Meeting name:	Kirklees Health and Care Partnership
Agenda item number:	8
Meeting date:	8th May 2024
Report title:	Kirklees Financial Update – Month 10
Report presented by:	Gary Boothby, Finance Lead, Kirklees HCP
Report approved by:	Gary Boothby, Finance Lead, Kirklees HCP
Report prepared by:	Gary Boothby, Finance Lead, Kirklees HCP

Purpose and Action:			
Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/com-ment/discuss/escalate	Information ☒

Previous considerations:

The financial position and plans for individual partners have been discussed in various forums. The collated Kirklees ICB position has been included within the WY ICS Finance committee papers.

Executive summary and points for discussion:

The paper provides the year end position for NHS partners (subject to Audit and technical adjustments) within the WY ICB along with plans for 2024/25 including CIP.
The paper shows the closing position for WY ICB as a £200k surplus but an overall deficit for NHS partners within Kirklees of £900k.
The paper shows partners within Kirklees to be planning for a deficit of £23.4m for 2024/25 and also shows the scale of efficiency required to deliver this level of deficit. The WY ICB is currently planning for an £86.3m deficit which is subject to challenge and national scrutiny.

With which purpose(s) of an Integrated Care System does this report align?

☐ Improve healthcare outcomes for residents in their system.
☐ Tackle inequalities in access, experience and outcomes
☒ Enhance productivity and value for money.
☐ Support broader social and economic development

Recommendation(s):

The partnership board is asked to note the current financial position for partners and across Kirklees.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

The risk register currently shows a risk relating to delivery of financial plans and also in relation to access to capital for estates. The paper aims to provides information the latest position and risk to delivery for 2024/25.
Appendices:
None
Acronyms and abbreviations explained:
WYICB – West Yorkshire ICB HCP – Health and Care Partnership SDF – System Development Fund MH – Mental Health ERF – Elective Recovery Fund YTD – Year to Date

What are the implications for:

Residents and Communities	None directly from this paper
Quality and Safety	None directly from this paper
Equality, Diversity and Inclusion	None directly from this paper
Finances and Use of Resources	The paper highlights the financial challenge and level of efficiency required for 2024/25. Cost reductions / efficiencies that may impact patients and residents of Kirklees have been subject to quality impact assessments where appropriate.
Regulation and Legal Requirements	None directly from this paper
Conflicts of Interest	None directly from this paper
Data Protection	None directly from this paper
Transformation and Innovation	None directly from this paper
Environmental and Climate Change	None directly from this paper
Future Decisions and Policy Making	None directly from this paper
Citizen and Stakeholder Engagement	None directly from this paper

Kirklees Finance Position Year End 2023/24 and Plans For 2024/25

1. Year End Position

The WY ICB closed 2023/24 with a £200k surplus. This was an improvement from the position expected at the start of the year where a £25m gap remained.

- Kirklees ICB closed with a £3.4m surplus which was worse than the £5.7m planned surplus by £2.4m
- CHFT closed with a £13.2m deficit which was £7.6mm better than the planned deficit of £20.8m
- MYTH closed with a £5.8m deficit which was £5.8m worse than the balanced position planned.

Organisation	I&E reported Month 12 23/24		
	Plan £m	Surplus / (Deficit) £m	Reported Variance £m
Bradford ICB	6.2	(7.5)	(13.7)
Calderdale ICB	5.6	5.5	(0.1)
Kirklees ICB	5.7	3.4	(2.4)
Leeds ICB	1.6	(24.6)	(26.2)
Wakefield ICB	5.9	5.2	(0.8)
Core ICB	0.0	22.4	22.4
West Yorkshire ICB Total	**25.0**	**4.3**	**(20.7)**
Airedale NHS Foundation Trust	(4.3)	(6.3)	(2.0)
Bradford District Care NHS Foundation Trust	0.0	1.2	1.2
Bradford Teaching Hospitals NHS Foundation Trust	0.0	4.6	4.6
Calderdale And Huddersfield NHS Foundation Trust	(20.8)	(13.2)	7.6
Leeds and York Partnership NHS Foundation Trust	0.1	2.2	2.1
Leeds Community Healthcare NHS Trust	0.0	0.3	0.3
Leeds Teaching Hospitals NHS Trust	0.0	12.3	12.3
Mid Yorkshire Teaching Hospitals NHS Trust	0.0	(5.8)	(5.8)
South West Yorkshire Partnership NHS Foundation Trust	0.0	0.5	0.5
Yorkshire Ambulance Service NHS Trust	0.0	0.1	0.1
West Yorkshire Provider Total	**(25.0)**	**(4.1)**	**20.9**
West Yorkshire ICS Total	**(0.0)**	**0.2**	**0.2**

The table below shows that Kirklees closed with an overall £900k overspend / deficit.

ICS Place	23/24 Out-turn		
	ICB Place £m	Providers £m	TOTAL £m
Bradford	(1.9)	(0.5)	(2.4)
Calderdale	7.4	(6.5)	0.9
Kirklees	7.2	(8.1)	(0.9)
Leeds	(17.1)	14.8	(2.3)
Wakefield	8.8	(3.9)	4.9
WY	0.0	0.0	0.0
YAS		0.1	0.1
ICB Total	**4.3**	**(4.1)**	**0.2**

To note that partners also delivered their capital plans and were also within the required agency spend ceiling.

Non-NHS partner positions have not been made available in time for this report.

2. 2024/25 Submitted Plans

Organisation	NHSE sub'n 29 Feb (£m)	NHSE sub'n 21 Mar (£m)	Planned 2 May sub'n (£m)
Airedale NHS Foundation Trust	(25.9)	(25.3)	(21.2)
Bradford District Care NHS Foundation Trust	(5.7)	(5.5)	0.0
Bradford Teaching Hospitals NHS Foundation Trust	(29.4)	(26.3)	(19.0)
Calderdale And Huddersfield NHS Foundation Trust	(39.1)	(40.8)	(38.6)
Leeds And York Partnership NHS Foundation Trust	(4.0)	(0.9)	0.1
Leeds Community Healthcare NHS Trust	(1.4)	0.0	1.0
Leeds Teaching Hospitals NHS Trust	(0.0)	(6.9)	(4.9)
Mid Yorkshire Teaching NHS Trust	(31.5)	(31.5)	(34.0)
South West Yorkshire Partnership NHS Foundation Trust	(4.1)	(1.5)	0.0
Yorkshire Ambulance Service NHS Trust	(11.7)	(6.0)	0.0
ERF additional income not confirmed	19.0		0.0
Provider Total	**(133.8)**	**(144.7)**	**(116.6)**

ICB Place	NHSE sub'n 29 Feb (£m)	NHSE sub'n 21 Mar (£m)	Planned 2 May sub'n (£m)
Bradford	(20.4)	(14.2)	(7.8)
Calderdale	(3.0)	1.3	1.3
Kirklees	(1.5)	6.3	6.1
Leeds	(19.8)	(19.8)	(12.3)
Wakefield	5.9	5.9	5.0
WY	13.0	11.5	23.8
ICB Total	**(25.8)**	**(9.0)**	**16.1**
ICS Total	**(159.6)**	**(153.7)**	**(100.5)**
Less: PFI remeasurement issue		14.2	14.2
Revised plan	**(159.6)**	**(139.5)**	**(86.3)**

Note: The PFI remeasurement (IFRS16) is still under review nationally, but a resolution is looking increasingly unlikely.

The above table shows the current position for WY NHS partners to be a planned deficit of £86.3m, assuming the national PFI issue is resolved.

The table shows how plans moved between submissions and the movement and / or lack of movement may amsk many issues that have been calrified or resolved during the planning process.

For Kirklees:

- CHFT have submitted a £38.6m deficit plan.
- MYTT have submitted a £34m deficit plan.
- Kirklees ICB have submitted a £6.1m surplus plan.
- Whilst SWYPFT are not officially included within Kirklees figures, to note they have submitted a balanced plan.

Financial plans 2024/25 – Final plan submission 2 May 2024

ICS Place	24/25 Plan			24/25 Plan
	ICB Place £m	Providers £m	TOTAL £m	% of allocation
Bradford	(7.8)	(39.8)	(47.6)	(3.6%)
Calderdale	1.3	(19.3)	(18.0)	(3.9%)
Kirklees	6.1	(29.5)	(23.4)	(2.6%)
Leeds	(12.3)	(3.8)	(16.1)	(0.9%)
Wakefield	5.0	(23.8)	(18.8)	(2.3%)
WY	24.8	0.0	24.8	
YAS		0.0	0.0	0.0%
ICB Total	**17.1**	**(116.2)**	**(99.1)**	**(1.8%)**

The above table shows Kirklees overall which is based on 50% CHFT, 30% MYTT and 100%b Kirklees ICB. On this basis of the £99m deficit (without PFI resolution), Kirklees represents 24% of the challenge at £23.4m. This equates to 2.6% of allocation.

3. 2024/25 Efficiency Challenge

Organisation	Out-turn (pre ICB surplus dist'n) £m	2024/25 Plan £m	*Plan as % of turnover %*	*2024/25 plan (excl. PFI impact)*	Movement between 2023/24 and 2024/25 £m	*Movement as % of turnover %*	Efficiency Plans £m	*Efficiency Plans as % of turnover %*
Airedale NHS Foundation Trust	(8.3)	**(21.2)**	*(8.1%)*	***(21.2)***	(12.9)	*(4.9%)*	13.0	*5.0%*
Bradford District Care NHS Foundation Trust	0.4	**0.0**	*0.0%*	***0.0***	(0.4)	*(0.2%)*	14.2	*6.9%*
Bradford Teaching Hospitals NHS Foundation Trust	0.2	**(19.0)**	*(3.3%)*	***(19.0)***	(19.2)	*(3.4%)*	32.3	*5.7%*
Calderdale And Huddersfield NHS Foundation Trust	(21.4)	**(38.6)**	*(7.1%)*	***(36.9)***	(17.2)	*(3.2%)*	25.0	*4.6%*
Leeds and York Partnership NHS Foundation Trust	2.2	**0.1**	*0.0%*	***1.0***	(2.1)	*(0.8%)*	17.0	*6.9%*
Leeds Community Healthcare NHS Trust	0.3	**1.0**	*0.5%*	***1.0***	0.7	*0.3%*	15.8	*7.2%*
Leeds Teaching Hospitals NHS Trust	(0.0)	**(4.9)**	*(0.3%)*	***2.0***	(4.9)	*(0.3%)*	106.2	*5.8%*
Mid Yorkshire Teaching NHS Trust	(15.4)	**(34.0)**	*(4.6%)*	***(29.3)***	(18.6)	*(2.5%)*	39.3	*5.4%*
South West Yorkshire Partnership NHS Foundation Trust	0.5	**0.0**	*0.0%*	***0.0***	(0.5)	*(0.1%)*	*22.0*	*5.8%*
YAS	0.0	**0.0**	*0.0%*	***0.0***	(0.0)	*(0.0%)*	21.7	*5.5%*
Sub Total - Providers	**(41.6)**	**(116.6)**	***(2.2%)***	***(102.4)***	**(75.0)**	***(1.4%)***	**306.5**	***5.7%***
Bradford (ICB)	(7.5)	**(7.8)**	*(0.5%)*	***(7.8)***	(0.3)	*(0.0%)*	12.9	*2.8%*
Calderdale (ICB)	5.5	**1.3**	*0.3%*	***1.3***	(4.2)	*(0.9%)*	3.0	*1.8%*
Kirklees (ICB)	3.4	**6.1**	*0.6%*	***6.1***	2.7	*0.3%*	9.6	*3.1%*
Leeds (ICB)	(24.6)	**(12.3)**	*(0.7%)*	***(12.3)***	12.3	*0.7%*	38.6	*6.2%*
Wakefield (ICB)	5.2	**5.0**	*0.6%*	***5.0***	(0.2)	*(0.0%)*	6.6	*2.2%*
WY (ICB)	59.8	**23.8**		***23.8***	(36.1)			
Sub Total - ICB	**41.7**	**16.1**	*0.3%*	***16.1***	**(25.7)**	*(0.5%)*	**70.7**	*3.8%*
TOTAL	**0.2**	**(100.5)**	***(1.5%)***	***(86.3)***	**(100.7)**	***(1.8%)***	**377.2**	***6.7%***

The above table highlights the scale of efficiencyn challenege for partners:

- CHFT plans assumes delivery of £25m efficiency
- MYTT plans assume delivery of £39.3m efficiency
- Kirklees ICB plan assumes £9.6m efficiency

4. Summary

The plans for NHS partners within the Kirklees place are in overall defciit. Based on the agreed apportionments, a defciit of £23.4m is planned for. This requires significant efficiency and plans also include a number of other risks that need to be managed. It is likely that we will be asked to go further. It is clear that 2024/25 is likelyto be the toughest financially for many years.

The overall position is not acceptable and further national scruitny is expected.

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Meeting name:	Kirklees ICB Committee
Agenda item no.	9
Meeting date:	8 May 2024
Report title:	To note an urgent contract modification to an existing contract to ensure continuity of service provision for Shared Care Prescribing, Level 1 Wound Care and Vitamin B12 injections (using the urgent contract award and modification provisions within the Provider Selection Regime)
Report presented by:	Catherine Wormstone – Director of Primary Care
Report approved by:	Penny Woodhead (deputising for Carol McKenna – Accountable Officer)
Report prepared by:	Catherine Wormstone – Director of Primary Care

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

N/A

Executive summary and points for discussion:

The purpose of this paper is to note an urgent contract modification to an existing contract to ensure continuity of service provision for Shared Care (prescribing, monitoring and administration) Level 1 Wound Care and Vitamin B12 injections (using the urgent contract award and modification provisions within the Provider Selection Regime (PSR).

Following the majority of GP practices declining the Local Enhanced Service offer for 2024/25 for the provision of

a) Shared Care Prescribing and
b) Treatment Room Bundle (Level 1 Wound Care, Vitamin B12 injections)

A short-term extension was agreed with the Kirklees Local Medical Committee (LMC) and individual GP practices, to cover the period from 1 April 2024 to 30 June 2024 to maintain essential service provision and ensure patient safety, however as that period comes to an end, the Integrated Care Board (ICB) is required to undertake an urgent contract modification to ensure that all patients who require those services have access to them to cover a minimum period from 1 July 2024 until 30 June 2025. This will allow for a minimum award of a contract for a 12-month period and allow time for a West Yorkshire ICB wide service review to take place.

Which purpose(s) of an Integrated Care System does this report align with?

☐ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

In accordance with the WYICB Financial Scheme of Delegation 'Decision for which Provider Selection Regime decision process to use', the Director of Partner Relationship Management, in consultation with the budget holder is asked to:

1) Approve the use of the urgent contract modification process in accordance with the rules set out in the Provider Selection Regime

In accordance with the WYICB Financial Scheme of Delegation 'Commitment of Expenditure', the Place Accountable Officer and the nominated deputy of the Place Operational Director of Finance are asked to:

2) Approve the urgent contract modification for Shared Care Prescribing, Level 1 Wound Care and B12 Injections to the existing Locala CIC Kirklees Community Services contract for the period of 1 July 2024 to 30 June 2025

The Kirklees ICB Committee are asked to:

3) Note the decision made by the Director of Partner Relationship Management, in consultations with the budget holder, in relation to the use of the urgent contract modification process in accordance with the rules set out in the Provider Selection Regime

4) Note the decision made by the Kirklees Place Accountable Officer and the nominated deputy of the Kirklees Place Operational Director of Finance in relation to the commitment of expenditure.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

2428 (WYICB Corporate Risk Register) – Shared Care Prescribing
2424 (Kirklees Place Risk Register) – Treatment Room Bundle

Appendices

1. Commissioning Intentions Letter – Issued 21 December 2023
2. Concise Impact Assessment

Acronyms and Abbreviations explained

1. ICB – Integrated Care Board
2. GP – General Practitioner/General Practice
3. LES – Local Enhanced Service
4. LMC – Local Medical Committee
5. PSR – Provider Selection Regime
6. APC – Area Prescribing Committee
7. BMA – British Medical Association
8. ARRS - Additional Roles Reimbursement Scheme

9.	CIA – Concise Impact Assessment
10.	BP – Blood Pressure
11.	SC – Shared Care – includes prescribing, monitoring and administration of Amber Drugs
12.	CIC – Community Interest Company

What are the implications for?

Residents and Communities	A Communications and Involvement Plan is being drafted and will take the form of a two staged approach as described below.
Quality and Safety	Any quality and safety implications have been assessed and are noted in the Concise Impact Assessment (Appendix 2)
Equality, Diversity and Inclusion	Any equality, diversity and inclusion implications have been assessed and are in the Concise impact assessment (Appendix 2)
Finances and Use of Resources	The proposed recurrent cost of the service is £1,492k. The proposed mobilisation cost is £225k. The total cost of the service would therefore be £1,717k. The total cost is expected to be affordable within the current budgets.
Regulation and Legal Requirements	There are the following legal implications; • NHS Constitution, • Health and Social Care Act 2012, • Equality Act 2010, • NHS Provider licence, • The Competition Act 1998 • The Healthcare Services (Provider Selection Regime) Regulations 2023
Conflicts of Interest	Many of the existing Committee members will be conflicted in this item. Whilst it is felt to be important and transparent to have partners note the risks and be involved in the discussion of this paper, the decision is being taken in accordance with the WYICB Financial Scheme of Delegation 'Commitment of Expenditure by the Place Accountable Officer and the nominated deputy of the Place Operational Director of Finance.
Data Protection	As noted in the CIA (appendix 2), yes. Due to transfer of patient data from: • Transfer of patient data between Hospital clinical systems and Alternative Provider clinical system

	• Transfer of patient data between GP practice clinical systems and Alternative Provider clinical system
Transformation and Innovation	n/a
Environmental and Climate Change	Patients will be required to attend appointments in alternative locations to their own GP practice and therefore may have to travel further to access services.
Future Decisions and Policy Making	The decision will potentially impact the West Yorkshire wide review of Shared Care Prescribing services.
Citizen and Stakeholder Engagement	Due to the urgent nature of the changes and the importance of ensuring that patient safety and delivery of care is maintained we are limited in what involvement we can carry out a pace ahead of implementation. A two-phased approach is therefore recommended. • Phase 1 – letting people know about the change, what this means for them, FAQs. • Phase 2 – after the change has been implemented – contacting people to ask if and how they were impacted and to ask their views and experiences on what is or is not working well this will support the ongoing implementation / development of the current and future service provision. This work will require the support and involvement of the outgoing providers of services, Acute Trusts, SWYPFT and the proposed new provider for this to be as effective as possible for all involved. We will also use our Kirklees Health and Care Partnership involvement principles to guide this work.

1. Main Report Detail

1.1 Background

1.2 Each year, the ICB in Kirklees offers a number of services to General Practice for them to choose to provide over and above their core primary medical services contract. These services are discretionary for the ICB to commission to meet the health needs of the local population and are also discretionary for individual GP practices to opt into or out of. The services, often referred to as Local Enhanced Services (LES), are commissioned annually via NHS Standard contracts at locally agreed tariffs and these are typically agreed with the Local Medical Committee (LMC) who represent the interests of General Practice. The LMC can advise practices and the ICB but cannot take formal decisions on behalf of individual GP practices who hold contracts in their own right.

1.3 On 21 December 2023, the ICB in Kirklees issued a Commissioning Intentions Letter (Appendix A) to all GP practices in advance of new legislation, the Provider Selection Regime (PSR) coming into effect. The letter set out that that the WYICB in Kirklees intended to recommission all Local Enhanced Services for 2024/25 and asked practices to return their expression of interest or to inform the ICB if practices were planning to opt out. No practices indicated at that stage that they were planning to withdraw from the services in question.

1.4 On 13 February 2024, Dr James Thomas (ICB Medical Director) and Ian Holmes (Deputy Chief Executive) wrote a letter to all General Practices across the WYICB to indicate that a West Yorkshire wide review of Shared Care Prescribing (including monitoring and administration) arrangements would take place in 2024/25 and to ask General Practice to continue to provide the service until the review concluded. This is in acknowledgement of growing national and local concerns about the workload associated with the service and the variability in contract, payment and service specification terms across the WYICB. The variation in West Yorkshire was highlighted during the merger of the two West Yorkshire Area Prescribing Committees (APCs) in 2020. Area Prescribing Committees are responsible for the classification of drugs as Red (hospital prescribed), Amber (shared care pathway between primary and secondary care) or Green/Specialist Recommendation/Specialist Initiation (can be prescribed by General Practice) and Do Not Prescribe. More information on the classification of drugs can be found here: https://www.swyapc.org/classification-definitions/. The list of amber drugs from the two former APCs varied considerably.

1.5 Practices in the remaining four other places in West Yorkshire have complied with the request to continue to provide the services in 2024/25 whilst the review takes place. The aim of the review will be to develop a standardised service specification, price and terms.

1.6 Nationally, the core contract letter for General Practice for 2024/25 was issued on 28 February 2024 and was not well received by those representing the profession as it is perceived that the suggested level of national uplift (1.9%) is not keeping pace with escalating staffing costs (minimum wage requirements) and utilities costs. As a result of this national position, The British Medical Association (BMA) has alerted ICBs of significant risks which may arise from potential industrial action by GPs later this year. At the same time, NHS budgets are under significant pressure and levels of available funding and associated uplifts are limited.

1.7 This year, the ICB in Kirklees formally offered a range of 13 local enhanced services to General Practice on 1 March 2024 which included Shared Care Prescribing and a bundle of services known as the Treatment Room bundle which included Level 1 wound care, Vitamin B12 injections, administration of shared care drugs and home blood pressure monitoring.

1.8 In this context of wider pressures on primary care services, rising demand and increasing costs, LMC advice to practices in Kirklees (4 March 2024) has been not to wait for the West Yorkshire review and to decline sign-up to two specific services, Shared Care Prescribing and Treatment Room Bundle. The service specifications and prices for the two services were largely unchanged from the previous year (having previously agreed a 2-year contract with LMC representatives in 2022) and it was noted that any agreed uplift for 2024/25 would need to be in line with NHS guidance and agreed through WYICB governance).

1.9 Following the initial Kirklees service offer, the majority of GP practices (50/64) indicated in writing that they wished to withdraw from providing Shared Care Prescribing and 49/64 indicated they wished to withdraw from the Treatment Room Bundle for 2024/25.

1.10 Several discussions were held with the LMC and ICB (including Dr James Thomas) to request that practices maintain patient safety and service continuity. The ICB suggested an extension of 6-months to enable a planned transition of service. Following those discussions, an agreement was reached with the LMC to offer a 3-month extension to Kirklees GP practices to cover the period 1 April 2024 to 30 June 2024.

1.11 On 11 April 2024, the ICB in Kirklees wrote to GP practices to request expressions of interest for any practice or PCN to provide an at scale model with the purpose of retaining access and retaining the funding in primary care and for these to be returned by 19 April 2024. This did not result in an alternative at-scale primary care-led model coming forward.

1.12 As we are now approaching the end of the three-month extension period and the LMC advice to Kirklees practices remains the same (confirmed 27 April 2024), the ICB is now required to undertake an urgent contract modification to an existing contract to ensure continuity of service provision for Shared Care Prescribing, Level 1 Wound Care and Vitamin B12 injections (using the urgent contract award and modification provisions within the PSR).

1.13 Practices were asked to confirm their final sign-up position by 12 noon on 3 May 2024 and a summary of this, and the information above, is summarised in the table below.

Contract Sign up for Shared Care and Treatment Room	12 month Service off (made on 1 March 2024)		3 month Extension offer (March 2024)		Final Position confirmed on 3 May 2024 12n	
	Shared Care	Treatment room	Shared Care	Treatment room	Shared Care	Treatment room
No of practices Accepted	14	15	62	61	14	13
No of practices Declined	50	49	1	2	17	18
No of practices not responding	0	0	1	1	33	33
Total (out of 64 GP practices)	64	64	64	64	64	64

1.14 The final column in the table refers to an exercise undertaken by the ICB in Kirklees with practices to re-confirm their position from July 2024 onwards. It was made clear to practices that non-response would be assumed as declining the service offer and so for the purposes of planning for alternative provision, it is assumed that 50 practices are declining provision of Shared Care prescribing and 51 practices are declining to provide the Treatment Room bundle.

1.15 The purpose of this paper is to:

- Summarise the circumstances by which an urgent contract modification is permissible and are met.
- Describe the services and financial envelope to be awarded to an alternative provider.
- Set out some of the risks, issues and implications of a transfer of service and
- Describe the next steps and governance oversight for the service transition.

1.16 Contracting and Procurement

1.17 Provider Selection Regime

1.18 The Provider Selection Regime (PSR) came into force from 1 January 2024. The PSR is a set of rules for procuring health care services in England by organisations termed relevant authorities, which includes ICBs.

1.19 Under the rules of the PSR, the ICB can make an urgent contract modification to an existing contract to ensure continuity of service provision for Shared Care Prescribing, Level 1 Wound Care and Vitamin B12 injections (using the urgent contract award and modification provisions within the PSR).

1.20 There are limited occasions where relevant authorities may need to act urgently and award or modify contracts to address immediate risks to patients or public safety. One such circumstance is the event where an existing provider is suddenly unable to provide services under an existing contract and a new provider needs to be found.

1.21 In these urgent situations, relevant authorities may make a decision without following the steps set out in the Provider Selection Regime and:

- re-award contracts held by the existing provider(s)
- award contract(s) for new services
- award contract(s) for considerably changed services.
- make contract modifications (without limitation).

1.22 An urgent award or modification must only be made by a relevant authority when all the below apply:

- the award or modification must be made urgently.
- the reason for the urgency was not foreseeable by and is not attributable to the relevant authority.
- delaying the award of the contract to conduct a full application of the regime would be likely to pose a risk to patient or public safety.

1.23 It has been concluded that the above circumstances are met, and an existing provider has been identified who could deliver the services, therefore it is recommended to make a contract modification (without limitation) to an existing contract.

1.24 This contract modification is being made to the existing partnership contract held with Locala CIC. The rationale for this decision is to acknowledge that:

- No change is required to Locala's CQC registration or regulated activities. The provider has a 'Good' rating from CQC.
- They can start to mobilise the services within an 8-week period, with support from all impacted system partners and the outgoing service providers.
- They are an existing provider of some elements of these services already and it supports the continuation of service delivery within the community and enabling access for patients outside of a hospital setting.
- They are an existing provider of primary medical services in Kirklees and operate a specialist GP practice in this area.
- Specifically for level 1 wound care, the provider already delivers these services to housebound patients and provides the part of the pathway that requires a higher degree of specialism or more intensive treatment. In this scenario, the whole pathway will be with the same provider and will deliver a skilled workforce for patients.
- B12 injections are predominantly nurse led services and having recently delivered a significant proportion of the covid-19 vaccination programme, the provider has access to space and trained staff who can deliver this element of the work at pace.
- For Shared Care Prescribing, the provider has access to the SystmOne clinical system, templates, patient medical records and can facilitate provision of electronic prescribing to support patients to continue to access their prescriptions from their local or nominated pharmacy. Attention will need to be given to interoperability with other clinical systems in primary and secondary care (eg EMIS and ICE)
- They have access to a skilled and skill-mixed workforce including a range of clinical (including GP) and non-clinical, and specifically pharmacist roles (including non-medical prescribers) to support patients to continue to access their medication safely. In General Practice, the more routine elements of this work are specifically mentioned in the Additional Roles Reimbursement Scheme (ARRS) role descriptor for Clinical Pharmacists.
- They have infrastructure to support a single point of contact which can support the transition and management of individual shared care agreements and ensure patient safety.
- They have established relationships within the local health system.
- They plan to enable a choice of venues for patients to attend.

1.25 Alternative Provision of Service – Proposed Service Model

1.26 Service Specifications

Service specifications have been drafted for the provision of Shared Care Prescribing and the treatment room bundle from an alternative provider. These are in final draft and are ready to issue once the decision has been taken.

1.27 Treatment Room Bundle (Level 1 Wound Care and B12 injections)

New patients will be referred in from either hospital services, or general practice, via a Single Point of Contact, for the administration of parenteral medicines for B12 deficiency or level 1 wound care. Where patients are non-housebound, they will be contacted to make an appointment at a clinic for treatment. Where patients are housebound the patient will be seen via the community nursing service as per the KCS contract. Existing patients will need to be transferred in a planned and safely managed way.

1.28 Shared Care Prescribing

Patients will be referred from hospital specialist services, via a Single Point of Contact, for the prescribing and administration of medicines classified as Amber within primary care. All relevant monitoring as outlined in the shared care agreement will be undertaken by the service and prescriptions issued using electronic repeat dispensing. Where patients fall outside monitoring parameters the relevant specialist service will be contacted and an agreement made on the best course of action for the patient. Where patients are non-housebound, they will be contacted to make an appointment at a clinic for the relevant monitoring. Where patients are housebound the patient will be seen via the community nursing service for their monitoring as per the KCS contract. The Shared Care prescribing, administration and monitoring will be undertaken as part of this service offer.

1.29 Home Blood Pressure Monitoring

For practices choosing to opt out of the Treatment room bundle, they may not be able to access (from their GP) the provision of *support and guidance* to patients to carry out blood pressure monitoring at home where Ambulatory blood pressure monitoring is not suitable.

Many patients purchased and became familiar with home Blood Pressure monitoring during the pandemic and GP practices in Kirklees were provided with approximately 1400 BP monitors at that time to support patients to use at home. These were targeted in the areas of greatest need and higher deprivation. From 1 December 2023, the NHS Blood Pressure Check Service was rolled out to Community Pharmacy for suitably trained and competent pharmacy staff to carry out.

Blood pressure monitoring has been identified nationally as a priority for cardiovascular disease management as the NHS recovers from the COVID-

19 pandemic to ensure that patients can manage their hypertension well and remotely, reducing the need to attend GP appointments.

This is referred to in the Concise Impact Assessment.

1.30 Transition and Planning

As an existing provider under an NHS Standard Contract, General Practices must co-operate fully with the Co-ordinating Commissioner and any successor provider of the terminated services in order to ensure continuity and a smooth transfer of the expired or terminated services. Dr James Thomas has requested that by the end of the three-month extension period, there is patient focussed, system-wide and system-owned transition plan in place and this will now need to include the plans from new provider. An initial meeting of key stakeholders has been arranged shortly after this meeting to commence those discussions at pace.

1.31 **Finance**

1.32 The proposed recurrent cost of the service is £1,492k. The proposed mobilisation cost is £225k. The total cost of the service would therefore be £1,717k.

1.33 The total cost is expected to be affordable within the current budgets as shown in the tables below.

Proposed costs	£k
Recurrent cost	1,492
Mobilisation cost	225
Total proposed costs	1,717

Available budgets	£k
Shared care LES	1,307
Treatment room bundle LES	323
Transfer of Phlebotomy LES	147
Total available budgets	1,777

1.34 The proposed costs are for a period of 12 months from 1 July 2024 and are based on service provision for the whole of the population of Kirklees and therefore subject to change following confirmation from those GP practices that wish to continue to provide services.

1.35 Financial assurance and due diligence

1.36 Due to the urgency of the proposed contract modification, the cost information provided so far has been high level and therefore further financial due diligence will continue to take place prior to the date of contract award. This will include confirmation of the payment mechanism intended to reflect a fair and transparent approach to cost and charges for the service.

1.37 Affordability

- The total 2024/25 Kirklees ICB budget for the Shared Care Prescribing and Treatment Room bundle LES schemes is £1,630k.
- There is also a 2024/25 Kirklees ICB budget of £1,317k for the phlebotomy LES. Any activity within this LES which relates to shared care will transfer across to the new service, increasing the overall budget available to pay for the new service. Based on full population coverage the estimated activity for shared care diagnostics relates to 35,773 costed at £4.10 per activity this equates to an additional budget of £147k in support of the new service.
- The proposed cost has been calculated for providing the service to the whole of Kirklees.
- It has been acknowledged that the costs are may potentially be overestimated at this point and based on a higher than anticipated level of activity. Further data quality work is being undertaken to ensure appropriate and accurate activity levels are used to establish a baseline. It should also be noted that costs are accommodating wound care level 1 activity that has continued to present at the Dewsbury walk-in centre therefore supporting system pressures.
- The mobilisation/set up costs could be reduced with input from the ICB's Medicines Optimisation team as well as support from PCN clinical pharmacists who have a key responsibility in relation to delivering health services and a requirement to take a central role in the clinical aspects of shared care protocols together with pharmacy technicians who have key clinical, and technical and administrative responsibilities, in delivering health services including a requirement to take a central role in the clinical aspects of shared care protocols and liaising with specialist pharmacists for patients who have more complex needs.

1.38 Value for money

- The cost of the service is in line with the available budgets.
- The investment gives the benefit of maintaining patient care safety.
- Further opportunities are being explored in relation to stocking medicines rather than dispensing via FP10 which would save money

on prescribing costs, potential student led clinics, out of hours provision and promotion of self-management.

- Wound care products will be purchased through the Total Purchase scheme which is already well established. This will potentially create further efficiencies through product discounts and saving on prescription costs. In addition, there is a positive environmental impact due to less waste on products through the Total Purchase Scheme.

1.39 Financial Risks

- There is a risk that the level of activity for the services is over and above what has been assumed in the financial costings therefore creating a financial pressure.
- There is a risk that there are significantly more practices continuing with their service provision and therefore potentially making the alternative provider model less efficient.

1.40 Communication and Involvement

1.41 Our Public Involvement Duties

1.42 To reinforce the importance and positive impact of working with people and communities, NHS England, ICBs and Trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services. The main duties on NHS bodies to make arrangements to involve the public are set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022 section 14Z45:

1.43 "The Integrated Care Board must make arrangements to secure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways):

a) in the planning of the commissioning arrangements by the integrated care board,

b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on:

- the way the services are delivered to the individuals (at the point when the service is received by them), or
- the range of health services available to them, and

c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact."

1.44 When making changes to services, we involve people at an early stage. As those changes develop and become significant, we are required to formally consult stakeholders. The Gunning Principles guide this process. It's important that we describe any proposed changes and the reasons for them, making sure people can make a difference as well as giving them time to consider and respond. These principles are crucial for consultations and essential in all our involvement activity. The focus is on the consultation process, not just the final decision.

1.45 ICBs are also under a separate statutory duty to have regard to the need to reduce health inequalities of access to health services and the outcomes achieved (sections 13G and 14Z35 of the National Health Service Act 2006, respectively) and we need to have due regard to these. By understanding the needs of people experiencing health inequalities, services can work to reduce barriers to access and design improvements.

1.46 Public involvement for proposed urgent contract award

Due to the urgent nature of the changes and the importance of ensuring that patient safety and delivery of care is maintained we are limited in what involvement we can carry out at pace ahead of implementation. A two-phased approach is therefore recommended:

- Phase 1 – letting people know about the change, what this means for them, FAQs.
- Phase 2 – after the change has been implemented – contacting people to ask if and how they were impacted and to ask their views and experiences on what is or is not working well this will support the ongoing implementation / development of the current and future service provision.

This work will require the support and involvement of both the outgoing providers of services and the new proposed provider for this to be as effective as possible for all involved. We will also use our Kirklees Health and Care Partnership involvement principles to guide this work.

1.47 Quality and Safety

Assumptions in the impact assessment for the services described as - Delivery of Wound Care Level 1 and Administration of Parenteral Medication for Vitamin B12 Deficiency and Shared Care Drug Administration and

Prescribing, have been made on the following basis. The impact assessment will be updated should any of this change.

- Delivery of activity currently carried out by Kirklees GP practices to a mixed provider model of delivery by GP's and an alternative provider.
- Change to how the activity is delivered by the alternative provider.
- Delivery at alternative venues to those currently utilised

Where impacts have been identified, for example not having the choice to access these services via their registered GP, travel and cost of travel to venues where the alternative provider is delivering care, mitigation has been identified and monitoring requirements described. In line with WY ICB Quality Impact Assessment guidance and on the recommendation of the Place Director of Nursing and Quality, detailed impact assessments for each service will now be undertaken, this will identify any further impacts, mitigation and monitoring requirements.

1.48 Risk and Mitigation

With any transfer of service, there is a degree of risk and as these services relate to direct patient care and the prescribing of medication, some of this is referred to in more detail in the Concise Impact Assessment.

Following the initial response from the Kirklees LMC, a risk was added to the WYICB Corporate Risk Register (2428) that describes the risk relating to the Shared Care Prescribing with wording as follows:

"There is a risk to patient safety and continuity of care due to a number of Kirklees GP practices declining provision of local enhanced service offers for Shared Care Prescribing and the Treatment Room bundle (2024/25) resulting in a lack of clear pathway management for those two services which impact on capacity, workforce and wait times for a number of West Yorkshire acute and mental health trusts."

An equivalent risk was added to the Kirklees place element of the risk register (2424) that relates to Treatment Room Bundle.

1.49 Transition, Mobilisation and Planning Risks

There are a number of additional risks which may present due to the transition of service. Some of these have been identified and mitigated sufficiently at this stage but there will be others that will require further consideration and be mitigated in the transition planning/mobilisation phase. Any residual risks will

be monitored through the course of the contract monitoring for the duration of the contract and oversight of this will be through the Kirklees place Transformation sub committee on behalf of the partnership.

1.50 Known Risks and Mitigation

- Overall affordability and budget risks – these are outlined in the finance section of this paper. Much of this is mitigated and is a shift in costs from one provider to another rather than a significant increase in cost.
- Risks to service delivery due to workforce and recruitment on a temporary and short-term basis. System partners are asked to collectively acknowledge the risk relating to the temporary nature of the contract and specifically note that this may require a phased transition out of (as well as into) any new arrangements. Multiple service handovers could incur more costs.
- Provision of appropriate clinical oversight for the new model of service delivery. This is mitigated by the existing workforce of the new provider (which includes some GP provision), through the potential collaboration of some primary care colleagues who wish to continue provision or to help further develop at scale models of partnership working and oversight included within the shared care agreements.
- There is a risk that system partners may not engage in a safe transition of patient care. This is mitigated within the terms of the NHS standard contract as all parties have a duty to co-operate with any new provider and in the development of a system wide transition plan.
- There is a risk that the WYICB wide review of Shared Care Prescribing may not conclude in time. The initial timescale is indicating a decision within the current financial year. Any further decisions on local arrangements will need to be taken in accordance with PSR.
- There is a risk associated with an emerging fragmented model. This is not unusual and not all practices have to sign up to all enhanced services every year. This is mitigated by some degree with the support of a single point of contact.
- There is a risk to reputation of all stakeholders involved in the current and future pathways. The development of a robust Communication and Involvement Plan for providers and patients to work with should provide clear explanation for patients about the changes and the new arrangements.
- There is a risk to GP practice sustainability and resilience as they will no longer have access to the income from Shared Care Prescribing and treatment room bundle and some degree of associated services (e.g. phlebotomy).

- There is a risk that General Practice could decline further service offers for those services that are currently deemed outside of core/enhanced in Kirklees. Across West Yorkshire there is historic variation in what is deemed core and what is deemed to be an enhanced service, and these are also likely to have variation in service specifications, payment rates and pathways. These are often complex issues to address and may take considerable time to address. As Shared Care prescribing is the first to be prioritised for a WYICB wide review (with involvement of the LMCs) it will take time to address this wider variation and further prioritisation will be necessary given the capacity, financial and system pressures that are currently evident.

2. Next Steps

2.1 To publish a confirmation of the urgent modification on the Find a Tender Service (FTS) website within 30 days of the modification being made.

2.2 By 30 June 2024, to develop a system wide, system owned transition and mobilisation plan with partners working collaboratively to ensure the safety and continuity of service provision is maintained.

2.3 To further undertake due diligence to ensure sound clinical governance, financial assurance and adequate workforce arrangements are in place.

2.4 To collectively agree and own the associated risks with this service transition and

2.5 To develop a clear Communication and Involvement plan for stakeholders and patients.

3. Recommendations

In accordance with the WYICB Financial Scheme of Delegation 'Decision for which Provider Selection Regime decision process to use', the Director of Partner Relationship Management, in consultation with the budget holder is asked to:

1) Approve the use of the urgent contract modification process in accordance with the rules set out in the Provider Selection Regime

In accordance with the WYICB Financial Scheme of Delegation 'Commitment of Expenditure', the Place Accountable Officer and the nominated deputy of the Place Operational Director of Finance are asked to:

2) Approve the urgent contract modification for Shared Care Prescribing, Level 1 Wound Care and B12 Injections to the existing Locala CIC Kirklees Community Services contract for the period of 1 July 2024 to 30 June 2025

The Kirklees ICB Committee are asked to:

3) Note the decision made by the Director of Partner Relationship Management, in consultations with the budget holder, in relation to the use of the urgent contract modification process in accordance with the rules set out in the Provider Selection Regime

4) Note the decision made by the Kirklees Place Accountable Officer and the nominated deputy of the Kirklees Place Operational Director of Finance in relation to the commitment of expenditure.

4. Appendices

Appendix 1 – Commissioning Intentions Letter – 21 December 2023

Appendix 2 – Concise Impact Assessment

NHS West Yorkshire
Integrated Care Board

Appendix 2

2nd Floor
Norwich Union House
Market Street
Huddersfield
HD1 2LR

Tel: 01484 464000
www.kirkleeshcp.co.uk

Date: 21/12/23

Dear Practice,

2024/25 commissioning intentions Local Enhanced Services

It is the intention of the NHS West Yorkshire Integrated Care Board ("the WYICB") that Local Enhanced Services will be re-commissioned following the current financial year of 2023/24. This would be subject to the internal governance requirements for the award of contracts being met, and subject to further discussions with the Local Medical Committee.

I am therefore writing to you, in advance of the end of the current financial year of 2023/24, to understand if you wish to express an interest in the continuation of service provision, subject to final ICB governance sign off and LMC discussions. The WYICB is obliged to ask for this in advance of the new legislation, the Provider Selection Regime, which commences on 1 January 2024.
I would be grateful if you could confirm your position regarding an expression of interest at your earliest convenience, and by no later than the end of December 2023. In the event that you are not able to confirm your position by this time, it will be assumed that you wish to continue existing service provision.

In preparation of 2024/25 contracts, please can you also provide up to date governance details to enable accurate population of contracts by returning Appendix A. Early confirmation will assist with the WYICB's production of the required 2024/25 contracts.

Please return information to wyicb-kirk.sharedcontracting@nhs.net and make contact through this means in the first instance in the event of any queries.
Yours sincerely
Senior Partner Relationship Manager

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Concise Impact Assessment

Please complete this document with a member of the Quality / Equality and Involvement Teams
Relevant email addresses can be found at Appendix K

Please complete all sections. (See instructions / comments)

Title of scheme	1) Delivery of Wound Care Level 1 and Administration of Parenteral Medication for Vitamin B12 Deficiency 2) Shared Care (Amber) Drug Administration and Prescribing
Scheme lead name / email	Joanne Davis, - Senior Primary Care Manager Pat Heaton, Medicines optimisation advanced pharmacist
Clinical or Professional Lead	Dr Ibrar Ali and Dr Abid Iqbal – Independent Medical Advisors to the ICB
Accountable person	Catherine Wormstone Director of Primary Care

A: Type of change	Adjust existing – Delivery of activity currently carried out by Kirklees GP practices to a mixed provider model of delivery by GP's and an alternative provider. Adjust existing – Change to how the activity is delivered by the alternative provider. Adjust existing – Delivery at alternative venues to those currently utilised. Stop – Home blood pressure monitoring will not be carried out by alternative provider (which is currently in the Treatment Room Bundle)
Place	Kirklees

B: Description of change – Briefly describe below the proposed change to the service.

For the past financial year (2023/ 24) Kirklees practices were commissioned by Kirklees Place to deliver the following two Local Enhanced Services (LES):

1) Treatment Room Bundle which included delivery of level 1 wound care, administration of shared care drugs, administration of B12 injections and provision of home blood pressure monitoring.
2) Shared Care Drugs Prescribing which included monitoring (near patient testing) and prescribing of drugs requiring shared care (amber drugs).

The majority of Kirklees practices have chosen not to sign up to deliver the two LES's described above for the full financial year 2024/ 25. Due to a large percentage of practices opting not to provide the activity outlined in the two LES's described above for 2024/ 25 and to ensure patient safety, Kirklees Place has been required to put forward a recommendation to Kirklees ICB committee for those with delegated authority to approve an urgent contract modification to an existing contract to ensure continuity of service provision for Shared Care Prescribing, Level 1 Wound Care and Administration of Parenteral Medication for Vitamin B12 Deficiency (using the emergency contract award and modification provisions within the Provider Selection Regime).

It is likely that from the 1st July 2024, there will be a mixed model of delivery in relation to the activity outlined in these two Local Enhanced Service specifications, with the delivery of these services being undertaken by a select number of GP Practices and an alternative provider.

Where a practice has opted to continue delivering the Treatment Room Bundle and Shared Care Drug Prescribing LES for 2024/ 25, GP practice activity delivery will remain the same as outlined in the current 2024/ 25 Treatment Room Bundle and Shared Care Drugs Prescribing service specifications.

However, Kirklees Place has taken the opportunity to review and revise the two service specifications – Treatment Room Bundle and Shared Care Drugs Prescribing, to ensure they are suitable for an alternative provider to deliver.

The key changes to the service specifications include:

1) A change of name of the two service specifications to be delivered by an alternative provider from:

B: Description of change – Briefly describe below the proposed change to the service.
• Treatment Room Bundle and Shared Care Drug Prescribing to, • Delivery of Wound Care Level 1 and Administration of Parenteral Medication for Vitamin B12 Deficiency and Shared Care Drug Administration and Prescribing 2) Change of delivery model including venues where delivery will take place. 3) Removal of home blood pressure monitoring provision (was previously included in the Treatment Room Bundle). 4) Shared Care Drugs Administration has been moved from what was the Treatment Room Bundle to the Shared Care Drug Administration and Prescribing service specification.

C: Service Change Details – (Involvement and Equality Checklist - to be completed with your Involvement and Equality Lead)	**Yes or No**
Could the project change the way a service is currently provided or delivered?	**Yes**
There will be a change made to the delivery model from the 1st July 2024. From the 1st July 2024 the delivery model will change to a mixed model of delivery, with these services being undertaken by a select number of GP Practices and an alternative provider. Following revision of service specification, there will be no alternative provider provision for home blood pressure monitoring. There will be a change made to the venues where delivery of wound care level 1 treatment, administration of parenteral medication for vitamin B12 deficiency and administration and prescribing of shared care drugs takes place from Kirklees GP practices to a select number of Kirklees GP practices and other local venues where care will be delivered by the alternative provider.	
Could the project directly affect the services received by patients, carers and families? **If yes, is it likely to affect patients from protected or other groups?** See **Supporting notes for completion**	**Yes**
For patients whose registered GP is retaining the delivery of the LES's, there will be no change in how they access the services described above.	

C: Service Change Details – (Involvement and Equality Checklist - to be completed with your Involvement and Equality Lead)	**Yes or No**
Patients whose GP practice will no longer be delivering the services described above will access the services, from 1st July 2024 through the alternative provider. Impacts include no longer being able to access home blood pressure monitoring, not having the choice to access these services via their registered GP, travel and cost of travel to venues where the alternative provider is delivering care, however this no longer includes access to home blood pressure monitoring.	
Could the project directly affect staff? **If yes, is it likely to specifically affect staff from protected groups?**[1]	**Yes**
See workforce impacts below.	
Does the project build on feedback received from patients, carers and families, including patient experience? **If yes, what are the feedback themes?**	**No**
As this is an urgent contract modification to commission an alternative provider, and owing to time constraints, Kirklees Place has been unable to engage with and obtain patient, carer and family feedback in relation to patient experience and views. However, generic patient feedback from Kirklees patients notes the importance of services being accessible and local to where they live.	

D: To be completed by Involvement and Equality leads only:	**Yes or No**
Involvement activity required? Due to the urgent nature of the changes and the importance of ensuring that patient safety and delivery of care is maintained we are limited in what involvement we can carry out a pace ahead of implementation. A two-phased approach is therefore recommended:	**Yes**

[1] For example, would staff need to work differently / could it change working patterns, location etc.?

D: To be completed by Involvement and Equality leads only:	Yes or No
• Phase 1 – letting people know about the change, what this means for them, FAQs etc • Phase 2 – after the change has been implemented – contacting people to ask if and how they were impacted and to ask their views and experiences on what is or is not working well this will support the ongoing implementation / development of the current and future service provision. This work will require the support and involvement of both the outgoing providers of services, Acute and Mental Health providers, and the new proposed provider in order for this to be as effective as possible for all involved.	
Formal consultation activity required?	**No**
Full Equality impact assessment required? As this is an urgent contract modification to commission an alternative provider, due consideration of equality will be paid, through the utilisation of this CIA. An EQIA will be undertaken in mobilisation phase.	**Yes**
Communication activity required? (patients or staff) Patients will need to understand the changes, the impact it will have and how/ when changes will be made in an accessible and appropriate way.	**Yes**

E. Data Protection Impact Assessment (DPIA) is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems or technologies.	**Yes / NA**
Does this project/decision involve a new use of personal data, a change of process or significant change in the way in which personal data is handled? If **yes**, please email the relevant IG Team in order to complete the screening form if applicable. (See Appendix K for the list of contacts).	**Yes**

F: Impact Assessment	**Description of impact**	**Impact (positive, neutral or negative)**	**Mitigation** (for negative impacts identified)
1. Quality Patient Safety / Clinical Effectiveness / Patient Experience See **Supporting notes for completion** and insert further rows as required.	A small number Kirklees GP practices will continue to provide the existing Treatment Room Bundle and/ or Shared Care Drug Prescribing service for the whole of the financial year 2024/ 25. This includes home blood pressure monitoring. There will be no impact on patients registered with the GP practices who will continue to deliver the Treatment Room Bundle and/ or Shared Care Drug Prescribing as they will continue to access the service through their registered GP.	**Neutral**	
	Shared care prescribing is protocol driven. Should the patient require specialist support, the mechanism for accessing this support will remain the same as the current model e.g. by contacting the specialist nurse/ consultant.	**Neutral**	

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	**Mitigation** (for negative impacts identified)
	Closer monitoring in line with Shared Care protocol may lead to increased pathology activity.	**Neutral/ Negative**	To monitor impact as the alternative provider mobilises the service.
	There is a potential prescription cost impact for patients who pay for their prescriptions because the alternative provider will be utilising a repeat dispensing process with monthly dispensing intervals. Patients who pay for prescriptions who have previously had 2/3 monthly repeat prescriptions will incur further prescription costs if they do not have a pre-payment certificate.	**Neutral/ Negative/ Positive**	The alternative provider will work with patients to supply appropriate prescribing dispensing intervals where appropriate. The percentage of patients who are exempt from paying prescription charges is high. This could be positive as it may promote the use of pre-payment certificates in some circumstances.

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	**Mitigation** (for negative impacts identified)
	The alternative provider will be utilising their own stock of hydroxocobalamin (vitamin b12). The impact of this is positive for Kirklees Place due to reduction in prescription costs/ wastage. The impact is negative for community pharmacy as there will be reduced prescriptions.	**Positive/ Neutral/ Negative**	A number of practices already purchase their own hydroxocobalamin (vitamin b12) and submit prescriptions for reimbursement rather than prescribing them and having them dispensed by community pharmacy- which is similar to the alternative provider's model.
	Patients registered with a GP practice who has chosen not to provide the Local Enhanced Services described above after 30th June 2024 will no longer be able to access the services via their registered GP practice. This impacts parity of service/ access.	**Negative**	Kirklees Place is undertaking an urgent contract modification of these services (subject to the service specification changes described above) to an alternative provider. Patients who will no longer be able to access these services via their GP will access an equivalent service through the alternative. The alternative provider will deliver Wound Care Level 1 and Administration of Parenteral Medication for Vitamin B12 Deficiency and Shared Care Drug Administration and Prescribing as per the revised service specifications.

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	**Mitigation** (for negative impacts identified)
	Patients registered with a GP practice who has chosen not to provide the Local Enhanced Services described above after 30th June 2024 will no longer be able to access home blood pressure monitoring because the alternative provider will not be commissioned to deliver home blood pressure monitoring.	**Negative**	Home blood pressure monitoring kits will still be accessible at GP practices and it will be at their discretion to loan them to patients. Practice staff will continue monitoring blood pressure where clinically appropriate during a consultation/ relevant appointment. Blood pressure monitoring can be accessed at local pharmacies, in waiting rooms at a small number of GP practices and in pop up health clinic locations. Patients also have the option, dependent upon their circumstances, of buying a blood pressure monitor.
	Patients registered with a GP practice who has chosen not to provide the Local Enhanced Services described above after 30th June 2024 will need to travel to the locations where the alternative provider will be delivering care. This has the potential to have travel implications in terms of time, cost and convenience.	**Negative**	The majority of patients accessing these services are non- housebound and would ordinarily travel to clinic/ hospital appointments. The housebound patients accessing these services will continue being seen in their own home. The alternative provider will be delivering care from 5 proposed venues across Kirklees. These venue locations represent 5 out of the 9 PCNs. Patients will have the

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	**Mitigation** (for negative impacts identified)
			option to choose an appointment at any of the 5 locations and a choice of appointment times this includes out of hours provision to improve access for patients attending school/ work. The extended access offer with the alternative provider will remain the same as the current model delivered through GP practices as they will offer evening and Saturday appointments.
	The 5 locations the alternative provider has proposed are not representative of the 9 PCNs in Kirklees. Locations for clinics are in 5 of the 9 PCNs. This has the potential to impact on patient experience and have travel implications in terms of time, cost and convenience.	**Negative**	The patient's accessing these services are non- housebound and would ordinarily travel to clinic/ hospital appointments. Patients will have the option to choose an appointment at any of the 5 locations and a choice of appointment times. The alternative provider will review the during mobilisation and once, they understand demand for the service and where it is, will review the locations and consider whether they need to utilise satellite clinics or their clinical van to improve access.

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	**Mitigation** (for negative impacts identified)
	There is a risk that patients will access alternative services in the system for level 1 wound care treatment including pharmacies, walk in centres and A&E, putting additional demand on these services.	**Neutral/ Negative**	Patients are already accessing alternative services within the system when an appointment is not available at their own surgery therefore there should be no increased impact on the wider system. There will be an accessible communication plan involving patients and key stakeholders to ensure that patients and carers are signposted to the most appropriate service.
	The alternative provider will be delivering the service Monday-Saturday including evening appointments to support access outside school/ work hours.	**Positive**	
	The alternative provider is already commissioned to provide level 2 wound care so it will be a smoother transition and will improve patient experience for patients who go on to require level 2 wound care.	**Positive**	

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	Mitigation (for negative impacts identified)
	The alternative provider is well-established within Kirklees and has existing links within the system to support a smooth transition.	**Positive**	
	The alternative provider has proposed a single point of contact for patients to arrange clinic appointments. This will support a good patient experience by making it easier for patients to make and reschedule appointments.	**Positive**	

2. Equality To be completed only if a full EIA wasn't required as agreed with the Equality Team See **Supporting notes for completion** and insert further rows as required.	The new specification requires provision at a number of venues across Kirklees. This may mean patients have to travel further to access these services, rather than attend their practice, which they were familiar with. The additional travel is likely to have a negative impact particularly on some groups; disabled, older people, carers and parents. Other groups may have intersectional impacts re access and poverty. Passenger transport is unlikely to be available for these routine appointments. There is also a potential impact for patients who are more likely to be distressed by unfamiliar settings, such as those with dementia, mental health issues or neurodiversity. The administration of parenteral medication for vitamin b12 deficiency are likely to be every 3 months but level one wound care could be more frequent, creating more significant impact re travel.	**Negative**	The patient's accessing these services are non- housebound and would ordinarily travel to clinic/ hospital appointments. Patients will have the option to choose an appointment at any of the 5 locations and a choice of appointment times this includes out of hours provision to improve access for patients attending school/ work. The alternative provider will review during mobilisation and once, they understand demand for the service and where it is, will review the locations and consider whether they need to utilise satellite clinics or their clinical van to improve access. Shared care prescribing can be undertaken virtually where appropriate to do so.

	Shared care prescriptions may require additional in person testing, such as blood tests to monitor patients. This would require additional visits for phlebotomy or other testing at the new locations, adding to the travel impacts for patients.		

	Shared care involves medications and treatments for some conditions that may affect some communities more, such as disabled people e.g. cancer treatments mental health, arthritis, ADHD. Men, women and some trans people are also more likely to be on shared care protocols, as it includes treatments for prostate cancer, endometriosis and anti-androgens. Addiction related medications are also included. This may also risk some non-compliance with meds due to costs and life issues which could impact access to meds.	**Negative**	Kirklees Place are in conversation with the alternative provider for assurance.

	There is a potential prescription cost impact for patients who pay for their prescriptions because the alternative provider will be utilising a repeat dispensing process with monthly dispensing intervals. This potentially involves more frequent pharmacy visits to collect meds, impacting those who receive these meds as previously listed, Patients who pay for prescriptions who have previously had 2/3 monthly repeat prescriptions will incur further prescription costs if they do not have a pre-payment certificate.	**Negative**	The alternative provider will work with patients to supply appropriate prescribing dispensing intervals where appropriate. To monitor impact as the alternative provider mobilises the service. This could be positive as it may promote the use of pre-payment certificates in some circumstances.

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	Mitigation (for negative impacts identified)
3. Safeguarding See **Supporting notes for completion** and insert further rows as required.	No impacts identified.		
4. Workforce See **Supporting notes for completion** and insert further rows as required.	The alternative provider is a large provider and has more resilience to cover sickness and annual leave.	**Positive/ Negative**	As the contract is for 12 months it will be run with some existing staff, bank, agency and skill mixing.
	Mobilisation of the service which includes transfer of the patients (approx. 12,000) will be a significant demand on the workforce. This includes members of the Kirklees Place medicines optimisation workforce.	**Neutral/ Negative**	The alternative provider will allocate 3.5WTE (25 people over 4 weeks) to manage the transfer/ mobilisation of the service. This includes 4 members of the Kirklees Place medicines optimisation team. This is dependent upon timely, accurate data being sent to the alternative provider from the GP/ acute trusts.
	For GP practices who will no longer be delivering the services described above, their workforce will no longer be utilising and developing their skills in relation to delivery of wound care	**Negative**	GP practice staff will likely be allocated new patient activity to deliver and thus the opportunity to develop new skills, clinical experience and knowledge.

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	Mitigation (for negative impacts identified)
	level 1 treatment, administration of parenteral medication for vitamin b12 deficiency and administration and prescribing of shared care drugs.		
	GP practices who will no longer be delivering the services described above will experience a loss of income and as such this may impact upon workforce and employment opportunities at Kirklees GP practices.	**Negative**	
5. Health Inequalities See **Supporting notes for completion** and insert further rows as required.	The alternative provider has not allocated locations in each of the 9 PCN's (Viaduct, Batley & Birstall, MAST, 3 Centres do not have designated coverage for their PCNs)	**Negative**	There are ongoing conversations with the alternative provider in relation to the proposed venues to be utilised for providing services. There are a small number of GP practices in the PCNs not represented that have signed up to continue delivering the two Local Enhanced Services for 2024/ 25. The patient's accessing these services are non- housebound and would ordinarily travel to clinic/ hospital appointments.

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	**Mitigation** (for negative impacts identified)
			Patients will have the option to choose an appointment at any of the 5 locations and a choice of appointment times. The alternative provider will review during mobilisation and once, they understand demand for the service and where it is, will review the locations and decide whether they need to utilise satellite clinics or their clinical van to improve access.
6. Poverty See **Supporting notes for completion** and insert further rows as required.	There is the potential impact of increased transport costs for patients to access services at venues not close to home.	**Negative**	There are a small number of GP practices that have signed up to continue delivering the two Local Enhanced Services for 2024 / 25. The patients registered with these practices will continue to access these services via the practice. The alternative provider will provide services at a number of venues within Kirklees. The alternative provider will review during mobilisation and once, they understand demand for the service and where it is, will review the locations and consider whether they need to utilise satellite clinics or their clinical van to improve access.

F: Impact Assessment	Description of impact	Impact (positive, neutral or negative)	Mitigation (for negative impacts identified)
7. Sustainability / Environmental See **Supporting notes for completion** and insert further rows as required.	The alternative provider is offering services at local venues across Kirklees, promoting less travel via cars.	**Positive**	
	Patients who need to access the services delivered by the alternative provider may have to travel further to access these services.	**Negative**	Patients will have the option to choose an appointment at any of the 5 locations and a choice of appointment times. The patient's accessing these services are non- housebound and would ordinarily travel to clinic/ hospital appointments. The alternative provider will review during mobilisation once, they understand demand for the service and where it is, will review the locations and decide whether they need to utilise satellite clinics or their clinical van to improve access.
8. Other Impacts Are there any other impacts to consider?	No other impacts identified.		

G: Monitoring

How could the impacts and / or mitigating actions be monitored?	Mobilisation group to be established and task group to be established to oversee the delivery of the service where the alternative provider and Kirklees Place will monitor quality impacts via incidents, complaints, KPIs etc. The alternative provider will continue to provide quality updates via established governance and reporting arrangements including reporting to the Kirklees ICB Quality Sub-Committee.
Are there any further communications or involvement considerations or requirements?	Comprehensive communications plan to be agreed.

H: For Team use only	
1. Reference	IA 011 24-25
2. Form completed by (names and roles)	Joanne Davis, Senior Primary Care Manager, KHCP Siobhan Dorotiak, Head of Quality, KHCP Rachel Urban, Assistant Director of Medicines and Research, Locala Health and Wellbeing Sarah Mackenzie- Cooper, Equality and Diversity Manager, WY ICB Kirsty Wayman, Engagement Manager, KHCP
3. Date form agreed for governance	3.05.2025
4. Proposed review date (6 months post implementation date)	3 months
5. Notes	Full QIA and EQIAs to be completed during mobilisation.

I: Review (to be completed following implementation**).**	
1.Review completed by	
2.Date of Review	
3.Scheme start date	

4. Were the proposed mitigations effective? (If not why not, and what further actions have been taken to mitigate?) Put details in box below

5. Is there any intelligence/service user feedback following the change of the service? If yes, where is this being shared and have any necessary actions been taken as a result of any feedback? Put details in box below

6.Overall conclusion Please provide brief feedback of scheme in box below i.e. its function, what went well and what didn't.

7. What are the next steps following the completion of the review? Provide next steps in box below i.e. Future plans, further involvement/consultation required?

West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Supporting notes for completion:

Quality considerations How does this project/decision impact patients? For example Safety, Effectiveness and Experience.
Patient Experience • Respect for person-centred values, preferences, and expressed needs • Coordination and integration of care • Information, communication, and education • Physical comfort; • Emotional support • Involvement of family and friends; • Transition and continuity • Access to care (physical access, systems\ communication, travel and accessibility, threshold criteria, hours of service including out of hours) • Patient reported experience (surveys, complaint themes and trends, patient advice and liaison on service information\data, friends and family test, incident data) • Patient choice (informed choice, choice of provider, choice of location]) • Responsiveness (waiting times, communication) • Compassionate and personalised care agenda [patient dignity and respect (privacy, equal and supported to remain independent and involved), empathy, control of care, patient\ carer involvement, care that is tailored to the patient's needs and preferences] • Promotion of self-care and support for people to stay well (people with long term conditions, social prescribing initiatives, social isolation, help and advice elements.)
Patient Safety • Safe environment (cleanliness, suitability, upkeep, equipment) • Preventable harm (infection prevention (HCAI), waiting times\ delays, staffing levels\ competence, serious incidents and never events) • Reliability of safety systems and processes (governance, clinical audit, CQC standards, NICE compliance, surgery checklist) • Clinical workforce capability and appropriate training and skills

Provider's meeting CQC Essential Standards and other appropriate accreditations
Clinical Effectiveness • Implementation of evidence-based practice (NICE, pathways, royal colleges etc.) • Improved patient outcomes and enhancing quality of life • Clinical leadership and Involvement (ensuring clinical Involvement of all appropriate services to aid implementation). • Care delivered in most clinically and cost-effective setting • Variations in care • Clinical Involvement • Elimination of inefficiency and waste • Accelerating adoption and diffusion of innovation and care pathway improvement • Will it impact on variations in care?
Equality considerations How does this project/decision impact protected or vulnerable groups? E.g. their ability to access services and understand any changes?
Protected characteristics; age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Use the hyperlinks for further information) and other groups including, but not limited to, people who are; carers, homeless, living in poverty, asylum seekers / refugees, in stigmatised occupations (e.g. sex workers), with problem substance use, geographically isolated (e.g. rural) and surviving abuse
Safeguarding considerations How does this project/decision impact on the duty to safeguard children, young people and adults at risk (including Human Rights e.g. restrictions of liberty and adherence to Mental Capacity Act)?
Adults and children at risk. No one must suffer any form of abuse or improper treatment while receiving care. This includes neglect, degrading treatment, unnecessary or disproportionate restraint, inappropriate limits on freedom)

Workforce considerations Will the proposal have an impact on staffing within the service area, or in the wider workforce across the provider or system?
• Impacts on the staffing and wider workforce. • Staffing levels • Staff experience resulting from workforce changes • Sustainability of service due to workforce changes • Effective prioritisation and management of workload • Workforce diversity • Workplace • Contractual obligations • Sustainability of service due to workforce issues • Training
Health Inequalities considerations Will the proposal have an impact on those who experience barriers to accessing healthcare?
How does this project or decision impact on health inequalities? Could the proposed change create or widen existing health inequalities? Could the project or service be used to tackle any identified inequalities in access to healthcare, experience or health outcomes?
Poverty How does this impact people on a low income or those experiencing poverty?
For example, does it require people to now pay for a service or have you moved a service, increasing transport demands on people who live in poverty. Does your proposal require people to pay for things like their own uniform? Also think about if the proposal targets an area which experiences high levels of poverty and why this may be: is it because it may be controversial or politically sensitive and people who live in poverty have less economic social and political power to challenge policy?

Sustainability / Environmental considerations Will the proposal have an impact on wider environmental impacts?
For example, production, recycling or disposal of waste? For further guidance see Assessing environmental impact: guidance. For local conditions for sustainability, infrastructure, employment and local environment see Thriving Places Index.
Other considerations
• Publicity / reputation • Percentage over / under performance against existing budget • Finance including claims