

Strategic Needs Review – Platform One Practice – June / July 2020

Objectives for strategic review	Rationale
<p>1. Understand the population health needs of the registered patients</p>	<p>The practice has a diverse population ranging from extremely vulnerable inner city patients to the “working well” population that commute into the city from outer suburb areas.</p> <p>The health needs and demands on services of the distinct groups of patients needs to be further understood. The ICS Population Health Management Team has been approached for support in this area and there are plans to work with the incumbent provider.</p>
<p>2. Identify the additional services provided by the practice above and beyond core general medical services (GMS)</p>	<p>This is partly documented within the latest CQC inspection report (published in October 2017) and based on information gathered from a discussion with NEMS in November 2017.</p> <p>This area will require clinical support as well as LMC involvement.</p>
<p>3. For services above core (GMS) identify whether alternative commissioned services are in place or whether commissioning gaps exist</p>	<p>To identify whether the higher current contract value is supporting the provider to deliver a primary care service that is not comparable with other practices also serving these populations. Identifying whether this has led to inequity amongst the population groups and could be filling unknown commissioning gaps.</p>
<p>4. Understand the strategic direction of the Primary Care Network and ICP including commissioning intentions for complex patients.</p>	<p>To understand how the PCN proposes to design and deliver services to its local patient population and to understand how the ICP complex patient approach will impact upon the commissioning of primary care services for this practice.</p>
<p>5. Identify whether there are suitable premises available in the City for a new GP practice (list size to be determined by this review) and timescales to make ready for clinical use</p>	<p>The CCG’s Associate Director of Estates will be leading this area of work. A fee proposal for an initial premises search is referenced above in section 3.5. As previously noted two prospective bidders had identified potential premises but neither had progressed in any real depth to understand impact on mobilisation. The premises search commissioned will further explore the work and time required to make potential premises suitable for a GP practice.</p> <p>This objective has interdependencies with objective 6 below. This objective can be started immediately but will need to be revisited as the review progresses and the future commissioning options in objective 6 are determined.</p>
<p>6. Determine the options for future commissioning arrangements based on need and the factors identified above. Options may include:</p> <p>6.1 Full dispersal of the list with separate commissioning of the Special Allocation Scheme</p> <p>6.2 Commission a new APMS practice</p> <p>6.2.1 With the Special Allocation</p>	<p>This objective has interdependencies with objective 6 above.</p> <p>6.1 Will include consideration of impact on patients, capacity and resilience of other practices, political and reputational impact, and alignment with strategic directions of ICS, ICP and PCN.</p> <p>1.2 Will include determining the practice list size, population characteristics and specialisms, boundary, delivery model e.g. more online remote working. It will also include consideration of procurement routes for this contract including; full competitive process, use of national frameworks, competitive negotiation or direct aware.</p>

<p>Scheme</p> <p>6.2.2 Without the Special Allocation Scheme</p>	
--	--

Services to be considered as delivered by Platform One Practice under the APMS Contract

Specialty / Services	Commissioned Service
<p>CQC reported high coding of MH however this is not necessarily supported by QOF prevalence which is line with their PCN peers.</p> <p>Employ(ed)Primary Care Mental Health Nurse</p> <ul style="list-style-type: none"> ➤ Complete mental health assessments ➤ Bridge gaps and support patients that do not meet the criteria for commissioned mental health services – caught in the gap between general community MH services, IAPT and specialised secondary MH services ➤ Supports ante-natal clinic discharge to NEMS who can provide the required mental health support thereby reducing impact on secondary care 	<p>Primary Care Mental Health Offer</p> <p>Primary Care Mental Health Service, funded by BCF ended Jan 19 modelled on the NEMS Platform 1 MH Nurse role to bridge the gap between primary, community and secondary care services. The service was not evaluated.</p> <p>The MH Commissioning Team is considering a business case to provide an Adult ADHD Service to commence 2020/21. LES would fund primary care monitoring.</p> <p>Children’s ADHD Shared Care Protocol approved by APC, funds practice monitoring via a LES</p> <p><i>Need to discuss impact of service change with ante-natal services should the current level of primary care support reduce</i></p>
<p>Aligned to two Probation Hostels in Nottingham City providing primary care services to c43 patients, visits conducted in secure environments, managing difficult prescribing protocols</p>	<p><i>Need to confirm if this is through a contract / sub- contracting arrangement with NHS England as commissioners of Offender Health services.</i> Tudor House Medical Practice contracted to support HMP Nottingham as sub-contract to CityCare. May require similar procurement</p>
<p>Homeless</p> <ul style="list-style-type: none"> ➤ Around 350 pts. / 40% of Nottingham City homeless are registered with Platform 1 ➤ Established weekly GP drop in clinic at Emmanuel House in partnership with the homeless team 	<p>Homeless LES available to practices across the CCG to sign up and support this cohort of patients. Focus on transition from specialist support to accessing mainstream services.</p> <p>Due to the practice location and additional resources they are willing & able to take on large proportion of the most complex rough sleepers and individuals experiencing severe multiple disadvantages</p> <p>Review of Homeless services is on-going, Nottm City ICP considering service model options, may be delayed due to COVID.</p>
<p>Asylum seekers</p> <ul style="list-style-type: none"> ➤ Agreed to register around 200pts currently residing in a Nottingham City centre hotel ➤ Platform 1 Practice not signed up to IAA, may reflect lack of longer appts 	<p>The needs of asylum seekers go beyond “ordinary” primary care services. The need for an interpreter means each patient contact takes longer. Asylum Seeker and Interpreter Assisted Appointments LESS developed to support practices registering this patient group. NEMS not signed up to Interpreter LES.</p>

<p>Special Allocation Scheme NEMS provide a 'step down' service in order to keep patients in mainstream services and not on the scheme.</p>	<p>Provided by NEMS Platform One, accessible to Greater Nottingham registered patients, separate service in Mid-Notts commissioned by NHSE. <i>Need to confirm commissioner and contract end date.</i></p> <p>As a consequence of holding the SAS contract they advise they provide a step down service.</p>
<p>Teen Challenge UK (Willoughby House, Leicester) – according to postcode mapping = approx., 91 patients Pts. arrive individually or in a group with support worker(s). NEMS liaise with Drug and Alcohol residential rehabilitation centre to offer</p>	<p><i>Arrangement set up by NHS England but not documented in contract. Need to understand the commissioning of this service. Believe NEMS took it on because no Rushcliffe or Leicester GP practices would accept responsibility these patients at this private rehabilitation centre.</i></p>
<p>Work with Capital One and Loxley House to provide convenient appointment times for staff and link with the Workplace Chaplaincy</p>	<p>Not believed to be formally commissioned. An additional service provided by NEMS tailored to their population.</p>
<p>GP Clinical Lead for Substance Misuse holds / held weekly shared clinic with specialist drug worker from central recovery team Pharmacist mentored to set up prescription medicine misuse clinics with support of GP lead</p>	<p><i>Need to understand the commissioning of this service</i> Potential loss of skilled staff providing targeted support. <i>Could this be a PCN scheme?</i></p>