

A New Commissioning Solution

Bury Local Authority Case Study

Document Owner(s)

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Background

Community pharmacies in England deliver 3 types of service – Essential (mandatory and commissioned by NHS England as part of the core contract), Advanced (optional and commissioned by NHS England) and Enhanced services.

Community Pharmacy Enhanced services are commissioned:

- By NHS England at area team level (Greater Manchester Health & Social Care Partnership GMHSCP)
- By locality commissioners e.g. CCGs and Local Authorities who then hold a separate contract for each individual service with each pharmacy
- Or through a tendering process, resulting in lead providers for healthcare services which may then result in community pharmacy being then sub-contracted to deliver a proportion of the tendered service (Lead Provider model)

CPGM Healthcare Ltd (CHL), Greater Manchester Local Pharmaceutical Committee (GMLPC) and GMHSCP believe that there is a more efficient way to commission Community Pharmacy service as none of these routes reflects best practice for Commissioners, communities, patients and GM residents in a devolved healthcare system in 2019.

Disadvantages of current commissioning models¹:

- Duplication of time and effort
- Barriers to new services
- Variable delivery & quality
- Contractual burden
- Training Burden
- Fragmentation / Inequity of Access
- Inconsistency
- Not well utilised/ signposted
- Not well marketed

¹ Community Pharmacy in Greater Manchester: A New Commissioning Solution for 2018 onwards... A joint paper written by GM LPC, Bolton LPC, CHL, GMCA, GM HSCP and GM Healthcare Academy

New Commissioning Model

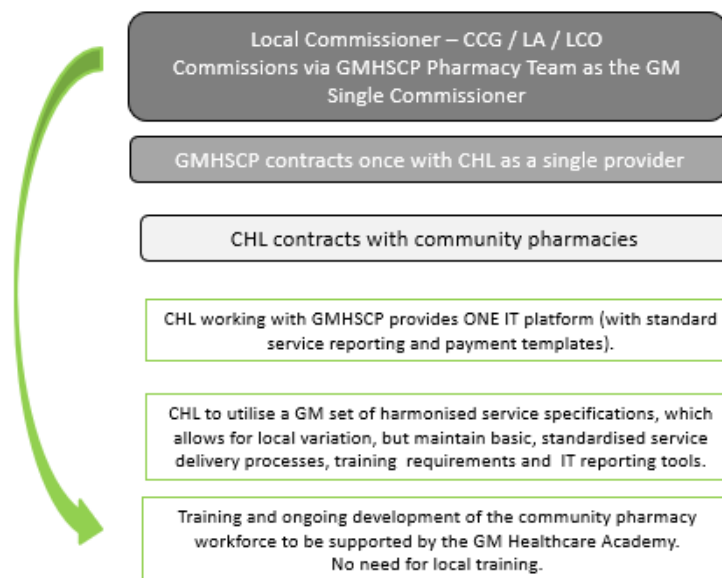
The GMHSCP Pharmacy Team has developed a contract for streamlined commissioning and delivery of local pharmaceutical services. This has been achieved through collaborative working with partners from the Local Pharmaceutical Committees (LPCs), the community pharmacy provider arm in GM, CPGM Healthcare Ltd (CHL) and the Pharmacy Local Professional Network. The delivery of services commissioned via the locality pharmacy services contract is also supported by GM Healthcare Academy and also supports a Lead Provider Model.

Commissioning Model Framework²

Proposed Framework for Commissioning Local Services from Community Pharmacy

To overcome these issues the proposed model streamlines the commissioning processes and allows all services to be managed via ONE contract.

NEW Locality Pharmacy Service Contract



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Benefits for Commissioners³

- ✓ Support from GMHSCP providing expertise in pharmacy service commissioning and development
- ✓ One contract with streamlined administrative processes and removal of lengthy tendering processes
- ✓ One consistent 'harmonised' service model which allows local variation to support the local communities where they need it most
- ✓ Ability to commission multiple services through one contract, with a single recording and payment platform
- ✓ Consistent delivery by providers

² CP_ A guide to Commissioner presentation prepared by GMHSCP & GMLPC October 18

³ As above

- ✓ Ability to commission new / revise current services in a cost effective and timely manner
- ✓ Place based care achieved -The right care, in the right place at the right time
- ✓ Reduction in the need to provide tailored training to community pharmacies, in turn reducing overheads and training budget requirements
- ✓ Support in the delivery of and the stability of the locality plan
- ✓ Ease pressure on wider primary care by full utilisation of the Community Pharmacy workforce
- ✓ Development of the Community Pharmacy workforce to expand their role in the future, creating long term stability within Primary Care
- ✓ Provides a more stable foundation for Community Pharmacy to be utilised more proactively and effectively by commissioners in the future in line with Locality plans and the GM direction of travel

Case Study: Bury Local Authority

Bury Local Authority agreed to trial the new Commissioning Model and in April 2018, moved all its locally commissioned services to the pilot version of the GM local pharmacy services contract.

The services include:

- Needle Exchange
- Supervised Consumption
- Emergency Hormonal Contraception (EHC)
- Chlamydia Screen, Test and Treat

The LPCs, CHL and GM HSCP worked with the Local Authority to transfer its current services, which were largely being recorded on paper, over to web-based modules hosted on the GMHSCP PharmOutcomes licence.

Feedback from Bury Local Authority: Benefits

One of the main benefits derived from adopting this model for the Bury team was streamlining administrative processes and being able to commission multiple services through one contract, using PharmOutcomes to record all data and make payments.

Shenna Paynter (Public Health Programme Lead, Bury Council):

'People in the council may not necessarily see the benefits as there were lots of people doing different parts of the process but when you add it up it has definitely increased capacity. There are some financial savings too, as we had Webstar (an online reporting platform similar to PharmOutcomes) before for the Emergency Hormonal Contraception service'

Amy Lepiorz (Head of Delivery, Together 4 Bury) confirmed that using PharmOutcomes and the CHL model has streamlined administrative processes and reduced bureaucracy:

'It fits in strategically with everything that we are trying to do. A big part of Local Care Organisation (LCO) development and conversations is streamlining processes. We are trailblazing a new way of working... the ability to commission multiple services through one contract has reduced bureaucracy, and now we don't have an industry of contract management'

Shenna stated that this model has:

‘Set the foundation to be able to look at other kinds of work, when other things crop up, we have this as a basis to build on’

The Bury team acknowledged that they could see other benefits from the model that they had not yet leveraged due to other priorities in the last year, including utilising the support of GMHSCP⁴ expertise in pharmacy service commissioning, securing training for contractors through GM Healthcare Academy⁴ and developing the community pharmacy workforce to support locality plans and ease the pressure on primary care.

Amy:

‘It is line with our strategic direction. We don’t have capacity to develop new services, you have the skillset and it completely strategically fits with what we want to do, which is to use front line input to develop new outcome-based services’

Shenna:

‘I would like to explore using community pharmacy more which would benefit wider primary care. We’re not quite at that stage yet, but this gives me the foundation to be able to explore what we can do’

The Bury team also confirmed they would like to explore CHL’s performance management offer next year, which would ensure consistent delivery by providers.

Matthew Logan (Provider Relationship Lead, Bury Council):

‘We would like to look at performance management – the fact that we would like to look at this is testament to the work we have done together this year...really interested in looking at the options for next year’

Additional Service Commissioned

Due to the relationship between the two organisations, CHL has also been commissioned by Bury Council to develop and project-manage a Hypertension and AF screening service pilot under the ‘Find and Treat’ initiative.

Amy:

‘What has been really useful is for CHL to tell us what we want. This piece of work has been co-produced. Its useful to have that conversation and get a clear understanding of what community pharmacy can offer’

Shenna:

‘For me, this model has meant I can build on that relationship for other things like Find and Treat. Everything I need to complete my internal governance reporting for this project is on hand because CHL have been sending through regular updates. Its great, it really helps me’

The Bury team have clearly stated that this has given them the confidence in CHL and in Community Pharmacy to explore other opportunities.

⁴ The GM Healthcare Academy is a development between the GMHSCP, GM Pharmacy Local Professional Network and LPCs. It has been established with primary remit to delivery of education support and approved training for pharmacy teams to support delivery of commissioned pharmaceutical services across GM.

Feedback from Bury Local Authority: SLA Deliverables

Service-specific PharmOutcomes Modules

CHL created PharmOutcomes modules on the GM licence for each of the services under the agreement, based on Commissioner requirements and Service Specifications.

The Bury team stated that the PharmOutcomes modules are fit for purpose and the monthly reports meet their needs. They acknowledge that there is much more that could be done with the data and reporting, but that this hadn't been a priority for the team this year.

Shenna Paynter confirmed that using PharmOutcomes has taken away a lot of problems for her and her team:

'We used to get calls from pharmacies, from the provider relationship team and from finance about pharmacy services. I wasn't close enough to the process to answer the questions and hated not being able to help. At least I know they are getting the support they need now, without having to ring 3 different people in the council. I haven't had any phone calls with service- or payment-related queries since CHL took over'

Matt:

'No contractors have been in touch with us at all, no complaints from any pharmacies about using PharmOutcomes or the new way of working and they did get in touch before'

Monthly reports and payments to Pharmacy contractors

CHL generates a monthly summary of the amount required to pay contractors per service, with breakdown, contractors' invoices are included and then CHL pays each contractor upon receipt of funding from the Commissioner.

Matthew Logan receives the monthly reports and processes the requests for payment, he confirmed that the reporting always comes through on time, any issues have been due to internal processes within the Council which have delays at times:

'I spoke to the admin who used to pay our invoices and they said it has cut down massively on workload around processing invoices and chasing backing data. The way we used to manage invoices was not fit for purpose, we used to have admin resource specifically for that task and now they have been reallocated to other work. We have seen massive time savings.'

Ad hoc service-related communications

CHL communicates with pharmacy contractors, resolving any service-related queries, PharmOutcomes queries and sends out any communications from the Commissioner as required.

Both Matthew and Shenna spoke about how useful it is to have CHL on hand to send out communications to contractors; both from an efficiency perspective, as there is no requirement to gather pharmacy contact information and also from a clinical perspective. Shenna discussed the change in guidance for Chlamydia treatment with CHL:

'It was useful to be able to pick the brains of CHL and to have someone to support me from a clinical perspective'

Upon reviewing the SLA when evaluating CHL's performance, all deliverables were met within the required timescales with minimum impact on pharmacy contractors.

General Feedback about working with CHL

Both CHL and the Bury team acknowledged that the transition onto PharmOutcomes was challenging and both organisations have learned lessons from this process which will be embedded into future working. It was acknowledged by all parties that this difficult transition has strengthened and created a more positive relationship.

The information required to set up the PharmOutcomes modules was received later than needed by CHL and there were some errors in the funding set up.

Matthew:

'It wasn't ideal, but I think it probably improved the relationship, we could pick up the phone and talk to each other. The issues were on our end, but we worked through together.'

Shenna:

'It was us that caused the delays...stressful due to a lack of clarity around ownership...the issues were the legacy of what had been going on in the council...everyone has so much to do and not enough capacity to do it...CHL got the brunt of it'

On the relationship with CHL and the CHL team's performance:

Matt:

'Responsiveness is great...we have contracts with other providers where the relationship is not as good. The professionalism has been really beneficial'

Shenna:

'CHL is super-efficient'

Amy:

'Genuinely really impressed. It has given me the confidence to try something new and now I don't feel the need to micro-manage, the info you have given me gives me the confidence that issues will be raised if and when required and that services will be delivered...feels like I'm dealing with a credible company'

Ensuring a Smooth Transition

Based on CHL's experience in working closely with the Bury team and a number of other organisations, a comprehensive plan and process has been put into place to ensure that Commissioners experience a smooth transition to the new Commissioning Model and arrangements.