

REPORT TO: Health Policy & Performance Board
DATE: 29th May 2012
REPORTING OFFICER: Strategic Director - Communities
PORTFOLIO: Health & Adults
SUBJECT: Any Qualified Provider Process
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To outline for the members of the Board details relating to the Any Qualified Provider (AQP) process within NHS Merseyside and details of three associated service specifications for :-
- Podiatry
 - Muscular-skeletal services for neck and back plan
 - Adult Hearing Aids

2.0 RECOMMENDATION: That the Board:

- i) **Notes the contents of the report**
- ii) **Provide feedback on the three service specifications attached at Appendix 1**

3.0 SUPPORTING INFORMATION

Background to AQPs

- 3.1 Since 2010, the Government has been committed to increased choice and personalisation in NHS-funded services. Choice for patients can be about the way care is provided, or the ability to control budgets and self-manage conditions. The government has specifically committed to extending patient choice of AQP for appropriate services.
- 3.2 By choice of AQP, the Government aims that when patients are referred (usually by their GP) for a particular service, they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations.
- 3.3 The Government are undertaking a phased approach to implementation of patient choice of AQP, treating 2012/13 as a transitional year, starting with a limited number of community and mental health services. Based on discussions with national patient groups and an assessment of deliverability, the Department of Health identified a list of potential services for priority

implementation as follows:-

- Musculo-skeletal services for back and neck pain
- Adult hearing services in the community
- Continence services (adults and children)
- Diagnostic tests closer to home such as some types of imaging, cardiac and respiratory investigations to support primary assessment of presenting symptoms
- Wheelchair services (children)
- Podiatry services
- Venous leg ulcer and wound healing
- Primary Care Psychological Therapies (adults)

3.3 By October 2011, Primary Care Trust clusters were expected to identify three or more community or mental health services in which to implement patient choice of AQP in 2012/13, based on the priorities of pathfinder clinical commissioning groups, and having engaged with local patients and professionals.

As such NHS Merseyside have identified the following three services :-

- Podiatry
- Muscular-skeletal services for neck and back plan (MSK)
- Adult Hearing Aids

Following an engagement exercise with local patients and healthcare professional, the selection of these services was based on patients' priorities for improving quality of, and access to, NHS services.

3.4 It is expected that by the end of September 2012, PCT clusters should be able to implement patient choice of AQP in those services agreed locally.

3.5 **Qualification Process to become an AQP**

The qualification process will ensure that all providers offer safe, good quality care, taking account of the relevant professional standards in clinical services areas.

The governing principle of qualification is that a provider should be qualified if they:-

- Are registered with the Care Quality Commissioning and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements
- Will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law
- accept NHS prices
- can provide assurances that they are capable of delivering the agreed service requirements and comply with referral

- protocols; and
- reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols

3.6 Halton Borough Council will be an AQP and as such be able to tender for services through the AQP process.

Service Specifications

3.6 **AQP – Podiatry Services:** This AQP Service Specification is restricted to elements of Core Podiatry with the emphasis on community delivery of services and preventative treatment.

Core Podiatry is defined as ‘the assessment, diagnosis and treatment of common foot pathologies associated with the toenails, soft tissues and the musculoskeletal system with the purpose of sustaining or improving foot health’ (Farndon, 2006).

It is focused on the needs of those with low and medium levels of foot health need with referral on to specialised podiatry and extended scope podiatry and signposting to non-podiatric services where clinically appropriate, e.g. smoking cessation or weight management services.

Providers will be expected to provide appropriate staff training to ensure appropriate referrals to higher-tier podiatric services and non-podiatric services are made when needed.

3.7 **AQP – MSK:** This service is restricted to the community based provision of assessment, treatment and management of back and neck pain for patients with Whiplash associated disorders; Stiffness and restricted movement; Cervicogenic headaches; ‘Mechanical’ neck and back pain; Degenerative pain and Postural related neck and back pain. It is to be delivered by physiotherapists, osteopaths and chiropractors. The service is defined as an initial assessment, follow up appointments as appropriate to clinical need and support to patients for self-care.

The addition of AQP providers is expected to impact on Open Access physiotherapy services provided by The Royal Liverpool and Broadgreen Hospital and Aintree Hospital. These services are currently under review.

3.8 **AQP – Adult Hearing Aid Services:** The aim of the specification is to provide a comprehensive patient centred, direct access service for age related hearing loss in line with national guidance and local requirements.

This service will include a hearing needs assessment with provision and fitting and relevant follow- ups, rehabilitation and aftercare. The

Provider should have a suitable skill mix within their team and assessment and treatment provided by staff that are suitably registered/supervised, in appropriately sound treated settings.

It is important for the needs of local communities to be met and patients to receive high quality, efficient services delivered closer to home, with short waiting times and high responsiveness, free at the point of access.

3.9 The specifications have been presented to the Clinical Commissioning Group (CCG) and are now presented to the Board for review and comment.

4.0 **POLICY IMPLICATIONS**

4.1 None specifically identified, however work is on-going to develop Merseyside Service specifications in each clinical area and the CCG will have the opportunity to input into the development of these, following which they will be presented to the Health Policy & Performance Board as part of the consultation process.

4.2 It is feasible that the Council could consider providing some of the services and further consideration will be given to this opportunity.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None specifically identified, however tariffs have been established for each of the service areas.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified

6.2 **Employment, Learning & Skills in Halton**

None identified

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

None identified

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 As the services are being commissioned across NHS Merseyside, we need to ensure that services available and delivered locally meet

the requirements of Halton residents and the performance of providers will therefore have to be closely monitored to ensure that this is the case.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment is not required for this report.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

| Document | Place of Inspection | Contact Officer |
|--|--|------------------------|
| Equity and excellence: Liberating the NHS | People & Communities Policy Team | Louise Wilson |
| Operational Guidance to the NHS : extending patient choice of provider | People & Communities Policy Team | Louise Wilson |