



NHS

***Ipswich and East Suffolk
Clinical Commissioning Group***

CCG Update

Co-Commissioning, TPP & Capita

Dr Imran Qureshi

Co-Commissioning - Model 3

Fully delegated benefits

Letter to all practices to be sent out: 02.11.16 via email

Response deadline back to CCG: midday 21.11.16

The benefits of delegated commissioning now include, enabling:

- Practices to identify clearly who is dealing with their issues
- More locally sensitive decision-making and responsiveness including tailoring of national requirements to local circumstances
- Assurance that current and new monies for primary care in Ipswich and East Suffolk stay in Ipswich and East Suffolk
- Better integration in planning and delivery of our local services between primary, community and acute services
- Increased local clinical leadership and public involvement in primary care commissioning, enabling more local decision making
- Increased local voice on national issues



Co-Commissioning - Model 3

Fully delegated risks

The risks of delegated commissioning could include:

- Perceived/actual conflict
 - CCG has a clear bill of health from Auditors for governance arrangements
 - CCG governance arrangements are robustly managed
- Financial risk to CCG/Members
 - % contingency monies to be transferred from NHSE to CCG



The Pathology Partnership (TPP)

- Changes to laboratory capacity, policy and processes
- Changes to logistics arrangements

INR Results

- The anticoagulation lead at IHT to provide clarification to practices imminently regarding results. In the meantime:
- INR results to continue to reported directly to the anti-coagulation team at IHT who will manage each patient dosing and care on Warfarin
- The patient's GP will receive the INR results via practice management system, but these will marked "for information only"
- Once anti-coagulation team have agreed patient's dosing and care, information will be shared with GP alongside INR result and marked "for information only"
- The management and care of Warfarin patients remains with the anti-coagulation team at IHT.



The Pathology Partnership (TPP)

Electronic requesting for Pathology Tests

- Practices are reminded to use electronic ordercomms (ICE). TPP are happy to offer training and support to practices in implementing

Identifying repeat samples as urgent

- If a sample is rejected and TPP ask to re-bleed the patient: sample needs to be placed in a small red ICE bag. This indicates to the laboratory that it needs to be tested urgently.

Sample sorting

- Practices will issue colour coded bags for different sample disciplines week commencing 7 November.

Raising issues for investigation

- Contact service desk initially with any issues with the pathology service



CAPITA

- Letter written by MBW on behalf of the CCG sent 19th August outlining frustrations, issues and concerns to NHSE.
- NHSE local offices and the CCG have little ability to influence the service provision, as it is a nationally commissioned service.
- There is activity ongoing at national level that acknowledges the underperformance of the service and ongoing frustrations of services provided.
- The LMC continue to raise issues at regular meetings locally as well as nationally for which there is a local rep (from Norfolk LMC) that is part of the national engagement with NHS England.
- It is the NET teams that are the primary local facing teams (as part of PCSE) that should be approached first for responses to issues.
- There is a NHSE escalation route to raise issues and is led locally by Keith Denford, Regional Manager Keith.Denford@capita.co.uk

