



Barnet Health Overview and Scrutiny Committee

5 December 2016

UNITAS EFFICIT MINISTERIUM	
Title	Update Report: Cricklewood Walk-in Centre Service
Report of	Barnet Clinical Commissioning Group
Wards	All
Status	Public
Кеу	No
Urgent	No
Enclosures	Appendix A – Minutes extract from 8 th February 2016 meeting of the Health Overview and Scrutiny Committee
Officer Contact Details	Bhavini Shah bhavini.shah@barnetccg.nhs.uk 020 3688 1862

Summary

At the 8th February 2016 meeting of the Health Overview and Scrutiny Committee, the committee requested that an update report from the Barnet Clinical Commissioning Group (BCCG) be considered at the 5th December 2016 meeting.

At the 8th February 2016 meeting the committee noted the following:

- BCCG had decided to extend its contract with the Cricklewood Walk-in Centre (CWIC) until 31 March 2017 in order to review the emerging changes in the local and national landscape that impacted on the current provision of primary and unscheduled care in Barnet.
- NHS England (NHSE) would extend its contract for GP service.
- The CCG was in the process of reviewing its Primary Care Strategy which would be finalised in May 2016.

- It had become clear over the previous year that there had been growing demand for GP and primary care services in the Borough. In addition to this, the committee were informed there was evidence to suggest that a number of patients were attending the Cricklewood Walk-in Centre because they were unable to secure an appointment with their registered GP.
- With the current high levels of demand in A&E, the CCG were cautious about making any changes to the CWIC contract that might exacerbate the situation.
- BCCG is responsible for paying the provider for all patients that attend the CWIC irrespective of whether these patients live in Barnet or not. The CCG has in place a cross charging mechanism to recover money from neighbouring CCGs whose patients attend the walk-in centre.

This report provides an update with regards to the issues raised and discussed at the meeting held on 8th February 2016, as well an update on BCCG's current and future commissioning arrangements for the CWIC service.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 At the 8th February 2016 meeting of the Health Overview and Scrutiny Committee, the committee requested that an update report from the Barnet Clinical Commissioning Group (BCCG) be considered at the 5th December 2016 meeting.
- 1.2 Barnet Clinical Commissioning Group (BCCG) welcomes the opportunity to provide an update to the Barnet Health Overview and Scrutiny Committee regarding the commissioning arrangements for the Cricklewood Walk-in Service, and provides responses to the questions raised at the previous meeting.
- 1.3 As part of the current contract payment terms, BCCG is responsible for paying the CWIC provider, Barndoc Healthcare Ltd., for all patients that attend the CWIC, irrespective of whether these patients live in Barnet or not. In accordance with NHS National Guidance 'Who Pays establishing the responsible commissioner' guidance 2013', the CCG wrote to all CCG's in March 2015, advising them that cross charging arrangements would be

implemented and backdated 1 April 2014. Barndoc Healthcare Ltd. was commissioned to carry out this function on behalf of BCCG.

- 1.4 The above process highlighted some data quality issues which have resulted in delayed payments being received from some CCGs. The main data issue relates to gaps in the provider collecting the NHS number for each patient attendance.
- 1.5 BCCG has been working closely with the Provider to progress the work in improving data systems and ensuring appropriate processes are in place. BCCG has developed a Data Quality Improvement Plan (DQIP) to ensure demographic information is improved to support efficient and accurate data collection, this plan includes completeness of verified NHS numbers and GP practice details, and full post codes.
- 1.6 Brent CCG accounts for a large proportion of the activity that flows through the CWIC, however the true volume split will be determined once the data issue is resolved. As at the end of 16/17 Q1, the debt position showed that almost all of the CCG's had paid BCCG for their respective patient's activity, except Brent CCG. Brent CCG has now agreed to pay BCCG 45% of its outstanding debt, where NHS numbers have been supplied, but they have challenged the remaining 55%, claiming these patients do not belong to their CCG catchment. This matter has been escalated and discussions are underway between senior finance and commissioning representatives at Brent and Barnet CCG, which aims to determine a single methodology for validating historical data and assigning financial responsibility for patients to the appropriate CCG.
- 1.7 BCCG has subsequently decommissioned the cross charging Service Level Agreement and will only pay for its own patients. Barndoc invoice the other CCG's directly for their patient's activity. Brent CCG agreed to become an associate to the Cricklewood walk in centre contract which took effect from 1 October 2016. Brent CCG are now regular attendees of CWIC contract and performance meetings and they have been in attending since July 2016.
- 1.8 The current contract for the provision of the Walk-in-service is set to expire on 31 March 2017. BCCG is in the process of reviewing its commissioning arrangements for the service to align with the development of the urgent and emergency care work stream which underpins the North Central London CCG's Sustainable Transformation Plans (STP). NHS England has agreed to extend the contract for the GP element of the service by two years from 1 April 2017 to allow time for the CCG to review its urgent care plans and in light of the NCL STP. Therefore, BCCG's intention for the CWIC Contract is to extend for a further two years to align contractual timelines with NHSE.

1.9 As outlined in the Primary care strategy, The CCG has commissioned the Barnet GP Federation to deliver additional access at evenings and weekends. The Federation is delivering the service at scale across the Borough and the intention is that by 1 April 2017, the service will be delivered Monday to Friday 6.30pm – 8.00pm and 12 hours per day on both Saturday and Sunday.

Barnet CCG is committed to developing the best possible services for its residents and will continue to engage with patients and stakeholders regarding the delivery of urgent and primary care services to help inform and shape our future commissioning plans.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be updated on this matter and provide the CCG with any comments.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the CCG.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 - 2020 Corporate Plan are: -

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

- 5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.
- 5.4.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

"To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.5 **Risk Management**

5.5.1 No known risks at this time.

5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7 **Consultation and Engagement**

5.7.1 This paper provides an opportunity for the Committee to be updated in the future plans for the continuation of services at Cricklewood GP Health Centre.

6. BACKGROUND PAPERS

- 6.1 Agenda of the committee meeting held on 8th February 2016, agenda item 8: <u>https://barnet.moderngov.co.uk/documents/g8376/Public%20reports%20pack</u> <u>%2008th-Feb-</u> <u>2016%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.</u> <u>pdf?T=10</u>
- 6.2 Minutes of the meeting held on 8th February 2016 <u>https://barnet.moderngov.co.uk/documents/g8376/Printed%20minutes%2008t</u> <u>h-Feb-</u> <u>2016%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee.</u> <u>pdf?T=1</u>
- 6.3 Agenda of the committee meeting held on 9th February Meeting 2015, agenda item 8: https://barnet.moderngov.co.uk/documents/g7942/Public%20reports%20pack %2009th-Feb-2015%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee. pdf?T=10
- 6.4 Agenda of the meeting held on 6th July 2015, agenda item 12: <u>https://barnet.moderngov.co.uk/documents/g8371/Public%20reports%20pack</u> <u>%2006th-Jul-</u>

2015%2019.00%20Health%20Overview%20and%20Scrutiny%20Committee. pdf?T=10

6.5 Barnet CCG, Strategic Framework for Primary Care (draft), May 2016: http://www.barnetccg.nhs.uk/Downloads/boardpapers/20160526/Paper%2015 .0%20Barnet%20CCG%20-%20Strategic%20Framework%20for%20Primary%20Care%20FINAL%20DR AFT%20-%20V8.4%2020%2005%202016.pdf