

## Health Scrutiny Committee, 21 January 2016

### Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee.

This Information Bulletin covers the following items:

1. [Quality and capacity in the residential and nursing care market in Suffolk](#)
2. [Primary Care Commissioning](#)
3. [Gluten free prescribing](#)
4. [Hopton and Stanton Surgery– briefing statement for January meeting of the Suffolk Health Scrutiny Committee](#)

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### 1. **Quality and capacity in the residential and nursing care market in Suffolk**

The Health Scrutiny Committee has requested information about the mechanisms which the Council uses to support residents in the event of a provider failure, how it would cope with failure of a large provider (and how likely that is), and whether forecasts show that there is sufficient capacity to satisfy demand over the next few (10-15) years.

#### **Response**

#### **The mechanisms which the Council uses to support residents in the event of a provider failure.**

Failure of a care home or care home provider can result from a number of reasons which include:

- i) Failure of the provider to meet Care Quality Commission (CQC) quality requirements resulting in legal action being taken by CQC. This could include a failure to manage the service, or provide sufficient staff, unsafe practices or persistence in delivering a service which is not safe or effective;
- ii) Financial or business failure which might lead to a provider closing a service or services;
- iii) Environmental factors which might result in the inability of a provider to deliver a service from a particular location, such as a flood or fire.
- iv) A business decision by a provider to move out of an area of provision.

Adult and Community Services (ACS) monitors care homes and providers carefully, to ensure that information is available early about services which are experiencing difficulties, and will work with providers to help avoid business failure wherever possible. ACS liaises closely with CQC, monitors complaints and concerns about services including safeguarding concerns, and collates information from visits to care homes by social workers and other ACS staff.

The ACS Quality Improvement Team provides advice and support to providers. The Team does not only step in when providers are heading towards failure, but works to support providers to develop, improve and be resilient. Additional support is available for providers with a range of activities including training, and information and guidance about leadership from the Suffolk Brokerage. Information is available here: <http://www.suffolkbrokerage.co.uk/>. There is also support and recognition for providers who deliver good practice through the Suffolk Going the Extra Mile (GEM) Awards. Information is available here:

[http://www.suffolkas.org/home/SearchForm?Search=GEM+Awards&action\\_results=Go](http://www.suffolkas.org/home/SearchForm?Search=GEM+Awards&action_results=Go).

There are also occasions when it is necessary to intervene because standards are not satisfactory and the service is not meeting the needs and requirements of people using the service.

Some services do face closure despite intervention. Under the Council's duty of care it has been common practice to ensure continuity of care for people where there is a case of provider failure. ACS will always work in people's best interests to ensure suitable alternative provision is identified and that the transition from one service to another is as smooth and well managed as possible. Where providers are unable to make necessary improvements with support, ACS will work with the provider, residents and their families, the NHS and CQC to ensure that there is clear communication, that the needs and preferences of residents and families are fully understood, that alternative places are identified and secured, that arrangements are put in place to support residents and families through change, and that lessons are learned from the closure.

The Care Act 2014 places a legal requirement to have a clear policy which addresses provider failure. The ACS Adult Social Care Policy Framework has been developed to support the delivery of the requirements of the Care Act 2014, and provides transparency for staff, service users, carers, the general public and partner organisations. The [ACS Adult Social Care Policy Framework](#) provides information about the Council's duties and can be found by searching the SCC database, which is available here: <https://www.suffolk.gov.uk/council-and-democracy/our-aims-and-transformation-programmes/the-councils-plans-and-priorities/#tab3>.

ACS is continuing to develop procedures to manage provider failure and is working with providers, the NHS and other key stakeholders. The current ACS Provider Business Failure Procedure document is available here, with an invitation to readers to comment: <https://www.suffolk.gov.uk/council-and-democracy/consultations-petitions-and-elections/consultations/provider-business-failure-policy/>. It is a draft out for consultation.

### **How the Council would cope with the failure of a large provider.**

There are 159 care homes in Suffolk providing residential and nursing care, run by a number of providers:

- i) There are 113 providers who currently run these care homes in Suffolk;
- ii) 24 of these providers run more than 1 care home;
- iii) 12 of these providers run between 2 and 10 care homes in Suffolk as part of a larger portfolio of care homes across other regions. The largest has over 300 care homes and other services in the UK.
- iv) Care UK will have the largest number of care home places in Suffolk once the 10 new care homes which they are developing across Suffolk are all completed by January 2016, with 690 beds in total.

ACS works closely with CQC to monitor the performance of large providers through the following, which will provide information at an early stage about possible provider failure:

- i) Financial status: CQC has a new duty to monitor the financial status of larger providers. 'Market Oversight' is a statutory scheme through which CQC assesses the financial sustainability of those care organisations that councils would find difficult to replace should they fail and become unable to carry on delivering a service.

CQC is required to inform councils where these services are delivered as soon as there are concerns that failure is likely to happen. By giving an early warning of likely failure, the scheme is designed to help councils to carry out their statutory duty to ensure continuity of care when providers fail. This would enable ACS and other key agencies to work with residents and families, providers and other key stakeholders to plan for any changes that might be required.

Details are available on the CQC website:

<http://www.cqc.org.uk/content/market-oversight-adult-social-care>

- ii) Quality issues: the quality of care provide by care homes is monitored by CQC and ACS regardless of the size of the provider. Help and support is given where required from the Quality Improvement Team to avoid failure due to quality issues.
- iii) The Care UK contract is managed through arrangements which include regular meetings with Care UK. Work is being undertaken to increase ACS contract management capacity to provide more contract management for other providers.

In a situation where the closure of care homes run by a large provider is inevitable, ACS would work with residents, families, providers and other key agencies to develop a plan for the safe transfer of residents to alternative places. The availability of alternative care home places would be monitored closely to enable residents and their families to make informed choices. Suffolk has a diverse range of care homes, with providers willing to be flexible in responses to requests for care and they are willing to work together to support each other to improve services.

### **How likely it is that a large provider would fail.**

There is no suggestion that a large provider is set to fail. There has been recent media attention focussed on the financial stability and sustainability of several large national providers, with BUPA and Four Seasons announcing their intention to sell off a number of their care homes. The Council is currently seeking clarification as to how these developments might impact on Suffolk.

**Whether forecasts show that there is enough capacity to satisfy demand over the next few (10-15) years.**

**Demand**

The demand for care home places is changing. The numbers of older people in Suffolk is set to rise, from 76,700 currently aged 75 years and over, to 124,500 in 2030. The number of older people with dementia is expected to rise, from 10,077 currently aged 75 and over, to 17,451 in 2030.

Demand from the Council will be influenced by the following:

- i) ACS's Supporting Lives Connecting Communities (SLCC) approach. This focuses on helping people to live independently, and builds on support from family, friends and communities, so that Council resources are focused on those with the highest, most complex and demanding needs.
- ii) A requirement in the future for care home places which can support people with dependency needs associated with dementia and complex care at the point at which they enter a care home for long term care.
- iii) A decrease in overall demand from the Council for care home places, which is likely to continue over the next 5 years. The information in the table below shows a 4.7% decrease in residential places purchased for people aged 65+ from 2011 to 2015, and a 15.3% decrease in nursing places. The commitment of ACS to support people to live at home safely has led to an overall reduction in the number of people needing Council funded places.

Places purchased by the Council	2011/2012	2012/2013	2013/2014	2014/2015
Residential places 65yrs +	3,124	3,133	2,953	2,977
Nursing places 65yrs +	1,387	1,305	1,230	1,174

Information about people who are self-funding is available to the Council from an annual survey sent to 159 of Suffolk's older peoples' care homes by ACS in October 2015. This brought responses from 88 homes (55% of homes surveyed). The survey suggested that the use by self-funded residents of care homes declined from 2,533 in December 2014 to 2,360 in October 2015. ACS will continue to monitor the use of care homes by people who self-fund their care.

**Supply**

ACS plays an active part in working to ensure that there is sufficient supply in the market to meet changing needs and expectations. This is through the following:

- i) A published Market Position Statement (MPS) which explains the demand for social care services including care home places, to support providers to make informed decisions about investing in services:

<https://www.suffolk.gov.uk/assets/suffolk.gov.uk/Care%20and%20Support/Adult/ACS%20Market%20Position%20Statement%20HR.pdf>

- ii) Regular meetings of the Suffolk Association of Independent Care Providers (SAICP) to discuss key issues about the care market and the provision of services.
- iii) Engaging with providers and people who use services to commission services. ACS, the Ipswich and East Suffolk, and West Suffolk Clinical Commissioning Groups are working to commission care home places with nursing using a joint service specification which will provide clarity on how residents' needs will be met and how residents will be supported to maintain their independence. This is to enable arrangements for placements in care homes with healthcare input to be tendered and come into operation with contracts starting in July 2016.

With regard to residential care, ACS intends to negotiate a care price for the coming year (2016/17) which will give space and time to work with providers, customers, carers, community and voluntary sector, primary care and health colleagues to design the service and standards needed for the longer term future.

- iv) The Council transferred 16 care homes providing 526 places to Care UK on 1 December 2012 with a requirement to provide 10 new purpose-built care homes. Glastonbury Court will be the final new home to open in January 2016. The new homes will provide a total of 690 specialist places, i.e. an extra 164 beds, supporting people with complex care needs including dementia and nursing care.

Overall, supply over the next 10-15 years in Suffolk is subject to business decisions by providers; however the Council will continue to work to ensure that places and quality of provision are available to meet the needs of residents in Suffolk.

Providers continue to demonstrate their willingness to invest in and develop new care home services in Suffolk. Four of the 16 care homes transferred to Care UK from the Council, and since returned as part of the development plan, have been acquired by care home providers to develop and provide new care home services. This is in addition to other recent developments for example in Ipswich and the surrounding area.

**For further information please contact: Ian Patterson Head of Contract Management and Market Relationships, Adult and Community Services;  
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## **2. Primary Care Commissioning**

### **Background**

The purpose of this paper is to brief Health Scrutiny Committee members on West Suffolk and Ipswich and East Suffolk clinical commissioning groups' role as 'co-commissioner' of primary care services with NHS England. A House of Commons briefing on primary care services can be found here:

<http://researchbriefings.files.parliament.uk/documents/CBP-7194/CBP-7194.pdf>.

Primary care service contracts are currently held by NHS England. All CCGs have a duty to work with NHS England to improve care. NHS England Chief Executive Simon Stevens announced plans to allow CCGs to develop new models for co-commissioning primary care to 'drive up the quality of care, cut health inequalities in

primary care, and help put their local NHS on a sustainable path for the next five years and beyond.”

In May 2014 NHS England circulated a letter inviting CCGs to submit an expression of interest to co-commission primary care services. NHS England describes co-commissioning as:

*‘...a key enabler in developing seamless, integrated out of hospital services, based around the diverse needs of local populations... Co-commissioning gives CCGs the option of having more control of the wider NHS budget, enabling a shift investment... and by aligning primary and secondary care commissioning offering the opportunity to develop more affordable services through efficiencies gained.’*

WSCCG and IESCCG submitted a high level Expression of Interest in Summer 2014. NHS England categorised the CCGs’ Expression of Interest as seeking joint commissioning (Model 2).

In September 2014 NHS England published further guidance, describing in more detail what might be included in co-commissioning and requiring CCGs to confirm which approach or model, they wished to adopt. The functions which NHS England describes as being covered by co commissioning include:

- General Medical Services (GMS) contracts, which are the contracts between general practices and NHS England for delivering primary care services to local communities; Personal Medical Services (PMS) a contract which offers a variation in the range of services which may be provided by the practice, the financial arrangements for those services and who can hold a contract; and Alternative Provider Medical Services (APMS) contracts, which are primary care services provided by outside contractors;
- Newly designed enhanced services (‘Local Enhanced Services’ and ‘Directed Enhanced Services’);
- Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF). The QOF rewards GPs for implementing "good practice" in their surgeries;
- The ability to establish new GP practices in an area;
- Approving practice mergers; and;
- Making decisions on ‘discretionary’ payments, e.g. GP returner and retainer schemes.

The CCG has previously decided to manage the PMS Development Framework with the Area Team.

### **Description of the Models**

NHS England defined three clear models for CCG involvement in primary care commissioning as set out below.

#### **Model 1 – greater involvement**

CCGs collaborate closely with their NHS England Area Team around primary care commissioning decisions. No new governance arrangements are required for this model and the approach to closer working could be agreed between the CCG and its Area Team at any time.

This model is essentially the status quo which means a relatively clear delineation of roles and responsibilities. It is relatively low risk in terms of conflict of interest for the CCG as a membership organisation.

### **Model 2 – joint commissioning**

CCGs could choose to assume joint commissioning responsibilities with their Area Team.

A Legislative Reform Order (LRO) has been passed through Parliament to enable CCGs to create joint committees with each other and with NHS England for these purposes. This requires a change to the CCG's constitution.

Joint commissioning proposals can be agreed by NHS England Regional Offices, if they are assured that arrangements comply with the governance framework, which includes creation of a joint committee or "committee in common" with model terms of reference and an appropriate scheme of delegation. Where a joint commissioning arrangement involves a pooled budget, the arrangement would also need to comply with financial instructions.

This model would offer the benefits of increased local involvement for patients, practices and system partners. It would be administratively relatively simple to manage. It is assumed that the Area Team would retain a 'right of veto' although the respective roles of the Area Team and CCG are still not yet tightly defined. There are likely to be both positive and negative impacts on relationships between the CCG and its member practices.

### **Model 3 – delegated arrangements**

Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning primary care services (for 2015/16 the scope would be general practice services).

For legal reasons however, the liability for primary care commissioning remains with NHS England. Therefore NHS England will require assurance that its statutory duties are being discharged effectively. Once delegated arrangements have been established, their overall effectiveness will be monitored as part of the CCG assurance process.

### **Decisions and next steps**

Both Ipswich and East Suffolk CCG and West Suffolk CCG governing bodies decided to become a 'co-commissioner' of primary care services with NHS England (model 2). This decision was made after consulting all their GP practices – the majority supported model 2.

In January 2016 public co-commissioning boards will begin. The membership of the boards includes Health and Wellbeing Board Chairman, Councillor Alan Murray and Healthwatch Suffolk's Chief Executive, Andy Yacoub, CCG chief officers, secondary care clinicians and lay members as well as NHS England representatives.

The public meetings are planned for these dates:

## IESCCG/NHSE Joint Commissioning Committee Meetings 2016

Date	Venue	Time
26 January 2016	Kesgrave Conference Centre	2.00pm
22 March 2016	Kesgrave Conference Centre	2.00pm
24 May 2016	Kesgrave Conference Centre	2.00pm
26 July 2016	Kesgrave Conference Centre	2.00pm
27 September 2016	Kesgrave Conference Centre	2.00pm
22 November 2016	Kesgrave Conference Centre	2.00pm

## WSCCG/NHSE Joint Commissioning Committee Meetings 2016

Date	Venue	Time
24 February 2016	The Lecture Room, St Edmundsbury Cathedral, Angel Hill, Bury St Edmunds, IP33 1LS	1.00pm
27 April 2016	The Lecture Room, St Edmundsbury Cathedral, Angel Hill, Bury St Edmunds, IP33 1LS	1.00pm
27 July 2016	The Lecture Room, St Edmundsbury Cathedral, Angel Hill, Bury St Edmunds, IP33 1LS	1.30pm
26 October 2016	Conference Room West, West Suffolk House, Western Way, Bury St Edmunds, Suffolk IP33 3YU	1.30pm

For further information please contact: Isabel Cockayne, Head of Communications, West Suffolk Clinical Commissioning Group and Ipswich and East Suffolk Clinical Commissioning Group Email: [isabel.cockayne@suffolk.nhs.uk](mailto:isabel.cockayne@suffolk.nhs.uk), Telephone: 01473 770012 or 07535 976832

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### 3. Gluten free prescribing

#### Background

In the 1960s there were few ways to get hold of gluten free products for patients diagnosed with coeliac disease and/or dermatitis herpetiformis. The NHS at that time therefore made gluten free products available on prescription to support these patients.

Since then a wider range of gluten free products are now available at supermarkets, health food shops and online. Many carbohydrate foods which can be eaten as part of a balanced diet are also gluten free, such as rice, potatoes and some noodles. Gluten free products are often more expensive when prescribed than prices in the shops and online.

In Suffolk there are an estimated total of 6,000 patients who have coeliac disease. In October 2014, Ipswich and East Suffolk Clinical Commissioning Group (IESCCG) limited gluten free prescribing for adults to 8 units per month of bread, rolls and

flour/bread mixes because of the reasons set out above. In March 2015, West Suffolk Clinical Commissioning CCG (WSCCG) supported the IESCCG decision and limited gluten free prescribing for adults to 8 units per month of bread, rolls, flour/bread mixes and pasta. WSCCG produced a patient information leaflet to support patients who had been used to receiving gluten free products on prescription.

This decision brought Suffolk in line with restrictions that are already promoted by nearly 50 of the 211 CCGs in the country who have restricted gluten free prescribing in the last few years.

### **Current changes**

A further change has been made to gluten free prescribing from 15 January 2016 in IESCCG's area and 1 February 2016 in the WSCCG area. Gluten free foods will no longer be prescribed on the NHS for patients aged 19 and older and the maximum number of units prescribed on the NHS for patients aged 18 and younger is 8 units per month.

These changes have been discussed with Coeliac UK and dietitians, as well as with a specialist doctor and family doctors.

Patients who currently get gluten free products on prescription are being sent a letter about these changes.

The changes will be monitored closely by both the CCGs.

The CCGs' two engagement groups, both of which are sub-committees of the governing bodies will receive an update in a year on the impact this has had on patients.

**For further information please contact:**

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**Linda Lord, Chief Pharmacist WSCCG, [linda.lord@westsuffolkccg.nhs.uk](mailto:linda.lord@westsuffolkccg.nhs.uk);**

**Catherine Butler, Head of Prescribing IESCCG,**

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**Patient complaints should be addressed to the Patient Advice and Liaison Service (PALS) at [pals@suffolk.nhs.uk](mailto:pals@suffolk.nhs.uk) or on 0800 389 6819**

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#### **4. Hopton and Stanton Surgery– briefing statement for January meeting of the Suffolk Health Scrutiny Committee**

##### **Background**

The Hopton (Avicenna, High Street, Hopton) and Stanton GP practice (10 The Chase, Stanton) is currently operated from two village sites located in west Suffolk to the north of Bury St Edmunds.

The Hopton site was set up by the father of the now retired senior partner Dr Andrew Hassan, and is attached to his private house. Hopton Surgery consists of two consulting rooms, a dispensary and a reception area.

In April 1991, Dr Hassan and partners developed a larger second surgery site in Stanton, four miles away, allowing the Hopton practice to be used part time, which has been the case for several years (currently open every morning Monday to Friday but closed on Tuesday, Wednesday and Thursday afternoons). The surgery at Stanton is a modern purpose built premises set within a modern housing development and is open core hours (8am-6.30pm Monday to Friday).

The total registered list of the practice is currently 4841 patients as of 1 October 2015. There are several new developments approved in and around the area - 37 properties in Hopton, 25 in Barningham (already completed) and 106 in Stanton (70% completed). There have been 200 more patients registered in Stanton since April 2015.

The practice have been aware of Dr Hassan's planned retirement for some time and that the Hopton practice would not be available to the surgery in the longer term as this is attached to his family home. The surgery first submitted a proposal to NHS England which was considered in June 2014 for the re-provision of Hopton surgery services which required further information before it could be considered further. Subsequently the surgery has submitted outline plans to NHS England for both an extension to the Stanton Surgery under the national Primary Care Infrastructure Fund but has chosen not to progress this scheme. More recently the practice has submitted a revised outline case for a new build surgery in Hopton. The case has been reviewed once by NHS England and a revised proposal will be considered in January 2016. Neither the proposed schemes for Stanton or Hopton have yet progressed beyond the developmental stage.

As landlord, Dr Hassan has advised his former partners that no further GP space would be available. It is understood that the GP practice will have to find alternative accommodation in Hopton.

There has been considerable public interest, with a 1300-name petition being handed to Matthew Hancock MP in April 2015 following a public meeting to maintain a GP surgery in Hopton.

##### **Current situation**

From the 14<sup>th</sup> December 2015 the space available to the practice at Hopton was reduced to one clinic room as additional space is now needed by Mrs Hassan for her dental practice. The GP practice was advised at short notice and has therefore had to reduce the service provided from Hopton to a nurse-led service only from this date as they were not able to safely provide all existing GP and dispensing services from this reduced space.

The practice has made arrangements for all GP appointments to be provided from the Stanton surgery. The Stanton surgery timetable has been rearranged to

accommodate more clinical sessions within the day. The practice has confirmed there is no reduction in the number of appointments available to patients. The practice has written to all patients who reside in Hopton and put up notices, both online and in the practices, regarding the recent change in services from the Hopton surgery. The parish and district councillors have also been assisting the practice by sharing these communications further.

The practice has previously indicated that patients have been able to attend either at Hopton or Stanton surgeries for appointments without significant difficulty. The below map for reference (information taken from Public Health England's SHAPE mapping tool) sets out the current patient registration densities, by area, with the practice recording that 521 (11%) out of the total 4841 patients have a Hopton village address and now need to travel to the Stanton surgery to access GP and dispensing services.

### **Plans for the future**

The practice has submitted a revised project initiation document for a new build surgery in Hopton to both the NHS England Locality Premises Development Group and the East wide Premises Oversight Group for review in January 2016. If supported, the practice would need to develop an Outline Business Case (OBC) for this project.

The PID will update its original proposals for the practice. The partners have advised that they are not in the position to fund the development themselves and are seeking agreement from NHS Property Services (NHSPS) to develop this surgery. The practice plans to keep its patients and local interested parties informed of progress through regular updates and notices.

It is apparent that whatever the long term solution, the current Hopton surgery premises within Dr Hassan's home will not be available for the GP practice. NHS England, which is responsible for ensuring patients have access to GP services, is confident that the practice is able to maintain the level of service to patients and will continue to work with the CCG and the practice to review the situation over the coming months.

**For further information, please contact Carole Theobald, Locality Director (Suffolk, Great Yarmouth & Waveney, North East Essex and Mid Essex), NHS England – Midlands & East (East): Tel: 0113 824 8068**

