

## Questions Received to the 30 July 2015 OCCG Governing Body

Q1	<p><u>Funding of GP federations</u></p> <p>a) How much funding has OCCG given or intends to give to federations of GP practices in Oxfordshire? OCCG has been awarded £4.9m from the Prime Minister’s Challenge Fund to commission a range of services from the Oxfordshire GP Federations in 2015/16.</p> <p>b) On what is this funding being spent? Funding is being spent on a series of interventions :</p> <ul style="list-style-type: none"><li>- Neighbourhood same day hubs</li><li>- Early visiting schemes and home support</li><li>- Care navigators</li><li>- Enhanced out of hours access</li><li>- 20 minute GP appointments</li><li>- An online health resource</li></ul> <p>c) How will funding GP federations benefit the patients and public of Oxfordshire? All the schemes aim to improve access to GP services, both for those patients who need to see a GP urgently and for those who have a long term condition or complex health needs. The schemes are being carefully evaluated to assess their impact.</p>
Q2	<p><u>Orders from NHS England</u></p> <p>‘Letters seen by HSJ reveal how NHS England ordered clinical commissioning groups to change their contracts with acute providers to reflect an assumption that hospital activity would grow this year.’ <a href="http://www.hsj.co.uk/5087379.article?WT.tsrc=email&amp;WT.mc_id=Newsletter2">http://www.hsj.co.uk/5087379.article?WT.tsrc=email&amp;WT.mc_id=Newsletter2</a></p> <p>a) Has OCCG changed its contract with acute providers to reflect an assumption that hospital activity will grow this year? OCCG contracts with acute providers have been negotiated according to the planning assumptions published by the CCG to support its financial and operational plans 2015/16. The planning assumptions were set by the CCG and approved by the Governing Body in response to local commissioning and health needs.</p> <p>These planning assumptions included investment at prior year forecast levels of annual activity and investment in pressure areas and an assumption of increased activity linked to demographic growth (1.3%).</p> <p>b) If it has, how does OCCG reconcile the imposition from NHS England to change the contract - effectively allowing the centre to determine the shape of local commissioning, - with OCCG’s constitutional aim to commission health care services on behalf of the people of Oxfordshire? NHS England has statutory responsibility for the planning and delivery of health services in England; as such it has responsibility to be assured of the plans of Clinical Commissioning Groups and to seek assurance that these plans support the delivery of the CCGs statutory duties in relation to the commissioning of health services, the promotion of the NHS</p>

	<p>Constitution and choice. Through the national planning assurance process NHS England sought assurance from the CCG that sufficient activity was being planned to support the delivery of NHS Constitutional Standards and to meet the health needs of Oxfordshire; the CCG was able to provide this assurance.</p> <p>c) How concerned is OCCG that NHS England is increasingly becoming more directive in determining how local healthcare is commissioned?  NHS England has statutory responsibility for the planning and delivery of health services in England; as such it has responsibility to be assured of the plans of Clinical Commissioning Groups.</p>
Q3	<p><u>Follow up question on Priorities Committee Minutes</u></p> <p>In response to a question put to the May meeting of the Governing Body, OCCG stated that it would consider our request to publish the minutes of the Priorities Committee on its website.</p> <p>As it is this committee that makes recommendations about which drugs and treatments should be low priority and which should be funded routinely, the publication of the decisions of this committee will help to promote greater transparency and openness by public bodies, and it is clearly in the public interest for us to know the criteria that determine these recommendations.</p> <p>a) What decision has OCCG reached on this matter?  b) What principles governed that decision?</p> <p>OCCG is part of the Thames Valley Priorities Committee. Their minutes are on the NHS South, Central and West Commissioning Support Unit website (<a href="http://www.fundingrequests.ccsu.nhs.uk/policy-setting/">http://www.fundingrequests.ccsu.nhs.uk/policy-setting/</a>). OCCG plans to have a link from its website to those minutes.</p>
Q4	<p><u>Additional questions on outsourcing to private providers</u></p> <p>If the outsourcing of NHS clinical services to the private sector is to continue, and if patients and the public are to be confident that standards are being met and that value for money is achieved, a number of measures need to be taken to address the issues raised below.</p> <p>a) To determine whether contracts with for-profit providers are performing well, how does OCCG inspect and enforce contracts with the private sector?  Each contract for services commissioned by Oxfordshire CCG is managed against the NHS Standard Contract for health services and providers must be registered with the Care Quality Commission. Each contract contains contractual standards for the quality and delivery of services and provision of information within the Quality Schedule and Information Schedules. Each contract has regular contract review meetings with the provider to review contract performance data in respect of quality of services, levels of activity and financial performance against contract plans utilising these information flows.</p> <p>These meetings are attended by CCG managers responsible for oversight of quality of services, and commissioning; the meetings are minuted and agreed actions arising from</p>

issues identified by the commissioner are subject to improvement plans. Within the standard contract there is a clear escalation framework for dispute resolution where contract standards are not met and where parties are unable to resolve issues through standard contractual processes.

The CCG expect all providers of NHS services to take part in national clinical audit requirements to ensure providers adhere to clinical best practice. The CCG operates an electronic GP feedback system which allows any GP or Practice Manager in Oxfordshire to raise concerns around the quality of any service commissioned by the CCG.

If the CCG are alerted to serious concerns as a result of any of this information then the CCG may undertake a formal inspection.

b) How often are site inspections carried out?

No formal inspections have taken place.

c) CCGs are the statutory bodies responsible for enforcing contracts between the NHS and the private sector, not CSUs, which remain unaccountable if anything goes wrong. Has OCCG's contracting monitoring and enforcing responsibility been outsourced to the unaccountable CSU - earmarked for privatisation in 2016?

The CCG has commissioned from South, Central and West Commissioning Support Unit (SCW CSU) contract management support services to monitor and manage contracts on behalf of the CCG in accordance with national contract management requirements and any delegated authority agreements. However the CCG remains at all times the accountable body.

d) How many contracts with the private sector have been terminated for poor performance by OCCG since 1 April 2013?

None.

e) How many contract query notices have been issued by OCCG?

None.

f) Has OCCG imposed any form of financial sanction on private providers, and for how much?

In 2014-15 one provider did not achieve the referral to treatment standards within the contract; OCCG is an associate to this contract and a final figure for sanctions applied is being confirmed, the total value in dispute is £17,000. Where contracts have multiple commissioners as parties to the contract, sanctions are apportioned across the commissioners in accordance to the proportion of the total contract value held.

g) How would OCCG know whether any over-payments may have been made to providers owing to error or fraud?

All contractual payments are subject to invoice validation and data is run against a suite of data validation checks – this includes review of prices charged for procedures and episodes of care against local and national tariffs; validation of applicable CCG/GP practice for charging to OCCG; validation of true NHS numbers; duplication of records; multiple attendances on same day or within defined periods and; grouping to appropriate HRGs for

	<p>costing.</p> <p>h) How many staff, and at what level, are employed by OCCG (and the CSU if applicable) to monitor and enforce contracts?</p> <p>The CCG commissions the South, Central and West CSU to manage non-NHS smaller independent contracts on its behalf; many of these providers provide clinical services to multiple commissioners within the Thames Valley area. The contracts for these services are commissioned on behalf of the Thames Valley CCGs under lead commissioner arrangements and a dedicated team supports the management of all of these contracts. Within this team there are 8 members of staff working across a suite of contracts; it is not possible to quantify a proportion of the team against an individual commissioner.</p>
Q5	<p><u>Drugs management programmes and private companies</u></p> <p>Is or was OCCG one of '36 English clinical commissioning groups involved in drug management programmes paid for, either directly or indirectly, by the drug and devices industry' (<i>BMJ</i> 2015;351:h3995)? If so, please provide details of companies, programmes, practices involved, and say whether industry staff have worked or are working in general practices to review patients as part of such programmes.</p> <p>No, OCCG was not one of these CCGs. OCCG has always adhered to a strict policy providing standards for working with pharmaceutical companies.</p>
Q6	<p>With the Government providing another £8 billion to the NHS during this Parliament, how much do you expect to come to Oxfordshire and how will it be spent?</p> <p>We do not yet know how it will be allocated but as an example, if it were to be a pro rata share based on population then Oxfordshire could expect 1.24% (£99m). As with the national figures this would be a cumulative figure over 5 years and therefore would equate to £6.6m per annum. It should be noted that the £8bn extra is reduce the expected £30bn gap in NHS finances by 2020/21 to £22bn. The £22bn has to be found by the NHS as efficiency and productivity savings. Therefore, any additional allocation received by Oxfordshire would represent the same reduction in our own savings requirement rather than as an opportunity to invest. The likely call on it will be the forecast increasing demand for healthcare services.</p>
Q7	<p>As the roadworks to the north of Oxford will be causing transport problems for some time, is it appropriate to look for alternative pathways for patients in the north of the country for Emergency Surgery and other procedures?</p> <p>More elective (planned) care is being carried out in the North and there is an increase in day surgery in the North.</p>
Q8	<p>In September 2014, the response to a question on the underutilised MRI scanner at the ISTC was that the OUHT was negotiating with the independent supplier. As there has been no improvement and patients from the Banbury area are unnecessarily made to travel to Oxford, as the overall commissioner what is the CCG prepared to do to improve the situation under the current and any future contract?</p> <p>OCCG is currently undertaking a piece of work on diagnostics across Oxfordshire and looking at the needs in different localities of which Banbury is one.</p>

Q9	<p>When is the ISTC contract due for renewal?</p> <p>The contract with the current provider ends in August 2016.</p>
Q10	<p>How is the plan for outcome based commissioning for mental health services progressing, and how will the outcomes be evaluated?</p> <p>We are in the final stage of contract negotiation. The outcomes will be evaluated as part of the annual contract review.</p>