

LOCALLY COMMISSIONED PUBLIC HEALTH SERVICES (LCPHS) ANNUAL REPORT – APRIL 2017

1.0 Background

Nottinghamshire County Council became responsible for the commissioning of LCPHS in 2013. Many of the systems and processes were inherited and in need of streamlining to ensure appropriate payment arrangements and performance management processes were in place to deliver efficiencies and ensure that services reflect population need and are safe, of high quality, are value for money and are evidence based.

2.0 LCPHS Services provided on behalf of Nottinghamshire County Council

In Nottinghamshire, sexual health services serve a large and diverse population, improving the sexual health of the population remains a public health priority for the Authority.

Emergency Hormonal Contraception Service (EHC)

Emergency contraception has the potential to reduce unintended pregnancy rates, thereby reducing the number of abortions. The equitable provision of and easier access to emergency hormonal contraception via pharmacies has the potential to improve the effectiveness of this contraceptive method by reducing the time interval between unprotected intercourse and initiation of treatment.

Long Acting Reversible Contraceptive (LARC)

Long acting reversible contraceptive methods have been shown to be more effective than other hormonal methods and condoms in preventing pregnancy. Recommendations of the 2005 NICE guidelines for long-acting reversible contraception state that women requiring contraception should be given information about and offered a choice of all methods, including long-acting reversible contraception methods and that contraceptive service providers should be aware that all currently available LARC methods are more cost effective than the combined oral contraceptive pill even at one year's use and increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.

In Nottinghamshire heart and circulation related diseases are the second most common cause of death and of hospital admissions, and account for the greatest difference in life expectancy between the most and least deprived communities.

NHS Health Check Programme

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. The aims of the NHS Health Check programme are to reduce morbidity, mortality and hospital admissions due to cardiovascular disease and to reduce health inequalities, including socio-economic, ethnic and gender inequalities, through delivery of a cardiovascular disease risk assessment and management programme.

3.0 Main Challenges to Provision

Emergency Hormonal Contraception Service (EHC)

- Nottinghamshire County Council inherited a complicated system, with duplication and cost implications regarding paperwork for claims and audit, this was time consuming for both the Authority and for Pharmacies.
 - Paperbased systems and Electronic systems for claiming did not align
 - Carbon copied packs were used for consultations, printed by NCC and requiring Pharmacies to complete, upload onto an electronic system and then send via post to NCC for auditing and storage purposes.
 - Packs for consultations were distribution on request at a cost to the Authority in printing, postage and worker time.
 - There were risks to service provision when Pharmacies ran out of packs before re-ordering which meant they were unable to deliver the service.
 - The responsibility for ensuring Pharmacies were fully competent and had read and signed a number of individual forms to allow service delivery to take place was an administrative challenge and posed risks to the Authority in the event of any incidents.
- Communication issues
 - some branches operate/communicate through a head office or area manager, some directly through corporate email addresses, some via personal emails.
 - Information did not always get through to the relevant person and service delivery was delayed.
 - Individual Pharmacists with competency to deliver moving bases without the Authority being made aware.
 - Changes in ownership of Pharmacies not communicated to the Authority.
- A lack of up to date literature and signposting information

Long Acting Reversible Contraceptive (LARC)

- GP's, Practice Managers, unsure about accreditation and what commissioners require
- Competencies running out before GPs are aware they need to re-apply resulting in a delay in service provision.
- The burden of proof that the GPs were competent to carry out the service the responsibility of the Authority with several competency requests to be met. This was a complicated, time consuming administrative task which carried risk to the Authority if not kept up to date.
- All paperwork individualised creating a time consuming system with worker cost implications to NCC.

NHS Health Check Programme

- Different people dealing with different sections of health checks, the inputter not necessarily the person uploading the claims creating issues with incomplete/incorrect data.
- Changes in paperwork, read codes not always understood by the practice again creating incorrect information.
- No standardisation of templates, some practices using their own
- A complex, time consuming IT system to process claims and track performance accurately.

4.0 What we did

Emergency Hormonal Contraception Service (EHC)

- Liaised with Local Pharmaceutical Committee (LPC) and City Commissioners to develop/learn from best practice
- Developed a delivery declaration sheet to eliminate complicated paperwork and put the responsibility of proof onto the Pharmacies for competency for delivery, reducing the risk to the Authority.
- Aligned paper based and electronic systems
- Removed the need for carbon packs of consultation sheets by introducing a single form to be photocopied by the Pharmacies for use, saving printing, postal and administration costs, this also ensures service provision is not delayed awaiting new packs to be sent/received.
- Established a system for Pharmacies to sign to declare they will keep signed copies of the consultations for 10 years with the proviso that the Authority can request access to them at any time for auditing purposes, this guarantees the onus is on the Pharmacist to ensure the paperwork is complete and fully compliant, this reduces administration costs and storage to NCC and also reduces administration and postal costs to Pharmacies.
- Communicated through as many routes as possible to ensure any information is disseminated to the correct people through successful engagement and involvement of the LPC, individual pharmacist and head office contacts.
- All information from Pharmacies is now being captured to give a complete understanding of ownership and changes within the system and open communication routes have been established to keep this information up to date.
- Established a robust checking system to ensure claims are not processed unless all the relevant paperwork has been received, ensuring the Authority only pays for services provided within the correct procedures.
- Collated information regarding referral routes for Pharmacists to share with patients.

Long Acting Reversible Contraceptive (LARC)

- Developed an Accreditation information guide clearly outlining the Authorities requirements.
- Put the onus back onto the GPs for ensuring they have the relevant qualifications by creating an accreditation declaration form for signature and return.
- Developed a system managed by a single point of contact who gives GP Practices an early warning notification that competencies need to be updated in order to continue service provision.
- Streamlined systems and processes to update contract variations and associated paperwork to reduce worker time/administration costs to NCC and to the GP practices.

NHS Health Check Programme

- Communicated with all involved in the checks to ensure information is disseminated throughout the practice, contacting practices who are not performing well to assist with any service provision barriers or ascertain if there is a problem.
- Standardised templates being devised with training offered to ensure their correct use.
- An internal IT system is being developed to reduce cost to NCC, new processes are being discussed to ensure this provision is also more user friendly which will reduce worker time from both NCC and from GP practices and give correct up to date information on performance.

5.0 Outcomes

- The new systems and processes have reduced the paperwork for Nottinghamshire County Council, GP practices and Pharmacies, resulting in major efficiencies for both the Authority and for Providers by ensuring:
 - Less worker hours needed for processing smaller amounts of paperwork
 - Less cost from printing, paper and postage
 - Less storage needed by NCC for paperwork
 - Less risk to the authority for any service provision issues
- Requesting the providers store the paperwork themselves with the proviso that Nottinghamshire County Council can request this at any time for auditing purposes, the onus for proof in the event of an incident is now the responsibility of the provider, this is again of cost benefit to the Local Authority in worker hours keeping organised files of constant/changing information and with the changes to business support functions lessens the concern of responsibility for Nottinghamshire County Council.
- Relationships with GPs and Pharmacies have been improved through successful engagement and open and honest communication.
- Customers will benefit significantly from the improved continuous provision of services by the reduction of administrative obstacles previously faced by Pharmacies and GPs.

5.0 Key actions

- Develop the Making Every Contact County (MECC) approach with GPs and Pharmacists.
- Use case studies and patient journeys to show GPs what can be achieved through referring to appropriate services.
- Set up system for services to communicate back (through the contract team) successful referral outcomes to show effectiveness
- Advertise the services more widely in the community in areas people would see the information e.g. colleges, libraries.

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