CHESHIRE LMC

LOCAL MEDICAL COMMITTEE LIMITED

Local representation and support for all Cheshire GPs

20th January 2017

Mrs Tanya Jeffcote-Malam
West Cheshire CCG
Liverpool Rd
Chester
CH2 1HJ

Dear Tanya

Many thanks for sending the proposed CQUIN for 2017/18. We have awaited the response of networks to the proposal before formally writing back to you.

After reviewing feedback from discussions at network and having discussed the CQUIN at the Cheshire LMC county meeting on 11 January we are unable to recommend the CQUIN to practices.

As you are aware we negotiated a two year CQUIN with the CCG in 2016. The express purpose of this CQUIN was to provide stability to practices and prevent the need to re-negotiate the CQUIN after twelve months. It enabled practices to structure their staff around the requirements of the service. The CCG chose frail elderly as the focus of the work in particular on care planning for this group. In addition the two year agreement was to allow reflection and consideration of the benefits of the CQUIN before further development. This reflection we all agreed was a good idea and something we have not been good at in the past. The contract allows for development of key performance indicators but no wholesale change or expansion.

Chapter 1 of the proposed new CQUIN seeks to cap the CCG spending on Nursing Home patients and bundle the funding in to the frailty CQUIN. It also makes an assumption that the type of proactive care provided by practices to Nursing Home residents can be replicated for residential care and housebound patients without funding it. Practices must embrace the use of technology in care homes and support step up and intermediate care beds again without funding. They must also provide flu prophylaxis despite many practices already saying they do not have the capacity to do this safely.

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Company Registration No. 06362832

In chapter 2 the historic activity based LESs are rolled in to being well. ECG/Spirometry and Diabetes work must continue but will be funded at 2016 activity levels. Practices will have to expand year of care to all long term conditions. They will have to support the unfunded shift of hospital activity in to their own buildings utilising GMS space, already scarce, to provide care previously provided by other organisations. They must build relationships with schools and promote obesity prevention. They must support the redesign of paediatric services out of hospital.

In chapter 3 practices will be funded by the previous Mental Health LES money. They must case manage all mental health patients and provide enhanced care for dementia and autism though there is no specification for either.

Therefore it remains unacceptable to general practice to:-

- Break the agreement of 2016
- To shift all risk of growth in activity to practices
- Mandate the delivery of services practices have said they do not have the capacity to deliver safely

It is the view of the LMC that if agreements are broken practices will lose trust and confidence in the CCG. We believe that new services need to be commissioned appropriately. If care is moved from one provider the funding needs to follow the patient, it cannot be covered by historic funding streams in general practice.

The LMC's suggestion is to reinstate the original two year CQUIN. As initially intended this could be refined within its present scope using the experience gained in year 1. Likewise we suggest the LESs are not varied or incorporated into the CQUIN but that we use the next twelve months to discuss practical achievable ways forward with regard to the management of the frail elderly, long term conditions and mental health.

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We remain committed to working with the CCG and remain available to discuss these matters further at short notice"

Kind regards

Branwen

Dr S. Kaye	Dr B. Martin	Dr S. Powell	Mr W. Greenwood
LMC Vice Chair	LMC Medical Director	LMC Committee Chair	LMC Chief Executive
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Copy to:
Chris Ritchieson Chair WCCCG
Alison Lee Chief Executive WCCCG
Laura Marsh Director of Commissioning WCCCG
Sarah Murray Head of Primary Care WCCCG

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