestershire Partnership Trust

Referral Activity

All referrals are received by the Nottingham City Clinical Assessment Services (CAS) who facilitates patient choice. Referrals can be made via Choose and Book or self-referral. Over the last six months the CCGs Clinical Council have been involved reviewing the referral process to supportive improvements. In September 2013 the referral form was amended to enable healthcare professionals to submit self-referrals on behalf of their patients. This latest version of the referral form also enables health professionals and GP’s to validate self-referrals where complex co-morbidities exist, previously these would have been returned by the Clinical Assessment Service.

Between 1 December 2012 and 31 December 2013 the service has received 5934 referrals. The average number of referrals has increased slightly over this period, although referral numbers have reduced in recent months as to be expected with the Christmas holidays.
The majority of referrals continue to be received from GP’s (70%); however, the proportion of GP referrals has decreased since roll out of the Any Qualified Provider. Following the amendment to the referral form in September 2013 an expected increase has been observed in the number and proportion of both self-referral and health professional referrals.

Between 1 December 2012 and 31 December 2013 18.3% of the referrals received into the Clinical Assessment Service were returned to the referrer. The proportion of referrals returned has reduced since the amendment to the form highlighted above. The most common reasons for return include:

- The patient failed to meet the service criteria which includes patients who require home visits which are not offered by the service – 45% of returned referrals;
- The patient was unable to be contacted in order to offer choice – 26% of returned referrals;
- Other – which includes patient choice not to proceed, out of area self-referrals – 29% of returned referrals.

In September 2013 the Clinical Council also agreed to remove the service condition for providers to request GP consent to proceed with treatment beyond four appointments (initial assessment plus three follow-ups). There have been no issues raised by GP’s with regards to this change in service condition and the anticipated financial risks to the CCG of removing this condition do not appear to have materialised to date. The number of follow-up appointments will continue to be monitored to ensure that this potential risk is appropriately managed.
Provider Market Share
Provider market shares covering the period 1 December 2012 – 1 December 2013 are indicated below. Derbyshire Community Health Services, South West Yorkshire Partnership Trust and Leicester Partnership Trust have not mobilized their service in any locations within Nottingham City and hence this is likely to be the main reason for them not gaining any market share. Overall market share for the two main providers remain largely as it was pre-Any Qualified Provider.

- Nottingham CityCare Partnership: 87%
- Community Health Partnership: 13%
- Derbyshire Community Health Service: 0%
- South West Yorkshire Partnership Trust: 0%
- Leicestershire Partnership Trust: 0%

Quality
There have been no patient complaints or serious incidents reported for any Any Qualified Provider podiatry service in the last 12 months. Providers are required to undertake patient satisfaction surveys for 35% of their patients. Just over 90% of patients rated the service they received as either ‘good’ or ‘better than good’ in both quarter 2 and quarter 3.

Quality and performance data for Nottingham CityCare Partnership is shown at Appendix 1. Information for Community Health Partnership is part of a wider report and has not been included.

4. Direct Access Non Obstetric Ultrasound

There are currently six providers of Direct Access Non Obstetric Ultrasound mobilised across Nottingham City:

1. Care UK
2. Global Diagnostics
3. Health Harmonie Limited
4. Ramsey Health Care UK
5. Diagnostic Healthcare Limited
6. Physiological Measurement

A further three providers, In Health, Sherwood Forest Hospitals NHS Foundation Trust and Doncaster and Bassetlaw NHS Foundation Trust have been ‘qualified’ to provide Any Qualified Provider Ultrasound services but have yet to mobilize their services within any City locations.

As outlined in previous update reports to the Governing Body, Nottingham University Hospitals NHS Trust did not bid to become a provider of Any Qualified Provider Ultrasound services and therefore ceased accepting the majority of referrals from 14 June 2013. Nottingham University Hospitals NHS Trust, do however, continue to undertake a small amount of specialty direct Access Ultrasound work which is excluded from the Any Qualified Provider main service specification and this is included within their Contract. Local prices have been agreed for this work.

All of the Any Qualified Provider Ultrasound contracts are managed by Mansfield and Ashfield CCG on behalf of all Nottinghamshire CCGs. Quarterly contract monitoring meetings are held with all providers and Nottingham City CCG is involved in those meetings.
Service Locations
Services are provided across the following locations in Nottingham City, as well as a number of locations across Nottingham County.

1. Bilborough Medical Centre
2. Wollaton Park
3. Mary Potter Health Centre
4. Bulwell Riverside Health Centre
5. Clifton Cornerstone
6. Radford Health Centre
7. St Anns Health Centre

Performance against Key Performance Indicators
The service specification requires providers to scan 80% of patients within ten working days and 100% within 20 working days. During quarter 2, when Nottingham University Hospitals NHS Trust ceased taking referrals, Any Qualified Provider providers initially struggled to manage the sudden increase in demand for services which did temporarily impact on performance against the waiting time standards. However performance has improved in quarter 3 and all providers are now meeting the standards for the majority of patients.

Providers have reported some concerns with meeting the waiting time standard for patients requiring Musculo-skeletal (MSK) Ultrasound scans. The overall numbers of referrals for Musculo-skeletal scans are low, and scans need to be undertaken by a specialist sonographer, qualified in Musculo-skeletal work. In order to meet the waiting time standards, patients requiring Musculo-skeletal scans often have a limited choice of venues compared with patients waiting for non Musculo-skeletal scans. Work is being undertaken with all the Any Qualified Provider providers to consider how the service for patients requiring Musculo-skeletal scans can be improved and waiting time standard consistently achieved.

Any Qualified Provider Ultrasound providers currently have different booking systems, which is acknowledged and being confusing for GPs / referrers to navigate. All providers are being encouraged to move to a directly bookable system as quickly as possible so referral processes are consistent across all providers. Providers are also required to move to a Data Transfer Solution (DTS) service which will ensure a consistent standardised process is in place to return scan reports to GPs / referrers.

Quality
Commissioners have regularly sought feedback from GPs about the Any Qualified Provider Service which have been fed back to providers and addressed through the contract meetings. Providers are required to undertake patient satisfaction surveys for 30% of their patients. Overall, patient satisfaction with the Any Qualified Provider service appears to be high however further work is required with all providers to ensure that patient feedback is being systematically captured and acted upon. Further work is also being undertaken by commissioners to strengthen service feedback from GPs.

Systems have been put in place for Nottingham University Hospitals NHS Trust as the receiver of onward referrals, to flag any concerns about scans undertaken in the community.

There has been one Serious Untoward Incident reported within the last twelve months which related to an information governance breach. There have been a further two clinical incidents which commissioners have requested the provider concerned to investigate. These both relate to the quality and comprehensiveness of scan reports and the provider concerned has made a number of improvements in response. Neither case had an adverse clinical impact on patient management.

The Quality Monitoring key performance indicators for Non Obstetric Ultrasound are shown at Appendix 2.
5. Primary Care Psychological Therapies (PCPT)

There are two providers of Primary Care Psychological Therapies - Insight Healthcare Ltd (formerly MHCO) and Let’s Talk – Wellbeing (LTWB). Both services commenced on the 1 January 2013 and all referrals are directed into the Clinical Assessment Service within the CCG who offer the patient the choice of provider.

In June 2013, Let Talk Wellbeing formally raised concerns about the service specification and the tariff for the Any Qualified Provider services. At that time, waiting times for Step 2 and Step 3 services had increased and were outside of the waiting times standards outlined in the service specification.

In response, the CCG commissioned an external review of the Any Qualified Provider Primary Care Psychological Therapies service which commenced in August 2013. The review considered whether the service specification was ‘fit for purpose’ and supported the delivery of National Institute for Health and Care Excellence compliant services, whether the local tariff applied by Commissioners was adequate and reviewed how the Lets Talk Wellbeing Services were implementing the new Any Qualified Provider Service.

The review reported back in early December 2013 and concluded that service specification and tariff were acceptable and ‘in line’ with other Any Qualified Provider Primary Care Psychological Therapies services nationally. The review also made a number of recommendations for the Lets Talk Wellbeing so it can; going forward, meet the full requirements of the service specification within the locally defined tariff.

A Joint Improvement Action Plan has been developed in response to the external review which is being monitored on a fortnightly basis. The majority of actions are scheduled for completion by the end of March 2014.

Referral Activity
Insight Healthcare received 28% of all referrals in Quarter 3, with Lets Talk Wellbeing continuing to receive the majority (72%). Only 21% of referrals into Lets Talk Wellbeing were from GPs with around 75% being classed as self-referrals (the remainders were from other sources within Nottinghamshire Healthcare NHS Trust).

Insight’s split between GP and self-referral has changed in quarter 3, with them finally seeing an increase in the proportion of self-referrals (42% self, 58% GP). This is likely, in part, due to the phased promotional activity of Insight and the approach that they have taken to slowly grow their business model in Nottingham.

Performance against Key Performance Indicators
Both providers have struggled to meet the Waiting time standards outlined in the service specification. Waiting times have recently changed from being measured in working days to calendar days. The revised waiting times targets are:

- Step 2 - 14 days from assessment to entering treatment (previously reported as 10 working days)
- Step 3 – 42 days from assessment to entering treatment (previously reported as 28 working days)

The Lets Talk Wellbeing is not meet the waiting time standard for Cognitive Behavioural Therapy (CBT) with 53 patients currently waiting over 42 calendar days to start treatment (as at mid November). There are also 7 patients waiting over 42 days for Counselling Services.
Similarly, Insight Healthcare also reports their longest waits for Step 3 Counselling and Cognitive Behavioural Therapy, with 33 patients currently waiting over 42 calendar days to start Cognitive Behavioural Therapy and seven patients waiting over 42 days for Counselling.

The overall recovery rate for Lets Talk Wellbeing in October was 39.5% against a target of 50%. The service has reported that the difficulty in meeting the 50% recovery rate due to the complex nature of Nottingham City clients. A high proportion of patients showed a significant level of improvement (30.3%) but will never meet the definition specified to count as ‘recovered’. This was looked into as part of the independent review of the service and recommendations have been made around monitoring of complex cases and assessing whether they are suitable for the Primary Care Psychological Therapies service.

Insight Healthcare reports an overall recovery rate of 39% for quarter 3, which is a dip on previous months. Assurances have been obtained around how the company addresses underperformance - actions include close performance management of individuals not meeting the necessary targets and input from the company’s clinical lead to raise standards of therapists as required.

The Quality and Performance data for Lets Talk Wellbeing and Insight Healthcare is shown at Appendix 3 and 4.

6. Recommendation

The Governing Body is asked to:

- Receive and note the content of the report.
- Advise if any further mitigating action is required.
- Consider if the Governing Body wishes to receive any further updates on Any Qualified Provider Services or delegate responsibility to the Risk and Performance Committee.

Teresa Cope
Director of Contracting Delivery and Quality
January 2014